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मई-जून 2014

संशोधन-कर्म विशेषांक



संयुक्त अंक

ग्रीष्म ऋतु

Journal of Vishwa Ayurved Parishad

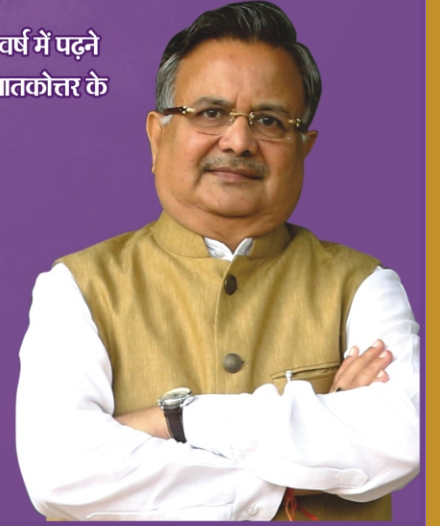


सपनों को मिली नई उड़ान रमन सरकार ने किया इंतज़ाम

- ◆ प्रदेश में राष्ट्रीय स्तर के शिक्षण संस्थानों की स्थापना
- ◆ इंजीनियरिंग, मेडिकल, मैनेजमेंट के साथ ही विधि के राष्ट्रीय कॉलेज अब प्रदेश में
- ◆ प्रदेश के छात्रों को दूसरे राज्य में जाकर पढ़ने की समस्या से मुक्ति
- ◆ IIM, AIIMS, NIT, HNLU जैसे संस्थानों के कारण प्रदेश का शैक्षणिक विकास
- ◆ छत्तीसगढ़ सरकार ने युवाओं को शक्ति सम्पन्न करने छत्तीसगढ़ युवा सूचना क्रांति योजना के रूप में की विशेष पहल
- ◆ इंजीनियरिंग मेडिकल तथा अन्य व्यावसायिक पाठ्यक्रमों में अंतिम वर्ष में पढ़ने वाले विद्यार्थियों को लैपटॉप तथा, विज्ञान, वाणिज्य तथा कला के स्नातकोत्तर के अंतिम वर्ष के विद्यार्थियों को निःशुल्क टैबलेट का वितरण



IIM, AIIMS, NIT, HNLU



ग्रैन्डवैली स्टेट विश्वविद्यालय, अमेरिका के छात्रों के लिए कार्यशाला, वाराणसी





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संरक्षक

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(मुख्य मंत्री, छत्तीसगढ़)
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राष्ट्रीय अध्यक्ष

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प्रबन्ध सम्पादक

- जितेन्द्र अग्रवाल

सम्पादकीय कार्यालय

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

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Guest Editorial



Panchkarma, the unique method of treatment in Ayurveda, is aimed for the promotion of health, prevention & care of disease. Panchkarma is a bio-cleansing therapy of Ayurveda which brings about homeostasis of body & eliminates disease causing toxic substances when practiced skillfully. These procedures are safe & effective for prevention & management of numbers of disorders.



The five fold measures (Panchkarma) adopted in this therapy are Vaman (Emesis), Virechan (Purgation), Anuvasan (Oil Enema), Asthapana (Medicated Enema) & Nasya (Nasal Medication). Some scholars take Niruha and Anuvasana under Vasti and include Raktamokshana (Blood Letting) as fifth procedure.

Panchakarma is a unique rejuvenation therapy which is not only extensively practiced in India but it is attracting attention world-wide. Ayurveda advocates periodical panchkarma even in normal persons to conserve the purify of the million interron to promote health & prevent disease. Further panchkarma is considered as an essential pre-requisite before administering any medication of drug therapy in order to facilitate the bio-availability of the medications. Thus panchkarma is the most fundamental component of Ayurvedic treatment.

Unfortunately during past few 100 yrs. the practice of classical panchkarma declined particularly in North-India. In South-India, (specially Kerela) this therapy remain alive, that too, only in an simplified form. Now gradually panchkarma therapy is being received in different parts of the country.

Vishwa Ayurveda Parishad is publishing Sansodhan Karma Visheshank which will be immensely helpful to practitioners & research scholars. This panchkarma visheshank in focus mainly on recent advancement of panchkarma.

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Senior Panchkarma Consultant, Charak Health Centre, Mumbai



आयुर्वेदीय संशोधन चिकित्सा एवं पंचकर्म : नव्य आयाम

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आयुर्वेद पिण्ड-ब्रह्माण्ड के एकाकार के सिद्धान्त पर आधारित 'पूर्ण स्वास्थ्य' विज्ञान है। यहां धातुसाम्य को स्वास्थ्य तथा धातुवैषम्य को व्याधि का मूल स्वरूप स्वीकार किया गया है। 'सामान्य-विशेष' के सिद्धान्त पर धातुसाम्य का पुनर्नियोजन ही इस शास्त्र के क्रियाकर्म का सूत्र है। हमारा शरीर पांचभौतिक है और इसका जैविक संगठन त्रिदोष, सप्तधातु, ओज-ओजबल, त्रयोदश अग्नि, आम तथा स्रोतस तंत्र पर आधारित है। इस प्रकार शरीर तथा क्रिया शारीर की आयुर्वेदीय सोच आधुनिक विज्ञान से सर्वथा भिन्न सम्पूर्ण समावेशी दृष्टिकोण पर आधारित है। आयुर्वेदीय स्वास्थ्य शास्त्र के तीन प्रमुख वैशिष्ट्य: हैं :

1. प्रकृति की प्रक्रिया का अनुवर्तन (Pronature Approach),
2. संपूर्ण समावेशी एवं सर्वात्मना संपूर्णात्मक प्रवृत्ति (Holistic Approach),
3. प्रकृति-विकृति के अनुरूप व्यक्तिशः प्रविचारणा (Individualised Approach)।

स्वास्थ्य संरक्षण तथा चिकित्सीय क्रिया-कर्म में इन सिद्धान्तों का अनुसरण आवश्यक है और यही इस शास्त्र का वैशिष्ट्य है।

आयुर्वेदीय चिकित्सा कर्म में धातुसाम्य पुनर्स्थापित करने के लिए प्रमुखतः दो उपक्रमों की सहायता ली जाती है - 1. निदान परिवर्जन अर्थात् रोग के हेतु का निराकरण, 2. रोग के संप्राप्ति का विघटन। यदि ये उपक्रम समय रहते सफलता पूर्वक संपन्न कर लिए जाए, तो रोग को समूल नष्ट किया जा सकता है। इस उपक्रम की सफलता के लिए त्रिसूत्र आयुर्वेद का ज्ञान आवश्यक है।

हेतुलिंगौषधज्ञानं स्वस्थातुरपरायणम्।

त्रिसूत्रं शाश्वतं पुण्यं बुबुधै यं पितामहः।।

चरक सूत्र 1 : 24

चिकित्सा कर्म में संप्राप्ति विघटन की प्रक्रिया के द्वितय उपक्रम हैं - 1. संशोधन, 2. संशमन। शरीर के जैविक संशोधन हेतु संशोधन चिकित्सा दी जाती है जो 'पंचकर्म' नाम से प्रचलित है। इस प्रक्रिया से शरीर के स्रोतस तंत्र (Inner Transport System) संशुद्ध हो जाते हैं और शारीरिक क्रियाओं का संचालन समुचित होने लगता है तथा धातुसाम्य का पुनर्स्थापन होने लगता है। तदोपरान्त औषधि-अन्न-विहार व्यवस्था के माध्यम से सामान्य-विशेष सिद्धान्तानुसार संशमन-चिकित्सा की सहायता से धातुसाम्य पूर्वक "प्रकृति-स्थापन" किया जाता है।

संशोधन कर्म की अनिवार्यता-

हमारा शरीर असंख्य सूक्ष्मात् सूक्ष्म-स्थूलात् स्थूल स्रोतसों से निर्मित है- "स्रोतोमयं हि शरीरम्"। शरीर की दश त्रिलियन कोषिकायें एक-एक स्वतंत्र स्रोतस स्वरूप हैं, जिनके माध्यम से नानाविध शारीरिक क्रियायें निरन्तर संचालित होती रहती हैं। साथ ही शरीर में निरन्तर चयापचय की प्रक्रिया तथा टूटन एवं नव सृजन क्रिया चलती रहती है, जिनसे कई प्रकार के अपद्रव्य एवं विषमय पदार्थ बनते रहते हैं जिनका सतत निष्कासन होते रहना चाहिए। ऐसा न हो पाने से स्रोतस-तंत्र धूमिल एवं अवरुद्ध होने लगता है जो विविध रोगों का मूल हेतु है। अतः आवश्यक है कि स्वास्थ्य एवं धातुसाम्यार्थ नियमित रूप से स्रोतस तंत्र का संशोधन करते रहा जाय।

इसी उद्देश्य से आदि आयुर्वेदाचार्यों ने संशोधन

■ *डिस्टिंग्विस्ड प्रोफेसर, आयुर्वेद संकाय, काशी हिन्दू विश्वविद्यालय, वाराणसी
पूर्व कुलपति, राजस्थान आयुर्वेद विश्व विद्यालय, जोधपुर (राज0)



चिकित्सा तथा पंचकर्म विधि का प्रावधान किया था जो हजारों वर्षों से अद्यतन आयुर्वेदीय चिकित्सा के मूलाधार के रूप में प्रचलित है। कालान्तर में संशोधन कर्म तथा पंचकर्म विधि के बारे में कई भ्रान्तियां भी उत्पन्न हो गयी और यह अपने संपूर्णात्मक स्वास्थ्योन्नयनक स्वरूप से हटकर केवल मात्र रोग चिकित्सा विधा के रूप में सिमट कर रह गयी है और साथ ही आवश्यकतानुसार पंचकर्म की दो पद्धतियां विकसित हो गयी हैं जो समानान्तर चल पड़ी हैं : 1. प्राचीन शास्त्रीय पंचकर्म, 2. पारम्परिक केरलीय पंचकर्म। दोनों में ही अपनी-अपनी विशेषतायें हैं और उपयोगिता भी।

पंचकर्म की बहुआयामी प्रासंगिकता :

संशोधन चिकित्सा एवं पंचकर्म विधा निम्नलिखित चार चिकित्सीय क्षेत्रों में उपयोगी है :

1. स्वास्थ्य उन्नयन तथा अनागत रोगों से बचाव हेतु।
2. वार्धक्य की गति रोक कर स्वस्थ दीर्घ जीवन हेतु रसायन कर्म के पूर्वकर्म के रूप में।
3. स्रोतोदुष्टि युक्त जीर्ण व्याधियों के प्रबंधन में संप्राप्ति-विघटन हेतु प्रयोग।
4. कतिपय व्याधियों तथा व्याधिमुक्ति के उपरान्त सभी रोगियों में शारीरिक तथा शरीर-क्रियायिक पुनर्स्थापन हेतु।

इस प्रकार संशोधन कर्म/पंचकर्म विधा का, स्वस्थ तथा आतुर दोनों क्षेत्रों में बराबर अधिकार है। इसीलिये आचार्य चरक ने चरक संहिता के सूत्र स्थान में ही इस विधा के मूल सिद्धान्तों का वर्णन किया है। बाद में दृढबल ने अलग से सिद्धिस्थान का सविस्तार आख्यान किया।

शास्त्रीय तथा केरलीय पंचकर्म की विधि :

प्राचीन शास्त्रीय पंचकर्म प्रक्रिया के तीन अंग हैं- 1. पूर्वकर्म : दीपन-पाचन, स्नेहन, स्वेदन; 2. प्रधान कर्म : वमन, विरेचन, वस्ति (अनुवासन, आस्थापन) शिरोविरेचन तथा रक्तमोक्षण; 3. पश्चात कर्म : संसर्जन क्रम, संशमन, रसायन कर्म। पंचकर्म की उपरोक्त शास्त्रीय विधा काल व श्रम

साध्य है, परन्तु रोगों को समूल नष्ट करने में सक्षम है। इसके विपरीत दक्षिण भारत में पारम्परिक रूप से प्रचलित केरलीय पंचकर्म अपेक्षया सरल विधा है, परन्तु यह समूल दोष प्रत्यनीक न होकर व्याधिप्रत्यनीक विधा है। केरलीय पंचकर्म वस्तुतः शास्त्रीय पंचकर्म के स्नेह-स्वेदादि पूर्वकर्मों का ही विस्तृत स्वरूप है। इस विधा में बहुधा प्रयुक्त होने वाले पांच कर्म हैं— 1. धारा क्रम, 2. कायसेक, 3. पिण्डस्वेद, 4. अन्नलेप, 5. शिरोलेप।

दोषा : कदाचित् कुप्यन्ति जिता लंघन पाचनैः।

जिता : संशोधनैर्ये तु न तेषां पुनरुद्भवाः।।

चरक सू. 16 : 20

संशोधन कर्म की कार्मुकता :

संशोधन तथा पंचकर्म चिकित्सा का मूल उद्देश्य है शरीर की जैविक शुद्धि अर्थात् शरीर के स्रोतस तंत्र में व्याप्त चयापचयात्मक अवशेषों तथा विषमय पदार्थों का शरीर से निष्कासन तथा शारीरिक क्रियाओं को अबाध गति प्रदान करना है। यह संशोधन प्रक्रिया शरीर के स्थूलागों तक नहीं अपितु समस्त कोशिकाओं सहित संपूर्ण स्रोतस तन्त्र को प्रभावित करती है तथा कोष्ठागों, कोषिकाओं तथा रक्तादि द्रवांशों को भी संशुद्ध करती है। मेरे विचार से शोधनार्थ प्रयुक्त विधियों के अनुरूप ही शोधन की प्रक्रिया दो प्रकार से घटित होती है :

1. अन्तःकला परक संशोधन (Transmembrane Purification)

2. त्वकपरक संशोधन (Transdermal Purification)

वमन, विरेचन, वस्ति आदि प्रधान शास्त्रीय कर्मों में जैविक दोष एवं अपद्रव्य कोषिकाओं (Cells) तथा कोष्ठों (Visceral organs) की कलाओं के माध्यम से छन-छन कर आमाशय, पक्वाशय, वस्ति आदि कोष्ठागों में आ जाते हैं और वहां से नैसर्गिक मार्ग से बाहर निकाल दिये जाते हैं। यही है ट्रान्स-मेम्ब्रेन संशोधन। अभ्यंग, स्वेदन तथा केरलीय पंचकर्म की विधाओं में शरीरगत कुपित



दोष द्रवित होकर त्वचा के लोमकूपों के माध्यम से स्वेद के रूप में निष्कासित होते हैं, इसे ट्रान्स डरमल शोधन कहते हैं।

भावी शोध संभावनायें :

“संशोधन” इस विधा का तत्व है अर्थात् सैद्धान्तिक पक्ष है। यही इसका विज्ञान (Science) है। पंचकर्म की प्रक्रिया इस विधा की विधि (Therapeutic Technology) है। आयुर्वेद शास्त्र के तत्व वैज्ञानिक तथ्य हैं, वे नित्य एवं शाश्वत हैं। इसके विपरीत पंचकर्म की प्रक्रिया इस विधा की विधि/तकनीकी मात्र है जिसे ‘नित्य’ व ‘शाश्वत’ नहीं स्वीकार किया जा सकता। विधि (Technology) परिवर्तनशील है और इसका यथावश्यकता निरन्तर सुधार किया जाना चाहिए, जैसा कि हम विज्ञान (Science) तथा तकनालोजी (Technology) के संदर्भ में जानते हैं। तत्वमूलक वैज्ञानिक सिद्धान्त नहीं बदलते। परन्तु उन सिद्धान्तों के प्रयोग (Application) की विधि बदलती रहती है। आयुर्वेद के संदर्भ में भी हमें यही प्रवृत्ति रखनी चाहिए।

आज आवश्यकता इस बात की है कि हम अपने मौलिक सैद्धान्तिक पक्ष को प्रमाण आधारित बनाकर संपुष्ट करें और चिकित्सीय विधियों का सतत सुधार एवं नवीनीकरण तथा मानकीकरण (Standardisation) करें ताकि वे और अधिक प्रभावी एवं सुरक्षित बन सकें और उनकी स्वीकार्यता विश्वायतन बन सकें। इस दिशा में लेखक द्वारा किए गए शोधकार्य के निम्नलिखित परिणाम उदाहरणार्थ प्रस्तुत हैं। इन प्रयोगशालीय आकड़ों से प्रमाणित होता है कि वमनादि प्रधान कर्म जैविक संशोधन में प्रभावी हैं और इनका आतुरीय प्रयोग उचित है।

तमक श्वास के रोगियों में विधिवत वमन कराने के तुरन्त बाद तथा कई सप्ताह बाद तक शरीर में कफदोष के मार्कर म्यूकस तथा हिस्टामिन की मात्रा कम हो जाने से तमक श्वास के वेग मंद हो जाते हैं, रोगी को आराम मिलता है। निम्नलिखित

तालिका से स्पष्ट है कि वमन द्वारा निष्कासित हिस्टामिन की मात्रा तथा वमनोपरान्त रक्त में हिस्टामिन की मात्रा के घटाव की गति समानान्तर है। इस संदर्भ में रक्त की संशुद्धता वमन के बाद महीनों बनी रहती है, जो इस बात का संकेत है कि संशोधन का केवल मात्र तात्कालिक प्रभाव ही नहीं होता, अपितु स्रोतस तंत्र में स्थायी सुधार होता है।

तालिका-1

Histamine Dialysis through Vamana,
Showing Blood histamine in g/ml

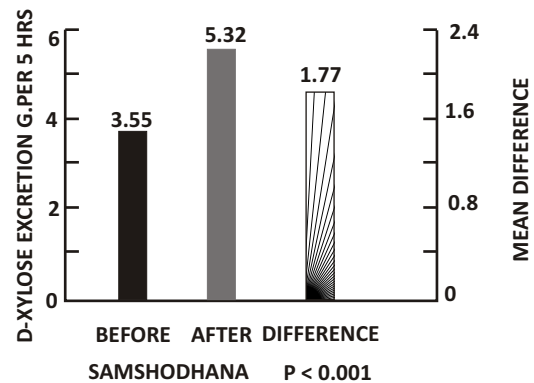
वमन के पूर्व	वमन के तुरन्त बाद	वमन के एक मास बाद
Mean \pm SD 0.495 (N=20) \pm 0.234	0.400 \pm 0.206	0.282 \pm 0.136
t	0.94	2.55
P	>0.05	<0.05

Mean total Histamine estimated in Vomitus = 315.31 gm

Mean total Histamine reduction in Blood = 332.50 gm

उपरोक्त सांस्थानिक प्रभाव के अतिरिक्त वमन-विरेचनादि संशोधन के उपरान्त रोगी के आन्त्र में पचित आहारांश के संशोषण की प्रक्रिया भी बढ़ जाती है। प्रक्रिया सुधार होने से शारीरिक पोषण तंत्र सुधरने लगता है। इस सुधार की गति का मापन आसानी से डी-जाइलोज एक्स्क्रिसन

IMPROVED GUT ABSORPTION PATTERN AFTER SAMSHODHANA KARMA





टेस्ट द्वारा किया जा सकता है। डी-जाइलोज एस्क्रीसन की गति बढ़ना आंतों से शोषण क्रिया के गतिमान होने का द्योतक है। लेखक द्वारा किए गये परीक्षण की एक झलक संलग्न ग्राफ में देख सकते हैं।

इस प्रकार आयुर्वेदीय संशोधन चिकित्सा तथा पंचकर्म एक अत्यन्त मौलिक व वैज्ञानिक अवधारणा है। संप्रति इसके मूल सिद्धान्तों का वैज्ञानीकरण तथा इसके क्रियाविधियों का मानकीकरण आवश्यक है। अब तक के किए गये शोधकार्यों के परिणाम उत्साह वर्धक रहे हैं।

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(पृष्ठ 13 का शेष)

down the touch receptors in the skin or the nerve endings through different procedures. 'Sirodhara' and different kind of 'bastis' (herbal enemas) are helpful in maintaining the harmony between the two systems. Yoga, pranayama, and meditation along with the rejuvenation therapy play a beneficial role in altering the activity of the nervous system back.

Urological disorders treatment:

Body throws its wastes out through stool, urine and sweat. Problem of passing urine again and again, burning sensation while passing urine, kidney stones etc. are very common.

Why they happen?

The reason here again lies in the digestive system as we have discussed before. That is, when the stool is not regular, there are gases in the abdomen and there is a continuous pressure over the urinary bladder. Moreover, gases in the abdomen also cause constipation and the body has a tendency to get rid off toxins through urine. Therefore, frequency to pass the urine increases or there is a continuous urge to pass the urine.

Now, let us see, what is the reason of Kidney stones according to Ayurveda.

Gases in the colon put pressure over ureters also and there is a back pressure and stasis of material in the kidneys, resulting in the formation of kidney stones.

What is the Solution?

Panchkarma, to remove the pressure or abdominal strain by cleaning the intestines and micro channels, so that, there is no undue pressure over the excretory organs and the 'vata'(air element) can flow into its natural path, that is, through the lower body openings. There by facilitating the elimination of the excreta through their natural roots.



CLINICAL AND INVESTIGATIVE PROTOCOL FOR SAMSODHAN THERAPY

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INTRODUCTION- The Panchkarma therapy being an integral part of Ayurveda is attaining popularity day by day. The Panchakarma therapy has occupied a very important role in the treatment of diseases by principles, methods and drugs. The five-detoxification/biopurification measures according to Charaka, Sharangdhara and Bhavmishra are Vamana (emesis therapy), Virechana (purgation therapy), Asthapana Basti/Niruha Basti (decoction enema therapy), Anuvasana Basti/Sneha Basti (oily enema therapy) and Nasya (errhine therapy). Panchkarma procedures are being followed since ancient era owing to its miraculous effects and it is creating new horizons of success in terms of efficacy, global acceptance, treatment and cure of diseases today also. It seems logical to intensify the applicability and authenticity of Panchkarma procedures in terms of modern investigative tools used to assess the changes in bodily parameters. It is very obvious fact that a science acquires more relevancy in terms of reliability when results can be shown experimentally again and again in terms of popular investigative tools. Vagbhata has also given stress on fact that a science should be dynamic in nature in sense of incorporating and assimilating the knowledge of contemporary science. Ayurveda also feels the same. Now a days necessity of standardization of Panchkarma procedures in terms of modern investigative parameters not only lies in the fact that it should scientifically proved but it is also helpful for clinician to make a right choice of Panchkarma procedure for patient.

KEY WORDS- Samshodhan, Panchkarma, Vasti, Vaman, Nasya.

MATERIAL AND METHODS- The most important step prior to any procedure is that it is not only the moral responsibility of doctor to tell as well as right of the patient also to know everything that is going on with him in near future. Doctor should elaborate the procedures to the patients in detail and associated possible risks. A written consent from patient should be taken that patient has been told completely about procedures and possible risks. It not only reduces the apprehension of the patient but also keeps practitioner on safe side legally that should be the first step. Detailed clinical examination with pulse, blood pressure and respiratory rate should be recorded prior and after every procedure.

DEEPAN, PACHAN AND AMA- In Ayurveda gastrointestinal system plays an important role in maintenance of health and production of diseases. It is considered as a principle in Ayurveda that all the diseases are produced due to Mandagni leading to Ama formation. Ama" is a toxic, heavy, unctuous, and sticky substances which originates as a waste-product of digestion and metabolism. Indeed, the word "Ama" can be translated to mean "immature" or "incompletely digested. An ayurvedic practitioner diagnoses Ama on the basis of "signs and symptoms". Typically, "Ama" manifests as a sticky, white coating on the tongue, which obstructs various internal microchannels and is associated with characteristic symptoms such as inability to taste food, local or general inflammation, sudden fatigue, heaviness, pain, abdominal discomfort, lethargy, indigestion, and constipation. Since "Ama" is considered the root cause of disease, it must be

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fully digested before one can rectify vitiated Dosha(s). Accordingly, strengthening of Agni and complete digestion of "Ama" are the major goals of ayurvedic treatment. Improved Agni results in complete digestion of "Ama," and the condition known as "Nirama" (free from "Ama") stage.

The "Nirama" stage is favorable for additional treatments aimed at resolving vitiated or depleted Dosha and Dhatus and reversing the disease pathology. Notably, popular Panchkarma procedures for eliminating vitiated Doshas are only effective if preexisting "Ama" has been completely digested. The obstruction of micro-channels by "Ama" is responsible for loss of homeostasis, inflammation, and tissue damage. Ayurveda believes that "Ama" is the root cause of several diseases since it blocks important micro-channels (Srotas) which nourish tissues (Dhatus). Excessive "Ama" can circulate and interact with excretory products to produce a reactive and toxic form with antigenic and pro-inflammatory properties. This form of "Ama" can potentially disrupt the immune system and increases the severity of the disease. In this context, it is interesting to note that modern science also finds that chronic inflammation may be caused by nondigestible particles. It is important to study "Ama" because it is believed to have antigenic and pro-inflammatory properties. Pre-clinical experiments may be done to determine if "Ama" can serve as a reliable, early biomarker of chronic inflammation. Isolation of pure "Ama" may be problematic because it is primarily localized in micro-channels of the body. According to Ayurveda, excess "Ama" can be found on the tongue and in urine. Therefore, it is important to properly identify and collect samples of tongue secretions and urine after "clinical" characterization and confirmation of "Ama" stages of disease as described in Ayurveda. If available, one should use samples from the same individual prior to disease ("Nirama" stage), as controls. These paired samples can be tested for potential toxicity, immunogenicity, and pro-inflammatory activity, in vitro, and in appropriate

animal models. In order to determine "Ama" one can induce inflammation, and can add different concentrations of "Ama" containing samples versus "Nirama" controls, to different cell types and measure various pro-inflammatory molecules (cytokines, adipokines, eicosanoids, NF- κ B, and STAT-3). If these results suggest that "Ama" has pro-inflammatory properties, one can inject different concentrations of "Ama" containing samples versus "Nirama" controls, into separate groups of mice, and measure these various pro-inflammatory molecules and inflammatory markers (CRP and ratio of omega-6 /omega-3 fatty acids) in experimental animals versus controls. If these results also show that "Ama" containing samples induce inflammation when compared with "Nirama" controls, then the concept of "Ama" as a pro-inflammatory molecule would be proved. There are at least five types of endogenous pro-inflammatory molecules which may represent "Ama". First, improperly digested foods in obese individuals are excellent molecules for "Ama", because they are associated with altered composition of gut microflora which in turn can induce chronic inflammation through activation of the lipopolysaccharide toll-like receptor-4 axis. The link between high fat diets, increased secretion of bile acids (such as deoxycholic acid), and increased risk for colon cancer is known. However, a direct link between bile reflux, inflammation, and cancer comes from a study showing that unconjugated bile acids potentially stimulate expression of cyclooxygenase-2 (COX-2), a major pro-inflammatory enzyme in oesophageal adenocarcinoma-derived cells. Thus, specific bile acids can have a pro-inflammatory nature and therefore represent a second molecular basis for "Ama". The pro-inflammatory nature of abnormal bile acids is also suggested by the fact that modulation of bile acid receptor (FXR) has anti-inflammatory effects. The third molecular basis for "Ama" represents advanced glycation end-products (AGE) which is accumulates in diabetes, ageing, and



cancer. AGE may represent “Ama,” because interaction of AGE with its receptor (RAGE) triggers chronic inflammation. The fourth molecular basis for “Ama” consists of protein-lipid peroxide (P-LPO) adducts, since LPO (which accumulate during oxidative stress) can form adducts with lysine residues of certain proteins and induce the expression of the pro-inflammatory cytokine, TNF- α . Lipid peroxides can also react with DNA to produce promutagenic adducts such as etheno-deoxyadenosine. Increased levels of such etheno-DNA adducts in human blood and urine, may serve as biomarkers of chronic inflammation in individuals who are prone to cancer due to prior exposure to carcinogens. Hence, such etheno-DNA adducts could represent a fifth molecular candidate for “Ama.” If levels of “Ama” (as diagnosed by Ayurveda) significantly correlate with the levels of one or more of the five candidate molecules mentioned above, then “Ama” may prove to be a reliable biomarker of early inflammation in patients at risk for metabolic syndrome and/or cancers. If “Ama” can serve as a reliable biomarker of early inflammation, it may lead to identification of a new sub-type of patients with digestive disorders, inflammation, and high risk for cancer and metabolic syndrome. Such a discovery could have enormous clinical significance, because it implies that “wellness therapies” (diet and life-style changes, detoxification therapies) may lead to reduced “Ama,” and prevent onset of chronic inflammation and its associated diseases (cancer and metabolic syndrome). If “Ama” proves to be a reliable biomarker of early inflammation, it could potentially link to inflammation with improper diet and digestion. Thus far, altered gut microflora represent the only biomarker linking digestive status with inflammation. There are no established biochemical markers linking weak/abnormal digestive and metabolic status with inflammation. “Ama” may well prove to be this missing “biochemical marker.”

SNEHAN AND SWEDAN- Snehan is the procedure

that follows the external application and internal intake of medicated oily substances. As stated by Charaka if oil is impregnated on hard bamboo stick then it can be made flexible, in same fashion Snehan procedure is used to make the body soft. It can be postulated that since cell membrane is made up of lipid bilayer so medicines dissolved in oil penetrates membrane and reaches up to cytoplasm and impurities dissolved in cytoplasm are washed out. Prior to snehan lipid profile of patient should be done to make it sure that serum LDL, VLDL and cholesterol level are not very high. Before snehan Agnibal of the patient should also be assessed properly. Herron and Fagan had designed their study knowing that Panchkarma therapy includes traditional treatments with the potential to eliminate fat soluble wastes, including carcinogens, and also that no previous study had found reductions in such lipophilic toxins. It has been observed that Panchkarma therapy greatly reduces the levels of 14 important 'lipophilic' (i.e. fat-soluble) toxic and carcinogenic chemicals in the body, which would otherwise remain in the body for a very long time (Alex Hankey). Heat are the main component of Snehan & Swedan procedure which might help lipid soluble waste products to come out from Shakha to Koshtha. This study therefore represents a great breakthrough, being the first ever to find significant reductions in these important toxins in a short period of time. Lipophilic toxicants cause hormone disruption, immune system suppression, reproductive disorders and several types of cancer. Even though lipophilic toxicants such as polychlorinated biphenyls (PC13s) have been banned for decades, they continue to persist in the environment and are found in significant concentrations in the body and represent a substantial health risk. Herron pointed out that 100 years ago, breast and prostate cancer were rare. Since breast tissue is inherently fatty so one out of eight women has tendency to develop breast cancer. Lipophilic carcinogens such as those investigated may thus be one of the principle



contributing factors to the alarming increase in cancer. Swedan causes excessive sweating and there is chance of loss of electrolytes specially in old aged person. So prior and after swedan procedure electrolyte analysis specially S.Sodium, S.Potassium, S.Chloride should be done. Lipid profile, A:G ratio may be useful to see the effect on lipids, protein contents.

VAMAN- Vaman is the process in which medicated decoction /liquid is used to induce emesis. In Vaman since emesis is induced artificially so a clinician has to be very careful about the health status of the patient because a lot of muscular straining is going to be there. Prior to the Vaman practitioner should take the complete history of the patient. We should previously record the pulse and blood pressure whether patient is suffering from any type of heart anomaly, tachycardia, heart block as well patient is not suffering from hypertension or hypotension. Hypotensive patient during vomiting and after vomiting may suffer from shock like condition. Clinician should take the Radiograph i.e. X-Ray chest and ECG to rule out any sort of pleural or cardiac diseases because it may exacerbate the angina or myocardial infarction and other complications. One important step regarding Vaman that should be kept in mind is that clinician should go for analysis of vomited material in context that whether vomited material is having same constitutional and chemical configuration as of administered medicine or it is different from that. What type of chemical and physical changes have occurred with medicine. Other thing that what is the difference in constitution of medicated vomitus and pathological vomiting.

Stomach and upper part of GIT contains hydrochloric acid, gastric juice and histamine, so all these factors are affected by Vaman. Fractional meal test prior and after Vaman is performed to assess gastric juice. Histamine test and augmented histamine test is performed to assess the acid content of the stomach. Barium meal radiograph in which patient swallows a suspension of radiopaque

barium sulphate may also be useful test to evaluate any anomaly and effect of Vaman. Before and after Vaman endoscopy may reveal mellieu interior of gastric mucosa. Since Vaman causes loss of Potassium, Sodium, Chloride and other electrolytes specially potassium, so analysis of serum electrolytes may be a useful tool to assess effect of Vaman. Pentagastrin test may be useful diagnostic tool to assess basal acid output (BAO) and maximal acid output (MAO). Biopsy directly reveals interior of stomach. Decrease histamine level after Vamana is reported in patient of Tamaka Shwasa (Singh RH).

VIRECHAN- Virechan is the process in which medicated enema is applied to induce purgation. Since purgation leads to the depletion of the water and electrolytes specially sodium, so serum electrolytes assessment should be a routine procedure. Procedure of Virechan is used to treat Pitta disorders so Liver function test i.e. assessment of conjugated, unconjugated total bilirubin, SGOT, SGPT, total protein and prothrombin time should be done to assess the effect of Virechan. Galactose intolerance test, Hippuric acid excretion test. Bromsulphalein test should also be conducted to assess the effect of Virechan. D-Xylose test can be used to assess the integrity of mucosal layer as D-Xylose is simple monosaccharide that requires no enzyme to be digested so deformity in small intestine mucosa will increase its amount in stool and reduced rate of excretion in urine. Stool routine and microscopic examination should be done to see the effect of Virechan on the steatorrhoea, presence of blood in stool, large intestine occupying bacteria. Barium meal follow through can be used as a diagnostic tool to evaluate the effect of Virechan. A stool culture and sensitivity test may be done to see the bacterial load etc. Singh RH reported significant increase in D-sylore excretion rate in patients after samsodhan therapy. In another study he revealed excretion of stercobilinogen as an index for Pitta Virechana.

VASTI- Vasti is procedure in which decoction, oil etc is used as enema therapy while same is used in



Uttarvasti to treat diseases related to the urogenital tract. Prior to Vasti bowel preparation should be done properly. Barium enema test can be used to assess the pre condition effect of Vasti. Colonoscopy can be a better option to reveal the motility condition of gut, inner mucosa condition and local pathology. Stool for routine and microscopy and culture can be done as the diagnostic tool. If Raktavasti is given to patient then Hb%, MCH, MCHC, MCV are some parameters that should be assessed. If Uttarvasti is given to treat chronic urinary tract problem, bladder atony etc. then routine & microscopy and its effect on culture should be seen. If uttarvasti is planned for the BPH and proctitis then postvoidal volume, uroflow, culture of prostatic fluid can show the effects. USG of lower abdomen is important tool to see the effects of vasti on bladder and surrounding area.

Nasya- Nasya is the mode of treatment that uses the oils, fine powdered medicines etc. to treat the diseases related to nose and head. Cribriform plate is main site through which medicines are suppose to creep to CNS. Some drugs directly acts as CNS irritant. To see the effect DLC, TLC, AEC, ESR, X-Ray PNS view can be used as beneficial tool.

CONCLUSION- Consolidation of a science needs the theoretical and belief aspects as well as experimental and investigational procedures. Above tests may not only present the correct picture regarding the present status, efficacy and effect of Panchkarma procedures but it gives a sound ground for evidence based study also. It provides a lead to talk about our science that is facing a serious question at the platform of modern scientific tools and parameters. These investigative and clinical protocol helps in deciding inclusion/exclusion criteria, efficacy of the Panchkarma procedures, Roga/Rogi pariksha samrapti vighatana and overall assessment of improvement.

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WHY USE PANCHKARMA/DETOXIFICATION THERAPY?

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Ayurveda, the Indian science of medicine, has its main emphasis on 'Agni'. Treatment of this element (AGNI) among the panch-mahabhoot is the solution to most problems associated with the human body.

Ayurveda explains the reason for using this approach for the treatment as every disease is said to have originated from the disturbance in the 'Agni' i.e. it is said to be the root cause of almost all diseases.

What is Agni?

'Agni' is the fire element which is responsible for the digestion of the food stuffs or whatever we eat and therefore ultimately metabolizing it for the health and nutrition of the human body.

Where is Agni located in the human body?

Although it is present in each and every cell of the human body, the main seat of the principal Agni is the 'Grahni' or duodenum i.e. the first part of the small intestine. Digestive secretion from the liver and pancreas, the principal glands helping in digestion, also enter into the small intestine from this part known as 'Grahni'.

GIT Problems:

Due to faulty dietary habits and unbalanced activity regime, the main digestive gland i.e. Liver functioning is disturbed. Today's popular fast foods like burgers, pizzas with a combination of aerated soft drinks and alcohol hampers the functioning of GIT in such a way that the whole body pH changes and acid-base imbalance starts in the body. It can be explained as - with such kinds of food mentioned above, actually what happens is that they are not digested in same time as the normal food as they are made up of fine flours and the digestion is sluggish. Result is long time stasis of food in the intestine and its fermentation leading to the formation of acid and gas. Aerated soft drinks have plenty of CO₂ and this further add to the gas formation especially in the large intestine.

Colon is full with gases and distended and small intestine has atonia and undigested food along with gases causes flatulence and tenderness of the abdomen. Toxic acid is also absorbed in the blood and this circulating toxic acid causes various kinds of skin diseases and arthritis, as the body pH changes.

What happens?

The stomach, which is normally lying in a slightly slanting downward position, now, due to the distention of colon lies flat on the stomach bed and thereby preventing the normal and timely flow of contents of stomach into the intestines.

Due to this position of the stomach a person feels heaviness or vomiting sensation at certain times immediately after eating as the food is not able to go into the intestines due to the changed position of the stomach.

Secondly, the problem of acidity begins here or acid reflux due to the regurgitation of gastric contents into the esophagus.

Subsequent problem:

In this condition, the patient goes to the doctor and they choose to give antacids, which further lowers the acid content of the stomach thereby reducing the rate of digestion, as there is not enough acid to digest the food. According to Ayurveda 'Agni' goes down and then even normal food items are not digested well leading to more and more gases and toxins in the abdomen.

Solution is Panchkarma

To take out the undigested matter and prevent fermentation thereby cleaning the gases out to bring colon and stomach to its normal position to counteract the acidity problem also. Not only the GIT is balanced but acid base imbalance in the entire body is maintained.

Liver Problems:

Person taking faulty diet (fast foods, high fat, low fibre) mentioned above along with alcohol, put an extra load on the liver. Liver cells get exhausted

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to digest such food secreting more and more bile. At a stage these food items are not digested properly and cholesterol and triglycerides are raised in the blood. Fats are also deposited on the Liver further deteriorating the function of Liver. As mentioned in GIT Problem distended colon also sometimes put an upward pressure over the bile duct thereby preventing its secretion in the intestine leading to the stasis of secretion of liver filling the canaliculi (small passage) with litres of crude toxic bile, which are then absorbed in the blood causing Jaundice and other related liver problems.

What is the solution to this problem?

Again Panchkarma

What we do in the first procedure i.e 'Vamana', we take out this crude toxic bile in the liver which is deposited there from years. Once the load on the liver is removed, Agni in the Liver is kindled to digest all kinds of bad cholesterol and triglycerides and deposited fat on it. Within 15 days to 1 month blood cholesterol and triglyceride levels along with the liver enzymes comes to normal.

Liver is a mesh or filter between the food and our body. Our body uses the food what we eat after passing through the liver as it metabolizes the various things in the food. If our liver is loaded with heavy toxins, fats, and lot of bile, our mesh or filter itself is blocked and whatever healthy or balanced diet we eat is not able to reach the body tissues. You can imagine the example of a dirty, blocked drain to understand it. If we put clean water over a blocked drain, it will not allow it to pass through it. Similarly, when our liver is blocked and loaded with extra material (food nutrition's) whatever we put into it will not be able to go through it into the body.

Anxiety and Stress disorders management:

In today's stressful life every second person is suffering from anxiety and stress. What is the reason, do you know?

We all have a biological clock fitted in our body. Are we ever conscious about it? We are never aware of it. We actually have no time to adjust our routine or schedule to go according to time. This

indiscipline causes disharmony in one's inner body system, which is, not actually ready every time to face the stimulus coming to it. Moreover after certain activity we are not giving any time to the body to take a pause or break.

Now a days there is a new tradition also in our schedule that is late night working on the computer, net or watching late night TV. and thus, here also we are not allowing the body system to take rest properly. So, we are over using the body system in a sense.

To understand this, we must know that there are two systems in the body, namely, sympathetic and para sympathetic nervous system, which work opposite to each other. During the time of work or stress, our sympathetic system is active and therefore the heart rate, respiration rate and muscle activity increases whereas the digestive system functioning is slowed. On the contrary, at the time of rest or relaxation the para sympathetic system is active and heart rate, respiration rate etc. are lowered and digestive system functioning is enhanced.

Therefore, we need observing and balancing the two systems every time. As the para sympathetic nervous system serves as a base for body for growth, repair and healing. If we are over working, sympathetic system is hyper active and excess of stress hormones are flowing always in the blood and we are not able to relax even at the time of rest.

Result is vague symptoms in the body like feeling of vibrations or tingling sensation in the limbs, palpitations (awareness of heart beat), insomnia, headaches etc. due to the disturbance in the nerve conduction. Such persons with exhausted sympathetic system then have deficiency of these hormones in their stores and then they are not able to perform before the world at par when needed.

What is the solution?

Panchkarma

Through which we make an attempt to calm

(शेष पृष्ठ 6 पर)



SNEHANA - A BRIEF REVIEW

Snehana is the main Purva Karma of Samsodhan therapy. It refers to the procedure adopted for inducing oleousness, liquification, softness and moistness as evident from the Charak's definition 'Snehanam sneha visyanda mardava kleda kaarakam' (C.Su. 22/11). The main aim of Snehana is to mobilize the vitiated dosas from sakha to kosthas. It has the principal property of Jala and Prithvi Mahabhuta specially Aapya property. Snehana can produce dosa utkleshana dosa Samana and dhatu vriddhi. It is not only pre procedure for Panchakarma but it is also used as a main karma to pacify the vata diseases so it is Pradhan Karma in Shadaupakarmas.

Properties of Sneha dravyas are guru, seeta, sara, snigdha, mridu, drava, picchila, sara, manda, and suksma by virtue of it acts. Guru induces nourishment while sheeta retains drug in the body for appropriate time. Manda maintains plasma concentration of Ousadha for required time. Snigdha brings about vilayana of leena doshas of dhatu. Sookshma guna is helpful to mimic the penetration activity in minute channels to perform required functions. Mridu guna softens and loosens doshas adhered to srotas, Drava produces utkleshana and dravata of doshas while sara guna brings dhatuleena mala from sakha to kostha. By effect of all this guna body is prepared to expel the dosas from the body with the help of pradhan karma.

Ayurveda describes different types of bahya snehana which includes abhyang, lepa, udwartin,

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mardana, padaghat, parisheka, samvahan, gandus, shirastarpana or murddha taila, akshitarpana, nasatarpana, karnapurana, mastiskya, sneha avagahan. Abhyantar snehan is divided into acchapeya and vicharana. Apart from this other classifications are made on the basis of yoni bhed, karmukata, matra, administration, combination, paka etc.

Snehana is indicated in several conditions such as krishata, vyavayit, chintaka, vriddha, vata vyadhis where alone it is helpful as shamana chikitsa. It is also advised and used in daily routine as described in dincharya for prevention & promotion of health. So Snehana is important in Sansodhan & Samshaman therapy, which should be given due importance in clinical practice.

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BASIC RATIONALES OF SHODHANA THERAPY

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ABSTRACT- Shodhana (biopurification) is a unique concept in Ayurveda. Certain fundamental facts like essentiality and utility of shodhana is important. An unwanted shodhana may afflict the health. Specific criteria may be identified to select status of dosha fit for shodhana. Utkleshana is a bio modification of dosha for easy and safe elimination. An attempt is made here to discuss the certain important facts of shodhana in clinical practise on basis of Ayurvedic classics.

KEY WORDS- Shodhana, Bahudosha, Utkleshana, Ama

INTRODUCTION- Sodhana (therapeutic / bio purification) is a special treatment modality to Ayurveda. In shodhana the vitiated dosha is eliminated from entire body and fathoms better than samana (palliative) treatment, where reappearance of disease occurs with the strength of auxiliary factors like kala (season), prakriti (constitution), bala (immunity) etc. An optimally performed shodhana ensure non recurrence of the disease. Even if the diseases are recurred it will be of lesser severity and frequency.

When to perform Shodhana treatment?

Shodhana treatment is typically indicated in bahudosha (prabhoota dosha) and utklishta dosha. Ayurvedic scriptures are specifically warned not to perform shodhana in alpa dosh and leena dosha. Such an attempt is compared like a trial to extract juice from unripe fruit. It will be futile and may lead to structural damage to the affected organ. So it is very important to identify 'bahudosha' and 'utklishta dosh' in a disease state.

What is meant by bahudosha?

Bahudosha technically means dosha aggravated in largely increased amount. There are certain criteria to decide whether the dosha vitiation in given condition is 'bahu' or 'alpa'. They

are the following.

1. Severity of symptomatology
2. Chronicity of Illness
3. Extend of exposure to etiologic factors
4. Nature of Illness.

Severity of Symptomatology- There may be different clinical presentations for a single diagnostic entity. For example 'Kaphaja kasa' may manifest as mild cough with moderate productive sputum. But Kaphaja kasa may also appear as severe congestion in chest and sinuses, nasal block, copious vomitus like sputum in single bout of cough etc. Which is suggestive of highly productive cough with URTI and Upper GIT features. In the primary presentation a palliative treatment for kasa along with some expectorants are sufficient. But in the subsequent stage a properly planned and well administered vamana, virechana and nasya are essential for a radical cure. It is true that the severity of symptoms decide the status of dosha in a disease as prabhoota (highly aggravated), madhyama (moderately aggravated) or alpa (minimally aggravated). This is applicable to any disease like swasa, shirashoola, twak vikara, ghridhrasi etc. It is worthy to note that a disease with full fledged symptoms is asaadyam (incurable), the disease with markedly increased symptomatology is curable with shodhana and that with minimal symptomatology is controllable with shamana (palliation).

Chronicity of Illness- Generally the pathology in all diseases on chronicity reaches to deeper tissues (uttarottara dhatu). So shamana is not found to be effective in chronic disorders. Moreover exacerbations and remissions are common in chronic disorders. For example in a chronic bronchial asthma patient, even if in symptom free period, the status of involved dosha will be

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'prabhoota'. This particular status dosha may not be sufficient to manifest disease in the remission stage because of 'leena avastha' (detailed later). So adopting shamana line of management in a chronic asthma patient in remission stage is as similar as the existing allopathic medicines already patient subjected to. Acute exacerbation is always possible during the shamana course of treatment when the disease process get strength from season etc. After an exacerbation during the shamana treatment the patient may loss confidence in Ayurveda and may further leave the treatment. So it is wise to do patient education about shodhana approach in Ayurveda in this regard. It is more important in auto immune disorders like Rheumatoid arthritis. A patient of RA in remission stage is ideal for shodhana than in stage of exacerbation. A physician has to make strenuous effort to control pain and stiffness in a patient admitted in exacerbation stage. It becomes almost difficult in this stage to perform classical shodhana due to highly compromised ADL.

Extend of exposure to Etiological factors- The specificity and amount of dosha (doshavishesha) should be understood on the basis of specificity and amount of etiological factors (apachara vishesha). Bronchial asthma in a patient hailing from a highly polluted industrial area is totally different from a patient in rural area. Gouty arthritis seen in a gulf returned patient who is forced to consume viruddha (antagonistic) and vidahi (yielding faulty acidic digestion) food and beverages as a part of life style, should be specifically informed for shodhana management. If a fresh detected diabetic patient reveals beeja dosha (hereditary involvement), atisampoorana (over nutrition) and avyayama (sedentary habits) in case history, is ideally fit for shodhana in the initial most stage of the disease itself. The presence of 'bahudosha' is highly evident in these examples.

Typical nature of the disease- The modes of pathogenesis of certain disorders are typically of bahudosha amenable to shodhana line of

management only. All diseases diagnosed under the perview of Kushtha (skin disorders) which is explained as anushangi (which run the longest course) and having tirayakdosha gati (horizontal movement of dosha) is treated through repeated shodhana only. Same is the case of visarpa (erysipelas) which is very acute and spread fast. Disorders like unmada (insanity) and apasmara (epilepsy) which affect both psyche and soma and abode from madhyama roga marga (territory metabolic channels) are cured by shodhana only. It is well known that due to the specificity of pathogenesis, virechana (purgation) and vamana respectively are the pratiloma (opposite) shodhana in oordhwaga and adhoga raktapitta (two types of bleeding disorders). So owing to the inherent nature of certain diseases shodhana is said to be essential.

What is utklishtha dosha?

There are two status of morbid dosha in the body called utklishtha dosha and leena dosha. Leena dosha means dosha which is firmly adhered to the dhatu (tissue elements). In that stage it is difficult to separate dosha from dhatu to break dosha-doosha-smmoorchana (amalgamation of vitiated dosha in dhatu which leads to disease). Utkleshana is the procedure to make dosha separable from dhatu. It is achieved by making 'klinnata' of dosha. Klinnata means 'vridhhi' and 'abhishyanda'. Vridhhi is increasing the amount of dosha physically. Abhishyanda means dravasruti otherwise known as increased liovidity. Dosha is subjected for vridhhi. The srotas (channels) in which dosha is located is subjected for abhishyanda. So by making utkleshana, the dosha aggravates in amount and the abode of dosha becomes whippy. In utkleshana even if dosha is increased in amount it does not cause aggravation of symptoms of disease since the doshas are getting separated from dhatu so that the quality of dhatu will be improved. It may be compared with soaking a deeply stained cloth in detergent solution. So in a well established utkleshana the symptoms of



disease will be minimised. This is the reason behind the reduction of symptoms of psoriasis or bronchial asthma on the optimally performed snehapana in concluding days. Utklishta dosha does not have any directly observable features. It is inferred from samyaknigddha and samyakswinna lakshanas (optimal symptoms of oleation and sudation).

Utklishta dosha has again two status sthitha utklishta and chala utklishta. Sthitha utklishta means the dosha has migrated to its abode in GIT, like amashaya for kapha. Chala utklishta means the body is adopting a self eliminating approach in which certain symptoms are shown. Hrilasa (nausea), praseka (salivation) etc seen in navajwara (acute fever) with sadyobhuktajanita ama (indigestion caused by immediate meal). This type of dosha is otherwise called as upasthita dosha. This is many a time mistaken for utklishta dosha by scholars.

Whether shodhana possible in Amavata of a diseases?

If ama is confined to the koshtha and prabhoota (excess) in amount shodhana may be applied without any pachana (digestive) or deepana (appetising). Amavisha in ajeerna is the best example. But if the amadosha is spread all over the body, the status of dosha is to be modified by pachana, deepana, snehana and swedana. Amavata with multiple joint pain is the suitable example. Here rukshana (de-oleation), pachana and deepana is mandatory. Dhanyamladhara, valukasweda, agnilepa etc are highly useful in such stages. Eranda taila (castor oil) is an exception in amavata owing to its prabhava (special effect) by virtue of which, it provide pachana and mridu samshodhana (mild purgation).

There are also chances of error possible in routine clinical practise in judging presence and location of ama. For example in sero negative rheumatoid arthritis especially on long term steroids usage, present with very good appetite and no ama symptoms. The selection of snehana for shodhananga (for purification) may end up in severe loss of appetite. Here gradual tapering and

subsequent withdrawal of steroids and parallel rookshana, deepana and pachana yield better outcome. In management of GB syndrome, polymyositis etc one should be cautious in this regard.

Importance of strength of the patient in sodhana

All sodhana procedures especially vama (emesis) and virechana (purgation) decrease the bala (strength) of patient on administration. So the strength of the patient is considered and assessed scientifically before performing shodhana. In a weak patient with even in bahu utklishta dosha, mild varieties of sodhana is preferred, if not then do samana. Typical example for this condition is rajayakshma. In certain chronic or acute debilitating disease like CODP, COPD, MND, AIDS etc even though has hallmark features of bahu utklishta dosha, sodhana therapy is restricted due to avarabala of patient. In old age and childhood also classical sodhana is restricted due to the same reason. Nirooha is a better option over virechana since the prior does not reduce bala.

CONCLUSION- Shodhana is performed in bahu dosha only. Severity of symptomatology, chronicity of illness, extend of exposure to etiologic factors and typical nature of illness are key criteria to identify bahu dosha. Procedure of utkleshana is essential before shodhana. Utklishta dosha does not aggravate symptom of the disease. Utkleshana is inferable rather than directly observable. Assessment of strength of the patient is very important before sodhana.

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REVIEW OF SWEDANA KARMA (SWEATING THERAPY)

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ABSTRACT- Human body is one of the most exciting of nature's miracle. It is very complex multicellular organism in which the survival and health depend upon proper organization and coordination, homeostasis and harmony between self and surroundings. Ayurveda is the science of health, this science have preventive and curative types of therapy for achieving complete health of individuals by maintaining tissue equilibrium. *Swedana* (body sweAting) is a treatment modality common to Ayurvedic clinical practice. Practiced either as a preparatory component to *Panchakarma* (five detoxification procedures) or as an independent intervention, *Swedana* is praised for its relaxing or detoxifying effects all through the classical Ayurvedic texts.

KEY WORD: Swedana (Sweating), Sagni Sweda (Direct Heat Sweating), Niragni Sweda (without Heat Sweating), Ekagna Sweda (local Sweating), Sarvanga Sweda (Whole Body Sweating)

INTRODUCTION- Sweda (Sweating) is mala (excreata) of medo dhatu (adipose tissue)¹, produced in consequence to heat exposure. Therapeutic production of sweda via applying the variety of measures is knowas Swedana karma. Swedana karma presumed under shada upakarma (Six type alternative therapy tool)¹. It is foremost procedures of Panchakarma. It bring Sthirta (stability of body and life) produces Sweda (sweat). It alleviates Stambhana (stiffness), Gaurava (heaviness) and Shitata in body (coldness)².

Snehana procedure produces Klinnata (softness) of the morbid Doshas which are situated in Koshtha (gastro intestinal tract), Dhatu (tissue system), Srotas (body channels), Shakha (appendices) and in Asthi (bones), thereafter the

Swedana liquefies these soft Doshas. These liquefied Doshas easily transforms into movable form and later on removed by Shodhana (Bio-Purification) therapy as oily and moistwood burned by Agni. Thus Swedana is useful just after Snehana therapy; both procedures help to cause Utkleshan of the Doshas³.

Swedana should be applied according to the Doshas by the support of proper formulation of drugs. The consequences of Swedana are determined on the basis of Roga, Ritu & Vyadhi. It pacifies the Vatika disorders, encourage elimination of Purisha, Mutra & Retas accumulated in the body⁴.

According to Acharya Kashyapa, Swedana karma is beneficial since brith, but the child require special consideration of Krisha and Madhyama Bala. Balaka requires Avasthikaswedana (according to the disease)⁵. Excessive and under sudation are forbidden for young children⁶. Swedana procedure is indicated specially for Vatika and Kaphaja disorders. It provides energy to the passive and morbid Doshas. Heat is the reason to make bend in dry wooden stick⁷. Swedana karma generates warmth in the body, pacify vata dosha and govern various functions describe as⁸below-

Properties of Swedana Dravya⁹

1. Agni dipti (improve digestion and metabolism)
2. Mardavam (produce smoothness and flexibility)
3. Twakprasad (shining and softness of skin)
4. Bhakta shradha (desire to consume meal)
5. Nirmala srotas (clean channels)
6. Jadyahara (relief stiffness)
7. Tandrahara (helps to get rid of lethargy)

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8. Sandhi stambhahara (helps to activate the stiffed joints)

9. Nidrahara (diminish excessive sleep)

Agni element of Panchamahabhoota is functional component for Swedana, and all Swedana dravyas should have following qualities:

Ushnata (heat) Tikshnata (intense)

Sarata (Movable) Snigdhata (Unctuous)

Rukshata (rough) Sukshmata (Minute)

Dravata (liquid) Sthirata (Stationary)

Guruta (Heavy)

CLASSIFICATION OF SWEDANA

A. Type according to their nature¹⁰

1. **Mridu or swalpa sweda (mild)**- Where very mild type of sweda is applicable and intense type of Swedana karma may produce harm. This type of Swedana should be applied at following region or throughout the process of intense Swedana these parts must be protected via cold stuff:- Andakosha (scrotum), Hridaya (cardiac region), Netra (eyes)

2. **Madhyam or alpa sweda (moderate)**- Vankshana region (inguinal area) and Sandhi (joints) are suitable for moderate sudation:

3. **Maha Sweda (intense)**- Apart from of the areas pointed under Mridu and Madhyam Sweda, are supposed to be appropriate for maha sweda i.e. whole body is suitable.

B. Types of classification applied according to the bala (strength) of the patient:¹¹

1. **Maha Sweda (intense)**- Appropriate for the person who have good strength and at winter season or in cold environment.

2. **Madhyama sweda (moderate)**- Appropriate for the person having medium strength and at the time of sadharana kala (normal season).

3. **Durbala sweda (mild)**- Appropriate for the person having less strength and when there is Durbala Roga (mild disease or in acute condition of disease) when there is slight cold environment.

C. Types of Sweda according to the method of Sweda/Dravya or nature of Swedana

equipments¹²-

1. **Taapa sweda**- Swedan by hard substances like iron plate, stone etc. They have tough surface, before their application contact with fire is required and then touch this surface to the desired area.

2. **Ushna Sweda**- Steam induce the sweating.

3. **Upnaah Sweda**- Semi solid substances are used in the form of poultice.

4. **Drava Sweda**- Liquid substances or water or decoction of durgs are used.

D. Types on the basis of quality of swedal¹³

1. **Snigdha sweda** - Recommended in Vata dosha and problems of Pakvashaya

2. **Ruksha sweda** - Recommended in Kaphaja disorders and in problems of Amashaya

E. Types on the basis of the properties of sweda¹⁴

1. **Rukshasweda**

2. **Snigdha sweda**

3. **Ruksh-snigdha**

F. **Special types of classification**- Described by Acharya Kashyapa especially for children this should be applied in proper kala (period), roga (diseases) and according to type of deha (body).¹⁵

Hasta sweda (by palm)

Pradeha (medicated pack)

Nadi sweda (pipe fomentation)

Prastara (by warm rock)

Samkar (mixed fomentation)

Upnah (poultice)

Avgahana (tub bath)

Parisheka (shower steam)

G. Types of Swedana based on the area applied¹⁶

1. **Ekanga gata**- Locally/on particular organ or target area.

2. **Sarvanga gata**- Generalized/applied all over the body.

DISCUSSION ON PROBABLE MODE OF ACTION OF SWEDANA KARMA-

Sweda is one of the Mala described by Ayurveda. Although Mala are waste products in general, at times these play useful role in the body. Even though, Swedana is poorva karma,



it has its own entity as pradhana karma in some diseases. The wide range of indication of the procedure shows its importance as principal method of treatment. Moreover Charaka included Sweda karma in Shadavidhopakramas.¹⁷

I. Increase Metabolic rate- By Swedana process, our body temperature is increased and due to increased body temperature, sympathetic activities are also increased. Because of increased sympathetic activities hormones like Epinephrine, Norepinephrine Cortisol, Thyroid hormones are released which accelerate the metabolic rate and stimulate the process of lipolysis. As a result of increased metabolism there is increased demand for oxygen and increased output of waste products. It can be correlated with digestion of Ama.

II. Vasodilatation- If the body temperature rises a negative feedback action becomes active to reach at normal temperature. Higher temperature of the blood stimulates thermo receptors that send nerve impulses to the preoptic area of the brain. Which in turn stimulate the heat losing center and inhibit the heat promoting center. Nerve impulses from the heat losing center cause dilation of blood vessels in the skin so the excess heat is lost to the environment via radiation and conduction. As a result of Vasodilatation there is an increased blood flow through the area so that the necessary oxygen and nutritive materials are supplied and waste products are removed. It can be correlated with Sroto-Mukha-Vishodhanat.

III. Stimulation of Sweat Glands- A high temperature of blood stimulates sweat glands of the skin via hypothermic activation of sympathetic nerves and by this procedure excessive sweat production takes place. With the increased Sweat production more waste products are expelled out of the body through the medium of sweat. Hence, it can be said that Swedana corrects Swedavah-Sroto-dushti.

Importance of Swedana Karma in Panchkarma

Therapy- Swedana Karma is one of foundation of Panchakarma. Due to pre-procedure like Snehana and Swedana karma, tolerance and acceptance of the consequence of main procedure is improved. It makes changes in vitiated doshas to mobilize them without trouble and thus easily removed from the body tissues without creating harm to the body. Purva-karma helps to achieve best response of main procedure of Panchakarma, subsequently body develops sensitivity to keep balance throughout the process of Pradhan Karma. Devoid of pre-procedure produces complications as an unripe fruit get crushed during juice extraction whereas ripened fruit is best and juice can be easily extracted.¹⁸

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VAMAN KARMA A UNIQUE PROCEDURE OF DETOXIFICATION (Therapeutic Emesis Procedure)

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There are five Bio- purificatory procedure called pradhankarm.

1. Vaman - Therapeutic emesis
2. Virechan - Therapeutic purgation
3. Anuwasan-vasti- Therapeutic oil enema
4. Niruh or Asthapan vasti -Therapeutic decoction enema
5. Nasyakarm - Administration of Nasal medicaments.

Bio-purificatory or Samshodhan means to remove the viated doshas either from mouth or through anus. Samshodhan is two types-

1. Urdhwabhag har means Eliminative process from mouth, that is Vaman karm.
2. Adhobhag har means Eliminative process from anus, that is virechan karm. From this angle both the terms Vaman and Virechan may be called Virechan, because both are Samshodhan karmas and are used to expel the Doshas from the body.

“तत्र दोषहरणमूर्ध्वभागं वमन संज्ञकम्,
अधोभागं विरेचनसंज्ञकम्, उभयं वा
शरीर मलविरेचनाद्विरेचन संज्ञा लभते । च.क. 1/4

DEFINITION :-

Vaman or Vomiting is a process by which contents of the stomach including vitiated or apakwa kapha and pitta will be expel out through mouth. In Ayurvedic literature following terms are used for vaman e.g. Vaman, Vami, Chardan, Chardi Vamathu etc. Vaman karm or emesis therapy is the specific treatment of kaphaj disorders. The endotoxins which are present in the stomach, in cells and tissues of entire body are eliminated through the emesis therapy.

MAIN VAMAK DRAVYAS:-

The drugs which produce emesis or vomiting

are known as Vamak dravyas. Main vamak drugs according Chark are

1. Madanphal - Randi dumetorum
2. Jeemutak (Bandal) - Luffa echinata
3. Ikhuwaku - Leganria Vulgaris
4. Dharmargava - Luffa aegyptica
5. Kutaj - Writia tinctoria
6. Kritvedhan - Luffa amara.

They have the following pharmacological properties and action.

1. Ushna (Hot) Due to Agneya guna it produces Pachan, Dahan, Swedan and Spreading all over the body, Lavan rasa produces vishyandan in the shrotas of body.

2. Tikshna (Sharp or fiery) It produces Dah, Paak, Srava etc. Due to this property vamak dravya acts quickly. Due to Agneya gun it also produces Shodhan, Pachan, Cedan and Sravan of doshas in their own places.

3. Shukshma (Subtle) Due to Vyavaayi, Vikasi and Tejus properties the vamak dravyas pass through the even minutest srotus of the body.

4. Vyavaayi Due to this property vamak dravyas need not be digested to reach the shrotus and dhatu. Therefore they produce generalized effect in the body. Due to Vikasi gun in the vamak dravyas the doshas will be made to separate.

5. Urdhwa bhag prabhava Due to Agni, Vayavya and Urdhwa Bhag prabhava, vamak dravyas induces emesis.

MODE OF ACTION OF VAMAK DRUGS

• Due to Ushna or Agneya gun, the drugs produces Dosh-sanghat, means spreading of drugs at cellular level. Lavan produces Vishyandan in the body.

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- Due to Tikshna properties, dosh Vichyandan occurs, resulting spreading of dosas in their own shrotas or places.
- Due to Shukshma properties the vamak drug enters in to micro circulatory channels (shrotas) and resulting Pachan and Vishyandan of dosas, so that vitiated doshas comes towards kostha and finally they are eliminated easily.
- Vamak drugs having the properties of Vayavaayi and Vikasi, so that they reaches the microcellular level without being digested.
- Vamak drugs produces vaman due to above action and Urdhava Bhag har prabhava with help of Agneya and Vayu mahabutas.

“तत्रोष्णतीक्ष्ण –सूक्ष्म.....उभयतश्चोभय गुणत्वात् ।।”

At the beginning of the emesis the cardiac end of the stomach is opened and pyloric sphincter is closed, to allow unidirectional flow of the contents. Diaphragm and abdominal accessory muscles contract to help in the process of Vaman karm. Vomiting is regulated by the vomiting centre situated in the 4th ventricle of medulla Oblongata. Emetic drugs is of two types.

1. Local emetics or reflex emetics or Gastric emetics.

- It stimulated Gastric mucosa along with stimulation of Vagus nerve and sympathetic nerve.
- These nerve fibre carry the stimulation to the vomiting center, resulting reflex emesis.
- Madanphal, leukewarm water with salt, mulahathi decoction etc induce emesis by reflex action.

2. Central Emetic drugs -

- Through direct stimulation of vomiting centre in the brain, vomiting occurs, such as from Apomorphine and digitalis are the examples of central Emetics.
- Such type of drugs stimulate Gastric muscles, Diaphragm, G.I.T. and increases peristalsis movement.

According to above description, concept of Vaman action in Ayurvedic principles is very close to concept of mode of action of modern Emetic drugs.

Vamanopag drugs

The drugs which helps Vaman process or enhance the Vaman process already induced by a emetic drug such as Mulahathi, Patol, Nimb quath, Sugarcane juice etc.

Indications of Vaman karm

Kaas (Cough)	Putinasa (Sinusitis)
Swasa (Asthama)	Kushtha (Skin diseases)
Amlapitta (Hyperacidity)	Sleepad (Elephantitis)
Apasmar (Epilepsy)	Agnimandya (Indigestion)
Unmad (Insanity)	Vish (Poisoning)
Granthi (Tumour)	Garavish (Toxicosis)
Arbud (Tumour)	Stanya dosh
Medo-rog (Obesity)	ENT Diseases
Atisar (Diarrhoea)	Acute fever
Prameha (diabeties)	Pandu

“कफे विद्ध्याद् वमनं..... स्तन्यदोषोर्ध्वरोगिणः ।”

अ.ह.सू. 18 / 1-2

Contra indications of Vaman karm

Garbhini (Pregnancy)	Hrillas
Ruksha (Dry)	Vamathu
Khudhit	Pleeharog (Spleenomegaly)
Nitya dukhit	Timir
Bal Briddha (Children old person)	Krimi Rog
Krish Sthula (Weak & obese)	Urdhwag Raktapitta
Hridrog (Heart disease)	Datta vasti
Kshata (Chest injury)	Hat-swar
Durbal Rogi (Weak)	Mutraghat
Udar Rog	Gulma roga
Bhram	Atyagni
Ashtheela	Arsh
Parshwaruk	Vataj rog
Udavart	Garvish sevi

“अवाम्याः गर्भिणी रुक्ष.....विरुद्धाम्यवारतः ।”

अ.ह.सू. 18 / 3-6

Process of Vaman Karm

Vaman karm is the first important procedure in Panchkarm. The essential Pre-requisties for this procedure as follows.

- Patient should be explained regarding the detail procedure of the Vamankarm to reduce psychological tention.
- Patient should be in happy mood and enjoyed sound sleep.
- Proper digestion of the previous night's food.
- Required internal oleation and medicated



fomentation has to be done.

- Patient should take full bath and having applied pralep.

PRE- OPERATIVE PROCEDURE OF VAMAN THERAPY

1. Collection of essential drugs and other materials-

- Trained Panchkarm assistant, Nurse, Sweeper should be there.
- Wash Basins, Buckets, Measuring glass, Necessary vessels.
- Towels, Bowl, small and big pitchers, churning Stick, Sigaar, Electric stove, Clothes, Spoon etc.
- Arand naal, Rubber tube, Hot water bag etc.

Vaman kalp and other drugs

A. Standard Vaman kalp -

- Madanphal pippali - 10 to 15 gms (Antarnakh musthi of the patient)
- Decoction of Mulahathi or Patolpatra or Nimb patra - 200 ml
- Saindhava lavan - 15 gms.
- Honey - 20 gms.

Note

- Prepare decoction of above drugs (Mulahathi etc) one day before and mixed yavakut madanphal pippli in the quantity of 12 gms.
- This should be thoroughly mixed in the morning of vaman day and filtered.
- 10 to 15 grams Saindhava lavan and 10 to 20 grams Honey should be mixed in above filtered Vaman kalpa.
- It should be slightly warm with the help of warmed water.
- It is the best Vaman kalp according our practical experience.

Other Vaman kalp

- Madanphal pippali churn - 12 gms (4 Parts)
- Vacha churn - 6 gms (2 Parts)
- Saindhava lavan - 3 gms (1 part)
- Honey - 20 gms.

Note

It should be thoroughly mixed and make them into paste.

Other materials which essential in vaman karm .

- Sugar cane juice or the vamanopag liquid such

as milk, yasthimadhu decoction - 3 liter.

- Mulahathi decoction 2 Liter.
- Salt (Saindhava) - 50 gms.
- Leuke warm water - 2 liter
- Fresh Arand naal or Rubber tube.
- Smoking pipe or sigar.
- Ghrit sadhit Yavachurna or dry Arand naal.

For Emergencies

- Sutshekhar ras, Bolbaddha ras, praval pisthi, Karpur ras, Muktapishti, Shadang paniya, Noramal saline, Mayur picchabhasm etc.

2. Examination of the Patient :-

- Proper examination of the patient should be done to see his suitability of emesis therapy.
- Such as season or Time, Strength, Built, Diet, Wholesomeness mind of the patient body constibution and status of Agni depending upon age.

How to decide the dose of emetic drug

According Charak following things should be remember to decide the dose of emetic drugs.

- One which removes maximum doshas from the body with a minimum dose.
- Vegas should produce in good manner.
- It should be Laghu paki, means digested properly.
- Also alleviate the disease process.
- It will not produce any complications.
- It will not produce exhaustion.
- Its smell, colour and taste should be good.

“अल्पमात्रं महावेगं..... विद्यान्मात्रावदौषधम् ।”
च.सि. 6/5-6

According to Shusrut and Astang sangrah the following things be considered when deciding the dose.

- Strength of the disease, Koshtha bal, Age of the patient, Desh or country, Time of administration.

Note Charak has suggested the dose of Madanphal pippali is as that of the quantity to be kept inside a fist (Antar nakh musti praman)

“.....तासां फलपिप्पलीनामन्तर्नखमुष्टि यावद्वा” । च.क. 1/14

4. Preparation of the patient -

A. Dietic management -

- The diet of unctuous, light, hot and abhisyandi



like fish, udad dal, curd etc must be given for aggravating of kapha one day before (At the night) the induction of Vaman karm.

The following krishara should be given one day before at the night at about 7 to 8 PM.

- Rice - 50gms. It should be well cooked
- Udad Dal - 50gms and patient should eat
- Tila - 20gms this krishara up to
- Saindhavalavan - 15gms. Akantha pan
- Pure ghee - 20gms. with 300gms of curd.
- On the morning emesis therapy a gruel which mixed with ghee should be given or peya with ghee should be given if patient feels Hungry.
- If patient has got no appetite then 1/2 an hrs before 500 leukewarm milk With guda should be given.

B. Oleation and fomentation -

- Emesis therapy must be preceded by oleation and fomentation procedure.
- Patient who is undergo emesis therapy must be substituted for oleation and fomentation therapy for 2-3 days prior to induction of vaman.
- The purpose is to make the vitiated doshas soft, liquefied and to make them to move towards the kosh.

Manasopachar

- Patient must be mentally convinced and prepared to undergo the emesis therapy.
- The certain swastivachan and mantras are adopted for keeping the patient in good mental health through out the procedure.
- The main objective of it is to kept the patient happy.
- Patient should be told the whole procedure of emesis therapy to take into confidence.

OPERATIVE PROCEDURE

(Pradhan karm)

It is the period from giving Vamankalp to complete cessation of the Vegaas. This will be delt is 5 subdivisions.

1. Administration of Vaman kalp -

- Vaman karm should be performed between 8 to 10 A.M.
- The pulse, respiration, temperature, blood pressure, weight should be noted before between

and after vaman karm.

- Mental response of the patient should be watched correctly.
- One day before of vaman karm, external oleation and fomentation should be done two times on the vaman day in morning about 8 AM patient should again performed external oleation and fomentation.
- Ask the patient to sit comfortably in an armed chair.
- Patient should take leukewarm milk in the dose of 500 ml at about 9 AM. wait for 1/2 an hrs, so that.
- Administer at least 2 to 3 liters (Akanthapan) of either leukewarm sugarcane juice, leukewarm milk, mulahathi decoction.
- Just after the vaman kalp (as discuss before) should be given and wait to 10 to 15 minutes.
- At the time of giving emetic formulation the following auspicious matra must be recited.

“ॐ ब्रम्हदक्षाशिवरुद्रेन्द्रभूचन्द्रार्कानिलानलः ।

मृषयः सौषधिग्रामा भूतसङ्घाश्च पान्तुते ।।

रसायनमिवर्षीणां देवानाममृतं यथा ।

सुधेवोत्तमनागानां भेषज्यमिदमस्तु ते ।।” च.क. 1/14

2. Observation during vaman procedure -

- According to different Acharyas after giving vamankalp should wait for one muhurta (About 48 minutes) to start vaman vega but on the basis of practical experience vaman vega started within 10 to 15 minutes.
- Within this time (10 to 15 minutes) the following feature should develop in the patient.
 - i. Sweda pradurbhava** means perspiration occurs due to Agneya guna, so that doshas start melt.
 - ii. Roma harsh** Means horripilation occurs due to Teekshna guna, So that doshas have started moving from its own place.
 - iii. Adhaman** Means distension of a abdomen, it indicates that doshas are shifted to the intestine, mainly stomach.
 - iv. Hrillas and lala srava** It indicates movements of doshas upwards and finally vaman process is started.
- When patient gets salivation he should be ready to vomit in the vessel kept in front of him.



- If there is no sensation of vomiting then induced by mechanical means such as with the help of Arand naal (Fresh) or kamal naal to stimulate the soft palate.
 - Vomiting can induced by administrating leukewarm mulahathi decoction or by kalk of pippali, sharshap, vacha or with leukewarm water with salt up to pittant .
 - B.P. pulse rate, temperature, chest examination and general condition of the patient should be carried out at regular intervals through out the Vaman karm.
 - Emesis should be continued till any one or all of the following things are observed-
 - i Pittant means bile (pitta) appear in the vomitus.
 - ii Elimination of Large quantity of kapha Pitta.
 - iii When out put is more than input.
 - iv When patient is getting exhausted.
 - Samples of the vomited material should be collected for laboratory examination.
- 3. Assessment of types of shodhan** - There are 4 parameters to assess the vaman Suddhi prakar.
- A. Vaigiki-**
- First two Bouts (Vega) must not be counted.
 - The vegas are to be assessed in terms of Number of Bouts.
 - Pravar, Madhyam and Avar sudhi must be made in this order i.e. (8, 6 and 4) respectively.
- B. Antiki-**
- "Pittant Vaman" is the best type of Uttam suddhi.
 - The sequence of expulsion of dosha in emesis is saliva, vomiting drug, Pitta and Vata dosa.
- C. Maanaki-**
- When quantity of doshas which comes out is 2 Prastha then it is considered as uttam suddhi.
 - When quantity of doshas which comes out is 1½ Prastha, 1 Prastha then it is considered as Madhyam and Avar suddhi respectively.
 - According to Chakrapani 1 Prastha = 13½ pala means about 54 tola (540 ml)
- D. Laingiki-**
- i. **The signs and Symptoms of Samyak Vaman karm-**

- Elimination of doshas in the order of Kapha, Pitta, and Vaat.
- Samyak pravriti of doshas in proper time.
- Lightness in the cardiac region, sides of the chest, head and all srotus.
- Sharpness in the activities of sensory organs.
- Lightness in the body Laghuta.
- Some weakness and emaciation.
- Reduction in symptoms of the disease.

“क्रमात् कफः पित्तमथानिलश्च यस्येति सम्यग्वमितः स दृष्टः।

हृत्पाश्वर्मूर्धेन्द्रियमार्ग शुद्धो तथा लघुत्वेऽपि च लक्ष्यमाणे।।” च.सि. 1 / 15

ii The signs and symptoms of improper emesis (Asamyak vaman)

- The urges will not be observed regularly and in time.
- Only emetic drug is expelled out.
- During urges the movement will be un necessarily obstructed.
- Hridya asudhi (Heavyness in cardiac region) and Sroto Asudhi.
- Heavyness in the body and sphota may occure.
- Eruptions (Kotha), Itching (kandu) and fever may occur.
- Kapha prasek means sputum expectoration.

“दृश्च्छर्दिते स्फोटक कोठ कण्डू हृत्वाविशुद्धिर्गुरुगात्रता च।” च.सि. 1 / 16

iii The signs and symptoms of excessive emesis (Atiyoga)

- Phenila or frothy and blood stained vomiting.
- Thirst (Trisha), confusion (Moha) and fainting (Murcha).
- Aggravation of vaat and insomania may occure.
- Weakness and clouding of vision.
- Pain in throat and cardiac region.
- Giddiness and burning sensation.
- Excessive Biliary discharges (Pittaati Yoga)
- Death may occur due to excessive haemorrhage.

“तृप्सोहमूर्च्छानिलकोपनिद्राबलादि हानिर्वमनेऽति च स्यात्।” च.सि. 1 / 17

iv Complication of Emesis therapy (Vamana Vyapada)



The complication will arise due to four reasons

- Vaidhya - When decision of vaidya is not proper.
- Drug - When drug is having less or more potency.
- Attendant Not properly trained.
- Patient - When patient is not co-operate with the physician.

● **Charak has mentioned 10 complications of Vaman and Virechan**

1. Adhamana - Flatulence.
2. Parikartika - Cutting pain
3. Srava - Any discharges from mouth and anus.
4. Hridgraha - Discomfort in cardiac region.
5. Gatra graham - Stiffness in the body.
6. Jeeva dana - haemetemesis
7. Vibhransa - Protusion of tongue or Anus.
8. Upadrava - Another complications.
9. Stambha - Stiffness.
10. klama - Neurasthenia

● **Acharya Susruta has mentioned following 15 Vaman virechan vyapad**

1. Emetic drugs produce purgation or virechana.
2. Residual of emetic drugs (Saavsesatwa of Drug)
3. Digestion of emetic drug (Jernoushadhatva)
4. Less elimination of dosha (Hina doshapharana)
5. Pain in abdomen (Vaatschoola)
6. Improper Vaman karm. (Ayoga)
7. Excess vaman Karm (Atiyoga)
8. Haemetemesis (Jeevadana)
9. Flatulence (Adhamana)
10. Parikartika (Cutting Pain)
11. Discharge from mouth or anus (Pansrava)
12. Acute dysentery (Pravahika)
13. Discomfort on cardiac region (hridaapasarana)
14. Constipation (Vibandha)
15. Vomiting caused by purgative drugs.

Possible factors of improper Vaman

- Improper of Abhyantar Snehan and Swedan karm.
- Vomiting drugs are not effective.
- Krur kosthi, Ati bal Sali and too much appetite.
- Presence of Aam dosha.

Management of Vaman Vyapad

Some of the very common problems may occur during just after Vaman karma.

1. Diarrhoea

Karpur ras 125 mg may be given in excessive diarrhoea or vomiting. In the condition of dehydration I.V. fluid should be given if necessary.

2. Haemetemesis -

- The vaman karm should be stopped immediately.

- Bola baddha ras - 250 mg
 - Praval Pishthi - 250 mg
 - Kamdudha ras - 250 mg
- This one dose as per need with Honey

3. Excess Vomiting -

The process should be stopped following combination should be given as needed

- Bola baddha ras - 250 mg
- Pravalpishthi - 250 mg
- Mayurpichha bhasma - 250 mg
- Mukta pishthi - 60 mg

One dose as per need with Honey or Dadima avaleha.

- Shadangpaniya should be given.
- Shito upchar should be done.

Post operative procedure of vaman karma (pashchat karm)

1. Patient B.P., pulse rate, respiratory rate, temperature and general condition should be examined carefully.
2. Patient should be advised to lie down on a bed comfortably for some time.
3. The feet and palms of the hand should be massaged with suitable medicated oil.
4. Exposure to direct sun and wind should be avoided.

In addition following post operative procedures should be adopted.

1. Dhoomaapan -

- After vaman karm, hands, feet, face, mouth of the patient must be well cleaned.
- The patient should be asked to smoke with medicated cigars as per his requirements such as snaihik (Unctuous), shaman (alleviating) or virechana (eliminative) type of Dhoompan through smoking pipe or cigar.
- In practice following formulations can be used for Dhoompan



- Ghri Bharjit dry Arand nall.
- Ghrit bharjit yavakut yava.
- The dhoom should taken firstly from right and left nostrils and dhoom should be expellout from the mouth for three times.
- The dhoom should taken from mouth and expel out from mouth for three times.
- Dhoom should not be expellout from nostrils in any condition.
- After dhoompaan kawal (Gargling) should be done with salty lukewarm water and expellout stimulated kapha from the mouth.

2. Regimen after emesis

After vamankarm the following things should be avoided.

- Loudly speaking
- Too much eating
- Too much sitting standing, and walking
- Avoid anger and anxiety.
- Exposure to sun and direct wind.
- Travelling by vehicles.
- Coitus and vigil during the night.
- Sleeping during day time.
- Irregular and heavy diet.
- Supression of natural urges like urine or stool etc.

3. Diet regimen after emesis (Samsarjan karm)

After purificatory process, temporarily diminish the koshagni. To improve and stimulate it, Acharyas has suggested the administration of Peyadi Kram according to Shuddhi Prakar.

“After Vaman Karm should take Peya, Vilepy, Yush and Mansaras for 3-3 Annakal in Uttam Shuddhi, 2-2 Annakal in Madhyam Suddhi and 1-1 annakal in Avar Suddhi and 7th day normal diet should be given.”

“पेया विलेपीमकृतं कृतं च यूषं रसं त्रिद्विंशैकशष्च ।
क्रमेण सेवेत विशुद्धं कायः प्रधानमध्यावर शुद्धि शुद्धः ॥”

NOTE-A

PEYA- Shook dhanya (Rice or Daliya) should be taken in quantity of 50gms + 14times of water and should well cooked.

VILAPY- One part (50gms) of shook dhanya + 6 or 4 times water and well cooked.

YUSH- Green Mung daal 50gms + 14 times of water

and should well cooked. This is Akrit Yusha. When it should be fry with Jeera or Lavang with some pure ghee is known as Krit Yusha.

MAMSA RASA- One part mamsa (About 50 gms) + 14 times of water and should cooked well to get mamsa rasa. It is Akrat but when it is fried with Jeera or Lavng with some pure ghee is known as Krit mamsa rasa.

For Vegetarian (50 gms mungdaal +50 gms daliya) may be given to in the place of mamsa rasa.

NOTE-B

Acharya Charak has recommended that in following conditions “Tarpan” Should be given against Peyadi Krama.

- Improper Purification
- Who takes Alcohol daily.
- Kapha Pradhan and Pittanubandhi patient.
- Having vat-Pitta Prakarti.

“कफ पित्ते विशुद्धेऽल्पं मध्ये वातपेतिके ।

हर्तणदि क्रमं कुर्यात् पेयाऽभिष्यन्दयेद्धि तान् ।।

च.सि. 6/25

Preparation of Patient for further Purificatory process (Vamanottar karm Vichaar)

- After emesis, if no any shodhan process required then Shaman treatment should be given.
- If virechan is to be done after vaman then 8th day normal diet should be given.
- 9th, 10th and 11th day increased snehpan should be given to the patient.
- 12th, 13th and 14th day external oleation and fomentation should be done. Laghu ahaar should be advised during these days
- On 15th day Virechan karm should be performed.

Examination of Vomitted material

- Total quality of vomitted material.
- Its Contents.
- Physical examination such as colour, smell, presence of different doshas and blood.
- Chemical examination such as pH of the contents, presence of HCl and other Chemical Substances.



CLINICAL EXPERIENCES WITH VAMANA THERAPY

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Each and every cell in the human body maintains a biorhythm to address the metabolic needs which are inevitable for proper growth and maturation of the tissue compartments of the body. There are a good number of challenges faced by the body cells in their continuing struggle of existence. Accumulation of metabolic wastes and toxic substances will accelerate the process of disease manifestation through different routes. That is why the Indian system of medicine, Ayurveda recommends periodical biopurification methods to eliminate such unwanted materials from the body to keep it intact. Such cells cleansing therapies are called Panchakarma and Vamana therapy is the first among them.

Vamana is the therapeutic procedure where forceful expulsion of vitiated doshas through mouth following administration of Vamanoushadhi. Vamana is the main therapy administered in Kapha dominant pathological conditions. The hallmark features of Kapha associated pathologies are obstruction, congestion, retardation, stagnation and inhibition at multiple levels. Properly planned vamana therapy not only brings down the pathologies but also prevent the recurrence significantly. Dermatological conditions, allergic respiratory pathologies, mental ailments, hormonal disorders are some of the major indications of Vamana treatment.

This paper discusses the clinical experiences of Vamana treatment in three different cases.

Case I

Here the patient was suffering from Plaque Psoriasis with duration of more than five years. He had undergone multidisciplinary treatments but

the relief rate was not so significant. The psoriasis lesions were there all over the body including the scalp. Nail changes were also noted with pitting and brittle nails. The patient was treated first with Deepana Pachana drugs for 5 days with Gandarvahasthadi Kashaya and Vaiswanara choorna before snehapana. After attaining desired Agnideepthi, snehapana was started with Aragwadamahathikthaka Ghrita which has got strong Kapha Pithahara property. Snehapana was done for seven days in ascending dose with maximum dose on seventh day as 250ml of Ghrita. After snehapana utklesana was done with masha and milk preparations. After doing proper external sneha Swedana, patient was subjected to Vamana treatment on early morning. Vamana yoga consisted of Powdered Madanapippali 2.5 gm, Vacha 5gm, Yashtimadhu- 7.5 gm and Saindava 10 gm with required quantity of honey. The vamana procedure was smooth without any notable complications except slight capillary bleeding due to excessive straining by the patient. After the Vamana, samsarjanakriya was advised to empower the digestive fire. Shamana treatment was done with Mahathikthakam Kashaya, Vitpala taila and Kaisora guggulu. Takradhara was also done. The patient got significant improvement. The candle grease sign was reduced with less silvery scales. Itching was also reduced. The patient was discharged with an advice of repeating the Vamana Karma after six months.

Case II

The patient was a male boy of 23 year age. He was suffering from Bronchial Asthma and under

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inhalers. After doing the initial deepana pachana chikitsa, Snehapana was done with Indukanthaghritha which is a proven immunomodulant. Snehapana continued for seven days. After utklesana and external sneha Swedana, vamana was done. Good Vegas were seen with adequate Kapha chedana. After the vamana, Shamana chikitsa was followed. Elakanadi Kashaya, shwasandam gulika and Agasthyarasayana were given for one month. Patient was better at the time of discharge and was advised to undergo Vamana karma after 3 months.

Case III

The patient was a well built boy of 24 year old age. He was a drug addict with mild depression. He had undergone treatment in modern medical science with psychiatric care and counseling. The patient was admitted in our hospital and Vamana treatment was administered. Concept of Dooshivisha and Kaphaja Unmada was explored for finalizing the treatment protocol. Snehapana was done with Kalyanaka Ghritha. The dose on seventh day was 225ml. Vacha was given 10gm in Vamana yoga because of the strong Kapha Avarana in the patient. After vamana treatment Medhyarasayana was administered with Mandookaparni Swarasa. Bahiparimarjana chikitsa was applied as Udwarthana. On evaluation, patient showed positive behavioral changes. He started communicating with his mother. Excessive sleep was reduced with loss of body weight. He is still under treatment.

The selection of snehapana drug, the nature of Vamana karma and the Shamana chikitsa after vamana treatment decide the rate of success in Kapha dominant pathologies.

(पृष्ठ 42 का शेष)

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In awar shuddhi patient is advised for 4 annakala, in madhyam Shuddhi for 8 annakala and in Pradhan shuddhi for 12 annakal. Samsarjana Karma should be started with peya then vilepi then akrita mansaras and lastly krita mansaras. Samsarjana karma can be summarized as following.

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POTENTIALS OF AYURVEDIC PANCHAKARMA PROCEDURES WITH A REVIEW ON TARGETED ACTIONS OF VIRECHANA

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ABSTRACT:

Panchakarmas are considered as principal management measures to cure as well as prevent diseases. Virechana is important, relatively safe and most practiced procedure among panchakarmas. The present article explores potentials of this procedure as well as its scope in breaking pathogenesis at various levels. Ayurveda classics and research journals were reviewed to collect information about indications of Virechana as principal of management in various diseases. The probabilities of targeted actions, tissue levels and mode of actions in reversing the pathogenesis were studied and presented here. The article provides scope for further research on standardization of Virechana to establish it as applicable procedure in management of various disorders.

KEY WORDS: Virechana, biopurification, dhatu, tissue level, rejuvenation.

INTRODUCTION:

Ayurveda, the hoary, indigenous branch of learning is known for its well-founded concepts on the science and art of living. The term 'Ayurveda' literally translates into 'Science of life'. Ayurveda, has been serving the mankind since antiquity. It has a very special approach towards the disease, the patient and the science of medicine itself. Disease, disability, decay and death continue to plague the mankind and reflect on the physical and the social domains. On the psychological front the stresses

induced by the social factors on the individual can produce divergent and mutually opposed pathological conditions like anxiety and depression.

The breathtaking advances, scientific developments on medical and technological fronts have failed to address properly the sufferings of homo sapiens. Modern electronic gadgets, million dollar research programs and ever increasing number of medical institutions have failed to deliver an effective and affordable health care to near six billion inhabitants of this universe. Success of biological medicine has produced a patient population, which lives longer but not necessarily without crippled body and perturbed mind. The modern science has started handling the patient as a mere collection of signs and symptoms born out of distorted organs and deranged functions and hopes that it can be corrected by attending to local and manifest faults, thus causing a big slide in value systems of medicine and inflicting an irretrievable damage to the system of medicine as a whole.

Ayurveda, the body of knowledge, with an evolutionary history of over three thousand years, comes to the rescue of the society, to relieve the sufferings of the common human. Ayurveda has established concepts on 'life', its preservation, promotion and prolongation. 'Health' is integrity and balance of and among these components and 'disease', a disorder of this homeostasis. Further in

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Ayurvedic perspective 'health' can be sustained only when a harmony is established between the milieu interior (Individual) and the milieu exterior (environment). This approach to health and disease makes all the difference between Ayurveda and other systems of medicine.

The three principles on Therapeutics advocated by Ayurveda SHODHANA (elimination) SHAMANA (palliation) NIDANAPARIVARJANA (avoiding etiology) are specially designed to target the diseased conditions which are continuing to plague the mankind since ages. Panchakarma therapy or the bio-purification therapy as it is called forms a major component of Ayurveda therapeutics and distinguishes and differentiates the approach of Ayurveda towards therapeutics from the rest of the systems of medicines.

Panchakarma therapy forms a major component of Ayurveda medicine and represents the first ever waste disposal system invented for the human body. Snehana (oleation) and Swedana (sudation) are considered preparatory procedures (purvakarma) for Panchakarmas which are considered as major bio-purificatory procedures. These are followed by Shamana (palliation) and Rasayana (rejuvenative procedures). Vamana [emesis], Virecana (purgation) Vasti (enemata), Nasya (errhines) and Raktamokshana (Haemapheresis) are collectively called as Panchakarmas. Vamana is a process by which the contents of the upper G.I.T including vitiated Kapha & Pitta (biohumours responsible for health & disease) are thrown out of the body through mouth. Virechana is a process by which the contents of the intermediate & lower G.I.T including vitiated Pitta, Kapha & Vata (biohumours responsible for health & disease) are thrown out of the body through the rectum. The word Vasti is named so because the urinary bladder of animals

was used to inject the contents of either unctuous drugs or eliminatory drugs, into the rectum, urinary meatus or reproductive orifice. Its site of action is basically lower gut though it is hypnotized that its action pervades the whole body. Nasya is a method by which either the medicated oil or powder is installed in the nose and is specially indicated in the disorders of head. Raktamokshana is a procedure where in vitiated blood is channelled out of the body by various means and is targeted to treat the disorders of skin and blood.

The globe is turning towards Ayurveda for its' safe and efficacious medicines and procedures. Virechana is the most practiced among Panchakarma procedures in routine practice and is employed in treating a constellation of diseases and conditions. As explained earlier, It helps in eliminating morbid toxins [Doshas] from the body. It also helps in promoting health. It is advocated as a part of Ritucharya in Sharada Ritu. Virechana is advised for body cleansing before administration of rejuvenation therapy. Since this is a less stressful procedure having minimal complications, it is widely appreciated among the Shodhana procedures.

The potentials of Virechana in the management of various diseases are being studied at various institutes. However the quest about its targeted actions at various tissue levels and in different modes still remains to be pursued. The present review article attempts to study probable reasons behind efficacy. It is necessary to review various types and categories of Virechana before establishing modes of actions.

CLASSIFICATION OF VIRECHANA:

Virechana is classified varyingly by various Acharyas based on multiplicity of reasons like Intensity of action, properties of virechana drugs and even pharmaceutical formulations of drugs are



used for the Virechana Karma. However Classification of Virechana according to Sharangadhara stands foremost as it takes in to consideration the action, the potency of drug, and also the onset and consistency of excretory products. This probably is best among the existing classification of Virechana.

- **Anulomana:** The drug which make the Pachana (digestion and metabolism) of Mala (excreta) and breaks its firmness and after that brings towards lower part of the bowels is known as Anulomana e.g. Haritaki. They are called carminatives in modern terms.
- **Sramsana:** The drugs which expel the half digested and sticky excreta (Mala) without bothering of prior digestion is known as Sramsana e.g. Amalatas. They are called anthracene purgatives in modern terms.
- **Bhedana:** The drugs which breaks all types of excreta (Mala) like Abaddha, Baddha or Pindita and throws them through anal route are called Bhedana e.g. Katuki. They are called drastic purgatives in modern terminology.
- **Rechana:** The drugs which eliminates digested as well as undigested excreta (Mala) by liquification, though anal route are known as Rechana e.g. Trivrit. They are called purgatives in modern terminology.

Activity profile of Virechana drugs:

Virechana drugs are generally having Prithvi and Jala Mahabhuta predominant by nature. Apart from this these drugs are having Ushna (hot), Tikshna (sharply acting), Sukshma (subtle), Vyavayi and Vikasi properties. Virechaka drugs mostly act by the virtue of their Prabhava (idiosyncrasy).

Field of Virechana:

Effect of Virechana on the body can be explained at the level of Dosha, Dushya, Srotas, Agni and Ama. That can be understood this way -

- **Dosha:** Virechana is considered to be best treatment for Paikka disorders; since it eliminates the vitiated Pitta from the anal root. Thus there is no chance of vitiation of Pitta anywhere in the body as it is eliminated from its Mula Sthana (root). Vagbhata has mentioned the Virechana in Paikka disorder and for Pitta combined with Kapha or Kapha located in Pitta Sthana.
- **Dushya:** Dhatu Pradoshaja Vikaras are the disorders which can be better treated with Shodhana. Virechana can be used in the Dushti of Rasa, Rakta, Mamsa, Asthi, Majja and Shukra.
- **Agni:** After Virechana, the improvements in Agni is considered as a good sign of proper Shodhana.
- **Srotas:** Virechana is indicated in the treatment of disease of Rasavaha, Raktavaha, Mamsavaha, Asthivaha, Majjavaha and Shukravaha Srotas.

MATERIAL AND METHODS:

Ayurvedic classical texts, research journals and websites were reviewed to collect the information. It was further analysed and categorized on the basis of context.

RESULTS AND DISCUSSION:

The table no.1 shows indications of Virechana karma as advised in various Ayurvedic classics.

Table 1: Virechana yogya (Indications):

The table no.2 shows indications of Virechana karma with the targeted tissues and probable modes of action.

Virechana Yogya (Indications)	Cha.Sa.	Su.Sa.	A.S.	A.H.	Bhe.Sa. Ka. Sa.	Shar. Sa.	B.P. Y.R.
Pitta Pradhana Vyadhi							
Jwara	+	+	+	+	+	+	+



Pandu	+	+	-	-	-	+	+
Kamala	+	-	-	+	-	-	-
Halimaka	+	-	+	+	-	-	-
Netradaha	+	+	-	-	-	-	-
Aasyadaha	+	+	-	-	-	-	-
Vata Pradhana Vyadhi							
Pakvashaya Ruja	-	+	+	+	-	-	-
Shirahshula	+	-	+	-	-	-	-
Parshvaruja	+	-	-	-	-	-	-
Gulma	+	+	+	+	-	+	+
Vatarakta	+	+	+	+	-	+	+
Kapha Pradhana Vyadhi							
Prameha	+	+	-	-	-	+	+
Netrasrava	+	-	-	-	-	+	+
Aasyasrava	+	-	-	-	-	+	+
Nasasrava	+	-	-	-	-	+	+
Swasa	+	-	-	-	-	-	-
Kasa	+	-	-	-	-	-	-
Shotha	+	+	-	-	-	+	+
Tridoshaja Vyadhi							
Kushtha	+	+	-	-	+	+	+
Visarpa	+	+	-	-	-	-	-
Hridroga	+	+	-	-	-	+	+
Rakta Pradoshaja Vyadhi							
Pliha	+	+	+	+	-	+	+
Vyanga	+	-	+	+	-	-	-
Nilika	+	-	-	-	-	-	-
Visphotaka	+	+	+	+	+	+	-
Manasa Roga							
Unmada	+	-	-	-	-	-	-
Apasmara	+	+	-	-	-	-	-
Stri Roga							
Yoni Dosha	+	+	+	+	-	+	+



Shalya Kriya Sadhya Vyadhi							
Arbuda	+	+	-	-	-	-	-
Bhagandara	+	+	+	-	-	+	+
Arsha	+	+	+	+	-	+	+
Vidradhi	+	+	+	+	-	+	+
Granthi	+	+	-	-	-	+	+
Galaganda	+	-	-	-	-	-	-
Bradhna	+	-	-	-	-	-	-
Dushta Vrana	-	+	+	+	-	-	+
Vridhhi	+	+	-	-	-	-	-
Apachi	+	-	-	-	-	-	-
Shalakya Vyadhi							
Timira	+	+	+	+	-	-	-
Abhishyanda	-	+	+	+	-	-	-
Kacha	-	+	+	+	-	-	-
Akshipaka	-	+	+	-	-	-	-
Annavaha Srotas							
Krimi koshtas	+	+	+	+	-	+	+
Garavisha	-	+	-	+	-	+	+
Visuchika	+	+	-	-	-	+	+
Alasaka	+	+	-	-	-	-	-
Udararoga	+	-	+	+	-	+	+
Arochaka	+	+	-	-	-	+	+
Avipaka	+	+	-	-	-	+	+
Vibandha	-	+	+	+	-	-	-
Aanaha	-	+	-	-	-	-	-
Marga Bheda							
U. Raktapitta	+	+	+	+	-	-	-
Udavarta	+	-	+	-	-	-	-
Chhardi	+	+	+	+	-	+	+
Others							
Reto Dosha	+	-	+	+	-	-	-
Mutraghata	+	+	+	+	-	+	+
Shastra Kshata	-	+	-	-	-	-	-



Table 2: Probable sites of action and potential:

Virechana Yogya (Indications)	Target Site: Dhatu-Dushya	Probable mode of action
Jwara	Rasa	Detoxification of inflammatory products in serum
Pandu	Rasa-Rakta	Detoxification of liver, stimulating erythropoiesis
Kamala- Halimaka	Rasa-Rakta	Detoxification of liver, Reducing biliary obstruction and improving hepato-biliary circulation
Pakshaghata	Rasa-Rakta-Majja	Reducing intra-cranial pressure, osmosis
Shirahshula	Rasa-Rakta-Majja	Reducing intra-cranial pressure, osmosis
Vatarakta	Rakta-Mamsa-Asthi	Improving muscle metabolism, reducing inflammation
Prameha	Meda-Rasa	Reducing inflammation, improving metabolic pathways
Shwasa- Kasa	Prana-Rasa-Rakta	Reducing intra-thoracic pressure, Improving vital capacity of lungs
Shotha	Rasa-Rakta	Removing obstruction, improving lymphatic drainage, reducing cardiac overload
Kushtha	Rasa-Rakta-Mamsa	Detoxification of liver, improving blood formation, reducing inflammation
Visarpa	Rasa-Rakta-Mamsa	Detoxification of liver, improving blood formation, reducing inflammation
Hridroga	Rasa-Rakta	Removing obstruction, improving lymphatic drainage, reducing cardiac overload
Unmada	Manas-Indriya all Dhatus	Improvement in neuro-muscular co-ordination, Improving neurotransmitter status, reducing inflammation
Apasmara	Manas-Indriya all Dhatus	Improvement in neuro-muscular co-ordination, Improving neurotransmitter status, reducing inflammation
YoniDosh	Shukra - Mamsa	Reducing inflammation
Arbuda	Mamsa	Reducing inflammation, preventing growth
Bhagandara	Mamsa-Rakta	Reducing inflammation, preventing growth
Arsha	Mamsa-Rakta	Reducing inflammation, preventing growth
Vidradhi	Mamsa-Rakta	Reducing inflammation, preventing growth
Granthi	Mamsa-Rakta	Reducing inflammation, preventing growth
Galaganda	Mamsa-Rakta	Reducing inflammation, preventing growth
Bradhna	Mamsa-Rakta	Reducing inflammation, preventing growth
Dushta Vrana	Mamsa-Rakta	Reducing inflammation, preventing growth
Vridhhi	Mamsa-Rakta	Reducing inflammation, preventing growth
Apachi	Mamsa-Rakta	Reducing inflammation, preventing growth
Udararoga	Udaka-Rasa-Rakta	Removing obstruction, improving lymphatic drainage, reducing cardiac overload
Arochaka	Annavaha Srotasa Rasa	Promoting digestive enzymatic activity, removing toxins
Avipaka	Annavaha Srotasa Rasa	Promoting digestive enzymatic activity, removing toxins
Vibandha	Purishvaha Srotasa	Promoting intestinal peristalsis, promoting repair and rejuvenation of intestinal gut flora
Aanaha	Annavaha Srotasa Rasa	Promoting digestive enzymatic activity, removing toxins
U. Raktapitta	Rakta	Improving functions of hemopoetic system
Udavarta	Annavaha srotasa	Removing obstruction, promoting enzymatic activity
Chhardi	Annavaha srotasa	Improving gut flora, promoting enzymatic activity
Reto Dosh	Shukra	Promoting endocrinal balance, improving functions of reproductive system by removing obstructions



Table 3 : Effects of Elimination therapy (Shodhana)

Kayagnirabhivardhana	-enhancement of digestion and metabolism
Vyadhi upasamana	-relief of ailments
Swastyanuvartana	-restoration of health
Indriya prasadana	-clarity of senses,
Manobuddhi prasadana	-clarity of mind, intellect
Varna prasadana	-pleasing complexion
Bala pushti-varhdhana	-promotion of immunity, plumpiness
Vrishyata - apatyata	-increased virility, fertility
Krichrajara	-prolonged youth
Chirajivana (anamaya)	-long life spans without diseases

From the above table 1 and 2, it is clear that Virechana procedure acts at almost every tissue level to improve its functions. Table 3 shows benefits of shodhana as enlisted in Ayurvedic classics. The various modalities of action of Virechana include osmosis, improvement in metabolism, reduction in inflammatory biomarkers, promoting digestive enzymes, tissue repair and re-construction. It may also lead to reduce cardiac overload to maintain blood pressure inside lumen and fluid balance. The targeted actions of Virechana needs to be studied further for exact mode of actions.

Research studies on effect of Virechana:

In a research conducted by Udupa KN and Singh RH in 1976, total stercobilinogen contents of stools produced during Virechana as an index for the rate of elimination of vitiation of Pitta dosha during Virechana was studied as marker. Furthermore,

statistically significant increase in D-xylose excretion rate was observed in patients who followed Samshodhana. This indicates the improved absorption power which determines the rate of *Srotovishodhana* in these patients. The study showed no change in endocrine and metabolic parameters. The study directed towards application of modern biomarkers such as total stercobilinogen excretion in stools, d-xylose excretion rate to establish as marker to assess efficacy of srotovishodhana in Samshodhana. Moreover, the study proposed to study assessment of Panchakarma therapy on the lines of enhancement in digestion and metabolism [Agnivyapara]. Agnivyapara can be measurable in terms of gastric acidity, liver function test, endocrine functions specially adrenocortical and neurohumoral changes and certain metabolic indices namely serum proteins, urinary nitrogen



and serum electrolytes. These needs to be studied further for standardization of Panchakarma therapy.

In a recent research conducted on 15 patients who followed Virechana, it is observed that there is no change in electrolyte balance after the procedure. This shows the safety profile of Virechana procedure in patients. Numerous research studies have been carried out on the effect of Virechana procedure on psoriasis and skin diseases. A study conducted at GJ Patel Institute of Ayurvedic studies and research showed that Virechana offers average 5.08 Kg weight loss in obesity patients. Virechana also shown favourable results in respiratory diseases. This shows the effect of Virechana in correction of metabolic pathways.

Thus it can be summarized that Panchakarma therapy throws out accumulated toxic metabolites, ensures patency of micro and macro channels, optimizes absorption and assimilation of nutrients and pharmacological agents, permits the transport of ions and molecules through the cell membrane and facilitates the desired pharmacokinetics of the curative remedies administered thereafter, the therapy ensures a disease free milieu interior, which turns receptive to anti aging, and longevity measures termed *Rasayanas*.

CONCLUSION:

From the above literature review and based upon the research material, it can be concluded

that Virechana and Panchakarma procedures are having multi targeted actions at various tissue levels. It can be applied in various disease pathologies with changing drugs and modality. It is important to study the relationship between drug dosage and its effect on breaking pathogenesis to elicit mode of action at exact tissue level.

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IMPORTANCE & MECHANISM OF VIRECHANA THERAPY

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Virechana, also known as medical purgation therapy, is one of the five procedures of Panchakarma which is specified for Pitta doshas. It is the cleansing process for Pitta and the purification of the blood toxins from the body that are accumulated in the liver and gallbladder. It completely cleanses the gastro intestinal tract. This karma mainly aims to eliminate Pitta doshas that cannot be removed by Vaman karma. Virechan is the procedure which expelled out the doshas through adhomarga i.e., Guda.

तत्र दोशहरणमूर्ध्वभागवमनसंज्ञकम्,
अधोभागविवेचनसंज्ञकम् ॥ च०क० १/४
विवेचनम् पित्तहराणां । च० सू० २५

After Virechana Therapy, The person gets purity of channels of circulation, clarity of the sense organs, lightness of the body, increase in energy, promoting power of digestion and metabolism, freedom from diseases, expulsion of faeces, etc.
स्रोतोविशुद्धीन्द्रियसंप्रसादौलघुत्वमूर्जोऽग्निरनामयत्वम् ।
प्राप्तिश्चविट्पित्तकफानिलानांसम्यग्विविक्तस्य भवेत्
क्रमेण ॥ च०सि० १/१७

TYPES OF VIRECHANA

In Ayurveda, Virechana is mainly of 3 types. Charak has classified as Sukh Virechana, Mridu Virechana, & Tikshna Virechana, whereas Sharangadhar has classified into four types as Anulomana, Sransan, Rechana & Bhedana.

As per modern view, we can correlate Anuloman as aperients, Sransan as laxative, Rechana as purgative and Bhedan as cathartic. Purgatives can work in a number of ways. Some purgatives create bulk, making it easier for stool to move through the intestines. Others hydrate the

stool in which dryness is causing blockages by hardened stool. A purgative can also act as an irritant to trigger the bowel into voiding. More powerful laxatives are called purgatives. Even more powerful purgatives are called cathartics.

1. अनुलोमन / Aperients -

The substances which expelled out the vata through Gudamarg by relaxing the kosthabaddhata after pak of mala is known as anulomana.

कृत्वापाकमलानाम् यद् भित्वाबन्धमधोनेयेत् ।
तच्चानुलोमनंज्ञेयं यथाप्रोक्ताहरीतकी ॥ शा० ४/४

In others words, the substance which expelled out the Morbid substances through anus after digestion by relaxing and softening the intestines is anuloman or aperients. These drugs have milder action & eliminates soft but formed stools.

2. स्रंसन / मृदुविवेचन / Laxative-

These act by coating the surface of the feces with a water-immiscible film and by increasing the water content of the feces to provide a lubricant action. These drugs expelled morbid material without digestion.

पक्तव्यं यदपक्त्वैवश्लिष्टंकोश्टेमलादिकम् ।
स्रंसनंतद्यथास्यात् कृतमालकः ॥ शा० ४/५

चतुरंगुलोमृदुविवेचनानां । च० सू० २५

Laxative is a substance that accelerates defecation and eases defecation, usually by softening feces. Laxatives are usually subdivided into several categories including the bulk forming laxatives such as cellulose derivatives, psyllium preparations; stimulant laxatives (contact laxatives) include anthraquinone-containing agents such as senna & cascara.

3. रेचन / सुखविवेचन / Purgative-

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These drugs are poorly absorbed from the GI tract and draw fluid into the intestine by osmosis. The fluid content of the feces increases, by which fecal matter too much diluted, and causes intestinal distention and promotes peristalsis.

विपक्वं यदपक्वं वा मलादिद्रवतांनयेत् ।
रेचयत्यपितज्जेयंरंचनं त्रिवृता यथा ॥ शा० ४/७

त्रिवृतसुखविरचनानां । च० सू० २५

All the purgatives increase the water content of faeces by following mechanisms:

- A hydrophilic or osmotic action, retaining water & electrolytes in the intestinal lumen, increase liquidity of feces which make it easily propelled.
- Acting on intestinal mucosa to decrease net absorption of water & electrolyte by which transit is enhanced indirectly by the fluid bulk.

4. भेदन / तीक्ष्णविरचन / **cathartic**

Cathartics can be termed as bhedana, acts by stimulating intestinal motility via an irritant effect on the mucosa or stimulation of intramural nerve plexuses. They also activate secretory mechanisms, provoking fluid accumulation in the GI lumen. These drugs can have potent effects, and causes excessive fluid and electrolyte loss.

मलादिकमबद्धं वा यद्वद्धं पिण्डितंमलै ।

भित्वाऽधः पातयतितद्भेदनंकटुकी यथा ॥ शा० ४/६

स्नुक्पयः तीक्ष्णविरचनानां । च० सू० २५

Cathartics can modify the fluid dynamics of the mucosal cell & may cause fluid accumulation in human gut by one or more of following mechanisms.

- Inhibiting Na⁺ K⁺ ATPase of villous cells, thereby impairing electrolyte & water absorption.
- Stimulating adenyl cyclase in crypt cells and Enhancing PG synthesis, by which increasing water & electrolyte secretion.

MODE OF ACTION OF VIRECHANA DRUGS:

Virechana Drugs are ushna (hot), tikshna (sharp), sukshma (subtle), vyavayi (pervading the

entire body before getting digested) and vikasi (causing looseness of joints).

तत्रोश्ण तीक्ष्ण सूक्ष्म व्यवायीविकासी—
न्यौशधानिस्ववीर्येणहृदयमुपेत्य

..... सलिलपृथिव्यात्मकम्वात्
अधोभागप्रभावाच्चौशघस्याधः प्रवर्तते ॥ च०क० १/५

By virtue of their own potency, Virechana, dravya reach the heart, and circulate in all the body through the vessels. Due to their agneya nature, they liquefy the compact doshas. Due to their tikshnaguna they separate the adhered doshas in the channels of the entire body. Due to its nature to move through subtle channels and to flow towards the gastro intestinal tract, this morbid material reaches the stomach. Due to the predominance of prithvi and jalamahabhutas in Virechana drugs and because of their specific action (prabhav) to move downwards, the Doshas or morbid material get expel through the downward tract (anus).

INDICATIONS FOR VIRECHANA THERAPY:

Virechana is specially indicated for the patients suffering from following disorders as per CharakSamhita.

विरेच्याः विशेषतस्तु कुष्ठज्वरमेहोर्ध्वरक्तपित्तभगन्दरोदरार्शो
ब्रध्नप्लीहा र्बुदगलगण्डग्रन्थिविसूचिकालसकमूत्राघातकृमिक
ोष्ठविसर्पपाण्डु.....पित्तव्याध्यो विशेषेण ॥ च०सि० २/१३

This specially indicated in patients of skin diseases (kustha), Fever, obstinate urinary disorders including diabetes, Fistula-in-ano, Piles, Fissure, Obstinate abdominal diseases including ascites, Splenic disorders, Liver disorders, disorders of Thyroid gland, Suppression of urination, Parasitic infestation of intestines, Anemia, Headache, upward movement of wind in the abdomen, Burning sensation in the eyes & nose, excessive salivation, Jaundice, Epilepsy, Insanity, Gout, Anorexia, Indigestion, Oedema, Pustular eruption, Stomatitis, Constipation, Asthma, Gynecological disorders, Unexplained infertility, Seminal disorders and all other pitta related disorders.



DURATION FOR VIRECHANA THERAPY:

Virechan karma is always given after vaman karma. Susruta has opined that vaman must be employed before virechana. If vaman is not given then kapha will be stagnated in garahani and causes Gaurav or Pravahika.

विरेचनमपिसिन्धुस्विन्नाय वान्ताय च देयम्। अवान्तस्य हि सस्यग्विरिक्तस्य सतोऽधः स्रस्तः श्लेश्मा ग्रहणी छादयति, गौरवमापादयति प्रवाहिकां वा जनयति ।। सु०चि० 33 / 19

This procedure may take approximate 26 days to 46 days. Which can be divided as below -

1. Purvakarma for Vaman:
 - i. Dipan-pachan takes 3 to 5 days
 - ii. Snehanpan takes 3 to 7 days
 - iii. Swedan takes 3 days
2. Pradhan karma : Vaman karma takes 1 day
3. Pashchatkarma : Sansarjan karma takes 3 to 7 days.
4. Purvakarma for Virechana:
 - i. Dipan-pachan takes 3 to 5 days
 - ii. Snehanpan takes 3 to 7 days
 - iii. Swedan takes 3 days
5. Pradhan karma : Virechan karma takes 1 day
6. Pashchatkarma : Sansarjan karma takes 3 to 7 days.

STEPS OF VIRECHANA THERAPY:-

1. Poorvakarma-

After successful vaman therapy, all the patients eligible for virechan therapy, should be kept on dipan and pachan chikitsa for 3-5 days. Then they will be kept on snehanpan for 3-7 days otherwise

symptoms of oleation appears. After that swedan must be instituted. After several days of Snehana and Swedana, the physician should examine for the pitta dosha are drawn into the small intestine from the organs and tissues. At this point Virechana can be administrated.

2. Pradhankarma-

This consists of administration of virechan drugs and to the stoppage of virechana vegas. We can divide this step into following

- a. Administration of drug
- b. Examination of patient undergoing therapy
- c. Deciding the vegas
- d. Observation of signs and symptoms of samayak yoga, ayoga and atiyoga
- e. Treatments of atiyoga, if any occurs.

3. Pashchata karma-

This consists of samsarjan karma. Samsarjan karma is the process for strengthening the digestive fire in a gradual manner.

PROCESS OF VIRECHANA (PRADHAN KARMA)-

Two and a half hours before Virechana, the patient should eat Pitta vardhak food with hot spicy and sour qualities. Several hours after taking the purgative, the patient usually feels the need to move his bowels.

DOSE OF DRUGS-

According to Dr T L Devraj in *The Panchakarma Treatment of Ayurveda*, the dose can be decided by the strength of patient's koshtha.

Generally following medicines are given to patient for purgation in proper doses.

	Eranda	Trivrita/Haritaki/ Aragvadha	Draksha	Jaypala	Isabgola
Mridu Koshtha	0.5-2 tola	1-3 masha	1-2 tola	0.5-1 ratti	3 masha
Madhya Koshtha	2-5 tola	3-6 masha	2.5-5 tola	1-2 ratti	3-6 masha
Kroora Koshtha	5-10 tola	0.5-1 tola	5-10 tola	4-8 ratti	6-12 masha



1. Draksha - 1.0tola
2. Aragvadha - 1.0tola
3. Haritaki - 1.0tola
4. Kutaki - 0.5 tola

All above drugs is added to 16 tola of water and boiled and reduce it to 4 tola. This remaining 4 tola drug should be given to patient to drink. Over the next hour, patient may have four to ten bowel movements. The response depends on the constitution and the amount of dosha. After all the dosha have been expelled from the small intestine, the urge to evacuate naturally subsides.

CALCULATION OF VIRECHAN VEGA-

As soon as Virechan dravya is given to patient, he will start passing stools. The first three vega must

	प्रधान शुद्धि	मध्यम शुद्धि	अवरशुद्धि
वैगिकी लक्षण	30 वेग	20 वेग	10 वेग
मानकी	4 प्रस्थ	3 प्रस्थ	2 प्रस्थ
आन्तिकी	कफान्त	कफान्त	कफान्त

not be counted. In this following table, details of vega and other symptoms is given.

जघन्यमध्यप्रवरेतुवेगाश्चत्वारः इष्टावमने शडशठौ ।
दशैवते द्वित्रिगुणाविकेप्रस्तस्तथा द्वित्रिचतुर्गुणश्च ।।
पितान्तमिष्टवमनविकेकादर्धकफान्तं च विकेकमाहुः ।।
च०सि० 1 / 13.14

		प्रधान शुद्धि	मध्यम शुद्धि	अवर शुद्धि
प्रथम दिन-सायंकाल	प्रथम अन्नकाल	पेया	पेया	पेया
द्वितीयदिन	द्वितीय अन्नकाल	पेया	पेया	विलेपी
	तृतीय अन्नकाल	पेया	विलेपी	अकृत मांसरस
तृतीयदिन	चतुर्थ अन्नकाल	विलेपी	विलेपी	कृत मांसरस
	पंचम अन्नकाल	विलेपी	अकृत मांसरस	
चतुर्थदिन	षष्ठ अन्नकाल	विलेपी	अकृत मांसरस	
	सप्तम अन्नकाल	अकृत मांसरस	कृत मांसरस	
पंचमदिन	अष्टम अन्नकाल	अकृत मांसरस	कृत मांसरस	
	नवम् अन्नकाल	अकृत मांसरस		
षष्ठदिन	दशम् अन्नकाल	कृत मांसरस		
	एकादश अन्नकाल	कृत मांसरस		
सप्तमदिन	द्वादश अन्नकाल	कृत मांसरस		

After Virechana the patient is advised to rest, stay warm and relaxed and keep away from cold foods, cold drinks and cold baths. After successful Virechana the patient feels clean, light, and strong. Digestion, assimilation and appetite are normalized, the mind clears and the intellect sharpens. The symptoms of Pitta disorders, such as skin inflammations disappear.

स्रोतोविशुद्धीन्द्रियसंप्रसादौलघुत्वमूर्जोऽग्निरनामयत्वम् ।
प्राप्तिश्चविट्पित्तकफानिलानांसम्यग्विर्विक्तस्य भवेत् क्रमेण
।। च०सि० 1 / 17

PASHCHAT KARMA- SAMSARJANKRAMA

It is vital to follow a special diet for several days after treatment to recandle the agni (digestive fire). After successful virechan, patient is kept on samsarjan karma to gradually improve his digestive fire. Charak has mentioned the importance of samsarjan karma as follows

यथाऽग्नुरग्निस्तृणगोमयाद्यै संधुक्ष्यमाणोभवतिक्रमेण ।
महान् स्थिरः सर्वपचस्तथैव शुद्धस्य पेयादिभिरन्तरग्निः ।।
च०सि० 1 / 12

Samsarjan karma improves the digestive fire of patient. In this therapy, patient is advised to take peya, vilepi and mamsaras in sequence for four to eight days.

पेयाविलेपीमकृतकृतं च यूशंसं त्रिद्विरथैकशश्च ।
क्रमेणसेवेतविशुद्धकायः प्रधानमध्यावरशुद्धिशुद्धः ।। च०सि०

(शेष पृष्ठ 30 पर)



MODE OF ACTION OF VASTI KARMA A REVIEW

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Ayurveda, one of the most ancient systems of medicine of the world believes the human body as the combination of doshas or the basic biological humor, dhatus or the body tissues and malas or the excretory products¹. Doshas denote the physiological state of the person and are the basic factors for the maintenance of health². Any derangement in the doshic level is the main factor for the causation of disease³. According to Ayurveda doshas are three in number viz., Vata, Pitta and Kapha and the functions of Vata, Pitta and Kapha in the body are similar to that of the functions of Air, Sun and Moon of the external universe respectively⁴. Vata is the dynamic among the doshas responsible for all types of movements of the body both at micro and macro levels⁵. All digestive and metabolic activities of the body are regulated by Pitta⁶. On the other hand tissue repair, new tissue formation and all other anabolic activities like maintaining the strength, vigor and immunity are the main functions of Kapha⁷. Though all the doshas perform their specific functions but the main controlling authority not only for other doshas but also for dhatus and malas is Vata which is the supreme power to maintain the total body functions and homeostasis⁸. So it is told that Pitta, Kapha, three malas and seven dhatus are considered inert without the dynamic functioning of Vata⁹. So, all the Ayurvedic classics have given prime importance to Vata in maintaining health and causing disease.

There are three Saman (pacification) therapies i.e., tailam, ghritam and madhu and three Sodhan (alleviation) therapies i.e., vasti, virecana and vaman advocated for Vata, Pitta and Kapha respectively. Vasti is considered to be the best

Sodhana chikitsa for Vata disorders¹⁰ also given due importance among all therapeutic modalities. Though Vasti is considered as the best treatment for Vata, *Sushruta* further praised that Vasti is beneficial not only in diseases due to Vata, but also in diseases caused by aggravated Pitta, kapha, Rakta and even in conditions of samsarga (Dual vitiation) and sannipata (triple vitiation) i.e. diseases due to aggravation of more than one dosha¹¹. In the same context while describing the wide therapeutic use of Vasti, Carak told that without the derangement of Vata, hardly there can be development of any other disease¹². It is presumed that Vata is the root cause of all the diseases, because without dynamic involvement of Vata, other doshas are not in position to perform their physiological as well as pathological functions. So in any diseased condition if control of Vata is achieved, then further treatment becomes easier and this is the reason behind considering Vasti (which is said to be the best treatment of Vata) as the supreme treatment for all diseases¹³. Thus various types of vasti are described even in disease conditions other than the vata.

As pakvasaya is the prime seat of Vata¹⁴ and Vasti is such type of sodhana therapy in which medicine is delivered directly in to pakvasaya, thus alleviate the vaikarika or morbid Vata from its source. Usually if normalcy of Vata is achieved in its prime site, the Vata prevailed in the rest of the body spontaneously comes to normalcy¹⁵, as a result the disease process gets subsided.

Carak while mentioning the karmukata of Vasti, by reaching the nabhipradesha, kati, parshva and kukshi it expels out the purisha and accumulated doshas after churning them¹⁶. On the

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other hand Sushrut has clearly mentioned that though Vasti is administered in the pakvasaya, but the active principles of Vasti dravya spreads all over the body through the micro-channels in the same way water reaches to all parts of the plant from its root¹⁷ and bring all the vitiated doshas to pakvasaya and expel them out along with purisha in the same way as the sun through staying thousands of light years away from the earth, evaporates water from the earth surface¹⁸. Cakrapani also mentioned the same way while commenting on CarakaSamhita as, when Vasti is administered to a person lying down on left lateral position, due to the presence of grahani and guda on the left side, Vasti dravya can easily reach the Grahani and thereafter spread throughout the body due to the sukshma guna of the Vasti dravyas and exerts its effects on entire body¹⁹.

So, from the wide description of Vasti from the classical texts it can be easily assumed that though administered through the anus just like enema as given in the modern medicine to clean the bowels, the effects of Vasti is not limited locally like that of enema but it has a wide systemic effects. To understand the systemic effects of Vasti and its possible mode of action many hypotheses have been proposed.

Some of the functions of Vata are very much similar to that of the nervous system and all the Vatavyadhis also show some involvement of the Nervous system. So Vasti which is the treatment of choice for the Vatavyadhis should have some effect over the Nervous system. Neurological functions are regulated by brain and spinal cord, whereas the functions of Vata are regulated from its prime seat i.e. pakwasaya located below the umbilicus²⁰ and the best treatment of the Vatavyadhis is Vasti i.e. administration of Vatahara drugs into the pakwasaya through the anal rout.

Doubts may arise in the rational mind of modern man that the pathology of any

neurological disorder generally lies in either brain or spinal cord or its related areas, whereas Ayurveda strongly believes that it is all due to morbid Vata leading to such disorders and Vata's main seat is large intestine i.e. pakvasaya. Now how to understand this head and tail relation.

The modern science more rely on structural understanding of human body along with functions derived from experimentations. Ayurveda rely more on functional aspects of human body deriving its principles from experiences of seers. To bring these visibly divergent facts into unity an integrated approach is needed to be adopted.

1. Vasti working through GEPE system: - When we look at the micro anatomy (electron microscopic) of gut it reveals scattered, frequently solitary hormone producing cells of stomach, intestine and pancreas known as Gastro Entero Pancreatic Endocrine (GEPE) system able to produce peptides and amines as active as hormone or as neurotransmitters, and are all derived from neuro- endocrine programmed cells of ectoblastic origin. Gastro entero- pancreatic system release their secretion in response to nutrient stimulation from the circulation and lumen and has the potential to secrete into the circulation and lumen too²¹. These specialized cells of gut are known as gastro enteric endocrine cells, entero endocrine cells, Enterocromaffin cells etc. As they act exactly like that of neurons of the brain so they are designated as paraneuron also²².

The GEPE cells are presumed to have receptor sites on their surface, adequate stimulation to which by 'Secretogogues' triggers stimulus secretion. The GEPE cells hence also can be termed as Recepto secretory cells, allowing specialized regions of their plasma lemnae to detect and respond on luminal stimuli directly. Thus the gut can be regarded as the largest endocrine organ of the body²³. It is perhaps better to regard it as a region in which neural, paracrine and endocrine control



activity are intimately linked. Thus Ayurvedic concept of Vata functions and the modern GEPE can be brought together because of their similar location and dynamic regulatory function. To correct the Vata functions when Vasti dravyas either predominantly in the form of decoction or medically processed oils along with rock salt, honey etc., passed through lower GIT, probably irrigate, nourish and stimulate these cells and act as Secretogogues, thus compensating neurological deficit and improving the functions with immediate effect.

2. Vasti acting through Gut-Brain Axis:- Another mechanism of action of Vasti karma is through stimulating the Enteric Nervous System (ENS), which is otherwise known as the 'Gut brain'. ENS is a subdivision of the peripheral nervous system that directly controls the gastro intestinal system functions. The ENS is capable of having autonomous functions such as the co-ordination of reflexes. It receives considerable innervations from autonomic nervous system and often considered as part of ANS²⁴. ENS consists of approximately one hundred million of neurons, almost equal to the number of neurons in the spinal cord. The ENS is embedded in the lining of the gastrointestinal tract. The neurons of ENS are collected into two types of ganglia myenteric (Auerbach's) and submucosal (Meissner's). The ENS originate from the neural crest cell that colonies the gut in the intra uterine life. It becomes functional in the last third of gestation in human and continues to develop following birth. Enteric neurons also interact with gastro intestinal endocrine signaling system and with extensive intrinsic immune system of the GIT. Enteric nervous system normally communicates with the central nervous system through the parasympathetic (e.g. via the vagus nerve) and sympathetic (e.g. via the prevertebral ganglia) nervous system. Sensory neurons of the ENS monitor chemical changes within the GIT as well as

stretching of its wall. Enteric motor neurons govern contraction of GI tract smooth muscle and activity of GI tract endocrine cells. ENS also makes use of more than thirty neurotransmitters, most of which are identical to the ones found in CNS such as acetylcholine, dopamine, serotonin etc. The enteric nervous system has the capacity to alter its response depending on factors such as bulk and nutrient composition inside the lumen²⁵. Thus Vasti dravyas when administered through the rectum may stimulate the sensory system of the ENS due to its chemical composition and pressure affect over the large bowel. As the total nervous system is interrelated so this regular stimulation to the ENS may have some positive effect over the CNS also and in this way the neurological deficits may get corrected.

3. Lower Gut absorption of Vasti dravya:- Other than the local stimulation some drugs may get absorbed through the large bowel mucosa and may enter into the systemic circulation through superior, middle or inferior haemorrhoidal veins. Drugs absorbed into inferior and middle haemorrhoidal veins (about 50%) by pass liver and enter into the systemic circulation without any change²⁶. So there is a less chance of destruction of the active principles of Vasti dravyas by different metabolic reactions. So the action of the drug also may be faster as some faster effect than oral administration is seen when Diazepam, Phenobarbitone etc. drugs are used as anal suppository²⁷.

Absorption through the gastro intestinal mucosa occurs by active transport and by diffusion. Furthermore this diffusion obeys the usual law of osmosis. So when a hyper osmotic solution is present in the lumen absorption towards it from the blood and in presence of hypo-osmotic solution absorption from the solution occurs²⁸. It may be considered that Niruhavasti is hyper osmotic which facilitates the expulsion of morbid factors i.e. endo toxins into the solution and produces detoxification



during elimination whereas the Snehavasti and other nourishing Vastis contain hypo- osmotic solution facilitating absorption of active principles into the blood.

In different studies the administration of Niruhavasti shows a decline in the Pyruvic acid level which results higher Vitamin B-1 level²⁹. Moreover a reduction in the B-1 level leads to degeneration of myelin sheath, neurological disorders and ailments of the digestive system. Thus it may be the reason of the action of Vasti in neuro muscular disturbances.

4. Vasti Working through Intestinal flora:- On the other hand colon has a large number of non-pathological bacterial flora which bestow the body by producing certain factors of 'B' groups of vitamins and 'K'. These intestinal flora maintain the normal physiology of the gut and help in proper absorption of nutrients and thus have great systemic effects. Other than these, they control symptoms of diarrhea and various forms of gastroenteritis by reducing the duration of treatment and frequency of stools³⁰. Animal studies have shown the efficacy of certain intestinal flora in lowering serum cholesterol levels³¹. Although not confirmed effect, some strains of lactobacillus bacteria may result in modest reduction of blood pressure³². There is an accumulated evidence to suggest that they may improve immune function by increasing the number of IgA producing plasma cells, by improving phagocytosis as well as increasing the proportion of T-Lymphocytes and Natural Killer cells³³. Lactobacillus bacteria may modulate inflammatory and hypersensitivity responses, and observation thought to be at least in part due to regulation of cytokine function³⁴. In laboratory investigations some strains of these lactobacillus bacteria have demonstrated anti-mutagenic effects and may play an important role in preventing colon cancer³⁵. There are so many other conditions like colitis, irritable bowel syndrome,

Helicobacter pylori infections, Lactose intolerance etc. where intestinal bacteria may show beneficial effects. Different studies have shown that proper growth of these bacteria depends on the particular ecological environment of the G.I.Tract. High fat content, metabolized sugars and buffering capacity of the matrix helps to protect these bacterial flora³⁶. So Vasti dravyas, which is generally rich in sugar and fat contents, may provide a favorable environment for their growth and nourishment. Other than this, researches have shown that this flora flourishes abundantly on administration of Snehavasti³⁷.

Conclusion: Ayurveda considers that Vasti is an important therapeutic modality and one of the five purificatory measures to root out the alleviated doshas from the body in general and vata in particular. In clinical practice it is observed that many incurable and chronic ailments which are not responding to contemporary modern medicine are successfully dealt with specially designed Vastis. It is there in the rationalistic minds of Ayurvedic physicians whose analytical nature is influenced by contemporary medical science that how an anal route administered medicine can exert systemic effects. There are so many postulated theories based on contemporary research inputs which have thrown light to understand and comprehend the possible mode of action of Vasti in systemic disorders. However there is a need of hour to work out and establish the pharmaco-kinetics and pharmaco- dynamics of Vasti on human administration. Based on existing evidence, the lower gut has all-powerful infrastructure to regulate endocrine, neurological and immunological functions. Thus the effects of Vasti cannot be confined to only GIT, as the effect of Vasti is multi systemic and multi-dimensional. It can perform different actions like excitatory, purificatory, restorative, nutritive, extractive, rejuvenative, aphrodisiac etc.³⁸ So, Ayurvedic Classics have rightly praised the remarkable



therapeutic module vasti as 'Chikitsardham' and 'Sarvamchikitsamapivastimeke' i.e. half of the whole treatment and Vasti alone is the treatment³⁹.

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Case Note Of A Patient Of Parkinson's Plus Syndrome Recovered With Classical Ayurvedic Treatment:

A patient named Mrs Bharathi aged about 51 years woman got admitted on 01-06-03 with IPD no.21067 in Sri Venkateswara Ayurvedic College & Hospital, Tirupati with the features of akinesia, tremors, loss of control over bladder (Foley's catheterisation done 6 months prior to admission) and bowels, on Ryle' tube (applied 2 months prior to admission) for dysphagia. Before coming to this hospital she was examined by neurologist and diagnosed the condition as Parkinson's plus syndrome and prognosticated to family members as incurable. She had undergone one CT brain and three MRI brain scans in a span of 3 years from three reputed institutions of South India i.e. SVIMS,

Tirupati, Ramachandra medical institute, Chennai and CMC, Vellore. All the three institutes diagnosed the patient condition as Multi system atrophy basing on brain CT & MRI. The patient had received the treatment of Matravasti with 60 ml of maha (Valiya) Sahacharaditailam (Ref. Sahasrayogam) for 21 days in the form of enema through anal route. After 9 days of treatment her control over bladder was restored, 14th day the bowel control was observed and after completion of 21 days of treatment she was able to walk with support, dysphagia was recovered and able to take food without Ryle's tube. By seeing the recovery she was advised to go for nuclear perfusion scan for



brain which was found normal. After one month an MRI cervical spine was taken which also excluded the compressive myelo/radiculopathy of Cervical Spine. After 5 months patient was admitted to undergo full form of bio-purification with abhyantara snehan (Internal oleation) for 5 days, Snehabhyang (oil massage) with Prasarinitailam along with Bhaspa sweda (medicated steam exposure) for one sitting and Virecana karma (medicated purgation) for one dose followed by Sansarjanakrama (food regimen) for three days. 9th day from the day of virecan, yogavasti procedure was adopted with a schedule of 3 (Three) Asthapanavasti (sodhana) and 5 (Five) Anuvasana vasti (Brimhana) using Sahacharaditailam and Dasamulakwathas main components for yoga vasti purpose along with other textual ingredients in the preparation of vasti dravya. After completion of vasti, 8 days of pindasweda (Navarkhizi) was executed. The second schedule of treatment stretched for 31 days which was rejuvenated her further with improved walking ability and speech. A repeated MRI scan for brain had shown no atrophy of brain except age related changes. Four brain scan reports in a span of 3 years reported by different radiologists supports the multi system atrophy of brain which was not detected in the follow up MRI brain taken after Ayurvedic treatment. Six months once she has been undergoing periodical Ayurvedic treatment since 2003, day of reporting this i.e. 30-07-2009 she is survived with intact functions.

CASE STUDY 2

A patient named Mrs K Sudharani 25 years female had a ovarian tumour for which she had undergone total abdominal hysterectomy in the month of July, 2000 and excised tumour mass was sent for Biopsy. The histo-pathological report shows that it was a terato-carcinoma of ovaries. In the month of Nov / Dec 2000 the patient developed progressive paraplegia which was diagnosed as a case of D9 collapse as a metastasis secondary to terato carcinoma of ovaries. The biopsy of D9 which was

reported on 05/01/2001 from NIMS'S, Hyderabad confirms the metastatic terato- carcinoma. She had undergone radiation therapy and chemotherapy but not improved. She developed loss of control over bladder and bowel. The patient was examined by a Neurologist from SVIMS, Tirupati. She was given intravenous steroids with no improvement in her neurological condition. She got admitted in Sri Venkateswara Ayurvedic college hospital, Tirupati with IP No 83 dated 7th Aug 2001 with paraplegia and her muscle power was '0'. She was unable to make any minor movement of the lower limbs. She was given Kativasti with Mahanarayana tailam and Mahavisagarbha tailam for 14 days and Madhutailikavasti for another 14 days. In the course of treatment she had shown some improvement in movements of both feet upto ankle with reduced power of dorsi flexion. She was discharged on 16-11-2001 by prescribing some classical formulae. She was admitted once in every six months for two consecutive years in the hospital and every time she was given classical Snehapana (Internaloleation) with Tila tailam and bhaspasweda (steam bath) followed by Virecana (therapeutic purgation) and sodhan vastis (Purificatory enema). Every therapy had shown improvement in functional restoration of lower limbs. She was given last treatment in the month may 2004, She was able to walk without support but with partial loss of dorsiflexion of both feet. The day of reporting she is able to walk without any support.

CASE STUDY 3

Mr.V. Punyakoti aged 35 years male came to Sri Venkateswara Ayurvedic college hospital with OP No 20156 on 21-08-2004 with the report of HBsAg positivewith nucleic acid quantification (HBV-DNA Quantification by Real time SDS) shown 381 IU/ ml (Conversion is 1 IU= 5 copies. He was on Ayurvedic treatment for one and half year from the hospital. He was checked up by CMC vellore on 7th Sept 2006

(शेष पृष्ठ 70 पर)



THE ROLE OF SHIROBASTI IN THE MANAGEMENT OF NEURO-DEGENERATIVE DISEASES

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Shirobasti is a procedure in which unctuous substances are allowed to remain on the head by means of application of a device known as 'Vasti' to mitigate the adverse effects of doshas due to localisation of the provoked Doshas in the head.

Moordha taila denotes the application of the oil on the head and Shirobasti is one of the most important type of this therapeutic technique. Generally, oil is preferred for Shirobasti karma. The term Moordha taila is only used as lepa lakshana according to Chandrananda, the author of Padartha chandrika and commentator of Ashtrang Hridaya. He opines that *Ghruta* can also be used for application over the head. According to him, the definition of Shirobasti is that *Shirobasti is the Basti kept on the head filled with Sneha*.

The word '*Shirobasti*' is composed of two words. '*Shira*' and '*Basti*' or '*Vasti*' by way of *Saptami Tatpurusha Samasa*. '*Shiras*' is the term which is commonly used for head in sanskrit. '*Basti*' in derived from the root, '*Vas Nivase*', meaning to dwell, to live, to stay, to abide, to reside, etc. (Vachaspatyam Part VI-1962). Generally, the word '*Basti*' means which resides or stays. "*Vasati Iti Basti*" (Apte's Sanskrit English Dict.)

There are various meanings found for '*Basti*' in P. Apte's Sanskrit English Dictionary, they are as follows,-

- (i) The abdomen, the lower belly
- (ii) The pelvis
- (iii) The bladder

Actually, the word '*Basti*' means some-what different from above. The word '*Basti*' means *urinary bladder* according to Ayurvedic classics. It may be of human or animals. The root of the word '*Basti*-'*Vasti*' denotes the meaning to stay, etc. which has its own significance in therapeutic procedures. "*Chirkalsthiti*" is the definition given by *Sridas pandita* for the term '*Basti*', i.e., which stays for a long time. Further, he explains it as, which is kept on the head for a longer time.

More clarity regarding the word '*Basti*' is given by *Chandrananda*, that the *Sneha* or medicated oil is also kept on the head for longer period with the help of Basti, i.e., the bladder which is attached to the head filled with *Sneha* is known as "*Shirobasti*."

Sushruta samhita indicates that during the period of classics, *Bastikosha* or animal bladder was used for *Shirobasti*. Gradually, due to the difficulty in application and unavailability, the use of *Bastikosha* was replaced by the use of "*Charmapatta*" - a folded leather made cap open on both sides. This device was commonly used during the period of Vagbhatta and that's why, *Indu*, the commentator of Ashtang Samgraha describes '*Basti*' as a '*Charmapatta*'.

CERTAIN IMPORTANT CONSIDERATIONS IN SHIRO BASTI PROCEDURE

Temperature of Sneha dravya

"*Sukhoshna*" or "*Koshna*" is indication found regarding the temperature of the *Sneha* in classics. According to *Gadanigraha*, *Chakradatta* and

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Bhaishajya Ratnavali, the *Sneha* should be used 'Ushna'

The temperature of *Sneha* should be carefully decided, because high temperature may cause *Bhrama*, *Daha* and such other *Pittavikara*, while less temperature may give rise to *Shirogurava*, *Utlkesha* and such other *vikaras*. Generally, head should be prevented from more heat as it is harmful to the eyes and hairs too.

Sushruta says that in cases of the provocation of *Vata* and *Kapha*, the head may be washed with warm water, as a part of the treatment after a careful consideration of the intensity of the disease. Summarizing facts mentioned above it can be stated that *Sneha* should be *lukewarm* nearly to the body temperature for *Shirobasti karma*.

Quantity of Sneha dravya

The level of *Sneha* poured in *Shirobasti yantra* should be two fingers above the top of the head according to Dalhana.

According to Ashtang Hriday and Ashtang Sangraha, the level of *Sneha* should be one finger above the top of the head. Other classic like Sushruta samhita, Sharangadhara samhita, Bhavaprakash and other authors of later centuries do not draw any specific note regarding the quantity or level of the *Sneha*. Thus, considering all above facts, the level of *Sneha* should generally be kept two fingers above the scalp.

Shirobasti Dharankala

The reference available in various texts regarding *Shirobasti Dharanakala* are as follows:

(a) According to Lakshana

The *Sneha* should be removed when the watery discharge from ear, mouth and nose appears.

(b) According to Vyadhi Avastha

The *Sneha* should be retained on the head till the disorder is relieved or till the pain of head subsides.

(c) According to Kala

The duration of retention of *Shirobasti* varies according to *kala*, as given below -

Vata disorders	10,000 matras
Pitta or Rakta disorders	8,000 matras
Kapha disorders	6,000 matras
Swastha person	1,000 matras

Also, one *Yantra* or *Yamardha* and one *Prahara* or $\frac{1}{2}$ *Prahara* is advised by Bhavaprakash and Yogaratnakar respectively.

Occasionally, on the first day or two days of the commencement of *Shirobasti* and in certain disease, the *kleda* from mouth, nose, etc. may fail to appear.

Commentary found for it as "*Matramanam kledasambhave.*"

It can be stated from the different opinion regarding *Kala* (duration) of *Shirobasti*, that firstly, the patient should be observed for the disappearance of headache or appearance of *Samyaklakshana*, but if they do not appear within the maximum limit prescribed according to *Matra*, then it should be discontinued.

It is required to convert *Matra* into current unit of time, as the unit of *Matra* is not in vague. According to Vaghata, one *Matra* is the time equivalent to the time taken by a healthy man to pass the tip of his right hand around his right knee and the time taken to shut and open the eye.

As the time for passing the tip of right hand around the right knee and far shutting and penning the eye vary according to the person who does it, the time cannot be calculated accurately. Practically one *matra* comes out equal to 0.318



seconds or 19/60 seconds.

Hence, Shirobasti should be done as follows-

Vataj disorders 10,000 matras, i.e., 53 min.

Pittaj disorders 8,000 matras, i.e., 42 min., 24 sec.

Kaphaj disorders 6,000 matras, i.e., 31 min., 48 sec.

Swastha person - 1,000 matras, i.e., 5 min., 18 sec.

Duration of Shirobasti therapy

Shirobasti cannot be administered more than seven days, according to Ashtang Hridaya. However, Ashtang Sangrah states that Shirobasti can be done for 3, 5 or 7 days.

According to Bhavaprakash, generally, Shirobasti can be done for 5, 7 days but if it is necessary Shirobasti can be continued for further days. Use of Shirobasti is advised for 5, 6 or 7 days according to Yogaratnakar.

All above references lead to the conclusion that Shirobasti may be done as long as the disease is cured or show relief to some extent, but there is no purpose to its continuation if the patient doesn't show further relief. However, the maximum limit of the course is 21 days and if necessary the course may be repeated.

Drugs to be used in Shirobasti therapy

Moordha taila denotes the application of the oil on the head, Shirobasti is one of the type of it. Generally, oil is preferred for Shirobasti karma. The term Moordha taila is only used as lepa lakshana according to Chandrananda, the author of Padartha chandrika and commentator of Ashtang Hridaya. He opines that *Ghrita* can also be used for application over the head. According to him, the definition of Shirobasti is that '*Shirobasti is the Basti kept on the head filled with Sneha*'.

According to Sushruta and Vagbhata, medicated Sneha should be poured in Shirobasti.

The use of Sneha is also suggested by Sharangadhara, but no specification is given whether Sneha should be medicated or not.

Shirobasti can be done with Ghrita, Taila and Vasa in Suryavarta, as mentioned in Bhela samhita. A different opinion is obtained from Dr. A Lakshmiapati that decoction, fresh juice, etc. can also be used (*Panchakarma*). Thus, one or more of the four Sneha should be used in Shirobasti as such. In case of Neuro degenerative diseases different kind of Vata shamak tailas like Maha Narayan taila, Maha Masha taila, Kseera Bala taila, Prasarini taila etc. are useful depending upon the type of disease. In case of senile Dementias, Alzheimer Dementia & other such Cognitive deficiency diseases occurring in childhood, the ghritas like Brahmi Ghrita, Saraswata Ghrita & Chaitas Ghrita are extremely useful.

Classical Indications and Contraindications of Shirobasti Karma

Major indications and contraindications of Shiro basti, described in Charaka samhita and other classics are as follows:

Indications of Shirobastikarma

According to various Ayurvedic classics, Shirobasti is mainly indicated for the disease of head due to provocation of Vata. It is prescribed for the following diseases.

Ardhavabhedaka,	Shirogata Vata,
Suryavarta,	Vatabhishyanda,
Anantavata,	Vatika Karnashoola,
Ardit,	Vaksanga,
Kaphaja Shiroroga,	Prasupti, Asya
	Shosha, Timira, Nasa
	Shosha, Nidra Nasha
Pakshaghata,	Vataj Shiroroga,



Darunaka,
Dantaharsha,

Hanushoola, Hanu,
Graha, Akshi Shoola,
Shirahkampa,
Manyashoola,
Shirograha

Contraindication of Shirobasti karma

Shirobasti being a part of Snehana, should be contraindicated in those conditions where in Snehana is contraindicated, Shirobasti is an external application of Sneha likewise Abhyanga, Seka, etc. So, contradictory conditions of Abhyanga, Seka, etc. are applicable to Shirobasti also. Generally, Shirobasti should not be preferred in following conditions:-

- (a) Kaphaja vikaras
- (b) Agnimandya
- (c) Ajeerna
- (d) Samshudhya

Shirobasti increases Kapha and can aggravate kaphaja vikaras. Agnimandya, Ajeerna, etc. are such conditions where Pachaka pitta is diminished. When Pachaka pitta diminishes, all the other Pittas will also diminish, because all other Pittas are strengthened by Pachaka pitta. Moreover, the Sneha applied externally get digested by Bhrajaka pitta located in the skin and afterward it reaches to the deeper tissues. Hence, in any of the above condition, applied Sneha will not be digested and vitiate itself to cause further complications.

Characteristics of Shirobasti therapy

The treatment procedures like *Murdhni Tailas* are also having important roles in relieving the signs and symptoms of *diseases for which they are indicated*. These procedures not only relax the mind but improve the local blood supply as well. The treatment like *Shirobasti* with *Ghruta* or *Taila* helps

to reduce the level of mental stress and anxiety and induces the sleep & mental tranquility thereby improving the clinical status in various Neuro-Degenerative diseases. The fundamental characteristics of shiro basti , which make it easy to use in clinical settings are -

- *Shirobasti* is the safe and effective procedure
- It is having the localized as well as generalized action over the body
- It is not having any side effects
- The materials required for the procedure of *Shirobasti* are easily available.
- It is having long lasting effect
- It is very economic procedure
- This procedure does not produce addiction or dependency.
- *Shirobasti* can be done easily in the OPD basis also.

PROPOSED MECHANISMS BASED ON AYURVEDIC & MODERN CONCEPTS

- With the procedure of *Shirobasti* with *Dashamoola Taila*, Both *Vata* and *Kapha Doshas* gets pacified
- When an individual sits in a relaxed state for longer time, *Tamasika Guna* overcomes the *Rajasika Guna*. The procedure of *Shirobasti* brings the *Sanjnavaha Srotas* in peaceful state and in rest which helps in inducing sleep.
- The warm oil used for the *Shirobasti* subsides *Vata Dosh* and quality of *Taila* may increase the *Kapha Dosh*.
- It may also increase *Tamoguna* in the *Sirah Pradesha*. Hence it helps in inducing the sleep. *Shirobasti* has been reported to be having an excellent result on such disorders as it gives strength to the central nervous system. It calms



down both the mind and the senses which allow the body's natural healing mechanism to release stress from the nervous system by pacifying *Vata dosha*, particularly *Prana* vayu. Shirobasti is a *snigdha sweda yukta* procedure i.e it has dual benefits of both *Snehana* and *Swedana*.

- The temperature of the taila & *ghrita* in Shirobasti, leads to peripheral vasodilation. This increases the peripheral circulation which nourishes the tissues, hastens phagocytosis and brings about regenerative changes. The neurotransmitters released during this period improve the afferent and efferent pathways and eventually the tonicity of muscles affected get improved.

- As the nervous system is mainly composed of lipid tissue, the taila & *ghrita* being lipid in nature is quickly absorbed due to the rich vasculature of the scalp and gets distributed to different parts of the brain through the communicating veins. *Shirobasti* procedure enhances the effect of the medicated Taila & *Ghrita*. Studies suggest that application of medicated oil followed by a gentle massage could relax the tight junctions between endothelial cells in the CNS vessels and facilitate the entry of solutes and other components into the CNS.

Shirobasti karma is specifically useful in Neurodegenerative diseases e.g. Parkinsons disease, Senile Dementia, leucomalacias etc as it belongs to *Snehana procedure*, especially the *Bahyasneha*, a major part of Panchakarma. *Snehana* is such a procedure which possess properties opposite to *Vata* and thus it plays an important role in alleviation of vitiated *Vata*. Other types of *Bahyasnehana* i.e. *Abhyanga*, *Pichu*, etc. are also effective to control the vitiated *Vata*, but

the Shirobasti has been clinically found to be to be highly effective due to its therapeutic as well as pharmacological virtues. There is retention of *Sneha* in higher quantity for longer duration of time on head, which is a main seat of *Vata* and all *Indriyas* are also attached to *Moordha*. Thus, virtues of *Sneha* are obtained at its best. This is supported by *Ashtang Hridaya*, i.e., Shirobasti is the most effective of all type of *Moordha taila*. Moreover, Shirobasti has been found very effective in various type of neurodegenerative disorders in the researches carried out in the Division of Manas Chikitsa (*Psychosomatic Medicine & Neuro-Psychiatry*), Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi. The presentation of detailed findings of these research works is out of the scope of the present article. The interested scholars can go through these findings. The findings obtained in these studies invariably conclude the effectiveness of this important procedure in the management of various Neuro- Degenerative disorders.

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CONCEPT OF AGING & MANAGEMENT OF GERIATRIC DISORDERS THROUGH *PANCHAKARMA* THERAPY

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ABSTRACT- Recent years have shown significantly, rising trend of elderly over world map. It is interested to note that there is a shift in the population growth from child and young to higher age groups. These demographic changes are observed due to the improvement of health status, socioeconomic status and medical care facilities. Due to increased elderly population, the prevalence of geriatric specific disease conditions is also increasing. The emergence of new refractory and lifestyle related problems warranting newer strategies from other resources. In this regard, Ayurvedic therapeutics specially panchakarma play important role in prevention of elderly disorders as well be aid better care with pacificatory measures for the management of various disorders. Besides, it also imparts promotive and rejuvenative by improving the quality of life. It is also widely prescribed for improving the quality of life in various incurable diseases.

KEY WORDS: Geriatric, Jara, Panchakarma, Samshodhana.

INTRODUCTION- Medical historian reveals that geriatrics was first mentioned in Ayurveda because the term 'Geria' is very close to the Sanskrit word "Jara". Rasayana is defined as "Rasayanam cha tat jneyam yat jara vyadhi nashanam". Conventional system of medicine has nothing much to offer in the core area of geriatric care except the medical management of some common diseases in old age. On the contrary, Ayurveda is essentially the science of life and longevity. It presents a sound concept of aging, incorporates Jara/Rasayana Tantra as one of its Astanga specialties, which is exclusively devoted

to nutrition, immunology and geriatrics. It means Rasayana is a branch of medicine, which deals with the prevention of premature ageing, management of diseases and especially the management of diseases related to old age. From birth to death the moment of conception, right into the extreme old age, the human body undergoes considerable changes in shape, size and composition. The Sharangadhara Samhita and Ashtanga sangraha, describes the sequential biological decline occurring during different decades of life due to process of ageing. These descriptions are applicable even in present time if the chronology is corrected with life span of man. The effect of ageing is more obvious in the 5th decades of life when the properties of the skin elude. The ageing process enhances in relation to age and affects one by one the function of vital tissues and organ like drishti, shukra, buddhi, motor organ, mind and other sense organs.

Geriatrics or geriatric medicine is a specialty that focuses on health care of elderly people. It aims to promote health by preventing and treating diseases and disabilities in older adults. There is no set age, at which patients may be under the care of a geriatrician or geriatric physician, a physician who specializes in the care of elderly people. Geriatrics, the care of aged people, differs from gerontology, which is the study of the aging process itself.

EPIDEMIOLOGY/PREVALENCE- The changing demographic pattern associated with increasing population of the aged people is posing new challenges to the country. It is reflected that by the year 2000, nearly 400 million people are aged 60

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years and above in the developing countries. The impact of this will be felt in many areas, e.g. economic, psychosocial, health and development programmes. At present elderly (60 yrs or above) constitute 8% of population; by 2050 this is likely to go up to 17-20% in India. The five top diagnostic categories of problems generally affecting the elderly have been found to be:

- Cardiovascular - 85%,
- Psychiatric - 48%,
- Musculoskeletal 46%
- Eye and ear 23% and
- Hormonal - 18% disorders.

CONTEMPORARY CONCEPT OF AGING- Biomedical sciences have been trying hard to identify the causes of aging. The consequences of aging appear after reproductive age. Aging is defined as a progressive breakdown of homeostatic adaptive responses of the body. It is the progressive, universal decline first in functional reserve and then in function that occurs in body over time. It varies widely in different individuals and in different organs within a particular individual. Ageing is not a disease; however, the risk of developing disease is increased in old age. The biochemical composition of tissues changes with age, physiologic capacity decreases, the ability to maintain homeostasis in adapting to stressors decline, and vulnerability to disease processes increases with age.

The numbers of theories and observations have been projected to identify probable cause of ageing, but no definite biologic basis of ageing is established. It is believed that genomic and immune mechanisms seem to be the sheet anchors in the process of aging. Wear and tear theory, neuro-endocrine theory, genetic control theory, free radical theory, waste accumulation theory, autoimmune theory etc are some most acceptable theories of ageing based on experimental ageing study.

CONCEPT OF AGING IN AYURVEDA- Ayurveda has

described that after sixty or seventy years of age one is called as old in whom the Dhatus, sensory and motor organs, strength, vigor and enthusiasm decline gradually, he gets wrinkles in the skin, grey hairs and baldness and other complaints, is incapable of doing anything, and is like a worn out house in the rain. Therefore, the vriddhavastha or jirnavastha is the last phase of life and is represented by the decay or degeneration of the body. Jara (ageing) is mentioned under category of Svabhava balapravrta vyadhi which is of two type viz. Kalaja appearing at proper time even after proper protection and Akalaja appearing before time due to improper care and prevention. However, some viable facts are very important in the event of aging mechanism.

(a) Theory of natural destruction (Svabhavoparamavada): Charaka has mentioned the theory of natural destructions, it may be considered as a responsible factor in the causation of Jara (aging), which is deteriorating, invisible and nature's unique process. (C. Su. 16/27-28).

(b) Environmental and other factor: Charaka mentioned that the life span of a person depends on the two factors (C. Vi. 3/32-35) viz- (1) Daiva - works of previous life and (2) Purushakara- actions of present life.

(c) Time factor (Kala): Kala is the sequential events of balyavastha, yuvasvastha, jaravastha etc. Jara is a phase of life that occurs by the effect of time "Kalasyaparinamena Jaramrityunimittajaha". नाशकारणाभावाद्भावानां नाशकारणम् । ज्ञायते नित्यगस्येव कालस्याव्यात्यात्यकारणम् ।। (C. Su 16/32)

(d) Sharira Vriddhikarabhavaabhava (depletion of growth factor): Certain factors such as Kala yoga (time bounded phenomenon), Svabhavasamsiddhi (natural phenomenon as result of invisible process, which is responsible for growth), Aharasausthava (dietary factor which is according to ashta-aharavidhivisheshayatana, aharavidhidhana, dvadashashanapravicharana) and Avighata



(physical and mental trauma) are responsible for growth and development. Absence of these factors may lead to ageing process.

(e) Role of Tridosha in ageing: In Ayurveda, the phenomenon of ageing is also related to principle of Tridosha (vata, pitta and kapha). It is the most important factor in maintenance of good health and production of disease. These doshas exists in the body at all time but it varies as per age, diurnal, nocturnal and seasonal rhythm. Old age is of vata dosha dominating stage, by nature it decreases luster of skin, lessens body strength, dries and decays the body and hastens ageing process.

(f) Role of Agni in ageing: In old age, more vitiation of vata dosha occurs which is responsible for visamagni, which affects the digestion and creating under nourishment of the tissues. This under nourishment of the tissues may have an impact on low status of dhatvagni, which creates disharmony in elder people.

(g) Role of Dhatus in ageing: Though the classical text do not explain the exact role of dhatu in ageing process but it is clearly mentioned in classics that during old age quantity as well as quality of dhatu is decreased.

(h) Role of Ojas in aging: Oja (the essence of all the dhatu) is also termed as Bala, which is responsible for resistance against diseases or vyadhikshamatva (bio-immunity); is also decreased. Therefore, the dhatu ksaya and oja ksaya are also responsible for process of ageing and diseases in old age.

(i) Role of Srotas in ageing: The main function of srotas (channels of body) is to transfer the body fluids and nourishment to the respective dhatus. Provoked vayu and mandagni & vishamagni are prominent in old age which may lead to sroto dushti and depletion of body tissue.

AYURVEDIC APPROACH OF TREATMENT W.S.R TO PANCHAKARMA- Ayurveda has described the principle of homology (Samanya) and heterogeneity (Vishesha) for its application in the

field of medicine and dietetics. Samanya (homology) is always the cause of enhancement or nourishment of the biological system. Applying these measures in old age we can pacify the vitiated Doshas specially Vata dosha in the body and maintain normalcy to the reduced Pitta and Kapha doshas.

Ayurveda advocates wonderful approach to delay Kala-jara (natural ageing) and to avoid Akala-jara (premature ageing). Ayurveda gives primary importance to preventive and promotive health care and the maintenance of positive health. The major preventive approaches for maintaining and improving the quality of life include individualized specific measures like Dinacharya, Ratricharya, Rtucharya, Hitakara and Matravata ahara, Sadvritta-palana, Ahcara rasayana etc. These measures can retard the process of aging. Furthermore, Rasayana therapy, various herbal and mineral formulation, Sattvavajaya, practices of yoga, Panchakarma etc are important tools of Ayurvedic therapeutics and the same are very effective for geriatric health care in present era. Panchakarma is the tools and techniques of Samshodhana karma, which forms the basic matrix of Ayurvedic treatment and considered as the unique contribution of Ayurveda. It is a bio-cleansing regimen of different Srotas, from gross to subtle level. The purity and integrity of these Srotamsi is essential for proper functioning of the body-mind system. By virtue of this, the body systems becomes viable and vital, the nourishment of body tissues and transport of biological nutrients and medicaments available to the cellular level. Besides, it also impart significant role in the homeostasis of body humors.

Generally, major Panchakarma procedures are contraindicated in elderly but several intermediary palliative measures are very useful in these persons too for imparting physical fitness and rehabilitative effect.



Scope of Panchakarma therapy: Panchakarma is beneficial for various purpose such as-

1. Prevention of ailments
2. Promotion of positive health
3. Before performing Rasayana (rejuvenative) therapies
4. Management of various systemic disorders
5. The regimen is also widely prescribed in chronic diseases for improving the quality of life.
6. Management of poisoning cases

Cautions before starting treatment measures in the elderly- Some important points should be kept in mind while prescribing the pacificatory or panchakarma therapy for any ailment in elderly, which are given below:

1. Prognosis and chronicity of disease may not be assessed due to ageing process.
2. There should be clear indication about doses and duration of drug. There are some difficulties to take medicine in elderly.
3. Suitable dosage forms (per dose) should be chosen considering the palatability, methods and mode of drug administration.
4. Ayurveda recommends less doses of medicine in elderly than the adult dose. This is to be kept in mind while prescribing the medicine in elderly.
5. Due to loss of memory, there is a possibility of over or missed doses in older people. To avoid this, proper labeling should be done and checked by physician during the follow up visit.
6. In addition to these things, physiotherapy may be advised with treatment to improve the quality of life in elderly having neuro-muscular diseases.
7. Indications and contraindications should be properly assessed while prescribing Panchakarma therapy.
8. Methods, mode of administration and duration of Panchakarma procedures should be reassessed due to aging.

PANCHAKARMA- Panchakarma is primarily designed for elimination of metabolic waste

products (i.e. Sodhanam malaharanam) of the body. It is a cellular bio-cleansing procedure, which facilitates the body for better bioavailability of the pharmacological products, dietary constituents and others essential components of life. These therapies help in the elimination of disease-causing factors and maintenance the equilibrium of body tissues (dhatus) and humors (doshas).

Steps of Panchakarma: It has three major components.

1. Preparatory procedures (Purvakarma) before panchakarma therapy
2. Main procedures (Pradhanakarma) of panchakarma therapy.
3. Post therapeutic procedures (Pashcatkarma) after panchakarma therapy.

A. Preparatory procedures- Before performing Panchakarma, preparatory procedures are essential. These are-

1. Langhana: Light dietary measures are advised for 3 to 7 days, to cut down the excess metabolic load already present in the systems.

2. Dipana and Pachana (3-7 days)- Correction/ improvement the digestive process by using Chitrakadi vati (two tab. BID half hour before meal) or Agnitundi vati (2 tab. BID with luke warm water) or Lahashunadi vati (2 tab. BID with luke warm water). Besides Hingvastak churna (3-5 gm. mix with equal quantity of cow ghee, lick between meal), Lavana bhaskar churna and Ajamodadi churna are also effective for dipana pachana purpose.

3. Internal use of medicated oil/ ghee (for next 3 to 7 days): Every day before administration of Snehadravya (taila or ghrita), patient has to be examined for any signs and symptoms of indigestion or features of proper oleation. Snehapana must be stopped once proper oleation features are attained or after 7 days.

According to Sushruta, Snehadravya is to be consumed 15 to 30 minutes after the sunrise and



the Snehadravya is to be selected based on the disease condition/ indication for which Snehadravya is advocated. Specific fat preparation should be licked in the morning empty stomach started with 30ml on first day with 2gms of Trikatu powder and hot water. The dose should be increasing every day from 30 to 50 ml for next 5 to 7 days, maximum 210 to 350 ml on 7 day according to digestive capability of the patient, or stops as soon as the signs of proper oleation occur. In elderly people, Sadya Sneha (instant oleation) is to be preferred. Medicated Sneha 50ml with 2-3 gm of Saindhava lavana for 3-7 days is to be administered for Sadya Snehana.

External application of oils as massage- For massage purpose specific oil is indicated such as-

1. Narayana, Mahanarayana, Dasamula, Panchguna taila in Sandhivata & vatika disorders
2. Saindhvadi and Vishagarbha taila in Amvata
3. Pinda taila in Vatarakta
4. Mahamasha and Bala taila in Dhatukshaya and Pakshaghata
5. Prasarini and vishagarbha taila in weakness of Nerves
6. Himanshu and Brahmi taila in headache

3. Medicated sudation fomentation (Svedana)- It should be done for 1 to 15 days, or till symptoms disappear. Svedana will be recommended with or without massage. After attaining proper Snehana, Svedana is to be carried out before performing Vamana karma/Virecana karma. This procedure liquefies the vitiated doshas and help in expelling out them through Vamana/Virechana procedures. Following fomentation procedures commonly used in old age:

- a) Ushma sveda (wet heat): it is carried out by Nadi, Kumbhi, Bhu, Kupa etc and indicated in chronic arthritis, paralysis etc.
- b) Avagaha sveda (dipping): the whole body is submerged in hot medicated decoction, it is indicated in various skin diseases.

c) Upanaha (hot poultice): application of hot medicated bandage on affected part, indicated in chronic arthritis

d) Pinda seka: application of hot medicated bolus, it is indicated in chronic RA, paralysis, MND and muscular dystrophy.

e) Patra pinda seka: application of hot leaves bolus over affected body part, indicated in RA, chronic arthritis etc.

f) Baluka/Ruksha sveda: application of dry heat with hot sand, it is indicated in chronic arthritis, acute RA etc.

B. Main procedures:

1. Vamana karma (Therapeutic emesis)- Expelling out the vitiated doshas through oral route is called Vamana. It is performed after the preparatory procedures i.e. Snehana and Svedana. Medicated smoking (dhumapana) is advocated immediately after Vamana. As Vamana procedure alters the digestion process, specific dietary regimen (Sansarjana krama) is to be followed for certain period based on the level emesis process. This procedure is commonly contraindicated in children and in elderly people.

2. Virechana karma (Therapeutic purgation)- Expelling out the vitiated doshas through anal route is called Virechana (therapeutic purgation). It is also performed after the preparatory procedures i.e. Snehana and Svedana. After administration of Virechana yoga, patients should be properly examined for features of proper/incomplete/excess purgation. Complications if any, arises needed to be managed timely and appropriately. Like Vamana procedure, specific dietary regimen (Sansarjana krama) is to be followed after Virechana karma for certain period based on the level of purgation. However, in elderly only soft purgatives are preferred like- haritaki curna, draksha, aragvadhaphala majja, eranda taila etc.

3. Anuvasana vasti (Retention ememas)- Administration of unctuous/oily medicaments



through anal route is called Anuvasana vasti. Unlike Vamana and Virechana procedures, to perform Vasti, preparatory procedures are not commonly required. Local massage (abhyanga) with medicated oils followed by mild sudation (svedana) at perineal region is required. Anuvasana vasti should be performed only after attending natural urges i.e. urination, defecation; and it should not be performed on empty stomach. The administered contents commonly come out within 12 hours (or 24 hours) after administration and sometimes they are retained also. Specified dietary and other guidelines should be followed accordingly to prevent complications and to achieve the benefits of Vasti.

4. Asthapana vasti (Cleansing enemata)- Niruha vasti is performed in similar to Anuvasana vasti except the following main differences.

1. The medicaments for enemata are of decoction based
2. It is administered on empty stomach
3. The given vasti contents generally come out within 48 minutes after administration. If not, should be evacuated through tikshna vasti or other procedures.

These Anuvasana and Niruha vasti are administered alternatively for the desired benefits. The contents and quantity of the enemata varies based on the disease conditions and status of the patients. Besides, certain local vasti karmas are also used in clinical practice for the management of associated disorders, which may be also benefitted to the elderly one.

- Kati vasti application of hot oil at waist region in Sandhivata
- Griva/Manya vasti at neck region in cervical spondylitis
- Janu vasti at knee place in Sandhivata
- Kukshi vasti over the naval region in the patients of IBS
- Sirovasti over the head region in Kampavata,

Apasmara, Sirahsula etc.

5. Nasya karma (Nasal administration of medicaments)- Administration of medicaments through nasal route is called Nasya karma. It is mainly indicated in diseases of head and neck region.

In elderly people usually Vata is predominant and they are prone to develop Vata disorders like, Sandhivata (osteoarthritis), Kampavata (parkinsonism), dryness of skin, Gridhrasi (sciatica), Katishula (lumbago), Daurbalya (general debility), Vibandha (constipation) etc.

C. Post therapeutic procedures:

1. Sansarjana karma (Dietary regimen) - Regular diet is not advisable for few days following Vamana and Virechana Karma due to weakness of digestive power. Hence, only liquid food is advisable. As the digestive power gradual increases, the food may be also changed from liquids to solids and then to regular food. For the purpose this four forms of foods are prescribed i.e., liquid gruel, gruel, rice and meat soup for 7 days or 5 days/3 days. This helps in the complete restoration of the digestive ability.
2. Medicated smoking (Dhumapana), retaining of medicated liquids/solids in oral cavity (Kavalagraha) etc.
3. Follow the simple Life-style during and after the procedure for a period of days double than the Panchakarma procedure performed.

Panchakarma impart better results in following Geriatric disorders

1. Dyslipidemia, prediabetes and diabetes.
2. Neurodegenerative disorders such as Parkinson's disease, Alzheimer's disease etc.
3. Immunodeficiency and autoimmune disorders
4. Bronchial Asthma, TPE & Respiratory allergic disorders
5. Locomotor system such RA, OA, Sandhigata vata, spondylosis, majjagata vata.
6. Skin disorders such as wrinkling, pigmentation, dryness of skin and skin allergies.



7. Gastro-intestinal disorders including ulcerative colitis, IBS etc.
8. Psychosomatic diseases
9. Psychological disorders
10. Anxiety neurosis, Sleep disorders, MSD

CONCLUSION- Geriatric as such a multifactorial disorders in which increased Vata dosha and its associated disorders are commonly observed. The available treatment modalities in modern medicine are not satisfactory because of various unwanted and toxic effects. This is fact that majority of such types of patients needed special care and cure for management of their problems. In this regard, Ayurveda better lead through its various treatment modalities. In geriatric practice, Pancakarma therapy like drastic Vamana (therapeutic emesis) and strong Virechana (therapeutic purgation) should be avoided. Ayurveda advises regular oil massage, fomentation and periodical Vasti karma for prevention and cure of the old age related diseases side by side it also pacifying the vitiated vata dosha. Panchakarma should be advocated with special precautions and careful monitoring of the general condition and existing disease in elderly people. The dose of Snehapana should be minimized in elderly and Mridu Virechana drugs should be used for Virechana purpose. Similarly, the Sirodhara, Sirovasti, Dharaseka, Annalepa, Sirolepa, Kayaseka, Pindasveda procedures of Keraliya Panchakarma therapy is known for its rehabilitative and nutrition promoting effects in many neurodegenerative conditions and myopathies in elderly

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ROLE OF VAMANA KARMA IN THE MANAGEMENT OF PSORIASIS

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ABSTRACT- A clinical study is carried out at Pancha Karma unit of S R M Government Ayurvedic college Hospital, Bareilly on ten patients suffering from Psoriasis. The patients were randomly selected from out patient department on the basis of criteria developed for the same. Out of ten, seven were male and three female, having age between 17 to 40 years. After admission to the indoor all of them were subjected to special preparatory method called 'snehana' for a period of seven days. On the eighth day vamana karma was performed, followed by specific dietary regimen called samsarjana karma. The response of treatment was assessed on weekly basis depending on the regression of the symptoms following the therapy. It was found that all the individuals have shown significant improvement in symptoms like itching, scaling, and circular lesions present on skin in second and third week after the therapy.

KEY WORDS- Pancha karma

INTRODUCTION- Human race has developed in leaps and bounds since their existence. During the process it has also encountered many hurdles in one or the other form. Though the biggest hurdle seems to be different diseases challenging their existence. Psoriasis is one among such diseases. Prevalence of psoriasis seems to be increasing day by day as more and more cases are coming to seek medical advice. In modern medicine this disease is supposed to be the result of autoimmunity. If there are scaling erythematous papules on the scalp and extensor aspect of the arms and legs suggestive of psoriasis. Psoriatic lesions are often accentuated on

the sites of repeated trauma, such as elbows and knees. The papules and plaques or psoriasis are often surrounded by silvery white micaceous scale that is relatively easily removed in layers. In psoriasis there is many fold increase in the normal number of the basal cells of the epidermis. This increase in the basal cell population reduces the turnover time of the epidermis from normal 27 days to three or four days. As far as the treatment is concerned the most effective is control of localized psoriasis with topical corticosteroids, topical coal tar preparations or ultraviolet light or sunlight exposure.

In this way the treatment is symptomatic and there are always chances of recurrence so that the patient has to take medicines for an indefinite period. In Ayurvedic text, disorders of skin are described under the heading kushtha, which is further divided into mahakushtha and kshudrakushtha. This classification is based on the prognosis. Mahakushtha are relatively difficult to treat than kshudrakushtha. According to Ayurveda there is vitiation of 'kushtasaptaka' viz. rasa, rakta, twacha, lasika, vata, pitta and kapha. There are two conditions known as kitibha and ekakushtha described as a type of kshudrakushtha simulate the clinical features of psoriasis. From the point of view of treatment it is said that toxins produced as a result of disease are deep seated and they require repeated purification procedures as it is mentioned that "bahudoshahsamshodhyahkushthi". There is no indication to carry out vamana every fortnight while virechana on

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monthly basis with due attention so that the complications may not occur. The purpose of the present study to evaluate the efficacy of shodhanachikitsa and to relieve the suffering of the patient affected with psoriasis.

MATERIAL AND METHODS-

1. Criteria for selection of patients-

- Patients attending the outpatient department from nearby areas of Bareilly were considered to ensure regular follow up.
- Patients within the age group of 15-60 years were considered fit for the study.
- Preferably male patients who may tolerate the exertion of vamana karma, and female in case of she volunteers herself knowing all the facts.

2. Criteria for exclusion of patients-

- Patients simultaneously suffering from diseases like hypertension, diabetes, malignancy or other disorders with serious outcome and pregnant ladies were kept as unfit for the study and also the patients who were unwilling to stay at hospital.

3. Preparation of patient-

- After keeping the patient in, indoor snehana and swedana was performed as a part of purva karma. Snehana was given with the help of murchita cow ghrita to start with and 50 grams increasing to 50 grams on daily basis upto seven days with milk or in other forms. This is followed by swedana with the application of mild steam or covering the patient with a thick blanket. This procedure was repeated for a period of seven days and vamana to be performed on eighth day.

4. The vamana karma

- It is a process of emesis which is induced with the help of specific medicines. Kaphavardhaka ahara like 'dahibada' is advised to the patient in the evening prior to the day of vamana. The patient is advised to take milk in ample amount in the morning on the day of vamana. Decoction of madhuyasti and saindhava lavana is prepared.

Madanphala powder in a dose of 10gm mixed with honey is given to the patient. As soon as the patient starts feeling nausea or water brash, he is advised to take the decoction of madhuyasthi in a full capacity of stomach. Generally bout of emesis starts spontaneously, if not, the patient is advised to touch his uvula with the fingers to induce emesis. Both intake and output chart is maintained. This process is repeated again with the decoction prepared from saindhava lavana. The desired effect i.e. pittanta vamana is usually achieved following five to six bouts. Typical shining yellow color appears in vomitus. General condition of the patient, pulse, blood pressure and respiratory rate is recorded throughout the procedure. In the end of the procedure the subject is advised to take fumes of kantakari panchanga.

5. The samsarjana krama

- It is a special dietary regimen which is followed after vamana karma. During this regimen liquid diet is given to the patient on the day of vamana after that gradually increasing the amount of cereals in the diet. Patient is allowed to take normal routine diet after a week.

6. Assessment of the symptoms

- Major symptoms which were included for the assessment were itching, scaling, maculopapular, erythematous skin rashes. The symptoms were graded as nil (0), mild (1); moderate (2), and severe (3). The assessment was recorded before and two weeks after the therapy and the response was compared.

7. Follow up therapy

- A common follow up therapy was advised to all the patients which included drugs like panchatiktaghrita guggulu tablet in a dose of 500mg twice daily. Arogyavardhini vati 250mg twice daily. Nimbadi churna three gms with bakuchi churna one gm twice daily and jatyadi taila mixed with coconut oil was advised for local application.



RESULTS AND OBSERVATIONS- Significant improvement in symptoms was observed in all the patients. Itching and scaling were relieved and remarkable regression of skin rashes was found. No untoward effect was observed in any of the patients.

DISCUSSION- Psoriatic lesions not only destroy the skin continuity, it also causes a social dilemma to the patient, majority of the people regard this disease as contagious and avoid direct contact with the patients. There is hopelessness on treatment front too.

It is a never ending sequence with patient regularly taking steroids, antihistaminics, antibiotics and other preparations. According to Ayurvedic literature the disease psoriasis may be correlated with ekakushtha and kitibha. Both these conditions are supposed to be the result of vitiation of vata in kapha. The vamana karma, a specific procedure is done for the elimination of kaphadosa. Simultaneously vata dosa is also taken care of. When Snehana is given prior to the vamana its effect appears soft, moist and stick. Snehana provides a solvent medium in which a toxin may get dissolved. When the procedure of vamana is performed it may create a kind of osmotic pressure towards the intestines. With this pressure the sneha which is present in distant part of body starts coming towards intestines easily along with the toxins dissolved within. From the intestines it is expelled gradually out of the body.

With the application of vamana karma, a cleaning effect is found in the body. The medicines which are given after that eventually show better therapeutic action on the disease. Thus, it may be postulated that more receptor sites are available for the drug action. There is also a decreased autoimmune response as the concentration of autoimmune complexes may have reduced. Medicines used may also produce a kind of

rejuvenating effect on the skin too.

Single schedule of vamana karma seems to be insufficient as the recurrence of symptoms was observed in one patient following a period of six months. So at least two schedules in one patient are required in one year. The process of vamana causes exertion on the body. Thus, there are always chances of complication. This could be avoided by the careful selection of patient and with the presence of an expert during the whole process along with fully equipped emergency kit.

CONCLUSION- Concluding the article it may be said that vamana karma is highly beneficial in the case of psoriasis if performed with precautions. Two application of the therapy per year is sufficient to relieve the symptoms of psoriasis. It is a preliminary study of ten patients only and still continuing. So, the complete statistical data are in development phase. But encouraging response found on five patients does provide a ray of hope towards the effective management of psoriasis.

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A CLINICAL STUDY ON SAMSHODHANA CHIKITSA IN CASE OF "JEERNA AMAVATA" (CHRONIC RHEUMATOID ARTHRITIS) WITH SPECIAL REFERENCE TO "PINDA SWEDA"

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ABSTRACT- Rheumatoid Arthritis is a chronic, crippling inflammatory joint disease used synonymously with *Amavata* in Ayurveda. This disease kills relatively few, but it cripples and disables the patients to take even personal care. It also affects adversely the development of the nation by loss of human power. The field of Rheumatology continues to show progress. Despite substantial advancement in the disease understanding, management of RA remains an enigma for the medical science at present. The inability of the western modern system of medicine to provide satisfactory answer to the question of joint disease in general and RA in particular has drawn the attention towards research in alternative medicine.

Key words: Ayurveda, Amavata, Samsodhana, Pindasweda, Rheumatoid arthritis.

Plan of Study: In this study, 40 patients suffering from Jeerna Amavata (Ch. R.A) were registered between 10.8.2005 to 31.10.2005. Cases were randomly selected in three groups (A, B and C) regardless of age, sex, occupation, religion & socio-economic conditions, from Kayachikitsa O.P.D & I.P.D of Sir Sunder Lal Hospital, I.M.S., B.H.U, Varanasi. The diagnosis of cases and assessment of result was done on the basis of sign & symptoms described in both Ayurvedic and modern texts and criteria laid down by American Rheumatism Association (1988 revised in year 2000). Demographic data and disease specific data are collected according to the case-record proforma specially designed for this study. The results obtained were statistically

analyzed mean percentage S.D., S.E., and 't' value by using the paired 't' test after comparison of inter and intra group data from D 0 and D 90.

MATERIALS AND METHODS:

Group A Smasamana Chikitsa: In this group, patients were administered only Ayurvedic drugs, for this Amavatari Rasa - 3 ratti (375 mg) + Hinguleshwar Rasa- 3 ratti (375 mg) + Agnitundi vati - 3 ratti (375 mg) + Praval Bhasma- 3 ratti (375 mg) was given in 3 divided dose with Honey for 90 days under follow up of 30 days.

Group B Nadi Sweda and Yoga Vasti Chikitsa: In this group, patients were administered Nadisweda of Dashmoola Kwatha for 15 days along with yoga vasti from day 1-8. After the completion of Nadisweda, samsaman therapy of group A, added for rest of the days.

Requirements for Nadisweda- Dashmoola - 250gm, Water - 4 liters, Dashmoola boiled in 4 liters of water and reduced to 2 liters. Mahavisagarbha Taila 50 ml for local application & Panchakola kasaya in 50ml with Luke warm water for oral intake and Sarwanga Nadisweda Yantra.

Preparation of patient: The patient was asked to pass natural urges, prior entry into the Pradhankarma kaksha. The procedure was done in between 7-10 AM. After performing the sacred rights, the patient was asked to sit on the Tailadroni. Then, the oil i.e. Mahavisagarbha Taila was heated to Luke warm and Abhyanga was performed to the head & whole body for approximately 35 minutes (5 minutes in each of the 7 postures).

Nadisweda: Initially, the decoction of the

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Dashmoola (2 liters) was kept over the burning charcoal in the lower compartment of the Nadiswedana yantra, in two separate vessels. The patient, who has been massaged with the Mahavisagarbha Taila, was asked to lie down on the upper compartment of the Sarvangaswedana yantra. Then his whole body except the head was covered with the doom, thereby exposing his whole body to the decoction steam. The patient was asked to gently move his extremities and body so as to prevent excess concentration of warmth over one part. The patient was continued to steam exposure until total perspiration (especially Sweat over the forehead & nose). After sudation allowed rest for 15 minutes, then patient was advised to take hot water bath (heated & cooled water for the head).

Requirements for Yoga Vasti Chikitsa-

Yoga Vasti was given half an hrs. after Nadisweda from day 1 to 8. A combination of total 8 Vasties including Anuvasana (130 ml/day Administered empty stomach) & Asthapana (520 ml/day Administered after Breakfast).

For AnuvasanaVasti- Erenda Taila 100 ml., Honey 20 ml., Ghrita- 10 ml., Saindhava Lavana 2 gms., Suddha Tankana 2 gms., Saunf 2 gms. and Vacha Choorna 2 gms.

For Asthapana Vasti- Rasana Saptaka Kwath 200ml, Dashmoola Kwath 200ml, Erenda Taila 90 ml., Honey 20 ml., Ghrita- 10 ml., Saindhava Lavana 2 gms., Sudha Tankana 2 gms., Saunf 2 gms., Vacha Choorna 2 gms and Vasti Yantra used for admin of vasti.

Group C (Pinda Sweda and Yoga Vasti Chikitsa) Patients were administered Pindasweda with Shastikashali and Dashmoola Kwatha for 15 days along with yoga vasti from day 1-8. After 15 days samsaman therapy as group. A, added for rest of the days.

Requirements: Balamoola (cleaned & cut) - 600gm, Shastikashali (cleaned & made coarse) -400gm, Goksheera - 2400ml, Water - 9600ml, Mahavisagarbha Taila - 50-100ml, Panchakolakasaya - 50 ml Luke warm water. (1hrs before

swedana), Clean, square cloth pieces -4 Black gram flur (Besana)- 50-100 gms (For bathing after procedure)

Preparation of the patient: patient were prepared in same way as for Nadisweda and Yog Vasti.

Duration: The duration of the Pinda Sweda Karma was fixed for 60 minute on first day. Then, it was increased by 5 minutes on each day to reach 90 minutes on the 7th day. The Karma was performed for the same time duration on the 8th and 9th day too. From then, it was reduced by 5 minutes per day to reach 60minutes on 15th day.

Pindasweda Karma: The boluses were applied over the body with the right hand, while with left hand massaged the applied part. Procedure was started from the upper part of the body and then progressed to the lower parts. The direction of the bolus application was in the anulomagati except over the joints where boluses were, applied in circular direction. Special attention was given to the affected body part. By the time the massage was over, the contents of pottali were massaged over the body. The same procedure was continued for 15 days.

Pathya during treatment period & pariharakala (Same for all the three groups): The pathyacharana is an important factor that was followed for 90 days including the treatment period & follow up period. Patients were advised to take katu-tiktha-kashaya-rooksha Aharadravyas in light quantity. Krisara was advised as an ideal food and they were advised to drink luke warm water only. Patients were advised to avoid sexual intercourse, blocking of natural urges, traveling, over-speech, uneven sitting & lying postures, exposure to wind, cold, heat and dust, anger and grief.

CRITERIA FOR ASSESSMENT:

I] CLINICAL ASSESSMENT:

The details of scoring pattern used for assessment of clinical signs and symptoms as follows:

1] PAIN: It is determined by intensity of Pain on passive movements & rate of analgesic drug



requirement i.e., No pain (00), Mild pain of bearable nature (01), Moderate pain, but no difficulty in joint movement appears frequently and requires some Upasaya measures for relief (02), Slight difficulty in joint movements due to pain or severe pain, requires medication and may remain throughout the day (03), More difficulty in moving the joints and pain is severe disturbing sleep and requires strong analgesics (04).

2] SWELLING: No swelling (00), Slight swelling (01), Moderate (02), Severe swelling (03).

3] STIFFNESS: No stiffness or for 5 min (00), Stiffness 5 min-2hrs (01), Stiffness lasting for 2 to 8 hrs. (02) Stiffness lasting for more than 8 hours (03).

4] Tenderness of joints: No tenderness (00), Subjective experience of tenderness (01), Wincing of face on pressure (02), Wincing of face with withdrawal of pressure (03), Resists touching (04).

5] Redness of joints: No redness (00), Redness observed before treatment (02), Reduction in redness after treatment (01) and No change after treatment (02).

6] Warmth of joint: (using digital skin temperature-measuring instrument) Normal temperature (00), Raised temperature compared to the normal body surface (02), Fall in local warmth after treatment (01), No change after treatment (02).

7] Knuckle swelling: Jeweler's rings were used that passes through the knuckle easily with least resistance was noted and change in the number of ring after the treatment was recorded.

8] Muscle wasting: To view of muscle wasting, the circumference of arm, forearm, thigh and leg were measured using a measuring tape both before and after the treatment.

9] General symptoms: General symptoms of Amavata observed before treatment (02), Some relief after treatment (01), Complete relief after treatment (00).

II] FUNCTIONAL ASSESSMENT:

The patients were asked to walk a distance of 50 feet and the time taken was recorded before and after the treatment by using stopwatch. To find the

functional capacity of the affected upper limb, the patient's ability to compress an inflated ordinary sphygmomanometer cuff under standard conditions was recorded before and after the treatment. To have an objective view of the functional capacity legs, foot pressure was recorded by the ability of the patients to pressure a weighing machine. The range of movement of each affected joint was measured by, using the goniometry both before and after the treatment.

III] INVESTIGATIONS:

For the purpose of assessing the general condition of the patient and to exclude other pathologies, Hematological Investigation, Urine analysis, Stool analysis, Rheumatoid factor (RFs), ANA, ASO titer, and Biochemical investigations such as fasting blood sugar, Serum cholesterol, Blood urea and Serum Uric acid were carried out.

IV] DEGREE OF DISEASE ACTIVITY:

The degree of disease activity was estimated on the basis of criteria laid down by ARA (1987). In these criteria the western green method was replaced by Win robes method. The maximum score was 30, which represents an average of grade 3 (severely active). By dividing the total score by 10 the grade of disease is obtained and denoted by figures 0 to 3.

V] OVERALL ASSESSMENT OF THE THERAPY:

Results were classified in to four groups as:

Grade I (Complete remission): No systemic sign of rheumatoid activity*, No sign of inflammation*, No evidence of activity in any extra-articular process including nodules, tenosynovitis* No lasting impairment of joint mobility other than that associated with irreversible changes*, No elevation of erythrocyte sedimentation rate* and Articular deformity or extra articular involvement due to irreversible changes may be present.

Grade - II (Major improvement): No systemic sign of rheumatoid activity, with the exception of an elevated ESR and vasomotor imbalance*, Major signs of inflammation resolved such as warmth, redness of the joint structures*, No new



rheumatoid process of intra-particular or extra-particular structures*, Minimum joint swelling may be present, Impairment of joint mobility associated with minimum residual activity may be present and Articular deformity or extra-articular involvement due to irreversible changes may be present.

Grade-III: (Minor improvement): Any decrease in the signs of rheumatoid activity inadequate to fulfill the criteria of grade II, Diminution of systemic signs of rheumatoid activity*, Signs of joint inflammation only partially resolved*, No evidence of extension of rheumatoid activity in to additional particular or extra-articular structures*, Decreased but not minimum joint swelling, Impairment of joint mobility may be present and Articular deformity/extra articular involvement due to irreversible changes may be present.

Grade - IV (Unimproved or progression): Undiminished signs of rheumatoid activity, regardless of functional capacity*, Exacerbations of any previously involved joint(s) or development of sites of rheumatoid activity*, Roentgenological changes indicative of progression of rheumatoid process, except hypertrophic changes*. In the presence of one or more of these criteria improvement in other features, including a normal or lowered ESR not significant.

(* = Items which must be present.)

OBSERVATIONS:

General description of the patients studied in the present study submits that majority of the patients (47.5%) were reported in the age group of 41-50 years. majority of the patients (72.5 %) were female while rest (27.5 %) were male. It was observed that a maximum (85%) of the patients were Hindus followed by 7.5% were Muslims and 7.5 % others. The present study shows that a maximum (52.55%) of the patients were Housewife. Majority of (30%) patients develops complain of Amavata in there 4th Decade while (25%) in there 5th Decade followed by 22.5% in 6th Decade, 20% in 3rd Decade and 02.5% in there 7th Decade of life. This data is slightly in accordance

with the modern finding that the onset is most frequent during the fourth and fifth decades of life with 80% of all patients developing disease between the age of 40 and 50 years. In 82.50 % of the patients gradual onset of disease was reported. The present study shows that maximum number of patients (42.5%) were having Kapha+vata Prakritri followed by (30%) having Vata+Pitta Prakritri and 27.5% having Kapha+Pitta Prakritri. In general Kapha-vata Prakriti will have Mandagni leads to Ama formation, which when provoked by Vata and gets settled in respective Sleshma Sthana. So, it is justifiable that Kapha-vata Prakriti persons are easily prone to Amavata. The present study shows that majority of patients (65%) reported chronicity between >1 to <3 years, 27.5% patients were having the chronicity between >3 to <6 years, while chronicity above 6 years reported in 5% of cases and chronicity less than 1 year reported only in 2.5% of cases and It may be due to the fact that Amavata is a chronic disease. The present study shows that majority of patients (62.5%) were having Negative Rheumatoid factor test while (37.5%) shows positive response to the test.

Cardinal Features: All the cardinal features were present in most of the patients i.e. Sandhishoola present in all patients (100%) followed by Sparshasahyata (92.5%), Sandhigraha (90%) while Sandhishotha (42.5%) is comparatively less, this may be because in chronic cases (jeernavastha) signs of inflammation are not very much there due to vatic predominance and less of kapha involvement.

General symptoms: In the present study Daurbalya (87.5%) followed by Aruchi (75%) Gaurava (70%) Angamarda (65%) Vibandha (50%) Utsahahani (40%) Kukshishoola (35%) Alasaya and Anaha (32.5%) Nidraviparyaya (27.5%), Asyavairasya (22.5%) Bahumutrata (20%), Jwara (17.5%) Daha (14%), Kukshikathinya (10.00 %) and Trishna (7.5%) were reported as general symptoms.

Involvement of Joints: Majority of patients i.e. 82.5% reported with involvement of PIP (Hands)



and 65% with Wrist joint, while 57.5% with Elbow joint, 52.5% Knee and MCP joint, 32.50 % Shoulder joint, 20.00 % with Hip joint, 12.5% were with DIP (Hands) and PIP (Feet) joints, 7.5% with DIP (Feet) vertebral involvement was found only in 5% of patients.

Rheumatoid Nodules: In the present study only 4 patients presented with Rheumatoid Nodule (10%) while 36 cases have no nodule formation.

EFFECT OF THE THERAPY

Effect on Cardinal Symptoms: The relief in *Sandhishula* provided by group A 61.54 %, in-group B 73.91% while in-group C, 77.78% and relief in *Sandhishotha* provided by Group A 65%. In Group B 68.50% while in Group C 75.00% the relief of all Groups was statistically highly significant ($P < 0.001$). In relieving stiffness (*Stabdhatta*) of joints Group A 70.00 % in Group B 69.35% and in Group C 71.40%, the results of all these groups were again statistically highly significant ($P < 0.001$). The relief of *Sparshasahatva* observed as in Group A 61.00 %, in Group B 72.00% while in Group C 83.33% which was statistically highly significant ($p < 0.001$). Relief in redness of joint was absorbed in Group A 87.50% and Group B 75.11% respectively, while in Group C it was 100.00 % relief.

Effect on General Symptoms:

The relief in *Angamarda* was found in group C 78.50 and group A 62.50% and group B 87.50%. The relief was statistically highly significant in all the three groups. In *Daurbalya* group C 68.50%, Group B 61.00% and group A 57.00% relief was found so that group C and group B was statistically highly significant and group A was significant. In *Agnimandya* group C 80.00% relief in *Agnimandya*, group B 60.00 % and Group A 55.50% was observed and was statistically significant. In *Aruchi* group C 83.50% relief, in group B 72.00 % and in group A 56.00 % relief was observed and was statistically highly significant. Relief from *Vibandha* observed in group C 78.50 %, group B 58.50% and group A 57.00 %. It may be due to the combined effect of *Pinda Sweda* and *Yoga Vasti* over *Vata*. Relief from

Kukshishula observed in group B and group C 87.50 % and in group A 80.00%. Relief from *Anaha* group C 100 % while in group B it was 81.00 % and in group A 78.50%. Relief from *Daha* in group C and in group B 100% and group A 83.50% was observed. Relief from *Jwara* in-group B was 100.00 %, group C 78.50 % and in group A 65.50 % observed. Relief from *Nidralpata* in-group A and B 73.91% while in group C 100 %. Relief from *Gaurava* in group C 72.00 %, group B and group A 71.50% was observed. Over all general symptoms improved in-group C 89.13 %, in-group B 83.49 % and in-group A 72.32 % relief was found. These improvements were statistically highly significant in all three groups.

Effect on Circumference: In average increase of circumference in-group A 0.28 cm. In group B 0.28cm. while the average increase of circumference in group C 0.36 cm. The result was statistically insignificant.

Effect on Knuckle Swelling: Knuckle swelling index was decreased after the treatment i.e. in-group A 3.59%, in-group B 3.58% and in-group C 4.48%. The decreases of knuckle swelling of all groups were statistically highly significant ($p < 0.001$).

Effect on Range of Joint Movement: The improvement of joint range were observed in group A 6.41% and in group C 10.27 % that improvement was statistically highly significant ($p < 0.001$), while the improvement was observed in-group B 5.85% that improvement was statistically significant. The reduction in pain, swelling and stiffness might have help the patient in moving the limbs more freely and in group C more improvement was observed due to Pressure effect of massage in *pindasweda* and *yoga vasti*.

Effect on Foot Pressure: In-group C 11.71% relief ($p < 0.001$) while in group A and B 8.78% and 7.82% relief seen and was statistically highly significant ($p < 0.001$).

Effect on Hand Grip: 6.46% improvement was observed in-group A. In-group B patients improvement was observed 5.98% while 10.61% improvement was observed in-group C. The



improvement observed statistically highly significant ($p < 0.001$) compared to group A and B.

Effect on Walking Time: 16.67% improvement observed in group A, in group B 9.57% while in group C 19.56% was observed. The improvement was statistically significant.

Effect on Degree of Disease Activity: group A showed improvement by 46.67%, While group B and group C showed 50.00% which was statistically significant in all gps. ($p < 0.01$).

Effect on E.S.R: Statistically highly significant reduction in the E.S.R. level was obtained in-group C i.e. 37.82 % and group A 22.22 %, while in-group B 19.49 %.

Overall Effect of Therapy:

So for as the total effect of treatment was concerned in group C, 2(20%) patients got complete remission, in group A 1 (10%) patient get complete remission, in group B no patient got a complete remission. Major improvement was found in group C 5(50%), group A 6(60%), and group. B 5(50%). Minor improvement was found in group C 2(20%), group A 2(20%) and in Group B 4(40%). No improvement was found in 1(10%) in all three groups. The overall result of the study suggests that effect of Shastikashali Pinda Sweda with Yoga Vasti (Group C) was far better in comparison to the other two groups.

DISCUSSION:

Massage stimulates the sensory nerve endings there by producing relaxation. It produces a hyperemic effect causing the arterioles to dilate and thereby achieving more circulation. Also, the venous and lymphatic return is assisted. Massage causes movements of the muscles thereby accelerating the blood supply, which in turn relieves the muscular fatigue. The application of massage may cause displacement of the exudates and thus may relieve tension and pain. In Nadisweda massage is performed only as a part of the Abhyanga procedure, while In Shastikashali-pindasweda massage is performed during the pre and post-operative abhyanga and also during the

performance of Pindasweda. This may have contributed to the advantageous effect in group C patients.

Application of heat on an unctuous area causes generation of a temperature gradient across the cell membrane. Besides facilitating the diffusion of liquid substances through the cell membrane, this plays key role in the formation of lipid vesicles from the dropouts in the membrane in areas of low temperature. This causes an expansion in the cell volume as well as surface area. But it cannot expand freely especially in the peripheral direction as it is bound by other cells around. This makes the blabbing of cell membrane inside. The temperature gradient caused by the heat further helps in blabbing in this particular direction. These lipid vesicles or blebs gets detached from the cell organelle or other side of membrane and remain there till a critical surface is reached. These membrane then blebs out and spread further, thus providing nourishment to the tissues. Application of heat causes relaxation of muscles and tendons improves blood supply and activates the local metabolic processes which are responsible for the relief of pain, swelling, tenderness and stiffness.

Shastikashali pindasweda is a modification of Sankarasweda and it contributes the principles of snehana and swedana, all the ingredients of pindasweda are of snehana nature. *Shastikashali* is snigdha, Sthira, balavardhana, vayasthapaka and dehadardhyakrit. *Go-ksheera* that is used to cook the Shastikashali and to heat the bolus is snigdha, rasayana and vatahara. The karma imparts Swedana and this opens up the shrotas the sharira facilitating more nourishment and free movement of Vatadosha. This results in the relief of stiffness and facilitates free movement of the sandhis. All the drugs are having shoolahara properties and the Swedana by itself is shoolahara due to the pacification of Vata. Thereby, it is an ideal treatment of choice and provides a good hope for the patients of jeerna Amavata.



CONCLUSION

Jeerna Amavata (Chronic Rheumatoid Arthritis) is a crippling inflammatory joint disease resulting in joint deformity. The role of Ayurvedic drug and Panchakarma therapy has definite effect in prevention and progression of disease process. It is a safe physiotherapeutic procedure and helps in rehabilitation of the patients. The combined approach of Ayurvedic drug, yoga Vasti and Pinda Sweda exerts moderate relief to the patient in comparison to single approach. So this safe, holistic approach of Ayurveda should be incorporated in the management of Jeerna Amavata by the practitioners. This procedure can be practiced at OPD level also by Vaidyas in their clinic setup.

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(पृष्ठ 48 का शेष)

for LFT and other biochemical investigations. His HBV quantitative viral load was negative (Undetectable < 15 copies). His LFT and AFP (Alfa fetoprotein) were normal.

CASE STUDY 4

A patient named K.Srinivasa Rao aged 29 male got tested for HIV-1 which was positive. He was tested for HIV-1 RNA PCR-ULTRAQNT HIV viral load on 23/07/2002 from speciality Ranbaxy limited with accession number 0002BGO25324 shown 5660 copies/ml. After one year of Ayurvedic treatment his blood was checked for HIV-1 RNA PCR-ULTRAQNT HIV viral load on 05/08/2003 from speciality Ranbaxy limited with accession number 0002CH005140 shown NILcopies/ml (<20 copy/ml)



MANAGEMENT OF RHEUMATOID ARTHRITIS VIS-A-VIS AMAVATA THROUGH SAMSHODHANA & SAMSHAMANA APPROACH

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ABSTRACT:

Rheumatoid arthritis (RA) is the commonest & crippling form of autoimmune disorder among the wide spectrum divergent rheumatic features, and having systemic diathesis. It is condition, which presents with acute and chronic polyarthritis with marked pain, swelling and stiffness of joints. This disease seems to have been described in Ayurveda as a clinical entity called as Amavata, which is outcome of Ama along with vitiated Vata dosha. Ama- a reactive species; forms due to hypo-functioning of different sets of Agnis. It is the main initiating factor of pathogenesis of this disease. This age old idea is now well conceived in biomedical science in terms of gut induced arthritis. Possibly these forms of Ama initiates the autoimmune diathesis leading to the immunological inflammation of joints and allied structures. In recent year a number of medicinal and physiotherapeutic measures have been introduced in conventional rheumatology, which provide some relief to the ailing one but its real management is far from the reality. At this juncture the authors have tried laid down to an emphasis on Ayurveda inspired line of management of Amavata.

KEY WORD- Samshodhana, Samshamana, Amavata, Anna, RA.

INTRODUCTION:

RA is an autoimmune induced inflammatory joint disorder having systemic diathesis. Concurrent stressful situations in the life and lifestyle errors are known to precipitate the remission and exacerbation of RA. It seems to have been described in Ayurveda as a clinical entity called

Amavata. Its description is not available in the classical triad of Ayurveda. It was Madhavakara Mishra who gave its detail account for first time. After that all the treatise of Ayurvedic medicine have included the description of Amavata and its management in extremely evolved manner. Madhava emphasizes that it is a systemic disorders in which digestive and metabolic mechanism are involved. The main morbid factor in this disease is Ama- a byproduct of hypo functioning of Agni i.e. digestive & metabolic bio-fire of the body. Ama in its abnormal form circulated throughout the body and produces joint symptoms, leading to considerable impairment of body movement (M.Ni. 25/1-5). It is daimed that Amavata is not simply a joint disorder but it is a systemic disorder involving whole body. Arthritis is one of the main features and others are bodyache, anorexia, thirst, nausea, lassitude, heaviness, pyrexia etc. (M.Ni. 25/6). Madhava's description of Amavata is very similar to rheumatic disease and up to same extent to rheumatic fever. If Ama is retained in the body plays antigenic role and possibly initiate an autoimmune diathesis leads to the inflammations of joints and channels of the body called Srotamsi and blockade, in turns leads to aggravation of vata dosha. The most pertinent fact being realized by many rheumatologists that management of RA is not satisfactory. However, once it is established in the body it mostly takes an incurable course and continue to develop many progressive complications and deformities, a fact which has been clearly concieved in Ayurveda.

No doubt, corticosteroids had brought big

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hope for the patients but because of its greater side effects its role in the management of RA is very limited. The NSAIDs and DMARDs are the mainstay in the treatment of RA but they have serious side effects and limitations for their long term use. At this juncture many researchers & scientists are looking towards other systems of medicine for the treatment of RA. The treatment of such an entity in Ayurveda is logically swings around effects to revive Agni status, exhaust Ama by Amapachana measures, pacifying vata dosha and similar other measures. It is in view of above hypothesis, the authors has decided to through some light on its classical approach of management for contemporary use today.

PRINCIPLES OF MANAGEMENT OF AMAVATA:

In Ayurveda, the therapeutic approach of Amavata is more or less oriented towards Amadosha and aimed at samprapti vighatana. This line of treatment depends a good deal on the stage of the disease process. Chakrapani was the pioneer who laid down the principles and line of treatment of Amavata. He has described following measure in his text Chakradatta in Amavata Rogadhikara.

लंघनं स्वेदनं तिक्तं दीपनानि कटूनि च ।

विरेचनं स्नेहपानं वस्तयश्चाममारुते ॥ (C.D. 25/1)

The properties of Ama and Vata are on opposite pole of each other. Only the shita Guna is common to both. Though, the measure adopted will be principally opposing one another. So, a very careful approach can only benefited to the patient. The line of treatment laid down by Chakrapani denotes firstly the pachana of Ama, then restoration of Agni and finally control of vitiated Vata Dosha. Here an attempt is being made to substantiate these principles. The above mentioned type of treatment can be recompiled under following headings:

i) Measure to stop Ama formation and to restore Agni to its normal state

Langhana (fasting)

Dipana (appetizers)

ii) Measure to digest Ama:

Local measures:

(a) Svedana (fomentation)

(b) Oleation therapy (Taila-abhyanga)

General measures:

§ Guggulu preparations.

§ Herbal drugs having Vatakaphahara property (drugs having Katu, Tikta Rasa & Ushna virya)

§ Pachana (digestants) drugs

§ Various Mercurial (Rasa) and metallic preparations.

iii) Measure to eliminate Ama and to pacify Vata Virechana (Medicated purgation) therapy.

Vasti (Medicated enemas) therapy- specially

Asthapana vasti

MEASURES TO STOP THE FORMATION OF ÀMA

1. Langhana:

यत् किञ्चित्लाघवकरं देहे तल्लघनं स्मृतं ॥ (C. Su. 22/9)

Any measure, which brings Laghuta in the body, is known as Langhana.

It is the first measure that has been advised for the management of Amavata, which is considered to be an Amasayottha Vyadhi and also Rasaja vikaras (C.Ni.8/31, C.Su.23/25). In Yogaratnakar langhana has been mentioned as the best measure for the treatment of Ama. Literally Langhana means fasting, which is quite different from Langhana Chikitsa. Overall langhana therapy stands for creating lightness in the body. Any physical measure which produces such effect in the body may be taken as langhana. It is the measures, which raise the metabolic status of the body and helps in improvement of Agni and dissociation of Ama.

Following activities and measures are advocated for induction of langhana in the body (C. Su. 22/18). Vagbhatta has broadly divided the Langhana into two broad categories.

a) Shamana

b) Sam Shodhana

a) Shamana measures:



- i. Pipasa (thirst)
 - ii. Maruta (exposure to wind)
 - iii. Atapa (sun bath)
 - iv. Pachana (digestives)
 - v. Upavasa (fasting)
 - vi. Vyayama (exercise)
- b) **Samshodhana measures**
- i. Vamana (medicated emesis)
 - ii. Virechana (medicated purgation)
 - iii. Nasya (purification of supraclavicular organs by nasal insufflations)
 - iv. Niruha vasti (medicated decoction based enema)

Samshodhana measures should be performed in Balavana status of disease as well as diseased ones (C.Su. 22/19). These measures are mainly intended to eliminate the Ama through the GIT and results in improved absorptive status of GI mucosa and thus increased metabolic status of the body tissues (Singh, 1992). It also imparts better nourishment and improves psycho-neuro humeral mechanism of the body.

- Langhana effect in the body is created by some specific physical, physiological or environmental factors. Under fasting (due to stress of fasting) state, the adrenocortical activity increases and secretion of endogenous corticosterones help as an anti-inflammatory agent and increases catabolic activities to digest Ama at Dhatu level. Langhan can be also followed by use of langhan dravyas like Manda, Peya, Vilepi, and Yavagu and hot drinks (water) which leads to pachana of Ama. Vayu and Agni factors are present in Laghu ahara. Thus it stimulates the Agni because of its qualitative similarities as mentioned in Ashtanga Sangrah (A.S.Su. 11/8-9).
- Vyayama is one of the non pharmacological approaches to the treatment of Amavata. It creates laghuta in the body and Diptaagni along with Karma Samarthyas and reduction of Medo Dhatu (A. S. Su. 3/62).

- Exercise therapy is a therapeutic modality for rheumatic diseases has also gained a momentum during last few decades. Beneficial effects of short term physical training in RA has been documented (Ekblom 1975). It is likely said that the exercise can increase bone mass and thus it may be helpful in managing osteopenia and osteoporosis which is often co exists with RA.

- Many researches of recent years have also detected the role of exercise as an antidepressant through activation of the serotonergic system of neurohormones (Dey, Singh, 1993). It is said that due to pain and disability in the chronic stages this disease brings out a sense of depression and helplessness (Pineus, 1986).

- Pipasa is propagated as a management modality in Amavata. This can be done by use of ushnajala or panchakola churna phanta. Because it is having the property of Dipana, Pachana and thus improving the Agni status of the body and digest the Ama.

- Upavasia (relative fasting) is also recommended as a useful tool for Amavata (RA) patients, by the modern world (Kroker, 1984). Considering fasting for langhana effect, Laghvashana seems more appealing in comparison to absolute fasting. Because malnourished patients had high ESR and C-RP and thus complete fasting is not advisable for these individuals.

- Effect of weather conditions in aggravation of RA is a well recognized fact. During management exposure to hot air and Atapa is found helpful in alleviation of symptoms in RA patients. Probably it produces sedation and analgesia effect by acting on free neuron-endings and re-fibers of the muscle spindle (Benson- 1974).

2. Svedana:

Sveda Karma is important chikitsa upakrama in relieving or in getting shamana of Vata-kapha Doshas, which are prakupita Dosas in Amavata. Svedana is the therapy, which relieves the



Shtambha, Gourava, Shita & produces Sveda. The main symptoms of Amavata are stambha, Gourava, shita & Srotavarodha. The role of svedana therapy in Amavata and in other rheumatic diseases is well recognized. In the management of Amavata, Ruksha sveda has been advocated in the form of Valuka potali, owing to the presence of Ama. In chronic stage of the disease when Rukshata is increased, snigdha sveda can be employed like Pindasveda. Sveda karma relieves the srotoabhishtyanda karatva and relieves the Doshas which are an important factor in samprapti vighatana of the disease. In this disease state ushna jalapana (a kind of internal svedana) is also advocated, which exerts Dipana, pachana, jvaraghna, srotoshodhaka effect. (C.Ci.3/44).

Svedana also moreover by virtue of ushnatva it

causes pacification of both Doshas (kapha and vata) and augments the moieties of Agnis (especially Dhatvagnis) by which it digest the Ama at Dhatvagni level. Sveda karma mainly relieves the gurugatrata, stabdhata, sandhivedana and shotha, jadyata, mala vibaddhata etc. In addition to this, it is specially indicated in presence of stambha, Gaurava, jadya, sita and sula, which constitutes the predominant features of Amavata (C.Su.22/11)

3. Tikta-Katu and Dipana Dravyas

Tikta, Katu rasa pradhana drugs are very useful in treatment of Amavata because both are Agni dipana. The rationality behind usage of tikta, katu rasa and dipana drugs are as follows:

Tikta rasa has ruksha and laghu gunas. It does lekhana as well as dipana and pachana effects. It is beneficial in conditions like, Aruci, traishna, murccha and jvara. It absorbs the kleda and shleshma.

Katu rasa is having laghu, ushna and rukshna gunas. It also has properties like dipana, pachana and rochana, so it dilates the srotasas. It dries up sneha, kleda and mala and is beneficial in shotha. As Agni vikriti is the main factor for Amavata, so administration of **Dipana** (Pippali and Shunthi) drugs helps to increase the appetite. These drugs have tikshna, ushna, laghu and agneya properties which only improves. Jatharagni and it stop the further formation of Ama at GI level.

The role of dipana and pachana dravyas is backbone of treatment of Amavata. As mandagni is the sole causative factor in causing the disease. Any drug that promotes Agni will prevent the production of Amarasa. Both dipana and pachana dravyas are agneya innature; hence these will improve the Agni at GI level and gets the pachana of

S. No.	Formulation	Name	Reference
1.	Avaleha	Eranda Paka, Puga Khanda, Jirakadi Modaka, Dashamula Haritaki	Y.R., B.R., B.R., A.H.
2.	Guggulu	Punarnava Guggulu, Yogaraja Guggulu, Vyoshadi Guggulu, Vatari Guggulu, Simhanada Guggulu	B.R., B.R., A.H., B.R., B.R.
3.	Vati / Gutika	Drakshadi Gutika, Eladi Gutika Shulavajrani vatika	Y.R., B.R., R.S.S.
4.	Rasa	Amavatri Rasa, Sri Ramabana Rasa, Ananda Bhairava Rasa, Mahalakshmi Vilasa Rasa Naradiya Laksmi Vilasa Rasa, Svarnabhupati Rasa	B.R., B.R., R.S.S., R.S.S., B.R., Y.R.
5.	Churna	Panchakola Churna, Rashnadi Kvatha Churna, Maharashnadi Kvatha Churna, Ajamodadi Churna, Nimbadi Churna, Panchasama Churna	C.D., S.Y., S.S., S.S., B.R., S.S.
6.	Ghrita	Amrita Ghrita, Pippalighrita	C.D.
7.	Tail	Briahat Saindhavadya Tail Kottamchukkadi Tail	B.R. S.S.
8.	Parpati	Rasa Parpati Lauha Parpati	B.R.S.S.
9.	Single drug	Shunthi, Bhallataka, Gokshuru, Guduchi, Lashuna	-



Ama as well as Shamana of Vata dosha. These approaches of management of Amavata form the basic tenets of its therapeutics. In relation to Amavata various oral drugs and local therapeutic measures have been described in the classical text out of which most commonly used in clinical practice are given below.

- Y.R.-Yogarajnanaka, B.R.- Bhaishajya Ratnavali, R.S.S.-Rasendara Sara Samgrah, A.H.- Ashtanga Hridaya, S.S.-Sushruta Samhita, C.D.-Chakradutta, S.Y.- Sidhdha Yoga.

4. Virechana Karma:

Virechana has been described to be the best remedy for Pitta Dosha, yet it is effective in the vitiated Kapha and Vata Dosha also up to some extent. So, in this way it appears to be the most appropriate therapeutic measure in this condition. After Langhana, Svedana and Tikta, Katu, Dipana dravyas, Doshas attain to niramavastha and it may require elimination from the body by shodhana measures. Generally Vamana precedes Virechana but in Amavata, the patients should be subjected to Virechana therapy because of the following possible reasons:

- a) Production of Ama is the result of Avarana of pittasthana by Kledaka kapha, thus hampering the digestive activity of the Pachaka pitta. Virechana helps in this condition through two ways,

It removes the Avarana produced by Kledaka kapha

It is the most suited therapy for the Sthanika dosha

- b) Symptoms of Amavata like Anaha, Vibandha, Antrakunjana, Kukshishula etc. are due to pratilom gati of Vata. This is best conquered by Virechana, while Vamana is likely to aggravate these features.

Eranda Sneha is the drug of choice for virechana purpose in Amavata. It is not absorbed systematically but acts locally in the Koshtha. It is said to be best Vatanulomaka drug, because it not only perform Virechana action but also control the

Vata Dosha by its Shnigdha Guna. Thus, virechana improves peristaltic movement, removes the constipation and Amadosha causes Srotoshuddhi and prevents further absorption of amadosha into the system.

Snehapana

Generally Snehapan and Snehabhyanga are not advocated in acute stage of Amavata. Snehapana pacifies the vitiated vata due to its inherent vatanuloman effect; it is indicated in Amavata, when there is predominance of vata dose in its Nirama stage.

5. Vasti Karma:

Vasti therapy has its scope in all kinds of ailments implicating different types of Dosha, Dushya and Adhishthana, Vasti is supposed to be the principal treatment for Vatika diseases (A.H.Su.1/25). In Amavata, both Anuvastana as well as Niruha Vasti have been advocated. Anuvastana vasti removes the dryness of the body caused by the Amahara treatment. It alleviates vata dosa, maintains the function of Agni and nourishes the body. Niruha vasti eliminates those Doshas, which is brought into the koshtha by langhana and allied therapeutics. In addition to the generalized effects, vasti produces local beneficial effects by removing Anaha, Antrakunjana, vibandha etc. Shaindhavadi taila has been advocated for Anuvastana and Kshara vasti for Asthapana (B.P.Chi.26) measure.

Pathya Apathya

In classics pathya is used as a synonym of chikitsa. Apathya is described as the thing which is incompatible or not suitable to the body and mind. Recent medical discoveries have shown that food can reduce inflammation which is a key process in rheumatic afflictions. Leading arthritis specialists believes that faulty diet may be at the root of this disease and that correcting it, can relieve the symptoms.

Pathya

CONCLUSION:



Annavarga	Yava, Kulattha, Raktashali, shyamaka, Kodrava, Purana shashtikasali,
Shaka Varga	Vastuka, shigru, karvellaka, patola
Dugdha varga	Adraka Kshira paka
Mamsa Varga	Jangala Manmsa
Drava	Ushna Jala, Purranaa Madya, Gomutra, Takra & Kañji with shunthi churna
Drugs	Katu-Tikta Dravya, Shunthi, Gokhsuru Bhallataka, Varuna, Lashuna
Pathya Vihara	Rukshasveda with valuka potali in case of sama stage. Pindasveda in case of Nirama stage.

Apathya

Apathay Áhara	Dadhi, Kshira, Matsya, Guda, Mamsapishtaka, Viruddhaahara, shitala Jala.
Apathya Vihara	Viruddha Chesta, Snigdha Abhyanga, Purva vata, Vegavarodha and Jagarana.

We finally conclude that the available treatment modality in conventional biomedical science is not hit the root cause of disease but it still prevailing some other life threatening complications. The means and measures, which are described in this context, are based on classical references and in view of contemporary correlates. Approach of management of Amavata is quite interesting and scientific too, which is time to time proven by research scholars of Ayurveda. The pacificatory and biopurificatory measures described in this context have capacity to hit the root cause of disease & pacifying the associated symptoms. If these are used in adjuvant with NSAID, it gradually reduces their dose requirement and improving the overall well being of the patient without any unwanted-effect.

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IMPORTANCE OF PURVAKARMA IN SHODHAN AND SHAMAN THERAPIES

Panchakarma, a set of five procedures of treatments in Ayurveda are aimed to cure the diseases at root level not only but also practiced to preserve the health, promoting the health and thus increasing the span of life of an individual. To look forever young concept is not new to Ayurveda. Ancient Ayurvedic Acharyas stressed longevity in a broad manner linking it to Sukhayu and Hitayu which means the life of an individual should be filled with happiness and good health attain Moksha (salvation).

Panchakarma, a comprehensive and an integral part of Ayurvedic treatment have its role in every therapeutic condition. Due to its long lasting and radical relief of chronic diseases, it is now developing globally.

The five Panchakarma procedures are Vamana (inducing emesis through herbal recipes) Virechana (inducing purgation through some herbal preparations), Anuvasana (medicated oil enema procedure), Niruha (medicinal decoction enema procedures) and Nasya Karma (instilling medicated oils through nose).

Panchakarma in Promotion of Health

Rasayana and Vajikarana have a special role and importance in keeping the longevity and vigour and vitality of a person. Rasayana enhances the life span activation where as Vajikarna promotes virility and sexual power and pleasure. In other sense, these procedure promotes the immunity in the body in keeping the health of a person.

Panchakarma is to be administered before prescribing Rasayana and Vajikarana. For example -

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a dirty cloth does not absorb the colour properly until it is washed thoroughly. Then only, it attains the glow and proper colour. In the same way, Panchakarma therapy is used here so that, the bodily toxins, etc. could be washed away from the body, later the effects of Rasayana and Vajikarana are attained.

Panchakarma in treatment of disease- It is said that diseases treated by Shaman therapy can be relapsed but treated with Shodhan therapy can't relapsed. This indicate the importance of Panchakarma Therapy. Panchakarma can be adopted if there is no acute stage.

Role of purvakarma before Panchakarma-

If Panchakarma therapy is not used in proper dose, under proper indications and with proper environment, it may cause hazardous effects such as hemorrhage, prolapse of organs, shock and even death too. To minimize these effects, Acharyas have advocated the preparatory measures viz. Snehana and Svedana. Before Snehana and Svedana pachan should be done.

Snehan Karma: Sodhanartha Snehan is that kind of Snehana therapy which is performed as a pre-operative procedure for Panchakarma. Sodhana therapy is intended for purification of the body, by which the accumulated morbid humours responsible for disease are expelled out to produce an ideal environment for proper functioning of body. In the treatment regimen, Sodhana therapies are major procedures or Pradhana Karma. They are preceded by certain preparatory procedures known as Purva Karma and followed by certain recovery

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procedures known as Paschat Karma. The entire Sodhana procedure depends upon the proper mobilization of Doshas from the channels, which is achieved with the help of Snehan and Swedana. Out of these two, the Snehan is a major procedure which leads and decides the whole outcome of Sodhana procedure. The aim of the Snehana therapy is to prepare the body for Sodhana Karma i.e. to bring the Doshas situated in peripheral tissues to the Koshtha, so that they can be easily expelled out. (Su.Chi.33/47) (Bhe.Su.14/11). This is achieved by Vriddhya and Vishyandana Karma of Snehana therapy and pak and srotomukhvis-hodhan karma of Swedan Karma.

Swedana before Sodhana is quoted in Samhitas that, if without these, Sodhana is given; the body will be broken like a dry wood. (Su.Chi.33/46).

Sneha loosens the Doshas which are adherent to the walls of minute Channels. Dalhana explains that to bring the Sakhagata Doshas into Koshtha, Snehana is essential.

Charaka stated that, as from a smooth container, contents easily separate without any effort. Similarly Kaphadi Doshas easily expelled out from the oiled body (Cha.Si.6/11).

As Klishta Mala of any cloth is easily washed by water, if we loosen it from its site, in the similar way - Malas are easily expelled out by Sodhana if we make them Utklishta by Purva Karmas i.e. Snehana and Svedana (Cha.Si.6/13).

The procedure by which Snigdghata, Vishyandana, Mardavata and Kledana is achieved is known as Snehana. (Cha.Su.22/11). This particular quotation is of great importance regarding the Sodhanartha Abhyantara Snehanam. It is important here to understand the importance to these four signs and symptoms of Samyak Snehana described by Acharyas. The answer is these features are brought by Snehana therapy only, and

not by any other treatment.

Out of these, Snehana indicates Snigdghata. Vishyandana refers to Vilayana, (Chakra) i.e., to make solution and then to excretion. After making solution, excretion and overflowing of Sneha is known as Vishyandana, "Vishyandanam Drava Sruti:" (Dalhana, Su.Su.-41/2) Mardavata means softness. Kleda is moistness or wetness. Kleda signifies the increase of Apya Guna in the body or Utkleshavastha.

Snehana and Swedana is necessary before adopting Sodhana therapy. The idea of Snehana and Swedana is to bring out vitiated Doshas to a suitable state so that they can be expelled out easily. This stage is called as 'Utklishta Doshavastha'. After these Purva Karma, consequently the Doshas in the Shakha are brought to Koshtha; Doshas in the Leenavastha (the deep seated Doshas) change to Prachala or Pravahana Avastha, (Cha.Su.2/15, Chakra) due to which they could be removed easily. The Doshas are moistened with Sneha, and by Swedana they are liquified and became easy for expulsion by Sodhana.

Even modern medical system stresses upon the physiological importance of fat and similar substances, which have Snigdgha i.e. oily property. For the maintainance of life and health, fat and lipids or lipids such as cholesterol, phospholipids, glycolipids, stereolipids, and chromolipids are essential. They are the precursor of various hormones, enzymes and immunity system. Our body contains about 17 kgs of fat, by weight. The skin is having fat. The deposit of fat in the body is reduced in all diseases producing of emaciation, but never wholly disappears during life. The cells contain fatty material, which add the suppleness to the skin, and prevent undue evaporation and also absorption of moisture from outside. The lipids form essential components of the living cells. The fat content in different tissues varies from less than



0.1 % to over 90%. Fat also acts as physiological solvent of other lipids and vitamins. The adipose tissues which are predominantly made of fats are found in the subcutaneous tissues, intermuscular tissue, the omentum and mesentery and the surroundings of the organs such as lungs, heart, liver, kidneys, adrenal, ovaries and testes. Another specific quality of Sneha is that, it can be expelled out from the body easily even if it remains undigested. (Cha.Su.13/66, 67). Thus being the best suited material for the body it is used before Sodhana to bring the Doshas to Koshta. If Sodhana is done without the Snehana & Swedana, then severe exhaustion, weakness occurs leading to the Vata prakopa. So Snehana & Swedana are advised before Sodhana. Swedana liquefies the Doshas and facilitate to bring them to Koshta, where they can be expelled out by subsequent Panchakarma procedures.

Importance of Pachan- Panchakarma should be done in the case of Bahudoshavastha. Indigestion, anorexia, obesity, Anaemia, heaviness, exhaustion, fatigue, boils, itching, skin disorders, laziness, weakness, depression, mental disorders, Kaphotklesh, pittotklesh, insomnia, excessive sleep, impotency, drowsiness, loss of strength, loss of lusture, bad smell from body, bad dreaming, stiffness, loss of memory and intellectual property are the symptoms of Bahudoshavastha. Most of these are of Samavastha conditions. If shodhan karma is done in Samavastha condition or in the condition where Dosas is prasrita in whole body then it will lead to various complication just like the extraction of juices from raw fruits. [A.H.Sutra 13/28,29,30] In these condition pachan deepan, Snehan and swedan should be done.

Role of various modification of Purvakarma in diseases- There are various modification of purvakarma process. Some of them are popular in the name of Keraliya Panchakarma procedures. This

indicates the importance of Purvakarma in the management of diseases.

The Keraliya Panchakarma Procedures

1. Pinda Swedanas
 1. Patra Pinda Swedan
 2. Choorna Pinda Swedan
 3. Shastika Pinda Swedanam
2. Dhara Therapy
 1. Shirodhara
 2. Sarvangadhara
3. Pizhichil
4. Shirobasti
5. Tarpanam - Netra Tarpanam
6. Annalepanam
7. Taladharanam
8. Katibasti
10. Kawala Dharanam
11. Avagahanam
12. Parisekam

1. Pinda Swedan : They are of three types:

(a) Patra Pinda Swedan : In this process, various herbal medicated leaves are made in to pieces and fried, in a prescribed medicated oil and later divided in to making boluses within pieces of cloth.

The boluses are applied as massage over the patients body in a systematic way. This procedures is indicated in various Vata diseases such as Rheumatic diseases, Sprain, Muscular and Skelatal disorders, etc.

(b) Choorna Pinda Swedan : In this process, dried herbal medicated powders are used. They are fried in medicated oil and mixed with other herbs if necessary and are divided in to boluses in a piece cloth. These boluses are used for massage over the body and locally too. This procedures is mainly used in Muscular Stiffness, Backache, etc.

(c) Shastika Pinda Sweda : In this process, certain herbs along with milk and rice are prepared and made boluses. These boluses are massaged in a special technique. This procedures is mainly used in



Paralysis (Hemiplegia), Poliomyelitis, Pseudo-muscular atrophy. Mal-absorption syndrome and other vata disorders.

2. Dhara Therapy :

This therapy consists of two 1. Shirodhara and 2. Sarvangadhara

A. Shirodhara :

In this process, a continuous flow of medicated oils, Ksheera or medicated buttermilk is poured over the forehead with a certain volume and pressure for a specific period of time. This procedure is mainly used in Sleeplessness, mental disorders. Hypertension, lack of concentration of mind, Shirashool, heaviness in the head, etc.

B. Sarvangadhara :

In this process, certain medicated oils or buttermilk is poured continuously for a period of time over the body. This procedure is mainly used in General debility, Nervous disorders, Psoriasis - Skin disorders, Joint disorders, etc.

3. Pizichil :

This is a process of warm oil application as a whole body massage. Here, a piece of cloth, dipped in prescribed oil are squeezed over the body with one hand at a length and with another hand, they massage uniformly, keeping the temperature of the body at uniform level. This is done by at least 4 people. This procedure is mainly used in muscular skeletal problems, joint pains, stiffness of muscles.

4. Shirobasti :

In this process of treatment, certain medicated warm oils are kept for a certain time in a specially prepared head cap over the patient's head and tied with a paste around the head. This procedure is mainly used in Lack of concentration, falling of hair, Ardhava bhedak (migrain), Shirashool, Vata disorders, etc.

5. Tarpanan :

Filling and keeping of medicated ghee in the eyes for a certain time, with a systematic approach.

This procedure is mainly used in eye disorder.

6. Anna Lapanan :

Particularly in children, this procedure is applied. In this, Shastika Dhanya (Anna) is prepared in Ksheera and medicated decoction. This Anna (Kicchri like) Pudding is massaged over the patient body. This procedure is mainly used in Vata disorder, neuro-muscular disorder and nutritional disorder.

7. Tala-dharanam :

This is a procedure of applying some medicated herbal pastes over the patient head for a given time. This procedure is mainly used in psychological and mental disorders.

8. Kati Vasti :

This is the process of keeping warm medicated oils over lumbar region in a specially prepared masha kalka cup. This procedure is mainly used in IVDP and Lumbago etc.

9. Kawala Dharanam :

In this process some medicated oils are kept for some time in the mouth. This procedure is mainly used in Dental Problem, Facial Paralysis, Gum disorders etc.

10. Avagahanam :

This is just like a Tub-bath, which is filled with herbal decoction. The patient is asked to sit in the Tub for period of time. This procedure is mainly used in Vata, Kapha disorder, Body pain, Lumbago, Stiffness of Joints etc.

11. Pariseka :

In this therapy, medicated decoction oil or buttermilk is poured through a sprinkle pot. This procedure is mainly used in skin diseases, Vata disorder and pain in all over body.

Purvakarma is used as a necessary process for shodhan karma. Various modification of purvakarma can be used in various disorders as a independent treatment.



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ETIOPATHOGENESIS OF PRAMEHA IN COMPARISON WITH DIABETES: A SCIENTIFIC ASSESSMENT

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Diabetes mellitus (DM) is a silent epidemic & a potentially life threatening life style disorder which has always been invincible. For every 10 second a person dies from diabetic complication, which is one major cause of premature deaths worldwide with 4 million deaths every year and another 300 people at risk. Incidence and prevalence of DM are increasing in line with lifestyle changes and are on rise in developed and developing countries.

According to international diabetic Federation (IDF) there were an estimate of 40 million diabetics in India in 2007, and is predicted to rise to almost 70 million by 2025. *Prameha* depicts diabetes and *Madhumeha* term owing to sweet taste of urine, simulates diabetes mellitus. The lucid explanation of *Prameha* in the Ayurvedic texts encompasses the dietary and life style factors which

are involved in the etiopathogenesis and also enlightens their importance in the preventive and therapeutic aspect of disease. The alarming condition attributes the role of diet and life style in aetiology, prevention and treatment of diabetes. Recent researches reveal that maintenance of modest weight loss through diet and physical activity reduces the incidence of type 2 diabetes in high risk persons by about 40% to 60% over 3 to 4 years which is well clear from the explanations in *Ayurveda*.

As evidence based concept is the need of the hour, the present paper portrays the scientific substantiation of *Prameha*, the details of which will be presented during the presentation.

KEYWORDS- *Prameha*, Diabetes

PATHOGENESIS AND GENERAL MANAGEMENT OF ASRIGDAR

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Any abnormality in Rituchakra (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as "Asrigdara" in classical text. Asrigdara refers to all types of irregular excess uterine bleeding, however on the basis of pathogenesis it is nearer to menorrhagia (due to Ati Pravatti in Atimatra Artava Srava) & metrorrhagia (Artava Pravatti during intermenstrual phase).

The derivation of word 'Asrigdara' is from two words, that is

Asrik - Menstrual blood, Darana - Excessive excretion, Asrik + dara = Asrigdara

It means excessive flow of menstrual blood can be entitled as Asrigdara. Due to Pradirana (excessive excretion) of Raja (Menstrual Blood), it is named as Pradara and since, there is dirana (excessive excretion) of Asrik (Menstrual Blood)

hence it is known as Asrigdara.

According to Cakrapani commentary on Caraka Cikitsa, Yoniroga in females are predominantly caused by Vata. Asrigdara amongst the diseases of vitiated rakta and pittavrita apana vayu. It can therefore be considered that Vayu can also be vitiated only due to being covered by pitta. As in this condition excessive blood is discharged, hence it is also known as Pradar.

Weakness, giddiness, fainting, feeling of darkness, thirst, burning sensation, delirium, anemia, drowsiness and vataja disorders are the complications of excess Artava srava.

Looking into the pathogenesis of asrigdar vatashamak, raktastambhak, raktavardhak, agnideepan-pachan chikitsa should be given.



ROLE OF AYURVEDA TOWARDS DEVELOPING HEALTH SERVICES OF SOCIETY

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Introduction:- Affluence of working population with changing lifestyle and reducing affordability of sick care, in terms of time and money involved, are some of the forces that are presently driving people towards thinking about their wellness. *Ayurveda*, the traditional Indian medicine, remains the most ancient yet living traditions. *Ayurveda* is also called the "science of longevity" because it offers a complete system to live a long healthy life. It offers programs to rejuvenate the body through diet and nutrition. It offers treatment methods to cure many common diseases such as food allergies, which have few modern treatments.

Ayurveda does not concern with physical health only but spiritual and mental health also. The fundamental definition of health in *Ayurveda* (Su.su.15/41) is complete concomitance with that of W.H.O. both emphasise on physical, mental, social as well as spiritual health. In *Ayurveda* a mental healthy person is said to have *Prasanna Atma*, *Indriya* and *Manah* (Su.su.15/4).

Aims and Objectives:-Role of *Ayurveda* in the field of social health is to be reviewed for exploring in new way, review of literature related to *Ayurveda*, treating disorders with many procedures.

Materials and Methods:- *Ayurveda* is serving best

healthy facilities to society by *Yoga* and *Pranayama*, Herbs, dietary modifications, meditation, chants (*mantras*), *Rasayan*, *Panchkarma* etc. Rejuvenative therapies that are strengthening or restorative in nature are used to balance and remove any debility in the patient caused by the purification or cleansing. This is the final step prior to starting therapies specifically directed at the unbalanced *doshas*. Emotional support and psychotherapy are provided with *yoga*, meditation, prayers, and chanting, along with individualized nutrition plans and dietary interventions. *Daivavyapashrya Chikitsa*, *Yuktivyapashrya Chikitsa* and *Sattvavajaya Chikitsa* are described in *Ayurvedic* classics and above methods form the basis of our study for the analytical review of concept of role of *Ayurveda* towards developing health services of society.

Results:- Excellent results without side effects in developing health services of society.

Conclusion:- Hence it is proved that with the help of *Ayurveda*, we can stop the increasing health problems in the society.

Key Words:- Spiritual and mental health, *Yoga*, *Rasayana*, *Panchkarma*, *Daivavyapashrya*-*Yuktivyapashrya* -*Sattvavajaya Chikitsa*.

ROLE OF AYURVEDA IN LIFE STYLE DISORDERS

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Ayurveda consider health and disease both as the products of food and life style. A positive life style and wholesome food promote positive health and prevent disease. Almost all the diseases are caused by the *Mithya Ahara's* & *Vihara's* which we follow. In developing countries there is increase of diseases because of the sedentary life style. The concept of the *Ayoga*, *Atiyoga* and *Mithyayoga* of *Kala*, *Indriyarth*, *karm* (*pragyaaparadh*) as the three fundamental causes of diseases truly refers to the errors of the life style and only real management is

Nidana *pariwarajana* and positive life style.

In the management of life style diseases, *Ayurveda* offers various regimens including *Dinacharya* as well as *Ratricharya*, *Ritucharya* and *Rasayana* therapy.

The *Sadvritta* and *Aachara rasayana* are almost important to maintain a healthy and happy life.

Details of it will be discussed in full paper.

Key words- life style disorder, *Dinacharya* *Ritucharya*, *Rasayana*



THE EFFECT OF SHORT TERM PRACTICE OF PRANAYAMA ON BLOOD PRESSURE

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Aims: The aim of present study was to evaluate the effect of short term pranayama practice on blood pressure irrespective of age and gender.

Material and Methods: The present study was a prospective study consisting of 51 (31 male and 20 female) healthy subjects (having no any major illness) of 19 to 48 years of age, Out of which only 25 subjects have some mild symptoms of pre hypertension like headache, dizziness and heaviness of head.

Subjects fulfilling the inclusion criteria underwent to practice of nadishodhana pranayama twice (morning and evening) for 5 minutes daily for a regular period of 15 days. Their blood pressure were recorded by sphygmomanometer at pre and

post pranayama practice.

Statistical analysis used:- The parameters were analyzed by students "t" test.

Results: There were significant decrease in blood pressure both systolic and diastolic after regular practice of Nadisodhana Pranayama for a period of 15 days. Response was similar in both genders of all age groups.

Conclusion: This study showed beneficial effect of short term regular pranayama practice on blood pressure in normal healthy individuals irrespective of age and gender.

Key-words:- Pranayama, Pranavayu, Blood Pressure, Nadi Shodana, Autonomic nervous system.

A HEALTHY CHILD; AN AYURVEDIC APPROACH

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In Ayurveda, Putraeshna is described as one of the most affectionate eshna (instinct) of humans. Reproduction is the noblest and should be the most respectful of all human powers. The aspiration for offspring in every woman is synonymous with motherhood as it adds a new meaning to her life and existence. Every parent wants his child to be healthy and is most conscious about their child's illness and its way of therapy. The consequences of modernity like alcoholism, trauma, fast food, sedentary lifestyle, stress and pollution are some of the major threats of present and upcoming generation. Today's modern world is feeling the heat of unhealthy or hereditarily morbid descendants.

Ayurveda, the "Science of Life" takes a holistic view of pregnancy and childbirth. Rules of Ahara,

Vihara, Sadavrtta along with various therapies are described for better progeny or Supraja (ideal and healthy progeny) maternal, paternal, dietary and factors pleasing to the body, mind and soul are described in classical texts. The concept of eugenics which is practice of improving the genetic quality of the human population which is a hot issue for scientist today was explained in high details at times of classics which are applicable with fertile results at present too. Thus, for endurance of the human species with healthy future generation Ayurveda can contribute very effectively locally and globally which will be discussed in paper presentation.

Keywords: Eugenics, Supraja,



DEVELOPING AYURVEDA IN 21st CENTURY W.S.R. TO RESEARCH

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Why is Ayurveda, the Indian Health Science, not taking off on a scale that makes its much more visible on the national and global stage? One of the chief reasons for the subdued status of Ayurveda though certainly not the sole reason appears to be that Indian State and Central governments have put it on a starvation diet for more than 60 years (since independence), and before that, India's colonial rulers treated Ayurveda even worse. Thus for more than 150 years Ayurveda has survived largely through community support for its health services with subcritical public investment in research, education, clinical services, public health, development of standards and industrial production. In 2012, Ayurveda received only around 1.5% of the national health budget; at state levels, except in the state of Kerala, Ayurveda received only around 0.5% of the health budgets of

the Indian states. Thus all of Ayurveda's achievements in research, product development, education and clinical practice are of an insufficient.

Today, however, the time has come for the growth of Ayurveda. However real laboratory-based new research is still awaited. Such a scientific stalemate warrants developing newer strategies for research in Ayurveda with appropriate methodology in keeping with the fundamental principles of Ayurveda-as-it-is, without distorting it to suit the application of modern research technology we have to develop ayurvedic concepts with those of modern biology and then develop appropriate experimental models to test Ayurvedic propositions in a rigorous fashion. Understanding the fundamentals prior to exploring these ancient and traditional systems is a necessity.

All detail will be discussed in full paper.

“THE ETIOPATHOGENESIS AND MANAGEMENT OF CERVICAL EROSION WITH SPECIAL REFERENCE TO KARNINI YONIVYAPAD”

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Cervical erosion, is a common condition seen in almost all women and in all the age groups. It affects the whole efficacy of women which may lead up to infertility.

Clinically it is defined as the development of red velvet area on the portio vaginalis around the external os. Pathologically, cervical erosion is a condition in which the squamous epithelium of the ectocervix is replaced by columnar epithelium, which is continuous with the endocervix. It is related to the hormone called estrogen and is common during pregnancy and in women on the contraceptive pills.

In classical Ayurveda texts almost all the gynecological disorders comes under the term 'yonivyapad'. Among these twenty yonivyapad Karnini Yonivyapad is seems to be nearer to cervical erosion.

According to Acharya Charaka (Ch.Chi.30/27),

due to straining during labour in the absence of labour pains, the vayu obstructed by fetus, with holding kapha and getting mixed with rakta produces 'karnika' in yoni, which obstructs the passage of rakta (raja). Due to presence of karnika this condition is termed as 'karnini'.

Looking into the pathogenesis of the 'Karnini Yonivyapad', it is a disease in which vitiated dosha are vata and kapha while affected dhatu is rakta, srotas involved are artavavaha srotas and the adhithana is garbhashayagriva, that is cervix, where karnika is formed. So our treatment should be aimed at vata-kapha shamaka and raktashodhaka. To perform the above said actions the drug should have enough potential to perform localized lekhana, shodhana, shotha-nashana, ropana, stambhana, kaphaghna karmas. By this it can able to destruct the columnar epithelium and helps in regeneration of new squamous epithelium.



SIGNIFICANCE OF DEHA PRAKRITI IN THE PREDISPOSITION OF DISEASES

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Good health stands at the very root of virtuous acts, acquirement of wealth, gratification of desires and final emancipation. Diseases are impediment to sacred duties, sacred study of vedas, brahmacharya, sacred vows and span of life. There are a number of etiological factors responsible for the causation and manifestation of the disease. Nevertheless, if we look at the common thread, the actual intrinsic factors, which become excited and imbalanced, conferring a predisposition to or actually causing morbidities, have been named as 'Tridosha' in Ayurveda. Doshas manifest the disease only in aggravated state, whereas in the reduced state they do not vitiate Dhatus and cause disease because they are themselves weak. They just represent a deviation from their normal state (Ay.Di. on C.S.Vi. 5.23; A.H.Su. 11.24). It is stated in the genesis of deha prakriti that the body constitution of person is named according to the predominance of doshas at the very time of conception (C.S.Su. 7.40). Those who maintain the equilibrium of tridosha at that time are not susceptible to disease, whereas rest of them, who have dominance of one dosha or other are always likely to suffer, although they might apparently be having normal health. This happens because the

very normal condition of health of such individual is dominated by one or the other of the doshas. Such individuals are said to have normal health, not because their bodily conditions are absolutely normal, but because the condition of their body, what so ever they have it since birth. Acharya Charaka has elaborated that individual vataja, pittaja and kaphaja prakriti purusha always remain diseased and suffer from diseases of their predominant doshas respectively (C.S.Vi.6.15). He has further detailed that vatala, pittala and shleshmala prakriti purushas are predisposed to respective dosha prokopa, even by minor alterations. Although the offending agents do vitiate other bodily doshas, but maximum vitiation is observed in the dosha of prakriti. Acharya Charaka has described the various features of different prakriti on the basis of qualities of respective doshas (C.S.Vi.8). Hence, when aggravated doshas in body come in contact with similar qualities of prakritistha dosha, further aggravation of corresponding doshas occurs (guna samanaya), which leads to fashioning of the disease.

Key words: Prakriti, Genetic predisposition, Disease precursor

A COMPLETE APPROACH TO P.C.O.S. IN AYURVEDA

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Introduction:- Polycystic Ovarian Syndrome (PCOS) is one of the most common female endocrine disorders affecting approximately 5% to 10% of women of reproductive age and is thought to be one of the leading causes of female sub-fertility. The symptoms of PCOS may begin in adolescence with menstrual irregularities, infertility, high levels of masculinising hormones, metabolic syndromes. In *Ayurveda*, this condition is not explained as a single disease, but can be persuasively constructed under the headings of *Yoni Vyapad* and *Artavadushti*.

Aims and Objectives:- To enlighten the diagnostic and therapeutic approach to PCOS in *Ayurveda*.

Materials and Methods:- In this study, elementary

books of *Ayurveda* and modern were searched and analyzed for proper utilization in prevention and cure of PCOS.

Result and Conclusion:- PCOS is an emerging problem among women of reproductive age group leading to endocrine dysfunction and multiple sign and symptoms. Treatment modalities aim at clearing obstruction in pelvis, treating *Agnimandya* at *Jatharagni* and *Dhatwagni* level and alleviating *Srotavarodham* and ultimately regularising the *Apana Vata*. By this menstruation is regularized and fertility is restored.

Keywords- Polycystic Ovarian Syndrome, *YoniVyapad*, *Artavadushti*.



AAHAR- VIHAR IN DEVELOPMENT, PREVENTION AND MANAGEMENT OF GUDAROGA (ANO-RECTAL DISORDERS)

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Ayurveda is a holistic system of healing that originated in India thousands of years ago. It is a science of life one of the world's oldest medical system.

In view of Ayurveda, indulgence in faulty life style creates no. of diseases where along with the medical intervention, modification in life style, dietary stuffs & habits plays important role in diseases process.

In 21 century life style diseases is a most common problem in society. The diseases can be obesity, Osteo-arthritis, Spondylites, Diabetes, Cancer, Infertility, Impotency, Anorectal disorders, Fatty liver disease, Asthma etc. At this critical condition, a burden on the shoulder of Ayurveda, the basic system of medicine to facilitate, the country with its deep seated knowledge with a good support of scientific data.

Ano rectal disorders are progressively increasing as one of the current time chief problems of the society. The prime cause of ano rectal disorders is the derangement of Jatharagni, which further leads to constipation.

Anorectal disorders are usually neglected by patient (female as well as male), physician & general surgeons due to various factor like the area are very sensitive, hesitancy, involvement of faecal matter, chance of recurrence is very high, complex anatomy, difficulty to cure and patient support.

Apathya ahara- Guru aahar (heavy meal), Abhishyandi (which causes obstruction in the channels of circulation), Vidahi (which causes burning sensation) and Viruddha (mutually contradictory) food, Adhyasan (intake of food before the previous meal is digested) and Aptaya vihar Pravahana (Squatting pressure), Vegvidharana (Inhibit the natural evaculatory reflexes), plays an important role in the vitiation of dosha.

Pathya ahara- vihar is the best medicine that alleviates the sign and symptoms of the disease. Roper following of ahar-vihar (as mentioned in ayurveda texts) will help prevention and management of Gudaroga. (Anorectal disorders)
Key words - Apathya ahar-vihar, Jatharagni, Abhishyandi, Vidahi, Adhiyasan, Viruddha

DIFFERENTIALS OF ADHOGA RAKTAPITTA (BLEEDING DISORDER) IN CONTEXT TO AYURVEDA

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There are varieties of bleeding disorders from which some can be correlated with raktapitta. Bleeding disorders can occur due to one of these factors, either due to decrease in coagulation factor in blood or due to increase in bleeding factor. Even today, there are lot of confusions in the mind of student about the disease raktapitta. When patient come with complaints of bleeding from guda, yoni, then it is difficult to differentiate whether the disease is adhoga raktapitta or raktarsh or raktatisara or pradara. There are major similarities in causes, roopa, dosas involved but also minor

differences. And that minor differences need to be studied to capture the right link of disease, which can be done only when one, will have deep knowledge of ayurvedic diagnosing tool i.e. nidanpanchaka. The classification of disease is done on the basis of nidanpanchaka. Only by the critical evaluation of nidanpanchaka the accurate diagnosis can be done and accurate diagnosis will be the key to success of curability.

Keywords- Raktapitta, adhoga raktapitta



“SCIENTIFIC BASIS OF PURVAKARMA PROCEDURES UNDER SAMSHODHANA THERAPY”

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Ayurveda is a most ancient science of life, a living system of medicine, a holistic science and has attracted the people of the world and the medical profession at a large scale. Samshodhana-biopurification, is the traditional Ayurvedic cleansing, rejuvenating and bio-balancing approach for body, mind and spirit. As per Vedic texts, the optimal well being is achieved by good digestion, efficient elimination, harmony between mind, senses & consciousness, and a natural balance of bio-energies (Doshas). Classically the Samshodhana is categorized into three phases viz- (1) Purvakarma-preparatory procedures, (2) Pradhanakarma- principal procedure which is performed by panchakarma procedures and (3) Pashchatkarma- specialized dietary and lifestyle intervention after main procedures. Snehana and svedana are the classical purvakarmas advocated as preparatory measures before panchakarma therapy. Snehana and svedana are also independent therapies for certain situations. Besides their place

in classical therapy, it acquires better place and forms the basic component of total panchakarma therapy in Kerala tradition. In the preparatory part snehana (lipoid substances) is administered both externally and internally. During external oleation svedana is usually done by applying dry or wet heat in the form of fomentation and during internal application it is usually done by ingesting hot water after the intake of lipid substances. By virtue of these procedures the lipid soluble waste products from the cellular compartment drain into the vascular compartment and transport these wastes to specific areas like liver, lungs and kidneys from where they can be eliminated. Thus, purvakarma procedure is a unique approach of Ayurvedic management in which variety of unwanted wastes are dragged to the central part from the periphery of the body i.e. from Shakha to Koshtha.

Keywords: Purvakarma, Srotas, Malas, Shodhana, Ayurveda

PREVENTION OF OBESITY THROUGH SURYANAMASKARA

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Nowadays obesity is the commonest metabolic disorder due to modern lifestyle. Obesity is one of the diseases which affects someone's social, physical and mental features. The most common causes, which induce a person into obesity are dietary imbalance and sedentary lifestyle.

Ayurved has got three fold management of all diseases viz. Ahara (diet), Vihara (exercise and yoga) and Aushada (drug). Nowadays there are a lot of reliable research evidences which suggest that regular practices of exercise and yoga protect one self from various lifestyle disorders like obesity.

Surya Namaskar or the sun salute is not a formal part of traditional hatha yoga, though it is composed of a series of twelve yoga asanas performed in sequences. However it is of so much

value that it has now accepted as a part of Hatha yoga. If there is a shortage of time, some people just do Surya Namaskar in lieu of the actual asana practice and still derive substantial benefit.

It is typically performed in the open air, facing the sun, at sunrise.

Surya Namaskar is not just a physical exercise. For each of the postures, there is a particular breathing pattern to be followed such as inhalation for backward bends and exhalation for the forward bends. Further the concentration has to be focused on a particular chakra for each posture and particular mantra name of the sun has to be chanted for.

Keywords:- Surya Namaskara, Obesity.



AETIOPATHOLOGY AND MANAGEMENT OF VANDHYATVA W.S.R. TO FEMALE INFERTILITY

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Mother is the most sacred and beautiful word in the world. To become mother is the first right of a woman; she becomes complete and feels proud on giving birth to a new life, but the tragedy is that all women are not Mother. This is the reason why the question of fertility is most important for women. All hazards that hamper the capacity of fertility attract unique attention for cure.

In today's fast world due to lack of time, mode of life and increasing mental stress, Infertility is emerging as a major disorder affecting the social and psychological aspect of the life of the masses.

In closed social groups, inability to conceive bears a stigma, a degree of rejection (or a sense of being rejected) may cause considerable anxiety and disappointment.

In Ayurveda Infertility is termed as "Vandhyatva".

ध्रुवं चतुर्णां सान्निध्यत् गर्भः स्याद्विधिपूर्वकः ।
ऋतुक्षेत्राम्बुबीजानां सामग्यादङ्कुरो यथा ॥ सु.शा.2/34

According to this the four main factors required for the proper conception are Ritu (Ritu Kal),

Kshetra (Fertile uterus), Ambu (Amniotic fluid), and Beeja (viable Ovum and Sperm). Absence or any abnormality in any of the above factors may cause Vandhyatva.

Ayurveda may give a promising hand to cure this disease. As the subject matter discussed in Ayurveda, it becomes necessary to study, understand and prove them particularly in light of modern scientific parameters in the present era. So the field of research in the Vandhyatva opens broad scope for a worker, hence this topic requires proper thought and orientation in implementation of Ayurvedic treatment of success in aimed target of attaining twinkle in the eye of childless women.

In Samprapti the main Adhithana of the Vandhyatva is Yoni i.e. Apana ksetra and the main vitiated dosa is Vata. Sneha and the Basti is the best Chikitsa for Vata dosa. In gynaecological disorders Uttarabasti is the best treatment. Hence Uttar basti is selected as procedure. Due to "Samskaranuvarti Guna" Ghrita is the best Sneha among Mahasnehas. Keywords- Vandhyatva, Uttar Basti.

SCIENTIFIC EXPLANATION OF VIRECHANA THERAPY

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Virechana, is one of the five procedures of Panchakarma and also known as medical purgation therapy. This therapy mainly aims to eliminate Pitta dosha that cannot be removed by Vaman & Vastikarma. Virechan is the procedure which expelled out the doshas through adhomarga i.e., Guda. In Ayurveda, Charak has classified Virechanaas i.e., Sukh Virechana, Mridu Virechana, & Tikshna Virechana, whereas Sharangadhar has classified into four types as Anulomana, Sransan,

Rechana & Bhedana. As per Modern view, we can correlate Anuloman as aperients, Sransan as laxative, Rechana as Purgative and Bhedan as cathartic. Purgatives can work in a number of ways. Some purgatives create bulk, making it easier for stool to move through the intestines. In this paper we will discuss about the mechanism of virechana according to pharmacological property of different drugs.



A CLINICAL STUDY TO ESTABLISH THE IMPORTANCE OF SROTOMOOLA CHIKITSA W.S.R PANDU

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Background: The utility of the knowledge of sites of origin (*Srotomoola*) of channels (*Srotasa*) is not directly described in *Samhitas*. *Pandu* or anemia is a public health problem worldwide. It is the most common nutritional disorder prevalent all over the world, with an estimated 4-5 billion people affected by it, accounting for 66-80% of the world's population. *Charak* has mentioned *Hridaya* & *Rasavaha Dhamni* as the *Moola* (root) of *Rasavaha Srotasa* (channels of circulation). These channels carry *dhatu* and their constituents to their destination. *Pandu* is one of the diseases of *Rasavaha Srotasa*. The hypothesis of the study is "if we treat the *Moola* of a *Srotasa* of a particular *Dhatu*, without giving medicines acting directly on the disease, even then the *Dhatu Pradoshaja Vikara* of that particular *Srotasa* will get treated. **Aims and Objectives:** To establish the role and functional utility of *Srotomoola* (*Hridaya* and *Rasavaha Dhamni*) w.s.r. *Rasa Dhatu Pradoshaja*

Vikara i.e Pandu. **Materials and Methods:** A total number of 30 patients were registered. The patients were randomly allocated into 3 groups. Group A was given drug (*Hridya Yoga*) which acted on *Hridaya* (*Srotomoola*), Group B was given drug (*Srotoshodhak Yoga*) which acted on *Rasavaha Dhamni* (*Srotomoola*) and Group C was given drug (*Panduhara Yoga*) that acted directly on the disease. During the selection of drugs given in Group A and group B, care was taken that these drugs were not prescribed directly for the treatment of *Pandu* in *Ayurvedic* texts. **Result:** Group A & Group B had statistically extremely significant relief on almost all symptoms of *Pandu* as compared to Group C. **Conclusion:** *Srotomoola Chikitsa* will give better response to cure of any *Dhatu Pradoshaja Vikara*.

Keywords: *Rasa Dhatu Pradoshaja Vikara, Srotasa, Srotomoola, Pandu*

RASAYANA THERAPY MAINTAIN THE HEALTH OF SOCIETY

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Ayurveda is the oldest system of Medicine in the world, its antiquity going back to the Vedas. It adapts a unique holistic approach to the entire science of life, health and cure. The areas of special consideration in Ayurveda are geriatrics, rejuvenation, nutrition, immunology, genetics and higher consciousness. Rejuvenation means making young again. The term used in Ayurveda texts for rejuvenation treatment is *Rasayana chikitsa*. *Rasayana* is one of the eight branches of Ayurveda. As per an Ayurvedic definition *Rasayana* means, that which destroys the old age and disease through the conservation, transformation, and revitalization of energy. By name and concept it sounds that this type of medication is made for the old people. Truth is different- this therapy is meant for the middle age group just before the aging

comes on a negative slope. Because in old age body becomes fibrous, just like the old wood and any better quality of nutritive sap (the *Rasa Dhatu*) can't do good for the body. *Rasayana* therapy is for all for betterment of all. Ayurveda documents seven-*Dhatu*s doctrine according to which all the *dhatu*s are made after one by one. This process starts with the *Rasa*, the first which body gets from the food directly. *Rasa* nourishes body, boosts immunity and helps to keep the body and mind in best health. The main aim of Ayurvedic rejuvenation therapy or *rasayana* therapy is to restore spirit and vitality and thereby attain longevity. This therapy is useful for the society to maintain their health.

The full paper will discuss above said points elaborately.

Key words:- *Rasayana, Rejuvenation*



ROLE OF RASAYANA IN ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

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AIDS is a disease of defence system of human body. The causative organism is Human Immunodeficiency Virus (HIV), attacks the immune system of human beings, leading to depletion of CD4 cells resulting in immunodeficiency. Because of immunodeficiency the person becomes susceptible to various secondary infections.

The World Health Organisation estimates that there are over 1.75 millions HIV infected adults throughout India. In majority of cases infection occur through sexual route and rest through blood transfusion, injecting drugs etc.

In AIDS, cellular immunity becomes defeceseless against the pathogens and suffers from various clinical manifestations. These manifestations are similar to that of OJOKSHAYA or BALAKSHAYA patients, depicted in Ayurvedic classics. By administering the Rasayana medicaments meant for Ojovardhaka, Balavardhaka which will promote the process of Dhatu Poshana and enrich ojus inturn improves the vital strength and immunity or Vyadhi kshamatva (non-specific immunity).

Keywords- Ayurveda, Ojokshaya, Balakshaya, Rasayana, Vyadhikshamatva, Oja, immune system.

“SIGNIFICANCE OF VAMANA THERAPY IN THE LIGHT OF CONTEMPORARY VIEWS”

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Ayurvedic classics have vividly described the pacificatory (*Samshamana*) and biopurificatory (*Samshodhana*) therapy for the management of various ailments and elimination of metabolic wastes products. The biopurificatory therapy is unique approach of therapeutics which is not visualized in other systems of medicine. This is performed by a specialized procedures called as *Panchakarma*-five bio-therapeutic procedures; in which *Vamana karma* is one of them. *Vamana Karma* is successfully used in treating *Kaphaj* type of disorders in general and elimination of wastes in a broad way, during the events of diurnal, nocturnal and seasonal regimens. There are several textual references are available in *Ayurvedic* classics, but the procedure needs to be validated in current times under the influence of *Ahara Shakti, Bala* and *Agni* of the individuals. *Vamana* procedure is a safe purificatory procedure when undertaken methodologically. It is a bio-cleansing and bio-

balancing procedure which probably eliminates fat soluble toxic substances from the body and hit at the site of pathological events. These mega events are based on preparatory procedures of the patients and pharmacodynamic property (*ushna, tikshna, sukshma, vyavayi* etc) of emetic drugs. These *Vamana* drugs probably by its own qualities cut off the cellular adhesions and make them move out drop by drop without any further adherence and collect inside the stomach. In spite of so many advances in contemporary medicine, the management of many non-communicable diseases is still vague; it warrants newer strategy for its management. In this emerging scenario *Vamana* therapy of Ayurveda provides a better platform in association with pacificatory measures for the management of various disorders.

Keywords: *Vamana, Shodhana, Panchakarma, Ayurveda*



INFORMATION, EDUCATION AND COMMUNICATION (IEC) IN AYURVEDA

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The words Information, Education and Communication have individual meaning but when grouped together as "IEC" they are familiar to many within the field of health communication.

Information, Education and Communication (IEC) in health programs aims to increase awareness, change attitude and bring about a change in specific behaviors. IEC means sharing information and ideas in a way that is culturally sensitive and acceptable to the community by using appropriate channels, messages and methods.

OBJECTIVES OF IEC IN AYURVEDA

Creating awareness among the general public about the efficacy and safety of the Ayurveda

system

Dissemination of proven results of Research and Development (R&D) work in Ayurveda at National and International Forums.

To create awareness about the strengths of Ayurveda system of medicine in India and abroad and sensitize other stakeholders and providers of health.

Protection and preservation of traditional knowledge in India.

Change Habitual attitude of general public about Ayurveda.

Key words- Information, Education Tools, Ayurveda.

MANAGEMENT APPROACH OF RHEUMATOID ARTHRITIS VIS A-VIS AMAVATA IN AYURVEDA

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Rheumatoid arthritis (RA) is the commonest & crippling form of autoimmune disorder among the wide spectrum divergent rheumatic features and having systemic diathesis. It is a condition which presents with acute and chronic polyarthritis with marked pain, swelling and stiffness of joints. This disease seems to have been described in Ayurveda as a clinical entity called as Amavata, which is an outcome of Ama along with vitiated Vata dosha. Ama- a reactive species; forms due to hypofunctioning of different sets of Agnis. It is the main initiating factor of pathogenesis of this

disease. This age old idea is now well conceived in biomedical science in terms of gut induced arthritis. Possibly these forms of Ama initiate the autoimmune diathesis leading to the immunological inflammation of joints and allied structures. In recent years a number of medicinal and physiotherapeutic measures have been introduced in conventional rheumatology which provide some relief to the ailing one but its real management is far from the reality. At this juncture the authors have tried putting an emphasis on Ayurveda inspired line of management of Amavata.



AYURVEDIC APPROACH TO HYPERTENSION

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Now-a-days where life style disorders are affecting the people to a great extent, hypertension is one of them. It is quite common disease at the present time. Now, where people want to achieve many things to become their life easy, they are compromising with their health. Their irregular routine is affecting them in a form of hypertension, diabetes and other metabolic disorders. In hypertension blood pressure in the arteries remains abnormally high. Hypertension is a major risk factor in the development of cardiovascular and cerebrovascular disease.

In our classics the exact clinical entity of hypertension is not available. However a critical

and careful study of the samhitas confirms that hypertension is merely a collective concept for a number of conditions having in common the positive characters of arterial hypertension like raktavritta vata or raktagat vata, sira vata, pittavritta vata, kaphavritta vyan vata.

Ayurveda can be very helpful to overcome this disease due to its genuine concepts to deal any condition with a holistic approach including physical and mental factors.

This paper will detail the comparative study about the classical parameters with modern standpoints to overcome the disease.

COMPUTER VISION SYNDROME AN EMERGING PANDEMIC OF 21ST CENTURY

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Eyes are the most precious gift of the God to the living beings. When the human evolved, hunting was very essential for survival, Hence they were specialized for distant vision that could enable the man to hunt. With the passage of time, Science developed and man is no longer required to hunt now in forests rather he has to hunt the internet on computer in a closed chamber.

Today in 21st century, we are living in a highly sophisticated environment. Computer is one of the most developed technologies which are used in present time by the children, the young and the old. More and more men are sitting in front of computer for longer and longer hours. Computer is such a highly visually demanding task, but the eyes are still structured according to old hunting days and are unable to adjust themselves, which lead to discomfort coined as **Computer Vision Syndrome- An emerging pandemic of 21st century.**

CVS is not a single disease entity but it is a group of symptoms. No remedial measures for the prevention and cure of this pathology prevail in the domain of modern pathology except prescribing ocular surface lubricating, computer glasses and

counselling for judicious computer use. This is the opening of door to the other systems of medicine including Ayurveda to suggest experiment and contribute the alternative modalities to alleviate or to check the sufferings of the computer users.

This challenge of the time is accepted by the Ayurvedic scholars as they believe that nature provides both the disease and drug together, by virtue of which we can cure the symptoms of CVS up to large extent.

CVS, according to our present knowledge seems to be a group of Vata-Pita dominant ocular/systemic symptoms. Acharya Vagbata has indicated the cooling and rejuvenating therapies for eyes suffering from light, high voltage electric spark and heat exposure. This phenomenon is also close to the aetiopathology of CVS. So local therapy in the form of Tarpana and systemic Santarpana with Shatavaryaadichurna (Yogratnakar Netrarog chikitsaparakarna) has been selected in the management of CVS in present trial. The excellent results along with conceptual study will be discussed at the time of presentation.



परिषद् समाचार

ग्रैन्डवैली स्टेट विश्वविद्यालय, अमेरिका के छात्रों के लिए कार्यशाला, वाराणसी

विश्व आयुर्वेद परिषद एवं स्कूल ऑफ मैनेजमेन्ट सांइस, वाराणसी के संयुक्त तत्वावधान में ग्रैन्डवैली स्टेट युनिवर्सिटी, अमेरिका के छात्रों एवं शिक्षकों के लिए एक दिवसीय कार्यशाला का आयोजन किया गया। इस आरोग्यम् नामक कार्यशाला का विषय था— आयुर्वेद, योग एवं भारतीय संस्कृति। इस कार्यक्रम का मुख्य उद्देश्य था— विदेशी छात्रों को आयुर्वेद, योग एवं भारतीय संस्कृति से परिचित कराना। इसमें आयुर्वेद के सिद्धान्त एवं चिकित्सा, पंचकर्म की उपादेयता, योग का भारतीय जन जीवन में महत्व, योग की प्रायोगिक कक्षाओं का मुख्य रूप से प्रतिपादन किया गया। जिसमें डॉ० के०के० द्विवेदी, डॉ० विजय कुमार राय, डॉ० मनीष मिश्र, श्री कुश कुमार पाण्डेय ने अपने व्याख्यान दिये। इस कार्यक्रम के मुख्य सूत्रधार डॉ० राज कुमार सिंह एवं डॉ० अनिन्दो भट्टाचार्य थे। वर्षा जल संचय, जैविक खेती, पंचगव्य आधारित अर्थव्यवस्था, बहुस्तर खेती, जैविक खाद निर्माण, बहु ऋतु खेती, ग्रामीण अर्थव्यवस्था, जल संरक्षण, महिला उद्यमिता, सौर ऊर्जा, भूमि संरक्षण आदि विषयों पर विस्तार से चर्चा हुई। श्री हरीश जी, संयोजक, सुरभि ग्राम, डगमगपुर, चुनार, मिर्जापुर ने अपने दल के साथ इस कार्यक्रम को सफल बनाने में अभूतपूर्व योगदान दिया। डॉ० एम०पी० सिंह, एकसीक्यूटिव सेक्रेटरी, स्कूल ऑफ मैनेजमेन्ट साइसेन्स ने भविष्य में प्रबन्ध शास्त्र के विद्यार्थियों के लिए भी इस तरह की योजना चलाने पर बल दिया।

चरक जयन्ती के निमित्त निवेदन

विश्व आयुर्वेद परिषद की सभी इकाइयों द्वारा नागपंचमी के दिन शेषावतार आचार्य चरक की जयंती का कार्यक्रम व्यापक रूप से मनाया जाता है। महर्षि चरक, चरकसंहिता के प्रणेता तथा काय चिकित्सक (चरकस्तु चिकित्सके) के रूप में सर्वमान्य हैं।

इस वर्ष श्रावण कृष्ण पंचमी से श्रावण शुक्ल पंचमी दिनांक 16 जुलाई से 1 अगस्त 2014 तक चरक जयन्ती पक्ष मनाने का निर्णय किया गया है। स्थानीय सुविधा की दृष्टि से इस अवधि में सुविधानुसार इस उत्सव को मनाया जा सकता है। आयुर्वेदज्ञों के ज्ञान को सुदृढ़ करने, उनमें आत्मविश्वास जागरण करने वाले तथा सामान्य जनता को आयुर्वेद के प्रति आकर्षित करने वाले कार्यक्रमों का आयोजन इस अवसर पर किया जाये यह अपेक्षा है। चरक जयंती समारोह का उपयोग आपके क्षेत्र में जन जागरण के साथ ही हमें संगठन को मजबूत बनाने के लिये भी कार्य करना होगा। इस अवसर पर निम्नलिखित कार्यक्रम किये जा सकते हैं:-

1. नवीन प्रवेशित आयुर्वेद छात्रों के साथ परिचय सत्र के रूप में भी यह कार्यक्रम सभी आयुर्वेद महाविद्यालयों/संस्थानों में अवश्य मनाया जाये।
2. आयुर्वेद विद्यार्थियों के ज्ञान संवर्धन और व्यक्तित्व विकास के विभिन्न कार्यक्रम। यदि एक दिन की गोष्टियाँ हो सकें, प्रयास करें।
3. चरक संहिता के आधार पर प्रश्नोत्तरी कार्यक्रमों का आयोजन, चरक संहिता का पारायण, अन्त्याक्षरी आदि।
4. सामान्य जनता तथा चिकित्सकों की छोटी बड़ी गोष्टियाँ।
5. सामान्य लोगों को सरलता से प्राप्त फलों, वनस्पतियों आदि जैसे— आम, जामुन, गाजर, अमरूद, अदरक, तुलसी आदि तथा रसोई घर में उपलब्ध जीरा, अजवायन, हींग, काला व सेंधा नमक, घी, तेल आदि के चिकित्सकीय गुणों से परिचित कराने हेतु कार्यक्रम।
6. ग्राम और नगरीय प्राथमिक व अन्य विद्यालयों में स्वास्थ्य परीक्षण शिविरों का आयोजन कर विद्यार्थियों को दिनचर्या, व्यायाम, नेत्र, दन्त आदि की सामान्य बीमारियों के प्रति जागरूक बनाने का प्रयास।
7. ऐसे सभी कार्यक्रमों में समाज के सभी प्रभावी लोगों, प्रशासनिक अधिकारियों एवं राजनैतिक नेताओं को परिषद के क्रियाकलापों से परिचित कराया जाये।
8. एक इकाई एक ग्राम योजना के अंतर्गत प्रत्येक इकाई द्वारा एक ग्राम को गोद लेकर वहां स्वास्थ्य शिविरों का संचालन तथा औषधीय वृक्षों को लगाये जाने का अभियान लिया जाये।

सभी कार्यक्रमों के समाचार केन्द्रीय कार्यालय पर चित्र सहित भिजवाने की कृपा करें।

निवेदक— डॉ. महेश व्यास, डॉ. रामतीर्थ शर्मा
राष्ट्रीय संयोजक राष्ट्रीय सहसंयोजक
चरक जयन्ती समारोह समिति



'Health Challenges and Ayurveda'

Focal Theme of 6th WAC

For the past 30 years, the large, densely populated and enormously varied Republic of India has made impressive efforts in the field of health. However, the unfinished agenda must address deficiencies in service outreach, government expenditures, high out-of-pocket costs, and limited health insurance coverage. There are also healthcare infrastructure gaps and disparities across the Indian states and between urban and rural populations, measured by such indicators as the number of hospital beds and doctor-patient ratios.

India's overall health indicators remain below international averages and account for 21% of the world's global burden of disease. Basic sanitation, nutrition, and living standards need improvement. And although important progress has been made with some diseases, not all communicable diseases have been brought under satisfactory control. In addition, the rapid changes in India's society and lifestyles have led to a surge in non-communicable diseases (NCDs), comprising mainly heart disease, diabetes, cancer, and chronic respiratory disease/asthma.

The prevalence of modifiable NCD risk factors such as use of tobacco, alcohol abuse, poor diet, and sedentary lifestyles has risen steadily over the past 30 years. Air pollution – both indoor and outdoor – is also an important risk factor due to its role in cancer,

chronic lung disease, and cardiovascular disease. As life expectancy increases, the burden of disease in old age increases. Currently, 5.3% of India's population is aged 65 or older, with the number projected to increase to 10.2% by 2035. This age group is the most affected by illness, and nearly all NCDs increase in prevalence with age.

India has a uniquely pluralistic healthcare system, with the AYUSH (Ayurveda, Yoga, Unani, Siddha, and Homoeopathy) component making up a significant proportion of medical practitioners. Almost 63% of AYUSH doctors practice Ayurveda.

Yet, the AYUSH workforce remains underutilised and the strengths of Ayurveda in particular are unrealised. Meanwhile, the government is taking steps to make

better use of the available human resources to fill gaps in the modern system of medicine.

Ayurveda does have answers to many of the health challenges facing the country. Non-communicable diseases, mother and child health, lifestyle modification, nutrition, and prevention are all potential areas where Ayurveda can play a pivotal role.

It is now time to realise the potential of Ayurveda and develop an action plan that will improve health care in India, and serve as a model for public health globally. The aim of the 6th WAC (World Ayurveda Congress) is to develop such a vision and strategy for public action.





Scientific Workshops

Sl. No.	Name of the Workshop
1	Pharmaceutical Developments
2	Clinical Interventions
3	Research Methodology
4	Basic Science
5	Public Health
6	Educational Research
7	Ayurvedic Diagnostics

Other Events

Sl. No.	Name of the Event	Date
1	International Delegates' Assembly	6 Nov 2014
2	Buyer-Seller Meet (Pharmexcil)	8 - 9 Nov 2014



Associate Events of 6th WAC

Sl. No.	Name of the Event	Date
1	Workshop on Panchakarma***	5 - 6 Nov 2014
2	Workshop on Kshara Sutra, Agnikarma, Jalaukakarta***	5 - 6 Nov 2014
3	Workshop on MarmaChikitsa***	5 - 6 Nov 2014
4	Workshop on Dietetics and Obesity Management***	6 Nov 2014
5	Workshop on Mriga-ayurveda (Veterinary Ayurveda)*	9 Nov 2014
6	Workshop on Vrkscha Ayurveda (Medicinal Plants)*	5 - 6 Nov 2014
7	Traditional Healers Meet**	7 - 8 Nov 2014
8	Quality Assurance / GMP*	5 Nov 2014
9	Capacity building as per USFDA and other International guidelines*	5 - 6 Nov 2014
10	Workshop on Integrative Medicine***	5 Nov 2014
11	Guru - ShishyaSamvad***	7 - 8 Nov 2014
12	Workshop on Communication skills including teaching, presentation, Emotional quotient skills***	6 Nov 2014
13	Workshop on Ayurvedic Cosmetology***	7 Nov 2014
14	Workshop on Mental Health through Ayurveda***	5 Nov 2014
15	Workshop on Career Perspectives in Ayurveda***	8 Nov 2014
16	TadviyaSambhasha**	8 Nov 2014

* By Invitation ** Entry free *** By registration (fee structure given on page 15)



Fee Structure

Fee Structure for the Congress

Category	Indian Delegates	Delegate Fee (I)
General Delegates without accommodation		3000*
General Delegates with Accommodation		5000*
BAMS Students without Accommodation		2000*
BAMS Students with Accommodation		4000*
Spice registration without accommodation		6000
Per Day Registration without accommodation		2000
All India Registrations (From 30 th Sep to 30 th Oct 2014) (Without accommodation)		5000

Note: Non-Student PG Students (as well) BAMS students fee also same
 *Delegates free on or before 20th September 2014

Category	International Delegates (IDA)	Delegate Fee (I)
Registration Fee		200
Spice Registration		250
Spice Registration		300

Note: Without accommodation

Important email-IDs to remember

General Information/Enquiry : info@ayurveda.org
 IDA : ida@ayurveda.org
 Abstracts/Papers : papers@ayurveda.org
 AROGYA Expo : arogyat@ayurveda.org

Call for papers

- Dates to remember**
- Submission of abstracts 30 June 2014
 - Confirmation of abstract acceptance 20 August 2014
 - Full paper and ppt file submission 20 September 2014
 - Poster submission 20 September 2014
 - The Congress 7-9 November 2014

For details on research themes, please see page 12.
 Visit www.ayurveda.org for updates.

Fee Structure for Workshops (Associate Events)

Topic	Indian Delegates		Workshop Fee (I)	
	Date	Delegates	Delegates	Others
Workshop on Panchakama	5-6 Nov 2014	1500	2000	2000
Workshop on Kichars SUTR	5-6 Nov 2014	1500	2000	2000
Agriherms, Jeevakherms	5-6 Nov 2014	1500	2000	2000
Workshop on Marma-Chikitsa	6 Nov 2014	1000	1500	1500
Workshop on Dietetics and Dietary Management	6 Nov 2014	1000	1500	1500
Workshop on Integrative Medicine	6 Nov 2014	1000	1500	1500
Guna - Shikhyat Samraha	7-8 Nov 2014	100	200	200
Workshop on Communication Skills including Teaching, Inspiration, Emotional-Quadrant Skills	6 Nov 2014	1000	1500	1500
Workshop on Ayurvedic Cosmetology	6 Nov 2014	1000	1500	1500
Workshop on Mental Health through Ayurveda	5 Nov 2014	1000	1500	1500
Workshop on Cancer Perspectives in Ayurveda	7 Nov 2014	300	500	500

Topic	International Delegates (IDA)		Workshop Fee (I)	
	Date	Delegates	Delegates	Others
Workshop on Panchakama	5-6 Nov 2014	25	35	35
Workshop on Kichars SUTR, Agriherms, Jeevakherms	5-6 Nov 2014	25	35	35
Workshop on Marma-Chikitsa	6 Nov 2014	25	35	35
Workshop on Dietetics and Dietary Management	6 Nov 2014	20	25	25
Workshop on Integrative Medicine	6 Nov 2014	20	25	25
Guna - Shikhyat Samraha	7-8 Nov 2014	2	4	4
Workshop on Communication Skills including Teaching, Inspiration, Emotional-Quadrant Skills	6 Nov 2014	20	25	25
Workshop on Ayurvedic Cosmetology	6 Nov 2014	20	25	25
Workshop on Mental Health through Ayurveda	5 Nov 2014	20	25	25
Workshop on Cancer Perspectives in Ayurveda	7 Nov 2014	5	9	9

Note

- No accommodation will be provided by WAC to foreign delegates registering for International Delegates' Assembly (IDA). However, WAC will assist them in getting accommodation at a negotiated rate
- Indian delegates who have opted and paid for accommodation will be provided with the same from the evening of 6th November to the evening of 9th November 2014
- The registration fee includes congress kit, breakfast, lunch and dinner and entry to the cultural programme for all the days of the Congress for which the applicant has registered and entry pass for the AROGYA Expo
- Registration can either be done online at www.ayurveda.org OR forward duly filled registration form along with requisite amount by Demand Draft/Cheque favouring 6th World Ayurveda Congress' to the following address:

WAC SECRETARIAT
 World Ayurveda Foundation
 107/1, Margosa Road
 Between 13th & 14th Cross
 Malleswaram, Bengaluru - 560 003
 Karnataka, India



6th World Ayurveda Congress & Arogya Expo

Focal theme

'Health Challenges and Ayurveda'

6-9 November 2014, Delhi, India



Supported by
DEPARTMENT OF AYUSH
MINISTRY OF HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA



अब आसान हुआ व्यापार,
मजबूत हुआ ग्राम अर्थव्यवस्था का आधार

A298



मुख्यमंत्री ग्राम हाट-बाजार योजना



शिवराज सिंह चौहान
मुख्यमंत्री

प्रदेश की ग्रामीण अर्थव्यवस्था की बुनियाद हैं, गांवों में लगने वाले कोई 2 हजार हाट-बाजार। इस व्यवस्था को मजबूती देने के लिये मुख्यमंत्री हाट-बाजार योजना शुरू हुई है।

इस व्यवस्था में हर हाट-बाजार में होंगी 10 पक्की दुकानें और 50 चबूतरे जिन पर शेड होगा।

साथ ही होगी पुरुष और महिला शौचालय की व्यवस्था, पेयजल का इंतजाम और सांस्कृतिक कार्यक्रमों, सभाओं के लिये खुला मंच।

इस योजना के पहले चरण में 300 करोड़ रुपयों का व्यय होगा।

जहां परम्परागत हाट बाजार नहीं लगते हों, उन ग्राम पंचायतों में 10 लाख रुपयों की लागत से 8 पक्की दुकाने बनेंगी।

ग्राम विकास से
बढ़ता देश

सबसे आगे मध्यप्रदेश

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