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मार्च-अप्रैल, 2016

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## देश के विभिन्न स्थानों में विश्व आयुर्वेद परिषद् की गतिविधियाँ



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## जालंधर में आयोजित राष्ट्रीय संगोष्ठी एवं राष्ट्रीय कार्यक्रम के छायाचित्र



विश्व आयुर्वेद परिषद् के लिए प्रोफेसर सत्येन्द्र प्रसाद मिश्र, संरक्षक, विश्व आयुर्वेद परिषद् 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 - 13, अंक - 3,4

फाल्गुन-चैत्र

मार्च-अप्रैल - 2016

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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।

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## Guest Editorial

Ayurveda is a complete Science in itself. Veda is the knowledge which is time tested and the written form of shruti, oral and practical knowledge which pupil learn from his guru and practice from generation to generation in sutra form. Ayurveda attain its name due to its completeness, regarding the life of a living organism whether it is of plant as well as animal origin. Sutras of ayurveda are still viable and give vision to the modern sciences after thousands of years. The modern basic sciences corrects themselves from the sutras of veda and ayurveda. Every life science can develop itself on the lines of ayurveda.

Ayurveda graduate is not only a physician but can develop many skills in it and open avenues for many fields of life sciences; agriculture, animal husbandry, horticulture, forestry, pharmaceuticals, dietics, metallurgy and etc.

There is a need to practice and develop skills to make ayurveda national as well as global health care system. People need a real health care system not a system which only eradicates the disease by hook or crook and seeing towards Ayurveda with a hope. This is the only system which is time tested, systematic and have a database of medicinal plants and minerals having its pharmacological actions explained in its language. It preaches life style; Din (chrya), Ratri (chrya), Ritu (charya); explains health cautious people how he should spend his day, night, different seasons in the form of diet and life style. The preaching helps to achieve physical as well as mental health.

Panchkarma and ksharsutra therapy are the skills of ayurveda physicians and surgeons, which are very popular among masses. There is a need to develop many other skills so that we can cure the diseases in better way. Diagnosis of a disease by ancient physicians, by reading the pulse and physical examination of urine, such simple techniques can be validated and practiced so that the expenditure on diagnosis can be curtailed. Adoption of latest developments of basic sciences and information technology for diagnosis, management of disease can also be developed on the principles of ayurveda. Standardization and validation of ayurveda medicaments needs interdisciplinary approaches. We should underline the areas and develop skills in our graduates and post graduates so that they can jointly work with the other disciplines of sciences with confidence and the outcome can be beneficial for each other.

I would like to thank Vishwa Ayurveda Parishad for adoption of topic like “Recent advances and skill development in Ayurveda” for discussion and contributors tried to explain their point of view. Organization is trying to bridge a gap between institutions of higher learning, research and basic learning by starting study circles in UG as well PG Institutions. Topics of discussion and workshops will provide a basis for the overall development of ayurveda. This will contribute for the skill development.

Government of India is trying to popularize AYUSH globally by signing MoUs. The demand for the ayurveda graduates and experts may increase many folds in the coming years. We should take the mission of skill development in ayurveda vigorously so that we can take this opportunity for the global acceptance of ayurveda, which is our Goal.

*Jai Ayurveda!*

**- Dr. Ashwani K. Bhargava,**

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Dayanand Ayurvedic College, Jalandhar.

Founder Registrar,  
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## SKILL DEVELOPMENT IN SHALYA TANTRA

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### INTRODUCTION :

Skill development in India is being much more emphasized now days for promotion of economy and social well being. This is actually needed for speedy development of country in global scenario. The government has come across with the Ministry of Skill Development and Entrepreneurship (earlier Department of Skill Development and Entrepreneurship, first created in July 2014) and had set up ministry in November 2014 to drive the 'Skill India' agenda in a 'Mission Mode' in order to converge existing skill training initiatives and combine scale and quality of skilling efforts, with speed. The Mission has been developed to create convergence across sectors and States in terms of skill training activities. Further, to achieve the vision of 'Skilled India', the National Skill Development Mission would not only consolidate and coordinate skilling efforts, but also expedite decision making across sectors to achieve skilling at scale with speed and standards. Seven sub-missions have been proposed initially to act as building blocks for achieving overall objectives of the Mission. They are: (i) Institutional Training (ii) Infrastructure (iii) Convergence (iv) Trainers (v) Overseas Employment (vi) Sustainable Livelihoods (vii) Leveraging Public Infrastructure. This mission has motivated every citizen of the country to think about skill development not only in fields specified by government but also their own work areas because skill development will not only provide the opportunity of learning but it will also develop capacity of performance of work with full efficiency. Apart from this there are enormous possibilities of new job creation by this skill India mission, which will provide jobs to the younger generation as well

as speed up the social well being, overall leading to development of our nation.

The Ayurveda is one of the areas with immense scope of skill development in various fields with efficiency to contribute in potentials of skill India mission. This indigenous knowledge is capable of generating the employment and strengthening of economy of the country in health sector. Shalya Tantra is unique in this regard as number of medicines, equipments and other procedures are there to contribute. With these observations here the skill development in Shalya Tantra, one of the most promising branch of Ayurveda, has been taken into consideration.

### Skill- Let us consider what is skill ?

A skill is the learned ability to carry out a task with pre-determined results often within a given amount of time, energy, or both. In other words, the abilities that one possesses. Skills can often be divided into domain general and domain-specific skills. For example, in the domain of work, some general skills would include time management, team work and leadership, self-motivation and others, whereas domain-specific skills would be useful only for a certain job.

### Application in Shalya Tantra :

Skill usually requires certain environmental stimuli and situations to assess the level of skill being shown and used. Many of us often get impressed by the kind of results others achieve without realizing the time invested to achieve them. There is a tendency for us to fill in the picture with our own assumptions but this is not true until unless one works hard to achieve this goal. For example if a specialist in the Shalya Tantra gets recognized by

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his work in the society then we have to think the amount of hard work done by him to achieve this stage, recognition and implementation of his skills to learn others can produce many skilled specialist, who can in turn benefit the society and contribute in nation building process. If we want to have that much of work excellence then we will have to adopt the effort and dedication to that extent of achiever, this will enable us to get desired result in all respect.

#### **History of skill development in Shalya Tantra:**

In ancient time development of skill was well recognized by our ayurvedic scholars, Sushruta has given the best example of method of skill development by narrating the dissection on human body for learning of anatomy and practice of surgical skills over fruits, leathers etc before going to have its real practice. He has also advised to go through various literatures and practical trainings for skill development. His opinion is that for skill development there is need of extensive practical training. This shows how important skill development is for gaining knowledge leading to nation building.

#### **Scope of skill development:**

This can be divided in two major groups (1) Manpower training and Creation of Job- this on one hand will make available the skilled person for quality work as well as job to the many unemployed, which in turn will lead to better socio economic well being and (2) Up gradation of existing manpower- this will enable better productivity of the work, feasibility of the skills to larger population with efficiency earlier which was limited to certain population. Strengthening of pre existing infrastructure will impose less financial burden on administrative sector.

(1) Manpower training and Creation of Job The areas where the manpower training can produce the new jobs and there are very less number of skilled people in that area are in the field of Shalya Tantra are-

- (a) Medicinal preparations like various types of Oils, Ghrit and Kshar Sutra etc.

- (b) Para surgical procedures like Agni Karma, Jalauka avcharan and Kshar Karma along with equipments and instruments needed for these procedures.

- (c) Training of Under-graduate students and technicians to perform various useful procedures and preparation of materials required for the purpose.

- (d) Training of various assistants to help experts in this field- they may paramedical staff and undergraduate students.

(2) Up gradation of existing manpower- Large number of manpower is available in Ayurveda but unfortunately they are underutilized because of improper skill development. Training of these existing personal will create work efficiency and fruitful utilization of our existing knowledge. For example undergraduate students can be trained for Leech therapy, Kshar Sutra therapy, Agnikarma therapy and wound care to meet out health problems. This will help unemployed experts to get job as well as help the society.

#### **Methods for skill development:**

Skill development can be done on following basis-

- (a) Strengthening of existing infrastructure: In Ayurveda large infrastructure is available but due to lack of proper planning and development, they are underutilized. Proper strengthening of this system in terms of adequate equipments, staff and other facilities will enable these sectors to provide training to the desired personal. For example many of college and hospital have infrastructure and staff related to treatment of surgical diseases but because of inadequate facilities or unavailability of experts they are not being properly utilized. Their strengthening will meet out need of skill development policy.

- (b) Creation of new facilities: Many new facilities needs to be created for training purposes like scientific laboratories, equipments for standardization of medicines and materials,





manpower training centre's. Many institutions which impart the training to service providers lack in this regard, creation of facilities in these centres will meet out the desired result.

- (c) Legal support: There are legal implications in development of new technologies and therapies in the field of Shalya Tantra because of mind set of our policy makers needs to be rectified. Ayurvedic subjects need the help of basic sciences and some others from advanced system of medicine for full utilisation. They should be restructured with legal protection. For example it is well established kshar sutra therapy is gold standard treatment for fistula in ano but because of legal implication ayurvedic graduates do not use this noble technique in its best form. Leech therapy is now being adopted globally especially in plastic surgery but due to legal reasons we are not practising this treatment procedure, which is in fact contribution of ayurveda.
- (d) New training centres: New training centre's and courses should be created for skill development in the country presently National Resource Centre for Kshar Sutra Therapy at Banaras Hindu University, Varanasi can be taken as role model.

**Summary:**

In brief, the building blocks of ayurvedic skills strategy must be: solid foundation for skills and stronger links between the worlds of education and work. This in turn requires: good quality in education; support of basic life sciences on changes in skill demands; responsiveness of the education and training system to structural changes; and recognition of skills and competences. To be effective, policy initiatives in these areas will also need to be closely linked with economic and social policy agendas. There is a wide agreement on a few broad guiding principles linking skills and work quality ayurvedic education for all is an agreed goal and an essential prerequisite for further skills development. Connecting education and training

and skills development to the specified field of Shalya Tantra increases the odds of imparting the "right" skills, responding to the evolving demands of health care service, which in turn is commercial in present scenario. Effective partnerships between governments/industries and training institutions will produce desired results. Broad and continued access to training and skills development fosters opportunities and benefits of initial and lifelong learning to all, meeting the aspirations of surgical discipline. Dedicated policies and measures are required to facilitate access to training and skills development to persons and groups hindered by various especially legal issues of surgical practice in ayurveda. Education and skills policies are more effective when well coordinated with employment and social protection policies. Assessing the continued relevance and quality of training institutions and programmes, relative to their cost, should be taken as challenge. Surgical tools and methods, including international comparisons, required for development of facilities at the national level. As stated earlier National Resource centre of Kshar Sutra Therapy at Banaras Hindu University can be taken as role model. This centre, imparts training to skilled experts, produces fresh experts by educational courses and training programmes, has international standard equipments, works in collaboration with international surgical experts, provides special health care to public as well as have commercial out come by supplying kshar Sutra at national level. These all works are done for one specific work and can be taken as ideal development model for other works in the field of Shalya Tantra like Leech therapy, Agnikarma and Plastic surgery as described by Sushruta and many other surgical procedures.



## PROTOCOL FOR PROMOTION OF SHALAKYA TANTRA AT OPD LEVEL

- Gunjan Sharma\*

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Special branch of the Ashtang Ayurvedic tree, Shalakyata Tantra encompasses the treatment for the diseases affecting the body parts located that are above the neck. This reveals that the branch of the science of life deals with the causes, diagnosis and curative procedures of the diseases pertaining to the head, ear, nose, eye, lips and throat.

### GOOD PATIENT CARE:

We should have a dedicated team of Specialist Shalakis, nursing staff, administrative staff and support staff to ensure that all patients receive excellent treatment. Shalakyata Department that goes a long way in administering comprehensive eye care "for every patient" all under one roof.

**PROPER MEDICAL SERVICE:** We should have a full fledged drug store in the hospital premises, from where patients can take freshly prepared eye drops, anjana, decoctions etc. as prescribed by the Shalaki without having to go outside.

### GENERAL SERVICE FOR PATIENT:

Hygienic Canteen within the hospital ensures healthy food to the patients and to the attendants. It should provide Pathyakar food items to the patients as per their roga and prakriti.

### PROPER TREATMENT PROTOCOL:

A number of methods have been formulated for the treatment of special sense organs by our ancient acharya. Thus at level of OPD, we can promote Shalakyata Tantra by using methods like Netra Seka, Aschyotana Karma, Anjana Karma, Pindi Karma, Karnapurana, Matara Basti. Siropichu, Kawal, Gandush.etc..

### ASCHYOTANA (eye drop) :

It is indicated in the acute phase of inflammation where as in the corneal and conjunctival epithelia

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permeability is high, hence the absorption is more. General yogas used at OPD level are as, Amalak Swaras in general eye disease, Triphala Swaras in all type of conjunctivitis, etc. Students can be given practical training in preparing aschyotan drugs.

### NETRA SEKA :

It is indicated in acute infective eye conditions, acute allergic conditions involving ocular surface only according to dosha e.g. Dugdha Seka can be used in CVS, Dry eye, Triphala Seka in Sarva Netraroga, Amalakswaras Seka in Netrabhishyand (conjunctivitis) etc.

Solution used is prepared as decoction of different parts of the plants. the procedure is carried out by treating physician himself as per requirement and indications. Absorption of seka is more as compared to aschyotana because comparative drug quantity in Seka is more than that in aschyotan. This procedure is commonly used at OPD level.

This procedure can be used at OPD level for promotion of ayurvedic therapeutics among patients.

### ANJANA KARMA:

It is used when the acute inflammatory features subside (by applications of Seka and Aschyotana) and the clinical feature of each dosha become manifested and localized in the eye. In General Anjana karma are used at OPD level according to dosha predominance.

Daily Anjana karma (Rasanjan) as part of Dincharya can also be another promotive kriyakalpa procedure.

### PINDI (POULTICE) :

In Pindi the luke warm paste of drugs in the form of poultice is applied on closed eye for the



purpose of sudation and drug application. The poultice can be bandaged over eye. This is a procedure where bolus of medicine in the form of pottali is applied on eye ball giving complete relief to the eye especially in the kapha pitta predominant dosha with oedema, congestion pain, as in Abhishyanda, Adhimantha etc.

#### **MATRA BASTI:**

It is used in degenerative conditions of eye and ENT problems.

#### **SHIROPICHU:**

It is used in Vataj Vyadhi related to eye and ENT problems.

#### **GANDUSH:**

Recommended in to improve strength of lower jaw and chin, improve quality of speech, voice, improve strength of face, increase liking towards food, improve senses of taste useful in dry lips, thirst, improves strength of gums.

#### **KAVAL:**

It is good in conditions, such as, Manyashul, Shirahshul (headache), Karna roga (ear diseases), Akshi roga (Eye diseases), Lalasrav (excessive salivation), Kanth roga (Throat problems), Mukhashosh (Thirst), Tandra, Aruchi (Anorexia), Pinas (Chronic sinusitis).

These are the methods which can be frequently used at OPD level in case of acute conditions.

We should have essential setup of ophthalmic instrumentation for diagnosis and prognosis and evaluation of each case for ocular conditions and diseases.

The department should be equipped with following superior technology equipments for better patient care:

#### **SLIT LAMP BIO MICROSCOPE:**

This enables detailed examination of anterior segment of eye.

#### **AUTO REFRACTOMETER:**

It is computerized testing of refractive state of the eye, exact measurement of refractive error is obtained with the push of a button.

#### **NON CONTACT TONOMETER:**

It is an equipment having special feature of recording intra ocular pressure of the eye without touching the eye.

#### **KERATOMETER & LENSOMETER:**

These are very useful in measuring corneal curvature & measuring power of the lens respectively.

#### **SCANNING OF THE EYE:**

Is done by equipments 'a' scan and 'b' scan. They are useful to conduct biometric evaluation of the eye & orbit.

#### **DIRECT OPHTHALMOSCOPE:**

It is useful in observation of fundus of eye (retina, choroid, vitreous).

#### **INDIRECT OPHTHALMOSCOPE:**

It is very useful in observation of peripheral retina.

All these instrument of shalakya tantra are very helpful at OPD level for observation of eye disease.

In OPD Every effort is made to diagnose patient with modern diagnostic aids. Extend skilled care and management of all ocular diseases by ayurvedic ocular therapeutics like Aschyotan, Seka, Anjana, Tarpana etc.

AT O.P.D. BLOCK From promotional aspect in Shalakaya Tantra, Final year students should be trained in through :

1. Eye examination
2. Assessment of refractive error by autorefractometer (computer testing)
3. Assessment of Intra Ocular Pressure by Tonometer.



4. Kriyakalpa practical training should be essential for every student.

#### **GUIDELINES REGARDING AHAR-VIHAR IN NETRA ROGA:**

Ati Dhooma, Vata(Vayu), Usna, Katu, Amlarasa sevan, Vyavaya, excessive and improper use of visual display terminals like laptops smart phones LED TV etc. are harmful for eyes

It is very essential part at OPD level for every patient for the proper treatment to give guidance regarding netra related pathya apathya ahaar vihaar.

Thus for promotion of ayurvedic therapeutics in ocular problems students training is an important aspect. Also few kriyakalpa procedures like Seka and Ashchyotan can be given at OPD levels.

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# A CONCEPTUAL AND ANALYTICAL STUDY ON STRESS (MANODVEGA) AND ITS MANAGEMENT THROUGH AYURVEDA

- Vibha Sood\*

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## ABSTRACT :

In modern life worries about self- security, constant struggle for a better job and misunderstandings in relationships are too common. So no wonder if stress has become an inseparable part of today's life. This routine of behaviour is affecting the health and longevity of life very badly. Stress is said to one of the largest killer of man today. Hans Selye, 1974 defined it as the "the non specific response of the body to any demand placed upon it". In modern science, treatment for the stress is just symptomatic and has many hazardous effects on body. Ayurveda is an oldest scientific system which holistically approaches to stress and very effectively cures it. In Ayurveda vitiation of Raja and Tama Guna of Mana is established as a prime cause of all types of mental imbalances and Pragyaparadha is referred to as an initiative for it. The treatment measures for stress are described very deeply in Ayurvedic texts including Trividha Chikitsa Karma. Detail of etiopathogenesis and management of the disease will be described in paper.

**Keywords:** Stress, Ayurveda, Mana, Manodvega

## INTRODUCTION:

Stress is the body's response to physical, mental, or emotional changes, situations, and forces. Stress often occurs in response to situations that are perceived as being difficult to handle or threatening. Common causes for stress can be physical, like injury or illness or they can be mental, like fear and anxiety about past, present or future events. The world health organisation defines stress as "the reaction people

may have when presented with demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope"<sup>1</sup>. The concept of stress was first introduced in the life-sciences by Hans Selye in 1936. It was derived from the Latin word 'stringere'(to draw tight)<sup>2</sup>; it meant the experience of physical hardship, starvation, torture and pain. Hans Selye, 1974 defined stress as the "the non specific response of the body to any demand placed upon it". By this, there is a common response to different types of stimulus, and he named this set of responses the general adaptation syndrome (GAS)<sup>3</sup>. Stress is basically a mental ailment which consecutively affects the metabolism of whole body. In Ayurveda during description of seven triads, Asaatmyaindriyartharthsamyog, Pragyaparadha and Parinama are mentioned as threefold causes of all types of diseases<sup>4,5</sup>. Including this Pragyaparadha is told responsible for vitiation of Raja and Tama dosha as well as tridosha<sup>6</sup>. Vitiation of Manas dosha provoke different kind of mental disorders in human body. Pragyaparadha is a subject of Mana<sup>7</sup> (mind). Performing trividha karma (kayika- vachika- manasika) in a wrong manner is actually Pragyaparadha<sup>8</sup> which ultimately leads into mental dissatisfaction, anxiety or stress. To conquer this mental ailment three types of management viz. Daivavyapashraya, Yuktivyapashraya and Satvavjaya are mentioned by Acharya Charak<sup>9</sup> (11/54). By following these methods of treatment, stress can be completely cured.

## METHODS:

Dr. Selye called the causes of stress "stressors" or "triggers". There are two kinds of stressors:

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external and internal. He published in year 1975 a model dividing stress into “eustress” and “distress”. Where stress enhances function (physical or mental), it may be considered eustress. Persistent stress that is not resolved through coping or adaptation, deemed distress. It may lead to anxiety or withdrawal (depression) behaviour<sup>10</sup>. All people have minimal stress but excessive stress is harmful and can be cause of mental disorders like general anxiety disorders and depression.

American Psychological Association mentioned three types of stress Acute, Episodic acute and Chronic; each with its own characteristics, symptoms, duration and treatment approaches.

a) Acute Stress: It is the most common form of stress. It comes from demands and pressure of the recent past, anticipated demands and pressure of the near future. Acute stress is exciting and thrilling in small doses, but too much exhausting. Because it is short term, acute stress doesn't have enough time to do the extensive damage associated with long term stress.

b) Episodic Acute Stress: This condition comes for those who suffers acute stress frequently. It is common for people with acute stress reactions to be over around, short tempered, irritable, anxious and tense. Often, life style and personal issues are so ignored and habitual with these individuals.

c) Chronic Stress: While acute stress can be thrilling and exciting, chronic stress is not. This is the grinding stress that wears people away day after day, year after year. The worst aspect of chronic stress is that people get used to it<sup>11</sup>.

Stress Response Theory: Selye initially proposed a triadic model as the basis for stress- response pattern. The elements included adrenal cortex hypertrophy, thymicolymphatic (the thymus, the lymph nodes, and the spleen) atrophy, and gastrointestinal ulcers. He reasoned that these three were closely interdependent; seemed to accompany most illness and were provoked no matter what the stimulus or illness<sup>12</sup>.

Hypothalamic- Pituitary- Adrenal Axis- Hypothalamic- pituitary- adrenal axis is a multi- step

biochemical pathway not only passes information alone to stimulate the next region but also receives feedback from chemical messengers produced later in the pathway to either enhance or suppress earlier steps in the pathway- this is one way a biochemical pathway can regulate itself, via a feedback mechanism. When the hypothalamus receives signals from one of its many inputs (e.g. cerebral cortex, limbic system, visceral organs) about conditions that deviate from an ideal homeostatic state (e.g., alarming sensory stimulus, emotionally charged event, energy deficiency), this can be interpreted as the initiation step of the stress-response cascade. The hypothalamus is stimulated by its inputs and then proceeds to secrete Corticotropin-Releasing Hormones. This hormone is transported to its target, the pituitary gland, via the Hypophyseal Portal System (Short Blood Vessels System), to which it binds and causes the pituitary gland to, in turn, secrete its own messenger, Adrenocorticotrophic Hormone, systemically into the body's blood stream. When adrenocorticotrophic hormone reaches and binds to its target, the Adrenal Gland, in turn releases the final key messenger in the cascade, Cortisol. Cortisol, once released, has widespread effects in the body. During an alarming situation in which a threat is detected and signaled to the hypothalamus from primary sensory and limbic structures, cortisol is one way the brain instructs the body to attempt to regain homeostasis – by redistributing energy (Glucose) to areas of the body that need it most, that is, toward critical organs (the heart, the brain) and away from digestive and reproductive organs, during a potentially harmful situation in an attempt to overcome the challenge at hand.

After enough cortisol has been secreted to best restore homeostasis and the body's stressor is no longer present or the threat is no longer perceived, the heightened levels of cortisol in the body's blood stream eventually circulate to the pituitary gland and hypothalamus to which cortisol can bind and inhibit, essentially turning off the HPA-axis' stress-response cascade via feedback inhibition. This prevents



additional cortisol from being released. This is biologically identified as a normal, healthy stress mechanism in response to a situation or stressor – a biological coping mechanism for a threat to homeostasis.

When the body's HPA-axis cannot overcome a challenge and/or is chronically exposed to a threat than this system becomes overtaxed and this condition can be harmful to the body and brain. A second major effect of cortisol is to suppress the body's immune system during a stressful situation, again, for the purpose of redistributing metabolic resources primarily to fight-or-flight organs. While not a major risk to the body if only for a short period of time, if under chronic stress, the body becomes exceptionally vulnerable to immune system attacks. This is a biologically negative consequence of an exposure to a severe stressor and can be interpreted as stress in and of itself – a detrimental inability of biological mechanisms to effectively adapt to the changes in homeostasis<sup>13</sup>.

#### **Ayurvedic Review:**

In Ayurveda, Mana(mind) is called Ateendriya or Ubhayendriya because it performs its own actions as well as controls sense organ's functions too<sup>14</sup>. By the motivation of mana (Sttva/Cheats) Indriyas become competent in their functions of perceiving related objects<sup>15</sup>. Act of perceiving is accomplished by the union of Atma, Indriya and Artha with Mana<sup>16</sup>. Understanding the things or not is the characteristic of mind (Jnanasyaabhavo Bhav Ev Cha)<sup>17</sup>. Objects of mind are Chintya(thought), Vicharya(consideration), Uhya(hypothesis), Dhyeya (attention) and Sankalpya(determination) including anything which can be perceived by mind<sup>18</sup>. When thought process(chintya) is conducted by mind in appropriate way, it shows normal mental state but when it is conducted in improper manner( Atiyoga- Ayoga-Mithyayoga), it becomes the cause of mental abnormality<sup>19</sup>.

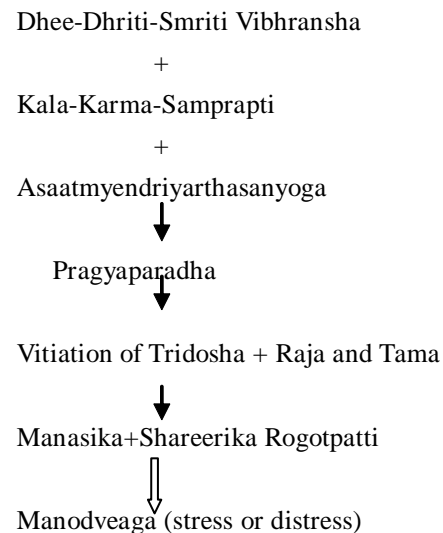
Acharya Charak mentioned in his samhita that one, who is willing to his welfare through his life and afterlife, should restrain urges(Vega) related to

mana, vachana and karma. These are called Dhaarniya Vega. A wise man should keep himself back from the urges pertaining to Lobha, Shoka, Bhaya, Krodha, Mana, Nairlajjya, Irshya, Atiraga, Abhidhya. These are dhaarniya vega of mana. Dhaarniya vega of Vani are- Atimatraparush (extremely harsh)- Soochaka(back biting)- Anrita(untruth)- Akalyukta-Vachana(untimely words).

Similarly Dehapravritti, Parpeeda, Stribhoga, Asteya, Hinsa are the karma not to be acted. Further Acharya mentioned that one, who refrains himself from all these, gets fame(Punyakirti) and being truly happy, enjoys the Dharma, Artha And Kama as well as possesses them also<sup>20</sup>.

While describing the hetu of dukha, Acharya Charak stated that, impairment of intellect( Dhee), patience(Dhriti) and memory(Smriti), advent( Samprapti) of the ripeness of kala and karma and unhealthy attachment of senses with the things (Asatmya-Indriya-Artha-Samyoga) are the major causes of sorrowness or distress<sup>21</sup>. In Jvara Chikitsa Prakaran Acharya Charak mentioned that, in Manas Jvara, symptoms like Vaichitya, Arati and Glani are arisen in body. These symptoms specify the condition of Manodvega or stress in body.

#### **Samprapti of Manodvega or Stress:**





And when this stress or manodvega is sustained for a prolonged time period, it can result into Unmada, Apasmara and Atattavabhinivesha like severe disorders.

#### **Ayurvedic management of stress:**

In Charak Samhita three types of managements are mentioned- Daivavyapashraya, Yuktivyapashraya and Sattvavjaya. In Daivavyapashraya Chikitsa (spiritual therapy) chanting of Mantras, Aushadhi(amulets), Mani- Managal Sutra Dharana, Bali, Upahar, Homa (vedic rituals), Niyama, Prayashchita, Tap-Upavasa, Swastyayana(chanting of vedic hymns ), Pranipata (venerate the god), Gamana(Teerthyatra) have included.

This therapy dissipates the demons of Daiva karma and Paurusha karma. In Yuktivyapashraya, proper diet regimen along with aushadha according to state of dosha, is recommended. Sattvavjaya is a self control on mind to abstain it from deleterious things. Its a kind of psychotherapy<sup>22</sup>.

Acharya charak emphasised, one should be very attentive to useful and harmful parts of the things before they are performed and aim to indulge in dharma, artha and kama. He should serve the great men, sages and always try to gain knowledge of Atma, Desha, Kula, Kala, Bala and Shakti<sup>23</sup>.

In Indriyopakramaniya Adhyay, very deeply Sadvritta(noble duties) is elaborated. By following these ideal behavioural patterns one can maintain his good health and gets control over sense organs<sup>24</sup>. When dharaniya vega of mana are not suppressed then mainly vata and piita gets vitiated as explained in Chikitsa Sthana: Kam-shokabhayadvayuh, Krodhatpittam.<sup>25</sup> So the treatment which palliates vata-pitta is beneficial to cure stress. Treatments and regime planned for Vyadhi like Unmada and Apasmara in classics, are very helpful in treating stress too. Rasayana specially Medhya-Rasayana, Brahma-Rasayana & Chyavan-prasha are explained as

Medha- Smriti-Indriya- Bala- Vriddhikara<sup>26</sup>. Panchkarma are very beneficial to overcome mental

disorders. Medicated Ghrita like Brahmi ghrita, Jivaniya ghrita, Panchgavya ghrita are very effective in treating stress. Shiroabhyanga- Parisheka-Pichu- Basti including Shirodhara are very useful to cure stress<sup>27</sup>. Yoga and meditation have a great impact on mental imbalance.

#### **RESULTS:**

After reviewing all the literature it is very clear that the Acharya very precisely mentioned the etiopathogenesis and treatment of mental disorders. Stress is an initial stage of mental imbalance. Sattva is the purest form of mind. When raja and tama combine with it then "Pravatti" comes to life. Acharya Charak told in his Samhita that one willing to his welfare, should always keep trying right kind of conduct<sup>28</sup>. Pragyaparadha is none but the inappropriate proneness of intellectual towards unwholesome objects. To control the unusual actions of mind sadavritta is explained by Acharya Charak. In Achara Rasayana Satya, Brahmcharya, Ahinsa, Priya Vadita like qualities of an ideal man are described as well as benefits of this good conduct are also told<sup>30</sup>. This kind of behave maintains the balance of dosha in body. Yoga is told as a mean to achieve Moksha<sup>31</sup>.

#### **CONCLUSION:**

In Ayurveda, treatment of stress has been described at three levels. Sattvavjaya and Yuktivyapashraya Chikitsa work on mind and body respectively. Daivavyapashraya is a speciality of Ayurveda, Which is a prior step to Sattvavjaya treatment to make it successful. By following the directions explained in Sadavritta, Swasthavritta and Ritucharya one can keep himself healthy and happy through his life and attains the path of Moksha which is mentioned as an extreme goal of human's life.

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# REVIEW ON EFFECTIVE TEACHING METHODOLOGY FOR SKILL DEVELOPMENT IN AYURVEDA

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## ABSTRACT :

Skill is a learned ability to carry out a task with predetermined results often within a given amount of time, energy or both. Skill development in India has always been a national priority and to further emphasize its importance, our prime minister launched Skill India programme in July 2015. India is expected to be home to 500 million skilled workforce in every sector including healthcare sector by 2022. Ayurvedic graduates being backbone of primary healthcare sector in India also need to be highly skilled to ensure Ayurveda's competitiveness in global health care market. Ayurvedic classical texts have always highlighted importance of clinical skills along with theoretical knowledge. Acharya Charaka and Sushruta have repeatedly laid emphasis on attaining expertise and skills before facing real clinical situations. Although present curriculum & teaching methodology are quite efficient for theoretical knowledge but are inadequate in imparting clinical and problem solving skills. Present Ayurvedic teaching methodology which focuses on passive learning should be modulated to student centric active learning to achieve desired outcome. Need of the hour is to understand the needs of learners who are at the heart of skill development and are one of the key element in teaching-learning process. Problem based learning should be encouraged which being participatory, will develop reasoning and problem solving attitude resulting in self directed clinical learning. In the wake of changing global health care needs, it is necessary to

focus on inculcating and advancing the skill set of Ayurvedic professionals by employing effective and creative teaching methodologies.

**Key Words:** Ayurveda, Skill, Teaching methodology

## INTRODUCTION

India has gradually evolved as a knowledge based economy due to abundance of flexible and qualified human capital.<sup>1</sup> With the rising influence of globalization, there is a need to further develop and empower the human capital to ensure nation's global competitiveness. Although human resource empowerment has always been a national priority but to further emphasise the need for skill development, skill India programme was launched in July 2015.<sup>2</sup> Considering the health care sector, ayurveda too has immense opportunities to establish its distinctive position in the world as ayurvedic graduates are backbone of primary health care in India. Despite the emphatic stress laid on education and training in ayurveda in the country, there is still a shortage of skilled Ayurvedic graduates to address the changing needs and demands of the society. The analysis of this indigenous system displays a grievous picture of current scenario where although enrolment is high but enrolled students do not have access to any guidance about the path that would lead them toward successful employability in private as well as government sector. Intensive efforts are needed to achieve skills to ensure ayurveda's competitiveness globally.

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### **Skill :**

Skill or competence can be defined as an ability and capacity acquired through deliberate, systematic and sustained efforts to smoothly and adaptively carry out complex activities of job functions involving idea, things or people.<sup>3</sup> Skills can broadly be classified into domain general and domain specific skills. Domain general skills are the skills required in every profession such as personality, discipline, communication skills etc, Domain specific skills are the specific skillset required in a profession which varies depending on the nature of work. Health care sector in particular require its graduates to possess specific knowledge, skills, professional behaviour and attitude to be able to diagnose and manage health problems and provide compassionate care to their patients. Ayurvedic graduates have more intense challenges as Ayurveda has not yet become a mainstream health care provider in the country.

### **Skill development and Ayurved :**

Historically, Ayurveda, 'a pioneer of all medical sciences' has been progressively adopting integration of various systems in it as evident from the statement of Acharya Charak that the entire world consists of the teachers for the wise therefore knowledge coming even from an unfamiliar source should be received, assimilated and utilized<sup>4</sup>. In ancient times teaching of Ayurveda was provided in the gurukuls in a systematic and holistic way where research and curiosity were regular aspects of teaching learning process as suggested by various texts written in question-answer style. Ayurveda aspirants had to pass through stringent scrutiny of their general skills before entering the field<sup>5</sup>. During the education in the gurukul these skills were enhanced and additional domain specific skills were imparted through shastradhyayan, observations, group discussions and practical training. Teaching included interactive sessions between teacher and disciple contributing to development of questioning mindset resulting in life long learning. Research was also an integral part of the system where new knowledge was generated in a systematic way. Any new idea/hypothesis proposed in a symposium was verified by using pramanas before making a consensus.<sup>6</sup> Post

independence this gurukul system was abolished and based on recommendations of various committees, reforms were initiated to standardize Ayurvedic education throughout India. CCIM was constituted and throughout the country Ayurveda curriculum was made uniform. Different reforms are still being worked upon as hit and trial methods but till date no satisfactory results have been obtained. The condition has been further worsened by mushrooming of Ayurvedic colleges across the country where buildings and departmental infrastructure are organized only for regulatory compliance with inadequately skilled workforce. Research infrastructure is also insufficient leading to shortage of curious, research oriented, and skilled professionals.

### **Teaching Methodology :**

Teaching methodology is the principles and methods used for instruction to be implemented by teachers to achieve the desired learning in students.<sup>7</sup> Landscape is changing in terms of learner and employer. So in confronting the many challenges that future holds in store, skilled education is an indispensable asset. UNESCO has described four pillars of education as learning to gain knowledge, learning to act, learning for life and learning to live together. Teaching methods are decided on the basis of predetermined objectives to guide the learning process and to assess the learning success. Teacher and learner are the two integral parts of the teaching learning process and the successful learning outcomes depend upon the skills of the teacher in imparting knowledge as well as the characteristics of the learning individual and the class as a whole. Social skills of a teacher have an essential contribution to create a friendly atmosphere in classroom which is of vital importance to replace competition with the team spirit in students.

Learning process can be summarized as absorption (watching, perceiving, experiencing), processing (exploring, understanding, comprehending, memorizing) and transfer (application, action) of the knowledge in between two individuals i.e., teacher and learner. Conventional methods employed by the teachers around the globe to induce learning in students are:<sup>8</sup>



- Lecture – Lecturing method considered as primary method of instruction is employed for classroom teaching. In it the students play a passive role which may hinder learning.
- Demonstration – It is the process of teaching through examples/experiments. It helps to raise student interest and reinforce memory retention as it provides a connection between fact and real world application.
- Collaboration – It allows the students to actively participate in the learning process such as group discussion and projects.

Every method although having its own strength and weaknesses is essential to provide new learning. As each teaching situation is unique in terms of content level, student skills, teacher skills and many other factors, so to maximize student learning a teacher must find out what works best in a particular situation.

Lacunas in Ayurvedic curriculum and teaching methodology-Skill and knowledge are driving forces for enhancing professional excellence and employability.<sup>9</sup> The graduates of the system although possess theoretical knowledge but lack strong shastra base with inadequate clinical and problem solving skills. Acharya Charak in his treatise Charak Samhita has provided detailed description of teaching methodology, teaching-learning process, qualities of teacher and disciple and principles of continuous generation of new knowledge.<sup>10</sup> But as the gurukul system abolished, so the traditional teaching methodology and was replaced by passive teaching approach with limited access to knowledge. Present curriculum lays too much stress on attaining knowledge through class room teaching rather than practical learning creating imbalance between theoretical understanding and skill development. Most of the Ayurvedic institutes are mere teaching schools with minimal infrastructure and faculty.<sup>11</sup> Present Ayurvedic teaching has not only lost its traditional practices but has also compromised the link between teaching learning and research. There is a lack of exposure to new age technical advances and other contemporary systems. Assessment of

learning outcomes is mere an assessment of memorization rather than assessment of logical understanding and learning. New knowledge is either not generated and if generated is out of the reach of the students. Majority of the students when enter in practice resort to western medicine practice as they neither have strong shastra base nor they are trained in bedside clinical examination. There is very little scope in present system for critical analysis and innovative practices. Lesser number of skilled faculty and a passive teaching approach has resulted in inability to induce enthusiasm and inquisitiveness among students. The need is thus to adapt the teaching methodology which not only comply with present day demands but also align the students with strong theoretical foundation of Ayurveda.

Modification needed in conventional Ayurveda teaching-Lecture – Although less effective, it will still remain a standard method in all courses as it lets a teacher address the large group at once conveying the important, unpublished or not readily available information to students. Today's learner is lesser a reader and more a surfer and scanner so ICT methods should be introduced to promote understanding preservation and adoption of rich heritage of Ayurveda. Rather than passive teaching, an environment should be created where students can actively learn problems on hand from shastric deliberations. Students should be encouraged to ask questions and challenge teacher's interpretation of the subject. Lecturing should be used to simplify the shastras without losing their originality and integrity. Prime objective and focus of the Sanskrit teaching should be its application in shastradhyayan not examination outcome.

Classroom can also be used as a platform to develop social and interpersonal skills professional attitude and personality which form essential traits of any health professional. The strategies which can be used along with lecturing to promote learning in classroom teaching are:

- Quiz
- Role-play
- Brainstorming
- Group problem solving



Demonstration – It can be in the form of practical or bedside clinical teaching. Ayurvedic principles of clinical examination learned in classroom such as trividh pariksha, mala, mutra , naadi pariksha etc., should be reinforced in the students at the time of bedside clinical learning. Deeper understanding of basic principles of Ayurveda as described in the shastras such as tridosh and panchmahabhut theory should be reinforced by applying these principles in real life situations. The key aspects of drug identification, formulation and manufacturing should be reinforced again and again and also during internship to enable them to procure and manufacture drugs for their personal use.

· Collaboration – Group projects should be assigned to the students in the form of drug identification, manufacturing, history taking, clinical case diagnosis etc., to make them active participants in learning. Students should be encouraged to take part in group discussions following presentations developing critical thinking in them. An effective classroom discussion can be achieved by probing more questions among the students regarding solutions of the problem, their own experience and further implications. It will enhance student understanding, highlight opposing viewpoints, build confidence, broaden student perspective and reinforce knowledge. Teacher may employ collaboration to assess and enhance student's ability to work as a team, leadership skills and presentation abilities.

### SWOC Analysis

#### Strength

- A strong theoretical foundation in the form of systematically written samhitas.
- Oldest scientifically validated system and pioneer of all medical sciences.

#### Weakness

- Improper scrutiny of the students while entering the field.
- Limited knowledge of Sanskrit language and passive teaching methodology.
- Institutions lacking skilled faculty and adequate research infrastructure.

### Opportunity

- Government is focussing on skill development as well as promoting Ayurveda.
- Global acceptance of Ayurveda in health care sector.

### Challenge

- To prove ayurveda's global competitiveness by producing graduates/ postgraduates efficient in combating emerging health care challenges through Ayurveda.
- To integrate the advances in basic sciences and research with Ayurvedic disciplines.
- To create a new generation of skilled vaidyas with research oriented minds.

### CONCLUSION :

Ayurved with its rich heritage is still searching for its identity on the global front. It is critical to accommodate evolving trends to be responsive to constantly changing health dynamics. Only a teacher can carry forward the reforms needed to mainstream Ayurveda. The need is thus to adopt the learner centred teaching methodology which not only comply with present day demands but align the students with strong theoretical foundation of Ayurveda.

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# A DIAGNOSTIC STUDY TO ASSESS THE STATE OF VATA DOSHA THROUGH PHYSICAL AND BIOCHEMICAL EXAMINATION OF BLOOD

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## INTRODUCTION :

Doshas are known as three vital body forces which are produced and regulated endogenously in human body. Doshas are not same every time, they decrease, increase and became normal and by this they govern the physiological and physiochemical activities of the living body. These Doshas are produced in the Koshtha through Avastha paka, Kapha & Pitta in Amashaya and Vata in Pakvashaya. Thus getting formed there, they helps in digestion of food and formation of Ahara Rasa (nutritional part of the food) which undergoes further transformation and form Rasa Dhatu ( first tissue of the body ). When these three Doshas are in their normal value and moving continuously they maintain the normal condition of body and when they undergo abnormal change they manifests as disease.

In Ayurveda there is a broad group of disease dedicated to Vata Dosha, and it also plays an important role in movement of other Doshas. 80 types of Nanatmaja Vyadhi and disease described in Vata Vyadhi Chikitsa are very common. Alteration in Vata Dosha influences the physical and biochemical properties of blood as blood is the career for all the three Doshas. These changes in parameter can help us to assess the state of aggravated Vata Dosha.

**Aims & Objective:** To determine the relation between aggravated Vata Dosha and laboratory investigations , physical & biochemical parameters.

**Material & Methods:** 110 patients were registered at NIA, OPD & IPD for the study, out of which 99 completed the study. These 99 patients were assigned into 3 groups A, B and C. Group A for Vata Dosha morbid patient, Group B for Pitta Dosha morbid patients and Group C for Kapha Dosha morbid patients. These patients were selected on the basis of 38 chief complaints related with Doshika predominance. Some of these chief complaints related to Vata Dosha dominant like hoarseness of voice, emaciation, twitching, blackish color of skin, crawling for warm things and constipation.

The patient's blood was taken at the time of registration once only for physical & laboratory investigations. Blood colors, liquidity, C.T., B.T., smell, specific gravity test were performed in the lab. Liquidity of blood was assessed by self-made blood speedometer. Laboratory investigations include CBC, SGPT, HDL, LDL, VLDL, TG, FBS, Blood Urea. Paired 't' test was used for results.

### **Inclusion criteria:**

- Patients presenting the signs and symptoms of single Dosha.
- Either sex
- All age group of patients.

### **Exclusion criteria:**

- Patients presenting sign and symptom of more than one Dosha.
- Patients who do not want to go under the study work.
- Pregnant ladies, Newborn and children.

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**Table 1: Showing the physical lab parameters of blood**

S.NO.	Physical lab parameters of blood		No. of Patients	% of Patients
1	Color	Indragopa ( Vata )	32	32.32%
		Padama ( Pitta )	34	34.34%
		Swarna ( Kapha )	33	33.33%
2	Liquidity	Tanu ( Vata )	32	32.32%
		Ati-tanu ( Pitta )	34	34.34%
		Bahala ( Kapha )	33	33.33%
3	Coagulation	Askandi ( Vata )	32	32.32%
		Askandi ( Pitta )	34	34.34%
		Skandi ( Kapha )	33	33.33%
4	Temperature	Annavasthita( Vata )	32	32.32%
		Ushna ( Pitta )	34	34.34%
		Sheetala ( Kapha )	33	33.33%
5	Smell	Alpa ( Vata )	32	32.32%
		Tikshana ( Pitta )	34	34.34%
		Samanya ( Kapha )	33	33.33%
6	pH	7.6 ( Vata )	33	33.33%
		7.7 ( Pitta )	33	33.33%
		7.5 ( Kapha )	33	33.33%

**Table 2: Showing the lab biochemical parameters of blood**

S.No.	Lab test	Mean % of lab test	No. of patients			% of patients		
1.	Hb%	13.35	33	33	33	33.33	33.33	33.33
2.	PCV	40.04	33	33	33	33.33	33.33	33.33
3.	MCV	90.18	33	33	33	33.33	33.33	33.33
4.	SGPT	27.99	33	33	33	33.33	33.33	33.33
5.	HDL	59.61	33	33	33	33.33	33.33	33.33
6.	LDL	97.37	33	33	33	33.33	33.33	33.33
7.	VLDL	33.45	33	33	33	33.33	33.33	33.33
8.	TG	167.32	33	33	33	33.33	33.33	33.33
9.	Blood Urea	28.34	33	33	33	33.33	33.33	33.33
10.	FBS	87.66	33	33	33	33.33	33.33	33.33

**Table 3: Showing the variation of HB% in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	12.52	13.66	-9.13	2.21	0.38	-2.97	<0.01	S
Vata-Kapha	33-33	12.52	13.88	-10.87	2.06	0.36	-3.79	<0.001	HS
Pitta-Kapha	33-33	13.66	13.88	-1.60	0.89	0.16	-1.40	>0.01	NS

**Table 4: Showing the variation of PCV in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	37.55	40.97	-9.13	6.63	1.15	-2.97	<0.01	S
Vata-Kapha	33-33	37.55	41.63	-10.87	6.18	1.08	-3.79	<0.001	HS
Pitta-Kapha	33-33	40.97	41.63	-1.60	2.68	0.47	-1.40	>0.01	NS



**Table 5: Showing the variation of MCV in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	90.21	90.16	0.05	0.57	0.10	0.42	>0.1	NS
Vata-Kapha	33-33	90.21	90.21	0.00	0.55	0.10	-0.02	>0.1	NS
Pitta-Kapha	33-33	90.16	90.21	-0.05	0.45	0.08	-0.54	>0.1	NS

**Table 6: Showing the variation of SGPT in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	25.25	35.62	-44.12	19.82	3.45	-3.23	<0.001	HS
Vata-Kapha	33-33	25.25	23.03	5.76	7.22	1.26	1.16	>0.1	NS
Pitta-Kapha	33-33	35.62	23.03	35.35	19.70	3.43	3.67	<0.001	HS

**Table 7: Showing the variation of HDL in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	58.11	59.42	-2.26	5.33	0.93	-1.42	>0.1	NS
Vata-Kapha	33-33	58.11	61.30	-5.50	5.33	0.93	-3.45	<0.01	S
Pitta-Kapha	33-33	59.42	61.30	-3.17	7.24	1.26	-1.49	>0.1	NS

**Table 8: Showing the variation of LDL in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	87.08	96.36	-10.66	41.25	7.18	-1.29	>0.1	NS
Vata-Kapha	33-33	87.08	108.67	-24.79	47.61	8.29	-2.60	<0.02	S
Pitta-Kapha	33-33	96.36	108.67	-12.77	45.93	7.99	-1.54	>0.1	NS

**Table 9: Showing the variation of VLDL in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	30.44	31.74	-4.26	9.87	1.72	-0.76	>0.1	NS
Vata-Kapha	33-33	30.44	38.20	-25.49	10.82	1.88	-1.88	<0.001	HS
Pitta-Kapha	33-33	31.74	38.20	-20.35	12.60	2.19	-2.19	<0.01	S

**Table 10: Showing the variation of TG in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	152.27	158.71	-4.22	49.35	8.59	-0.75	>0.1	NS
Vata-Kapha	33-33	152.27	190.98	-25.42	54.03	9.40	-4.12	<0.001	HS
Pitta-Kapha	33-33	158.71	190.98	-20.34	63.00	10.97	-2.94	<0.01	S





**Table 11: Showing the variation of BLOOD UREA in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	28.76	28.85	-0.31	7.13	1.24	-0.07	>0.1	NS
Vata-Kapha	33-33	28.76	27.42	4.64	6.74	1.17	1.14	>0.1	NS
Pitta-Kapha	33-33	28.85	27.42	4.93	6.84	1.19	1.19	>0.1	NS

**Table 12: Showing the variation of FBS in different aggravated Doshika condition:**

Groups	N	Mean Score		% of variation	SD ±	SE ±	't'	P	Remarks
Vata-Pitta	33-33	83.70	86.29	-3.10	18.15	3.16	-0.82	>0.1	NS
Vata-Kapha	33-33	83.70	93.01	-11.13	48.76	8.49	-1.10	>0.1	NS
Pitta-Kapha	33-33	86.29	93.01	-7.79	50.90	8.86	-0.76	>0.1	NS

#### DISCUSSION:

On observation variation in Hb% & PCV, showed contrast qualitative nature of Vriddha Vata & Kapha while MCV showed statistically insignificant results indicates Dosha Vriddhi is the very initial stage of any disease (table no.3-5). Statistically significant result of HDL found in Vata & Kapha aggravated group indicate direction of aggravated Vata and Kapha are opposite in the metabolic process of lipid. While higher mean level of LDL, VLDL & TG in aggravated Kapha, indicates its involvement in disease where the lipid profile tends to rise (table no.7-10).

SGPT showing statistical significant results in Pitta & Kapha and Vata & Pitta groups, indicates aggravated Pitta having definite role to increase SGPT levels in contrast to others (table no. 6). Mean level of Blood Urea was slightly higher in Pitta & Vata dominant patients indicate that breakdown process increases in case of Pittaja as well as Vataja disease progression (table no.11). Higher level of FBS showed in Kapha aggravated patients indicates that the disease caused by obstruction of micro and macro channels are mainly formed from Kapha Vriddhi (table no. 12).

All these results reveals that the effects of Dosha Vriddhi are not only reflect the bodily sign and symptoms also reflect the biochemical parameters.

#### CONCLUSION:

Without the vitiation of Doshas disease are never produce, it is also mentioned Doshika involvement always started as positive mode (Sanchayadi). So in the diseased condition the parameter those are correlated in above may influenced in its biological parameters. So in Vata Vyadhi like Pakshaghata(paralysis), Gridhrasi (sciatica) etc., Nakhahedadi Nanatmaja Vikara, in case of Gulma, Unmada-Apsmara, Yoni-Vyapata, Vatarakta etc. alteration in biochemical parameter can help us to reveal the state of Vata Dosha.

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## A THERAPEUTIC TRIAL OF INDIGENOUS HERBAL COMPOUNDS IN PRAMEHA W.S.R TO DIABETES MELLITUS

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### INTRODUCTION :

Diabetes Mellitus is a clinical syndrome characterised by hyperglycemia with polyuria, polydipsia, polyphagia due to deficiency or diminished effectiveness of insulin and also with defects of carbohydrates, proteins and fat metabolism. Hyperglycaemia is defined as increase in blood sugar level above normal fasting range. Metabolism, the term metabolism means all chemical changes that take place inside the body. It starts after absorption, and finished when the end products are excreted. As per critical judgement of some authors of recent era Diabetes Mellitus is compared and correlated with Prameha in general and Madhumeha in particular. The prevalence of diabetes for all age groups worldwide was estimated to be 2.8% in 2000 and 4.4% in 2030. The total number of people with diabetes is projected to rise from 171 million in 2000 to 366 million in 2030. According to the diabetes Atlas 2006 published by the International Diabetes Federation, the number of people with diabetes in India currently around 40.9 million is expected to be rise to 69.9 million by 2025.

### Aims and Objectives:

To assess the efficacy of Indigenous drug in the management of Laboratory finding of Prameha.

### Material and Method:

The patient for this study were selected from OPD and IPD hospital, Jaipur. Total 150 patients were registered but only 125 patients completed the course and randomly divided into three groups.

Group A: 50 patients were administered with powder of Methi seed and Jambu seed (MJ), 5gram twice daily with Luke warm water before half an hour of meal.

Group B: 50 patients were administered with powder of Bilwa Patra and Nimba Patra (BN), 5 gram twice daily with Luke warm water before half an hour of meal.

Group C (control group): 50 patients were administered with one tablet Glipizide, 5 mg twice daily with water before meal.

Duration of Trial was 60 days with every 15 days follow up.

### Inclusion criteria:

- 1- Patients in the age group between 25 to 70 years.
- 2- Diagnosed cases of non insulin dependent diabetes mellitus.

### Exclusion criteria:

- 1- Patients of age less than 25 years and above 70 years.
- 2- Patients with insulin dependent diabetes mellitus.
- 3- Pregnant women.
- 4- Patients with major complications and in requirement of emergency treatment.

### Laboratory Investigations:

CBC, FBS, PPBS, Serum Urea, Serum Creatinine, Lipid Profile, HbA1C, Urine (Routine and microscopic)

Statistical Test: Paired 't' test, Wilcoxon signed rank test, ANOVA.

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**Table 1 showing improvement in FBS**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	39	153.29	120.48	32.81	21.41	35.45	5.68	5.78	<0.001	HS
B	41	160.27	143.17	17.10	10.67	20.99	3.28	5.21	<0.001	HS
C	45	167.71	123.73	43.98	26.22	10.38	1.55	28.42	<0.001	HS

**Table 2 showing improvement in PPBS**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	39	215.92	167.18	48.74	22.57	39.98	6.40	7.61	<0.001	HS
B	41	229.50	191.56	37.94	16.53	26.75	4.18	9.08	<0.001	HS
C	45	204.87	154.40	50.47	24.63	16.87	2.52	20.06	<0.001	HS

**Table 3 showing improvement in HbA1C**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	13	7.45	6.12	1.33	17.91	1.17	0.33	4.10	<0.001	HS
B	11	7.41	6.68	0.73	9.87	0.78	0.23	3.12	<0.05	S
C	05	9.86	7.92	1.94	19.68	1.49	0.67	2.91	<0.05	S

**Table 4 showing improvement in S.Cholesterol**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	39	195.88	173.78	22.10	11.28	35.07	5.61	3.94	<0.05	S
B	41	196.69	179.26	17.43	8.86	33.41	5.22	3.34	<0.01	VS
C	45	173.11	168.35	4.77	2.75	44.79	6.68	0.71	>0.10	NS



**Table 5 showing improvement in S.Triglyceride**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	39	187.51	164.83	22.68	12.10	41.25	6.61	3.43	<0.05	S
B	41	151.53	135.32	16.21	10.70	28.77	4.49	3.61	<0.01	VS
C	45	155.71	130.41	25.29	16.24	15.11	2.25	11.23	<0.001	HS

**Table 6 showing improvement in S.HDL Cholesterol**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	39	54.22	56.42	2.19	4.05	5.99	0.96	2.29	<0.02	S
B	41	48.87	51.58	2.71	5.55	11.39	1.78	1.52	>0.10	NS
C	45	46.87	48.39	1.51	3.23	11.94	1.78	0.85	>0.10	NS

**Table 7 showing improvement in S.LDL Cholesterol**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	39	104.61	81.08	23.54	22.50	35.25	5.65	4.17	<0.001	HS
B	41	115.30	100.28	15.02	13.03	29.30	4.58	3.28	<0.01	VS
C	45	109.56	92.13	17.43	15.91	13.43	2.00	8.71	<0.001	HS

**Table 8 showing improvement in S.VLDL**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	39	37.77	35.47	2.30	6.09	6.82	1.09	2.11	<0.01	VS
B	41	29.93	27.23	2.62	8.75	6.81	1.06	2.46	<0.02	S
C	45	31.14	25.80	5.34	17.16	3.10	0.46	11.56	<0.001	HS



**Table 9 showing improvement in Body Weight**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	39	68.18	67.41	0.77	1.13	0.87	0.14	5.51	<0.001	HS
B	41	69.32	68.05	1.27	1.83	1.66	0.26	4.90	<0.001	HS
C	45	73.47	72.33	1.13	1.54	1.16	0.17	6.55	<0.001	HS

**Table 10 showing improvement in BMI**

Group	N	Mean		Diff.	% of Change	SD	SE	T	p	Remark
		BT	AT							
A	39	25.91	25.62	0.30	1.15	0.36	0.06	5.13	<0.001	HS
B	41	25.66	25.27	0.39	1.51	0.84	0.13	2.95	<0.01	VS
C	45	26.17	25.54	0.62	2.39	0.99	0.15	4.24	<0.001	HS

**DISCUSSION:**

Group A-Highly significant ( $p < 0.001$ ) improvement was observed in FBS, PPBS, HbA1C, S.LDL. The improvement in S.VLDL was very significant (0.01). Statistically significant ( $p < 0.05$ ) improvement was observed in S.Cholesterol, S.Triglyceride, and S.HDL. While comparing the result of Group A with the control group the difference of effect in the parameters like FBS, PPBS, HbA1C, S.Cholesterol, S.Triglyceride, S.HDL, S. LDL were not significant. This shows that drug of Group A was equally competent with control in controlling the above parameters.

Group B-Highly Significant ( $p < 0.001$ ) improvement was observed in FBS & PPBS. Very Significant ( $p < 0.01$ ) was observed in S.Cholesterol, S.Triglyceride, S.HDL. The improvement was significant ( $p < 0.05$ ) in HbA1C, S.VLDL. The difference of effect in parameters like HbA1C, S.Cholesterol, S.Triglyceride, S.LDL, S. VLDL were not significant. This shows that the drug of Group B is equally competent with the control in controlling the above parameters. In controlling FBS and PPBS,

group C had highly significant and significant advantage over group B respectively.

**CONCLUSION:**

From the results it is concluded that Powder MJ effectively reduces FBS, PPBS, HbA1C, S. Cholesterol, S. Triglyceride, S. LDL, and increases S. HDL. Powder BN reduces FBS & PPBS but this reduction is not comparable to the effect of control drug but it effectively reduces HbA1C, S.Cholesterol, S. Triglyceride, S.LDL, S.VLDL.

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***Selected Abstracts for Presentation in “Recent advances and skill development in Ayurveda” : 27-28 Feb 2016 at Daynand Ayurvedic college, Jalandhar***

**ROLE OF AYURVEDA FOR MANAGEMENT OF MANAS ROGAS (AWARENESS AND PREVENTION)**

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**ABSTRACT :**

Most societies view symptoms of psychopathology as threatening and uncomfortable which lead to discrimination toward people with mental health problem. This leads to mental stigma. Mental Stigma prevents patient with mental health problem to admit the same.

In ayurveda great emphasis has been given on mental health. Chakarpani has also given psychosomatic aspect of these. In ayurveda manas rogas has been classified and described. Acharaya Charaka has described three fold etiology for these manas rogas i.e related to imbalances in kala, budhi and artha. i.e asatmyaindriya samyog, pragyapradha, prinam, sadvrit apalan, vegararodh, purvajanam karma, prakarti vipryaya. According to Ayurveda all these lead to rajas and tamsik vikara i.e various somatic syptoms i.e krodh, lobh, moha, irshya ,mada, shoka, bhaya, harsha, chitto udvega. These are preclinical stages of mental problems later prakop of vata pita and kapha leads to disease. In ayurveda, for preventing mental problems procedures such as sadvrit palan, vegadharan of dharneeya vega, svasthvritta palan has been described. Role of yoga has been described in Ayurveda for controlling chitvrittiyan. Meditation has been globally accepted as therapy for preventing various psychiatric problems. Various psychotherapies as trasan, vismapan and aashvasan has been foretold. Awareness in society is possible by telling them how diseases effects the patient, are symptoms, when are alarming & uncomfortable, how can be these prevented by just avoiding etiologies (nidan parivarjan), sadvrit palan, certain yogic procedures



**RELEVANCE OF ‘JALANDHAR BANDHA’ IN ‘DANTA NIRHARANA KRIYA’(TOOTH EXTRACTION ) AMONG DIABETIC PATIENT**

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**ABSTRACT :**

Ayurveda and Yoga are the ancient science of India. As a remedy now a days people are looking towards it for many of their ailments. The civilization of India has produced a great variety of systems of spiritual beliefs and practices. As we know Ayurveda not only deals with medical line of treatment but it also deals with surgical treatment. Now a days population is waking up to the possibilities of Ayurveda to improve their life style and health status . Diabetes mellitus is one of the most frequent life style disorder worldwide. Periodontal diseases is the most common ‘oral’ complication of diabetes mellitus, on the other hand possible influence of xerostomia ,dental caries and burning mouth syndrome are also reported. The



Dentist has to be aware of the possible occurrence of acute complication. Furthermore, these patients suffer from delayed wound healing and major susceptibility to infections. Due to fear of complication mentioned above and post extraction complication 'Modern Dentist' as well as patient often avoid the surgical removal of tooth. Routine dental extractions involve the use of local anaesthetic agent in order to relieve the sensation of pain. In the present study, we aim to throw a light on a technique where in we do not use the conventional local anesthetics, instead we use the art and science of Ayurveda and yoga for extraction of human teeth. This technique, which is used for painless tooth extraction without local anesthesia, is known as Jalandhar Bandha give very tremendous result also in diabetic patient. Thousands of patients have been treated successfully with this method. The present study provides data from 52 patients highlighting the fact that this technique can be used successfully in diabetic patients. An ancient times Yogis used the technique of Jalandhar bandh for treatment of many diseases of eye, ear, nose and oral cavity since old days. Jalandhar bandh is described in 'Hath yoga pradeepika' with the use of this jalandhar bandh the root of tooth is desensitized and extraction can be done without the patient feeling sensation of pain.

In this step utmost care of the patient is taken to reduce the chances of infection & to promote wound healing.

Extraction of teeth and management of wound by Ayurveda and Yoga technique is devoid of pain and post extraction complications. The study shows that 41 patients out of 52 have no post operative complication, indicates success rate 78.84% of this Ayurvedic and yogic dental extraction. Regarding above research complete paper will be presented at the time of oral presentation.



## **ADVANCES AND SKILL DEVELOPMENT IN AYURVEDA O.P.D. SYSTEM**

**- Ashvini Kumar Trivedi\***

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### **INTRODUCTION :**

Ayurveda is the comprehensive system of natural health care, about 5000 years old. The Ayurvedic graduates play an important role in the primary healthcare delivery system of the country; governing bodies are required to take necessary steps to ensure the adequate exposure of the students to basic clinical skills. There are three methods in Ayurvedic examination of rogi pareeksha, which help determine the nature of illness, namely: Darsana pareeksha, Sparsana pareeksha, Prasna pareeksha. These three ways of examination are determined to get a clearer picture of the situation, which will later help to come up with the right diagnosis. The diagnosis itself is called Roga Pareeksha and is derived from the analysis of five factors: Nidanam, Purvaroopam, Roopam, Upashayam, Samprapthi. Nadi pariksha is viewed by Ayurveda practitioners as superior to Roga and Rogi examination. This is an ancient method of identifying physical and mental state of a person, as well as his dosha balances. Now a days Nadi Pariksha is rarely used even by Ayurvedic doctors in diagnosis, as it relies more on a time-developed skills and experience of an examiner and not his qualifications and trainings.



## CONCLUSION :

Nadi Pariksha relates to the roots of a disease, not only the symptoms, it is more accurate and can lead a practitioner to cure the disease at its source. So advances and skill development is require in Roga and Rogi pariksha as well as Nadi Pariksha to made Ayurveda more approachable.



## STUDIES ON HOSPITAL MANAGEMENT IN THE LIGHT OF SAMHITA GRANTHAS WITH SPECIAL REFERENCE TO CHARAKA SAMHITA.

- Deepak Rahangdale\* Baldev Kumar\*\* Hetal Dave\*\*\*

*\*PG Scholar, \*\* Associate Professor, PG Department of Basic Principle, \*\*\*Assistant Professor, PG Dept. of Prasuti and Stirog, NIA, Jaipur.*

## ABSTRACT :

The science, 'life' is described in a disciplined manner. This discipline is found in the form of literature, chapter's etc. along with discipline in the field of treatment. This is nothing but the management of patient in different places which otherwise known as hospital administration or management in recent. It has been followed up from the ancient times, especially from samhita period. The textual knowledge along with the experience should be applied in a disciplined manner for providing better health care and is helpful for increasing longevity of human life. The science of hospital administration or the management of patients has been come across the samhita period and has its fill growth in the present time. Now there is ocean of changes in it. But the changes have never omitted the basic elements that have been inherited through ages. In samhita period the maharshi's have very well realized that there are four basic structures for success of treatment i.e. vaidya(physician), bhesaja(medicine), paricharika(nurse), rogi(patient). Day by day these fundamentals units have improved with the advance sciences. Maharishi charaka, father of medicine has thought of establishing different units i.e. aturalaya for specific diseased patients for better outcome of treatment. These ideas latter on have given birth to construct separate buildings or units or wards in order to provide better treatment.



## EFFECTIVE TEACHING SKILLS

- Ajay Kumar\*

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## ABSTRACT :

Teaching was a skill that you were expected to possess or acquire. Effective teaching techniques are now a requirement for doctors. Every doctor is expected to deliver teaching, whether to medical students, allied health professionals, or postgraduate doctors. A passionate teacher will be an asset to any medical





department. This, coupled with the personal satisfaction of being an effective teacher, is the motivation to become a better medical educator. Self improvement in any skill requires knowledge of how you are currently performing. It is well known that feedback improves performance. Constructive feedback facilitates refinement and evolution of any teaching episode, whether it is a specific lecture or a whole curriculum. Appropriate feedback can be gained through several methods such as feedback from students, self (reflection) and feedback from other teachers or colleagues. Effective presentations involve careful preparation and artful delivery of ideas that connect with the interests and needs of learners. Great presentations illuminate, inspire and challenge. Presentations or lectures are particularly good at providing a framework for learning new concepts, modeling a creative mind at work, challenging accepted beliefs and attitudes and stimulating further learning. To create effective presentations, good preparation, organization, visuals and dynamic delivery are needed.



## **ADVANCES AND SKILL DEVELOPMENT IN AYURVEDA**

**- Anjali Goyal\*, Baldev Kumar\*\***

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### **INTRODUCTION :**

The last decade has seen a tremendous interest in alternative medicine, and recently the Ayurvedic tradition in particular is receiving attention. A number of world agencies have pinned their faith in traditional medicine including the Ayurvedic tradition. WHO and UNESCO both have recognized the importance of medicinal plants, encouraging research so that herbal medicines can be put to more efficient use.

Skill development in Ayurveda can be done by training programs of the traditional medical practitioners, awareness of community health, awareness of development & cultivation of medicinal plant, knowledge of the manufacturing of medicine, conservation of traditional knowledge in the system of Ayurveda medicine, to update the knowledge of Ayurvedic fundamentals. A computerized web enabled data capturing and analytical system, uniform standards in preparation of drugs are some points to be attention for experiment and development of system. Inability to prove line of action of drugs according to Ayurveda principles, poor quality of education- poor trained students cum Ayush doctors are some points to be attention for advances in Ayurveda. Undertake research in challenging diseases with the help of Ayurvedic text books matter, conducting small surveys for knowing present need of society and improving methods in ayurvedic system, providing diet chart to each patient with prescription may be great tools for advancement of Ayurveda.

### **CONCLUSION :**

Ayurveda education and practical system both require vast improvement for proper regulation and development of professional skill and education in these systems.





## **A DIAGNOSTIC STUDY TO ASSESS THE STATE OF VATA DOSHA THROUGH PHYSICAL AND BIOCHEMICAL EXAMINATION OF BLOOD**

**- Archana Singh\* Sisir Kr. Mandal\*\* Naresh Kr. Mahawar\*\*\* Surendra Kr. Sharma\*\*\*\***

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### **ABSTRACT :**

Tridoshas are the fundamental elements of body, these govern the physiochemical and physiological activities. Diseases are the outcome of imbalanced state of these Doshas and blood is the carrier for these Doshas. In Ayurvedic classics a major part of disease is dedicated to Vata Dosha as 80 Nanatmaja Vikara and Vata Vyadhi Adhyaya. The present study was done to establish the correlation between the state of aggravated Vata Dosha and laboratory investigation. 99 Patients were selected randomly on the basis of 38 chief complaints showed single Dosha predominance and assigned into 3 groups of 33 patients each. Group A assigned for Vata Dosha morbid patient, Group B for Pitta Dosha morbid patients and group C for Kapha Dosha morbid patients. Their blood was assessed on the basis of the physical and biochemical laboratory parameters. The physical parameters were color, liquidity, coagulation, temperature, smell, pH while CBC, lipid profile, blood urea, TG and FBS were biochemical laboratory parameters.

Aggravated Kapha is involved in disease where the lipid profile tends to increase. Breakdown process were found significant in Pittaja and Vataja disease progression. Variation in these parameters concluded that there is a relation between physical & biochemical parameters and Doshas which may help to assess the state of Doshas.



## **EXPOSITION OF CONCEPT OF SROTOMoola CHIKITSA – AN OVERVIEW**

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### **ABSTRACT :**

Background: The complete cognizance of srotas (channels) has been expounded in Samhitas as compared to the utility of their srotomoola (~root). Srotas have been given a place of fundamental importance in ayurveda both in health and disease. This can be seen when the integrity of srotas is impaired, both sthanga and marga gata dhatu are involved, the vitiation spreads from one dhatu (body tissues) to another and all srotas are involved simultaneously. Charak has elucidated 11 pairs of srotas and their respective srotomoola in Vimana Sthana and Sutra Sthana. Hypothesis: It was postulated that if we treat the moola of a srotasa of a particular dhatu, without giving medicines acting directly on the disease, even then the dhatu pradoshaja



vikara of that particular srotasa will get treated. Aims and Objectives: To establish the role and functional utility of srotomoola with its respective Dhatu Pradoshaja Vikara. Materials and Methods: An exhaustive study was done to review the inference of four clinical trials that were administered in NIA with the same principle behind to recapitulate the role and functional utility of srotomoola. All the trials prosecuted were randomized single blinded studies and three groups were allocated for the thorough conduction of these research works done. Out of three groups two were given drugs that acted directly on Srotomoola and not on the disease and the third group was given Vyadhihara medicines that were prescribed directly in context of that particular disease in classical texts. Results: Out of all the three groups in the trials all the groups showed significant results in the treatment of the respective Dhatu Pradoshaja Vikara. Conclusion: The amalgamation of Srotomoola Chikitsa and Vyadhi Pratyhanika Chikitsa can surely augment the management propositions in Ayurveda in coming years.



## **A THERAPEUTIC TRIAL OF INDIGENOUS HERBAL COMPOUNDS IN PRAMEHA W.S.R TO DIABETES MELLITUS**

**- Bandana Singh\* Manas Ranjan Hota\*\* Santosh Kr. Verma\*\*\* Lok Nath Sharma\*\*\*\*  
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### **ABSTRACT :**

Diabetes Mellitus is a clinical syndrome characterised by hyperglycemia with polyuria, polydipsia, polyphagia due to deficiency or diminished effectiveness of insulin and also with defects of carbohydrates, proteins and fat metabolism. As per critical judgement of some authors of recent era Diabetes Mellitus is compared and correlated with Prameha in general and Madhumeha in particular. The present study was done to assess the efficacy of Indigenous drug in the management of Prameha. Total 150 patients were registered from OPD & IPD of NIA hospital, Jaipur and randomly divided into 3 group of 50 patient each. Group A were administered with powder of Methi seed and Jambu seed (MJ) in dose of 5 gram twice daily with luke warm water. Group B were administered with powder of Bilwa patra and Nimba patra (BN) in dose of 5 gram twice daily with Luke warm water. Group C (control group) were administered with one tablet Glipizide with plane water before meal. Duration of trial was 60 days for both groups with follow up of every 15 days. After completion of the treatment the results of therapy were assessed by various objective parameter & laboratory investigation. From the result it was concluded that group A showed highly significant ( $p < 0.001$ ) improvement in FBS, PPBS, HbA1C, S.LDL. Group B showed highly significant ( $p < 0.001$ ) improvement in FBS & PPBS only and significant ( $p < 0.05$ ) result in HbA1C, S.VLDL.





## A CASE STUDY OF INFERTILITY WITH HYPOTHYROIDISM TREATED WITH BALA TAIL MATRA BASTI

- Deepika Baranwal\* Hetal H.Dave\*\* Sushila Sharma\*\*\*

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### ABSTRACT :

In the present study we report a case of 28 years old female patient, presented with complaints of wants issue. Her menses were regular with no pain and normal flow. Her active married life was of 6 years. She had history of one spontaneous abortion and one missed abortion (no functional fetal cardiac activity). She was the known case of hypothyroidism and was taking thyroxin 25mcg. Routine investigations such as CBC, LFT, RFT, RBS, thyroid profile were carried out. USG for uterus and adenexa was done. There was nothing abnormal in sonography and other clinical investigations turned out to be normal. After all the clinical investigations, this patient of secondary infertility was treated with Bala Tail Matra Basti weekly twice, for four consecutive cycles. After four months of treatment the patient had conceived and delivered a healthy child without any other medical complications.



## THE IMPORTANCE OF SROTOMOOLA CHIKITSA - A CLINICAL STUDY W.S.R ASRIGDARA

- Hetal Dave\* Baldev Kumar\*\*

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### ABSTRACT :

**Background:** The utility of the knowledge of sites of origin (Srotomoola) of channels (Srotas) is not directly de-scribed in Samhitas. Asrigdara or excessive bleeding per vaginum is one of the ailments creating havoc in today's women lives. Charak has mentioned Yakrita & Pliha as the Moola(root) of Rakata-vaha Srotasa(channels of circulation). These srotas carry dhatu and their constituents to their destination. Asrigdara is one of the Vikara of Rakatavaha Srotasa. The hypothesis of the study is "if we treat the Moola of a Srotasa of a particular Dhatu, without giving medicines acting directly on the disease, even then the Dhatu Pradoshaja Vikara of that particular srotas will get treated. Aims and Objectives: To establish the role and functional utility of Srotomoola( Yakrita & Pliha) w.s.r. Rakta Dhatu Pradoshaja Vikara i.e Asrigdara.

**Materials and Methods :** A total number of 45 patients were registered. The patients were randomly divided into 3 groups. Group I was taken under control group and given Asrigdarahar yoga, group II was given drug which acted on yakrita(srotomoola) and group III was given drug that acted on pliha(srotomoola). During the selection of drugs given in Group II and group III, care was taken that these drugs were not prescribed directly for the treatment of Asrigdara in ayurvedic texts. Result: Group II & Group III had statistically extremely significant relief on almost all symptoms of Asrig-dara as compared to Group I.

**Conclusion:** Srotomoola Chikitsa will give better response to cure of any Dhatu Pradoshaja Vikara.





## PRESENTATION, PURPORT COMMUNICATION & INTERACTION STRATEGY IN TEACHING – TEACHING METHODOLOGY & SKILL DEVELOPMENT

- Konica\* Nellufar\*\* Baldev Kumar\*\*\* Hetal Dave\*\*\*\*

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### ABSTRACT :

**Introduction:** Attention span studies have shown that student's interest and attention in the traditional lecture diminishes significantly after 20 minutes. Hence whatever you might be teaching, be it interesting or the most important topic for shaping up of the health care professionals of the future it's all futile. Teaching and learning in the era of gadgets to the tech-savvy generation is already a tedious challenge which cannot be achieved by traditional methods of teaching only. As mentioned in classical texts that there are three basic methods of gaining knowledge that include – Adhyayana, Adhyapana & Tadvidasambhasha. All three of them hold equal importance and need to be incorporated at every level of teaching & learning.

**Objective:** To promote the occupational health, well-being & capacities among teachers to create & sustain both supportive relationships with students & classroom climates conducive to student engagement and learning.

**Methods:** Compilation of classical teaching methods mentioned by Acharayas in various Samhitas and Interactions with various scholars and teachers regarding new ideas which can be incorporated. Results: There exists a much wider aspect of teaching and roles a teacher needs to play beyond the books. As Acharya Chakrapani quoted words of Acharya Bhardwaj that the innocent questions asked by the students actually enlightens the wisdom of the teacher (Ch. Si.1/5). At times the questions asked by the student adds new dimensions to the way we think or interpret something and opens new doors. Hence teacher should be open towards their student's questions and should take them in a positive spirit.



## AN ANALYSIS OF “UDAKAVAHA SROTAS AND SROTOMoola W.S.R. TO PRAMEHA.”

- Kundan\* Baldev Kumar\*\*

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### ABSTRACT :

Ayurveda, “the science of life” is one of the oldest Indian systems of medicine in the world. It has established its position as a unique health care system with a holistic approach to many complex health hazards. The concept of Srotomoola has been an enigma for the people of Ayurveda since ages. The ancient seers have mentioned srotas and srotomoola and their affliction in brief The utility of the knowledge



of Srotomoola (site of origin) of Srotas (channels) has not been directly described in Samhitas. As a tree is seriously affected by injury to its root, the channels of circulation in the human body are seriously affected similarly, when their Srotomoola is injured. With this view, Sushruta has described symptoms due to the injury at the site of origin of these channels of circulation. But this is not very much clear from the classical description, whether these origins are to be treated in vitiations of Srotas (functional) or these are organic parts only. Acharya Charaka and Sushruta have mentioned talu and kloma as the moola of udakavaha srotas in viman sthana and sharira sthana respectively. In the pathogenesis of Prameha Acharya Charaka has mentioned that “बहुद्रव श्लेष्मा दोषविशेषः” Ch.Ni.4. Similarly in the Sutrasthana, Acharya has quoted that Shaithilya and Dardhya karma are the function of Soma (i.e. Jala/Chandra-moon) (Ch.Su.12/12). Further if the disease is viewed, it is observed that the most of dushtas involved in its pathogenesis are having Jala mahabhoota as their major constituent. Keeping all the above said references in view, it can be concluded that there may be some relation in the disease Kaphaja Prameha and Udakavaha Srotodushti. The work is based on the hypothesis that if we treat the mool of Udakavaha Srotasa separately, then the disease occurring with the involvement of Udakavaha Srotodushti like Prameha gets treated automatically.



## **ROLE OF LIFESTYLE MODIFICATION IN MAINTENANCE OF HEALTH W.S.R.TO SWASTHVRITTA**

**- Mahesh Kumar\* Sarvesh kr. Agarwal\*\* Kamallesh kr. sharma\*\*\***

*\*Pg scholar, Deptt. of Swasthavritta, \*\*Guide and Assistant Prof., \*\*\*Associate Prof.and H.O.D, National Institute of Ayurveda, Jaipur*

### **ABSTRACT :**

Ayurveda, the science of life defines health is a state of equilibrium of Dosa (regulatory and functional entities of body), Dhatu (structural entities), Mala (excretory entities) and Agni (digestive and metabolic factors) along with healthy state of sensory and motor organ and mind.

In Ayurveda Swasthavritta is defined as life style advocacy for maintenance of health of an individual. As 21st century has advanced, a wave of new disorders is spreading fast across the globe. Most of these are caused mainly due to rapid urbanization, sedentary life style with faulty dietary habits and little physical exercise. In other terms, it is nothing but due to “Asaatmyendriyarthasannikarsha, Ayoga, Atiyoga and Mithyayoga “ Aahara, Desha, Kaala and others. These diseases categorized under “Life style disorder” is affecting people all over the globe at an alarming rate. Acharya who foresaw such a scenario have documented different techniques under the heading of Dincharya, Ritucharya, Sdvritta, Achara rasayana, Management of Dharaniya and Adharaniya vegas, Yoga and others. Management of potentially preventable life style disorders like Premeha, Sthoulya, Vandhyatva, Hypertension, CVD have been described in Samhitas. This presentation is a sincere effort for revealing the different aspects of the life style managements according to Ayurvedic aspects.





## A THERAPEUTIC STUDY OF MANJISTHA IN CLINICAL & LABORATORY FINDINGS IN KAMALA

-Manita Ahlawat\* Deepa Sharma\*\* Shrikrishna Sharma\*\*\* Sisir Kr. Mandal\*\*\*\*  
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### ABSTRACT :

**Introduction :** Kamala is predominantly a disease of Pitta dosha and Raktapradoshaj Vyadhi. Ayurvedic texts has given a common chapter about Pandu and Kamala expressing Pandu as pre pathological condition of Kamala. Long standing Pandu may accelerate the pathological process of Partantra Kamala. Kamala without history of Pandu is titled as Svatantra Kamala. Modern researches reveals that at many stages Kamala resembles Jaundice (hyperbilirubinemia) with hepatitis.

Manjistha is mentioned in Ayurvedic texts as Pittashamaka, Kaphaghana, Varnya, Visaghna, Jvaraghana, Raktshodhak, Tvakrognashak.

**Objective :** The present therapeutic study was planned to find the effect of Manjistha on the clinical and the laboratory findings in the patients of Kamala.

**Material & Methods :** 52 patients from OPD/IPD of hospital NIA, Jaipur were enrolled for the study out of which 5 discontinued. These 47 patients were divided into two groups. Group A 28 patients of Partantra Kamala and group B 19 patients of Svatantra Kamala. Trial drug included Manjisthamula 10 gm in two divided doses administered in form of Hima kalpana orally for a duration of 21 days.

For the assessment of efficacy of trial therapy, clinical & laboratory parameters were adopted. All the parametric variables were statistically analysed using paired t-test. Wilcoxon matched pair signed test and Mann whitney U test were done for non parametric variables.

**Results :** After therapy, the improvement found in Haridra netra, Haridra mutra, Daha Daurbalya, Sadan, Atopa along with hepatomegaly, serum total bilirubin, SGOT, SGPT, urobilinogen was extremely significant ( $p < 0.0001$ ) in both group patients. Statistically non significant results were observed in Raktapita shakrat, TLC, globulin, A:G ratio. Due to presence of symptoms Sweta varcha, Bheka varna, Hatendriya, Hridgaurav, Sotha, pruritis in very less no. of patients, statistical analysis could not be done on these parameters.

**Discussion :** Since Manjistha has Pitta shamaka and Rakta dosha nashak properties, it helps in treatment of Kosthaasrita Kamala. Due to its Usna virya and Kapha shamak properties which eliminates obstruction in Pitta vahi srotas, it shows beneficial effect in Sakhaasrita Kamala. It also possess hepatoprotective, anti inflammatory, anti microbial and anti oxidant activity. Overall the trial drug Manjistha was found to be very effective in the clinical and laboratory findings in Kamala.





## TEACHING METHODOLOGY IN AYURVEDA

- Manu Verma\* Shailza Kumari\*\*

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### ABSTRACT :

Ayurveda is a life science but it also includes various subjects which are essential to improve our knowledge and grooming personality. Ayurveda has been progressive and inclusive, adopting an integrative approach to other systems. For better applications of its fundamentals one has to go through texts and understand those properly. There is a description of methods for understanding, learning of shastra and teaching methodology also.

In Charak Samhita there is wide description of methods and tools to understand the shastra and hidden knowledge. Acharya Caraka explains the methodology of teaching in three steps which are vakyasha, vakya arthasa and artha avayavsya. By the help of these methods the scholar is emphasized to read the text thoroughly, explain and interpret its meaning. It explains the teaching methodology in the form of various tools like Tantrayukti, arthashraya etc. It would be discussed in the full paper.



## REVIEW ON EFFECTIVE TEACHING METHODOLOGY FOR SKILL DEVELOPMENT IN AYURVEDA

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### ABSTRACT :

Skill is a learned ability to carry out a task with predetermined results often within a given amount of time, energy or both. Skill development in India has always been a national priority and to further emphasize its importance, our prime minister launched Skill India programme in July 2015. India is expected to be home to 500 million skilled workforce in every sector including healthcare sector by 2022. Ayurvedic graduates being backbone of primary healthcare sector in India also need to be highly skilled to ensure Ayurveda's competitiveness in global health care market. Ayurvedic classical texts have always highlighted importance of clinical skills along with theoretical knowledge. Acharya Charaka and Sushruta have repeatedly laid emphasis on attaining expertise and skills before facing real clinical situations. Although present curriculum & teaching methodology are quite efficient for theoretical knowledge but are inadequate in imparting clinical and problem solving skills. Present Ayurvedic teaching methodology which focuses on passive learning should be modulated to student centric active learning to achieve desired outcome. Need of the hour is to understand the needs of learners who are at the heart of skill development and are one of the key element in teaching-learning process. Problem based learning should be encouraged which being participatory, will develop reasoning and problem solving attitude resulting in self directed clinical learning. In the wake of changing global health care needs, it is necessary to focus on inculcating and advancing the skill set of Ayurvedic professionals by employing effective and creative teaching methodologies.







## BASIC SKILL DEVELOPMENT IN GENERAL PRACTICE OF AYURVEDA

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### ABSTRACT :

**Introduction :** Only a good exposure to basic clinical skills during the medical education can produce a confident physician. Ability of the Ayurveda graduates to handle the clinical emergencies like poisoning through Ayurvedic methods, knowledge to understand the reports of laboratory investigations to evaluate the prognosis like ECG, X-ray, USG, and so forth, is essential for a BAMS graduate because this helps one in arriving at a correct clinical diagnosis. BAMS graduate is required to be trained in areas like genetic counseling, sexual medicine, care of terminally ill patients, geriatrics, and drug and alcohol abuse during the course of study because the patients often seek advice from the practitioners of complementary and alternative medicine (CAM) over these somewhat complicated issues. Training in some of the unique skill like Panchakarma, Kshara Sutra, Jalaukavacharana (leech therapy) should be organized for graduates. Preparing how to take medicine and diet chart, follow up with patients on their recovery, good Hindi as well as English communication skills, basic knowledge of computer, Handling OPD/Online consultation to the patients, to analyze and record the fundamental parameters related to physiology like Deha Prakrati in a healthy individual would surely make Ayurveda easy and more fruitful.

**Conclusion :** Unless the theory-oriented and textbook-oriented teaching is not transformed into clinically oriented practical training, the problem is probably not going to be solved.



## AYURVEDIC SKILLS OF NUTRITIONAL CARE DURING PREGNANCY & LACTATION- URGENT NEED TO BE FOLLOWED AT O.P.D. LEVELS

- Nellufar\* Konica\*\* Rajni Sushma\*\*\*

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### ABSTRACT :

Whether the pregnancy was meticulously planned, medically coaxed, or happened by surprise, one thing is certain- the life will never be the same. To protect and to take care of one's own progeny is the basic instinct of every living being. The science of embryology is having its roots much deeper in spiritual and classic texts having origins much earlier than the modern medical texts.

One complete upnishad "The Garbhaopnishad" has been devoted to formation and development of human embryo. Various epics, purans and astrological texts have touched upon the topics of embryology though not all the aspects but classic Samhitas of Ayurveda have covered a lot in this field.



#### **WHO estimates:**

- 4 billion people from all over the world are using herbal medicines.
- 80% of the population of developing countries rely on traditional medicines for their primary health care needs.

Ayurvedic texts have mentioned elaborately regarding prescriptions and prohibitions of diet and routine for the mother at various stages of her reproductive life like: during menstruation, after purificatory baths, prior to cohabitation, during pregnancy, after delivery and even during lactation period which needs to be studied thoroughly so that it can be prescribed regularly in the OPDs.



## **APPLIED ASPECT OF SATKARYAVADA IN AYURVEDA**

**- Pallavi Dixit\* Priyanka Firoda\*\* Govind Pareek\*\*\* Nisha Gupta\*\*\*\***

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#### **ABSTRACT :**

Ayurvediya Chikitsa is based on Karya-Karana Siddhanta. Satkaryavada is an independent view of Samkhyas regarding Karya-Karana. According to this principle, the Karya is present in Karana in subtle form before its manifestation. All the Karyas are possible only by the shat Karana (existent cause). These shat karana comprises samanya, vishesha, dravya, guna, karma and samavaya. Acharya Charaka has described Karya and Karana in reference to health and disease conditions. Understanding the concept of Karya and Karana helps to achieve the ultimate goal of Ayurveda i.e. maintenance of health of healthy individuals and getting rid of the diseases of the diseased individuals. A treatment can only be successful when the knowledge of basic concept of Ayurveda is perfectly achieved. One who is not conversant with karya-karana siddhanta does not understand the real implications of treatises. The major problems we are affronting now a day in general clinical practice is that many physicians of Ayurveda have not proper knowledge of basic concepts of Ayurveda. So an attempt has been made to understand the concept of Satkaryavada in preview of ayurvediya chikitsa.



## **NEW ADVANCES IN LEARNING AYURVEDA : PLAUSIBLE AMENDMENTS IN PRESENT SCENARIO**

**- Prashant Rathee\* Vikash Kumar\*\* Shweta Dewan\*\*\* Shailza Kumari\*\*\*\***

*\*M.D Scholar, \*\*M.D Scholar, \*\*\*Ph.D Scholar, \*\*\*\*Lecturer, Deptt. of Basic Principles, NIA, Jaipur, Rajasthan*

#### **ABSTRACT :**

The credentials of medical science has increased markedly with the last century as new discoveries empower the last missing loop in the various researches carrying out in the world. The advancement in medical science is also clearly reflected in medical education in terms of incorporation of newer techniques



in teaching, availability of standard medical books. The irony is that same techniques are not been followed in the ayurvedic system of science. Following measures can be done to revive this science on international platforms. Incorporation of basic fundamental theories of Ayurveda at primary school level. Like the syllabus of other subjects students will get in touch with Ayurveda at initial stage of their education. To empower the graduate students by exposing them with clinical atmosphere in colleges and hospitals and teaching them pioneering theories of Ayurveda like Garbini paricharya or kshara sutra therapy or panchkarma techniques. To include the teachings of research and statistics in Ayurveda at UG level. This will in turn boost up the confidence of UG students and let them know that though this science is eternal but there are effective methods to channelize our techniques through international standard methods of research and statistics. Moreover it will be hand on experience for the students to do research at post graduate level more sincerely and yield better results to the society in form of genuine researches. The present article is just some suggested measures; if implemented timely can definitely change the prospects of this science on national as well as international grounds.



## CLINICAL UTILITY OF VARIOUS NYAYA IN CARAKA SAMHITA

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### ABSTRACT :

Along with various factual and clinical observations, the classics have philosophical aspect too and its theories are constituted by the principles of Samskrit grammar and literature, thus it can be said that roots of ayurveda reside in vedas, darshanas and samskrit. Appropriate understanding of the theories in a better way is more essential for scholars of Ayurveda for the purpose of accurate implementation of the concepts described in them practically too. These concepts can be easily understood by nyaya. Nyaya is the nugget of words that usually takes the form of a common occurrence or a story that can be applied as an aphorism to sum up an event, situation or circumstance that might have occurred in the past, are as relevant today as they were then. By reading the verses in the texts of Ayurveda we can get the superficial knowledge but the hidden and deep information of those verses can be assessed by using various nyaya. These help for understanding the diseases, its diagnostic methods, differential diagnosis, how and when the medicines are to be used etc. In total a thorough knowledge of these nyayas mentioned in Ayurveda helps in various fields of researches like literary, clinical, drug and so on. The major problems we are affronting now a day in general clinical practice is that many physicians of ayurveda have little knowledge of basic concepts of ayurveda. The present study will highlight the thorough concepts of nyaya-in charaka samhita.





## AETIOPATHOGENESIS OF DISEASES AND KARYA KARAN VADA SIDDHANT

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### ABSTRACT :

Ayurveda has inherited the doctrine of karya karan vada from Indian system of philosophy. According to this doctrine, karana is defined as that which produces the, karya (effect). There is no effect without the cause and vice versa. All the things on the universe are in the form of causes and effects only.

In our samhitas, this doctrine of cause and effect has been accepted in aetiopathogenesis of diseases. Acharya Charak says that there are three things necessary for the production of diseases;

Tridosha resides in dhatus and function through them. The union of tridosha and dhatus, when both are normal is called dosh-dhatu-samyoga, which is said to be conducive to health.

Doshas are not stable and undergo abnormal changes very quickly. When they vitiate, they also vitiate their dwellings (dhatus and mala) which is called dosh dushya sammurchana.

This union is cause for origin of diseases. This sammurchana (union) is asamvayi karan of the diseases. Ayurveda has given great importance to nimitt karan and described them in detail. Doshas are vitiated by three types of nimitt karana:-

### (Trividh rog aayatana)

- 1) Asaatmendriyarth samyoga i.e. the deficient, excessive and perverted use of and incidence of senses i.e. the five organs of senses and five organs of action.
- 2) Pragyaparadha i.e. the perverted use of mind and intelligence.
- 3) Parinama i.e. the deficient or excessive or perverted incidence of seasons.

These three are abode of diseases.

### 1. Asaatmendriyarth samyoga:

Indriyarthasamyoga is the cognitive process through which a man becomes aware of both external and internal environment. The process of gaining knowledge of the environment through sense organs is technically called sensation.

Acharya Charak has described the ayoga, atiyoga and mithiyayoga of each indriyarth separately. The disorders of senses are of great importance when viewed from psychopathological point of view. The disorders of touch are particularly important in psychopathology, because they are frequent.

**Atiyoga of vision** - to gaze excessively at extremely luminous objects.

**Mithiyayoga of vision** - to gaze at objects that are too close or too far.

**Ayoga of vision** - to not look at things which are to be observed in routine

### 2. Pragyaparadha:

The discrimination and judgement capacity of human being is related to wisdom, intelligence or understanding which is known as pragya. The defective application of pragya is actually accountable for the indulgence of man in the unwholesome qualification of the five senses.



It is responsible for asaattmendriyarthasamyoga. Besides this, the violation of manas, sharira and vaak are also included because they are also responsible for such types of transgressions.

While describing the epidemics, Acharya Charaka states that the general deterioration of atmospheric factors like vayu, jal, desh and kaal crop up due to adharma or purva janmkrit karma and cause of both of them is pragyapradha.

Karma has also been considered as aayatana of roga in ayurveda. The activity of speech, mind and shareer (kaya) is known as karma.

**Atiyoga of karma** – all type of physical and mental strains can be included in this group and overstrains are the causes of many derailments of body and mind.

**Mithya yoga of sharira** – forceful suppression of natural urges/and other self mortifying physical activities.

**Mithya yoga of vaak (speech)**- indulging in harsh, untrue and untimely talks.

**Mithyayoga of manas**- giving way to anger, grief, fear, greed, infatuation, deluded thinking etc.

### 3. Parinama:

It is used in sense of kala. It incorporates the deficient, excessive or perverted incidence in the seasons. The sanchay and prakopa of doshas depends on seasons.

The knowledge of Nimitta karana is of utmost importance as they bring about abnormalities in doshas which are actual intrinsic cause of disease. Nidanans can not vitiate the dhatus directly, they must first vitiate the doshas and then by doshas, dhatus are affected and brings about the disease.

So variation in season have effect on doshas and may aggravate or vitiate doshas due to ayog, atiyoga aur mithyayoga of kaal.



## SKILL DEVELOPMENT IN RASA SHASTRA & BHAISHAJYA KALPANA

- Piyush Chaudhary\*

\*Lecturer, BKAMCH, Daudhar, Moga

### ABSTRACT :

Rasa Shastra is one of the most important para clinical subjects of Ayurveda education. It forms the backbone of medicinal armory of Ayurveda. It enables the Ayurveda physicians to treat their patients using different dosage forms along with several combinations of drugs. However, in the present scenario, students are finding the subject very dull and uninteresting to study. This has led to lack of Ayurvedic therapeutic knowledge among graduates. Also the post graduates of Rasa Shastra are unable to contribute significantly to the field of Iatrochemistry and Ayurvedic pharmaceuticals. The researches being carried out in this field are also not being included in the curriculum. The emergence of the era of evidence based medicine, globalization



of Ayurveda and corporatization of the Ayurveda pharmaceutical sector has mandated that skill development be enhanced to meet these new challenges. Students get to study Rasa Shastra in the second year of BAMS. This time period is very crucial for the skill enhancement in the field. Apart from theoretical aspects of the subject students should be made to understand the practicability of the subject. Legal aspects like drugs and cosmetics act, importance of pharmacovigilance should be stressed upon. An attempt has been made in this paper to discuss in detail some of the constraints in skill development in Rasa Shastra and Bhaishajya Kalpana and steps that can be taken to eliminate them at primary level.



## HOW TO CREATE INTEREST IN RACHANA SHARIR

- Tina singhal\*

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### ABSTRACT :

Ayurveda, the science of life, is an ancient system of medicine which guided the mankind to be healthy and stay away from any physical, mental or spiritual illness throughout the life. research methodology is the corner stone of any science. it is the characteristics of today's modern world that there is no place for blind faith in tradition and authority of Shastras. For the advancement of Ayurvedic research methodology, all the available literature can be studied and accordingly subjects along with latest editions or changes made by research in concerned topics should be taught in the colleges.

Conduction of the seminar at monthly interval in undergraduate Section and weekly interval in postgraduate Section should be a regular practice in every Ayurvedic institution. It will help in overall personality development of the students to make him self sufficient and confident. newly admitted students to BAMS course have rich computer knowledge to access reasearch information through various websites. They need inspiration to have research orientation at UG level. Due to the lack of inspiration and guidance, many PG scholars don't know, how to publish their work in peer reviewed journal. Research opportunities can be improved by attaching histology and embryology laboratories with the department of Rachana Sharir. This will help to increase the attraction and interaction of scholars with sharir Rachana for research and studies.

Reinvention of our Ayurvedic educational system is must. we can reinvent our system by introducing latest teaching technology and examination methodology for better assessment. If Ayurveda is to evolve in its own right as an independent approach to healthcare then it will have to look for methods of research and validation from within, something that will enable Ayurveda to engage with modern medical thought and at the same time develop and evolve from the foundation of its own epistemological and ontological premises. we hope this article will enlighten the minds of aspirants of Ayurveda towards purity of knowledge.





## **A CONCEPTUAL AND ANALYTICAL STUDY ON STRESS (MANODVEGA) AND ITS MANAGEMENT THROUGH AYURVEDA**

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### **ABSTRACT :**

In modern life worries about self- security, constant struggle for a better job and misunderstandings in relationships are too common. So no wonder if stress has become an inseparable part of today's life. This routine of behaviour is affecting the health and longevity of life very badly. Stress is said to one of the largest killer of man today. Hans Selye, 1974 defined it as the "the non specific response of the body to any demand placed upon it". In modern science, treatment for the stress is just symptomatic and has many hazardous effects on body. Ayurveda is an oldest scientific system which holistically approaches to stress and very effectively cures it. In Ayurveda vitiation of Raja and Tama Guna of Mana is established as a prime cause of all types of mental imbalances and Pragyaparadha is referred to as an initiative for it. The treatment measures for stress are described very deeply in Ayurvedic texts including Trividha Chikitsa Karma. Detail of etiopathogenesis and management of the disease will be described in paper.



## **DRAVYAGUNA VIGYAN – SCOPE BEYOND ACADEMICS**

**- Sumit Nathani\***

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### **ABSTRACT :**

Ayurveda is a complete science of life and not just a medical literature. Inhabitants of Indian subcontinent relied on this great science since ancient time for all their health needs- preventive as well as curative. Medicinal plants are the mainstay of treatments mentioned in Ayurveda. And hence the importance of study of these plants along with their properties is obvious. This is what we refer to as Dravyaguna vgyan. Dravyaguna vgyan as a subject in undergraduate course act as a bridge between the fundamental principles of Ayurveda and their use in clinical setups. At present Dravyaguna vgyan is taught as a major subject in 2nd professional of BAMS course and MD in the subject is awarded at post graduate level. Up till few years back the scope of this particular subject was confined to teaching or in the pharmaceutical industries but with the advent of era of globalization and worldwide acceptance of Ayurveda many new frontiers are now opening up for the scholars of Dravyaguna. Current presentation aims at putting forward and discussing various new carrier opportunities and the scope of entrepreneurship at different platforms for the people working in the field of Ayurvedic medicinal plants.





## CLINICAL RESEARCH IN AYURVEDA

- Neha Lamba\*

\*Lecturer, Kayachikitsa, BKAMCH, Daudhar, Moga

### ABSTRACT :

Every discipline of knowledge has started to expand its dimensions in this modern era of science. Research based knowledge is the key for development in the scientific world. Research protocols are like the blue print of the plan which gives an idea about the future building project. During the last couple of decades, use of Ayurvedic medicines and remedies has expanded globally. In the present day scenario, increasing scientific awareness, concerns for safety, global recognition to the system, new parameters of drug testing and need for streamlining the system have necessitated evidence based trials in Ayurveda for which certain protocols are mandatory. Effect & impact of modern medicine, destruction of plant habitat, lack of adequate funding & opportunity, poor lab techniques & human determination are among several hindrances in validating our traditional knowledge for making it a mainstream medicine. Clinical research involves methodological study, systematic analyses of drugs, devices, biological vaccines used in diagnosis, prevention and treatment of diseases. But these clinical research trials require well-structured format and monitoring for successful completion. The apex research councils, viz. ICMR, CCRAS have developed protocols for researches in our field which are to be followed for all studies. This discussion outlines the need for study of Ayurvedic medicines on scientific parameters, difficulty in conducting clinical trials, the safety and pre-clinical studies, guidelines of ICMR, CCRAS and WHO and various trial designs that can be carried out in Ayurveda.



## MANAGEMENT OF LIFE STYLE DISORDER-SANDHIGATA VATA

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### ABSTRACT :

**Introduction :** Sandhigatavata is included and explained in the Vatavyadhichikitsita and is a life style disorder. When Vatadosha is increased and undergoes Kopa and when hosts in the Sandhis (joints) the symptoms are explained as When such kopa of Vata affect the Janusandhi the condition is much similar with the Osteo-Arthritis (OA), a degenerative joint disease in modern counterpart which manifests due to ill mannered life style. Since OA is a most commonly disturbing joint disease a number of analgesics and anti-inflammatory drugs are available to it. However a permanent relief is not provided by any of these and the same is still under research works that to be provided to this clinical mystery. The complete cure of the disease is still having the status of miracle. So, we have here made an effort to find out a safe and complete solution for the disease with the help of Ayurvedic medicines Vachadi Ghana vati and Vachadi Upanahasweda (poultice Sudation) therapies which is described in the context of Sandhigatavata chikitsa.





**AIM:** The aim of the study is to assess the effect of Vachadhi Upanaha and Vachadhi Ghana Vati in the management of Sandhigata Vata.

**MATERIALS AND METHODS :** 30 diagnosed patient of sandhigata vata on basis of proposed proforma for the purpose, aged between 35 to 60 years were randomly selected as assigned into two groups. The mode of study being comparative analysis of all the groups assigned A and B according to the chronicity and severity of disease.

**Group-1:** Vachadi Upanaha sweda -was continued upto 15 days, Dharana kala of Upanaha was in between 3-6 hours as per the severity of the condition.

**Group-2:** Vachadi Ghana vati- 4 tablets (500 mg each) were given 3 times a day for 6 weeks, along with Ushnodaka anupana as prakbhakta (before food).

**RESULTS :** After complete intervention and period of follow up the data obtained towards the result indicates that complete remission has been obtained 10% in both the groups. Major improvement was obtained up to 80% patients from both the groups. While it was 50% in Ist group, and minor improvement was attained in 30% of IInd group, 10% of patients were in the unimproved category.

#### **DISCUSSION AND CONCLUSION :**

1. Clinically the drug vachadhi yoga possesses shulahara and shothahara properties.
2. Significant improvement was obtained in both the groups.
3. Comparison of the result of both groups showed that vachadhi upanaha sweda has more effect in improving the signs and symptoms of sandhi gata vata. Theories in a better way is more essential for scholars of Ayurveda for the purpose of accurate implehighlight the thorough concepts of nyaya in charaka samhita.



## **PIONEERING IN THE FIELD OF AYURVEDA: NEED OF THE HOUR**

**- Shweta Dewan\* Sucheta Verma\*\* Baldev Kumar\*\*\***

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#### **ABSTRACT :**

It is an acknowledged fact that the one who is distinctive in ones feature carves out itself much better than others of the same league. The same principle is followed in the field of Ayurveda too. It's an ancient Indian system of medicine which has a holistic approach to every diseased person. The effort needed to crusade this science on national and international platforms has become an indispensable part of globalizing it. In the fiercely competitive world of high end researches thorough out the planet, the hard truth is that being good isn't good enough. One of the ground breaking techniques to globalize Ayurveda for all the Ayush professionals would be to develop innovative skills and treat the patient as per the ancient techniques. The amalgamation of contemporary science in the management of any ailment must not be made mandatory but selective; all that is expected from the physician is to treat the disease as per the ayurvedic principles and



not the other way around. The current scenario of the number of Ayush practitioners in the field are far less than the allopathic doctors. Pioneering in the practical sphere of all the basic fundamentals of Ayurveda is need of the hour and ones call. The mushrooming of private colleges in the country and producing only labelled Ayush doctors is further deteriorating the condition of this science. To overcome the downtrodden condition of this science changes should be made and appreciated by the people of the field including the faculty, students and administration. Perfection is not attainable but if one chase perfection he can catch excellence. Development of obsolete traditions of Ayurveda like Panchkarma, Garbini Paricharya, Kshara Sutra therapy, Agni Karma, Marma therapy is a priority based effort to be executed in this direction. Also empowering graduates with skill development of these therapies will have an additive effect to the goal of globalizing of Ayurveda.



## AYURVEDIC CONCEPT OF DIETETICS FOR SAFE PREGNANCY

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### ABSTRACT :

Dietary regimen in pregnancy i.e. Garbhini Paricharya or antenatal care is one of the most essential aspects which should be taken care of; as the growth of the fetus solely depends upon the health and nutrition of the mother. The proper Garbhini Charya would result in the proper development of the fetus, its delivery, the health of the mother and thus her ability to withstand the strain of labour and have an eventless post-partal phase. Pregnant women are one of the most vulnerable segments of the population from nutritional point of view Diet monitoring during pregnancy is also important to minimize the chances of malnourishment or nutrients related deficiencies in children or even infant mortality. For these reasons Ayurveda has given a well documented description for monthwise regimen plus a list of do's and dont's to be followed in the antenatal phase that is i.e. Garbhini Paricharya. The care of the pregnant woman reflects on the quality and health of the offspring.

The Garbhini Paricharya is broadly discussed under three topics:

- Maasaanumasika Pathya – monthwise dietary regimen and prescriptions
- Garbhasthaapaka Dravya - Substances which are beneficial to pregnancy
- Garbhopaghaathakara Bhaava – Activities and substances that are harmful

In pregnancy the drug of madhura group are given anabolic, thus use of these will help in maintenance of proper health of mother and growth and development of fetus. Detailed description will be discussed in full paper presentation.





## PRESENTATION, MANAGEMENT OF DIABETES MELLITUS THROUGH MEDHYA RASAYANA

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### INTRODUCTION :

Diabetes is a universal disorder. Prameha, stated in Ayurveda greatly resemble the characteristics of Diabetes Mellitus. Diabetes can be identified as a disease that is initiated and provoked by the stress. Low socio-economic status and financial crisis have influenced on precipitating stress. Heavy pressure and unable to handle stress are found as root cause of Diabetes. Middle and old groups have faced to constant chronic stressors as stimulants which have precipitated the diabetes. So we have made efforts to manage the Diabetes Mellitus through Medhya Rasayana (Bilvadi rasayana and Kiratadi rasayana).

### AIM & OBJECTIVES:

To identify the particular type of Prameha responsible Diabetes Mellitus through physiochemical analysis of urine to correlate with the prognosis and to assess Medhya Rasayana in the management of stress related Diabetes Mellitus.

### MATERIALS AND METHODS:

For the clinical study 40 patients with fasting blood glucose (FBS) in between 110mg/dl to 250mg /dl and suffering from Stress Related Non-Insulin Dependent Diabetes Mellitus (NIDDM) have been selected. They were treated in two groups randomly each containing 20 patients within age group of 20-70 years. Formulas named as Bilvadi Curna and Kiratadi Curna have been selected for the clinical trial.

Group 1 has been treated with Bilvadi Curna 5gm three times a day for 2 months

Group 2 have given Kiratadi Curna 5gm three times a day for 2 months

### DISCUSSION AND CONCLUSION:

Clinically Bilvadi curna has shown more effective in stress related Diabetes Mellitus and kiratadi curna can break the samprapti of Prameha. 2. Significant improvements were seen in both the groups.



## A CONTEMPORARY APPROACH FOR SKILL DEVELOPMENT OF SWASTHAVRITTA OPD

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### ABSTRACT :

Healthy living is utmost important for human life, even health is root of human prime desires i.e., Dharma, Artha, Kama and Moksha (Purushartha Chatushtya). Ayurveda provides healthy life by promotion of health and cure of diseases. Ayurveda is pioneer in the field of promotion of health and prevention of



diseases i.e., Swasthasyasvasthyarakshanam. There is a special OPD in Ayurvedic Institutions viz, Swasthavritta OPD to fulfill this requirement. Swasthavritta OPD is one of the most neglected OPD in various Ayurvedic Institutions, therefore it is time demand driven need for multiple skill development at OPD level.

The areas to be developed are nutritive and life style promotion in life style disorders like, Madhumeha, Uchcharaktachap, Amlapitta, Grahani, Udararoga, Sthaulya, Hridroga etc. In these disorders the monograph of module of diet and life style should be prepared and distributed to patients according to diseases. A slight modification can be done according to Age, Sex, Vyadhibal, Desh, etc. Another area to be developed is Yogabhyas for the patients. In Swasthavritta OPD there should be arrangement for the yogic practices as per disease, so the patient can do these practices at home. IEC material for healthy Dincharya, Ritucharya, Ahara, Sadvritta Palana, Rasayana etc should be prepared which can be used for the OPD at rural areas for health awareness camp and schools too. Use of daily Rasayana should be advised to healthy as well as diseased person for the betterment of the quality of life. There should be day care centers attached to Swasthavritta OPD for dietetic, Yogic and naturopathic care of the patient. There should be focus work on the care of skin with the use of Lepa, Utsadana, Udgharshana, Abhyanga, Diet modification, Naturopathic care and Yogic technique. The detail will be presented at the time of full paper presentation.



## **OPD LEVEL CLINICAL SKILL DEVELOPMENT FOR AYURVEDA GRADUATES- NEED OF 21ST CENTURY**

**- Abhishek Upadhyay\***

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### **ABSTRACT :**

Mainstreaming of AYUSH including manpower and drugs is vital to strengthen the public healthcare system at all levels in India. It can only be possible if we ensure its relevance, accountability and affordability to contemporary illnesses and conditions. A skilled physician is the key factor in any healthcare system and while describing the four pillars of therapeutics, Acharya Charak has repeatedly laid stress on attaining skills before entering into practice. Learning, rationality, specific knowledge, memory, devotion and action have been described as quality of a skilled physician. In 21st century some additional skills are required for a healthcare provider such as diagnostic skills, interpersonal skills, management skills and technology related skills, etc. Ayurvedic practitioners generally possess theoretical knowledge of Ayurvedic science but feel inferior to conventional health practitioners due to lack of strong knowledge of shastra, inadequate clinical and problem solving skills that form the core of clinical competence. Institutes are unable to produce self confident graduates who are expert in observation and interpretation, proficient in practice and sufficiently able to integrate advances in basic sciences and research with clinical disciplines. To cater the needs of the society we need exposure to different fields of knowledge and science with an integrated approach to deal with therapeutic and preventive aspects of public healthcare as Shusruta has already stated ekam



Shastraadhyayanam Na Vidya shastra nischayam. Only through ceaseless efforts to develop skilled and research oriented Ayurvedic physicians, we can do justice to the foundations laid by our ancient scholars.



## वर्तमान आयुर्वेद शिक्षा एवं कौशल विकास

- मनीष मिश्र \*

*\*प्रवक्ता, कायचिकित्सा विभाग, राजकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय, वाराणसी, उत्तर प्रदेश*

आयुर्वेद पद्धति का वैश्विक स्तर पर स्वीकार्य होना गौरव की बात है। वर्तमान समय में भारत वर्ष में लगभग 600 आयुर्वेद महाविद्यालय हैं, जिनसे लगभग 30000 स्नातक एवं 3500 से भी अधिक परास्नातक प्रतिवर्ष निकल रहे हैं, परन्तु भारत वर्ष में आयुर्वेद की वस्तुस्थिति बहुत अच्छी नहीं कही जा सकती। इसके कई कारण गिनाये जा सकते हैं। राज्याश्रय की कमी, शिक्षकों की उदासीनता, छात्रों का संशय, चिकित्सकों के अद्यतनीकरण का अभाव, शुद्ध औषधियों की अनुपलब्धता, समाज को पूर्ण लाभ प्राप्त न होना आदि की चर्चा समय समय पर विभिन्न संगठनों एवं विद्वानों द्वारा उठायी जाती रही है। परन्तु मुख्य रूप से विश्वास एवं समर्पण की कमी, युगानुरूप बदलाव का भय, सामयिक विज्ञान से सामंजस्य का अभाव आदि ऐसे विषय रहें हैं जो चिन्तकों को मनन करने के लिए बाध्य करते हैं। शिक्षक-छात्र-चिकित्सक का त्रय आयुष पद्धतियों के विकास के लिए आवश्यक स्तम्भ माना जा सकता है। इनका अन्योन्याश्रय सम्बन्ध तो है, परन्तु दिशाविहीन है। इन परिस्थितियों में आयुष पद्धतियों को श्रेष्ठ एवं निरापद विद्या के रूप में पुनर्स्थापित करना एक यक्ष प्रश्न है।

कौशल विकास की सम्भावना प्राचीनतम चिकित्सा विधियों के व्यावासायिकों में न्यून है, ऐसा मानने वालों के कारण ही अकर्मण्यता एवं प्रगति के प्रति उदासीनता में वृद्धि के फलस्वरूप ही मुख्य विषयों के साथ-साथ विशिष्ट विधियां यथा नाड़ी परीक्षा, अग्नि कर्म, शिरावेधन कर्म, क्षार कर्म आदि विषयों का ह्रास होता गया। आयुर्वेद चिकित्सा पद्धति का उन्नति तभी सम्भव है जब सभी एक साथ बैठकर सामान्य हितों पर विचार विमर्श करें तथा एक साथ कार्य करें जिससे देश में चिकित्सा व्यवस्था को एक नया आयाम दिया जा सके। देश की चिकित्सा सुविधा के विकास के लिए आयुर्वेद के क्षेत्र में कौशल सुधार को बल देने एवं इसे राष्ट्रीय ध्येय मानते हुए आयुर्वेद चिकित्सकों को भी आगे आना चिकित्सा क्षेत्र की मांग है।



## RECENT ADVANCES AND SKILL DEVELOPMENT IN AYURVEDA

- Nishu Raina\*

*\*Lecturer,*

### ABSTRACT :

The development of Ayurveda from 1870 to 1970 has been a great saga. After ups & downs of policy reversals by various government committees, CCIM was constituted by Act of Parliament in 1970, where all minimum standard requirements were finalized. Recent advances in Ayurveda includes syllabus translation, introduction of two year post graduate diploma courses in various Ayurvedic specialities & the independent



development of Ayurveda system of Vajikarna (potency), which in itself is different & a great speciality. Pioneering work done by eminent scholars & scientists brought a paradigm shift in the field of salivary diagnostics, genetic basis to Prakriti analysis, enzyme activation behind detoxification & intricate relation between gut & joint pathology. The story of advancements continues with the arbitrary classification of Ayurvedic pharmaceutical preparations as those of Guru (strong) and Laghu (mild) & a controlled incineration method (Putta) with reference to those of nano medicines, whose nano sized particles enable them for some target oriented intracellular activities. In today's era, there are yet so many skills that needs to be developed like accessibility to recent advances in Ayurveda & modern medicine, adequate experience sharing, update literature & diagnostic frameworks, identification of various experts of Ayurvedic department, who can trained others as well, organization of national & international seminars and standardization of Ayurvedic herbs, etc.



## **STUDY OF SERUM CHOLESTEROL, LIPID PROFILE AND THYROID CONCENTRATION IN MEDOROG**

**- Vibhukant Kushwaha\***

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### **ABSTRACT :**

A study was conducted to determine the effect of oral mode of drug administration in the form of lekhnaya mahakashaya ghanwati (LMG) and niruha vasti on serum cholesterol, lipid profile thyroid concentration, skin fold measurement and BMI of obese patients. A total of 60 non-diabetic, non-hypertensive human subjects of either sex (Male: 16, Female: 44; average age 35y) were included in the study. They were selected randomly on the basis of body mass index (BMI), waist hip ratio, skin fold measurement and 8 charkoat clinical symptoms such as, aayusohrasah, javoprodhah, krechhvyavayt, daurbayam, daurgandhyam, swedabadaha, kshudatimatra and pipasaatyoga. Each group was further divided into 3 subgroups; A (oral), B (Niruh vasti) and C (Placebo) according to mode of drug administration. LMG was prepared by using 10 drugs (Cyprus rotundus, Saussurea lappa, Curcuma longa, Berberis aristata, Acorus calames, Aconitum heterophilum, Picrorhiza kurru, Plamlago zilanicum chirbilaw, Annraipalia, Aris tnsata). Various statistical techniques, such as descriptive statistics, ANOVA followed by Duncan's multiple-range test and t-test were used to investigate data. Results of ANOVA clearly indicate a statistically significant ( $p < 0.01$ ) effect of mode of drug administration on all parameters excluding thyroid parameters. Higher percentage of obese patients showed normal serum cholesterol, lipid profile, skin fold measurement and BMI when treated through niruh vasti mode of administration as compared to that of placebo and oral mode of treatment. In conclusion, treatment of obesity varies according to its mode of interventions. Further extensive investigation is mandatory to have a deeper insight of this phenomenon.





## ROLE OF AYURVEDA ON GLOBAL HEALTH PROBLEMS IN PRESENT ERA WITH SCIENTIFIC APPROACH

- Vipin Kumar\*, Sapana Khatri\*\*, Govind Pareek

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### ABSTRACT :

Ayurveda, a system of Indian medicine resting up on proven theories as well as documented clinical observations. Ayurveda has unique concepts and methodologies to address health care throughout the course of life, from pregnancy and infant care to geriatric disorders. Common herbs are utilized as herbal mixtures and special preparations. Fivefold Purification procedures known as panchkarma remove toxins from the body. Numbers of disorders are emerging as a result of changing lifestyle. Basic cause among those disorders is accumulation of toxins in the body, these inorganic toxins harms body tissue and basic metabolism in the body which results in chronic life style disorders.

Among all systems of medicine Ayurveda is an only system which focuses on purification and rejuvenation. Rather than Ayurveda other systems only focus on disease and associated symptoms. The very core of Ayurveda is formed from some very basic concepts e.g. panchabhautic theory, the prakriti concept of predisposition and prognosis of disease. Imbalance of three dosha (vata, pitta and kapha) in the development of disease, interestingly, Ayurveda further expands on these theories to plan interventions that would correct the imbalance of dosha, dhatu & mala. The actions of medicine are described through their various properties (like rasa, guna, veerya, vipaka and prabhava) based inherently on their elemental composition. It is the need of the times to use modern technology to explore the relevance of those concepts for current established scientific base.



## A REVIEW STUDY OF JALAUKAVACHARANA W. S. R. TO HIRUDOTHERAPY

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### ABSTRACT :

In Ayurveda while explaining Ashtanga Ayurveda, Shalya Tantra has been mentioned as one among them. In Shalya Tantra a due importance had given to the parasurgical procedures like Kshara Karma, Agni Karma, Jalaukavacharana. Each of these procedures has their due importance in treating diseases. The persons who are delicate, weak, phobic towards the surgical instruments, for them we can advise Jalaukavacharana. It is a procedure in which Jaulaka (leech) is applied on the surface of skin by which it sucks the impure blood. In classics there is description of two kinds of Jalauka i.e. Savisha, Nirvisha. Further these two are classified into 6 subtypes of each. Among Nirvisha Jalauka, there is Shankumukhi which we use for procedure. It is lengthy, brick red colour, quickly movable and has multiple sharp pluckers by which it sucks the impure blood. In present scenario this Jalaukavacharana has been practiced by the name Hirudotherapy in which the leech named *Hirus Medicinalis* has been used. It is filled with hundreds of tiny,



sharp teeth. However from modern perspective, the saliva of leech contains about 100 pharmacologically active biological substances. These substances are injected into human body while sucking of impure blood and are responsible for the probable actions produced.



## **PREVENTION AND MANAGEMENT OF OBESITY: AN AYURVEDIC PERSPECTIVE**

**- Vikash Kumar\*, Prashant Rathee\*\*, Nisha Gupta\*\*\*\***

*\*M.D Scholar, \*\*M.D Scholar, \*\*\*Associate Professor, Department of Basic Principles, NIA, Jaipur, Rajasthan*

### **ABSTRACT :**

Life style plays an important role in occurrence of severe health hazards, as any variations like bad food habits, stress, sedentary life style, disturbed biological clock may lead to severe impairment of health, as we can observe with developing technologies the work load, life style. People are having very less time to cook and eat. The imbalance in dietary habits and over nutrition may lead to obesity which is defined as excess of adipose tissue that imparts health risk, it occurs as a result when caloric intake exceeds utilization, it is a key factor for developing many diseases like CAD, HTN, NAFLD, Osteoarthritis, Cholelithiasis etc., so our primary aim must be to make awareness among the people regarding the severe health impacts due to adaptation of impaired life style. Ayurveda is considered as science of longevity the primary aim of which is to prevent the diseases and promote longevity, so the present article deals with various modalities explained in our classics for preventing (nidana parivarjana) and treating sthoulya (obesity) which is considered under kaphaja nanathmajja vikara.



## **STRATEGIES FOR DEVELOPMENT OF SKILLED AYURVEDA PROFESSIONALS**

**- Vijai Rai\* Manish Mishra\*\***

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### **ABSTRACT :**

Ayurveda is the everlasting supreme science of life and medicine, practiced for several thousands of years in India and globally either as a mainstream treatment or as complementary and alternative medicine form. Developments related to its spread at global level are encouraging. Present generation believes only in logical and tested knowledge. But in India neither a teacher nor a student is much confident regarding his knowledge. Students have no faith in their learning. Ayurveda yet could not get its right place in the Indian society. So there is requirement of utmost attention and improvement in the field of Ayurvedic education to create more interest, faith and confidence in the students. Effective education strategy makes the subject more interesting, easily acceptable and adoptable. It provides proper and complete knowledge of subject which boost up the faith & confidence in students. Confidence is most essential to serve the suffering humanity in better way which in turn is helpful in providing right place in the society.







## PRAKRITI - UNIQUE SKILL IN AYURVEDA

- Sumit Nathani\*

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### ABSTRACT :

We wonder sometimes that why under similar conditions, people and their body react in a different way, why do we exhibit diversity in size, shape, complexion, energy levels, emotional response, intelligence and health.

Our certain habits and behavioural pattern have adverse effect on our three doshas. As a result they get aggravated. We will become prone to common ailments and chronic conditions.

How do our body types get aggravated?

What lead to prakriti determination?

Ayurveda has answer to all these curiosities. With the knowledge of one's prakriti, it is particularly possible to apply ayurvedic fundamentals in maintenance of health as well as prevention and cure of disease. The concept of prakriti in ayurveda is unique and has explanation for this. According to ayurveda every person is unique, individuality exist in size and shape, it's physiological and psychological characters. This is because there is predominance of panchmahabhuta, dosha and trigunas at that particular time of birth. The dosha dominance decides their constitution. Once this constitution has been allotted to individual it is permanent for their life time.



## CRITICAL ANALYSIS OF RELATION BETWEEN VYADHIKSHAMATVA (IMMUNITY) AND ANURJATA (ALLERGY) WITH SPECIAL REFERENCE TO PRAKRITI – A LITERARY REVIEW

- Shanker Lal Burdak\*, Nisha Gupta\*\*

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### ABSTRACT :

Vyadhikshamatva (Immunity) is defined as the innate tendency of body to fight against diseases. Although this has positive influence over the health of the body, negative impacts is also equally potent by manifestation of distressing symptoms, acute and chronic diseases. Too much immunity is anurjata or allergy. The term 'allergy' and 'hypersensitivity' denote increased or damaging immune responses. Allergy is an immunological disorder and is defined as exaggerated response or altered reactivity of the immune system to otherwise harmless substances in the environment, when inhaled, ingested, injected or contacted. Both these phenomenon are deeply related to the Prakriti, the basic dosha constitution of the body that plays an important role in the production of vyadhikshamatva (immunity) as well as anurjata (allergy).





## परिषद् समाचार

### हरियाणा में नव संवत्सर समारोह

एम.एस.एम आयुर्वेद महाविद्यालय, भक्त फूल सिंह महिला विश्वविद्यालय, खानपुर, कलौं, सोनीपत में भारतीय नव संवत्सर के शुभ अवसर पर विश्व आयुर्वेद परिषद् एवं आरोग्य दर्शक मण्डल एवं शिक्षक एवं सभी छात्राओं के संयुक्त तत्वावधान में कार्यक्रम का आयोजन किया गया! सभी छात्राएं भारतीय वेशभूषा में सजी संवरी और सभी को तिलक लगाकर नव वर्ष की बधाई दी! महाविद्यालय में रंगोली बनाई गई! पूरे महाविद्यालय और अस्पताल में नव वर्ष की शुभ कामनाओं और बधाई संदेश के पोस्टर लगाए गए ! 'आओ मनाएं भारतीय नव-वर्ष' विषय पर 'पोस्टर बनाओ' प्रतियोगिता का आयोजन करवाया गया! मंचीय कार्यक्रम के अन्तर्गत विश्वविद्यालय की कुलसचिव डॉ० कविता चक्रवर्ती की अध्यक्षता में आरोग्य दर्शक कैलेण्डर के द्वितीय संस्करण का विमोचन किया गया!

भारतीय वार्षिक कलैण्डर विक्रम सम्वत् 2073 शुभ अवसर पर निरोग बनाने के लिए छः ऋतुओं के हिसाब से बनाया वार्षिक कलैण्डर आरोग्य दर्शक एक ऐसा कलैण्डर तैयार किया है जो हमें भारत वर्ष में होने वाली सभी छः ऋतुओं में खानपान से लेकर दिनचर्या, सामान्य जांच के आंकड़े विरुद्ध आहार, सामान्य भोजन में पायी जाने वाली ऊर्जा, सूर्य नमस्कार, इसके बारे में बताएंगे।

#### आरोग्य दर्शक कलैण्डर की विशेषताएं

यह कलैण्डर भारतीय नव वर्ष यानी चौत्र प्रतिपदा 2073 विक्रम सम्वत यानी 08 अप्रैल 2016 से प्रारम्भ होगा।

यह कलैण्डर भारत में होने वाली छरू ऋतुओं में होने वाली बीमारियों, उनका निराकरण तथा उस मास में कौन-कौन सी औषध लेकर के स्वस्थ रहने के बारे में बताता है।

- ♦ स्वस्थ रहने के लिए सुबह उठने से लेकर रात्रि सोने पर्यन्त क्या करना चाहिए जिससे व्यक्ति रोगी न हो।
- ♦ इस कलैण्डर में स्वास्थ्य की दृष्टि से वर्ष भर निरोग रहने के लिये आहार, विहार, दिनचर्या, ऋतुचर्या, योगासनों आदि का विस्तृत वर्णन किया गया है।
- ♦ प्रमुख आहार द्रव्यों की कैलोरी, रोग प्रतिरोधक क्षमता बनाये रखने के उपाय एवं आहार विहार से स्वस्थ रहने का निर्देश करता है।
- ♦ इस कार्य को मूर्त रूप देने के लिए डा० महेश दाधीच, डा० बी०सी० आर्य, डा० नरेश भार्गव, डा० विवेक अग्रवाल, डा० दीपमाला एवं डा० भुवनेश शर्मा का अमूल्य सहयोग रहा।

इस अवसर पर कार्यक्रम के मुख्य वक्ता राष्ट्रीय स्वयं सेवक संघ के रोहतक विभाग के प्रचारक श्री राजेश कुमार ने भारतीय नववर्ष के महत्व, भारतीय संस्कार एवं संस्कृति तथा देश – समाज के विकास में युवाओं के योगदान पर वार्ता की। उन्होंने कहा कि युवा शक्ति विघटन कारी तत्वों से सावधान रहें और भारतीय संस्कृति एवं संस्कारों को नुकसान पहुंचाने वाले लोगों का तिरस्कार करें। कार्यक्रम की अध्यक्षता वि० वि० की कुल सचिव डॉ० कविता चक्रवर्ती ने सभी छात्राओं से अपील की कि वे सभी चिकित्सक बनने के बाद अपने अंदर मानवीय संवेदनाओं को पिरोकर रखें। रोगियों की चिकित्सा के साथ – साथ उनके सिर पर सदभाव का हाथ भी रखें। डॉ० चक्रवर्ती के उद्बोधन से सभागार कई बार भाव विभोर हो गया। कार्यक्रम के विशिष्ट अतिथि श्री राम कुमार मित्तल ने कार्यक्रम के आयोजक विश्व आयुर्वेद परिषद् एवं आरोग्य दर्शक मण्डल को धन्यवाद दिया और छात्राओं से भारतीय परंपराओं को अपनाने का आह्वान किया। कार्यक्रम के मुख्य अतिथि श्री कृष्ण सोनी महम, प्रसिद्ध समाज सेवी ने पूरे विश्वविद्यालय परिवार को मंगल कामनायें दीं।



## काशी में विश्व मंगल दिवस एवं डॉ० के०पी० शुक्ला स्मृति व्याख्यान

विश्व आयुर्वेद परिषद् एवं कायचिकित्सा विभाग, आयुर्वेद संकाय, काशी हिन्दू विश्वविद्यालय, के संयुक्त तत्वावधान में दिनांक 8 मार्च 2016 को कायचिकित्सा विभाग, काशी हिन्दू विश्वविद्यालय, वाराणसी में विश्व मंगल दिवस एवं डॉ० के०पी० शुक्ल स्मृति व्याख्यान का आयोजन बहुत धूमधाम से मनाया गया। समारोह के मुख्य वक्ता प्रो० बृज कुमार द्विवेदी, विभागाध्यक्ष, सिद्धान्त दर्शन विभाग काशी हिन्दू विश्वविद्यालय थे। कार्यक्रम की अध्यक्षता प्रो० जे० एस० त्रिपाठी, विभागाध्यक्ष काय चिकित्सा विभाग, ने की। डॉ० के०पी०शुक्ल के जीवन पर डॉ० ओ०पी० सिंह, उपाचार्य कायचिकित्सा विभाग ने विस्तृत प्रकाश डाला। प्रो० बृज कुमार द्विवेदी ने काय चिकित्सा में मौलिक सिद्धान्त की उपादेयता पर विस्तृत प्रकाश डाला। उन्होंने मौलिक सिद्धान्त के विभिन्न आयामों पर प्रकाश डालते हुए चिकित्सा में उनके उपयोगिता एवं प्रासंगिकता का वर्णन किया। बिना सिद्धान्त के चिकित्सा सम्भव नहीं है। प्रो० जे०एस० त्रिपाठी ने अर्न्तविषयक शोधों की सम्भावनाओं एवं आवश्यकता को चिकित्सा के विकास के लिए उपयोगी बताया। कार्यक्रम के संयोजक डॉ० नरसिम्हा मूर्ति ने कार्यक्रम का संचालन तथा विषय स्थापना डॉ० के०के० द्विवेदी ने किया। इस अवसर पर छात्रों शिक्षकों के अलावा शहर के अन्य गणमान्य व्यक्ति उपस्थित थे। प्रो० एस०एन० सिंह, डॉ० ए०के० सोनकर, डॉ० अश्विनी गुप्ता, डॉ० सुमन यादव, डॉ० अन्जना द्विवेदी, डॉ० मनीष मिश्रा, डॉ० सुभाष श्रीवास्तव, वैद्य उमेश दत्त पाठक, डॉ० आशुतोष पाठक आदि चिकित्सकों की सक्रिय सहभागिता थी। कार्यक्रम के अन्त में प्रो० बृज कुमार द्विवेदी को अंगवस्त्रम्, श्रीफल एवं स्मृति चिन्ह प्रदान कर सम्मानित किया गया।

### **Vishwa Ayurved Parishad- B.H.U. Unit Constituted**

Vishwa Ayurved Parishad- B.H.U. Unit and Students wing was constituted in the presence of Dr. K.K. Dwivedi, central Observer on 8/03/2016 at Faculty of Ayurveda, B.H.U. -

**B.H.U. Unit** - Prof. K. N. Dwivedi (President) , Dr. O. P. Singh & Dr. Smt. Rani Singh (Vice-Presidents), Dr. Rajendra Prasad & Dr. Priyadarshini Tiwari (Secretaries), Dr. Anurag Pandey Secretary (Cultural), Dr. P.S. Vyadgi Secretary(Academic), Dr. Sudama Singh Yadav Secretary (Organization), Dr. K.H.H.V.S.S.N.Murthy (Gen. Secretary).

**Student Unit** - Mr. Animesh Mohan, Vice-Presidents- Mr. Avinash Upadhay, Mr. Jai Prakash Yadav, Treasurers- Mr. Pashupati Keshari, Mr. Sushil Kumar Singh, Secretaries- Mr. Sadavrat Amalani, Ms. Shristi Singh, Mr. Avinav Pandey, Secretary (Organization)- Mr. Rohit Kumar Verma, Coordinator(Academic & Literary)- Mr. Pratyush Sharma, Co-coordinators(Academic & Literary)- Mr. Bhanu Kumar Pandey, Mr. Sandeep Kanojia, Coordinator(Awareness & Medical Camp)- Mr. Harsh Ranjan, Co-coordinators(Awareness & Medical Camp)-Mr. Anurag Tiwari, Mr. Kamlesh Kumar, Coordinator(Cultural Activities) Ms. Priyanka Roy, Co-coordinator(Cultural Activities)- Mr.Mritunjay Dwivedi, Ms. Shivani Biswas, Mr. Sanchit Mishra.



## वाराणसी में नव सम्वत्सर समारोह का आयोजन

विश्व आयुर्वेद परिषद् काशी के तत्वावधान में नव सम्वत्सर समारोह का आयोजन दिनांक 8/4/2016 को प्रातः सूर्योदय के समय राजेन्द्र प्रसाद घाट पर सम्पन्न हुआ। प्रातः सूर्य के अर्ध के साथ सभी लोगों ने एक-दूसरे को नव सम्वत्सर एवं वासन्तिक नवरात्रि की बधाई दी। इस अवसर पर डॉ० विरेन्द्र सिंह, डॉ० विजय कुमार राय, डॉ० अश्विनी गुप्ता, डॉ० पीयूष त्रिपाठी, वैद्य उमेश दत्त पाठक, डॉ० के० के० द्विवेदी, डॉ० मनीष मिश्र, डॉ० निवेदिता त्रिपाठी, डॉ० भावना द्विवेदी, कृ० ऋचा आदि उपस्थित थे। इस अवसर पर समसामयिक परिप्रेक्ष्य में आयुर्वेद की उपयोगिता विषय पर चर्चा की गयी। वैद्य राजीव शुक्ल ने स्वागत एवं डॉ० सुभाष श्रीवास्तव ने धन्यवाद ज्ञापन किया।

## गुड़ी पड़वा पर निःशुल्क नीम वितरण

भोपाल। विश्व आयुर्वेद परिषद् मध्यप्रदेश द्वारा गुड़ी पड़वा पर निःशुल्क नीम वितरण कार्यक्रम श्री खेड़ापति हनुमान मन्दिर प्रागण न्यू मार्केट में रखा गया।

इस अवसर पर सांसद आलोक संजर ने कहा कि नीम सदियों भारत को लाखों का लाभन्वित करती है। वैदिक परंपरा के गुड़ी पड़वा पर नीम खाने से मनुष्य वर्ष भर स्वस्थ रहता है। इस अवसर पर विधायक सुरेन्द्र नाथ सिंह, पूर्व विधायक रमेश शर्मा 'गुड्डु भैया', नरेन्द्र भानू खण्डैलवाल, प्रदेश अध्यक्ष, वैद्य गोपाल दास मेहता, खुशीलाल शर्मा, आयुर्वेदिक महाविद्यालय के अस्सिस्टेंट प्रोफेसर, डॉ० राजेश मालवीय तथा डॉ० इन्द्रवीर मिश्रा, दीपक रघुवंशी सहित सैकड़ों छात्र-छात्रायें उपस्थित रहे। इस अवसर पर सिंहस्थ पर केन्द्रित एक कैलेण्डर का भी विमोचन किया गया।

## पश्चिम बंगाल में शैक्षिक संगोष्ठी का आयोजन

विश्व आयुर्वेद परिषद् एवं झण्डू फार्मा के संयुक्त तत्वावधान में स्वराज मुखर्जी मेमोरियल आयुर्वेदिक मेडिकल कालेज एवं मणिकमल हॉस्पिटल में दिनांक 19/3/2016 को एक राष्ट्रीय संगोष्ठी 'वर्तमान युग में आयुर्वेद शिक्षा एवं जागरूकता की आवश्यकता' (Need of Ayurvedic Education & Awareness in Modern Era) का आयोजन हुआ। इस कार्यक्रम का उद्घाटन डॉ० प्रभात कुमार मुखर्जी, पूर्व निदेशक आयुर्वेद, पश्चिम बंगाल ने किया। मंच पर विशिष्ट अतिथि के रूप में डॉ० जी.सी.सेन गुप्त एवं डॉ० एस.के.सामन्त, पूर्व प्रधानाचार्य एवं अधीक्षक, जे.वी. रॉय, स्टेट आयुर्वेदिक मेडिकल कालेज कोलकाता उपस्थित थे। मंच पर सम्मानित अतिथि के रूप में प्रो० जयदेव चट्टोपाध्याय, प्राचार्य, स्वराज मुखर्जी मेमोरियल आयुर्वेदिक मेडिकल कालेज, सेरामपुर, पश्चिम बंगाल, श्री योगीराज विजय चतुर्वेदी, अध्यक्ष इण्डिपेंडेन्ट, रिसर्च, इथिक्स सोसाइटी, पश्चिम बंगाल; श्री श्याम सुन्दर शर्मा, सेक्रेटरी, ए०डी०एम०ए०आई० कोलकाता; श्री श्याम किशोर श्रीवास्तव, कोषाध्यक्ष, इण्डिपेंडेन्ट, रिसर्च, इथिक्स सोसाइटी, पश्चिम बंगाल; श्रीमती सुतपा मुखर्जी उपस्थित थे।

कार्यक्रम का संयोजन एवं संचालन डॉ० पवन कुमार शर्मा, संयोजक विश्व आयुर्वेद परिषद्, पश्चिम बंगाल ने किया। कोलकाता के विभिन्न भागों से लगभग 65 विद्वानों ने इस कार्यक्रम में भाग लिया। डॉ० जयदेव चट्टोपाध्याय एवं उनकी टीम ने मंचस्थ विद्वानों को पुष्प गुच्छ प्रदान कर सम्मानित किया। विद्वानों ने अपने अनुभव एवं योग्यता के आधार पर इस विषय पर विस्तृत प्रकाश डाला।