

ISSN 0976- 8300

विश्व आयुर्वेद परिषद् पत्रिका

वर्ष - 12

अंक - 8, सम्वत् 2072

श्रावण

अगस्त 2015



Website : www.vishwaayurveda.org

A Reviewed

वर्षा ऋतु

Journal of Vishwa Ayurved Parishad

₹50/-

विश्व आयुर्वेद परिषद् के कार्यक्रमों की झलकियाँ



विद्यार्थी व्यक्तित्व विकास शिविर देहरादून, उत्तराखण्ड की झलकियाँ



प्रकाशन तिथि - 15.8.2015

ISSN 0976- 8300

पंजीकरण संख्या - LW/NP507/2009/11

आर. एन.आई. नं. : यू.पी.बिल./2002-9388

व्यक्तित्व विकास शिविर जबलपुर, मध्य प्रदेश की झलकियाँ



विश्व आयुर्वेद परिषद् के लिए प्रोफेसर सत्येन्द्र प्रसाद मिश्र, कार्यकारी अध्यक्ष द्वारा नूतन ऑफसेट मुद्रण केन्द्र, संस्कृति भवन, राजेन्द्र नगर, लखनऊ से मुद्रित कराकर, 1/231 विराम खण्ड, गोमती नगर, लखनऊ-226010 से प्रकाशित

प्रधान सम्पादक - प्रोफेसर सत्येन्द्र प्रसाद मिश्र



विश्व आयुर्वेद परिषद् पत्रिका

Journal of Vishwa Ayurved Parishad

वर्ष - 12, अंक - 8

श्रावण

अगस्त - 2015

संरक्षक :

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

प्रधान सम्पादक :

- ♦ प्रो० सत्येन्द्र प्रसाद मिश्र

सम्पादक :

- ♦ डॉ० कमलेश कुमार द्विवेदी

सम्पादक मण्डल :

- ♦ डॉ० पुनीत कुमार मिश्र
- ♦ डॉ० अजय कुमार पाण्डेय
- ♦ डॉ० विजय कुमार राय
- ♦ डॉ० मनीष मिश्र
- ♦ डॉ० आशुतोष कुमार पाठक

अक्षर संयोजन :

- ♦ बृजेश पटेल

प्रबन्ध सम्पादक :

- ♦ जितेन्द्र अग्रवाल

सम्पादकीय कार्यालय :

विश्व आयुर्वेद परिषद् पत्रिका

1/231, विरामखण्ड, गोमतीनगर

लखनऊ - 226010 (उत्तर प्रदेश)

लेख सम्पर्क- 09415618097, 09336913142

E-mail - vapjournal@rediffmail.com

dwivedikk@rediffmail.com

dramteerthsharma@gmail.com

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

Contents

- 1- सम्पादकीय 2
- 2- ROLE OF ANUVASANA BASTI AND YONI PICHU IN SUKH PRASAVA
- Singh Amrita, Sharma Kalpana, Singh Rahul Kumar 3
- 3- CONCEPT OF PSYCHOPHARMACOLOGY IN AYURVEDA
- Singh Rahul Kumar, Singh Amrita Nathani Sumit 7
- 4- ASSESMENT OF MANIKI SHUDDHI IN VASANTIKA VAMANA: AN OBSERVATIONAL STUDY
- A Anil Kumar, B S Shridhara 13
- 5- KNEE LIGAMENT INJURY-AN AYURVEDIC APPROACH
- Anita Patel, K P Roshni 17
- 6- PRATISHYAYA VYADHI - A LITERARY REVIEW
- Pandey Ajay Kumar, Tiwari Priyaranjan 21
- 7- AYURVEDIC APPROACH TO THE CONCEPT OF EPIDEMIC AND DISASTER
- Ramesh Kant Dubey, Ankit Gupta 27
- 8- A REVIEW ON AGNIKARMA
- Charu Gupta, B.S. Savadi, M.M. Salimath 33
- 9- A COMPREHENSIVE STUDY OF KAPIKACHCHHU (MUCUNA PRURITA)
- Sanjay Prakash, Shivani Ghildiyal 36
- 10- ROLE OF SOCIAL MEDIA IN POPULARIZATION OF AYURVEDA
- Anamika 41
- 11- परिषद् समाचार 45



विश्व आयुर्वेद परिषद् पत्रिका के माध्यम से मुझे आप सभी प्रबुद्ध पाठकों से सम्वाद करने का सुअवसर प्राप्त हो रहा है। पिछले अंक में मैंने आयुर्वेदिय औषधियों के pre-clinical study के प्रथम, द्वितीय तथा तृतीय चरणों की बात की थी। इस अंक में मैंने भारत सरकार तथा केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् के द्वारा किये जा रहे कार्यों पर प्रकाश डालूंगा।

आयुर्वेद निरंतर प्रगति के पथ पर अग्रसर है। इसके व्यवसायीकरण ने इसे एक मजबूत उद्योग के रूप में स्थापित कर दिया है। आज वैद्यनाथ, झाण्डू, सांडु, डाबर आदि उद्योग आयुर्वेद औषध निर्माण में अग्रणी बने हुए हैं। इस व्यवसायीकरण ने आयुर्वेद के गुणवत्ता नियंत्रण (Quality control) तथा अनुसंधान की ओर भी ध्यान आकृष्ट किया है। पूर्व में भारत सरकार के सम्मुख यक्ष प्रश्न औषधियों के गुणवत्ता मानक स्थापित करने का था, जिससे औषधियों की गुणवत्ता सुनिश्चित की जा सके।



औषधियों के उत्पादन, वितरण, क्रय-विक्रय तथा आयात-निर्यात को नियंत्रित करने के लिए वर्ष 1940 में भारत सरकार द्वारा औषधि एवं प्रसाधन एक्ट, 1940 Implement किया गया। पूर्व में यह केवल एलोपैथिक औषधियों पर ही लागू होता था, पर वर्ष 1964 में Chapter-IV A के अंतर्गत आयुर्वेदिक, सिद्ध एवं युनानी औषधियों के प्रावधानों को भी शामिल किया गया। इस एक्ट की प्रथम अनुसूची में आयुर्वेद की 54 शास्त्रीय पुस्तकों को शामिल किया गया है, जिनमें वर्णित औषधियाँ शास्त्रीय औषधियाँ मानी जाती हैं। अनुसूची टी में आयुर्वेदिक औषधियों के जी.एम.पी. के बारे में विस्तार से बताया गया है। API तथा AFI स्वतः ही प्रकाशन के उपरान्त प्रथम अनुसूची में शामिल हो जाते हैं तथा इनका पालन करना उत्पादनकर्ताओं को कानूनन जरूरी है। समय समय पर इनमें संशोधन होता रहता है तथा नए संशोधन औषधि एवं प्रसाधन नियम 1945 के अंतर्गत आते हैं।

इसी को ध्यान में रखते हुए भारत सरकार ने 1969 में Central Council for Research in Indian Medicine & Homeopathy (CCRIMH) की स्थापना की। इसी कड़ी में भेषजीय मानक (Pharmacopeial Standards) हेतु भारतीय चिकित्सा भेषज संहिता प्रयोगशाला (PLIM) की 1970 में गाजियाबाद में स्थापना हुई। वर्ष 1962 में कर्नल आर. एन. चोपड़ा की अध्यक्षता में आयुर्वेदिक भेषज संहिता समिति (APC) का गठन हुआ तथा 2010 में भारतीय चिकित्सा भेषज संहिता आयोग की स्थापना हुई।

CCRIMH वर्ष 1978 में चार अनुसंधान परिषदों में विभक्त की गई। आयुर्वेद एवं सिद्ध, यूनानी, योग तथा नेचुरोपैथी और होम्योपैथी में अनुसंधान हेतु अलग परिषदों का सृजन किया गया। आयुर्वेद अनुसंधान हेतु केन्द्रीय आयुर्वेद एवं सिद्ध अनुसंधान परिषद् का सृजन हुआ। यह परिषद् 2011 में आयुर्वेद एवं सिद्ध की दो परिषदों में विभक्त हो गई व केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद् (CCRAS) नाम दिया गया।

CCRAS आज अपने अधीन 30 क्षेत्रीय अनुसंधान संस्थानों के साथ आयुर्वेद अनुसंधान में अनुसंधानरत है। वर्तमान में परिषद् में शास्त्रीय औषधियों के चिकित्सा वैधता (Clinical validation) का कार्य किया जा रहा है। परिषद् द्वारा किए गए अनुसंधान कार्यों को पेटेण्ट भी करवाया गया है। अब तक परिषद् को 16 पेटेण्ट जारी किए जा चुके हैं। इस कड़ी में 14 पेटेण्ट फाईल किए जा चुके हैं तथा परिषद् द्वारा विकसित 10 तकनीकों को इंडस्ट्री को स्थानांतरित किया जा चुका है। इस क्रम में 2006 से परिषद् द्वारा APC का कार्य भी चल रहा है। APC द्वारा अब तक 600 एकल औषधियों तथा 152 यौगिक औषधियों के मानक बनाए जा चुके हैं। परिषद् द्वारा किए जा रहे अन्य कार्यों में औषधीय पादपों का Cultivation औषधियों के मानकीकरण, Pharmacological अनुसंधान, Literary अनुसंधान, Tribal Health Care Research सम्मिलित है।

— प्रो० वैद्य के. एस. धीमान

महानिदेशक

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्, नई दिल्ली



ROLE OF ANUVASANA BASTI AND YONI PICHU IN SUKH PRASAVA

- Singh Amrita* Sharma Kalpana** Singh Rahul Kumar***

e-mail : amritathakur0077@gmail.com

ABSTRACT :

The most important physical act performed by women is child birth. To bring healthy offspring and to prevent the pathological changes that occurs during pregnancy and labour, in Ayurvedic classics there are different techniques for achieving sukh prasava from ritumaticharya to sutikaparicharya. In 9th month of pregnancy Acharya Charaka advised use of madhur aushadha siddha tail anuvasana basti and pichu.

The present study was conducted on 30 patients who fulfil the exclusion and inclusion criteria. The study was conducted in two groups. Group A patients were treated with Bala Tail Anuvasan Basti twice a week and use of Yoni Pichu at night from 9th month of pregnancy till delivery. Group B patients were treated only with Yoni pichu at night from 9th month of pregnancy till delivery.

- I. Both groups help in softness of garbha dharini kukshi, sacral region, flanks and back, movement of vayu in right direction that's why faeces, urine, foetus and placenta are expelled easily as compare to other patients. Women gain psychological as well as physiological strength to deliver her baby at proper time.
- II. But Anuvasan basti and pichu was more effective than only use of pichu on these symptoms- vibandha, udarshoola, katishoola, dourbalyata, kshudha vaishmya, nidra vaishmya, intensity of pain, nature of onset of labour, duration of labour, rupture of membrane and on perineal tear.

III. Both Group A and Group B has highly significant result on 1st stage of labour but in Group A mean duration time of labour stages was markedly less than Group B.

Anuvasan Basti and Yoni Pichu (Group A) is more effective than only use of Yoni Pichu (Group B) in the management of sukh prasava.

Key words -

Anuvasan Basti, Yoni Pichu, sukh prasava

INTRODUCTION :

The child birth should be an event of joy and satisfaction. Maintenance of health of the women and well being of the foetus is the aim of antenatal care. Series of events that take place in the genital organs in an effort to expel the viable product of conception out of womb through vagina into the outer world is called labour. Labour is called normal when the onset is spontaneous, at term, with vertex presentation, without undue prolongation, natural termination with minimal aids and without having any complication affecting the health of the mother and the baby.¹ Expected mother always wishes to have a normal vaginal delivery which is valid and safe. Simultaneously with good maternal care during pregnancy and labour, foetus is also taken care of. But nowadays incidence of caesarean section is high due to cultural changes, more anxiety at the time of labour and obstetricians fear of litigation. These causes raise the percentage of caesarean section. To bring about safe and normal delivery with healthy baby Ayurvedic paricharyas have a positive effect.

*M.S.(Ay.) Scholar, **Professor and H.O.D, P.G. Dept. of Prasuti Tantra & Stree Roga, Rishikul Govt. Ayurvedic College, Haridwar (Uttarakhand) ***Lecturer, P.G. Dept. of Drava Guna, Uttranchal Ayurvedic College, Dehradun (Uttarakhand)



Acharyas in our classics explained Garbini paricharya in navam masa in form of yoni pichu, which favours snigdhatta to garbhasnaya marga and anuvasan basti favouring vatanulomana particularly apana vayu, which performs garbha nishkramana.

BASTI AND ITS EFFECT ON PRASAVA:

Basti is considered as the param oushadhi of vata.² Basti is indicated where vayu plays a pathological role. But here in case of pregnant woman, basti is indicated to prevent the pathogenicity of vayu. Apana vayu plays an important role along with vyana vayu, in act of contraction and relaxation of uterus and in expulsion of foetus. Vyana vayu is situated in whole body, said to cause gati (motion), akshepa (contraction), prasarana (relaxation) etc³ When proper time of prasava comes, the vyana vayu stimulate the act of contraction and relaxation in the uterine muscles and due to its, apana vayu becomes active to expel the garbha outside the garbhasaya. In the context of mechanism of normal labour Acharya Charaka has used a term Prasuti Maruta. Prasuti Maruta is nothing but it can be considered as a sub type of apana vayu, having a special function of garbha nishkramana.

Acharya Charaka mentions that basti by reaching up to umbilical region (transverse colon), sacroiliac region (rectum), flanks and hypochondriac region (ascending and descending colon) and churning up of the faecal and morbid matter present there in and at the same time by spreading its unctuous effect in the whole body, draws out the faecal and morbid matter with ease.⁴ It has been further mentioned that while lying in the pakvasnaya (colon) due to its veerya it draws the morbid matter lodged in the entire body from foot to the head, just as the sun situated in the sky sucks up the moisture from the earth.⁵

Acharya Sushruta says that veerya of basti acts over the whole body through the intervention of

apana and other vayus.⁶ Medicines duly administered through the rectum with the help of basti remains in pakvasnaya in the region of pelvis and below the umbilical region where from the veerya of basti medicines spreads all over body just as the water poured at the root reaches all parts of tree through micro and macro channels.⁷ Basti alone has been unanimously claimed as half treatment of the diseases.⁸

Anuvasan basti is sneha basti, due to snehana property, the abdomen, flanks, sacrum and all the genital organs becomes snigdha. The snigdha property removes the rukshata of vayu and thus it controls the exaggerated vata. At the same time for expulsion of foetus, the stretching of ligaments is very much essential, when the vayu is in its normal direction and when the muscles and ligaments have snigdha property, than the expulsion of foetus from the birth canal is not that much difficult. So, in pregnant woman the prakuta apana and vyana vayu are very much essential for normal delivery. At the time of parturition, if anyone of these are vitiated, it will lead to vilambita prasava, moodhagarbha etc, which convert the prasava from normal to abnormal. It is necessary to keep these vayus in their prakritavastha. For that acharyas have instructed to give basti. So anuvasan basti facilitate prakrita and sukha prasava.

MATERIAL AND METHOD:

1- DESIGN OF STUDY: A clinical study with minimum 30 pregnant women following antenatal care, inclusion criteria assigned into 2 groups consisting of 15 subjects each.

Group A: 15 patients had been taken in this group. A primigravida having completed 8th month was given Anuvasan Basti and Yoni pichu.

Anuvasan Basti (Administered from the first day of 9th month twice a week till delivery), Dose: 50 ml



Yoni Pichu (use of pichu at night daily from 9th month till delivery), Dose: 10 ml

Group B: 15 patients had been taken in this group. A primigravida having completed 8th month was given Yoni pichu.

Yoni Pichu (use of pichu at night daily till the urge of micturation from 9th month till delivery), Dose: 10 ml

2-INCLUSION CRITERIA-

- Age group 18-35 y
- all primigravida with vertex presentation.
- gravid women after 8th month.
- patients having adequate pelvis.

3-EXCLUSION CRITERIA - CPD

- Malpresentation
- oligohydramnios
- APH
- pregnancies complicated by jaundice, eclampsia, pre-eclampsia,
- twin preg, anaemia, PIH, DM, renal and cardiac disorder etc

4-ASSESSMENT CRITERIA:

- Bishop's score
- Partograph
- total duration of labour including 3 stages
- pain

DISCUSSION:

The timely administration of anuvasan basti not only improves the foetal growth but also improves snigdha property in the mother's body part like abdomen, flanks, sacrum and all genital organs. This snigdha guna helps in vatanulomana which leads to sukh prasava.

- 1: Both groups help in softness of garbha dharini kukshi, sacral region, flanks and back, movement of vayu in right direction that's why faeces, urine, foetus and placenta are expelled easily as compare to other patients. Women gain

psychological as well as physiological strength to deliver her baby at proper time.

- 2: But Anuvasan basti and pichu was more effective than only use of pichu on these factors: increase abdominal girth, increase maternal weight gain, increase foetal weight, increase amniotic fluid index, favourable Bishop's score.
- 3: Anuvasan basti and pichu was also more effective than only use of pichu on these symptoms- vibandha, udarshoola, katishoola, dourbalyata, kshudha vaishmya, nidra vaishmya, intensity of pain, nature of onset of labour, duration of labour, rupture of membrane and on perineal tear.
- 4: Group A and Group B has highly significant result on 1st stage of labour but in Group A mean duration time of labour stages was markedly less than Group B.

Anuvasan Basti and Yoni Pichu (Group A) is more effective than only use of Yoni Pichu(Group B) in the management of sukh prasava

CONCLUSION:

Great things can be achieved only with labour. To attain the unlimited happiness of motherhood also, labour is very much essential. But the labour should be natural and bearable. When the foetus is expelled out through vagina with less duration and intensity of pain to mother, it is called Prakrita and Sukh prasava. To get the fruitful outcome of nature, Acharya Charka has advised garbini paricharya from conception till delivery, which includes administration of anuvasan basti and use of yoni pichu in navam masa.⁹ This Ayurvedic regimen improves the physical and psychological condition of pregnant women and makes their body suitable for sukh prasava. Hence by above results proper administration of Anuvasana Basti along with the use of Yoni Pichu



in navam masa sustain the exhaustion of prasava and makes pregnant women physically and psychologically strong.

So proper administration of Anuvasan Basti and use of Yoni pichu in 9th month should be followed that will remove the fear of labour pain from pregnant women.

REFERENCES :

1. Dutta D.C., Text Book of Obstetrics including Perinatology and Contraception, Edited by Hiralal Konar, published by New Central Book Agency (P) LTD. Kolkata (India) Sixth Edition 2004, at page no.114
2. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol I, Chaukhamba Bharati Academy, Varanasi (India), at page no.468, (Reprint, 2009).
3. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol II, Chaukhamba Bharati Academy, Varanasi (India), at page no. 777, (Reprint, 2007).
4. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol II, Chaukhamba Bharati Academy, Varanasi (India), at page no. 971, (Reprint, 2007).
5. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol II, Chaukhamba Bharati Academy, Varanasi (India), at page no. 1042, (Reprint, 2007).
6. Sushruta Samhita edited with Ayurveda Tatva Sandipika Hindi commentary by Kaviraja Ambikadutta Shastri Chaukhamba Bharati Sanskrit Sansthan Varanasi, Part-1, Chikitsa Sthana, Chapter 35, Verse no.25-26, Reprint 2006 at page no. 155.
7. Ibid.
8. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol II, Chaukhamba Bharati Academy, Varanasi (India), at page no. 971, (Reprint, 2007).
9. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol II, Chaukhamba Bharati Academy, Varanasi (India), at page no. 939, (Reprint, 2007).



CONCEPT OF PSYCHOPHARMACOLOGY IN AYURVEDA

- Singh Rahul Kumar* Singh Amrita** Nathani Sumit***

e-mail : rsingh.namaste@gmail.com

ABSTRACT :

Psychopharmacology refers to study & use of drugs that influence behaviour, emotions, perception & thought by acting on CNS. Many psychological disorders that are thought to be due to emotional factors also genuine organic disorders. Anxiety induced hypertension is an example. As we cannot isolate the mind from our body, the medicine also cannot be reckoned separately as those can be advised to cure the mental diseases. The descriptions of such drugs are seen variegated in Ayurvedic texts. Among these some drugs are detailed while explaining the properties of single drugs. Some others are found in the context of Rasayana and yet others are indicated for certain systemic diseases. Some are mentioned directly to treat psychological illnesses.

The titles used in classical texts while explaining the drug advised for mental purpose are categorised in two groups.

1. Drug advised in normal mind like Medhya, etc.
2. Drug advised in diseased state like Unmaad har & Sangyasthapana, etc.

In treatment of mental diseases we have not only to treat the psychological diseases, but also have to give attention to the body. Providing nourishment to the body is an example. In Ayurveda there are many drugs for the treatment of mental disease - Vacha, Shankhpushpi, Bramhi & Jatamansi are the some examples.

In present paper efforts have been made to focus on single herbs and related therapeutic classes used in psychological disorders for their indication and probable mode of action.

Key Words: Psychopharmacology, Medhya, Sangyasthapana.

INTRODUCTION

Psychopharmacology refers to study & use of drugs that influence behaviour, emotions, perception & thought by acting on CNS. Many psychological disorders that are thought to be due to emotional factors are also genuine organic disorders. Anxiety induced hypertension is an example. In treatment of mental diseases we have not only to treat the psychological diseases, but also have to give attention to the body. Providing nourishment to the body is an example. In Ayurveda there are many drugs for the treatment of mental disease - Vacha, Shankhpushpi, Bramhi & Jatamansi are the some examples.

The drugs used in allopathic treatment of mental disorders have many S/Es as they are synthetic material or active principles derived from plant sources. The continuous use of reserpine, an alkaloid extracted from Rauwolfia serpentina, precipitates suicidal tendencies. On the other hand suicidal tendencies are much lesser if we use the whole drug as a powder or in the form of crude extract such as decoction. Ayurveda has the general concept that the drugs are to be used 'as a whole' and the diseases are

*Lecturer, P.G. Dept. of Dravyaguna Uttaranchal Ayurvedic College Dehradun (U.K.) **M.S. (Ayu.) Scholar, P.G. Dept. of Prasuti Tantra & Stri Rog, Rishikul Govt. Ayurvedic College Haridwar (U.K.) ***Lecturer, P.G. Dept. of Dravyaguna, National Institute of Ayurveda, Jaipur, Rajasthan



also to be viewed as an integral whole. Most of the Ayurvedic remedies are formulations containing many ingredients. Such combinations have an internal balance that minimises the chances of side effects.

Mental diseases like depression and anxiety are common psychiatric conditions. However, depression is a more serious condition as it can disrupt the normal social life and may drive the individual to commit suicide. It is essential to diagnose this state early, as antidepressant drugs can alleviate the majority of depressive illnesses.

For the successful treatment of depression doctor - patient relationship is important. The doctor must try to create confidence in such patient. Nothing should be done to increase the guilt feeling. Patient with agitation or anxiety are treated with sedative antidepressants. Anti - anxiety agents like meprobamate and ebbrdiazepoxide may be combined to lessen anxiety in early stages while a sedative like diazepam and flurazepam may be given at bed time in those who complain of early waking. Phenothiazines can be combined with tricyclic compounds in depression with accompanying agitation or psychotic symptoms.

It may be pointed out that the relationship between depression and anxiety is complex. Both these can coexist in a patient with neurotic illness. In schizophrenia or in organic syndromes, finally depression can be precipitated as a reaction to severe anxiety.

Groups of Drugs (Ganas / Mahakashayas) beneficial in psychological disorders

As we cannot isolate the mind from our body, the medicine also cannot be reckoned separately as those can be advised to cure the mental diseases. The descriptions of such drugs are seen variegated in Ayurvedic texts. Among these some drugs are detailed while explaining the properties of single drugs. Some others are found in the context of

Rasayana and yet others are indicated for certain systemic diseases. Some are mentioned directly to treat psychological illnesses.

The titles used in classical texts while explaining the drug advised for mental purpose are categorised in two groups.

1. Drug advised in normal mind like Medhya, etc.
2. Drug advised in diseased state like Unmaad Har & Sangyasthapana etc.

Here the brief description of groups used in psychological disorders is given along with important single herb of particular group.

(A.) Medhya dravyas

(Drugs to promote acuity of the mind)

Medha is term used to denote acuity of mind. Most of the medicine are explained under this group are used in Ayurvedic psychiatry. Under rasayana group of medicine a separate subgroup is dealt for promoting the acuity of mind (medhya rasayana) which have drugs like Mandookparni, Yashimadhu, Guduchi and Shankhapushpi. [1] Besides these other drugs have also medhya property like Kooshmanda & Jyotishmati etc. These drugs are advised in obsessive psychosis (Atatva abhinivesh).

Certain drugs coming under this group are sweet & cold in potency. Some others have pungent or bitter taste and sharp & hot potency. The drugs of hot potency are responsible for ability of grasping (Grahana shakti) & ability of memory (smriti) and of cold potency for ability of retention (Dharan shakti).

Shankhapushpi - Shankha meance a conch. The plant which has flower like a conch is Shankha-Pushpi. At present the following plants are being used for sankhapushpi.

1. Convolvulus pluricaulis (Fam. - Convolvulaceae) - Shankhapushpi consists of whole plant of Convolvulus pluricaulis Choisy (Fam. Convolvulaceae); a prostrate, sub-erect,



spreading, hairy, perennial herb with a woody root stock, found throughout the country^[2]. It containing an alkaloid k/a shankhapushpine, flavonoides, starch & inorganic salt potassium chloride are its important chemical constituents.

2. *Evolvulus alsinoides* Linn. (Fam. - Convolvulaceae) - It known as vishnukranta.
3. *Canscora decussata* Roem & Sch. (Fam. - Gentianaceae) - It known as Dankooni & used as shankhapushpi in Bengal.
4. *Clitoria turnatea* Linn. (Fam. - papilionaceae) - It is known as Aparajita. In south India it is considered as sankhapushpi.^[3]

Convolvulus pluricaulis works as a stimulant for brain in a way to improve its capacity, ability etc. Natural chemical composition in the *Convolvulus pluricaulis* helps brain to calm down and relieves the tension, which is why *Convolvulus pluricaulis* is also used as tranquilizer for those who suffer from insomnia. *Convolvulus pluricaulis* is also used as one of the most important ingredient in treatment of disorders/syndromes such as hypertension, anxiety neurosis, stresses etc. *Convolvulus pluricaulis* is mainly used as a brain tonic and brain stimulator. Daily consumption of *Convolvulus pluricaulis* prevents memory loss. The whole plant of *Convolvulus pluricaulis* is used as medicine.

Brahmi - Brahmi is also a controversial drug. The source plant of this drug is *Centella asiatica* (L.) Urban (Fam. Apiaceae).^[4] But in south India *Bacopa monieri* (L.) Pennell (Fam. Scrophulariaceae) is used as Brahmi.^[5] In Ayurveda the drug is used as a brain tonic. It has anxiolytic and anti-stress actions. Brahmi is used as nervine tonic in hysteria, depression, insanity and epilepsy. It has tranquilizing and sedative effect. It is bitter, astringent & pungent in taste and cold in potency. It is used in vitiated conditions of Pitta.

Jyotishmati - The source plant is *Celastrus paniculatus* Willd. (Fam. - Celastraceae). The bark

leaves, & seeds are the useful parts. The bark has abortive action & is a brain tonic. The leaf sap is good antidote in opium poisoning. For sharpening the intellect, *Celastrus paniculatus* is the drug of choice in Ayurveda.^[6] It is pungent & bitter in taste and hot in potency. It is used in vitiated conditions of Vata & kapha.

(B) **Sanjna Sthapana Dravyas**- संज्ञा ज्ञानं च स्थापयतीति संज्ञास्थापनम् (च.सू. 4/8 चक्र.) The drug which will restore the lost consciousness is known as "Sanjna Sthapana" e.g. Vacha, Hingu etc. These drugs may be used in conditions like Mada, Murcha, Sanyasa & Apasmara etc.

Charak samhita gives a group of ten drugs having this efficacy.^[7]

हिङ्गुकैटर्यारिमेदवचाचोरकवयःस्थागोलोमी जटिलापलं कशाशोकोरोहिण्य इति दशेमानि संज्ञास्थापनानि भवन्ति। (च.सू. 4/18)

According to Ayurveda the disease Murcha is due to vitiation of Sharirik Dosha Pitta and Manas dosh Tama. Hence the drugs of cold potency is used to pacify Pitta and of hot potency to pacify Tama.

Vacha - Biological source - The drug consists of dried rhizome of *Acorus calmus* Linn. (Fam.- Araceae). The plant is found in Eastern Himalaya up to the height of 2000 meter. The rhizomes of the plant are collected during autumn when they are rich in volatile content. The rhizomes are brownish in colour having characteristic aromatic odour with bitter and disagreeable taste. The North American race of the plant contains 2 percent volatile oil having no asarone content whereas the volatile oil contents are much higher in the European & Asian race. Asarone content in the volatile oil obtained from the Indian race of the drug is very high (up to 80 percent). The drug also contains bitter substance acoron, resins, & tannins. It has following properties and actions. Rasa - katu, tikta, Guna - laghu, tikshna, Veerya - ushna, Vipak - katu. Hence it is useful in vitiated conditions of Vata &



Kapha. The properties decrease the veiling of TAMAS & increase the liveliness (CHETANAA). Vacha is useful in epilepsy, convulsions, delirium, amnesia, & other mental disorders. Acorus calmus is tranquilizing drug. The tranquilizing property is attributed to the presence of 'Asarone' and comparable to those of chlorpromazine & reserpine. It has intellect promoting property & has anticonvulsant action. It is a nervine tonic.^[8]

Jatamansi - *Nardostachys jatamansi* DC. is important plant of the family Valerianaceae. In Ayurveda, Jatamansi is commonly used as a Rasayana for (i) stress / brain related disorders and (ii) cognition / memory enhancement. For these purposes, India alone consumes 3000 tons of N. jatamansi per annum. To meet this need, 1000 tons is imported every year from Nepal. Market survey revealed that demand of high-altitude N. Jatamansi is increasing, while its supply is dwindling. To meet the difference between demand and supply, Jatamansi is adulterated with the roots of *Valeriana officinalis*, *Valeriana wallichii* (Tagar), *Cymbopogon schoenanthus* and *Selinum vaginatum* (Bhutakeshi).^[9] Though N. jatamansi is mentioned in the critically endangered plant category. According to Ayurveda, it has following properties and action.

Rasa: Tikta, Kashaya, madhur, Guna: Laghu, snigdha, tikshna, Virya: Sita, Vipaka: Katu, Prabhava: Bhutaghna (manasdosahar), Doshakarma: Balances the three doshas viz., Vata, Pitta and Kapha.

The bio-chemicals extracted from the roots of Jatamansi are rich in sesquiterpenes and coumarins. Some of the bio-chemicals include Jatamansone or valeranone, which is the principal sesquiterpene. In Ayurveda, N. jatamansi is used for nervous disorder like hysteria, epilepsy, insomnia, headache, excitement, menopausal symptoms, flatulence, and intestinal colic etc. It is also known to enhance memory and treat mental instability. Cardiotonic

properties have also been attributed to Jatamansi root. According to Ayurveda, in the diseases like Aptantraka i.e. hysterical neurosis (su.ni. 1/65) & Apasmar i.e. epilepsy (su.u.61/7) etc Sanjyanash (murchha) takes place and N. jatamansi widely used for this purpose.

(C.) Dravyas of Balya Mahakashaya - The drug which provides strength to body is known as balya. But when we consider the properties and action of these drugs, they not only strengthen the body but also strengthen mind.

Charak samhita gives a group of ten drugs having this efficacy.^[10]

ऐन्द्रीऋषभीऋष्यप्रोक्तापयस्याश्वगंधास्थिरारोहिणी बलतिबला इति दशेमानि बल्यानि भवन्ति। (च.सू. 4/10)

In this group drugs like Endri (*Bacopa monieri*) is responsible for its intellect promoting action,

Hrishibhi (*kapikachchhu*) i.e. *Mucuna prureins* (L.) DC. seeds contain high concentrations of 3, 4 hydroxy phenylalanine i.e. L-DOPA, an unusual non protein amino acid and a direct precursor to the neuro transmitter dopamine, an important brain chemical involved in mood, sexuality and movement. Seeds are found to have antidepressant properties in cases of depressive neurosis when consumed (Oudhia, 2002) and formulations of the seed powder have shown promise in the management and treatment of PD (Chamakura, 1994).^[11]

Ashwagandha (*Withania somnifera* (L.) Dunal) is one of important drug of Balya Mahakashaya which strengthens body as well as mind and known for its Antistress adaptogenic action. Adaptogens or adaptogenic plants, herbs refer to the pharmacological concept. Whereby administration results in stabilization of physiological processes and promotion of homeostasis, for example decreased cellular sensitivity to stress. Ashwagandha supports sound sleep and antistress effect due to alkaloids and glycosides which can affect elements of the central



nervous system and immune system.^[12] An important active principle of *Withania somnifera* is Withaferin-A, have been shown to possess a remarkable range of therapeutic properties i.e. antistress, antioxidant and immunomodulatory.^[13]

(D.) Dravyas of Vayah-sthapana Mahakashaya and other Rasayanas - The drug which prevents ageing process or restore youth is known as Vayah-sthapana. The drugs of this group are Rasayana which impart youth (Tarunam Vayah), Deha bala (body strength), Indriya bala (strength to organs), Ayu (life), Medha (intellect), Smriti (memory), Prabha (complexion) etc.^[14]

Charak samhita gives a group of ten drugs having this efficacy.^[15]

अमृताऽभयाधात्रीमुक्ताश्वेताजीवन्त्यतिरसामण्डूक
पर्णीस्थिरापुनर्नवा इति दशेमानि वयः स्थापनानि भवन्ति ।
(च.सू. 4 / 18)

Drugs used for rejuvenation (Rasayana) act as brain tonics indirectly. They may be conductive for the nutrition of brain by enhancing the cerebral circulation and by providing micro-nutrients. *Acorus calamus*, *Piper longum*, *Curcuma longa*, and the three myrobalans etc. are included as tonics for children (Kumar Rasayan) those improve intellect intelligence, health and longevity.^[16]

(E.) Some other important drugs used in mental disorders Other drugs are like Unmaad har i.e. to cure insanity, either in single or in compound forms. Clarified butter kept for years (at least for ten) is best among these drugs.

Likewise the previous one, great number of drugs can be seen as antiepileptics (Apasmar har) in classics. *Bacopa monieri* & *N. jatamansi* are one of the best antiepileptics according to description. It is a natural fact that drugs promoting Smriti (memory) are advocated mostly in Apa-smriti i.e. epilepsy.

Sarpagandha (*Rauvolfia serpentina* (L.) Benth. ex Kurz) - The drug *Sarpagandha* is

cardiodepressant, hypnotic and sedative. It is used in hypertension, insomnia, sexual aggression and vertigo. The drug is much used in schizophrenia and conditions involving influence of evil spirits (bhutawadha). The classical text of Indian medicine mention about drug, *Sarpagandha* is included in *Aparajit Gana* (susruta uttarantra 60/47) which is indicated in mental disorder^[17].

CONCLUSION

Thus we find that Ayurveda is using a wide range of single drugs and formulations in the prevention and cure of mental diseases. The basic view of Ayurvedic pharmacology is that every material in the universe is created with different kinds of combination of five gross elements (Panchamahabhoota). Among the five divisions of substances as per above view, element predominant in Vayu act in mind level. In the same way out of six tastes bitterness is described as Medhya. This relationship can be more emphasized on analyzing the taste of drugs used in psychic disorder. A number of drugs are described as Medhya (intellect promoting) in which certain drugs are sweet & cold in potency. Some others have pungent or bitter taste and sharp & hot potency. Hence it is almost impossible to attribute the intellect promoting activity of brain tonics on any of the characteristics of the drug. Hence it is reasonable to conclude that the drugs influencing the brain act by virtue of their special property (Prabhava). Intellect (Medha) is threefold and includes the abilities of grasping (Grahana Shakti), retention (Dharana Shakti) and memory (Smriti). The humor Pitta is quick acting and sharp in nature. Perception and recollection are related with these properties of Pitta. Intellectual functions come under the normal activity of Pitta. Retention is more related with the normal activity of Kapha. Drugs with cold potency and hot potency act differently as brain tonics. The former conserve energy and aids intellectual functions where as the later releases



energy and aids them. In context of drugs used in mental disorders, drugs of Balya Maha- kashaya strengthen the body as well as mind; drug like Ashwagandha is beneficial in Anxiety neurosis and Kapikachchhu in Major depression. Drugs of Sanjna-Sthapana Mahakashaya like Jatamansi are beneficial in Aptantraka (Hysterical Neurosis) and Apasmar (epilepsy) etc. Drugs of Aparajit Gana like Sapagandha are used in schizophrenia and conditions involving influence of evil spirits (bhutawadha).

REFERENCES

1. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol II, Chaukhamba Bharati Academy, Varanasi (India), at page no. 39, (Reprint, 2007).
2. The Ayurvedic Pharmacopoeia of India, Part- I, Volume - II, drug no.66, Government of India Ministry of health and family welfare Department of Ayush at page no.155.
3. Sharma P.V., Illustrated Dravyaguna Vijnana, Vol. V; Chaukhamba Bharati Academy, Varanasi, Reprint 2011 at page no.275-276.
4. Sharma P.V., Illustrated Dravyaguna Vijnana, Vol. V; Chaukhamba Bharati Academy, Varanasi, Reprint 2011 at page no.77.
5. Dr. Agnives C.R. and Dr. M.J. George, Concept of Mind (By A Group of Authors) Sankalpa - 2001, Published by Dept. Of Samhitas & Siddhantas, Vaidyaratnam P.S. Varier Ayurveda College Kottakal, at page no. 160-161.
6. Ibid.
7. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol I, Chaukhamba Bharati Academy, Varanasi (India), pp. 97, (Reprint, 2009).
8. Dr. Agnives C.R. and Dr. M.J. George, Concept of Mind (By A Group of Authors) Sankalpa - 2001, Published by Dept. Of Samhitas & Siddhantas, Vaidyaratnam P.S. Varier Ayurveda College Kottakal, at page no. 159.
9. Journal of Herbal Medicine and Toxicology 4 (2) 229-235 (2010) ISSN: 0973-4643.
10. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol I, Chaukhamba Bharati Academy, Varanasi (India), pp.77, (Reprint, 2009).
11. Kavitha C. and Thangamani C., Amazing bean "Mucuna pruriens": A comprehensive review Journal of Medicinal Plants Research Vol. 8(2), pp. 139, 10 January, 2014 DOI: 10.5897/JMPR2013.5036 ISSN 1996-0875 ©2014 Academic Journals ISSN 1996-0875 ©2014 Academic <http://www.academicjournals.org/JMPR> .
12. Mansi B. Modi, Shilpa Donga, Laxmipriya Del. Clinical evaluation of Ashokarishta, Ashwagandha Churna and Praval Pishti in the management of Menopausal syndrome. AYU Journal, 2012, Vol.33, Issue 4,511-516. 24.
13. Parvinder Kaur, Sheenu Mathur, Meenakshi Sharma, Manisha Tiwari, K.K.Srivastava, Ramesh Chandra. A biologically active constituent of Withania somnifera (Ashwagandha) with antistress activity. Indian J. of clinical biochemistry, July 2001; 16(2):195-198
14. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol II, Chaukhamba Bharati Academy, Varanasi (India), at page no. 5, (Reprint, 2007)
15. Shashtri Kashinath & Chaturvedi Gorakh Nath, Ed. Charakasamhita of Agnivesha revised by Charaka & Drudhabala with introduction of Sri Satya Narayana Shashtri, Elaborated Vidyotini Hindi Commentary, Vol I, Chaukhamba Bharati Academy, Varanasi (India), at page no.98, (Reprint, 2009).
16. Kaviraja Ambikadutta Shastri, Ed. Sushruta Samhita of Maharshi Susruta; Ayurveda Tatva Sandipika Hindi commentary , Part-1, Sarira Sthana, Chapter-10, Verse no.50, Chaukhamba Bharati Sanskrit Sansthan, Varanasi, Reprint 2006 at page no. 81.
17. Dr. Pandey Gyanendra; Dravyaguna Vijnana, Vol III; Chaukhamba Krishnadas Academy, Varanasi, Reprint 2004, ISBN 81-218-0087-0.



ASSESSMENT OF MANIKI SHUDDHI IN VASANTIKA VAMANA: AN OBSERVATIONAL STUDY

- A Anil Kumar* B S Shridhara**

e-mail : aanil2011@gmail.com

ABSTRACT :

Ayurveda preaches about "swastasya swaasthya rakshanam and aaturassya vikara prashamanam"¹ i.e. to preserve health of an healthy individual and to mitigate disorder in diseased so giving prime importance to preventive measures. Ayurveda advocates Ritu Shodhana² (seasonal detoxification) to prevent the forth coming diseases. In this study a total of 40 volunteers underwent vasantika vamanakarma procedure and all were assessed by maniki shuddhi by two methods which gave us encouraging results and many subjects attained pittanta lakshana (ended with presence of bile in the vomitus).

KEY WORDS: Ritu shodhana, Vasanta Vamana, Maniki shuddhi.

INTRODUCTION

Panchakarma is the effective and essential part in Ayurveda treatment. It is preventive, Promotive and curative therapy. Ayurveda believes in strong bondage between universe and human being (lokapurusha samyata)³ band states that seasonal changes will influence the biological system resulting into accumulation and aggravation of particular dosha in particular season like kapha dosha accumulates and aggravates in hemanta and vasanta ritu respectively.

Vasantika vamana is done in spring season approximately in the month of March- April for the elimination of vitiated kapha dosha which in turn

helps to prevent the forth coming kaphaja disorders originating or settled in the place of kapha sthana.

MATERIALS AND METHODS

A study was conducted at SJIMM hospital, Govt. Ayurveda medical college, Bengaluru from April 25th 2015 to 12th May 2015. Total 50 subjects were registered and 40 volunteer/patients underwent classical Vamana procedure. All the subjects were educated regarding Vamana karma (including poorva, pradhana and paschat), informed consent was taken and they were examined through specially prepared case proforma.

INDICATIONS & CONTRA-INDICATIONS⁴

Almost everybody can undergo Vasantika Vamana except those suffering from the diseases contraindicated for Vamana like bleeding from the upper channels like mouth, upper GIT, emaciated, very old, pregnant woman, persons with hypertension and heart diseases, vata prakriti and vata disorders.

Beneficial for volunteer's of kapha and kapha pitta prakrithi and patients suffering with kapha disorders and associated pitta disorders or diseases originating or settled in the place of kapha like bronchial asthma, allergic bronchitis, rhinitis, sinusitis, productive cough, hyper acidity, anorexia, indigestion, overweight, obesity, depression, drowsiness, excessive sleep, epilepsy, skin diseases like acne, psoriasis, urticaria, etc.

*PG Scholar, **Professor & H O D, Department of PG studies in Panchakarma, Govt. Ayurveda Medical College, Bengaluru.



DIAGNOSTIC PROCEDURES

The persons were examined on the basis of Dosh, Dushya, Desha (Habitat), Prakriti (Constitution), Bala(Strength) , Kala(Season) , Agni(Digestion and Metabolism), Vaya(Age), Satva (Psychological Strength), Satmya(Adaptability), Ahara(Diet), and fit persons for Vamana were only selected.

OBJECTIVE OF THE STUDY to assess the maniki shuddhi in vasanta vamana

ASSESSMENT CRITERIA

It was assessed by pravara, madhyama and heena shuddhi on the basis of 4 criteria as per the classical text.

Maniki criteria done on the quantity of elimination of doshas. Acharyas have mentioned 2, 1½ and 1 Prasta for pravara, madhyama and heena shuddhi respectively⁵.

Chakrapani has commented on Prasta mana to be considered as Sardhatrayodasha pala⁶ i.e 13½ pala approximately 648ml. (1 pala is equal to 48 ml, so 13½ X 48 = 648 ml)

TABLE 1 SHOWING THE APPROXIMATE QUANTITY OF MANIKI DOSHA

Type of <i>maniki shuddhi</i>	Quantity of <i>dosha</i>	Approx.. quantity
<i>Pravara maniki shuddhi</i>	2 <i>prasta</i>	27 <i>pala</i> = 1296 <i>ml</i>
<i>Madyama maniki shuddhi</i>	1 ½ <i>prasta</i>	20 <i>pala</i> =960 <i>ml</i>
<i>Heena maniki shuddhi</i>	1 <i>prasta</i>	13 ½ <i>pala</i> = 648 <i>ml</i>

The quantity of doshas calculated by total output quantity minus total input quantity.

And one more criteria was adopted by checking the weight of the volunteer just prior to vamana procedure and after completion of vamana procedure through digital weighing machine.

OBSERVATION AND RESULTS

Among the 40 subjects , 14 subjects obtained Pravara shuddhi , 16 subjects obtained madhyama shuddhi, 05 subjects obtained heena shuddhi and 05 subjects obtained ayoga.



TABLE 2 SHOWING THE TYPE OF SHUDDHI OBTAINED

Sl no / Parameters	<i>Maniki shuddhi</i>	<i>Antiki shuddhi</i>	No. subjects
1	<i>Pravara shuddhi</i>	<i>Pittanta</i>	10
		<i>Tiktasyata</i>	04
2	<i>Madyama Shuddhi</i>	<i>Pittanta</i>	13
		<i>Tiktasyata</i>	03
3	<i>Heena Shuddhi</i>	<i>Pittanta</i>	02
		<i>Tiktasyata</i>	03
4	<i>Ayoga</i>		05

TABLE 3 SHOWING THE AVERAGE QUANTITY OF DOSHAS EXPELLED

Sl no /parameter	Type of <i>maniki shuddhi</i>	Approx. quantity of <i>dosha</i> expelled
1	<i>Pravara maniki shuddhi</i>	1078 m l
2	<i>Madyama maniki shuddhi</i>	837.5 m l
3	<i>Heena maniki shuddhi</i>	440 m l

TABLE 4 SHOWING AVERAGE WEIGHT LOSS JUST PRIOR TO VAMANA & AFTER VAMANA

Sl no/ Parameter	Maniki shuddhi	Average weight loss
1	<i>Pravara shuddhi</i>	876gms
2	<i>Madyama Shuddhi</i>	630gms
3	<i>Heena Shuddhi</i>	280.6gms



DISCUSSION

In this present study Majority of the subjects attained *pittantalakshana* didn't irrespective of the *maniki shuddhi*. Few subjects dint get *pittanta* but have felt *tiktaasyata* (*bitter taste*). The reason behind attaining more of *antiki lakshana*, *pravara* and *madyama maniki shuddhi* because natural aggravation of *kapha dosha* in *vasantakala*, *kapha prakriti* persons were more in number and *poorvakarma* was done properly which has helped optimum *dosha utklesha for shodhana*. 05 subjects showed *ayoga lakshana*1 among them had *adhopravritti* of *doshas* soon after *ksheera akantapana* might be because of *mridu koshtha* or improper *aharakrama* during *vishramakala*, subject 1 was unable to consume *ksheeraakanthapana* inspite of counselling and was given *virechana*. In subjects 2 *swayam pravritti* of *doshas* was not seen and refused to vomiting induction and they were administered *virechana*. In subject 1 output was less than input quantity.

CONCLUSION

Vamana karma being a major *shodhana* procedure, *Doshavasechana* (elimination of morbid factors) can be assessed in two methods *i.e* measuring volume (ml) and weight(grams) which matches each other. Hence measuring the weight of the patient through digital weighing machine in terms of kilograms (two –three decimals) just prior and after *vamana karma* gives us the actual amount of eliminated morbid factors from the body. Practically itis difficult to measure/weigh the *dosha* as vomitus contains *ksheera*, *vamanopaga dravya* . By adopting the above two methods we can get accurate amount of *dosha* expelled out from the body.

REFERENCES

- 1- Agnivesha, Charaka samhita, refined by charaka, redacted by Drudabala, Ayurveda deepika

commentary by Chakrapani, Varanasi, Chaukamba sanskrita samsthana; reprint: 2011, Pp- 738. Pn-187

2- /ca.su 6/23,Pn-46

3- /ca.sha 4/13, Pn-318

4- /ca.si 2/8,10,Pn-688

5- /ca.si 1/13-14,Pn-679

6- /ca.si,chakrapani teeka 1/13-14,Pn-679



KNEE LIGAMENT INJURY - AN AYURVEDIC APPROACH

- Anita Patel* K P Roshni**

e-mail : dranitasudha@gmail.com

ABSTRACT :

Knee joint is most remarkable but heavily stressed joint in the body. It has two completely incompatible properties of stability and mobility. It heavily depends on Quadriceps Femoris & Collateral ligaments for stability. Due to increasing no. of road traffic accidents and sports injuries, knee ligament injuries also increasing in number which more commonly occurs in anterior cruciate ligament (ACL), medial collateral ligament (MCL) and meniscus injury.

However surgical reconstruction does not guarantee a previous level of activity, good knee function, future knee preservation. In this case study an effort is made to manage knee ligament injury in cost effective manner. The treatment protocol comprises Bhagnahara Lepa, & Janu Dhara.

Key words:-

Knee Ligament Injury, Bhagnahara Lepa, Janu Dhara.

INTRODUCTION:

Knee ligament injuries consist of trauma to the major stabilisers (anterior cruciate ligament, posterior cruciate ligament, lateral collateral ligament, medial collateral ligament and combinations of these) of the knee. These injuries are characterised in the long-term with mild to quite severe symptomatic instability of the knee. These injuries occur frequently amongst the young and athletic population following sporting accidents and

may lead to significant residual limitation of activity and morbidity. However, active older individuals and victims of motor vehicle injury of any age may also injure their knee ligaments..

Knee joint surgical anatomy :

Knee stability depends on ,

1. Mechanical axis of joint
2. The bony contours

3. Extra articular stabilizers like capsule, synovium, collateral muscles & ligaments, Intra articular stabilizers like menisci & cruciates.

Menisci works as shock absorber, contributes towards stability and helps in knee locking mechanism. Medial menisci is more commonly injured than lateral menisci .

The four main ligaments in the knee connect the femur to the tibia and include the following:

1. Anterior cruciate ligament (ACL) - located in the center of the knee, that controls rotation and forward movement of the tibia .
2. Posterior cruciate ligament (PCL) - the ligament, located in the center of the knee, that controls backward movement of the tibia
3. Medial collateral ligament (MCL) - the ligament that gives stability to the inner knee.
4. lateral collateral ligament (LCL) - the ligament that gives stability to the outer knee.

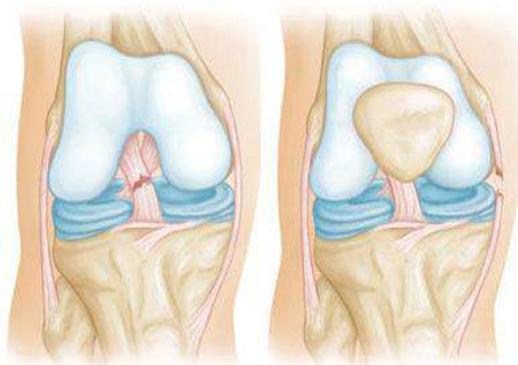
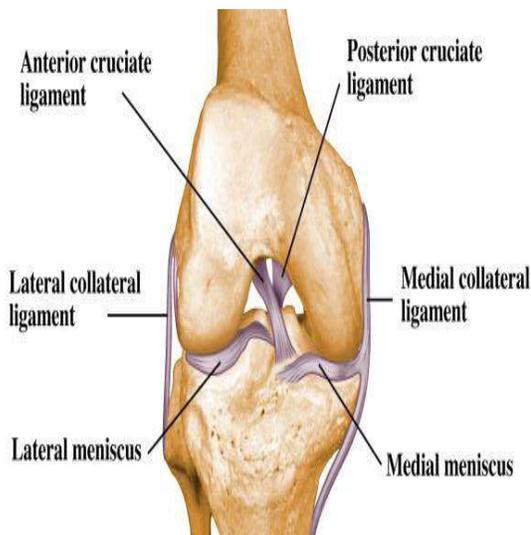
*Asst. Professors , HOD Dept. of Shareer Rachna, **HOD Dept. of Kriya shareera, Sri Jayendra Saraswathy Ayurveda College & Hospital, Nazarethpet, Chennai.



Knee ligament injury : It commonly occurs in anterior cruciate ligament (ACL), medial collateral ligament (MCL) and medial meniscus . Mechanism of injury- Injury occurs due to direct collision or indirect rotation and twisting injury to knee.

These injuries entail serious consequences, including loss of dynamic stability, increased risk of subsequent knee injuries, and early onset of knee osteoarthritis.

Ligament injury: Injury To The Anterior cruciate ligament, Medial collateral ligament, and Medial meniscus



Patient may present with pain, swelling, local tenderness, haemarthrosis, sprain (ligament injury), strain (muscle & tendon injury)

Sprain- I degree- minimal tear with local tenderness and no instability

II degree- more disruption but no instability

III degree- complete disruption

MRI helps to localize the tear

Current treatment option:

These injuries are treated with Surgical repair and reconstruction to restore knee function and previous level of activity .However it doesnot guarantee the previous level of activities and good knee function

Surgery is costly option for middle class people.

Conservative management with immobilization & plaster cast tend to render patient disabled with impaired balance, apprehension towards loading and reduced gait velocity.

Early medical treatment for knee ligament injury may include, but is not limited to, the following:

1. Rest
2. Ice pack application (to reduce swelling that occurs within hours of the injury)
3. Compression (from an elastic bandage or brace)
4. Elevation
5. Pain relievers

A knee ligament tear may be treated with the following:

- 1- Muscle-strengthening exercises
- 2- Protective knee brace (for use during exercise)
- 3- Activity limitations



A cost effective option- An ayurvedic approach:

An effort is made to manage knee ligament injuries in cost effective manner based on Treatment of Bhagna . The treatment protocol comprises Bhagnahara Lepa, Janu Dhara & later rehabilitation therapies along with internal medications.

Case study:

5 young patients with knee ligament injury (ACL, MCL, Meniscus injury) sprain I & II degree were taken for study.

Injury with complete rupture of ligaments, associated with fracture, knee with loose bodies were excluded from study

Duration- 3 weeks as inpatient treatment and follow up as home based therapy for 3 months, with review every 15 days.

Procedures for treatment:

Inform consent signed and treatment procedure & duration of treatment were clearly explained to patients with possible advantages and disadvantages.

Internal medicines-

Lakshadi guggulu- 1 BD × 21 days, after food

Rasna saptaka kashaya- 15 ml ?

45 ml boiled water or hot milk at 6 am & 6 pm for 2 weeks

Gandha taila - 15 drops with kashaya or hot milk throughout intervention

External therapies-

Janudhara with Murivenna & Balaswagandhadi taila , lakshadi taila daily for 1 hr for 3 wks

Upnaha-Bagnahara lepa. It is type of external application which has binding and healing properties, which are essential in ligament repair. It includes ,

Kottamchukadi churna-50 gms

Godhuma churna 50gms

Satapushpa 10 gms

Marma gulika-4 nos

Egg yolk-2 nos

Kayamtirumeni tailam- Q.S.

Lepam is applied over knee joint in evening and remained till next day.

Rehabilitation therapies:

Knee is immobilised in knee immobilizer which is tailor made from mid thigh to midcalf

Isometric quadricep exercise after 2nd wks of immobilisation

Nerve stretching exercise was educated from 3rd wk

Gait training, balance training, were provided initially with immobilizer and later gradually wean out of immobilizer

Outcome measures:

McGill pain questionnaire which is subjective scale with high reliability validity and sensitivity has used to measure outcome of pain

Single hop for distance test was used as objective scale to measure combination of muscle strength , neuromuscular control, confidence in limb , ability to tolerate load .

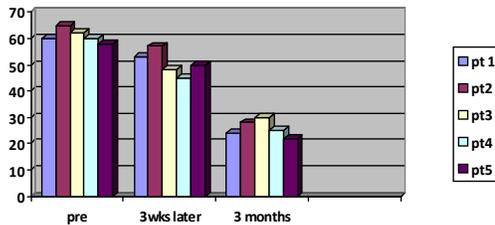
Result:

McGill pain questionnaire

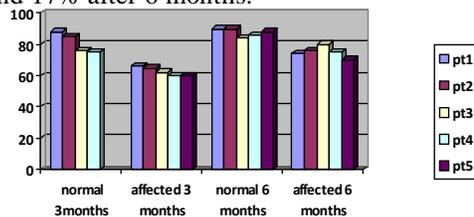
Statistically significant difference between pre & post treatment values for MPQ at 95% confidence interval with p value < 0.001

Single hop for distance test was 28% less than normal side after 3 months and 17% after 6 months

1- There was statistically significant difference between pre test and post test values for McGill Pain questionnaire at 95% confidence interval with a P value <0.0005



- 2- The results of single hop for distance test were 28% less than the normal side after 3 months and 17% after 6 months.



DISSCUSSION:

Murivenna is indicated in ancient text for fracture & dislocation. It is well known in reducing pain and helps in faster healing

balaswagandhadi/ lakshadi taila has special function of improving strength. Overall it has an anabolic effect on muscle and ligaments and promotes early repair

egg yolk and godhuma has binding property which accelerates repair

Satapushpa reduces post traumatic pain

As knee is marma sthana marma gulika was included, which is well known for analgesic and anti inflammatory property

Kayamtirumeni taila with its tissue penetrating property may enhance reconstruction phase.

CONCLUSION:

Non operative conservative management comprising of external application and internal medication along with rehabilitation procedures can effectively manages knee ligament injury

Further result should concentrate on aspect of recurrence and long term follow up to add validity and reliability of potential alternate of non surgical repair of knee ligaments

BIBLIOGRAPHY:

1. Sushruta samhita: Nidan sthana- Bhagna, chikitsa sthana-Bhagna chikisa
2. Bhaishajya ratnavali- Vatavyadhi adhikara
3. Sahasra yogam- Taila prakarana
4. Text book of surgery by Dr Das
5. http://www.hopkinsmedicine.org/healthlibrary/test_procedures/orthopaedic/knee_ligament_repair
6. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/384513/knee_ligament_damage.pdf
7. Shelbourne KD, Davis TJ, Patel DV. The natural history of acute, isolated, nonoperatively treated posterior cruciate ligament injuries. A prospective study. Am J Sports Med 1999 May-Jun;27(3):276-83.
8. Miller RH. Knee injuries. In: Canale ST, editor. Campbell's Operative Orthopaedics. 10th ed. London: Mosby; 2003. p. 2278.
9. Linko E, Harilainen A, Malmivaara A, Seitsalo S. Surgical versus conservative interventions for anterior cruciate ligament ruptures in adults. Cochrane Database Syst Rev 2005;(2):CD001356.



PRATISHYAYA VYADHI - A LITERARY REVIEW

- Pandey Ajay Kumar* Tiwari Priyaranjan**

e-mail : pandeysavarna@gmail.com

ABSTRACT :

As we are living in the 21st century there is a dramatic change in the lifestyle, habits and environment of living being. In ancient days we led a happy and healthy life, but as the lifestyle and environment changed. Pratishyaya vyadhi (Rhinitis) is one of the commonest diseases found due to this change. According to Ayurveda "Pratikshanam shyayate iti Pratishyayah" it means continuous outward motion of doshas. If any type of Pratishyaya (Rhinitis) is neglected and not properly treated at the of an attack, it may bring on cases of malignant Pinasa, which in time turns such as gives rise to a number of diseases deafness, blindness, anosmia, violent ocular affections, cough, reduced of appetite and shopha (swelling). Treatment of all the Pratishyayas (rhinitis) are classified in two types- Aama Pratishyaya and Pakwa Pratishyaya (rhinitis). Anorexia, distaste, thin nasal secretion, pain, dizziness, feeling of heaviness in head with sneezing and pyrexia are common symptoms of Aama Pratishyaya (rhinitis). Feeling of lightness in head, nose and mouth region, yellowish thick and mucoid nasal discharge with down grade symptoms of Aama Pratishyaya (Rhinitis) are common symptoms of Pakwa Pratishyaya (Rhinitis). Aama Pratishyaya (Rhinitis) is converted into Pakwa Pratishyaya by Swedana, Ushna bhojana with amla rasa, Ksheera

ardrka and jaggeries are given. In Pakwa Pratishyaya (Rhinitis) Ghrita pana, Swedana, Vamana, Awapida, Shirovirechana, Virechana, Aasthapana, Dhoomapana, Kawalagraha should be advised

KEY WORDS

Pratishyaya Vyadhi, Ayurveda, rhinitis.

INTRODUCTION

As we are living in the 21st century there is a dramatic change in the life style, habits and environment of living being. In ancient days we led a happy and healthy life, but as the life style and environment changed, we started facing all types of diseases which made us weak and unable to carry out our routine life style. It reduces the immunity and makes us prone to many diseases one of them is Pratishyaya vyadhi (rhinitis). Pratishyaya vyadhi (rhinitis) is one of the commonest diseases found due to this change. It is my simple effort to revalidate Pratishyaya (rhinitis).

LITERARY REVIEW

According to Ayurveda "Vatam prati abhimukham shyayogamanam Kaphadeenam yatra Sa Pratishyayah" it means the disease Kaphadi doshas flows outwards through nose is known as Pratishyaya. Or "Pratikshanam shyayate iti Pratishyayah" it means continuous outward motion of doshas.

NIDANA (AETIOLOGICAL FACTORS)

Acharya Charaka has mentioned following causes of Pratishyaya¹:

* Lecturer Shalaky Tantra ** M.O. (Reader), Govt. Ayurvedic College Gurukul Kangri, Haridwar (U.K.) Pin- 249404



- o Suppression of natural urges
- o Indigestion
- o Excessive exposure to the dust
- o Excessive speech
- o Anger
- o Seasonal variation
- o Excessive exposure of the head to heat
- o A day at night and excessive, sleep (during day time)
- o Exposure to cold water and frost
- o Sexual intercourse and weeping in excess and
- o Exposure to smoky atmosphere.

Whereas Acharya Sushruta has mentioned following causes of Pratishyaya²:

- o Excessive indulgence in sexual intercourse
- o Heating of the head
- o Entrance of the minute particles of dust or smoke into the nostrils
- o Excessive application of cold or heat
- o Voluntary retention of stool and urine.

The above mentioned factors make the dosha (mucus) in the head thick and aggravate vayu giving rise to Pratishyaya.

Madhavnidana, Bhavprakash, Vangasen have mentioned following kalantarjanaka (chronic) causes of Pratishyaya³:

- o Habit of retention of natural urges
- o Indigestion
- o Intake of Guru taste (difficult to digest) and sweet dravyas
- o Awakening at night
- o Excessive sleeping in day time
- o Intake of cold water after taking food

The above mentioned factors cause accumulation, aggravation and vitiation of doshas. By virtue of which vitiated doshas after coming in Siras (channels) congeals Srotas and bring an attack of Pratishyaya (Rhinitis).

SAMPRAPTI (AETIOGENESIS) 4

The fundamental principles of Vata, Pitta and Kapha jointly and separately, as well as of blood becoming aggravated by various aggravating factors, bring on an attack of Pratishyaya in course of time such as -

- o Exposure to dew breeze and dust
- o Too much of speaking
- o Sleeping and keeping awake
- o Keeping the pillow either very low or very high under the head
- o Drinking more quantity of water
- o Indulging more in water sports
- o Suppression of vomiting and tears etc., by these and other similar causes the doshas dominated by Vata become solidified in the nose and produce Pratishyaya when advanced leads to kshaya.
- o By constant use of heavy, sweet, cold and dry substances
- o Sleeping after repeatedly taking two types of milk (wet - nurse's and mother's milk or mother's milk and cow's milk)
- o Taking bath daily after heavy diet
- o Indigestion or having association of Kapha
- o Drinking of and bathing in cold water
- o Taking too much water after eating
- o Suppression of natural urges
- o Habit of retention of natural urges
- o Daily sleeping improperly

Sleeping too much in lateral position or with covered face daily and due to other etiological factors, in the person having weak digestive power and using incompatible diet, the aggravated Vata vitiates upper location of Kapha, congeals the channels and produces catarrh (congestion) of srotas, this when it nanes vitiates channels of oral cavity then disorders of oral cavity develop, when ear, then ear disorders, when (goes) towards the nasal root with Kapha, Pitta or blood, then is called Pratishyaya.



TYPES OF PRATISHYAYA ACCORDING TO DIFFERENT CLASSICS

Sr. No	Type of Pratishtyaya	Charaka	Sushruta	Vagbhata	Madhava	Bhavaprakash	Kashyapa
1	Vataja	✓	✓	✓	✓	✓	✓
2	Pittaja	✓	✓	✓	✓	✓	✓
3	Kaphaja	✓	✓	✓	✓	✓	✓
4	Raktaja	-----	✓	✓	✓	✓	-----
5	Tridoshaja	✓	✓	✓	✓	✓	✓

PREMONITARY SYMPTOMS OF PRATISHYAYA (PURVARUPA)

- o Heaviness of the head
- o Sneezing and aching in the limbs
- o Appearance of goose - flesh upon the body, as well as many other different kinds of supervening symptoms are seen to precede an attack of Pratishtyaya, these symptoms are mentioned by Sushruta.⁵
- o Excessive of sneezing
- o Heaviness of the head
- o Total body stiffness
- o Body-ache
- o Appearance of goose flesh upon the body, these are the premonitory symptoms mentioned by Madhavnidana, Bhavprakash and Vangasen.⁶

SYMPTOMS OF PRATISHYAYA (RUPA)

VATAJA PRATISHYAYA

According to Acharya Charaka pain, pricking sensation, sneezing, running nose, difficult voice and headache are the symptoms of Vataja Pratishtyaya.⁷

According to Acharya Sushruta feeling of blockage in nose, thin secretions from nose, dryness

of throat, palate and lips, pricking sensation in Shankha pradesh (headache) and difficult voice.⁸

According to Acharya Vagbhata there is headache and toothache, creeping sensation around eye brows, difficult voice, delayed paka (thickness of secretions), cold and clear secretions from nose.⁹

PITTAJA PRATISHYAYA

According to Acharya Charaka there is cellulitis in anterior part of nose, fever, dryness in mouth, thirst and hot yellow secretions from nose.¹⁰

According to Acharya Sushruta there is hot yellowish secretion from nose, krisha (thin) and pale, pyrexia, excessive thirst and smoky feelings in mouth.¹¹

According to Acharya Vagbhata there is thirst, pyrexia, vestibulitis and furunculosis in nasal cavity and Rooksha (dry), reddish yellow secretions.¹²

KAPHAJA PRATISHYAYA

According to Acharya Charaka there is cough, anorexia, itching and thick mucoid secretions through nose and mouth.¹³

According to Acharya Sushruta there is cold and whitish secretion through nose, patient looks whitish with periorbital swelling and feeling of heaviness



in head and face, feeling of excessive itching at scalp, neck, palate and lips.¹⁴

According to Acharya Vagbhata there is cough, anorexia, breathlessness, vomiting, heaviness, feeling of sweetness, itching and slimy whitish discharge.¹⁵

TRIDOSHAJA PRATISHYAYA

According to Acharya Charaka there is mixture of Vataja, Pittaja and Kaphaja Pratishyaya with excessive pain.¹⁶

According to Acharya Sushruta there is recurrent on and off symptoms of Pratishyaya. It may or may not be Paka (thickness of secretion).¹⁷

According to Acharya Vagbhata there is mixture of Vataja, Pittaja and Kaphaja Pratishyaya with on and off symptoms.¹⁸

RAKTAJA PRATISHYAYA

Pointed that Sushruta there is bleeding through nose and redness in eyes and haemoptysis and halitosis through nose and mouth, loss of perception of smell, tiny whitish worms in the nose and symptoms of Krimija Shiroroga.¹⁹

According to Acharya Vagbhata vitiated blood after reaching into the veins of nose originates Raktaja Pratishyaya, numbness in chest region, redness of eyes, halitosis, itching in ear, eye and nose and rest of symptoms of Pittaja Pratishyaya.²⁰

UPADRAVA (COMPLICATIONS) ²¹

DUSHTA PRATISHYAYA

As per Acharya Charaka there is on and off nasal blockage, nasal secretion, cellulitis, anosmia and foul smell from mouth. There are multiple episodes of such kind of conditions.²²

According to Acharya Sushruta there is on and off secretions and dryness in nasal cavity. There is on and off blockage and clearance of nasal pathway. There is foul smell during inspiration and expiration. There is anosmia to the patient. Such type of symptoms is present in Dushta Pratishyaya.²³

If any type of Pratishyaya is neglected and not properly remedied at the onset of an attack, it may bring on cases of malignant pinasa, which in time gives rise to a number of diseases and produces in its train deafness, blindness, loss of smell, violent ocular affections, cough, dullness of appetite and shophya (swelling).²⁴

The Pratishyaya having predominance of Vata and Kapha is often due to all the three doshas. This decreases strength, digestive power and complexion and if neglected kills the person.

Sushruta, Yogaratnakar have mentioned that malignant nature of the diseases (Dushta Pratishyaya) should be regarded as extremely hard to cure (Krichhrasadhya).

If any type of Pratishyaya is neglected, not properly remedied at the outset of an attack then after some period it was not cured.

MANAGEMENT OF PRATISHYAYA

According to Chakradatta five diseases like eye disease, abdominal disease, Pratishyaya, Vrana and Jwara can be cured with help of five days Langhana.²⁵

Treatment of all the Pratishyayas (Rhinitis) are classified in two types-

1. Aama Pratishyaya
2. Pakwa Pratishyaya

SYMPTOMS OF AAMA PRATISHYAYA

There is anorexia, distaste, thin nasal secretion, pain, dizziness, feeling of heaviness in head with sneezing and fever.²⁶

SYMPTOMS OF PAKWA PRATISHYAYA

Decrease symptoms of Aama Pratishyaya. There is feeling of lightness in head, nose and mouth region, yellowish thick and mucoid discharge.²⁷

TREATMENT OF PRATISHYAYA

1. To convert Aama Pratishyaya into Pakwa Pratishyaya - Swedana, Ushna bhojana with



amla rasa. Ksheera ardrka and jaggeries should be advised.²⁸

2. In Pakwa Pratishyaya- Ghrita pana, Swedana, Vamana and Awapida should be advised.²⁹
3. Shirovirechana to expel out thick mucoid secretion
4. Virechana
5. Aasthapana
6. Dhoomapana
7. Kawalagraha

VATAJA PRATISHYAYA³⁰

1. Ghrita siddha with Pancha Lavana or Vidarigandhadi gana.
2. Nasya similar to Ardita Vata

PITTAJA AND RAKTAJA PRATISHYAYA³¹

1. Ghrita siddha with Madhuradi gana
2. Parisheka, Pradeha, Kawala and Nasya with Sheeta virya drugs
3. Similar to Krimija Shiroroga

KAPHAJA PRATISHYAYA³²

1. Ghrita Pana, Snehana
2. Emesis after intake of Yavagu made with Tila and Urada
3. Nasya, Dhoomapana etc.

PATHYA³³

Following factors are to be followed by patient to maintain his/her healthy status.

Sneha, Sweda, Shirah Abhyanga, Purana Yavashali, Kulathya and Mudga Yusha, Mamsarasa of Gramya and Jangala animals, Vartaka, Kulaka, Shigru, Karkataka, Balamulaka, Lashuna, Dadhi, Taptaambu, Trikatu, Katu, Amla, Lavana yukta and Snigdha, Ushna and Laghu Ahara

APATHYA³⁴

Following factors are to be avoided by the patient for betterment of his/her healthy status-

Snana, Krodha, Mala - Mutra - Vayu Vegavarodha, Shoka, Dravapadartha, Bhoomishaiyya.

CONCLUSION

In the person having weak digestive power and using incompatible diet, the aggravated Vata vitiates upper location of Kapha, congeals the channels and produces catarrh (congestion) of Srotas and when it vitiates channels of oral cavity then disorders of oral cavity develop, when it vitiates channels of ear then ear disorders, when it moves towards the nasal root with Kapha, Pitta or Rakta (blood), then it is called Pratishyaya. Heaviness of the head, sneezing, aching in the limbs and appearance of goose - flesh upon the body, as well as many other different kinds of supervening symptoms are seen to precede an attack of Pratishyaya (Rhinitis). Pain, pricking sensation, sneezing, running nose, difficult voice and headache are the common symptoms of Vataja Pratishyaya (Rhinitis). Paka (cellulitis) in anterior part of nose, pyrexia, dryness of oral cavity and hot yellowish secretions from nose are common symptoms of Pittaja Pratishyaya (rhinitis). Cough, anorexia, itching and thick mucoid secretions through nose and mouth are common symptoms of Kaphaja Pratishyaya (rhinitis). A mixture of Vataja, Pittaja and Kaphaja doshas with excessive pain are common symptoms of Tridoshaja Pratishyaya (rhinitis). Bleeding nose, redness in eyes, haemoptysis, halitosis, loss of perception of smell, tiny whitish worms in the nose and other symptoms of Krimija Shiroroga are common symptoms of Raktaja Pratishyaya (Rhinitis). Treatments of Pratishyayas are narrated by our Acharyas and we should bring those in practice to help community and ourselves.

REFERENCES-

1. Charaka Chikitsa- 26/104-105
2. Sushruta Uttara- 24/3
3. Madhava Nidana- 58/12-13
4. Sushruta Uttara- 24/4
5. Sushruta Uttara- 24/5



6. Madhava Nidana- 58/15
7. Charaka Chikitsa- 26/105
8. Sushruta Uttara- 24/6
9. Ashtanga Hridaya Uttara- 19/3-4
10. Charaka Chikitsa- 26/106
11. Sushruta Uttara- 24/7-8
12. Ashtanga Hridaya Uttara- 19/5
13. Charaka Chikitsa- 26/106
14. Sushruta Uttara- 24/9
15. Ashtanga Hridaya Uttara- 19/6
16. Charaka Chikitsa- 26/107
17. Sushruta Uttara- 24/10
18. Ashtanga Hridaya Uttara- 19/7
19. Sushruta Uttara- 24/12-13
20. Ashtanga Hridaya Uttara- 19/8
21. Sushruta Uttara- 24/15-16
22. Charaka Chikitsa- 26/110
23. Sushruta Uttara- 24/16-17
24. Charaka Chikitsa- 26/107-109
25. Chakradatta Pratishyaya Chikitsa
26. Vriddha Sushruta
27. Vriddha Sushruta
28. Sushruta Uttara- 24/19
29. Sushruta Uttara- 24/24-25
30. Sushruta Uttara- 24/25
31. Sushruta Uttara- 24/26-29
32. Sushruta Uttara- 24/30-42
33. Sushruta Uttara- 24/21
34. Sushruta Uttara- 24/22
7. Bhava Prakash Nighantu by M.N. Kurtadkar and V.N. Kurtadkar, published by Dhanvantari Prakashan, Pune 3rd edition 1983.
8. Sharangdhar Samhita by Narayan Ram Acharya, published by C.B.A. Varanasi, 1st edition 2003.
9. Kashyapa Samhita Chaukhamba Sanskrit Sansthan, Varanasi. Edited by Pandit Hemraja Sharma and Satyapal Bhisakacharya.
10. Vangasen Samhita Prachya Prakashan, Varanasi. 1st edition 1983. Edited by Dr. Rajiv Kumar Ray and Dr. Ram Kumar Ray.
11. Bhel Samhita Published by Central Council in Indian Medicine & Homeopathy 1977.
12. Yogratnakar Vidyotini Tikas published by Chaukhamba Sanskrit Sansthan.
13. Sartha Bhaishajya Ratnavali by Rajeshwar Dutta Shastri, Chaukhamba Sanskrit Sansthan.
14. Ayurvediya Panchakarma Vidyan by Vaidya H. S. Kasture. Published by Shri. Baidyanath Ayurved Bhavan Ltd. 3rd edition 1985.
15. Dravyaguna Vidnyan by Priyavrat Shrama, Chaukhamba Sanskrit Sansthan.
16. The Ayurvedic Pharmacopeia of India, Part I Published by Government of India, Ministry of Health and Family Welfare, 1st edition 1999.
17. Database on Medicinal Plants used in Ayurveda Published by Central Council.
18. Scott Brown's otorhinolaryngology edited by Alan G. Kerr. 1st Indian Edition 1994.
19. Ear, Nose, Throat surgery by John R. Cherry.
20. Diseases of Ear, Nose, Throat by Ballenger.
21. Textbook of Diseases of Ear, Nose, Throat by Dhingra.
22. Textbook of Diseases of Ear, Nose, Throat by Bhargava and Shah
23. Textbook of Diseases of Ear, Nose, Throat by Mohd. Makbool.
24. A concise text book of surgery by Dr. S. Das. Calcutta publication, 3rd edition 2001.
25. Short practice of surgery by Bailey and Love's 23rd edition
26. Manipal Manual of Surgery by Shenoy.
27. Human Anatomy (Regional and applied) by Dr. Chaurasia.
28. Gray's Anatomy 30th edition 1995.

BIBLIOGRAPHY

1. Charaka Samhita Chakrapani Tika Chaukhamba Orientale 1984, edited by Yadavaji Trikamji Acharya.
2. Sushruta Samhita with Nibandha Sangraha Commentary of Dalhanacharya, Chaukhamba Orientale, 8th edition.
3. Ashtanga Sangraha by Kaviraj Atridev Gupta, published by Krishnadas Academy, Varanasi 1993.
4. Ashtanga Hridaya with commentary of Arundatta and Hemadri, Nirnay Sagar Press, Mumbai.
5. Madhava Nidan Madhavkara with Madhukosha commentary by Vijayrakshit and Shrikanthadatta, published by Motilal Banarasidada, Delhi 1st edition.
6. Bhavprakashya by Shri Brahma Shankar Mishra and Shri Rupalalji Vaishya, published by Chaukhamba Sanskrit Sansthan, Varanasi, 10th edititon 2002.



AYURVEDIC APPROACH TO THE CONCEPT OF EPIDEMIC AND DISASTER

- Ramesh Kant Dubey* Ankit Gupta**

e-mail : rameshdubey01@gmail.com

ABSTRACT :

There is loss of huge population due to epidemic of various infectious diseases and natural calamities such as cyclone, flood, volcano, earthquake, snow storms, heat waves, famines etc. In Ayurvedic text, the various terms such as Janapadodhwansa, Maraka and Janamara have been mentioned to denote these conditions. Concept of the mass phenomenon of destruction of living beings has been described in Charaka Samhita as Janapadodhwansa. It includes not only destruction of human masses by epidemics but also disasters which lead to damage of large populations along with destruction of environment. There is destruction of large number people in case of outbreak of an infectious disease. The term Maraka used in Sushruta Samhita especially indicates epidemics or pandemics while Janamara described in Bhela Samhita indicates death of whole population by an epidemic or disaster. According to Ayurveda the main cause of mass destruction of people is unrighteousness (Adharma i.e. deeds performed against the law of nature). This scientific article is an effort to correlate the ancient knowledge of this subject with the recent advancements.

Key Words: Janapadodhwansa, epidemic, disaster, Vayu, Jala, Desha, Kala

INTRODUCTION

Janapadodhwansa is the phenomenon wherein a single epidemic disease or derangements in air, water, land or season inflicts the persons having dissimilar constitutions, food, body, strength,

suitability, mind and age simultaneously. There is abnormalities in conditions of environment i.e. air, water, place and fire, stars, planets, moon, and sun along with the derangement in the seasons. Changes that occur in land lead to improper appearance of Rasa (taste), Veerya (potency), Vipaka (biotransformation) and Prabhava (special potency) to herbs, consequently in the absence of these requisite properties, spread of diseases is certain as herbs devoid of their natural properties are ineffective in treatment. Unrighteousness (Adharma i.e. deeds performed against the law of nature) is the main cause of Janapadodhwansa.¹

Janapadodhwansa resembles with epidemics and various disasters of current science. An epidemic occurs when new cases of a certain disease, in a given population, and during a given period, substantially exceed what is expected based on recent experience.² Disasters are stressful life situations that result in great terror, property damage, physical harm, and often death. Calamity and catastrophe, synonymous terms for these traumatic events, often involve extreme forces of nature like earthquakes, fires, floods, hurricanes, and tornadoes. Sometimes, though, people's behavior is the causal factor behind a disaster, or is contributory to higher losses of property and lives from events that were clearly avoidable. This happens through human error, human carelessness and indifference (lax building practices), and intentional acts of cruelty and violence by some individuals against others (incidents of terrorism). Whatever the cause, disaster

*Lecturer, Deptt. of Swasthavritta **Lecturer, Deptt. of Rsashastra & Bhaishajya Kalpana, Govt. Ayurvedic College Atarra, Banda U.P.



victims must struggle to resolve their losses and rebuild their lives, a process that generally takes longer than anyone initially imagines.³ Understanding the concept of Janapadodhwansa and methods of preventing in light of modern knowledge will definitely be helpful in serving the suffering humanity and conserving the environment too.

Concept of Janapadodhwansa

In Janapadodhwansa there is destruction of large number of human beings/herbs either due to diseases or calamities ,despite having dissimilar constitutions, food ,body ,strength ,suitability ,mind and age but having other common factors -air, water , place and time due to derangement of which the diseases having similar periods and symptoms arise and destroy the community.⁴

Abnormality in normal rhythm of seasons especially rain and air leads to changes in properties of medicinal plants and vegetables .Consumption of such plants and intake of vitiated water causes different diseases and sometimes loss of large number of people which has been mentioned as Maraka (Pandemic or epidemic) in Sushruta Samhita.⁵ In Bhela Samhita the term Janamara has been used for an epidemic that kills whole populations due to derangements in seasons.⁶

Air (Vayu)

Air responsible for causing Janapadodhwansa is not in accordance with the season and is excessively moist, speedy, harsh, cold, hot, rough, blocking ,terribly sounding ,excessively clashing with each other, whistling and associated with unsuitable smell, vapors, gravels, dust and smoke.⁷ Cyclones, anticyclones, tornadoes and hurricanes are abnormal conditions of air associated with other factors which cause massive damage to a large population of human, animals and plants.⁸ This can be understood with few events as per description that follows East Pakistan was hit by the world's worst

cyclone in November 1970 in which 200,000 people died and 100,000 others were missing from the storm and a related tidal wave. Southeastern Bangladesh lost 131,000 people (and millions of others died later due to storm-related hunger and disease) following an April 1991 cyclone.⁹ Summertime is hurricane season for the United States and many nearby islands. The worst loss of lives in the Western Hemisphere came when 20,000 to 22,000 people died in Barbados, the West Indies, Martinique, and St. Eustatius, as a result of the Great Hurricane of 1780. Since 1953 storms have received names from the National Weather Service. A storm named Hurricane Mitch (October 1998), killed 11,000 people in Central America, left 2 to 3 million people homeless, and caused \$5 billion in damage. Hurricane Andrew (August 1992) killed only 14 people when it ravaged southern Florida and the Gulf Coast, but it was the nation's most costly hurricane, causing \$15 to \$20 billion in damage. In some communities family residences sustained excessive damage because zoning rules had been ignored and the homes were not structurally able to withstand the easily foreseeable winds in that hurricane-prone area.

The worst single tornado event in U.S. history occurred on March 18, 1925, when Missouri, Illinois, and Indiana's Tri-State Tornado left 689 people dead and injured over 2,000. In March 1952 a two-day, six-state outbreak killed 343 people in Alabama, Arkansas, Kentucky, Missouri, Mississippi, and Tennessee. Another two-day event known as the Super Tornado Outbreak (April 1974) involved 146 twisters in 13 states. When it was all over, 330 people were dead and 5,484 were injured-the most in U.S. history.

Tsunamis are most common in the Pacific Ocean due to the frequency of seismic activity there. In 1883 an eruption of the Krakatoa volcano created a 120-foot wave that killed over 36,000 people in neighboring Papua New Guinea. That island is



clearly prone to tsunamis. In 1998 three smaller waves killed over 2,000 people.⁹ Man made disasters such as Bhopal Gas Tragedy in India on 3rd December 1984 due to leakage in the storage tank of Union Carbide Pesticide Plant released tons of methyl isocyanate into the air and about 2 million people were exposed to the gas leaving about 3000 dead.¹⁰ Some viruses, bacteria and bacterial spores can be carried directly by the wind. Some are spread by droplets in the air e.g. influenza viruses.¹¹ Typically, influenza is transmitted from infected mammals through the air by coughs or sneezes, creating aerosols containing the virus, and from infected birds through their droppings. Influenza can also be transmitted by saliva, nasal secretions, feces and blood. Healthy individuals can become infected if they breathe in a virus-laden aerosol directly, or if they touch their eyes, nose or mouth after touching any of the aforementioned bodily fluids (or surfaces contaminated with those fluids). Flu viruses can remain infectious for about one week at human body temperature, over 30 days at 0 °C (32 °F), and indefinitely at very low temperatures (such as lakes in northeast Siberia). Most influenza strains can be inactivated easily by disinfectants and detergents.

Flu spreads around the world in seasonal epidemics. Three influenza pandemics occurred in the 20th century and killed tens of millions of people, with each of these pandemics being caused by the appearance of a new strain of the virus in humans. Often, these new strains result from the spread of an existing flu virus to humans from other animal species. When it first killed humans in Asia in the 1990s, a deadly avian strain of H5N1 posed a great risk for a new influenza pandemic; however, this virus did not mutate to spread easily between people.¹²

All the description given above indicates the severity of damages caused by deranged air and also proves the role of air as a causative factor for Janapadodhwansa.

Water (Jala)

Water becomes the cause of Janapadodhwansa if it is extremely deranged in respect of smell, color, taste and touch, it is too slimy, deserted by aquatic birds, aquatic animals are reduced and are unpleasing.¹ These changes in water may be observed in case of flood, reduced quantity of water in their sources as seen in drought and also in state of pollution. All these conditions are damaging for animals and plants.

The Fourth Assessment Report (2007) of the Intergovernmental Panel on Climate Change (IPCC) predicts that 'heavy precipitation events, which are very likely to increase infrequency, will augment flood risk'. These floods will affect life and livelihoods in human settlements in all areas, e.g., coastal zones, river deltas and mountains. Flooding is also increasing in urban areas, causing severe problems for poor people. Floods by nature are complex events caused by a range of human vulnerabilities, inappropriate development planning and climate variability. Floods can be predicted to a reasonable extent, with the exception of flash floods, whose scale and nature are often less certain (ADPC, 2005).¹³

Place (Desha)

In an unwholesome place there is distortion of normal color, smell, taste and touch. it contains excessive moisture, it is troubled by reptiles, violent animals, mosquitoes, locusts, flies, rats, owls, vultures, jackals etc. These places have groves of grasses and creepers and abundance of diffusing plants, has a new look, has fallen, dried and damaged crops, smoky winds, crying out of birds and dogs, bewilderment and painful condition of various animals and birds, There is community with abandoned and destroyed virtue, truthfulness, modesty, conduct, behavior and other merits, The rivers of the place are constantly agitated and over flooded, frequent occurrence of meteorites, thunderbolts and earthquakes, fierce and crying appearance. The appearance of the sun the moon and



the stars is rough , coppery ,reddish , white and cloudy .¹⁴

In Bhela Samhita tendency of special diseases in accordance with different populational regions in India has been described in detail. The Eastern peoples that are habitual eaters of fish and rice are likely to be troubled with phlegmatic (Kapha) and biliary (Pitta) disorders .prevalence of elephantiasis and goiter (Galaganda) are mostly seen among them. People in the south habitually consume fish of the river waters and of the sea and mostly troubled with Kustha (skin)diseases . People of the outskirts of Kamboja (Kabul- Afaganistan)¹⁵ constantly consume Masura(Ervum lens), Yava (Hordeum vulgare) ,Godhuma (Triticum sativum) ,and Tila (Sesamum indicum)¹⁶, they mostly complain of (Arsha) piles. Peoples of the West are fond of adventures and they highly desire meat wines and women. Rajyakshma (Tuberculosis /respiratory tract infection) is common in them. People of Bahlika (Iraq)¹⁵ excessively consume vey hot food and meat that is trickling with juices (Abhishyandi) as well as Panakas (syrups) and watery drinks in plenty while peoples of mountainous regions and there neighboring places are by nature itself prone to catch catarrh then prevalent disease in them and the region s of Bahlika (Iraq)country are generally afflicted with diseases of Balasaka (Kapha). (Bhela)

Time (Kala)

Time is said to be unwholesome if there are signs contrary ,excessive or deficient to those of the season .Air, water, place and time are by nature important in progressive order because of the degree of there indispensability. When in any particular region, the cloud does not rain in the months of the rainy season but rains in the season of Hemanta (early winter), it is in such times of seasonal derangements that the epidemics or the killer disease of populations commences or sets forth its activities. Importance of time can be understood in terms of quarantine and incubation period .Quarantine is the time period in which the limitation of freedom of

movement of such well persons or domestic animals exposed to communicable disease is done for a period of time not longer than the longest usual incubation period of the disease, in such manner as to prevent effective contact with those not so exposed. Quarantine measures are also applied by a health authority to a ship, an aircraft, a train, road vehicle, and other means of transport or container to prevent the spread of disease, reservoirs of disease or vectors of disease.¹⁷

Measures for Prevention of Janapadodhwansa

As soon as prodromal signs of Janapadodhwansa are observed sufficient quantities of herbs to be used in case of spread of diseases should be collected. Despite derangement in air, water, place and time (season), epidemic and disaster producing factors the persons managed with preventive therapy remain immune against the diseases. For the prevention of the diseases Pancha Karma (emesis, purgation, oil-enema, decoction enema and nasal medication) is the best treatment. After this Rasayana (rejuvenative) therapy and management with the drugs collected previously before the onset of epidemics is recommended. Water having unnatural characteristics should be discarded. Other measures to be of help are good conduct, self control, acts of righteousness and migration to a healthy unaffected place.¹⁸

DISCUSSION

All most all Ayurvedic texts have described Janapadodhwansa in detail which shows its importance in ancient time as well. Chakrapani the commentator of Charaka Samhita has further elaborated two types of etiologies for origin of diseases. First type is Asadharana (specific) which is peculiar to each individual and depends on there dietary, habits, Dosha, etc. while the second one is Sadharna (general) that is related to development of diseases in large number of people irrespective of individual factors,due to defect in Vayu (air) Jala (water), Desha (place) and Kala (time).¹⁹ Janapadodhwansa is related to latter one. Description of Janapadodhwansa in Charaka Samhita includes



not only mass destruction due to epidemics but also those caused by natural calamities and condition resulting from derangement of air, water (air & water pollution), soil and land derangements i.e. soil pollution and earthquakes and abnormal changes in seasons i.e. excess rain, cold, heat stroke etc. Several factors may be responsible for Janapadodhwansa but important factors can be counted as Vayu, Jala, Desha and Kala. Of these four factors the Kala (time) is the most significant one. It is not only important in prevention but in management too.

Epidemiologists consider the term outbreak to be synonymous to epidemic, but the general public typically perceives outbreaks to be more local and less serious than epidemics.²⁰

An epidemic may be restricted to one geographical area without importation from outside when it is called as endemic, however if it spreads to other countries or continents and affects a substantial number of people, it may be termed a pandemic.²¹

When an epidemic disease breaks in a region, it affects a large number of persons in the community not similar in all respects. As these diseases are very powerful their mode of spread is very quick and their source is common, Ancient scholars have recognized that such epidemics /disasters are due to effect of contaminated and deranged air, water, place and season which are common to all in community. They attributed their cause to superhuman forces such as planets, comets, meteors etc. Natural calamities (earth-quakes, typhoons, volcanoes, forest fires etc) which are in turn due to Adharma (unrighteous acts) of the community as a whole. Dharma may encompass ideas such as duty, vocation, religion and everything that is considered correct, proper or decent behavior.²² All the deeds against Dharma are Adharma which may be considered responsible for various man made disorders as well pollution of air, water, soil and derangement of seasons as a result of global warming and other factors.

In Bhela Samhita distresses due to non compatible odours has been mentioned which may be correlated with allergic fevers and reactions. This text further describes that in places where wind blows excessively carrying in compatible odour, catarrh or cold or cold generally prevail among the people there. In addition to this a person may develop pustules called Batalika (which may be compared with Plague) at the arm-pits or the groins, on the sole of the foot and the palm of the hands, at the neck or the ears, at the pelvic region or in the two arms. Prompt treatment is required in such cases as if this becomes fully grown it will kill the person. Arisen by aggravation of Pitta and Shleshma and congealed in a localized place as usual by the activities of Vata and Shonita (blood) which constitute the elements that move about in the body this pustule is called Batalika (Plague).²³

Kala (time) is said to be the most important because there is no exact substitute for it, for example in case of epidemic the infected person has to be quarantined for a suitable period specific to the disease, polluted air or water or land can be replaced with unpolluted one.

CONCLUSION

From the foregoing discussion it can be concluded that the phenomenon of epidemics and various disasters were well documented by ancient Ayurvedic scientists and these have been described by various terms such as Janapadodhwansa (epidemic and disasters), Janamara (epidemic with high mortality) and Maraka (Pandemic or epidemic). They have also suggested different methods for preventing them. These included migration to healthy or unaffected and healthy places, collection of potent herbs, good conduct, self control and Panchakarma and Rasayana (rejuvenative) therapy to boost general body structures (Dhatu) These measures well correlate with modern measures such as immunization and isolation of infected persons in case of epidemics and quick response and preparedness for disasters.



REFERENCES

1. Charaka Samhita (English):Charaka Samhita by Agnivesha with English Translation by Priya Vrata Sharma ,Vol.1, Chaukhambha Orientalia , Varanasi, 1st Edition,1981. P 314-315
2. Principles of Epidemiology, Second Edition. Atlanta, Georgia: Centers for Disease Control and Prevention available from en.wikipedia.org/wiki/Epidemic
3. Dingman, Robert, ed. "Disasters and Crises: A Mental Health Counseling Perspective." Journal of Mental Health Counseling 17, no. 3 (1995) available from <http://www.deathreference.com/Da-Em/Disasters.html>
4. Ashtanga Samgraha of Vagbhata .translated by Prof. K.R Srikantha Murthy ,Chaukhambha Orientalia, Varanasi ,Vol. 1 8 th Edition ,2004,P. 215-218
5. Sushruta Samhita text with English translation by kaviraj Kunjalal Bhishagratna.,prologued and edited by Dr.Laxmidhar Dwivedi -Chowkhambha Sanskrit Series Office, Varanasi, 2nd edition ,2002,P.49-50
6. Bhela Samhita text with English translation ,commentary and critical note by Dr K.H. Krishnamurthy , edited by Prof. Priya Vrata Sharma Chukhambha Vishvabharati ,Varanasi (India),reprint2003,P.58-61
7. Ursano, Robert J., Carol S. Fullerton, and Ann E. Norwood. "Psychiatric Dimensions of Disaster: Patient Care, Community Consultation, and Preventive Medicine." Harvard Review of Psychiatry 3, no. 4 (1995):196-209. available from <http://www.deathreference.com/Da-Em/Disasters.html>
8. Weaver, John D. "How to Assist in the Aftermath of Disasters and Other Life Crises." In Leon VandeCreek and Thomas L. Jackson eds., Innovations in Clinical Practice: A Source Book, Volume 17. Sarasota, FL: Professional Resource Press, 1999 available from <http://www.deathreference.com/Da-Em/Disasters.html>
9. Internet, <http://www.deathreference.com/Da-Em/Disasters.html>
10. Park.K Park's Text Book of Preventive and Social Medicine by K.Park; Banarsi Das Bhawan Publishers, Press Nagar ,Jabalpur,M.P,15th edition 1997. P 656
11. Kumar,P, and Clark, M: Clinical Medicine, W.B. Saunders, An imprint of harcourt Brace and company Ltd , 4th Edition,1998, P 2
12. Internet <http://www.en.wikipedia.org/wiki/Influenza>
13. ADPC and UNDP (2005). Integrated flood risk management in Asia. Bangkok: Asian Disaster Preparedness Center and United Nations Development Programme available from www.adpc.net/maininforesource/udrm/floodprimer.pdf
14. Charaka Samhita (English): Charaka Samhita by Agnivesha with English Translation by Priya Vrata Sharma ,Vol.1, Chaukhambha Orientalia ,Varanasi, 1st Edition,1981. P 314-315
15. Ratnakar Shastri ,Atmaram and Sons, Indian Masters of the science of life, New Delhi 1976,P.869,879
16. Bhav Prakash Nighantu .Hindi commentary by Krishna Chandra Chunekar ,edited by GangaSahaya Pandey ,Chaukhambha Bharati Academy,Varanasi , reprint ,1999 P.641-647,652,658
17. Park.K Park's Text Book of Preventive and Social Medicine by K.Park; Banarsi DasBhawan Publishers, Press Nagar ,Jabalpur,M.P,15th edition 1997, P 104
18. Sushruta Samhita text with English translation by kaviraj Kunjalal Bhishagratna.,prologued and edited by Dr.Laxmidhar Dwivedi -Chowkhambha Sanskrit Series Office, Varanasi, 2nd edition ,2002,P.49
19. Charaka Samhita (Sanskrit) of Agnivesha revised by Charaka and Dridhbala with the Ayurveda Dipika Commentary of Chakrapanidatta,edited by Acharya Jadavaji Trikamji, Chaukhamba Sanskrit Sansthan, Varanasi, Fourth Edition,1996, P.240
20. Green MS, Swartz T, Mayshar E, Lev B, Leventhal A, Slater PE, Shemer J (January 2002). "When is an epidemic an epidemic?". Isr. Med. Assoc. J. 4 (1): 3-6. PMID 11802306. <http://www.ima.org.il/imag/ar02jan-1.pdf>.
21. Park.K Park's Text Book of Preventive and Social Medicine by K.Park; Banarsi DasBhawan Publishers, Press Nagar ,Jabalpur,M.P,15th edition 1997. P.88
22. Internet <http://en.wikipedia.org/wiki/Dharma>
23. Bhela Samhita text with English translation, commentary and critical note by Dr K.H. Krishnamurthy, edited by Prof. Priya Vrata Sharma Chukhambha Vishvabharati ,Varanasi (India), reprint 2003,P.59



A REVIEW ON AGNIKARMA

- Charu Gupta* B.S. Savadi** M.M. Salimath***

e-mail : drcharugupta7@gmail.com

INTRODUCTION :

The word Agni is derived from the root “agigatau agyati agnayamna prapyanti” i.e it gives the rebirth, is utilized to cure and prevent the diseases.

Agnikarma as the name indicates which is made up of two words i.e agni and karma. Agni has got swabhava of moving upwards, is the important one among panchamahabhutas. On the basis of loka purusha sadharmya, the agni that exists in the body, possesses the same properties as that of agni in the world.

In agnikarma, agni is applied directly or indirectly with the help of different materials to cure the disease. So, any procedure that involves the agni directly or indirectly is considered under agnikarma.

The agnikarma is also known by different names like dahanakarma, dahakarma, dagdhakarma, jalankarma, tapanakarma and pachanakarma .

Mere utilization of agnikarma, which is counted in anushastra, upayantra and shashti upkrama provides the shalyatantra as the unique position among the eight faculties of Ayurveda.

DEFINITION :

“Agnina kritva yat karma, agne sambhandhi va yat karma, tad agnikarmah tasya vidhirvidhanam”¹

The procedure, which is being carried out by agni or the procedure related with agni is called Agnikarma.

DESCRIPTION IN SAMHITAS

Sushruta Samhita

There is a great contribution of Sushruta to Ayurveda regarding Agnikarma chikitsa. In today's world, Agnikarma procedure is modified as electric cauterization, which is used for various therapeutic purposes starting from minor to major surgical procedures. In the context of Shonitvarnaniya four types of procedures (Sandhana, Skandana, Pachana, Dahana) have been mentioned to control bleeding. Dahana is the last procedure for stoppage of bleeding when other three procedures are failed. Bloodless surgery is evolved from this principle.

It is used as a treatment modality in various diseases like (Antravidradhi, Upadansha, Shleepada)², (Kshudra roga chikitsa)³, (Mukharoga chikitsa)⁴, (extraction of Kanthagata shalya)⁵, (Granthi, Apachi, Arbuda)⁶.

Charaka Samhita

Charaka Samhita is mainly based on medicine but still in “Dwivraniye Chikitsa” agni karma is indicated under 36 Upakramas of Vrana⁷, in the management of Kaphaja gulma⁸, Arsha Chikitsa⁹, Mamsaja vikara¹⁰, Bhagandara¹¹ etc.

Vagbhata

Vagbhata has told some more types of Agnikarma like Swastika, Ashtapada, Ardachandrakara.

Ashtang Samgraha

different diseases¹².

*P.G Scholar, IInd year, **HOD and Guide, ***Reader, Dept. of Shalya Tantra, S. J. G. A. M. C, Koppal, Karnataka.



Ashtang Hridaya

Agnikarma has been indicated as a line of treatment in different diseases in Ashtang Hridaya¹³.

Harita Samhita

Harita has indicated Agnikarma as one of the most important types among eight types of treatment¹⁴.

Chakradatta

Chakradatta mentions about Agnikarma in the context of Vata vyadhi, Kadara, Antravidhi.

Yogaratanakara

Yogaratanakara has mentioned Alabu Agnikarma in vata vyadhi, Snayu, Sandhi, Asthigata vikara etc.

Bhavaprakasha

Bhavaprakasha has mentioned agnikarma vidhi¹⁵ in the reference of fever in treatment of dyspnoea and has also mentioned about Agnidagha chikitsa¹⁶.

Sharangdhara

Sharangdhara has also mentioned Agnidagha Chikitsa in Lepa adhyaya in uttarakhanda¹⁷.

Instruments for extent of burn

Extent of burn

Instrument used

Twak dahana : Pippali, ajashakrut, godanta, shara, shalaka, gugguladi varti, suryakanta

Mamsadahana: Jamboshta, itara loha, suchi, shalaka, madhu, sneha, guda etc.

Sira snayu and sandhi dahana : Madhu, guda and sneha

For kapha pradhan vyadhi : Rooksha dravya

For vata pradhan vyadhi : Snigdha dravya

Dahana Vishesh

It implies to the type of shape produced during agnikarma. According to Sushruta it is of four types.

1. Valaya- Circular shape

2. Bindoo- Dot shape

3. Vilekha- Parallel shape

4. Pratisarana- Rubbing

Vagbhata has mentioned seven varieties of Dahana Vishesh. Four as same as Sushruta and three other:

1. Ardhachandrakara - Semilunar shape

2. Swastika

3. Ashtapada

Suitable season for Agnikarma :

Agnikarma can be done in all the seasons except Sharad and Grishma ritu.

In these seasons, it can be done in the case of emergency that too after adopting counter methods like covering the body or the site of branding with moist cloth, use of cold food items, applying the pastes which are cooling to migrate the effect of burning as told by Dalhana. It is avoided in these ritus because of as there is pitta prakopa in sharad ritu and agnikarma also aggravates pitta and it may lead to pitta prakopa¹⁸.

Poorvakarma

1. The Agnikarma room should be well prepared.
2. Triphala Kashaya should be prepared for the Prakshalana of the local part.
3. Yashtimadhu Churna, small pieces of Kumari patra swarasa, swab holding forceps, Plota, Pichu, gas stove, Panchdhatu shalaka are kept ready.
4. In cases like Moodhagarbha, Ashmari, Bhagandara, Udara roga, Arsha and Mukharoga patient should be kept empty stomach for Agnikarma.



Pradhanakarma

1. Position is set according to the site of Agnikarma.
2. The diseased area is painted with triphala kashaya.
3. Drape the local part of the patient.
4. Dagdhavrana is made at the expected site as per the disease till the samyak dagdha lakshanas are seen.

Pashchatkarma

1. The site of Agnikarma should be anointed with madhu and ghrita for ropana of dagdha vrana.
2. Pathya should be followed.
3. Patta bandhan should be applied properly.
4. On the second day Avchoornana of Haridra Churna should be done.

Indications of Agni karma¹⁹:

Lot of vyadhis have been explained in which agnikarma has been indicated.

Sthana	Vyadhi
Shira	Shiroroga
Netra	Adhimantha, pakshmakopa, linganasha, lagana
Nasa	Nasarsha
Mukha	Medoja oshtharoga, jalarbuda, Krimidanta, dantanadi, dantavidradhi.
Koshtha	Kaphaja gulma, pleehodara, moodhagarbha, visuchika, antravrudhi
Kantha	Medaja galaganda
Guda gata	Arsha, bhagandara

Kshudra roga Charmakeela, tilakalaka, kunakha, valmika, jatamansi.

Others Shleepada, arbuda, sandhiroga, sirachedana, nadivrana, granthi apachi, twak-sira-mamsa-snyu-sandhi and asthigata vata.

Contraindications of Agnikarma²⁰.

In pittaja prakriti people, Sharad and Greeshma ritu, bala and virudha, garbhini and vishadayukta, durbala, bheeru, abala, pramehi, udara rogi, chhardi peedita, ajeerni, anthashonita etc.

REFERENCES :

1. Su.Su.12/1-2, Dalhan
2. Su.Chi.19/21,50,54
3. Su.Chi.20/10,32
4. Su.Chi.22/9,23,27-29,40
5. Su.Chi.27/17
6. Su.Chi.18/14,24,39
7. Cha.Chi.25/101,106
8. Cha.Chi.5/55,61
9. Cha.Chi.14/33
10. Cha.Su.28/26
11. Cha.Chi.21/97
12. A.S.Su.40
13. A.H.Su.30
14. H.S.1/2/7-8
15. B.P.47/100-105
16. B.P.1/848
17. Sha. S. Uttarakhanda, lepa vidhi (Adhamala & kashiram)
18. Su.Su.12/4
19. Su.Su.12/10(Dalhana)
20. Su.Su.12/14(Dalhana)



A COMPREHENSIVE STUDY OF KAPIKACHCHHU (MUCUNA PRURITA)

-Sanjay Prakash* Shivani Ghildiyal**

e-mail : dr.sanjayprakash007@gmail.com

ABSTRACT :

Kapikachchhu is a tropical legume known as velvet bean, native to Africa and Asia & widely naturalized. The plant is notorious for the extreme itchiness it produces on contact, particularly with the young foliage and the seed pods. It has value in agricultural and horticultural use and has a range of medicinal properties. Ayurvedic ancient texts have mentioned *Mucuna prurita* (Kapikachchhu) as in Parkinson's disease, hyperprolactinemia, aphrodisiac, androgenic, hypoglycemic, anabolic property. As this is having Guru, Snigdha Guna, Madhura, Tikta, Rasa, Madhura Vipaka and Ushna Virya. By the virtue of above property this is Vatashamaka and Kaphapittavardhaka. Cowhage contains levodopa (L-dopa). In various studies it has been proved that due to presence of L-dopa is the amino acid compound from which body makes the chemical Dopamine in the brain. It is used in the treatment of parkinson's disease, it enhances libido and sexual capacity, optimizing testosterone production and improved mood and energy. This is significantly effective in Sexual arousal disorder and erectile dysfunction.

Key words- Kapikachchhu, Ayurveda, Cowhage, Vatashamaka, Kaphapittavardhaka.

INTRODUCTION

Kapikacchhu is a climber growing in rainy season wildly. Cowhage has been well described in various Nighantus with various health benefits and medicinal importance. Description of kapikacchhu

as an aphrodisiac well described in Charaka chikitsa as the drugs which elaborate the progeny, which prepares quickly for sexual action and sex like a strong horse and became loving for females¹ and sas seed of kapikachchhu along with masha, seeds of Talmakhana etc. as Vrishyamashadipupalika² formulation. Likewise Sushruta described in Chikitsa sthana Vajikarana Godhumadi yoga³. Vagbhata described in Uttarantra Vidaryadyawaleha⁴. In Harita Samhita seeds of kapikachchhu with cow milk used⁵ and Bhavaprakash described the utility of aphrodisiac drugs⁶. Throughout history many foods, drinks and behaviors have a reputation for making sex more attainable and pleasurable and those results in placebo effect. Some purported aphrodisiacs gain their reputation from the principles of sympathetic magic. Some compounds that activate the melanocortin receptors MC3-R and MC4-R in the brain are effective aphrodisiacs. One compound Bremelanotide used for sexual arousal disorder and erectile dysfunction. Melanotan II is the bremelanotide precursor. Like this Crocin, phenylethylamine, testosterone, Yohimbine. Some other drugs stimulants affecting the certain Dopamine system such as cocaine and methylphenidate and some directly acting dopamine agonists (promipexole) may also cause increased libido and apomorphine used for erectile dysfunction.

Kapikacchhu in Ayurvedic Literature:

Vedic Period: The description of plant Kapikachchhu in Rigvedas comes by the name of Uchchhushma⁷.

*Lecturer, **Lecturer, Dravyaguna Department, Govt. Ayurvedic College & Hospital, Varanasi, U.P.



SAMHITA PERIOD:

1. Charaka Samhita : The description of drug Kapikachchhu is found in Charaka Samhita in Balya Mahakashaya and Madhuraskandha⁸.
2. Sushruta Samhita : In this Ayurvedic classic the drug Kapikachchhu is found in Vidarigandhadi Gana and Vatasanshamana⁹.
3. Ashtanga Sangraha : In this Ayurvedic classic the drug Kapikachchhu is found in Uttarantra chapter 40.
4. Harita Samhita : In this Ayurvedic classic the drug Kapikachchhu is found in chapter 47.
5. Bhavaprakasha : In this Ayurvedic classic the drug Kapikachchhu is found in Poorvakhanda chapter 3.

Kapikachchhu in Nighantus :

Kapikachchhu is mentioned in many Nighantus in the following way.

1. Paryayaratnamala : In Paryayaratnamala the synonyms of Kapikachchhu are described as Ajada and Vrishabhi¹⁰.
2. Dhanvantari Nighantu : In this Nighantu it is described under Guduchyadivarga as the synonyms of Kapikachchhu, Atmagupta, Durabhighraha, Markati and Languli¹¹.
3. Sodhala Nighantu : In this Nighantu its synonym is Vanashukari¹².
4. Bhavaprakasha Nighantu : In this Nighantu it is described under Guduchyadivarga as the synonyms of Kapikachchhu as Adhyanda, Kandura and Pravrishayani¹³.
5. Raja Nighantu : In this Nighantu it is described under Guduchyadivarga as the synonyms of Kapikachchhu as Kapiromaphala and Shookashimbi¹⁴.
6. Ashtanga Nighantu : Its synonym as Vrishyabeeja¹⁵.

7. Kaiyadeva Nighantu : It is described under Aushadhivarga¹⁶.

8. Madanapala Nighantu : It is described under Abhayadivarga¹⁷.

CLASSIFICATION

Botanical Name : *Mucuna prurita* Hook¹⁸.

Family : Leguminosae

Sub Family : Papilionatae

Sanskrita Name : Kapikachchhu

Hindi Name : Kewancha, Kauncha

English Name : Cowhage, Cowitch

The plant is known by different names in different local languages; Panjabi- Aalkushi; Marathi- Khajakuhili; Gujarati- Kaucha, Kavacha; Tamil- Punaiika- Kali; Telgu- Piliyadugu; Kannana- Nasukunni; Malyalama- Naikorana; Udia- Bai khujani.

Habitat

It grows wild in the tropics, including India and the Bahamas and its range may extend to Southern Florida.

Morphological Features

It is a tropical legume known as velvet bean. The plant is an annual, climbing shrub with long vines that can reach over 15 m in length. Young plant is almost completely covered with fuzzy hairs but older is free of hairs. The Leaves are tripinnate, ovate, reverse ovate, rhombus shaped or widely ovate. Sides of the leaves are often heavily grooved and the tips are pointy. The Stems of the leaflets are two to three millimeters long. Additional adjacent leaves are present and are about 5 mm long. The Flower heads take the form of axially arrayed panicles. They are 15 to 32 cm long and have two or three or many flowers. The accompanying leaves are about 12.5 mm long, the flower stand axes are from 2.5 to 5 mm. The bell is 7.5 to 9 mm long and silky.



The Sepals are longer or of the same length as the shuttles. The crown is purplish or white. The flag is 1.5 mm long. The wings are 2.5 to 3.8 cm long. In the Fruit ripening stage a 4 to 13 cm long, 1 to 2 cm wide, unwinged, leguminous fruit develops. There is a ridge along the length of the fruit. The husk is very hairy and carries up to seven seeds. The seeds are flattened uniform ellipsoids 1 to 1.9 cm long, 0.8 to 1.3 cm wide and 4 to 6.5 cm thick. The hilum, the base of the funiculus (connection between placenta and plant seeds) is surrounded by a significant arillus (fleshy seed shell). It bears white, lavender or purple flowers. Its seed pods are about 10 cm long and covered in loose, orange hairs that cause a severe itch if they come in contact with skin¹⁹.

Chemical Constituents

The chemical compounds responsible for the itch are a protein, mucunain and serotonin. The seeds are shiny black or brown drift seeds. In Seeds humidity 9.1, protein 25.03, fiber 6.75 and minerals 3.95%, calcium 0.16, phosphorus 0.47, Iron 0.02%, Sulphur and maganise. Dopa 1.5%, 3.1-6.1% L-dopa, trace amount of serotonin, 5-Meo-DMT-n-oxide, betacarboline, glutathione, Lecithine, Gallic acid are glucoside and alkaloids 0.53% - Nicotine, bufotenine, pruriyenine, pruriyenidine etc. Fruit pulp contains a dark brown oil. The Leaves contain about 0.5% L-dopa, 0.006% dimethyltryptamine (DMT), 0.0025% 5-Meo-DMT and 0.003% DMT n-oxide. The hairs lining the seed pods and the small spicules on the leaves contain serotonin (5-HT), 5-HTP, nicotine, bufotenine. The whole Plant contains, alkylamines, arachidic acid, behenic acid, betasitosterol, cystine, fatty acids, flavones, gallactose d, genistein, glutamic acid, glutathione, glycine, histidine, hydroxygenistein, isoleucine, linoleic acid, linolenic acid, lysine, mannosid, methionine, 6-methoxyharman, mucunadine, mucunine, myristic acid, niacin, oleic acid, palmitic acid, palmitoleic acid, phenylalanine, riboflavin, saponins, serine, stearic acid, stizolamine, threonine,

trypsin, tyrosine, valine, vernolic acid including above chemicals.

Propertie

Guna - Guru, Snigdha,
Rasa - Madhura, Tikta,
Vipaka - Madhura,
Virya - Ushna,
Doshakarm - Vatashamaka and
Kaphapittavardhaka.
Parts used
Seeds, roots, hairs.

Dose

Seed powder- 3-6 gm, root kwatha- 50-100 ml,
hairs- 125 mg.

Formulations

Vanari Gutika, Mashabaladi pachana.
Therapeutic Uses

Cowhage has been used since ancient times in Ayurvedic medicine for the treatment of Parkinson's disease. Today still used for treating anxiety, arthritis, parasitic infections and hyperprolactinemia (blood levels of a hormone prolactin are too high), also used to relieve pain and fever, to induce vomiting and to treat snake bite. Some people apply directly to the skin for joint and muscle pain to stimulate surface blood flow in conditions that involve paralysis and to treat scorpion stings. It is L-dopa alternative, increases testosterone, increases semen volume, sperm count, sperm motility, increases libido for both men and women, treats leucorrhoea, menorrhagia, spermatorrhoea, helps men last longer sexuality, used as anabolic, increase lactation in women, treats depression, insomnia, helps in digestion, reduces spasms, hypoglycemic, hypotensive, diuretic, reduces inflammation, nervetonic, lowers cholesterol, used in impotence and erectile dysfunction, aphrodisiac, androgenic, antilithic, cough, blood cleanser, carminative.

In many parts of the world, it is used as an important forage, fallow and green manure crop. Since the plant is a legume, it fixes nitrogen and fertilizes soil. It is used as a coffee.



Pharmacological Studies

1. Levodopa or L-dopa is a precursor to several neurotransmitters, including adrenaline, noradrenaline and dopamine. It has significant antioxidant action that works in tandem with L-dopa to promote brain health²⁰.
2. The ethanolic extract of leaves of *Mucuna prurita* possesses anticataleptic and antiepileptic effect in albino rats. Dopamine and serotonin may have a role in such activity²¹.
3. Characterization of the factor responsible for the antsnake activity of *Mucuna prurita* seeds.
4. *Mucuna prurita* in Parkinson's disease : a double blind clinical and pharmacological study²².
5. In Vitro lipid peroxidation and antimicrobial activity of *Mucuna prurita* seeds²³.
6. An experimental method for screening antipruritic agents.
7. Anti-inflammatory, diuretic and antibacterial activities of aerial parts of *Mucuna prurita*²⁴.
8. Sexual function improving effect of *Mucuna prurita* in sexually normal male rats.
9. A water extract of *Mucuna prurita* provides long-term amelioration of parkinsonism with reduced risk for dyskinesias.
10. *Mucuna prurita* seed extract reduces oxidative stress in nigrostriatal tissue and improves neurobehavioral activity in paraquat-induced parkinsonian mouse model.
11. *Mucuna prurita* reduces stress and improves the quality of semen in infertile men²⁵.
12. *Mucuna prurita* has also been shown to suppress prolactin levels in vivo.
13. Testosterone has been increased in healthy infertile men without any impairments in seminal parameters.
14. *Mucuna prurita* has been investigated in rats for its anti-diabetic effects.
15. *Mucuna prurita* has been involved in a blend of herbs that increased memory and cognition retention in rats.

16. One in vitro study suggests that *Mucuna prurita* extract increased the activity of complex- I in brain mitochondria (neuroprotection).

17. *Mucuna prurita* supplementation in infertile men is associated with increased sperm count and motility after taking 5 gm of dried powder for 3 months. (libido and fertility).

CONCLUSION

The plant *Kapikachchhu* (*Mucuna prurita*) is described in *Charaka Samhita* under *Balya Mahakashaya* and *Madhuraskandha dravyas*. Concept of *vajikarana* (aphrodisiac) well described in *Charaka Chikitsa* along with *Sushruta Chikitsa*, *Ashtangahridaya Uttarantra*, *Harita Samhita* and *Bhavaprakasha*. *Kapikachchhu* is mainly used as aphrodisiac. *Kapikachchhu* popularly known as velvet bean, a climber growing in rainy season, legumes shaped like monkey's tail, with stiff hairs causing intense itching occurring in tropics including India. The seeds of this plant have peculiar property as aphrodisiac and used for the treatment of parkinson's disease by traditional healers. It is an important medicinal herb has large numbers of phytochemicals have been isolated from this, which are used in different herbal formulations. In various studies it has been seen that the *Mucuna prurita* posses several therapeutic activities such as Antioxidant action, Anticataleptic and antiepileptic effect, Antsnake activity, parkinson's disease, Lipid Peroxidation and Antimicrobial activity, Antipruritic agents, Anti-inflammatory, Diuretic and Antibacterial activities. As it is having *Guru, Snigdha Guna, Madhura, Tikta Rasa, Madhura Vipaka* and *Ushna Virya*. By this virtue it is *Vatashamaka* and *Kaphapittavardhaka*. In spite of its huge medicinal properties, it is very economical and easily available.

REFERENCES

1. *Charaka Samhita Part II Chikitsasthana*, Chapter-1.1/9-12, Hindi Translation by Pandit Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, 8th Edition, Chaukhamba Bharati Academy, Varanasi, 2004.



2. Charaka Samhita Part II Chikitsasthana, Chapter- 2.1/23, Hindi Translation by Pandit Kashinatha Shastri and Dr.Gorakha Natha Chaturvedi, 8th Edition, Chaukhambha Bharati Academy, Varanasi, 2004.
3. Sushruta Samhita, Part I Chikitsasthana, Chapter- 26/30, Hindi Translation by Dr.Ambikadutta Shastri, 14th Edition, Chaukhambha Orientalia, Varanasi, 2003.
4. Ashtanga Hridaya Uttaraasthana, Chapter- 40/21, Hindi Translation by Atrideva Gupta, 14th Edition, Chaukhambha Sanskrit Sansthan, Varanasi, 2003.
5. Harita Samhita, Chapter-Ha.S.T. -47/9, Hindi Translation by Vaidya Jamini Pandey, 1st Edition, Chaukhambha Vishvabharati, Varanasi, 2010.
6. Bhavaprakash, Poorvakhandha, Chapter- 3/191, Commentary by Dr.K.C.Chunekar and Edited by Dr.G.S.Pandey, Chaukhambha Bharati Academy, Varanasi, 2006.
7. Illustrated Dravyaguna Vijnana, Vol. 4, by Prof. P.V.Sharma, Chaukhambha Bharati Academy, Varanasi, Reprint 2007, Page-32.
8. Charaka Samhita Part I Sutrasthana, Chapter-4/7, Hindi Translation by Pandit Kashinatha Shastri and Dr.Gorakha Natha Chaturvedi, 8th Edition, Chaukhambha Bharati Academy, Varanasi, 2004.
9. Sushruta Samhita, Part I Chikitsasthana, Chapter- 38/4, Hindi Translation by Dr.Ambikadutta Shastri, 14th Edition, Chaukhambha Orientalia, Varanasi, 2003.
10. Paryayaratnamala by Madhava, Ed. T. Chaudhary, Patna University Journal, 1946.
11. Dhanvantari Nighantu, Ed. by Prof. P.V.Sharma, 3rd Edition, Chaukhambha Orientalia, Varanasi, 2002, Guduchyadi Varga, Page-43.
12. Sodhala Nighantu by Acharya Sodhala, Commentary by Prof. Gyanendra Pandey, 1st Edition, Chaukhambha Krishnadas Academy, Varanasi, 2009.
13. Bhavaprakash Nighantu, Commentary by Dr. K. C. Chunekar and Edited by Dr.G.S.Pandey, Chaukhambha Bharati Academy, Varanasi, 2006. Guduchyadi Varga, Page-356-358.
14. Raja Nighantu, Hindi Translation by Dr. Indradev Tripathi, 2nd Edition, Chaukhambha Krishnadas Academy, Varanasi, 1998, Guduchyadi Varga, Page-38.
15. Illustrated Namarupajnanam, by Prof. P.V.Sharma, 1st Edition Satyapriya Prakashan Varanasi, 2000. Page-42.
16. Kaiyadeva Nighantu, Commentary by Prof. P.V.Sharma and Dr. Guru Prasad Sharma, Chaukhambha Orientalia, Varanasi, Reprint 2009, Aushadhi Varga, Page-111.
17. Madanapala Nighantu, Commentary by Dr. Gyanendra Pandey, 1st Edition, Chaukhambha Orientalia, Varanasi, 2012, Abhayadi Varga, Page-191-193.
18. Illustrated Dravyaguna Vijnana, Vol. 2, by Prof. P.V.Sharma, Chaukhambha Bharati Academy, Varanasi, Reprint 2007, Page-569-571.
19. The Wealth of India (Raw Materials), CSIR, Vol.- VI, New Delhi, Reprint-2009, Page-442-443.
20. Uma S, Gurumoorthi P. Dietary antioxidant activities in different germplasms of Mucuna. J Med Food. 2013 Jul;16(7):618-24. doi: 10.1089/jmf.2012.2697.
21. D Champatisingh, P K Sahu, A Pal, and G Nanda. Anticatalytic and antiepileptic activity of ethanolic extract of leaves of Mucuna pruriens: A study on role of dopaminergic system in epilepsy in albino rats. Indian Journal of Pharmacology. 43 (2) 2011, 197-199. www.ijp-online.com
22. Katzenschlager, R; Evans, A; Manson, A; Patsalos, PN; Ratnaraj, N; Watt, H; Timmermann, L; Van Der Giessen, R; Lees, AJ (2004). Mucuna pruriens in Parkinson's disease: a double blind clinical and pharmacological study. Journal of Neurology, Neurosurgery & Psychiatry 75 (12): 1672-7 doi: 10.1136/jnnp.2003.028761.PMC 1738871.PMID 15548480.
23. YERRA RAJESHWAR, MALAYA GUPTA and UPAL KANTI MAZUMDER (2005). In Vitro Lipid Peroxidation and Antimicrobial Activity of Mucuna pruriens Seeds. IJPT 4: 32-35.
24. V. Bala, A. Debnath, A.K. Shill and U. Bose. Anti-inflammatory, Diuretic and Antibacterial Activities of Aerial Parts of Mucuna pruriens Linn. International Journal of Pharmacology. 2011. Volume 7, Issue 4, pg. 498-503. doi: 10.3923/jp.2011.498.503.
25. Shukla KK, Mahdi AA, Ahmad MK, Jaiswar SP, Shankwar SN, Tiwari SC. Mucuna pruriens Reduces Stress and Improves the Quality of Semen in Infertile Men. Evid Based Complement Alternat Med. 2010 Mar;7(1):137-44.



**Dr. Ganga Sahai Pandey Memorial All India U G Ayurvedic
Students Essay Competition - 2014
Bronze Medal (IIIrd Prize) Winner Essay
ROLE OF SOCIAL MEDIA IN POPULARIZATION OF AYURVEDA**

- Anamika*

e-mail : anamikakarantaki3@gmail.com

AYURVEDA:-

Ayurveda is green medicine; a system which promotes health and vitality using natural, organic and non-toxic substances for healing, recognizing the interconnectiveness of body, mind and emotion. It is a system of maintaining health through the adherence of natural rhythms of life and ultimate returning back to nature's grace to restore the mind body and spirit. It embraces understanding natural harmony of life by living harmony with nature, universe divine. "Ayurveda is form of Yoga and healing aspect of Yoga, while Yoga is spiritual aspect of Ayurveda".

हिताहितं सुखं दुःखं आयुस्तस्य हिताहितम् ।

मानं च तच्च यत्रोक्तं आयुर्वेदः स उच्यते ॥

॥ च.सू. 3.41 ॥

Just everyone has unique fingerprint, each particular person has a particular pattern of energy; an individual combination of physical, mental and emotional characteristics, which comprises their own constitution. This constitution is determined at conception by a number factor and remains the same through the one's life. Many factors, both internal and external like emotional and physical stress includes one's emotional state, diet and food choices, seasons and weather physical trauma, work and family relationships acts upon to disturb this balanced state. Once these factors are understood one can take appropriate action to nullify or minimize these effects or eliminate the cause of imbalance and re-establish one's original constitution.

Balancing the principle energies of body-

Ayurveda identifies three basic types of energy or functional principles that are present everywhere and in every things. Since there are no single words in English that convey these concepts, we use the original Sanskrit words Vatta, Pitta, Kapha. The energy is required to create movement so that fluid, sand and nutrients get to cell enabling the body to function. Energy is required to metabolize the nutrients in the cells, and is called for to lubricate and maintain the structure of cell.

Vatta: Is the energy of movement.

Pitta: Is the energy of digestion and metabolism.

Kapha: The energy of lubrication and structure.

As according to Ayurvedic philosophy the entire cosmos is an interplay of energies of five great elements; space, air, fire, water and earth. Vatta, pitta and kapha are combinations and permutations of these five elements that manifest as pattern present in all creations. All people have the qualities of Vatta, Pitta and Kapha but one is usually primary, secondary and third is least prominent. The cause of disease in Ayurveda is viewed as lack of proper cellular function due to excess or deficiency of Vatta, Pitta, Kapha. Modern biomedical science on the other hand, has been septic of traditional knowledge techniques, materials and practice. These two polarized points of views do not represent the whole picture. The axioms of both are different yet logically

*B.A. M.S. Student, Uttaranchal Ayurveda College, Dehradun (U.K.)



co-herent within each system. Allopath was being transmuted into modern medicine by adopting emergent basic sciences.

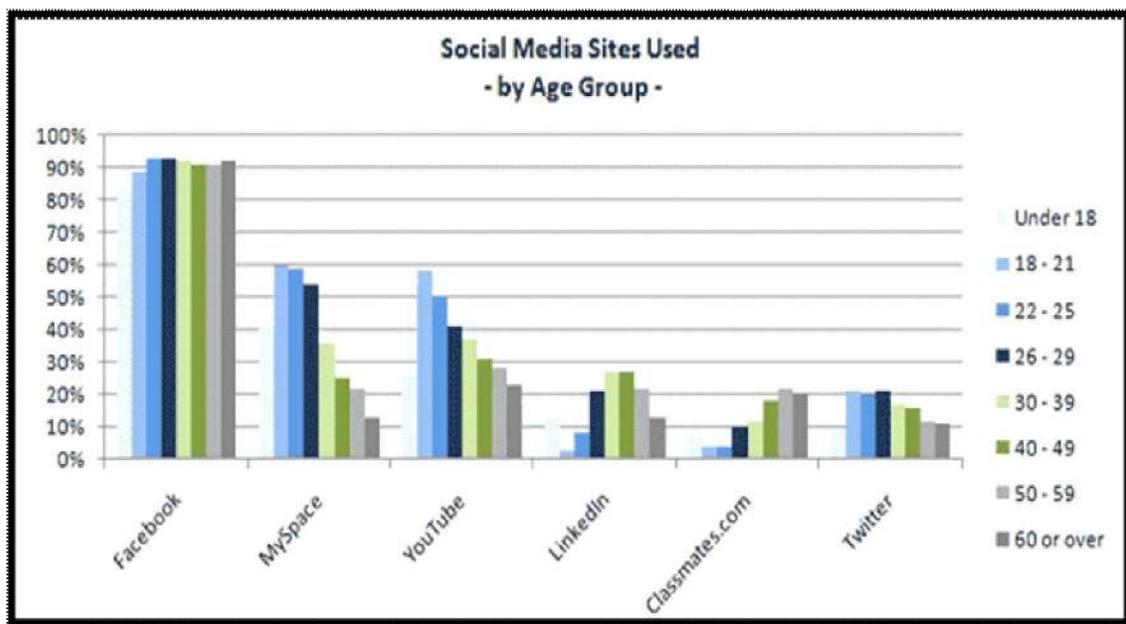
As we know for every dawn there is a dusk and the same happened with Ayurveda which was flourished during olden days, perished in due course of time. Popularization of Ayurveda is area of thirst since after the independence because peoples around the world are searching for alternative sources of healing in which our ancient science can play an important role not only to heal the ailments but to teach a healthy way of living. To fulfill this issue and to reach laymen we require some modern tools to get in touch with every corner of the society. The social media can play an important role in meeting our goals for that one must understand the concept and role of social media in popularization of Ayurveda.

Social media:

Social networking sites (media) is a social trend in which people use technologies to get the things they need from each other, rather than from

traditional institutions like co-operations social networking sites (social media invites users to actually respond.) Increasingly businesses are finding ways to promote product and services, connect with customers to generate new one and drive revenue all through social media. Youtube, flicker, Wikipedia, facebook, linked in, twitter, television , radio these are social networking sites and they are all part of what is now known as social media.

- ♦ Two billions youtube videos are viewed per day.
- ♦ 79% of top hundred fortune , five hundred use twitter, facebook, youtube or corporate blog
- ♦ 93% of social media users believe a company should have presence of social media
- ♦ 85% of social media users believe that company should go further than just having presence on social sites and should also interact with customers.





Facebook, Twitter and Linked In:-These three sites are among the fastest growing social networking sites-and among the most popular sites recruiters and hiring managers are utilizing to built their talent pipelines.

Role of social media in popularization of Ayurveda

Sharing links of the TV commercials or FB links are done to build the brand .Globally increasing awareness about treatment without chemicals and interest for organic diet are two basic reasons for popularization of Ayurveda.Sharing links of the TV commercials or FB links are done to build the brand image. With the "n" number of followers and followings the company can grow its name easily in the minds of the consumers. With the use of #tags and @signs the medium of connecting with the people and the product is easier. Himalayas's drugs, Dabur's Chyawanprash etc. are companies related to ayurvedic product.These all has their own channels and they promote their advertisements there and they use social networking like YouTube videos to reach a mass number of viewers.The very popular process of Panchakarma is widely used by the citizen of India and in other part of the world not only as a good treatment but is also accepted in the beauty saloon as a relaxing therapy and hold a great role in giving a new glow to the skin.

These not only covers a mass number of audience which includes both India and abroad but also helps to figure out which product is liked by most of the people.

Other example is Swami Ramdev particularly well known for his efforts in popularizing Yoga. His yoga camps are attended by a large number of people. Over 85 million people are said to follow his yoga camps through TV channels (such as "Aastha") and video. His yoga teaching sessions are for the masses and his stated principle in life is to be of help to all. He is also one of the founders of the Divya Yoga Mandir Trust that aims to popularize Yoga and offer Ayurvedic treatments.

Swami Ramdev have opened gates of wellness for people living in Australia. Now ayurvedic products will be available at home by online . People now can order herbal supplements and medications from the website www.ramdevmedicine.com and the good ordered will be delivered to them at their home with free shipping option. Swami Ramdev medicine and Divya pharmacy holds a great reputation.

Some of hidden and very useful therapies for society like" garbhini paricharya and pregnancy yoga /specific asan and pranayam/for easy parturition". By Ayurvedic garbhini paricharya parturition becomes easy and Garbhini remains healthy and strong. Pranayams are most important during pregnancy ensuring efficient removal of waste products and plentiful supply of oxygen for both mother and child. similarly" To access the effect of yastimadhu ksheer in short term memoryloss". Ayurveda has described Rasayana therapy to Improve `Medha;Yastimadhu /Glycerrhizaglabra/ has Acetyl Cholinestrace inhibiting activity (/MaryA.M.Liebest Journal of medicinal food)these things which are used as home remedies popularized through social networking . The above examples show that if each one of us, gives at least five minutes in spreading the benefits of Ayurveda among society, one can think of magnification of our popularization with in this five minute. Popularization of Ayurveda is a need of hour and social media can play a vital role for the same.

DISCUSSION -

Ayurveda is an Indian system of medicine founded by ancient scholars of India. It is an science which not only deals with the healing of diseases but also gives information to protect the health of healthy one.in ancient era it was practiced and accepted by common peoples but in due course of time it has lost its glory due to numerous reasons such as invasions, lost of litrature's etc., afterwords when british inroduced modern system of medicine peoples of India accepted it without any hesitation due to its rapid effect and results and its acceptance in scientific society world wide.



After independence our political leaders have started to reestablish the lost glory of this ancient science in crafting it in the form of a professional education and for establishing its scientific understanding many research work also have been started, but still we lack to reach out the common indian society and main stream of treatment still we stand as a alternative system of medicine due to lack of awareness. A pressing need of a tool to reach widespread populace. Social media can be the permanent solution for this setback because of its fastest reach among the every corner of the society. Information in the form of images, documents (pdf, word etc.),and videos can be shared within seconds with the help of different application via internet media. A study reveals that among peoples of 18-25 years of age 90% them uses social media to connect with each others,so this is realized that if it is used in a systemic manner it can serve as a great tool to provide the correct information of our science so that they understand the importance of this system of medicine. Most of the population regards our medicine is useful only for chornic diseases not for acute one. Through social media we can remove such myths and misconception regarding Ayurveda and at the same time by sharing different successful case studies and uses of medicinal plant such as Tulsi, Guduchi which are commonly found in backyard for treatment of ailments at the domestic level. Among the public it will not only generate awareness but also inspire others to look this science of life with respect. CCRAS, research wing of AYUSH (Government of India) has researched on herbs for their properties and pharmacological activities as per modern science. These herbal extracts which have established properties against disease are processed with cow urine in a ultra modern Ayurvedic pharmaceutical industry to manufacture the medicines given by us.

CONCLUSION :

Publish or Perish this saying tells us the importance of media between scientific commity. If a research work does not get published it would not prove this value neither recognised by the science.

In recognition of any medicine society plays an important role it has got power to recognise or derecognise any system of medicine

वनानि दहतो वन्हेस्सखा भवति मारुतः ।

स एव दीपनाषाय कृषे कस्यति सौहृदम ॥

When a fire is burning forest, wind becomes friend. The same wind extinguishes a small flame. This gives as a solution that if we jointly put our efforts to popularise Ayurveda by using each and every tool available in this context social media, which has gain popularity in each and every corner of the society and world. we can spread the message of this great science among the peoples.

Sometimes we waste our valuable time, but if the same is used by exchanging the knowledge of Ayurveda by Ayurvedic peoples it can be greatly helpful in popularization of Ayurveda.

BIBLIOGRAPHY:

- ♦ www.ayurveda.hu/doc/2__dr_ch.pdf
- ♦ article_id_097_08_1117_1121_0.pdf
- ♦ www.repromax.com/docs/113/854427515.pdf
- ♦ www.hpl.hp.com/research/scl/papers/socialmedia/socialmedia.pdf
- ♦ <http://www.nritoday.net/arts-a-living/yoga/292-aug-08-baba-ramdev-leads-yoga-camps-across-the-us>
- ♦ <http://www.ramdevmedicine.com/patanjali-products-in-australia>
- ♦ [http://en.wikipedia.org/w/index.php?search=ayurveda+home+remedies&title=Special:Search & go = Go](http://en.wikipedia.org/w/index.php?search=ayurveda+home+remedies&title=Special:Search&go=Go)
- ♦ <http://www.planetayurveda.com/>
- ♦ <http://www.healthline.com/health-slideshow/herbal-remedies-from-your-garden#5>
- ♦ http://clinic.healthmailer.info/?gclid=CIy4ipiG48ACFQK_SjgodbSoAhg
- ♦ Charak samhita
- ♦ Astanghridaya
- ♦ Sushruta Samhita
- ♦ 3rd world Ayurveda congress and arogya 2008
- ♦ Vaidhikiya subhashitani



परिषद् समाचार

उत्तराखण्ड में आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर

विश्व आयुर्वेद परिषद् उत्तराखण्ड द्वारा जैन धर्मशाला देहरादून में 7 से 13 जून 2015 तक आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर का आयोजन किया गया। शिविर के उद्घाटन कार्यक्रम में अध्यक्ष विख्यात द्रव्यगुण विशेषज्ञ डा० मायाराम उनियाल एवं मुख्य अतिथि हिमालया ड्रग कंपनी के चेयरमैन डा० एस० फारुक थे। मुख्य वक्ता के रूप में बोलते हुये प्रो० यू एस निगम ने कहा कि विद्यार्थियों को स्वयं को प्रशिक्षित करने के लिये सदैव प्रयत्नशील रहना चाहिये। अपने 2 दिन के प्रवास कार्यक्रम में उन्होंने पंचकर्म के विभिन्न आयामों का निर्देशन किया एवं विद्यार्थियों को व्यक्तित्व निर्माण करने के गुण सिखाये। डा० एस फारुक ने कहा कि निष्ठा एवं सतत् क्रियाशीलता को अपनाने वाला व्यक्ति कभी भी असफल नहीं होता। हिमालया ड्रग कंपनी का उदाहरण देते हुए कहा कि यह निष्ठा पूर्वक काम करने का एक अनुपम उदाहरण है। विद्यार्थियों को हिमालया ड्रग कंपनी का भ्रमण भी कराया गया। कार्यक्रम का प्रारंभ प्रतिदिन योग से हुआ। 7 दिवसीय इस कार्यक्रम में डा० सुनील जोशी ने मर्म चिकित्सा, डा० संजय त्रिपाठी ने कायचिकित्सा, डा० विनीश गुप्ता ने पंचकर्म, डा० अनुमेहा ने स्त्री रोग, डा० विनोद प्रकाश उपाध्याय ने द्रव्यगुण विषय की जीवन में प्रयोगात्मकता पर प्रकाश डाला। कार्यक्रम में वरिष्ठ चिकित्सक डा० एस. एन. श्रीवास्तव, डा० राजेंद्र अग्रवाल, डा० नरेन्द्र पाल सिंह वर्मा, ने अपने अनुभवों को विद्यार्थियों के साथ बांटा। विश्व आयुर्वेद परिषद् के राष्ट्रीय सचिव डा० प्रेमचन्द शास्त्री, डा० यतेन्द्र सिंह मलिक, डा० सत्येन्द्र सिंह ने अपने प्रेरणादायी उद्बोधन विद्यार्थियों को दिये। कार्यक्रम में वरिष्ठ चिकित्सकों को सम्मानित भी किया गया। कार्यक्रम का संयोजन डा० विनीश गुप्ता, डा० अनुमेहा, डा० संजय त्रिपाठी, डा० यतेन्द्र सिंह मलिक एवं राष्ट्रीय सचिव डा० प्रेमचंद शास्त्री ने किया। कार्यक्रम में ब्रज एवं उत्तराखंड के आयुर्वेद महाविद्यालयों के कुल 55 विद्यार्थियों ने भाग लिया। कार्यक्रम के अंत में सभी विद्यार्थियों को प्रमाण-पत्र भी प्रदान किये गये।

प्रादेशिक आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर का भव्य आयोजन

विश्व आयुर्वेद परिषद्, मध्य प्रदेश द्वारा प्रादेशिक आयुर्वेद विद्यार्थी व्यक्तित्व विकास शिविर, दिनांक 17, 18 एवं 19 जुलाई 2015 को शासकीय आयुर्वेद महाविद्यालय, ग्वारीघाट, जबलपुर में आयोजित हुआ, जिसका समापन 19 जुलाई को हुआ। उपरोक्त शिविर में मध्यप्रदेश में स्थित समस्त प्रमुख आयुर्वेद महाविद्यालय से विद्यार्थियों का आगमन हुआ, जिन्हें देश-विदेश में प्रसिद्ध आयुर्वेदाचार्यों द्वारा तीन दिवसीय आवासीय प्रशिक्षण दिया गया।

शिविर का भव्य शुभारम्भ 17 जुलाई को प्रातः 10 बजे हुआ, कार्यक्रम का शुभारम्भ भगवान धन्वन्तरी स्तवन, सरस्वती वंदना और अतिथियों द्वारा दीप प्रज्वलन द्वारा किया गया, कार्यक्रम में मंच पर मुख्य अतिथि के रूप में महामंडलेश्वर स्वामी श्यामदास जी महाराज, विशिष्ट अतिथि के रूप में श्री कैलाश गुप्ता (वरिष्ठ समाजसेवी), डॉ० भृगुपति पाण्डेय (वरि. सदस्य केंद्रीय भारतीय चिकित्सा परिषद, नई दिल्ली), डॉ० यू एस निगम (मुंबई), डॉ० नवीन कोठारी (वरिष्ठ अस्थिरोग विशेषज्ञ), पार्षद प्रिया पटेल, कार्यक्रम संयोजक एवं प्रधानाचार्य डॉ० रविकांत श्रीवास्तव एवं कार्यक्रम की अध्यक्षता श्री सभाजीत यादव जी (अतिरिक्त संभागायुक्त, जबलपुर) जी ने की।

इस अवसर पर तीन दिवसीय प्रशिक्षण में दिये जाने वाले प्रशिक्षण पर एक पुस्तक भी विमोचित की गई जिससे विद्यार्थी अपने-अपने जिले में वापसी के बाद उपरोक्त व्यवहारिक ज्ञान को सभी आयुर्वेदिक चिकित्सकों के साथ साझा कर सकें एवं रोगियों को निरंतर लाभ प्रदान करते हुए, आयुर्वेद का प्रचार और विकास करें।



तीन दिवसीय प्रशिक्षण में विभिन्न सत्र आयोजित हुए, जिसमें जबलपुर के गणमान्य हस्तियों डॉ बी के पांसे, डॉ अखिलेश नेमा, डॉ राम किशोर करसोलिया आदि की अध्यक्षता में सम्पन्न किये गये।

उपरोक्त तीन दिवसीय प्रशिक्षण में डॉ राजकुमार अग्रवाल जी के मार्गदर्शन में प्रतिदिन योगाभ्यास करवाया गया, डॉ यू एस निगम जी, डॉ मधुसूदन देशपांडे जी एवं डॉ आर के गुप्ता जी के मार्गदर्शन में प्रतिदिन पंचकर्म का व्यवहारिक प्रशिक्षण प्रदान किया गया, डॉ रवि कुमार श्रीवास्तव जी के मार्गदर्शन में व्यक्तित्व विकास के व्याख्यान हुए।

प्रतिदिन साय गीता धाम में सांस्कृतिक कार्यक्रम आयोजित हुए जिसमें जबलपुर एवं रीवा के छात्र, छात्राओं द्वारा एकल गीत एवं नृत्य, समूह गीत एवं नृत्य प्रस्तुत किये गये, प्रशिक्षण के दौरान छात्रों के स्वास्थ्य लाभ हेतु सनशाइन सोशल वेलफेयर संस्था द्वारा महामंडलेश्वर डॉ स्वामी श्यामदास जी के हाथों से 1-1 लीटर जूस सभी में वितरित किया, संस्था के राकेश अग्रवाल, आशीष श्रीवास्तव एवं संदीप अग्रवाल भी मौजूद थे।

समापन सत्र के मुख्य अतिथि श्री शरद जैन (आयुष राज्य मंत्री, म. प्र.) थे, सत्र की अध्यक्षता श्री जे के जैन (संयुक्त संभागीय आयुक्त जबलपुर), विशिष्ट अतिथि डॉ भृगुपति पाण्डेय (वरि. सदस्य केंद्रीय भारतीय चिकित्सा परिषद, नई दिल्ली), डॉ यू एस निगम (पंचकर्म विशेषज्ञ, मुंबई), डॉ एस. एन. सिंह (प्राचार्य – राजकीय सम्पूर्णानन्द आयुर्वेद महाविद्यालय, वाराणसी), डॉ दीपक कुलश्रेष्ठ (प्राचार्य – शासकीय आयुर्वेद महाविद्यालय, रीवा) थे।

समापन सत्र में डॉ भृगुपति पाण्डेय, डॉ यू एस निगम एवं योगाचार्य अवनीश तिवारी जी का श्रीफल, शाल एवं अभिनन्दन पत्र द्वारा सम्मान किया गया, इसके अलावा डॉ मधुसूदन देशपांडे (पंचकर्म विशेषज्ञ, भोपाल), डॉ एस एन सिंह एवं डॉ रविकांत श्रीवास्तव (प्राचार्य – शासकीय आयुर्वेद महाविद्यालय, जबलपुर), दीपक कुलश्रेष्ठ आदि का उत्कृष्ट सेवा सम्मान से नवाजा गया।

कार्यक्रम को संबोधित करते हुये श्री शरद जैन जी ने कहा कि यह कार्यक्रम छात्रों हेतु महत्वपूर्ण है और इस प्रकार के कार्यक्रम निरंतर होते रहना चाहिए, इससे जहाँ आयुर्वेद का प्रचार और विकास होगा वहीं समाज आयुर्वेद से और भी ज्यादा लाभ ले सकेगा, डॉ यू एस निगम जी ने कहा कि पंचकर्म आयुर्वेद में सबसे अधिक महत्वपूर्ण है अतः इसका अभ्यास निरंतर होना चाहिए, डॉ मधुसूदन देशपांडे जी ने कहा कि आयुर्वेद चिकित्सको को समाज में जाकर स्वास्थ्य जागरण और लोगो के मन से आयुर्वेद संबंधित भ्रान्तिया दूर करने के निरंतर प्रयास करना चाहिये, डॉ रविकांत श्रीवास्तव जी ने सभी का आभार प्रकट किया, मंच का संचालन डॉ सुमित श्रीवास्तव जी द्वारा किया गया।

उपरोक्त कार्यक्रम में 'मधुमेह मुक्त भारत' विषय पर एक संगोष्ठी का आयोजन भी किया गया, उपरोक्त संगोष्ठी महामंडलेश्वर स्वामी अखिलेश्वरानन्द जी के मुख्य अतिथित्व, श्री चमन श्रीवास्तव जी की अध्यक्षता (संचालक – ए पी एन स्कूल) और विषय विशेषज्ञ डॉ आशीष डेंगरा (मधुमेह रोग विशेषज्ञ), डॉ आर के तिवारी (आयुर्वेद विशेषज्ञ) एवं योगाचार्य अवनीश तिवारी जी के मार्गदर्शन में सम्पन्न हुई।

उपरोक्त तीन दिवसीय प्रशिक्षण को सफल बनाने के लिये डॉ रवि कुमार श्रीवास्तव, डॉ के के विश्वकर्मा, डॉ मुकेश पाण्डेय, संजय दुल्हानी, डॉ निधि श्रीवास्तव, डॉ दुर्गेश गुप्ता, डॉ अश्विनी विद्यार्थी, डॉ राकेश सारस्वत, डॉ प्रभात श्रीवास्तव, डॉ आर के गुप्ता, डॉ कमलेश गुप्ता, डॉ सुमित श्रीवास्तव एवं अन्य प्रमुख सदस्यों ने योगदान दिया।



Winners of Bhai Uddhavdas Mehata Memorial "All India Ayurveda PG Students Essay Competition 2015"

TOPIC: "NECESSITY OF BASIC SCIENCES FOR THE DEVELOPMENT OF AYURVEDA"

Organized By: VISHWA AYURVEDA PARISHAD

In the auspicious memory of Vaidya Uddhavadas Mehta, VISHWA AYURVEDA PARISHAD had organized All India PG Essay competition 2015 for Postgraduate students of Ayurvedic colleges of India on the topic "NECESSITY OF BASIC SCIENCES FOR THE DEVELOPMENT OF AYURVEDA". In this essay competition, we have received essays from all over India. Further, all the essays have been keenly reviewed and checked by renowned scholars of Ayurveda viz Prof. C.B.Jha, former Dean, Faculty of Ayurveda, I.M.S., B.H.U., Varanasi, Prof. Anand K. Chaudhary, H.O.D, Rasa Shastra, F.O.A, I.M.S, B.H.U, Varanasi & Prof. Neelam Gupta, H.O.D, Sharir Rachana, LBSGAC, Handia, Allahabad. After rigorous exercise, the result of "Vaidya Uddhavadas Mehta Memorial All India Post Graduate Essay competition 2015" has been declared on dated 21/07/2015. In this concern, the Central specialist committee will honor along with a citation, Gold medal to the 1st rank holder, Silver medal to 2nd rank holder and Bronze medal to 3rd rank holder. The venue and date of prize distribution ceremony will be organized in August 2015 at Bhopal.

CONGRATULATIONS to the Winners, Thanks to the Judges, Participants and members of organizing committee.

S. No.	Name of Students	Corresponding Address	Email ID & Ph.No.	Mean of Marks obtained	Rank
1.	Dr. Saurabh	MS 2 nd year, Department of Shalya Tantra, SDM College of Ayurveda & Hospital, Udulpi Karnataka, 574118	dr.saurabhchaurasia@gmail.com 08495835718	244/3= 81.33	1 st rank
2.	Dr. Poonam Bhojak	MD 3 rd year, Department of Rasashastra, Shri Danappa Gurusiddapa Melamalagi Ayurvedic Medical College, Gadag, Bangalore, Karnataka-560018	poo88sonu@gmail.com 9844165246, 9342515585	240/3= 80.00	2 nd rank
3.	Dr. Pavan Singh	MD 1 st year, Department of Swasthviritta, Govt. Ayurvedic College, Puthikavu, Tripunithura Ernakulum, Kerala-682301	pvni.love757@gmail.com 09495659760, 08765114279	238/3= 79.33	3 rd rank

Organizing president
Dr. K.K. Dwivedi

Convener
Mr. Dhanesh Chaturvedi

Organizing Secretary
Dr. Ajai Kr. Pandey



LIVINA Capsule and Syrup

**THE
LIVER
INSURANCE**

LivINA

Devi's
CASE YOU CAN TRUST

For further information contact
Marketing Division
DEY'S MEDICAL STORES (PFG.) LTD
41, Chowringhee Road, Kolkata - 700071
visit us at www.daysmedicalimited.com

**Mahatma Jyotiba Fule
Ayurveda Mahavidyalaya**

Harota, Chomu, Jaipur (Raj.)

(Recognized by CCIM, New Delhi, Govt. of Rajasthan and affiliated to D.S.R. Rajasthan
Ayurveda University, Jodhpur)

संस्था द्वारा संचालित अन्य महाविद्यालय

MJF College of Veterinary & Animal Science

(Recognized by Govt. of Rajasthan & Affiliated to RAJUVAS, Bikaner)

B.V.Sc. & A.H. Course Diploma in Veterinary Science

Mahatma Jyotiba Fule College of Nursing

(Recognized by INC, New Delhi, Govt. of Rajasthan & Affiliated to RUHS, RNC, Jaipur)

B.Sc. Nursing Post Basic B.Sc. Nursing GNM

MJF Teacher Training College

(Recognized by NCTE, New Delhi, Govt. of Rajasthan & Affiliated to University of Raj., Jaipur)

B.Ed.

STC

Specialization

- ❖ Good Approachable, located on NH-11, Jaipur - Bikaner Highway 25-30 km away from Jaipur Railway Station.
- ❖ Colleges located in Good Environment.
- ❖ Separate Hostel facilities for Girls & Boys.
- ❖ Scholarship Facilities.

Contact:- 91-9929097003,

91-9784126000

www.mjfvidyapeeth.org,

Email- mjfvps@gmail.com