

ISSN 0976 - 8300

विश्व आयुर्वेद परिषद् पत्रिका

website- www.vishwaayurveda.org

वर्ष-11, अंक-7-8

विक्रम संवत् 2071

श्रावण-भाद्रपद

अगस्त 2014



तुलसी

वर्षा ऋतु

Journal of Vishwa Ayurved Parishad

₹50/-

राजस्थान में आयुर्वेद विद्यार्थी व्यक्तित्व विकास एवं भविष्य निर्माण शिविर-2014





विश्व आयुर्वेद परिषद् पत्रिका

Journal of Vishwa Ayurved Parishad

वर्ष—11, अंक—7—8

श्रावण—भाद्रपद

अगस्त 2014

संरक्षक

- डॉ० रमन सिंह
(मुख्य मंत्री, छत्तीसगढ़)
- प्रो० योगेश चन्द्र मिश्र
राष्ट्रीय अध्यक्ष

प्रधान सम्पादक

- प्रो० सत्येन्द्र प्रसाद मिश्र

सम्पादक

- डॉ० कमलेश कुमार द्विवेदी

प्रशासनिक सम्पादक

- डा० हरि राम भदौरिया

सम्पादक मण्डल

- डॉ० पुनीत कुमार मिश्र
- डॉ० अजय कुमार पाण्डेय
- डॉ० विजय कुमार राय
- डॉ० संजय कुमार त्रिपाठी

अक्षर संयोजन

- प्रशान्तो चटर्जी

प्रबन्ध सम्पादक

- जितेन्द्र अग्रवाल

सम्पादकीय कार्यालय

विश्व आयुर्वेद परिषद् पत्रिका
1/231, विरामखण्ड,
गोमतीनगर,

लखनऊ—226010 (उ०प्र०)

लेख सम्पर्क—

09412510995, 09336913142

email :

vapjournal@rediffmail.com

profspmishra@yahoo.co.in

dwivedikk@rediffmail.com

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।

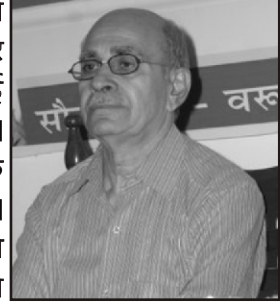
1. सम्पादकीय		2
2. An Overview On The Understanding Of Concept Of Varna In Ayurveda	Shalini Rai A.C. Kar	3
3. Clinical And Biochemical Evaluation Of Vidangadi Churna In Management Of Obesity	Anita Patel Roshni. K.P. P.A. Sudhir	11
4. Anatomical Consideration Of Urdhwaga Dhamani In Ayurveda	Bhan Pratap Yadav H. H. Awasthi w.s.r	16
5. Impact Of Ideal Lifestyle For Disease Prevention	Mahesh Vyas Saylee Deshmukh	22
6. Mainstreaming Of Ayurveda : Issues, Challenges And Solutions	Saurabh	27
7. स्वस्थस्य स्वास्थ्य रक्षणम् आतुरस्य विकार प्रशमनं च	काकाडिया चैताली बाबूभाई	39
8. आयुर्वेदमतानुसार सद्वृत्त वर्णन	राजेन्द्र प्रसाद	45
9. प्राचीन वाङ्मय में सुरसा — एक विवेचनात्मक अध्ययन	अनुराधा सिंह	49
10. स्वास्थ्य गतिविधियाँ एवं परिषद समाचार		53



सम्पादकीय



शाश्वत सिद्धान्तों पर आधारित आयुर्वेद चिरपुरातन होने के साथ ही चिर नवीन भी है। समय की आवश्यकता के अनुसार बाह्य परिवेश में आवश्यक परिवर्तनों को स्वीकार करने में आयुर्वेद को संकोच नहीं, किन्तु सिद्धान्तों में परिवर्तन की न तो कोई उपयोगिता है और न अनिवार्यता, क्योंकि आज भी आयुर्वेद के सिद्धान्त शाश्वत हैं। आज के भूमण्डलीकरण की दौड़ में परिश्रम और बुद्धि कौशल के बल पर भारतीय युवक तकनीकी क्षेत्र में वैश्विक कीर्तिमान स्थापित कर अपनी क्षमता का प्रदर्शन कर रहे हैं। चिकित्सा क्षेत्र में भी निश्चेतना विज्ञान में हुये नवीन अन्वेषणों से शल्यशास्त्र में जो क्रान्तिकारी परिणाम आ रहे हैं, वे सराहनीय हैं। किन्तु जीवन शैली के कारण होने वाले रोगों तथा जीवाणु एवं विषाणु जन्य व्याधियों में प्रयोग की जाने वाली औषधियों के, थोड़े से तात्कालिक लाभ के साथ ही, परिणामी भीषण दुष्प्रभावों से विश्व के चिकित्सा शास्त्री, वैज्ञानिकगण तथा आम नागरिक, सभी त्रस्त हैं। एण्टीबायोटिक्स, शनैः शनैः प्रभाव हीन सिद्ध होते जा रहे हैं। इस स्थिति में आयुर्वेद के प्रति लोग आशा भरी दृष्टि से देख रहे हैं।



विगत दो तीन सौ वर्षों में अनेक कारणों से भारत के नागरिकों की आत्मविश्वास विहीन पीढ़ी विकसित करने का काम योजना पूर्वक किया गया। भारतीय संस्कृति, वैदिक वाङ्मय एवं संस्कृत भाषा में निबद्ध प्राचीन साहित्य, जिसका अधिकांश भाग पहले ही नष्ट-भ्रष्ट किया जा चुका था, में निहित तथ्यों के प्रति अनादर और अनास्था का भाव उत्पन्न करने में तत्कालीन शासक वर्ग सफल रहा। वे अपनी योजनाओं को लागू करवाने वाले लिपिक वर्ग को ही विकसित करने के इच्छुक थे और अपने उत्पादों को बेचने के लिये एक बड़े बाजार के रूप में ही यहाँ के नागरिकों को देखते थे। इस कार्य में उनकी योजना काफी अंशों तक सफल भी रही। स्वतन्त्रता के पश्चात भी यह परम्परा विकसित होती रही। आयुर्वेद के अध्ययन अध्यापन पर भी इसका प्रभाव पड़ा। वर्तमान समस्याओं के निदान एवं निराकरण के लिये एलोपैथी की वैशाखी आवश्यक लगने लगी और हमारे आयुर्वेद के अध्येता भी शनैः शनैः परावलम्बी होते गये। अपने प्रति हमारा आत्म विश्वास कम होता गया। आज प्रायः आयुर्वेद के विद्यार्थी मेडिकल कालेज में प्रवेश न पास करने के कारण ही आयुर्वेद का अध्ययन कर रहे हैं। आयुर्वेद कालेजों की व्यवस्थायें तथा उनमें प्रत्यक्ष रूग्णाभ्यास की व्यवस्था अत्यल्प है। निश्चित ही हमारे विद्यार्थी प्रथम श्रेणी की क्षमता रखते हैं किन्तु उचित व्यवस्था तथा वातावरण के अभाव में वे अपने BEST के स्थान पर दूसरों का WASTE प्रयोग में लाकर अपने को धन्य मान रहे हैं। विश्व के अनेक देशों में जो औषधियाँ अपने गम्भीर दुष्परिणामों के कारण प्रतिबन्धित कर दी गई हैं, हम उनका उपयोग बड़ी शान के साथ कर रहे हैं।

आयुर्वेद की नवीन पीढ़ी जैसे ही आत्मविश्वास से परिपूर्ण होकर जितनी मात्रा में कार्यक्षेत्र में खड़ी होगी, उतनी ही मात्रा में स्वास्थ्य चिन्तन का भारतीय पक्ष सुदृढ़ होता जायेगा। इसके लिये किसी लम्बी कालावधि की आवश्यकता नहीं। घोर अन्धकार का भी प्रकाश से कभी सामना नहीं होता है। बस दियासलाई की एक तीली के जलते ही प्रकाश सर्वत्र फैल जाता है। आत्मविश्वास जागरण हेतु विश्व आयुर्वेद परिषद ने कुछ कार्य प्रारम्भ किये हैं। आप सब सुधीजनों के सहयोग से हम लक्ष्य में सफल होंगे, इस विश्वास के साथ आपका सक्रिय सहयोग अपेक्षित है।

योगेश चन्द्र मिश्र
राष्ट्रीय अध्यक्ष
विश्व आयुर्वेद परिषद



AN OVERVIEW ON THE UNDERSTANDING OF CONCEPT OF VARNA IN AYURVEDA

● *Shalini Rai, **A.C. Kar
Email- vd.shalinirai@gmail.com

ABSTRACT:

The modern science believes complexion of the individual to be a resultant of the genetic makeup of an individual, which he derives from his parents. Ayurveda also has certain principles related to the natural complexion (Prakrita Varna) and altered complexion (Vaikrita Varna) of the individual. This paper compiles the overall matter scattered in the Brihatrayis regarding the complexion and tries to develop an overall idea about the ancient understanding of Varna of the whole body of an individual.

Key-words: Complexion, Genetics, Mahabhuta, Varna

INTRODUCTION:

In the general sense Varna is taken as the complexion or skin color of the individual. The modern medical science gives that three incompletely dominant genes and their combinations give rise to the sixty four different color combinations of the individuals ranging from very fair to very dark color.

Prakrita Varna -

Ayurveda believes that the color of the individual, depends on the combination of the Mahabhutas. Three principal Varnas have been described broadly in Ayurveda.

- *A v a d a t a* or *G a u r a* (f a i r)
Teja + Jala + Aakasha.
- *Shyama* (wheatish/medium) *Sama Sarva dhatu*
- *Krishna* (black) *Teja + Prithvi + Vata.*

In *Indriya Sthana*, *Acharya Charaka* has

described four Varnas differentiating *Shyama Varna* as *Krishna Shyama* and *Shyamavadata*. Thus, these are the various colors of skin considered as natural or *Prakrita* in Ayurveda.

Ayurveda explains that Varna is to be decided at the time of conception and in the intrauterine period, depending upon the *Shadbhava* of *Garbhotpatti* especially *Satmyaja*, and *Atmaja Bhavas*; and the colour of the items the mother uses and views during the gestation period. No scientific explanation on these concepts has been provided yet.

This *Mahabhuta* combination occurs during the *Shukra Shonita Samyoga* i.e. the process of fertilization. Ayurveda envisages that everything in the universe is composed of the *Panchamahabhutas* including our body and all its components, even the *Doshas*. The *Shukra* and the *Shonita* are the genetic material transferred from the parents and the combination of their *Panchahoutika* composition determines the complexion of the progeny on the basis of the resultant *Mahabhuta* combinations. This resultant *Mahabhuta* combination determines not only the Varna (color) of the individual but also other attributes as *Prakriti* etc. There are textual references which state that the components of these (*Beeja, Beejabhagavyava*) if get vitiated, then disease may result in that component of the progeny. This gives an indication of their understanding of the concept of genetics. This

■ *Lecturer, Vikriti Vigyan Department, State Ayurvedic College, Varanasi

**Professor, Vikriti Vigyan Department, Faculty of Ayurveda, IMS, BHU, Varanasi



Mahabhuta composition of the parents depends to a great extent on their parents *Mahabhuta* combination transmitted to them and is also affected to some extent by their own *Ahara* and *Vihara*, which affects their *Doshas* and *Dushyas* status, their nourishment status and also the status of their *Shukra* and *Shonita*, which have been described as *Satmyaja Bhavas*. The *Satmyaja Bhavas* told to affect the *Varna* have been described as affecting the mother and father and thus their genetic component i.e. *Shukra and Shonita*, which eventually affect the complexion of the progeny.

The variation in the color of offsprings of the same parents could have been taken by the *Acharyas* to be occurring due to the variation of the *Mahabhuta* combination, *Atmaja Bhavas* and the color of items which mother uses and thinks off during pregnancy. The *Atmaja Bhavas* have been explained as the *Bhavas* due to the remnants of an individual's one's own *Sanskaras* of the previous birth, which could have been taken as the cause for the diversity of color of the siblings.

Description of complexion of other body parts

Description of some other colors of the various body parts in the natural & healthy or *Prakrita* state is also found scattered in the texts. These are-

- In *Deerghayu Shishu Lakshanas* given by *Acharya Charaka*, he has described that the tongue, the palate (talv) and the lips of the child should be *Rakta Varna* or reddish and the nails *Tamra Varna* or coppery.

This description reveals that in healthy individual the colour of these sites should be red or reddish, which is perfectly in consonance with the modern science and reflects the superficiality of vasculature at these parts thus relating to blood. *Ayurveda* has also given similar concept at some other places either directly or indirectly.

- In the description of *Rakta Sar Purusha Lakshanas* it has been stated that in such person, certain body parts are reddish and unctuous (*Snigdha Rakta Varna*).

Those are-

1. *Karna* the ears
2. *Akshi* the eyes
3. *Mukha* the face
4. *Jihva* the tongue
5. *Nasa* the nose
6. *Oshtha* the lips
7. *PaniPada Tala* the palms and soles
8. *Nakha* the nails
9. *Lalata* forehead
10. *Mehan* the penis

Acharya Sushruta has described almost the same features i.e. the nails, eyes, palate, tongue, lips, palms and the soles are unctuous and coppery in colour in *Rakta Sar Purusha*.

We described here, that amongst these ten sites nine places (excluding the eyes) are body parts where the skin thickness is less and the underneath blood vascularity is easily reflected. Five of these sites described i.e. the eyes, the tongue, the lips, the nails and palms and soles are the principal sites examined for detection of pallor in the Modern Medical Science also. Here an obvious question arises - that what part of the eyes would have been told to be examined in *Ayurveda* because while describing the parts of eye as seen in a living individual, there is no mention about the part which should be red. A clue is obtained here when we observe the *Kapha Prakriti Purusha Lakshanas* as stated by *Acharya Sushruta* where he has told that his eyes are *Shuklaksha* and *Raktanta* meaning the white portion of the eye i.e. the *sclera* is white and the eyes are red at the ends or margins. Now we know that this portion refers to the palpebral



conjunctiva. Thus, it is obtained here, that the palpebral conjunctiva of the eyes should be examined for viewing the *Sarta of Rakta Dhatu*.

Other Aspects related to Varna-

While describing the functions of *Rakta* and in the *Lakshanas of Vishuddha Rakta Dhatu Purusha Varna Prasadana and Prasanna Varna* have been mentioned in classics. Thus, it is very well appreciated in all these references, and on the observation of function of other *Dhatu*s too, that *Rakta* is the only *Dhatu* which has been described in *Ayurvedic* texts as having the function related to *Varna Prasadana* or beautifying it and giving it a glow. All these references illustrated that whatever is the complexion of the individual, the quality and the quantity of *Rakta Dhatu* gives the glow and hue, which is a sign of good health.

Summing up, the above details it can be said that in a normal healthy individual the normal skin colour can be *Gaura* (very fair), *Shyama Avadata* (medium fair), *Krishna Shyama* (wheatish) and *Krishna* (black) along with unctuousness; and the

colour of

- the lips, tongue, palate is reddish
- Nails are coppery
- Ears,
- Face are also reddish or
- Nose with a reddish tinge
- Palms & Soles
- Forehead & Penis

Thus, all these described colors of the skin and various body parts should be taken as normal or *Prakrita Varna* in *Ayurveda* and we should observe the other *Varnas* described in context to diseases such as *Vaivarnya*, *Haridra Varna*, *Harita Varna*, *Bheka Varna* etc in reference to the above described *Prakrita Varnas*.

Vaikrita Varna

Similar to *Prakrita Varna*, a great description about many *Vaikrita Varnas* of the various body parts is also available in the *Ayurvedic* literature, which is being presented here in a tabular form-

Adhishthana (Body Part)	Vaikrita Varna	Condition in Description
Twak	Shwetata	<i>Kaphaja Visarpa, Kaphaja Gulma, Kaphaja Pandu, Shwittra, Kaphodara, Kaphaja Arsha</i>
	Haridra Twak	<i>Kamala, Paittika Pandu, Paittika Gulma</i>
	Harita Twak	<i>Paittika Pandu²², Paittika Gulma²³, Halimaka</i>
	Shukla Twak	<i>Kaphodara¹⁹, Kaphaja Arsha²⁰, Kaphaja Gulma¹⁶</i>
	Krishna Twak	<i>Twaka Gata Vata, Vatarsha</i>
	Vaivarnya	<i>Rakta Gata Vata, Hridroga Lakshana</i>
	Shyava Aruna Varna	<i>Vatodara, Vatarsha²⁵</i>
	Shyava Peetak Varna	<i>Halimaka</i>
Gatra	Aruna Anga	<i>Vatika Pandu</i>
Mukha	Shyama Aruna Varna	<i>Vatodara²⁷, Vatika Arsha²⁵, Vatika Gulma</i>
	Haridra Anana	<i>Kamala²¹, Pittodara</i>
	Shwetabhasa	<i>Kaphaja Gulma¹⁶</i>



	Sarakta Mukha	<i>Asadhya Kamala</i>
	Harita Anana	<i>Pittodara</i> ³²
	Peeta Anana	<i>Pittarsha</i>
	Shukla Anana	<i>Kaphaja Arsha</i>
Lallaata	Neela Prakashama	<i>Arishta Lakshana</i>
Akshi	Rakta Eka Lochana	<i>Chinna Shwasa</i>
	Haridra Varna	<i>Kamala</i> ²¹ , <i>Pittodara</i> ³² , <i>Pittaja Pandu</i> ²²
	Sarakta Akshi	<i>Asadhya Kamala</i>
	Shukla Netra	<i>Kaphaja Pandu</i> ¹⁷ , <i>Shlaishmika Visarpa</i> ¹⁵ , <i>Kaphodara</i> ¹⁹ , <i>Shleshmarsha</i> ²⁰ , <i>Kaphaja Gulma</i> ¹⁶
	Shweta Avabhasata	<i>Purvarupa of Raja Yakshma</i>
	Krishna Aruna Netra	<i>Vatika Gulma</i> ³¹
	Shyava Aruna Netra	<i>Vatika Arsha</i> ²⁵ , <i>Vatodara</i> ²⁷
	Harita Netra	<i>Pittodara</i> ³²
	Peeta Netra	<i>Pittarsha</i>
Oshtha	Neela Peeta	<i>Oshtha Prakopa</i>
	Kharjooora Phala Varnabhi	<i>Raktaja Oshtha Prakopa</i>
	Neela Varna	<i>Marnasanna</i>
	Pakwa Jambav Sankasha	<i>Marnasanna</i> ⁴²
Nakha	Shukla	<i>Kaphaja Visarpa</i> ¹⁵ , <i>Kaphaja Gulma</i> ¹⁶ , <i>Kaphodara</i> ¹⁹ , <i>Kaphaja Pandu Roga</i> ¹⁷
	Haridra	<i>Kamala</i> ²¹ , <i>Paittika Gulma</i> ²³
	Harita Haridra	<i>Paittika Udara</i> ³²
	Shyava Aruna	<i>Vatika Udara</i> ²⁷ , <i>Vatarsha</i> ²⁵
	Peeta	<i>Kamala</i> ²¹ , <i>Pittarsha</i> ³⁴ , <i>Paittika Pandu Roga</i> ²²
Stana	Krishna Aruna	<i>Vatika Gulma</i> ³⁹ , <i>Vatika Pandu Roga</i> ³⁰
Mehana	Krishna Mukhata	<i>Raktaja Gulma</i>
Vrishana	Pakwa Udambara Sankasha	<i>Pittaja Upadansha</i>
	Pakwa Udambara Sankasha	<i>Pittaja Vriddhi</i>
	Krishna Sphota Avrittama	<i>Raktaja Vriddhi</i>
	Tala Phala Sankasham	<i>Medoja Vriddhi</i> ⁴¹

These *Varnas* are described to be the variations of the *Prakrita Varna* of the individual in different disease conditions in the body. We can see that the above different conditions develop in an individual in cases of

- Reddish color in inflammation (*Raga*, *Pakwa*

Jambava Sankasham etc.)

- Blackish color as a result of hyperpigmentation (*Krishna Varna* in the body in *Vatika Pandu*, *Krishna Mukhata* of nipples and areola in *Raktaja Gulma*)
- Pallor in cases of anemias (*Panduta* in *Pandu Roga*)



- Yellowish color in jaundice (*Kamala, Pittodara* etc.)
- Lemon yellow tinge (*harita Varna* in *Paittika Pandu* and *Kamala*) to the body and eyes in cases of unconjugated hyperbilirubinaemia (Haemolytic jaundice cases)
- Bluish or purple colour developing on the lips in cases of central cyanosis (*Neela Varna* or *Pakwa Jambava Sankasha Oshtha*) which was considered as *Arishta* in Ayurveda (because this could not be managed at that time with all the facilities of Ayurvedic interventions available. It needs modern intervention as ventilation, resuscitation etc. to manage the patient temporarily till the cause and cure is determined and applied).
- *Rakta Varna* may develop as a result of bleeding (*Rakta Akshi* in *Asadhya Kamala Lakshanas* when prothrombin time increases in liver diseases)
- *Shweta Varna* develops in Vitiligo (*Shwitra*)

These are some of the examples of the different colours developing in the body in the various disease conditions which are described in Ayurveda. Ayurveda has described the examination of the patient by various methods so that no presentation of the patient remains unnoted by the doctor. The patient has to be examined by various methods which are almost similar to the modern methods of examination as inspection (*Darshan Pratyaksha*), palpation (*Sparshana Pratyaksha*), percussion (*Sparshana and Shravana Pratyaksha*) and auscultation method (*Shravana Pratyaksha*) and then the *Anumana Pareeksha* of the patient in which we assess the various aspects of the patient in terms of the *Prashna* and *Pratyaksha Pareeksha* and assess the disease of the patient and its curability or incurability. The *Varna Pareeksha* constitutes a part of the *Darshan Pratyaksha*

Pareeksha. Not only this, the concept of cosmetics was also very well developed in Ayurveda. There are references in which there is description of medicines which help in the redevelopment of normal colour of the individual's skin after the healing of wounds drugs for *Pandu Karma* (lightening of colour of skin which has developed hyperpigmentation after wound healing), drugs for *Krishna Karma* (darkening of colour of skin which has developed hypopigmentation after wound healing) etc.

Ayurveda has also given description about the features of *Varna* indicating imminent death of the individual. The development of any of such *Varnas* in the body as blue (*Neela*), blackish (*Shyava*), bronze (*Tamra*), greenish (*Harita*), whitish (*Shukla*) has been described as unnatural (*Vaikarika*) and called as *Arishta Lakshanas* i.e. features indicating near death of the patient. This could be so because with the facilities available in the Ayurvedic science, they would have found that it was impossible to save such type patients.

CONCLUSION

Ayurveda has given a lot of description about *Varna*, its *Utpatti* in the progeny, factors by which it is affected, *Prakrita Varna*, *Vaikrita Varnas* and even cosmetic approach. At each stage we can see that Ayurvedic description which is quite at par with the modern medical science. In view of this Ayurveda states some facts which are still not worked upon by the modern medical science as the *Satmyaja Bhavas* affecting the *Varna*, colour of food and articles used by the mother the most affecting the complexion of the offspring. Still, we can observe that even a small topic as Complexion has been given due importance in Ayurveda and has been dealt with very scientifically in terms of its variations, examination and assessment of



incurability of the patient by it. There is also a lot of description in our texts regarding the treatment for various skin diseases as well as cosmetic application for the improvement of skin complexion. Thus we can very well appreciate the fact that the concept of skin in Ayurveda was better than that of modern science.

REFERENCES

1. Agnivesha, JatiSutriya Shareeram adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 342.
2. ibid.
3. Agnivesha, Varna Swariyam Indriya adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 355
4. Agnivesha, Khuddika Garbhavakranti adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 309
5. Agnivesha, Khuddika Garbhavakranti adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 312.
6. Agnivesha, Khuddika Garbhavakranti adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 312.
7. Agnivesha, JatiSutriya Shareeram adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 342.
8. Agnivesha, JatiSutriya Shareeram adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 350.
9. Agnivesha, Roga Bhisagjitya Vimana adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 278.
10. Aturoprakramaniya adhyaya, In Kaviraja Dr. Ambika Dutta Shastri. Reprint. Varanasi, India. Chaukhambha Sanskrit Sansthan; 2007; p. 132.
11. Su. Sha. 4/7374. Aturoprakramaniya adhyaya, In Kaviraja Dr. Ambika Dutta Shastri. Reprint. Varanasi, India. Chaukhambha Sanskrit Sansthan; 2007; p. 39.
12. Dosha Dhatu Mala Kshaya Vriddhi Vigyaneeya adhyaya, In Kaviraja Dr. Ambika Dutta Shastri. Reprint. Varanasi, India. Chaukhambha Sanskrit Sansthan; 2007; p. 57.
13. Agnivesha, Vidhi Shonitiya adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 125
14. Agnivesha, Visarpa Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 530.
15. Agnivesha, Gulma Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 436.
16. Agnivesha, Pandu Roga Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 527.



17. Agnivesha, Kushtha Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 458.
18. Agnivesha, Udara Chilitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 492-93.
19. Agnivesha, Arsha Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 503.
20. Agnivesha, Pandu Roga Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 528.
21. Agnivesha, Pandu Roga Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 527.
22. Agnivesha, Gulma Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 436.
23. Agnivesha, Pandu Roga Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 532.
24. Vata Vyadhi Chikitsitam Agnivesha, adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p.617.
25. Agnivesha, Arsha Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 502.
26. Agnivesha, Vata Vyadhi Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 617.
27. Agnivesha, Trimarmiya Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 602.
28. Agnivesha, Udara Chilitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 492.
29. Agnivesha, Pandu Roga Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 532.
30. Agnivesha, Pandu Roga Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 527.
31. Agnivesha, Gulma Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 436.
32. Agnivesha, Udara Chikitsitam adhyaya. In:



- Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 492
33. Agnivesha, Pandu Roga Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 528.
34. Agnivesha, Arsha Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 502
35. Agnivesha, Arsha Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 503
36. Agnivesha, Hikka Shwas Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 535
37. Agnivesha, Pandu Roga Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 528.
38. Agnivesha, Shosha Nidanam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 221
39. Agnivesha, Arsha Chikitsitam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 502
40. Sushruta. Mukha Roganam Nidanam adhyaya, In Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha. Varanasi, Chaukhambha Orientalia; 2007; p. 295.
41. Sushruta. Mukha Roganam Nidanam adhyaya, In Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha. Varanasi, Chaukhambha Orientalia; 2007; p. 295.
42. Agnivesha, Varna Swariyam Indriya adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 356
43. Agnivesha, Gulma Nidanam adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 210
44. Sushruta. Vriddhi Upadansha Shleepadanam nidanam adhyaya, In Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha. Varanasi, Chaukhambha Orientalia; 2007; p. 278.
45. Su. Ni. 12/6 Sushruta. Vriddhi Upadansha Shleepadanam nidanam adhyaya, In Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha. Varanasi, Chaukhambha Orientalia; 2007; p. 275.
46. Sushruta. Vriddhi Upadansha Shleepadanam nidanam adhyaya, In Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha. Varanasi, Chaukhambha Orientalia; 2007; p. 275.
47. Sushruta. Divraniya Chikitsitam adhyaya, In Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha. Varanasi, Chaukhambha Orientalia; 2007; p. 11.
48. Sushruta. Divraniya Chikitsitam adhyaya, In Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha. Varanasi, Chaukhambha Orientalia; 2007; p. 10.
49. Agnivesha, Varna Swariyam Indriya adhyaya. In: Acharya Trikamji Jadavji. Charaka Samhita (Charaka and Dridhabala with Chakrapani). Reprint. Varanasi, India: Chowkhambha Prakashan; 2007. p. 355.



CLINICAL AND BIOCHEMICAL EVALUATION OF VIDANGADI CHURNA IN MANAGEMENT OF OBESITY

• *Anita Patel **Roshni. K.P. *** P.A. Sudhir
Email- drrksrau@yahoo.com

INTRODUCTION

Obesity is a health problem of worldwide prevalence and is considered as the insidious creeping pandemic which is now engulfing the entire world. Changes in lifestyle, food and economic status create many lifestyle diseases like obesity, diabetes mellitus, idiopathic heart disease, hypertension, depression etc. The age standardized prevalence of generalized obesity is 45.9% (women: 47.4%; men: 43.2%, P=0.210). It becomes risk factor for many life threatening diseases like IHD, DM etc. Obesity is defined as a body mass index (BMI) of 30. According to Ayurveda, It is a condition causing reduction in physiological excellence in human body.

In Ayurvedic classics the disease is described with due importance to its pathological implications at tissue metabolism (Dhatuparinama) and digestive process (Agnivyapara). Abundant availability of high caloric diet in the form of junk food, widespread availability of electronic devices that has reduced the amount of physical activity and sedentary lifestyle has increased in turn the body size of population. This rising tide of obesity is becoming one of the most presenting health issues. It is not a single disease but cluster of symptoms with many causes including genetic, nutritional and sociological factors. Diet and lifestyle both plays significant roel in development and control the obesity.

Obesity has been described by the term "Sthoulyaroga" in various Ayurvedic classics.

According to Ayurveda, obesity is the excess amount body fat. In this way excess weight of muscles bone' fat and water in the body can be labeled as obesity. Obesity is the condition in which the natural energy reserve stored in the fatty tissues of the body is increased to a point where it is associated with certain health conditions or increased mortality.

Ayurveda included Atisthoulya person in Astanindatiya Purushas. These eight despised persons are Atidirgha, Atirhsva. Atigoura, Atikrishna, Atiloma, Aloma, Atikriusha, Atisthula. Ayurveda further stated that Atisthula and Atikrishna persons are more despised among above eight despised persons. Charaka stated that people who are Atisthula are more liable to be at health risk than those whose weight is at the normal or under normal range for their body types.

Causes of Sthoulya Roga:

1. Avyayama (Lack of exercise)
2. Divaswapna (Daysleep)
3. Shleshmala aahara sevana (Diet which causes increase in kapha)
4. Slesmah vardha kavihara (Life style which causes increase in kapha)
5. Atisampurana (Excessive intake of food which are difficult to digest)
6. Avyavaya (Not indulging in copulation)
7. Harshanitya (Always enjoying happiness)
8. Achintana (Not thinking much)
9. Beejaswabhav (Hereditary)

■ * Asst. Prof., Deptt. of Rachana Shareer, **Asst. Prof., Deptt. of Kriya Shareer, *** Professor, Deptt. of Shalakyatrantra, Sri Jayendra Saraswathy Ayurveda College, Amman Nagar, Nazarethpeth, Chennai-600123 (TN)



Pathogenesis of *Sthoulya*:

Though *Sthoulya* is a *medo dushya* predominant disorder, in pathogenesis of *sthoulya*, all the three *doshas* are vitiated especially *Kledakakapha*, *Pachaka pitta*, *Samana & Vyana vayu*. In physiological condition *Jathragni* nourishes subsequent *Dhatwagni & Bhutagni*. *Sthoulya* results from derangement of *Dhatwagni*. According to Sushruta, it is *Rasanittajavyadhi*. Due to intake of *Kapha* predominant *aahara*, *Diwaswapna* and *Avyayama* vitiated *Rasadhatu* circulates whole body, produces *medas* and causes *Sthoulya*. While Vagbhatacharya says intake of large quantity of indigested food leads to formation of *ama* from *ahararasa*. This *ama* along with *kapha* resides in *Dhatu* which causes *Strotorodh*, this in turn causes movement of *Vata* in *Kostha* which aggravates *agni*. Usually *Mandagni* is considered as root cause for the formation of *Ama*. (A.H.Su 13/25). Here a question arises how *ama* formation can take place instead of *tikshnagni*. Commentaters Chakrapani & Gangadhara have tried to clarify this controversy by giving explanation that, in the state of *tikshnagni* due to *adhyashana*, diminution in *agni* and subsequently formation of *ama* can take place. Dalhana has stated that, in *Sthoulya* formation of *ama* is more due to diminished *medodhatwagni* than *Jatharagni*.

MATERIAL & METHOD:

- This randomized open clinical trial was conducted irrespective of age, sex, economical status, marital status at OPD of SJSAC & Hospital as a minor project after obtaining approval from ethical committee. Patients were selected randomly of either sex above 16 years age.
- The trial was conducted on 30 patients diagnosed on basis of *Sthoulya* lakshanas mentioned in Ayurvedic Classics. Written informed

consent was obtained from the patients.

- Duration of treatment was 90 days
- Study was done on week days on a fixed time schedule between 9am-4pm.

Inclusion criteria:

Patients with *stoulya* lakshanas were selected for the clinical trial. Patients with body mass index 28 to 50 were selected for this study.

Lack of enthusiasm

Lack of interest in sex

Weakness

Bad Body Odour

Increased perspiration

Increased Thirst

Increased Appetite

Patients were assessed based on these clinical symptoms.

Exclusion criteria:

Individuals with drug induced obesity

Obesity due to endocrine disorder

Obesity with obsessive compulsive neurosis disorder

Obesity with cardio vascular disorder manifestation

Carcinoma

AIDS

Childhood obesity

Drug for clinical trial: *Vidangadi Churna* (Ref-Ashtang Hridaya Sutrashana ch. 14/24)

Vidangadi churna contains, following ingredients in equal quantity.

- *Vidanga (Embelia ribes) Kaphahara, Deepana*
- *Nagar (Zingiber officinale), Guru, Apatarpana*
- *Yavakshar Amadoshahara, Deepana, Medohara, chedana*
- *Lohabhasma - Medorogahara*
- *Yava-Guru, Apatarpana*
- *Amalaka-Tridoshashamana*
- *Madhu- Guru apatarpana, chedana,*



Sthoulyahara, Agnimandyahara (R.R.S.) as Anupana.

- Dosage of the drug according to age & BMI
- 16- 25 yrs 10gms twice daily in divided doses
- 25-29 BMI 10gms twice daily in divided doses
- 26-60 yrs 10gms thrice daily in divided doses
- 30-50 BMI 10gms thrice daily in divided doses

LABORATORY INVESTIGATIONS

The following laboratory investigations were conducted for the individuals before and after the treatment.

- 1) Total cholesterol
 - 2) Triglycerides
 - 3) HDL
 - 4) LDL
 - 5) VLDL
 - 6) Blood sugar random
- Tools to assess skin fold thickness (skin fold caliper), Skin fold caliper, Skin fold thickness at triceps, Suprascapular, Suprailiac region.

Assessment of Skin fold thickness was done in four anatomical sites before and after treatment.

- 1) Biceps
- 2) Triceps
- 3) Suprascapular
- 4) Suprailiac

Subjective parameters	Objective Parameters
Lack of enthusiasm	Skin fold thickness
Lack of interest in sex	Biochemical investigations
Weakness	lipid profile
Bad body odour	Body weight before & after treatment
Increased perspiration	
Increased Thirst	
Increased Appetite	

OBSERVATION & RESULT :

The Clinical trial was conducted on 30 individuals. Maximum patients were from urban Chennai.

1. Distribution of patients according to sex:

GENDER	NO OF INDIVIDUALS	PERCENTAGE (%)
MALE	9	30
FEMALE	21	70

Maximum no. of patients, 21 were from female gender. Those also from 20- 40 years of age group. Among them 3 females had hysterectomy 3-5 yrs back. And 5 were taking oral contraceptive pills.

2. Distribution of patients according to age:

AGE GROUP	NO OF INDIVIDUALS	PERCENTAGE (%)
<20 YEARS	2	6.6
20-30 YEARS	10	33.3
31-40 YEARS	12	40
41-50 YEARS	4	13.3
>50 YEARS	2	6.6

3. Distribution of patients according to occupation:

OCCUPATION	NO OF INDIVIDUALS	PERCENTAGE (%)
HOUSE WIVES	11	36.6
STUDENTS	4	13.3
SALARIED	15	50

Social status: all persons were from the middle class category.

After the completion of trial at the end of three months, the following differences were noticed in the following clinical symptoms mentioned for obesity in Ayurvedic classics.

Statistical analytical report shows major significance in



Symptoms	Before treatment	After treatment
Lack of enthusiasm	73%	90% persons got relieved
Lack of interest in Sex	Many not disclosed	25% persons got relieved
Weakness	63%	73% persons got relieved
Bad body odour	23%	71% persons got relieved
Increased perspiration	50%	66% persons got relieved
Increased thirst	53%	62% persons got relieved
Increased appetite	60%	94% persons got relieved

1) Total body weight - p value highly significant (< 0.001)

Mean difference in body weight is 4.46kg

2) Laboratory investigations -Total cholesterol, Triglycerides, HDL, LDL ($p < 0.01$)

Mean difference in total cholesterol is 11.4

Mean difference in triglycerides is 10.6

Average increase in HDL is 3.2

Mean difference in LDL is 7.4

DISCUSSION

Due to complex etiology, obesity is a challenging medical condition. But in Ayurveda, in treatment aspect, emphasis has been given for "GURU APATARPANA" concept. Almost all ingredients of *Vidangadi churna* are having above said properties. Due to *Medohara* and *Guru apatarpana* properties of above drugs, 94% of patients reported with decreased appetite at the end of three months. Hence poor intake of food might have resulted in weight reduction to an average of 4-5 kg. Various clinical trials (Animal-study) conducted previously at various places, has shown hypolipidemic effect of ingredients of *Vidangadi Churna* which is given in reference.

CONCLUSION

The main objective for taking up this project was to assess the effect of "*Vidangadi churna*" in obesity. Maximum obesity patients were from urban area (Chennai), from middle age group, from middle socio-economic status and from female sex.

Among them 3 females patients had hysterectomy and 5 were taking oral contraceptive pills. The efficacy of medicine was assessed by different laboratory investigations, measurement of body weight and skin fat thickness. The significance of results in laboratory investigations and total body weight indicate the clinical trial has fulfilled the objective of the project to an extent. Moreover as the drug is showing significant result in hypolipidemic effect, this can be prophylactically used in cardiovascular patients with obesity.

REFERENCES

1. Bhela Samhita of Bhela with Hindi translation by Shukla, G.D. Chaukhambha Vidya Bhavan, Varanasi-1959
2. Bhavprakash, Bhavprakash Nighantu Indian Materia Medica of Shri. Bhavamishra, commentary by Dr. K.C. Chuneekar edited by Dr. G.S. Pandey, Chaukhambha Bharati Academy, Varanasi-2009
3. Badreldin H, Gerald Blunder (Sept, 2007), Science Direct, Some photochemical pharmacological and toxicological properties of ginger
4. Charakasamhita, Vidyotini Hindi commentary by Shastri Kasinath published by Chaukhambha Sanskrit Sansthan, Varanasi-2003
5. Chakradatta with English translation by P.V. Sharma Chaukhambha orientalia, Varanasi-1994
6. Deepa M, Farooq S. Eur, J. Clin Nutri 2009, Feb;



63(2), 259-67, Prevalence and significance of generalized & central body obesity in urban Asian Indian population in Chennai, India

6. Mathur, Arti Sharma, (Feb, 1996) Journal of entopharmacology, Hypolipidemic effect of fruit juice of Emblica in cholesterol-fed rabbits

7. Martha Thomson, Zanab M, British Journal of Nutrition, 2006, Anti diabetic and hypolipidaemic

8. Ramesh Chandra Kumawat, Baluchowhan, A dietary solution in obesity International journal of Ayurveda and herbal medicine

9. Pandit.s, Biswas Ethnopharmacol journal (May 1999) T.K, Chemical and pharmacological evaluation of different ayurvedic preparation of iron

10. Sushruta-Sushruta Samhita. Sushruta Vimarshini, Hindi Commentary by Ananta Ram Sharma, Publication Chowkambha Surbharati Prakashan, 2004

11. Vagbhata Astanga Hridayam, Vidyodini, Hindi commentary by Kaviraj Atrideva Gupta. Editor Vaidya Yadunandan Upadhyay. Publication-Chowkhambha Prakashan, Varanasi-2007

12. Vagbhata- Astanga Samgraha of Srimad Vriddhavagbhata with Saroj Hindi commentary Dr. Ravi Dutta Tripathi. Publication-Chowkhambha Sanskrita Pratisthan, Delhi, 2001

13. Sharangdha, Sharangadhra Samhita, English translation by K.R. Srikantha Murthy, Pub-Chowkhambha Orientalia-2006.

(पृष्ठ 21 का शेष)

6. Astanga Sangraha and Astanga Hridaya Commentry by K.R.Sri Kantha Murthy.

7. Advances in Ayurvedic Medicin by Prof. Ramji Singh and Prof. R.H. Singh Vol-II, 1st edition 2005.

8. Clinical Methods in Ayurveda by K.R. Srikantha Murthy.

9. Agnivsha . Charaka, Charaka Samhita, Sutrasthana, text with English translation and Critical exposition based on Chakrapanidatta's Ayurveda Dipika by Sharma R.K. and Bhagwan Dash. Varanasi: Chaukhambha Sanskrit Series Office; 2002.

10. Agnivesha. In: Charaka, Dridhabala, Charaka Samhita, Sutra Sthana, Roga Arthedasadhamuliya adhyaya. Reprint. Vaidya Jadavaji Trikamaji Acharya., editor. Varanasi: Chaukhmbha Surbharati Prakashana; 2000.

11. Sushruta. In: Sushruta Samhita, Sutra Sthana, Shonitavarnaniya Adhyaya. Reprint. Vaidya Jadavaji Trikamaji Acharya, Narayana Rama Achrya., editors. Varanasi: Chaukhambha Surbharati Prakashana; 2003.

12. Vagbhata . In: Ashtangasangrah, sharirsthana, 6/9. Reprint. Pt. Harishastri Paradakar Bhishgacharya., editor. Varanasi: Chaukhamba Surbharati Prakashana; 2002.

13. Sushruta . In: Sushruta Samhita, Sharisthana, dhamanivyakaran. Reprint. Vaidya Jadavaji Trikamaji Acharya, Narayana Rama Achrya., editors. Varanasi: Chaukhambha Surbharati Prakashana; 2003.

14. Dalhana. Commentator, Sushruta Samhita, Sharirsthana, dhamanivyakaran. Reprint. Varanasi: Chaukhambha Surbharati Prakashana; 2003.

15. Sharangdhara Sharangdhara Samhita, Purva Khanda.

16. Guyton AC, Hall JE. Textbook of Medical Physiology. 11th ed. Philadelphia, Pennsylvania: Elsevier Inc.

17. Bhav Mishra in Bhavprakash, Purva Khanda.



ANATOMICAL CONSIDERATION OF *URDHWAGA* *DHAMANI* IN *AYURVEDA* W.S.R. TO *SUSHRUTA* *SAMHITA* AND ITS MODERN ASPECTS

• Bhan Pratap Yadav*, H. H. Awasthi**
Email- bhanpratapyadaw@gmail.com

ABSTRACT- Thorough structural scientific knowledge of the life was recommended by ancient *Acharyas*. Ancient works in the field of *Rachana Sharir* has been presented by *acharya Susruta, Charaka, & other Acharyas* as the documentation of profound scientific study. *Ayurvedic acharyas* have used an anatomical term *dhamani*, which is one of the controversial terms (structure), used to represent tubular structure, to carry *sabda, sparsa, rupa, rasa* and *gandha* and it is one of the synonyms of *srotas*. Modern science describes blood vessels of three types' viz-artery, vein & capillaries. The other two important channels for the maintenance of the body are lymphatic & nerves. The relevant terms in *ayurvedic* language are *sira, dhamani* and *srotas* and in these three terms the modern five structures namely artery, vein, capillary, lymphatic and nerve are incorporated. Many times controversies or differences in opinions had been raised due to the two types of commentators. One who had performed the dissection and seen the structures and having profound knowledge then commented the terms, they had not left any chance for controversies. Others who had not performed the dissection but commented the terms on the basis of knowledge of *Sanskrita* and other literature and using the synonyms of the terms, had left many chances for controversies. The term *dhamani* is used to describe arteries and nerves specially *urdhwagami dhamanis* which supplies to head and neck regions of the body. According to *Charaka 'Dhamanad dhamanyah'* hence *dhamani* is that

tract which produces sound. According to *Susruta, dhamani* originates in the embryonic life from *nabhi* and they spread upward, downward and in oblique fashion from *nabhi*. By the *urdhwaga dhamani*, parts of the body above the umbilicus, such as the abdomen, flanks, back, chest, shoulders, neck, arms etc are supported and maintained. The upward *dhamani* performs all these functions throughout life.

Keywords- *dhamani, artery, nerve, urdhwaga, nabhi, hridaya.*

Origin & division of *Dhamani*- According to *Sushruta nabhi* is the site of origin of both *dhamani* and *sira*. Even in *Charak, Astanga Sangraha* and *Astanga Hridaya, nabhi* word has been used in reference to fetal life. *Sushruta* has himself shifted from his own view in relation to the origin of *dhamanis* from *nabhi* (umbilicus) to *hridaya* (heart) in *sutrasthan 'sonita varniya adhyaya'*. *Charaka* has also mentioned in 30th chapter of *sutrasthan* that the *dhamanis* (arteries) arise from the *hridaya* (heart).

According to *Sushruta*, among the *dhamani* (arteries) arising from the *nabhi* (umbilicus), ten spread upward, ten downward and four sideways (transverse). *Charak* has said that 10 *dhamani* arises from *hridaya*. In *Astang Sangraha sharir 6/9, it is said that dhamani* are twenty four; by them the entire body gets supplied with nourishment similar to a vast plot of land by canals carrying water; from them (*dhamani*) the *nabhi* (umbilicus) is surrounded just as a axle hole is surrounded by the

■ *S.R. & Ph.D Scholar, **Prof. & Head, Deptt. of *Rachana Sharir*, Faculty of *Ayurveda*, IMS, BHU, Varanasi-5



spokes (of wheel); at that umbilicus (centre) life is designed to dwell; hence it is seat of internal fire. In *Bhavprakash* it has been stated that *dhamanis* originate from *nabhi* (umbilicus) and are twenty four in number (24). From among them, ten spread upwards, ten downwards and four in different directions. These vessels have got minute outlets, through which *rasa* (nutrients) move in entirely similar to the flower stalk of lotus where pores are present naturally.

Urdhwaga Dhamani (dhamani of head and neck region)- Those spreading upward, support (maintain) the body by attending the functions such as receiving sensation of *sabda* (sound), *sparsha* (touch), *rupa* (sight), *rasha* (taste) and *gandha* (smell); *praswas* (inspiration), *ucchwas* (expiration), *jrimbha* (yawning), *kshavathu* (sneezing), *hasita* (laughing), *kathita* (talking), *ghosita* (shouting) and such other functions. These after reaching the *hridaya* (heart) each one divides into three, thus becoming thirty. Out of these, two each carry *vata*, *pitta*, *kapha*, *sonita* and *rasa* - thus ten. Two each carry sensation of *sabda* (sound), *rupa* (sight), *rasha* (taste) and *gandha* (smell); thus eight. Two attend to *kathita* (speaking in words), two attend to *ghosita* (shouting or loud sound without words), two attend to *swapiti* (sleep), and two to *pratibudhi* (waking), two carry *ashru* (tears in the eyes), two carry *stanya* (breast milk) in the breasts of women, these only carry *sukra* (semen) from the breast in men thus twelve. Thus total thirty *urdhwaga dhamanis* are described by their divisions.

DISCUSSION- *Sushruta* has used the word "*Nabhiprabhava*" only because during intra-uterine life the vessels like umbilical arteries and umbilical veins start from the fetal umbilicus. Therefore one can accept this statement in relation to fetal life. Second view is that the word *nabhi* might have been used in the sense of heart. Even if it

is so then the use of word '*nabhi*' is also justified. But before one labels '*nabhi*' for heart, it should be decided whether scientifically this can be proved or not. Therefore it can safely be commented that *Sushruta* had a clear idea in his mind that *dhamanis* are the vessels which originate from *nabhi* (umbilicus) during fetal life only where as, they are directly related with the *hridaya* (heart) after the birth. As far as twenty-four number is concerned, there is presence of cardinal veins, vitelline plexuses, umbilical veins and umbilical arteries seen in this area during the intra uterine life. Therefore this statement of twenty-four *dhamani* (vessels) arising out of the *nabhi* (umbilicus) appear to be hypothetical. As far as the statement of *Charak* that ten arteries arise out of the *hridaya* (heart) appears to be based on his own independent observation.

By these the *urdhwagami dhamani*, parts of the body above the umbilicus, such as the abdomen, flanks, back, chest, shoulders, neck, arms etc are supported and maintained. *Dr. Ghanekar* and *Gangadhar Shastri* both have submitted his statements in reference to the *urdhwagami dhamanis*. *Pandit Gangadhar Shastri* has labeled all these *dhamani* as nerve in the following order. *Sabdavaha dhamani* (auditory nerves), *rupavaha dhamani* (optic nerves), *rashavaha dhamani* (nerves of taste i.e. branches from glossopharyngeal and lingual nerves), *gandhvaha dhamani* (olfactory nerves), *bhashan dhamani* (inferior laryngeal nerves), *ghosakar dhamani* (hypoglossal nerves) and *ashruvaha dhamani* (lacrimal nerves).

Dr. Ghanakar preferred to label some of these *dhamanis* as vessels, as internal auditory artery for *sabdavaha dhamani* (voice carrying vessels), central retinal artery for sense of *rupavaha dhamani* (vision), lingual artery for *rashavaha dhamani* (sense of taste), sphenopalatine branch of internal maxillary artery for *gandhvaha dhamani*



(the sense of smell), laryngeal artery for *ghosakar dhamani* (the sense of sound), sublingual artery for *bhashan dhamani* (the sense of speech), lacrimal artery for *ashruvaha dhamani* (the sense of lacrimation), mammary artery for *stanyavaha dhamani* (the sense of lactation).

Sabdavaha Dhamani- Internal auditory artery (acoustic nerve)-

Internal auditory artery - The inner ear is supplied by the internal auditory artery, which is usually a branch of the anterior inferior cerebellar artery. Within the internal auditory canal, the internal auditory artery irrigates the ganglion cells, nerves, dura, and arachnoid membranes and divides into two main branches, the common cochlear and anterior vestibular arteries. Anterior inferior

Table of Urdhwagami Damanis

S. No.	Name of Dhamani	No.	Functions of Dhamani	Expected name of Nerve in anatomy	Expected name of Artery in anatomy
1.	<i>Vatavaha</i>	2	Transportation of Vata		
2.	<i>Pittavaha</i>	2	Transportation of Pitta		
3.	<i>Kaphavaha</i>	2	Transportation of Kapha		
4.	<i>Rasavaha</i>	2	Transportation of Rasa from heart to target part of body		
5.	<i>Raktavaha</i>	2	Transportation of Rakta from heart to target part of body		
6.	<i>Sabdavaha</i>	2	Receiving of sound sensation by ear	Vestibulo-cochlear nerve	Internal auditory artery
7.	<i>Rupavaha</i>	2	sense of vision by eyes	Optic nerve	Central retinal artery
8.	<i>Rasavaha</i>	2	Receiving of taste sensation by tongue	Branches of 7 th , 9 th & 10 th cranial nerve	Lingual artery
9.	<i>Gandhavaha</i>	2	Receiving of smell sensation by nose	Olfactory nerve	Sphenopalatine branch of internal maxillary
10.	<i>Ghosakara</i>	2	attend to shouting (loud sound without words)	Inferior laryngeal nerve	Laryngeal artery
11.	<i>Bhashanakara</i>	2	the sense of speech delivery	Hypoglossal nerve	Sublingual artery
12.	<i>Ashruvahi</i>	2	carry tears (in the eyes)	Lacrimal nerve	Lacrima artery
13.	<i>Stanyavahi</i>	2	carry breast milk in the breasts of women/ carry <i>sukra</i> from the breast in men		Mammary artery
14.	<i>Swapnakara</i>	2	Attend to sleep	Parasympathetic nerves	
15.	<i>Jagrakara</i>	2	Attend to waking from sleep	Sympathetic nerves	
Total Dhamani		30- these, (<i>dhamani</i>) above the umbilicus, such as the abdomen, flanks, back, chest, shoulders, neck, arms etc are supported and maintained. The upward <i>dhamani</i> perform all these functions throughout life.			



cerebellar is a branch of basilar artery, labyrinthine (usually) is the branch of anterior inferior cerebellar artery. Anterior inferior cerebellar artery supplies to pons; cerebellum and inner ear.

Acoustic nerve- The vestibulocochlear/acoustic nerve originate from pons & medulla: vestibular nuclei from the vestibular ganglion of the semicircular ducts; cochlear nuclei in the inferior cerebellar peduncle. It divides within the temporal bone into vestibular and cochlear parts. it is sensory- vestibular: balance/proprioception (SSA); cochlear: hearing (SSA). It is also known as: CN VIII, 8th cranial nerve; auditory nerve; passes into the internal auditory meatus.

Rupavaha dhamani- Central retinal artery (optic nerve)-

Central retinal artery- Central retinal artery is a branch of ophthalmic artery. It gives superior nasal branch, inferior nasal branch, superior temporal branch and inferior temporal branch. It supply to retina. Central retinal artery is the sole blood supply to the retina; it has no significant collateral circulation and blockage of this vessel leads to blindness; its branches are viewed in a fundoscopic examination.

optic nerve - Optic nerve arises from ganglion layer of the retina to the forebrain. It is sensory to vision (SSA). It is also known as: CN II, 2nd cranial nerve; the course of the optic nerve is: through the optic canal to the optic chiasma, then the optic tract to the lateral geniculate body and optic radiation.

Rasavaha dhamani- Lingual artery (nerves of taste that is branches from glossopharyngeal and lingual)-

Lingual artery- Lingual is the branch of external carotid artery. Lingual artery is the 2nd branch off of the anterior side of the external carotid artery; it may arise in common with the facial artery. It gives suprahyoid branch, dorsal lingual branches, deep lingual artery and sublingual artery. Deep lingual

artery supplies to anterior tongue and dorsal lingual branches supplies to posterior tongue, palatine tonsil, soft palate.

Gustatory innervation carries taste sensations- Anterior 2/3rd area of tongue carry taste sensation through chorda tympani of facial (CN VII), posterior 1/3rd area of tongue carry taste sensation through glossopharyngeal (CN IX) and Posterior most part of the root of tongue carry taste sensation through vagus (CN X).

Gandhavaha dhamani- Sphenopalatine branch of the internal maxillary artery (olfactory nerve)-

Sphenopalatine branch of the internal maxillary artery- Sphenopalatine artery is the branch of the internal maxillary artery. It gives posterior lateral nasal branch and posterior septal branches. It supplies to the posterolateral nasal wall, posteroinferior nasal septum and hard palate behind the maxillary incisor teeth. Sphenopalatine artery accompanies the nasopalatine nerve.

Olfactory nerve- Olfactory nerve originates from the filaments of the bipolar olfactory epithelial cells, constitute the olfactory nerve. The second order olfactory nerve cell bodies are located in the olfactory bulb. It is sensory to smell (SVA). It is also known as: CN I, 1st cranial nerve; multiple olfactory filaments pass through the cribriform plate to exit the anterior cranial fossa and synapse in the olfactory bulb; the olfactory tract carries the signal from the bulb to olfactory cortex of the forebrain.

Ghosakar dhamani- Laryngeal arteries (inferior laryngeal nerve)-

Laryngeal arteries- Laryngeal arteries are two, 1. inferior laryngeal artery is the branch of inferior thyroid artery, supplies to internal part of the inferior larynx. Inferior laryngeal artery accompanies the inferior laryngeal nerve. 2. Superior laryngeal artery is the branch of superior thyroid artery, supplies to internal aspect of the superior larynx. Superior laryngeal artery



penetrates the thyrohyoid membrane in company with the internal branch of the superior laryngeal nerve.

Inferior laryngeal nerve- inferior laryngeal nerve arises from recurrent laryngeal branch of the vagus nerve (X). Its motor supplies to all intrinsic muscles of the larynx except the cricothyroid; those muscles are: thyroarytenoid, oblique and transverse arytenoid, posterior and lateral cricoarytenoid, aryepiglottic, thyroepiglottic, vocalis; secretomotor to the mucous membrane of the larynx below the vocal fold. The sensory component supplies to mucous membrane of the larynx below the vocal fold. Inferior laryngeal nerve is the continuation of the recurrent laryngeal nerve, the name change occurs at the cricothyroid articulation.

Bhashan dhamani- Sublingual artery (hypoglossal nerve)-

Sublingual artery- Sublingual artery is the branch of lingual artery. It supplies to mylohyoid muscle, sublingual gland and floor of the mouth. Sublingual artery is one of three branches of the lingual artery (dorsal lingual a. and deep lingual a.).

hypoglossal nerve- hypoglossal nerve originate from hypoglossal nucleus of medulla. It has no named branches; branches of the ventral primary ramus of spinal nerve C1 are carried by this nerve and are not considered to be branches of the hypoglossal nerve. It has motor supply to intrinsic and extrinsic muscles of the tongue (except the palatoglossus muscle). It is also known as: CN XII, 12th cranial nerve; the hypoglossal nerve exits the posterior cranial fossa by passing through the hypoglossal canal; the superior root of the ansa cervicalis travels with the hypoglossal nerve for a short distance.

Ashruvahi dhamani- Lacrimal artery (lacrimal nerve)-

Lacrimal artery- Lacrimal artery is the branch of

ophthalmic artery. It gives lateral palpebral artery. It supplies to lacrimal gland and lateral sides of the eyelids. Lacrimal artery accompanies the lacrimal nerve.

lacrimal nerve- lacrimal nerve originates from ophthalmic division of the trigeminal nerve (V1). It carries secretomotor axons to the lacrimal gland and skin of the lateral portion of the upper eye lid and its associated conjunctiva. Lacrimal nerve carries the postganglionic parasympathetic axons from the zygomaticotemporal branch of the maxillary nerve that originate in the pterygopalatine ganglion.

Stanyavahi dhamani- Mammary artery-

The lateral mammary artery is the branch of lateral thoracic artery. It supplies to lateral side of the mammary gland. The medial mammary artery is perforating branch of the internal thoracic artery. It supplies to medial side of the mammary gland. Mammary gland is a specialization of the skin and is supplied by superficial (cutaneous) arteries.

Since the *dhamani* (arteries) present in the (region of) the heart (the breasts) open after three or four days (after the birth of the child), breast milk gets produced afterwards.

These are related to respiratory movement in which diaphragm and other muscles are involved. So the blood vessels which supply these muscles are included in these i.e. phrenic and intercostal arteries (phrenic nerve).

Phrenic and intercostal arteries- 1. inferior phrenic artery is the branch abdominal aorta. It supplies to diaphragm and suprarenal gland. Inferior phrenic artery is the first abdominal branch of the aorta; it may arise from the celiac trunk. 2. superior phrenic artery is the branch descending thoracic aorta. It supplies to diaphragm. superior phrenic artery anastomoses with the musculophrenic artery and the pericardiophrenic artery. 3. anterior intercostal artery is the branch of internal thoracic



artery (upper 6 intercostal spaces), musculophrenic artery (7-10th intercostal spaces). It supplies to the intercostal muscles anteriorly and skin overlying the intercostal muscles. There are two anterior intercostal artery per side per intercostal space, one coursing above and one coursing below each rib. 4. highest intercostal artery is the branch of costocervical trunk. It gives posterior intercostal artery for intercostal spaces 1-2. it supplies to intercostal muscles of intercostal spaces 1 and 2, vertebral column and deep back muscles. Highest intercostal artery is also known as: supreme intercostal artery. 5. posterior intercostal artery is the branch of highest intercostal (upper 2 intercostal spaces) and descending thoracic aorta (3rd-11th intercostal spaces). It gives posterior branch, spinal branch, anterior branch, collateral branch and lateral cutaneous branch. It supplies to intercostal muscles, spinal cord and vertebral column, deep back muscles, skin and superficial fascia overlying the intercostal spaces. posterior intercostal artery supply the lateral and posterior portions of the intercostal space and anterior intercostal artery supply the anterior portions of the intercostal spaces.

phrenic nerve- phrenic nerve arises from ventral primary rami of spinal nerves C3-C5 (cervical plexus). It supplies to the skeletal muscle of the respiratory diaphragm, diaphragmatic pleura; some fibers contributed to the pericardium and to the adjacent mediastinal and costal pleurae. Except of these local arteries all other functions are controlled by brain. So *urdhvaga dhamanis* are correlated with all arteries and its branches which supply to head, neck, brain, upper limbs and thorax.

CONCLUSION- The relevant terms in *Ayurvedic* language are *sira*, *dhamani* and *srotas* and in these three terms the modern five structures namely artery, vein, capillary, lymphatic and nerve are incorporated. Here the word *dhamani* has been

specifically used by *sushruta* in reference to arteries of human body. Therefore one should not confuse the word *dhamani* with other words like veins and ducts etc. One can also conclude that *sushruta* recognized *dhamanis* or arteries as a separate structure than vein.

Dhamanis are hollow tubes; are the channels through which *rasa dhatu* is transported throughout the body. *Hridaya* (heart) is the chief seat of *rasa* and *dhamani* are attached to the *hridaya* (heart). *Charaka* has also mentioned in 30th chapter of *sutrasthan* that the *dhamanis* (arteries) arise from the *hridaya* (heart). Therefore it can safely be commented that *sushruta* had a clear idea in his mind that *dhamanis* are the vessels which originate from *nabhi* (umbilicus) during fetal life only whereas, they are directly related with the *hridaya* (heart) after the birth.

By the *urdhwaga dhamani*, parts of the body above the umbilicus, such as the abdomen, flanks, back, chest, shoulders, neck, arms etc are supported and maintained. The upward *dhamani* perform all these functions always (throughout life). Apparent similarity between the functions of *dhamanis* i.e. arteries and nerves is because these functions are interdependent and supplementary to one another. Functions of nerves will not be effective in any part of the body if that part is not supplied with blood by the arteries.

REFERENCES:

1. Thatte's Sharira Rachana Vigyan (Human Anatomy)- Prof. D.G. Thatte.
2. Clinical Anatomy in Ayurveda by Prof. Suresh Chandra & Prof. Dinkar Govind Thatte, first edition in 2007, Varanasi.
3. Sushruta Samhita Commentry by B.G. Ghanekar and English Commentry by K.R. Sri Kantha Murthy.
4. GRAY'S Anatomy fourtieth edition
5. Parishadya Sabdhartha Sariram- Damodar Sharma Gaur

(शेष पृष्ठ 15 पर)



IMPACT OF IDEAL LIFESTYLE FOR DISEASE PREVENTION

• Mahesh Vyas*, Saylee Deshmukh**

Email- drmaheshvyas@yahoo.com

In a major shift of disease pattern, WHO has found that worldwide non-communicable diseases (NCD) are killing more people than communicable diseases. According to the health statistics of WHO, among 57 million global deaths in 2008, 36 million or 63% were due to non-communicable diseases. The leading causes of NCD deaths in 2008 were cardiovascular diseases, cancers, respiratory diseases, including asthma and chronic obstructive pulmonary disease (4.2 million).¹

After analysis of the causes responsible for manifestation of these diseases, it is concluded that, common preventable risk factors underlie most NCDs. The leading risk factor globally for mortality is raised blood pressure (responsible for 13% of deaths globally), followed by tobacco use (9%), raised blood glucose (6%), physical inactivity (6%), and overweight and obesity (5%).² Increasing sedentary lifestyle due to growing use of technologies in daily life causes higher levels of physical inactivity. The disturbed sleep pattern and wrong dietary habits are also a part of changing lifestyle which leads to onset of many diseases. It has been proved that in case of Non-communicable diseases, simple lifestyle measures are more effective in preventing or delaying the onset of these diseases.³

Life expectancy in India now (2011) is 65 yrs.⁴ But in *samhitas* of *Ayurveda*, we get references of 100 yrs lifespan of the people who take diet with proper regimen and who has control on his senses. Now days due to faulty dietary habits and wrong behavioral pattern, life expectancy has been decreased.

The health is the supreme foundation for the achievements of life. *Ayurveda*, is a science of life,⁵ which aims at prevention and cure of diseases.⁶ In *Ayurveda*, there is a separate branch called 'Swasthavritta' which deals with prevention of diseases. Drawing focus on the common pathology of diseases, manifestation of any disease takes place only when there is lack of immunity or resistance against the disease.

Same thing has been explained by *Acharya Charaka* by 'Soil and Seed theory'.⁷ As a seed remains dormant on the soil till suitable time when it germinates, similarly, the *Prakupita Dosha* remains inactive in the body and during appropriate time when the power of inhibiting factors are subsided, it gets aggravated. When the *Prakupit Dosha* gains strength in appropriate time and when the power of the inhibiting factors is subsided, then manifestation of disease occurs.

Any disturbance in the equilibrium of *Dhatu*s is known as disease and on the other hand the state of their equilibrium is health. Health and disease are also defined as pleasure and pain respectively.⁸ In order to prevent the unmanifested diseases and to cure the manifested ones, an individual desirous of happiness, should follow the regimen prescribed in text of *Ayurveda*. All the psychosomatic activities of living beings are directed towards the aim of achieving happiness.

Lifestyle means the way in which a person lives. *Ahara Vidhi*, *Vihara* and *Achara* can be included under the title Lifestyle. In almost all *samhitas*, there is detail description of *Dinacharya*, *Ratricharya*, *Ritucharya*, *Ahara Vidhi*, *Adharaniya*

■ *Professor, **M.D.Scholar, Department of Basic Principles, Institute of Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar, India



and *Dharaniya vega*, *Sadvritta* etc. is given which are very helpful to an individual for healthy life and prevention of diseases.⁹ They are described on the basis of state of '*Doshas*', and '*Agni*' in human body according to the time and environmental factors. It is way for healthy life. Also the effects on body due to the changes done in this pattern are also stated.

In ancient times, people were following ideal Lifestyle. Therefore people were not much get affected by various types of diseases. Afterwards, it has been turned into sedentary lifestyle. In modern era of civilization, due to growing use of technologies and increasing competition, changing lifestyle has become a leading cause for manifestation of many diseases like Diabetes mellitus, Obesity etc.

Wholesome and timely sleep brings about homeostasis in bodily tissues.¹⁰ It helps to maintain the normal circadian rhythm of enzymes and hormones of the body. According to the classical texts of *Ayurveda*, it has been advised to wake up at *Brahma muhurta* i.e. 96 min. before the sunrise.¹¹ But the abnormal patterns of sleep like sleeping in day time i.e. after sunrise and before sunset (*Divaswapna*) and keeping awake at night (*Ratrau jagarana*) leads to harmful effects on body. Day time sleep increases unctuousness in the body and leads to vitiation of *Kapha* and *Pitta*. Persons with excessive fat, those who are addicted to take unctuous substance, those with *Shlaishmika* constitution, those suffering from diseases due to the vitiation of *Kapha* and those suffering from *Dushivisha* (artificial poisoning) and *Kantharoga* (diseases of throat) should never sleep during day time. Remaining vigil during night causes roughness in the body.¹² If one has been awake at night due to non-habitation, he should sleep for half that period on the next morning without taking any

food.¹³ *Nidra* has role in treatment also. *Ratrau jagarana* has been advised for *Sthaulya*,¹² *Prameha*¹⁴ etc. while *Divaswapna* has been advised *Karshya* etc. and also for those who are exhausted by singing, study, alcoholic drinks, sexual acts, elimination therapy, carrying heavy weight, walking long distance. It has been advised for 1 *muhurta* i.e. ~48 min.¹⁵

Acharyas have advised to do *Vyayama* (exercise) daily.¹⁶ It brings about bodily stability and strength. It includes only those actions which are done with the intension of maintenance of health e.g. walking etc. Any other actions like heavy weight lifting as a part of occupation are excluded. *Acharyas* have described *Abhyanga* as a *purvakarma* of *Vyayama* to conquer the upcoming *Vataprakopa* and after *Vyayama* and *Mardana* i.e. massage to the all parts of the body specially feet have been advised as a *paschatkarma*. About the quantity of *Vyayama*, a person who is strong and indulge in fatty foods daily, should do exercise half of his capacity i.e. up to appearance of the symptoms like perspiration, enhanced respiration, lightness of the body, inhibition of the heart in winter (*Hemanta* and *Shishira ritu*) and in Spring season (*Vasanta ritu*). In other *ritus* i.e. in *Grishma*, *Varsha* and *Sharada*, one should do exercise less in quantity than in other *ritus*.¹⁷ There are indirect references in *samhitas* of *Ayurveda* that exercise must be done on empty stomach but not on being hungry. *Vyayama* has been described in also in treatment of *Sthaulya*, *Prameha*, *Urustambha* etc. Daily 30 minutes walking have been proved beneficial for health.

Bala of a person varies according to *Prakriti* of that person. So, same type of *Vyayama* cannot be advised to all persons. *Vata Prakriti* person has less *Bala*. Therefore he cannot tolerate hard exercise.



While *Kapha Prakriti* person has more *Bala* as compared to *Vata Prakriti* person. So, he has to be advised hard type of exercise to get desired effect of exercise. Exercise according to *Prakriti* can be advised as follows:¹⁸

Vata: dance aerobics, walking, short hikes, light bicycling

Pitta: mountain climbing, swimming, walking, running, hiking, skiing

Kapha: weight lifting, aerobics, rowing, running, walking, dancing.

Abhyanga i.e. application of oil to the body is one of the most important daily regimen. In *Samhitas of Ayurveda*, different types of *Abhyanga* are described i.e. *Padabhyanga*, *Shirobhyanga*, *Karnapurana*. *Abhyanga* should be done to the whole body especially to the head, ear and feet.¹⁹ Also it should be done especially in *Hemant ritu*. Proper time of application of oil is also given in *Samhitas*. *Abhyanga* plays important role in maintenance of health. If one does not apply oil to the body in proper manner, it leads to manifestation of diseases like *Shiroroga* etc. In treatment of various diseases like *Vatavyadhi*, *Jirnajwara* etc., *Abhyanga* with various types of oils has been indicated.

Snana (bathing) improves the appetite, libidinal stimulant and life-giving; it removes somnolence, fatigue. *Acharyas* have advised to apply cold water for bathing of head and lukewarm water for rest of the body because pouring warm water over head leads to loss of strength of hair and eyes.²⁰ Persons suffering from fever, diarrhea, diseases of eye, mouth and ear, *Adhmana* (flatulence), *Ardita* (facial paralysis), *Pinasa* (nasal catarrh), *Arochaka* (aversion to food) and the diseases due to the actions of deranged *Vata*. Taking bath just after a meal leads to improper

digestion of food.²¹

Acharyas have advised not to suppress the natural urges relating to urine, faeces etc. and should hold the urges like greed, envy, hatred etc. in a particular limit. Otherwise it leads to the manifestation of diseases like *Udavarta*, *Gulma*, *Unmada* etc.²²

After taking meal according to *Acharya Sushruta*, one should sit in a comfortable position (**Rajavat Asana**), walk for a hundred feet slowly (**Shatapada Gamana**), lie down in left lateral position (**Vamaparshwa Shayana**) and indulge in sound, sight, taste smell and touch which are pleasing to the mind.²⁶ By doing so, food remains in the stomach for more time and comes more in contact with *Agni* which helps in better digestion. But doing exercise or laborious work like heavy weight lifting etc. after meal leads to *Amavata* etc.²³

Ahara is not only needed for the continuity of life but for *Bala*, *Varna*, *Upachaya* also. The proper diet taken in proper manner can lead to better health. On the contrary proper diet if not taken in proper manner can lead to diseases. *Ahara*, as well as the method of its intake both have equal importance according to *Ayurveda*.

Acharyas have advised to take **Ushna bhojana** (luke-warm food). It gets digested quickly because it helps secretion of saliva and secretion of gastric juice.²⁴ But now a days, due to changing lifestyle, people mostly eat cold items. Taking cold food leads to *Rasavaha srotasa dushti*, *Vataja Gulma* etc.

Shitam Ushnikritam Punah (Reheated food) also has been prohibited by *Acharyas* because it leads to *Khara paka*. It destroys many of the enzymes present in food items which are essential for digestion. This form of food cannot get digested by body. So, it leads to production of *Ama*.²⁵ **Freeze food** leads to increase *Shita guna* and *Kleda* i.e. it becomes moister. Intake of this type of food leads to



vitiating of all three *Doshas* mainly *Kapha*, produces *Ama* and leads to manifestation of diseases like *Prameha* etc. Also, bacteria multiply 4 times quicker when the frozen food is thawed and allowed to stand at room temperature.³⁶

Now a days, people use microwave for cooking or re-heating. Food items heated in microwave become tough because microwave causes evaporation of water from food.²⁷ According to *Acharya Sushruta*, *Shushka* food items are difficult to digest than *Drava*. Also, heating food using microwave leads to DNA Structural changes in the food which becomes difficult to digest.²⁸ All this leads to indigestion and formation of *Ama*. Daily use of microwave leads to continuous production of *Ama* and formation of *Sama dhatu*.

Acharyas have advised to take ***Snigdha bhojana*** (unctuous food). Helps in the downward movement of *Vata* and gets digested quickly. If food items with *Ruksha guna* are taken it is not able to get digested properly due to lack of *Sneha* which is essential for digestion.

About the **quantity of food**, there is no such fix quantity that should be mentioned as ideal quantity of food. It depends on *Agni* (digestive capacity) of a person and nature of food items.²⁹ Food article which is heavy to digest if taken in small quantity is light in effect and so a light one taken in large quantity results in heaviness of digestion.³⁰ Thus, heavy food articles should be taken in small quantity and light food articles will one's satisfaction. For overall quantity of food, *Acharyas* have given *Samyak Ahara Lakshanas* like there should be feeling of comfort in standing, sitting, sleeping walking, no excessive heaviness in the abdomen etc.³¹ When food is being taken in more quantity i.e. *Atimatrabhojana*, it cannot be digested properly due to lack of *Vayu* which is

essential for proper transportation of food and also it leads to indigestion and provocation of all three *Doshas*. *Amatrabhojana* i.e. taking food less in quantity than required is also harmful to the health. It directly vitiates *Agni*.

Now a days, to reduce weight in overweight persons, *Snigdha* food items are totally being avoided and also taking food less in quantity than required which are leading to manifestation of *Grahani Dosh*, *Udavarta* etc. due to improper digestion of food.

About the time of food intake, it has been quoted in *Ayurveda* that food should be taken only when previous meal is digested. *Acharya Bhavamishra* has quoted that **lunch** should be taken between 1st-2nd *yama* after sunrise (approx. between 9 am-12 pm if sunrise at 6 am) and **dinner** should be taken at the end of first *yama* i.e. 3 hrs after the beginning of night i.e. after sunset³² (approx. between 8-9 pm if sunset at 6 pm).

Acharyas have advised to take meal without talking, laughing, with full concentration i.e. ***Tanmana bhojana***. A person taking food with full concentration, knows about quantity, digestive power etc. Now a days people are busy in TV, phone calls, computer, meetings, chatting, talk and laugh during meal. Due to this, they can't decide the exact quantity of food needed. It leads to indigestion.

About *Ahara Sevana Krama*, *Acharyas* have advised to take food items first which have *Madhura* rasa or *Ghana* in nature e.g. *Dadima* etc. which are hard to digest.³⁷ The gastric juice act more rapidly and powerfully upon the ailments which are taken first in meal. So it facilitates digestion of these food items.

Proper Lifestyle like avoiding keeping vigil at night and day time sleep, performing daily exercise, avoiding suppression of natural urges, intake of food only after digestion of previous food, on



proper time, in proper quantity with full concentration, intake of luke-warm food, intake of water in proper quantity, during meal etc. leads to maintenance of proper Ahara Parinamkara Bhavas and circadian rhythm of digestive enzymes which is important for maintenance of health.

But wrong dietary habits like Adhyashana (Intake of food soon after meal), Ajirashana (Intake of food when previous food is not digested), Ati-matra bhojana (Intake of excess food), Akala/Atitakala bhojana (Irregular times of food intake), wrong behavioral pattern like Vegadharana (Suppression of natural urges), Ratrau jagarana (Keeping awake at night), Divaswapa (Day time sleep) and wrong water drinking habits like Atyambupana (Intake of excess water), intake of large quantity of water before or after meal or in morning after sunrise cause impairment of Ahara Parinamakara Bhavas like Ushma, Vayu and disruption of circadian rhythm of digestive enzymes. It affects the functions of Agni and leads to formation of Ama. Due to long time disturbance in Lifestyle causes continuous production of Ama and formation of Sama dhatu and manifestation of diseases like Sthaulya, Prameha etc. which are amongst the top 10 Lifestyle disorders.

Hence for prevention of Lifestyle disorders, maintenance of proper Lifestyle is very important in present era.

REFERENCES:

1. http://www.who.int/gho/ncd/mortality_morbidity/en/index.html
2. http://whqlibdoc.who.int/publications/2011/9789241502283_eng.pdf
3. <http://www.who.int/mediacentre/factsheets/fs312/en/index.html>
4. <http://apps.who.int/gho/data/node.main.688?lang=en>
5. Su.Su.1/15
6. Ch.Su.30/26
7. Ch.Chi.3/63
8. Ch.Su.9/4
9. Bh.Pra.Pu.5/13
10. Su.Chi.24/88
11. A.H.Su.2/3
12. Ch.Su.21/28, 44, 45, 50
13. A.H.Su.7/65
14. A.H.Chi.12/32
15. Ch.Su.21/39-41
16. A.H.Su.2/10
17. Ch.Su.7/33
18. Perfect Digestion: The Complete Mind-Body Programme for Overcoming Digestive Problems-Deepak Chopra
19. A.H.Su.2/8
20. A.H.Su.2/15
21. A.H.Su.2/17
22. Ch.Su.7/3
23. Su.Su.46/487
24. Ma.Ni.25/1
25. Ch.Vi.1/25
26. <http://www.livestrong.com/article/505377-how-reheating-food-destroys-much-of-its-nutritional-content/>
27. <http://www.ext.colostate.edu/pubs/foodnut/09300.html>
28. M. Merabet, Water behavior in baked dough based products and relation to structural changes induced by microwave reheating: Water Science for Food Health, 2001, p.207
29. Jose-Luis Sagripanti and Mays L. Swicord, DNA Structural Changes Caused by Microwave Radiation: International Journal of Radiation Biology; 1986, Vol. 50, No. 1, Pages 47-50
30. A.S.Su.11/3
31. Ch.Su.27/340
32. Ch.Su.5/6
33. B.P.Pu.5/279
34. Su.Su.46/462



Bhai Uddhav Das Mehta Memorial
All India P.G. Students Essay Competition-2014
Ist Prize (Gold Medal) Winner Essay
MAINSTREAMING OF AYURVEDA : ISSUES,
CHALLENGES AND SOLUTIONS

• Saurabh

Email- dr.saurabhchaurasia@gmail.com

आयुर्वेदस्य प्रयोजनम्

<p>स्वस्थस्य स्वास्थ्य रक्षणम् Ayurveda as a preventive Medical Science स्वस्थवृत्त दिनचर्या (Daily Regimen) ऋतुचर्या (Seasonal Regimen) पथ्याहार (Healthy Food Regimen) सद्वृत्त (Codes of Conduct) योग प्राणायाम रसायन</p>	<p>आतुरस्य विकारप्रशमनं As a curative medical science चिकित्सा Surgery</p>
--	--

Antenatal, Natal, Postnatal care, care of adolescent, young and old.

A. HOMEOSTASIS - DUALISTIC APPROACH

The term for health in Ayurveda is 'Swasthya'. Ayurvedic texts elaborate on the meaning of Swasthya:

समदोषःसमाग्निश्चसमधातुमलक्रियः

प्रसन्नात्मेन्द्रियमनाःस्वस्थइत्यभिधीयते (सुश्रुत सू 15 / 58)

This means One whose physiological functions (doshas), metabolism (agni), body tissues (dhatus) and excretory functions (malas) are in a state of equilibrium with cheerful mind, clarity of intellect and contented senses is said to be established in oneself (svastha). and this is the reflection of

Sarvebhavantusukhinah,
sarvesantuniramayah |
Sarvebhadranipashyant,
ma kashchiddukhb-hagbhavet | |

Let all be happy, let all be healthy, Let all see a good life and may no one ever be exposed to sorrow.

INTRODUCTION

"Let food be thy medicine and medicine be thy food."

(Hippocrates 400 BC)

Ayurveda the ancient science of life has been able to throw ample light on the maintenance of a healthy and good life. Ayurveda provides a philosophy of life in the background of maintaining a good and healthy living. The chief objects of this science are the preservation of health and prevention of disease.

स्वस्थस्यस्वास्थ्यरक्षणम् आतुरस्यविकारप्रशमनं

1. AYURVEDA AS A MAIN STREAM



■ M.D. (Ay.) Ist Yr, Deptt of Shalya Tantra, SDM College of Ayurveda, UDUPI, 574118 (Karnataka)



homeostasis in Ayurveda. According to Veda, when the flower blooms, when the gentle breeze rustles the tender leaves of trees & plants, when the birds twitter. Then I submerge into a mental tranquility which makes me feel that I am only a part of external beauty of nature. That is called as health. That is a feeling that I am a part of nature. I am one among them and I enjoy that.

B. CAUSES OF DISEASE ACCORDING TO AYURVEDA

कालार्थकर्मणामयोगोहीनमिथ्यातिमात्रकः

सम्यग्योगश्चविज्ञेयोरोगारोग्यककारणम् अ.ह.सू.1 / 19

In Ayurveda the pathological process is related to the following 3 factors where in the Doshas get vitiated in a phased manner to produce a disease. Kaala (Seasonal Changes), Artha (Improper interaction of senses with environment i.e. over use, under use, misuse and abuse of senses), Karma (Exertion of body, mind and words).

Ayurveda states that our system is made of food and disease as well. Currently there is great prevalence of lifestyle diseases which get precipitated by reaction to food, environment, regimens and routines.

The onset of lifestyle diseases is insidious and years to develop and once encountered do not tend themselves easily to cure and is the result of exposure over many years to unhealthy diet regimens and routines. The following could be the reasons in general for such diseases.

- Stress related environment
- Sedentary living Style
- Improper daily regimen
- Improper personal habits
- Environmental factors

C. IMPORTANCE OF HEALTH

“धर्मार्थकाममोक्षाणां आरोग्यं मूलमुत्तमम्
रोगास्तस्यापहर्तारःश्रेयसो जीवितस्य च ।।”

Good health stands at the very root of virtuous acts, acquirement of wealth, gratification of desire & final emancipation. Diseases are the destroyers of health, well-being & life.

D. ROLE OF त्रयउपस्तम्भ : IN DAILY LIFE

आहारशयनाब्रह्मचर्येयुक्त्याप्रयोजितैः

शरीरंधार्यतेनित्यमागारमिवधारणे अ.ह.सू.7 / 52

Ayurveda, in the literal sense, is the knowledge of life. P.C. Ray characterized the long phase of India's cultural history from 600 BC to 800 AD as the 'Ayurvedic period' because he credited Ayurveda with the origin of not only medical sciences but also chemistry and, if one may add, plant and animal sciences.

E. AYURVEDA - HOLISTIC & WHOLISTIC

Though the both terms Holistic and Wholistic seems to be synonymous, but there is a fine difference between them in relation to Ayurveda. Holism meaning targeted to the whole person - mind, body, and spirit. Holistic medicine considers not only physical health but also the emotional, spiritual, social, and mental well-being of the person. Whereas Wholistic approach considers environmental influences on health in addition to above. Ayurveda has emphasized ecological approach in terms of Ritucharya (Seasonal regimen) - in this way Ayurveda is Holistic & Wholistic.

2. POTENTIALS OF AYURVEDA

There are many fundamentals which stood Ayurveda as supreme scientific way of life. Among them some are given below which will contribute to



modern medicine to make complete/perfect healthcare system.

1. Concept of Prakriti (Ayur Genomics)
2. Concept of Agni (Digestion & Metabolism)
3. Concept of Ojus (Immunity in Ayurveda)
4. Concept of Satmya (Homologation)
5. Concept of Ama/Amavisha (Auto intoxication)
6. Concept of Healthy Ageing (SUKHAYU)
7. Panchakarma (Bioservicing procedures)
8. Concept of RASAYANA (Biological Response Modifiers)
9. Concept of Baishjyakala (Chronotherapeutics)
10. Ayurvedic Drug spectrum
11. Concept of Viruddhatha (Incompatibility)
12. Concept of Samprapti/Shatkriyakala (Pathogenesis)

3. CHALLENGES BEFORE AYURVEDIC EDUCATION AND SOLUTIONS

Ayurveda in the present day being praised as the time tested, unique holistic life science that has been rescuing humanity for many centuries. But unfortunately it is not being allowed to rescue humanity to that extent to which it can. The basic reason for this is the various challenges that it is facing in the field of its education and practice. The challenges of Ayurvedic education and that of Ayurvedic practice are interlinked. The solutions for Ayurvedic educational challenges can solve most of the challenges of Ayurvedic practice.

The basic challenges that Ayurvedic education is facing are-

1. Scattered Knowledge.
2. Inadequacy of Knowledge.
3. Lack of adequate clinical exposure.
4. Existence of misinforms/misconceptions.
5. Lack of uniform knowledge.

6. Lack of an effective and uniform professional media of conversation.
7. Reluctant attitude of governing bodies.
8. Job opportunities
9. Poorly Structure and Poorly regulated education system etc.

SCATTERED KNOWLEDGE

Thus the documentation of knowledge in Ayurveda samhita is an indicatory but not explanatory and thus each statement of samhita demands further explanation to understand its content.

Therefore it has become must and need of the day that there must be a book that would bring all the scattered information from various corners of all samhitas and explain them in a systematic manner so that the present generation would understand the information given in the science. But unfortunately this is not being done. The various publications available today are either samhitas as such or a compilation written as per the CCIM syllabus prescribed for undergraduates. Therefore there is an urgent need of an authentic text that would readily give the sketch of Ayurveda science to the new generations.

INADEQUACY OF KNOWLEDGE

Owing to the facts explained earlier the teaching faculty of Ayurveda is being deprived of adequate authentic knowledge about various aspects of science. In addition to that there is no compulsion for teaching faculty to under go regular CME programmes. Further there is no authentic body to regulate CME programmes and bring all updated informations to academic zones. All these problems making teaching faculty of Ayurveda fail to possess adequate knowledge and bring their



students into confidence. Infact many times it leaves the students confused with various contradictory statements on various aspects of science.

There are certain important basic concepts of Ayurveda like:

1. Concept of Doshasanchara
2. Concept of Marma
3. Concept of Vyadhighatakas
4. Concept of Rogamargas
5. Concept of Kriyakalas

These concepts are so important that without understanding of which one cannot really understand even the sketch of Ayurveda. Therefore there is an urgent need to have clarity and uniform opinion on these concepts in order to bring out and educate about the real sketch of ayurveda to the student community. And at the same time it is important to put these concepts in practice so as to make ayurvedic practice more rational.

LACK OF ADEQUATE CLINICAL EXPOSURE:

The Ayurvedic community is not getting adequate clinical exposure. In fact even the clinical teaching faculty members too are not provided with enough provisions to have adequate clinical exposure. Because of which many of vast sections of knowledge of Ayurveda are left untouched. And even those touched sections are also not worked to the adequate level. As a result of which the important basic concepts of ayurveda and management method of various diseases, could not be analyzed properly and layed in an uniform manner. Therefore all necessary provisions must be made for teaching faculty to have adequate clinical exposure enabling them to understand the science

and serve humanity in a better way.

EXISTENCE OF MISCONCEPTIONS/MISINFORMS:

There are various misconceptions and misinforms about many important concepts & statements of Ayurveda. They have been existing there for such a long period that they changed the out look of Ayurveda in the view of common man in general and professionals in specific. Owing to the conversational method of narration and certain story live content of samhitas Ayurveda is considered as more historical and philosophical rather than practical and scientific. And this misconception has generated reluctant attitude and failed to have analytical thought while understanding them. This in turn made either total loss of information or created a misinformation about the concept. The concept of Marma, concept of Manasarogas especially Grahavesha, concept of ojas concept of Arishtlakshanas etc. A part from these there are also certain other important aspects suffering from the same viz. Mode of action of a drug, method of examination of patient, the art of diagnosis, method of management of a pathological situation etc. Therefore this challenge needs to overcome at an earliest possible. Otherwise we may have to learn the same science from others. Because these are those important aspects of science that can be compared with the doors of temple of Ayurveda without opening of which one cannot even visualize the real pleasant idol of Ayurveda.

LACK OF UNIFORM KNOWLEDGE

This is one challenge that needs to be immediately overcome. Because this challenge is the sole cause for delay in progress of Ayurvedic



science. And even this amount of information is not uniformly available among all Ayurvedic professionals themselves. Because of which though a lot of work is being done and many young scientists are coming up with appreciable, innovative knowledge on various aspects of the science they have been confined to that regional belt of professionals and its true validation remained doubtful. This is happening because there is no one to take care of the knowledge and see that it spreads in an uniform manner among all Ayurvedic professionals across the country.

Therefore we should have a Technical governing body for Ayurveda to take care of various aspects of the science including its development. And this body has to primarily do two important works - 1. Publication work 2. Co-ordination work.

CO-ORDINATION WORK: The next important work that the body should immediately do is to design various developmental programmes into three important fields of the science i.e. **1. Research 2. Education 3. Service to public**, to see that the motto of Ayurveda "CARE OF HEALTH & CURE OF DISEASE" is achieved. And this is possible only when it takes responsibility to coordinate these activities by laying down proper and adequate regulations. It should also see that the out come of these developmental activities are incorporated in relevant publications of the body so that they are simultaneously and uniformly communicated among all ayurvedic professionals across the country.

LACK OF AN EFFECTIVE & UNIFORM PROFESSIONAL MEDIA OF CONVERSATION

This challenge is posing a major threat to

Ayurvedic science. In spite of so many hurdle involved in understanding and practice Ayurveda there are many persons/doctors who could acquire good conceptual and practical knowledge of Ayurveda. And some of them are very much interested to give their knowledge to others. There are also people who one eager to take knowledge from them. But the purpose is not being solved. Because the person who is interested to give information is not able to do so because the conversational media he uses is not conveying his intension precisely to the audience. Because the various terms used in samhita as conversational media of Ayurvedic Science are having wide applicability and when this media of conversation is used as it is the audience are not able to understand the new information precisely. Therefore there is an urgent need of an effective & uniform professional media of conversation for the faculty of ayurveda. Until then the treasure of knowledge of Ayurveda remains unrevealed and untouched. And no scientific research in Ayurveda can be meaningful.

RELUCTANT ATTITUDE OF GOVERNING BODIES

The various institutional, government and autonomous bodies like CCIM etc are not giving adequate importance and paying attention towards the system. In the sense that the science is not being supported adequately in the manner it requires today. What the system really requires today is - all ayurvedic teaching hospitals and district hospitals must be furnished with latest medical equipments so that Ayuvedic doctors get an opportunity to deal with acute conditions of various diseases if not emergencies. It is only a



misinform that the ayurvedic medicine works slowly hence acute conditions cannot be managed by them. No doubt ayurvedic medicines as they are being prepared and made available today certainly require a bit longer time to work only when compared to the allopathic medicines. But the onset of action is not that slow that acute conditions can not be managed by them. Therefore all provisions must be made to enable ayurvedic doctors treat acute conditions so that they get a chance to further understand the science in a better manner and get confidence in managing various acute conditions of diseases.

Job opportunities

There is a real problem related to the job opportunities for BAMS graduates. This indicates that there is a considerable level of career-related anxiety among students. This anxiety is noticeably less among teachers because they are already into a job.

The Government is required to look into the matter related to the creation of job opportunities for BAMS graduates in certain department like Railways and Defence. In teaching institutions too, some posts like tutors and medical officers may be created for BAMS graduates. Ayurveda may be included as an optional subject in the entrance examinations leading to Indian Administrative Services (IAS) just like modern medicine. If the quality of education is improved, some job opportunities may open up in research institutes and in other places in the health care industry as well.

Poorly Structured And Poorly Regulated Education System

Ayurveda is globally being perceived in several contradictory ways. Poor quality of Ayurved graduates produced as a result of a poorly structured and poorly regulated education system is at least one of the important factors responsible for this scenario. The number of Ayurveda colleges has increased phenomenally to 242, out of which, about 150 colleges have been established after 1980. Though the Central Council of Indian Medicine (CCIM) has implemented various educational regulations to ensure minimum standards of education, there has been mushroom growth of sub-standard colleges causing erosion to the standards of education. Liberal permission by the State Governments, loopholes in the existing acts and weakness in the implementation of standards of education have been held responsible for this state of affairs.

Amplification of The Fundamental Principles of Ayurveda By Integrating Modern Investigation Tools

At first, the amplification of the fundamental principles of Ayurveda by integrating modern investigation tools to formulate the pathogenesis from an Ayurvedic aspect is needed. For example, electro myelography and nerve conduction studies can be useful to ascertain the diagnosis of a disease that is related to Mamsa Dhatu (muscular tissue), which may be Mamsagata Vata, Mamsavritta Vata, etc. in Ayurveda and muscular dystrophy in modern medicine. Similarly, these tests can be useful to assess the efficacy of Ayurvedic procedures. This will provide the objective data. But merely prescribing some drugs based on modern researches without diagnosing the Awastha(status)



of Dasha, level of Dhatu, and Aama status as per Ayurveda would be of partial benefit. Therefore, it is of utmost importance to standardize the fundamental diagnostic principles, integrating it with modern investigative tools and utilizing it for attaining a diagnostic and treatment perspective. This may help the young generation, fast and high in intelligence, solve the challenges in understanding newer diseases using Ayurveda.

4. CHALLENGES BEFORE AYURVEDIC INDUSTRIES AND SOLUTIONS

Regulatory concerns

Quality Efficacy Safety Standardization
Competition

Consumer perception

- Lack of trust
- Trust so low even ayurvedic physicians resort to allopathic practice
- Cannot explain the rationale behind cure
- Explanation by physicians which often uses Sanskrit words not understood by common man

- Increase trust internally
- Communication with the to be relooked in this current day and age

RESEARCH → DOCUMENT → PUBLISH →
→ PROMOTE → SUPPORT

Ayurveda introduces itself as a 5000-year-old science. Many Ayurvedists are proud to be a part of this age-old science. Tradition and culture also change according to the current trends. There is no or little change in the form of Ayurveda as it is being practiced. Although the principles of Ayurveda are called immortal (that never die and are always

applicable), it is a need to be contemporary with the current scientific trends for the benefit of the society and for nurturing Ayurveda.

Before Ayurveda or any other alternative and complimentary system of medicine are accepted globally they will have to a number of challenges. Some of the issues and challenges in this area are discussed below as a guide to what they are and how they may be countered.

Safety: Complete satisfaction that a medical preparation is safe to be dispensed to patients is the prime concern of regulatory bodies around the world. This is not an easy task. Any doubt on the safety of a preparation will lead to rejection of that preparation at the regulatory level. A number of arguments are put forward to defend Ayurveda such as 'it is a system which uses natural ingredients'. Such an argument is not sufficient to convince regulatory agencies. Natural products such as bacterial toxins, snake venom and many poisonous plant extracts kill hundreds of people to show us that everything that is natural is safe; on the other hand a large number of substances that are artificially synthesized are safe for humans. Most drugs that make it through this test are given to animals at doses that are many times higher than humans to prove safety. Other arguments such as - 'regulatory authorities approved thalidomide and Baycol, our product is safer than that' are also unhelpful because even though the FDA approved Baycol it is the manufacturer, Bayer, who is paying out the damages worth over 2 billion dollars! If we want to capture large markets we also have to take responsibility.

Efficacy: While safety is the primary concern of the



regulatory agencies efficacy is not far behind. This is particularly important in the context of medications that are targeted into areas where effective treatments already exist. Barriers to entry in these areas are high; they are typically hypertension, diabetes etc. Traditionally low hurdle indications such as cancers are also becoming more challenging. Initially those indications that require smaller trials may be useful.

Directions: A leaflet in any regulated drug explains how the drug works and how it should be taken. Often no such information accompanies Ayurvedic medicines. Information on what food it interacts with can and cannot be taken are essential components of a drug label.

Intellectual Property: There are issues of ownership, protection and further advancement of intellectual property of Ayurvedic science. The body of knowledge of Ayurveda that exists today is a fruit of thousands of years of research and practice. No one body can lay claim on such a valuable asset and this knowledge base should be used for common good. Having said that, we will have to be very naive to ignore the fact that future innovations need to be protected. Any individual step that makes the Ayurvedic practice more effective, fruitful and cost effective should be protected to stimulate creativity. In many cases intellectual property around the actual product will need to be protected to give the people here who work hard enough incentive. Such protection is expensive but drug companies would not be spending 100s of millions on intellectual property if it weren't worth it.

5. CHALLENGES BEFORE AYURVEDIC RESEARCH AND SOLUTIONS

Literary research- exploration of textual information in variety of ways and drawing parallels with new development in medicine.

Fundamental research- Question and find answers on why Ayurveda follows that protocols.

Clinical research- create clinical research guidelines for Ayurveda that can be followed instead of copying those available for allopathic medicines. select a few conditions where Ayurveda would be a winner.

Ayurveda with life style modifications also coming into play. Emphasis on

- Identification of herbs
- Standardization of processes in manufacturing
- Toxicology studies

Interdisciplinary Research- Connect Ayurveda to yoga, Ayurveda with modern medicine.

National Institute of Health, America says that "most clinical trials (i.e., studies in people) of ayurvedic approaches have been small, had problems with research designs, lacked appropriate control groups, or had other issues that affected how meaningful the results were. Therefore, scientific evidences for the effectiveness of ayurvedic practices varies and more rigorous research is needed to determine which practice is safe and effective."

Conventional clinical trials regimen is not fit for Ayurveda as it is based on 5000 years of clinical practice. hence, in place of conventional evidence-based medicine (EBM) clinical trials should be organized for ayurveda... Dr. Ram Manohar (Research Director, Arya Vaidya Pharmacy Coimbatore)



Private Domain

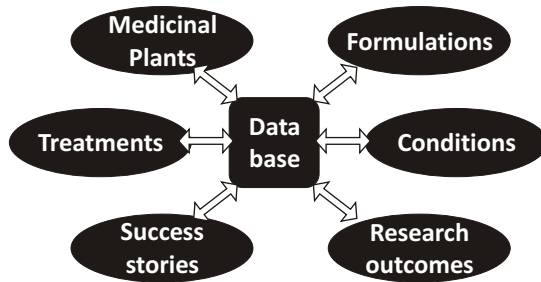
- Can be accessed by any ayurvedic practitioner
- Content can be added by any ayurvedic practitioner
- Allow/edit/delete capabilities belong to governing authorities
- Central data repository controlled by governing authorities
- Restricted access to medical fraternity and researches

v/s

Public Domain

- Language understandable to public
- Promoting Ayurveda to public domain
- Content share, RSS feeds, newsletter, social media

6. DOCUMENTATION



Documentation Increases Trust

Data ↔ Information ↔ Knowledge ↔ Wisdom

PUBLICATION IN MEDICAL JOURNAL

Publication	Ayurveda	Chinese and traditional medicine
Pubmed	2807	23,964
Medline	42	656
Lancet	39	204
B.M.J	36	1821

Immediate need to increase the share of voice in

scientific publications to increase the trust levels

Create a repository similar to PubMed for Ayurveda

PUBLICATION WORK: In addition to the classical books the governing body has to publish a book intended to give the entire sketch of ayurvedic science discussing about all its basic aspects in detail in a systematic manner with all possible references and explanations so that the students would readily understand the science at one stretch without difficulty. Thus this sort of activity would enable to have an uniform knowledge about an aspect of science among all ayurvedic professionals across the country/world. And this in turn would help all research & developmental works in ayurveda run smoothly and in a proper direction.

UNDERSTANDABILITY OF VOICE ACCESSED BY GENERAL PUBLIC ONLINE

Process of arthritis as described in

AYURVEDA- According to Ayurveda mostly pains caused by aggravation of vatadosha. Arthritis is a condition which is caused by accumulation of Ama and aggravation of vata (Ama is a toxic byproduct of improper digestion) this Ama circulates in the whole body and deposits or gets collected at the sites which are weaker. When it deposits in joints and at the same time there is aggravation of vata, it results in a disease called Amavata this Amavata is Arthritis.

ALLOPATHIC MEDICINE- Rheumatoid arthritis (R.A.) is an autoimmune disease in which body immune system attacks joints and other tissues, usually symmetrical. It involves the hands and other joints, it worsens in the morning. R.A. is a systemic (body-wide) disease involving other organs also. Whereas



Osteoarthritis limited to joints. Both forms of arthritis can be crippling.

8. AYURVEDA IN NATIONAL PROGRAMMES

Similarly Ayurveda must be considered in various national health programmes like Malarial Eradication, Leprosy Eradication, T.B. eradication programmes, Family planning programmes, HIV/AIDS control programmes etc. Though AYUSH 64 is considered as a good anti malarial drug and incorporated in programme it has not been widely propagated. Ayurvedic system has given a lot of information regarding T.B., leprosy etc. including their management methods. A recent study in Government Ayurvedic College, Hyderabad showed very encouraging results in management of T.B. with Ayurvedic medicines even in drug resistant cases. Therefore governing bodies should take up all necessary steps to see that Ayurveda play a contributory role in all national health programmes and allow it to serve humanity to the extent it can

9. CONTEMPORARY APPRAISAL OF AYURVEDA

From the following five contemporary perspectives, Ayurveda can be definitely appraised as a part of complete health care system.

S/No.	Social aspects of Medicine	Description
1	Patient Centered Medicine (PCM)	Ayurveda's basic approach is at the gross level of the Patient. It considers various kinds of Sathmya like Foods, drugs, Places, etc., in relation to patient during management.
2	Narrative Based Medicine (NBM) Doctor and Patient relationship	NBM represents one of several patient-centered approaches to the practice of medicine that can give give the physician access to the lived experience of their patients. As an enhanced form of history taking, narrativ approaches can assist the physician in formulating more appropriate diagnostic and treatment options as well as improve doctor-patient relationships (Adler; Greenhalgh 1999). Patients feel known by their doctors, and in turn, physicians can better assess the effectiveness of their interventions. Ayurveda is formulated based on these approaches.
3	Value Based Medicine (VBM)	These values include an acceptance of the value of human life in quantity and quality, and of the importance to both individuals and communities of human security and flourishing. Information system that improves the quality of health care and, at the same time, makes health care more cost effective and



4	Evidence Based Medicine (EBM)	efficient medicine. Most of the Ayurvedic drugs are cost effective and efficient in making the body aware of true situations not like that of agonistic and antagonistic effects. Most of the Ayurvedic principles are perceived by the
5	Humanistic medicine	modern science in current sense. It shows that Ayurveda was formulated based on the evidences of those days. Medicine devoted to the rational solution of the
		problems of human illness. Humanistic medicine seems to mean a medicine that is rooted in a concern for fellow humans, for their emotions, their suffering, their peace of mind. This humanistic approach medicine is itself mentioned in the definition of Ayurveda.

10. CONCLUSION

These issues need to be taken up by clinicians, academicians, and researchers, governing bodies and incorporated into research programs of Ayurveda. When all these challenges are met the various demands existing before ayurvedic practice today can be overcome correctly and easily and then the so called an alternative science "Ayurveda" would soon be proved as the ultimate health science rescuing humanity. The curriculum of BAMS course of studies is required to be reviewed and restructured. The syllabi are required to be updated with certain relevant topics like laws governing the intellectual property rights, basic procedures of standardization of medicinal products, fundamental methods of evaluating the toxicity of the medicinal products, essentials of healthcare management and the basics of cultivation and marketing of medicinal plants. Ayurvedic academicians are required to be trained in standard methods of research and documentation skills, and the educational institutions are required to be

encouraged to contribute their share in building up the evidence base for Ayurveda in the form of quality education and research.

FUTURE OUTLOOK

- Revalidation of facts enumerated by ayurvedic classics leading to explanation of fundamental principles
- To find better treatment modalities for the existing disease and newer disease
- To standardize treatment procedure scientifically
- To establish dose, duration, indication and side effect profile of any given drug.
- To establish Pharmacovigilance of ayurvedic drug and therapy
- Emphasis on treatment of 6-10 conditions which has a higher chance of success with ayurveda
- Emphasis to document and promote few preparations as nutraceuticals or generic medication for common ailments
- TO ESTABLISH "AYURVEDA AS A MAIN STERAM OF MEDICINE".



- The slogan - 'DIET and Regimen AS DRUG' - should be popularized across the globe to fight against life style diseases in safer and cheaper way. "The doctor of the future will give no medicine but will interest their patients in the care of the human frame, in diet, and in the cause and prevention of disease." Thomas Edison

ॐ सहनाववतु । सहनौभुनक्तु

सहवीर्यमकरवावहै । तेजस्विनावधीतमस्तु । मा विद्वषावहै ।
क. उपनिषद्

O God we may live together, eat together, there should not be any hatred and egoism among us we may enjoy the healthy lives and live peacefully together.

BIBLIOGRAPHY

- Gangadharan&DarshanShankar, Indian Journal of Traditional Knowledge Vol.8 (2), April 2009, pp 181-184.
- Valiathan M.S. An Ayurvedic view of life, CURRENT SCIENCE, VOL96, NO. 9, 10 MAY 2009
- Drug discovery and development: India, VOLUME 10: EXAMPLES OF THE DEVELOPMENT OF PHARMACEUTICAL PRODUCTS FROM MEDICINAL PLANTS, CDRI, LUCKNOW, INDIA
- Sukhdev, Ancient - Modern Concordance in Ayurvedic plants : some examples, Environmental health perspectives Volume 107, Number 10, October 1999
- Sathya N. Dornala, Role of Pizhichil in Sukhprasava - A Clinical Experience as INVITED SPEAKER at National Scientific Seminar on Reproductive Health of Women through Ayurveda on 24-25 Feb 2009 organized by Rashtriya Ayurveda Vidyapeeth (RAV), Delhi
- LECTURES ON AYURVEDA, BOOK BY KOTTAKAL AYURVEDA SERIES 50
- Ayurveda: The Science Of Self-Healing by Dr. Vasant Lad
- Lessons and Lectures of Ayurveda by Dr. Robert

Svoboda

- Ayurveda Institute of America: Study Course
- Awakening Nature's Healing Intelligence by Hari Sharma, MD (Lotus Press)
- Ayurveda and Panchakarma by Sunil Joshi (Lotus Press)
- Patanjali and Ayurvedic Yoga by Vinod Verma (MotiialBanarsidas)
- A life Of Balance by Maya Tiwari (Healing Arts Press)
- The Hidden Secret of Ayurveda by Dr. Robert Svoboda (Ayurvedic Press)

श्रद्धांजलि



डॉ० एम.एन. गोहिल, अध्यक्ष, विश्व आयुर्वेद परिषद्, गुजरात प्रान्त का स्वर्गवास 8 जुलाई, 2014 को हो गया। डॉ० गोहिल का जन्म 1 जून 1951 को कोडिनार, सोमनाथ, गुजरात में हुआ था। जूनागढ़ आयुर्वेदिक कालेज के स्नातक तथा आई.पी.जी.टी. एण्ड आर., जामनगर से मौलिक सिद्धान्त में उन्होंने स्नातकोत्तर की उपाधि प्राप्त की। उन्होंने जी. ए. महाविद्यालय, जामनगर के पूर्व प्रधानाचार्य तथा गुजरात आयुर्वेद विश्वविद्यालय, जामनगर के पूर्व कार्यकारी कुलपति के अलावा विभिन्न पदों को विभूषित किया। विश्व आयुर्वेद परिषद् परिवार उन्हें श्रद्धांजलि अर्पित करता है।



Pandit Durga Prasad Sharma Memorial

All India Ayurvedic U.G. Students Essay Competition - 2013

IIInd Prize (Silver Medal) Winner Essay

स्वस्थस्य स्वास्थ्य रक्षणम् आतुरस्य विकार प्रशमनं च

• काकाडिया चैताली बाबूभाई

INTRODUCTION-

“प्रक्षालनाद्धि पङ्कस्य दूरादस्पर्शनं सुखम् ।”

(Hindi commentary on Su. Chi. 24)

Prevention is better than cure.

Since the time immemorial health is cherished wish of human beings. In the world of ever changing and modern civilization, this wish has been a nightmare and this is mainly because of the we human being living in a stressful and polluted environment with changing life style, behaviors and mechanical life pattern.

The health of an individual is dependent on both hereditary and environmental factors. It is a condition in which all the physical and mental mechanism of an individual function normally. It is not merely an absence of disease.

MEANING OF AYURVEDA

Now a day, people believe that Ayurveda means only yoga, massage therapy and spa therapy. People deliberately put the original of Ayurveda out of their mind and don't think about it anymore. Actually this science is designated as Ayurveda where advantageous and disadvantageous as well as happy and unhappy life along with what is good and bad for life; its measurement and life itself are described in charaka samhita sutrasthana 1-41. As follow-

हिताहितं सुखं दुःखमायुस्तस्य हिताहित् ।

मानं च तच्च यत्रोक्तमायुर्वेदः स उच्यते । (Ch.Su..1.41)

Thus, broadly speaking, Ayurveda stands for knowledge of life. The term veda may be attainment but this is not intended here because life is not a direct object of Ayurveda. Its direct object is the knowledge of life. Ayurveda, the science of life, which has primary aim to preserve the health of a healthy individual (स्वस्थस्य स्वास्थ्य रक्षणम्) laid down all the preventive principles which are necessary in maintenance of health under the Swasthavritta, which is known as preventive and social medicine or community medicine in modern science.

Health is not just something which we inert, it has to be attained by observing the laws of nature. Health requires continuous adjustment to the environment. As living organism is dependent upon the environment in which they live.

Health includes one's reserve of physical strength and stamina as well as mental steadiness to meet the requirements of daily life. Only healthy individual of sound body and mind can endure social cultural pressures. Health not only means freedom of disease but the ability to work with satisfaction and self control. Health or Aarogya is the best root factor to achieving धर्म, अर्थ, काम, मोक्ष that is known as चतुर्विध पुरुषार्थ.

[धर्मार्थकाममोक्षणामारोग्यं मूलमुत्तमम् । (Ch.Su.1.15)]

Thus, health is root cause as par excellence of the attainment of all these four objects of human

■ द्वितीय व्यावसायिक छात्र, बी.ए.एम.एस., राजकीय आयुर्वेद कॉलेज, बडोदरा, गुजरात

विश्व आयुर्वेद परिषद पत्रिका : जुलाई-अगस्त 2014



life in as much as one suffering from a disease is absolutely incapable of performing any act conducive to attainment of any of these four objects. As a matter of fact, the manifestation of diseases is synchronous with the impediments to the objects of human life. It is not correct to say that a disease is caused first and then it spoils health. The combination of a positive and negative object would rather lead to a negative rather than positive result. An impediment to the objects of human life on the other hand is to be treated as something positive rather than negative.

DEFINITIONS OF HEALTH ACCORDING TO MODERN SCIENCE

"Health" is one of those terms which most people find it difficult to define although they are confident of its meaning. Therefore, many definitions of health have been offered from time to time, including the following:

- "The condition of being sound in body, mind or spirit, specially freedom from physical disease or pain" (Webstar)
- "Soundness of body or mind; that condition in which its functions are duly and efficiently discharged" (Oxford English Dictionary)
- "A condition or quality of the human organism expressing the adequate functioning of the organism in given conditions, genetic and environmental" (WHO 1957)
- "A modus Vivendi enabling imperfect men to achieve a rewarding and not too painful existence while they cope with an imperfect world" (Dubos R. 1968)
- "A state of relative equilibrium of body from function which results from its successful dynamic adjustment to forces tending to disturb it. It is not passive interplay between body substance and

forces impinging upon it but an active response of body forces working toward readjustment" (perkins)

"WHO" DEFINITION AS UNDER:

The widely accepted definition of health is that given by the World Health Organization (1948) in the preamble to its constitution, which is as follows: "Health is a stage of complete physical, mental and social well-being and not merely the absence of disease or infirmity"

MEANING OF SWASTHA IN AYURVEDA:

The word स्वस्थ is composed of two words स्व and स्थः, स्व means one's own. स्थः means doing well. Thus स्वस्थ denotes self abiding, being in one's natural state. According to Ayu. shabda kosha स्वस्थ is defined as follows:

स्वस्मिन् तिष्ठति यः सः स्वस्थः ।

Means one who is in his own normal condition is called swastha. स्वस्थ in Ayurveda denotes, the individual who enjoys normal health that is healthy individual.

DEFINITION OF SWASTHA ACCORDING TO AYURVEDA

Susruta defined the स्वस्थ as follows:

समदोषः समाग्निश्च समधातु मलक्रियः ।

प्रसन्नात्मेन्द्रिय मनः स्वस्थ इत्यभिधीयते ।।

(Su.su.15.148)

The above definition, which is a standard one, also includes the quiet and clear functioning of the sense organs and the mind. A pragmatic definition of health is that it is the condition when the digestive fire is nourished. Good digestion is regarded as symptom of good health; because digestive disturbances are root of most of the ailments. It is in order that the digestive fire may be kept in good condition that the daily regimen of diet, exercise etc, and the conduct appropriate to



seasonal variation are prescribed.

Ayurveda defines man as an aggregate of body mind and soul. Naturally, the concept of health is not only physical health but mental and spiritual health too. Its personal daily and seasonal regimen known as स्वस्थवृत्त is supplemental by सद्वृत्त that is rules of good conduct and regulation of spiritual life, an asset to the society. Its concept of life is a total concept of the individuals life in relation to the society and universe. Hence Ayurveda apart from discussing cure of disease and maintenance of health includes eugenics, ethics and philosophy.

The concept of स्वस्थ and स्वस्थवृत्त is coming not only from Ayurvedic samhita, it is coming since vedic period.

HISTORY OF SWASTHAVRITTA AS FOLLOWS:

- Prevedic period: Indus valley civilization (3000 - 1500 BC) - careful town planning, adequate water supply and efficient drainage system.
- Vedic period: (2000-1000BC) Deerghayu and shraddha, yagna during ritusandhi, sadvritta, rasayana and sanitation.
- Post vedic period: (500BC)
 - A.PURANS: Dahatusamya, swastha, ritus, sadvritta, dinacharya, rutucharya
 - B.BUDDHISM: Dhammapada-arogya
 - C.JAINISM: Acharanga sutra-personal hygiene, Uttaradhyayana sutra- foods and evacuation.
- Samhita kala:
 - A.Charaka samhita- Swasthya chatuskam
 - B.Susruta samhita- Anagatabadha pratishedheeya adhyayam
 - C.Asthangahridayam- Dinacharya, ritucharyam, roganutapadaneeya.

CONCEPT OF PREVENTION IN MODERN SCIENCE:

The goals of medicine are to promote health,

to preserve health, to restore health when it is impaired, and to minimize suffering and distress. These goals are embodied in the word "prevention"

In modern day, the concept of prevention has become broad-based. It has become customary to define prevention in terms of four levels:

1. Premorbital prevention
2. Primary prevention
3. Secondary prevention
4. Tertiary prevention

CONCEPT OF PREVENTION IN AYURVEDA

Ayurveda, the veda of आयु. gives first preference to keep maintain one's health and curing of disease is the second preference. This matter we can verify from Charak Samhita in chikitsa sthana. In this sthana first 2 chapters of Rasayana and Vajikarana to keep healthiness and then after this chapters the chikitsa of ज्वर, रक्तपित्त etc. starts. In this way we can say that Charaka also give first preference to keep healthiness. In sutrasthan Charaka said that-

स्वस्थ्यस्य स्वास्थ्य रक्षणं आतुरस्य विकार प्रशमनम् च ।

(Ch.Su.30.26)

Means first we have to try to maintain one's health for a long time. To maintain one's health, our Samhita gives many subjects for it. The assumption is that prevention is better than cure. Treating the disease in its early stage is better then grappling with it when it has advance condition.

PROTOCOL IN AYURVEDA FOR MAINTAINING THE HEALTH OF HEALTHY PERSON

Under the subject swasthavritta some principals are described to preserve the health of any individual. As under:

1. Dincharya
2. Ratricharya



3. Ritucharya

4. Sadvritta

1. In Dincharya according to ayurvedic samhitas one should get up from bed in Brahma muhurta, then usha jalapana, mala visarjana, shouchvidhi, danta dhavan, jihva nirlekhana, gandusha dharana, anjana, nasya, dhumpna, vyayama, chankaraman, kshourkarma, abhyanga, shareer parimarjanam, snan, anulepana, vastradharana, ahara, tambul sevana, vritti dharma etc. many subjects are described very well. Only by following this one can become healthy. For mental hygiene and promotion of mental health, Ayurveda includes sadvritta, achara rasayana, dharniya vega etc.

2. In ratricharya, sandhyakalochit aachrana, ratribhojan, shayana, nidra, svapna, vyavaya, garbhadhan, rajaswalacharya, bramhacharya etc are described very well.

3. According to six ritus ahar and vihar are described in ritucharya very well. The state of homeostasis has its direct bearing on dietetics. It has been stated by Charaka that the strength and luster of one who knows Ritucharya, suitable diet and regimen for every season practices accordingly are enhanced (Ch.Su.6.13). It is not possible to have the knowledge of suitable diet and regimen for different seasons without having he knowledge of seasons themselves. Health of the individual is a dynamic phenomenon to maintain homeostasis of doshas, dhatus etc. The observance of ritucharya is prime duty which have important role in the context of prevention of diseases.

4. Dharniya vegas, achara rasayana, mental hygiene and promotion of mental health all are described under the subject of sadvritta.

Besides the prescribed mode of life and dietetics, Ayurved also advocates the appropriate

use of Rasayana and Vajikarana remedies. Fumigation process is also described to prevent disease transmission.

आहाराचारचेष्टासु सुखार्थी प्रेत्य चेह च ।
परं प्रयन्तमातिष्ठेबुद्धिमान हितसेवने ।।

(Ch.Su.7.60)

One desirous of well being in this world and the world beyond, he should try his level best to follow the principle of health relating to diet, conduct and action. In this way, we can say that Ayurveda is not only for the treatment of disease or preventive medicine. It can give MOKSHA, a desire for eternal and supreme happiness. By attaining the highest evolution of mind and acquiring true knowledge about self and the universe, one can achieve a state of supreme and eternal happiness.

सत्याश्रये वा द्विविधे यथोक्ते पूर्वे गदेभ्यः प्रतिकर्म नित्यम् ।
जितेन्द्रियं नानुपतन्ति रोगस्तत्कालयुक्तं यदि नास्ति दैवम् ।।

(Ch.Sha.2.43.)

Means, one does not get afflicted with diseases even during the existence of the body and the mind which are the seats of disease, if before the manifestation of diseases, he takes recourse to preventive therapeutic measures and obtains from intellectual blasphemy and unwholesome contact with senses, provided the manifestation of the diseases at that time is not predetermined.

Therapies for the prevention of diseases are composed of such measures as would contract the ill effects of seasons which are unavoidable. In spite of the adoption of all measure to prevent a disease, it does occur if its manifestation at that time is predetermined due to effects of the actions during the previous life.

In the time of civilization, one has very fast and furious life. He does not have time for following the



Dincharya, Ratricharya, Rutucharya etc. He has no time to make or take proper ahara. He takes junk food and mostly preserved food which is very harmful for body as well is virudhha ahara and alleviations diseases. In charak samhita, main 3 factors consider under the causative factors of disease.

CAUSATIVE FACTORS OF DISEASES ACCORDING TO AYURVEDA:

प्रज्ञापराधो विषमास्तथाडर्था हेतुस्तृतीयः परिणामकालः ।
सर्वामयानां त्रिविधा च शान्तिर्ज्ञानानार्थकालाः समयोगयुक्ता ॥

(Ch.Sha.2.40)

Causative factors of diseases are as follows:

1. Intellectual blasphemy
2. Unwholesome contact with senses
3. Seasonal vagaries

All diseases can be cured in three ways that is correct knowledge, wholesome contact with sense and seasonal normality.

Now a day people are suffering from many type of life style disorder. The most common are psychosomatic disorders. One who is unhappy, not for his problems but only for other's pleasure or happiness. The grief, fear, vanity, shamelessness, jealousy etc. are most common in this age of time and due to this people are suffering from many type of psychosomatic illness.

Any disturbance in the equilibrium of dhatus is known as disease and on the other hand the state of their equilibrium is health. Health and disease are also defined as pleasure and pain respectively (Ch.Su.9-4). There are certain diseases which even though are effects of the disturbance of the equilibrium of dhatus do not appear to be uncomfortable or painful. Even so they are regarded as disease because when know they are

painful if not physically, mentally.

TREATMENT OF DISEASE ACCORDING TO AYURVEDA

Now a day, people come to physician to cure the diseases not for keeping healthiness. Effort of Ayurvedic physician includes his judgment about his duties and otherwise; that of the medicament includes therapeutic action when administered; an attendant's action includes preparation of medicaments and nursing the effort of the patient lies in following the instructions of the physician and in giving the correct history of his disease. Ayurveda includes many type of treatment to cure the diseases and giving healthy life snehana-swedana, shanshodhana- sanshamana, langhana brihmana, santarpana, aptarpana, panchkarma, ksharsutravidhi etc. Maharshi Charak said that, when Chikitsa Chatushpada is qualitative, all diseases can be curable.

In this way one can become free from any disease because treatment of diseases is also the aim of Ayurveda (आतुरस्य विकार प्रशमनम् च) but the main aim is to keeping healthiness of any person. This is described in sutrasthan of charak samhita very well. It is as follow:

नरो हिताहारविहारसेवी समीक्ष्यकारी विषयेष्वसक्तः ।
दाता समः सत्यपरः क्षमावानाप्तोप्सेवी च भवत्यरोग ॥
मतिर्वचः कर्म सुखानुबन्ध सत्त्वं विधेयं विशदा च बुद्धिः ।
ज्ञानंतपस्तत्परता च योगे यस्यास्ति तं नानुपतन्ति रोगाः ॥

(Ch.Sha.2.46-47)

Means one who resorts to wholesome diet and regimens, who enters into action after proper observation, who is unattached to the pleasure drawn from the satisfaction of sensory objects, who is given forgiveness and who is at service of learned people seldom gets afflicted with diseases.



Diseases do not afflict an individual who is endowed with excellence of thoughts, speech and acts which are ultimately blissful, independent thinking, clear understanding of knowledge, observance of spiritual prescription and love for meditation.

IMPORTANCE OF HEALTHY BODY

A body is the substratum of all phenomena in living being. So body even in preference to his own mind and also the body of other individuals one cannot have proper functioning of his own body is handicapped.

सर्वमन्यत्परित्यज्य शरीरमनुपालयेत् ।

तद्भावे हि भावानां सर्वाभावः शरीरिणाम् । ।

(Ch.Ni.6.7.)

Means- leaving everything else, one should maintain the body, If there is no body, there is nothing that can be made available to the individual.

CONCLUSION

Thus the preventive principles described by Aurveda are comprehensive health care in promoting physical, mental, social and spiritual health of an individual as well as community.

Ayurveda stated that one who strictly observes the principles of Swasthvrutta will live hundred years without getting any diseases.

To maintain health, everyone should always observe the rules of Swasthvrutta regularly. In Bhagavata Geeta lord Krishna said "Let none suffer from sorrow or diseases and let everyone be happy. Let everyone be a well wisher of others and enjoy the heavenly pleasures on this earth." (Bhagavata geeta)

(पृष्ठ 53 का शेष)

चिढ़ाना / छेड़ना या तंग मत करें ।

गरीब और जरूरतमंद लोगों के लिए मदद का हाथ प्रदान करें ।

● सामाजिक बनें, अपने परिवार, रिश्तेदारों और दोस्तों से मिलें और अभिवादन, स्वागत आदर करें ।

● अपने बड़ों व माता-पिता, वरिष्ठ नागरिकों, अतिथियों, शिक्षकों और महिलाओं का आदर करें ।

● गहरी श्वास , योग, प्राणायाम, श्वासन आदि का अभ्यास करें ।

उपाय-अनिद्रा

● कम से कम 6-7 घंटे की नीद लें ।

● सोने जाने के लिए आदर्श समय रात्रि 9:30-10:30 के बीच है ।

● उत्तम जागरण समय सूर्योदय से पहले है ।

● दिन में सोने से बचें ।

उपाय-तम्बाकू आदि नशीले पदार्थों का प्रयोग

● नशीले पदार्थों जैसे तम्बाकू, शराब, ड्रग्स से दूर रहें ।

● अपने आप को व्यस्त रखें ।

● अपना मनोबल ऊंचा रखने के लिए योग ध्यान, सत्संग, हॉबी और सामाजिक कार्यों से जुड़े ।

उपाय-पर्यावरण प्रदूषण

● पर्यावरण प्रदूषण की सफाई के लिए आगे आएं रसायन / सिंथेटिक पदार्थों, प्लास्टिक से बचें ।

● रासायनिक उर्वरकों और कीटनाशकों के बिना जैविक पदार्थों / उत्पादों का उपयोग करें ।

● पौधारोपण और अपने जीवन में पेड़ों / पौधों का पोषण करें ।

उपाय-आधुनिक गैजेट्स का दुरुपयोग

● आधुनिक गैजेट्स / इलेक्ट्रॉनिक उपकरणों- टीवी, कैबल, कम्प्यूटर, इंटरनेट, मोबाईल, आइपॉड आदि का तर्क पूर्वक / संयमित प्रयोग करें ।

● उपयोग न होने की स्थिति में इन उपकरणों को पूर्ण बंद या डिस्कनेक्ट रखें ।



आयुर्वेदमतानुसार सद्वृत्त वर्णन

• राजेन्द्र प्रसाद

email- rajendraprasad051@gmail.com

स्वस्थ व्यक्ति के स्वास्थ्य की रक्षा करना तथा रोगियों के विकारों का शमन करना, यही आयुर्वेद का प्रयोजन है।¹ इन दोनों ही उद्देश्यों की पूर्ति के लिये औषधि, अन्न, विहार का प्रयोग किया जाता है। विहार का ही एक अभिन्न अंग “सद्वृत्त” होता है। चिकित्सा में तो सद्वृत्त की भूमिका होती ही है किन्तु विशेष रूप से रोगों से बचाव करने में यह अत्यंत ही लाभकर सिद्ध होता है। सद्वृत्त का तात्पर्य आमतौर पर सदाचार अथवा अच्छे आचरण या चरित्र से लगाया जाता है जो कि कहीं न कहीं व्यक्ति के अच्छे स्वास्थ्य अर्थात् रोगों से बचाव के लिए आवश्यक होता है। इसके विषय में विभिन्न विद्वानों, महापुरुषों तथा ग्रन्थों में यथास्थान एवं यथासंभव वर्णन किया गया है। किन्तु आयुर्वेद में इसको मात्र व्यक्तिगत चरित्र अथवा आचरण तक ही सीमित नहीं रखा गया है अपितु इसको सामाजिक, मानसिक, धार्मिक, व्यावहारिक, सामान्य कार्य क्षेत्र आदि पक्षों को लेकर भी वर्णित किया गया है। यहाँ तक कि व्यक्तिगत स्वस्थवृत्त जैसे दैनिक क्रिया, भोजन ग्रहण, मलत्याग, अध्ययन आदि क्रियाओं को भी सद्वृत्त के अंतर्गत समाहित किया गया है। अतः आयुर्वेदोक्त सद्वृत्त का विस्तृत विवेचन एवं इसका समुचित पालन, निश्चित ही आयुर्वेद के प्रयोजनों को पूरा करने में सहायक हो सकता है।

चरक संहिता के सूत्र स्थान के आठवें “इन्द्रियोपक्रमणीयाध्याय” में सद्वृत्त का विशद वर्णन किया गया है। जिसे हम निम्न प्रकार अपनी सुविधानुसार प्रयोग में ला सकते हैं:-

उपरोक्त विवरण में सामान्य व व्यक्तिगत आचरण सम्बन्धी बातों का वर्णन करते हुए कहा गया है कि व्यक्तियों को दूसरा पहले बोले उसके बाद मैं बोलूंगा ऐसी इच्छा न रखते हुए स्वयं पहले बोलने का

अभ्यास करना चाहिए। बोलते समय समुख रहना चाहिए। दुर्गति में पड़े हुए व्यक्तियों की रक्षा करने वाला, हवन करने वाला, दानी, चौराहों को प्रणाम करने वाला, कौआ आदि को ग्रास देने वाला, अतिथियों का सत्कार करने वाला, पितरों का श्राद्ध करने वाला, समय पर हित, परिमित, तथा मधुर अर्थ वाली बातों को कहने वाला, अपनी आत्मा तथा इन्द्रियों को वश में रखने वाला, धर्माचरण करने वाला, हेतु में ईर्ष्या करने वाला किन्तु उसके फल के प्रति ईर्ष्या न करने वाला, चिन्तारहित, भयरहित, लज्जाशील, बुद्धिमान अत्यन्त उत्साहशील, कुशल, क्षमाशील, धर्मकार्यों में आस्था रखने वाला, आस्तिक, विनय, बुद्धि, विद्या, कुल तथा वय में जो वृद्ध, सिद्ध एवं आचार्य हैं उनकी उपासना करने वाला, छाता, दण्ड, मौली, जूता पहनने वाला, सामने चार हाथ की दूरी तक देख कर चलने वाला होना चाहिए। मंगल तथा सदाचार का अभ्यास करने वाला, गन्दे वस्त्र, अस्थि कोंटे, अपवित्र वस्तु, केश, तुश, राख, कपाल, स्नान भूमि तथा बलि भूमि इनसे दूर रहने वाला, थकावट आने के पहले व्यायाम को छोड़ देने वाला, सभी प्राणियों को बन्धु के समान समझने वाला, कुद्वों को मनाने वाला, भयभीतों को आश्वासन देने वाला, दीनों का सहायक, सत्यप्रतिज्ञ, शान्ति गुण विशिष्ट, दूसरों के कठिन वचनों को सहन करने वाला, क्रोध का नाश करने वाला, शान्ति को गुण समझने वाला, राग और द्वेष आदि मानसिक विकारों का विनाश करने वाला होना चाहिए।² झूठ नहीं बोलना चाहिए, पराये धन को न लें और न ही लेने की इच्छा रखें, न दूसरे की स्त्री को और न दूसरे की श्री को प्राप्त करने की अभिलाषा रखें, लड़ाई, झगड़ा, शत्रुता, पाप न करे, पाप करने वाले के साथ भी पाप व्यवहार न करे, दूसरे के दोषों को न कहें, दूसरे की गुप्त बातों को जानने का प्रयत्न भी न करे, अधार्मिक, राजद्वेषी, उन्मत्त, पतित,

■ रीडर, कायचिकित्सा विभाग, आयुर्वेद संकाय, का0हि0वि0वि0, वाराणसी-221005 (उ0प्र0)



गर्भ को मार डालने वाले, क्षुद्र स्वभाव वाले, तथा दुष्ट पुरुषों के साथ न बैठें। न साहसी कार्यों को करे, न अधिक सोये न अधिक जगे, न अधिक स्नान, न पीने योग्य पेयों को और न खाने योग्य वस्तुओं को अधिक खाये, ऊपर की ओर टाँगे करके देर तक न रहें। महान पुरुषों से विरोध न करे, न नीचों की सेवा करे, कुटिल व्यवहार वालों के साथ निवास की इच्छा न करे, न नीच स्वभाव वाले का आश्रय ले, न किसी को डराये, न साँपों, दुष्ट हाथी, बाघ, चीता आदि के समीप जाये, न दाँत वाले प्राणियों, पशु, गाय, बैल, कुत्ता, सियार, आदि और न सींग वाले प्राणियों के समीप जाये, पूरब की हवा आतप, ओस और आँधी का अधिक सेवन न करे, झगड़ा न करे, सावधान चित्त होकर एकान्त में यज्ञ आदि करे, शरीर में झूठा लगा होने पर तथा आग को नीचे रखकर पैर आदि न सेके। इसके अतिरिक्त यात्रा से सम्बन्धित भी कुछ नियमों का वर्णन किया है जैसे रत्न, घी, पूज्य मंगलकारक द्रव्यों तथा फूलों का बिना स्पर्श किये छोटी अथवा बड़ी कोई यात्रा न करे, पूज्य व्यक्तियों तथा मंगलकारी द्रव्यों को बांयी ओर करके और अपूज्य तथा अमंगलकारी पदार्थों को दाहिनी ओर करके कोई यात्रा न करे।¹

मानसिक व्यवहार में सद्वृत्तः— धैर्य रहित न हों, उद्धत स्वभाव वाला न हो, अपने अनुचरों का समय पर भृत देने वाला हो, अपने लोगों पर विश्वास करने वाला हो, अकेले सुखी रहने का प्रयास न करे, दूसरों को दुःख देने वाले आचार विचार का न हो, सभी पर विश्वास न करे, न सबको शंका की दृष्टि से देखे और न सदा सोच विचार में ही डूबा रहे।¹

सद्वृत्त के अनुसार पूज्यजनों के साथ व्यवहारः— सत्पुरुषों तथा गुरुजनों की निन्दा न करें, और अपवित्र स्थिति में रहकर अभिचार कर्म, चैत्य (महान वृक्ष), पूज्यों की पूजा तथा वेद आदि का स्वाध्याय अथवा अध्ययन आदि शुभ कार्यों को न करें।¹ देवता, गाय, ब्राह्मण, गुरु, वृद्ध, सिद्ध और आचार्य की पूजा करनी चाहिए। यज्ञ द्वारा अग्नि की उपासना करनी चाहिए। प्रशस्त औषधियों को धारण करें।¹

सद्वृत्त के अनुसार स्त्रियों के साथ व्यवहारः—

पुरुषों के जीवन में स्त्रियों का विशेष स्थान है। स्त्रियों के प्रति व्यवहार एवं उनके साथ सम्बन्ध का पुरुषों के स्वास्थ्य पर सीधा प्रभाव पड़ता है। व्यवसाय पुरुषों के जीवन का एक अति आवश्यक अंग है जिसके लिये भी स्त्रियों की खास भूमिका होती है। अतः उसके लिये भी बताये गये नियमों का पालन करना आवश्यक होता है। इस सम्बन्ध में बताया गया है कि स्त्री का अपमान न करें, न अधिक उसका विश्वास ही करें, न इनको गुप्त बातें सुनायें, न पूरा अधिकार दें। रजस्वला, रूग्णा, अपवित्र, अरुचिकर, कुष्ठ आदि रोगों से पीड़ित, अप्रियरूप, अनिष्ट आचरण से युक्त, अकुशल, विपरीत आचरण वाली, मैथुन की इच्छा न रखने वाली, अपने पति को छोड़कर दूसरे पुरुष को चाहने वाली एवं दूसरे की स्त्री के साथ मैथुन न करें। स्त्री योनि को छोड़कर अन्य योनि, अयोनि में तथा ग्राम अथवा नगर का महान वृक्ष, आँगन, चौराहा, बगीचा, श्मशान, वधस्थान, जलाशय, औषधालय, ब्राह्मण एवं गुरु के घर, देव मन्दिरों में, प्रातः सन्ध्या काल में, अतिथि में, अपवित्र स्थिति में, वाजीकरण औषध सेवन के बिना पहले से सोचे ही, बिना लिंग का उत्थान हुए, बिना भोजन किये, अधिक भोजन कर लेने पर, उटपटांग शयन में, मल मूत्र के वेग होने पर, थकावट, व्यायाम, उपवास, तथा क्लम से पीड़ित स्थिति में और न बिना एकान्त स्थान प्राप्त हुए व्यवसाय न करें।¹

व्यावहारिक क्षेत्र में सद्वृत्तः— अधिक समय का त्याग न करें, शास्त्र एवं लोक मर्यादा के नियमों को न तोड़ें, रात्रि में न घूमें और अपरिचित स्थान में विहार न करें। प्रातः—सायं सन्ध्या के समय भोजन, अध्ययन, स्त्री सहवास एवं शयन न करें। बालक, वृद्ध, लोभी, मूर्ख, क्लेशयुक्त जीवन यापन करने वालों, तथा नपुंसकों के साथ मित्रता न करें। मद्यपान, जुआ खेलना और वैश्या गमन की इच्छा न करें। किसी की गुप्त बातों का व्याख्यान न करें। किसी का अपमान न करें। अभिमान न करें। कार्यकुशल हो, अदक्षिणः, असूया न करें। ब्राह्मणों की निन्दा न करें। गायों को डण्डे से न पीटें, वृद्ध, गुरुजन, गण और राजा इनके प्रति न तो कोई आक्षेप करें और न उनको अपमानित करने आदि



की दृष्टि से बहुत भाषण ही करें। बान्धव, प्रेमीजन, आपत्तिकाल में सहायक तथा गुप्त बातें जानने वाले व्यक्तियों को अपने सम्पर्क से अलग न करें।⁹ दुष्ट यानों में न बैठें, जानु से कम ऊँचे और कठिन आसन पर न बैठें, जिस पर बिस्तर न बिछा हो, तकिया न रखा हो और जो बहुत बड़ी या छोटी हो ऐसी शय्या पर न सोये, पहाड़ की विषम चोटियों पर भ्रमण न करे, पेड़ों पर न चढ़े, पानी के तेज बहाव में डुबकी न लगाये, अपने कुल में उत्पन्न महापुरुषों की छाया का पैरों से अतिक्रमण न करें अथवा नदीतट की छाया का सेवन न करें। दावाग्नि से आक्रान्त स्थान के चारों ओर न घूमें, बहुत जोर से न हँसे, न शब्दयुक्त अपानवायु का त्याग करे, बिना मुँह को ढके जँभाई, छींक और हँसी को प्रारम्भ न करे, नासिका को अँगुली, सीक आदि से न छेड़े, दाँतों को न किटकिटाये, न नखों और अँगुलियों को बजाये, न परस्पर अस्थि प्रधान अंगों को रगड़े, न भूमि को अँगुली से खोदे, तृण को अँगुलियों से न नोचे, न मिट्टी के ढेले को मले, आँख, मुख, आदि अंगों से अनुचित चेष्टायें न करे, तेज चमकने वाली ज्योति को और अनिष्टकारक, अपवित्र तथा अशुभ वस्तुओं को न देखे, शव को देखकर अपमान, तिरस्कार या घृणा सूचक हुंकार न करे, चैत्य, ध्वजा, गुरु, पूज्य तथा अशुभ जनों की छवि न लाँघे, न रात्रि में देव मन्दिर, चैत्य स्थान, आँगन, चौराहा, उपवन, श्मशान और बध स्थान में न जाये, अकेला किसी के खाली घर में और वन में प्रवेश न करे, न दुष्ट आचरण वाले स्त्री, मित्र तथा सेवकों का ही साथ करे।⁹

सामान्य कार्य क्षेत्र में सद्वृत्तः— जिस कार्य के लिये जो समय निश्चित हो उसका अतिक्रमण न करें, अपरीक्षित अर्थात् जिसके सम्बन्ध में ठीक जानकारी न हो ऐसे कार्य के प्रति मनोयोग रखे, इन्द्रियों के वश में न रहें, मन चंचल होता है अतः उसको इधर उधर भटकने न दें, ज्ञानेन्द्रियों पर अधिक भार न डालें, अधिक दीर्घसूत्री न हों, क्रोध और हर्ष के वश में होकर कोई कार्य न करें, अधिक समय तक शोक की स्थिति में न रहें, कार्य की सफलता में अधिक उत्सुकता और कार्य की विफलता में अधिक दुखी न हों, बार—बार प्रकृति का ध्यान रखकर ही कार्य करें, अर्थात् कोई कार्य

अप्राकृतिक ढंग से न हो, हेतु का प्रभाव निश्चित रूप से होता है ऐसा विश्वास करें, हेतु के अनुसार प्रतिदिन कार्यारम्भ हो, मैने कार्य कर लिया है ऐसा सोच कर आश्वस्त न रहें, वीर्य का त्याग न करें और न दूसरों द्वारा अपने प्रति किये गये निन्दा का बार बार स्मरण करें।¹⁰

सद्वृत्त के अनुसार व्यक्तिगत स्वस्थवृत्त वर्णनः— उपरोक्त विभिन्न पहलुओं से सम्बन्धित सद्वृत्त का वर्णन करने के साथ ही व्यक्तिगत स्वस्थवृत्त का भी वर्णन किया गया है। अर्थात् नियमानुसार दिनचर्या का पालन करना भी उत्तम स्वास्थ्य के लिये आवश्यक होता है। इसमें मुख्य रूप से निम्नलिखित बिन्दुओं पर चर्चा की गई हैः— जैसे प्रातः सायं दोनों समय स्नान—सन्ध्या करें। मलायनों एवं पैरों को स्वच्छ रखें, प्रत्येक पक्ष में तीन बार केश, श्मश्रु, लोम तथा नखों को कटवाता रहे। प्रतिदिन धुले तथा बिना फटे हुए वस्त्रों को धारण करे। प्रसन्नचित्त रहे। सुगन्धित द्रव्यों का अनुलेपन करे। सज्जनों के सदृश वेश धारण करे। केशों को सँवार कर रखे। शिर, कान, नाक और पैर के तलुओं में प्रतिदिन तेल डाले तथा लगाये। नियमानुसार धूम्रपान करे।¹¹ थकावट दूर होने के पहले, बिना मुँह धोये एवम् नंगे होकर स्नान न करे, निचले अंग में पहनी हुई धोती से शिर को न पोछे, बालों के अगले भाग को न झटकारे, नहाकर पुनः उन्हीं कपड़ों को न पहने।¹²

सद्वृत्त के अनुसार मलत्याग विधिः— न टेढ़े होकर छींकें, न भोजन करें और न सोयें, मल—मूत्र का वेग मालुम होने पर अन्य आवश्यक कार्यों को छोड़कर मल त्याग करें, वायु, अग्नि, जल, चन्द्र, सूर्य, ब्राह्मण, गुरुजनों की ओर न थूकें, न अपान वायु का त्याग करें न मूत्र त्याग करें, न मार्ग के मध्य मूत्र त्याग करें। जहाँ अनेक लोग रहते हों अथवा खड़े हों, भोजन के समय, जप, होम, अध्ययन, बलि तथा मांगलिक कार्यों के बीच में थूकना, नाक साफ करना निषिद्ध है।¹³

सद्वृत्त के अनुसार भोजन विधिः— हाथ में रत्न धारण किये बिना, बिना स्नान किये, बिना शुद्ध वस्त्र धारण किये, सन्ध्योपासन किये बिना,



देवताओं के लिये होम किये बिना, माता पिता को भोजन कराये बिना, गुरु, आश्रितों और अतिथियों को दिये बिना, बिना सुगन्धित द्रव्यों को धारण किये, माला धारण किये बिना, हाथ, पाँव, मुख को धोये बिना, मुख को शुद्ध किये बिना, बिना उत्तर को मुख किये, दूसरी ओर मन को न लगाकर या भोजन के प्रति उदासीन न होकर, अभक्त, अशिष्ट, अशुचि, क्षुधित, परिचर द्वारा लाये हुए पदार्थों को, अपवित्र पात्रों में, अनुचित स्थान में, असमय में, बहुत लोगों से संकीर्ण स्थान में, बिना अग्नि को दिये, प्रोक्षणीय जलों को बिना छिड़के, मन्त्रों से अभिमन्त्रित किये बिना, न निन्दा करते हुये, न निन्दित भोजन को और न प्रतिकूल पुरुष द्वारा दिये हुए भोजन का सेवन करना चाहिये।

मांस, हरितक (अदरख), सुखाये शाक, फल आदि भक्ष्य पदार्थों के अतिरिक्त बासी पदार्थों का सेवन नहीं करना चाहिये। दही, मधु, लवण, सत्तू, घी इनको छोड़कर और जो भोज्य पदार्थ परोसे गये हों उनमें से कुछ न कुछ थाली में छोड़ देना चाहिये। रात्रि में दही न खायें और न ही केवल सत्तू खाकर ही रात्रि में रह जायें। भोजन करने के बाद, न बहुत मात्रा में, न दो बार, न बीच बीच में पानी पीकर तथा न दाँतों से काटकर सत्तू का सेवन करना चाहिये।¹⁴

सद्वृत्त में हवन विधि:— अपवित्र स्थिति में रहकर, उत्तम घृत, अक्षत, तिल, कुश तथा सरसों से अग्नि में यज्ञ न करें और अपने प्रति शुभार्शीवाद की आशा करता हुआ निम्नोक्त मंत्रों को पढ़े— अग्नि मेरे शरीर से बाहर न जाये, वायु मेरे प्राणों की रक्षा करे, विष्णु मुझे बल दें, इन्द्र मुझे वीर्य प्रदान करे, शुभ जलों का मेरे शरीर में प्रवेश हो तथा 'आपोहिष्ठा' इत्यादि मंत्र को पढ़कर जल स्पर्श करें, होठों तथा चरणों को दो-दो बार जल से धोकर, मस्तक पर पानी छिड़क कर उस जल से अपने शारीरिक छिद्रों, हृदय एवम् शिर पर भी जल स्पर्श करें।¹⁵

सद्वृत्त के अनुसार अध्ययन निषेध:— अकाल में, बिजलियों के चमकने पर, दिग्दाह होने पर, आस पास में आग लग जाने पर, भूकम्प होने पर, बड़े बड़े उत्सवों के अवसर पर, उल्कापात होने पर, सूर्य तथा

चन्द्र ग्रहण होने पर, अमावस्या के दिन, प्रातः—सायं सन्ध्या के समय, गुरुमुख से उपदेश प्राप्त किये बिना अध्ययन न करें। हीन वर्ण युक्त वाक्य का, अधिक वर्ण या अधिक मात्रा युक्त वाक्य का उच्चारण न करें, रूक्ष स्वर, विस्वर, अनवस्थितपद, न अति शीघ्र, न अतिविलम्बित स्वर से, न बहुत ऊँचे स्वर से और न अधिक अस्पष्ट स्वर से ही अध्ययन का अभ्यास करना चाहिये।¹⁶

उपरोक्त वर्णित सद्वृत्त आदि का जो सेवन करता है वह सौ वर्षों तक नीरोग रहकर दीर्घजीवन को प्राप्त करता है। इस सद्वृत्त का जो सेवन करता है वह सत्पुरुषों का आदरणीय होता है और अपने सुयश से सम्पूर्ण जगत् में प्रसिद्ध हो जाता है। समस्त प्राणियों का प्रीतिपात्र होकर धर्म और अर्थ की प्राप्ति करता है। इस प्रकार के पुण्य कर्मों को करने वाला पुरुष पुण्यात्माओं द्वारा प्राप्त होने वाले स्वर्गादिलोकों को प्राप्त करता है। इस कारण सभी मनुष्यों को चाहिये कि वे सदैव सद्वृत्त का आचरण किया करें।¹⁷

संदर्भ सूचि

1. चरक संहिता सूत्र स्थान— 30 / 26
2. चरक संहिता सूत्र स्थान— 8 / 18
3. चरक संहिता सूत्र स्थान— 8 / 19
4. चरक संहिता सूत्र स्थान— 8 / 26
5. चरक संहिता सूत्र स्थान— 8 / 23
6. चरक संहिता सूत्र स्थान— 8 / 18
7. चरक संहिता सूत्र स्थान— 8 / 22
8. चरक संहिता सूत्र स्थान— 8 / 25
9. चरक संहिता सूत्र स्थान— 8 / 19
10. चरक संहिता सूत्र स्थान— 8 / 27
11. चरक संहिता सूत्र स्थान— 8 / 18
12. चरक संहिता सूत्र स्थान— 8 / 19
13. चरक संहिता सूत्र स्थान— 8 / 21
14. चरक संहिता सूत्र स्थान— 8 / 20
15. चरक संहिता सूत्र स्थान— 8 / 28
16. चरक संहिता सूत्र स्थान— 8 / 24
17. चरक संहिता सूत्र स्थान— 8 / 31—33



प्राचीन वाङ्मय में सुरसा - एक विवेचनात्मक अध्ययन

• *अनुराधा सिंह

email-dr.anuradha.bhu@gmail.com

सारांश— आयुर्वेद को स्वास्थ्य का विज्ञान माना जाता है। स्वास्थ्य के रक्षण हेतु द्रव्यों का प्रयोग किया जाता रहा है। औषध द्रव्यों में तुलसी एक प्राचीनतम द्रव्य है मानव मात्र के लिए यह इतनी उपयोगी सिद्ध हुई कि अनेक प्रकार के रोगों में इसका न्यूनाधिक उपयोग होने लगा ऐसा प्रतीत होता है कि इसकी अत्यधिक उपयोगिता को देखकर विद्वानों ने तुलसी को धार्मिक स्वरूप देना प्रारम्भ किया। अतः इस प्रपत्र में तुलसी का आयुर्वेदिक इतिहास का वर्णन दिया जा रहा है।

कुंजी— स्वास्थ्य, द्रव्य, तुलसी, चिकित्सा, निघण्टु
प्रस्तावना— वैज्ञानिक विकास शोध पर आधारित है और विज्ञान की प्रगति तभी सम्भव है, जब निरन्तर विभिन्न विषयों पर चिन्तन व अनुसन्धान होता रहे। मानव की हर क्रिया उद्देश्य पूर्ण होती है। अतः प्राचीन समस्त शास्त्रों व ग्रन्थों की रचना का भी कोई न कोई उद्देश्य रहा होगा। वेदों को विश्व के साहित्य का अन्यतम प्राचीन ग्रन्थ तथा समस्त ज्ञान—विज्ञान का आदि श्रोत भी माना गया है। ऋग्वेद, यजुर्वेद, सामवेद और अथर्ववेद ये चार वेद हैं। आयुर्वेद का अधिकांश वर्णन अथर्ववेद में ही किया गया है।

आयुर्वेद शाश्वत, पुण्यतम और अभ्युदय तथा निःश्रेयसप्रद है। इसे जीवन का विज्ञान भी कहा गया है। आयुर्वेद का मुख्य उद्देश्य "स्वस्थ्य व्यक्ति के स्वास्थ्य की रक्षा एवं आतुर के रोग का प्रशमन करना है।" इस लक्ष्य की प्राप्ति हेतु प्रकृति प्रदत्त द्रव्यों का उपयोग जीवन रक्षण व रोग मोक्षण के लिये किया गया।

द्रव्य ज्ञान, चिकित्सा शास्त्र का प्रमुख अंगभूत विषय होने के कारण आयुर्वेद के मनीषियों का ध्यान इस ओर विशेष रूप से आकर्षित हुआ। फलतः प्राचीन संहिताओं के पश्चात यह विषय निघण्टुओं के रूप में प्रादुर्भूत हुआ जिनमें आहार एवं औषध द्रव्यों

के गुण—धर्म एवं प्रयोग का समुचित विवेचन किया गया है। विकास के क्रम में अनेक नवीन औषध द्रव्य प्रकाश में आगे आये हैं, जिनके प्रयोग से मानव समाज लाभान्वित हुआ।

औषध द्रव्यों में तुलसी एक प्राचीनतम द्रव्य है। यह एक सुपरिचित पौधा है। भारत के प्रत्येक हिन्दू घर में इसे रोपने का तथा इसके पूजन का विधान है। यह पवित्रता का घोटक माना जाता है। भारत में ही नहीं बल्कि भारत से बाहर विदेशों में भी यह पौधा अत्यन्त पवित्र व पूजनीय माना जाता है, इसीलिये इसे पाश्चात्य भाषा में Holi basil या Monk's basil कहा जाता है।

तुलसी का इतिहास—

संहितोक्त किसी भी द्रव्य का सम्पूर्ण परिचय या इतिहास का ज्ञान प्राप्त करने के लिए उस द्रव्य का वेदों में, संहिता ग्रन्थों में, निघण्टुओं में कहाँ—कहाँ उल्लेख है, गुण कर्म क्या हैं? उसका प्रयोग कहाँ है? द्रव्यों का पर्याय नाम इन सबका अध्ययन आवश्यक है। तुलसी के इतिहास को अगर प्रारम्भ करे तो वेद जो विश्व के सर्वाधिक प्राचीन ग्रन्थ हैं, उसमें तुलसी का उल्लेख नहीं है। तथापि धर्मग्रन्थों एवं अनेक स्थलों में इसका विवरण उपलब्ध है।

महाभारत जिसकी रचना महर्षि वेदव्यास ने की है। यह 18 पदों में विभक्त अद्वितीय रचना है। इसकी शैली सरल, आकृत्रिक एवं यर्थाथवादी है। यही कारण है कि महाभारत को काव्य न कहकर इतिहास कहा जाता है। महाभारत आदि पर्व के अनुसार समस्त जगत द्रव्यों की उत्पत्ति सुरसा से हुई है। सुरसा तुलसी का ही पर्याय नाम है।

हमारे धार्मिक ग्रन्थों में पुराणों का अत्यन्त उच्च स्थान है। इनकी संख्या 18 मानी गयी है। पुराणों में सुरसा का उल्लेख किसी द्रव्य रूप में नहीं अपितु अन्य अर्थों में हुआ। परन्तु तुलसी का विस्तृत वर्णन

■ असिसटेन्ट प्रोफेसर, इतिहास विभाग, सामाजिक विज्ञान संकाय, काशी हिन्दू विश्वविद्यालय, वाराणसी-221005 (उ०प्र०)



हुआ है। जैसे पद्मपुराण के उत्तर खण्ड में अध्याय 23 एवं क्रिया खण्ड अध्याय 24 में तुलसी महात्म्य एवं तुलसी के विभिन्न अंगों (पत्र, पुष्प, मूल आदि) में विष्णु प्रणापति आदि देवताओं के निवास का उल्लेख है। (पद्म पुराण 6/28/39) में तुलसी के मध्य में जनार्दन एवं मन्जरी में रुद्र का वास बताया गया है।

उसी श्रृंखला में शिवमहापुराण में तुलसी की उत्पत्ति का विस्तृत वर्णन है। इसके अनुसार त्रिगुणात्मक शक्तियों (सत्त्व-रज-तम) से एवं वृन्दान्विताभूमि के संयोग से तीन वनस्पतियों की उत्पत्तियों का उल्लेख है। जिसमें धात्री, मालती एवं तुलसी क्रमशः तम, सत्त्व एवं रज गुणों से मुक्त हैं। (शिव महापुराण रुद्र संहिता युह खण्ड मध्याह्न 26/43-47) महावैवर्तपुराण (प्रथम भाग) प्रकृति खण्ड के अध्याय में तुलसी वृक्ष की उत्पत्ति एवं मुख्य रूप से प्राप्ति स्थानों का वर्णन है। इसी पुराण के दूसरे खण्ड में तुलसी के विभिन्न नामों का वर्णन है। जैसे-वृन्दा, वृन्दावनी, विश्व पावनी, कृष्णजीवनी व तुलसी। वामन पुराण के अध्याय 13/25-27 में तुलसी सुरसा व देवमाता के नाम से उल्लेखित हैं। पुराणों में स्कन्द महापुराण के अर्न्तगत तुलसी पत्र के स्थान से पापो की मुक्ति का वर्णन मिलता है।

पुराणों के पश्चात् आयुर्वेदिक संहिताओं जिसमें चरक, सुश्रुत तथा अष्टांगहृदय आते हैं। इन्हें बृहत्त्रयी भी कहते हैं। ये चिकित्साशास्त्र के उत्कृष्ट ग्रन्थ हैं। इनमें तुलसी शब्द कहीं उपलब्ध नहीं है। सर्वप्रथम यह शब्द अष्टांगसंग्रह में आया है। इसके पश्चात् निघण्टुओं में तुलसी के पर्यायों में सुरसा शब्द को पर्याय के रूप में स्वीकृति प्रदान की। सुरसा का उल्लेख आयुर्वेद के प्राचीन संहिताओं में अनेक स्थलों पर किया गया है। चरक संहिता जिसकी रचना अग्निवेश की है। जिसका काल 1000 ई0 पू0 माना गया वहाँ तुलसी को सुरसा कहा गया है तथा विभिन्न अध्यायों में विभिन्न रोग जैसे-ज्वर, शरीर सम्बन्धी, रक्त, श्वास, कफ, कुष्ठ, राजयक्ष्मा के चिकित्सा के लिए इसका उल्लेख है।

आचार्य सुश्रुत जो शल्य चिकित्सा के जनक माने गये, उनकी कृति सुश्रुत संहिता में चरक संहिता

के समकालीन मानी गयी है। इसका काल (1000 ई0पू0) माना गया है। सुश्रुत में भी तुलसी को सुरसा के रूप में लिया गया है। अपनी विभिन्न चिकित्सा अध्यायों में विभिन्न रोगों यथा ज्वर, अर्श, प्रमेह, कुष्ठ, सर्पदंश, गुल्म, उन्माद आदि चिकित्सा में सुरसा का प्रयोग बतलाया है।

वाग्भट द्वितीय अर्थात् लघु वाग्भट अष्टांगहृदय के रचयिता हैं। इसका काल सातवीं शती है, यह सम्पूर्ण ग्रन्थ पद्य में वर्णित है। इसमें सुरसा का प्रयोग श्वास हर चिकित्सा, कास कफ, अर्श, कुष्ठ, गुल्म, ज्वर, कान के रोग, सिर के दर्द, सर्प के काटने उन्माद चिकित्सा में किया गया है।

आयुर्वेद के संहिताओं के संग्रह क्रम में ही वाग्भट प्रथम कृत अष्टांगसंग्रह सम्मिलित है। इसमें आयुर्वेद के आठों अंगों का युक्तियुक्त संग्रह होने के कारण इस ग्रन्थ को अष्टांगसंग्रह कहा जाता है। ग्रन्थ रचना में ग्रन्थकर्ता का उद्देश्य चिकित्सीय ज्ञान को युगानुरूप बनाना था। अतः उन्होंने अनेक नूतन मान्यताएँ, विचार एवं सामग्री अपने ग्रन्थ में सन्निविष्ट कर एक युगानुरूप संहिता का निर्माण किया। परन्तु इनका मुख्य आधार चरक एवं सुश्रुत संहिता हैं। अष्टांगसंग्रह का काल 550 ई0 है।

अष्टांगसंग्रह सूत्र स्थान महाकषाय संग्रहाध्याय 15 में श्वासहरमहाकषाय के अर्न्तगत चरकोक्त सुरसा नाम से उल्लेखित है। साथ ही विविधगण-संग्रह अध्याय 16 में वर्णित सुरसादिगण में सुरस-युग पाठ मिलता है। अष्टांगसंग्रह उत्तर तन्त्र 6/51 में शीत पूतनाग्रह चिकित्सार्थ तुलसी का प्रयोग किया गया है। सम्पूर्ण ग्रन्थ में सुरसा का प्रयोग चरक एवं सुश्रुत आदि की अपेक्षा अष्टांग संग्रहकार ने अधिक किया है। अष्टांगसंग्रह में तुलसी का प्रयोग जीर्णज्वर, कफ, श्वासहर चिकित्सा, राजयक्ष्मा अर्श में प्रयोग किया गया है। उसी क्रम में मूत्र सम्बन्धी रोग, प्रमेह, गुल्म एवं कुष्ठ चिकित्सा में भी तुलसी का प्रयोग बतलाया गया है। अष्टांगसंग्रह के उत्तरतन्त्र में तुलसी का प्रयोग उन्माद, कान एवं नाक सम्बन्धी रोग में शिर सम्बन्धी व्याधि तथा विषचिकित्सा में तुलसी का प्रयोग आता



हैं।

संहिताओं के पश्चात निघण्टु की चर्चा में हम यह कह सकते हैं कि 6-7 वीं शती से निघण्टु का काल प्रारम्भ होता है तथा प्रत्येक शताब्दी में निघण्टुओं की रचना निरन्तर होती चली आ रही है। निघण्टु की परिभाषा करे तो निघण्टु एक प्रकार के शब्द कोश है जो पर्यायों के द्वारा वस्तु के स्वरूप का ज्ञान कराते है। यद्यपि पर्यायों के माध्यम से द्रव्यों के सम्बन्ध में जानकारी देने की परम्परा प्राचीन काल में भी थी। किन्तु प्रत्येक द्रव्य का पर्याय के माध्यम से वर्णन करने का स्वरूप निघण्टुओं की रचना के साथ प्रारम्भ हुआ।

प्रारम्भ के निघण्टुओं में पर्यायों के माध्यम से द्रव्य के सम्भावित पक्षों पर विचार करने का ही वर्णन मिलता है, परन्तु कालान्तर में द्रव्यों के गुण कर्म तथा प्रयोग भी समाविष्ट किये गये, इस प्रकार निघण्टु काल में द्रव्यगुण वाङ्मय दो रूपों में उपलब्ध होता है।

द्वितीय भाग जिसमें पर्यायों के साथ-साथ गुण कर्म एवं प्रयोग भी वर्णित हैं, जैसे- धन्वन्तरि निघण्टु, सौदल निघण्टु, मदनपाल निघण्टु, कैयदेव निघण्टु आदि। तुलसी का इन विभिन्न निघण्टुओं में वर्णन जानने के लिए कालक्रम के अनुसार निघण्टु का अध्ययन करने के पश्चात हमने जाना की तुलसी का केवल गुणकर्म ही नहीं, विभिन्न पर्याय नाम भी इन निघण्टुओं में मिलता है। सर्वप्रथम काल के अनुसार सौश्रुत निघण्टु जो कि 6-7 वीं शती की मानी जाती है उसमें तुलसी सुर आदि गण में रखी गयी है। तुलसी के विभिन्न पर्यायों की रचना आचार्य दुर्ग गुप्तात्मज बौद्धचार्य रविगुप्त ने की है। यहाँ सुरसा का पर्याय तुलसी व कृष्ण एवं श्वेत तुलसी का नाम पक्ति है।

आठवीं शती में लिखी गयी पुस्तक अष्टांगनिघण्टु में सुर आदि गण में सुरसयुग पाठ मिलता है। जिसके लिए कृष्ण गौर भेद से दो प्रकार की तुलसी का भेद मिलता है। शिलाछद निवासी इन्द्रकर सुनु माधव रचित पर्याय रस माला जिसकी रचना नवीं शती में हुई, यहाँ अपेत तुलसी के दो

विभिन्न पर्याय नाम सुरभी एवं राक्षसी दिये गये है। वही धन्वन्तरि निघण्टु में ग्राम्या व सुरभि नाम पर्याय के रूप में प्रयुक्त है। तुलसी के गुणकर्म की बात को तो हम पाते है यह चित्रकारमय बात, कृमी व दो गन्धमनाशक होता है। (माधव द्रव्य गुण) तुलसी के पर्याय नामों में गौरी, भूतघ्नी, बहुमंजरी (मदनपाल निघण्टु) ग्राम्या सुलभा (भावप्रकाश निघण्टु) तथा राज निघण्टु के अनुसार तो इसके 18 पर्याय उल्लेखित हैं, इसी प्रकार हमने विभिन्न निघण्टुओं के अध्ययन में पाया कि तुलसी के पर्यायों के साथ उसके गुणकर्मों की भी व्याख्या निघण्टुकारों ने की है।

निष्कर्ष-

सुरसा या तुलसी सहितोक्त एक औद्भिद द्रव्य है। वाङ्मयात्मक अध्ययन के आधार पर स्पष्ट रूप से ज्ञात हुआ कि सुरसा तुलसी के दोनों भेदों के गुण एक समान है। हमने देखा कि आयुर्वेद संहिताओं में सुरसा का उल्लेख मिलता है विभिन्न तथ्यों के आधार पर यह निष्कर्ष निकलता है कि सुरसा, सुरस एवं तुलसी एक ही द्रव्य हैं।

सुरसा के श्लेष्मशामन, वातघ्न, पित्तकारक, कफघ्न कुष्ठघ्न, श्वासहर, कासघ्न कृमिघ्न, शूलघ्न, ब्रणशोषक, विदाही, हृददीपन आदि कर्म बताये गये है। निघण्टुओं में भी उपरोक्त सभी कर्मों का उल्लेख है। तुलसी और सुरसा के गुणकर्म एक समान मिलते है।

अतः संहितोक्त सुरसा/सुरस से तुलसी के मुख्य करण चाहिए। उपरोक्त तथ्यों के आधार पर यह निष्कर्ष निकलता है कि सुरसा, सुरस तुलसी एक ही द्रव्य हैं।

सन्दर्भ-

उपाध्याय, पंडित चन्द्रशेखर एवं उपाध्याय, श्री अनिल कुमार: वैदिक कोष, नागप्रकाशक, 11ए/यू0ए0 जवारनगर, दिल्ली, (भारत) 1915
करमाधव : माधवनिदानम् पूर्वार्द्ध (मधुकोश व्याख्या सहित) चौखम्भा संस्कृत संस्थान, वाराणसी, (भारत) 1990
गुप्त आनन्द स्वरूप (सम्पादक) : वारह पुराण, आल



इण्डिया काशी राज ट्रस्ट, रामनगर फोर्ट, वाराणसी (भारत) 1981

गुप्त, रवि : सिद्धसार संहिता एवं निघण्टु, सम्पादक आर०ई० इम्मरिक, फ्रेन्ज स्टीनर वरलेग, गम्भ विसवेडन 1980

चरक : चरकसंहिता—चक्रपाणिकृत आयुर्वेद दीपिका व्याख्या सहित, चौखम्भा सुरभारती प्रकाशन, वाराणसी (भारत) 1992

नरहरि, पण्डित : राजनिघण्टु, हिन्दी व्याख्या—डॉ० इन्द्रदेव त्रिपाठी, कृष्णदास अकादमी, वाराणसी (भारत) 1982

सौश्रुतनिघण्टु : काशी राज शर्मा सुवेदी एवं डॉ० नरेन्द्र नाथ तिवारी महेन्द्रसंस्कृत विश्वविद्यालय, नेपाल—ऋषितर्पणी 2057

पाण्डेय, पंडित रामतेज (सम्पादक) : शिवमहापुराण श्री कृष्ण द्वेपायन व्यास प्रणीतं, चौखम्भा विद्याभवन, वाराणसी 1986

पाल, मदन : मदनपाल निघण्टु, हिन्दी टीका पंडित रामप्रसाद वेद्योपाध्याय खेमराज श्री कृष्णदास प्रकाशन बम्बई (भारत) 1990

भौगिक, महेन्द्र : धन्वन्तरिनिघण्टु, अनुवादक—गुरुप्रसाद शर्मा, सम्पादक, पो० प्रियव्रत शर्मा, चौखम्भा ओरियन्टालिया, वाराणसी (भारत) 1982

मिश्र, भाव : भावप्रकाश निघण्टु हिन्दी व्याख्या श्री विष्णुनाथ द्विवेदी, मोतीलाल बनारसीदास, दिल्ली (भारत) 1988

राय, रामकुमार : महाभारत कोश, चौखम्भा संस्कृत सीरीज आफिस, वाराणसी (भारत) 1982

वल्लभ, राज : राजवल्लभ निघण्टु, हिन्दी अनुवादक रामप्रसाद वैद्योपाध्याय खेमराज श्रीकृष्णदास प्रकाशन, बम्बई (भारत) 1911

वाग्भट : अष्टागडहसंग्रह, इन्दुकृत व्याख्या शशिलेखा सहित, श्रीमद्आत्रेय प्रकाशन, पुणे (भारत) 1980

वाग्भट : अष्टागडहदय, अरुणदत्त कृत सर्वांगसुन्दरा एवुं हेमाद्रि कृत आयुर्वेदरसायन व्याख्या सहित, श्रीकृष्ण दास अकादमी, वाराणसी (भारत) 1995

वेदव्यास : महाभारत, हिन्दी अनुवाद पंडित

रामनारायण दत्त शास्त्री पाण्डेय 'राम' गीता प्रेस गोरखपुर, (भारत) 1987

शर्मा, आचार्य प्रियव्रत : आयुर्वेद का वैज्ञानिक इतिहास, चौखम्भा ओरियन्टालिया, वाराणसी (भारत) 1981

शर्मा, आचार्य प्रियव्रत : द्रव्यगुण विज्ञान भाग—1, चौखम्भा भारतीय अकादमी, वाराणसी (भारत) 1995

शर्मा, आचार्य प्रियव्रत : द्रव्यगुण विज्ञान भाग—2, चौखम्भा भारतीय अकादमी, वाराणसी (भारत) 1995

शर्मा, आचार्य प्रियव्रत : द्रव्यगुण विज्ञान भाग—4, चौखम्भा भारतीय अकादमी, वाराणसी (भारत) 1993

शर्मा, आचार्य प्रियव्रत : द्रव्यगुण विज्ञान भाग—5, चौखम्भा भारतीय अकादमी, वाराणसी (भारत) 1981

शर्मा, आचार्य प्रियव्रत : प्रिय निघण्टु, चौखम्भा सुरभारतीय प्रकाशन, वाराणसी (भारत) 1995

शास्त्री, आचार्य जगदीशलाल (सम्पादक) : श्री बम्हावैवर्त पुराण, मोतीलाल बनारसीदास, दिल्ली (भारत) 1984

शास्त्री, डॉ० चारुदेव (सम्पादक) : श्री पदमपुराण, नागप्रकाशन 11 ए/यू०पी० पोस्टआफिस बिल्डिंग, जवाहरनगर, दिल्ली (भारत) 1984

शुक्ल, डॉ० विद्याधर एवं त्रिपाठी, डॉ० रविदत्त : आयुर्वेद का इतिहास एवं परिचय, ज्ञान भारती प्रकाशन, लखनऊ (भारत) 1982

सुश्रुत : सुश्रुत संहिता, डल्हनकृत निबन्ध संग्रह व्याख्या संहिता चौखम्भा व्याख्या संहिता चौखम्भा सुरभारती प्रकाशन, वाराणसी (भारत) 1994

सुश्रुत : सुश्रुत संहिता, आचार्य चक्रपाणि कृत भानुमती व्याख्या सहित, प्रकाशन श्यामसुन्दर शर्मा, एम० ए० रजिस्ट्रार, आगरा विश्वविद्यालय, मुद्रक निर्णयसागर प्रेस, बम्बई (भारत) 1939

श्री स्कन्द महापुराण, नागप्रकाशन 11ए/यू०ए० (पोस्ट आफिस विल्डिंग) जवाहर नगर, दिल्ली (भारत) 1986



स्वास्थ्य गतिविधियां एवं परिषद् समाचार

स्वस्थ जीवन शैली के लिए सुझाव

आराम परस्त (Sedentary) जीवन शैली के लोगों के लिए

“स्वास्थ्य एक संतुलन की स्थिति है जहां शरीर, मन, आत्मा और पर्यावरण सदभाव एवं सामंजस्य में हो”

“आराम परस्त (Sedentary) जीवन एक जीवन शैली है जिसमें अनियमित या ना के बराबर शारीरिक श्रम तथा व्यायाम का अभाव हो”

• राकेश पण्डित

लाइफ स्टाइल रोगों के मुख्य कारण

- दोषपूर्ण भोजन की आदतें
 - शारीरिक श्रम, व्यायाम या गतिविधि की कमी
 - मानसिक तनाव/अनिद्रा
 - तम्बाकू आदि नशीले पदार्थों का प्रयोग
 - पर्यावरण प्रदूषण
 - आधुनिक गैजेट्स का दुरुपयोग
- उपाय—भोजन
- संतुलित आहार लें
 - कम खायें, ताजा खायें, प्राकृतिक खाना खायें
 - भरपूर और पौष्टिक नाश्ता, मध्यम लंच और लाइट डिनर
 - नियमित रूप से हरी सब्जियाँ, सलाद, फल, अनाज, दलहन, काजू, बादाम, अखरोट, मूंगफली आदि का सेवन करें
 - नींबू, पुदीना, अदरक, लहसुन, हल्दी, तुलसी, आंवला और शहद का नियमित प्रयोग करें
 - कोल्ड ड्रिंक, चाय, कॉफी के स्थान पर नींबू शिंकजी, छाछ, नारियल पानी, फलों का रस, हरी चाय और हरबल चाय का सेवन करें।
 - फल और सलाद एक दिन में 2-3 बार खायें।
 - एक दिन में 3-4 बार छोटे भोजन खायें, भोजन बैठकर धीरे-धीरे खायें
 - रात का खाना सोने से कम से कम 3 घंटे पहले खायें
 - भारी डिनर, अतिरिक्त नमक और चीनी, डीप फ्राइड, जंक/फास्ट फूड, बर्गर, पिज्जा, चिप्स,

पैस्ट्री, कोला आदि से बचें।

उपाय—शारीरिक गतिविधि

- एक दिन में कम से कम 30 मिनट शारीरिक श्रम, व्यायाम या गतिविधि आवश्यक है
- धीरे-धीरे, नियमित रूप से, लक्ष्य निर्धारित कर प्रारंभ करें
- व्यायाम से पहले वार्म अप और कूलिंग प्रक्रिया अपनाएं।
- व्यायाम करें— खिचाव/स्ट्रैचिंग के व्यायामों को अपनाएं
- पैदल चलना/सैर करना सबसे अच्छा और सम्पूर्ण व्यायाम है
- अपनी पंसद और आवश्यकताओं के अनुसार तेज चाल से चलना, टहलना, रस्सी कूदना, साइकिलिंग, टेनिस, बैडमिंटन, योगासन, प्राणायाम, जिमनास्टिक, तैराकी आदि के बीच चुनें
- बागवानी एक अच्छा विकल्प हो सकता है

उपाय—मानसिक तनाव

- अपने लिये समय निकालें
- अपने आप को, अपने शरीर, मन और आत्मा को जानें
- खुश/प्रसन्न, संतुष्ट और रिलैक्स होना सीखें व अभ्यास करें
- मुस्कान—हंसी और खुद का मनोरंजन करना सीखें
- नैतिक आचरण के नियमों के नियमों का पालन करें दूसरों का अपमान, नुकसान

■ प्रान्त संयोजक, आरोग्य भारती हि.प्र.

(शेष पृष्ठ 44 पर)



वैद्य उद्धवदास मेहता स्मृति अखिल भारतीय आयुर्वेद स्नातकोत्तर निबंध प्रतियोगिता-2014 का परिणाम

वैद्य उद्धवदास मेहता की स्मृति में विश्व आयुर्वेद परिषद तथा भाई उद्धवदास मेहता स्मृति न्यास, भोपाल द्वारा प्रायोजित अखिल भारतीय आयुर्वेद स्नोत्तकोत्तर निबंध प्रतियोगिता-2014 का सफल आयोजन किया गया। इस निबंध प्रतियोगिता में देश के विभिन्न स्नातकोत्तर आयुर्वेद महाविद्यालय के छात्र/छात्राओं ने भाग लिया तथा "आयुर्वेद की मुख्य धारा : मुद्दे, चुनौतियाँ एवं समाधान" विषय पर अपना सारगर्भित लेख प्रस्तुत किया। प्राप्त सभी निबंध लेखों का मूल्यांकन आयुर्वेद के विषय विशेषज्ञ तीन विद्वानों द्वारा कराया गया तथा गणितीय आकलन के द्वारा स्वर्ण, रजत तथा कांस्य पदक विजेताओं का निर्धारण किया गया। इस निबंध प्रतियोगिता में जिन विद्यार्थियों ने क्रमशः प्रथम, द्वितीय एवं तृतीय स्थान प्राप्त किया है उनको क्रमशः स्वर्ण, रजत तथा कांस्य पदक एवं प्रशस्ति पत्र देकर भोपाल में आयोजित होने वाले एक विशेष सम्मान समारोह में सम्मानित किया जायेगा। निबंध प्रतियोगिता में सफल विद्यार्थियों के नाम निम्नवत है—

सफल विद्यार्थियों के नाम	महाविद्यालय का नाम	प्राप्तांक
1. डॉ० सौरभ	एम०डी० (आयु०) प्रथम वर्ष, शल्यतंत्र विभाग, एस०डी०एम० कॉलेज ऑफ आयुर्वेद एवं हास्पिटल, उडुपी, कर्नाटक, पिन-574118	264 / 3=88% प्रथम स्थान
2. डॉ० सतेन्द्र तंवर	एम०एस० (आयु०) प्रथम वर्ष, शल्यतंत्र विभाग, श्री के०ए०एम०सी०एच० एवं शोध केन्द्र, विजयनगर, बेंगलोर, कर्नाटक, पिन-560104	241 / 3=80.33% द्वितीय स्थान
3. डॉ० रमन कौशिक	एम०डी० (आयु०) तृतीय वर्ष, काय चिकित्सा विभाग, आयुर्वेद एवं यूनानी तिब्बिया कॉलेज एवं हास्पिटल, करोलबाग, नई दिल्ली पिन-110005	236 / 3=78.66% तृतीय स्थान

आयोजक मण्डल इस निबंध प्रतियोगिता में भाग लेने वाले समस्त प्रतिभागियों तथा विजयी प्रतिभागियों को हार्दिक शुभकामनायें तथा उनके उज्ज्वल भविष्य की कामना करता है। निबंध लेख मूल्यांकन के सदस्यों प्रो० जे०एस० त्रिपाठी, कायचिकित्सा मानस रोग विभाग; प्रो० ए०सी०कर, रोग विज्ञान एवं विकृति विज्ञान विभाग; प्रो० पी०के० गोस्वामी, विभागाध्यक्ष आयुर्वेद संहिता एवं संस्कृत, आयुर्वेद संकाय, काशी हिन्दू विश्वविद्यालय, वाराणसी को विशेष सहयोग के लिए आभार व्यक्त करता है।

डॉ० के०के० द्विवेदी
(आयोजन अध्यक्ष)

धनेश चतुर्वेदी
(समन्वयक)

डा० अजय कुमार पाण्डेय
(आयोजन सचिव)

उत्तरांचल आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर सम्पन्न

विश्व आयुर्वेद परिषद, उत्तरांचल के तत्वावधान में परमार्थ निकेतन आश्रम, ऋषिकेश में "पाँच दिवसीय आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर" सफलता पूर्वक सम्पन्न हुआ।

कार्यक्रम का शुभारंभ उत्तराखण्ड आयुर्वेद विश्वविद्यालय देहरादून के मा० कुलपति प्रो० सत्येन्द्र प्रसाद मिश्र एवं राष्ट्रीय स्वयं सेवक संघ के प्रान्त कार्यवाह श्री लक्ष्मी प्रसाद जायसवाल ने दीप प्रज्ज्वलित कर किया। इस अवसर पर श्री सुदामा सिंहल (न०मा०), प्रो० ए०एन० पाण्डेय एवं डॉ० सुनील कुमार जोशी जी भी उपस्थित थे।

इस आवासीय शिविर में आयुर्वेद के विविध पक्षों के विशेषज्ञों तथा साथ ही साथ वर्तमान परिवेश के आवश्यक ज्ञान हेतु अन्य विविध क्षेत्रों के विशेषज्ञों का व्याख्यान, पावर प्वाइन्ट प्रस्तुतीकरण, प्रत्यक्ष प्रदर्शन एवं विचार-विमर्श सम्पादित हुआ। विशेषतः नाड़ी परीक्षण, पंचकर्म, क्षारसूत्र, योग, बायोटेक्नोलॉजी, संचार सम्प्रेषण विधियाँ, औषधीय



पौधोत्पादन एवं मर्म चिकित्सा से छात्रों का वृहत परिचय एवं ज्ञान वर्धन कराया गया। आयुर्वेद की वैश्विक स्थिति एवं नये आयुर्वेद चिकित्सकों वैश्विक आवश्यकता को छात्रों के मध्य रखकर की। उन्हें वैश्विक प्रतिस्पर्धा के लिए व्यावहारिक ज्ञान एवं व्यक्तित्व विकास के निहितार्थ से अवगत कराया गया। छात्रों ने अत्यन्त रूचिपूर्वक इस कार्यक्रम का लाभ उठाया एवं इसे अपनी वृत्ति के लिए अत्यन्त उपयोगी बताया।

शिविर के प्रयोजन के विषय में शिविर संयोजक डॉ०वाई०एस० मलिक, परिषद के राष्ट्रीय सचिव डॉ० प्रेम चन्द्र शास्त्री एवं डॉ० संजय त्रिपाठी ने छात्रों को अवगत कराया।

डॉ० एम०एल०. मौर्य, डॉ० जी०एल० अरोरा, डॉ० महेन्द्र राजा, डॉ० राज तायल, डॉ० मनोज बिरमानी, डॉ० कविता व्यास, डॉ० उत्तम शर्मा एवं डॉ० सुनील जोशी आदि विशेषज्ञों ने छात्रों को व्याख्यान एवं क्रियात्मक प्रदर्शन द्वारा प्रशिक्षित किया।

इस पाँच दिवसीय शिविर का समापन परमार्थ निकेतन सत्संग भवन में महामण्डलेश्वर पू० स्वामी असङ्गानन्द सरस्वती जी महाराज के आशीर्वाद से सम्पन्न हुआ। सभी प्रतिभागियों को प्रशिक्षण प्रमाण पत्र प्रदान करते हुए पूज्य स्वामी जी ने उनके उज्ज्वल भविष्य के लिए आशीष भी प्रदान किया।

समापन कार्यक्रम में परिषद के संरक्षक सदस्य श्री गंगाशरण मददगार, रा०सचिव डॉ० प्रेमचन्द्र शास्त्री, क्षेत्र संयोजक डॉ० सत्येन्द्र सिंह, डॉ० रविदत्त शर्मा एवं डॉ० अजय पाण्डेय जी की सहभागिता रही।

राजस्थान में व्यक्तित्व विकास एवं भविष्य निर्माण शिविर (14–21 जून 2014)

गुलाबी नगरी जयपुर (राज.) जहां, राष्ट्रीय आयुर्वेद संस्थान भी स्थित है। पिछले वर्ष की भांति इस वर्ष भी व्यक्तित्व विकास एवं भविष्य निर्माण शिविर दिनांक 14 जून से 21 जून 2014 तक आयोजित किया गया।

शिविर का उद्घाटन मुख्य अतिथि प्रो. बनवारीलाल जी गौड (पूर्व कुलपति, राजस्थान आयुर्वेद विश्व विद्यालय, जोधपुर) अध्यक्ष सुरेन्द्र जी पारीक (विधायक जयपुर शहर) विशिष्ट अतिथि डा. कमलचन्द शर्मा (रजिस्ट्रार राज. नर्सिंग कौंसिल) के द्वारा की गई।

शिविर में राजस्थान के सभी महाविद्यालय के कुल 45 छात्र-छात्राओं ने भाग लिया। शिविर प्रारूप में दिनचर्या निम्न प्रकार रही—

जागरण प्रातः 5.00 बजे, योगसत्र प्रातः 6.00 से 7.30 बजे तक, प्रथम वैज्ञानिक सत्र 9.00 से 12.00 बजे, भोजन एवं विश्राम 12.00 से 3.00 बजे तक, द्वितीय वैज्ञानिक सत्र 3.00 से 6.00 बजे एवं सांस्कृतिक सत्र रात्रि 8.00 से 10.00 बजे तक निर्धारित एवं सम्पन्न किये गये।

विभिन्न वैज्ञानिक सत्रों में विद्यार्थियों द्वारा आयुर्वेद क्षेत्र के विभिन्न विशेषज्ञ से ज्ञानार्जन किया गया, इसमें प्रमुख विषय पंचकर्म, क्षार-सूत्र चिकित्सा, नेत्र रोग परीक्षा, आम विवेचना आत्ययिक चिकित्सा, आसव-अरिष्ट कार्मुकता, योग का चिकित्सकीय उपयोग को सम्मिलित किया गया एवं आत्ययिक चिकित्सा (First aid techniques) का प्रत्यक्ष अभ्यास भी छात्र-छात्राओं को करवाया गया। शिविर के दौरान राष्ट्रीय आयुर्वेद संस्थान के चिकित्सालय, रसायनशाला एवं पंचकर्म इकाई का अवलोकन किया गया।

शिविर में शिविराधिकारी के रूप में डा. रतन कुमार पारीक (अध्यक्ष वि.आ.प. राज.) संयोजक डा. जे.पी. सिंह, डा. गोविन्द पारीक, सहसंयोजक डा. विनीत कुमार जैन, डा. सत्यदेव पर्यवेक्षक डा. बी.एल. बराला एवं भोजन तथा आवास व्यवस्था में डा. सत्यपाल शर्मा, डा. महेश इन्द्रा का महत्वपूर्ण योगदान रहा।

शिविर में विद्यार्थियों हेतु एक निबन्ध प्रतियोगिता विषय "व्याधिक्षमत्व में रसायन की कार्मुकता" का आयोजन कर तीन छात्रों का चयन किया गया।

शिविर की पूर्ण गतिविधियों का अवलोकन कर शिविराधिकारी महोदय द्वारा श्रेष्ठ शिविरार्थी छात्र जयन्त नागर एवं छात्रा सुनिता मीना का चयन कर उन्हें पारितोषिक प्रदान किये गये।

शिविर के समापन समारोह में मुख्य अतिथि आचार्य श्री धर्मन्द्र जी महाराज (संरक्षक वि.आ.प. राजस्थान) अध्यक्ष श्री मनीष पारीक (उपमहापौर, जयपुर नगर निगम) डा. श्रीकृष्ण शर्मा, डा. रामपाल सोमानी उपस्थित रहे तथा मंच संचालन डा. विनीत कुमार जैन के द्वारा किया गया।



Dr. Ganga Sahay Pandey Memorial All India Essay Competition-2014 (For U.G.) Ayurveda Students

Rules and Regulations

Keeping the optimistic acceptability of Ayurveda ahead, rationale and fundamental thoughts in form of essay in Hindi or English are invited on following topic.
"Role of Social Media in Popularization of Ayurveda" (आयुर्वेद के प्रचार प्रसार में सामाजिक जनसंचार की भूमिका)

Central specialist committee will honour along with a citation, Gold medal with cash prize of ` 15000/- to the best essay, Silver medal with cash prize of ` 11000/- to 1st runner up and Bronze medal with cash prize of ` 7500/- to 2nd runner up in a special function that will be organized on the eve of Dhanvantari Jayanti in Varanasi.

- All the B.A.M.S. students (including internees) can participate in this essay competition.
- Essay should be single authored, single sided in computerized typing, on A4 size paper and having font size 14 with 1.5 spaces in three copies. It should be in Hindi or English having not less than 1500 words (Maximum 10 pages).
- At the last page of essay participants should clearly mention their full details viz. name, professional year/Interns, name of college and address, correspondence address, contact number and email address.
- Entrance fee of ` 200/- is mandatory to participate. Essay along with entrance fee in form of demand draft in favour of Vishwa Ayurveda Parishad, Payable at Varanasi should reach to organising secretary at his address by Speed Post.
- The last date for receiving the Essay is 15th September 2014.
- Decision of committee will be full and final.
- The essays will be evaluated by three referees under coding
- All the essays should be sent only after dully attested by Principal/State-Joint Organizing Secretary to certify that the participant is a regular student of particular institution.
- Awarded essays will be published in Journal of Vishwa Ayurveda Parishad.
- Student who received prizes in previous years' competition, are requested not to apply.

For more details contact the local State Joint. Organizing Secretaries or log on to www.vishwaayurveda.org

Address for correspondence- Dr. Ramesh Kumar Gupta, Department of Rasa Shastra, Government Ayurvedic College, S.S. University, Jagatganj, Varanasi-221002; Email- rameshguptabhu@gmail.com

ORGANIZING COMMITTEE

DY. ORGANIZING SECRETARIES

- Prof. S.N. Singh 09565529367
- Prof. Hemant Kr. Rai 09410934382
- Dr. O.P. Singh 09415818732
- Dr. Binay Sen - 09936077418
- Dr. Dhananjay Singh - 09411414494
- Dr. D.K. Dwivedi - 09412489222
- Dr. Prem Chand Shastri - 09412072646
- Dr. Arun Shankar Pandey 09415225759
- Dr. Rama Nand Sahu 09893302437
- Dr. Manish Mishra-09415896482

STATE JOINT ORGANIZING SECRETARIES

UTTAR PRADESH

- Prof. Vinod Dixit - 09721457964
- Dr. Vasant Kr. Parashar-09719192504
- Dr. Shalini Rai - 09389423843
- Dr. Vinood Kumar - 094156456
- Dr. Vipin Kr. Mishra 09369112360
- Dr. Seema Rana-09412339975
- Dr. Shailendra Singh- 09359518088
- Dr. Manish Mishra - 09415896482

UTTARAKHAND

- Prof. Uttam Kr. Sharma 09411149479
- Dr. Puneet Garg- 09410789006
- Dr. Phalgun Patel- 09426404004
- Dr. Kartikeya Tyagi - 09760440803
- Dr. Vineesh Gupta - 09557421208

WEST BENGAL

- Prof. G.N. Upadhyay 09433133021
- Dr.S.K.Nath 09433443240
- Dr. Arnav Roy - 09748049907
- Dr. Mridu Gupta 09433665125

BIHAR

- Dr. Vasant Thakur 09430252475
- Dr. Prabhat Kr. Dwivedi 09431172175
- Dr. S.N. Rai - 09204342480
- Dr. K.N. Upadhyay - 09709397727

ASSAM

- Dr. B.P. Sharma - 0986403618
- Dr. Champak Medhi 09435190544

HARYANA

- Prof. V.V. Chikara - 09416266636
- Dr. Ashok Sharma - 09416281515
- Dr. Vinod Kr. Singh- 08090365683

GUJRAT

- Prof. A.R.V. Murthy 09227445534
- Prof. L.B. Singh- 08980531387
- Dr. Hitesh Bhai Jani 09825212333

MADHYA PRADESH

- Dr. A.P.S. Chauhan- 09425953060
- Dr. Jahidurrahman- 09827312715
- Dr. Ravi Srivastava 09755217663
- Dr. Utkarsh Kalyankar- 09425335596
- Dr. Shantanu Pauranik- 09424037637

RAJASTHAN

- Dr. Govind Parikh 09251495571
- Dr. Ratan K. Parikh- 09462089442
- Dr. J.P. Singh 09461856935
- Dr. Govind Sahai Shukla - 08769058254
- Dr. Pramod Kumar Sharma - 09414343714

ANDHRA PRADESH

- Dr. P. Muralikrishna 09848377916
- Dr. P. K. Medikonda- 09849271601
- Dr. R. Vidyantath - 09849968027

PUNJAB

- Dr. Madhurima Bhargava 09216088160
- Dr. Sudhir Turi- 09023558037
- Dr.Smt. Pankaj Sharma- 09464259162

KERALA

- Dr. Gopa Kumar 09447361304
- Dr. Prakash M. 09447541935

CHHATISGARH

- Dr. Manohar Laheja - 09302341317
- Dr. Pramod Baghel - 07712242739

DELHI

- Dr. B.S. Sharma 09868092246
- Dr. U.S. Sharma- 08588875231
- Dr. Rakesh Verma - 09990149662
- Dr. Yogesh Pandey - 09772970750

JAMMU & KASHMIR

- Dr. Jatindra Gupta - 09419196040
- Dr. Sudesh Gupta - 09697122229

ODDISHA

- Dr. Simadri Nayak- 09437188796
- Dr. Bandita Mohanty- 09437809393
- Dr. Prakash Chandra Padhi- 09861087478

TAMIL NADU

- Dr. G.R.R. Chakravorthy 09840109787
- Dr. Uday Ganesh 09043214345
- Dr. Anita K. Patil- 09176945090

MAHARASHTRA

- Prof. G.P. Upadhyay - 09422107454
- Prof. Ashutosh Kulkarni - 09422860289
- Prof. Sadanand Deshpande - 09960071113
- Prof. Ajay Salunkhe 09820519933
- Prof. S.V. Bhosle 09892968759

CHANDIGARH

- Dr. Sumit Srivastava 09781110780
- Dr. S.D. Pandey- 09872583155

KARNATAKA

- Prof. M.C. Patil - 09448591188
- Dr. Leela Dhar D.V. 07353756060
- Dr. Raghendra Rao - 09448150516
- Dr. Shripathi Acharya G. 09845387720
- Dr. Reena Kulkarni - 09480478639

HIMACHAL PRADESH

- Dr. J.S. Bhandari - 09418090161
- Dr. Vinod Kr. Singh - 09418160920

JHARKHAND

- Dr. Amarendra Pathak-09431395574

GOA

- Dr. Mahesh Uttam Verlekar 09404456272

Courtesy: **Episulin ...** The first **Natural** insulin mimetic accepted world wide.

www.episulin.com ; www.teamvaruna.in

Scientific edge to **Ayurved.**



विश्व आयुर्वेद परिषद

Vishwa Ayurveda Parishad

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

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

Dr. GANGA SAHAY PANDEY MEMORIAL

All India Essay Competition-2014 (For U.G.) Ayurveda Students

National Advisory Committee

Prof. Y.C. Mishra
National President,
Vishwa Ayurveda Parishad

Prof. R.H. Singh
Distinguished Professor,
Banaras Hindu University

Prof. S.P. Mishra
Vice Chancellor,
Uttarakhand Ayurveda University,
Dehradun, Uttarakhand

Vaidya Rajesh Kotecha
Vice-Chancellor,
Gujarat Ayurveda University,
Jamnagar, Gujarat

Prof. R.S. Sharma
Vice-Chancellor,
S.R.K. Rajasthan Ayurveda University,
Jodhpur, Rajasthan

Prof. O.P. Upadhyay
Vice-Chancellor,
Guru Ravidas Ayurveda University,
Hoshiarpur, Punjab

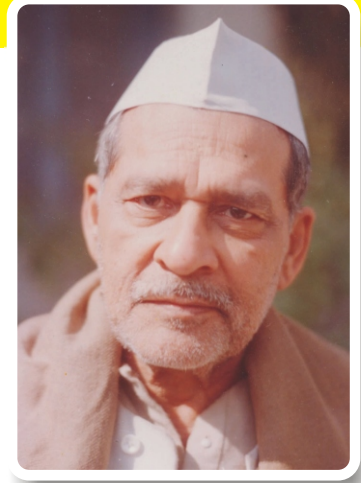
Prof. M.S. Baghel
Director,
I.P.G.T & R.A., G.A.U.,
Jamnagar, Gujarat

Prof. H.M. Chandola
Director,
C.B.P.A.C.S.,
New Delhi

Prof. Abhimanyu Kumar
Director,
All India Institute of Ayurveda,
New Delhi

Prof. Baldev Kumar
National General Secretary
Vishwa Ayurved Parishad

Dr. Ganga Sahai Pandey was one of the ever shining star of Ayurveda. He completed his A.M.S. Degree from Banaras Hindu University in 1945 and honoured teaching post in Kayachikitsa Department in the same University. His prestige and glory as a renowned physician spread beyond the domains of Purvanchal upto national and international level. He was the member of academic council of B.H.U. and also served the humanity and Ayurveda as a president of Akhil Bhartiya Vaidya Parishad. He was honoured by "Sahitya Academy Award" and "Mangala Prasad Paritoshik Award" for his incredible contribution in the field of Ayurvedic Literature. His immense depth of knowledge about the subject can be visualised in his important scriptures on Kayachikitsa. He also edited fundamental treatises of Ayurveda like Charaka Samhita, Gadanigraha, Bhavaprakash Nighantu and Ayurveda Pradeep.



In auspicious memory of such a laureate person, Vishwa Ayurveda Parishad organizing an essay competition every year among undergraduate students of Ayurvedic colleges of India.

Dear Students,

Ayurveda is one of India's most accepted traditional system of medicine would have to change its track, method of approach in order to convince the scientific world, the patients/consumers. Its biggest challenge is to connect with the next generation population, who are wary about its efficacy and safety. In the era of different social media like Facebook, Twitter, LinkedIn, Google+ etc. Everyone is empowered with information at his fingertips. Seeking health information is supposedly the third most popular online activity but the health care industry across the world is perhaps the most reluctant sector as far as social media participation is concerned.

Importance of social media is increasing day by day and now it is the main tool for awareness, interaction & propagation of any subject. Vishwa Ayurveda Parishad believes in spreading awareness of this ancient science through different means including social media. This Organisation is engaged in spreading, re-establishing & enriching Ayurveda. One of such adventures is to organize the national level essay competition among the students of undergraduate level by giving them opportunity to flourish their thought generating ideas on this national platform every year.

Dr. Kamlesh K Dwivedi
Organising President
09336913142

Dr. Ramesh K Gupta
Organising Secretary
07388988802

Copy to-

- 1- Principals, All Ayurvedic Colleges of India, with a request to convey the message among students.
- 2- State Joint Organizing Secretaries for wide circulation and necessary steps.

उत्तराखण्ड में आयुर्वेद विद्यार्थी व्यक्तित्व एवं भविष्य निर्माण शिविर की झलकियां



विश्व 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