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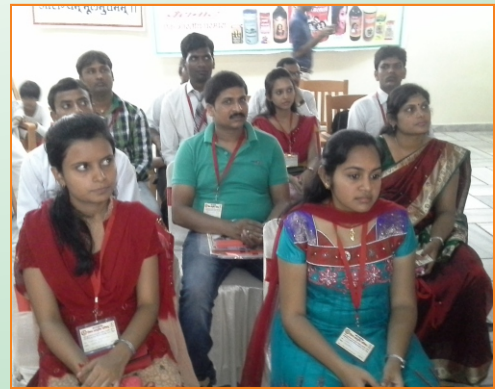


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सम्पादक मण्डल के सभी सदस्य मानद एवं अवैतनिक हैं। पत्रिका के लेखों में व्यक्ति विचार लेखकों के हैं। सम्पादक एवं प्रकाशक का उससे सहमत होना आवश्यक नहीं है। आपके सुझावों का सदैव स्वागत है।

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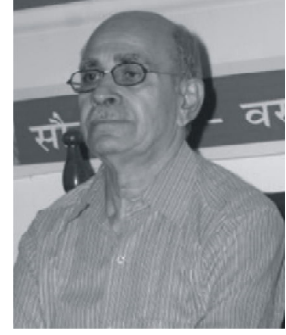
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## सम्पादवीक्ष

अब हमारी बारी है .....

देश के स्वतन्त्रता के पश्चात् प्रथम बार आयुर्वेद के महत्व को स्वीकार करते हुये, प्रथम 'आयुष' मंत्रालय का गठन करने के लिए ओजस्वी विचारक, भारत के माननीय प्रधानमंत्री को हार्दिक धन्यवाद, स्वागत एवं अभिनन्दन। साथ ही प्रधानमंत्री के साहसिक एवं दूरगामी परिणामकारी निर्णय को क्रियान्वित कर अनेक वर्षों से उपेक्षित आयुर्वेद में प्राण संचार कर देश की जनता को स्वास्थ्य की ओर अग्रसारित करने का दायित्व, जिनके सबल एवं सक्षम हाथों में सौंपा गया है, ऐसे श्रीपद वाई० नाइक (राज्यमंत्री स्वतन्त्र प्रभार-आयुष मन्त्रालय) का भी हार्दिक अभिनन्दन। प्रधानमंत्री ने अपना कार्य काफ़ी अंशों में पूरा कर दिया है। मुझे विश्वास है कि देश के आयुर्वेदज्ञ अपनी कृति से शीघ्र ही माननीय प्रधानमंत्री महोदय के सम्मुख आयुर्वेद के उज्ज्वल पक्ष को प्रस्तुत करेंगे, जिससे आयुर्वेद को भारत की राष्ट्रीय चिकित्सा पद्धति घोषित करने में उनको प्रसन्नता की अनुभूति होगी। विश्व आयुर्वेद परिषद अपने सभी साधनों को इस दिशा में प्रयुक्त करने के लिए दृढ़ संकल्पित है। इस अवसर पर निम्न विचार आपके प्रयासों को कुछ सक्रियता प्रदान कर सकें, इस हेतु निवेदन है।



विश्व को आरोग्य का संदेश देने वाले आयुर्वेद के सिद्धान्त तथा व्यवहार दोनों ही आज अपने देश में उपेक्षा और तिरस्कार के शिकार हैं। भारत ने विश्व के सन्मुख जीवन के चार पुरुषार्थों धर्म, अर्थ, काम और मोक्ष की संकल्पना प्रस्तुत की तथा उद्घोष किया कि इस सबको उस स्थिति में ही प्राप्त किया जा सकता है, जबकि व्यक्ति शारीरिक एवं मानसिक रूप से स्वस्थ हो। स्वास्थ्य अर्थात् स्वयं में स्थित होना यह शब्द ही स्वयं में गम्भीर अर्थ को संजोये हुए है। इसको समझने के लिए हमें जीवन तथा जीवन का विचार भी करना पड़ेगा। स्वास्थ्य की आयुर्वेदीय परिभाषा में स्पष्ट रूप से इसके कुछ आयामों की चर्चा प्राप्त होती है। सृष्टि का प्रतिरूप मानव (व्यापक अर्थों में प्राणिमात्र) पंच महाभूतों से निर्मित है। पंचमहाभूतों की शरीर क्रिया सम्बन्धी विशेषताओं के आधार पर पृथ्वी एवं जल महाभूतों की अधिकता वाला कफ दोष, अग्नि या तेज की क्रियाओं यथा पाचन, ज्ञान, बुद्धि की प्रखरता को प्रदान करने वाला पित्तदोष तथा सभी क्रियाओं को नियन्त्रित करने में सक्षम वायु एवं आकाश महाभूत की प्रबलता को अभिव्यक्त करने वाले वात दोष का अन्वेषण एवं विकास भारतीय मनीषियों का स्वास्थ्य के क्षेत्र में अद्भुत योगदान है।

हम केवल शारीरिक भावों के सन्तुलन को ही स्वास्थ्य की परिपूर्णता नहीं मानते। वैसे शरीर भी केवल जो हमें दिखाई दे रहा है अर्थात् 60-70 किलो का चलता-फिरता प्राणी, केवल वह ही नहीं है। भारतीय दर्शन तीन प्रकार के शरीर का वर्णन करता है। 1. दिखने वाला स्थूल शरीर, 2. न दिखने वाला सूक्ष्म शरीर तथा 3. मूल प्रकृति रूप कारण शरीर।

आयु अथवा जीवन चार घटकों का शरीर, इन्द्रियाँ, मन तथा आत्मा का समन्वय है। केवल शरीर का विचार किया गया तथा मन, इन्द्रियों तथा आत्मा की उपेक्षा की गई तो उस स्थिति को स्वस्थ नहीं कहा जा सकता। स्वास्थ्य के लिए समग्र जीवन शैली का विचार आवश्यक है। आज विश्व जितनी मात्रा में इस सत्य से दूर है, उतना ही स्वास्थ्य से भी दूर है। आयुर्वेद मात्र चिकित्सा पद्धति नहीं है, अपितु एक जीवन शैली है। प्रायः यह आरोप लगाया जाता है कि प्राचीन आयुर्वेद पद्धतियाँ अब शायद काल बाह्य हो चुकी हैं। वर्तमान युग की समस्याओं के समाधान में आखिर वर्तमान स्वास्थ्य समस्यायें क्या हैं तथा वे प्राचीन काल की समस्याओं से किस प्रकार भिन्न हैं? सदैव से प्रत्येक व्यक्ति रोग रहित स्वस्थ जीवन बिताना चाहता है तथा प्रज्ञापराध प्राचीन काल से आज तक रोगोत्पत्ति का प्रमुख कारण बना हुआ है। प्रतिस्पर्धा को आज प्रगति एवं विकास के लिए अनिवार्य मान लिया गया है। कई बार स्वस्थ प्रतिस्पर्धा शब्द का प्रयोग भी किया जाता है, किन्तु व्यावहारिक तथ्य यह है कि कोई भी प्रतिस्पर्धा स्वस्थ नहीं होती। इससे व्यक्ति में और अधिक पाने की तीव्र इच्छा (तृष्णा), दौड़ में पीछे रह जाने का भय, दूसरों की उन्नति से उसके प्रति ईर्ष्या, घृणा आदि भाव उत्पन्न होकर मानसिक तनाव एवं अवसाद जैसी स्थितियाँ उत्पन्न होना स्वाभाविक है। इस घृणा पर आधारित अन्धी दौड़ को उदारता, शान्त स्वभाव युक्त सद्वृत्त के पालन से निश्चित रूप से बदला जा सकता है।

आयुर्वेद की उपेक्षा से केवल आयुर्वेद की हानि नहीं हो रही है अपितु देश के सभी नागरिकों तथा वस्तुतः विश्व की रोग त्रस्त मानवता की असीम हानि है। वर्तमान प्रचलित चिकित्सा पद्धति एवं औषधि व्यवस्था के दीर्घकालीन दुष्परिणामों से चिन्तित विश्व के विचारक भी इस तथ्य से सहमत होते जा रहे हैं कि प्रकृति पर आधारित आयुर्वेद के द्वारा सभी को सरल, सहज, पर्यावरण मित्र, सस्ती तथा दुष्परिणामों से रहित चिकित्सा प्रदान की जा सकती है। आयुर्वेद का उद्भव केन्द्र होने के कारण इस कार्य की पहल भारत वर्ष के आयुर्वेदज्ञों को ही करनी पड़ेगी। आइये, प्रधानमंत्री श्री नरेन्द्र दामोदर दास मोदी जी के आह्वाहन का उत्तर शब्दों से न देकर कृति से दें तथा आत्म विश्वास से युक्त होकर आयुर्वेद की उन्नति के लिए कार्य प्रारम्भ करें।

- आचार्य योगेश चन्द्र मिश्र



# PARADIGM OF YARDSTICK MANAGEMENT OF AN AYURVEDA EDUCATIONAL INSTITUTE : AN ISO 9001-2008 PERSPECTIVE

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## ABSTRACT

At Govindbhai Jorabhai Patel Institute of Ayurvedic Studies and Research (GJP-IASR) many parameters were developed to design a standard and Model Institute to provide quality atmosphere for the study. Apart from the existing norms, our Institute intended establishing the self customized created pattern of administering the Quality Management System (QSM) in education and providing quality health care services. Many difficulties had to be faced to create values and standard operating procedures (SOPs) while planning and implementing QSM. Series of meetings were conducted to educate the staff starting from the lowest cadre up to the top management. The main focus was on process documentation, reporting, extraction of desired information and corrections of shortcomings. 41 patterns of Quality System Management (QSM) and 7 major Operational Control Procedures (OCP) were designed and practically implemented to achieve the goal. The entire operations were managed through 284 files, 187 registers and 92 digitalized formats. The process owners have considerable stepwise responsibility, authority and feedback system. This yardstick provides an hourly, daily, weekly, monthly and yearly update of all the desired information within a very short episode. The institute hired an external (ISOQAR) audit cum inspection system to evaluate the ground level implementation of all processes, documentation, feedbacks and certified the Institute with 'International Organization for Standardization' i.e. ISO 9001-2008.

**Key Words:** Ayurveda College, Academics, Quality System Management, Standards, ISO 9001-2008, G. J. Patel Institute of Ayurvedic Studies and Research

## INTRODUCTION

Earlier Nalanda and Takshashila were considered as the supreme destinations of education. The Teachers and the students were always willing to be a part of these institutions. More emphasis was given on philosophical touch and comparative study of the parallel streams of different sciences. As the time passed the phenomenon of teaching and projecting the knowledge has changed. Now, the conditions are entirely different and programs are being designed as per the need of the society and opportunity. Especially, the Health Science Educational Professions have become more quantitative due to advancement in objective technical gadgets to assess the teaching and learning methodologies. The parents who wish to get admission for their wards are also get acquainted with such type of understanding among the professionals. Since last century, both government and private sectors are trying to develop Ayurveda Colleges in India and abroad.

Ayurveda is a science of life in general and medicine in particular, traditionally practiced in the Indian society. This reflects in their daily lifestyle, food habits and social behavior in the form of Samskara. Ayurveda incorporated all these guidelines in various texts written from time to time by the philoso-

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phers cum scientists. These scientists were free from any bias and may have gained knowledge through careful observations of the nature and experimentations. This knowledge is still found valid and proved on the existing scientific parameters. The Ayurvedic information is about 3000 years old and was updated by the followers in their treatises which are written in Sutra form. These Sutras are in the limited terms and carry unlimited information presented in the systematic manner. It is very important to understand the message conveyed by the philosophers and depth of the concept written in the treatises. It is necessity of present era to identify the methods of extractions of this information and presentation of the same in simple way understandable to the common individual which is a challenging job. Apart from this, a particular working atmosphere is required to enter in the depth of these concepts.

If we observe the parallel systems like Engineering, Medical, Pharmacy, Architecture, Home sciences, Biotechnology, etc and their education pattern, we come to the conclusion that all are having huge laboratories, workshops, specialized units, experimentations, computations, digitalization by applying available technological gadgets. Especially, Modern Medical Colleges and Hospitals are fully established with huge buildings, comfortable sitting and learning halls, teaching tools like Projectors, Pictures, Models, Diagnostic Equipments, operating tools etc. The main motto of this infrastructure is not only attracting the students but also to provide maximum knowledge in minimum time without excess burden on the students. These changes in the existing streams are evolved through consistent documentation of accountable, measurable, qualitative and quantitative information of the students and society. The approach of the health education sectors is solely concentrated on facilities and quality education.

It was challenge for us to build an Ayurveda College with excellence of standards suitable to the

present day students without compromising on original theme of Ayurveda. A small survey study was conducted to find out the existing situation of Ayurveda colleges in India and their administration. The guidelines, rules and the regulation of governing bodies (Central Council & Universities) were studied and sequenced in chronological manner, along with total budget and infrastructure designed to implement. With this great vision G. J. Patel Institute of Ayurvedic Studies and Research (GJP-IASR) and Surajben Govindbhai Patel Ayurveda Hospital and Maternity Home (SGPAH & MH) came into existence as a model Institute.

#### **Designing the Aim & Objectives for Management of Institute**

The prime aim is to establish a model Ayurveda institute to meet the global expectations by making young budding professionals globally competitive in the health service sector as well as producing the real Ayurvedic physician who can practice Ayurveda confidently and diligently to serve society at large. The objective is to impart quality teaching & training to student community, extend benefits of Ayurveda to wider section of population and to promote Sanskrit & English as language of communication, interaction & understanding. The vision is resurrection and revitalization of Ayurveda in particular and Indian tradition as a whole by establishing a viable link between traditional science and technology to carry out meaningful research. The mission is to establish an Ayurveda institute with ultra modern facilities and latest technological gadgets, and to carryout meaningful research involving modern technology, ancient tradition and multidisciplinary approaches to throw light on hidden treasures of Ayurveda.

The two majestic and magnanimous structures of the College and the Hospital along with student hostels and staff quarters are established at project cost of around Rs. 30 Crores and are located





in a landscape spread over 5 acres. Equipped with latest technological advances and concrete traditional base along with highly qualified staff, the Institute is hailed as a model centre of learning in the field of Ayurveda.

The College has spacious Class rooms, well equipped Laboratories, Museums, Dissection halls and other student amenities. Library with a huge collection of over 10000 books and Herbal garden with 250 species of herbs are additional attractions. Separate Hostel & Mess facilities for girls and boys are also available in campus

The Hospital has both out-patient (O.P.D.) & in-patient (I.P.D.) facilities, diagnostic aids like X-ray, Ultra Sonography, Pathological laboratory and therapeutic divisions like Panchakarma, Agnikarma, Ksharkarma, Yoga therapy etc. Specialty services like Medicine, Gynecology, Pediatrics and Surgery are provided under the expert guidance of experienced physicians. The I.P.D. has admission capacity of more than 300 patients with separate wards for different departments and special as well as semi-special rooms. Single and double bedded cottages for elite class are also planned separately. Nearly, 6, 50, 000 patients have been treated and medicines worth about Rs. 90 lakhs have been distributed absolutely free to the patients since the inception. The Hospital organizes free medical camps in the nearby village under the rural health program on regular basis where patients are diagnosed and distributed free medicines with follow up in the SGPAH & MH. A special Suvarna Prashana Program is organized in the Hospital campus once a month on a specific day to promote the Immunity and Intellectual abilities of the children below the age of 5 years. So far > 1, 00, 000 children have been immunized under this scheme

#### **Planning to Generate Institutional Environment:**

In the campus, more than five thousand students pursue academic programs in many different disciplines, several gardens, tree-lined avenues, a huge

playground in the township, and rural environment enliven academic activities on the campus. Under the aegis of Charutar Vidya Mandal (CVM), the first model English medium Ayurveda College in Gujarat of international standards was established at New Vallabh Vidyanagar in 2006 which is considered as the new hub of education. The college is fully equipped with the latest technological gadgets, ultramodern infrastructure and highly qualified staff to teach and propagate Ayurveda. A college website [www.ayugj-cvm-edu.in](http://www.ayugj-cvm-edu.in) is maintained and updated regularly which gives information of Hospital and College activities.

#### **Quality Management for Patient - Student Satisfaction**

Quality medical education and satisfactory services are integral part of our philosophy and undertaking. The increasing number of patients, students and recognition by society reflects our commitment to quality. We adopted International Standard of Quality Management System ISO 9001:2008 for continual improvement and enhancement of Academic activities and research, for student's and patient satisfaction.

The process of Certification started with acquiring the knowledge of all the standards existing in the system and their relevance. A team (ISO core committee) containing a Management Representative (MR) and ISO core group was established to search and implement the norms. The team members were given an authority to directly report to the Dean and superintendent of the Institute for regular updates and advice. The Institute hired the services from the external consultants to guide the ISO core committee and primarily educate them for implementation of process.

The team reached to each and every part of College and Hospital and tried to understand the existing norms and pattern of conducting the processes. The primary aim of the team was to understand op-



erating process of the assigned work and knowledge of the staff involved in it. After visiting, the team designed all important processes and their existing management. The rules, regulation and the guidelines of the governing bodies were also studied by the team and co-related these norms with existing processes. All the processes were redesigned and managed into 26 Operational Control Procedures (OCP) with uniform technique of documentation. This uniform documentation process were designed in such a way that it contained the aims, objectives, input, output, control and list of Files-Folders-Registers-Digital documentation of the related process. The primary aim of such documentation was to help the administrator to access the process with feedback, responsibility sharing and equal distribution of work as per the designation in the institute. After two years of implementation; all the processes were again redesigned into seven OCPs with more accurate and firm control of the processes.

All the OCPs were linked to the standard management system to have proper reporting and reducing the communication gaps. For this purpose 41 patterns of Quality System Management (QSM) were prepared to achieve a common target. The entire operations were managed through 284 files, 187 registers and 92 digitized pattern.

Series of meetings were conducted at various levels like Consultants with ISO core Committee, ISO core Committee with the Dean, ISO core Committee with Departmental Staff, ISO core Committee with non-teaching staff, ISO core Committee with hospital staff, etc. These meetings were planned to educate every single staff and the outsiders who were linked with the processes of Institute for uniform management of processes. This gave a conclusive idea to the core committee to design ISO manuals which took care of understanding of every individual.

Based on the input received from the staff and ongoing processes the MR and his team created the

manuals on Quality System Management (QSM), Operational Control Procedures (OCP), Forms and Formats (FF), put before Dean for approval. After thorough study and approval the Dean released the manuals for trial implementation of the norms created by the team.

Two months time was given to the process owners and their team to incorporate all the improvised procedures designed by the team. After, a stipulated time the consultants and the ISO team visited each department / process to observe the implementation and documentation. They also cross-verified the processes and questioned to the members of process to verify actual understanding the process. The team noted down the lacunas in operations and suggested to the top management for required changes in the manuals. Once the team, consultants and the head of the institute were convinced about the actual implementation of norms, an application was put up for certification of ISO to ISOQAR. The Institute followed all the formalities for Certification and proposed a date for visitation of the external body to verify the implementation.

The auditors of ISOQAR conducted an audit for consequently two days and found the excellent implementation of all the QSM. On the comment they marked "it is one of the best Management systems we find so far. It achieved the situation which we observe after 6 years of up-gradation at any institute." With one major and a minor non-compliance, auditors recommended the institute to offer Certification of ISO 9001-2008. These Non-compliance was fulfilled by the institute within 15 days and after reporting received the Certification.

With this achievement we could justify our aims and objectives time to time with excellent feedback system from patients, parents and students (who are real clients). This has enabled the management to get details of minute issue within minutes and helps to take correct steps accordingly.



### **Quality Manuals -Revision, Fresh Issues, Control & Distribution:**

All the revisions in the manuals were prepared by the Management Representative and approved by the Dean & Superintendent. Every fresh issue of the manual with next serial issue number was released after every major change. The Dean & Superintendent was authorized to take decision for all changes recommended by the MR. As a pattern brief description of revision was mentioned in revision record sheet. The distribution of manual was controlled and authorized by the Chief Internal Auditor after approval from Dean & Superintendent. The definition and abbreviations used in various service standards and ISO 9001: 2008 were taken as guidelines. It was decided that whenever regulatory authority provides definitions, the nomenclature of the same will be the applicable.

### **Purpose and Scope of Quality System Manual**

The purpose of this manual was to define quality policy and application of quality system elements of ISO 9001: 2008 with effect at GJP-IASR & SGPAH & MH. Clause No. 7.3 i.e. Design and Development for Production and Service Provision and Clause No. 7.5.2 i.e. Validation of Processes for production and service provision were not applicable and were excluded. Organizational structure, responsibilities, relationship and method carrying out the tasks of each element were described in the manual. The references have been given to the procedures and other relevant documents. The scope of manual was applicable to all employees working at GJP-IASR and SGPAH & MH.

### **Quality System Manual (QSM) and its Control**

Quality System Manual was prepared and issued by MR and approved by Dean & Superintendent. All the controlled copies of the QSM were photocopied of the 'ORIGINAL' copy and were stamped as 'CONTROLLED COPY' in red on each page at the bottom

of the page. Each controlled copy of this manual had unique identity number. The MR holds original copy and it identifies Current issue status as indicated by issue date on each page and it supersedes all previous issues. Chief Internal Auditor keeps record of issue of controlled copies and revisions.

In the Quality System Manual, each topic was described in sequence with the purpose, responsibility, activity and references. The topics covered under this protocol are Management Commitment, Client Focus, Quality Policy, Quality Objectives, Quality Management System Planning, Responsibility-Authority-Communication, Management Representative (MR), Internal Communication, Management Review, Review Input, Review Outputs, Provision of Resources, Human Resource, Competence, Awareness and Training, Infrastructure, Work Environment, Planning of Service Realization, Quality Manual, Control of Documents, Control of Quality Records, Patient / student communication. The manual also incorporated determination of requirements related to the services, Review of requirements, purchasing process, Purchasing information, Verification of purchased product, control of service provision, Identification and traceability, client property, control of monitoring and measuring devices, Measurement, analysis and improvement, client satisfaction, internal audit, Monitoring and measurement of processes, monitoring and measurement of product, control of non-conforming products, analysis of data, continual improvement, corrective and preventive action.

### **Operation Control Procedures (OCP)**

Earlier there were 26 OCP which are reduced to 7 major OCPs for easy, convenient and accountable managements of the various activities in the Institute. These OCP covered management & administration, Hospital activities, Research & extension activities, Students activities, teaching with clinical section activities, teaching with laboratory activities



and only teaching activities. A fixed protocol is adopted for each procedure with controlled back-up to watch on authenticity.

### **Forms and Formats (FF)**

It was one of the most important manual which contented the exact pattern of documentation. The quality of FF resulted in the extraction of desired information required for use. In total there were 151 formats to document all the activities of the Institute. There are 29 forms to generate scattered information of fixed procedures. The formats or forms were distributed in all the OCPs where ever applicable and have analogous documents without deviation from the pattern. The documentation was accountable for comparison of the same subject of different OCP as well as compare monthly to yearly ratio.

### **Activity Flow Chart (AFC)**

The activity flow charts were designed for proper implementation of Quality Management. The internal communication flow chart was planned to ensure effective communication between various levels and functions. The responsibility of implementation lies with Head of the Institution and all individual Faculty members and Office Staff. It includes the methods like Public address system, Letters, E-mail, SMS, Website, Team meetings, Notice boards, Audio visual aids, Medical camps, Industrial and Educational tour and Interactive training sessions. The regular management review was scheduled to assess the effectiveness of implementation and maintenance of Quality Management System. In the activity top Management reviews the Quality Management System every six months to ensure its continuing suitability, adequacy and effectiveness. The review evaluates the need for changes to the organization's Quality Management System, including Quality Policy and Quality Objectives. The ac-

tivity flow chart also designed for human resources to assign the responsibility to the people of the organization according to their competency and skills. It included the activity like checking the personnel who are assigned responsibilities defined in the Quality Management System are competent on the basis of applicable education, training, skills and experience. The responsible people evaluated the effectiveness of training imparted is evaluated.

Client (Patient / Student) Communication flow chart was planned for communicate with patient / students effectively to meet their requirements. The responsibility of implementation lay down with all consultant & other staff / faculty members & Counselors. The activity-information which included was Rules and regulations / Code of conduct, Monthly progress reports and Yearly evaluation. Moreover it also includes Patient / Student feedback, including their complaint / suggestion, verification of the documents obtained from the students and time frame for responding to complaint is defined. The Client Satisfaction was measured for continual improvement. It was analyzed through Student's / Parent's perception regarding product / services like Response / Information at the time of OPD & IPD, First day in Hospital, Seating arrangements, Co-Curricular activities and personality development program, Sports, Laboratory Facilities, Attitude of head of the institute and Attitude of Consultants. The client satisfaction index was calculated annually.

The flow chart was designed for measurement, analysis and improvement in processes to demonstrate conformity of services measurement, improvement and continual improvement in Quality Management System. This includes determination of applicable methods including statistical techniques like Non conformity/error trend analysis and graphical presentation, Client complaints trend analysis, Trend analysis of deviation of client satisfaction index, Er-



ror removal efficiency and Delivery deviation analysis / schedule slippage analysis. Flow chart of analysis of data was made to identify the areas for improvement. For this the appropriate data was determined, collected and analyzed to demonstrate the suitability and effectiveness of the quality management system and to evaluate where continual improvement of the Quality Management System can be made. The analysis of data includes information relating to Patient / Student complaint / suggestion analysis, the number, type and severity of non-conformities / errors, Cost incurred by the organization for removal of the non-conformities/errors and corrective actions taken, time difference between plan and actual events delivery schedule and client satisfaction.

#### **Quality System Procedures (QSP)**

The procedures were deliberated to establish and maintain a procedure for control of Quality related Documents and Data, to established and maintained a procedure for Identification, collection, Indexing, Accessing, Storage, Maintenance and Disposal of quality records and to establish and maintain a procedure for planning and to implement action of Internal Quality Audit. It was also premeditated to establish and maintain a procedure to control non-conforming products so that non-conforming product/ services are identified and segregated to prevent unauthorized use, inadvertent dispatch or inclusion with conforming products, to establish & maintain a procedure for identifying, implementing & reviewing corrective actions and to established and maintain a procedure to prevent potential non-conformities.

#### **Conclusion:**

As dreamed earlier a model Ayurveda College with fully equipped quality equipment, infrastructure and staff was created by the Management. However the functionality was established through systematically operated Quality system Management.

The skeleton provided by the management in-fact was offered life to make it dynamic. It defined a uniform distribution of work, job satisfaction and personal as well as institutional achievement. We hope it will become the benchmark for future implementation of Model Ayurvedic academic activities. The college achieves tremendous results in academic performances at University level every year. The hospital gains the reputation day by day within coming flow of patients from different parts of the world.

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#### **Acknowledgement :**

We are thankful to ISO core Committee, OCP owners and staff for implementing the Quality system and achieving the certification.







### Therapeutic effect of metals on human body:

रस रत्न समुच्चय

– रस रत्न समुच्चय

लौहादि धातु भस्म होने पर रस (आद्य आहार परिणाम धातु रस/सप्त धातुओं में प्रथम) के समान हो जाता है, सेवन करने पर यह रोगों का नाश करता है, लम्बे समय तक सेवन करने पर शरीर में दृढता प्रदान करता है, रोगों की उत्पत्ति की प्रक्रिया को रोकता है तथा वृद्धावस्था को प्रतिबन्धित करता है।

Metals when converted into bhasma they act like nutritive materials similar to that of the Rasa (extract of food materials after first phase of digestion, divided into nutritive / plasma and waste, which further are converted to faecal material). In therapeutic uses it eliminates the diseases. On prolonged use, it provides strong disease free body and it prevents the onset of diseases as well as senility.

Ayurveda is regarded as science of life and follows holistic approach to healing of ailing body. Mercury is at the centre stage of Rasa Shastra while Lead (along with other metals) and Mercury are the focal metals used in Ayurved and Siddha medicine. But in modern medical practices these metals are highly toxic and interfere with the biological mechanism and cause several types of disorders. Vast literature is now available, which highlights the role of metal ions in biological systems. Without, metals the living world cannot survive. Bio-inorganic chemistry is now a well established branch of science. An all out effort is being made all over the world to understand the role of each metal ion to the minutest possible details. Sodium and Potassium hydroxides (NaOH, KOH) and Cyanides (Na CN, KCN) are dangerous chemicals for human body while the Chlorides (NaCl, KCl) are essential and palatable. It is the environment of the metal which matters.

The above shlokas and meaning thereof clearly underlines the usefulness of Mercury compounds. The ancient Rasacharyas and Siddhacharyas very well understood the toxicity of Mercury and Lead and therefore very carefully defined the procedures for preparing Bhasmas and Sinduras (or Compounds) from them before giving to the patients. Bhasmas were used in extremely small amounts and were even used along with herbs and herbal extracts. The Acharyas personally monitored the effect of their medication on patients. It is only after considerable experience that they spelled out the above Shlokas. During the past 4-5 centuries modern science has developed considerably because of print media and the knowledge about materials has been consolidated in English language. Language of chemistry has been developed by using Symbols for elements available on Earth.

Scientists have now convincing evidence by experimentation and theoretically established that all matter is composed of atoms as the fundamental units and that even atom can be fragmented. It is composed of a positively charged nucleus surrounded by electrons, just as Sun is surrounded by planets. The outer electrons participate in bonding and that Atoms grow into molecules, macro molecules which further grow into larger structures and ultimately, into visible matter on Earth and in Sky. Our understanding of life, through our ancient wisdom to date, that energy in several forms exists in nature and that energy cannot be created nor it can be destroyed. It only changes its shape. God- Fire- Soul- Energy are synonyms. The very first Richa of Rigveda is for worship of Agni.

From even modern science approach even Einstein has given an equation  $E = mc^2$  for energy matter inter convertibility. Matter when destroyed releases tremendous amount of Energy. This was proved by Atom Bomb explosions, that an entire city



can be destroyed by a few Kilograms of Uranium in Atom Bomb.

Now a days science has reached a stage that a rocket can be fired from remote, a man can be landed on Moon, a robot can understand and read your face and judge your intention. Electron - energy are synonyms and are intelligent enough to exist in minutest wavelet form and carry the message. Our ancient sages Ayurvedacharyas believed Soul to be present in all living species. This soul understood the environmental conditions and allowed the species to grow, seeking other materials for life available in environment. For this reason our ancient Acharyas adopted the procedure of worship of plants/ trees/ herbs before plucking them for the patient care. Even now doctors believe that modern medicines are more effective if the patient cooperates with the doctor and has faith in his knowledge. This is called Placebo effect and related to Godly pharmacy gifted to man, which generates neurochemicals with positive attitude of patient to fight the disease.

Just as an atom is the smallest indivisible particle of an element, a cell is the smallest unit of life capable of self generating multiplying and even performing hara-kiri (cell death). A cell is a molecular machine drawing food from the environment, capable of communicating with others by signaling process. A cell has also a Soul or center stage of energy, or a center of intelligence.

When such living system is unwell it needs medication, due care is needed in treating the diseases or ailing body. By observing symptoms medicines are given to the system. The system selects the useful chemicals to restore to normal functioning. Metals like Mercury and Lead in their sulfide forms have been recommended for use along with herbs and herbal extracts. Ayurvedic formulary is virtually a mixed poly herbal and poly mineral therapy. The body as whole is given a few thousand chemicals to

select for itself the requisite chemicals for treating the disease.

Now the modern medicine has gone to molecular level of investigation with the advancement in electronic gadgetry that old knowledge and therapies have taken the back seat.

With the increasing awareness about the toxicity of excess dose of modern medicine with pointed target drug delivery, there is reversal of trend and ancient wisdom of poly herbal and natural therapy for upkeep of body metabolism is being increasingly appreciated.

No doubt, with the publication of an article "Heavy metal content of Ayurvedic Herbal Medicine Products" by Dr. Robert B. Sapers & co workers in journal of American Medical Association (JAMA) Dec. 15, 2004, vol. 292 (23) PP 2869- 2873) a furor has been created the world over. The article is based on total metallic content but chemical species have not been identified.

Most of the Ayurvedic drugs used Kajjali, a black powder obtained by reacting Mercury with sulfur. We know that Mercury reacts with sulfur to give Mercury Sulfide (HgS). HgS is highly insoluble compound, solubility product  $3 \times 10^{-53}$  and is decomposed only by concentrated nitric acid (HNO<sub>3</sub>) or aqua regia three parts of concentrated hydrochloric acid and one part concentrated nitric acid (3HCl + HNO<sub>3</sub>) which produce nascent Chlorine, which in turn breaks HgS to HgCl<sub>2</sub> and S. To our knowledge human body does not produce such strong oxidizing condition to break HgS to give Hg<sup>2+</sup>. Free Hg, Organo Hg<sup>+</sup> salts and even mercurials dissociate and are likely to become toxic, but HgS has been established to be non toxic with LD50 indeterminate.

A similar behavior is expected from Lead Sulfide (PbS) which however is susceptible to oxidation in





open air to PbSO<sub>4</sub>. Due precautions are essential. For this reason, may be, the Ayurvedic preparations are processed with oil and Ghee (Clarified butter) to protect the susceptible species.

Consequent upon the above JAMA publication, there is spurt in Ayurvedic research using modern gadgetry. Most of publications center around estimation of metal content rather than identification of chemical species. Many research publications stressing deposition of Mercury in different body parts probably relate to the use of substandard HgS or un-standardized HgS. Pure HgS in Kajjali - Rasa Sindura has been confirmed to be a nano particle (Ref. Prof. S. B. Rai & co workers, Indian Journal of traditional Knowledge 2009, 8, 346-351) and does not metabolize in larvae of bees (Ref. Prof. S. C. Lakhota & co workers, PlosOne May 2012, 7 (5) pp 1-14). The present Authors would like to dispel fears about the use of pure HgS (in Kajjali or Rasa Sindura) in Ayurvedic formulations. The care needs to be taken with other toxic metals and minerals.

#### Conclusion:

Although majority of Ras Dravyas are poisonous in nature, but by due processing and careful use of appropriate doses, they have been found to produce miraculous effects.

Further it is suggested,

In order to establish the path followed by HgS in body and Gastro Intestinal Tract a preparation using radioactive Sulfur may be used, which may be followed with appropriate tracer techniques. HgS is expected to be excreted from the body. If deposited somewhere in the curves of ageing body, it will be beneficial as many ancient Acharyas have confirmed by giving or prescribing HgS preparations to old patients as health tonics.

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#### सूचना

1. अब आप अपने लेख [drramteerthsharma@gmail.com](mailto:drramteerthsharma@gmail.com) पर भी भेज सकते हैं।
2. हिन्दी के लेखों को प्राथमिकता दी जायेगी।



## AARTAVAKSHAYA : AN IMPORTANT GYNAECOLOGICAL COMPLAIN

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### ABSTRACT :

The physiology of reproductive system of woman is specific to perform many functions like menstruation, achievement of conception, maintenance and expulsion of foetus. These specific physiological changes make her more prone to pathological disorders. Amongst various gynaecological disorders, Aartavakshaya is a menstrual disorder, characterized by delayed menstrual cycle and decreased blood flow during menstruation.

आर्तवक्षये यथोचितकालादर्शनमल्पता वा योनिवेदना च ।।  
(Su.Su. 15/12)

There is also pain in vagina. Chakrapani said this pain is due to aggrevation of Vata dosh caused by loss of artava, which fills this region.

आर्तवक्षय इत्यादौ योनिवेदना तद्देशाभिपूरकार्तवक्षयकुपितेन वायुना ।। (Su.Su. 15/12 Chakrapani commentary)

Artava is said to be essential for life and formation of garbha. In this condition artava vitiated by doshas, has absence of bija and the women suffering from artavakshaya become infertile.

Hence, it is a great concern for gynaecologist to treat artavakshaya and to prevent impairment of fertility. Ayurveda describe a number of drugs and therapeutic processes for artavakshaya.

**Key words:** Artava, Infertility.

### INTRODUCTION:

Artavakshaya consist of two words i.e Artava and kshaya. Artava means "Ritu bhavam artavam", which appears during ritu (menstrual period), and kshaya means "loss or decrease in amount or duration". Before going to describe the artavakshaya there is a brief description of artava and its formation, amount and period of ritukala etc.

The word artava as used in Vedas means, the joining period of two seasons and probably, due to presence of ritukala in women, it has been relation of menstruation. The Upanishad describes "Artava" as shonita and its function is formation of garbha, by the union with shukra (Ait.Up.II 1.1), but in Ayurvedic classics the word artava has been used to denote various physiological units of menstrual cycles.

**"Ritubhavam rangamartavam"** means the thing which is red in colour, appears during ritukala and functions along with shukra for formation of garbha.

**Formation of Artava :** Form the Rasa (Dhatu), the rakta named as, 'Raja' is formed. As Acharya Vagbhata opines, in every month, for 3 days, rakta reaching the uterus, and coming out through vagina is known as Artava.

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तथा रक्तमेव च स्त्रीणां मासे मासे गर्भकोष्ठमनुप्राप्य  
त्रयहं प्रवर्तमानमार्तवमित्याहुः ॥ (A.S.Sa.1/10)

Acharya Sushruta, Vagbhata II, Dalhana and Chakrapani opine that it is formed from rasa, while Vagbhata I says that it is formed from rakta. Actually both of these descriptions are identical, because rakta either dhatu rupa or raja rupa, is always derived from rasa, thus it appear that Sushruta have mentioned the earlier stage of raja formation, while Vagbhata I, the later stage. This matter has been further elaborated by Chakrapani that during the process of formation artava is saumya, due to influence of rasa, while at the time of its excretion due to specific changes, it assumes agneya character.

Chakrapani mentioned that if there is any abnormality in artava, it produces disease in woman, which affects her reproductive life as well as normal vital process.

.....विकारोधातुवैषम्यं । धातवो वातादयो रसादयश्च  
तथा रजः प्रभृतयश्चए तेषां वैषम्यं..... ॥

(Ch.Su.9/4 Chakrapani commentary)

#### Functions of Artava:

Artava is said to be essential for life and formation of garbha, is one of the main function.

#### Amount of Artava:

स्त्रीणां रजसोऽज्जलयश्चतवारः ॥

(A.S.Sh.5/98)

चत्वारो रजसः स्त्रियाः ॥

(A.H.Sh.3/81)

Amount of artava is four anjali pramana (appx. 4 ounces).

विश्व आयुर्वेद परिषद पत्रिका / जनवरी 2015

#### Duration of Kala :

3days by Vagbhata & Bhavamishra

5 days by Charaka

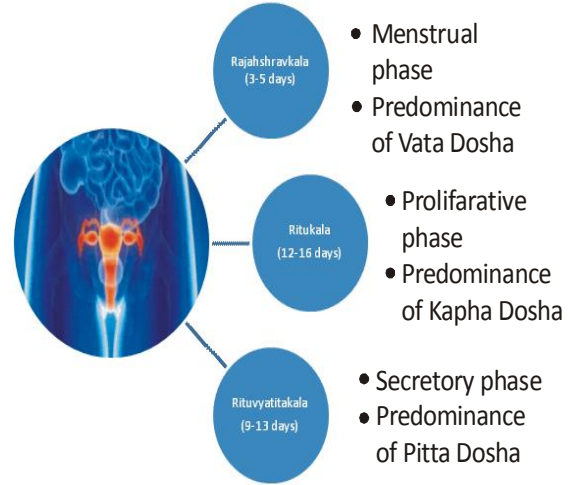
7 days by Harita & Bhela

#### Physiology of menstrual cycle (Rituchakra) :

When a girl reaches menarche, she starts her rituchakra in which bleeding occurs for 4-5 days, every months (Chandramasa=28days).

मासान्निपिच्छदाहार्ति पंचरात्रानुबन्धि च ।

(Ch.Chi. 30/225)



Vata dosha plays specific role in governing artava or menstrual cycle. Vata propels the circulating blood to reach the uterine and endometrial vessels and which is basically responsible for excretion of menstrual blood. Generally the function of Vata resembles to function of nervous system. The influence of hypothalamus and the sensory inputs of CNS are established for governing normal menstrual cycle. The nerves reaching the endometrium, through arterial wall are also responsible to a certain extent for various



endometrial changes occurring during the menstrual phase. Vata has great influence on the psychological build up of individual and the psychology, which exerts considerable influence in maintenance of normal cycle.

Sushruta and his commentators Dalhana and Chakrapani described that aggravated Vata decreases the amount of artava, causes prolonged intermenstrual period and there is pain in vagina.

In the event of deficiency or loss of artava, the menstruation does not appear in its appropriate time or is delayed. It is scanty and does not last for 3 days.

Viewing the symptoms artavakshaya it seems to be delayed menstruation (oligomenorrhoea) and scanty menstruation (hypomenorrhoea). Hormonal imbalance is the leading cause of oligo and hypomenorrhoea.

Artavakshaya can be due to deficiency of either rasa and rakta dhatus or both.

In Bhavaprakash besides above description, specific desire of the women suffering from artavakshaya have also been enlisted i.e, she desires katu (hot), amla (sour), lavana (salty), ushna (hot), vidahi (causing burning sensation) and guru (heavy) food articles, fruits, vegetable (pumpkin, bottle-guard and brinjal etc.) and squash, beverages etc.

The women suffering from artavadusti has absence of bija (ovum) that also may become infertile. (Su.Sh.2/5)

#### **Principles of treatment of Artavakshaya:**

1. तत्र संशोधनमाग्नेयानां च द्रव्याणां विधिवदुपयोगः ॥  
(Su.Su. 15/12)

Sushruta described 'Samsodhana Chikitsa'.

But Dalhana says that for purification, only emetics should be used not the purgatives, because purgation reduces Pitta, which in turn decreases Artava' while emesis removes saumya substances, resulting into relative increase in

Agneya constituents of the body consequently 'Artava' also increase.

Chakrapani says that by use of purifying measures srotasas are cleared. Emesis and purgation clear upward and downward srotasas respectively, thus both should be used, giving due consideration to the doses of drugs used for purification and fitness of the woman.

1. Artavakshaya is 'Anuvasana Sadhya Vyadhi' (Ka.Sh.Si.7/11).
2. The use of 'Agneya Dravyas'.
3. The use of Swayoni Vardhaka Dravyas (i.e. having the same properties of Dravya, Guna and Karma).
4. The Drugs capable of increasing the Pitta and Rakta should be used (Pitta Vriddhi Kara and Rakta Vriddhi Kara Chikitsa).
5. The treatment prescribed for 'Nastartava' should also be used (Su. Sha. 2/24).
6. Vatashamaka treatment must be considered, because yoni does not spoil without Vata. Vayu is also pravartaka of other doshas, so regulation of Vata dosha may have indirect effect on other dosha.
7. Substances as desires of woman suffering from Artavakshaya should be used. (B.P.Pu.Kha7/111)



## TREATMENT :

### 1. ABHYANTARA CHIKITSHA (ORAL DRUGS) :

No.	Name of preparations	Name of Yoga	Reference
1.	Kwath	1) Tila, Karvi, Guda Kwath 2) Krishna Tila Kwath with Guda	Y.R. Yo. Vya. Chi. 24,25
2.	Churna	1) Shatpushpa 2) Pushyanuga churna	Ka. Shatpushpashatavari Kalp. Ch.Chi. 30/90-95
3.	Vati	1) Rajah Pravartini Vati 2) Rituvari Vati 3) Kanyalohadi Vati 4) Boladivati	Bhai. Ra. 67/58-60. Rasoddhara Tantra Rasoddhara Tantra Siddhayog samgrah
4.	Rasa	Nastapushpantaka Rasa	Bhai.Ra. 67/51-57.
5.	Ghrita	1) Phala Ghrita 2) Brihata Shatavari Ghrita 3) Kumar Kalyanak Ghrita 4) Shitakalyana Ghrita 5) Maha Kalyanaka Ghrita, Kalyanaka Ghrita	B.P. Chi. 70/54-56,58,81 Y.R. Yo. Vya. Chi.41-48 Ch.Ch. 30/64-68 A.S.U. 39/55 A.H.U. 34/36-39 Bhai. Ra. 67/92-108 Y.R. Pradara Chi. 46-51 A.S.U. 9/19-2

### 2. STHANIKA CHIKITSHA

No.	Name of preparations	Name of Yoga	Reference
1.	Basti	1) Shatavaryadi Anuvasan Basti 2) Taila of Jivaniyadi gana dravya Uttarbasti 3) Shatpushpa Taila Uttarbasti 4) Arkapushpa Taila Uttarbasti	Ch.Si. 12/18 Ch.Chi.30/69 Ka.Shatpushpashatarvari Kalpa. Bhai. Ra. 4
2.	Varti	1) Ikswaku-bija, Danti, Chapala, Madana Phala, Guda, Surabija, Yavashuka 2) Snuhikshira in form of Varti	B.P.Chi 70/22-24, Y.R. Yo. Vya. Chi. 26



**Ahara Dravya:** Regular consumption of fish, kulattha, kanji, tila, masha, sura, gomutra, udashvita (butter-milk mixed with half water), shukta, dadhi (curd). (Su.Sha.2/22, B.P.Chi.70/22, Y.R.Yo.Vy.Chi.) In all disorders of Artava, use of lasuna, satpuspa and satavari is beneficial. (Ka.Kal 2/26, Ka.Kal 5/10-17).

### CONCLUSION:

This artavakshaya described as menstrual disorders have become a challenging problem may cause functional disturbance associated with complaint of sterility and obesity etc. Artava is related to reproductive life of woman as well as it helps to restore the normal rhythm of body. In modern medical science it is treated with hormone replacement therapy (HRT), having long terms use and produces many side-effects. But Ayurveda describes various treatment modalities and drugs to treat artavakshaya with better responses and without causing any side-effects.

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## CONCEPT OF 'AMA' AND ITS CLINICAL EVALUATION

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### INTRODUCTION -

According to ayurvediya principles, ahara and jatharagni are the most important for all the biological activities in a living body. Living body is an end result of food while diseases are end results of unwholesome diet.<sup>1</sup>

Wholesome diet nourishes the body tissues, health and longevity and all this is the end result of the metabolic activities under which the food i.e. ahara dravya are subjected under the influence of jatharagni. Therefore agni is the root cause of health, longevity, disease and death. When balanced; it nourishes the body and if disturbed/deranged it leads to the various diseases. Extinction of this agni leads to the death of living organisms.

Acharya Vagabhatt staff/advocated that all diseases are due to hypo functioning of agni.<sup>2</sup>

Agni is a coin; health and diseases being its two sides. Jatharagni nourishes the body tissues etc. through ahara-rasa. If this is one side of the coin, then what is the other side? If on one side ahara-ras plays a role in the maintenance of health then what factor on the other side plays a role in the pathogenesis of the diseases. What is the hidden link between agni and the diseases? It is here only that the crucial role ama plays unveils. Such is an integral role ama plays in the pathogenesis of diseases that disease in general sense is also known as amaya.<sup>3,4,5</sup>

It is quoted in rigveda and yajurveda that one who destroys rakshasa (krimi/microbes) and ama is known as bhishak (physician).<sup>6,7</sup>

In ayurveda, ama is considered to be responsible for the production of all types of internal diseases.

Even diseases caused by external agents are actually manifested only when there is production of ama and subsequent vitiation of agni which is present in that locality.

### What is Ama?

The word ama is derived from - amayetei ishata pachyatei<sup>8</sup> which indicates that which undergone slight paka (digestion).

Ama word has got mean of ishat paka (undergo slight paka), asiddha (not attained its final form), paka rahit (not at all under gone paka), apakvam (partially cooked), vyasththam (improperly cooked).

So; ama can be defined as a substance which is involved in the process of paka without attaining its final form.

1. Ama has been defined as a condition in which the first dhatu namely rasa is not properly formed due to the lowered strength of agni.<sup>9</sup>
2. According to some authorities as quoted by vagbhata, the impaired vatadi doshas become mixed up with one another leading to the formation of ama dosha very much like the production of the toxin from the spoiled kodrava.<sup>10</sup>
3. The undigested food resulted from various causes of mandagni attain fermentation (shuktatva) leading to the set of toxic states called ama visha.<sup>11</sup>
4. Sushruta opines that wound until it gets paripakva state is called ama condition temporarily.<sup>12</sup>
5. In shabdakalpadrum, it is stated that ama is the factor in the causation of six types of ajirna.<sup>13</sup> Sarnagdhara states that the properly digested

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ahararasa is known as rasa and which is not digested properly known as ama.<sup>14</sup>

6. Vijayarakshita has cited a number of definitions and descriptions of ama obviously quoting various contemporaries as follows-<sup>15</sup>
  - a. The food which is not properly digested and is stagnated, then the outcome of such digestion is known as ama.
  - b. The ama-rasa which is not properly formed in the amashaya due to the impairment of kayagni is known as ama.
  - c. The undigested ama-rasa possessing foul odour and is highly viscous deprives the body of its nutrition and in consequence causes sadana (fatigue) etc. is known as ama.
  - d. Imperfectly digested intestinal contents are known as ama i.e. if anna rasa is not properly digested and formed then the outcome of such a digestion is known as ama.
  - e. Due to impaired jatharagni, residual of ahara-rasa is still left behind undigested towards the end of digestion (rasasheshi); it is then known as ama, which is the root cause of all the diseases.
  - f. The food which is not properly digested is ama.
  - g. The accumulation of mala in body is known as ama.
  - h. The stage of first dosha-dushti is ama.

Ama-dosha settles in which particular part of the body, there influenced by vatadi dosha produce disease represented by various symptoms of vatadi dosha and syndromes by ama like apakva, alasaka, amavata etc.<sup>16</sup>

On analysis of all the definitions coined by the various authors, it can be said that ama is a stage/condition of a substance resulted in the process of paka on subjecting to the agni before attaining its final transformation.<sup>17</sup>

Final transformation; in the sense, the ingested material to be transformed either to yield energy in the body (for dhatu-vyapara) or for the synthesis of new tissues (for dhatu-nirmana) and final elimination as end products. Once the substance attains the target state it is not called as ama. Simply it can be said that-ama is the precursor state of a substance in transformation. Ama condition can be formed at any level of agni sannikarsha due to its hypo functioning, may be at jatharagni, dhatvagni and bhutagni.<sup>18</sup>

After going through all the definitions above three words emerge ama, ama-dosha and ama-visha. Though all the three convey same meaning, these words are coined for different states of apakva dravya. The apakva ahara rasa which is situated in amashaya gets suktatva after passage of some time. That shukta bhava of apakva ahara rasa is called ama. During further course of the time, ama interacts with dosha and become pathogenic which is known as ama dosha (amavata nidana madhukoshakara commentary).

The ama dosha on further stasis gets more shuktatva thereby attains and acquires visa qualities. This toxic condition is known as ama-visha. In the mode of causing disorders, clinical features and principles of treatment are also distinctly different for each condition. Hence ama, ama dosha and ama-visha terms are distinct, indicating the actual state of ama.<sup>19</sup>

#### **Ama Nidana<sup>20</sup>**

Ama results due to disturbance in agni. So any factor which disturbs agni directly or indirectly is the cause for the production of ama. Out of three pathological conditions of agni; except tiksnagni the remaining two; mandagni and visamagni are the prime causes of the ama, but ultimately it is the mandagni.

Etiological factors of ama described in various texts are summarized and classified as follows -

1. Direct factors
2. Indirect factors





Direct factors are those which directly influence agni leading to mandagni and then formation of ama while indirect factors are the causes which trigger dosha first, thereby affecting the agni leading to mandagni and then ama formation. Similarly the factors which play role in the manifestation of certain disorders in turn leading to ama formation are also to be considered.

#### **Direct Factors -**

##### **a. Dietetic Indiscretions<sup>21</sup>**

Anashana, adhyashana, ajirnakara ahara, viruddha ahara, asatmaya ahara, guru ahara, shitala ahara, atiruksha ahara, puti ahara, apriya ahara, vishtbdha ahara, vidagdahara, apakvahara, atijalayuktahara, vishamashana, dried fish, certain varieties of fish, heavy meat like beef, sheep, pork etc., and diet saturated with tubers, pasta, cream etc., ati madhura-amla rasa sevana.

##### **b. Dietetic Incompatibilities<sup>22</sup>**

Desha, kala, agni, matra, satmya, vatadi doshas, sanskara, virya, koshta, avastha, karma, parihara, upachara, paka, sanyoga, mhrida, sampat, vidhi, adverse effects of shodhana therapies.

##### **c. Vega sandharana (Sadaatura)<sup>23</sup>**

Virrudhachesta, ajirnevyayama, ajirnevyavaya, ajirnejalapratarana, snigdhaa haroparanta vyayama, avyayama. Unhygienic conditions, not following ahara vidhi visheshayatana

##### **d. Manasika Vikara<sup>24</sup>**

Mental tensions and emotional instabilities like krodha, kama, irsya etc.

##### **e. Kapha pitta vardhaka ahara.**

#### **Indirect Factors**

1. All the causes which trigger the dosha first; thereby leading to agnimandya and then ama formation
2. Any disorders leading to emacination.

3. All kaphaja and pittaja disorders.
4. Any disorders leading to agnimandya at various levels of agni.

#### **Ama swaroopa<sup>25</sup>**

Though ama may originate at various levels in different structures, it possesses certain inherent qualities.

1. Drava, 2. Guru 3. Snigdha 4. Pichchila 5. Tantual 6. Avipakva 7. Asanyukta 8. Daurgandh, 9. Abhisyandi 10. Srotoavarodha 11. Katu- Amla Rasa, 12. Shuktata

The colour of ama as described by vagabhata, aneka varna may be due to the substances under process and the tissue involved.

Ama guna described above may be seen not only at gastro intestinal level but also at tissue level and in yielding energy (catabolism) and in synthesis (anabolism).

All vijatiya dravya (exogenous substances) must undergo paka (transformation) and become sajatiya (endogenous) either to yield energy or to synthesize tissues. In such a process, any substance gets stasis at any stage in any form is called ama, and the structure and form at that level is its ama-svaroopa.

Thus an undigested food particle, bacteria, virus, intermediary metabolic end products, accumulated substances in metabolic rearrangements and synthesis, free radicals, foreign substances (antigens) come under the panorama of ama.

#### **Formation of Ama at different levels<sup>26</sup>**

Ama formation takes place broadly at three levels namely jatharagni, bhautagni and dhatvagni level due to their hypo functional state. There are multiple factors in the production of ama yet the compulsory inevitable intermediary factor is mandagni, Hence, ama may form at all the tryodashagni levels.



It is seen that dalhana and chakrapani; in their commentaries on shushruta sutra 15/35 have stated that the formation of ama need not necessarily be due to jatharagnimandya only. It may also occur due to impairment of dhatvagni vyapara.<sup>27</sup>

It is also seen form 'atankadarpana' commentary of madhava nidana that ama dosha may be caused due to dhatvagni and bhutagni on account of which shosha, vrana, vidradhi and such other diseases may be caused.<sup>28</sup>

#### **At jatharagni level<sup>29</sup>**

Ama appears to be identified at eight levels in ahara parinama due to jatharagni mandya.

1. Apakva ahara in amashaya.
2. Apakva ahara rasa in amashaya.
3. Rasasheshi in amashaya.
4. Ahara rasa + dosha.
5. Apakva mala in annavaha srotas.
6. Addhya dhatu resulting out of apakva ahara rasa.
7. Circulating apakva rasa dhatu.
8. Transformation of the apakva rasa dhatu to uttarottara dhatu.

#### **At bhutagni level<sup>30</sup>**

The ama rasa which has not crossed intestinal villi is known as sthula ama rasa while ama rasa which crosses them and enter the circulation is known as suksma ama-rasa. This attains the micro molecular size but not attain the ultimate size physiologically. This; when subjected to bhutagni, brings down the acuteness of bhutagni due to its gurvadi gunah. In this state vijatiya ahara rasa will not be able to turn as sajatiya due to bhutagni mandya; and hence rejected by body tissues. This acts as antigen. These suksma ama-rasa molecules like foreign proteins i.e. undigested proteins, bacteria etc. which enter through the GIT into the circulation and behave like antigens. This antigen in the circulation is pathogenic

which can be called as suksma ama rasa. This circulating suksma ama rasa vitiates vatadi dosha by its guru, abhisyandi etc. gunah and manifests various diseases according to the existing srotovaigunaya.

The series of changes, that a substance undergoes after absorption from the GIT is used for the synthesis of the tissue components or is broken down or otherwise altered and eliminated from the body through faces, urine, sweat or respiration are referred to as the intermediary metabolism, which is under the influence of bhutagni and dhatvagni.

So any substance which remain stable without any paka or remain in as residual or as a by product without attaining its finality in the metabolism can be called as ama such as pyruvic acid, lactic acid, ketones etc. Diseases like madhumeha, udararoga, vatarakta, raktapitta, kshaya, amavata and several other disorders are due to hypo function of bhutagni.

Radical is a group of atoms which enters and goes out of the chemical combination without undergoing any change in the configuration. This definition obviously denotes radical is an ama particle in circulation (at bhutagni level). When this particle allows a reaction with molecular O<sub>2</sub> it becomes peroxide radical (R<sub>2</sub>O) i.e. vidagadhakara paramanu known as free radical, which reacts at random by hydrogen obstruction and a variety of additional reactions to damage protein, other lipids and vitamins particularly vitamin A. These ama particles are resultant of bhutagnimandya. Since these particles; do not change its configuration thereby not accepted by any dhatu in the process of metabolism.

Ama, at bhutagni level can be visualized as follows -

1. Antigen factors entered into the circulation through GIT
2. Any micro organism entered into the circulation.



3. Antigen factors entered into the circulation through inhalation.
4. Form and size of molecules not equivalent to size of post bhutagni paka molecules becomes ama when entered through injection.
5. Radical group of atoms in circulation derived out of metabolism.
6. Free radical in circulation.

#### **At dhatvagni level <sup>31</sup>**

When circulating ahararasa is in ama condition (sukshma-ama), the tissues in body are not able to utilize it. Since, it is heavy to respective dhatvagni whereby leading to dhatvagnimandyata and subsequent ama state in that dhatu.

Since, dhatvagnimandyata is prevailing; synthesis of new tissues is not possible. Incompletely or partially metabolized substance will become toxic leading to condition called as metabolic cyto-toxic anoxia, which is similar to that of ama-visha.

If enzymatic action is poor, the production will be more of mala bhaga than of sara bhaga, Hence, production of dhatumala increases causing more mala-sanga thereby manifestation of diseases.

During Krebs cycle, carbohydrates, proteins and fats end in pyruvic acid, acetic acid and ketoacid respectively. In case these substances are produced more and get accumulated in the tissues resulting in various pathological disorders, similar to that of ama.

Since each dhatu has got its own structure and specificity because of its own agni, hence due to hypo function of them there is possibility of ama production at each dhatu level. This ama causes pathogenicity at each dhatu level according to its agnimandyata.

On going into detail there are several disorders due to dhatvagnimandyata which are to be classified as ama roga and treated as ama-janitaroga.

All hormonal, enzymatic deficiencies are to be ama-janitaroga at respective dhatvagni due to its hypo functioning.

The hormones like ACTH, Thyroxine and other anabolic steroids are also to be considered as kayagni-ansha, which trigger pachakagni-ansha located in dhatu, though its effect is not linked directly to any specific dhatu. In such conditions, any hypo functioning of these hormones leads to the production of ama in its target tissues in the body.

#### **Sama and nirama conditions<sup>32</sup>**

Assessment of sama and nirama condition is the most important factor from the diagnosis and treatment point of view. For example if sama condition is existing, before instituting shodhana and shamana therapy langhana, pachana, and dipana are advocated, whereas, in nirama conditions we can proceed straightway with shodhana and shamana therapy.<sup>33</sup>

When dosha, dushya and ama interact together, that particular condition is known as samavastha which is always a pathogenic condition. This occurs in two ways - 1. Direct, 2. Indirect.

In direct manifestation of sama-roga, the etiological factors will be both for ama formation and vitiation of dosha simultaneously. Hence both the factors increase independently and meet at srotovaigunayasthana and cause the genesis of the disease e.g. in raktapitta. rakta and pitta both increase in their quality due to independent causes and meet together in circulation leading to increased drava dhatu. Thereby it bleeds from wherever the srotovaigunya exists in the body.

In indirect manifestations; ama production starts due to its own etiological factors. On increase it irritates the local dosha. Irritated dosha attain ama-lakshana, get vitiated and start manifestations of disease. So, sama-roga manifestation may take place at any given point of ama formation at tryodashagni levels according to the etiological factors.



On formation of ama according to guna (as in nidana) involved in the production of ama, tulya guna dominate in its formed ama. Hence its predominant guna in the formed ama varies and affect the tulya guna of the dosha, dhatu, mala etc. Hence there are varied manifestations of sama roga, since it may trigger in multiple directions.

#### **Srotodushti**<sup>34</sup>

Khavaigunaya is an important factor in the establishment of sama roga. Out of four varieties of srotovaigunaya, srotosanga is the commonest factor in the manifestation of sama roga.

#### **Srotosanga is of 3 varieties.**

1. Obstruction of channels (srotasa) by antigens or by thromboembolic phenomenon mostly due to guru, tanu, avipakva, asanyukta guna.
2. (a) Due to inhibition of impulses by vitiated vata, suddenly there will not be any movement in the tissues resulting in the arrest in the movement of cilia, villi etc and final movement of musculature leading to blockage or srotosanga.  
(b) Vitiated vata can also cause srotosankocha (spasm of the vessel walls) leading to sudden closure of channels i.e. srotosanga.
3. Srotosanga due to pressure from extra vascular conditions.

Whenever ama condition exists, mala vriddhi takes place due to mandagni. This mala vriddhi cause srotoavarodha thereby sama roga. So it can be concluded that srotosanga in sama roga is due to

1. Ama
2. Mala vriddhi

#### **Dosha dushti**<sup>35</sup>

Wherever ama is present; it triggers the dosha through its various properties. Drava, guru, snigdha, pichchila guna of ama increase their moieties in the pitta, kapha and rasadi dhatus. Whereas, avipakava,

asanyukta guna cause mala-mutra vriddhi. Hence they lose their natural properties and get vitiated. So, all these factors which are in chayavastha cause obstruction of the channels and subsequently vitiation of vata.

Apart from the above tantumaya, abhishyanda, avipakva and asanyukta guna cause srotoavarodha (obstruction of channels) whereby disturbance of vatanulomana results in udavarta and vataprakopaka conditions. Vata moves the accumulated dosha, dhatu and mala into the circulation the body and settles according to srotodushti (i.e. sthanasanshrya) basing on the factors involved in the etiology and pathogenesis.

So general pathogenesis of sam rogas can be viewed as-

Nidana	- Ama
Srotodusti	- Sanga
Dosha	- Tridosha, predominantly vata
Dusyah	- Dhatu and mala
Sthanasansrya	- According to srotovaigunya.

Hence, sama roga or involvement of ama are vivid and in wide range consisting of 80% of the diseases.

Some authors consider 'prathama doshadusti' also as sama condition. This condition is only a stage of dosha - dusyah sammurchana but not the established disease unless the disease entity and its clinical features are formed it does not attain its finality hence 'prathama doshadusti' also be considered as samavastha and its preliminary clinical features i.e. purvarupa will also have properties of ama only.

#### **Clinical features of sama conditions**<sup>36</sup>

Sama condition is nothing but the stage of sthanasansrya in shatakriyakala whereas sama-roga is a vyaktavastha.

In sama-roga specific features of the diseases appear according to the dosha- dushya involvement



and in sama conditions some common features will be present which are present in all sama-roga irrespective of their specific dosha-dushya involvement.

Clinical features mentioned in sama conditions indicate only samavastha irrespective of whether the condition passes to the next stage of sama-roga or not. Sometimes, these features may disappear with treatment without passing to the next stage. Hence these signs and symptoms are most important in indicating the pathogenic state as well as to guide the physician.

#### Features are described by vagbhata as <sup>37</sup>

1. Srotorodha
2. Balabhransha
3. Gaurava
4. Anilamudhata
5. Alasya
6. Apakti
7. Nisthivana
8. Mala sanga
9. Aruci
10. Klama

According to arunadatta in his 'sarvangsundara' commentary the features of samavastha are -

1. Vibandha
2. Agnisadana
3. Stambhana
4. Antrakunjana
5. Amlika
6. Kanthadaha
7. Daurgandhya
8. Haritama
9. Shyavata
10. Amlatva
11. Ghanatva
12. Gurutva

Various symptoms produced due to presence of ama in body, are described in texts. These symptoms help in diagnosis of ama clinically. Sama and nirama stage of disease can also be identified with presence or absence of these symptoms.

On the basis of these symptoms a special questionnaire format was prepared to evaluate the level of Ama as - 0=Absent, 1=Mild, 2=Moderate, 3=Sever, 4=Agonizing.

#### Do you have Ama in your body?

1. I often feel a sense of blockage in my body (constipated, congested in the head, sinus congestion and general lack of clarity or other).
2. In the morning when I wake up, I'm groggy; it takes me quite a while to feel really awake even after a good night sleep.
3. I tend to feel weak physically, for no reason that I can see.
4. I get colds (or similar conditions) several times each year.
5. My body trends to have a feeling of heaviness.
6. I just tend to feel that "something isn't working right" in the body (digestion, breathing, bowel movements or something else).
7. I tend to feel lazy and unenthusiastic (My capacity to work seems all right but I have no inclination).
8. I yawn after a main meal and just want to curl up and snooze.
9. I commonly have indigestion.
10. I often have to spit or need to cough regularly.
11. I have a general sense of malaise with vague aches and pains.
12. I experience abdominal bloating and gas especially after a main meal.
13. Often, I just don't have a taste for food. I have no appetite or hunger.



14. I feel tired and lethargic even exhausted all day long, even though I eat well and sleep well.
15. I feel lack of mental clarity, energy and general lack of motivation or zest for life.

**Add up your scores to arrive at a rating for your level of Ama -**

<b>Absent</b>	-	<b>0</b>
<b>Mild</b>	-	<b>01-15</b>
<b>Moderate</b>	-	<b>16-30</b>
<b>Severe</b>	-	<b>31-45</b>
<b>Agonizing</b>	-	<b>46-60</b>

#### CONCLUSION-

The involvement of Ama in the pathogenesis of disease is very significant as seen above. Derailment of Agni is seen in almost all the patients with few exceptions, so Ama is an important factor in the initiation of disease. Dohsas, dhatus and malas are the basic components of the body. When these components of body remain in equilibrium healthy state of body is maintained. When these dosas, dusyas or malas come in contact of ama they produce diseases. Status of Ama of a person is itself an indicator of good or bad health and it is the main cause in the manifestation of the disease. Every physician should consider Ama as an important pathogenic factor during deciding management.

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# AN OVERVIEW ON MANAGEMENT OF MADHUMEHA WITH AYURVEDA PRINCIPLES

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## ABSTRACTS:

In spite of many advances in modern science, Madhumeha (Diabetes Mellitus) has become a world-wide problem. India has been projected by W.H.O. as the country with the fastest growing population of Diabetic patients. It is estimated that between 1995-2025 diabetic patients in India will increase by 195%. In Indian medicine, Madhumeha has been described as a type of Vataja prameha which is characterized by passing of honey like urine in excess amount and also described as a maharoga (major disease) because it affects almost whole body and every cell of the human body and affect the whole physiology. Ayurveda seeks complete management of this disease along with the prevention ideas and different types of daily activities which are of extreme importance. The blood sugar level reduces slowly and progressively with continuous use of Ayurvedic drugs which are very safe because these drugs usually do not lead to hypoglycemic episodes. Ayurveda is boon for diabetic patients.

**Key Words :-** Madhumeha, diabetes, sweet urine

## INTRODUCTION:

The term diabetes mellitus describes a metabolic disorder of multiple etiology characterized by chronic hyperglycemia with disturbances of carbohydrate, fat, and protein metabolism, resulting from defects in insulin secretion, insulin action, or both.<sup>1,2</sup> The microvascular complications of diabetes mellitus are called "triopathy" which includes retinopathy, neph-

ropathy and neuropathy, whereas macrovascular complications include peripheral vascular disease, cerebrovascular disease and cardiovascular disease<sup>3</sup>. Four types of diabetes have been recognized viz. type-1 (beta cell destruction- autoimmune/idiopathic), type-2 (defect in insulin resistance or insulin secretion, impaired glucose tolerance), type-3 (from specific etiology) and type-4 (gestational). Type-1 diabetes accounts for 5% to 10% of all cases of diabetes. Its risk factors include genetic, autoimmune and environmental factors. Type-2 diabetes accounts for 90% to 95% of all diagnosed diabetes cases.<sup>4</sup>

## Etiological factors:

In Ayurveda, excessive intake of heavy, unctuous and saline taste foods, new cereals and fresh wine consumption in large quantity, sedentary lifestyle, not indulging in any sort of physical and mental exercise and not undergoing for bio-purification of body are said to be etiological factors for madhumeha.<sup>5</sup>

## Samprapti (Etiopathogenesis) :

The etiological factors aggravate, kapha, pitta, meda and mansa and obstruct the normal pathway of vata. Agitated vata carries the ojus to basti (urinary bladder) and manifest madhumeha, which is difficult for management.<sup>6</sup>

## Lakshana (Symptoms) :

Patients passes urine having sweet taste and smell of body resembling like honey<sup>7</sup>. The symptoms

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are seen according to dominance of dosha like aruchi (loss of appetite), avipaka (indigestion), chardi (vomiting), atinidra, kasa etc. in Kapha dominance, daha (burning sensation), trishna (thirst), moorchha (giddiness), amlika (acidity) etc. in Pitta dominance and nosha (wasting), nwsa (difficulty in breathing), kampann (tremor), shoola (pain), anidra (insomnia) etc. in Vata dominance.

### Types:

It is of two types<sup>7</sup> Dhatukshaya janya and Margavara janya.

In both of the above types, vata is aggravated which results into madhumeha.

### Management of Madhumeha:

Ayurveda clearly defines this disease and its line of treatment. Sushrut has described a whole chapter on treatment of this disease, which indicates that its treatment was known at that time<sup>8</sup>. This major disease can be managed by giving comprehensive attention to four aspects, which are Nidana parivarjana, Ahara (diet), Vihara (exercise) and Aushadha (medicine). The role of ahara & vihara are equally or even more important to control blood sugar level as well as to prevent complications of this disease. In all the classics, ahara dravyas are described in detail & they cover all the food groups specially yava, godhooma, bajara, mudga, tikta shaka, amla, nimba, karavellaka, patola, guduchi, tulasi, gudamara, vijaysara, chirayta, manjistha, haridra, rasona, jambu, methika, bimbi etc.

According to Charaka<sup>9</sup>, this disease get immediately cured by different type of exercises, ruksha udvartana, avagaha and parishek snana along with application of ointment made of aguru, chandan, usheer, ela etc. and if they are used always, person will never be its victim. Exercise enhances insulin delivery to muscles and open up previously non perfused capillaries, these increase both the effect of

insulin and the surface area of for glucose transport. Exercise also increases peripheral and hepatic insulin sensitivity and decreases the risk of CVD (cardiovascular disease) and PVD (peripheral vascular disease)<sup>10</sup>.

According to Ayurveda, the line of treatment of madhumeha is strictly based on individual constitution. In general, type 1 Diabetes Mellitus (Vathaja prameha) patients are advised to have Bhrimhana (i.e. medication & diet, which increases dhatus in the body) along with Shaman chikitsa. In type 2 Diabetes (obese diabetic), patient with optimal body strength having intense increase of doshas, bio-purification (shodhan chikitsa) of the body is advised after Snehana karma completion. This depends on dosha predominance (Kaphaja are advised emetics, Pittaja are advised purgation). Generally swedana is contra indicated in this disease because it induces kleda, which is a causative factor for this disease.

The drugs used in the management of madhumeha should have katu (pungent), tikta (bitter) and kasnaya (astringent) rasa (taste) because the drug has to check the extra fluidity of dhatus and give them good strength with compactness. In other words, katu, tikta and kasnaya rasa having attributes against madhura rasa. Katu rasa maintains pachakagni so it corrects metabolism. Tikta and kasnaya rasa are useful to check excessive urination by their sthambhana property.

So the management approach of madhmeha in Ayurveda is completely dependent upon the strength and digestive power of patient, type of vitiated and predominant doshas, nature of therapy and season of time of administration of therapy.

### CONCLUSION:

Madhumeha which can be correlated with diabetes mellitus was well known to Indian physicians who have not described only the sweet taste of urine





as one of the major symptoms but also the relationship of disease with obesity and consequences of biochemical abnormalities in the body creating dyslipidemia in glucose metabolism (metabolic syndrome). The reduction of sugar level is slow and progressive with continuous use of Ayurvedic drugs. They are safe because these drugs will not lead to hypoglycemic episodes. Ayurveda is boon for diabetic patients if handled by a good ayurvedic physician.

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## BASIC GROUND OF TRIDOSHA THEORY

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### INTRODUCTION

Ayurveda is the science of living being which have aim to provide sukha (happiness) for mankind. It has some specific theories; tridosa theory is one of them. This theory is related to biological functions. These biological humors exist only in living body. There is no any existence of tridosa in dead body. These tridosa sustain the body physiologically. How this theory has been established and what is the basis of this theory, it will be reviewed in this paper.

### MATERIAL

Vedas are considered as source of Ayurveda. But such type of theory is not found in veda. Of course in upnisad a similar type of theory was started as mentioned in Chhandogyo panishad, where an evolution theory about the fact is described. On primary level the Brahma created the Ap, Tej and Anna respectively.

तदैक्षत बहुस्या प्रजायेदेति तत्तेजोऽसृजत् ।  
तत्तेजऐक्षत बहुस्या प्रजायेयेति तदपोऽसृजत् ॥  
तस्माद्यतक्वसोचति स्वेदते व पुरुषस्तेजस् ।  
एवं तदध्यापो जायन्ते ।  
आपऐक्षत बहुस्याम प्रजायेयमहीतिता अन्नं सृजन्त ।  
स्माद्यत्र क्व च वर्षति तदेव भूयिष्ठमन्नं भवात्यद्भयः ।  
एवं तदध्यन्नद्य जायते ।

(Chandogyopanishad 6/2/3-4)

These three Tej, Ap and Anna Connected with Atman and multiplied in form of living being. The theory in multiplication was adopted "Trivritikarana" (combination and permutation). By this process there was no absoluteness in anything because these three participated to help each other in creation of everything.

Here it has been stated that the Tej, AP and Anna have contact of Atman and the biological process start and get multiplication. These three biological process multiplied in following form.

अन्नमशितं त्रेधा विधीयते यस्य यः स्थविष्ठोधातूस्तत्पुरीष भवति या मश्यमस्तन्मांसं योऽधिष्ठः तन्मनः ।  
आपः पीतास्त्रेधा विधीयते तासां यः स्थविष्ठो धातुस्तन्मूत्रं भवति ।  
यो मध्यस्तल्लोहितं योऽधिष्ठः स प्राणः ॥  
तेजोऽशितं त्रेधाविधीयते तस्य यः स्थविष्ठोधातु स्तदस्थि भवति  
यो मध्ययः स मज्जायोधिष्ठः सा वाक् ॥

(Chandogyopanishad 6/5/1-3)

Basic Dravya	Production of Gross Part	Production of Middle Part	Final Product
Anna (Prithvi)	Purisha	Mamsa	Manas
Ap	Mutra	Rakta	Prana
Teja	Asthi	Majja	Vaka

This was the starting of a specific theory similar to Dosa, Dhatu, Mala theory of Ayurveda.

These three factors were seed of Tridosha theory. Manas, prana and vaka were established in such sense of tridosha but there was a difference in observation. These three manas, prana etc. were basic of voluntary action not for internal biological functions these three have been considered as basic of voluntary actions in Ayurveda which defined as in charaka Samhita.

कर्म वाङ्मनः शरीरप्रवृत्तिः । (च0सू0 11/39)

The karma means the vocal (vak) mental (manas) and physical (prana) action. These have been

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also regarded as responsible factor to maintain the health and in production of diseases. (Ch.Su. 7/30, Ch.Su, 11/39) These three factors became seed to establish the tridosha theory.

From health point of view these three have been described in reference of "Dharaniya vegas" where it has been categorized in three Kayik, Vachika and Manasika vega.

Considering this fact Ayurvedists assembled to understand the biological functions as described in Vatakalakaliyaadhyay of charak samhita. In susurta samhita entire universe has been classified in two agneya and saumya. Which covers the entire universe.

अग्निसोमीयत्वाज्जगतः । (सु०सू० ४०/५)

नानात्मकमपि द्रव्यमग्नीशोमहाबलौ ।

व्यक्ताव्यक्तं जगदिव नतिक्रमतुजातुचित् ॥

- (Astanga Hridaya 11/17)

अग्निसोममयं विष्वं यत्चचराचरम् ।

- (Manusmriti)

Vayu is cause of Anna and urja (energy) which receives initiation from surya (Yajurveda 1/1) According to vedic literature vayu is prerak.

The basis of Ayurveda is "पुरुशोऽयं लोक संमितः" The tridosha theory has been established in reference of this theory or started by Acharya Charka and Susruta.

विसर्गादानविक्षेपौ सोमसूर्यानिलयथा ।

धारयन्ति जगद्देहं कफपित्तानिलस्तथा ॥

(Su.Su. 21/6)

Soma nourished the loka, Surya takes away something from loka and vayu is responsible for transportation or soma pours the loka and surya absorbs and vayu is cause of movement.

A separate chapter for establishment of tridosha theory is present in charak samhita "Vatakalakaliyadhyaya". In this chapter lokagata

bhavas which are vayu, Agni and soma have been considered as vata, pitta and kapha in body respectively. These three dosha sustain the body physiologically.

After above discussion now it may be said that -

- a) The three factor of vedic literature prana, vak and manas became as seed of tridosha theory and has been accepted as karma (voluntary functions or action).
- b) On the basis of cosmic theory of soma, surya, Anila and topmost function of top priority "Yagya" it can be said that the soma, surya and anila established as kapha, pitta and vayu in the body respectively as well as responsible factor for internal function of body too.

#### REASONS BEHIND CALLING AS DOSAS :

वायु पित्तं कफश्चोक्तः शारीरोदोषसंग्रहः । (च.सू. १/५७)

In fact these three sustain the function of body, so it is called dhatu & the all biological function are performed by these three. So it is natural that these are dhatus. But it's abnormal state becomes a cause of disease and disturbs the tissues and its function, so it is called doshas (Dusanaat dosa) and by its excessive accumulation the body becomes covered with wastage, so it is called mala (Malinikaranaat malah) On the basis of above facts these have been considered as Dhatu, dosa and mala but the recognition of these three are as dosa in Ayurveda. It is question that if these three have multi characters as dhatu, dosa and mala then why it has got recognition as dosa.

Some scholars says "स्वतन्त्रयेण दूषकत्वं दोषत्वम्" means it produce abnormalities independently so it is called dosa. Acharya vijairakshit in Commentary of Madhav Nidana has arisen a nice question about explanation of dosa, which is only for "Vayu" not for pitta and kapha because these cannot produce abnormality independently due to its immovability (panguta). It has been clearly stated.



पित्तं पन्गु कफः पङ्गु पङ्गवोमलधातवः।  
वायुनाः यत्र नीयन्ते तत्र गच्छन्ति मे (घवत्)।।

(Sarangadhara Samhita)

Except above the other query arises the dhatus, as like rasa, rakta also vitiate the other dhatus in state of self abnormality but it has not been recognized as dosa, keeping the view of above points, vijai Rakshit has explain the query of "Dosatva" as

“प्रकृत्यारम्भकत्वे सति दुष्टिकर्तृत्वं दोषत्वं”

Vata, Pitta and Kapha are called Dosas because these are root cause of dehaprakriti (दोषानुषयिता ह्येषां देहप्रकृतिरुच्यते) and disturbing the normal state of body tissues. Deha prakriti has been regarded as abnormal state by Acharya charaka and an individual with specific prakriti is called "Sadaturah".

The citation of Vijai Rakshit is quite and to the point, so it should be considered about दोषत्व as प्रकृत्यारम्भकत्वे सति दुष्टिकर्तृत्वं दोषत्वं Acharya Sarangdhara has explained Tridosha as essence of body in form of dosa, dhatu and mala.

शरीरदूषणाद्दोषा धातवो देहधारणात्।  
वातपित्तकफा ज्ञेया मलिनीकरणान्मलाः।।

— (शा.पू. 5/241)

### CHARACTERS OF DOSAS:

Tridosha may be classified in two groups as :

1. Niyanta Group - Vata
2. Pangu group - Pitta and Kapha.

The above classification has been done on the basis of its establishment. Agni and soma have character of combustion and substratum which are the contents of yagya which are pangu (Immovable) too whereas "Vata" has different nature which has meaning to move or motion in itself and has been regarded as regulator (Niyanta), so the above classification has been done.

Vata (Ch.Su. 1/59)	Pitta (Ch.Su. 1/60)	Kapha (Ch.Su. 1/61)
Ruksha (Rough)	Sneha (Unctuous)	Guru (Heavy)
Sita (Cool)	Usna (Hot)	Sita (Cool)
Laghu (Light)	Tikshna (Sharp)	Mridu (Softness)
Sukshma (Subtle)	Drava (Liquid)	Snigdha (Unctuous)
Chala (Mobile)	Amla (Acidic)	Madhura (Sweet)
Visad (Non Slimy)	Sar (Fluidity)	Sthir (immobile)
Khar (Coarse)	Katu (Pungent)	Pikchhil (Slimy)

In above table, it is clear that seven properties have been enumerated for each dosha by Acharya charaka because the number of dhatus are seven. Dosas are related with dhatus by one property.

The biorhythm of these dosas take variation with desh, Kala, Ahar, Vihar, Vaya, etc. According to particular season it become accumulated, in next aggravated and in next pacified.

Vata dosa has mobility character, pitta has thermogenic property while kapha has lubricating and attaching attitude.

### PHYSIOLOGICAL SCOPE OF TRIDOSA

It is well known that Tridosas exists only in living being. It means it has role to activate this body, so the physiological phenomenon is depended on tridosha. Its role starts at the time on fusion of sperm and ova, whenever the constitution of deha prakriti starts. From beginning to death, all physiological processes are held by Tridosha. By virtue of these functions which follows in summarized form as described in Ch.Su. 12/7 (Vata Kalakaliya).

### VATA

Sustains the body with organs, functions as Atman in form of Prana, Udana, Samana, Apana and



Vyan, initiation of actions, regulation and implication of mental faculty, coordination of sense faculties, provides compactness in all the tissue of the body. Initiate speech, originated from contact (sparsh) and sabda, root cause of auditory and tactile functions, originator of existent and courage, stimulate Agni and absorbs dosas, takes role in excretion and creates gross and subtle channels, moulds shape of the embryo and continue the life span. (Ch.Su. 12/7)

### PITTA

Digestion, vision, body temperature, maintenance of complexion, valour, joyment, happiness etc. (Ch.Su. 12/11)

### KAPHA

Sturdiness of body, plumpness, Enthusiasm, potency, wisdom etc. (Ch.Su. 12/12)

The Normal state of Tridosa is the course of growth of tissues (upchaya), Generation of strength, maintenance of complexion and results happiness.

सर्वशरीर चरास्तु वातपित्तश्लेष्माणः सर्वस्मिच्छरीरे  
.....प्रकृतिभूताः शुभान्युपचयबलवर्णप्रसादादीभिः ॥  
(च०सू० २०/१०)

The functions of tridosas in both dimension physical and psychological have been mentioned in Ayurvedic samhitas as .....

The normal functions of vata on physical level are to reflect in the form of enthusiasm, inspiration, expiration, initiation for action, normal metabolic transformations of tissue. Scholars of Ayurveda have translated "समोमोक्षोगतिमतां" as proper elimination of excreta" Here question has been marked, because in remaining dosas (pitta and kapha) acharya charka has described in both dimension physical and mental then, why he has described the function of vata only on physical level. It should be taken for study for explanation of "Samo moksho" in reference with rest two dosha.

The normal function of pitta is visual function, good digestion, maintenance of normal temperature, normal hunger, thirst and maintaining body softness and luster on physical level, produce happiness and intelligence on mental level. Kapha is responsible for unctuousness', cohesion, steadiness, heaviness, virility and strength on physical level, forbearance, patience and greedless on mental level. (Ch.Su. 18/49, 50, 51)

In above reference some functions have been dealt as only for example. It is not possible to explain the all function in limit pages.

### LOCATION AND TYPES OF TRIDOSA

These tridosa take its function in all over body but some specific sites have been mentioned which of them are as follows -

Dosas	Charaka Samhita Ch.Su. 20/7	Sushruta Samhita	Vagbhata As. Hr. Sut. 12/1
Vata	Vasti, Purisadhan, Kati, Sakthini and specially in pakvasaya	Sroni, Guda (Su. Sut, 21/5)	Pakvasaya, Kati, Skin, Asthi, Sakthi etc. specially in pakvadhan.
Pitta	Sweda, Rasa, Lasika (लसिका) Rudhir, Amasaya Specially	In central part between Amasaya & pakvasaya	Nabhi, Amasaya, Sweda, lasika Rudhir, Rasa, Vision, specially Nabhi.
Kapha	Urah, Sira, Griva, Joints, Amasaya, Meda Specially Urah	Amasaya (अमाशय)	Vaksha, Kantha, Sirah, Klama, Joints, Amasaya, Rasa, Medo, Tongue specially urah

Five types of each dosas have been enumerated with specific location and function, which are well known and common. Prana, udana, vyana, samana and Apana are types of vayu. Pachaka, Ranjak,



Alochaka, Sadhak, Bhrajaka are types of pitta and slesaka, kledaka, Bodhaka, Tarpaka, Avalambaka are types of kapha. The five types of dosas have been classified on the basis of panchamahabhuta theory according to "vyapadeshastu bhuyasa" dominations status of bhutas. The above facts are related with "Dhatutva" Status of dosas.

These dosas are accepted as causative factor of each and every disease. It produces diseases by abnormal status of function in both way i.e. increased or decreased. It disturbs the normalcy of body tissues through srotasas and diseases occurs according to site etc. The aggravated dosas circulated in body takes retained position wherever get available atmosphere to produce the diseases as Acharya Sushruta has stated.

कुपितानां हि दोषाणां शरीरे परिधावताम् ।  
यत्र संग खवैगुण्यात् व्याधिस्तत्रोपजायते ॥

## DISCUSSION

In vedic period function based theory had been started but that theory was based on voluntary functions not on involuntary biological functions. Of course physiological theory of Ayurveda was started as application in form of Dosa, dhatu, mala as stated in chandogyopnished. Three part Sthula, Madhya and Sukshma were considered for mala, dhatu and dosa respectively. In fact the nomenclature like dosa, dhatu etc had not done but the concept was clearly indicated about the dosa, dhatu, mala theory. In period of establishment of Ayurveda, the function related theory Prana (kaya), Vaka and manas was considered as Karana (action/function). Keeping the view of biological function of tridosa which are adana, visarga, and vikshepa, it can be interpreted as combustion, substratum and power generator respectively.

## CONCLUSION

The seed of tridosa theory had been put out in vedic literature which had concerned in Ayurveda

According to own science. These Tridosas are responsible for biological function in animates and its abnormal state becomes as causative factor of diseases.

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## STANDARDIZATION OF ARJAKADI VATI

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### ABSTRACT :-

Physico-chemical analysis plays pivotal role in Standardization of Ayurvedic Drugs. In the present Article physico-chemical study of Arjakadi Vati which was prepared in the three sample. The purpose of this study is to maintain the minimum Standards of Arjakadi Vati.

**Key words:-** Arjakadi Vati, Standardization.

### INTRODUCTION

Arjakadi Vati is a herbal preparation drugs. It is commonly used as a aphrodisiac drugs. It consist of 20 Ingredients such as Arjaka, Shankhapushpi, Renuka, Bhringraj, Jatiphal, Lavanga, Gajapippali, Tvak, Ela-sukshma, Tejpatra, Nagkesara, Vansalochana, Anantamoola, Shwetamusli, Shatavari, Vidarikand, Gokshura, Atmagupta, and Babbola bark.

### Aims and objects :-

To prepare standards for Arjakadi Vati.

### Materials and method :-

Arjakadi Vati which was prepared in the three samples so named as sample S-1, S-2 and S-3. The content of Arjakadi vati following parameters have been selected for the standardization.

1. Weight of Vati
2. Diameter of Vati
3. Hardness of Vati.
4. Determination of Moisture Contents.
5. Total Ash
6. Acid Insoluble Ash
7. Water Soluble Ash
8. Alcohol Soluble Extractive

9. Water Soluble Extractive
10. Volatile Oil -
11. Disintegration Time-
12. Friability Test-
13. Test for Specific Pathogen-E.coli, Staphylococcus aureus, Salmonella, Pseudomonas aeruginosa
14. Test for Heavy Metal - Lead, Cadmium, Mercury and Arsenic

### 1. Weight of Vati :-

The weight of Vati was weighed by electric weighing machine by adopting standard procedure and the result were shown in table No. 1 for three sample.

#### Weight of Arjakadi Vati

S.N.	Drug	Sample	Weight
1.	Arjakadi Vati	S-1	250 mg.
2.	Arjakadi Vati	S-2	250 mg.
3.	Arjakadi Vati	S-3	250 mg.

### 2. Diameter of Vati :-

The diameter of Vati was measured by Screw Gage and the result were shown in table No. 2 for three samples.

#### Diameter of Arjakadi Vati.

S.N.	Drug	Sample	Diameter
1.	Arjakadi Vati	S-1	7.088 mm
2.	Arjakadi Vati	S-2	7.00 mm
3.	Arjakadi Vati	S-3	6.89 mm

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### 3. Hardness of Vati :-

The Hardness of Vati was tested by using hardness tester machine and the result were shown in table No. 3 for three samples.

Table No. - 3

S.N.	Drug	Sample	Hardness
1.	Arjakadi Vati	S-1	2.25 Kg.
2.	Arjakadi Vati	S-2	2.17 kg.
3.	Arjakadi Vati	S-3	2.15 kg.

### 4. Determination of Moisture Content :-

The moisture content was determined by using standard procedure and moisture content for three sample were shown in table No. 4 samples.

Table No. - 4

S.N.	Drug	Sample	Moisture content
1.	Arjakadi Vati	S-1	4.89 % w/w
2.	Arjakadi Vati	S-2	4.95 %w/w
3.	Arjakadi Vati	S-3	4.93 %w/w

### 5. Total Ash :-

Total Ash content was determined by using standard procedure and Total Ash contained for three sample were shown in Table No. 5

Table No. - 5

S.N.	Drug	Sample	Total Ash
1.	Arjakadi Vati	S-1	9.88 % w/w
2.	Arjakadi Vati	S-2	9.974 %w/w
3.	Arjakadi Vati	S-3	9.129%w/w

### 6. Acid Insoluble Ash :-

Acid Insoluble Ash was determined by using standard procedure and Acid Insoluble Ash for three sample were shown in table No. 6

Table No. - 6

S.N.	Drug	Sample	Acid Insoluble Ash
1.	Arjakadi Vati	S-1	4.98 % w/w
2.	Arjakadi Vati	S-2	5.11 %w/w
3.	Arjakadi Vati	S-3	5.23 %w/w

### 7. Water Soluble Ash :-

Water soluble Ash was determined by using standard procedure and result for three sample were shown in table No. 7

Table No. - 7

S.N.	Drug	Sample	Water Soluble Ash
1.	Arjakadi Vati	S-1	6.949 % w/w
2.	Arjakadi Vati	S-2	5.802%w/w
3.	Arjakadi Vati	S-3	5.97%w/w

### 8. Alcohol Soluble Extractive :-

Alcohol Soluble Extractive was determined by using standard procedure and the result for three Sample were shown in Table No. 8

Table No. - 8

S.N.	Drug	Sample	Alcohol Soluble Extractive
1.	Arjakadi Vati	S-1	16.50% w/w
2.	Arjakadi Vati	S-2	16.45 %w/w
3.	Arjakadi Vati	S-3	16.19w/w

### 9. Water Soluble Extractive :-

Water Soluble Extractive was determined by using standard procedure and the result for three Sample were shown in Table No. 9

Table No. - 9

S.N.	Drug	Sample	Water Soluble Extractive
1.	Arjakadi Vati	S-1	15.40% w/w
2.	Arjakadi Vati	S-2	15.348% w/w
3.	Arjakadi Vati	S-3	16.00% w/w





### 10. Volatile Oil :-

Volatile Oil was determined by using standard procedure and the result for three Sample were shown in Table No. 10.

Table No. - 10

S.N.	Drug	Sample	Volatile oil
1.	Arjakadi Vati	S-1	0.85% w/w
2.	Arjakadi Vati	S-2	0.80% w/w
3.	Arjakadi Vati	S-3	0.90% w/w

### 11. Disintegration Time :-

Disintegration Test was determined by using standard procedure and the result for three Sample were shown in Table No. 11

Table No. - 11

S.N.	Drug	Sample	Disintegration Time
1.	Arjakadi Vati	S-1	35 Minute
2.	Arjakadi Vati	S-2	30 Minute
3.	Arjakadi Vati	S-3	32 Minute

### 12. Friability Test :-

Friability Test was determined by using standard procedure and the result for three Sample were shown in Table No. 12.

Table No. - 12

S.N.	Drug	Sample	Friability Test
1.	Arjakadi Vati	S-1	0.0085% w/w
2.	Arjakadi Vati	S-2	0.0041% w/w
3.	Arjakadi Vati	S-3	0.0121% w/w

### 13. Test for Specific Pathogen/Microbial Limit Test :-

Microbial Limit Test was done by using standard procedure and the result for three Sample were shown in Table No.13.

Table No. - 13

S.	Drug	Sample	E.coil	S.areus	S.spp	Pauroinos
1.	Arjakadi Vati	S-1	Absent	Absent	Absent	Absent
2.	Arjakadi Vati	S-2	Absent	Absent	Absent	Absent
3.	Arjakadi Vati	S-3	Absent	Absent	Absent	Absent

### 14 Test for Heavy Metal of Arjakadi Vati :-

Heavy metal Test was performed by using standard procedure and the result for three Sample were shown in Table No. 14.

Table No. - 14

Arjakadi Vati	Pb ppm	2.373
	Cd ppm	0.05956
	Hg ppm	0.4784
	As ppm	2.2502

### Table No.-15 Showing Physico-chemical Study of Arjakadi Vati Samples S-1,S-2 and S-3

SN	Parameter	Arjakadi Vati S-1	Arjakadi Vati S-2	Arjakadi Vati S-3
1.	Colour	Brown	Brown	Brown
2.	Odour	Pleasant	Pleasant	Pleasant
3.	Taste	Astringent	Astringent	Astringent
4.	Texture	Smooth	Smooth	Smooth
5.	Appearance	Pill	Pill	Pill
6.	Weight	250 mg.	250 mg.	250 mg.
7.	Diameter	7.088 mm	7.00 mm	6.89 mm
8.	Hardness	2.25 kg.	2.17 kg.	2.15 kg.
9.	Moisture Content	4.89%w/w	4.954%w/w	4.93%w/w
10.	Total Ash	9.88%w/w	9.974%w/w	9.129%w/w
11.	Acib Insoludle Ash	4.98%w/w	5.11%w/w	5.231%w/w
12.	Water Soludle Ash	6.949%w/w	6.802%w/w	5.97%w/w
13.	Alcohol Soludle Extractive	16.50%w/w	16.451%w/w	16.19%w/w
14.	Water Soludle Extractive	15.407%w/w	15.348%w/w	16.00%w/w



15.	Volatile Oil	0.85%v/w	0.80%v/w	0.90%v/w
16.	Disintegration Time	35 minute	30 minute	32 minute
17.	Friability Test	0.0085%w/w	0.0040%w/w	0.0121%w/w
18.	Microbial limit test	Absent	Absent	Absent
	Salmonella	Absent	Absent	Absent
	Pseudomonas aeruginosa	Absent	Absent	Absent
	Staphylococcus Aeraus	Absent	Absent	Absent
19.	Test for Heavy Metal			
	Pb	2.373 ppm		
	Cd	0.05956 ppm		
	Hg	0.4784 ppm		
	As	2.2502 ppm		

**Table No. 16: - Showing Mean of the Arjakadi Vati S-1, S-2 and S-3 Samples.**

S.N.	Parameter	Arjakadi Vati S-1	Arjakadi Vati S-2	Arjakadi Vati S-3	Mean
1.	Weight	250 mg.	250 mg.	250 mg.	250 mg.
2.	Diameter	7.088 mm	7.00 mm	6.89 mm	6.99 mm
3.	Hardness	2.25 kg.	2.17 kg.	2.15 kg.	2.19 kg.
4.	Moisture Content	4.89%w/w	4.954%w/w	4.93%w/w	4.923%w/w
5.	Total Ash	9.88%w/w	9.974%w/w	9.129%w/w	9.661%w/w
6.	Acid Insoluble Ash	4.98%w/w	5.11%w/w	5.231%w/w	5.10%w/w
7.	Water Soluble Ash	6.949%w/w	6.802%w/w	5.97%w/w	6.24%w/w
8.	Alcohol Soluble Extractive	16.50%w/w	16.451%w/w	16.19%w/w	16.380%w/w
9.	Water Soluble Extractive	15.407%w/w	15.348%w/w	16.00%w/w	15.582%w/w
10.	Volatile Oil	0.85%v/w	0.80%v/w	0.90%v/w	0.85%v/w
11.	Disintegration Time	35 minute	30 minute	32 minute	32.33 minute
12.	Friability Test	0.0085%w/w	0.0040%w/w	0.0121%w/w	0.0080%w/w

**Discussion and conclusion:-**

- The data (Table No. 1) shows that the weight of Arjakadi Vati Sample S-1, S-2 and S-3 are equal. The mean of above three reading of Sample is 250 mg.

- The data (Table No. 2) shows that the Diameter of Arjakadi Vati sample S-3 is less that of in comparison to S-1, and S-2 sample. The mean of three data is 6.99 mm.
- The Data (Table No. 3) shows that the hardness of Arjakadi Vati S-3 is less in comparison to that of Arjakadi Vati S-1 and S-2 sample. The mean of above three reading is 2.19 kg.
- The data (Table No. 4) shows that the moisture content of Arjakadi Vati Sample S-2 is more in comparison to that of Arjakadi Vati Sample S-1 and S-3. The mean obtained from the three sample is 4.923%w/w.
- The data (Table No. 5) shows that the Total Ash of Arjakadi Vati Sample S-3 is less in comparison to Arjakadi Vati Sample S-1 and S-2. The mean obtained from the three sample is 9.661% w/w.
- The data (Table No. 6) shows that Acid insoluble Ash of Arjakadi Vati Sample S-1 is less in comparison to Arjakadi vati Sample S-2 and S-3. The mean for the three sample is 5.10% w/w.
- The Data (Table No.7) shows that Water Soluble Ash of Arjakadi Vati Sample S-1 is more in comparison to Arjakadi Vati S-2 and S-3 sample. The mean obtained from the three sample is 16.380% w/w.
- The data (Table No. 8) shows that Alcohol Soluble Extract of Arjakadi Vati sample S-3 is less in comparison to Arjakadi Vati S-1 and S-2 sample. The mean obtained from the three sample is 16.380% w/w.
- The data (Table No.9) show that Water Soluble Extractive of Arjakadi Vati sample S-3 is more in comparison to Arjakadi Vati S-1 and S-2 sample. The mean obtained from the three sample is 15.582% w/w.



- ♦ The data (Table No. 10) shows that the volatile oil of Arjakadi Vati sample S-3 is more in comparison to Arjakadi Vati S-1 and S-2 sample. The mean obtained from the three sample of Arjakadi Vati is 0.85% V/W.
  - ♦ The data (Table No.11) shows that the Disintegration Time of Arjakadi Vati sample S-1 is more in comparison to Arjakadi Vati S-2 and S-3 sample. The mean obtained the three sample is 32.33 Minute
  - ♦ The data (Table No.12) shows that the Friability Test of Arjakadi Vati sample S-3 is more in comparison to Arjakadi Vati S-1 and S-2 sample the mean obtained three sample is 0.0080 w/w.
  - ♦ The data (Table No.13) shows that the Microbial Limit Test of Arjakadi Vati sample S-1, S-2 and S-3 are absent such as E.coli, Solmonella pseudomonas and Aruginosa.
  - ♦ The data (Table No. 14) shows that the heavy metal of Arjakadi Vati in ppm, such as pb 2.373 ppm, cd 0.05956 ppm, Hg 0.4784 ppm and As 2.2502 ppm are observed. All the result were summarized and shown in Table No. 15 and 16.
- ♦ ♦ ♦
- ♦ Ayurvedic pharmacopia of India-Part 1st,Vollum-third, Frist edition 2001, by Govt. of India, Publication the controller of publication Delhi.
  - ♦ Ashok gupta, Intruduction to pharmaceutics-1, third edition, Reprint 2006, published by CBS Publishers and distributors, New Delhi Page No.268-270.

From this study it may be concluded that for the standardization point of view, one should follow the standard mentioned in Ayurvedic pharmacopoeia of India part -I, vol-IIIrd and introductions to pharmaceutics-1.)

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## A COMPREHENSIVE STUDY OF RISHYAGANDHA

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### ABSTRACT:

Medicinal plants have been employed since the dawn of civilization for prolonging life by combating various illnesses. Much of the medicinal plants are documented in the ancient Ayurvedic treatise. The plant, Rishyagandha (*Withania coagulans* Dunal) is one of them which is used to cure various ailments. Rishyagandha popularly known as Indian cheese maker is a rigid, grey, under shrub occurring in drier parts of India. The berries of this shrub has been used for preparing a vegetable rennet ferment for making cheese in different parts of India. In Northern India, dry fruits of this shrub is used for the treatment of diabetes by traditional healers. *Withania coagulans* also known as Doda Paneer is an important medicinal herb as large numbers of phytochemicals have been isolated from this, which are used in different herbal formulations. Hypoglycemic, hypolipidemic, antioxidants, cardiovascular, central nervous system depressant, hepatoprotective, anti-inflammatory, wound healing, antifungal and antibacterial properties of this plant have been reported in various study. Round capsular fruit is used in the fresh state as an emetic. Dried capsules are used as a stomachic; in small amount it is a remedy in dyspepsia, flatulent & colic. The twigs are chewed for cleaning teeth, the smokes of the plant is inhaled for relief in toothache.

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**Key Words:** Rishyagandha, pharmacological properties Ayurvedic medicine

### INTRODUCTION:

In nature thousands of plants having medicinal properties are available. Most of them are well documented in the Ayurvedic classics to treat various ailments. The plant Rishyagandha (*Withania coagulans* Dunal) is described in Charaka Samhita under Brimhaniya Mahakashaya & madhuraskandha dravya. The fruits of this plant have the peculiar property of coagulating or curdling milk. A tablespoonful of the decoction (1 in 40) is enough to coagulate one gallon of warm milk and gives an excellent curd in about half an hour. The active principle named "withanin" resides in the numerous small seeds contained within the fruits and is destroyed by boiling. It can be extracted from the seeds either by glycerine or by a moderately strong solution of common salts and precipitated by alcohol. The precipitate is dried at low temperature and the extract is obtained as a brownish white powder.

### Rishyagandha in Ayurvedic Literature:

**Vedic Period:** There is no description of Plant Rishyagandha in Vedas.

### Samhita period:

**1. Charaka Samhita :** The description of drug Rishyagandha is found in Charaka Samhita in two





### Chemical constituents<sup>10</sup>:

S. N.	Chemical constituents	Part of plant/ extract	Reference
1.	5 $\alpha$ ,20 $\alpha$ (R) Dihydroxy-6 $\alpha$ ,7 $\alpha$ -epoxy-1-oxo witha-2, 24-dienolide	Fruit	Anonymous (1966)
2.	5 $\alpha$ , 17 $\alpha$ Dihydroxy-1-oxo-6 $\alpha$ 7 $\alpha$ -epoxy-22 R-with a-2, 24 dienolide	Fruit	Anonymous (1966)
3.	Withaferin A	Fruit	Neogi et al. (1988)
4.	Chlorogenic acid	Leaves	Kirthikar and Basu(1933)
5.	Linoleic acid	Seed	Anonymous (1966)
6.	$\beta$ -Sitosterol	Seed	Anonymous (1966)
7.	D-Galactose	Seed	Anonymous (1966)
8.	D-Arabinose	Seed	Anonymous (1966)
9.	5 $\alpha$ , 27- Dihydroxy-6 $\alpha$ 7 $\alpha$ -epoxy-1-oxo-witha - 2, 24 dienolide	Fruit	Anonymous (1966)
10.	3 $\beta$ -hydroxy-2,3-dihydrowithanolide F	Fruit	Budhiraja et al. (1983)
11.	3 $\alpha$ -14 $\alpha$ ,17 $\beta$ ,20 $\gamma$ Tetrahydroxy-1-oxo-20S, 22R-with-5, 24-dienolide	Fruit	Vandavelde et al. (1983)
12.	Withacoagin	Root	Neogi et al. (1988)
13.	(20R, 22R) 6 $\alpha$ , 7 $\alpha$ Epoxy-5 $\alpha$ , 20-dihydroxy-1-oxo-with a-2, 24-dienolide	Root	Neogi et al. (1988)
14.	(20S, 22R) 6 $\alpha$ , 7 $\alpha$ Epoxy-5 $\alpha$ , 20-dihydroxy-1-oxo-with a-2, 24-dienolide	Root	Neogi et al. (1988)
15.	17 $\beta$ , 27 Dihydroxy-14, 20-epoxy-1-oxo-22R-with a-3, 5, 24-trienolide	Whole plant	Atta-ur-Rahman et al (1993)
16.	14 $\beta$ ,15 $\beta$ Epoxywithanolide I	Whole plant	Caudhery et al. (1995)
17.	17 $\beta$ , 20 $\beta$ - Dihydroxy-1-oxo-witha-2,5,24-trienolide	Whole plant	Caudhery et al. (1995)
18.	The new withanoloids (Steroidal lactones) named Coagulin F (27-hydroxy - 14, 20 - epoxy - 1-oxo (22R) - with a-3, 5, 24 - trienolide)	Whole plant	Atta-ur-Rahman et al (1993)
19.	Coagulin G (17 , 27 dihydroxy - 14, 20-epoxy-1-oxo (22R) - witha-2, 5, 24 trienolide)	Whole plant	Atta-ur-Rahman et al (1993)



**Therapeutic uses :** Round capsular fruit is used in the fresh state as an emetics. Dried capsules are used as a stomachic; in small amount it is a remedy in dyspepsia, flatulent & colic and other intestinal affections<sup>11</sup>. The twigs are chewed for cleaning teeth, and the smoke of the plant is inhaled for relief in toothache. The fruit is sweet; applied to wounds; used in asthma, biliousness stranguary. The seeds are emmenagogue, diuretic; useful in lumbago, ophthalmia; lessen the inflammation of piles. The ripe fruits are supposed to possess anodyne or sedative properties. They are alterative, diuretic and believed to be useful in chronic liver complaints. They are prescribed in infusion, either alone or conjoined with the leaves and twigs of *Rhazyastricta*, an excellent bitter tonic.

Honigberger says that the bitter leaves are given as febrifuge by the Luhanees. In Bombay, the berries are used as blood purifiers. In Las Bella, the fruit is pounded and used as a cure for colic; the wood is used for cleaning the teeth. In the Ormera Hills, the smoke is applied to aching teeth 'to destroy the worm' (Hughes Buller). The leaves are used in Pakistan as a vegetable, and as a fodder for camels and sheep. They are also employed as febrifuge<sup>9&12</sup>.

#### **Pharmacological activity of *Withania coagulans* Dunal:**

1. The essential oil obtained by steam distillation of the petroleum ether extract of the fruits was active against *Micrococcus pyogens* var. aureus and vibrio cholera and also showed anthelmintic activity<sup>13</sup>.
2. A new withanolide with a unique chemical structure similar to the aglycones of the cardiac glycosides, isolated from fruits of *Withania coagulans* In rabbit langendorff preparation and ECG studies it produced myocardial depressant effects, but in the perfused frog heart it produced mild positive inotropic and chromotropic effects<sup>14</sup>.
3. A compound isolated from aqueous extract of fruit of *Withania coagulans* has been shown to exert hepatoprotective<sup>15</sup> effects.
4. The hydro alcoholic extract of the fruits of *Withania coagulans* showed significant anti-inflammatory activity in the carragenin induced rat paw oedema model<sup>16</sup>.
5. Antibacterial activity was exhibited by ethanolic extract of the plant<sup>17</sup>.
6. 17 $\alpha$ -hydroxywithanolide K, isolated from the plant of *Withania coagulans* was found to be active against a number of potentially pathogenic fungi<sup>18</sup>.
7. Aqueous extract of fruits of *Withania coagulans* Dunal has hypoglycemic activity and free radical scavenging activity<sup>19</sup>.
8. Aqueous extract of fruits of *Withania coagulans* Dunal has hypolipidemic activity also<sup>20</sup>.
9. Coagulanoid, a withanolide from *Withania coagulans* fruits has antihyperglycemic activity<sup>21</sup>.
10. Aqueous extract of fruits of *Withania coagulans* has antidiabetic effect<sup>22</sup>.
11. The hydroalcoholic fraction of the methanolic extract of *Withania coagulans* in both topical and oral form showed a significant increase in the rate of wound contraction. The withaferin-A is responsible for significant increase in the collagen levels, protein, DNA, SOD, CAT and decreased level of hexosamine<sup>23</sup>.
12. Anti-inflammatory activity of a withanolide from *Withania coagulans* was reported by Budhiraja et al. It showed marked effects in sub-acute-inflammation in experimental rats<sup>24</sup>.
13. Withaferin A inhibits angiogenesis<sup>25</sup>.
14. The extract of *Withania coagulans* have hypotensive, respiratory stimulant and muscular relaxant activity in experimental animals<sup>26</sup>.



15. Using the aqueous extract of *Withania coagulans* fruits in experimental rats have a diuretic potential<sup>27</sup>.
16. Some of the withanolide possess beneficial role in the treatment of Alzheimer's disease<sup>28</sup>.
17. Withaferin A and withanolide E were reported to have specific immunosuppressive effects on human B and T lymphocytes as well as on mice thymocytes<sup>29</sup>.
18. Withaferin A exhibits positively potent anti-arthritis and anti-inflammatory effect. It suppress effectively arthritic syndrome without any toxic effect.

#### CONCLUSION:

The plant *Rishyagandha* (*Withania coagulans* Dunal) is described in *Charaka Samhita* under *Brimhaniya Mahakashaya* and *madhuraskandha dravya*. *Rishyagandha* popularly known as Indian cheese maker is a rigid, grey, undershrub occurring in drier parts of India. The fruits of this plant have the peculiar property of coagulating or curdling milk. In Northern India, dry fruits of this shrub is used for the treatment of diabetes by traditional healers. It is an important medicinal herb as large numbers of phytochemicals have been isolated from this, which are used in different herbal formulations. In various studies it has been seen that the *Withania coagulans* Dunal. posses several therapeutic activities such as hypoglycaemic, hepatoprotective, anti-inflammatory, hypolipidaemic, antibacterial, antifungal, cardiovascular, free radical scavenging, central nervous system depressant, immunosuppressive, diuretic and cytotoxic activities. In spite of its huge medicinal properties it is very economical and easily available.

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**Bhai Uddhav Das Mehta Memorial All India P.G. Ayurveda Students Essay ompetition-2014  
Bronze Medal (IIIrd prize) Winner Essay**

## **MAINSTREAMING OF AYURVEDA, ISSUES CHALLENGES AND SOLUTIONS**

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Ayurveda is one of the oldest systems of medicines on earth. Evolution of Ayurveda started during the period of 2000-1000 B.C. The prime intention behind constituting Ayurveda is to provide a good, happy life to an individual. Such quality life can be achieved only with satisfactory physical, social and spiritual health. All these parameters of health are deeply explained in Ayurveda. The principles and philosophies mentioned in Ayurvedic text books are established on experimental grounds through a long period of research studies by our Acharyas. Although this great "science of life" has originated from India, but here it is considered as a secondary or alternative system of medicine now a days. On the other hand, traditional Chinese medicine and German homeopathic medicines are considered as equivalent to western system of medicine in their respective countries. Description of diseases, principles of treatment, ailment for mental health, social ethics and conducts, herbal medicines and plastic surgery, etc. support the evidence that Ayurveda has given its great impact on almost all traditional and modern system of medicine of this world, even then it is not appreciated in such manner these days. So, it's necessary today to quest those problems which are hindering the emendation of Ayurveda. As scholar of Ayurvedic science, a constructive introspection is the need of time. Mainstreaming of any system depends on the following facts -



Perception of Ayurveda among people is that it is secondary to modern system of medicine and it has no side effects. Another perception is that it acts slowly but cures a disease completely. Usually, people after spending a lot of money and time on modern medicine opt for ayurvedic treatment. At this stage, disease either become asadhya (incurable) or the therapy becomes an affordable. In such conditions, patient's high expectation with Ayurveda doesn't meet appropriately.

Similarly, efficacy and credibility of a system are other important measures which are related to its

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mainstreaming. For example - pain relieving medicine has numerous side effects, but people used to take the medicine on account of their pain relieving effect. They find no other better option than that.

In this 21st century, life is becoming very fast, especially in metropolitan cities. Only few people think about their health initially. After getting the disease, they try to collect information about their disease and appropriate treatment modality through internet etc. They look for a well defined, understandable and rational system. Contrary to this, rural population is less aware about health and has very limited medical facilities.

Ayurveda has a huge potential in various physical as well as mental disorders. It is rather a life style that one should follow to attain good health. There are several issues related to education system and practices of Ayurveda that should be critically analyzed.

#### **ISSUES IN AYURVEDA**

##### **(a) Trivial approach towards Ayurveda**

In India, prime system of medicine is considered as modern medicine. Every aspiring candidate wants to become doctors of allopathic medicine. Ayurveda and other system of medicine are considered to be secondary. In spite of great potentials of alternative medicine, it remains unprivileged due to lack of information among aspirants.

##### **(b) Related to education system in Ayurveda**

Education is the prime focus of all systems of medicine. Proper education with advanced teaching skills can ignite the flame of enthusiasm and passion in students. Education system in universities offering various courses is getting advanced day by day. Online classes and seminars, classroom equipped with smart class projectors are few examples of advancement of education system.

In the beginning of Ayurvedic studies, student finds difficulties to understand the principles of this science. The main reason behind this is that student is not able to relate such principles to his knowledge of secondary education. This is very fundamental problem.

##### **(c) Rational learning in place of "Rote learning"**

Ayurveda is an experimental and time tested science. Ayurveda text books or Samhitas are prime source of knowledge and they are an important part of this education system or curriculum. Trends of learning slokas without understanding their actual meaning has been noticed in various students. Learning slokas is essential but their "rote learning" may conceal its true meaning. Incorporation of commentaries of samhitas at under graduate level can make a student to know the essence of Ayurveda. This will initiate rational learning with sufficient explanations and reasons for this science.

##### **(d) Clinical practice of Ayurveda**

Private or clinical practitioner of any system of medicine interact more with community. People usually consult a nearby medical practitioner first rather than going for a hospital. Thus, clinical practitioner gives an initial impression of a medical system to a patient. During graduation, various subjects of modern medicine like anatomy, physiology, pathology, pharmacology and medicine have been taught to students. This is done to update their knowledge and expand their wisdom. But it has also been observed that many Ayurveda graduates practice modern system of medicine which in some way or in other blurs the image of Ayurveda to a common man.

##### **(e) Researches in Ayurveda**

It is evident that various research centers and institutes for post graduate studies have been established across the country during past 4-5 decades. A lot of researches are going in Ayurveda but we need to assess whether these researches help ayurvedic



practitioners and students. A lot of query arises on our drugs also. Some of the herbs are controversial and other herbs are used in place of them. Identification of single herbs and quality control of herbo-mineral preparations is a major issue. Similarly, asymmetric and uneven clinical trials are also a deliberate concern. Thus, quality trials with a uniform approach are very serious issue related to research in Ayurveda.

#### **(f) Quackery**

Unskilled and non-professional person who pretend himself as an expert are known as Quack. Such kind of quacks can be commonly seen as ayurvedic practitioner. These are nothing but "Chadamchara and Rogabhisara vaidya" These quacks damage the image of Ayurveda in society.

#### **(g) Ignorant attitudes of Government authorities**

Only a few percentage of our country budget is allotted for healthcare services. Then, very less amount of our health budget is given to alternative system of medicines. Inappropriate awareness campaign for alternative system, lack of national programs for Indian system of medicine and inadequate government funds are some of the important points impeding prosperity of Ayurveda.

### **CHALLENGES IN BRINGING AYURVEDA TO MAINSTREAM**

Challenges play an important role in the development of a system. Following are some challenges in front of Ayurveda today -

#### **(a) Awareness among people**

Ayurveda system of medicine is well known for thousands of years. A person recognizes this system very well but considers it secondary to modern system. So, a proper awareness is necessary to tell people that there are many diseased conditions where Ayurveda has better results than allopathic medicine. An important and primary aspect of Ayurveda re-

mains behind the curtains, which is prevention from diseases and maintenance of health. Sadvritta and Acharya Rasayana are special contribution of Ayurveda which are related with social behaviour and conducts. It's a challenge to take such special concepts to limelight.

#### **(b) Bringing out that potentials of Ayurveda**

Principles of Ayurveda explain a lot about physical, mental, social and spiritual well-being. Panchakarma, Rasayana - Vajikarana, Agni karma, Raktamokshana, infertility treatments, Akshi tarpana etc. along with several other procedures differentiates Ayurveda from other system of medicines. People are not very much informed about such procedures. So, it is also a challenge to provide appropriate information about these specialized techniques to our society.

#### **(c) Evidence based approach**

Evidence provides direct truth of an assertion. Evidences are collected on the basis of observational studies and experimental researches. The whole system of modern medicine stands on the pillars of evidences. The concepts of Ayurveda are totally based on observation and clinical experiments of our Acharyas. To join Ayurveda in the mainstream and increase its convincing acceptance world-wide, such concepts need to be supported by strong "primary" evidences collected through quality research work.

#### **(d) Quality control of Ayurvedic formulation**

It's a big quite tough challenge. Ayurvedic medicine are claimed to have toxic doses of metals like mercury, copper etc. We know that these formulations will do not harm if they are prepared correctly, with all safety measures and are prescribed in appropriate dosage. Many pharmaceutical companies are compromising with the quality of Ayurvedic medicines to earn more profit. There should be some controlling authority that will take care for quality of Ayurvedic herbs and compound formulations.



#### (e) Rationalization of ancient diagnostic techniques

Pulse diagnosis is one among the eight chief diagnostic measures. There is a detailed description about Nadi Vigyan in our text books. It is a very specialized and impressive form to diagnose a disease but its clinical applicability is limited to certain communities of Vaidyas. Similarly, modification of Dashavidha aatura pariksha, tailbindu pariksha etc. is essential today. Rationalization of these techniques is important so that they become available to every student and Ayurvedic practitioner of Ayurveda.

#### (f) Uniformity in Ayurvedic management

Skillful application of knowledge is important in the management of diseases. Our Acharyas have also priority to a "Yuktigya Vaidya". But it comes with time and clinical experiences. Establishment of a standard protocol for certain diseases or conditions may minimize that time period. At least protocols should be followed by every practitioner who can modify it according to his wisdom. This may bring uniformity in Ayurvedic treatments to an extent.

#### SOLUTIONS FOR ISSUES AND ACTIONS TO MEET CHALLENGES

"It is important to focus on the solutions, not the problems". Working on solution with its proper execution is more relevant to solve a problem. There are some solutions suggested to bring Ayurveda in mainstream.

#### (a) For awareness of Ayurveda

- ♦ Organizing regular health camps, Aarogya melas and establishment of "Swasthya Rakshana Kendra" in a community may promote preventive (sadvritta - achara rasayana) as well as curative aspect of Ayurveda in people.
- ♦ Media has become an important tool for awareness these days. Promotion of benefits from ayurvedic lifestyle (Dincharya - Ritucharya), home remedies for common problems and treatment procedures may enhance of mainstreaming of Ayurveda.

#### (b) For improvement of education system

- ♦ From the beginning, more emphasis should be given on thorough knowledge of Ayurvedic concepts with their respective commentaries. Organizing special "Samhita vachana - Tikavachana" camps, quiz competitions and debates for creating enthusiasm with dedication in students towards the spirit of Ayurveda.
- ♦ A well established library enriched with text books and documents, scientific research journal from all system of medicine, upgraded timely and internet accessibility are the fundamental requirements that should be ensured in every institute. Establishment of herbarium - drug museum and well equipped pharmacy is also necessary to increase practical approach.
- ♦ Drishtkarma (observation of procedures) and Kritayogyia (practical training) are described as the qualities of a good physician. It gets started right from the under graduation level. Practicing a science brings faith and faith gives confidence. So, it becomes necessary to modify our system with more practical training.
- ♦ Interactive seminars, guest lecture of experts on pulse diagnosis etc. should be conducted regularly so that students may be able to upgrade their knowledge, wisdom and confidence.
- ♦ Practical training and its clinical implementation provide content and satisfaction to a student towards his system. Encouragement of this approach may prohibit the trend of cross-system practice in Ayurvedic graduates.

#### (c) For research work

Research at post graduate level - Post graduate is the time when a student learns how to do research. It is a basic step towards research. Adequate equipments, proper aid and honest effort make a research worthy. Incorporation of new diagnostic and biochemical parameters along with Ayurvedic param-



eters to assess the efficacy of Ayurvedic drugs should be encouraged. This will give more acceptances to our research among other system of medicines also. For example - effect of Ayurvedic herb or compound formulation on inflammatory markers in patients of Tamaka Shwasa. An attempt should be made to increase the sample size of research work by repeating research topic in several batches. Publication of such researches in reputed indexed/impact international peer reviewed journal should be encouraged.

Although Ayurveda is one of the oldest system of traditional medicines but publication of scientific research papers are comparatively very less for the corresponding systems of medicine. For example -

Publication	Ayurveda	Chinese Traditional Medicine
Pubmed	2,807	23,964
Medicine	42	656
Lancet	39	204
B.M.J.	36	1821

So, it is necessary to increase the share of voice in scientific publications to increase the trust levels among the scientific community. Common guidelines for doing research can also be framed to bring uniformity in research work.

- ♦ Research at organizations - Organization like CCRAS is conducting numerous research studies at national and international levels. But, somehow these research outcome get limited only to the organizations or the institute. Private practitioner of Ayurvedic system represents this system to our community. So, it has become necessary to create awareness among these practitioners about new researches and concepts. Printed materials like newsletters - drug updates etc. and re-orientation programs are good options to update their knowledge.

- ♦ Standardization of Drugs - Standardization and research is an important activity in the process of development of a drug used for preventive and curative purpose. Evaluation of pharmacological activities, phyto-chemical entities responsible for the therapeutics, screening of pharmacologically viable drugs clinically under WHO guideline to establish the therapeutic activity and clinical trials on various diseases should be promoted.
- ♦ Re-vitalization of the local health traditions and the knowledge of traditional drugs used by experienced local health traditioners will be gathered and documented.

#### **(e) For the management of Ayurveda at state and district level**

It can be executed by creating necessary Managerial post in the State and District level for effective supervision and implementation of different activities. Necessary vehicles with supporting manpower should be provided to strengthen the supervisory. Joint monitoring visits to health centers to be undertaken by both Ayurveda and Health Care Officials at the District level's/State level. Incorporation of Ayurveda with national programs and accredited social health activists (ASHA), increasing its participation in Primary Health Care (PHC) may accelerate the objective of Ayurveda to reach each and every person of a community.

#### **(f) Strengthening of Quality Control Laboratory**

The quantum of Ayurvedic medicines used/procured in both public and private health sectors is huge. There has been wide range concern about spurious, counterfeit and substandard drugs. In order to prevent the spread of substandard drugs and to ensure that the drugs manufactured or sold or distributed throughout the state are of standard quality, drug regulation and enforcement unit has to be established in the state. The drug regulatory mechanism is to be strengthened at the state level to improve the quality



of drugs used in Ayurveda and ensure proper standardization.

**(g) Promotion of Quality Cultivation of Medical Plants**

Farming of medicinal plants by taking care of all safety and quality control measures should be encouraged. Proper education about farming and benefits of growing medicinal plants with additional incentives should be given to our farmers. A separate department under the supervision of AYUSH can be established to ensure quality of medicinal plants.

**(h) Integration with other system of health care**

Every system of medicine has limitations and a single system cannot cure all the diseases. We have to understand our strength and circumstances very clearly. Integration of various system of medicine is the future of health care system. Emergency management, critical care and specialized surgeries are very much confined to allopathic medicine. This aspect of health services in Ayurveda needs a lot of intense abstraction and research. Meanwhile, there is a lot of scope for Ayurveda in post - operative management and rehabilitation. For e.g. - in Medanta Medicity, it is observed in Gurgaon, application of Uraha Basti after orthopedic chest surgery results in significant improvement in pain. So, well planned integration is required in which medical experts collaborate and share their knowledge to improve health care.

**(i) Training of Ayurvedic professionals to prevent quackery**

In order to regulate the practice of Ayurveda therapy and prevent by unqualified practitioners, a proper system of examination and licensing is required. "Benchmarks for Training in Ayurveda" a model by W.H.O. in 2010 suggested a schedule for Ayurveda practitioner training, Ayurveda therapist training and training of Ayurveda dispensers and distributors. State councils of Indian system of medi-

cine takes action against quacks but their outcomes are not that much promising. A national anti-quackery cell for Indian system of medicine under Department of AYUSH should be formed who will work to stop such malpractices.

Running away from any problem only increases its distance from the solution. The easiest way to escape from a problem is to solve it. Hard work, will power and dedication to Ayurveda is the need of time. Important issues, challenges and solutions are discussed here. These suggestions may help in strengthening and bringing our Ayurveda in the mainstream.



**सूचना**

1. अब आप अपने लेख [drramteerthsharma@gmail.com](mailto:drramteerthsharma@gmail.com) पर भी भेज सकते हैं।
2. हिन्दी के लेखों को प्राथमिकता दी जायेगी।



## परिषद् समाचार

### रूड़की में धन्वन्तरि जयन्ती

विश्व आयुर्वेद परिषद रूड़की के तत्वावधान में धन्वन्तरि जयन्ती समारोह का आयोजन आर्य उपवन में दिनांक 22.10.14 को हुआ। मंच संचालन डॉ०विनोद गुप्ता के द्वारा विश्व आयुर्वेद परिषद के परिचय से प्रारम्भ हुआ। सर्वप्रथम आयुर्वेदीय विशिष्ट औषधीय सामग्रियों द्वारा सभी प्राणियों के व्याधि एवं कष्ट दूर करने के लिये हवन यज्ञ किया गया। तत्पश्चात् धन्वन्तरि प्रतिमा का अनावरण, माल्यार्पण, पूजन एवं दीप प्रज्ज्वलन प्रदेश संगठन मंत्री एवं भाजपा चिकित्सा प्रकोष्ठ के जिला संयोजक वैद्य टेक बल्लभ एवं परिषद के वरिष्ठ सदस्य डॉ० पी०सी० शास्त्री, कार्यक्रम अध्यक्ष डॉ० आर०सी० मित्तल द्वारा सम्पादित किया गया। इस अवसर पर स्व० पं० मोहन लाल वैद्य की पचास वर्ष पुरानी परम्परा का निर्वहन करते हुए जनमानस को स्वस्थ रहने के उपाय पर प्रकाश डाला गया। डॉ० अशोक पुण्डीर ने आयुर्वेद के मूल सिद्धान्त पंचमहाभूत, त्रिदोष आदि पर प्रकाश डाला। डॉ० गोपाल कृष्ण, उप प्रधानाचार्य, आयुर्वेदिक कालेज, यमुनानगर ने धन्वन्तरि काव्य रचना पढ़ी। डॉ० राधेश्याम शर्मा, डॉ० बृज मोहन गौतम, डॉ० राकेश शर्मा, डॉ० आलोक कुमार आदि ने भी अपने विचार रखे। अध्यक्षता कर रहे डॉ० आर०सी० मित्तल ने सभी का आभार व्यक्त किया। कार्यक्रम आयोजन में डॉ० शशि मोहन गुप्ता, डॉ० इन्देश, डॉ० बल्लभ, डॉ० राकेश कौशिक, अभय कुमार ने विशेष सहयोग दिया।

### रूड़की में श्वास रोग का औषधि वितरण शिविर

रूड़की नगर निगम सभागार में विश्व आयुर्वेद परिषद एवं भाजपा चिकित्सा प्रकोष्ठ के संयुक्त तत्वावधान में दमा/श्वास रोग की दवा का निःशुल्क वितरण प्रातः 7.30 से 10.00 बजे तक किया गया। चिकित्सा प्रकोष्ठ के जिला सह संयोजक अमित अग्रवाल द्वारा संचालित इस कार्यक्रम में यमुना नगर आयुर्वेदिक कालेज के उप प्रधानाचार्य डॉ० गोपाल कृष्ण ने स्वास्थ्य रक्षा के नियम, कफज रोगों के कारण, श्वास रोग से बचाव के तरीके का विवेचन किया। नगर संयोजक नेत्र रोग विशेषज्ञ डॉ० जोगराज सिंह चौहान ने बताया कि आयुर्वेद भारत की मूल चिकित्सा पद्धति है। वैद्य हरीश चन्द्र ने विशिष्ट अतिथि के रूप में अपने अनुभव बताये। विश्व आयुर्वेद परिषद के प्रदेश संगठन मंत्री एवं भाजपा जिला चिकित्सा प्रकोष्ठ के जिला संयोजक वैद्य टेक बल्लभ शास्त्री ने श्वास रोगों के कारणों की चर्चा की तथा औषधीय खीर के गुणों को विस्तार से समझाया। प्रतिवर्ष यह शिविर शरद पूर्णिमा, कार्तिक पूर्णिमा व मार्गशीर्ष पूर्णिमा पर आयोजित होता है।

मुख्य अतिथि भाजपा के वरिष्ठ नेता, समाजसेवी एवं पूर्व मण्डल अध्यक्ष डॉ० अनिल शर्मा ने स्व० वैद्य मोहन लाल जी की इस परम्परा को उनके सुपुत्र वैद्य टेक बल्लभ शास्त्री जी द्वारा निरन्तर आयोजित करने के लिये बधाई दी। कार्यक्रम अध्यक्ष डॉ० आर०सी० मित्तल ने रोगियों एवं आगन्तुकों का आभार व्यक्त किया। कार्यक्रम में डॉ० विनोद गुप्ता, डॉ० शशि मोहन गुप्ता, डॉ० राकेश शर्मा, डॉ० राकेश कौशिक, डॉ० विपिन कपूर, डॉ० इन्देश पुष्करणा, डॉ० आर०एस० पाठक, नीरज, शिवा आदि ने विशेष सहयोग प्रदान किया।





## हरदोई में धन्वन्तरि जयन्ती

हरदोई स्थित आर्य समाज मन्दिर में धन्वन्तरि जयन्ती पर एक गोष्ठी का आयोजन किया गया। कार्यक्रम के मुख्य अतिथि सी.एम.ओ., डॉ० वी०के० गुप्ता तथा मुख्य वक्ता योग शिक्षक श्री हरिवंश सिंह जी थे। कार्यक्रम की अध्यक्षता श्रीकृष्ण गुप्ता ने की। विश्व आयुर्वेद परिषद के हरदोई इकाई के अध्यक्ष डॉ० रामकरन त्रिवेदी ने धन्वन्तरि वन्दना करते हुए आयुर्वेद अवतरण पर विभिन्न मतों पर प्रकाश डाला एवं आयुर्वेद की विश्व व्यापकता का उल्लेख किया। श्री हरिवंश सिंह ने योग के शारीरिक एवं मानसिक पक्ष पर प्रकाश डालते हुए स्वस्थ जीवन के लिये प्रतिदिन प्राणायाम, आसन एवं योग क्रिया करने की सलाह दी। मुख्य अतिथि डॉ० गुप्ता, सी०एम०ओ० ने भगवान धन्वन्तरि के हाथों में अमृत कलश, शंख, जलौका, वनस्पति की व्याख्या करते हुए आयुर्वेद को विश्वव्यापी बनाने की अपील की। वैद्य बाल शास्त्री ने रोग प्रतिरोधक क्षमता बढ़ाने हेतु तुलसी, गुडुची, काली मिर्च, हल्दी के गुणों पर प्रकाश डाला। डॉ० शरद चन्द्र मिश्र ने आयुर्वेद की गरिमा बनाये रखने पर बल दिया। ड्रिगिस्ट एवं केमिस्ट एसोसिएसन के अध्यक्ष श्री कृष्ण गुप्त ने आयुर्वेद चिकित्सकों से आयुर्वेद के प्रचार-प्रसार में योगदान की अपील की। मंत्री डॉ० अवनीन्द्र मिश्र शिशु ने धन्वन्तरि ज्ञापन तथा संचालन डॉ० सुरेश अग्निहोत्री ने किया। इस अवसर पर श्री इन्द्रधनुष दीक्षित, डॉ० एस०पी० कटियार, डॉ० अर्जुन गुप्ता, डॉ० आलोक सिंह, डॉ० यू०सी० मिश्र, डॉ० चन्द्र प्रकाश दीक्षित, डॉ० विद्या प्रकाश अवस्थी, डॉ० वीर सिंह कटियार, डॉ० अरुण सिंह, डॉ० आशीष मिश्र, वैद्य कृष्ण मुरारी तिवारी, डॉ० राहुल त्रिवेदी, डॉ० खुनखुन, डॉ० महेश्वर गुप्ता, डॉ० शिवरतन लाल आदि उपस्थित थे।

## प्रयाग में धन्वन्तरि जयन्ती

विश्व आयुर्वेद परिषद प्रयाग एवं काशी प्रान्त के संयुक्त तत्वावधान में मन्त्रोच्चार, अर्चन, पूजन के साथ धन्वन्तरि वन्दना का शुभारम्भ हुआ। डॉ० संजय बरनवाल जी ने धन्वन्तरि जयन्ती के प्रयोजन पर प्रकाश डाला। तत्पश्चात डॉ० प्रेम शंकर पाण्डेय जी ने आमवात (रियुमेटाइड आर्थराइटिस) विषय पर व्याख्यान देते हुए उसके लक्षण एवं बचाव, उपचार एवं आहार-विहार पर विस्तृत प्रकाश डाला। डॉ० नरेन्द्र पाण्डेय ने साम एवं निराम के अन्तर को परिभाषित किया। शृण्ठी, अलसी, दूध के साथ महुवा, पंचकोल आदि का प्रयोग हितकर बनाया। कार्यक्रम की अध्यक्षता डॉ० शंकर मिश्रा, संचालन डॉ० एम०डी० दूबे ने किया। कार्यक्रम के आयोजन में डॉ० ब्रजेन्द्र रघुवंशी, डॉ० जे० नाथ, डॉ० उपाध्याय, डॉ० जितेन्द्र, डॉ० ममता मिश्रा, डॉ० प्राची प्रजापति का विशेष सहयोग रहा।

## प्रयाग में महर्षि भरद्वाज जयन्ती

कार्तिक शुक्ल नवमी को प्रयाग में महर्षि भरद्वाज जयन्ती धूमधाम से मनायी गयी। कार्यक्रम की अध्यक्षता डॉ० शंकर मिश्र, पूजन, अर्चन वैद्य सोमेश्वर प्रसाद शर्मा ने की। डॉ० प्रेमशंकर पाण्डेय ने बताया कि महर्षि भरद्वाज भूलोक के प्रथम वैद्य थे तथा उनके दस हजार शिष्य थे। उनका जन्म अक्षय नवमी को हुआ था। परिषद उपाध्यक्ष डॉ० जे० नाथ ने आँवला वृक्ष का पूजन, आँवला सेवन के शास्त्रीय एवं वैज्ञानिक पक्ष का विस्तृत वर्णन किया। इस अवसर पर डॉ० आत्रेय, डॉ० नरेन्द्र पाण्डेय, डॉ० बी०सी० रघुवंशी, वैद्य आशुतोष मालवीय, दीनानाथ जायसवाल, डॉ० ममता मिश्रा, डॉ० प्राची आदि उपस्थित थे। कार्यक्रम का संचालन डॉ० एम०डी० दूबे ने किया।



## विश्व आयुर्वेद परिषद बिहार प्रान्त का वार्षिक सम्मेलन सम्पन्न

विश्व आयुर्वेद परिषद बिहार प्रान्त का वार्षिक सम्मेलन 11 अक्टूबर 2014 को पटना में सम्पन्न हुआ। कार्यक्रम का उद्घाटन धन्वन्तरि वन्दना, मंगलाचरण एवं दीप प्रज्वलन के सथ पद्मश्री प्रो० ओम प्रकाश उपाध्याय, कुलपति, सन्त रविदास आयुर्वेद विश्वविद्यालय, होशियारपुर, पंजाब के कर कमलों द्वारा सम्पन्न हुआ। प्रो० उपाध्याय ने अपने सम्बोधन में समग्र आयुर्वेद का विशद विवरण प्रस्तुत किया। जिसमें दार्शनिक, सामाजिक, आध्यात्मिक तथा चिकित्सकीय पक्ष पर विशेष बल दिया। कार्यक्रम के संयोजक डॉ० शिवादित्य ठाकुर, प्रान्त सचिव ने परिषद के उद्देश्यों पर प्रकाश डाला। अध्यक्षता प्रान्त संरक्षक डॉ० शिव मंगल मिश्र ने की। बिहार इकाई के अध्यक्ष डॉ० बृज बिहारी उपाध्याय ने अपने विचार रखें। प्रान्तीय कार्याध्यक्ष डॉ० उमाशंकर चतुर्वेदी ने धन्यवाद ज्ञापन किया।

बिहार प्रान्त के 10 जिलों के प्रतिनिधि इस कार्यक्रम में उपस्थित थे। प्रथम सत्र संगठनात्मक चर्चा पर केन्द्रित रही। द्वितीय सत्र में प्रतिभागियों ने शोध पत्र प्रस्तुत किये, जिसका संचालन डॉ० प्रभात कुमार द्विवेदी ने किया। मुख्य रूप से डॉ० वसन्त कुमार ठाकुर, डॉ० गित्री जाखनवाल, डॉ० आनन्द, डॉ० शीलप्रिया के शोध पत्र सराहनीय रहे।

## वैद्य राम नारायण शर्मा स्मृति व्याख्यान एवं निबन्ध प्रतियोगिता - 2014 पुरस्कार वितरण समारोह का आयोजन

अखिल भारतीय वैद्य रामनारायण शर्मा स्मृति आयुर्वेद स्नातक छात्र निबन्ध प्रतियोगिता 2014 का पुरस्कार वितरण समारोह एवं वैद्य रामनारायण शर्मा स्मृति व्याख्यान का आयोजन पटना में 12 अक्टूबर 2014 को सम्पन्न हुआ। कार्यक्रम के मुख्य अतिथि राजेश कोटेचा, कुलपति गुजरात आयुर्वेद विश्वविद्यालय, जामनगर थे। अध्यक्षता पद्मश्री प्रो० ओ०पी० उपाध्याय, कुलपति सन्त रविदास आयुर्वेद विश्वविद्यालय, होशियारपुर, पंजाब ने की। वैद्य राजेश कोटेचा ने आयुर्वेद में समसामयिक परिप्रेक्ष्य में शोध की आवश्यकता पर बल दिया। प्रो० ओ०पी० उपाध्याय ने आज के दृष्टिकोण में रसायन चिकित्सा के महत्त्व को रेखांकित किया। जीवन शैली जन्य व्याधियों में रसायन की उपयोगिता बताते हुए विद्यार्थियों को आगाह किया कि पाश्चात्य शैली को त्याग कर ही उत्तम स्वास्थ्य प्राप्त किया जा सकता है। इस अवसर पर वैद्य ओम प्रकाश जी को उनके विशिष्ट योगदान के लिये सम्मानित किया गया।

कार्यक्रम के संरक्षक श्री प्रमोद शर्मा जी, श्री वैद्यनाथ आयुर्वेद भवन लि०, पटना के निर्देशन में कार्यक्रम का सम्पादन हुआ। अखिल भारतीय निबन्ध प्रतियोगिता में प्रथम पुरस्कार स्वरूप स्वर्ण पदक शेखावटी आयुर्वेदिक कालेज, कर्नाटक की सुश्री पल्लवी एम० को प्रदान किया गया। द्वितीय पुरस्कार एवं रजत पदक कु० नीलिमा कुशवाहा, शासकीय आयुर्वेद महाविद्यालय, उज्जैन को प्रदान किया गया, जबकि तृतीय पुरस्कार एवं ताम्र पदक चैताली बाबूभाई काकोडिया, आयुर्वेदिक कालेज, बड़ोदरा को प्रदान किया गया। इसके अलावा सात छात्रों को सान्त्वना पुरस्कार एवं प्रमाण पत्र प्रदान किया गया।

इस अवसर पर आयुर्वेद महाविद्यालय पटना की प्राचार्य डॉ० इन्दू मिश्र, अधीक्षक डॉ० देवानन्द सिंह, डॉ० विजय शंकर दुबे, डॉ० राहुल साह, डॉ० उमा पाण्डेय, डॉ० गौतम प्रसाद, डॉ० उमाशंकर पाण्डेय, डॉ० अजय सिंह, श्री रामनवमी जी, अंजनी जी, मोहन जी के अलावा महाविद्यालय तथा बिहार के सुदूर क्षेत्रों से आये चिकित्सक, छात्र एवं शिक्षक उपस्थित थे।



## उत्तर प्रदेश व्यक्तित्व विकास एवं भविष्य निर्माण कार्यशाला वाराणसी में सम्पन्न

विश्व आयुर्वेद परिषद द्वारा प्रत्येक वर्ष आयुर्वेद स्नातकों के लिए आयोजित होने वाले व्यक्तित्व विकास एवं भविष्य निर्माण कार्यशाला के 7 दिवसीय शिविर का सफल आयोजन विश्व आयुर्वेद परिषद एवं सोवारिग्पा विभाग, केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, सारनाथ वाराणसी के संयुक्त तत्वाधान में दिनांक 11 अक्टूबर से 17 अक्टूबर 2014 तक केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, सारनाथ में सम्पन्न हुआ।

उत्तर प्रदेश में प्रत्येक वर्ष होने वाले इस कार्यशाला की विशेष बात यह थी कि देश में प्रथम बार सोवारिग्पा/तिब्बती चिकित्सा स्नातक (ए.ए.ए.) के छात्रों को भी इस कार्यक्रम में सम्मिलित किया गया। इस कार्यशाला में उत्तर प्रदेश, बिहार के आयुर्वेद छात्रों के साथ सोवारिग्पा के 45 छात्र प्रतिभागी थे।

कार्यशाला के उद्घाटन सत्र के मुख्य अतिथि प्रो० टी०एम० महापात्रा, पूर्व निदेशक, चिकित्सा विज्ञान संस्थान, काशी हिन्दू विश्वविद्यालय, वाराणसी थे। अध्यक्षता पद्मश्री प्रो० एन० सामतेन, कुलपति, केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, सारनाथ ने की। कार्यक्रम के संयोजक, प्रो० एल० तेनजिन, संकायाध्यक्ष, सोवारिग्पा संकाय थे। कार्यक्रम का उद्घाटन धन्वन्तरि वन्दना, चिकित्सीय बुद्ध के प्रार्थना, पुष्पांजलि एवं दीप प्रज्वलन से प्रारम्भ हुआ। जिसमें मंगलाचरण डॉ० हरिओम पाण्डेय ने प्रस्तुत किया। मुख्य अतिथि प्रो० महापात्रा ने आयुर्वेद में शोध का क्षेत्र बढ़ाने तथा विश्वव्यापी बनाने पर बल दिया। उन्होंने आयुष चिकित्सा पद्धति के सभी विधाओं को एक साथ मिलकर मानव स्वास्थ्य के लिए कार्य करने पर बल दिया। संकायाध्यक्ष, सोवारिग्पा प्रो० तेनजिन ने आगन्तुकों का स्वागत किया। कार्यक्रम की अध्यक्षता करते हुए प्रो० सामतेन, कुलपति ने विद्यार्थियों का आह्वान किया कि सभी चिकित्सकीय विधा के विद्यार्थी समग्र रूप से भारत वर्ष के स्वास्थ्य समस्याओं पर बल दें, तभी हम स्वस्थ भारत की कल्पना कर सकते हैं। भविष्य में भी इस तरह के व्यक्तित्व विकास शिविर आयोजित किये जाने चाहिए, जिससे विद्यार्थी आपस में परस्पर विचारों का आदान-प्रदान कर सकें। डॉ० के०के० द्विवेदी, आयोजन अध्यक्ष ने विषय प्रस्तावना, कार्यशाला के उद्देश्य तथा विश्व आयुर्वेद परिषद की गतिविधियों से अवगत कराया। धन्यवाद ज्ञापन डॉ० ओ०पी० सिंह, आयोजन सचिव तथा संचालन डॉ० विजय कुमार राय ने किया।

इस सप्त दिवसीय कार्यशाला में छात्रों के व्यक्तित्व विकास एवं भविष्य से जुड़े हर उस पक्ष पर चर्चा की गयी जो आवश्यकता थी। इसमें आयुर्वेद के अलावा विभिन्न विषयों के विद्वानों को आमंत्रित किया गया। यथा विज्ञान, अभियान्त्रिकी, प्रबन्धन, ज्योतिष, योग, संस्कृत, टूरिज्म, फीजिकल एजुकेशन, कृषि, पर्यवरण, शिक्षा शास्त्र आदि। संस्कृत एवं तिब्बती भाषा पर विशेष कक्षाओं का आयोजन किया गया।

समापन सत्र के मुख्य अतिथि प्रो० राम हर्ष सिंह, पूर्व अति विशिष्ट आचार्य एवं पूर्व कुलपति, राजस्थान आयुर्वेद विश्वविद्यालय थे। कार्यक्रम की अध्यक्षता प्रो० देवराज सिंह, कुल सचिव, केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, वाराणसी थे। प्रो० रामहर्ष सिंह ने आयुर्वेद के वैश्वीकरण के कठिनाइयों, समाधान, वर्तमान स्थिती से छात्रों को परिचित कराया। प्रो० देवराज सिंह ने आयुनिक तकनीक, शोध के प्रयास पर चर्चा की। प्रो० तेनजिन ने भविष्य में भी इस तरह के कार्यक्रमों की आवश्यकता पर बल दिया। अन्त में सभी प्रतिभागियों को स्मृति चिन्ह एवं प्रमाण-पत्र प्रदान किया गया। कार्यक्रम के सफल संयोजन एवं संचालन में डॉ० अजय कुमार पाण्डेय, डॉ० शैलेन्द्र सिंह, डॉ० प्रियदर्शिनी, डॉ० अरूण कुमार राय, डॉ० मनीष मिश्र का सराहनीय योगदान रहा। डॉ० अजय कुमार, डॉ० रानी सिंह, डॉ० अन्जना द्विवेदी, डॉ० टीना सिंघल, कुश पाण्डेय आदि ने कार्यक्रम में विशेष योगदान प्रदान कर उसे सफल बनाया।



## डॉ० गंगा सहाय पाण्डेय स्मृति व्याख्यान, निबन्ध प्रतियोगिता पुरस्कार वितरण- 2014 एवं धन्वन्तरि जयन्ती समारोह का आयोजन

विश्व आयुर्वेद परिषद द्वारा प्रत्येक वर्ष आयोजित होने वाले डॉ० गंगा सहाय पाण्डेय स्मृति व्याख्यान, अखिल भारतीय निबन्ध प्रतियोगिता पुरस्कार वितरण समारोह-2014 तथा धन्वन्तरि जयन्ती समारोह का आयोजन 21 अक्टूबर 2014 को डायमण्ड होटल में सम्पन्न हुआ। कार्यक्रम के मुख्य अतिथि पद्मश्री प्रो० के०सी० चुनेकर, गुरु, राष्ट्रीय विद्यापीठ, विशिष्ट अतिथि प्रो० जी०एस० यादव, पूर्व कुलसचिव, काशी हिन्दू विश्वविद्यालय तथा अध्यक्ष प्रो० धनन्जय पाण्डेय, पूर्व निदेशक, आई०आई०टी० वाराणसी थे।

प्रो० चुनेकर ने आयुर्वेद के विकास में होने वाले चुनौतियों की चर्चा की तथा उनके लिये विद्यार्थियों को आगे आने की अपील की। प्रो० जे०एस० यादव ने आयुर्वेद के उत्थान के लिए विज्ञान की विधायें यथा फिजीक्स, केमिस्ट्री, बायोटेक्नोलॉजी आदि का उपयोग समय की मांग बताया। प्रो० धनन्जय पाण्डेय ने विज्ञान एवं तकनीकी के माध्यम से आयुर्वेद को जनसामान्य तक पहुँचाने पर बल दिया। विषय स्थापना एवं परिषद की गतिविधियों की जानकारी डॉ० के०के० द्विवेदी, आयोजन अध्यक्ष ने दी। डॉ० अश्विनी गुप्ता, सचिव, वि०आ०प०, वाराणसी ने डॉ० गंगा सहाय पाण्डेय की जीवनी पर प्रकाश डाला तथा डॉ० हरिओम पाण्डेय ने मंगलाचरण, धन्वन्तरि पूजन का कार्य सम्पन्न कराया।

इस अवसर पर डॉ० गंगा सहाय पाण्डेय की स्मृति में अखिल भारतीय आयुर्वेद स्नातक छात्रों के लिए आयोजित निबन्ध प्रतियोगिताओं के विजेताओं को सम्मानित एवं पुरस्कृत किया गया। प्रथम पुरस्कार स्वरूप स्वर्ण पदक रू० 15,000.00 का नकद पुरस्कार कुमारी शिल्पा दिलीप तेली, आर० ए० पोद्दार आयुर्वेद कालेज, मुम्बई को दिया गया। द्वितीय पुरस्कार स्वरूप रजत पदक एवं रू० 11000.00 कुमारी अनामिका, कर्नाटकी उतरांचल आयुर्वेदिक कालेज, मुम्बई को तथा तृतीय पुरस्कार स्वरूप ताम्र पदक एवं रू० 7500.00 श्री कपिल देव सिहाग, श्री कंकनबाड़ी आयुर्वेद महाविद्यालय, बेलगाम को प्रदान किया गया।

कार्यक्रम का संचालन डॉ० रमेश कुमार गुप्त, आयोजन सचिव ने किया तथा धन्यवाद ज्ञापन डॉ० राकेश मोहन ने किया। निबन्ध प्रतियोगिता के मूल्यांकन कार्य को सम्पादित करने के लिये डॉ० रानी सिंह, डॉ० राजेन्द्र प्रसाद एवं डॉ० विरेन्द्र कुमार को विशिष्ट स्मृति चिन्ह एवं प्रमाण पत्र प्रदान किया गया। कार्यक्रम के मंचस्थ सुधिजनों को स्मृति चिन्ह एवं अंगवस्त्र प्रदान कर उनका अभिवादन किया गया। डॉ० अजय पाण्डेय, डॉ० राकेश वर्मा (दिल्ली), डॉ० विजय लक्ष्मी, डॉ० सुभाष श्रीवास्तव, वैद्य उमेश दत्त पाठक, डॉ० अजय सिंह (पटना) डॉ० अखिलेश पाण्डेय, उत्तरांचल, वैद्य ध्रुव कुमार अग्रहरी, डॉ० निरंजन, डॉ० विनय कुमार राय, डॉ० मनीष मिश्र आदि तथा शहर के गणमान्य चिकित्सक एवं नागरिकों की गरिमामयी उपस्थिति रही। श्री अक्षय पाण्डेय के संयोजन में पूरा कार्यक्रम सम्पन्न हुआ।

### मध्य प्रदेश में धन्वन्तरि जयन्ती

मध्य प्रदेश के कई जिला इकाईयों में धन्वन्तरि जयन्ती धूमधाम से मनायी गयी। शासकीय आयुर्वेद महाविद्यालय उज्जैन के ज्योतिष आयुर्वेद संगोष्ठी का आयोजन हुआ। जिसके मुख्य अतिथि श्री श्री रंगनाथाचार्य जी, पीठाधीश्वर, रामानुजकोट थे। मुख्य वक्ता डॉ० कविता मेहता एवं डॉ० एस०पी० चौबे थे। मुख्य अतिथि ने ज्योतिष एवं आयुर्वेद के समन्वय पर बल दिया, जिससे मरीजों को दैवव्याश्रम चिकित्सा का लाभ मिल सके। डॉ० राम तीर्थ शर्मा के संयोजकत्व में इस कार्यक्रम में प्रधानाचार्य, शिक्षक, दन्त चिकित्सक एवं अन्य गणमान्य नागरिक उपस्थित थे। इसके अलावा जबलपुर, भोपाल आदि महानगरों में भी धन्वन्तरि जयन्ती धूम-धाम से मनायी गयी।