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UNVEILING OF CONCEPT OF SROTOMOOLA CHIKITSA - AN ANALYTICAL OUTLOOK

- Shweta Dewan*, Baldev Kumar**

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ABSTRACT :

The complete cognizance of srotas (channels) has been expounded in Samhitas as compared to the utility of their srotomoola (~root). Srotas have been given a place of fundamental importance in ayurveda both in health and disease. This can be seen when the integrity of srotas is impaired, both sthangata and marga gata dhatu are involved, the vitiation spreads from one dhatu (body tissues) to another and all srotas are involved simultaneously. Charak has elucidated 11 pairs of srotas and their respective srotomoola in Vimana Sthana and Sutra Sthana.

Hypothesis: It was postulated that if we treat the moola of a srotasa of a particular dhatu, without giving medicines acting directly on the disease, even then the dhatu pradoshaja vikara of that particular srotasa will get treated.

Aims and Objectives: To establish the role and functional utility of srotomoola with its respective Dhatu Pradoshaja Vikara.

Materials and Methods: An exhaustive study was done to review the inference of four clinical trials that were administered in NIA with the same principle behind to recapitulate the role and functional utility of srotomoola. All the trials prosecuted were randomized single blinded studies and three groups were allocated for the thorough conduction of these research works done. Out of three groups two were given drugs that acted directly on Srotomoola and not on the disease and the third group was given Vyadhihara medicines that were prescribed directly in context of that particular disease in classical texts.

Results: Out of all the three groups in the trials all the groups showed significant results in the treatment of the respective Dhatu Pradoshaja Vikara.

Conclusion : The amalgamation of Srotomoola Chikitsa and Vyadhi Pratyanika Chikitsa can surely augment the management propositions in Ayurveda in coming years.

Keywords: Dhatu Pradoshaja Vikara, Srotasa, Srotomoola, Vyadhihara

INTRODUCTION

Srotas, are the channels or pores, present throughout the visible body as well as at the invisible or subtle level of the cells, molecules, atoms, and subatomic strata. It is used as a generic term indicating all macro and micro channels and pathways operating in the living organism. The Srotas system plays a key role in physiology including pathophysiology and pharmacophysiology. Transport of biological fluids and physiological regulatory factors, energies, nourishment of tissues and bioavailability of medicaments depend on the integrity of Srotamsi. The subtler Srotamsi partake the transmission of impulses, emotions and thought waves. When the flow of appropriate nutrients and energies through these channels is unobstructed, there is health; when there is excess,

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deficiency, or blockage in these channels disease gets manifested in the body. Ayurveda is one of the oldest Indian systems of medicine in the world. It has established its position as a unique health care system with a holistic approach to many complex health hazards. The Srotovijnana encompasses all range of structural and functional units from grossest to the subtlest, designed to carry specific material molecules, messages, impulses, emotions and thoughts under a unique holistic coordination in a unified field. Thus the Srotas represents the unified field of pathways gross and subtle, material and energetic. The Srotovijnana of Ayurveda ultimately eliminates all dualities and divisions in the being i.e. body-mind- spirit system. Charaka Samhita, the foremost Ayurvedic classic describes 13 major gross Srotamsi or channels simulating the major physiological systems of the body as known in conventional modern system of biology and medicine; identifying two main principal organs each in the route of the respective Srotas, termed as the Moolam -Moolamiti Prabhavasthanam. Each of these major channels function as the inner transport system for the respective biological materials (Charaka Samhita Vimana Sthana 5:8).[1] The utility of the knowledge of sites of origin (srotomoola) of channels (srotas) is not directly described in samhitas but srotas have been given a place of fundamental importance in ayurveda both in health and disease. This can be seen when the integrity of srotas is impaired, both sthangata and marga gata dhatu are involved, the vitiation spreads from one dhatu (body tissues) to another and all srotas are involved simultaneously (Charaka Samhita, Vimana Sthana 5:3).[2] As a tree is seriously harmed by injury to its root, similarly the channels of circulation in the human body are seriously affected when their srotomoola is injured (Charaka Samhita Vimana Sthana 5:8).[1] One can find a similar reference symphonizing the importance of the word moola in the context of generalized pathogenesis of the disease in the body. In the early stage it appears to be insignificant but it grows and grows thereafter after gaining a strong hold in the body like a root which withholds the weight of the whole tree and takes away the life and strength of the patient (Charaka Samhita Sutra Sthana 11:58).[3] All the above facts project towards one common belief that much weightage has been given to the srotas and there has been a vague description of their moola in the classics regarding their clinical utility. With the help of data collected, analyzed and comprehended from the four clinical trials conducted at National Institute of Ayurveda, an effort has been made to understand the clinical importance of the moola of srotas involved.

Aims and Objectives

To establish the role and functional utility of srotomoola with its respective Dhatu Pradoshaja Vikara.

Materials and Methods:

Design of the study: Randomized, single blind study

Sampling: Simple random sampling technique using lottery method was used. Group allocation was done by simple random allocation (complete randomization).

Selection of patients: In the present clinical trials, the patients were registered and screened for general observations. The cases were taken from O.P.D/I.P.D. of arogyashala, National Institute of Ayurveda, Jaipur. A detailed history, evaluation and follow up studies were recorded on a proforma designed especially for the present studies under consideration.

Ethical considerations: Ethical clearance was obtained from the institutional ethics

committee (IEC). Informed consent was obtained from all the patients.

Common Hypothesis among All the Trials under Consideration: It was postulated that if we treat the moola of a srotasa of a particular dhatu, without giving medicines acting directly on the disease, even then the Dhatu pradoshaja vikara of that particular srotasa will get treated.

Justification behind the hypothesis: In Charaka samhita, Vimana Sthana, chapter fifth describes the srotovigyana in detail, where acharya opines different types of srotas and their moola. The commentator chakrapani too describes the moola in his commentary on charaka samhita. One can solely embrace the fact that there is a connection between a srotas and its moola. If the moola is injured srotas will get vitiated causing pathology and hence the manifestation of any disease related to that srotas will appear in the body. To apprehend the relation between srotas and its respective Dhatu Pradoshaja Vikara, one can easily insight what has been rightly said in chapter 28 of Sutrasthana in Charaka Samhita that the symptoms manifested due to vitiation of the Dhatu and their specific channels of communication(srotas) are the same (Charaka Samhita Vimana Sthana 5:8).[1] Thus one can easily justify this fact that there is some relation between the moola of a srotas and the disease involved of that particular srotas. The same underlying theory was put to clinical trials to observe and note the fact of clinical applicability of srotomoola chikitsa. The depiction is illustrated in figure 1.

The prevalent perception of the moola accounting to its anatomical position in the body must be changed in order to understand the underlying theory of these trials in different perspective like the controlling inputs of the functions of the srotas and the physiological angles. Besides this; the clinical outlook and the diagnostic considerations must be accounted to justify its overall assessment. One might can even consider the above points to determine the moolasthan or the source of any particular srotas, not described in classics.

DETERMINATION OF MOOLASTHAN OF SROTAS

For the determination of moolasthan of srotas some points have been logically and categorically counted in the various classics. Such as-

1) Utpatti sthan (moolasthan related with origin point of view)
2) Sangraha sthan (moolasthan related with storage)
3) Vahana sthan (moolasthan related with conduction)
4) Naidanic drishtikon (moolasthan related with diagnostic point of view)
5) Chikitsatmak drishtikon (moolasthan related with clinical point of view) (Pawar Pradeep Shivram, 2012)[4]

Among the above mentioned points some points are considered in combinations in some contexts and considered separately in some contexts to determine the source of moolasthan. But the clinical standpoint has been considered in all the cases of determinations of the moolasthan.

Rasavaha srotas: Hridaya and dasha dhamani have been considered as moolasthana of rasavaha srotas (Charaka Samhita Vimana Sthan 5:8).[1] In this regard hridaya is the organ heart which is situated in middle mediastinum and pumps the blood throughout the body continuously. Hridaya

is a material cause for storage and pumping action of rasa dhatu but production of rasa dhatu does not takes place in mahasrotas rather than here. After that dasha dhamani transports that rasa dhatu which is pure and minutest essence of properly digested food through all corners of body (Sushruta Samhita, Sutrasthana 14:3) [5] so in this context, hridaya is justified as a moolasthana with storage point of view and dasha dhamani as a moolasthana with conduction standpoint.

Raktavaha srotas: Yakrit and pliha have been considered as moolasthana of this srotas (Charaka Samhita Vimana Sthana 5:8)., raktavahi dhamani is also considered (Sushruta Samhita, Sharirasthana 9:12).[6] During embryonic development origin of yakrita and pliha takes place from shonita (rakta) (Sushruta Samhita, Sharirasthan 4:25)[7] and after birth for particular time period production of rakta takes place in yakrita and pliha. Hence on the basis of gunasamanya ashraya-ashrayi relation between yakrita pliha and shonita dhatu gets proven successfully. In this way yakrit and pliha justified as a moolasthana with origin and storage point of view. Raktavahi dhamani conducts the blood after attaining red color in yakrita pliha throughout all the corners of body (Sushruta Samhita, Sutrasthana 14:4)[8]. In this regard, raktavahi dhamani is justified as a moolasthana as conduction point of view.

Pranavaha srotas: Hridaya and mahasrotas have been considered as moolasthana of pranavaha srotas (Charaka Samhita Vimana Sthana 5:8). In this context the term hridaya not only signifies the organ heart but also extends chest or cardiac region (Sushruta Samhita, Sutrasthana 14:3).[9] Cardiac region is also important for normal flowing of pranavayu. The general treatment of the diseases of the vitiation of pranavaha srotas resembles with disease shwasa Charaka Samhita Vimana Sthana 5:26).[10] Which originates from amashaya (Charaka Samhita Chikitsa Sthan 17:8).[11] The term amashaya also mentioned as synonymous with mahasrotas (Charaka Samhita Sutrasthan 11:48)[12] Hence shwasa originates in the vicinity of mahasrotas. On account of similarity of treatment with shwasa rog the seat of treatment of pranavaha srotas might be mahasrotas. Hence from clinical point of view moolasthana of pranavaha srotas is justified here with. Prana reach to the every corner of the body through rasavahi dhamani and then performs the categorical functions. Rasavahi dhamani is considered as moolasthana as the mode of transportation. Hridaya is depicted as the site of pranavayu (Sharangdhar Samhita, Purvakhanda 5:49).[13] The transformation of bahya prana to shariropyogi prana (body compatible prana) takes place in hridaya and then transported throughout the body. So in this regard also hridaya is also considered as moolasthana as the sangrahsthan or storage point of view.

Medovaha srotas: Vrikka and vapavahan as well as kati have been considered as moolasthana of srotas (Charaka Samhita Vimana Sthana 5:8). The vrikka organ vitally relates with fat metabolism (medodhatu pushti) (Sharangdhar Samhita, Purvakhanda 5:46).[14] On account of removal of adrenal glands, daurbalya, karshya, agnimandya, trishna etc arises as complications, and same are seen in many contexts in relation with diseases raised from the vitiations of meda dhatu (Sushruta Samhita, Sutrasthana 24:9). [15] The objective of above scenario is that, with mentioned vrikka organ it is necessary to consider kidney organ along with suprarenal glands which are situated on the apex of kidneys as a

moolasthana of this srotas. Hence vrikka is justified as a moolasthana with origin point of view. Vapavahan and kati mainly stores the excess fat in body. Deposition of excess fat in body is commonly occurs in abdomen. The utilization of this stored excess fat is mainly takes place during condition of heavy starvation or other chronic disorders. So here, kati and vapavahan have been justified as a moolasthana as storage point of view.

Rationale of choosing the drugs for the trials: Counting of the first trial which was on Raktavaha srotas, the drugs used were scientifically chosen to justify the basic principle behind the study. The yoga acting on Yakrit(moola) was Krishna tila and saindhav. It has been clearly opined in bhavprakasha under the category of taila varga and harikiyadi varga (Bhava Prakash Nigantu Haritikiyadi Varga 8/ 10). [16] The next yoga acting on another moola (pliha) was sharpunkha powder. It has been clearly opined in chakradutta under the management of pliha roga (Chakra dutta, 162).[17] The most important thing about choosing these compounds were that they have not been mentioned directly in the management of asrigdhar i.e. the disease to be treated in every research trial. For the third group there has been a direct reference to quote from the classical text (Charaka Samhita Chikitsa Sthana 30:228)[18]. The work has been compiled up in the form of dissertation (Verma Soni, 2013).[19] The next study into consideration was on Rasavaha srotas. The first group was again acted upon by the medicine acting on one of the moola (hridaya) which was Vrikshamla Churna. The herb has been clearly indicated under the hridya mahakshaya i.e the drugs acting on the heart described in Charaka Samhita. The second group was given drug that acted on second moola of rasavaha srotas i.e Rasavaha Dhamni. Considering the fact that Dhamni is a synonym of Srotas (Charaka Samhita Vimana Sthana 5:9).[20] Any drug that acted to disengage the obstruction in the pathway of the channel would help in clearing the srotas. Thus Shadushna was chosen which constituent drugs are mostly Srotoshodhaka which further helped in cleansing of the channels, despite the fact that they cause vitiation in the pitta dosha which is already in unbalanced state in the disease pandu. The third group was given medicine that acted directly on the disease pandu(~anemia) indicated in the classical texts (Bhaishajya Ratnavali, 1308)[21]. The work has been compiled up in the form of dissertation (Dewan Shweta, 2014).[22] The third trial conducted was on Medovaha Srotas. The first group was given drug that acted on one of the moola (vrikka); which was powder of varuna herb. Medodhatu Pradoshaja Vikara (Sthaulya) is dominantly Meda Dushya Roga. Charaka did not mention any clear information about the word Vrikka, but Charaka stated Vrikka as place of Antarviddradhi. Again Vidradhi is Meda Dushya Pidika. In Vrindamadhava Varuna (Vrindhmadhava, 43:18)[23] is mentioned as acting on Apakva Vidradhi and in Dhanvantari Nighantu as Viddradhiji (Dhanvantri Nigantu 5:110)[24] Charaka mentioned Vrikka as Viddradhi Sthana (Charaka Samhita Sutra Sthana 17: 93)[25] so Varuna was chosen for the present trial. The second group drugs were chosen to act on another moola of medovaha srotas ie. Vapavahan under the name Utsadan Yoga. Vapavahana is Snigdha Vartika situated in the abdominal cavity while others scholars termed it as taila vartika. According to Acharya Gananath Sen udaryakala (Greater omentum) is termed as vapavahana, which stores fat in abdominal cavity. Utsadana

Karma is applied locally on abdomen and vapavahana is also a structure which is situated in abdomen. Utsadana yoga has a direct reference from the text that it acted on Sweda (Charaka Samhita Sutra Sthana 3:29).[26] The application of Utsadana Yoga which is already mentioned as acting on sweda (upadhatu of meda) when applied locally on vapavahana could have affected it thus treating the disease sthaulya by linking the moola with its srotas and establishing its clinical utility. The clinical standpoint of the moola sthana with its srotas is established here. The third group was given medohara yoga. The reference has been clearly given in the classical texts (Charaka Samhita Sutra Sthana 21:24).[27] The work has been compiled up in the form of dissertation (Goyal, Anjali 2013).[28]

The fourth trial which was executed based on the hypothesis in this context was on Pranavaha Srotas. The first group was given drug that acted on one of its moola (hridaya) i.e hridaya yoga. The herbs described under this compound are indicated in Charaka Samhita under Hridaya Mahakshya (Charaka Samhita Sutra Sthana 4:10).[29] By considering that fact that Hridaya here cannot be taken as merely heart but the surrounding cardiac region also we can justify this moola acts as a place for the proper flow of prana vayu which further helps in treating the shwasa roga as the disease itself is the manifested when prana vayu is vitiated throughout the body. The second group was given the medicine that acted on the second moola i.e mahasrotas (Charaka Samhita Sutra Sthana 4:9).[30] The third group was given drugs that acted directly on tamak shwas indicated in its management in Charaka Samhita (Charaka Samhita Chikitsa Sthan 17:8) The work has been compiled up in the form of dissertation (Chouhan, Mahesh 2014).[31]

The research work done on various srotas, moola, their respective Dhatu Pradoshaja Vikara has been elicited in (table-1).

Table 1.

Four Clinical Studies Showing Srotas, Their Respective Dhatu Pradoshaja Vikara and Moola

S.N	***Srotas* Studied As In Clinical Trials**	***Dhatu Pradoshaja Vikara of Srotas* Involved**	***Srotomoola***
1.	*Rasavaha*	*Pandu*	*Hridaya* and *Rasavaha Dhamni*
2.	*Raktavaha*	*Asrigdhara*	*Yakrita*and *Pliha*
3.	*Pranavaha*	*Tamak Shwasa*	*Mahasrotasa*and*Hridaya*
4.	*Medovaha*	*Sthaulya*	*Vrikka* and *Vapavahan*

Table -2

Enumerates the compound drugs prescribed for each group; two of which the groups contain drugs on srotomoola and the third group was of the disease.

***Srotas* Considered**	**Group A (*Srotomoola* Drugs Acting on *Hridaya, Yakrita, Hridaya, Vrikka*)**	**Group B (*Srotomoola* Drugs Acting on *Rasavaha Dhamni, Pliha, Mahasrotas, Vapavahan*)**	**Group C (*Vyadhihara* Drugs Acting on *Pandu, Asrigdhara, Tamak Shwasa , Sthaulya*)**
Rasavaha	Yoga acting on *Hridaya*	*Srotoshodhak Yoga* acting on *Rasavaha Dhamni*	*Panduhara Yoga*
Raktavaha	Yoga acting on *Yakrita*	Yoga acting on *Pliha*	*Asrigdharhara Yoga*
Pranavaha	Yoga acting on *Hridaya*	Yoga acting on *Mahasrotas*	*Shwashara Yoga*
Medovaha	Yoga acting on *Vrikka* i.e *Varun Churna*	Yoga acting on *Vapavahan* i.e *Utsadana Yoga*	*Medohara Yoga*

The detailed constituents of the compound drugs in different groups are shown in **(table-3)**

Table 3.

Contents of the Different Drugs Given in Different Trials As Per Srotas Involved And The Disease

***Srotas* Involved**	**Group**	**Drug Administered**	**Dose**	***Anupana***	**Time of Administration**	**Duration Of Treatment**
Raktavaha Srotas	***A***	Yoga acting on *Yakrita:Krishna Tila*(*Sesamum indicum*)+*Saindhava Lavana* (Sodium Chloride)	4 gm	water	Before meal, Twice a day.	2 months.
	B	Yoga acting on *Pliha: Sharpunkha* (*Tephrosiapurpurea*) *Kshara* **[a]**	500 mg	water	Before meal, Twice a day.	2 months.
	C	*Asrigdarhara Yoga*: – *Daruharidra* (*Berberis aristata*) *Kiratatikta* (*Swertia chirata*) *Nagarmotha* (*Cyperus rotundus*) *Yavasa* (*Alhagi camelorum*)	4 gm	water	Before meal, Twice a day.	2 months.
Rasavaha Srotas	**A**	*Hridaya yoga: Vrikshamla*(*Garcinia indica*) *Churna*(powder)	5 gm	water	Twice a day.	2 months.
	B	*Srotoshodhaka yoga : Shadushna Churna* **[b]**	3 gm	water	Twice a day.	2 months.

	C	*Panduhara yoga: Phaltrikadi ghan vati* **[c]**	500mg	water	Twice a day.	2 months.
Medovaha Srotas	**A**	*Varuna* (*Crataeva nurvala*) *Churna*	4gm	Lukewarm water	Twice a day.	2 months.
	B	*Utsadana yoga: Sheerisha* (*Albizzia lebbeck*) *Nagakesara* (*Mesua ferrea*) *Lodhra* (*Symplocos racemosa*) *Khasa* (*Vetiveria zizanioides*)	10-15 gm (Local application)	Lukewarm water	Twice a day.	2 months.
	C	*Charkokta Medohara Yoga*: *Agnimantha* (*Premna mucronata*) + *Shilajatu* (*Asphaltum punjabianum*)	40 m.l. **[#1]**	Lukewarm water	Twice a day.	2 months.
Pranavaha Srotas [18]	**A**	*Hridaya Yoga:Dadima* (*Punica granatum*) *Vrikshamla* (*Garcinia indica*) *Amrataka*(*Spondias pinnata*)	2g	Lukewarm water	6 times a day.	2 months.

#1 decoction of Agnimantha Root and 1 capsule containing 500 mg Shilajatu

[a] Among the different types of kshara preparation the drug prepared was of Mridu type (gentle in nature). The raw drug was converted to ash and then water was added in 1:6 ratio. Then filtration of the mixture was done 21 times. Then distillation was done (boiling the ksarajala still all water evaporates) and finally collection through process called lixiviation.

[b] Shadushna contains six herbal drugs in equal quantity. Chavya (Piper retrofractum), chitrak (plumbago zeylanica),sunthi (Zingiber officinale), pipali (Piper longum),pipalimoola (Piper longum), maricha (Piper nigrum)

[c] Contents of Phaltrikadi Vati are Water for decoction of these drugs was 8 parts. The mixture was boiled and reduced to 1/8 part, filtered. At last the tablets were prepared according to modern GMP standards.

All the trials conducted were single blind. The number of patients registered for each disease were allocated into three groups. Out of the three groups two groups (Group A and Group B) were given medicines that acted directly on either of the srotomoola of respective srotas involved for respective Dhatu Pradoshaja Vikara. E.g in case of Pandu Roga which is rasavaha srotas vikara Group A and Group B were given medications that acted directly on the srotomoola of the rasavaha srotas. Hridaya Yoga on Hridaya srotomoola and Shadushna on Rasavaha Dhamni srotomoola. While assigning the medications in these Groups care was taken that these medicines were not directly described in the management of the disease in question i.e Pandu. Group C was given the medicine that acted directly on the disease described in classical texts in all the four trials.

Results and Observations:

Table -4 enumerates different subjective and objective parameters assessed as per srotas and disease involved in four trials. The parameters assessed were taken according to the disease symptoms described in classics and the validated investigatory tests required for the disease.

Table 4.

List of different subjective and objective parameters assessed as per srotas and disease involved in four trials.

S.no	RAKTAVAHA SROTAS (*asrigdhar*)	RASAVAHA SROTAS (*pandu*)	PRANAVAHA SROTAS (*tamak shwas*)	MEDOVAHA SROTAS (*sthaulya*)
Subjective parameters	Intensity of flow of menstrual blood. Amount of flow of menstrual blood. Duration of flow of menstrual blood. Assessment of inter menstrual period Pain during menstruation(*Vedana*) Weakness(*Daurbalya*) Body ache (*Angamarda*) Pallor (*Pandutva*) Burning sensation in body (*Daha)*	*Aruchi* (Loss of appetite) *Panduta* (Pallor) *Daurbalya* (Weakness). *Hridya Spandana* (Palpitation) *Shwasa* (Dyspnoea) *Pindikodwestana* (Leg Cramps) *Akshikuta Shotha* (Periorbital Oedema) *Shrama* (Fatigue)	*Shwasakrichata* (difficulty in breathing) *Kasa* (cough) *Pinasa*,(common cold) *Prana pidaka tivra Shwasa* (dyspnoea) Restlessness *Vishushkasya, Parsve avagruhyate*(pain in flanks) Expectoration *Anidra* (insomnia)	*Javoparodh* (Inability to work) *Daurbalya* (weakness) *Daurgandhya* (Foul odor of the body) *Swedabadhah* (Excessive sweating) *kshudhatimatrama* (Excessive appetite) *Pipasatiyoga* (Excessive thirst) *Kricchavyavayata* (Sexual difficulty)
Objective parameters	Hb, TLC, ESR, CT, BT, Urine Exam Routine, Microscopic SGOT, SGPT, S. Bilirubin, Alkaline Phosphatase, USG	Hb, MCV, S. iron level, TLC, MCHC, Total iron binding capacity, DLC, PBF, SGOT, ESR, SGPT, S. creatinine	Spirometer test, TLC, ESR, SGOT, SGPT, ECG, Chest X-ray PA view	Body Weight, BMI, Waist circumference, Hip circumference, Waist Hip Ratio, circumference of Mid arm, Neck and Thigh, S. Cholesterol, S. Triglyceride, S. HDL

The table 5 below shows a list of objective and subjective parameters assessed in different trials which were statistically significant. Also there was clinically symptomatic relief in the some of the symptoms.

Table 5.

List of symptoms which were highly significant statistically in each trial in each group according to statistical analysis.

S.no	**Group A(Drugs on one moola)**	**Group B(Drugs given on other moola)**	**Group C (Drugs given directly on the disease of the *srotas* involved)**
RAKTAVAHA SROTAS (*asrigdhar*)	Pain during menstruation, weakness Body ache, Pallor, Burning sensation in body, ESR, SGOT, SGPT	Intensity of flow of menstrual blood. Pain during menstruation, Burning sensation in body	Intensity of flow of menstrual blood. Pain during menstruation, Weakness, Body ache, Pallor, Burning sensation in body SGOT, SGPT
RASAVAHA SROTAS (*pandu*)	Loss of appetite, Weakness, palpitation, Periorbital Edema, Fatigue, MCV, TLC, MCHC, PBF, SGOT, ESR, SGPT,	Weakness. Dyspnea, Leg Cramps, periorbital Edema, Fatigue, TLC, MCHC, PBF, SGOT, ESR, SGPT,	Pallor, Weakness, dyspnea, Leg Cramps, Periorbital Edema Fatigue, Total iron binding capacity, DLC, PBF, SGOT, ESR, SGPT, S. creatinine
PRANAVAHA SROTAS (*tamak shwas*)	difficulty in breathing, Restlessness, pain in flanks, Expectoration Insomnia, ESR, SGOT, SGPT, ECG	difficulty in breathing, cough, common cold, ESR, SGOT, SGPT, ECG	Cough, common cold, dyspnea, Restlessness, pain in flanks, ESR, SGOT, SGPT, ECG
MEDOVAHA SROTAS (*sthaulya*)	Inability to work, Excessive sweating, Excessive appetite, Excessive thirst, Body Weight, Waist circumference, Hip circumference, Waist Hip Ratio	Inability to work, Weakness, Foul odor of the body, Excessive sweating, Excessive thirst, Body Weight, Waist circumference, Hip circumference, Waist Hip Ratio,	Inability to work, weakness, Foul odor of the body, Excessive sweating, Sexual difficulty, Body Weight, BMI, Waist circumference, Hip circumference, Waist Hip Ratio

of all the trials conducted, all the groups showed significant results on the parameters taken under observation whether they were objective or subjective despite of the disease or srotas involved and is under consideration. Group A and Group B results were markedly significant on the maximum parameters involved. Group C also showed better results that is the group which was given prescribed medicament stated classically; was more effective than the either of Groups A and B.

DISCUSSION:

Srotas have been given a place of fundamental importance in ayurveda both in health and disease. Acharya Sushruta has described symptoms due to the injury at the sites of origin of these channels of circulation (Sushruta Samhita, Sharirasthana 9:12).[32] But whether these origins are to be treated in vitiations of Srotas (functional) or these are only organic parts, this is not very much clear from the classical description. Also each srotas described in the classics has been accompanied by two of its moola. The seers have laid the significance of the word moola in various contexts. While describing the benefits of anuvasan basti, chakrapani has quoted and importance of the word moola. Like the tree whose root is sprinkled with water, anuvasana basti administered through the anus makes a person strong and beautiful and he gets endowed with offspring's (Charaka Samhita Siddhi Sthana 1:23).[33] Anus is the root of the body and through the vessels located there the entire body up to the head gets nourishment. Such is the importance of the word moola or the root. It is an evident fact that the anchorage of the tree is increased manifold times if the root is well established and healthy. So sincere efforts were made out to find out the clinical importance of moola of srotas. The point that the group which was assigned the medicine that acted well directly on the disease (Group C) despite on the srotas involved was statistically and symptomatically significant than either of Groups A and B. This further helps us in reestablishing our fundamental principles and to follow them without any dubiousness. The fact that Group A and Group B results were markedly significant on the maximum parameters involved clarifies that there is certainly an assertive connection between the srotas and its moola and that if one can treat the moola effectively one can curb down the disease which is manifesting due to vitiation of that particular srotas involved to a much higher level than what we can expect in the first intervention by itself and the results are unprecedented. The combined effect of the vyadhi pratyanika chikitsa and the srotomoola chikitsa in curing any srotogata vyadhi will be remarkable.

CONCLUSION:

There are numerous number of ways by which the diseases can be managed and ultimately cured by the physicians. One of the aspect of the line of management can be by treating the moola of the srotas involved. The resolution of the present study was to understand the functional utility of srotomoola. Srotasa implement their function by srotomoola. The drugs used in this trial, acted on srotomoola which by connecting through srotas helped in curing the disease. Results were found well in that group of patients which had taken medicine prescribed for treatment of srotomoola though the results varied clinically and statistically. So on the basis of results of parametersinvolved; we can conclude that srotomoola chikitsa will give better response to cure of any dhatu pradoshaja vikara. Keeping the above facts in view, we can conclude that the combined association of treating both the moola of any srotas and the vyadhi pratyanika chikitsa

will be a constructive endeavor in treatment modalities in ayurvedic field.

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SIMPLE DEPICTION OF THE STUDIES UNDERTAKEN

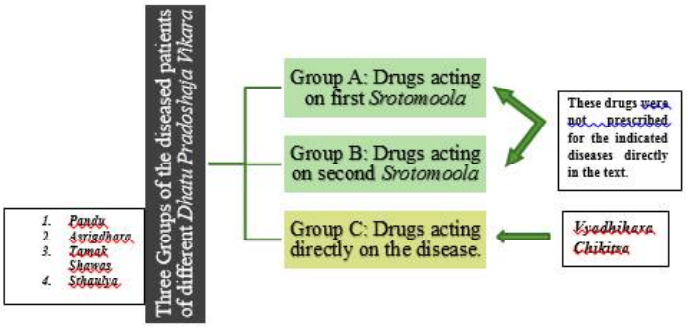

Figure 1

POORVAKARMA IN CHILDREN

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ABSTRACT :

The two types of therapies described in Ayurveda are samshodhan and sanshaman therapy. Poorvakarma is a part of samshodhan therapy. In child hood period it is difficult to treat diseases by using different steps of pradhan karma. Most of the childhood, vatic diseases can be cured by using poorva karma of samshodhan chikitsa. Panchkarma is done for following purposes :

1. In healthy persons to maintain health according to dincharya, ritucharya,etc.
2. Prior to rasayan and vajikaran therapy.
3. For treatment of diseases. Samshodhan chikitsa fulfilling the aim of Ayurveda.

Key wards: Panchkarma, Ritucharya, Oleation, Pachan and Poorvakarma.

INTRODUCTION:

Trividh Karma

f=fo/k de&iode] i/kkude] i'pkRdefrAA

In Ayurvedic system of medicine trividhkarma classifies for a surgical or medical procedures into Poorvakarma, Pradhan karma & Pashchat karma.

In reference to shalya karma:

y?kukfn fojdkUr iode o.kL; pA[1]
ikpu jki.k po i/kku de rr LerA[2]
oyo.kkflrdk; r i'pkRde lekfn'krA ¼l-l-½

From lightening to purgation is pre operative or preparatory measure, incision and healing of wound is the chief operative measure and the measures for restoring strength, complexion and digestive power are the post operative ones.

In reference to samshodhan karma:

l'kk/;L; ikpuLugu Lonukfu iode] oeufojpu cfLruL; fljkek{k.kkfu i/kku de] i;k|Uull tu i'pkRdeA[3] ¼l-l-½

In case of purification; digestion, unction and sudation come under poorvakarma; emesis , purgation, enema, snuffing and puncture are pradhan karma while the intake of suitable diet is Pashachat karma.

In reference to chikitsa:

p;knhuk io: ikUrkukekrkRiÙkk ikd ;r fØ;r rRiode] vkrdkRiÙkk r ;r rr i/kku de fuoÙkkrdL; vucU/kkipj.kk; ;r rr i'pkRdeA[4] ¼l-l- 5@3½

Whatever is done before the manifestation of disease eg. from the stage of accumulation of Doshas to prodromal symptoms is preparatory, whatever is done on manifestation of disease is chief therapeutic measure, while that performed after recovery to eliminate the subsequent impurities is post therapeutic measures.

Poorvakarma includes:

In shalya karma- Aptarpan, Alep, parishek, abhyanga, sweda, vimlapan, upnah, pachan, visravan, sneh, vaman and virechan.

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In relation to panchakarma- Pachan, Snehan & Swedan.

INDICATION OF POORVAKARMA:

Poorvakarma is required prior to Shodhan therapy . As independent therapy- it is used in various disorders like Vata Vyadhi.

PACHAN:

ipR;ke u ofgu p d;kÙkf) ikpueA
ukxd'kjoknA ¼'kk-'k- 4@2½

Those drugs which digest the Ama but do not increase the Jatharagni are called Pachan Dravyas. Example is Nagkeshar. It is use for digestion of Ama Rasa.

SNEHAN:

Lugu Lugfo";Un eknoe Dyndkjde AA[5]
¼p-l- 22@11½

Snehan is that which produces unction, oozing, softness and moistening.

Sources of Sneha Dravya: -

Vegetable origin-Tila, Jyotishmati, Erand, Sarshap. Among them Til Tail is best for strength and unction (snehan) while castor oil is best for purgation.

Animal origin- Curd, Milk, Ghee, Meat, Vasa (muscle fat) obtained from fish, quadrupeds, birds.

Types of snehas-Chaturvidha Sneha- Ghrita, Taila, Vasa & Majja .

Properties of chaturvidha snehas-

?kr fiÙkkfuygj jl'kØkt lk fgrA
fuoki.k endj Lojo.k ilknue AA[6] ¼p-l- 13@14½

Ghee alleviates pitta and vata , it is conducive to rasa dhatu, shukra dhatu and ojas. It has cooling and softening effect upon the body. It adds to the clarity of the voice and complexion.

ek:r?u u p 'y"ey cyo/kueA
RoP;e".k fLFkjdj ry ;kfufo'kk/kue AA
¼p-l- 13@15½

Oil alleviates vata. It does not, however aggravate kapha. It promotes bodily strength. It is beneficial for the skin. It is hot, stabilizer and it controls the morbidity of the female genital organs.

fo)HkXukgr HK"V;kfu d.kf'kjk:ftA
ik#"kip; Lug 0;k;ke p";r olkAA
¼p-l- 13@16½

The muscle fat is prescribed for the treatment of injury, fracture, trauma, prolapsed uterus , earache and headache. It enhances the virility of a person. It helps in oleation and it is useful for those who practice physical exercises.

cy 'kØ jl 'y"e enk eTtfoo/ku%A
eTtk fo'k"krk·LFuk p cyÑr Lugufgr%AA
¼p-l- 13@17½

The bone marrow enhances strength, shukra, rasa dhatu, kapha, medo dhatu and majja. It adds to the physical strength, especially of the bones and is useful for oleation.

Kala for snehapana-

lfi 'kjfn ikr0; olk eTtk p ek/koA
ry ikof"k ukR;".k'khr Lug fioUuj%AA
¼p-l- 13@18½

Ghee should be taken in autumn (sharad), fat and marrow in spring and oil in early rains (pravrit). One should not take uncting substance in weather too hot or too cold. Ghee is to be taken during autumn because Pitta gets aggravated in this season and ghee is considered best antidote for Pitta out of Chaturvidha Sneha.

okrfiÙkkf/kdk jktko".k pkfi ficUuj%A
'y"ekf/kdk fnok 'khr ficPpkey HkkLdjAA
¼p-l- 13@19½

In the event of the vitiation of vata and or pitta, and during the summer in general, oleation therapy should be administered in the evening. When the kapha is vitiated and in the winter in general, this therapy is to be administered in the mid day.

Anupana of snehapan-

tye".k ?kr i; ;"kLry·u 'kL;rA

olkeTKkLr e.M% L;kr lo"k m".keFkEc okAA

¼p-l- 13@22½

Ghee is to be taken with the Anupana of hot water, oil with that of Yusha, muscle fat and bone marrow with that of Manda. Or all these unctuous substances may be taken with the Anupana of hot water.

Time limit for snehan- Maximum-seven days. Minimun- three days

- Snehan recommended for-those to take swedan and sanshodhan,who are ruksha, have vatika vikaras indulge in physical exercise, mental work.
- Snehan is not recommended for- those who need rukshan,have excess of kapha and meda, poor digestion, pregnant, anorexia, vomiting, those taking nasya or vasti.

Result of snehan

o Asnigdha

ijh"k xfFkr :{k ok;jix.kk en%A
iDrk [kjRo jk{; p xk=L;kfLuX/ky{k.keAA

¼p-l- 13@57½

Nodulous, dry stool, not passing flatus, Poor digestibility, roughness of body .

Samyak snigdha:

okrkuykE; nhIrk·fXuop% fLuX/keIgreA
ekno fLuX/krk pkx fLuX/kkukeitk;rAA

¼p-l- 13@58½

Unctuous and unformed stool, softness of body parts, Carmination, stimulated digestion

Atisnigdha

ik.Mrk xkjo tkM; ijh"kL;kfoiDorkA
rUnk:fp:RDy'k% L;knfrfLuX/ky{k.keAA

¼p-l- 13@59½

Paleness, heaviness, feeling of cold, Undigested stool, drowsiness, anorexia, nausea.

Preoleation management:

A day preceding to the administration of oleation therapy, one should take food in proper quantity. The food should be liquid, hot and anabhishyandi. It should neither be too unctuous nor a mixture of two opposite qualities.

Management during oleation:

While under the oleation therapy one should use hot water, observe brahmacharya, one should not sleep during day time, nor one should suppress urges for motion, urination, flatus, etc., one should avoid physical exercise, loud speech, anger anxiety, cold and sun, and one should lie down or sit in a place well protected from the wind.

Indication for administration of fat preparations (vicharana):

Lugf}"k% LugfuR;k endk"Bk'p ; ujk%A
Dy'kk lgk e|fuR;kLr"kkfe"Vk fopkj.kkAA

¼p-l- 13@82½

Persons who have aversion for taking unctuous substance, those who are in habit of regularly taking unctuous substance, wine , those with laxed bowels (mridu koshta), those who cannot resist to physical strain.

Immediate snehan:

Panchprasritiki type of gruel prepared with milk and masha and added with unctuous substances in sufficient quantity oleates immediately. It is prepared of ghee, oil, muscle fat, marrow and rice - one prasrita each.

Role of salt in oleation:

Unctuous drink prepared with salt oleates an individual instantaneously because salt is by nature abhishyandi, unctuous, sukshma, hot and vyavayi.

Routine for administration of different therapeutic measures:

Oleation therapy is required to be administered first; then fomentation therapy is to be applied; finally elimination therapy is to be

administered after the administration of oleation and fomentation.

Swedan:

vr% Lonk% io{;Ur ; ;FkkoRi;kftr%A
Lonlk/;k% i'kkE;fUr xnk okrdQkRedk%AA
¼p-l- 14@3½

Lugio i;Dru Lonukoftr·fuyA
ijh"k e= jrkfl u lTtfUr dFkpuAA
¼p-l- 14@4½

If fomentation is properly administered, they can sure vatic and Shleshmik diseases as are curable by fomentation. If administered after oleation, fomentation brings vata under control and thereby facilitates the elimination of faeces, urine and semen.

'k"dk.;fi fg dk"Bkfu Lug Lonkiiknu%A
ue;fUr ;FkkU;k; fd iuthork ujkuAA
¼p-l- 14@5½

Even dry pieces of wood bend by means of oleation and fomentation, duly applied, then how living human beings cannot be benefitted.

SPECIFICITY IN FOMENTATION:

jkxr0;kf/krki{kk ukR;".kk·frenu pA
æ0;oku dfYirk n'k Lon% dk;djk er%AA
¼p-l- 14@6½

Fomentation neither too hot nor too cold - combined with proper drugs and applied with due regards to the diseases, the season, the individual patient and body organs affected by the disease, is effective indeed. Drugs to be used for fomentation should be unctuous or non-unctuous, depending upon the nature of the disease to be treated.

Degree & quality of fomentation:

- If the disease is of serious type, if the season is very cold and if the body of the patient is very strong, strong fomentation is indicated.
- If the disease is mild, the season is moderately cold and the body is weak, mild fomentation is indicated.
- If all are of moderate nature, then moderate fomentation is indicated.
- In diseases caused by vata, combined with kapha, vata alone or kapha alone, the fomentation to be applied should be prepared by drugs of unctuous and coarse qualities, unctuous quality alone or coarse quality alone respectively.
- If the Vata is accumulated in Amasaya, then the fomentation with drugs having ruksha qualities, should precede the prescribed fomentation for Vata.
- If Kapha is accumulated in the Pakvashaya fomentation with drugs having unctuous qualities should precede the prescribed fomentation for Kapha.

Organs contraindicated for fomentation:

No fomentation should preferably be administered over testicles, heart and eyes. Even if it is very necessary to administer it should be of mild type, over groin it should be moderate and fomentation on other parts of the body could be according to the individual needs.

SIGNS OF IDEAL FOMENTATION:

'khr'ky0;ije LrEHkxkjofuxgA
ltkr ekno Lon Lonukf}jfrerkAA
¼p-l- 14@6½

Fomentation is to be administered until there is complete recovery from cold, colic pain, stiffness and heaviness of the body or until sweating appear there.

Materials used in pinda sweda:

For diseases of vatik origin- Til, masa, kulattha, sour preparations, ghee, oil, meat, porridge, payas, and flesh.

For diseases of slaishmik origin- feces of cow, ass, camel, pig and horse along with the

barley grains, sand, dust, stone dried cow dung, iron powder.

- These very drugs may be used for prastara sweda depending upon the nature of the disease.

Materials used for nadi sweda:

Gramya , oudak, aanoop mamsa, milk, blood, bile, flesh of pig, unctuous substances for vatik diseases.

For slaishmik diseases, nadi sweda should be given by boiling leaves of varun, amratak, erand, shigru, mulak, sarshap, vasa, karanja, arka, sobhanjan, saireyak etc.

For vataslaishmik diseases, nadi sweda should be given by boiling bhutik, panchmula with wine, urine, acidic preparations.

Materials used for Upnah sweda:

Poultice for the purpose of fomentation should be prepared with wheat chips, barley floor, unctuous substances, yeast and salt, Jivanti, Satapushpa, Kushta mixed with oil.

Leather with hair, devoid of bad smell and of Usna Virya animals, is to be used as bandage. In case of their non- availability, silk or wooden blanket may be used for this purpose.

Thirteen types of fomentation:

lMdj% iLrjkukMh ifj'kdk·oxkgue
tUrkdk·"e?ku% d'k dVhHk% dfEHkdo A
dik gkykd bU;r Lon;fUr =;kn"k
rku ;Fkkor io{;kfe lokuokuio"k% AA

¼p-l- 14@39&40½

Sankar, prastar, nadi, parishek, avgahan, jentak, asmaghana, karsu, kuti, bhu, kumbhika, kupa and holak.

Niragni sweda:

0;k;ke m".klnu x#ikoj.k {k/kkA
cgiku Hk;Øk/kkoiukgkgokrik%AA

¼p-l- 14@64½

The ten devices which in a way serve the purpose of fomentation without involving the direct application of fire are exercise, residing in a warm chamber, wearing of heavy clothing, hunger, excessive drinking, fear, anger, application of poultice, wrestling and exposure to sun shine.

Swedan in children

According to Acharya Kashyap -The physician may give eight types of swedan to children according to age, disease and physical strength.

Hasta Sweda, Pradeha, Nadi Sweda, Prastara Sweda, Sankar Sweda, Upnaha Sweda, Awagaha Sweda and Parisheka. Hasta Sweda: Used since birth to an age of four months.

CONCLUSION:

Poorvakarma play a major role in management of different vatic disorders in children like hypoxic ischemic encephalopathy induced different types of cerebral palsy as hemiplegic, paraplegia, quadriplegia, post encephalitic complications and delayed growth and development. The trans-dermal absorption of sneha dravya, provide the nutrition as well as ushna property of swedan therapy strengthen the body by reducing aggravated vata doshas.

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HEPATOPROTECTIVE MEDICINAL PLANTS OF INDIAN SYSTEM OF MEDICINE

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ABSTRACT :

Despite tremendous advances in allopathic medicine, there are no effective hepatoprotective medicines. Medicinal plants have been used for the management of liver diseases by Ayurvedic and other traditional healers thousands of years and these scince plants play a vital role in the management of liver diseases. Numerous plants and polyherbal formulations are reported to have liver protective (hepatoprotective) properties. Till now, the hepatoprotective effect of many individual herb or *herbal combinations* are tested using experimental animals and in most of the studies of *polyherbal* formulas, marginal to moderate levels of hepatoprotective effects have been observed.

Key Words :

Medicinal plants, Hepatoprotectives, Liver disorder

INTRODUCTION

The liver is called *yakrit* in Ayurveda and the *pitta* is the predominant humor of the liver. Most of the liver disorders are aggravated by conditions of pitta. Excessive bile production or a blockage in the flow of bile usually indicates high pitta, which in turn affects the agni or enzyme activities responsible for absorption, digestion, and metabolism. Diet and lifestyle activities that aggravate *pitta* include alcohol abuse, red meat, spicy, oily, heavy foods, lack of sleep, too much direct exposure to the sun and smoking. Aggravation of the *pitta* causes liver diseases such as fatty liver, cirrhosis, and hepatitis. All types of viral hepatitis are obviously not mentioned in the classical texts but one can find similar symptoms described under kamala. Ayurveda describes two basic types of kamala (hepatitis or jaundice)-

1) Shakhasrita which is caused by the minimal aggravation of pitta and kapha, and is easily curable
2) Kumbha kamala which is due to very high pitta and is difficult to cure. It can become incurable if not attended to immediately.

Panaki and *Haleemaka* are two other types of hepatitis or jaundice that are explained in Ayurvedic texts. Panaki is late stage kamala while Haleemaka is an advanced stage of anaemia that occurs when both the vata and pitta are out of balance.

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Pathogenesis

Excessive intake of alcohol, hot, spicy, sour, contaminated food or water aggravates pitta. When pitta is out of balance, the liver causes disease in the blood, muscle tissue, and biliary system. This manifests as kaamala or jaundice. It is believed that an anaemic and/or immunocompromised person is more prone to this ailment.

Symptoms

Symptoms of kamala include loss of appetite and taste, generalized weakness, yellowish discoloration of the eyes, nails, oral cavity, and urine, vague body pains, burning sensation, weakness in all sensory organs. In extreme cases, emaciation (extreme thinness) is also seen. All these symptoms signify the involvement of the immune system in infective hepatitis. Ayurveda explains that hepatitis involves the gastrointestinal system, cardiovascular system, musculoskeletal system, and the skin. Symptoms such as generalized edema (shotha), excessive thirst (atitrishna), black bloody stools (krishna varna mala and mutra), blood in vomiting (rakta yukta chardi), red eyes (rakta netra), dizziness (bhrama), drowsiness (tandra), total loss of appetite (teevra agni mandya), and hepatic coma (nashta sanjna) indicate that the liver disease is at an incurable stage, and the patient is believed to be terminally ill.

ROLE OF INDIAN MEDICINAL PLANTS IN LIVER DISOREDRS

Ayurveda advocates a specific treatment for every ailment. The main objective of treatment in Ayurveda is to make rebalance of the affected doshas. In liver disorders, pitta is the primary humor involved. It influences digestion, metabolism, and biological transformations in the body. Therefore, it is important to follow a diet and lifestyle that reestablishes the balance of pitta. In general, Ayurvedic medicine promotes a vegetarian diet for liver disorders. Bitter, sweet, and astringent tastes are favored. Consumption of starchy foods such as vegetables, grains, and beans are recommended. Salads are also good. Excesse of salty, sour, and/or spicy food items are harmful. Consumption of oil, butter, processed and fast foods should be reduced. It is important to follow a specific diet and curtail excessive activities. Depending on the person's physical state, treatment begins with a mild laxative, which is either limited to the start of treatment or taken daily. If the person is unable to tolerate the laxative, it is stopped and treatment proceeds to the next step. After cleansing, oral medications are given two or three times daily. These medications can be herbal decoctions, powders, pills, fermented syrups, and/or herbs processed in clarified butter (ghee). The dosage, form, and combination of *medicines* are selected depending upon the patient's constitution, stage of disease, and physical condition. Thus the treatment of liver disorders usually involves a combination of herbs, body work, dietary advice, lifestyle changes etc. Following are the some plants found useful in liver disorders

Nagarmustaka *(Cyperus scariosus)*

It is a delicate and slender sedge, grows in the damp areas of UP, MP, eastern and southern parts of India. It produces deep brown aromatic tubers. A study showed that its extract exhibited *virucidal* activity against HBV. Its extract has also been found to renormalize liver functions in hepatitis B patients by optimizing alanine

aminotransferase enzyme concentrations and offer hepatoprotective activity against the hepatotoxic dose of carbon tetra chloride.

Kalamegh *(Andrographic paniculata)*

It belongs to the family Acanthaceae and is also known as chirayata. It is found throughout India and Southeast Asia. This herb is reported to possess astringent, anodyne, and tonic properties. The plant is bitter, acrid, and cooling. It is used as a laxative, anti-inflammatory, expectorant, and digestive. It is useful in treating dysentery, cholera, diabetes, influenza, bronchitis, hemorrhoids, gonorrhea, hepatomegaly, skin disorders, fever, worm infestations, burning sensations, wounds, ulcers, leprosy, itching, flatulence, colitis, and diarrhea. Preparations containing *Andrographic paniculata* only and formulas containing this plant product have been described as being potent hepatoprotectants. Administration of A. *paniculata* has been shown to protect the activity of several important enzymes in the liver (superoxide dismutase, catalase, glutathione peroxidase, and glutathione reductase). It has also been shown to protect liver glutathione. These finding support the antioxidant and hepatoprotective effects of A. paniculata.

Haridra *(Curcuma longa)*

C. longa is commonly known as turmeric and it belongs to family zingiberacae. It is found throughout India especially in Bengal, Mumbai and Chennai. Its useful part is rhizome. It is used as an anti-inflammatory, anti-oxidant, and hepato-protective agent. It is useful in gastrointestinal colic, flatulence, hemorrhage, hematuria, menstrual difficulties, jaundice, hepatomegaly, skin disorders, fever and wounds.

Bhringaraj *(Eclipta alba)*

It belongs to the family compositae. It is found throughout India as well as the southwestern part of the United States. Its useful parts are roots and leaves. Its roots and leaves stimulate the flow of bile into the intestine. The root is used as an emetic and purgative. The leaf juice is used as a liver tonic. This is the main herb for the hair, and cirrhosis. It is believed to prevent aging, maintain and rejuvenate hair, teeth, bones, memory, sight, and hearing. It is a rejuvenative for pitta, kidneys, and liver. The root powder is used in Ayurvedic medicine for hepatitis, enlarged spleen, and skin disorders.

Bhumyamalaki *(Phyllanthus niruri)*

This herb belongs to family euphorbiaceae and it is found from central and southern India to Sri Lanka. Phyllanthus species are also found in other countries including China (e.g., Phyllanthus urinaria), the Philippines, Cuba, Nigeria, and Guam. Its useful parts are leaves, roots, and whole plant. It has active compounds like lignans (phyllanthine and hypophyllanthine), alkaloids, and bioflavonoids (quercetin) but it remains unknown which of these ingredients has an antiviral effect. Research shows that this herb acts primarily on the liver. This action in the liver confirms its historical use as a remedy for jaundice. It is the main herb for treating liver disorders. Other uses include using the whole plant for jaundice, gonorrhea, frequent menstruation, and diabetes. It is also used topically as a poultice for skin ulcers, sores, swelling, and itchiness. The young shoots of the plant are administered in the form of an infusion for the treatment of chronic dysentery.

Guduchi *(Tinosporia cordifolia)*

It belongs to the family menispermaceae and is found in the Himalayas and in many parts of southern India. Its useful parts are whole plant, roots, and stems. It is used to treat HIV/AIDS, other immune diseases, and pitta diseases. It is used as a blood purifier, to treat fever, and to aid recovery from fevers. It is also used for jaundice, digestion, constipation, hemorrhoids, dysentery, and cancer (strengthens persons before and after chemotherapy).

Haritaki *(Terminalia chebula)*

It belongs to the family combretaceae and it grows in many parts of India. Its useful part is fruit. Its fruit is a blood purifier and is used to treat jaundice, colic, anemia, cough, asthma, hoarse voice, hiccups, vomiting, hemorrhoids, diarrhea, malabsorption, abdominal distention, gas, fever, parasitic infections, tumors, and spleen and liver disorders. Small doses are good for constipation and diarrhea. It also improves digestion.

Katuka or Kutki *(Picrorrhiza kurroa)*

It belongs to the family scrophulariaceae and it is found in the western Himalayas from Kashmir to Sikkim. Its useful part is its dried rhizome. It is used with equal parts of licorice and raisins to treat constipation. It is also used with neem bark for bilious fever, and with aromatics to treat fevers, malaria, and worms in children.

Musta *(Cyperus rotundus)*

It belongs to the family cyperaceae and is found in southern India. Its useful part is rhizome. It is used to treat poor appetite, diarrhea, dysentery, fever, gastritis, indigestion, and sluggish liver. It is also used to harmonize the liver, spleen, and pancreas and to treat malabsorption.

Pippali *(Piper longum)*

It belongs to family piperaceae. This plant is indigenous to northeastern and southern India and Sri Lanka. It is cultivated in eastern Bengal. Its useful part is fruit. It is used to treat abdominal tumors and distention, and to improve the digestive fire. It is used to treat flatulence, gout, laryngitis, paralysis, rheumatic pain, sciatica, and worms. It is also used to enhance the immune system.

Punarnava *(Boerrhavia diffusa)*

It belongs to the family nyctaginaceae. It is found throughout India. It can be white or red. Its useful part is root. It is used to treat edema, anemia, heart disease, cough, intestinal colic, jaundice, ascites, peritoneal concerns such as urethritis, and kidney disorders. Its other uses include hemorrhoids, skin diseases, rat and snake bites, alcoholism, wasting diseases, insomnia, rheumatism, eye diseases, and asthma (moderate doses). It induces vomiting in large doses. Leaf juice is used to treat jaundice. Root decoction or infusion is used to treat constipation, gonorrhea, and internal inflammations. It is used externally to treat edema, and rat and snake bites.

Some other plants useful in liver disorders Kaasani, rohitaka, arka, daruharidra, indravaruni, kumara, nimbi, vidanga, kaakmachi, apamarga, dugdhpheni, paarijaat, trivrita, mundi etc.

CONCLUSION

From this article, it is very clear that many Indian medicinal plants have great impact in the management of liver disorders; however there

is a need for scientific validation, standardization and safety evaluation of these traditional medicinal plants before these could be recommended for the same.

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YAPANA VASTI IN GERIATRIC CARE

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ABSTRACT :

Aging is perceived as normal development of the body. Panchakarma therapy is supposed to be a suitable therapy for arresting abnormal aging. Yapana Vasti is a special type of Vasti, which has property of brimhana, to support life, to promote longevity and without major complication. This paper details various types of yapana vasti which are recommended for geriatric care.

Key word- Panchakarma, Yapana Basti, ageing, geriatrics

INTRODUCTION

Aging begins before birth and continues throughout life. It involves two opposite processes i.e., growth or evolution and atrophy or involution. These two processes are fairly well balanced upto fourth and fifth decades of life. After that involution or atrophy predominates. Aging is a natural physiological process of involution with gradual weakening of the vital functions and lowering of the metabolic activity. Weakening, loss of skin luster, poor memory, decreasing vision, graying of hair etc., are general manifestations and ultimately gradual loss of physical and mental activities takes place.

Ayurvcda being the science of life has thrown considerable light on the biology of aging and related problems including the efforts to prevent and manage aging. Sushruta considers old age after seventy years. At this stage, dhatu, virya. indriya. utsaha etc., decreases day by day.

AGING

Vagbhata and Sharngadhara present an interesting scheme of loss of different biological factors as a function of aging. According to Vagbhata the individual looses different values in different decades of life in the following sequence, i.e., balya. vriddhi, prabha. medha. tvaka. shukra. drishti, srotendriya. mana and sparsendriya. Sharngadhara also presents the same scheme with some difference.

The phenomenon of aging involves the theory of tridosha, dhatus and agni. According to Ayurveda a balanced state of vata, pitta and kapha maintains the health and their imbalance is the basis of pathology. As per fundamental principles of Ayurveda, kapha is the predominant dosa during childhood, pitta during adulthood and vata during old age. Kapha is the principle humor responsible for the growth and development while pitta is responsible for the vigour and vitality of youth. Vata according to its fundamental properties, precipitates atrophy and involution. i.c., kshaya and shosha of dhatus. which is responsible for most of the manifestation of aging. Kapha gets gradually depleted and vata increases spontaneously.

Upto the age of sixteen years, the activities of all dhatus, ojas and the indriyas are in developing or growing phase, which is followed by the maturity phase upto seventy years or age . This is further followed by the gradual decline or involution of all the dhatus, ojas and indriyas. These changes in dhatus arc proportionally

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related with the changes in dosas. In early age, kapha predominates and accordingly the dhatus remain well formed and nourished while due to predominance of vata in old age, sosana and ksaya take place resulting in atrophy and involution.

Ayurveda describes thirteen types of agnis which represent the digestive and metabolic fire in the body. It consists of digestive juices, hormones, enzymes and coenzymes participating in the metabolism. The activity of pitta is highest in the young adults and hence the digestive capacity and metabolism arc also highest in this age. The optimal activity of agni maintains the vigour and vitality of an individual and keeps up the growth and development of the body. In old age, increasing vata induces involuntary changes, while depleted agni leads to defective metabolism leading to decrease in vigor and vitality with decay and atrophy.

GERIATRIC CARE

It is thus evident that vata is the important humor for causing different manifestations of old age. So the aim of a physician should be to pacify vata, to increase other humors, to nourish the tissue and to tackle allied problems, The aim should be to prolong the life with adequate activity and functional capacity, the ultimate motto being "not simply to add years to the life but to add life into years".

The Ayurvedic approach to the treatment or a disease consists of two major procedures - (i) Samshodhana chikitsa and (ii) Samshamana chikitsa. The first is the radical treatment of a disease and is supposed to eradicate or eliminate the vitiated dosas, thus completely preventing or curing the disease, while the second is the conservative treatment.

Panchakarma therapy is a samsodhan regimen which consists of a number of physico-physiological measures advocated in the treatment of a disease. The therapeutic measures of Panchakarma are the seat anchor in the Ayurvedic approach to the treatment of the diseases. It is designed to eradicate the vitiated dosas and to maintain a state of normalcy and equilibrium which is the fundamental basis of health.

VASTI

Vasti is the most important and major procedure in Panchakarma therapy. Depending upon the use of different drugs, vasti effects on samsodhana of dosas. It has also samshamana effects. The other effects of vasti may be anabolism in emaciated persons, karsana in obese persons, improvement in vision, prevention of aging, improvement in luster and strength, restoration of semen and healthful longevity. Though vasti therapy has its scope in all kinds of ailments implicating different types of doshas, dusyas and adhisthanas, it is supposed to be the specific treatment for vatik diseases. Vata has predominant influence on the three principal routes of diseases namely the sakha. kostha and the marma. Vayu is also responsible for the formation, communication and spread of sveda, mala, mutra, kapha and other biological substances in the body. Vasti, being the principal treatment for such an important factor, is considered the therapeutic procedure of maximum importance. That is why vasti is said to be the half of the whole treatment and sometimes a complete treatment.

Charak has described a specific type of vasti called yapanavnsti for such purpose in Siddhisthana twelfth chapter. They are called yapana because they are able to sustain life for a long period. Yapanavasti is basically an anuvasana (oleus) vasti and classified under anusangika (nomenclature) bheda. Yapana vastis are suitable to healthy, diseased and old persons; promotes semen, muscles and strength to those indulged in excessive sex; pacify all diseases, applicable in all seasons, provide fertility to

women and serve the purpose of both the unctuous and non-unctuous enema.

According to Vagbhata, yapan vasti is prepared with the paste of nagaramotha, madhu, taila. flesh juice and ghee. It cures the pain of the rectum, knee, thighs, testes, urinary bladder and urethra. Another combination is prepared with one prastha each of ghrit , honey, muscle fat, taila, half aksa of saindhava and half pala of hapusa. Sarngadhara describes that honey, ghee, milk. oil each one prasrita, hribera and saindhava each one aksa is called yapana or dipana vasti. Bhavaprakasha and Vangasen follow Sharangadhara.

Charak has described twenty six niruhvasti in this context, but twelve are more important for general or specific use. Apart from that Vagbhata emphasizes that vaidya should formulate different types of brihmana vasti with the sukravardhaka drugs according to the need and requirement. Description of some useful, short, easily available, less tiring vasti follows.

Hapusa 80 gm, 160 gm of semi pounded barley boiled in 1000 ml milk mixed with water till only milk remains. This is added with honey, ghee, oil and salt. This vasti improves medha, buddhi, jathragni and immunity.

Decoction of laghu panchamula prepared in milk with water and added with kalka of pippali, madhuka, madanaphala, jaggery, ghee, oil and saindhava lavana makes the enema useful for the emaciated.

Decoction of balamoola , atibala, apamarga moola and kapikacchu each 80 gm, semi pounded barley 180 gm added with jaggery, ghee, oil and salt is used as enema in old and debilitated persons,

Decoction of balamoola, madhuka, vidari kanda, darbha, mridvika and barley in equql quantiyty should be boiled with goat's milk till milk remains. This should be added with the paste of madhuka and madanaphala with honey, ghee and rock salt and should be administered as enema.

Decoction of the roots of shalaparni, prshniparni and gokshuraka, fruits of kashmarya, parushaka, kharjur and flowers of madhuka prepared with 640 ml each of goat's milk and water added with paste of pippali, madhuka and utpala along with ghee and rock salt is recommended as enema for one having weak senses and emaciation.

Goat's milk with laghu panchamoola 40g each, shali rice, shastika rice, barley, wheat and urada 80g each, reduced to one- fourth is added with juice of hen's egg and equal quantity of honey, ghee, sugar, small quantity of rock salt & saurvachala salt and administered as vasti.

CONCLUSION

These vasti have wide range of indications. They are specifically vatahara and brimhana. This promotes muscle and other senses, physical strength and vitality, intellect, complexion, digestive fire etc. It is useful in all sorts of vatika disorders, wasting, fevers, gulma, colic, stiffness of joints, cough, splenomegaly. flatulance, retention of urine and faeces, altered sensorium and decreased libido which are common manifestations of old age and hence the yapanavasti can be considered as a beneficial therapy for the aged.

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AN AYURVEDIC AND MODERN APPROACH TO THE MANAGEMENT OF VATARAKTA (GOUTY ARTHRITIS)

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ABSTRACT :

There is reaction (samurchhna) between vitiated vata dosha and vitiated Rakta dhatu (blood) hence it is called Vata Rakta. It is also called as Khuda Vata, Aadhya Vata. It occurs in small joints and generally rich people. There is predominance of vata so it is also called Vata balas. Acharya Charak described two types of Vata Rakta Utthan & Gambhira. Vata Rakta is having similarity to Gouty arthritis. Gout is a metabolic disorder of uric acid. It is primarily associated with high uric acid levels in blood that causes joints pain.

Key words :

Vatarakta,, Gout, Hyperuricemia, Raktamokshna

INTRODUCTION

Vatarakta is a special type of Vata vyadhi and it is a multisystem disease. Most of the symptoms of vatarakta are comparable with gouty arthritis. It is an inflammatory condition from modern science can be considered under this domain. In this disease Vata & Rakta excacerbate simultaneously. Aggravated vata having been obstructed in its passage by aggravated blood vitiates the entire blood so this is known as Vata Rakta.[1]

Etiology

Generally the diet & lifestyle which vitiate vata & rakta is responsible for this disease

Dietary factors

Rakta prakopaka Nidana : Regular consumption of saline, sour, pungent, alkaline, unctuous, hot and uncooked food, regular intake of putrified or dry substances.

Vata prakopaka Nidana : Excessive intake of astringent,pungent,bitter and unctuous substances,less intake of food or fasting.[1]

Lifestyle related : Riding over horses and camels or on carts carried by them and day time sleep 7 Acharya sushruta included some other factors like one who is suffering from chronic disease,long walk,intake of wine in excess.[2]

Pathogenesis

Due to subtleness and pervasiveness of vata[3]

↓

Liquidity and dispersibility of rakta

↓

It circulates all over the body through blood vessels

↓

It gets obstructed in the joints due to zigzagway

↓

In joints combination with pittadi doshas causes different type of pain

↓

Vata rakta

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The vata rakta vitiation occurs the irritation of the tissue joints and inflammation. Due to etiological factors vata and rakta aggravated. Aggravated vata obstructed in its passage by aggravated & vitiated blood vitiates the entire blood called vata rakta.[5]

Signs & Symptoms As per ayurveda involvement of multisystem is the feature of vata rakta. Patient will not tolerate touch in feet region and develops severe pain, wasting, loss of sensation, with the association of kapha & rakta causes swelling, itching, coldish touch. Association of all the doshas with rakta it start from hands, spreads to entire body like rat poison. 1 Fetal symptoms of vata rakta described in Astang hirdya in sharir sthan.[4]

Comparison Various Diseases according Doshas & Dushyas

Ayurvedic Diseases	Dosha	Dushya	Adhisthan	Modern disease
Vata Rakta	Vata + Rakta	Rakta, Twak, Mansa	Twak, Mansa	Gout
Ama Vata	Vata + Ama	Rasa	Sandhi	Rhumatoid arthritis
Sandhi Vata	Vata	Asthi	Sandhi	Oestioarthritis
Krosthukshirsh	Vata + Rakta	Rakta	Janu Sandhi	Knee synovitis
Rakta Gat Vata	Vata	Rakta	Rakta Vaha Srotas	Hypertention

Modern point of view Gout is a hereditary metabolic disorder.Gout is not a single disease describe a number of disorder in which crystals of monosodium urate deposited in the joints and the inflammation of the joints take place.It give rise inflammatory arthritis, cellulitis, urolithiasis, and renal disease.it is more prevatent in upper social classes and alcoholdrinkers. It affect men after puberty and women after the menopause. Uric acid can be precipited at high concentration especially in the joints and thus cause gout. [5]

Clinical features

- Acute arthritis affect the big toe in 75% of attacks occasionally,ankle,other toe,knees,or fingers are affected.
- Joints is painful,red,hot,swollen
- Tophi may occur on the outer ears,hands,and feet.
- Hypertension,obesity,low grade fever,renal uric acid stone may occur.

Management principles

- Ayurvedic approach of vatarakta management generally must be taken to anuloman the aggravated vata and to reduce the vitiated rakta.
- Rakta and vata aggravated & vitiated substances should be avoided.

Prescriptions

Kashor guggul 2 BD

Kokilakshadi kashaya 3tsf bd

Guduchi capsule 2 tds

Gokshuradi guggul 2 bd

punarnava guggul 2 BD

Kashyam : Rashnadi kashaya, manjishthadi kashaya & purnavadi kashaya drakshadi kashaya rashna erandadi kashya

Panchakarma in vatarakta

" Abhyanga It is use with ksheer bala tail is very effective and it gives the strength to the patients.

" Basti theraphy It is very much effective procedure in this disease. Matra basti is effective to reduce the inflammation in this disease. Dietary and life style restriction are necessary.

" Raktamokshana It is the best treatment in this disease.Raktamokshana according to type of vata rakta.

Uttana - Jalauka, Alabu, Shringi

Gambhira - Siravyadhana

Kaphaja - Alabu

Pittja &Raktja - Jalauka

Modern approach of gout management

NSAIDS are the most commonly prescribed for gout such as indomethacin and naproxen which are taken orally every day. Corticosteroids are strong anti-inflammatory harmones. The most commonly prescribed corticosteroid is prednisone. Patients often begin to improve within a few hours of treatment with a corticosteroids and the attack usually goes away completely with in a week. When NSAIDS or corticosteroids do not control symptoms it may consider using colchicines. This drug is most effective when taken with in the first 12 hours of an acute attack.

DISCUSSION

In this disease vata prakopa by its own aetiology and rakta prakopa by its own etiology. Vata has got the quality of ruksha and chala sukhama guna and rakta has got the quality of dravatava, sara,and tikshna guna. Both have the tendencies of prasara stage hence vata moves and rakta moves and go to the joints. All the joints are seat of kapha. Kapha is snigdha in nature. Dosha dushya samurchnna between vata and rakta take place in joints. Ruksha guna of vata produce degeneration in joints whereas tikshna and vidhahi guna of rakta produce inflammation in joints. It is like the combination of fire and wind in the forest and the patient gets vata rakta. Due to zigzagbay of joints and dravatava and sarvatva guna of rakta it gets obstructed in the joints combination with pittadi doshas causes various type of pain. Vata rakta is caused by vitiated vata and rakta. Vitiated vata obstructs the path of vitiated rakta in the beginning and then gets vitiated by rakta. Vata is Avrita and rakta is Avarak hence in bhrihatrayee Rakta mokshana was mentioned as first line of treatment for chronic vata rakta condition. According symptoms it is having similarity to gouty arthritis. This disease is characterized by high lavels of urate ions in the plasma. Uric acid is produced as a normal product of nucleic acid metabolism and is normally excreted in the urine and feces. If production is excessive or excretion inadequate urate ions accumulate in the plasma to produce a characteristic hyperuricemia. Most hyperuricemia is related to defective renal handling of uric acid. Usually for unknown reasons. Renal uric acid retention is also a side effect of various drugs including aspirin, cyclosporine and several diuretics. The problem

of gout arise from the deposition of monosodium urate (MSU) crystals in joints structures. Some times lumps of uric acid crystals are deposited in the joints forming tophi. Because urate ions malas of Rakta. Vitiated rakta accumulate in joints so similarity in vata rakta and gouty arthritis.

CONCLUSION

Ayurveda considers vata dosha as responsible for all movement, pressure, forces and impulses. Rakta dhatu represents blood and associated metabolism. The Ayurvedic term for gout is vata rakta. It signifies the association of vata disorder (joint pain) along with vitiated pitta dosha and rakta dhatu. The classical symptoms of gout do represent the truth behind the name vata rakta. Gout is generally grouped under arthritis it is a metabolic disorder of uric acid. Gout is primarily associated with high uric acid levels in blood that causes joints pain and other arthritic symptoms.

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ROLE OF PANCHATIKTA GHRITA KSHEER VASTI ALONG WITH OTHER AYURVEDIC TREATMENT IN THE MANAGEMENT OF KHALITYA (ALOPECIA).

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ABSTRACT :

Vastikarma is one of the most powerful of all the main five procedures of Panchakarma. Charaka as well as many other Ayurvedic scholars have unanimously praised the features of Vasti. Vasti is said to be ardha chikitsa of all the Ayurvedic treatments.

Vasti is the introduction of herbal decoctions and medicated oils into the colon through the rectum. While it directly affects the colon, it is not a localized or symptomatic treatment. It is a highly specialized procedure aimed to achieve the therapeutic goal and must be carried out in hospital settings by an expert.

In today's developing world there are lots of changes in the eating habits and the lifestyle. Due to which its ill effects are seen on the body and out of which hair is affected the most.Now a days hair fall is one of the major problem.

Acharya Sushruta said that the drusthi and the lomkupa never grow throughout the lifetime but hairs and nail do. Acharya Charaka has also mentioned in his that hairs are the mala of Asthidhatu. Acharya Sharanagdhara has mentioned that kesha, loma are the upadhatu of Majjadhatu.

Acharya vagbhata said that Asthidharakala reside on Pakwashaya and pakwashaya is the main sthana of vata and vasti is the main treatment of Vatadushti. Panchatikta ksheer Vasti provides nourishment toAsthidhatu after that mala of Asthi(hair) also get nourishment and improved hair fall.?

Presently available the modern medication for alopecia is causing many side effect and toxic effect and when we stop the medication hair fall increases and it is requires long term medication or life time which suppresses immunity and produces other diseases like libido.

So, there is need to find such a therapy which gives better relief without any side or toxic effect and also natural, cost effective and easily available. Hence Ayurvedic Vasti and other supportive treatment required for this Asthivikara like that alopecia.

Key words -

khalitya, panchatiktak sheer Ghrita Vasti

INTRODUCTION

It is said that face is the mirror of our personality and it should be maintained from the hairstyle we keep.

The most who are affected with this problem is the young population not only men but also women's. And people are spending lots of money to get rid of this problem but all in vain. In our ancient Ayurvedic granthas it is said that hair and

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nail are the Malas of the Asthidhatu and they develop from the Asthidhatu.

Acharya Charak has said that main treatment of Asthivikaras is Panchtikta Sidhha Vasti.So this study a small effort to find out role of Panchtikta ksheer Vasti along with other supportive treatment in the management of hair loss.

CAUSES OF HAIR FALL:-

Ayurveda

1) Virudha ahara vihara
2) Pittavardhaka ahara vihara
3) Hina, mithya, and atiyoga of ahara, nidra and bramacharaya.
4) Consuming polluted water
5) Living in polluted environment
6) Non application of oil on the scalp
7) Consumption of dushivisha

Modern

1) Fungal infection (tinea capitis)
2) Ulcerative colitis
3) VitB12, iron, zinc, biotin and also vit E deficiency
4) Over dosage of vit A
5) Lack of vitB6 and folic acid in food
6) Rheumatoid arthritis
7) Thyroid dysfunction
8) Vitiligo
9) Radiotherapy and chemotherapy
10) Systemic lupus erythromatus
11) Psychological stress
12) Nutrition
13) Seborrhhic dermatitis
14) Hormonal imbalance
15) Folliculitis
16) Secondary syphilis and usage of drugs like warfarin and heparin
17) Usage of contraceptive pills antihypertensive drugs and anti diabetic drugs.
18) Anaemia
19) Long term usage of steroids
20) Over usage of shampoo containing Selenium.

Ayurvedic Concept and Samprapti of khalitya-

Acharya Susruta have mentioned about hair fall in Susruta samhita nidansthan there are three stages

1) Khalitya (alopecia totalis)
2) Palitya (whitening of hairs)
3) Indralupta (hair fall in patches ie alopecia areata)

"Romakupanugampittamvaatensahamurchitam |
Prachyavayatiromanitata: shleshmasahshonitam||
Runadhiromkupanstutaatoanyeshamsambhav|
Tad indraluptamkhalityarujyetichvibhajyate||"

-.Su.Ni. 11

The meaning of the above phrase is that when the vatadosha get vitiated along with Pittadosha it goes into the Romakupa the hair follicles and which results in hair fall. The next pathology that occurs is that the Raktadosha along with the kaphadosha goes in the romakupa whish cause the romakupa to close.

Which ultimately results in non growth of hair from that respective follicle. This disease is known as indralupta, khalitya, or rujya.

Strotasa that get involved in the following pathology.

1) Swedavahasrotasa
2) Asthivahasrotasa
3) Majjavahasrotasa
4) Rasavahasrotasa
5) Purishvahasrotasa

Modern concept:-

Alopecia is a condition in which there is a loss of hair from head and body. Alopecia can refer to general hair loss or male pattern baldness. In a normal individual there are 1 to 1.5 lakh of hairs.

Mainly there are two types of alopecia

1) Scarring
2) Non scarring

1) Scarring: - The type of baldness of hair in which the hairs fall with the follicle and is known as scarring alopecia . In this type of baldness there is no chance of hairs growing back after falling.
2) Non scarring:- The type of baldness in which only the hairs falls and not the follicles so there is a chance that the hairs can grow again. The main cause of non scarring baldness is Telogen effluvium.

In women the ovarian and adrenal gland dysfunction causes the hairs to fall.

WAY TO GROW:-

Hair grow in three different cycles

1) Anagen
2) Catagen
3) Telogen

About 90% of the hair of the head is the anagen or the growing phase, which last for anywhere from 2 to 8 years. The catagen or the transition phase typically last for 2 to 3 weeks during which the follicles shrink. During the telogen cycle which last for around 2 to 4 months the hair rests.

Hairs grow about 6 inches a year for most people. In a normal individual hair falling of 100 to 150 hairs per day is a normal thing but more than 150 per day hair e fall would indicate there is a problem.

Drug review -

Panchatikta Gritaksheer Vasti-

Panchatikta Gritaksheera vasti was described by Chakra and vagbhhata, as very safe and effective in Asthivikara like osteoporosis etc.

Indication -

ASTHIKSHAYA

Content and dose of panchatiktaghrita-ksheeravasti -

1-Makhika %'kgn% -20ml
2-Saindhavalawan -2gm
3-PanchtiktaGrita -20ml
4-Panchtiktaksheerapaka -50ml
Total -120ml

तत्र स्नेहादीनां कर्मणां बस्तिकर्म प्रधानतममाहुराचार्यः।
कस्मात्? अनेककर्मकरत्वाद्वस्तेः;
इह खलु बस्तिर्नानाविधद्रव्यसंयोगाद्दोषाणां संशोधनसंशमनसंग्रहणानि करोति,
क्षीणशुक्रं वाजीकरोति, कृशं बृंहयति, स्थूलं कर्शयति, चक्षुं प्रीणयति, वलीपलितमपहन्ति, वयः स्थापयति॥३॥
शरीरोपचयं वर्णं बलमारोग्यमायुषः।
कुरुतेपरिवृद्धिं च बस्तिः सम्यगुपासितः॥४॥(सु. चि. ३५/३, ४)

Material and methods:

The present clinical study is a case study. The aim of the clinical studyis to evaluate the effect of panchatikta Gritaksheera Vasti and oral use of other ayurvedic supportive treatment in the patients suffering from alopecia.

Material:

" panchatikta Gritaksheera Vasti

" kukkutandtwakbhashama

" Rubber catheter

" Glycerine syringe set.

Method

Study was carried out over a period of 1yr in M.A. PodarAyurved hospital, Worli Mumbai. Total 15 selected Patients of the male sex between the ages 20 to 40 year with condition of alopecia (khalitya) were selected on the basis of selection criteria.

In Group-A panchatiktaksheeraVasti and in Group-B PanchatiktaGritaksheeraVasti along with oral administration of kukkutandtwaka Bhasma 500 mg. BD was given after meal.

At the time of baseline assessment, a profile of heamogram, biochemical investigations such as

" Serum calcium

" Serum alkaline phosphatise was obtained

Duration of treatment in 3 cycle-14 days and 15 days gap was given after each cycle.

Follow-up: monthly once for 3 months

Preparation of Vasti Dravya-

10 gm of panchatiktabharad was taken and 200ml water was added to it and boiled up to only 100ml left.50ml milk was added to it and again boiled up to the only kwatha left. After that 20ml Panchatikta Grita ,2gmSaindhavlavana and 20mlMadhu was added. This mixture will be used as Vasti Dravya.

Time of administration- After lunch.

Mode of action of Vasti-

As per modern medical science in Vasti or enema, drug is administered by transrectal route. The rectum has rich blood and lymph supply.

Drug can cross rectal mucosa like other lipid membranes, thus by entering in general circulation, Vasti drugs can act on whole body. Action of Vasti in body follows 'laws of osmosis'NiruhaVasti is hyper osmotic - It facilitates absorption of morbid substances from blood into gut. And helps in there expulsion. Whereas AnuvasanVasti is hypo-osmotic and hence gets absorbed in the blood.And helps in nourishment of body. Electrolyte help in ionic exchange Vasti acts through collaboration between enteric nervous system and central nervous system. Internal viscera are highly supplied with nerve fiber of Autonomic Nervous System which in turn has connection with CNS

Vasti causes visceral afferent stimulation .hence activates hypothalamus, pituitary, adrenal and ANS,Thus it increases secretion of hormones and neurotransmitters.

SnehaBasti flourishes normal bacterial flora,thus it increases endogenous synthesis of vitamin B12 and Vitamin-K.

SnehaVasti causes increments in fatty acids and proteins hence give nourishment to body. BruhanVasti like ksheerVasti increases phospholipids levels. Phospholipids form cell membranes and hence give stability to cells.

Criteria for selection of patient-

A) Inclusion criteria:-

1) Sex - Male

2) Age group -20 to 40 years

3) Patients having sign and symptoms of alopecia.

4) Patient fit for Vasti.

B) Exclusion criteria:-

1) Above 40yr age and below 20yr.

2) Patient not fit for Vasti.

3) Alopecia totalis

4) Drug induced alopecia,

5) patient with hormone therapy

6) chemotherapy

AYURVEDIC LINE OF TREATMENT

1. Pachana and deepan
2. Snehan and swedan
3. Panchakarma (virechana)
4. Nasya (yastimadhu tail).
5. Vasti (panchatiktakshir)
6. Dhumapan
7. Shirodhara
8. Rasayanachikitasa
9. Abhaya Guggul

MODERN LINE OF TREATMENT

The management of baldness is a multidisciplinary effort that spans the medical, pharmaceutical, food supplement, and exercise and fashion industries.

1. finesteride and minixidol are usually first line therapy for its treatment. Other options include tropical or systemic spironolactone or flutamide, at through they have a high incidence of feminizing side effects and better treated in female androgenic hair loss.

A number of other medication used commonly off label are dutasteride and ketokanazole and in female androgenic alopecia spironolactone and flutamide.

Combination of finesteride, minoxidol and ketokanazole are more effective than individual use,suggesting synergistic effects of the medication.

2 More advanced cases may be resistant or unresponsiveness to medical therapy, however and require hair transplantation.

DISCUSSION

1. As per Ayurveda Vasti is mainly indicated in Vata predominant diseases. The two types of abnormalities of Vata namely; Avaran and Dhatukshayjanya can be treated by Vasti karma. Direct application of this type of treatment to colon helps not only in regulating and co-ordinating and Vatadosha in its site,but also controls the other doshas involved in the pathogenesis of the disease (S.S.Chi.35/6). Vasti is used in Shakhagata, Tiryakgamidosha, kosthagatodosha. Among them panchatiktaksheeravasti is anuvasan vasti used in Asthikashaya.

As per ayurveda, mainsthana of vata is pakwashaya and according to Vagbhata Asthidharakala situated in the pakwashaya so this vasti provide nourishment to asthi and as we know hair is mala of asthi.

Charak also said that treatment of asthivikara is panchatiktasidhhavasti, so this vasti prevents Asthikshaya and prevent hair fall.

2. Ayurveda explains health as equilibrium of the Dhatus "DhatuSamyamArogata". Among the Dhatus, Asthi is blessed with the function of

ShareeraDharana. Any derrangement in Asthi results in disease. Asthikshaya is a condition in which there is Kshaya of the AsthiDhatu. Asthikshaya may be compared to Osteoporosis, in which there is a decrease in bone mass leading to bone fragility and fractures. kesha and nakha are malas of Asthi. So Asthikashya also promote hair fall. According to the principle of AshrayaashrayeeBhava, when Vata increases Asthi decreases because, both are inversely proportional to each other. Classics mention that use of Vasti prepared with Tikta Dravya, Ksheera and Ghrita for the treatment of Asthikshaya. To assess the efficacy of Tikta KsheeraVasti and kukkutandtwaka Bhasma in the management of alopecia, present study was undertaken on 15 patients of hair fall.

CONCLUSION-

3. In Group - A significant result were obtained in hair fall

4. In Group-B highly significant results were obtained inhair fall

5. It was observed that relief in sign and symptom of hair fall was found in the both group correlatively Group-B group showed better result.

After study it is observed that the drug is highly effective in both groups the percentage relief was more in group -B. than in Group.

Pathyapthya-

Sr. No.	Pathya	Apathya
1	Milk ,Egg , protein diet Vit-c, Shigru, Laghu Aahaar , Ghrita, fruits ,almond , vitamin –E, black til tail and seed, mustard oil, sleep.	Pitta and rakta parkopak aahaar. Nidra veg vidharana, purisha veg vidharana.

Vit-c, Shigru, Laghu Aahaar, Ghrita, fruits, almond, vitamin-E, black til tail and seed, mustard oil, sleep. Pitta and rakta parkopak aahaar. Nidra veg vidharana, purisha veg vidharana.

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DIAGNOSIS OF GRAHANI DOSHA

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ABSTRACT :

Anatomically Grahani is the organ situated between Amashaya & Pakvashaya while physiologically it is the seat of Pittadharakala. Grahani is having the function of grahana dharana, pachana & munchana. Grahani roga has been considered as one among the 'Astamahagads' which suggest that it is difficult to diagnose and difficult to treat also. In ayurveda, much importance has been given to functional aspect than structural aspect but Grahani is one of the disease, where structural as well as functional aspect is also considered. Grahani dosha can be considered as syndrome with alteration in stool either solid or liquid form, containing both ama and pakva food products.

As the disease is multifactorial, the diagnosis also may consists of number of various test to look for various causes. Certain clinical biochemistry test related with enzyme deficiency, Serological studies (IgA anti transglutaminase antibodies) stool collections and cultures studies (microscopy fecal fat studies, fecal pancreatic elastase study), as well as certain breath and harmone test will be helpful to detect functional defects. Radiological examination such as Barium meal follow through, Endoscopy & oral gastroduodenography (OGD), capsule endoscopy, ERCP, MRCP, CT may be helpful to detect structural abnormalities, While biopsy may be useful for detecting epithelial changes in small intestine.

Key words: Grahani, Radiological, Biochemical investigation, Stool test, Biopsy.

INTRODUCTION:

Anatomically Grahani is the organ situated between Amashaya & Pakvashaya while physiologically it is the seat of Pittadharakala. Grahani is having the function of grahana, dharana, pachana, munchana. Grahani has been considered in one among the Astamahagadas, which suggest that it is difficultt to diagnose and difficult to treat also. In ayurveda much importance has given to functional aspect than structural aspect but Grahani is one of the disease ,where structural as well as functional aspect is also considered. Grahani dosha can be considered as syndrome with alteration in stool either solid or liquid form, containing both ama and pakva food products.

Malabsorption constitutes the pathological interference with the normal physiological sequence of digestion (intraluminal process), absorption (mucosal process) and transport (postmucosal events) of nutrients[4]. Intestinal malabsorption can be due to:

Mucosal damage (enteropathy), Congenital or acquired reduction in absorptive surface, Defects of specific hydrolysis, Defects of ion transport, pancreatic insufficiency, impaired enterohepatic circulation.

Probable Causes of chronic diarrhea/ malabsorption

- Colonic - Ulcerative and Crohn's colitis Microscopic colitis

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- o Small bowel -Celiac disease, Crohn's disease Other small bowel enteropathies (for example, Whipple's disease, tropical Sprue, amyloid, intestinal lymphangiectasia)
- o Bile acid malabsorption -Disaccharidase deficiency, Small bowel bacterial overgrowth Mesenteric ischemia ,Radiation enteritis, Lymphoma Giardiasis (and other chronic infection)
- o Pancreatic -Chronic pancreatitis, Cystic fibrosis

CLINICAL FEATURES

1. Diarrhea, often steatorrhoea-Watery, diurnal and nocturnal, bulky, frequent stools
2. bloating, flatulence and abdominal discomfort.
3. Cramping pain usually suggests obstructive intestinal segment e.g. in Crohn's disease, especially if it persists after defecation.
4. Weight loss can be significant despite increased oral intake of nutrients.
5. Growth retardation,
6. failure to thrive,
7. delayed puberty in children
8. Swelling or edema from loss of protein
9. Anemia commonly from vitamin B12, folic acid and iron deficiency as fatigue and weakness.
10. Muscle cramp from decreased vitamin D, calcium absorption.
11. Osteomalacia and osteoporosis
12. Bleeding tendencies from vitamin K and other coagulation factor deficiencies.

DIAGNOSIS:

There is no single, specific test for malabsorption. As for most medical conditions, investigation is guided by symptoms and signs. A range of different conditions can produce malabsorption and it is necessary to look for each of these specifically.

1. BLOOD TEST

- Routine blood tests may reveal anaemia, high CRP or low albumin
- Microcytic anaemia usually implies iron deficiency and macrocytosis can be caused by impaired folic acid or B12 absorption or both.
- The presence of iron deficiency is a sensitive indicator of small bowel enteropathy, particularly coeliac disease,
- Low cholesterol or triglyceride may give a clue toward fat malabsorption.
- Low calcium and phosphate may give a clue toward Osteomalacia from low vitamin D.
- Specific vitamins like vitamin D or micro nutrient like zinc levels can be checked.
- Prolonged prothrombin time can be caused by vitamin K deficiency.
- IgA Anti-transglutaminase antibodies or IgA Anti-endomysial antibodies for Coeliac disease (gluten sensitive enteropathy)
- Serological tests for coeliac disease, using IgA antiendomysium antibodies (EMA) or reticulin antibodies
- High erythrocyte sedimentation rate,
- A basic screen for evidence of malabsorption should include full blood count, urea and electrolytes ,liver function tests, vitaminB12, folate, calcium, ferritin,
- Fat soluble vitamins are affected in fat malabsorption.

Three serum enzymes in particular have been used to assess pancreatic function: lipase, trypsin /trypsinogen, and amylase

2. STOOL STUDIES

Stool weights over a 24-48 hour period should be recorded and may limit unnecessary investigation if values<200g/day are obtained.

- o Microscopy is particularly useful in diarrhoea, may show protozoa like Giardia, ova, cyst and other infective agents.
- o If there is doubt about persisting Giardia infection, then the use of a stool ELISA , Serological testing is useful in amoebiasis
- o Low fecal pancreatic elastase is indicative of pancreatic insufficiency. Chymotrypsin and pancreolauryl can be assessed as well,
- o Low stool osmolality(<290mosmol/kg) suggests contamination of stool with dilute urine ,water, or excess ingestion of hypotonic fluid. Measurement of stool creatinine can be used to assess the former.
- o Stool markers of gastro intestinal inflammation such as lactoferrin and, more recently, calprotectin
- o Single stool analyses such as faecal fat concentration and semi quantitative methods such as acidsteatocrit correlate moderately well with three day faecal fat quantification and offer an alternative method of assessing fat malabsorption

3. RADIOLOGICAL STUDIES

- o Barium meal follow through is useful in delineating small intestinal anatomy.
- o Barium enema may be undertaken to see colonic or ileal lesions.
- o CT abdomen is useful in ruling out structural abnormality, done in pancreatic protocol when visualizing pancreas.
- o Magnetic resonance cholangiopancreatography (MRCP) to complement or as an alternative to ERCP.
- o ERCP will show pancreatic and biliary structural abnormalities.
- o Interventional studies

4. BIOPSY:

- o Biopsy of small bowel showing coeliac disease manifested by blunting of villi, crypt hyperplasia, and lymphocyte infiltration of crypts.
- o biopsies of the distal colon using a flexible sigmoidoscope, the primary diagnoses being microscopic colitis, Crohn's disease, melanosis coli, and ulcerative colitis.
- o Distal duodenal biopsies should be performed in those patients in whom small bowel malabsorption is suspected on clinical grounds,
- o OGD to detect duodenal pathology and obtain D2 biopsy (for coeliac disease, tropical Sprue, Whipple's disease, abetalipoproteinaemia etc.)

5. ENDOSCOPY:

- o Flexible endoscopy is the preferred examination, allowing assessment of the sigmoid and descending colon and sampling of the colonic mucosa for histological examination.
- o Colonoscopy also has a diagnostic yield for other condition s ranging from 7%to31%, with inflammatory bowel disease and

microscopic colitis being most commonly found.

- Routine ileoscopy further adds to the value of colonoscopy.

In young patients (less than 45 years) reporting "diarrhoea" but who have other typical symptoms of a functional bowel disorder and negative initial investigations, a diagnosis of IBS may be made in the primary care

- Unprepared rigid sigmoidoscopy in a functional bowel disorder.
- Enteroscopy for enteropathy and jejunal aspirate and culture for bacterial overgrowth

6. Other Investigations

- 75SeHAT test to diagnose bile acid malabsorption in ileal disease or primary bile acid diarrhea.
- Bile acid malabsorption (BAM) can be assessed by measurement of the turnover of radiolabelled bile acids, measurement of serum metabolites, or quantification of excreted bile acids.
- Bile salt breath test (14C-glycocholate) to determine bile salt malabsorption.
- Glucose hydrogen breath test for bacterial overgrowth, Lactose hydrogen breath test for lactose intolerance
- Lactose malabsorption can be assessed by (i) assay of mucosal lactase, ii) breath tests (hydrogen,14C-lactoseand13C-lactose), and(iii) lactose tolerance tests measuring
- Either serum glucose or galactose in response to an oral lactose load,as a result of small bowel disease such as coeliac disease, gastroenteritis, or non steroidal anti-inflammatory drug use.
- Measurement of orocaecal transit time (OCTT) include both solid and liquid substrates, which are labeled with either 99 m technetium or111indium-diethyl enetriamine pent acetic acid, and the time taken for the radioactive substrate to reach the caecum is recorded.
- Schilling test to establish cause of B12 deficiency with adult coeliac disease, chron's disease, bacterial contamination of small intestine
- Sugar probes or 51Cr-EDTA to determine intestinal permeability
- D-xylose absorption test with two probe substances& itsDifferential urinary excretion is specific index of intestinal permeability measurements have been widely used in Crohn's disease, coeliac disease, and non-steroidal anti-inflammatory drug enteropathy for mucosal disease or bacterial overgrowth, small bowel enteropathy

Clinical Importance of Investigations in Grahani

Grahani disease described in classical ayurvedic text , comprises various diseases according to modern medicine. It can be co related with inflammatory bowel disease, irritable bowel syndrome, Whipple's disease, Tropical sprue Disease coeliac disease. Here according to stahanasamshraya, adhishthana & doshic involvement,type of grahani can be decided . It helps us to select the medicine, e.g. Inflammatory bowel diseases can be co related with Pittaja Grahani, which can be easily diagnosed with investigations . Malabsorption syndrome symptoms are similar to Kaphaja Grahani. So after through investigation if we can diagnose it

correctly treatment of Kaphaja grahani can be started and successfully treatment can be given.

CONCLUSION:

- Grahani is having the function of grahana, dharana, pachana, munchana.
- Grahani is also ,one of the disease ,where structural as well as functional aspect is also consideredwith alteration in stool either solid or liquid form
- It can be probably correlated with Small Intestine inflammatory diseases, SBBO, coeliac disease, pancreatic insufficiency etc
- Though There is no single, specific test for grahani dosha , but certain blood test, stool test, radiological and histological investigations can be considered for diagnosis of alteration in stool either solid or liquid form,containing both ama and pakva food products
- After investigations it may be easy to diagnose the type of Grahani , which may be useful for treatment.

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uko d ie[k "kk/kdrk MkO cu cEiVu d erkfcd vfunk d dkj.k "kjhj e gku oky cnyko dk "olu r= ij xHkhj iHkko iM ldrk gA /keiku] ekVkik] ok; in'k.k] vfunk dh leL;k e vkj btkQk dj nr gA uhn ijh u gku d dkj.k tyu vkj ruko c<ku oky gkeku dk lko c< tkrk gA ; nkuk gh otg nek dk dkj.k gk ldrh gA vfunk d f"kdkj ykxk e mPp jDrpki] fny d nkj] efLr'd?kkr tlh chekfj;k dk [krjk c< tkrk gA db ykxk e uhn u vku d vykok ijk e NViVkgV ;kuh jLVyl yx flMke e uhn l mBdj [kkuk [kku dh leL;k T;knk ikb tkrh gA Hkjij uhn yu l "kkjhfjd mtk cuk; j[ku e Hkh enn feyrh gA uhn gekj "kjhj vkj fnekx d fy, db rjg l t:jh gA uhn dh LoLFk vknr fdlh Hkh 0;fDr d LokLF;] cgrjh d fy, t:jh gA Hkkjr e 58% ;ok ijh uhn ugh y ik jgA 11% u ekuk nQrj e vkrh g >idhA 7 l 8 ?kV dh uhn ;okvk d fy; t:jh gA 33% lMd gknlk dh otg gkrh g de uhnA

T;knk nok [kku l ctxk dk LokLF; fcxMu dh lEHkkouk

cfyuA oKkfudk d ,d v/;;u e bl ckr dk irk pyk g fd ,d fnu e ikp l vf/kd xkfy;k dk lou ctxk dk detkj cuk ldrk gA oKkfudk dk dguk g fd c<rh me d lkFk vf/kd nokvk d lou l dk; dju dh {kerk iHkkfor gkrh gA detkjh dk lc/k c<rh me] lgu 'kfDr dh deh vkj vPNh rjg l dk; dju e de l{ke gkuk gA detkjh ckj&ckj fxjtku] fodykxrk vkj ekr d [krj dk c<k nrh gA tl& tl gekjh me c<rh tkrh g] ge db rjg dh LokLF; leL;k, vkj fprk, ?kju yxrh gA teu dlj fjlp lVj vkj gMycx fo'ofo|ky; d oKkfudk u vf/kd me d ykxk ij foLrr v/;;u dj bl ckr dk irk yxk;kA

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