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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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सम्पादकीय

आयुष चिकित्सा के क्षेत्र में कौशल विकास की आवश्यकता यह विषय पिछले दिनों विश्व आयुर्वेद परिषद के दो दिवसीय राष्ट्रीय संगोष्ठी का मूल रहा। पूरे दो दिवस इस पर गम्भीर चिन्तन एवं मनन हुआ। संगोष्ठी के मूल एवं उप विषय पर चर्चायें हुईं। अपनी कमी को स्वीकार कर लेना एक अहम मुद्दा है। सम्भवतः इसके पश्चात् ही आगे का सोपान स्पष्ट होगा। इसी कड़ी में कमजोर पक्ष को उजागर किया गया तथा आगे की रणनीति तय की गयी। सर्व सम्मति से जिन विषयों पर निर्णय लिया गया, उनमें उत्तम प्रबन्धन की व्यवस्था करना, व्यक्तिगत प्रदर्शन को परिमार्जित करना, संसाधनों का भरपूर प्रयोग, नवीन तकनीक के साथ चलना, छवि संकट से उबरने के उपाय, नये प्रयोगों का महत्व, अध्यापन की गुणवत्ता में सुधार, कार्य संस्कृति परिवर्धन की आवश्यकता आदि प्रमुख थे। शिक्षक, चिकित्सक, छात्र, चिकित्सा व्यवसायी एवं जन प्रतिनिधि सभी की संगोष्ठी में सक्रिय सहभागिता को एक शुभ संकेत माना जा सकता है। आयुष के सभी प्रमुख घटक यथा होम्योपैथी, सोवारिग्पा, योग, प्राकृतिक चिकित्सा के साथ आयुर्वेद— एक अभिनव पहल माना जा सकता है। सभी क्षेत्रों के विशेषज्ञों का स्पष्ट मानना कि हमारे समक्ष चुनौतियाँ लगभग समान हैं तथा सभी को समन्वित रूप से कार्य करने की आवश्यकता है, एक नयी सकारात्मक सोच एवं उर्जा का द्योतक है।

सभी ने कौशल विकास की जरूरत पर जोर दिया। बिना उसके सर्वाङ्गीण विकास सम्भव नहीं है। परिवर्तनशील समाज में समय के साथ चलना आवश्यक है, वरना हम प्रगति में पीछे होते जायेंगे। आतुरों को उत्तम स्वास्थ्य उपलब्ध कराना, नवीन शोधों के प्रयास और उनको आत्मसात करना, मूल सिद्धान्तों से समझौता न करना, उत्तम गुणवत्तापरक, सस्ती एवं सहज औषधियों की उपलब्धता सुनिश्चित करना, शिक्षण संस्थानों की गुणवत्ता वृद्धि के उपाय, शिक्षकों में नैदानिक एवं सम्प्रेषण कौशल के विकास की आवश्यकता, औषधि द्रव्यों का संरक्षण एवं सम्बर्धन आदि ऐसे क्षेत्र हैं, जहाँ प्रशिक्षण एवं परिवर्तन की सम्भावनायें हैं। प्रकृति साम्य चिकित्सा केवल आयुर्वेद ही प्रदान करता है। आज जब वैयक्तिक/व्यक्तिगत चिकित्सा व्यवस्था की चर्चा चिकित्सा जगत में हो रही है, तब आयुर्वेद के मूल पक्ष जहाँ प्रकृति, विकृति, सार, संहनन आदि के आधार पर मरीजों का निदान करने की बात की गयी है, का पुनर्स्मरण होता है, जो प्रायशः आयुर्वेद चिकित्सकों द्वारा नहीं की जाती। सरल, सस्ती आयुर्वेदीय नैदानिक पद्धति को पुनः छात्रों में प्रचलित करने की जरूरत है, जिससे आजकल के महंगे नैदानिक परीक्षण से बचा जा सके। नैतिक मूल्यों का ह्रास चिकित्सा जगत में निरन्तर परिलक्षित हो रहा है। विश्वास एवं समर्पण के बिना कोई भी चिकित्सा पद्धति ग्राह्य नहीं हो सकती। रोगी को चिकित्सक में तथा चिकित्सक को अपनी चिकित्सा पद्धति में पूर्ण भरोसा होना चाहिए तभी पद्धति का विकास हो सकेगा। आयुर्वेद आध्यात्मिक पक्ष का भी चिन्तन करता है, जो किसी आधुनिक चिकित्सा पद्धति में दूर-दूर तक नहीं है। चिकित्सा शिक्षकों का व्यवहारिक ज्ञान छात्रों में पूर्ण रूप से स्थानान्तरित नहीं हो पा रहा है। इसके लिये सृजनशीलता, विश्लेषण, प्रासंगिकता, मूल्यांकन, क्रियाशील ज्ञान, नवीन तकनीकों का उपयोग आदि सूक्ष्म पक्ष को मजबूत करने के प्रयास आवश्यक हैं। केवल ज्ञान का स्थानान्तरण, छात्रों के भविष्य एवं चिकित्सा पद्धति का विकास नहीं कर सकता।

हर चिकित्सा पद्धति की अपनी सीमा रेखा है, ऐसा मानते हुए अपनी सीमा के विस्तार एवं सम्बर्धन को ध्यान में रखते हुए प्रयास करना श्रेयकर होगा। केवल अपने कार्य को मनोयोग से करना, कई प्रश्नों के हल हो सकते हैं। प्रबल इच्छाशक्ति के बिना यह कार्य सम्भव नहीं है और यह शिक्षकों के द्वारा स्वयं में महसूस करना, तत्पश्चात् छात्रों के मस्तिष्क को उद्देलित करने से ही सम्भव है। विषय ज्ञान के साथ-साथ पर्यावरणीय, सामाजिक एवं आधुनिक ज्ञान को होना भी आवश्यक है, क्योंकि समसामयिक ज्ञान की जानकारी के बिना पूर्ण चिकित्सक की अर्हता पूरी नहीं हो सकती है। समय-समय पर पुनश्चर्चा कार्यक्रमों का उद्देश्य भी यही है।

हर क्षेत्र में कौशल विकास आज समय की मांग है। केवल डिग्री हासिल करना चिकित्सा शास्त्र का उद्देश्य नहीं है, व्यक्ति के प्रत्येक मानवीय पक्ष को समझना एवं उसके अनुरूप व्यवहार करना आवश्यक है। चिकित्सा व्यवसाय नहीं, अपितु जीवन विज्ञान है, जहाँ सिद्धान्त के साथ-साथ व्यावहारिक पक्ष का ज्ञान अति आवश्यक है। इस सन्दर्भ में प्रधानमंत्री जी का सूत्र वाक्य “समाज के सभी व्यावसायिक वर्गों के लिए कौशल विकास” एक दिशा निर्देश का कार्य करता है। ‘स्वस्थ भारत—समर्थ भारत’ की कल्पना तभी साकार होगी, जब भारतवर्ष की प्राचीनतम चिकित्सा पद्धति के प्रत्येक अनुरागी समर्पण, सेवाभाव एवं कठिन परिश्रम से इसमें लगेगें तथा जन-सामान्य तक अपनी बात पहुँचायेगें तभी आयुर्वेद चिकित्सा का विश्व में पुनर्स्थापन होगा।

— सम्पादक



OBSERVATIONAL STUDY ON EFFECT OF YOGASANAS ON HEALTH, WELLNESS & QUALITY OF LIFE IN AYURVEDIC STUDENTS

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ABSTRACT:

Practicing Yogasanas on regular basis is known to promote positive health, The present observational study was carried out on fifty Ayurved students of IInd year professional course at G. J. Patel Institute of Ayurveda Studies & Research center, New Vallabh Vidhyanagar, Anand, Gujarat. They were divided into two groups viz. group A and group B. Group A students practiced Yogasana for 4 weeks and Group B was control group without any advise. Health, wellness and quality of life questionnaire was implied to study the overall effect of Yogasanas. The data reveals positive results in group A in physical and mental health as well as overall quality of life in terms of life enjoyment and stress endurance. This study provides an insight towards inclusion of regular follow up of Yoga procedures by the Ayurveda students in order to achieve complete health.

Key words: Yogasana, quality of life, wellness.

INTRODUCTION:

A healthy long life is the cherished wish of human since time immemorial and considered essential to achieve the four principal pursuits of life namely Dharma (virtue), Artha (wealth), Kama (desire), Moksha (emanation). For preserving health in all its dimensions, Ayurveda has prescribed comprehensive methods of positive health like Sadvritta (moral code), Achara Rasayana (behavioral

code), Dinacharya (daily regimen) , Ritucharya (seasonal regimen),yoga.....etc.¹

WHO defines Health as a state of complete Physical, Mental, Spiritual and social wellbeing and not merely an absence of disease or infirmity"² This can be achieved by integration of Ayurveda with Yoga procedures for achieving maximum quality of life and peak level of performance. Yoga -the union and proper co-ordination between the mind, body and spirit, plays great role in maintaining multi dimensional balance in health aspects. It involves the practice of physical postures and poses i.e. 'Asana'. Modern busy lifestyle puts a lot of stress, leading to many life style disorders like Obesity, Hypertension, Dyslipidemia, Diabetes etc. Yoga is the answer to all these problems. It offers harmless solutions to these problems in the form of relaxation.

Studies in the field of medicine suggest that Yoga is the only form of physical activity that provides complete exercise to the body as it incorporates different aspects of science, philosophy and art. It is one of the most effective and integrated systems for gaining control and experiencing supreme joy in life.

It helps one to achieve optimum physical and psychological health. It is a system of physical, mental and spiritual techniques and is a practical, lively approach to life. It is the master key to open the realms of everlasting bliss and deep-residing peace.

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Ayurveda, the holistic science, emphasizes on physical, psychological and spiritual health. Yoga can be helpful in attaining all these objectives. Therefore, it is necessary for a student of Ayurveda to follow these and experience the effects in their own overall well being. In the present study, an attempt has been made to analyze the effects of Yoga in Ayurvedic students.

MATERIALS AND METHOD-

Fifty 2nd year Ayurvedic students of G. J. Patel Ayurvedic studies and Research, new vallabha vidhya nager, Anand, Gujarat were randomly selected for the present study. All the students were divided into two groups viz. group A (n-25) and group B (n- 25). Group A practiced yogic Asanas and group B was served as control group without any advice of yogasana.

Initially questionnaire of health, wellness and quality of life³ was applied to all the subjects of both the groups and there after specific yogic treatment

was given to group A for 4 weeks and finally the subjects were tested on criteria measure. The data was analyzed on the basis of 't' test to find out the effect of the treatment.

The following asanas were practiced by Group A

Suryanamaskara, Padmasana, Vajrasana, Suptavajrasana, Salabhasana, Sashankasana, Gomukhasana, Ardhmatsyendrasana, Paschimottasana, Bhadrasana, Yogamudra, Pavanmuktasana, Matsyasana, Halasana, Shavasana, Makarasana, Padahastana, Ardachakrasana, Ardhakatichakrasana, Trikonasana, Dhanurasana & Chakrasana were followed by the group A students. The subjects practiced Shavasana and Makarasana as a means of relaxation for 2 minutes after warmup, Suryanamaskara, asanas in standing position, seating position, prone position and supine position.

OBSERVATIONS AND RESULTS:

The observation and results of Yoga practices are shown in tables 1 to 6 as below.

Table 1: Effect of Yogic practices on physical state:

Complaints	Yoga Group-A [n= 25]					Control Group B [n= 25]				
	BT	AT	%of imp.	Mean	t&p	BT	AT	%of imp.	Mean	t&p
Presence of physical pain (neck/back ache, arms/legs, etc.).	1.53	1.35	11.54	1.51	0.12	1.82	1.70	6.45	0.11	0
Feeling of tension or stiffness or lack of flexibility in your spine.	1.47	1.17	20	0.87	0.34	1.76	1.76	0	0	0
Incidence of fatigue or low energy.	1.94	1.47	24.24	0.91	0.52	1.94	1.94	0	0	0
Incidence of colds and flu.	1.18	1.25	-5.26	0.00	0	2.05	2.05	0	0	0
Incidence of headaches (of any kind).	2.13	1.47	30.56	0.98	0.66	2.05	1.94	5.71	0.11	0
Incidence of nausea or constipation.	2.41	1.59	34.15	1.11	0.74	2.05	2.05	0	0	0
Incidence of menstrual discomfort.	1.059	1.18	-11.11	0.00	0	1.75	1.75	0	0	0
Incidence of allergies or skin rashes.	1.06	1.12	-5.56	0.00	0	1.64	1.64	0	0	0
Incidence of dizziness or light-headedness.	1.18	1.18	0	0.00	0	1.76	1.70	3.33	0.05	0
Incidence of accidents or near accidents or falling or tripping.	1	0.94	5.88	1	0.06	1.4	1.4	0	0	0



Table 2: Effect of Yogic practices on Mental/Emotional State:

Complaints	Yoga Group [n= 25]					Control Group[n= 25]				
	BT	AT	% of imp.	Mean	t & p	BT	AT	% of imp.	Mean	t & p
1. If pain is present, how distressed are you about it?	2.41	1.64	31.70	0.5	1.53	1.5	1.5	0	0	0
2. Presence of negative or critical feelings about yourself.	2.88	2.12	26.53	0.5	1.53	1.88	1.82	3.12	0.05	0
3. Experience of moodiness or temper or angry outbursts.	2.59	1.94	25	0.75	0.86	1.94	1.94	0	0	0
4. Experience of depression or lack of interest.	2.59	1.41	45.45	0.49	2.42	2.41	2.41	0	0	0
5. Being overly worried about small things.	2.53	1.76	30.23	0.95	0.81	2.17	2.17	0	0	0
6. Difficulty in thinking or concentrating or indecisiveness.	2.59	2.12	18.18	1.37	0.34	2.11	2.05	2.77	0.05	0
7. Experience of vague fears or anxiety.	1.88	1.41	25	0.75	0.63	1.82	1.82	0	0	0
8. Being fidgety or restless; difficulty in sitting still.	1.47	1.29	12	0.93	0.18	1.52	1.47	3.84	0.05	0
9. Difficulty in falling or staying asleep.	1.47	1.29	12	1.26	0.14	2.05	2.05	0	0	0
10. Experience of recurring thoughts or dreams.	1.53	1.23	19.23	1.08	0.27	1.94	1.88	3.03	0.05	0



Table 3: Effect of Yogic practices on Stress evaluation:

Complaints	Yoga Group [n= 25]					Control Group[n= 25]				
	BT	AT	% of imp.	Mean	t & p	BT	AT	% of imp.	Mean	t & p
1. Family.	1.94	1.82	6.06	0.97	0.12	1.58	1.52	3.70	0.05	0
2. Significant Relationship.	0	0	6.06	0.00	0	1.25	1.25	0	0	0
3. Health.	1.24	1.18	4.76	1.77	0.03	1.87	1.87	0	0	0
4. Finances.	1.24	1.18	4.76	1.77	0.03	1.12	1.0	11.11	0.05	0
5. Sex Life.	-----	-----	-----	-----	-----			0	0	0
6. Work.	2.29	1.59	30.77	0.92	0.76	2.06	2.0	3.03	0.05	0
7. School	-----	-----	-----	-----	-----			0	0	0
8. General well-being.	1.18	1.24	-5	0	0	2.11	2.11	0	0	0
9. Emotional well-being.	2.35	1.59	32.5	0.76	1.00	2.35	2.35	0	0	0
10. Coping with daily problems.	1.59	1.18	25.93	0.96	0.42	2.11	2.05	2.77	0.05	0



Table 4: Effect of Yogic practices on Life Enjoyment:

Complaints	Yoga Group [n= 25]					Control Group[n= 25]				
	BT	AT	% of imp.	Mean	t & p	BT	AT	% of imp.	Mean	t & p
1. Openness to guidance to your "inner voice/feelings	2.59	2.70	- 4.54	0	0	2.88	2.82	2.04	0.05	0
2. Experience of relaxation or ease or well-being	2.71	3.53	- 30.43	0	0	2.94	2.94	0	0	0
3. Presence of positive feelings about yourself	3.06	3.82	-25	0	0	3.64	3.64	0	0	0
4. Interest in maintaining a healthy lifestyle (e.g., diet, fitness, etc)	3.35	4.18	- 24.56	0	0	3.29	3.17	3.57	0.11	0
5. Feeling of being open and aware/connected when relating to others	2.31	3.06	- 32.43	0	0	2.64	2.64	0	0	0
6. Level of confidence in your ability to deal with adversity	3	3.62	- 20.83	0	0	3.1	3.1	0	0	0
7. Level of compassion for, and acceptance of, others	3.05	3.82	-25	0	0	2.81	2.68	4.44	0.11	0
8. Satisfaction with the level of recreation in your life	3.23	4.12	- 27.27	0	0	3.23	3.23	0	0	0
9. Incidence of feelings of joy or happiness	3.75	4.125	-10	0	0	2.93	2.80	4.54	0.11	0
10. Level of satisfaction with your sex life				0	0	-	-	0	0	0
11. Time devoted to things you enjoy	3	3.87	- 29.16	0	0	2.56	2.56	0	0	0



Table 5: Effect of Yogic practices on overall QOL:

Complaints	Yoga Group [n= 25]					Control Group[n= 25]				
	BT	AT	% of imp.	Mean	t & p	BT	AT	% of imp.	Mean	t & p
1. Your personal life.	4.75	5.5	-15.79	0	0	4.31	4.25	1.44	0.05	0
2. Your wife/husband or "significant other	-	-	-	-	0	-	-	0	0	0
3. Your romantic life.	-	-	-	-	0	-	-	0	0	0
4. Your job.	-	-	-	-	0	-	-	0	0	0
5. Your co-workers.	3.8	4.33	-14.03	0	0	4.41	4.35	1.33	0.05	0
6. The actual work you do.	4.68	5	-6.66	0	0	4.82	4.82	0	0	0
7. The handling of problems in your life.	4.47	5	-11.84	0	0	4.70	4.58	2.5	0.11	0
8. What you are actually accomplishing in your life.	4.82	5.23	-8.53	0	0	4.64	4.64	0	0	0
9. Your physical appearance - the way you look to others.	4.52	4.88	-7.79	0	0	4.70	4.70	0	0	0
10. Your self	5.17	5.58	-7.95	0	0	4.94	4.88	1.19	0.05	0
11. Your ability to adjust to change in your life.	4.41	5.05	-14.66	0	0	5.35	5.35	0	0	0
12. Your life as a whole.	4.23	4.58	-8.33	0	0	4.88	4.82	1.20	0.05	0
13. Over all contentment with your life.	4.29	4.58	-6.84	0	0	4.82	4.82	0	0	0
14. The extent to which your life has been as you want it.	3.82	4.82	-26.15	0	0	4.52	4.52	0	0	0



DISCUSSION:

In physical state, incidence of fatigue or low energy was reduced by 24.24 %, incidence of headaches (of any kind) was reduced by 30.56%, while Incidence of nausea or constipation was decreased by 34.15 %. It shows the effect of therapy in improving neuro-muscular co-ordination as well as functioning of gastro intestinal tract.

On mental/emotional state, experience of depression or lack of interest was reduced by 45.45%, presence of negative or critical feelings about self was declined by 26.53%, and being overly worried about small things was diminished by 30.23%. Whereas experience of moodiness or temper or angry outbursts and experience of vague fears or anxiety reduced by 25%. This is important for psychological well being, which is necessary for good academic performance.

On stress evaluation, observation shows that percentage of improvement in emotional well-being, work and coping with daily problems was 32.5%, 30.77% and 25.93 % respectively. The stress perspective is improved indicating that internal defense mechanism of the individual is able to adopt with external adverse conditions in a positive way.

In life enjoyment, incidence of feeling of being open and aware/connected when relating to others was improved by 32.43%. Experience of relaxation or ease or well-being was enhanced by 30.43% and time devoted to enjoyable things was increased by 29.16%. Satisfaction with the level of recreation in life was increased by 27.27%. Presence of positive feelings and level of compassion and acceptance of others were improved by 25%.

On overall quality of life, prevalence of the extent to which life has been as person wants was improved by 26.15%. All of the above observations show good improvement in subjective parameters of quality of life and well being.

Quality of life of a person depends upon his overall physical strength and psychological endurance. The balance between the physical, psychological and spiritual functioning aspects is necessary for good well being. Yoga can provide these perspectives leading to overall improvement.

CONCLUSION:

From the above mentioned observations, it can be concluded that following Yoga procedures can improve quality of life of Ayurvedic students. Some changes were also observed in control group due to natural variations. Though this observational study is carried out in small number of students and for a short duration, it tends to give positive results beneficial for student's academic as well as curricular performance. Moreover overall physical and psychological strength can be achieved through this follow up.

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"KRIYAKALPA" - A BROAD WAY TO TREAT EYE DISEASES

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ABSTRACT

Among the many contributions of Ayurveda in drug delivery system- "kriyakalpa," has a very superior position as it is tissue targeted, fast acting, simple but innovative method of drug administration to various parts of eyes including the posterior segment, the optic centre, visual pathway also. Today current methods of drug delivery exhibit specific problems that scientists are attempting to address. For example, many drugs' potencies and therapeutic effects are limited or otherwise reduced because of the partial degradation that occurs before they reach a desired target in the body. If orally administered time-release medications deliver treatment continuously, rather than providing relief of symptoms and protection from adverse events solely when necessary. Present conventional system of medicine has topical and systemic administration of drugs to the eye which are highly inefficient and there is a need for controlled, sustained release, particularly for conditions that affect the posterior segment. Various non implantable and implantable drug delivery devices have been developed which are far from satisfactory and result in more adverse effects which is driving scientists to research more and more into safe, effective drug delivery methods for all parts of the eyes. Ancient seers have designed many unique routes of drug administration and also varied formulations to suit the anatomy, physiology and pathological status of all parts of the body and

more importance is given to design eye medicaments. The eye being a very vital and sensitive part was of main focus while designing kriyakalpas - which include -seka and aschyotana (continuous pouring or instilling drops) application of super refined nano particle sized paste on eye lid or eye lid margin so on speak volumes about the ingenuity of this system of medicine. Tarpana, putapaka are usually lipid based medicaments to enable easy, faster and far penetrating effect into the posterior segment of eyes. These kriyakalpas are not sophisticated drug delivery systems, but are deployed in novel methods to keep medications intact to specifically targeted parts of the eye through a medium that can control the therapy's administration and achieve marvelous results. Different types of Kriyakalpa, their indications and probable mode of action will be discussed in present review article.

Keywords: Kriyakalpa, Ocular pharmacology, drug administration, eyes.

INTRODUCTION

In wake of current resurgence of alternative medicines in a global scenario, Ayurveda has also sought its successful expansion to many countries including Europe and US¹. Despite of its potential to be disseminated as a healthcare system which is economical, eco-friendly and is derived from the natural sources utilizing the locally available resources, is lagging behind to other contemporary system of medicine. The reasons identified for this

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state of condition are mainly poor quality of drugs and lack of well defined code of practice relevant to the contemporary system². Lack of standardization is considered as the biggest pitfall in the growth and dissemination of Ayurveda³. Standardization of Ayurvedic drugs is taken up on priority basis these days. WHO has framed a code of Drug Manufacturing Practice in Ayurveda⁴. But, apart from herbs, minerals and herbo-mineral compositions, Ayurveda also utilizes certain physico-biological procedures (physical procedures having their instant or remote biological effects) as a measure to eliminate diseases⁵. We should make efforts to protect the eyes, throughout our life; for the man who is blind this world is useless, the day and night are same even though he may have wealth⁶ "Sarvendriyanam Nayanam Pradhanam" i.e. eyes hold special status among all the sense organs. Eyes are the most precious gift of the God to the living beings. Good vision is crucial for social and intellectual development of a person. Ayurveda the fountain head of Indian medicine was conceived as a science and preached in the country some thousands of years ago, long before the other countries could dream of systematizing the concept of remedies for human ailments. Shalakyatantra is one among eight specialties of Ashtanga Ayurveda, which deals with the diseases occurring above the clavicle. So it mainly deals with the sense organs; diseases affecting them and their management. Acharya Nimi is considered as the expounder of this branch of Ayurveda. His view point on the subject of Shalakyatantra is presented in first 26 chapters in Uttar Tantra of Sushruta Samhita wherein 19 chapters hold the Anatomy, Classification, Pathophysiology of diseases and their treatment, which reflects the importance of ophthalmology since ancient time. Eye is perhaps the only organ in the body whose anatomy, diseases

and their treatment are detailed vividly and systematically in Ayurvedic literature.

NETRA KRIYAKALPA- Kriyakalpa is the main therapeutic process for ophthalmology in Shalakyatantra, as the Panchkarma is the bases of Kayachikitsa. The word Kriyakalpa built from two words: Kriya and Kalpa. Kriya means therapeutic procedures for chikitsa used to cure the disease and Kalpa means practicable, possible, manner of acting, a prescribed rule. So Kriyakalpa means specific formulation used for therapy in Ayurvedic Ophthalmology. It includes selection of specific procedure, preparation of special drug form and finally its proper application to the eyes. Acharya Susruta mentions Tarpan, Putapaka, Seka, Aschyotanam and Anjanam under the heading of Kriyakalpa⁷. Acharya Vaghbata and Sarangdhara add Pindi and Vidalaka in them. Acharya Charaka had also told about Vidalaka.

INDICATIONS OF KRIYAKALP- In Ayurvedic classics, different types of indications are given for different Kriyakalpas. These are as follows-

TARPANA- Tarpana is indicated especially in Vata-Pita dominating personalities suffering from eye disease.⁸ The word 'Tarpana' is derived from the root 'Trup' by adding the 'Lyut' Pratyaya. The literary meaning of the Tarpana is to give nourishment to the eye through Ghrita, Ghrita Manda, medicated Ghrita, Vasa, Majja, (bone marrow), milk etc. Indication for Tarpana Karma⁹:

- ♦ When a patient sees darkness / blackouts in front of eyes
- ♦ In severe dryness of the eyes
- ♦ Much roughness of the eyes
- ♦ Stiffness of the eyelids
- ♦ Falling of eye lashes / Madrosis



- ♦ Dirtiness of the eyes / Altered or lost lusture of ocular surface
- ♦ Deviated eye ball / Squint
- ♦ In extreme aggravation of the eye diseases

Vagbhatta has further added a list of diseases specifically in the indications of Akshi - Tarpana

- Kricchronmeelana
- Siraharsha
- Sirotapata
- Arjuna
- Shukra
- Timira
- Abhishyanda
- Adhimantha
- Anyatovata
- Vataparyaya
- Vatika and Paitika diseases of eyes
- Injured eyes due to Abhighata.
- ♦ Ghrita prepared from Kwatha of Kashmarya, Madhuk, Kumuda, Utpala, Urupaga, Kushtha, Brihati, Tamala, Mamsi, Sariva, Prapaundarika, Darbhamula, and Kasheru in milk. This Ghrita can be used¹².
- ♦ By using Aja Yakrita, Agar, Priyangu, Nalada, and Devadaru prepare Ksheerapaka. Navaneeta from the curd obtained from this Ksheerapaka is used for Tarpana¹³.

Probable Mode of Action of Akshi - Tarpana:

Ghrita is supreme in Jangama Sneha and is Balavardhaka, Ojovardhaka, Vayasthapana, Agni Deepana and Dhatuposhaka. By virtue of its Sanskaranuvaratana property, it attains the properties of ingredients without losing its own. Acharya

Charaka in Sutrasthana Snehadhyaya explained that, "SNEHOANILAM HANTI" which means that Snehana is the supreme treatment for Vata Dosha. He mentioned Akshi - Tarpana as one of the 24 Snehapravicharana in Sutrasthana 13th chapter. According to Charaka, Ghrita is effective in subsiding Pittaja and Vataja disorders; it improves Dhatus and is overall booster for improving Ojas¹⁴.

PUTAPAKA- It is indicated when eye get fatigued after the Tarpana, i.e. for rejuvenation of eyes¹⁵. Putapaka is used to give energy to the eyes to overcome from fatigued stage. Putapaka yogas are-

- ♦ Putapaka prepared from Nimba Patra and Lodhra with Jala¹⁶.
- ♦ Juice of cooked Aja Yakrita, camel, pig with Pippali, Saindhava, Madhu and Ghrita prepared as Putapaka method. This Ghrita can be used for Tarpana¹⁷.

SEKA- Indicated in severe eye affections¹⁸ i.e. in acute condition of eye diseases. Seka Yogas are:

- ♦ Seka can be done with Putapaka Rasa prepared by Pathya, Aksha, Amalaki, bark of Khakhasa¹⁹.
- ♦ Seka can be done with Aja Ksheera with added Saindhava Lavana²⁰.
- ♦ Kwatha prepared by Aanoopa Jalamamsa²¹.
- ♦ Kwatha prepared by Vata mitigating drugs can also be used²².
- ♦ Seka can be done with Vasa, Taila, Ghrita and Majja²³.
- ♦ Seka can be done with Kantakari Kwatha and Madhu²⁴.
- ♦ Shigru Patra Swarasa and Madhu can be used for Seka²⁵.
- ♦ Seka can be done with milk mixed with Saindhava²⁶.
- ♦ Seka can be done with Daruharidra Kwatha with added Saindhava²⁷.



- ♦ Kwatha prepared by Moola and Twak of Eranda in Aja Ksheera²⁸.
- ♦ Kwatha prepared by Kantakari Moola in Aja Ksheera²⁹.

ASCHYOTANA- All Acharyas have given due importance while Acharya Vagbhatta quoted it as an Aadya Upakrama - foremost procedure in treatment of all the eye diseases³⁰. It is safe as well as most economical procedure. It eliminates the Doshas from all parts of eyes effectively. Ashchytana Yogas are:

- ♦ Kwatha prepared by Milk and Aushadha Dravyas like Saindhava Lavana, Udichya, Yastyhva, Pippali can be used³¹.
- ♦ Kwatha prepared by Aushadha Dravyas like Tagar, Hribera, Vakra, Manjishtha and bark of Udumbara in Aja Ksheera and water can be used³².
- ♦ Kwath prepared by Bilvadi Panchamool, Eranda, Bhrihati, Tarkari and Madhushigru can be used³³.
- ♦ Putapaka Rasa prepared by Lodhra bark, it can be used³⁴.
- ♦ Triphala Kwatha, plain Ghrita and Breast milk also can be used³⁵.
- ♦ Amalaki Swarasa can be used³⁶.
- ♦ Shigru Patra Swarasa can be used with honey and Saindhava Lavana³⁷.
- ♦ Rasanjan can be used³⁸.
- ♦ Juice of Fresh leaves of Karavira³⁹.
- ♦ Kwatha of leaf, root and bark of Eranda in Aja Ksheera⁴⁰.
- ♦ Kwatha prepared in Aja Ksheera with Root of Kantakari can be used⁴¹.
- ♦ Kwatha prepared from Shaliparni, Prispiparni, Dwi Brihati, Madhuka⁴².
- ♦ Kwatha prepared by Dwi Amsumati, Brihati and Kantakari in Sura, Mudga and Dhanyamala⁴³.

ANJANA:- It is applied when the doshas are located only in the eyes and when the symptoms and signs get started according to the involvement of doshas⁴⁴. It is indicated in Pakwaawastha of eye disorders. It is indicated not only in diseased eye but also in the normal eyes to maintain the visual power properly. It is effective in Lakshanas like Vedana, Ragata, Daha, and Shotha. It has direct action on the ocular tissues especially on conjunctiva, so it is useful in conjunctival disorders. It flushes out debris and unwanted tissue due to its Lekhan property⁴⁵.

Anjana yogas are-

- ♦ Varti prepared in milk by Kasmarya, Madhuka, Kumuda, Utpala, Urupuga, Kustha, Brihati, Tamala, Mamsi, Sariva, Prapaundarika, Darbhamula, and Kaseru⁴⁶.
- ♦ Pathyanjana prepared by Sphatika, Sankhanabhi, Madhuka and Gairikamacerated in sugarcane juice, dried it and makes pills. These pills can be used⁴⁷.
- ♦ Curd kept in silver vessel, after it becomes blue, dry it and prepare pills. These pills can be used⁴⁸.
- ♦ Anjana can be done with Madhuka, Rajani, Pathya, and Devadaru macerated with Aja Ksheera⁴⁹.
- ♦ Anjana can be done with Gutika prepared by Gairika, Saindhava, Krishna and Nagar macerated in water⁵⁰.
- ♦ Anjana can be done by Ghrita, kept in a copper vessel and added with Saindhava⁵¹.
- ♦ Anjana can be done with Vasa of marshy and aquatic animals added with Saindhava⁵².



- ♦ Souviranjana also can be used⁵³.
- ♦ Thin sheets of Naga heated red and immersed in decoction of Triphala and juices Bhringaraja, Shunthi, Ghrita, cow's urine, Madhu, Aja Ksheera can be used⁵⁴.
- ♦ NayanaamrutAnjana - Naga and Suta melt with equal amount of Krishn Anjana + 1/10th part of Karpura can be used⁵⁵.

PINDI:- It is also called Kawalika⁵⁶. Indicated in abhisyandha and oedema, itching and ocular pain.⁵⁷ pindi yogas are-

- ♦ Triphala and Khakhasa Valkala mixed with Ahiphena Dravya can be used⁵⁸.
- ♦ Twak and Moola of Eranda with Ghrita can be used⁵⁹.

VIDALAKA:- It is also indicated in the early stage of disease⁶⁰.

- ♦ Paste of Kustha, Misi, Pippali, Chandana and Utpala can be used⁶¹.
- ♦ Paste of Musta, Agaru and Chandana can be used with Madhu⁶².
- ♦ Paste of Lodhra Twak prepared with 2 parts of Maricha and 1 part of Manahshila, YastiMadhu, Satapushpa and Anjana can be used⁶³.
- ♦ Paste of Saindhava, Agaru, Trijataka, TriKatu, Svarnagairika, Kustha and Tagara can be used⁶⁴.
- ♦ Paste of Chandana, Maricha, Patra, Ela, Suvarnagairika, Tagara, RasAnjana, Lavana and Yastyahva can be used⁶⁵.
- ♦ Paste of Saindhava Lavana, Daru Haridra, Gairika, Kapattya and RasAnjana can be used⁶⁶.

- ♦ Paste of Svarna Gairika, Rakta Chandana, Daru Haridra, and Vacha can be used⁶⁷.
- ♦ Paste of Lodhra and Ghrita can be used⁶⁸.
- ♦ Paste of Amalaki, Lodhra, Ghrita, realgar can be used⁶⁹.
- ♦ Paste of Yasti, Gairika, Saindhava, Darvi, and Tarkshya can be used⁷⁰.
- ♦ Paste of Pathya can be used⁷¹.
- ♦ Paste of Kumari and Chitraka can be used⁷².
- ♦ Paste of Dadima Patra can be used⁷³.
- ♦ Paste of Vacha, Haridra and Nimba can be used⁷⁴.
- ♦ Paste of Lodhra, Saindhava, bees wax and Madhu can be used⁷⁵.

CLINICAL FEATURES OF AAMA AWASTHA OF NETRA- Severe pain, redness, oedema, Foreign body sensation, pricking type pain and watering⁷⁶.

CLINICAL FEATURES OF NIRAANA AWASTHA OF NETRA- Severity of pain, itching, oedema and watering reduces and colour of eye become clear⁷⁷.

All efforts should be made to strengthen the eyes by resorting to Nasya, Anjana, Tarpana etc. for once the vision is lost the different kinds of things of the world will all become of one kind- that of darkness⁷⁹.

CONCLUSION

As in Ayurveda, we are applying ophthalmic therapeutic either in the form of local therapy i.e. Kriyakalpa or in the form of systemic use i.e. oral Chakshushya dravyas. The main aim of any pharmaco therapeutics is the attainment of an effective concentration at the site of action for a sufficient period of time to elicit the response. In practice, therapeutic effect is found in all types of kriyakalpa. It is up to the science to correlate the



KRIYAKALPA	USED FORMULATION	DRUG DELIVERY SYSTEM	REMARK
TARPANA	Simple Go-ghrita or Go-ghrita/oil prepared with medicine.	Used preparation is in aqueous suspension form. So it will cross corneal epithelium barrier easily. ·Due to more tissue contact time, active components of drug will absorb more.	Mainly indicated in diseased conditions of Eyes.
PUTAPAKA	Plant extracts after close chamber(ball wrapped by green leaves and layer of mud) combustion	·Used preparation is in aqueous solution form and active component concentration is high. ·Tissue contact time is very less.	Used after <i>Tarpana</i> to increase <i>drasthibala</i> and in mild eye affections
SEKA	Decoctions of raw drugs	·Used as aqueous extract i.e. in concentrate form, but used on closed eye. · Medicine is absorbed through the skin of lids.	Indicated in severe eye affections.
ASCHYOTANA	Decoctions of raw drugs	·The active principle is aqueous extract. ·Tissue contact time is very less. It get diluted with tears and drained to NLD.	It is used as a first line of treatment in all eye disorders.
ANJANA	Liniment of drugs	·Bioavailability is more due to more tissue contact time.	<i>Anjanas</i> are mainly having <i>lekhana</i> properties which can gradually taper the thickness of the membrane and there by prevent the growth and also reduce the size.
PINDI/KAWLIKA	Poultice of different Medicine	· Medicine is absorbed through the skin of lids. · Due to heat of poultice, local temperature is increases resulting in local vasodilation. So the drainage of toxin occurs from lesion site.	Indicated in <i>abhisyantha</i> and oedema, itching and ocular pain.
VIDALAKA	Medicated paste is applied over the skin of lids.	· Medicine is absorbed through the skin of lids. · Mechanical effect of pressure helps in reducing IOP by vaso-dilation and aqueous drainage.	Indicated in early stages of eye diseases especially for curing burning, watering, swelling and redness of eye ⁷⁸



observations with their scientific explanation. Here in present review article, it is tried to correlate the Ayurvedic ocular therapeutic i.e. kriyakalp on the basis of modern pharmaco- therapeutic. Various drugs can be selected according to the stage and types of the disease and can be used in various Kriyakalp procedures according to need. In the light of above fundamentals of modern pharmacology, all the Ayurvedic ocular therapeutic procedures are relevant as such.

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PHARMACEUTICAL STANDARDIZATION OF SHANKHA BHASMA

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ABSTRACT

Shankha bhasma is one of the bhasma used in conditions like amlapitta, ajeerna, agnimandya, udara shula etc. In the present study, it was prepared in a horizontal muffle furnace and the levigation media used was juice of aloe vera. Three batches of Shankha bhama were prepared and they are subjected to preliminary physico-chemical analysis. The study reveals that there was remarkable reduction in the weight in the first puta while second puta onwards the weight gain and bulk gain was observed. The pH reveals that it is completely alkaline product.

Key words: Conch shell, Horizontal muffle furnace, kanji, Bhasma, Calcium

INTRODUCTION

Ayurveda uses certain marine products for the medicinal preparations and they include shankha, shukti, varatika and pravala, etc. Shankha bhasma is the calcinated product of conch shell. It is indicated in conditions like poor digestive power (agnimandya), indigestion (ajeerna), mal-absorption syndrome (grahani), dyspepsia (amplapitta), duodenal ulcer (parinama shula) and enlargement of liver and spleen (yakrit-pleha vridhhi) and poisoning (visha).¹ Shankha bhasma is indepedently used as a medicine and it is also used as an ingredient in other medicinal preparations like shankha vati, pradarantaka louha, putapakwa vishama jwarantaka louha etc.²

Bhasma are unique Ayurvedic medicinal dosage forms which are prepared by subjecting the drug in a closed chamber in an intense heat. Majority of the rasashastra (Herbo-mineral pharmaceutical science of Ayurveda) drugs are converted into the form of bhasma like gold bhasma, silver bhasma, iron bhasma and diamond bhasma, etc. Before converting a drug into its bhasma, the drug should be passed through a specific procedure to enhance the safety profile called Shodhana (purification). This process helps in removing the unwanted impurities in the drug and also softens drug helping in incineration.

MATERIALS AND METHODS

MATERIALS

Shankha (Conch Shell) was collected from pharmacy of Gujarat Ayurved University, Jamnagar considering the classical guidelines regarding characteristics of acceptable conch shell for medicinal purpose like circular (vritta), unctous (snigdha), with small opening (sukshma mukha), clean (nirmala), indu sundara (beautiful like moon), long bodied (deerga kaya) and heavy (guru).³ For the purpose of purification of conch shell, sour gruel (kanji), swing appartus (dola yantra), heating appartus as LPG cylinder with stove were taken. For the incineration of conch shell, electrical horizontal muffle furnace, earthen crucibles (Sharava), mud (multani mitti) and cotton cloth for sealing of

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crusibles and juice of aloe vera for levigation after the 2nd and 3rd incinerations (puta) were used. Other materials used were hot air oven, measuring jar, hot water, weighing balance and knife. Sour gruel which was already prepared by fermenting the cooked rice for 15 days was taken as media of purification of conch shell.

METHOD

The pharmaceutical study was carried at Dept. of Rasashastra and Bhaishajya Kalapana, and analytical study was carried out at Pharmaceutical chemistry laboratory of IPGT & RA, Gujarat Ayurved University, Jamnagar.

Preparation of Shankha bhasma involved a pre-procedure i.e. Sodhana of conch shell. It was done as per classical prescription⁴ that was based on the principle of boiling in a sour media. Grahya ashodhita Shankha were taken in a mortar (Khalva yantra) and made into small pieces and these pieces were washed with hot water to remove sand and mud if any. The pieces of Shankha were placed in a clean cloth tied into a bundle (Pottali). That Pottali was hanged with the help of iron rod, kept horizontally on the mouth of the vessel so that bundle containing conch shell was immersed well in Kanji with out touching the bottom of vessel. This is called swing apparatus (Dolayantra) and it was kept over mild fire and boiled for 3 h. Sour gruel (Kanji) was added subsequently to maintain the sufficient quantity of shodhana media. After 3 hour Pottali was taken out and allowed to cool. After cooling, Shankha was collected from Pottali and washed with warm water and allowed for complete drying. The conch shells obtained thus were Ayurvedically purified.

Incineration of conch shell was also done as per classical reference⁵ incorporating the advanced technologies. Classically incineration was advised to be done in a pit filled cow dung cakes for certain period of time. With the advent of technology, the

incineration can be made easily possible by using the horizontal muffle furnace. Hence the same technology was used for the preparation. Shodhita Shankha was taken in Sharavas which was covered with 7 layers of mud smeared cloth. It was subjected to heat in an EMF (Electric Muffle Furnace) to the peak temperature of 9000^c and off the furnace. It was allowed for self cool. Fresh aloe vera (Kumari) was collected from the Botanical garden, Gujarat Ayurved University and was washed with tap water. Kumari pulp was collected by scrapping away the outer part of the leaf. After 1st incineration (puta), pieces of Shankha were powdered and were then given with the levigation (bhavana) of aloe vera (Kumari) Swarasa. The quantity and period of levigation was done as per general classical guidelines. After that, the paste like material obtained is made into pallets (Chakrika), and were dried in hot air oven at the temperature of 600C and again subjected to incineration by keeping the pallets in crusible. Proper sealing was done at the junction between two crusibles and adequately dried before keeping in EMF. After reaching to the peak temperature switched off and kept for self cooling. The process was repeated for one more time so as get the properly prepared bhasma. Thus Shankha bhasma were prepared by 3 incinerations (Puta).

In the same method, three batches of conch shell were purified and their bhasma were prepared and labelled as SB1, SB2 and SB3 respectively. In the analytical study, loss on drying, total ash and acid insoluble ash and pH were done as per the standard methods mentioned in Ayurvedic pharmacopeia of India.

RESULTS

The details of shodhana of Shankha are depicted in Table 1 and that of preparation Shankha bhasma in Table No. 2. Organoleptic characteristic of Shankha bhasma is depicted in Table 3 and the details of physicochemical analysis are depicted in Table 4.



Table 1: Details of Shodhana of Shankha

Batch No.	Wt. of Unpurified Shankha (g)	Kanji used (l)	Period of Swedana (h)	Temp. (°C)	Wt. of Purified Shankha (g)	Loss (g)	pH of Kanji before shodhana	pH of Kanji after Shodhana
1	400	4	3	105- 110	388	12	3.4	4.3
2	400	4	3	105 -110	384	16	3.4	4.6
3	400	4	3	105-110	391	9	3.4	4.7
Avg.	400	4	3	105-110	387.67	12.33	3.4	4.53

Table 2: Observations and results obtained during preparation of Shankha Bhasma

Batch	Wt. of Shuddha Shankha taken(g)	Putra No.	Qty. of Kumari Swarasa (ml)	Wt. after Bhavana	Wt. after drying of Chakrikas	Wt. after Marana (g)	Max. Temp. (°C)	Time taken to reach the max. temp. (h:min)
SB 1	350	1	-	-	-	240	900	3 : 20
		2	200	364	312	256	900	3 : 12
		3	200	378	324	265	900	3:21
SB 2	350	1	-	-	-	237	900	3 : 15
		2	200	373	317	249	900	3 : 8
		3	200	360	325	271	900	3: 10
SB 3	350	1	-	-	-	251	900	3 : 16
		2	200	359	318	259	900	3 : 23
		3	200	364	330	280	900	3:23
Avg.	350	1	-	-	-	242.67	900	3 : 17
		2	200	365.33	315.67	257.67	900	3 : 16
		3	200	367.33	326.33	272	900	3 : 18

Table 3: Characteristics of Shankha Bhasma

Batch	Colour	Odour	Taste	Consistency	Rekha poornatva	Varitara
SB 1	White	Odourless	Tasteless	Smooth	Positive	Negative
SB 2	White	Odourless	Tasteless	Smooth	Positive	Negative
SB 3	White	Odourless	Tasteless	Smooth	Positive	Negative



Table 4 : Physico-chemical analysis of three batches of Shankha Bhasma

Batch	Putra No	Parameters and values			
		Loss on drying (%)	Total ash (%)	Acid insoluble ash (%)	pH
SB 1	1	0.49	81.61	0.06	11.2
	3	0.52	87.57	0.18	11
SB 2	1	0.19	87.88	0.13	11.3
	3	1.02	94.72	0.47	10.9
SB 3	1	0.1	84.37	0.06	11.2
	3	0.79	94.07	0.16	10.7
Average	1	0.26	84.62	0.083	11.23
	3	0.78	92.12	0.27	10.87

DISCUSSION

Shankha Bhasma was prepared in the horizontal electric muffle furnace. Though classically two Gaja puta was advised, in the present study after the second Putra complete bhasma siddhi lakshana were not found. Hence an additional puta was given, totally 3 puta were given for the preparation of Shankha Bhasma. In the 3rd puta also Kumari swarasa bhavana was given as in the 2nd puta.

There was 30% reduction in the weight with the first puta. The reason could be burning of organic contents and due to loss of moisture content. In the second puta onwards there was average gain of 4 - 8% in the subsequent puta. The gain could be due to the addition of contents of kumari swarasa as both 2nd and 3rd puta were given bhavana of Kumari swarasa. After swanga sheeta in the 3rd puta, there was bulging in the bulk of chakrikas and the reason could be reaction of calcium carbonate with oxygen and absorption of moisture from atmosphere.

In the analytical study, an average loss on drying of 0.78%, total ash of 92.12%, acid insoluble ash 0.27% and pH of 10.87. It indicates that it contains minimum amount of moisture content and is rich

with inorganic content. However, It is very less insoluble in acid indicating that it can not be digested in the stomach. The pH indicates that it is completely an alkaline substance.

CONCLUSION:

In the preparation of Shankha bhasma, in the first puta, there will be great loss and in second puta onwards there will be weight gain possibly due to absorption of atmospheric oxygen. Shankha bhasma is completely an alkaline substance having the pH more than 10 and is rich with inorganic content.

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CLINICAL UTILITY OF SWAPNA: AN AYURVEDIC PERSPECTIVE

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ABSTRACT:

Ayurveda is the eternal holistic system of medicine. The fundamental principles of Ayurveda, which covers all the domains of life, are relevant irrespective of changes in time period and civilization. But it is unfortunate that many concepts in Ayurveda and other ancient science are unexplored. Swapna (dream) is such an untouched concept. The description of this complex phenomenon is supported by mythology and philosophy making it less palatable in present era. The understanding and analysis of swapna is important not only in the conceptual field but also in the clinical field. Modern system of medicine also accepts the biological importance of dreams and massive researches are being carried out to explore more of this phenomenon.

The great acharyas of Ayurveda like Charaka, Sushruta, Vagbhata, Kashyapa, Bhela, Harita, Sharngdhara and Bhavamisra had explained the concept of swapna with due importance in physiological and clinical view. Acharya Charaka even devoted chapters for the same in Indriyasthanasamhita. The twenty ninth chapter of Sutrasthanasamhita of Sushruta is named after swapna and explains in the prognosis view. These concepts need research, investigation and explanation on the basis of logic and laboratory.

Key words: Ayurveda, Swapna, Clinical utility.

INTRODUCTION:

Ayurveda, the divine knowledge of life, recollected and compiled by Lord Brahma, is eternal. The science then divided into eight branches because of the short life span and intellect of human beings. The eight branches in particular, touch eight domains of life making the system most competent even in the present era. The ultimate aim of Ayurveda is the attainment of dharma, artha, kama and moksha. It is postulated that roga is the obstacle in the achievement of purushartha. Hence, this complete medical science with its characteristic psychosomatic concept, is mainly focused on the elimination of roga.

The earliest reference in Indian classics about dream is available in Rigveda. Atharvaveda organized dreams more conceptually and the concepts of dream in Atharvaveda is very much in synchronization with that of Ayurveda.

When it comes to the Upanishadas there are two perspectives of dream. The first mentions that swapna is merely the expression of inner desires. The second thought postulates the concept of soul leaving the body and being guided until awakened. Descriptions of dreams signifying omens are also elaborately available in Upanishadas. Puranas also analyze dreams on philosophical and medical aspects. All Darshanas excluding Charvakadarshana describe swapna.

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The most important Ayurveda classics Brihatrayi, i.e, Charaka samhita, mentioned swapna as purvarupa, rupa and arishta lakshnas are also available in each treatise. Sushrutasamhita and Ashtangasamgraha along with Ashtangahridaya explained swapna.

Concept of Swapna:

Swapna is the mechanism in which all the four components of ayu, i.e., atma, manas, sarira and indriya equally contribute.

Role of atma in swapna:

According to Ayurveda swapna is an attribute of atma. Charakacharya includes desantaragati in swapna as one of the lakshanas of atma. Acharya states that atma is an entity which is responsible for ahamkara, phala, karma, desantaragati and smriti. Swapna is also a type of smriti(bhavitasmriti). Hence atma can be termed to be responsible for creation of swapna.

Role of manas in swapna:

Atma is kriyasila while manas is the kriyasilatatva in the perception of knowledge. Manas is the initiator of swapna, which in turn is inspired by other indriyas for the process of initiation. The specific srotas involved in the genesis of swapna is manovahasrotas.

Role of indriya in swapna:

Charakacharya explains the genesis of swapna when manas has got inspired by other indriyas. But according to acharya vagbhata, indriyas do not have any specific function in the dream process, since manas has withdrawn itself from the indriyas. But the cognition of knowledge, in the wakening state, giving rise to memory, which is stored and received in dreams and can be attributed to the perception by the indriyas. In this state the indriyas are withdrawn from the external arthas but sukshma indriyas can still be understood to participate in the process of

swapna, even though their adhishtanas are functionally asleep and eventually swapna is visualized.

Role of sarira in swapna:

The above discussed components are more subtle. Sarira is the component which is grosser and is the asraya of other components. The optimum combination of above four factors is the main tool for the sustenance of ayu and thus responsible for the generation of swapna.

Mechanism of swapna:

The srotas involved in the genesis of swapna is manovahasrotas. When the manovahasrotas gets completely filled with dominantly powerful tridoshas, darunaswapna are seen in daruna kala by the person, who is not in a stage of deep sleep. The driving factor behind the whole mechanism is manas itself which is inspired and catalyzed by other indriyas. Meanwhile all the four components of ayu participate and attribute equally in the whole process.

Clinical utility of swapna:

The therapeutic utility of swapna can be discussed and summarized under the following heads.

Swapna denoting the specific prakriti of the person.

Swapna indicating the sex of unborn child.

Swapna specific for arishta of each vyadhi.

Swapna denoting the specific prakriti of person:

All important ayurvedic texts excluding Charaka samhita, have described different types of swapna peculiar and specific to each prakriti. The dominance of a particular dosha in prakriti is responsible for the types of swapna seen and the mahabhuta dominating the characters in swapna are homologous to mahabhuta dominant in the particular dosha.

Swapna indicating the sex of unborn child:

Acharya Sushruta in third chapter of sarirasthana describes swapna, indicating the sex of



unborn baby, particularly seen by the pregnant lady. If the female during her gestational period sees dream in which she eats or drinks as that of male, does activities as that of male, visualizes flowers such as padma, utpala, kumuda sees amrataka and other fruits denoting male gender, these dream may be indicative of birth of a male baby. Offspring will be female if sees object that are just opposite to the objects which are indicative of male offspring.

Swapna specific for arishta of each vyadhi:

Purvarupiyaindriyam chapter of indriyasthan explains swapna specific for each vyadhi. In this chapter Charakacharya explains swapna in the perspective of prognosis and simultaneously he advices the physician to understand the asadhyata of vyadhi by analyzing these arishtalakshana of swapnas.

There are detail descriptions about various types of swapna occurring as purvarupaarishtha. In general Charakacharya enumerates seven types of swapna, which in turn are categorized as saphala and aphala. Drishta, shruta, anubhuta, parthita and kalpita are the aphala varieties; while doshaja and bhavika are the saphala varieties. The first five varieties which are termed aphala, do not have any impact on the persons health or life. Aphalawapna occurs as a result of past experience.

The saphala variety of swapna is of huge clinical importance especially in the prognosis point of view. The bhavika swapna indicates subha or asubhaphala in future. The doshajawapna, is the result of vitiated vatadi dosha, and obviously indicates the occurrence with the prognosis of vyadhi in the concerned future. Contextually, in twenty ninth chapter of sutra sthana Sushrutaacharya, provides splendid and similar explanations regarding the clinical importance of swapna.

As we search through the ancient Indian classics, some other interesting and thoughtful facts regarding the same subject swapna also come into the light. For example, in duration of result of swapna after seeing them is given.

Swapna seen during the first part of night	One year
Swapna seen during the second part of night	Six months
Swapna seen during the third part of night	Three months
Swapna seen during the fourth part of night/early morning	Six months
Swapna seen during day time or rainy season	Six months

Is swapna a pramana?

While discussing the advantage and utility of dream in chikitsa it is necessary to validate the importance of it as a pramana. This psychosomatic mechanism is a type of smriti (bhavitasmriti). Charvakadharsana, exclusively accepts pratyaksha only as pramana, but do not detail much about dream. According to some acharyas swapna can be a manas apratyaksha. No such pratyaksha is accepted as pramana in Ayurveda. The knowledge conveyed through dream is bhrantigyan. All these factors point out to the conclusion that the knowledge perceived through dream is not prama (yatharthagyan/real knowledge) and hence swapna should not be accepted as a pramana.

CONCLUSION:

Swapna even though described as a metaphysical phenomenon, is a physiological process occurring in every individual.



The utility of swapna was much appreciated in ancient times, especially in the clinical field for the diagnosis and prognosis of disease as well the maintenance of health.

Swapna is of much importance in clinical field but it should not be accepted as a pramana.

Sarira, indriya, satva, and atma play equally in the genesis of swapna.

The concept of swapna explained in ayurveda samhitas along with other Indian classics requires exploration, interpretation and application.

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मनोकायिक व्यतिक्रम – विविध पक्ष

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भूमिका

मनोकायिक व्याधियों, आधुनिक युग की, आधुनिक मानव समाज की विचारणिय समस्या है। प्राचीन और आधुनिक काल में इस संदर्भ में अत्यधिक चिंतन हुआ है। भारत का पारम्परिक आर्युविज्ञान आयुर्वेद समस्त व्यतिक्रमों के प्रबंधन के प्रति मनोकायिक दृष्टिकोण अपनाने का पक्षधर रहा है। किन्तु आधुनिक युगीन चिकित्सा शास्त्र शरीर और मन को जीवन के पृथक अवयव की मान्यता से प्रारंभित होकर विगत शताब्दी में सम्पन्न अनेकानेक प्रायोगिक परिणामों, अनुशीलनों एवं मतिमन्थनों के प्रकाश में शनैः-शनैः व्यतिक्रमों एवं व्याधियों के प्रबंधन के प्रति मनोदैहिक सिद्धान्तों को अंगीकृत करने हेतु बाध्य हो रहा है।

आधुनिक युग में बहुसंख्यक लोग तनाव (stress) एवं तनावजन्य व्याधियों (stress disorders) जिन्हें कि मनोकायिक व्याधियों (Psychosomatic Disorders) के नाम से भी जाना जाता है, से इस सीमा तक ग्रस्त है कि आयुर्वेदानिक एवं सरकारी स्वास्थ्य नीति नियंता मनोकायिक व्याधियों के उन हेतुओं के निदान में लगे हैं जो कि मनो दैहिक व्याधियों की उदभव (Aetiopathogenesis & deveiopment) एवं विकास में महत्वपूर्ण भूमिका निभाते हैं। जहां तक मनोव्याधियों के स्वरूप का संबंध है, हमारी भारतीय पारम्परिक जीवन विज्ञान प्रणालियों जिन्हें आयुर्वेद, योग एवं काया साधन के नाम से जाना जाता रहा है, में गहन मतिमंथन हुआ है। भारत वर्ष की पारम्परिक मान्यता प्राप्त चिकित्सा पद्धति आयुर्वेद सभी व्याधियों को न्यूनाधिक मनोकायिक मानती आयी है। यह स्थापित तथ्य है कि नित्यप्रति के मानसिक चिन्ता अवसादादि हमारे प्राणायतन तंत्र के प्रक्रमों को कुप्रभावित करते हैं। इसके अतिरिक्त दैनादिक शारीरिक व्यतिक्रमों का अलग-अलग

व्यक्तियों की मनोदशाओं पर अलग-अलग प्रभाव पड़ता है। यह भी देखा जाता है कि प्रबल मनोबलधारी लोग छोटी-मोटी चोटों, शारीरिक व्यतिक्रमों, तापों को अपनी मनो-दशाओं पर प्रभावी नहीं होने देते। वही समाज में ऐसे अनेकों लोग देखने को मिल जाते हैं जो कि हर छोटी-मोटी शारीरिक समस्या को लेकर अतिशयित सोच ग्रस्त हो चिकित्सकों के पास दौड़े चले जाते हैं।

अनुभवी चिकित्सकों का ऐसा मानना है कि उनके निदान केन्द्रों में आने वाले चालीस प्रतिशत रोगियों को वस्तुतः किसी औषधि प्रयोग की विशेष आवश्यकता नहीं होती है, किन्तु वे बिना औषधीय सलाह के संतुष्ट भी नहीं होते। इन रोगियों को मात्र कुछ धैर्य, आहार-विहार परिवर्जन एवं परिमार्जन मात्र की ही आवश्यकता होती है किन्तु यही रोगी चिकित्सक समाज एवं औषधि उद्यमियों (pharmacy industry) की आय को बढ़ाने वाले सिद्ध होते हैं। कतिपय कुछ पत्नियां और माताएं मात्र यह आंकने के लिए चिकित्सकों के पास जाने का आग्रह करती रहती हैं कि उनके पति या पुत्र उनका कितना ध्यान रखते हैं। वे अपने पति या पुत्र के ध्यान को आकृष्ट करने के लिए भी अपने रोगों को बढ़ा-चढ़ा कर प्रस्तुत करती हैं और एक चिकित्सक के उपचार क्रम से सन्तुष्ट न होकर दूसरे चिकित्सक के पास घूमती रहती हैं।

मूल समस्या यह है कि कोई व्यक्ति आस-पास की अप्रिय संघर्ष एवं संत्रासपूर्ण (distress) स्थितियों से अपने मनोशारीरिक तंत्र (psychophysiological system) का कैसा बचाव (prevension) करता है अथवा बचाव कर भी पाता है या नहीं। अनेकों जीवन्त लोग यह मान कर चलते हैं कि जीवन सतत् संघर्ष का नाम है या यदि संसार दुःखमय है तो इसी दुःखमय जीवन प्रक्रिया में हमें सुख के

*शोधछात्र-कायचिकित्सा विभाग, आयुर्वेद संकाय, आयुर्विज्ञान संस्थान, **उपनिदेशक, योग केन्द्र, काशी हिन्दू विश्वविद्यालय वाराणसी ।



पलों को सृजित करना होता है। कभी न कभी हम सभी अपरिवर्तनीय तनावों से घिर जाते हैं किन्तु इन अपरिवर्तनीय तनावों के प्राणायतन तंत्र पर पढ़ने वाले कुप्रभावों को अत्यधिक पानी पी कर, मल-मूत्र निष्कारक समुचित द्रवों का सेवन कर, नियमित खेल-कूद एवं योगाभ्यास द्वारा अथवा नाच गा-बजा कर अप्रभावी बनाया जा सकता है। भला विपरीत या अप्रिय परिस्थितियों से किसका जीवन बचा रहता है। पारम्परिक ग्रामीण एवं भारतीय समाज में श्रम एवं संघर्ष कि स्थितियों को भी नाच गा-बजा कर ही तनाव मुक्त बना लिया जाता था। अप्रिय या विपरीत परिस्थितियों के प्रति विधायत्मक दृष्टि रखने पर ये परिस्थितियाँ हमारे व्यक्तित्व, व्यवहार, विश्वासों एवं आस्थाओं को परिमार्जित करते हुए हमारे व्यक्तित्व को नई सुदृढ़ता प्रदान करते हैं और इन्हीं परिस्थितियों से अत्यधिक आकुल होकर हम प्राणायतन तंत्र के प्रारम्भिक व्यतिक्रमण से स्वयं को मनोकायिक व्याधियों का विकार बनने देते हैं।

एक ही तनावपूर्ण स्थिति अलग-अलग लोगों पर पृथक-पृथक मात्रा में मनोकायिक दुष्प्रभाव उत्पन्न करती है। मनोकायिक व्यतिक्रम प्रक्रम (psychosomatic malfunctioning) किन कारणों से प्रभावित होते हैं यह मनोकायिकीविदों के बीच मतिमन्थन का विषय रहा है। एक विचार धारा यह प्रतिपादित करती है कि व्यक्ति के विचार और व्यक्तित्व का गढ़न (personality make-up) मनोकायिक व्यतिक्रम प्रक्रम में महत्वपूर्ण प्रभावी कारक होता है। उक्त विचार धारा अलग-अलग मनोकायिक व्याधियों के उद्भव में अलग-अलग विशेष व्यक्तित्व गठनों को उत्तरदायी ठहराने का प्रयास करती हैं। इस संदर्भ में अनेकानेक अनुसंधान हुए हैं जिनमें विभिन्न मनोकायिक व्याधियों से ग्रस्त लोगों के व्यक्तित्व गठनों को निरूपित करने का प्रयास हुआ है। मनोकायिकी के क्षेत्र में इसे पर्सनैलिटी प्रोफाइल उपागम के नाम से जाना जाता है। एक अन्य विचार धारा अपने अनुसंधानों के आधार पर विशेष प्रकार की तनाव जन्य जीवन स्थितियों को तत्-तत् विशिष्ट मनोकायिक व्याधियों के उद्भव का कारण ठहराने का प्रयास करती है। इसे लाईफ इवेन्ट स्ट्रेस उपागम कहा गया है।

एक अन्य विचारधारा व्यक्ति के अनुवांशिकीय गठन (genetic profile) को मनोकायिक व्याधि का हेतु ठहराने

का प्रयास करती है। आज-कल अनुवांशिकीविद् सोत्साह इस उपागम को संभावनापूर्ण बनाने हेतु विविध अनुसंधानों में रत हैं और एतत् द्वारा ही विविध मनोकायिक व्याधियों का भी ठोस निदान एवं उपचार विधि प्राप्त हो जाने के प्रति आश्वस्त हैं। इस उपागम के अनुसार यदि किसी व्यक्ति की उपर की पच्चास पीढ़ियों में पंद्रह लोगों को रक्तचाप का कष्ट रहा हो, दस लोगों को तमक श्वास रहा हो तथा आठ लोगों को अल्सर इत्यादि रहा हो तो तनावपूर्ण स्थितियों के फलस्वरूप उस व्यक्ति विशेष में रक्तचाप की समस्याएं उभरने की ज्यादा संभावना होगी। यद्यपि की रक्तचाप खान-पान एवं दिनचर्यादि के दोषों के कारण भी हो सकता है। इसी प्रकार से इस विचारधारा के अनुसार यदि किसी व्यक्ति की पूर्व की पीढ़ियों में त्वचागत रोगों का बाहुल्य हो तो त्वचीय मनोकायिक व्याधियों की संभावना अधिक होगी। जबकि त्वचा की उचित सफाई तथा विविध नैसर्गिक लेपनों के द्वारा त्वचागत रोगों की भी रोकथाम की जा सकती है। वंशानुगत पेट के रोगों की संभाविता को भी आहार-विहार में उचित परिमार्जन के द्वारा रोका जा सकता है।

मनोवेज्ञानिकों ने इस बात को लक्ष्य किया कि तनावपूर्ण स्थितियों से गुजरने पर कुछ लोग अपने व्यवहार में कोई अनुचित परिवर्तन न होने देने के प्रति अत्यधिक सतर्क रहते हैं। वे अपने क्रोध को, अपनी वाणी और व्यवहार पर हावी नहीं होने देते। वे अपने भय और आशंकाओं के भावों को अपनी मुखाकृति पर प्रभावी नहीं होने देते। वही कुछ अन्य लोग तनिक भी तनाव की स्थिति आने पर जोरो से चिल्लाने लगते हैं, अपना हाथ-पैर पटकने लगते हैं। अपने डर एवं आशंकाओं के भावों को खुल कर व्यक्त करने में तनिक भी नहीं हिचकते। इन दोनों व्यक्तियों में से प्रथम ने अपने व्यवहारिक व्यतिक्रम को उभरने से रोका है। ऐसे व्यक्ति मनोकायिक व्यतिक्रमों के मूल्य पर मनस्तापीय (neurotic) व्यतिक्रमों से बचने का प्रयास करते हैं। ऐसे लोग ही आगे चल कर मनोकायिक व्याधियों के शिकार बनते हैं। जबकि दूसरे प्रकार के लोग अपने आवेगपूर्ण आचरण के द्वारा अपने मनस्तापीय भावों को खुल कर प्रकट करते हुए स्वयं पर मनोकायिक व्यतिक्रमों को प्रभावी होने से बचा लेते हैं। ऐसे दूसरे प्रकार के लोग उद्दिग्गता, अवसाद या अल्प-कालिक अतिशयित भयाकुलता के शिकार



भले हो जायें, इनके व्यवहार में कुछ असामान्य मानसिक विचलन (abnormal behavioral and psychological deviations) भले ही दृष्टिगोचर हों, लेकिन ऐसे लोग प्रायः मनोकायिक व्यतिक्रमों के शिकार नहीं होने पाते। मनोवैज्ञानिकों ने तनावजन्य परिस्थितियों के फलस्वरूप उत्पन्न हो सकने वाले मनोकायिक एवं मनस्तापीय व्यतिक्रमों की प्रसंभाविता को सुनिर्धारित करने में ऐलेक्सी-थिमियां नामक व्यक्तित्व कारक (personality factor) को उत्तरदायी माना है।

मनोकायिकीविदों का विचार है कि तनावपूर्ण स्थितियों में व्यक्ति स्वायत्त स्नायुतन्त्रीय प्राणतन्त्र की उत्तेजना का शिकार होता है। जीवन के घटनाक्रमों के साथ उचित सामंजस्य अथवा समाधान के तात्कालिक उपायों के अभाव में अलग-अलग व्यक्ति अलग-अलग समय में अलग-अलग प्रकार से अलग-अलग मात्रा में तनाव के शिकार होते हैं। इस तनाव स्थिति की प्रतिक्रिया स्वरूप जहां एक ओर आंतरिक स्वायत्त स्नायुतंत्र की क्रियाएं व्यतिक्रमित होती हैं। उसी के साथ-साथ दूसरी ओर व्यक्ति कुन्टा, नैराश्य और अंतर्द्वन्द से गुजरते हुए उद्दिग्गता एवं अवसाद का शिकार बनता है। यदि यह स्थिति लम्बे समय तक जारी रहती है तो व्यक्ति विशेष के विभिन्न व्यक्तिकारकों के परिणाम स्वरूप या तो व्यक्तित्व उद्दिग्गता या अवसाद से आतुर हो उठता है या किसी तथाकथित मनोशारीरिक व्याधि से पीड़ित हो जाता है। कोई भी स्थिति हो पहले तो व्यक्ति मानसिक व्यतिक्रम का शिकार होता ही है। तत्पश्चात् मनस्तापीय (neurotic) अथवा मनोकायिक व्याधियों का शिकार बनता है। कभी-कभी ऐसा भी होता है कि व्यक्ति की आगे चलकर समस्याएं सुलझ जाती हैं और व्यक्ति निश्चितता और आराम का जीवन व्यतीत करने लगता है। ऐसी लम्बी तनावपूर्ण अवस्था के बाद आने वाली सुखद अवस्था भ्रमकारी होती है। मनोकायिकीविदों के अनुसार जब व्यक्ति तनाव की अवस्था में होता है तो शरीर में अनेकों तनावजन्य रसायनों का स्राव (biochemical secretions) तनाव की मात्रा के अनुरूप होता है। किन्तु लम्बे समय तक तनाव चलने पर उक्त जैव रसायन स्रावी तंत्र (endocrine and exocrine system) जैव रसायनों (biochemical secretions) की अतिरिक्त मात्रा का आदतन (Habitual) प्रकार से स्राव करने लगता है। यही जैव

रसायन शरीर के विभिन्न हिस्सों में फैलकर शरीर के किसी तंत्र में यदि अनुकूलता पाते हैं तो वहां अपना स्थान बनाने लगते हैं। इसी प्रक्रम को आयुर्वेदाशास्त्र संचय, प्रकोप, प्रसर की अवस्थाओं के रूप में निरूपित करता है तो पाश्चात्य मनोकायिकी इसे Psychic, Neurotic, Somatic एवं Organic क्रमों (stages) के रूप में देखती है।

जब व्यक्ति तनाव का शिकार होता है तो तनाव के दुष्प्रभावों से बचने के लिए उसी समय से व्यक्ति को पाचक सारक वनौषधियों के सेवन के साथ-साथ आहार-विहार परिमार्जन, खेल-कूद, व्यायाम, योगाभ्यास एवं आचार रसायन का सहारा लेना चाहिए। बहुत से लोग ऐसा करते भी हैं, आगे चल कर जब मनोकायिक व्यतिक्रमों के लक्षण प्रकट होने लगें तो योगाभ्यासों का विशेष अवलम्बन लेना चाहिए। किन्तु होता यह है कि प्रायः तनाव से मुक्ति न मिलने पर व्यक्ति धीरे-धीरे नियमित व्यायाम, खेल-कूद, योगाभ्यास इत्यादि से भी प्रमाद करने लगता है जो कि भविष्य में मनोकायिक व्याधियों की तीव्रता की संभाविता में वृद्धि कर देती है। इससे भी दुर्भाग्यपूर्ण स्थिति प्रायः तब होती है जब एक लम्बे समय तक तनावपूर्ण स्थिति से गुजरने के बाद व्यक्ति तनावपूर्ण स्थिति से बाहर आ जाता है और आहार-विहार परिमार्जन, वनौषधि सेवन, खेल-कूद व्यायाम एवं योगाभ्यास के सेवन में व्यतिक्रम करने लगता है। जब व्यक्ति पाचक सारक औषधियों का सेवन करता है अथवा नियमित दिनचर्या पर चलता है, खेल-कूद व्यायाम इत्यादि करता रहता है तो शरीर की पाचन प्रक्रियायें व्यवस्थित बनी रहती हैं और शरीर से अपद्रव्यों का निरंतर निरसन होता रहता है। योगाभ्यास से प्राणायतन तंत्र एवं अंतःस्रावी तंत्र की क्रियाएं सुव्यवस्थित बनी रहती हैं।

व्यक्ति जब लम्बे समय तक तनाव से गुजरता है और व्याधि किसी तंत्र विशेष को अपना शिकार बनाने लगती है तो आंतरिक तंत्र में चल रही यह क्रिया तनावपूर्ण स्थिति के समाप्त हो जाने पर भी रुक नहीं जाती अपितु आदतन रूप से जारी रहती है। इधर व्यक्ति तनाव जनक स्थिति से निकल कर आश्वस्तपूर्ण जीवन-जन्य प्रमाद का शिकार होने लगता है। जबकि अभी भी अन्दर ही अन्दर व्याधि की प्रक्रिया जारी रहती है। इसके रोक-थाम (prevention) का एक ही मार्ग है कि व्यक्ति तनाव रहित आश्वस्तपूर्ण जीवन अवस्था में भी नियमित दिनचर्या, खेल-कूद, व्यायाम



एवं योगाभ्यास आदि में किंचित मात्र भी प्रमाद न करे। इनमें प्रमाद होने पर कुछ समय तो शारीरिक और मानसिक रूप से सुखद अवधि होती है किन्तु उसके बाद पूर्वसंचित प्रदूष्य तंत्र-विशेष के अंगों में अपना दुष्प्रभाव व्यक्त करने लगते हैं और व्यक्ति किसी जीर्ण मनोकायिक व्याधि का शिकार होने लगता है। क्योंकि तनावपूर्ण अवस्था के रुक जाने पर भी आंतरिक शारीरिक तंत्र आदत्न प्रदूष्य जैव रसायनों का स्राव तो बनाए रखा किन्तु व्यक्ति विशेष उनके निवारक उपचारों के प्रति असावधान हो गया। कुल मिला कर यह कहा जा सकता है कि मनोकायिक व्याधि के उद्भव निवारण एवं व्यवस्थापन में अनुवांशिकीय कारकों, व्यक्तित्व गुणों, जीवन परिस्थितियों, जीवन जीने के उपागम, आहार-विहार के साथ-साथ उपयुक्त भेषज रसायनों के नियमित सेवन तथा नियमित खेल-कूद, योगाभ्यास एवं आचार रसायन की भी सार्थक भूमिकाएं हुआ करती है। इस प्रकार से मनोकायिक व्यतिक्रम प्रक्रम के प्रति एक सर्वांगवादी उपागम अपनाने की आवश्यकता है। आधुनिक जीवन में मनोकायिक व्यतिक्रमों की संभाव्यता अधिक है। अतः आयुर्वेद जो कि भारतवर्ष का प्राचीन पारंपरिक आयुर्विज्ञान (life science) है जीवन एवं जीवन विकारों के प्रति सर्वकालिक सर्वांगवादी (holistic) मनोकायिक उपागम को अपनाता है।

उपसंहार

मनोकायिक व्यतिक्रमों का उद्भव एवं उद्विकास जीवन एवं संसार के प्रति व्यक्ति के दृष्टिकोण पर निर्भर होता है और इसी कारण मनोकायिक व्यतिक्रमों के प्रबंधन के प्रति एक सर्वांगवादी उपागम अपनाने की आवश्यकता है। जिसके अंतर्गत मनोकायिक व्याधियों के निवारण एवं व्यवस्थापन में जीवन जीने के उपागम में परिमार्जन के साथ-साथ आहार-विहार, नियमित खेल-कूद, योगाभ्यास, आचार रसायन के साथ-साथ नैमित्तिक रसायनों के प्रयोग की सार्थक भूमिका हो सकती है।

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SCIENTIFIC APPRAISAL OF SUVARNAPRASHANA AND ITS EFFECTS ON HUMAN BIOLOGY

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ABSTRACT :

Suvarnaprashana (Herbo-gold linctus) is a common ritual for newborn and children in India since ages. In Ayurveda it is a technique for care of newborn called Jatakarma Samskara. It was unrevealed amidst western civilization. However the present era of globalization has made this ritual being available to majority of the Indian children. The parents are now receptive of Suvarnaprashana regime just like any other vaccination schedule. However this age old indigenous immunization practice has not been implicit accurately and also not performed in many of Ayurveda hospitals. Uniformity of practice in administering Suvarnaprashana is also lacking. Therefore in the present article, an attempt has been made with objective to study this ritual and its benefits on human biology scientifically. The classical literature was explored thoroughly to find out the details available on Suvarnaprashana. The information collected on "Suvarnaprashana" from classical literature to find the current practical administration modalities is presented in the article. The rationale behind the concepts of Suvarnaprashana is also discussed with biological aspects.

Keywords: -Suvarnaprashana (Herbo-gold linctus), Jatakarma, cerebral cortex, Gold nano particle.

1. Suvarnaprashana according to the classical methods and as one of Primary steps in Jatakarma or neonatal care.
2. Importance of Suvarnaprashana from the day of birth to 12 years.
3. Rationality of Suvarnaprashana in the young age.
4. Synergism of the ingredients for the developing brain.
5. Different methods of practice in Suvarnaprashana is an issue of Non-Uniform. Globalization with a standardized method.

INTRODUCTION:

It was an epoch when grandmothers used to rub the golden ring on stone with honey and give it for licking to the children. Habitual observe moved out as ages passed but the importance of the gold / silver spoons to feed milk is still seen in royal families. The vital mineralo-metallic molecule gold is a magnificent drug when engrossed with some of the herbal drugs which is entitled to be "Suvarnaprashana [linctus made of honey and ghee in which Gold (unexplained form) is infused]".

While Modern medicine explicate vaccines for immunization, Ayurveda conceives Suvarnaprashana as one of the most imperative custom to be performed as a part of sixteen Samskara sunder Jatakarma

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(One of 16 sacred rites mentioned in ancient prose).¹ Vaccines produce immunity against specific diseases whereas Suvarnaprashana is said to produce nonspecific immunity along with many other beneficial effects, the most important among them being promotion of intellectual aptitude in one month ("Maasaatparamamedavi"). Until now the works on Suvarnaprashana has been performed at pharmaceutical and/or experimental laboratories. However the clinical comparative study on methods which are actually in practice in the society is need of the hour. The present study is the initiative to review the concept of Suvarnaprashana and throw light on all such methods and to debate one standard method of practice.

OBJECTIVE:

To assess the Suvarnaprashana technique as per classical scripts, its rationale & the present day inconsistent Suvarnaprashana (gold linctus) method in clinical practice.

SEARCH METHODS :

For this update, we searched through the Ayurveda texts Bruhatrayees & Laghutrayees i.e Charaka Samhitha, Sushrutha Samhitha, Ashtanga Hridaya, Ashtanga Sangraha, Bhavaprakasha, Sharangadhara Samhitha, Madhava Nidana, Bhaishajya Ratnavali & Yogaratnakara. We also searched for the electronic media databases, dissertations published to complement the searches of the original Suvarnaprashana methodology reviews,

Data collection and analysis:

The literatures were studied for the details of Suvarnaprashana technique & analyzed for the rationality of its application.

Conventional "Suvarnaprashana" :

Though various seers mention diverse means of Suvarnaprashana, Acharya Kashyapa is authentic to say the precise technique.

The method of gold infusion is described.² Facing towards east, gold should be rubbed on a washed stone with a small quantity of water then twirled with honey and ghee, be given to the child for licking. Feeding gold increases intellect, digestive and metabolic power, strength, gives long life, is auspicious, virtuous and aphrodisiac, improves complexion and eliminates the evil effects of Grahas. By feeding this gold for one month the child becomes extremely intelligent and is not attacked by any diseases. By using for six months, one is able to retain and recall what-so-ever hears. Kashyapa also adds on Brahmi Ghrita, Kalyanaka Ghrita, Panchagavya Ghrita for the purpose of Medhavardhana.³

Acharya Sushruta and Vagbhata have prescribed gold along with various drugs to the new born child immediately after birth. Sushruta advises its use after emesis of liquor-amnii but before massage and bath⁴ while Vagbhata has indicated it after massage and bath but before emesis.⁵ The drugs are advised using spoon made of gold in the shape of Ashwattha patra (leaf of Ficus religiosa L.) by Vagbhata.⁶ The vital origin of this type of gold licking mentioned is clarified under Lehanadhyaya but for prolonged use Kashyapa has also further prescribed four gold preparations.⁷

Contraindications for Suvarnaprashana:

Although there is no such unswerving quote it is implicit that contraindications; [8] mentioned for Lehana (Linctus) should be established. The contraindications mentioned are enlisted in Table-1.

On the whole summarizing the contraindications mostly seems to be for GIT disorders for which children are more inclined to, though certain other conditions are also referred. The diseased child needs a special care rather than nourishing with gold and



so the Prashana (Linctus) is contraindicated in such conditions. After the treatment the child can be administered with Suvarnaprasahana.

DISCUSSION:

Rationale behind Suvarnaprashana since Birth:

The human brain begins forming very early in prenatal life (just three weeks after conception), but in many ways, brain development is a lifelong venture. That is because the same events that shape the brain during development are also responsible for storing information-new skills and memories-throughout life. The major difference between brain development in a child versus learning an adult is a matter of degree: the brain is far more impressionable (neuroscientists use the term plastic) in early life than in maturity. This plasticity has both a positive and a negative side. On the positive side, it means that young children's brains are more open to learning and enriching influences. On the negative side, it also means that young children's brains are more vulnerable to developmental problems should their environment prove especially impoverished or un-nurturing. In spite of the great number of neurons present at birth, brain size itself increases more gradually: a newborn's brain is only about one-quarter the size of an adult's. It grows to about 80 percent of adult size by three years of age and 90 percent by age five. This growth is largely due to changes in individual neurons, which are structured much like trees. Thus, each brain cell begins as a tiny sapling and only gradually sprouts its hundreds of long, branching dendrites. Brain growth (measured as either weight or volume) is largely due to the growth of these dendrites, which serve as the receiving points for synaptic input from other neurons. Although it has already undergone an amazing amount of development, the brain of a newborn baby is still very much a work-in-progress.

It is small, little more than one-quarter of its adult size and strikingly uneven in its maturity. By birth, only the lower portions of the nervous system (the spinal cord and brain stem) are very well developed, whereas the higher regions (the limbic system and cerebral cortex) are still rather primitive.⁹

The lower brain is therefore largely in control of a newborn's behavior, all of that kicking, grasping, crying, sleeping, rooting, and feeding are functions of the brain stem and spinal cord.

While babies come into the world with some very useful survival reflexes, they are still strikingly helpless, in large part because the cerebral cortex is still quite immature. As the highest, most recently evolved part of the brain, the cerebral cortex is responsible for all of the conscious thoughts, feelings, memories, and voluntary actions. Although all of the neurons in the cortex are produced before birth, they are poorly connected. In contrast to the brain stem and spinal cord, the cerebral cortex produces most of its synaptic connections after birth, in a massive burst of synapse formation known as the exuberant period. At its peak, the cerebral cortex creates an astonishing two million new synapses every second. With these new connections come a baby's developmental milestones, such as color vision, a pincer grasp, or a strong attachment to his parents.¹⁰

Suvarnaprashana, indicated from zero hours of child's birth is presumed to bring cogent changes pro-neurons. It helps a comprehensive brain development and also makes the immune fight against any discrepancy. This does not mean that the child suffering from any congenital or any sort of disease would be absolutely normal using Suvarnaprashana. However it might facilitate for a better quality of life.



Current status of Suvarnaprashana in clinical practice:

Today print and digital media exhibit multi hued trailer on Suvarnaprashana programmes. It is being followed by thousands of parents who are conscious enough to make their kids smart and bright. However the question about particular modus operandi for Suvarnaprashana remains unanswered. Apart from the classical methods, here are various other methods in practice which is made more easy and economical.

1. Suvarnavarka / Suvarnadala (thin sheath of gold) is triturated, powdered (Suvarna Churna) and then fortified with other herbs belonging to Medhya Rasayana (Mandukaparni (Centellaasiatica), Guduchi (Tinosporacordifolia), Yashtimadhu (Glycyrrhizaglabra), Shankhapushpi (Convolvulus pluricaulis)¹¹ later administered with Ghee and Honey. This method is easy to administer like drops. The dose is increased as per age.
2. Suvarnabhasma (Calcined gold) is been in use with Madhu and Ghrita as a different method. The dosage form of this blend is in the form of liquid, semi-solid or paste accordingly. The oxidized form of gold should be checked for its quality and purity. The dosage would be safe only if methodically blended, if not the adverse effects are expected.
3. VachaSuvarna: -ShuddhaSuvarna (Pure gold) strings or wire is inserted in ShodhitaVacha (Purified *Acaruscalamus* Linn.) and rubbed over stone (preferably Saligramastone 1-10 rounds as per age. This dosage in practice is administered on daily basis.
4. Suvarnajala: -ShuddhaSuvarna (24 carat gold) string is applied with ghee made slightly red hot and immersed in a spoon of water for three

times containing three drops each of Madhu and Ghrita. This medicated liquid is administered to the child. Medhya Ghrita (medicated ghee) is also used instead of Ghrita.

5. Gold formulations like Suvarna Sindoor Rasa¹², Suvarna Malini Vasanta Rasa¹³ (formulations of gold) are also used as linctus mixing only with honey and ghee instead of Suvarna alone.
6. Suvarnamakshika Bhasma (Calcined Copper pyrites) is substituted in the place of Suvarna with other common ingredients of Medhya Rasayana. Although similar qualities are obtained however not to the extent of gold.
7. Rajata (Silver) Prashana is a new trend evolved instead of Suvarna in the dosage which is not appreciable due to contradictory qualities.

(*Note:-The above methods and/or formulations are only in clinical practice as self-experience (anubhootha) and documented in neither classical references nor research work carried over.)

Rationale for specific time of administration - Pushya Nakshatra:

Though direct reference is unavailable regarding Pushya Nakshatra day for Suvarnaprashana, it is been followed as propitious for younger ones as it is an auspicious day. It is known as Delta Cancri astronomically. Pushya, or Pushyami or Pusya, is one among the 27 Nakshatras and the day Pushya Nakshatra falls is considered highly auspicious for beginning new ventures, investments and purchases. Today, Pushya Nakshatra is ideal day for many people for buying Gold and Jewellery. According to Hindu astrology, the favorable alignment of the stars on Pushya Nakshatra day results in prosperity, success and happiness¹⁴ On the other hand to keep in track of the Suvarnaprashana dosage for 27 days also it would have been applied. However, Kashyapa¹⁵



and Vagbhata¹⁶ seem to be indicating Suvarnaprashana daily when describing the effect of administering it for a month and then for 6 months.

Method of 'Suvarna Prashana' in classical texts with similarities and differences.

The ingredients, adjuvant, quantity and the time of administration is shown in [Table 2] to know the similarities and differences in Suvarnaprashana method. The common ingredients being Madhu (Honey), Ghrita (Ghee) and Suvarna (gold) in all formulations are also exhibited with their innate qualities in Table 3 to show the specific properties and actions.

Effects of Ingredients of Suvarnaprashana:

Significance of pure honey: Honey can be a powerful immune system booster. Its antioxidant and anti-bacterial properties can help improve digestive system. Honey reduces oxidative stress. Free radicals and reactive oxygen species (ROS) have been implicated in contributing to the processes of ageing and disease. The antibacterial properties of honey can be very effective in fighting against bacteria, even against some strains of resistant bacteria at low concentrations.¹⁷

Oral Absorption of Ghee: Ghee can bond with lipid-soluble nutrients to penetrate the lipid-based cell membranes of the body. Lingual Lipase is secreted by Ebner's gland. Its activity is more on Triacyl glycerol having shorter Fatty acid chains. Ghee contains short and medium chain fatty acids, thus serving as a good substrate for Lingual lipase. The released short chain fatty acid chains are relatively more soluble and hydrophilic and can be directly absorbed from the stomach and enter the portal vein.¹⁸

Fat digestion in neonates: The fat in the ghee helps to absorb the vitamins hence it gives good results for the children. Ghee aids in digestion by

neutralizing the gastric acids and also is easily absorbed by the intestine. In combination with the bile salt deficiency and low pH throughout the gastrointestinal tract of the neonate, demands that lingual lipase be the main enzyme catalyzing the hydrolysis of dietary fat. The significant difference, not only in the relative proportions of fatty acids in ghee, but also in their distribution on the triacylglycerol molecule, has major implications for the neurodevelopment of the newborn.¹⁹

Mode of immune activation: According to Ayurveda ghee and honey mixed in equal quantities act as poison.²⁰ Hypothetically ghee and honey in equal doses along with gold seem to be invigorating immunity. But this principle may alter in case of different methods and quantity of preparation. As in case of mixing Suvarnavarka with Medhya Churnas (herbal drugs meant to increase the memory) the required quantity of ghee is less compared to honey, nevertheless the unequal quantities of ghee and honey would be acting to nourish the metabolism. On the contrary it can also be understood that the gold being one of the best detoxifier.²¹ Combats the ill effects of equal quantities of ghee and honey synergized.

Effects of Gold nanoparticle in colloidal state: - The nano form (40-100nm)²² of Suvarna or gold in the colloidal state along with ghee and honey has untold positive effects. This nano dosage form of gold can pass through a cell membrane without rupturing it. Ingesting gold may be beneficial especially as colloidal gold. Gold through Suvarnaprashana acts multidimensional, as detoxifier, immunostimulant, rejuvenator, memory enhancer, accelerate healing of illness and disease. Create healthy smooth skin, collagen production, healthy shining hair etc. Acharya Charaka quotes toxins cannot stay in the body of an individual who takes gold just like water on lotus leaf.²³ This might



be the reason why the noble ritual starts from birth. 'Suvarnaprashana' similar to colloidal Gold helps prolong life and makes life much more enduring; it shortens the period of terminal cachexia (general physical wasting and malnutrition usually associated with chronic disease) and greatly reduces pain and discomfort. Gold in colloid form has healing properties throughout the entire physical form. The activities of the heart and thymus are so designed to balance the psychophysical structure during the first seven years of life and even penetrate to and rejuvenate the entire endocrine system. These activities happen with the colloidal elixir. Gold elixir also aids in the absorption of gold, magnesium, oxygen, phosphorus, silver, and vitamins A, B, D, and E.²⁴ Moreover little gold in the body is one of the main causes of multiple sclerosis. This is often a factor in many neurological disorders. Too little gold in the system has a tendency to upset the basic ability to assimilate the entire spectrum of minerals and vitamins, particularly in the muscular tissues and nervous system. Regeneration of the body develops from ingesting physical gold in food as well as by using colloidal elixir in the form of 'Suvarnaprashana'. Hence Vriddha Jeevaka phrases that the linctus bestowed to the child decides its healthy state.²⁵

Suvarnaprashana as Yuktikruta Bala (Gold Linctus as Immune enhancer)

The Suvarnaprashana has its effect as immune-stimulator and modulator, enhances brain capacity, bestows good health fighting infections etc. Swarna Bhasma on non-specific immunity in mice. Male mice were administered with the incremental doses of Swarna Bhasma orally for 10 days. It was observed that, Swarna Bhasma significantly ($p < 0.001$) increased counts of peritoneal macrophages and stimulated phagocytic index of macrophages. This demonstrates the immunostimulant activity of traditional Ayurveda

formulation 'swarna Bhasma' on Macrophage functions.²⁶

Need of the hour-Research areas and further suggestions:

Standardization study including a series of analysis of different kinds of classical formulations and their effects on human biology needs to be carried out. Furthermore, a comparative study on Suvarna Bhasma (Calcined form of gold) and Suvarnachurna (Gold powder) is another thrust area in this context. Madhu (Honey) and Ghrita (Ghee) in equal/unequal quantities in this context of Suvarnaprashana should be tested as two different opinions are in trial. A surplus data for both IQ and immunity test clinically should be carried out which is assumed to be highly expensive. A standard dosage form should be maintained all over to overcome the illicit administration of Suvarnaprashana. The National programme on Reproductive and Child Health care may include a module of Suvarnaprashana in the schedule.

CONCLUSION:

On the basis of classical references cited above, it can be stated that Suvarnaprashana Vidhi (the regime of gold licking) is elaborately described in Ayurveda classical texts with a scientific understanding and rationale. Gold seems to be effective to develop immunity as well as the gross intellectual development of individual in preventive aspect of disease in individual. The in vivo as well as in vitro effects of Suvarnaprashana claimed in Ayurveda classics needs validation. Therefore an attempt has been made to discuss the rationale of the noble regime of Suvarnaprashana and also has tried to explore the varied existing practices of Suvarnaprashana through this article to debate for the safe, standardized and adaptable method of Suvarnaprashana (Herbo-Gold Linctus) method in Clinical Practice.



Table 1 : Contraindications of Suvarnaprashana⁽⁹⁾

1. Those children with weak digestive power.	17. Cardiac diseases
2. The children who are always sleepy.	18. Dyspnoea
3. Passing excessive quantity and frequency of stool.	19. Diseases of Rectum, Urinary bladder and abdomen
4. Suffering from Oliguria	20. Suffering from flatulence
5. Stout bodied	21. Enlarged thyroid
6. One whose mother is not alive	22. Erysipelas
7. Indigestion	23. Vomiting
8. One who receives heavy breast milk	24. Anorexia
9. The child of mother consuming all <i>Rasas</i> (tastes)	25. All <i>graharogas</i> (infectious diseases/evil spirit afflictions)
10. One who suffers from diseases of Head and neck	26. <i>Alasaka</i> (sluggish peristaltic movements/paralytic ileus/intestinal obstructions)
11. <i>Amaroga</i> (diseases of metabolism)	27. Should not be given daily
12. Fever	28. Should not be given after meals
13. Diarrheas	29. Not on Bad days or on strong winds
14. Jaundice	30. Along with Non- congenial
15. Edema or inflammation	31. In excess quantity
16. Anemia	



Table 2: Comparative statement for classical textual references of Suvarnaprashana

No.	Classical texts	Aushadhi (Main ingredient)	Sahapana(Adjuvant)	Matra* (Quantity)	Kala (Time of administration)
1.	Charakasamhitaha	No Aushadhi is mentioned.	Madhu (Honey) and Ghrita (clarified butter)	-----	At birth (Single dose)
2.	Sushrutasamhitaha	Ananta Churna (Gold fine particles) (Dalhana – Ananta is suvarna)	Madhu and Ghrita	1 Gunja (Dalhana)	At birth till 12 years (Dalhana)
3.	Ashtangasangraha	Aindri/Brahmi)/Vacha/Shankhapushpi. Vacha with Hemachurna	Madhu and Ghrita	1Harenu /1Kalaya	i. At birth ii. Daily
4.	AshtangaHridaya	Chamikara (Bala) Vacha, Brahmi, Tapy(copper pyrites), Haritaki, Amalaki, Hema raja(fine particles of Gold).	Madhu and Ghrita	-----	
5.	Bhavaprakashana and Yogaratnakara	SuvarnaChurna (fine particles of Gold). With Kushta, Vacha/Matsyaksha, Shankhapushpi/ Arkapushpi/ Kaidarya, Shweta durva.	Madhu and Ghrita	-----	Daily from birth.
6.	Bhaisajyaratnavali	Kanaka(Gold),Kustha, Vacha, Haritaki	Madhu and Ghrita	1 Ratti in first month.	Daily from birth to 1 year or 12

***Note:** - The quantity of any ingredients is not quoted in particular. 1 Ratti / Gunja= 125 mg
(Appendix 5 API Part I Volume 5)



Table 3:- The properties and effects of principal ingredients according to the text

Bhavaprakasha Purvakhanda:-

Suvarna(Gold)	Madhu(Honey)	GavyaGhritha(Cow ghee)
<i>Madhura</i> (sweet), <i>Tikta</i> (bitter), <i>Kashaya</i> (astringent)	<i>Madhura, Kashaya.</i>	<i>Madhura</i>
<i>Guru</i> (heavy), <i>Pichhila</i> (slimy), <i>Snigdha</i> (unctuous), <i>Lekhana</i> (scarifying).	<i>Ruksha</i> (rough), <i>Sheeta</i> (cold), <i>Guru</i> according to <i>charaka</i> , <i>laghu</i> according to <i>Sushruta</i> , <i>Picchila</i> , <i>Sukshmaranusari</i> (enters minute pores), <i>Yogavahi</i> (easily admixtures with any other drugs).	<i>Snigdha</i>
<i>Sheeta</i>	<i>Sheeta.</i>	<i>Sheeta</i>
<i>Madhura</i>	<i>Madhura</i>	<i>Madhura</i>
<i>Tridosahara</i> (pacifies all the three doshas), <i>Brumhana</i> (stoutening) <i>Rasayana</i> (rejuvenating), <i>Vishahara</i> (detoxifying), <i>Buddhi-smritiprada</i> (memory and intellectual enhancer), <i>Hrudya</i> (good for heart), <i>Balya</i> (strengthening), <i>Chakshushya</i> (good for vision), <i>Shuchi</i> (purity), <i>Ayu-vaya-Sthairya-vaakvishuddhikara</i> (increases quality of life).	<i>Vatakaraka</i> (increases vata doshas), <i>Pitta-raktakaphashamaka</i> (pacifies) according to <i>Charaka</i> , <i>Dipana</i> (increases metabolism), <i>Varnya</i> (increases complexion), <i>Swarya</i> (improves voice), <i>Sandhanam</i> (helps regeneration of cells), <i>Shodhanam</i> (purifies system), <i>Ropanam</i> (healing), <i>Chedanam</i> (division of toxins), <i>Sangrahi</i> (improves better absorption), <i>Chakshushaya</i> , <i>Prasadanam</i> (nurtures body).	<i>Kantismrutidayaka</i> (improves complexion and memory), <i>Balakara</i> , <i>Medhaprada</i> (enhances intellect), <i>Pushtikrut</i> (nourishing), <i>Shramopashamana</i> (reduces tiredness) <i>Hridyada</i> , <i>Agnideepaka</i> (improves metabolism), <i>Vrishya</i> (increases semen), <i>Vapusthairyakara</i> (makes stable body), <i>Chakshushya</i> , <i>Ojatejoviddhikara</i> (~improves stamina with positive aura), <i>Alakshmipapaghna</i> (rectifies bad and evil spirits), <i>Rakshoghna</i> (protecting), <i>Balya</i> (enhances strength) <i>Rasayana</i> (nutritive), <i>Mangalya</i> (~deciphers luck).
<i>Kshaya</i> (~debility), <i>Unmada</i> (~insanity), <i>Tridoshajajvara</i> (fever due to three doshas), <i>GaraVisha</i> (artificial poisons), <i>Shosha</i> (~consumption), <i>Kushta</i> (skin diseases)	<i>Trishna</i> (thirst), <i>Visha</i> (toxicity), <i>Hikka</i> (Hiccups), <i>Raktapitta</i> (~Bleeding disorders), <i>Prameha</i> (~diabetes), <i>Kushtha</i> .	<i>Vataghna</i> , <i>Pittahara</i> , <i>Vishahara</i> . (relieves vata & pitta doshas, eliminates bodily toxins)



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CHHATRAKA (MUSHROOM) AYURVEDA AND ETHNOMYCOLOGICAL CONSIDERATION

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ABSTRACT:

The ancient Vedic literature refers to soma, which in potion consumed by Hindu Gods to obtain euphoria during ceremonial rituals. The soma was suggested to be the extract of the mushroom. The biodiversity of mushrooms found in the hilly parts of India. Mushrooms are consumed by the tribal and rural population during the monsoon season. Many beliefs and myths are associated with mushrooms. Mushrooms poisoning reported by Bhavamishra (16th cent. AD) in medieval period. Now a days it is also reported in news papers. The consumption of toxic mushroom was found to be accidental.

Key words: Mushroom, *Omphalotus olearius*, *chlorophyllum molybdites*, Balaka, and Prithivikanda

INTRODUCTION:

उक्तं सस्वेदजं शाकं भूमिच्छत्रं शिलीन्ध्रकम् ।
क्षितिगोमयकाष्ठेङ्गं वृक्षादिक् तदुद्भवेत् ॥

(भा०प्र०नि० शाक वर्ग)

The plant mushroom known by the synonyms i.e, Samsvedaja, Bhumichnatra, Shilindraka, Balaka, and Prithivikanda in different Ayurvedic literatures. The plant and microbes used in traditional medicine and also those mentioned in the myths are being reinvestigated for finding novel molecules. Similarly, the level of awareness regarding food, health and disease has gone up.

Mushrooms are cherished as part of their dietary tradition in East-Asia and are attributed with medicinal value in the southern region.

MUSHROOM IN AYURVEDA:

The ancient Indian medical treaties Charaka samhita and Nighantus (those belonging to the Indian materia medica) mentioned of mushroom. They have been classified as per the habitat and medicinal value. Mushroom described in Charaka samhita sutra sthana 27/124 Shaka varga, Bhavaprakash nighantu 119-121 shaka varga, Madanpal nighantu 184 shakavarga, Priya Nighantu 59 shakavarga, where in a mushroom Nagapurisachhatra growing on elephant dung, has been prescribed in the form of a compound (Vishnashaka guti), in the treatment of inflammation resulting from arthropods, bites and stings. Similarly, in Bhavamishra makes a cursory statement that, the mushrooms are growing on cow dung or worth use. The subsequent treaties briefly describe the characteristics of poisonous and non poisonous mushrooms. The edible mushrooms were considered as Tonic (Paushtik) and Aphrodisiac (Kamauttejak). A few mushrooms were also recommended in the treatment of Pinasa (Rhinitis).

Mushrooms in myths and beliefs:

The 'Soma' was suggested to be the extract of mushroom (*amanita muscaria*) and episode in the epic Ramayana refers to the use of a Divya katha

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aushadhi, literary meaning luminescent wood to bring bag a war general back to consciousness. It is found that, the followers of the Jainism never consumed mushrooms as there beliefs forbid consumption of the food items i.e, Onion, Garlic and Ginger etc, which grow from beneath the soil. Similarly the followers of Virshaiva Lingayata said do not consumes mushroom, due to there aparent similitaries with the idol of the phallus God Shivalinga.

MUSHROOM IN FOLKLORE:

The mushrooms occurs over 30-45 days of monsoon season. The first concern of the mushroom collectors is resolution between edible and toxic ones. The mushroom occurring on and around termite mounds are considered edible, as a rule. The 'community elders' know a variety of edible mushrooms. The cattle gazers and fire wood collectors collect mushrooms. The tribal people inhabiting hill region, collect and consume edible mushrooms as a substitute for vegetables.

TOXIC MUSHROOM:

Poisoning due to consumption of mushroom has been described in Bhavaprakash nighantu verse 120 in Shaka varga but also appears as clipping in the regional and local news papers now a days. The lethally toxic mushrooms have restricted distribution due to their mycorrhizal association with pines. Chlorophyllum molybdites is the most common toxic mushroom throughout India. Omphalotus olearius is the next common toxic mushroom. It imparts luminescence to its substrate the wood. Its consumption causes sustained emesis from gastrointestinal tract. At present this mushroom is not being used in the traditional medicine some other poisonous mushrooms are Amanita pantherina (DC: Fr) sec, A. verna (Bull.: Fr.) Pers. Ex Vitt., Collybia peronata (Bull.: Fr.) kummer., Coprinus spp,

Cortinarius orellanus Fr., Hebeloma crustuliniforme (Bull.: Fr.) Quel.

DISCUSSION:

The consumption of chlorophyllum molybdites is more often accidental due to their similarty with other edible species, belonging to the morphologically similar genera Macrolepiota and leucocoprinus. The cases of fatal poisoning due to mushroom consumption need detailed investigations.

This is the first hypothesis that the oral administration of the decoction of the luminescent mushroom Omphalotus olearius and its Mycelium, Laxamana, brother of Lord Rama got cured of the previous poisoning. This practice of using a poison instance obviously refer to the possible knowledge of emetic properties of alkaloid in this mushroom.

The hypothesis of religious-ceremonial consumption of psychoactive mushroom in the Western Himalayan region during the Vedic period seems more suggestive than scientific (Grundwell, 1987). The consumption of psychoactive mushrooms, either religious-ceremonial or recreational was totally absent. Similar observations have been documented in Sind, Northwest and North East provinces of Pakistan (Haroon, 1990). The provision of Narcotic Drug and Psychotropic substances (NSPD) act 1985 of Govt. of India seems to be a deterrent for the consumption of psychoactive mushrooms.

CONCLUSION:

Both toxic and non toxic mushrooms are there, the consumption of toxic mushrooms by the novice to mycophagy is out of ignorance. The toxic mushrooms capable of causing poisoning syndrome where as non toxic mushrooms are good for health.



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सूचना

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2. हिन्दी के लेखों को प्राथमिकता दी जायेगी।



PUTAPAKA - THE AYURVEDIC THERAPEUTIC PROCEDURE OF THE EYE

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ABSTRACT:

Acharya Sushruta is the only person who explained the Shalakya Tantra i.e ophthalmology and E.N.T. in a systemic manner in Uttaratantra and Nidana portion of his treatise Sushruta Samhita. Again in this branch, ophthalmology is having utmost importance because eye is the organ for visual sensation, if vision is lost merely everything is lost. A blind man, though rich cannot enjoy the world, so it is explained that - "सर्वेन्द्रियाणां नयनं प्रधानम्।" As Panchkarma is the basis of Kayachikitsa, similarly the kriya kalpa is the basis of the treatment of eye diseases. Acharya Sushruta has given a much elaborated description about the kriya kalpa. In Ayurvedic classics Putapaka procedures are explained which are said to improve or enhance the visual acuity as well as improve the health of the eye.

Key Words: Kriyakalpa, Putapaka

INTRODUCTION :

In Ayurvedic classics various therapeutic procedures of the eye are explained which are said to improve the health of the eye. Kriyakalpa is one such local procedure for the treatment of eye diseases. Acharya Sushruta mentioned five Kriyakalpas i.e. Tarpana, Putapaka, Seka, Aschyotana, Anjana while Pindi & Vidalaka are the two inclusions made by Sharangadhara. Putapaka is similar to that of Tarpana where instead of

medicated ghee, Putapaka rasa used after processing. It is usually improve the vision of eye & cure eye diseases.

Definition of Kriyakalpa :

The term Kriyakalpa is composed of two words Kriya and Kalpa. kriya refers to the action and kalpa means the preparations. The literally meaning of Kriyakalpa is to perform proper treatment of the eye diseases.

Etymology :

The word putapaka is derived from the root word 'pach', which is prefixed by 'puta' as upapada and suffixed by 'ghana' pratyay. The literary meaning of the Putapaka is to give nourishment of the eye, in which the various ingredients are wrapped up in leaves and being covered with clay, roasted in the fire.

Types of Putapaka:

The Putapaka is of three types according to Sushruta.

स्नेहनो लेखनीयश्च रोपणीयश्च स त्रिधा।(सु०३० १८/२१)

Snehana Putapaka: It is composed of vegetable fats, animal fats, flesh, bone marrow, lard, medas and the drugs of the madhura group.

Lekhana

Putapaka: The scrapping putapaka is composed of the liver and flesh of wild

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animals with the drugs of lekhana group and krishna auha bhasma, tamra bhasma, rock salt, samudraphena, kasisa, srotonjana and watery portion of yoghurt.

Ropana Putapaka: The healing putapaka is prepared by cooking human milk (Cow's milk) with flesh of wild animals, honey, ghrita and the drugs of bitter taste (tikta rasa).

Indication for Putapaka karma:

हितः स्निग्धोतिरुक्षस्य स्निग्धस्यापि च लेखनः ।

दृष्टेर्बलार्थमपरः पित्तासृग्ग्रणवातनुत् ॥ (सु०३० १८/२२)

Snehana

putapaka is indicated in excessively dry eye, lekhana putapaka for over oiled eye and ropana putapaka is indicated for attaining strong vision and for cases of ulcers arising from pitta and rakta and also for alleviation of vitiated vata .

Contra-indications:

दुर्दिनात्युष्णशीतेषु चिन्तायासभ्रमेषु च ।

अशान्तोपद्रवे चाक्षिणः..... ॥ (सु०३० १८/१७-१८)

According to Acharya Sushruta Putapaka is contraindicated on Cloudy day, Excessive hot and cold season and also in conditions of Worry and Anxiety - Mental state, In Exhaustion, Giddiness, complication of ocular disease etc.

Time of Retention for Putapaka:

Types of Putapaka	Time of Retentions	Periods for Putapaka
Snehana putapaka	200 syllables	Two Day
Lekhana putapaka	100 syllables	One Day
Ropana putapaka	300 syllables	Three Day

Method of Preparation:

द्वौ बिल्वमात्रौ श्लक्ष्णस्य पिण्डौ मासस्य पेणितौ ।

द्रव्याणां बिल्वमात्रं तु द्रव्याणां कुडवो मतः ॥ (सु०३.१८/३४)

Two pala measures of cleansed and minced meat, one pala measures of the

drugs (according to type of Putapaka) and one kudava of the fluids.

तदैकघ्यं समालोडय पत्रैः सुपरिवेष्टितम् ।

काश्मरीकुमुदैरण्डपदिमनीकदलीभवैः ॥

मृदावल्पितङ्गारैः खादिरैरवकूलयेत् ।

कतकाश्मन्तकैरण्डपाटलावृषबादरैः ॥

सक्षीरद्रुमकाष्ठैर्वा गोमयैर्वा पियुक्तितः ।

स्विन्नमृद्धृत पिष्पीडय रसामादाय तं नृणाम् ॥

(स.उ. १८/१३-३७)

all these things should be pasted together and formed into a ball. This should

be nicely wrapped up with the leaves of Gambhari, water-lilies, Eranda, Kamalini, banana and Vatapatra and should be finally coated with a layers of clay after which it

should be carefully cooked on pieces of burning charcoal of Khadira, Vasa, Badara or

milk extruding plants or else on burning cow dung only. When it is properly cooked,

the ball should be taken out and its juice should be squeezed by compression.

Method of application:

The patient is asked to lie down on his back, in a chamber free from direct sun

rays, wind and dust, and is given mild fomentation with a cotton soaked in lukewarm

water, then the eyes are encircled with firm, compact leak proof wall made up of paste

of powdered Masha pulse (black gram). The patient is asked to close the eyes and

over the closed eyes, Putapaka extract melted in lukewarm water which should be filled upto eye lashes with. Patient is instructed to close and open his / her eyes (Unmesha & Nimesha).



स्नेहनो लेखनीयश्च रोपणीयश्च स त्रिधा (सु.उ. 18/21)

The therapy should be poured from inner canthus. In case of pitta and rakta afflictions, it should be used after it is cooled down.

कनीनके निषेच्यः स्यान्नित्यमुत्तानशायिनः ।

रक्ते पित्ते च तौ शीतौ कोष्णौ वातकफापहौ ॥

(सु.उ. 18/38)

After retaining for the stipulated time, the liquid is drained out through the

hole made near the outer canthus and the eye is irrigated by lukewarm water fomentation before and after the therapy. Fumigation is also beneficial towards the end in case where kapha is remarkably vitiated.

आद्यन्तयोश्चाप्यनयोः स्वेद उष्णाम्बुचैलिकः ।

तथा हितो वसाने च धूमः श्लेष्मसमुच्छ्रितो ॥

(सु.उ. 18/43)

After finishing the main procedure of Putapaka Then patient is advised to

avoid from exposure to bright lights, wind, sky, mirrors and luminous bodies.

Features of proper Putapaka

तेजांस्यनिलमाकाश्मादर्श भास्वराणि च ।

नेक्षेत तर्पिते नेत्रे पृटपाककृते तथा ॥

(सु.उ. 18/29)

An eye, which has received putapaka therapy, is characterized by pleasing (normal) colour, clearness, capability to tolerate wind and sunlight, lightness, sound sleep and blissful waking up.

Features of excessive and insufficient putapaka:

प्रसन्नवर्णं विशदं वातातपसहं लघु ।

सुखस्वप्नावबोध्याक्षि पुटपाकगुणान्वितम् ॥

(सु.उ. 18/31)

Pain, inflammation, vesicles and ultimately errors of refraction are the result of excessive putapaka therapy.

अतियोगाद्रुजः शोफः पिडिकास्तिमिरोदगमः ।

(सु.उ. 18/32)

On the other hand suppression, lacrimation, horripilation and aggravation of

doshas are the features of insufficient putapaka therapy.

Merits of proper Putapaka:

पाको श्रु हर्षणं चापि हीने दोषोद्गमस्तथा ।

(सु.उ. 18/32)

Putapaka when used properly, allay burning sensation, inflammation, pain,

feeling of friction, discharges, itching sensation, stickiness, muddy secretions and

congestion of blood vessels.

Demerits of Defective putapaka therapy:

आत्युष्णतीक्ष्णौ सततं दाहपाककरौ स्मृतौ ।

अप्लुतौ शीतलौ चाशु स्तम्भरुग्घर्षकारकौ ॥

अतिमात्रौ कषायत्वसंकोचस्फुरणावहौ ।

हीनप्रमाणौ दोषाणामुत्क्लेशजननौ भृशम् ॥

(सु.उ. 18/39-40)

Putapaka, when used excessively hot and strong, cause continuous burning sensation and induce suppuration; when used too oily and cold, cause arrest of lacrimation, produce pain and a feeling of friction; when used in an excessive



quantity causes redness, contraction and twitching; when used in insufficient quantity cause accentuation and aggravation of doshas.

Treatment of complications:

व्यापदश्च यथादोषं नस्यधुमाजर्नेर्जयेत् ॥

(सु.उ. 18/42)

The complications, which may arise, as a result of improper use of putapakatherapy should be treated with collyrium, eye drops and fomentation according to dosha involved. Discussion :

Putapaka is the therapeutic santarpana procedure of the eye in which oleation of the eye with the Putapaka rasa wherein animal parts, milk, honey, ghee, herbs etc are made into paste and covered with leaves and then enveloped with mud and then put into fire and after cooling of the bolus of medicine are pressed to have Putapaka rasa. Thus prepared is used to put into eye by the process similar to Tarpana.

Generally Putapaka is done after Tarpana and used to increase drasthibala & in mild eye affection separately. Putapaka rasa made up of animal fats or parts like liver which are rich in proteins minerals and help for tissue regeneration. Putapaka always follows Tarpana because excessively nourished eye is brought to normal ph by the help of Putapaka due to action of few rukshana.

CONCLUSION:

All efforts should be made to strengthen the eyes because once the vision is lost the different kinds of things of the world will all become of one kind that of darkness. Among different routes employed for therapeutics in eye e.g.

Tarpana, Seka, Aschyotana, Anjana, Pindi etc., in Putapaka there is contact of drug with eye for long time. According to Vagbhatta-

स्नेहपीता तनुरिव क्लान्ता सीदति ।

तर्पणानन्तरं तस्माद्दृग्बलाधानकारिणम् ॥

पुटपाकं प्रयुजीत पूर्वोक्तेष्वेव यक्ष्मसु ।

(अ. ह. सू० 24/22)

The eyes get fatigued after Tarpana, just as the body becomes fatigued after snehapana. so in order to restore the strength to the eyes, Putapaka therapy could be applied in diseases mentioned earlier.

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परिषद् समाचार

वाराणसी में नव संवत्सर समारोह

विश्व आयुर्वेद परिषद्, वाराणसी शाखा के तत्वाधान में नव संवत्सर समारोह का आयोजन चैत्र शुक्ल प्रतिपदा विक्रम सम्वत् 2072 दिन शनिवार तदनुसार दिनांक 21-5-2015 को हर्षोल्लास से मनाया गया। कार्यक्रम का शुभारम्भ प्रातः उदीयमान सूर्य के प्रथम अर्ध्र्य साथ राजेन्द्र प्रसाद घाट वाराणसी से सम्पन्न हुआ। मुख्य अतिथि डॉ० वीरेन्द्र सिंह, प्रसिद्ध होम्योपैथी चिकित्सक थे, उन्होंने आयुर्वेद के चिकित्सकों को अन्य पैथी की तरफ न भागने की सलाह दी। उन्होंने बताया कि आयुर्वेद सभी चिकित्सा पद्धतियों की जननी है। कार्यक्रम की अध्यक्षता डॉ० सुभाष श्रीवास्तव, निदेशक, कृतिका प्राकृतिक संस्थान, वाराणसी ने करते हुए आयुर्वेद चिकित्सकों को शोध के लिए आयुर्वेद के सिद्धान्तों पर आधारित मापदण्ड बनाने पर बल दिया। कार्यक्रम का संचालन वैद्य उमेश दत्त पाठक तथा धन्यवाद ज्ञापन डॉ० अश्विनी गुप्ता ने किया। डॉ० पीयूष त्रिपाठी, डॉ० मनीष मिश्र, डॉ० भावना, वैद्य ध्रुव कुमार अग्रहरी, वैद्य प्रेम नारायण मिश्र, डॉ० अनुपमा गुप्ता, डॉ० विजय राय तथा डॉ० के० के० द्विवेदी ने भी अपने विचार व्यक्त करते हुए कार्यक्रम को सफल बनाने में महत्वपूर्ण योगदान दिया। इस अवसर पर डॉ० अश्विनी गुप्ता ने परिषद के वाराणसी शाखा के महासचिव पद का दायित्व डॉ० सुभाष श्रीवास्तव को प्रदान किया।



विश्व मंगल दिवस एवं डॉ० के० पी० शुक्ल स्मृति व्याख्यान 2015 का आयोजन

विश्व आयुर्वेद परिषद्, वाराणसी के तत्वाधान में विश्व मंगल दिवस का आयोजन, 17-2-2015, मंगलवार महा शिवरात्रि को मनाया गया। इस अवसर पर स्व० डॉ० के० पी० शुक्ल स्मृति व्याख्यान का आयोजन भी हुआ। जिसमें मुख्य अतिथि एवं वक्ता प्रो० कविरत्न शर्मा, पूर्व विभागाध्यक्ष शल्य विभाग, आयुर्वेद संकाय, काशी हिन्दू विश्वविद्यालय थे। डॉ० कविरत्न शर्मा जी ने डॉ० के० पी० शुक्ल पूर्व उपाचार्य, काय चिकित्सा विभाग, आयुर्वेद संकाय, काशी हिन्दू विश्वविद्यालय के चित्र पर माल्यार्पण कर कार्यक्रम का शुभारम्भ किया। उन्होंने डॉ० शुक्ल के व्यक्तित्व व कृतित्व पर प्रकाश डाला। डॉ० अजय पाण्डेय ने विश्व मंगल दिवस के औचित्य को स्पष्ट करते हुए बताया कि आदान काल एवं विसर्ग काल का मनुष्य पर निश्चित प्रभाव पड़ता है, इसलिए काल के अनुरूप आहार विहार का उपयोग आवश्यक है। डॉ० जे० एस० त्रिपाठी ने डॉ० शुक्ल को याद करते हुए उन्हें आदर्श शिक्षक के रूप में बताया। डॉ० विजय राय ने प्रकृति के संरक्षण तथा संवर्धन पर बल दिया। इस अवसर पर प्रो० के० आर० शर्मा जी को स्मृति चिन्ह, अंगवस्त्रम् तथा पुष्पगुच्छ प्रदान कर उन्हें आयुर्वेद के क्षेत्र में सराहनीय कार्य के लिए सम्मानित किया गया। कार्यक्रम की विषय स्थापना वैद्य उमेश दत्त पाठक, संचालन डॉ० आर० जे० विश्वकर्मा एवं धन्यवाद ज्ञापन डॉ० अश्विनी गुप्ता ने किया। इस अवसर पर डॉ० के० के० द्विवेदी, डॉ० मनीष मिश्र, डॉ० सुभाष श्रीवास्तव, डॉ० राजेश श्रीवास्तव, डॉ० विरेन्द्र सिंह, डॉ० भावना व अन्य गणमान्य नागरिक थे। वैद्य राजीव शुक्ल ने इस कार्यक्रम को अगले वर्ष से वृहद स्तर पर मनाने की घोषणा की।



यूरोप में आयुर्वेद का प्रचार प्रसार

विश्व आयुर्वेद परिषद् के विदेश विभाग प्रमुख डॉ० स्वामी नाथ मिश्र ने यूरोप के विभिन्न क्षेत्रों में फरवरी, मार्च और अप्रैल में प्रवास किया और जेमोना, उदीने, विचेन्सिया, तोरिनो में आयुर्वेद के द्वारा स्वास्थ्य संरक्षण को प्रतिपादित करने हेतु कांफ्रेंस किया। डॉ० मिश्र ने शारीरिक प्रकृति एवं मानसिक प्रकृति को समझाते हुए त्रिदोष एवं त्रिगुण के महत्त्व



को समझाया। मानसिक स्वास्थ्य के लिए उत्साह साहस एवं धैर्य नितांत आवश्यक है, जो कि वात, पित्त, कफ की साम्य अवस्था से ही प्राप्त किया जा सकता है, ये साम्य अवस्था समुचित आहार के द्वारा प्राप्त की जा सकती है। डॉ मिश्र ने वात पित्त कफ प्रकृति के अनुसार आहार द्रव्यों का चयन किस प्रकार किया जाए इसका विवेचन किया। डॉ मिश्र ने बताया आहार न केवल शरीर बल्कि मन के लिए भी आवश्यक है, इसलिए निरंतर सचेत रहकर सात्विक आहार लेने पर बल दिया। इन कार्यक्रमों का संयोजन श्री सत्यरंजन पॉल, संयोजक इटली विश्व आयुर्वेद परिषद् के द्वारा स्थानीय कार्यकर्ताओं के सहयोग से किया गया, जिनमें मिस सेरेना, मिस्टर जाकमो, मिस एलिसा, मिस पावला और मिस एलिसबेर्ता प्रमुख थे। प्रत्येक कार्यक्रमों में ५० से ७० की संख्या रही। डॉ मिश्र ने संगठन के दृष्टिकोण से स्थानीय कार्यकर्ताओं और आयुर्वेद में अभिरुचि रखने वालों के साथ बैठकें भी की। अधिकांश लोगों ने विश्व आयुर्वेद परिषद् के अंतर्गत आयुर्वेद के प्रचार प्रसार में डॉ मिश्र का सहयोग करने का संकल्प किया। इन कार्यक्रमों में चिकित्सकों समेत समाज के संभ्रांत लोगों ने भाग लिया। सभी कार्यक्रम सभी के लिए निशुल्क रहे। कार्यक्रमों का व्यय स्थानीय कार्यकर्ताओं द्वारा वहन किया गया।



विश्व आयुर्वेद परिषद् द्वारा वाराणसी में राष्ट्रीय कार्यकारिणी-2015 एवं राष्ट्रीय संगोष्ठी का आयोजन

विश्व आयुर्वेद परिषद्, द्वारा आयुष व्यावसायिकों का कौशल विकास-मुद्दे एवं चुनौतियाँ विषयक दो दिवसीय राष्ट्रीय संगोष्ठी एवं राष्ट्रीय कार्यकारिणी की बैठक दिनांक 25 एवं 26 अप्रैल 2015 को केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, सारनाथ वाराणसी में सम्पन्न हुई। कार्यक्रम का शुभारम्भ डॉ० सुशील कुमार दूबे एवं डॉ० हरिओम पाण्डेय के धन्वन्तरि वन्दना एवं अतिथियों के दीप प्रज्ज्वलन से हुआ। मुख्य अतिथि पद्मश्री प्रो० के० सी० चुनेकर, प्रख्यात द्रव्यगुणविद् एवं राष्ट्रगुरु, राष्ट्रीय आयुर्वेद विद्यापीठ नई दिल्ली; विशिष्ट अतिथि प्रो० एल० एन० शास्त्री, कुलपति, केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, सारनाथ, वाराणसी एवं प्रो० सत्येन्द्र प्रसाद मिश्र, कुलपति, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, देहरादून थे। कार्यक्रम की अध्यक्षता प्रो० अश्विनी भार्गव, पूर्व कुलसचिव, गुरु रविदास आयुर्वेद विश्वविद्यालय, होशियारपुर ने की। अतिथियों का स्वागत एवं विषय प्रस्तावना आयोजन अध्यक्ष डॉ० के० के० द्विवेदी तथा धन्यवाद ज्ञापन आयोजन सचिव डॉ० विजय कुमार राय ने किया। कार्यक्रम का संचालन डॉ० आनन्द विद्यार्थी एवं डॉ० शालिनी राय द्वारा किया गया।

संगोष्ठी में उत्तर प्रदेश के अलावा, मध्य प्रदेश, बिहार, गुजरात, महाराष्ट्र, पंजाब, हिमाचल प्रदेश के लगभग 150 प्रतिभागियों ने भाग लिया। संगोष्ठी को पाँच वैज्ञानिक स्रोतों में बाँटा गया था, जिनमें 15 विद्वानों ने अतिथि व्याख्यान दिये। विभिन्न सत्रों में 72 शोध पत्र पढ़े गये। द्वितीय दिवस अन्तिम सत्र के पश्चात पैनल डिस्कशन का आयोजन हुआ, जिसमें आयुर्वेद के अलावा सोवारिग्पा, होम्योपैथी, प्राकृतिक चिकित्सा एवं योग के विद्वानों ने भाग लिया।

समापन समारोह के मुख्य अतिथि प्रो० के० एस० धीमान, डाइरेक्टर जनरल, सी०सी० आर० एस० नई दिल्ली, विशिष्ट अतिथि प्रो० लोबसांग तेनजिन, संकाय प्रमुख, सोवारिग्पा, केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय, सारनाथ, वाराणसी तथा अध्यक्ष प्रो० एस०पी० मिश्र कार्यवाहक राष्ट्रीय अध्यक्ष, विश्व आयुर्वेद परिषद् थे।

इस संगोष्ठी की विशेषता यह थी कि आयुष के अन्तर्गत आने वाली मुख्य चिकित्सा पद्धतियों यथा आयुर्वेद, योग, सोवारिग्पा, प्राकृतिक चिकित्सा एवं होम्योपैथी के विशेषज्ञों ने इसमें भाग लिया, अतिथि व्याख्यानों के प्रमुख वक्ताओं में— प्रो० उमाशंकर निगम, मुम्बई, प्रो० महेश व्यास, गुजरात, प्रो० सुरेश कुमार, हिमाचल प्रदेश, प्रो० आनन्द चौधरी, प्रो० पी०



के० गोस्वामी, प्रो० लोवसांग तेनजिग (सोवारिग्पा), डॉ० के०एम० त्रिपाठी (योग), डॉ० सुभाष श्रीवास्तव (प्राकृतिक चिकित्सा), डॉ० विरेन्द्र सिंह (होम्योपैथी), डॉ० संजय त्रिपाठी, हरिद्वार, डॉ० पुनीत मिश्र, लखनऊ, डॉ० रवि श्रीवास्तव, जबलपुर, डॉ० मनीष मिश्र, डॉ० अजय कुमार पाण्डेय, वैद्य उमेश दत्त पाठक, डॉ० पी० एस० पाण्डेय, डॉ० अजय कुमार, डॉ० विजय श्रीवास्तव, डॉ० बिनय सेन, डॉ० उषा द्विवेदी, डॉ० अंजना द्विवेदी, डॉ० शिवानी धिल्डियाल, डॉ० आशुतोष पाठक, डॉ० पीयूष त्रिपाठी आदि शामिल थे।

उद्घाटन सत्र में विशिष्ट अतिथि प्रो० एल. एन. शास्त्री कुलपति केन्द्रीय तिब्बती अध्ययन विश्वविद्यालय ने कहा कि चिकित्सा एवं रोगी का पवित्र सम्बन्ध होता है। उसे व्यवसायिक स्तर पर लेने पर उसकी पवित्रता कम होती है, क्योंकि चिकित्सक जीवनदाता होता है। व्यवसायिक दक्षता बढ़ाने के लिये चिकित्सकों को अपनी सोच बदलना होगा। छल, कपट एवं मिथ्या सम्भाषण से बचना होगा। इससे चिकित्सकों का मन स्वस्थ रहेगा तथा रोग दक्षता और कौशल निखरेगी जो रोग निवारण एवं रोगी को स्वस्थ करने में अति महत्वपूर्ण है। तिब्बती एवं आयुर्वेद चिकित्सा पद्धति की यही मूल भावना भी है।

विश्व आयुर्वेद परिषद क अध्यक्ष एवं उत्तराखण्ड आयुर्वेद विश्वविद्यालय के कुलपति प्रो० एस० पी० मिश्रा ने कहा कि आज सारी दुनिया में वैश्विक स्तर पर आयुर्वेद एवं आयुष की अन्य चिकित्सा पद्धतियों की स्वीकारता बढ़ी है जिससे प्रभावित होकर आधुनिक वैज्ञानिकों द्वारा आयुर्वेद के मूल सिद्धान्तों त्रिदोष विज्ञान, पंचमहाभूत विज्ञान, मनुष्य की प्रकृति का ज्ञान करके चिकित्सा करने की मूल विद्या पर अनुसंधान चल रहा है और इसके परिणामों से सभी आश्चर्यचकित हैं। आगे डॉ० मिश्रा ने कहा कि आधुनिक वैज्ञानिक एन्टीबायोटिक दवाओं के घटते प्रभाव एवं बढ़ते दुष्प्रभाव से चिन्तित हैं। जिसे देखकर आज सभी लोग स्वास्थ्य संरक्षण में आयुष चिकित्सा पद्धति के महत्व को स्वीकार कर रहे हैं। उन्होंने जरावस्था के प्रभाव को कम करने हेतु अश्वगंधा, ब्राम्ही, शतावरी, जटामांसी, यष्टीमधु आदि मेध्य औषधियों की ओर विशेष रूप से सभी अग्रसर हो रहे हैं। आवश्यकता इस बात की है कि प्राचीन ज्ञान के सिद्धान्त को वैज्ञानिक अनुसंधान की कसौटी पर कस के आयुर्वेद आदि आयुष के चिकित्सा पद्धतियों को व्यापक जनोपयोगी बनाया जाय।

अध्यक्षीय उद्बोधन में प्रो० अश्वनी भार्गव, जालन्धर विश्वविद्यालय पंजाब ने कहा कि कौशल विकास आयुर्वेद को धारदार बनाने एवं जनोपयोगी बनाने में अति महत्वपूर्ण है। आयुर्वेद के विभिन्न क्षेत्र में कौशल विकास की व्यापक कार्यशालायें न लगने के कारण दग्ध चिकित्सा, शिरावेध, जलौका चिकित्सा, पंचगव्य चिकित्सा, नाड़ी विज्ञान आदि ज्ञान विलुप्तता की ओर पहुँचने लगी है। जिसके कारणों का पता कर वैज्ञानिक रूप से पुनः स्थापित करने में यह राष्ट्रीय संगोष्ठी काफी महत्व रखती है।



शोक समाचार



विश्व आयुर्वेद परिषद, की राष्ट्रीय कार्यकारिणी के सदस्य प्रो० पी. के. देवनाथ का स्वर्गवास दिनांक 24/4/2015 को कलकत्ता में हो गया। प्रो० देवनाथ सम्प्रति गणनाथ इन्स्टीट्यूट ऑफ आयुर्वेद एण्ड रिसर्च के निदेशक थे। प्रो० देवनाथ संगठन के सक्रिय कार्यकर्ता रहे। उनके निधन पर विश्व आयुर्वेद परिषद परिवार श्रद्धाजलि अर्पित करता है।





**List of Papers Presented in National Seminnar on Skil Development for AYUSH
Professionals-Issues & Challanges**

1. Re-Establishment of Obsolete Treatment Modalities -Usha Dwivedi
2. Image Crisis of Ayush Professionals And Need of Experiment -Anjali Goyal
3. (आयुर्वेद) शिक्षको द्वारा व्याख्यान प्रस्तुतीकरण : एक विचारणीय विषय -रवि कुमार श्रीवास्तव
4. Clinical Trial Methodology of ASU Drugs -Ajay Kumar
5. Methods of Improving work culture in AYUSH professionals with the help of SWOT analysis -Anubha Srivastava
6. Good Clinical Practice:The Key of Success for Ayush Professionals -Manish Mishra
7. Essentials Needed In Ayurvedic Education -MangalagowriV Rao
8. Work culture in an Ideal Life Science : Charak Samhita -Ashutosh Kr. Pathak
9. Re-Establishment of obsolete treatment procedures with special reference to Jalaukavacharna (Leech therapy) -Vijay Kr. Srivastava
10. Education Strategies for Development of Ayurveda -Anjana Dwivedi
11. Challenges & Need of Reform in Ayurveda Research & Education -O. P. Singh
12. Basic Issues & Solutions of current Ayurvedic Education & Clinical Practice -Ajai Kr. Pandey
13. Necessity of Skill Development for Ayush Professionals -Deepika Dwivedi
14. Skill Development in Clinical Methods for Ayush Professionals -P. S. Byadgi
15. Importance of Experience & Experiment In Ayurveda -Pramod Kr. Mishra
16. Mainstreaming of Ayurveda through legislative approach -Binay Sen
17. Career planning for Ayush Professionals -Singh Ravi Kumar
18. Image building as clinician: Great challenge for AYUSH professionals -Rajendra Prasad
19. Yoga Therapy: Need of Standardization and Professionalization -K. M. Tripathi
20. Issues And Chalanges In Developing Rachana Sharir In Ayurveda -Bhan Pratap Yadaw
21. The Craft of Skill Development & Career Planning for Ayurveda Professionals -Suresh Kumar
22. Skill Development In Relation to Panchakarma Procedures -Abhinav
23. Influence of Ayurveda on Chinese Medicine: An Appraisal Review Article -Singh Manoj Kumar
24. Training of Ayurvedic Student for Skill Development -Sushil Kr. Dubey
25. जन स्वास्थ्य के त्वरित विकल्प से आयुर्वेद का उत्थान संभव -राम अचल
26. Skill development of Ayurvedic professionals- need of the day -Murlidhar Paliwal
27. Global Trends In Herbal Medicine -Rajesh Srivastav
28. Scope of new experience & experiment -O. P. Singh
29. Advances in Panchakarma Therapy (Bio-purification & Rejuvenation Therapy) -Umesh Choudhary



30. Task Management In Ayush Professional -K. N. Singh
31. Basic Need of Personality Development In Ayush Professionals -Umesh Chandra
32. Importance of Fundamental Concept In Upgradation of Ayush Professionals -A. K. Sonker
33. अनुभवों एवं नए प्रयोगों का महत्व -संजय कुमार त्रिपाठी
34. Occlusive Peripheral Vascular Disorder- Concept and Contribution of Ayurveda W.S.R. to Vatarakta -B.R. Tripathi
35. Issues & challenges upcoming in the field of Ayurvedic Education -Sarla
36. Ayurvedic Education: Changing Trends -Tina Singhal
38. आयुष व्यावसायिकों का कौशल विकास—मुद्दे एवं चुनौतियाँ -अंजू सिंह
39. Skill Development in Ayurveda Professionals and Practitioners -Ritwik Sahai Bisariya
40. Teaching, Research & Presentation in Ayurveda WSR to Vipak (Metabolism) -N. S. Tripathi
41. The Skilled Ayurvedic Physician - Pranabhisara Sadvaitya : Saviour of Life -K. N. Murthy
42. Re-Establishment of Obsolete Treatment-Procedure -Rachna Nigam
43. The skill development in Ayurvedic perspectives -Rani Singh
44. Innovation in Technology and Tools of AYUSH Professionals -Mrigank Shekhar
45. A Bird View On Lacunas In Ayurvedic Teaching -Sarita Mishra
46. Changing Trend of Herbal Market : An Enterprenurship Opportunity -Amit kumar singh
47. Innovation of Scientific Tools & Technology in Skill Development of "Ayush Shalyak" -Anand Vidyarthi
48. Principles of Teaching Methodology in Ayurveda -Ashwini Kr. Gupta
49. Innovative Ayurveda Through Integration: A perspective for Future -Shivani Ghildiyal
50. Revitalizing Agadtantra; A Clinically Lost Branch of Ashtanga Ayurveda -Parvesh Kumar
51. Scope of Experimental Studies In Discovering Agada Tantra : An Innovative Approach -Dhirender Kumar
52. Carrier options and future challenges for AYUSH professionals -Arun Kr. Dwivedi
53. Perspectives In Innovation In The AYUSH Professionals -Sanjay Prakash
54. Innovation In Teaching: A Tool for Skill Development of Ayush Students -Vijay Lakshmi
55. Skill Development Of Ayush Teachers For Better Future -Ramesh Kr. Gupta
56. Enriching Education through Experience and Experimentation: Tools for renaissance of Ayurveda -Shalini Rai
57. Cognitive Communication Skill Development Strategy For Effective Delivery Mechanism In Teaching Learning Process -Raj Kr. Singh
58. Role of Ayush Professional in Health Sector -Ashutosh Kr. Yadav
59. आयुष व्यावसायिकों का कौशल विकास— आज की आवश्यकता -अवधेश कुमार सिंह



60. Bhuta Vidya : An Ignored Branch of Ayurveda -B. K. Dwibedy
61. The Effect of "Asthisamharadi Churna" On Fracture Healing :
Experimental Study -Jiteksh Jain
62. Yogic Life Style In Prevention of Diabetes Mellitus -Neeraj Khanna
63. A Comparative Clinical Study on Aragvadaadipratisaraneeyakshara
& IRC in the management of Abhyantarashaw.s.r. to I & II^o
internal Haemorrhoids -PadmendraPanchori
64. Geern Herbs Medication For Rural Health: A Study -Prachi Chaturvedi
65. Concept of Antimicrobial Activity in Ayurveda and the effect of
"ARKADI GANA" Extracts on Gram Negative Bacteria -Premsukh
66. Solanine is being consumed in rural areas of Eastern U.P. -Reema Upadhyay
67. SHATAVARI : Ist galactagogue effect -Sangeeta Kaushik
68. आयुर्वेद एवं व्यक्तित्व विकास -शैलेन्द्र कुमार सिंह
69. सही समय पर जांच और सही इलाज बचाए कैंसर से -अंकिता पटेल
70. आयुर्वेद चिकित्सा- शिक्षा की दशा एवं दिशा -अजय कुमार
71. Leadership and management quality in AYUSH professionals" -P. K. Goswami





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BHAI UDDHAVDAS MEHTA MEMORIAL

All India Ayurveda Pg Students Essay Competition- 2015

Dear Students

Vaidya Uddhavdas Mehta was born on 9th August, 1911 in Bhopal in a reputed family. After completing the Degree in Sanskrit and Ayurveda from Kashi, he started his clinical practice. Pandit Madan Mohan Malviya ji was his idol. He devoted his life for Hindi, Hindu and Hindustan. Although, he was engaged as an Ayurvedic practitioner and treating the poor community free of cost but given more priority to social services. His struggle against the terror and exploitation against the Nawabi regime of Bhopal State gave consolation to Hindu population. As a mark of respect he became popular by the name of Bhai ji.

He started his public life in 1926. Bhaiji gave memorandum to Nawab of Bhopal in 1930 on the behalf of Hindu conference. In 1934, he started one weekly Hindi magazine Praja Pukar. In 1937 Bhaiji was arrested for leading first freedom movement and

imprisoned for 6 Months. After release from Jail, he started helping for Hyderabad Satyagraha. He became Sanghchalak in Bhopal in 1940. Again, he was arrested in 1944 for addressing a rally. People became violent when he was arrested in 1949 while leading Vileenikaran movement.

Basically, he was a physician and a social worker but due to existing situation of Bhopal state he was compelled to lead the work of Hindu Mahasabha. Later he joined Jansangh by the request of Late Kusabhau Thakre & Late Pt. Deendayal Upadhyay. Although, he joined politics but he could not leave his active social services. He established Vishramghat trust, Balniketan Anathalaya, Mandir kamaali trust, Durgamandir of Peerghat and others. He attempted to unite Hindu society, which was divided in several parts. He had established an excellent coordination between profession, social service and politics. He lead different issues such as drought in Bengal, China war in 1962, price hike in 1973, emergency in 1975 and other social issues. These were the qualities and reason of Bhai ji ruled over the heart of people. Even today, he is remembered with full respect and devotion for his excellent personality and contribution.

In auspicious memory of such an idol person, VISHWA AYURVED PARISHAD & BHAU UDDHAVDAS MEHTA SMRITI NYAS is jointly going to organize an essay competition 2015 among Postgraduate students of Ayurvedic colleges of India like previous years.

Conventional system of medicine is the medicine of today's world, which is developing very fast. While Ayurveda is already, a fully developed science of its own kind from time immemorial and has stood test of time. This is happen due to vast conceptual background and framework of Ayurveda. Ayurveda adopts its own function-oriented approach through well developed alternative theories of Panchamahabhut, Tridosha, Dhatu, Agni, Ama, Ojas, Srotas, Sara, Prakriti etc, which cannot be fully explained in terms of conventional anatomy and physiology. However, these theories can be justified by utilizing the different modalities of Basic sciences such as biophysics, biochemistry, biotechnology, biostatistics, information technologies, medicinal chemistry, zoology etc.

In recent year, Ayurveda has become popular across the globe. Lot of scientific work is being carried out on Ayurvedic concepts, drugs and therapies to evolve newer remedial measures to serve mankind in a better way but it could not impart any major breakthrough in the development of Ayurveda. However, if the Ayurvedic concepts are not properly understood and interpreted in terms of globally accepted language, the tremendous efforts in research would go meaningless and futile. The traditional believer believes that Ayurveda is eternally perfect science beyond time & space and there is no need to utilize basic sciences for its research and development. Another group believes that such types of misconception create big harm to this great science. Present status of utilization of basic sciences in the field of Ayurveda is not being satisfactory. Hence, it is strongly needed to utilize tools and techniques of basic sciences in the new millennium for re-establishing the concepts of Ayurveda in current perspectives in front of global community and to develop newer methodologies of teaching, research and drug development to strengthen the science of Ayurveda for newer generation.

This essay competition invites the young Ayurvedic PG Scholars to come out with their views about the judicious use of basic sciences for the development of concepts, drugs and newer researches in the field of Ayurveda. Entries are invited to submit an essay on topic "Necessity of Basic Sciences for the Development of Ayurveda"; Vishwa Ayurved Parishad is firmly determined to welcome and appreciate the views in form of essay in " Bhai Uddhavdas Mehta Memorial All India Ayurveda PG Students Essay Competition-2015".





BHAI UDDHAVDAS MEHTA MEMORIAL ALL INDIA AYURVEDA PG STUDENTS ESSAY COMPETITION- 2015.

Rationale and fundamental thoughts in the form of essay are invited on the given topic i.e.

"Necessity of Basic Sciences for the Development of Ayurveda".

Rules and Regulations

- Central committee will honor along with a citation, Gold medal to best essay, Silver medal to 1st runner up and Bronze medal to 2nd runner up candidates.
- All the MD (Ay.) students can participate in the essay competition. Essay should be single sided in computerized typing on A4 size paper, having fonts size 12 with 1.5 spaces in three copies.
- It should be in English, Hindi or Sanskrit having not less than 1500 words or six pages(maximum 15 pages).
- At the last page of essay, participants should clearly mention their full details viz. name, year, and name of college/institute, corresponding address, contact number, email-id, name of motivator and his mobile number.
- Three referees under coding will evaluate the essays.
- Decision of committee will be full and final.
- The last date for submitting the essays in triplicate copies up to 15th May, 2015, on given corresponding address.
- Essay should be dually attested by Principal/Supervisor/State convener to certify that participant is regular student of the particular institution.
- Awarded essays will be published in Journal of Vishwa Ayurved Parishad and yearly publication of SANJIVANI.
- For more details, contact the member of state convener or log on to our web site www.vishwaayurveda.org.in.
- The prize distribution ceremony will be organized at Bhopal (M.P).

Address for correspondence: Dr. Ajai Kumar Pandey (Assistant Professor) Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi -221005, U.P. Email-ID: drajaipandey@gmail.com, drajai@bhu.ac.in

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Copy to: 1. Principals; All State Ayurvedic PG Colleges, with a request to convey the message among the students.
2. State Organizers; for forwarding and necessary actions.

Dr. K. K. Dwivedi Organizing President 09336913142	Dr. Dhanesh Chaturvedi Convener 09229201190	Dr. A. K. Pandey Organizing Secretary 09452827885
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Registered Under Society's Registration Act 21 of 1860 No. 420/97-98
Website : www.vishwaayurveda.org

1/231 Viram Khand, Gomati Nagar, Lucknow - 226010 (U.P.)

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Bihar Unit address- Singh Sadan, 25 C.D.A. Colony, North Shastri Nagar, Patna 800023

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

BIHAR STATE UNIT	PANDIT DURGA PRASAD SHARMA MEMORIAL ALL INDIA AYURVEDIC U.G. STUDENT ESSAY COMPETITION - 2015
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PANDIT DURGA PRASAD SHARMA MEMORIAL ALL INDIA AYURVEDIC U.G. STUDENTS ESSAY COMPETITION 2015. (Open to all Under Graduate Ayurved Students)

Dear Ayurvedic Students,

Vishwa Ayurved Parishad, Bihar unit is privileged to announce an Essay Competition for Ayurved U.G. students in memory of Pt. Durga Prasad Sharma.

This essay competition invites young Ayurvedic U.G. students to write with their views on the given topic.

The subject of this Essay Competition, is "प्राचीन एवं वर्तमान काल में जनपदोद्ध्वंस की वैज्ञानिक प्रमाणिकता"
(The Scientific importance of Janapadodhwans in view of ancient and Present time)



Pandit Durga Prasad Sharma Memorial All India Ayurvedic U.g. Students Essay Competition 2015.

Rules & Regulations:

1. All the U.G. Ayurveda students can participate in the essay competition. Essay should be single sided in computerized typing on A-4 size sheet in font size 12 with 1.5 spacing. There should be three copies.
2. It can be in Hindi, English or Sanskrit. The essay should be in 3000 words.
3. On the last page of the essay; participant should clearly mention their details i.e. Name, Academic year, Name of College/Institute, Correspondence address, Contact number and E-mail Address.

Evaluation of Essay-

1. The Panel of Judges will evaluate the essays.
2. The decision of the Panel will be full and final.

Awards-

Three selected Essay will be honoured by central committee as given below-

1st Gold Medal Rs.5000/-	2nd Silver Medal RS.3000/-	3rd Bronze Medal Rs.2000/-
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Note:- I) And also, 5 candidates will be honored with a Consolation Award. Awarded Essays will be published in Journal of Vishwa Ayurveda Parishad and yearly publication of Sanjeevani also. .

Conveyance Allowance - (For Winners)

Participants - 3rd A.C. by rail (On submission of original ticket)

Dignitaries - 2nd A.C. by rail

"The Prize distribution ceremony will be organised in Patna, Bihar and Prize distribution date will be convey later."

For more details contact the General Secretary Bihar and member of State Convener on given E-mail I.D.

Address for correspondence- Pt. Durga Prasad:Sharma Memorial Essay Competition Shree Baidyanath Ayurved Bhawan Pvt. Ltd. , Baidyanath Bhawan Road, Patna . 80001 E.mail- vapessay@gmail.com

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		Dr. Ravi Srivastava	09319974047

Copy to: 1. Principals of all State Ayurvedic and Private college of India with a request to Circulate the Brochure among all the students of U.G. 2. State conveners; for forwarding necessary steps to, encourage the students for the Essay writing Competition.

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Your's

Dr. Shivaditya Thakur

General Secretary, Vishwa Ayurved Parishad, Bihar
Mob. : 09430938251, e-mail : thakurshivaditya1960@gmail.com

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