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

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BHAI UDDHAVDAS MEHTA MEMORIAL ALL INDIA AYURVEDA PG STUDENTS ESSAY COMPETITION-2016

Dear Students,

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

He started his public life in 1926. Bhai ji gave memorandum to Nawab of Bhopal in 1930 on the behalf of Hindu conference. In 1934, he started one weekly Hindi magazine Praja Pukar. In 1937 Bhaiji was arrested for leading first freedom movement and imprisoned for 6 months. After release from Jail, he started helping for Hyderabad Satyagraha. He became Sanghchalak in Bhopal in 1940. Again, he was arrested in 1944 for addressing a rally. People became violent when he was arrested in 1949 while leading Vileenikaran movement.

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

In auspicious memory of such an idol person, **VISHWA AYURVEDA PARISHAD & BHAI UDDHAVDAS MEHTA SMRITI NYAS** is jointly going to organize an essay competition 2016 among Postgraduate students of Ayurvedic colleges of India like previous years.

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

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

This essay competition invites the young Ayurvedic PG Scholars to come out with their views about the judicious use of basic sciences for the development of concepts, drugs and newer researches in the field of Ayurveda. Entries are invited to submit an essay on topic **"Need of Modern Scientific Parameters in Ayurvedic Research; Present Status and Future Strategies"**. Vishwa Ayurved Parishad is firmly determined to welcome and appreciate the views in form of essay in **"Bhai Uddhavdas Mehta Memorial All India Ayurveda PG Students Essay Competition-2016"**.



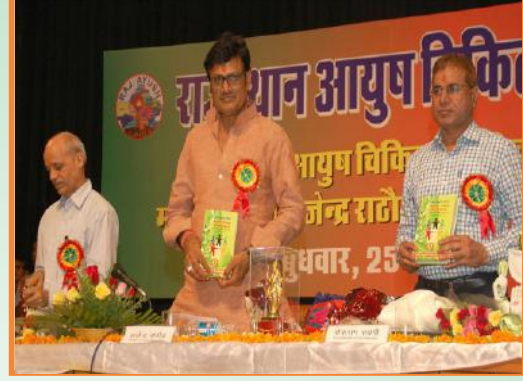
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देश के विभिन्न स्थानों में विश्व आयुर्वेद परिषद् की गतिविधियाँ



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।

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

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Editorial

आयुर्वेद भारतवर्ष की प्राचीनतम चिकित्सा एवं जीवन पद्धति रही है, जो एक स्वस्थ जीवन के अर्जन हेतु उत्तरदायी सभी आयामों को सम अवस्था में रखने के उपायों के साथ-साथ परलौकिक सुख का भी प्रतिपादन पुरुषार्थ चतुष्टय— धर्म, अर्थ, काम और मोक्ष के रूप में करता है। सम्भवतः इसे इसी कारण पूर्णवादी/साकल्य (Holistic) चिकित्सा पद्धति भी कहते हैं। हर चिकित्सा पद्धति की अपनी विशेषता तथा कमियाँ होती हैं। अपनी विशेषता के कारण उस पद्धति की पहचान बनती है तथा कमियों से उस पद्धति विशेष के उत्थान हेतु नवीन पथ प्रारम्भ होते हैं। वर्तमान काल को आयुर्वेद के उत्थान का “स्वणिम अवसर” संज्ञा देने में अतिशयोक्ति नहीं होगी। आयुर्वेद में विकास एवं उन्नति के अपार अवसर उपलब्ध हैं और इसके लिए हर स्तर पर प्रयास की आवश्यकता है और ये प्रयास हो भी रहे हैं। यथा—आयुष पद्धति के लिए स्वतन्त्र मंत्रालय का गठन, जिससे की प्रशासनिक कार्यों में त्वरिता और स्वतन्त्रता भी प्राप्त हुई है। अनुसंधान क्षेत्र के लिये स्वतंत्र आयुष इकाई सी.सी.आर.ए.एस. (CCRAS) ने सराहनीय प्रयास किये हैं। उनके द्वारा विभिन्न औषधियों का निर्माण तथा पेटेंट प्राप्त किया गया है, यथा— आयुष 64 मलेरिया हेतु, आयुष 56 मिर्गी हेतु, 777 Oil सोरियासिस हेतु, आदि विभिन्न अनुसंधानरत इकाई यथा आइ.सी.एम.आर. (ICMR), सी.एस.आइ.आर. (CSIR) और सी.सी.आर.ए.एस. (CCRAS) गोल्डेन ट्रेन्गल प्रोजेक्ट पर कार्य कर रहे हैं, जो कि आयुर्वेद के औषधियों के मानकीकरण तथा रोगों में इनके उपयोग से संबंधित है।



इस प्रकार औषधियों के प्रतिकूल प्रभावों के आकड़ों को एकत्रित करने हेतु फारमेकोविजलेन्स योजना प्रारम्भ की गई है। आयुर्वेद के अनुसंधानों को एक स्थान पर एकत्रित कर इनकी जानकारी उपलब्ध कराने हेतु आयुष रिसर्च पोर्टल का भी निर्माण किया गया है। अनुसंधान के साथ-साथ चिकित्सकीय क्षेत्र में सहायता हेतु आयुषापट नामक साफ्टवेयर के विभिन्न टूल का निर्माण हुआ है। इसी क्रम में सी.एस.आइ.आर. (CSIR) के “त्रिसूत्रा” द्वारा अन्वेषित “आयुर्जीनोमिक” की अवधारणा प्रबल हो चली है, जिसके अन्तर्गत आयुर्वेदोक्त प्रकृति और आधुनिक विज्ञान के जेनेटिक्स विषय के सहयोग से वैयक्तीकृत (Personalised) और भविष्य सूचक (Predictive) चिकित्सा की स्थापना की जा सके। इसी प्रकार के अनेक उत्साह वर्धक प्रयास हो रहे हैं। शिक्षण क्षेत्र की सुदृढता हेतु निरन्तर नये आयुर्वेद संस्थानों की स्थापना की जा रही है। यथा— अखिल भारतीय आयुर्वेद संस्थान, नई दिल्ली, मेघालय में दक्षिण-पूर्वी आयुर्वेद एवं होम्योपैथी संस्थान, आदि। शिक्षण गुणवत्ता तथा मानकीकरण हेतु सी.सी.आई.एम. (CCIM) भी अपने प्रयास कर रही हैं। लेकिन इस प्रयास को और बढ़ाने तथा पारदर्शी बनाने की आवश्यकता प्रतीत होती रही है, जिससे सरकारी तथा गैरसरकारी संस्थानों शिक्षण गुणवत्ता में और सुधार एवं विकास कर सके।

विश्व स्वास्थ्य संगठन द्वारा विश्व की पारंपरिक चिकित्सा पद्धति का सहयोग केन्द्र आयुर्वेद के लिए जामनगर को बनाया गया है, जिसके अन्तर्गत पांच प्रमुख बिन्दुओं पर केन्द्रित होकर आयुर्वेद की चिकित्सा पद्धति को सुदृढ तथा वैज्ञानिक आधार प्रदान किया जाने का प्रयत्न हो रहा है। भारत सरकार ने विशेष रूप से राष्ट्रीय आयुष मिशन की घोषणा कर आयुर्वेद तथा आयुष समाज में नई ऊर्जा का संचार किया है। आयुष प्रचार—प्रसार हेतु आयुष ग्राम, आरोग्य मेला, आयुष टेली मेड सर्विस आदि को भी प्रोत्साहित किया जा रहा है। इन सभी संस्थागत और प्रशासनगत प्रयासों के अलावा व्यक्तिगत प्रयत्न भी किये जा रहे हैं, जिससे आयुर्वेद विकास हेतु नये आयाम जुड़ रहे हैं— यथा—मर्म चिकित्सा, पैनक्रिटॉइटिस का पूर्णतः आयुर्वेद चिकित्सा, डायबीटिज की आयुर्वेद चिकित्सा, स्वर्ण प्राशन, पुसंवन सरकार, आदि। अब आयुर्वेद में शिक्षण, अनुसंधान, चिकित्सा सभी को आयुर्वेद के अनुरूप बनाने की बात भी मुखर हो चली है। विशेष रूप से शोध कार्यों में अब आयुर्वेद के मूल-भूत सिद्धान्तों पर अनुसंधान पर बल दिया जाने लगा है। जहाँ अब तक मुख्यतः औषधीय तथा चिकित्सीय तथ्यों पर शोध को ही महत्व दिया जाता था।

आज आयुर्वेद को सार्वभौमिक करने हेतु अनेकों प्रयत्न हो रहे हैं, परन्तु इसकी जितनी आयुर्वेद के उत्थान के लिए आवश्यकता है उतनी ही यह बात भी सत्य है कि इससे पूर्व आयुर्वेद को राष्ट्रीय स्तर पर एकमत से अंगीकृत किये जाने की जरूरत है, जैसा की चीन में हुआ है। आयुर्वेद शनैः शनैः विकास पथ पर अग्रसित है, इसे गतिमान बनाने हेतु प्रशासनिक, संस्थानिक तथा व्यक्तिगत दृढ इच्छाशक्ति से सख्त, यथार्थवादी एवं आयुर्वेद अनुरूप कार्यप्रणाली स्थापित करने की आवश्यकता है।

— डॉ० आशुतोष कुमार पाठक

उप सम्पादक



STANDARDIZATION OF MANUFACTURING PROCESS OF SWARNA BHASMA

- Upendra U.Zala* L.B. Singh**, P.U. Vaishnav***, B.D.Kalsaria ****
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ABSTRACT :

These pharmaceutical processes are known as “Samskara”. In view of the present trend of commercialization in the preparation and marketing of Ayurvedic medicine and to ensure the interests of the profession and public, it has become our prime duty to establish the standard pharmaceutical parameter of Swarna Bhasma including manufacturing.

Keywords: Shodhana, Marana, Swarna,

INTRODUCTION

The Bhasma of Swarna is a well known Organometallic Preparation, used for Rasayana, Ayushya, Vrishya & Tridoshagna, Swarna Bhasma is widely available in the market but due to least standards and high cost, Hence, how to Assess it's qualitative physically and chemically and standard is a question in this scientifically and technologically advanced era.

Aims & Objectives:

-To find out an Easy and Least expensive method of Swarna Shodhana and Marana.

-To Standardize their methods, and to ascertain difference between them to develop

Certain Diagnostic Parameters.

The following processes were performed in this study.

- Swarna Patra Shodhana Batch-I,&Batch-II
- Makardwaja Nirmana and
- Swarna bhasma(Batch-I) prepared from the Talashtha part of Makardwaja
- Procurement of raw materials Swarna Patra 24 Carate Gold Biscuits of the wt.30g was purchased from local gold market of Nadiad.

Practical- 01.Swarna Shodhana

Ref.-R.R.S.5/13

Principal-Heating &Quenching (Nirvapa)

Equipments-Hand blower, Forceps, Measuring Glass, Weighing Balance.

Ingredients –

Table-01-Required ingredients for Swarna Shodhana for Batch-I and Batch-II

No	Ingredients	Wt. (Batch-I)	Wt.(Batch-II)
1	Asu.Swarna Patra	10g	20g
2	Tila Tail	500ml	500ml
3	Takra	500ml	500ml
4	Go-mutra	500ml	500ml
5	Kanji	500ml	500ml
6	Kullatha kwath	500ml	500ml

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**Procedure:**

A roll of Asu.Swarna Patra was kept on the fire of Hand blower with the help of iron forceps heated till red hot and immersed in each liquid media for 7-7 times. Same procedure was repeated for each liquid media chronologically for Batch-I & II. each time fresh liquid media was taken after completion of process Swarna patra washed with hot water for 3 times.

Observations:

1. During the immersion in the Tila taila swarna patra catches fire for few seconds.
2. Oily drops floated on Takra after immersion cracking sound was found during immersion.
3. Shining of Swarna patra was increased after immersion in kanji.
4. Gomutra became darker after immersion.
5. Shining of Swarna patra increased after immersion in Gomutra.
6. Blackish color of Swarna patra after immersion in kullatha kwath.
7. pH before quenching=5.5pH after quenching=6.0 was observed

Table:02-Showing time taken by Swarnapatra to become Red hot during Shodhana in Taila,Takra,Gomutra,Kanji & kullath kwath for Batch-I.

No.	1	2	3	4	5	6	7	Average
	(Min.)							
Taila	3	2.4	2.1	2.5	3.1	3.4	2.1	3.0
Takra	4.2	3.5	4	3.2	3.3	3.2	3.1	3.5
Gomutra	3.4	3.1	4	3.2	3.4	3.3	3.5	3.41
Kanji	2.4	2.2	2	3.1	2.4	2.2	2.4	2.38
Kullatha kwath	2	1.5	3	3.1	2.4	2.2	2.5	2.38
Total (Min.)	90							

Table:03-Showing time taken by Swarnapatra to become Red hot during Shodhana in Taila,Takra,Gomutra,Kanji & kullath kwath for Batch-II.

No.	1	2	3	4	5	6	7	Average
	(Min.)							
Taila	3	2.4	2.1	2.5	3.1	3.4	2.1	2.37
Takra	4.2	3.5	4	3.2	3.3	3.2	3.1	3.50
Gomutra	3.4	3.1	4	3.2	3.4	3.3	3.5	3.40
Kanji	2.4	2.2	2	3.1	2.4	2.2	2.4	2.38
Kullatha kwath	2	1.5	3	3.1	2.4	2.2	2.5	2.38
Total (Min.)	98.4							



Table:04-Total showing weight of Swarna patra before & after Samanya Shodhana.

Wt.(g)	Swarna patra (Batch-I)	Swarna patra(Batch-II)
Before Shodhana	10g	20g
After Shodhana	10g	20g
% change	00%	00%

Practical 02 – Preparation of Makardwaja

Reference – R.T.-6/238-244

Principal – Trituration & Heating

Duration - 18hrs

Equipments- KachKupi, MultaniMitti, CottonCloth,Funnel,GlassRod,Torch,Weighing Machine,Lighter,Knife,Kerosine,Thread,

Ingredients-

No.	Ingredients	Wt.
1	Su.Swarna Patra	10g
2	Su.Hinguloth Parada	80g
3	Su.Gandhaka	160g
4	Karpashpushpa Swarasa Bhavana/Ankolmool swarasa/kumara swarasa-1 day	100ml/100ml/100ml
Total		280g

Procedure-

The whole procedure was divided into 6 stage i.e.

1. Preparation of Swarna pishti.
 2. Preparation of Kajjali.
 3. Bhavana
 4. Kupi Purana
 5. Kupi Paka
 6. Kupitadan
1. Preparation of swarna pishti-Shodhita swarana patra cut into small pieces with the help of scissor, then these small pieces of shodhita swarnapatra were taken into granite khalva yantra.then hinguloth parada was added to it and mardana was carried out till the pieces of swarna patra completely mixed into parad.it required 5hrs trituration,the semisolid,soft swarna pishti was formed.



2. Preparation of kajjali-in the swarnapishti su.gandhaka churna was added to it and mardana was started.mardana was done for 24hrs till fine,soft,nishchadratva kajjali formed.
3. Bhavana –when kajjali was formed, bhavana of karpash pushpa swarasa,ankolmool kwath and kumara swarasa was given for 8hrs.till homogeneous soft mixtureand complete dried was formed.
4. Kupibharana-After completed bhavana kajjali was filled through funnel in kach kupi which was smeared with seven layers of mud smeared cloth.
5. Kupi paka-kupipaka carried out in E.M.F.

Kupi was placed at the center of the EMF & closed upper dor carfully and out side place was filled by mud smeared cotton cloth.

Heating process was carried out in kramagni- i.e

Mandagni - 18c(Room temp).to 250 c

Madhyamagni - 250c to 450c

Trivragni - 450c to 630c

The heating process was done up to complete burning of extra sulpher in the compound,a desired compound was formed and specific characters were to achieve i.e.flame disappeared,bottom of the kupi look bright red,sheeta shalaka and copper coin test positive.then kupi mounth was corked and sealed with clay and cloth on the next day,after self cooling of furnace and kupi,it was taken out and cleaned the outer layers by scrapping with the knife,a thread was soaked in kerosene oil,it was tied all around the bellow one-inch level from compound & ignited.

After burning of the thread,by wet cloth was kept on the hot bottle surface to break the bottle, the final product(Makardwaja) was collected from neck of the bottle and residue part of makardwaja (Swarna bhasma) from inside the bottom of bottle.

Observations-

Table -6. Showing Observation during preparation of Makardhwaja and Swarna Bhasma

No.	Time	Set temperature (°C)	Observed temperature (°C)	Observation
1	07:15 AM	50	18	EMF started
2	07:30 AM	100	59	
3	07:45 AM	100	120	Fumes of Sulphar get started.
4	08:00 AM	150	135	
5	08:30 AM	200	191	
6	08:45 AM	200	200	
7	09:00 AM	200	239	
8	09:30 AM	250	229	
9	10:00 AM	250	221	
10	10:30 AM	250	271	
11	11:00 AM	300	267	
12	11:30 AM	300	323	
13	12:00 Noon	350	316	



14	12:30 PM	350	305	
15	12:45 PM	350	344	
16	01:00 PM	350	360	Sulphar fumes get decreased. Red Coloured material inside the Kupi observed.
17	01:30 PM	375	375	Flame gets started (Boiling stage of Kajjali). Blue flames start to appear at neck portion of kupi.
18	02:00 PM	400	392	
19	02:30 PM	400	419	
20	03:00 PM	450	404	
21	03:20 PM	425	458	
22	03:25 PM	375	462	
23	03:30PM	375	466	
24	04:10PM	400	436	
25	04:30PM	450	426	
26	05:00PM	450	472	
27	05:30PM	475	489	
28	05:45PM	500	480	
29	06:00PM	525	533	
30	06:45PM	550	531	
31	07:00PM	525	560	
32	07:10PM	500	566	
33	07:37pm	450	539	Flame disappeared, Copper coin and Shita Salaka Test +ve. Corking done.
34	07:55PM	450	540	Sealing with cotton cloth & Multani mitti.
35	08:00PM	525	518	
36	08:30PM	575	531	
37	09:00PM	575	589	
38	09:15PM	575	589	
39	09:30PM	600	572	
40	09:40PM	600	600	
41	10:00PM	600	614	
42	10:15PM	600	602	
43	10:20PM	625	599	
44	10:30PM	625	630	Stop EMF and kept for Self cooling

Practical -07:- Preparation of Swarna Bhasma(Method- I)

Reference: Rasa Tarangini 6/238-244

Ingredients:

1. Swarna Bhashama(Makardwaja-Talashtha part) - 24.0g



2. Kumari swarasa 3 Bhavana
-25mlx3=75ml
3. Kanchanar kwath 7 Bhavana
-25 mlx7=175ml
4. Nagavalli Pan swarasa
-25 mlx2=50ml

Apparatus :

Khalva Yantra (Iron mortar), Knife, Sharava (5.6 inches diameter & 5 cm depth in the middle), Cotton Cloth strip, Multani-Mitti, Cow dung cakes - 16(800g) Average for each Puta, Digital Pyrometer, Spatula, Enamel Tray.

Method :

Swarana marana: Marana was done in following three steps

- a) Bhavana (Trituration)
- b) Chakrika (Pelletization)
- c) Laghuputa (Heating)

a) Bhavana (Trituration)

Each Bhavana was given by, manually in simple iron mortar & pestle. First of all Swarna Bhasma (Talashtha) was taken in a iron mortar and was subjected to trituration with kumara swarasa(3 Bhavana), Kanchanar kwath, (7bhavana) and Nagavalli pan swaras(2 Bhavana) each times 1 hours be manual trituration done and in the end pellet of triturated material was made. This kind of procedures done up to 12 times.

b) Chakrika (Pelletization):

After giving Bhavana the circular pellets were made up in such a manner that each pellets was weighed about 3-4 g, having a diameter of about 1 inch and width about 2.5 mm [1/4 cm].

Pellets were subjected to shade drying for 3 to 4 hours with checking out the contamination from foreign matter like dust and insects.

Pellets were kept in Sharava after complete drying. With the help of another Sharava and Multani- Mitti and cotton cloth strips Kapadamitti was done for Sandhi Bandhana. After drying of Sandhi Bandhana it was then subjected to Laghuputa.

c) Puta (Heating):

In the pit of Laghuputa with the help of commercially made cow dung cakes Laghuputa was given. Temperature was recorded by means of a digital pyrometer from very beginning i.e. from lit on to lit off of Laghuputa. After self-cooling Sharava Samputa was taken out and Kapadamitti was broken. Pellets were taken out and weighed. Pellets were again subjected to the abovementioned procedure for 11 more times. After 12th Puta pellets were weighed and subjected to trituration in Iron mortar without adding any Swarasa or liquid, for 3 hrs, to get a fine powder of it.



Observations:

Table 7 : Showing the observations of Swarna Bhasma (Batch-I) during Laguputa

Putra No.	Before Laguputa				After Laguputa	
	Swarna (g)	Kumari swarasa (ml)	Wt. (g)	Color	Wt. (g)	Color
1	24	25	26	Ash	24	Blackish
2	24	25	26	Ash	24	Blackish brown
3	24	25	27	Ash	24.5	Blackish brown
4	24.5	Kanchanar kwath-25	27	Ash	24.6	Brown
5	24.6	25	28	Brown	24.6	Brown
6	24.6	25	30	Brown	24.7	Brown
7	24.7	25	30	Brown	24.8	Brown
8	24.8	25	31	Brown	25	Brown
9	25	25	31	Brown	25.3	Dark Brown
10	25.3	25	32	Brown	25.8	Dark Brown
11	25.8	Nagavallipan swarasa-25	33	Brown	26.3	Dark Brown
12	26.3	25	34	Brown	27	Dark Brown

Precautions:

- ♦ Care was taken to avoid the contamination of the drug during trituration.
- ♦ Drug was subjected to 1 hours of continuous trituration.
- ♦ Kumara swarasa, Kanchanar kwath and Nagvalli Pan Swarasa was added time by time to maintain mud like consistency of the drug.
- ♦ To avoid differences care was taken that trituration should done singlehandedly.
- ♦ Sandhi Bandhana of Sharava was done in such a manner that it should remain intact even after self-cooling of the Puta, to avoid complete oxidation of the Swarna as well as contamination by means of ash produced by fuel during incineration process.
- ♦ Sharava were having diameter of 5.6 inches and depth of 5 cm. In the middle part this space was able to assimilate all the pellets made out of the triturated material.
- ♦ Thickness of Sharava were kept in between 0.5 to 0.75 cm to allow the maximum heat transfer between material inside Sharava and fuel out side of it, with keeping the criteria to check out the breakage during the Puta process.
- ♦ After pouring cow dung cakes at the half level of pit Sharava Samputa was kept gently in the



middle of the pit and previously ignited cow dung cakes were kept around it and in the corners of pit. At the same time thermocouple of the digital pyrometer was kept beneath Sharava Samputa at the same level to note the temperature at the level of Sharava Samputa. After these arrangements remaining cow dung cakes were quickly placed above up to the upper margin of Puta pit.

- ♦ Temperature was continuously recorded minute by minute right from the putting of ignited cow dung cakes to the self-cooling of Puta.
- ♦ After self-cooling Sharava Samputa was taken out gently and test were carried out to check the quality of the prepared drug after each Puta.
- ♦ After completion of 12 Puta pellets were again triturated to get a fine powder form and were stored in an airtight polythene bags.

Table 8: Showing the Temperature of Randomly Selected three Laguputa(Batch-I)

Time (h)	Temp. (⁰ C)			Average Temp. (⁰ C)
	I	II	III	
0:00	022	024	024	023
0:30	143	165	178	162
1:00	436	511	543	496
1:30	987	979	970	978
2:00	975	982	964	973
2:30	886	899	945	910
3:00	848	863	867	859
3:30	850	811	772	811
4:00	789	765	757	770
4:30	739	700	692	710
5:00	692	669	673	678
5:30	480	518	538	512
6:00	390	414	439	414
6:30	271	323	366	320
7:00	112	138	150	133
7:30	109	123	116	116
8:00	55	59	81	65
8:30	020	022	20	20

Observations:

- ♦ Pellets were easily made but the drying takes time & pellets color was yellow.
- ♦ After drying pellets were became little bit brittle so with due care they were put in Sharava.
- ♦ Sandhi Bandhana of Sharava had taken at least 2 hours of time to be completely dried.
- ♦ For Laghuputa according the space of Puta and size of the commercial cow dung cakes, it had

taken on an average 16 cow dung cakes for each successive Puta.

- ♦ Average weight of each commercially made cow dung cakes was around 50 g and therefore total weight of cow dung cakes was around 800g. for each Puta.
- ♦ After ignition of Puta time-to-time temperature variation and observation were recorded.
- ♦ During ignition sulfur fumes came out.



RESULTS:

- ♦ Quantity of material taken - 24.0 g
- ♦ Total Swarna Bhasma obtained - 27.0 g
- ♦ Percentage of weight gain - 11.25%

Bhasma Pariksha :

Bhasma Pariksha was carried out after Puta the batch-I Results are shown in a tabular form below:

Table - 9 : Showing The Results of Swarna BhasmaBatch-I, Pariksha

Pariksha	Swarna Bhasma(Batch –I)
Gatrasatva	+ Ve
Vishishta Varnotpatti	+ Ve
Sookshmatva	+ Ve
Shlakshnatva	+ Ve
Varitaratva	+ Ve
Rekhapurnatva	+ Ve
Nishchandrattva	+ Ve

As it's been evident from the above table that all the Bhasma Pariksha were found to be positive of Swarna Bhasma.

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CONCEPT OF OBSTRUCTIVE UROPATHY IN AYURVEDA WITH SPECIAL REFERENCE TO BPH & ITS MANAGEMENT

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ABSTRACT :

Ayurveda describes the knowledge of human physiology and pathology in its own way. Acharyas have described the diseases related to Mutra in three ways, Prameh, Mutrakrichra and Mutraghata. According to Ayurvedic texts Mutraghata are of thirteen types. The symptomatic outcome of Mutraghata is categorised in two ways; first one is non-production of urine and second obstruction in pathway of urinary system. The most common site of urine obstruction in males is bladder outlet. In light of Modern medical science, some types of Mutraghata like Vatastheela, Mutragranthi, Vatabasti and Vatakundalika can be included in obstructive uropathy group. Benign Prostatic Hyperplasia (BPH) is most common cause of bladder outlet obstruction in old age and is very close to Vatastheela according to their symptomatology. The specific approach used to treat BPH depends upon number of factors like age of patient, size and weight of prostate, PSA level and severity of symptoms. Many drugs are described for the management of Vatastheela in Ayurvedic literature can be used to treat BPH with better result. This article gives a brief account of rationale and effectiveness of different treatment options available for the management of BPH.

Keywords:- Mutrakrichra, Mutraghata, Mutragranthi, Vatastheela, Vatabasti, Vatakundalika, Benign Prostatic Hyperplasia (BPH).

INTRODUCTION :

Ayurveda describes various Mutrarogas and their management, mainly eight types of Mutrakricchra and thirteen types of Mutraghata. Kricchrata (difficulty in voiding/ painful voiding)

and Mutravibandhata (obstruction of urine flow) are the main symptoms of urinary problems.¹ Based on symptomatology Vatastheela, Vatabasti, Mutragranthi, Vatakundalika resembles obstructive uropathy due to enlarged prostate.

Benign Prostatic Hyperplasia (BPH), the non-malignant enlargement of prostate gland has different connections to pathologist, radiologist, urologist and patient of BPH. To an urologist it is assemblage of signs and symptoms of lower urinary tract in male associated with ageing and prostatic enlargement apparently causing bladder outlet obstruction together with ultrasound imaging. The patient is typically anxious about the impact of BPH on quality of his life rather than the presence of cellular proliferation, prostatic enlargement or elevated voiding pressure². BPH clinically manifest as lower urinary tract symptoms. Lower urinary tract symptoms occur during bladder filling (Storage), emptying (voiding) and post urination or combination of all these. A storage symptom often irritates and includes urgency, frequency, nocturia, incontinence and sometimes pain. Voiding symptoms are often due to obstructive causes and includes hesitancy, straining, weak stream and post void dribbling. Prolonged obstructions may eventually lead to acute urinary retention, recurrent urinary tract infection, hematuria, bladder calculi and renal insufficiency.³

Ayurvedic concept of obstructive uropathy-

Ayurveda describes various Mutrarogas and their management, mainly eight types of Mutrakricchra and thirteen types of Mutraghata. Mutraghata stands for low urine output due to obstruction in the passage of urine; it covers most of

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the pathological entity of urinary system into twelve types except urolithiasis. It reflects the symptoms of urinary retention, incomplete voiding, hesitancy, frequency, weak stream, dribbling and nocturia. These features are related to bladder outflow obstruction.⁴ Based on symptomatology Vatastheela, Mutragranthi, Vatabasti, Vatakundalika resembles obstructive uropathy.

Vatabasti:- The person who suppresses the urge of micturition, Vata residing in the bladder gets aggravated, blocks the mouth of the bladder, resulting in retention of urine inside the bladder and causing pain in bladder and abdomen. This disease is to be known as Vatabasti and is difficult to cure.⁵

Vatakundalika:- By dryness inside or suppression of the urge of urination, Vata getting aggravated being to move inside the urinary bladder along with urine in a circular manner; the patient eliminates urine in small quantity often, accompanied with pain. This disease is called as Vatakundalika which is dreadful.⁶

Mutragranthi:- A small round and immovable tumour developing quickly, accompanied with severe pain, obstruction of the urinary passage and other symptoms of Asmari (urinary calculi), which is known as Mutragranthi.⁷

Vatastheela:- Aggravated Vata localized inside the passage of faeces (rectum) and urinary bladder produces a hard tumour, like the cobblers stone, is immovable and bulged up, giving rise to obstruction of faeces, urine and flatulence and severe pain in urinary bladder. Which is called as Vatastheela.⁸

Vatastheela is a type of Mutraghata, based on clinical features resembles too much with BPH, hence it can be correlated with the disease Benign Prostatic Hyperplasia (BPH) as per modern parlance.

Benign Prostatic Hyperplasia (BPH):- Benign prostatic hyperplasia (BPH), also called benign enlargement of the prostate (BEP or BPE), is a noncancerous increase in size of the prostate. BPH involves hyperplasia of prostatic stromal and epithelial cells, resulting in the formation of large,

discrete nodules in the transition zone of the prostate.⁹

When sufficiently large, the nodules impinge on the urethra and increase resistance to flow of urine from the bladder. This is commonly referred to as “obstruction,” although the urethral lumen is no less patent, only compressed. Resistance to urine flow requires the bladder to work harder during voiding, possibly leading to progressive hypertrophy, instability, or weakness (atony) of the bladder muscle. BPH involves hyperplasia (an increase in the number of cells) rather than hypertrophy (a growth in the size of individual cells), but the two terms are often used interchangeably, even among urologists.¹⁰

Sign and Symptoms- BPH is the most common cause of lower urinary tract symptoms (LUTS), which are divided into storage, voiding, and symptoms which occur after urination. Storage symptoms include the need to urinate frequently, waking at night to urinate, urgency (compelling need to void that cannot be deferred), involuntary urination, including involuntary urination at night, or urge incontinence (urine leak following a strong sudden need to urinate). Voiding symptoms include urinary hesitancy (a delay between trying to urinate and the flow actually beginning), intermittency (not continuous), involuntary interruption of voiding, weak urinary stream, straining to void, a sensation of incomplete emptying, and terminal dribbling (uncontrollable leaking after the end of urination, also called post-micturition dribbling). These symptoms may be accompanied by bladder pain or pain while urinating, called dysuria.¹¹

Bladder outlet obstruction (BOO) can be caused by BPH. Symptoms are abdominal pain, a continuous feeling of a full bladder, frequent urination, acute urinary retention (inability to urinate), pain during urination (dysuria), problems during starting urination (urinary hesitancy), slow urine flow, starting and stopping (urinary intermittence) and nocturia.¹²



BPH is a type of progressive disease, especially if left untreated. Incomplete voiding results in residual urine or urinary stasis, which may lead to an increased risk of urinary tract infection.

MANAGEMENT-

Ayurvedic management: There are a large number of drugs and procedures described in Ayurvedic text to manage the urinary problems. Every disease is classified based on involved Dosha so that principle of management of mutraroga is based on Tridosha and Panchamahabhuta Siddhanta. The obstructive urological problem like Vatastheela, Vatabasti, Vatakundalika are due to predominance of Vata dosha¹³. In Ayurvedic system of medicine Bastikarma is considered as best management for disorders resulting due to vitiated Vata dosha. A large number of studies are conducted for treatment of obstructive uropathy (BPH) has shown that there is significant improvement in patient's condition and health. Study conducted by Singh M.P. et al. 1997 showed that after Basti therapy there is reduction in size of prostate, amount of residual urine, improved urinary flow rate, decrease in serum testosterone level and regression of glandular epithelium along with acini of prostate gland¹⁴. P. ramesh Bhatta. 2003, have also coated that Basti therapy along with oral administration of Varuna, Shigru and Gokshura reduces international prostatic symptom score (IPSS) up to 45%. A study conducted by Kumar P. Et al. 1981 showed the anti-inflammatory effect of Varuna and significant improvement in bladder functions with reduction in symptoms of BPH¹⁵. Study conducted by Sarvesh K. Et al. 2001 reveals that there is not only the clinical symptomatic improvement in BPH patients but also proves highly significant improvement in objective parameters in term of scientific investigation.¹⁶

Treatment options of BPH in Modern Science- The aim of therapy for BPH is to improve quality of life by providing symptomatic relief, increasing maximum flow rates, reducing disease progression and the development of new morbidities. The specific approach used to treat BPH depends

upon a number of factors like age of patient, size & weight of prostate, PSA level and severity of the symptoms. The various treatment modalities are as follows-

1. Style Life modification
2. Voiding position
3. Self- catheterization
4. Pharmacological treatment
5. Surgical treatment

Style Life modification- Lifestyle alterations addresses the symptoms of BPH include physical activity, decreasing fluid intake before bedtime, moderating the consumption of alcohol and caffeine-containing products, and following a timed voiding schedule. Patients can also attempt to avoid products and medications that may exacerbate symptoms of BPH, including antihistamines, decongestants, opiates, and tricyclic antidepressants; however, changes in medications should be done with input from a medical professional.¹⁷

Voiding Position- Voiding position when urinating may influence urodynamic parameters such as (urinary flow rate, voiding time, and post-void residual volume. A meta-analysis found no differences between the standing and sitting positions for healthy males, but that, for elderly males with lower urinary tract symptoms (LUTS), voiding in the sitting position:¹⁸

- ♦ The post void residual volume was significantly decreased
- ♦ The maximum urinary flow was increased, comparable with pharmacological intervention
- ♦ The voiding time was decreased

This urodynamic profile is associated with a lower risk of urologic complications, such as cystitis and bladder stones.

Self-catheterization- Intermittent urinary catheterization is used to relieve the bladder in people with urinary retention. Self-catheterization



is an option in BPH when the bladder is difficult or impossible to completely empty. Urinary tract infection is the most common complication of intermittent catheterization. Several techniques and types of catheter are available, including sterile (single-use) and clean (multiple use) catheters, but none is superior to others in reducing the incidence of urinary tract infection based on current information.¹⁹

Pharmacological Treatment- The mechanism of bladder outlet obstruction in BPH involves two components such as Dynamic and Static. The dynamic component affects the tone of smooth muscle fibers in the bladder neck, surgical capsule and fibromuscular stroma of gland. The static component is due to mechanical compression exerted by the increased prostate bulk, primarily composed of epithelial glandular tissue. The dynamic component is regulated by adrenergic mechanism where alpha-adrenergic receptors play an important role. Thus, alpha-adrenergic blocking drugs reduce the smooth muscle tone and relieve the obstruction due to dynamic component. The static component is mainly under the control of androgens that brings about growth of prostate. Since DHT is the active androgen in the prostate, which is synthesized from testosterone by the action of 5-alpha-reductase, the use of 5-alpha-reductase inhibitors would relieve the symptoms of BPH. A combination of alpha-adrenergic blocking drugs and 5-alpha-reductase inhibitors appear to be more promising. Currently available alpha-1-blockers include the nonselective alpha-1-blockers like terazosin, doxazosin and highly selective alpha-1-blockers as tamsulosin and silodosin. These agents have comparable efficacy; the main difference among these agents relates to their tolerability profiles. The greatest safety concern associated with these agents is the occurrence of vasodilatory symptoms such as dizziness, orthostatic hypotension, headache and asthenia. Retrograde ejaculation is the most commonly reported side effect of this class of drug.

5-alpha-reductase inhibitors are of two types, nonselective like dutasteride and selective inhibitor-life finasteride. Both the drugs have been clinically

tested and have been found to reduce lower urinary tract symptoms to a significant extent. The common side effect of finasteride usage includes impotence, decreased libido and oligospermia. Some patients may show rashes, breast enlargement and tenderness. The tolerability profile of finasteride improves when used for a longer time. Patients undergoing dutasteride treatment may exhibit erectile dysfunction, decreased libido, gynecomastia and ejaculation disorders within one year. Most of these side effects have been found to be transient and the new occurrence of each event decreases in the second year.²⁰

Surgical Treatment- Surgical interventions are considered with severe symptoms and complications like urinary retention, renal failure and urinary tract infection after careful consideration against the risk and benefits with various treatment options. The gold standard for the surgical treatment was removal of obstructing tissue by open prostatectomy in early 19th century, which is now replaced by Transurethral Resection of Prostate (TURP). TURP nearly takes 30 minutes for resection of an average gland weighing 30gm and carry the risks for complications like bleeding, infections, retrograde ejaculation, low semen, impotence and incontinence. Over the last few years, number of Minimal Invasive Procedure has been established to achieve significant improvement in the symptoms of BPH. These procedures utilize endoscopic approaches to ablate the obstructing prostatic tissue.²¹

CONCLUSION:-

After reviewing a large number of books and papers, we reached to a final- conclusion that concept of Obstructive urinary problem like Vatastheela in Ayurveda have close resemblance to BPH. Ayurvedic preparations and Basti therapy are also popular among the practitioners can be better palliative care methods than other measures described in modern medical science. BPH is rarely lethal; most agree that palliative management should be safely improve the quality of life. The present review is helpful for practitioners about recent improvements and severity in the elderly population with BPH.



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CLINICAL STUDY OF CHURNA AND UTTARBASTI WITH BILVA – ARKA–VASA ON ENDOMETRIAL THICKNESS IN ATYAARTAVA

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ABSTRACT :

Atyaartava or menorrhagia is due to imbalance of progesterone and oestrogen level, causes excessive thickening of endometrium and it lead to heavier bleeding with clots as it sheds. Now-a-day principle of treatment of menorrhagia is hormone therapy, anti-prostaglandins, anti-fibrinolytics, D&C, endometrial ablation and hysterectomy. According to Ayurveda, no any diseases of female genital tract occur without vitiation of vata dosha. Uttarbasti is a unique panchkarma procedure that pacifies vitiated vata. The drugs selected for the study was Bilva, Arka and Vasa which have properties sufficient to pacify vitiated vata and pitta dosha alongwith endometrial thinning. Patients attending the OPD of Prasuti Tantra, S.S. Hospital, B.H.U., Varanasi with complaints of excessive bleeding either in amount or duration or both during menstruation for at least 3 consecutive cycles were randomly selected for present study.

Keywords: Atyaartava, Endometrium, Uttarbasti, Ayurvedic Formulation.

INTRODUCTION

Atyaartava is a condition in which monthly excessive menstrual bleeding is seen and in modern text it is correlated with menorrhagia. It is defined as cyclical bleeding at normal intervals which is excessive in amount or duration or both, for example 5/28 or 8/28. Excessive menstrual bleeding deteriorates the health of women and may cause weakness, giddiness, faintness, anaemia like many complications. Endometrium is the inner lining of the uterus, which becomes thick every month in

anticipation of embedding the fertilized female egg. However, if the woman does not become pregnant, the endometrium lining is shed and this results in bleeding. Approximately after every 28 to 30 days the whole cycle is repeated. Menstruation is controlled by two hormones namely oestrogen and progesterone. When there is imbalance between these hormones or if there is excess secretion of oestrogen hormone, it causes abnormal thickening of cellular lining of the uterus, which refer as thickened endometrium.

The purpose of present study was to stop excessive bleeding, restore her healthy status & prevent complications.

All types of yonirogas are caused by vitiation of vata dosha alone or predominancy of vata dosha. Acharya Charaka has mentioned that, no any disease of female genital tract occur without vitiation of vata dosha.

नहि वाताऽस्ते योनिर्नारीणां संप्रदुश्यति ।

(Ch. Chi 39/114)

To subside vitiated vata dosha no any treatment will be beneficial except basti karma.

तस्यातिवृद्धस्य ऽमाय नान्यद्वस्ति विना भेषजमस्ति
किञ्चित् ।

(Ch. Si. 1/39)

Uttarbasti is a unique panchkarma procedure that pacifies vitiated vata, so it is the best treatment for all types of yonirogas.

The aim of the study is to evaluate and compare the effect of uttarbasti and churna of Bilva, Arka and Vasa on endometrial thickness in Atyaartava.

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For this study Bilva (*Aegle marmelos*), Arka (*Calotropis procera*), Vasa (*Adhatoda vasica*), and Tila (*Sesamum indicum*) are used, which have Kapha-Vata Shamaka, Kapha-Vata Shamaka, Kapha-Pitta Shamaka and Tridosha Shamaka properties respectively. All drugs are working by their rasa, guna, virya, vipaka and prabhava.

Clinical study: It is discussed under two headings-

(A) Material and Methods:

Criteria for selection of drugs: The drugs having properties to pacify the vitiated vata and pitta along with astringent property or able to control bleeding would show beneficial result in Atyaartava. According to Ayurvedic literature, Bilva, Arka and Vasa have Tikta-Kashay, Katu-Tikta and Tikta-Kashay rasa properties respectively, sufficient to pacify the vitiated vata and pitta. Samgrahi and raktapittahara properties of Bilva and Vasa can produce beneficial effect in Atyaartava. The property ushna virya and lekhana karma of Arka responsible for endometrial thinning when applied locally. Due to endometrial thinning, bleeding surface area of endometrium decreases resulting decrease in amount and duration of blood loss during menstruation. Tila taila used as media and has yogavahi and tridosha-shamaka property.

Selection of cases: Patients coming to the outpatient department of Prasuti Tantra, S.S.

Hospital, B.H.U., Varanasi with complaints of excessive bleeding either in amount or duration or both during menstruation for at least 3 consecutive cycles were randomly selected for the present study.

Inclusion criteria: Married women of age group 20-40 years with different parity and endometrial thickness greater than 5.5mm in USG report were selected for the present study.

Exclusion criteria: Patient who are unmarried, using any contraceptive method, having any systemic disorder specially of chronic nature, organic lesion of reproductive system such as benign or malignant growth, extensive cervical erosion, cervical polyp, uterovaginal prolapsed, endometriosis, PID, tubercular endometritis etc., Hb% less than 8.0 gm%, history of recent delivery or abortion, psychiatric patients were excluded from the study.

Clinical examination and investigation: Complete general, systemic and local examination, per abdomen, per speculum and per vaginum examinations were done and noted. After examination investigations like Hb%, TLC, DLC, Platelet count, BT, CT, Urine R/M, Thyroid profile and USG of pelvis were done.

Grouping of cases: After detailed history, complete examination and investigations 40 cases were selected and divided into two groups according to the different treatment schedule.

Table 1: Showing groups of the patient according to the treatment

S. No.	Group	Drug	Dose	Duration
1	Group A (n=20)	Bilva, Arka and Vasa churna	3gm churna oral	Twice daily for 3 months continuously
2.	Group B (n=20)	Uttarbasti with medicated oil (Bilva, Arka and, Vasa siddha Tila taila)	3ml oil Intrauterine	On 9 th , 10 th and 11 th day of menstrual cycle for 3 consecutive cycles



Procedure:

In aseptic condition and lithotomy position of patient, 3 ml autoclaved medicated oil was loaded in 5ml disposable syringe. With the help of EB canula and oil loaded disposable syringe, oil was pushed slowly inside the uterine cavity over 10-15 minutes. Patients were called for Uttarbasti on 9th, 10th, 11th day of menstrual cycle with light diet in morning.

Follow-up:

Total four follow-ups were done at a regular interval of one month. Uttarbasti was given for 3 consecutive follow-ups and during 4th follow up uttarbasti was not given. In 4th follow-up change in endometrial thickness in USG report were observed and noted.

(B) Observations and Results:

Table 2: Showing incidence of endometrial thickness in total cases and both the groups

Endometrial thickness (in mm)	Total cases n=40		Group A n=20		Group B n=20		χ^2 test	p value
	No.	%	No.	%	No.	%		
7-8	2	5	1	5	1	5	0.11	>0.05 NS
8-9	19	47.5	10	50	9	45		
9-10	8	20	5	25	3	15		
10-11	7	17.5	3	15	4	20		
11-12	4	10	1	5	3	15		

Above table shows that majority of patients (47.5%) had endometrial thickness between 8-9 mm while 47.5% women had endometrial thickness more than 9 mm. Statistical comparison between the groups was found insignificant.

Table 3: Showing incidence of haemoglobin in total cases and both the groups

Haemoglobin (in gm%)	Total cases n=40		Group A n=20		Group B n=20		χ^2 test	p value
	No.	%	No.	%	No.	%		
8-9	10	25	6	30	4	20	4.21	>0.05 NS
9-10	15	37.5	5	25	10	50		
10-11	8	20	6	30	2	10		
11-12	7	17.5	3	15	4	20		



As evident from the table 3, maximum patients (37.5%) had their haemoglobin between 9-10 gm% while only 17.5% had haemoglobin 11-12 gm%. Statistical difference between both the groups was not significant.

TLC, DLC, ESR, Platelet count, BT, CT, Urine R/M, Thyroid profile were found within normal range.

Table 4: Showing change in endometrial thickness before and after treatment in both the groups

Groups	Endometrial thickness(in mm)	BT		AT		Within the group comparison
		No.	%	No.	%	
Group A	5.5mm	0	0	2	10	Z=2.83 p<0.01 H.S.
	6-7mm	0	0	0	0	
	7-8mm	1	5	7	35	
	8-9mm	10	50	6	30	
	9-10mm	5	25	4	20	
	10-11	3	15	1	5	
	11-12mm	1	5	0	0	
Group B	5.5mm	0	0	13	65	Z=3.94 p<0.001 H.S.
	6-7mm	0	0	5	25	
	7-8mm	1	5	2	10	
	8-9mm	9	45	0	0	
	9-10mm	3	15	0	0	
	10-11mm	4	20	0	0	
	11-12mm	3	15	0	0	
Group A v/s Group B X² test		0.11 p>0.05 N.S.		26.84 p<0.001 H.S.		



Table 5: Showing change in haemoglobin before and after treatment in both the groups

Group	Haemoglobin in gm%	BT		AT		Within the group comparison
		No.	%	No.	%	
Group A	8-9	6	30	4	20	Z=0.30 p>0.05 N.S.
	9-10	5	25	7	35	
	10-11	6	30	7	35	
	11-12	3	15	2	10	
Group B	8-9	4	20	0	0	Z=2.95 p<0.01 H.S.
	9-10	10	50	4	20	
	10-11	2	10	11	55	
	11-12	4	20	5	20	
Group A v/s Group B		4.21 p>0.05 N.S.		6.99 p>0.05 N.S.		

DISCUSSION:

Due to Tikta-Kashay rasa alongwith Samgrahi and Raktapittahara properties of Bilva and Vasa sufficient to pacify vitiated pitta dosha. Uttarbasti itself normalises vitiated vata dosha. Due to normalization of vata and pitta dosha involved in the disease and action of drugs directly on endometrium, there is significant decrease in amount of menstrual bleeding up to normal extent. Due to ushna virya and lekhana karma of Arka, which is responsible for endometrial thinning when applied locally. Due to endometrial thinning, bleeding surface area of endometrium decreases, resulting decrease in duration and amount of blood loss during menstruation. Since there is significant decrease in duration of menstrual bleeding, the amount of menstrual bleeding also decreases up to normal extent.

When amount of menstrual bleeding become normal then automatically haemoglobin% increases.

In both the groups the drugs given was same but there was difference in procedure. In group A Bilva, Arka and Vasa churna was given orally. The oral ingestion of drugs is the oldest and commonest mode of drug administration but its action is slower. The other facts that some of the drug get destroyed by digestive juices or in liver as they are absorbed in the digestive system and after that goes to circulation then distributed all over the body, including the site of action. So bioavailability of oral drugs is less. But in group B uttarbasti Bilva, Arka and Vasa oil was given which acts directly on endometrium. Uttarbasti is the topical route of drug administration, which is often more convenient as well as encouraging to the patient. Here uttarbasti drugs are acting directly on endometrium and absorbed by the arterial wall of the endometrium.

SUMMARY AND CONCLUSION:

1. Uttarbasti with Bilva, Arka and Vasa siddha Tila tail gives better results than Bilva, Arka and Vasa churna by decreasing endometrial



thickness, which control the amount of menstrual blood, reduction in duration of menstrual period, relief in pain and associated symptoms.

2. In uttarbasti drugs are acting directly on the endometrium and absorbed by the arterial wall of the endometrium, which pacify the vata dosha. Vata dosha refers to nervous system and after normalization of it, the influence of hypothalamus and the sensory inputs of central nervous system become normal. So, H-P-O (Hypothalamus-Pituitary-Ovarian) axis, which govern menstrual cycle become normal.
3. Uttarbasti (Group B) gives better result than churna (Group A).

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CONTRIBUTION OF VIPAKA TOWARDS THE DRAVYA THROUGH CONCEPT OF PHARMACOKINETICS : A REVIEW

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ABSTRACT :

The processes of absorption, distribution, bio-transformation and metabolism, binding and elimination/excretion of a drug or vaccine, which corresponds to the movement of a therapeutic through a biological system, as related to the rates at which these events occur is called as Pharmacokinetics. Similar mechanism has been explained in Ayurveda under heading of Vipaka. Vipaka somehow refers final outcome of the biotransformation of the rasa of dravya means bio-transformed state of metabolized dravya. It play great role towards the therapeutic or adverse effect of drugs. Ayurveda considers each human being as a distinct individual born with unique physiological/metabolic characteristics (most of which remain constant throughout life). These distinct characteristics, which contribute to the physical, physiological (metabolic) and psychological make-up of each individual, are described under the term Prakriti in Ayurveda. According to Ayurvedic pharmacology the drug action is attributed to certain principles/attributes namely Rasa, Guna, Virya, Vipaka and Prabhava of the active principles of the drug. The digestive system which is the prime requirement for metabolism or pharmacokinetics is referred as Jathargani as per ayurveda and is considered to be the supreme agni which controls all other agnis like Dhatwagani refers to rasa, rakta, mansa, med, majja, asthi and shukra and the Bhootagni refers to Pancha mahabhuta respectively. Hence the understanding of vipaka is very essential to know the overall biotransformation process of dravya in body considering these facts current article deals with the concept of vipaka along with its role in ayurvedic science.

Keywords: Vipaka, Dravya, Jatharagni and Bhootagni.

INTRODUCTION

The present conscious scientific community which is on the driving seat requires reasoning and scientific rational explanation for the concepts explained in the age old science. Ayurveda even though is ancient and time tested science but the use of ayurvedic medicines in present era has become rational which enhances global acceptance of ayurvedic medicines. The approach of Ayurveda to life and living is holistic and its range cosmic, while its application is universal and far-reaching, because it is based on certain eternal facts/principles that have not changed with time. Many researchers are investigating the conceptual belongings of ayurvedic system to explore rational understanding of traditional medicinal system with Modern medicine and concepts. In this process the present article emphasizes on one such concept "Vipaka", and describes the similar modern aspect referring to Pharmacokinetics.

As per ayurveda the properties of dravya mainly depends upon the rasa, guna, virya, vipaka and prabhava of the dravya, out of them vipaka is considered as-

Jatharenagnina yogat yadudeti rasantaram
|Rasanam parinamante sa vipaka eti smrutaha ||'-

Ashtang hriday sutra.9

The final outcome of the biotransformation of the rasa of a given dravya through the action of jatharagni (digestive enzymes) i.e. end-product or the transformed state of ingested substance after

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digestion or metabolism is known as 'Vipaka'. It contributes greatly towards the pharmacokinetic of dravya; which refers bio-transformed state of metabolized dravya. As mentioned in the verse Jatharagni which plays major role in conversion/ biotransformation of food or drug. After ingestion of bhukta dravya due to the action of agni, it alters in rupa and rasa; resulting in sara-kitta vibhajana. Sara bhaga of bhukta dravya goes to hrudaya (heart); there from circulates in all over body with the help of vyan vayu. Then this sara bhaga resides in all dhatus and get metabolized by the respective dhatwagni. This aadyarasa and rasadhatu combinely causes vrudhhi and kshaya of a particular dhatu, due to dhatuguna saamya and vishesha. Hence Vipaka is also assessed by dhatu vrudhhi and kshaya. Vipaka produces various pharmacological actions. Proper transformation gives beneficial effects resulting in samyaka vipaka or samyaka pratyayarabdha. While improper transformation gives side effects resulting in mithya-vipaka or vichitra pratyayarabdha.

The process of vipaka starts in grahani. The site of action of vipaka is described in text as: 'Antahkoshte pakwashaye madhyamamarge mutrashaye tatha dhatushu cha drushyate |'. Acharya Charaka claims that Vipaka works at koshtagni level i.e. doshas level. It indicates his view of kriya-sharir. Acharya Sushruta said that guru and laghu Vipaka acts at dhatu level which is of clinical importance.

There are various drugs their action can be correlated with their tastes; similarly the action of many drugs may be attributed to their vipaka. Ayurveda suggested that some dravyas possess

similar vipaka property may be substituted for each other if they act through their vipaka. As per ayurveda principle property of dravya resembles specific function with respect to drug substances like; rasa offers therapeutic property, guna represents quality of drug, virya resembles potency of drug, vipaka means resultant of metabolic process while prabhava denoted drug effect.

Mode of Action of Vipaka

According to Chakrapani, there are 2 types of dravyas viz. Aahara dravya and Aushadhi dravya. Aahara dravyas are mainly Rasapradhana. Here Rasa means Rasa dhatu and Dhatwagni is responsible for its functioning. On the other hand, Aushadh dravyas are Viryapradhana. As Virya is a gunatmaka entity, bhutagni helps in its functioning. Therefore Aaharadravyas mainly undergoes Dhatwagnivyapara and aushadhadrvyas undergoes bhutagnivyapara. From jatharagni paka to the bhutagnivyapara in the liver, there is functioning of rasa. After bhutagnipaka the process of vipaka starts and it ends with the bio-transformation of rasa.

'Tridha vipako dravyasya swadwamlokatukatmakaha|'

Ashtang hrudaya sutra.1

Acharyas like Charaka, Vagbhata and Parashar emphasizes on trividha vipaka-vada. Where in-

- ♦ Madhura and Lavana rasa i.e. sweet and salty rasas generally possess Madhura Vipaka'
- ♦ Amla rasa shows Amla Vipaka,
- ♦ While katu, tikta and kashaya rasa shows katu vipaka.

The properties or the action of each Vipakahas been emphasized below as-

Vipaka	Properties	Action on Doshas	Action on Body
Madhura	Snigdha, guru	Kapha dosha and shukra dhatu vardhaka	Vaatanulomaka, Srushta vinmutra
Amla	Snigdha	Laghupittavardhana	Shukranashana, Srushta vinmutra
Katu	Ruksha, laghu	Vatavardhaka	Shukranashana, Badhdhavinmutra



Vipaka of particular ingested material helps to set diet regimen and drug for the patient of various disorders. Ayurveda defined vipaka of various ahara dravaya along with aushdhi.

Determination / Assessment of Vipaka

Ayurveda refers that the assessment of Vipaka can be determined by the presumption (Anuman). Thus it can be said that the Vipaka can be assessed by its (action performing) karma on body humors (dosha) , It can be interpreted that the Mechanical Digestion accomplishes in (Abdomen) koshta & Chemical digestion accomplishes at (formation of body tissues, starting from the lymph) dhatu level .

1. Bhoutikagni (Chemical changes at the molecular level) helps in production of doshas.
2. Jatharagni i.e. koshtagni generates mala-mutra
3. Dhatwagni proliferates (body tissues) dhatus upto (formation of finest body tissue which gives strength, stamina and strength to reproductive

system) shukra. Therefore it can be said that the Vipaka is a final transformative state achieved through all these agnis.

The two phases of Vipaka mentioned in Ayurveda are Avastha paka an Nishtha paka. Avastha paka is the intial stage of transformation which occurs at the physical level wherein the drug or food ingested will be transformed into assimilable form. Whereas Nishthapaka is that phase which can be only inferred and can be compared with the Pharmacokinetic action of the drug.

As discussed early that the drug possess important factors like, Rasa, guna, virya and Vipaka. It is said in classics that the Ahara dravya acts on body by the virtue of its Rasa whereas the Aushadha dravya acts on the Virya of the drug. Hence comparing here the Vipaka with Virya it can be said that Vipaka acts through distribution and is a result of metabolism of drug while Virya acts by absorption and is unmetabolized action of drug.

Difference between Avasthapaka and Nishtapaka

No.	Avasthapaka	Nishtapaka
1)	An initial transformative phase	The final transformative phase.
2)	Assessed by direct or visible process	Assessed through inference
3)	Normal dosha are produced	Dosha in the form of excreta are produced
4)	Effects asthaya dhatus (Poshya dhatus)	Effects the sthaya dhatus (Poshaka dhatus)

Difference between Vipaka and Virya

No.	Vipaka	Virya
1)	Acts through distribution	Acts through absorption
2)	Process of metabolization is Vipaka	Unmetabolized drug's action is Virya.



Superiority of Vipaka

No.	Superiority	Cause
1)	Nimittatwa (Responsible factor)	Stimulation or suppression of doshas is under the control of vipaka (doshakshayavruddhi)
2)	Dhatupadehata (Tissue construction)	Building up various tissues of the body is possible by digestion/ metabolism.
3)	Vipakapekshatwa (Dependancy for therapeutic effect)	Proper or improper vipaka decides either to exhibit good or ill effects.
4)	Shastra pramanya (Emphasis by classics)	Classical texts or treatises quote vipaka as an important entity of dravya.

DISCUSSION:

Due the formation of glucose, amino acids, glycerol and fatty acids, Madhura vipaka is guru. Amla vipaka is 'laghu than madhura' and 'guru than katu vipaka', as lactic acid and pyruvic acid are formed in this phase. Due to the presence of end product of cellular respiration, katu vipaka is most laghu in nature.

Cooked food (boiled starch) and kalpanas like kashaya, leha having agnisanskara undergoes salivary phase of digestion. On the other hand, Swarasa, kalka, churna doesn't have any starch reaction. Therefore they are guru in nature.

In pharmacology, the secondary metabolites of the plants i.e. active principles etc. will undergo certain chemical changes inside the body under the influence of liver and tissue micro-enzymes resulting in respective pharmacological action. Therefore the drug effect produced through the process of metabolism shall only be considered as 'Vipaka'. In this way, Vipaka can be correlate with Pharmacokinetics or drug metabolism dealt in modern pharmacology.

CONCLUSION:

*'Sarvam dravyam panchabhoutikam
asminnarthe'*

All dravyas are panchabhoutika. After food ingestion, due to metabolism, panchamahabhuta get converted into simplified form from complicated one; which is nothing but pakakriya, called as 'Vipaka'. Vipaka in Ayurveda covers a broad area that is not limited up to the metabolism, only. All kinds of Agni (Jatharagni, Dhatvagni and Bhootagni) works one by one on ingested diet or drug that helps to liberate the molecular substance from the chemical structure of ingested diet or drug and assimilate and absorbs in body at the site of action and after proper metabolisation of the drug or food produces is ation on the body and ultimately excretes out of the body. Hence, to understand Ayurveda Pharmacokinetics, it requires to understand the Jatharagni, Bhootagni and Dhatvagni Vyapar (Chemical changes at metabolic level, at tissue level and finally at cellular and genetic level).



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“A REVIEW ON HEMIPLEGIC PATIENTS : EXERCISE VERSUS YOGA”

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ABSTRACT :

Pakshaghata is one among the 80 types of vatajananatmajavyadhi. The signs and symptoms of pakshaghata may be correlated with the cerebrovascular accident (CVA) also called as stroke where in either left or right side of the body loses its functions in different degrees. For many individuals who have experienced a stroke, muscle weakness is the most prominent impairment. Clinical and experimental results are reviewed concerning muscle weakness in patients with hemiparesis after a stroke. The discussion includes the important role that alterations in the physiology of motor units, notably changes in firing rates and muscle fiber atrophy, play in the manifestation of muscle weakness. This role is compared with the lesser role that spasticity (defined as hyperactive stretch reflexes) of the antagonist muscle group appears to play in determining the weakness of agonist muscles. The contribution of other factors that result in mechanical restraint of the agonist by the antagonist (e.g., passive mechanical properties and inappropriate cocontraction) is discussed relative to muscle weakness in patients with hemiparesis/hemiplegia.

It has been said in ethics that there is a vital need for exercise programs to improve the physical fitness and quality of life of the population. Yoga is one of India's oldest and most extensive psycho-spiritual traditions. It has evolved 5000 years to encompass a vast body of moral and ethical percepts, mental attitudes and physical practices. Yoga is distinctly different from other kinds of exercise. It generates motion without causing strain and imbalances in the body. When practiced correctly,

hatha yoga has no such negative effects on either the inner or outer body.

When done with dedication and purpose, hatha yoga can be a quite demanding, yet an immensely rewarding type of exercise. While not inherently aerobic, it involves almost every muscle in the body and challenges the body to work in a different and often more passive way. Since the limbs function as free weights, resistance is created by moving the body's center of gravity; this strengthening gives way to endurance as poses are held for longer periods of time. So Yoga can be applied to Hemiplegic patients for increasing their muscle strength and quality of life.

Key words:- Muscle weakness, Hemiplegia, Asana, Exercise, Yoga, Vatarvyadhi.

INTRODUCTION-

Stroke represents third most common cause of death ranking behind disease of the heart and all forms of cancers. In India, community surveys have shown a crude prevalence rate for hemiplegia in the range of 200 per 100,000 persons, around 12% of all stroke occurred in population below 40yrs. Nearly 1.5% of all urban hospital admissions, 4.5% of all medical and around 20% of neurological cases. The closest estimate of death by hemiplegia was 102,000 deaths, which represent 1.2% of health related deaths in the country.

Inactivity and prolonged bed rest are unnatural states of human body. Our sense of movement is controlled by communication between sensory nerves and the central nervous system.¹ Distruption of communication of nerve impulses anywhere along the pathway from the brain to muscles can impair

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control of muscle movement and cause muscle weakness and loss of co-ordination. Muscle weakness can progress to paralysis.²

Clinically, muscle weakness has been recognized by patients and therapists as a limiting factor (Duncan & Badke, 1987) in the motor rehabilitation of patients after a stroke. Muscle weakness is reflected by the inability of patients with spastic hemiparesis to generate normal levels of muscle force. Deficits in “muscle strength” would reduce “the capacity of a muscle to produce the tension necessary for maintaining posture, initiating movement, or controlling movement during conditions of loading of the musculoskeletal system” (Smidt & Rogers, 1982) Earlier reviews (Chan, 1986; Chapman & Wiesendanger, 1982; Pierot-Deseilligny, 1983) have focused on the issue of spasticity and its role in the motor control of patients with spastic hemiparesis. Both the theoretical and statistical relationships between muscle weakness and performance at functional activities suggest that weakness may be an appropriate target for therapeutic interventions. Researchers investigating the outcomes of strengthening regimens after stroke have routinely shown that resistance exercise in the form of Yoga leads to increased muscle strength.

Clinical Significance of Muscle Weakness in Hemiparesis -

It is questioned whether the terms muscle weakness and muscle strength apply to people with spasticity. Muscle weakness usually refers to less-than-normal muscle strength. If so, then a patient with hemiparesis who demonstrates weakness of the upper limb musculature could benefit from a regimen of strengthening exercises. To set up such a program, baseline data must be obtained to assess the patient's initial level of muscle strength. However, strength training and strength measurement testing to monitor motor status and recovery after a stroke are controversial issues.

According to Ayurveda: Exercise increases Strength in general and stamina in particular as per Charaka.

Exercise definition-

“शरीरचेष्टा या चेष्टा स्थैर्यार्था बलवर्द्धिनी ।
देहव्यायामसंख्याता मात्रया तां समाचरेत् ॥”

—चरक सूत्र 7/31

Such a physical action which is desirable and is capable of bringing about bodily stability and strength is known as physical exercise. This has to be practised in moderation.

Good effects of exercise-

“लाघवं कर्मसामर्थ्यं स्थैर्यं दुःखसंहिष्णुता ।
दोषक्षयोऽग्निवृद्धिश्च व्यायामादुपजायते ॥”

—चरक सूत्र 7/32

Physical exercise brings about lightness, ability to work, stability, resistance to discomfort and alleviation of doshas (especially Kapha). It stimulates the power of digestion. Perspiration, enhanced respiration, lightness of the body, inhibition of the heart and such other organs of the body are indicative of the exercise being performed correctly. One should not practice, exercise, laughing, speaking, travelling on foot, sexual activities and night waking, in excess even if one is accustomed to these. One, who indulges in these and such other activities in excess, suddenly perishes like a lion trying to drag an (huge) elephant.

Role of Exercise in patients of Hemiplegia-

Researchers concluded that physical therapy like passive exercises have a positive impact on immobilisation, improving circulation and prevention on further complications. A study was conducted in Philadelphia on reduction of muscle hypertonia during repeated passive knee movement. 69 ischemic shock patients selected. The results concluded that passive movement of knee induced a decrease of spastic hypertonia³.

The physical training of the human body to improve the way it functions is known as exercise. Exercise when performed correctly, builds and maintains muscle strength, maintains gait function, prevents deformity, stimulates circulation, develops endurance and promotes relaxation and restores motivation and the well being of the patient⁴.



Skeletal muscle blood flow during Exercise-

Muscle blood flow may increase 25-fold during heavy exercise. During dynamic exercise more than 80% of all the muscle capillaries may be open. In contrast, during isometric exercise blood flow to the active muscle may be occluded by compression of the blood vessels due to their muscular contraction.

In order for muscle blood flow to increase during dynamic exercise, there must be a decrease in blood vessel resistance to flow, or an increase in driving pressure, or both. During isotonic exercise, blood flow to exercising muscle increases due to both an increase in cardiac output and a decrease in muscle vascular resistance.

Aerobic provision of ATP for muscular work-

When the blood lactate concentration is less than about 4 m.m. 01 litre-1, ATP is predominantly supplied by aerobic metabolism, and performance time is lengthened while the rate of work (power output) is reduced.⁵

Regular repeated activities such as jogging and aerobic dancing increase the supply of oxygen - rich blood available to skeletal muscles for aerobic cellular respiration. By contrast, activities such as weight lifting rely more on anaerobic production of ATP through glycolysis. Such anaerobic activities stimulate synthesis of muscle proteins and result, over time, in increased muscle size (muscle hypertrophy). Athletes who engage in anaerobic training should have a diet that includes an adequate amount of proteins. This protein intake will allow the body to synthesize muscle proteins and to increase muscle mass. As a result, aerobic training builds endurance for prolonged activities; in contrast, anaerobic training builds muscle strength for short term feats. Interval Training is workout regimen that incorporates both types of training – for example, alternating sprints with jogging.⁶

Systematic Review-

The single published study to date examining the effectiveness of yoga in poststroke rehabilitation focused on the effect on improving poststroke

hemiparesis.⁷ Bastille and Gill-Body examined the effects of a yoga-based therapy intervention on balance and mobility in four stroke patients, all at a plateau of recovery at least 9 months poststroke.

Yoga Asanas are not mere Exercises-

Yoga and exercise are not the same. Today, most fitness programs teach exercises, Yoga asanas, pranayama, Tai Chi, aerobics, martial arts, etc or a combination of these. Though all of these are aimed at maintaining and improving health, few understand the difference between Yoga asanas and other forms of fitness methods.

Exercises are aimed at building up of muscles and physical strength and endurance. Exercises involve repetition of certain movements aimed at building a certain group of muscles, thereby increasing the muscle weight and improving strength of those body parts. It increases the blood supply to those parts. Most exercises increase your breath rate and heart rate. The performer consumes more oxygen during exercises than when they are doing their daily routine activities.

Yoga asanas on the other hand, work in a totally different fashion. The idea of asanas is not building muscles, but harmonizing the body, breath and mind, thereby contributing to the overall health of the individual. In the Patanjali Yoga Sutras, asana is described as “Sthiram Sukham Asanam”, which means that which gives steadiness, stability and Joy is called Asana. From this definition, it is clear that unlike exercises, he cannot do asanas with strain or tension. There is no extra load on the respiratory and cardiac systems. It has to be done in a steady and calm manner and should induce peace and sense of well being. The oxygen consumption during asanas is lesser than the daily regular activities. Asanas reduce the breath and heart rate. Yoga decreases the Basal Metabolic Rate while exercises increase it. When performing asanas, the body is learning to use much less resources and be more efficient.⁸



Goals & Methodology of Hatha Yoga –

Hatha Yoga represents Asana and pranayam – steps three and four of Patanjali's eight limbs. Ha means "sun" and Tha means "Moon". The Sun represents the energies of the solar plexus, while the Moon represents the energies of the emotions located in the limbic region of the brain. The Bible's concluding book, Revelation, describes in its 12th chapter the Radiance of the Sun that shines on the being that has mastered their Moon and thus stands upon it. By this is bestowed the crown of 12 stars, representing the attainment of fullness of all the zodiac signs. Thus, Hatha yoga seeks to balance the body with the mind, gut instincts with intuition.

The Hatha Yoga Pradipika –the earliest major writing from 14th century states "Hatha wisdom is offered solely and exclusively as a preparation for Raj Yoga."⁹

The one benefit of the practice of Asanas that relate to specific movements of the body and how they positively affect the physiology. This is important from a health and curative point of view. They form the basis of Yoga therapy .While much of this knowledge is subjective and lacking in objective research, the benefits are strongly supported by the experience of millions of practitioners over several thousand years. The variety of motions of Yogasana produces changes to cardiovascular functions, as well as benefits to musculo-skeletal structures.

Skeletal muscles are made up of two types of fibres-dark or slow-twitch fibres and white or fast twitch fibres. Thomas Griner says that only slow twitch muscle fibres can metabolize fatty acids, and that this is desirable for several reasons. First, fat metabolism is aerobic, it burns cleanly, and it doesn't make lactic acid. It can also draw directly on stored body fat and help reduce it. The fast twitch muscle fiber can only metabolize glucose, so during heavy exercise, this process will be aerobic, but most of it will produce lactic acid and actually be anaerobic. The more vigorous your exercise program, the more

you are more going to engage fast twitch fibres, while leaving the slow twitch fibres behind. This means you burn less fat and produce more lactic acid. Slow movement is of more benefit in that it uses both fast and the slow twitch fibres, thereby activating all muscles.¹⁰

Slow steady-paced yoga practice based on the tradition of Patanjali is an efficient form of exercise for burning fat & reducing lactic acid. Patanjali states guidelines that, in effect, minimize the effort involved during the practice of Asana.¹¹

Scientific research has also discovered that this type of stretching, characterized by low force yet long duration, produces a plastic or permanent deformation in the muscle tissue. The opposite type of stretching, with high force and short duration, was shown by the same researchers to produce elastic or recoverable deformation in muscle tissue.¹²

“नास्ति मायासमः पाशो नास्ति योगात्परं बलम् ।
नास्ति ज्ञानात्परो बन्धुर्नाहंकारात् परो रिपुः ॥”
—(घेरण्ड संहिता 1/4)

There are no fetters like those of illusion (maya), no strength like that which comes from discipline (yoga), there is no friend higher than knowledge (gyaan), no great enemy than egoism (ahankar).

Some Important Asanas which increase muscle strength-

1. Trikonasana (Extended Triangle Pose)-

Extended Triangle tones the inner thigh muscles and promotes strength to the deep external rotation of the hips, improving sitting postures. This pose prepares you for inverted poses. It should be practiced frequently before training for the shoulderstand or headstand.

2. Virbhadrasana(Warrior Pose)-

This variation of the warrior pose encourages stimulation of the lungs and heart. The toning of the hip extensors (hamstrings and gluteus maximus) of the back leg may relieve discomfort of sciatica and lower back pain.



3. Bhujangasana (Cobra Pose)-

Cobra strengthens the deep muscles of the spine, the erector spinae, and may be of relief to sciatica sufferers. The stretch opens the upper abdominal region, relieving compression of the diaphragm and promoting a fuller breathing pattern. It can often release gas trapped in the upper digestive tract.

4. Shvasana (Corpse Pose)-

This is the classical pose for relaxing the body/mind to fully absorb the benefits of Yoga practices. The deep relaxation that this pose promotes helps, over time, to restore and rejuvenate the person. During corpse pose, the body rests steadily and becomes a place for us to enter deeply. We become explorers who can travel ever deeper into ourselves, through layers of consciousness, to encounter the treasure that we are.

In Tantrik Yoga, Shvasana is used as a contemplation of the ephemeral nature of life and the significance of acting responsively for the positive fulfillment of your destiny to help others. There are many ways death can come. By reflecting on its inevitability, we build tremendous, courage, fortitude and confidence.

SUMMARY AND CONCLUSION-

The importance for the inclusion of Yogic Asanas in the treatment of Hemiplegia is not clear and proven. Yoga in general seems to improve overall function in Hemiplegia without any proven detrimental effects to disease activity. Thus all Hemiplegic patients should be encouraged to include some form of training of Yogic Asanas as part of their routine care. More research is still required on the optimal dose and types of Asana, especially when combining types, as well as how best to incorporate Yogic Asanas into the lives of Hemiplegic patients across the variable course of the disease.

This literature review found very little published material on the impact of yoga as part of stroke rehabilitation. Given that many rehabilitation programs currently offer yoga as an option to

patients, and that yoga is included as a therapeutic option in a number of rehabilitation medicine texts, this lack of published studies is somewhat surprising and needs to be addressed.

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EFFECT OF JALOKAVACHARNA (LEECH THERAPY) AND MANAHSHILADI LEPA IN THE MANAGEMENT OF INDRALUPTA W.S.R. TO ALOPACIA AREATA

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ABSTRACT :

Indralupta is an unpredictable disease. In some people, hair grows back but falls out again later. Alopecia is the medical term for baldness. There are various types of alopecia, including alopecia areata CAA. Alopecia areata tends to occur most often in adults 30 to 60 years of age. However, it can also affect older individuals and rarely, young children. The condition is thought to be a systemic autoimmune disorder in which the body attacks its own hair follicles and suppresses or stops hair growth. Typical first symptoms of AA are small bald patches. The underlying skin is unscarred and looks superficially normal. These patches can take many shapes, but are most usually round or oval. In cases of severe hair fall, limited success has been shown from treating AA with the corticosteroids such as clobetasol or fluocinonide, corticosteroid injections, or cream. Topical corticosteroids frequently fail to enter the skin deeply. Oral corticosteroids decrease the hair loss, but only for the period during which they are taken and these drugs have serious adverse side effect.

In this case study it was found that Jalokavacharna (Leech therapy) and Manahshiladi lepa are very effective to reduce the symptoms and to grow hairs on the scalp.

Key words- Indralupta, Alopecia, Leech, Hearpy, Lepa.

INTRODUCTION

रोमकूपानुगं पित्तं वातेन सह मूर्च्छितम् । प्रच्यावयति
रोमाणि ततः श्लेष्मा सशोणितः ।।32।।

रूपाद्धि रोमकूपांस्तु ततोऽन्येशामसम्भवः । तदिन्द्रलुप्तं
खालित्यं रुज्येति च विभाव्यते ।।33।।

(सु.नि. अध्याय 13)

वात के साथ मिला हुआ पित्त रोमकूपो में जाकर बालों को गिरा देता है तथा इसके अनन्तर रक्त के साथ मिला हुआ कफ रोककूपों को बंद कर देता है । जिससे उस स्थान में दूसरे बाल पैदा नहीं होते हैं । इसी को इन्द्रलुप्त, खालित्य तथा रुज्या कहा जाता है । इन्द्रलुप्त को गंज (Alopecia) कहते हैं, सुश्रुत ने इन्द्रलुप्त, खालित्य तथा रुज्या को एक ही रोग माना है। किन्तु वाग्भट्ट ने बालों का सहसा गिरना इन्द्रलुप्त तथा धीरे धीरे गिरना खालित्य माना है।

“खलतेरपि जन्मैवं शातनं तत्र तु क्रमात्”

रूज्या को वाग्भट्ट ने रूढ्या तथा माधव ने रूहया तथा वाग्भट्ट ने इसका चाच पर्याय भी लिखा है।

Indralupta is a condition that causes a person's hair to fall. It is an autoimmune disease, in which, the person's immune system attacks their own body. When this happens, the person's hair begins to fall, often in clumps the size and shape of a quarter. The extent of the hair loss varies from person to person. In some cases, it is only in a few spots. In others, the hair loss can be greater.

On rare occasions, the person loses all of the hair on his or her head (alopecia areata totalis) or entire body (alopecia areata universalis).

It is believed that the person's genetic makeup may trigger the autoimmune reaction of alopecia areata, along with other unknown triggers.

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alopecia areata usually starts as a single quarter-sized circle of perfectly smooth baldness. These patches usually regrow in three to six months without treatment. Sometimes, white hair temporarily regrows and then becomes dark. It's important to emphasize that patients who have localized hair loss generally don't go on to lose hair all over the scalp. Alopecia areata can affect hair on other parts of the body, too (eg., the beard or eyebrows).

Most patients, do not have systemic problems and need no medical tests. The damage to the follicle is usually not permanent. Experts do not know why the immune system attacks the follicles. Alopecia areata is most common in people younger than 20, but children and adults of any age may be affected. Women and men are affected equally.

Alopecia areata occurs more often among people who have family members with autoimmune disorders such as diabetes, lupus, or thyroid disease. Alopecia areata is not contagious. It occurs more frequently in people who have affected family members, suggesting heredity may be a factor. Strong evidence of genetic association with increased risk for AA was found by studying families with two or more affected members. This study identified at least four regions in the genome that are likely to contain these genes. In addition, it is slightly more likely to occur in people who have relatives with autoimmune diseases. Alopecia areata is not contagious. It should be distinguished from hair shedding that may occur following the discontinuation of hormonal estrogen and progesterone therapies for birth control or the hair shedding associated with the end of pregnancy. There are a number of treatable conditions that could be confused with alopecia areata.

For example, T cell lymphocytes cluster around affected follicles, causing inflammation and subsequent hair loss. A few cases of babies being born with congenital AA have been reported, but

these are not cases of autoimmune disease, because an infant is born without a definitely developed immune system. Endogenous retinoids metabolic defect is a key part of the pathogenesis of the AA.

In 2010, a genome-wide association study was completed that identified 129 SNPs (single nucleotide polymorphisms) that were associated with alopecia areata. The genes that were identified include regulatory T cells, cytotoxic T lymphocyte-associated antigen 4, interleukin-2, interleukin-2 receptor A, Eos, cytomegalovirus UL16-binding protein, and the human leukocyte antigen region. The study also identified two genes, PRDX5 and STX17, that are expressed in the hair follicle.

*traction alopecia (thinning from tight braids or ponytails),

*trichotillomania (the habit of twisting or pulling hair out),

*tinea capitis (fungal infection).

Signs and symptoms

Indralupta most often affects the scalp and beard, but may occur on any hair-bearing part of the body. Different skin areas can exhibit hair loss and regrowth at the same time. The disease may also go into remission for a time, or may be permanent. It is common in children. The area of hair loss may tingle or be painful.

The hair tends to fall out over a short period of time, with the loss commonly occurring more on one side of the scalp than the other. Exclamation point hairs, narrower along the length of the strand closer to the base, producing a characteristic "exclamation point" appearance, are often present.

Treatment options for alopecia areata include:

Corticosteroids: These are prescribed for autoimmune diseases. Corticosteroids can be given as an injection into the scalp or other areas, orally (as a pill), or applied topically (rubbed into the skin)



as an ointment, cream, or foam. Response to therapy may be gradual. Treatments for alopecia areata include injecting small amounts of steroids like triamcinolone into affected patches to stimulate hair growth. Although localized injections may not be practical for large areas, often this is a very effective treatment in helping the hairs return sooner. In more severe and chronic cases, some patients wear hairpieces. Some men shave their whole scalp now that this look has become fashionable.

Topical immunotherapy: This type of therapy may be used if the hair loss is widespread or if it recurs. The inflammation that the treatments cause may promote hair regrowth.

Rogaine (minoxidil): This topical drug is already used as a treatment for pattern baldness. It usually takes about 12 weeks of treatment with Rogaine before hair begins to grow. Results can be disappointing.

Other drugs that are used for alopecia areata with varying degrees of effectiveness include medications used to treat psoriasis and other autoimmune disorder. Apart from drug treatments, there are various cosmetic and protective techniques that people with alopecia areata can try.

Why need Ayurvedic therapy

Other treatments, such as oral steroids, other immunosuppressives, or ultraviolet light therapy are available for more widespread or severe cases but may be impractical for most patients because of potential side effects or risks. In most of the previous studies reveal that cases, patients can easily cover up with ayurvedic treatment and jalokavcharana (Leech therapy) over the affected areas.

So we have decided an ayurvedic therapy which is:

- ♦ Siddh aushada described by ancient acharya (Sushruta samhita)
- ♦ Cost effective

- ♦ No side effect
- ♦ No recurrence of disease
- ♦ No mental stress for patients

Ayurvedic therapy

1. इन्द्रलुप्त में स्नेहन स्वेदन से युक्त रोगी के शिर की सिरा का वेधन करना चाहिए एवं मरिच, मनःशिला, कासीस एवं तूतिया का लेप लगाना चाहिए ।

इन्द्रलुप्त सिरा मूधिर्न स्निग्धस्विन्नस्य मोक्षयेत ।

कल्कैः समरिचैदिह्नलाकासीस तुक्ष्यकैः ।।

सु.चि. 20/24

- (a) Jalokavacharna (Leech-therapy) for Raktmokshna —Su. Chi. (20/24)
- (b) Manahshiladi lepa (manahshila, maricha, kasisa, tutha)— Su. Chi. (20/24)

How is Indralupta (Baldness) diagnosed

Indralupta is usually diagnosed based on clinical features. The characteristic finding of baldness is a well-circumscribed area or areas of hairless skin in normally hair-bearing areas. Occasionally, it may be necessary to do biopsy to confirm the diagnosis. Other findings that may be helpful are the appearance of short hairs that presumably represent fractured hairs, yellow areas of skin deposition at the follicular orifice, short thin hairs, and grey hair present in a bald area. Other causes of hair loss are generally excluded from the consideration by history and clinical evaluation.

Trichoscopy may aid differential diagnosis. trichoscopy shows regularly distributed “yellow dots” (hyperkeratotic plugs), small exclamation-mark hairs, and “black dots” (destroyed hairs in the hair follicle opening).

Histologic findings include peribulbar lymphocytic infiltrate (“swarm of bees”). Occasionally, in inactive AA, no inflammatory infiltrates are found. Other helpful findings include pigment incontinence in the hair bulb and follicular



stela and a shift in the anagen-to-telogen ratio towards telogen.

Predisposing factor

About 10% of people with this condition may never regrow hair. You are more likely to have permanent hair loss if you:

- ♦ Have a family history of the condition.
- ♦ Have the condition at a young age (before puberty) or for longer than 1 year.
- ♦ Have another autoimmune disease.
- ♦ Are prone to allergies (atopy).
- ♦ Have extensive hair loss.
- ♦ Have abnormal color, shape, texture, or thickness of the fingernails or toenails.

History of a patients

A patient about 30 year old came to the o.p.d of ashtang ayurved hospital indore . he was diagnosed with alopecia areata three months ago and he found a small spot near the hairline in the bangs. Pt. got cortisone injection and some creams but he did not get any relief. All diagnostic report were normal. Pt. has lost a lot of money in medicines and investigations.

Now we apply leech therapy on the spot after swedana and Manasiladi lepa for local application. The duration of Leech therapy was 7 days for one month and Lepa was used daily for one month. After one month patient got some hairs on the scalp.

Discussion about therapy

1- Jalokavcharna (Leech-therapy)

Vasodilating Effects of Leeches

There are three compounds in the leeches' saliva that act as a vasodilator agent, and they are the histamine-like substances, the acetylcholine, and the carboxypeptidase A inhibitors. All these act to widen the vessels, thus, causing inflow of blood to the site.

Bacteriostatic Effects of Leeches

The saliva of leeches also contains anesthetic substances which deaden pain on the site and also

bacteria and dandruff-inhibiting substances which inhibit the growth of bacteria.

Manasiladi lepa

1. मनःशिला :-

मनःशिला में आर्सेनिक व सल्फर पाये जाते है

मनःशिला गुरुवर्ण्या सरोशणा लेखनी कटु

तिक्ता स्निग्धा विशष्वासकास भूतकफास्रनुत ।।

(आ.प्र. 2/218)

मनःशिला रस में कटु, तिक्त होने से कफनाश कर रोमकूपो के छिद्रो को खोल देता है। लेखन गुण होने से त्वचा में लेखन कार्य करता है।

2. कासीस (Ferrous sulphate or green vitriol):-योग में कासीस भस्म का प्रयोग किया गया है ।

वात श्लेष्मामहरं मूत्रकृच्छ्रप्राणनाशम्

कण्डू पाण्डू कृमिघनञ्च रक्तसंसजन परम् ।।

(र.त. 21/231-33)

कासीस भस्म वात के द्वारा अवरोध को समाप्त कर कफ का शोधन करता है । उष्ण होने से रोमकूपों को खोल एवं देता है एवं कृमिनाशक (Antifungal) रक्तसंसजन (Blood purifier), कण्डू (Itching and dandruff) पर कार्य करता है ।

3. तुत्थ (Copper sulphate or blue vitriol) :-
सस्यक (CuSO₄. 7H₂O)

तुत्थकं लेखनं भेदि, कशायं मधुरं लघु ।

कृमिघ्नमय चक्षुष्यं मेहमेदोहरं परम् ।।

कफपित्तहरं बल्यं घृलहृक्कृष्टनाशनम् ।

शिवत्रापहं चाम्लपित्तकरं चैव रसायनम् ।

तुत्यं संकोचनकरं नाडीनां बलकृत परम् ।

त्वग्दोषशमनं कामं विशेषादुचिर मतम् ।।

— (र.त. 21/127-129)

तुत्थ भस्म लेखन (Scraping), भेदन, कृमिघन (Antifungal), पित्तघन, त्वक दोषनाशक का कार्य करती है।

4. मरिच :-

गुण — लघु, तीक्ष्ण

विपाक — कटु

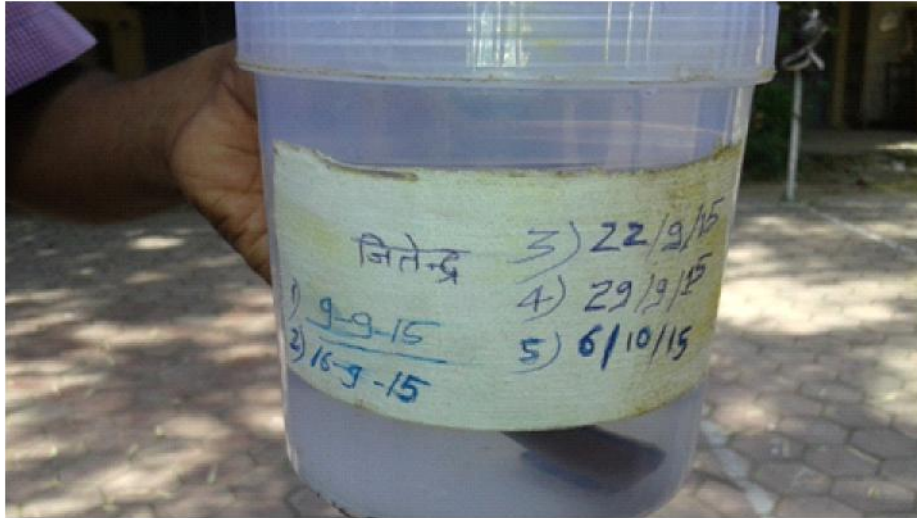
रस — कटु



Pre therapy



After therapy



Day and duration of leech therapy



वीर्य – उष्ण

मरिच छेदन एवं शोषण गुण के कारण कफ को नष्ट कर रोमकूपों के मार्ग के अवरोध को समाप्त कर देता है।

CONCLUSION

Jalokavcharna (Leech-therapy) for Raktmokshn Manashiladilepa (manashila, maricha, kasisa, tutha) described in Su. Chi. (20/24) for Indralupta are very effective to reduce symptoms and grow hairs.

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डॉ० गंगा सहाय पाण्डेय स्मृति अखिल भारतीय आयुर्वेद स्नातक निबन्ध
प्रतियोगिता – 2015
ताम्र पदक (तृतीय परस्कार) विजेता निबन्ध
आयुर्वेद का विश्वपटल पर पुर्नस्थापना : समस्यायें एवं समाधान

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प्रस्तावना :

“जैसा विश्व को चाहिये विश्व को वैसा दो”

परिवर्तन ही जीवन का नियम है, पुरानी विचारधारा नयी विचारधारा में, पुरानी चीज नयी चीज में परिवर्तित होती जाती है जो चीजें परिवर्तित नहीं हो पाती है वो डार्विन के सिद्धान्त "Struggle for existence" और "Survival of fittest" के आधार पर या तो विलुप्त हो जाती है या फिर अपने अस्तित्व को बचाये रखने का संघर्ष करती है। विकास की नीति भी यह कहती है कि जरूरत के अनुसार ही विषयवस्तु में परिवर्तन किया जाये।

“संस्कारों हि गुणान्तराधानमुच्यते”

संस्कार (परिवर्तन) से ही गुणों में वृद्धि होती है, इसे खुद आयुर्वेद भी मानता है।

“प्रयोजनं चास्य स्वस्थस्य स्वास्थ्य रक्षणम् आतुरस्य विकार प्रशमनं च।”

आयुर्वेद के प्रयोजन स्वस्थ के स्वास्थ्य की रक्षा एवं रोगी के रोग के निवारण हेतु स्वस्थवृत्त, सद्वृत्त, योग, प्राणायाम, रसायन, वाजीकरण, औषध, आहार-विहार एवं पथ्य, अपथ्य की विचारधारा को विश्व स्वीकार कर रहा है। परन्तु बदलते समयानुसार हम ना ही कुछ नया कर पा रहे हैं, ना ही पुराने को बचा पा रहे हैं और ना ही अपनी चीज को स्वयं अपना पा रहे हैं। ऐसी दशा में आयुर्वेद के विश्वपटल पर पुर्नस्थापन में समस्यायें तो हैं ही।

“पुरानी ईंट और कच्ची नींव से,

मजबूत इमारत बनाओंगे कैसे?

कागज की टूटी कश्ती पे बैठे रहकर,

तुफानों से टकराओंगे कैसे?

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आयुर्वेद का पुर्नस्थापन से शाब्दिक तात्पर्य, विकास की लकीर पकड़ते हुए चिकित्सा जगत में पुनः विश्व स्तरीय गरिमा को प्राप्त करना है। परन्तु वास्तव में पुर्नस्थापन होगा किसका? एक शस्त्र का, एक विचारधारा का, एक जाति का, एक समाज, पुडियों की दवाओं के जानकारों का, दादी माँ के नुस्खों का, गुप्त रोगों के शर्तिया इलाज कर, या ये कहें पुर्नस्थापन आयुर्वेद या Ayurveda का होगा।

आयुर्वेद के विश्वपटल पर पुर्नस्थापन में संभावित समस्यायें:-

क. राजनीतिक स्तरीय समस्यायें-

- ♦ बजट, संसाधनों एवं रोजगार में कमी।
- ♦ अन्तर्राष्ट्रीय शिक्षण योजनाओं में कमी जिससे विदेशी छात्र आकर्षित नहीं हो पा रहे हैं।
- ♦ विश्वभर में आयुर्वेद की चिकित्सा करने के लिये उचित प्रावधान की कमी है।
- ♦ किसी भी औषध निर्माण कम्पनियों को आसानी से औषध निर्माण का अधिकार मिल जा रहा है, ये राजनीतिक एवं मल्टी नेशनल कम्पनी के साथ मिलकर किये हुए भ्रष्टाचार का द्योतक है।
- ♦ योग्य एवं दक्ष उपस्थाता (Nursing Staff) की भारी कमी को पूरा नहीं किया जा रहा है।

प्रधानमंत्री श्री नरेन्द्र मोदी द्वारा बताई गई आयुर्वेद संबंधित संभावित समस्यायें – (दिनांक 09 नवम्बर, 2014, प्रगति मैदान, नई दिल्ली, छठों विश्व आयुर्वेद सम्मेलन)

- ♦ आयुर्वेद क्षेत्र के लोग ही आयुर्वेद की सबसे बड़ी चुनौती है।



- ♦ शत-प्रतिशत आयुर्वेद पे समर्पित चिकित्सक मिल पाना मुश्किल।
- ♦ आयुर्वेद वालों को न अपने पर, न अपनों पर, और न ही अपने ज्ञान पर भरोसा।
- ♦ संकट आयुर्वेद को नहीं, आयुर्वेद वालों को है।
- ♦ दुनियां को उसकी भाषा में जवाब दो, अपनी भाषा में परिवर्तन करो।
- ♦ शोध पत्रों एवं औषध निर्माण, संरक्षण, कानून में बहुतायत कमी है।

ख. छात्र एवं शिक्षण स्तरीय समस्याये:-

- ♦ श्रुतिकर्मा, दृष्टिकर्मा तरह के छात्र प्रवेश न लेकर M.B.B.S. न मिलने पर हताश मन से प्रवेश लेकर छात्र वापस M.B.B.S. प्रवेश की मन्शा में रहते है।
- ♦ विज्ञान क्षेत्र से आये छात्र की वैज्ञानिक एवं तथ्यात्मक सोच, दूसरी तरफ आयुर्वेद के आध्यात्मिक सिद्धान्त में सामन्जस्य नहीं हो पाता है।
- ♦ सरकारी आयुर्वेद कालेजों द्वारा दी जाने वाली छात्र स्तरीय सेवायें जैसे शिक्षण भवन, छात्रावास, चिकित्सा भवन, शिक्षण कार्य, छात्रवृत्ति, प्रायोगिक शिक्षा आदि का निम्न स्तर है।
- ♦ शास्त्रों में अधिक बाते छिट-पुट फैली हुई है। कुछ तथ्य को कई बार बताया गया है एवं कुछ तथ्यों को अपूर्ण ही छोड़ दिया गया है। ऐसे में छात्रों को चिकित्सा का उचित ज्ञान नहीं होता।

ग. औषधि निर्माण स्तरीय समस्याये:-

यह विश्व स्तर पर आयुर्वेद के आलोचना हेतु मुख्य कारण बनता जा रहा है।

बहुकल्पं बहुगुणं सम्पन्नं योग्यमौषधम् (अ.ह. 1/28)

औषधशाला स्तर पर-

ऐसी समस्यायें जिससे औषध की गुणवत्ता में कमी आ रही है।

- ♦ प्रदूषित एवं अनुपयुक्त भूमि पर औषधि की खेती।
- ♦ वीर्यहीन, पुरानी, सड़े-गले द्रव्यों का प्रयोग।

- ♦ उचित शास्त्रीय विधियों द्वारा औषध का शोधन, जारण, मारण आदि न करना।
- ♦ मुनाफाखोर कम्पनियों को आसानी से लाईसेन्स।

औषध सुरक्षा स्तर पर-

- ♦ औषधशाला निर्माण, उचित भंडारण, पैकेजिंग सही से नहीं होता है।
- ♦ गुणवत्ता संरक्षक विभाग को निष्क्रिय योजनाये एवं कार्य

घ. शोध कार्य स्तरीय समस्याये:-

ऐसी समस्यायें जिससे अध्ययन, अध्यापन एवं चिकित्सा में दिक्कतें आ रही है।

- ♦ रसौषधि की गुणवत्ता, विषाक्तता, कार्मुकता का उचित ज्ञान नहीं है।
- ♦ प्रत्यक्ष प्रमाण/प्रायोगिक साक्ष्य से ज्यादा, आप्तोपदेश (ग्रंथ) में लिखे हुए बात को विश्व पूर्ण रूप से नहीं मानता। अतः ग्रंथ में लिखित तथ्यों पर शोध की कमी है।
- ♦ औषधि की कार्मुकता, क्षमता पर उचित शोध पत्र उपलब्ध नहीं है।
- ♦ आयुर्वेद के 'भूत' आदि काल्पनिक एवं आध्यात्मिक सिद्धान्तों पर शोध पत्र नहीं है।
- ♦ नवीन औषधि एवं नये बीमारियों के इलाज पर शोध की कमी है।
- ♦ वात, पित्त, कफ की स्वस्वावस्था एवं विकारावस्था में वृद्धि, क्षय की मात्रा पर उचित शोध नहीं।
- ♦ अग्निबल, ओजबल, मनोबल, आम, स्रोतस पर शोध कार्य की कमी है।
- ♦ शास्त्रों का अन्य भाषाओं में परिवर्तन में उचित शोध नहीं। जिससे विदेशी छात्रों के आयुर्वेद के प्रति रुझान कम है।

ड. रोजगार स्तरीय समस्याये:-

- ♦ रनातक (यू0जी0) के बाद आयुर्वेदिक छात्र स्वयं को बेरोजगार महसूस कर रहा है। क्योंकि आयुर्वेदिक



विद्यालयों में उचित प्रायोगिक शिक्षा पर बल कम दिया जाता है। जिससे छात्र आयुर्वेदिक चिकित्सक बनने में रुचि नहीं रख रहे हैं। जो कुछ नौकरियां हैं वो समान्यता परास्नातक (पी0जी0) के बाद ही दिखती हैं।

च. चिकित्सक स्तरीय समस्याये:-

- ♦ आयुर्वेदिक छात्र एवं आयुर्वेदिक चिकित्सक पूर्णतः आयुर्वेदिक चिकित्सा करने की मंशा नहीं रखते हैं, क्योंकि स्वयं ही चिकित्सा एवं औषधियों पर विश्वास नहीं है।
- ♦ कार्य कुशल आयुर्वेदिक नाड़ी चिकित्सक, आत्यायिक चिकित्सक एवं शल्य चिकित्सक का लोप हो जा रहा है।

छ. सामाजिक स्तरीय समस्याये:-

निम्न वर्गीय समाज, सस्ती चिकित्सा के कारण आयुर्वेद के सम्पर्क में है एवं मध्य वर्गीय समाज चूरन-चटनी की चिकित्सा कह के दुत्कार रहा है। वही उच्च वर्गीय समाज आयुर्वेद को 'स्पा' एवं 'मसाज' थैरपी के रूप में जान रहा है। आज आयुर्वेद को सामान्य जनता चिकित्सा रूप में नहीं जान रही।

ज. अन्य विवादित समस्यायें:-

- ♦ आज आयुर्वेदिक सेमिनार, वर्कशॉप, वाद-विवाद सिर्फ जैसे प्रमाण पत्र बॉटने की योजना बन गये हैं। इसकी चर्चा का हल समाज तक पहुँच ही नहीं पा रहा है।
- ♦ निम्नस्तरीय आयुर्वेदिक प्राइवेट कालेजों की संख्या बढ़ रही है। लेकिन राजकीय आयुर्वेदिक कालेजों का स्तर गिरता जा रहा है। यह आयुर्वेद में भ्रष्टाचार का द्योतक है।
- ♦ वैद्य/डाक्टर एवं ऐलोपैथिक दवा लिख जाने के अधिकार पर वाद-विवाद।

3. आयुर्वेद के विश्वपटल पर पुनर्स्थापन हेतु संभावित समाधान:-

“सर्वदा सर्वभावनां सामान्यं वृद्धि कारणम्।”

(च.सू. 1/44)

क. 5-डी (Development) तकनीक- किसी भी स्तर पर सुधार एवं विकास हेतु 5-डी तकनीक की मदद ली जा सकती है।

1. डेवलपमेन्ट ऑफ स्किल- योग्यता स्तर पर विकास
2. डेवलपमेन्ट इन लर्निंग- ज्ञान स्तर पर विकास
3. डेवलपमेन्ट इन प्रैक्टिस- प्रायोगिक ज्ञान का विकास
4. डेवलपमेन्ट इन रिसर्च- शोधकार्य में विकास
5. डेवलपमेन्ट इन डॉक्यूमेंटेशन- दस्तावेजों के संग्रहण कार्य में विकास

ख. राजनीतिक स्तरीय समाधान:-

- ♦ आयुष विभाग, सी0सी0आई0एम0 जैसे विभाग के नियम-कानून में उचित सुधार एवं पालन।
- ♦ सरकार द्वारा उचित बजट की प्राप्ति हो जिससे आयुर्वेदिक कॉलेजों एवं आयुर्वेदिक योजनाओं की कमी को दूर किया जा सके।
- ♦ अन्तर्राष्ट्रीय स्तर पर उचित नियम कानून बने, जिससे विदेशी छात्र आकर्षित होंगे।
- ♦ डब्लू0एच0ओ0 एवं यूनीसेफ आदि से उचित सहायता एवं नियुक्ति।

प्रधानमंत्री नरेन्द्र मोदी की सलाह- (9 नवम्बर, 2014, डब्लू0ए0सी0, नई दिल्ली।)

- ♦ आयुर्वेद में उस स्तर के शोध कार्य हो जो विश्व स्वास्थ्य पत्रिका में छपे।
- ♦ जनता में आयुर्वेद के प्रति विश्वास जगाया जाये।
- ♦ भाषा शैली में परिवर्तन कर वैज्ञानिक भाषा का प्रयोग किया जाये।

ग. शिक्षण स्तरीय समाधान:-

आयुर्वेदिक विद्यालय स्तर पर छात्र को दी जोन वाली सेवाओं में विकास किये जाये जिसके लिये 5-सी नियम की मदद ली जा सकती है।

Compassion (दयालुता)- छात्र दयालु एवं अच्छा चिकित्सक बने।



Competence (योग्यता)— छात्र श्रुतिकर्मा, दृष्टिकर्मा बने।

Confidence (आत्मविश्वास)— छात्र का स्वयं पर विश्वास बढ़ाया जाये।

Conscience (विवेक)— रोग एवं रोगी परीक्षा हेतु स्वविवेक का प्रयोग करना सीखें।

Commitment (समर्पण)— छात्र आयुर्वेद शास्त्र के प्रति समर्पित हो।

- ♦ विद्यालय स्तर पर निबन्ध, वाद-विवाद आदि प्रतियोगिताओं को करा कर छात्र से आयुर्वेद के उत्थान छात्र एवं राष्ट्र स्तरीय समस्याओं एवं समाधान की जानकारी ली जा सकती है।
- ♦ स्नातक स्तर पर भी शोध कार्य बढ़ाये जा सकते हैं।
- ♦ बचपन से ही आयुर्वेद चिकित्सा के नाम से एक अध्याय पढ़ाया जाये।

घ. औषध निर्माण स्तरीय समाधान:—

इस स्तर पर सुधार करके विश्व का आयुर्वेदिक औषधि पर विश्वास बढ़ेगा।

- ♦ गुणवत्ता नियन्त्रण विभाग एवं जी0एम0पी0 के नियम कानून में उचित परिवर्तन एवं पालन हो।
- ♦ दुष्प्रभावी औषधि एवं विषाक्तता को रोकने के उचित मापदण्ड बने।
- ♦ आर0 एण्ड डी0 (रिसर्च एण्ड डेवलपमेन्ट) प्रयोगशालाये बने।
- ♦ किसी भी कम्पनी को लाईसेन्स देने से पहले उसकी जांच पड़ताल हो।
- ♦ औषधि उगाने की भूमि एवं औषध संग्रहण पर उचित ध्यान दिया जाये।

ड. शोध कार्य स्तरीय समाधान:—

इस स्तर पर सुधार करके अध्ययन, अध्यापन एवं चिकित्सा में सहायता मिलेगी।

- ♦ आयुर्वेद के आध्यात्मिक सिद्धान्तों का आधुनिक सिद्धान्त के साथ सामन्जस्य बैठाया जाये।

- ♦ नये औषध द्रव्यों एवं पुराने औषध द्रव्यों की गुणवत्ता एवं कार्मुकता पर शोध कार्य हो।
- ♦ नयी बीमारियों की चिकित्सा हेतु शोध कार्य हो।
- ♦ औषध के ग्राह्य स्वरूप में परिवर्तन हो, जिससे रोगी को औषध लेने में आसानी हो।
- ♦ वात, पित्त, कफ, अग्निबल, मनोबल, ओजबल, आम, स्रोतस आदि की साम्यावस्था एवं विकारावस्था में मात्रा का उचित मापदण्ड बने। जिससे रोग एवं रोगी परीक्षा में मदद मिलेगी।

च. इलेक्ट्रानिक तकनीक द्वारा समाधान:—

इसके लिये सम्भावित आयुर्वेदिक 10 'ए' तकनीक की मदद ली जा सकती है।

- 1- Ayush World
- 2- Ayush Guru
- 3- Ayush EZine
- 4- Ayush Video
- 5- Ayush Info
- 6- Ayush Connect
- 7- Ayush Shop
- 8- Ayush Job
- 9- Ayush Event
- 10- Ayush Doctor

छ. रोजगार स्तरीय समाधान:—

- ♦ विश्व आयुर्वेद स्वास्थ्य संगठन का गठन हो।
- ♦ सम्भावित नियुक्तियाँ — 1. राष्ट्रीय स्वास्थ्य योजना 2. राष्ट्रीय आपदा संरक्षण योजना 3. राष्ट्रीय स्वच्छता एवं पर्यावरण सुरक्षा योजना 4. आयुर्वेदिक चिकित्सा जागरूक मिशन 5. सी0एच0सी0, पी0एच0सी0 6. आयुर्वेदिक हेल्थ इन्सोरेंस आफिसर स्तर पर नियुक्ति।
- ♦ आयुर्वेदिक कैरियर काउंसलर, आयुर्वेदिक मुख सौन्दर्य चिकित्सक, आयुर्वेदिक स्पा एवं मसाज विशेषज्ञ आदि एक उपर्युक्त रोजगार के अवसर बन सकते हैं।



- ♦ रोग, रोगी, औषध ज्ञान हेतु आयुर्वेदिक दस्तावेज संग्रहण ऑफिसर।

ज. विश्व आयुर्वेद दिवस—

आयुर्वेद के महत्व को विश्व स्तर पर पहुँचा कर, विश्व को विश्व आयुर्वेद दिवस मनाने के लिये तैयार किया जा सकता है।

झ. आयुष ग्राम—

एक गाँव बसाया जाये जहाँ पर पूर्णतः आयुर्वेदिक नियमों के अनुसार जीवन यापन हो। इससे होने वाले परिणाम को विश्व स्तर पर प्रकाशित करके आयुर्वेद को विश्वपटल पर स्थापित करने में मदद मिलेगी।

ट. अन्य समाधान—

- ♦ आयुर्वेदिक दवाओं का पेटेंट हो।
- ♦ आयुष बायोलॉजी (शिक्षा हेतु) आयुर्वेदिक कपड़ा उद्योग (चर्म रोग आदि चिकित्सा हेतु) एक काल्पनिक रोचक योजनायें हैं जिस पर शोध की आवश्यकता है।

उपसंहार—

सिर्फ ज्ञान ही जरूरी नहीं ज्ञान का उचित प्रयोग जरूरी है। बैठ के सोचने से कुछ नहीं होता है, कार्य को अंजाम तक पहुँचाने से होता है। अब समय आ चुका है सामाजिक, राजनीतिक, औषधि निर्माण स्तरीय, शैक्षणिक, शोध स्तरीय आदि समस्याओं का तकनीक एवं शोध आदि विधियों से समाधान हो।

हमें समय के साथ “जैसा विश्व को चाहिये, विश्व को वैसा दो” की नीति को अपनाना पड़ेगा परन्तु आयुर्वेद के नैसर्गिक रूप में परिवर्तन किये बिना। हमें ऐसे चिकित्सक बनाने होंगे जिससे रोगी भले ही उस आयुर्वेदिक चिकित्सक का नाम भूल जायें, परन्तु उसके द्वारा दी हुई सफल आयुर्वेदिक चिकित्सा के परिणाम को ना भूले।

इसी क्रम में “विश्व आयुर्वेद दिवस” एवं “आयुष ग्राम” एक स्वर्णिम कल्पना है। जो विश्व पटल पर आयुर्वेद को स्थापित करने में प्रथम स्तर की सीढ़ी हो सकती है।

विश्व को स्वस्थ बनाने वाले,

अब खुद का अस्तित्व बचायेंगे।

समस्याओं के समाधान कर,

आयुर्वेद को विश्वपटल पर पहुँचायेंगे।।

सन्दर्भ ग्रन्थ सूची —

1. चरक संहिता
2. सुश्रुत संहिता
3. अष्टांग हृदया
4. www.youtube.com/narendramodi



परिषद् समाचार

विश्व आयुर्वेद परिषद द्वारा पद्मश्री प्रो० रामहर्ष सिंह के व्याख्यान का आयोजन

दिनांक 18/05/2016 को आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, काशी हिन्दू विश्वविद्यालय, वाराणसी के द्रव्यगुण विभाग में विश्व आयुर्वेद परिषद के छात्र ईकाई द्वारा छात्रों को प्रोत्साहित करने एवं स्वावलंबन की ओर प्रेरित करने के लिए व्याख्यान आयोजित किया गया। कार्यक्रम के मुख्य अतिथि एवं वक्ता प्रो० रामहर्ष सिंह ने, जिन्हें हाल ही भारत के सर्वोच्च नागरिक सम्मान 'पद्मश्री' से सम्मानित किया गया है, छात्रों का उत्साह वर्धन किया तथा छात्रों को स्वयं का आकलन कर सफलता के पथ पर बढ़ने की सलाह दी। प्रो० सिंह ने छात्रों को कक्षाओं से ऊपर उठकर एक नई सोच को तकनीक के सामंजस्य के साथ आयुर्वेद के क्षेत्र में लगाने पर जोर दिया। उनके अनुसार वर्तमान परिप्रेक्ष्य में आधुनिक चिकित्सा का भारतीय चिकित्सा पद्धति के साथ काम करना "Bilateral Integration" समाज के लिए परम आवश्यक है, जिस राह पर चलकर चीन स्वास्थ्य के क्षेत्र में हमसे कहीं आगे निकल चुका है। इस अवसर पर कई नवागन्तुक छात्रों ने आयुर्वेद के प्रति अपनी जिज्ञासा को प्रो० सिंह के समक्ष रखकर समाधान प्राप्त किया।

कार्यक्रम का संयोजन प्रो० के०एन० द्विवेदी ने तथा शुभारंभ प्रो० ए०के० सिंह ने किया। विश्व आयुर्वेद परिषद के डॉ० के०के० द्विवेदी ने भी आयुर्वेद के छात्रों के साथ अपना ज्ञान एवं अनुभव साझा किया। इस अवसर पर डॉ० आशुतोष कुमार पाठक, डॉ० संजीव, डॉ० जसप्रीत सिंह के साथ छात्र ईकाई के पशुपति केशरी, प्रत्युष शर्मा, भानु कुमार पाण्डेय आदि ने सक्रिय भागीदारी की। संचालन अविनाश उपाध्याय ने और धन्यवाद ज्ञापन अनिमेष मोहन ने किया।

देहरादून उत्तराखण्ड में विद्यार्थी व्यक्तित्व विकास शिविर सम्पन्न

विश्व आयुर्वेद परिषद का एक सात दिवसीय आयुर्वेद विद्यार्थी व्यक्तित्व विकास का शिविर अग्रवाल धर्मशाला, देहरादून, उत्तराखण्ड में हुआ। शिविर में देश-प्रदेश के विशेषज्ञों ने भावी पीढ़ी से अपना ज्ञान साझा किया। साथ ही आयुर्वेद के पारंपरिक ज्ञान पर उनका मार्गदर्शन किया। समापन समारोह के मुख्य अतिथि पद्मश्री वैद्य बालेंबु प्रकाश ने छात्रों को सम्बोधित करते हुए कहा कि अपने ज्ञान में वृद्धि करना ही जीवन में सफलता का मंत्र है। चिकित्सा कार्य का सही मूल्यांकन उसे लिपिबद्ध करके प्राप्त किया जा सकता है। प्रत्येक रोगी का सम्पूर्ण विवरण चिकित्सा पूर्व, चिकित्सा के समय होने वाले बदलाव व चिकित्सा के अंत में रोगी की अवस्था को लिपिबद्ध करना चाहिए। इस तरह से चिकित्सा कार्य में आत्मविश्वास में वृद्धि होगी। समारोह की अध्यक्षता गुरुकुल आयुर्वेद महाविद्यालय के रिटायर्ड प्रोफेसर एस.एन. श्रीवास्तव ने की। उन्होंने कहा कि आयुर्वेद में सम्पूर्ण रोग की चिकित्सा मौजूद है। इसे गम्भीरता से सिद्धांतों सहित अध्ययन करने की आवश्यकता है। परिषद के राष्ट्रीय सचिव डॉ. प्रेम चन्द्र शास्त्री ने धन्यवाद ज्ञापित किया। मंच संचालन आयोजन समिति के अध्यक्ष डॉ. यतेन्द्र सिंह मलिक ने किया। उन्होंने बताया कि शिविर का प्रमुख उद्देश्य आयुर्वेद शिक्षा ग्रहण कर रहे छात्रों को आयुर्वेद के प्रति जागरूक, रूचि एवं उनके भविष्य के प्रति आशान्वित किया जाना था। शिविर में 96 प्रतिभागियों ने भाग लिया। इसमें 80 छात्र स्नातक स्तर, 9 पोस्ट ग्रेजुएट व 7 आयुर्वेद चिकित्सक शामिल रहें। कार्यक्रम में वैद्य विनीष गुप्ता, वैद्य अनुमेहा जोशी आदि उपस्थित रहें।

मध्य प्रदेश में विद्यार्थी व्यक्तित्व विकास शिविर सम्पन्न

विश्व आयुर्वेद परिषद मध्यप्रदेश ईकाई के द्वारा आयुर्वेद स्नातक छात्रों के लिए 20 मई से 23 मई 2016 तक सरस्वती स्कूल दीनदयाल धाम, रीवाँ में विद्यार्थी व्यक्तित्व शिविर का आयोजन किया गया। जिसमें प्रदेश के महाविद्यालयों से अनेक छात्र-छात्राओं ने भाग लिया। कार्यक्रम में प्रो० जी०एस० तोमर, हंडिया, इलाहाबाद; डॉ० एस० के० राय, इलाहाबाद; डॉ० आनन्द विद्यार्थी, वाराणसी; डॉ० बबिता शर्मा, भोपाल; डॉ० रवि कुमार, जबलपुर; डॉ० राजीव श्रीवास्तव, भोपाल; डॉ० विजय श्रीवास्तव, वाराणसी; आदि प्रमुख वक्ताओं ने अपने ज्ञान से विद्यार्थियों को ओत-प्रोत किया। महाकौशल प्रान्त के प्रचारक नागेन्द्र जी का विशेष सान्निध्य प्राप्त हुआ। परिषद के प्रदेश उपाध्यक्ष एवं कार्यक्रम प्रमुख डॉ. एस.एन. तिवारी के अनुसार छात्रों को विशेष रूप से पंचकर्म, नाड़ी विज्ञान, आयुर्वेद दन्त चिकित्सा, दिनचर्या, स्वानुशासन, योगासन, प्राणायाम सहित व्यक्तिगत विकास की विशेष जानकारी दी गयी। विद्यार्थियों ने इस कार्यक्रम को अति उपयोगी बताया तथा भविष्य में इस तरह के कार्यक्रमों को किये जाने की वकालत भी की।



Instruction to Authors

- ♦ The Journal of Vishwa Ayurveda Parishad (JVAP) is the official reviewed journal of Vishwa Ayurveda Parishad having ISSN Number 0976-8300. The journal accepts original work in the field of Ayurveda and related topics. Now the journal is available online at www.vishwaayurveda.org
- ♦ Only original contribution in various areas of study related to Ayurveda such as literary, fundamental drug research, review articles, clinical research and book review etc. are accepted.
- ♦ The script should be computerized typewritten, double spaced, only one side of the sheet.
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- ♦ All pages (except the title page) should be numbered consecutively in Arabic numerals (such as 2, 3, 4,.....) at the center top of each page.
- ♦ The paper should be submitted in hard and soft copy both.
- ♦ Author should use Krutidev 010 for Hindi, Sanskrit and TimesNewRoman for English articles.
- ♦ Author should send one copy of paper by e-mail.
- ♦ Each article should preferably be divided into following broad sections (i) abstract, (ii) Key words, (iii) Introduction (iv) Methods and Materials, (v) Result, (vi) Discussion, (vii) Conclusion, (viii) Acknowledgment and Reference/bibliography.
- ♦ The article/paper should be of minimum 800 words and maximum 2500 words.
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पविषद् गीत

सभी सुखी हों सभी निरामय, हम सेवा संकल्प न भूलें ।
स्वास्थ्य-साधना के हम साधक, शील, विनय व्यवहार न भूलें ॥

राज्य, स्वर्ग की नहीं कामना, नहीं मोक्ष की चाह हमें है ।
दुःख से पीड़ित आरत, आहत, बस इनकी परवाह हमें है ।
सबल राष्ट्र हो, स्वस्थ जगत हो, स्नेहामृत का सार न भूलें ।
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माना व्याधि अगाध अगम है, इससे बचना नहीं सरल है ।
पहला सुख निरोगी काया, पाना सब की चाह प्रबल है ।
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करुणा, दया, मैत्री, शुचिता हृदय प्यार झंकार भरा हो ।
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आधि-व्याधि का घर जो यह तन, परमेश्वर का मन्दिर पावन ।
भरें कल्पना भाव अनगिनत, आयुर्वेदिक ज्ञान सुहावन ।
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- It should be in English, Hindi or Sanskrit having not less than 1500 words or six pages (maximum 15 pages).
- At the last page of essay, participants should clearly mention their full details viz. name, year, and name of college/institute, corresponding address, contact number, email-id, name of motivator and his mobile number.
- Three references under coding will evaluate the essays.
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