

ISSN 0976- 8300

विश्व आयुर्वेद परिषद् पत्रिका

वर्ष - 15

अंक - 6-7, सम्वत् 2075

ज्येष्ठ-आषाढ

जून-जुलाई, 2018

संयुक्तांक

उत्तराखण्ड विशेषांक

पुष्प घाटी

www.vishwaayurveda.org

A Reviewed

वर्षा ऋतु

Journal of Vishwa Ayurved Parishad

₹50/-

देश के विभिन्न स्थानों में विश्व आयुर्वेद परिषद् की गतिविधियाँ





डेंगू एवं चिकुनगुन्या....?

समय पर जाँच, उपचार एवं सावधानी से बचाव संभव है।



डेंगू एवं चिकुनगुन्या का वाहक एडीज मच्छर रुके हुए साफ पानी में पैदा होता है और दिन के समय काटता है। पानी को जमा न होने दें, आस-पास सफाई रखें और डेंगू एवं चिकुनगुन्या से बचें।

डेंगू के लक्षण :

- तेज बुखार, आँखों के पीछे दर्द।
- मांसपेशियों और सिर में तेज दर्द,
- मसूड़ों व नाक से खून बहना,
- शरीर पर लाल चकत्ते होना।

चिकुनगुन्या के लक्षण :

- तेज बुखार, सिर दर्द,
- जोड़ों में असामान्य दर्द
- शरीर पर लाल चकत्ते होना।

उपचार :

ये लक्षण पाए जाने पर शासकीय चिकित्सालयों में निःशुल्क खून की जाँच कराएं, डॉक्टर की सलाह अनुसार पूरा उपचार लें।

याद रखें :

- सोते समय मच्छरदानी का प्रयोग करें।
- पानी के बर्तनों को सप्ताह में एक बार खाली करें, सुखाकर पानी भरें।
- पानी की सभी टंकियों एवं बर्तनों को ढंक कर रखें।
- बिना उपयोग वाली वस्तुओं को नष्ट करें ताकि उनमें जल भराव न हो।
- पूरे अस्तीन वाले कपड़े पहनें।
- बिना डॉक्टर की सलाह के कोई भी दवाई न लें।



ध्यान रखें : विलम्ब और लापरवाही से डेंगू जानलेवा हो सकता है।

डेंगू एवं चिकुनगुन्या की जाँच व उपचार की सुविधा सभी शासकीय अस्पतालों में निःशुल्क उपलब्ध है।



लोक स्वास्थ्य एवं परिवार कल्याण विभाग मध्यप्रदेश शासन द्वारा जनहित में जारी



D-16226



नरेन्द्र मोदी, प्रधानमंत्री

मुख्यमंत्री मेधावी विद्यार्थी योजना



शिवराज सिंह चौहान, मुख्यमंत्री



शिक्षा का बढ़ता संसार, प्रतिभा का सपना साकार।
अब सबकी फीस भर रही मध्यप्रदेश सरकार।

मध्यप्रदेश देश का पहला राज्य है, जिसने राज्य के सभी वर्गों के विद्यार्थियों को मेडिकल, इंजीनियरिंग, विधि और अन्य उच्च शिक्षा के पाठ्यक्रमों की पढ़ाई के लिए चिन्हित संस्थाओं में पूरी फीस भरने का ऐतिहासिक निर्णय लिया है। पिछले सत्र से फीस भरने की प्रक्रिया प्रारम्भ हो गयी है।



योजना के क्षेत्र : इंजीनियरिंग, मेडिकल, विधि, योजना तथा वास्तुकला, मैनेजमेंट, पॉलीटेक्निक, नर्सिंग, बी.ए., बी.कॉम, बी.एस-सी. एवं अन्य स्नातक पाठ्यक्रम।

पात्रता की मुख्य शर्तें :

1. विद्यार्थी मध्यप्रदेश का निवासी हो।
2. विद्यार्थी के पिता/पालक की वार्षिक आय 6 लाख रुपये से अधिक न हो।
3. योजना शैक्षणिक सत्र 2017-18 से लागू की गई है। संशोधित स्वरूप शैक्षणिक सत्र 2018-19 से लागू होगा।
4. माध्यमिक शिक्षा मंडल द्वारा आयोजित 12वीं की परीक्षा में 70% या उससे अधिक अंक अथवा सी.बी.एस.ई./आई.सी.एस.ई. द्वारा आयोजित 12वीं की परीक्षा में 85% या उससे अधिक अंक प्राप्त किये हों।

- पात्र विद्यार्थी www.mpachedu.org अथवा www.scholarshipportal.mp.nic.in पर अपना रजिस्ट्रेशन करवा कर आवेदन करें तथा आवश्यक दस्तावेज अपलोड करें।
- योजना के लाभ हेतु भरे हुए आवेदन-पत्र का प्रिंट प्राप्त कर अपलोड दस्तावेज की प्रति संलग्न कर प्रवेशित संस्था में जमा करें।
- पात्र विद्यार्थी योजना सम्बन्धित जानकारी हेल्पलाइन मेल आईडी mnvyhelpline.dte@mp.gov.in से भी प्राप्त कर सकते हैं।
- जिन पात्र विद्यार्थियों ने योजना प्रारम्भ होने से पूर्व शुल्क जमा कर दिया है। उनके शुल्क वापसी की कार्यवाही की जा रही है।
- पात्र विद्यार्थी स्नातक पाठ्यक्रम में प्रवेश के 15 दिन के अंदर आवेदन करें।
- योजना में वर्ष 2017-18 से लाभ प्राप्त कर रहे विद्यार्थी अपने लॉगइन पासवर्ड से प्रथम वर्ष की मार्कशीट को अपलोड कर आवेदन करेंगे, परंतु उन्हें पुनः पात्रता दस्तावेजों को अपलोड करने की आवश्यकता नहीं है।

“ मैं नहीं चाहता कि मेरे प्रदेश का कोई भी बच्चा पढ़ाई के लोन के लिए दर-दर भटके या पैसों की कमी के कारण उसकी पढ़ाई छूट जाये। इसलिए मैंने तय किया है कि बच्चों की फीस उनके मम्मी-पापा नहीं, उनका मामा भरवायेगा। मेरे प्रदेश के बेटा-बेटी चाहे आईआईएम में जायें, मेडिकल में जायें, इंजीनियरिंग में जायें। प्रदेश सरकार उनकी पूरी फीस भरेगी। मैं किसी भी कीमत पर उनकी आँखों के सपनों को मरने नहीं दूंगा। ”

- शिवराज सिंह चौहान, मुख्यमंत्री

D-16226

योजना के विस्तृत विवरण एवं शेष शर्तों के लिये
वेबसाइट www.mpachedu.org अथवा www.scholarshipportal.mp.nic.in पर विजिट करें।

समान शिक्षा सभी वर्गों का अधिकार, अवसर दे रही मध्यप्रदेश सरकार

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

प्रधान सम्पादक - प्रोफेसर सत्येन्द्र प्रसाद मिश्र



विश्व आयुर्वेद परिषद् पत्रिका

Journal of Vishwa Ayurved Parishad

वर्ष - 15, अंक - 6-7

ज्येष्ठ-आषाढ

जून-जुलाई, 2018

संरक्षक :

- डॉ० रमन सिंह
(मुख्य मंत्री, छत्तीसगढ़)
- प्रो० योगेश चन्द्र मिश्र
(राष्ट्रीय संगठन सचिव)

प्रधान सम्पादक :

- प्रो० सत्येन्द्र प्रसाद मिश्र

सम्पादक :

- डॉ० अजय कुमार पाण्डेय

सम्पादक मण्डल :

- डॉ० ब्रजेश गुप्ता
- डॉ० मनीष मिश्र
- डॉ० आशुतोष कुमार पाठक

अक्षर संयोजन :

- बृजेश पटेल

प्रबन्ध सम्पादक :

- डॉ० कमलेश कुमार द्विवेदी

सम्पादकीय कार्यालय :

विश्व आयुर्वेद परिषद् पत्रिका
1/231, विरामखण्ड, गोमतीनगर
लखनऊ - 226010 (उत्तर प्रदेश)

लेख सम्पर्क- 09452827885, 09336913142

E-mail - drajaipandey@gmail.com

event.vapvns@gmail.com

dwivedikk@rediffmail.com

dramteerthsharma@gmail.com

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

Contents

1-	EDITORIAL	2
2-	"TO EVALUATE THE EFFICACY OF ATORVASTATIN ALONG WITH DIET IN DYSLIPIDEMIA VIS- A-VIS MEDODUSHTI : A CLINICAL STUDY" - Jayshree Pandey, O.P. Singh, Shweta Shukla, N. Sujatha	3
3-	COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF SHIRISHBEEJADI ANJANA IN THE MANAGEMENT OF ARMA W.S.R. TO PTERYGIUM - Gunjan Sharma, Renu Rao, Anupama Singh, Poonam Jakhar	13
4-	"A CLINICAL STUDY TO EVALUATE THE EFFICACY OF PANCHAMRIT PARPATI IN GRAHANI ROGA" - Sunil Kr. Sharma, Rashmi Kathit, Jaya Saklani Kala, O. P. Singh , Sanjay Kr. Singh, Deshraj Singh	19
5-	A CLINICAL EVALUATION OF PATHYADI NETRA BINDU IN THE MANAGEMENT OF KAPHAJA NETRABHISHYANDA W.S.R. TO ALLERGIC CONJUNCTIVITIS - Gunjan Sharma, Renu Rao, Anupama Singh, Vishwanath	25
6-	A CLINICAL STUDY TO EVALUATE THE EFFICACY OF VIRECHAN IN THE MANAGEMENT OF MUKHDOOSHIKA W.S.R. TO ACNE VULGARIS - Rashmi Kathait, Sanjay Kr. Tripathi Sunil Kr. Sharma, Jaya Saklani Kala, Shweta Shukla	32
7-	ROLE OF B-S PATRA GHAN VATI (ANUBHUT YOGA) IN THE MANAGEMENT OF MADHUMEHA W.S.R. TO TYPE 2 DIABETES MELLITUS - Sakshi Negi, O. P. Singh, D. K. Goyal, D. C. Singh, Deshraj Singh	39
8-	BACTERIAL INFECTION AND LOW BACKACHE - Abha Sharma, Uttam Sharma	45
9-	UTTARAKHAND: A PARADISE ON EARTH - Rashmi Kathait, Om Prakash Singh Sanjay Kumar Tripathi	47
10-	UTTARKASHI (KASHI OF NORTH INDIA) & REGIONAL MEDICINAL PLANTS - Sakshi Negi, O. P. Singh	50
11-	समाचार	54



अतिथि सम्पादक

आयुर्वेद की मौलिक प्रवृत्तियाँ एवं शिक्षण

आयुर्वेद एक समग्र जीवन-शास्त्र है केवल चिकित्सा पद्धति ही नहीं, जो व्यक्तिगत जीवन को स्वस्थ एवं सबल बनाकर समाज एवं जगत् को भी सन्तुलित एवं सार्थक रखने की कामना करता है। आचार्य चरक ने आयुर्वेद को शाश्वत कहा है, क्योंकि यह सृष्टि के प्रारम्भ से ही प्राणियों की सेवा करता आ रहा है। शाश्वत द्विपक्षीय है— एक स्थिर दूसरा गतिशील। केन्द्र स्थिर होता है, जबकि परिधि में परिवर्तन होते रहते हैं, जिसके द्वारा ये अपने को युगानुरूप बनाये रखता है। यास्क ने पुराण शब्द की निरुक्ति करते हुए लिखा है— 'पुराणमिति पुरा नवं भवति' अर्थात् जो प्राचीन होते हुए भी नवीन बना रहे। परम्परा और प्रगति शाश्वत के दो पक्ष हैं, जिसके द्वारा इनकी पहचान बनी रहती है और वह युगानुरूप भी होता चलता है। इसी प्रकार आयुर्वेद सदैव गतिशील रहा है और वाह्य एवं आभ्यन्तर विकास के द्वारा समय के साथ चलने में समर्थ हुआ जैसे—प्राचीन काल में प्रचलित अष्टांग आयुर्वेद सम्प्रति विभिन्न अंगों में विकसित होकर षोडशाङ्ग बन गया है, जिसे केन्द्रीय भारतीय चिकित्सा परिषद् को भी स्वीकार करना चाहिए। प्रगतिशीलता का दूसरा पक्ष जो विषय बीज रूप में है उसे कालक्रम से विकसित किया जाए। आचार्य यादव जी के मतानुसार आयुर्वेदीय संहिताओं में विषय सूक्ष्म रूप में है, जिनका आधुनिक विज्ञान सम्मत कर उपवृंहण किया जाना चाहिए, जो शास्त्र के विकास की एक सर्वमान्य पद्धति थी और मानी भी जानी चाहिए— "इतिहासपुराणाभ्यां वेदं समुपवृंहयेत्"। परिणामस्वरूप आयुर्वेद में समय-समय पर नवीन तथ्यों का समावेश होता गया। इसी के द्वारा नवीन चिकित्सा विधियों एवं औषधद्रव्यों का आदान-प्रदान हुआ एवं आयुर्वेद गम्भीरता से प्रभावित हुआ। रसशास्त्र और नाडी विज्ञान इसी की देन है, जिसने निदान पद्धति एवं चिकित्सा का कायाकल्प ही कर दिया। अनेक नवीन रोग एवं औषधियों का समावेश हुआ जहाँ भाव मिश्र ने फिरंग रोग एवं चोपचीनी का वर्णन किया।

आधुनिक काल में एलोपैथिक चिकित्सा के विकास से वैद्य समाज भी अछूता नहीं रहा है। विद्वान वैद्य नवीन विषयों को संस्कृत भाषा में निबद्ध कर आयुर्वेदीय स्वरूप देने का प्रयास किये जैसे महामहोपाध्याय कविराज गणनाथ सेन जी ने "प्रत्यक्षशारीरम्" एवं "सिद्धान्तनिदानम्" की रचना की एवं पं० दामोदर शर्मा गौड़ ने "अभिनवशारीरम्"। इसी क्रम में ग्रन्थ ग्राह्यता के साथ जो विषय आयुर्वेदीय ग्रन्थों में नहीं है या बीज रूप में उनका अनुसंधानोंपरांत नवीन पाठ्यक्रम में समावेश किया जाना चाहिए। प्रागैदिक काल से आयुर्वेद के अस्तित्व के प्रमाण मिलते हैं, मोहनजोदारो की खुदाई के अनेक प्रमाण इसकी पुष्टि करते हैं। पशुपति रुद्र की मूर्ति प्रथम दैव्य भिषक् के रूप में उपलब्ध हुई— 'रुद्रोऽन्धि प्रथमा दैव्य भिषक्' एवं अनेक औषध द्रव्य जिनमें शिलाजतु प्रमुख है, मिले। वैदिक काल में आयुर्वेद और विकसित हुआ। ऋग्वेद के औषधि सूक्त में प्रथम बार औषधियों के सम्बन्ध में व्यवस्थित एवं विस्तृत सूचना मिलती है। अथर्ववेद में अनेक चिकित्सीय विधियों एवं औषध द्रव्यों की अधिक संख्या का उल्लेख मिलता है। वैदिक काल में दैव्यपाश्रय चिकित्सा प्रमुख थी। संहिता काल में मौलिक सिद्धान्तों का विकास वैज्ञानिक पृष्ठभूमि पर प्रतिष्ठित होकर दैव्ययाश्रम की अपेक्षा युक्तिव्यपाश्रय को प्रमुख स्थान मिला एवं सर्वत्र युक्ति की प्रधानता का उद्घोष हुआ— 'तिष्ठत्युपरि युक्तिज्ञो द्रव्यज्ञानवतां सदा।' रोग एवं औषधि की परीक्षा कर ज्ञानपूर्वक कार्य करने का निर्देश मिला। इसी अवधि में आयुर्वेद के मौलिक सिद्धान्तों का पर्याप्त विकास होकर रोगी, रोग की परीक्षोपरान्त चिकित्सा का वैज्ञानिक मार्ग निर्धारित किया गया एवं आगे चलकर अष्ट स्थान परीक्षा जिसमें नाडी-परीक्षा भी सम्मिलित है और पंचकर्म का विशेष रूप से विकास हुआ जिसका चरक संहिता में सिद्धि स्थान में वर्णन है।

इसी काल में आयुर्वेद शिक्षा के प्रमुख केन्द्र तक्षशिला, नालन्दा एवं मगध विश्वविद्यालय ने आयुर्वेद के प्रचार-प्रसार में प्रमुख भूमिकाएँ प्रदान कर इसे चीन, तिब्बत एवं सुदूर देशों तक पहुँचाया। मध्य देश में काशी आयुर्वेद शिक्षण का प्रमुख केन्द्र था, जहाँ राजर्षि दिवोदास धन्वन्तरि ने सुश्रुत आदि शिष्यों को शल्य प्रधान आयुर्वेद की शिक्षा दी। महर्षियों ने हजारों वर्षों तक तपस्या एवं अनुसंधान कर आयुर्वेद को जो वैज्ञानिक रूप दिया, शिक्षा का जो युक्तिसंगत मार्ग निर्धारित किया उसी का अनुपालन हमें आज भी करना चाहिए। "नान्यः पन्था विद्यतेऽयना"। इस प्रकार आयुर्वेदीय शिक्षा को वैज्ञानिक धरातल पर प्रतिष्ठित रखना और उसी दिशा में विकसित करना हमारा कर्तव्य होना चाहिए। जिससे आयुर्वेद लोक सेवा का व्रत पालन करने के साथ-साथ विश्व की अन्य पद्धतियों के साथ सिर उठाकर खड़ा हो सके। इस क्रम में हमें प्राचीन एवं नवीन का समन्वित एवं संतुलित दृष्टिकोण अपनाना चाहिए, क्योंकि अतिशय रूढ़िवादिता एवं अत्याधुनिकता दोनों ही विपत्तिकर हैं। यही इसकी दैवीय परम्परा का वाहक बन युगानुरूप बनाने में सहयोगी होगा। आयुर्वेद जीवन को समग्रता में देखता है। यह न केवल वैयक्तिक स्तर पर भी है, अपितु सामाजिक और वैश्विक स्तर पर भी है, जिसका कारण लोक-पुरुष साम्य की दृष्टि है। मनुष्य पर्यावरण का एक अभिन्न अंग है। अतः बाह्य एवं आभ्यन्तर प्राण का अवरोध (संतुलन) जीवन प्रक्रिया का मूल मंत्र है। इसी कारण आयुर्वेद सुखी एवं हितकर जीवन का लक्ष्य लेकर चलते हैं। इस प्रकार आयुर्वेद शिक्षण में इन मौलिक प्रवृत्तियों पर विशेष बल दिया जाना चाहिए।

इति शम् !

— प्रो० अनुग्रह नारायण सिंह



“TO EVALUATE THE EFFICACY OF ATORVASTATIN ALONG WITH DIET IN DYSLIPIDEMIA VIS- A-VIS MEDODUSHTI: A CLINICAL STUDY”

- Jayshree Pandey¹, O.P. Singh², Shweta Shukla³, N. Sujatha⁴
e-mail : jayshree310385@gmail.com

ABSTRACT :

In the present era, Dyslipidemia is a lifestyle and behavioural disorder which is identified as a potential risk factor for multitudes of diseases like CVD, metabolic syndrome and even HTN. Fast foods, reprocessed food, lack of exercise, irregular sleep, stress, various addictions etc. are some of the factors which contribute greatly to such diseases. These factors generally act by impairing the lipid metabolism of an individual by making him prone to a series of disorders.

Cholesterol-lowering diets may also have a variable effect on lipid fractions. The prevalence of Dyslipidemia is very high in India also, which calls for early and effective intervention strategies to prevent and manage this important risk factor. Because of its high prevalence I have selected this topic entitled “**To Evaluate The Efficacy of Atorvastatin along with Diet in Dyslipidemia vis-à-vis Medodushti: A Clinical Study**” was selected.

In *Ayurveda*, dyslipidemia can be better correlated with *Medodushti* which is a functional condition and just a precursor stage of *Medoroga* and can be easily reversible by effective regimen. This Study was carried out in OPD and IPD patients of Kayachikitsa department of Rishikul Campus, Haridwar for 90 days. A total of 20 patients were registered and was treated with **Atorvastatin along with diet chart**. All the concerned approvals were obtained and data was analyzed by using statistical parameters.

Recent studies have suggested that when all of these elements are combined into a single dietary prescription, the impact of diet on lowering LDL cholesterol may approach that of statin medications.

Key words: Dyslipidemia, *Medodushti*, *Ayurveda*, Lipids, Diet.

INTRODUCTION

Ayurveda is especially useful in lifestyle disorders and chronic ailments such as Dyslipidemia, Diabetes, etc. In the present era, a major portion of the population is following inappropriate fatty diet regimen and sedentary life style, which may lead to a state of Dyslipidemia.

The term Dyslipidemia is used to describe disordered lipid metabolism. All the components of Dyslipidemia i.e. increase in the value of serum Cholesterol, serum Triglycerides, serum LDL, serum VLDL and decrease in HDL levels get most of the attention because of the link between cholesterol and pathogenesis of CAD & CVD. In Dyslipidemia raised level of cholesterol leads to deposition of lipids on the walls of arteries and leads to Atherosclerosis. It is responsible for many life threatening conditions like Coronary Artery Disease (CAD), Ischemic Heart Disease, Hypertension and Stroke. Epidemiological studies predict that for each 1% reduction in lipid level, the risk of the heart diseases reduces by 2.5%¹. World wide high cholesterol levels are estimated to cause 56%

¹P.G. Scholar, ²Professor and Head, ³Assistant Professor, ⁴Medical officer, P.G. Department. of Kayachikitsa, Rishikul Campus, Uttarakhand Ayurveda University, Haridwar, U.K.



Ischemic Heart Disease, and 80% Strokes, amounting 4.4 million death annually.²

In Allopathic system of medicine, we have a wide range of drugs like statins, resins, fibric acid derivatives, nicotinic acid etc., which are quite effective in normalizing the lipid levels. Though few studies have been carried out for these burning problems, however there is still a need for an effective and safe treatment regimen.

Many dietary changes may also result in beneficial changes in blood lipids. Soluble fiber, such as that found in oat bran or psyllium, may reduce LDL cholesterol by 5-10%. Garlic, onion, soy protein, sprouted seeds, green vegetables, vitamin C, peanuts, olives, avocados and plant sterols may also result in reduction of LDL cholesterol. Because oxidation of LDL cholesterol is a potential initiating event in atherogenesis, diet rich in antioxidant vitamins, found primarily in fruits and vegetables, may be helpful in reduction of LDL cholesterol.

Although there are scattered references of ailments in *Ayurveda* which resemble Dyslipidemia, it cannot be directly correlated with any disease condition found in *Ayurvedic* classics, the concept of *Abaddha Meda* expounded by *Acharya Chakrapani*³ has similarities with the condition of Dyslipidemia described in modern literature. Abnormal accumulation of *Medodhatu* in body is known as *Medodusti*.

“मेदसाऽऽवृतमार्गत्वात्पुष्यन्त्यन्येनधातवः”

The symptoms of Dyslipidemia described in modern texts show resemblance with *Ama*, and with many of *Rasa Dushti*, and *Medodushti Janya* symptoms. Being a disorder of *Meda Dhatu*, we have correlated it with “**Medo Dushti**” (*Ama Dushit Meda Dhatu*). Dyslipidemia is a disorder of *Agnimandya* and

Sama Rasa formation which leads to obstruction of the channels, hence to manage this condition the selected drugs should have *Dipana*, *Pachana*, *Kaphanashaka*, *Medhoghna*, *Lekhana*, *Karshana* and *Srotoshodhaka* properties.

ATORVASTATIN⁵ :

Statins are first choice of drugs for primary Hyperlipidemia with raised LDL and total CH. levels, with or without raised TG levels as well as for secondary Hypercholesterolemia.

A dose of 10 mg Atorvastatin daily reduces LDL-CH by 30-35%. All statins produce peak LDL-CH lowering after after 1-2 weeks therapy. Hepatic synthesis of VLDL is concurrently reduced and its removal from plasma is enhanced.

A dose dependent effect is seen with all statins. Statins are effective in secondary Hypercholesterolemias also. However, they are not useful when Triglycerides alone is markedly raised.

Atorvastatin is latest statin marketed in India, is more potent and appears to have the highest LDL-CH lowering efficacy at maximal daily dose of 80 mg. At this dose greater reduction in TGs is noted if the same was raised at baseline. Atorvastatin has a much longer plasma t_{1/2} of 18-24 hr than other statins, and has additional antioxidant property.

Beneficial effects of Atorvastatin in patients who have raised CH. Level but no evidence of CAD may relate to improved coronary artery compliance and atheroscleromatous plaque rupture and thrombus formation. Improvement in endothelial function, reduction in LDL oxidation and an anti-inflammatory effect are proposed as additional mechanisms by which statins may exert antiatherosclerotic action. On



the basis of result and excellent patient acceptability, the statins are being increasingly used for primary and secondary Hypercholesterolemia with or without raised TG levels.

ROLE OF DIET (AAHARA):

A healthy body as well as the diseased one is nothing but the outcome of *Ahara*. Out of all the factors for the maintenance of positive health, proper food intake occupies the most important place because diet is the most basic medicament other than any substance.

Dietary fat is the most concentrated source of energy in food. According to current recommendations diets containing as little as 5-10% of total calories as fat appear to be safe and well tolerated. Dietary fat is composed primarily of fatty acids and dietary cholesterol.

The fat contains two varieties of fatty acids i.e. saturated and unsaturated. The effects of both are different on the Lipid content of the blood; the saturated fatty acids promptly

produced Dyslipidemia whereas the unsaturated fatty acids reduce it. The fats containing more saturated fatty acids like butter, tallow, and others which are of animal origin and the vegetable fats like coconut oil produce Dyslipidemia. On the other hand the vegetable oils which contain higher percentage of unsaturated fatty acids reduce the Dyslipidemia as corn oil, sunflower oil, olive oil, sesamum oil and others.

Aharya Charak has described the causative factor i.e. *Aharaj Nidan* for the disease like *Viruddha aahara*⁶ (incompatible food), *Mithya ahar-vihar* (Faulty food habits), *Atyashana* (Taking excessive amount of heavy diet), *Vishamaashana* (Taking food at irregular time). This means avoidance of *apathya ahar* like *mithya ahar-vihar* & *viruddha ahar* reduces the prevalence of the disease. *Pathya ahar* eliminate the cause of disease and set up a routine and other circumstances favorable for proper cure.

PATHYA & APATHYA AAHARA VIVECHANA:

व्यायामनित्योजीणाशी यवगोधूमभोजनैः संतर्पणकृतैदोषैः स्थौल्यं मुक्त्वाविमुच्यते⁷ II(च. सू. 23/25)

PATHYA	APATHYA
<ul style="list-style-type: none">➤ Laghu Aahara: (eg. Yava, godhum, daliya, Khichadi, ankurit chana, moong, soyabeens etc.)➤ Ruksha: (eg. Lava, Bhuna chura, jau etc.)➤ Ushna Aahara (eg. Luke water etc.)➤ Vyayam and Aasan: (Paschimottan aasan, Surya namskar, relaxing aasan etc.)➤ To follow <i>Ashtavidha Aharavidhi Visshaayatanani</i>	<ul style="list-style-type: none">➤ Guru, Snigdha, Abhisyandi Aahar:(urad, dahi, fast food, cold drinks etc.)➤ <i>Divaswapna</i>➤ Alcohol➤ Smoking➤ <i>Adhyashana</i>➤ <i>Akala Bhojana</i>➤ <i>Bhojjanottara Nindra</i>➤ <i>Visamashana</i>



Following Measures To Maintain The Optimum Cholesterol:

1. Drink minimum 6 to 8 glass of water daily.
2. Intake fresh food, grains like oat red yeast, rice, and fibre rich diet.
3. Lower consumption of animal and dairy products.
4. consumption of omega-6 rich diet like corn oil, safflower oil etc.
5. Use coconut oil, fish oil etc.
6. Eat a lot of antioxidant food like orange juice, Indian goose berry (Amala), strawberries, apple, nuts carrot, and broccoli etc.
7. Use nuts like Walnuts, Almonds, Peanuts etc.
8. Use Garlic, Onion, Coriander, Cumin, Dalchini, Turmeric and Curry leaves.

AIMS AND OBJECTIVES

The aims and objectives of the study were:

- To study the aetiopathogenesis of Dyslipidemia and work out the Ayurvedic correlations.
- To evaluate the efficacy of **Atorvastatin along with diet** in the management of Dyslipidemia by using various scientific parameters.
- To provide a reliable, cost effective, safe treatment for Dyslipidemia.

MATERIALS AND METHODS

Selection of patients

Patients diagnosed with abnormal lipid profile willing to participate in the clinical trial were selected for the present study. A total of 20 patients of Dyslipidemia were selected from OPD/IPD, P.G. Department of Kayachikitsa, Rishikul campus, Haridwar.

The study was conducted on patients who were randomly selected on the basis of inclusion & exclusion criteria. A detailed Proforma was prepared incorporating all the points of history taking, physical examination and assessment of the treatment. Prior written informed consent was taken from patients before including in the study.

Selection of the Sample: Randomized sampling

Selection of Drug :

Tab Atorvastatin along with diet modification

Dose of Drug:

Tab Atorvastatin - 10 mg OD

Duration of study: 90days

Type of study: Single blind open lable.

Assessment and follow up:

The assessment of the patient was done for 3 times at the interval of **one month** and follow up was done **1 month** after completion of the treatment.

Drug trial schedule:

20 patients were administered **tab Atorvastatin 10 mg OD** with luke warm water before meal

Inclusion criteria:

- Diagnosed & confirmed cases of Dyslipidemia on the basis of investigation.
- Patient between the **age group of 20-60 years** of either sex who fulfilled the criteria of Objective and Subjective parameters.
- **Newly diagnosed cases of NIDDM** with optimal control diabetes were also considered under study.

Exclusion criteria:

- Patients with age below 20 years & above 60 years.



- Patients suffering from type 1 diabetes mellitus and uncontrolled diabetes mellitus or uncontrolled hypertension.
- Patient having systemic illness like tuberculosis, carcinoma and endocrine disorders or major illness like renal or liver disorder.
- Patient having the past history of myocardial infarction & unstable Angina, CCF.

CRITERIA FOR ASSESSMENT

The assessment of the trial was done on the basis of following parameters:

1. Subjective
2. Objective

1. SUBJECTIVE CRITERIA

The subjective assessment was done on the basis of improvement in following sign and symptom:^{8,9}

- ♦ *Angagaurava*- (Feeling of heaviness in body)

- ♦ *Aruchi*- (Reduced appetite)
- ♦ *Kshudra Swasa*- (Compare with dyspnoea)
- ♦ *Angmarda*- (Compared with pain and intermittent claudication)
- ♦ *Atisweda*- (excessive sweating)
- ♦ *Daurgandhya*- (Unpleasant body odour)
- ♦ *Karpaaddaha*- (burning sensation in hands and feet)
- ♦ *Javoparodha*- (inability to do physical exercise)
- ♦ *Nidratiyoga*- (excessive sleep)

OBSERVATION DURING WORK¹⁰

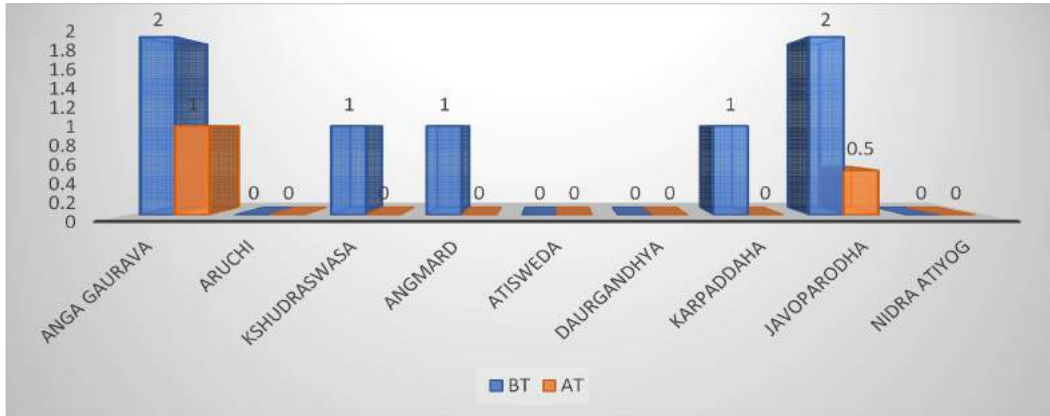
- ♦ *Avyayama*- (lack of exercise)
- ♦ *Divashayana*- (day sleeping)
- ♦ *Sleshmalaaharsevana*- (intake of fatty diet)
- ♦ *Varuniatisevana*- (excessive alcohol intake)

All the symptoms were graded on the basis of their severity and were given scores ranging between (0-3).

EFFECT OF ATORVASTATIN ON THE SUBJECTIVE SYMPTOMS:

Table: no. 1

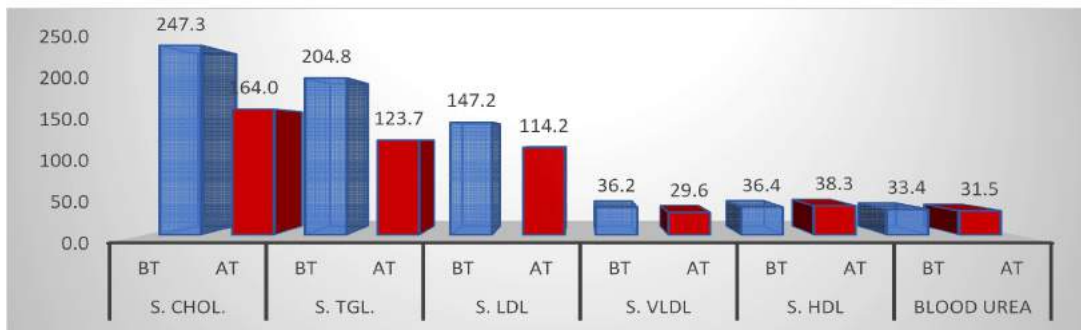
	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
ANGA GAURAVA	2	1	-3.938 ^a	<0.001	70.0	HS
ARUCHI	0	0	-2.640 ^a	<0.05	76.9	Sig
KSHUDRASWASA	1	0	-3.557 ^a	<0.001	76.2	HS
ANGMARD	1	0	-3.416 ^a	<0.001	76.0	HS
ATISWEDA	0	0	-2.828 ^a	<0.05	47.1	Sig
DAURGANDHYA	0	0	-2.000 ^a	<0.05	66.7	Sig
KARPADDAHA	1	0	-3.071 ^a	<0.05	70.0	Sig
JAVOPARODHA	2	0.5	-3.704 ^a	<0.001	64.5	HS
NIDRA ATIYOG	0	0	-2.000 ^a	<0.05	57.1	Sig



EFFECT OF ATORVASTATIN ON LIPID PROFILE

Table: no. 2

Biochemical value		Mean	N	SD	SE	t-Value	P-Value	% Effect	Result
S. CHOL.	BT	247.3	20	30.9	6.9	8.709	<0.05	33.7	Sig
	AT	164.0	20	20.1	4.5				
S. TGL.	BT	204.8	20	62.9	14.1	6.410	<0.05	39.6	Sig
	AT	123.7	20	20.0	4.5				
S. LDL	BT	147.2	20	30.4	6.8	3.886	<0.05	22.4	Sig
	AT	114.2	20	16.9	3.8				
S. VLDL	BT	36.2	20	23.0	5.1	2.235	<0.05	18.0	Sig
	AT	29.6	20	12.1	2.7				
S. HDL	BT	36.4	20	6.7	1.5	-1.772	>0.05	4.9	NS
	AT	38.3	20	6.3	1.4				





% RELIEF ON VARIOUS SYMPTOMS :

Table: no. 3

Sr. No.	Symptoms	% Relief
1.	<i>Anga Gaurav</i>	70.0
2.	<i>Aruchi</i>	76.9
3.	<i>Kshudra shwasa</i>	76.2
4.	<i>Angmarda</i>	76.0
5.	<i>Atisweda</i>	47.1
6.	<i>Daurgandhya</i>	66.7
7.	<i>Karpaad daha</i>	70.0
8.	<i>Javoparodha</i>	64.5
9.	<i>Nidra atiyoga</i>	57.1

Above table shows that there was % relief occurred in *Anga Gaurav* (70%), *Aruchi* (76.9%), *Angmarda* (76%) and *Kaar Paad Daha* (70%) by using atorvastatins along with diet modifications.

RESULT AND DISCUSSION:

Susruta has quoted very precisely that clinical condition sthaulya "रसानिमित्तिमेव स्थौल्यकायर्स च"¹¹ and its precursor stages depends upon the formation and metabolism of ahara rasa and its essential outcome fore most dhatu -The Rasa Dhatu. The diet we consume is subjected to elaborate processes of digestion and metabolism in the GIT and liver. Therefore dietary regimen forms crucial element in the management of Sthaulya or Medoroga. Therefore Do/Don't diet regimen along with diet chart is given below.

Atorvastatin is a drug of HMG-COA reductase inhibitors (statins) class. They competitively inhibit conversion of 3-Hydroxy-3-methyl glutaryl coenzyme A (HMG-CoA) to mevalonate (rate limiting step in CH synthesis) by the enzyme HMG-CoA reductase. Therapeutic doses reduce CH synthesis by 20-50%.

ATORVASTATIN ALONG WITH DIET:

- ♦ When the study population was treated with atorvastatin statistically highly significant (<0.001) result was found in subjective parameters like *Anga Gaurava*, *Kshudraswasa*, *Angmarda*, *Javoparodha*.
- ♦ Statistically Significant result was found in subjective parameters like *Aruchi*, *Atisweda*, *Karpaddaha*, *Nidraatiyoga* and *Daurgandhya*.
- ♦ In Biochemical parameters, Statistically Significant result (p<0.05) was found in S. Cholesterol, Sr. triglycerides, Sr. LDL, and Sr. VLDL, while Nonsignificant result (p>0.05) was found in S. HDL.
- ♦ While observing other Biochemical parameters, Nonsignificant result (p>0.1 NS) was found in TLC, FBS, S. Protein, serum uric acid and Blood urea, while Significant



result was found in Hb%, ESR, and serum creatinine.

- ♦ “One who follows healthy diet and lifestyle doesn’t need any medicine and one who doesn’t follow, also doesn’t need any medicine”

In Ayurvedic treatment importance of *Pathya-Apathya* is highly emphasized to achieve good relief and is describe as half treatment. From this we can conclude that by avoiding use of **incompatible food, faulty lifestyle &** by use of *Pathya aahar* and *Apathya aahar*, Dyslipidemia can be controlled.

DIET CHART FOR DYSLIPIDEMIA (वसा असंतुलन)

MEAL/TIME	MENU	QUANTITY
EARLY MORNING 5 am	<ul style="list-style-type: none">➤ गुनगुना पानी+निम्बू+शहद or➤ हर्बल/ग्रीन चाय इत्यादि ➤ बादाम or अखरोट	<ul style="list-style-type: none">➤ 1 glass (150ml)➤ ½ कप (50ml)➤ 2-3
BREAKFAST 9 am	<ul style="list-style-type: none">➤ रोटी और सब्जी or➤ पोहा/दलिया/कॉर्न फ्लैक्स or➤ अंकुरित मूंग/ चना/ सोयाबीन इत्यादि 	<ul style="list-style-type: none">➤ 1-2(50gm each)+ 1 bowl (150gm)➤ 1 bowl (60gm)➤ 1 bowl (50gm)
MIDMORNING 11 am	<ul style="list-style-type: none">➤ फल➤ जूस	<ul style="list-style-type: none">➤ 1 bowl(150gm)➤ 1 glass(150ml)
LUNCH 2 pm	<ul style="list-style-type: none">➤ रोटी➤ चावल➤ सब्जी➤ दाल➤ सलाद	<ul style="list-style-type: none">➤ 1-2 (50gm each)➤ 1 bowl (100gm)➤ 1 bowl (150gm)➤ 1 bowl (100gm)➤ 1 bowl (150gm)
EVENING/ SNACKS 5 pm	<ul style="list-style-type: none">➤ भूना चना/मुरमुरा चाट or➤ इडली/वेज सैंडविच or➤ वेज उपमा/पोहा इत्यादि 	<ul style="list-style-type: none">➤ 1 bowl(50-60gm)➤ 1-2 Piece➤ 1 bowl
DINNER 9 pm	<ul style="list-style-type: none">➤ सूप➤ रोटी➤ सब्जी➤ दाल➤ सलाद	<ul style="list-style-type: none">➤ 1 bowl (100ml)➤ 1-2 (50gm each)➤ 1 bowl (150 gm)➤ bowl (100 gm)➤ bowl (150 gm)
BED TIME 10pm	<ul style="list-style-type: none">➤ दूध-(मलाई रहित)	<ul style="list-style-type: none">➤ 1 glass(200ml)



नोट-

- **रोटी-** फाइबर युक्त अन्न जैसे-जौ, गेहूं, मक्का, जई, चने की आटे से मिली रोटी का प्रयोग करें।
- **सब्जी-** प्याज, गोभी, टमाटर, पालक, करेला, भिन्डी, परवल, लौकी, तोरई इत्यादि।
- **दाल-** मूंग, अरहर, मसूर, सोयाबीन, चना।
- **फल-** सेब, स्ट्राबेरी, कच्चा अमरुद, संतरा, ताजा तरबूज, खरबूज, पपीता, आवला, केला, अंगूर इत्यादि।
- **सलाद-** प्याज, खीरा, ककड़ी, मूली।
- **जूस-** नारियल पानी, लौकी करेला, गाजर इत्यादि सब्जियों और फलों का प्रयोग करें।

पथ्य/ प्रयोग करें	अपथ्य/ प्रयोग ना करें
<ul style="list-style-type: none">➤ रोज प्रातः काल ½-1 घंटा पैदल चलें तथा 30 मिनट का व्यायाम करें।➤ तेल- सरसों, जैतून, नारियल।➤ मसाले- हल्दी दालचीनी, मेथी, जीरा, कालीमिर्च, करी पत्ता इत्यादि का प्रयोग सब्जी बनाने में करें।➤ छाछ या मट्ठा का प्रयोग जीरा नमक के साथ करें।	<ul style="list-style-type: none">➤ अधिक मात्रा में भोजन ना खाएं।➤ दिन में ना सोयें।➤ अधिक तला हुआ और तेलीय भोजन ना लें।➤ मक्खन, घी, पनीर, दही का प्रयोग ना करें।➤ नमक का प्रयोग अधिक मात्रा में ना करें।➤ बाहर का फ़ास्ट फूड जैसे- बर्गर, पिज्जा, आलू फिंगर चिप्स, बेकरी प्रोडक्ट etc. और कोल्डड्रिंक, आइसक्रीम का प्रयोग ना करें।➤ अधिक मात्रा में मांस (RED MEAT) ना खाएं।

ESTIMATION OF OVERALL EFFECT OF THERAPIES ON 20 PATIENTS

Table no. 3

STATUS	EFFECT OF THERAPIES	
	No.	%
Excellent (>75%)	5	25%
Marked improvement (50-74%)	13	65%
Mild improvement (25-49%)	2	10%
No improvement (<25%)	0	0



- ♦ The overall effect of therapy was assessed by improvement in all subjective and objective parameters of individual patients. **Markedly improvement was (65%) found in 20 patients.**

CONCLUSION:

“Conclusions” drawn from present work are as follows:

- ♦ Dyslipidemia can be better correlated as *Medodushti* in *Ayurveda*.
- ♦ *Medo-dushti* is a functional condition and just a precursor stage of *Medoroga* and can be easily reversed by effective treatment.
- ♦ Contrary to previous belief that its increased incidence is found in middle aged patients it has been studied that it also significantly prevalent in younger ones.
- ♦ The present research also proved that there is major role of *Agni* and *Ama* in pathogenesis of Dyslipidemia, and drugs having *Dipana*, *Pachana*, *Amapachaka*, *Kapha Medohara* and *Srotoshodhaka* action are highly effective.

If one is following healthy diet and lifestyle, all the diseases can be prevented and no medicine is required to tackle any disease. **Controlled diet itself works like a medicine.** And if one is not following such diet & lifestyle, no medicine will work, because improper diet & life style themselves are the prime causes of disease.

REFERENCES:

1. www.clinicalkey.com/topics/cardiology/Hyperlipidemia.html.
2. Harrison's principle of internal medicine 17th edition page number 1378.
3. Ayurved Deepika teeka on Charak Samhita Nidana Sthana 4/4.

4. Madhav Nidan, Madhukosh Vyakhya edited with Vimala Madhudhara hindi commentary by Brahmanand Tripathi, published by Chaukhamba Sanskrit pratisthana Varanasi Volume II, reprint 2003 Madhav Nidan 34 ; page no. 34.
5. Essentials of medical pharmacology, K. D. Tripathi, 5th edition, pg no. 578.
6. Agnivesha, Charaka Dridhabala, Charaka Samhita, Sutra Sthana, 26/81; edited with the Vidyotini Hindi commentary by Pt. Kashinath Shastri and Gorakhnath Chaturvedi published by Chaukhamba Sanskrit Pratisthana Varanasi, 2009. pg 436.
7. Agnivesha, Charaka Dridhabala, Charaka Samhita, Sutra Sthana 23/25; edited with the Vidyotini Hindi commentary by Pt. Kashinath Shastri and Gorakhnath Chaturvedi published by Chaukhamba Sanskrit Pratisthana Varanasi, 2009, pg 439.
8. Charaka Samhita, Sutra Sthana, 21/4; edited with the Vidyotini Hindi commentary by Pt. Kashinath Shastri and Gorakhnath Chaturvedi published by Chaukhamba Sanskrit Pratisthana Varanasi, 2009, pg no. 409.
9. Vagbhatta Ashtanga Hridayama, Sutra Sthana 13/23-24; edited by Brahammanand Tripathi, Commentary by Arundatta, Published by Chaukhamba Sanskrit Pratisthana Varanasi 2009
10. Charaka Samhita, Vimana sthana 5/16; edited with the Vidyotini Hindi commentary by Pt. Kashinath Shastri and Gorakhnath Chaturvedi published by Chaukhamba Sanskrit Pratisthana Varanasi, 2009, pg no. 713.
11. Sushruta Samhita of Maharshi Sushruta, Sutra Sthana, 15/37; edited with Ayurveda Tatwa – Sandipika, Hindi commentary by Kaviraj Ambika datta Shastri, published by Chaukhamba Sanskrit Pratisthana, Varanasi, part -1, reprint - 2012, pg. 81.



COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF SHIRISHBEEJADI ANJANA IN THE MANAGEMENT OF ARMA W.S.R. TO PTERYGIUM

- Gunjan Sharma¹, Renu Rao², Anupama Singh³, Poonam Jakhar⁴
e-mail : gunjan06sharma@gmail.com

ABSTRACT :

“Arma”, one of the *Shuklagata Roga* is described as continuous growth in *Shuklamandal*. On the basis of signs and symptoms the disease ‘Arma’ can be correlated with ‘Pterygium’. Pterygium is a common ocular-surface disorder capable of causing significant visual impairment & cosmetic deformity. Presently, surgical treatment is the only satisfactory approach but recurrence after surgical excision is common. *Ayurvedic* approach mainly concentrates on preventing the progression of disease. With this aim “comparative clinical study to evaluate the efficacy of *Shirishbeejadi Anjana* in the management of *Arma* w.s.r. to Pterygium” was undertaken on 40 clinically diagnosed patients of *Arma* selected from O.P.D./I.P.D. of *Shalaky Tantra* Department, Rishikul Campus, Haridwar. The clinical study was done dividing the total cases into two groups of 20 each. Group A – Trial group treated with *Shirishbeejadi Anjana* along with *Madhu* Group B – Trial group treated with *Shirishbeejadi Anjana* along with Distilled water. Treatment duration was 30 days and applied in b.d. dose. After this comparative clinical study It can be concluded that *Shirishbeejadi Anjana* was safe and worked better when applied with *Madhu*.

Key words : *Arma, Shirishbeejadi Anjana, Pterygium*

INTRODUCTION :

The diseases of eyes are classified vividly in *Sushruta Samhita*. As per pathological site, one group of eye diseases known as *Shuklagata Rogas* is mentioned under which *Arma Roga* is described. This is a disease in which a wing like layer is gradually developed from the *Kaneenaka Sandhi* (Inner canthus) or *Apangasandhi* (outer canthus) towards the cornea.¹ This layer invades the cornea, which is transparent in nature and damages the transparency of that part, thereby causing disturbance in Vision. *Arma* can be correlated with Pterygium in contemporary science, as both these conditions are diagnosed based on the character and type of growth. There is worldwide distribution of Pterygium, but they are more common in warm and dry climates³. *Arma* is considered as a *Chedana Sadhya Vyadhi*. In *Purva Avastha* of the disease *Lekhana Anjanas* are used and when it get to *Pravruddhavastha*, *Chedana* is the only option. *Sushruta* has explained a special surgical procedure for *Arma Chedana*. If *Arma* is in the early stage then, *Netrakriya Kalpa* like *Anjana (Lekhana Anjana)* is selected considering the *Dosha Lakshanas* with suitable drug. So it has been decided to study the efficacy of ‘*Shirishbeejadi Anjana*’ in ‘*Arma*’ w.s.r to ‘Pterygium’⁴

¹H.O.D. & Prof., ²Associate prof., ³P.G. Scholar of P.G. Dept. of *Shalaky Tantra*, Rishikul Campus UAU, ⁴Phd. Scholar, NIA, Jaipur, Rajasthan



Clinical features of pterygium-

- 'Pterygium' is a wing shaped fold of conjunctiva encroaching upon cornea from either side within the interpalpebral fissure.
- Generally 'Pterygium' is an asymptomatic condition but when it gets inflamed it exhibits clinical features like redness, watering, foreign body sensation, etc¹³
- It not only affects beautiful outlook of the patient, but also affects refractive astigmatism, and is a potentially blinding disease in the advanced stage due to invasion of the visual axis.

Classification of Pterygium-

Type 1- extends less than 2mm onto cornea. A deposit of iron (Stocker line) may be seen in the corneal epithelium anterior to the advancing head of the Pterygium.

Type 2- involves upto 4mm of the cornea and may be primary or recurrent following surgery.

Type 3- encroaches onto more than 4mm of the cornea and involves the visual axis¹⁴.

Shirishbeejadi Anjana -

The constituents *Shirish*, *Maricha*, *Pippali*, *Saindhava* were taken in equal amount and pounded in *Khalva Yantra* till it becomes fine powder. *Vastraghalana* is done to get fine powder. Then it has been made in the form of *Varti* with the help of water and dried in shade and preserved in air tight container

Objectives-

- 1) To study the conceptual resemblance between *Arma* and Pterygium.
- 2) To compare the efficacy of *Shirishbeejadi Anjana* in the management of *Arma* along with *Madhu* and its efficacy along with distilled water.

Materials and methods-

Materials : The patients selected for this study with '*Shirishbeejadi Anjana*'. *Shirishbeeji churna* - 1 Part *Maricha churna* - 1 Part *Pippali churna* - 1 Part *Saindhav lavan*- 1 part *Jala* - required amount of jala will be taken sufficient to soak the *churna* and *varti* will be made with proper *vidhi* and advised to apply on *Arma*.

Study Design : Open random single blind prospective comparative study

In total, 40 patients were selected for present study who fulfilled the criteria of diagnosis and consented for study and were divided into following 2 groups :

Group A (Trial Group) – In this group patients were subjected to *Shirishbeejadi Anjana* with honey for local application

Group B (Trial Group) – In this group patients were given *Shirishbeejadi Anjana* with Distilled Water for local application

Period of Study – 30 days

Follow Up – 1 month

Inclusion criteria:

- ❖ Patients aged between 20-60 years .
- ❖ Patients presenting with clinical features of *Arma* as per classics.

Exclusion criteria:

- ❖ Patients with any other associated ocular disease and any systemic disease.
- ❖ Pseudopterygium
- ❖ The patient who had undergone excision of Pterygium (recurred)

Criteria for assessment:

In this study, the results were assessed in relation to the clinical signs and symptoms (on



the basis of grading and scoring system) and overall improvement.

Clinical Assessment :

The signs and symptoms were assessed by adopting suitable scoring method. The details are as follows :

Subjective Parameters

1)Redness : No redness- 0 Scanty redness -1 Moderate redness-2 Severe redness- 3

1) Foreign body sensation : No Foreign body sensation- 0 Occasional Foreign body sensation- 1 Frequent Foreign body sensation - 2 Continuous Foreign body sensation-3

2) Watering : No watering- 0 Occasional watering- 1 Frequent watering- 2 Excessive watering- 3

Objective parameters

1)Length : No Corneal invasion 0 Corneal invasion < 2mm 1 Corneal invasion 2- 4 mm 2 Corneal invasion >4 mm 3

2)Thickness : Negligible growth- 0 Head clearly visible episcleral vessels under the body of Pterygium (Atrophic)-1 Head partially visible episcleral vessels under the body of Pterygium (Intermediate)- 2 Head totally obscured episcleral vessels underlying the body of Pterygium (Fleshy).-3

Observation and Result-

Intergroup Results by Applying CHI Square Test :

The following tables show difference in effects on Group-A, *Shirishbeejadi Anjana* with *Madhu* and Group-B, *Shirishbeejadi Anjana* with Distilled water.

COMPARISON B/W GROUP A AND GROUP B THERAPY ON REDNESS

Groups	NSI	GI	Row Total	χ^2	P
Group A	14	5	19	0.146	>0.5 (NS)
Group B	15	4	19		
Column Total	29	9	38		

COMPARISON B/W GROUP A AND GROUP B THERAPY ON FOREIGN BODY SENSATION

Groups	NSI	GI	Row Total	χ^2	P
Group A	8	11	19	9.865	<0.001 (HS)
Group B	18	1	19		
Column Total	26	12	38		



COMPARISON B/W GROUP A AND GROUP B THERAPY ON WATERING

Groups	NSI	GI	Row Total	χ^2	p
Group A	12	6	18	0.045	>0.05(NS)
Group B	12	7	19		
Column Total	24	13	37		

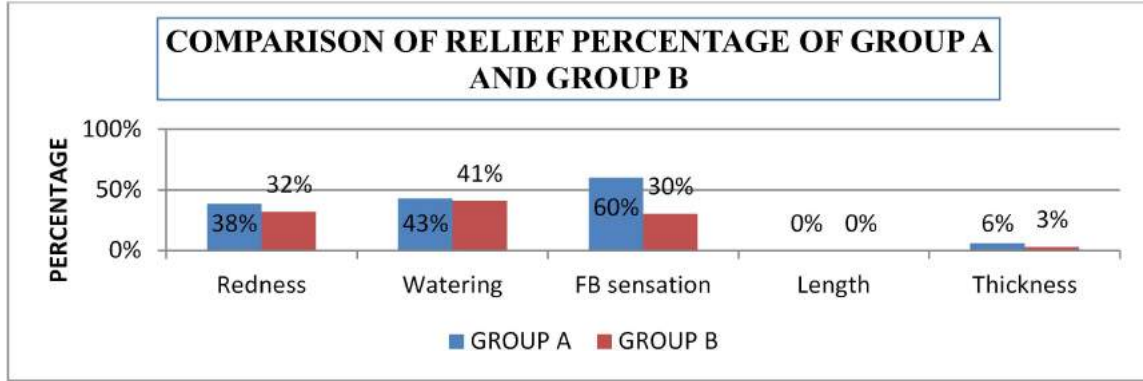
COMPARISON B/W GROUP A AND GROUP B THERAPY ON LENGTH

Groups	NSI	GI	Row Total	χ^2	p
Group A	20	0	20	0	>0.05(NS)
Group B	20	0	20		
Column Total	40	0	40		

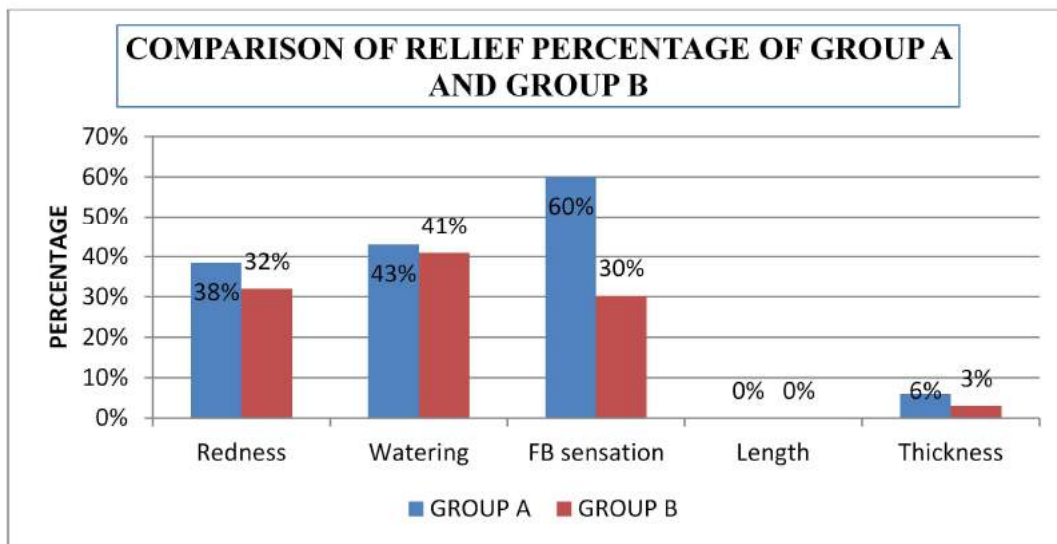
COMPARISON B/W GROUP A AND GROUP B THERAPY ON THICKNESS

Groups	NSI	GI	Row Total	χ^2	P
Group A	20	0	20	0	>0.05(NS)
Group B	20	0	20		
Column Total	40	0	40		

On comparing the effect of therapies between Group A and Group B by chi square test it was found that there is significant difference in the effect of therapy on Foreign Body Sensation. On rest other symptoms of the patients insignificant difference in the effect of therapy .



On rest other symptoms of the patients insignificant difference in the effect of therapy .



DISCUSSION :

In group A, maximum percentage of relief was observed in the parameter of Foreign body sensation (60.87%), followed by watering (43.48%), than redness (38.46%).

In group B maximum percentage of relief was observed in the parameter of watering (40.90%), followed by redness (32%), than foreign body sensation (30.30%).

In over all therapy out of 20 patients in group A, 3 patients (15%) were moderately improved while 13 patients (65%) were mildly improved. Remaining 4 patients (20%) were poorly improved.

In over all therapy out of 20 patients in group B, 2 patients (10%) were moderately improved while 9 patients (45%) were mildly improved. Remaining 9 patients (45%) were poorly improved.



CONCLUSION :

- Based upon the detailed conceptual description, it can be concluded that *Arma* and Pterygium, both these entities are similar.
- “*Shirishbeejadi Anjana*” showed statistically significant results on subjective parameters (redness, watering and foreign body sensation) of *Arma* in both the groups. Highly significant result was observed in foreign body sensation in inter group comparison while insignificant result was observed in rest of the assessment parameters.
- “*Shirishbeejadi Anjana*” is not effective to improve objective parameters i.e. thickness and length of *Arma*.
- “*Shirishbeejadi Anjana*” showed no adverse effect/toxic effect but side effects of this *Anjana*, were irritation and excessive watering from eyes which was overcome by advising the patient to keep eyes closed for five minutes after its application.

References-

- 1- Sushruta Samhita of Maharshi Shusrat by Kaviraja Ambikadatta Shastri part 2, 11th edition printed by Chowkhamba Sanskrit Sanstana Su.Sha.1/11 pg. 6
- 2- Solomon A, Pires RT, Tseng SC. Amniotic membrane transplantation after extensive removal of primary and recurrent pterygia. *Ophthalmology* 2001;108: 449-460
- 3- Saw SM, Tan D. Pterygium: prevalence, demography and risk factors. *Ophthalmic Epidemiol* 1999;6(3):219-28.
- 4- Ibid Sushruta Samhita Uttara Tantra 12/28 pg.47
- 5- Taranatha Tarakavachaspathi Bhattacharya. *Vachaspatyam*, Varanasi :Chaukhamba Sanskrit Bhavan; 2003.3442 pp.Vol-4
- 6- R. C. Choudhury - Shalaky Vijnana Chowkhamba Orientalia, Varanasi 20th Edition pg. 168
- 7- Ibid Sushruta Samhita Uttara Tantra 4/4 pg. 20
- 8- Ibid Sushruta Samhita Uttara Tantra 4/4-5 pg. 20
- 9- Ibid Sushruta Samhita Uttara Tantra 4/5 pg. 20
- 10- Ibid Sushruta Samhita Uttara Tantra 4/6 pg. 20
- 11- Ibid Sushruta Samhita Uttara Tantra 4/6 pg. 20
- 12- Ibid Sushruta Samhita Uttara Tantra 15/17-18 pg. 53
- 13- A. K. Khurana. *Comprehensive Ophthalmology* 4th ed. New Delhi: New Age International P Ltd. Publishers; New Delhi: 2007.
- 14- Jack J Kanski, *Kanski Clinical Ophthalmology*. 6th ed.china: Elsevier limited; reprint 2006.931pp



“A CLINICAL STUDY TO EVALUATE THE EFFICACY OF PANCHAMRIT PARPATI IN GRAHANI ROGA”

-Sunil Kr. Sharma¹ Rashmi Kathit¹, Jaya Saklani Kala³,

O. P. Singh² , Sanjay Kr. Singh² , Deshraj Singh³

e-mail : sunilkumarsharma64@gmail.com

ABSTRACT :

Grahani Roga is a common disease encountered by physicians in day-to-day life. The disease is cumbersome as young aged people are mostly affected by this. Due to chronic nature of disease it affects the quality of life of patients and decreases their productivity at work.

Objective: The study designed to evaluate the efficacy of *Panchamrit Parpati* in *Grahani Roga*.

Method: recent literature on detection, diagnosis and history of *Grahani Roga* was reviewed. 20 patients having sign and symptom of *Grahani Roga* were randomly selected from the O.P.D. , P.G. Department of Kayachikitsa, Rishikul Campus Haridwar. *Panchamrit Parpati* was given orally in dose of 250 mg b.d. with *Takra* after meal for a duration of 45 days.

Results & conclusion: In present study for managing the *Grahani Roga*, patients were given *Panchamrit Parpati* . In this study patients got significant improvement and no complications were found during and after the clinical study.

Keywords: *Grahani Roga*, *Panchamrit Parpati*.

INTRODUCTION

Grahani has been widely described in the classic ayurvedic literature as one among the

*Mahagada*¹. *Grahani* and *Agni* are having *Adhara- Adheya* sambandha and described as an *Agni Adhishtana*. The name is given so because *Grahani* (retaining ability) is the function of *Grahani*. Normally it restrains the downwards movement of undigested food and retains till it is fully digested². After digestion it releases the food to next *Ashaya* i.e. *Pakvashaya*. The primary cause of *Grahani Roga* is eating habits that directly affect *Jatharagni* leading to a vitiation of *Grahani*, thus it does not digest even light food

रोगाःसर्वेऽपिमन्दाग्नौ ।।³ (अ.ह.नि. 12 / 1)

Grahani is one of the digestive disorders. According to *Acharya Sushruta*, *Atisara* is considered as one of the predisposing factor for ‘*Grahani Roga*

Acharya Vagbhata describes that *Arsha*, *Atisara* and *Grahani Vikara* as ‘*Anyonya Nidana Bhuta Vyadhi*’ , of where *Agni Vikriti* (*Agnimandya*) is root cause for the disease⁴.

Grahani Roga described in classical text of *Ayurveda* represents a group of disorders of gastrointestinal system. Malabsorption, syndrome Tropical Sprue, IBS mentioned in modern medicine may be considered under *Grahani Roga* .

¹M.D. Scholar, ³Associate Professor, ²Professor & HOD, Department of Kayachikitsa, ²Professor, Department of Roga Nidan & Vikriti Vigyan, ³Assistant professor, Department of Kayachikitsa, Rishikul Campus, Utrakhand Ayurved University, Haridwar, Uttarakhand.



MATERIALS AND METHODS

Aims & objectives

- 1) To study the aetiopathogenesis of *Grahani Roga*.
- 2) To assess the efficacy of *Panchamrit Parpati* on *Grahani Roga*.

The study comprised of 20 patients of *Grahani Roga*. The patients were selected from OPD and IPD of Rishikul campus. Haridwar.

Ethical clearance: The research has been approved by the Institutional Ethical Committee. Written informed consent was taken from all the subjects before the trial and study was in accordance with ICH GCP Guidelines.

Selection of Sample: Randomized Sampling

Type of Study: Planued Study

Duration of Study: 45 days

Selection of Drug

*Panchamrit Parpait*⁵- 250 mg b.d. with *Takra* after meal.

Assessment & Follow Up

The assessment of the patients was done at the interval of 15 days & the follow up was done 1 month after completion of treatment.

INCLUSION CRITERIA:

- Patients between 18–60 years of age group.

- Patient shaving symptom of *Grahani* (*Amavastha*), viz *Muhubaddha/Muhudrava Malpravriti*, *Apakva Malpravriti*, *Dourgandhita Malpravriti*, *Udara Shoola*, *Udara Gaurava*, *Ajeerna*, *Aruchi*, *Vidaha*, *Aalasya*, *Visitambha*, *Dourgandhita mala pravriti*, *Apakva mala pravriti*.

EXCLUSION CRITERIA:

- Patients suffering from any other systemic disorders which interfere with the course of the disease and treatment were excluded.
- Life threatening disease like abdominal Koch's, CA colon, and partial abdominal obstruction were excluded.
- Age below 16 years and above 60 years.
- k/c/o ulcerative colitis, crohns disease, worm infestation.

CRITERIA FOR ASSESSMENT

The assessment of the trial was done on the basis of following parameters:

1. Subjective
2. Objective

SUBJECTIVE:

The subjective assessment was done on the following basis:

Table no. 1

Improvement in following symptoms of *Grahani Roga* as described in classics:

1.	<i>Muhubaddha/MuhudravaMalpravriti</i>	6.	<i>Aalasya</i>
2.	<i>Udara Shoola</i>	7.	<i>Vistambha</i>
3.	<i>Udara Gaurava</i>	8.	<i>Ajeerna</i>
4.	<i>Aruchi</i>	9.	<i>Dourgandhita Mala Pravrutu</i>
5.	<i>Vidaha</i>	10.	<i>Apakva Mala Pravrutu</i>



Table no.2 The above symptoms were graded as below

None	0
Mild	1
Moderate	2
Moderate to severe	3
Severe	4

OBJECTIVE:

- ♦ Routine Haematological examinations- Hb%,TLC, ESR
- ♦ Routine And Microscopic Stool examination (ova& cyst).

OBSERVATIONS

Table no. 3 Efficacy Study Of Drug On Subjective Parameters

	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
<i>MUHURBADDHAM MUHURDRAVA MALAPRAVRUTI</i>	3.05	0.41	-3.671 ^a	<0.001	86.5	HS
<i>APAKVA MALAPRAVRUTI</i>	2.05	0.18	-3.573 ^a	<0.001	91.4	HS
<i>DOURGANDHITA MALAPRAVRUTI</i>	2	0.24	-3.125 ^a	<0.001	88.0	HS
<i>UDARA SHOOL</i>	1.88	0.52	-3.508 ^a	<0.001	71.9	HS
<i>AJEERNA</i>	0.94	0.44	-2.251 ^a	>0.05	52.9	Sig
<i>VISTAMBHA</i>	2.12	0.70	-3.448 ^a	<0.001	66.7	HS
<i>UDARA GAURAV</i>	1.70	0.52	-3.176 ^a	<0.001	69.0	HS
<i>ARUCHI</i>	1.52	0.58	-3.017 ^a	>0.05	61.5	Sig
<i>VIDAHA</i>	1.41	0.76	-2.810 ^a	>0.05	45.8	Sig
<i>AALASYA</i>	1.05	0.47	-2.887 ^a	>0.05	55.6	Sig

H.S.- Highly Significant, Sig.- Significant

Above all investigation has been done before treatment and after treatment to see patient's general condition and to rule out any other pathology. These investigations were not the part of diagnostic criteria for *Grahani Roga*.

STATISTICAL ANALYSIS

- ♦ Wilcoxon Signed Rank Test was applied on the subjective parameters.
- ♦ Paired t test was applied on Biochemical parameters.
- ♦ The tests were carried at the 0.05,0.01,0.001 level of p.
- ♦ Thus the obtained result were interpreted as:
 - ♦ P>0.05 Not Significant
 - ♦ P<0.01&<0.05 significant
 - ♦ P<0.001 highly significant



Table no. 4 Efficacy Study Of Drug On Biochemical Parameters

Biochemical parameters		Mean	N	SD	SE	t-Value	P-Value	Result
HB	BT	12.4	17	1.1	0.2	1.019	>0.05	Non-Significant
	AT	12.3	17	1.2	0.3			
TLC	BT	5388.2	17	588.3	142.6	0.631	>0.05	Non-Significant
	AT	- 5264.1	17	556.7	135.0			
ESR	BT	12.11	17	3.9	0.94	0.746	>0.05	Non-Significant
	AT	11.17	17	3.2	0.78			

Table no.5 Estimation Of Overall Response

	OVERALL RESPONSE	
	Patients no	%
Excellent(>75%)	3	17.6
Marked Improvement(50-74%)	9	52.94
Mild Improvement(25-49%)	5	29.52
No Improvement(<24%)	0	0

RESULTS AND DISCUSSION

In the present study, 20 patients of *Grahani Roga* were registered out of them 3 patients left the treatment at different stages due to some reasons. From the remaining 17 patients were treated.

- ♦ While observing subjective and objective assessment it was found that Statistically highly significant result was found in

subjective parameters like *Muhurbaddham Muhurdrava Malapravriti, Apakva Malapravriti, Dourgandhita Malapravriti, Udara Shool, Udara Gourava* , and *Vishtmbha* as value of $p < 0.001$ in each.

- ♦ Statistically significant result was found in subjective parameters like, *Aruchi, Vidaha, Ajeerna* and *Alasya* as value of $p < 0.01$ in each.



- ♦ The percentage relief in all the subjective parameters is as follow-
- ♦ *Muhurbaddham* *Muhurdrava Malapravriti*- 86.5% , *Apakva Malapravriti*- 91.4%, *Udara Shool*- 71.9%, *Ajeerna*- 52.9% , *Vishtmbha*- 66.7%, *Dourgandhita Malapravriti*- 88%, *Udara Gourava*- 69%, *Aruchi*- 61.5%, *Vidaha*- 45.8% and *Alasya*- 55.6%.
- ♦ In biochemical parameters statistically non-significant result was found in Hb%,TLC,ESR.(p>0.05).

Probable mode of action of *Panchamrit parpati*:

The trial drug is “*Panchamrit Parpati*” described in *Bhaishajya Ratnawali* in *Grahani Chikitsa Adhyaya. Panchamrit Parpati* of five drugs viz. *Shudha Gandhaka*, *Shudha Parada*, *Lauha Bhasma*, *Abhraka Bhasma*⁵ and *Tamra Bhasma*.

Shudha Gandhaka have *Katu*, *Tikta*, *Kashaya Rasa*, *Ushna Virya*, *Kaphavatahara*, *Deepan*, *Pachan*, *Grahi* properties. *Shudha Parada* contain *Shadrassa*, *Ushan Virya*, *Tridosha-shamak*, *Yogwahi*, *Rasayan*, *Balya*, *Deepan* properties. *Lauha Bhasma* have *Tikta*, *Kashaya*, *Madhura Rasa*, *Tridosha-shamak*, *Yogavahi*, *Agnidipana* properties. *Abhraka Bhasma* have *Madhura Rasa*, *Tridosha-Shamak*, *Deepan*, *Pachan* properties. *Tamra Bhasma* have *Tikta*, *Kashaya*, *Katu Rasa*, *Ushan Virya*, *Deepan*, *Pachan* properties. *Takra* was selected as an anupana of *Panchamrit Parpati* which is haveing *Madhur* , *Amla*, *Kashya Rasa*, *Ushna Virya*, *Tridoshshamak*, *Deepan*, *Pachan* and *Grahi* properties.

All the contents of *Panchamrit Parpati* have anti-inflammatory, antidiarrhoeal, antispasmodic,

anti oxidant, analgesic activity, gastroprotective, immunomodulatory effect.

As a whole the combined action of “*Panchamrit Parpati*” can be summarized as *Vata-Pitta-Kapha Shamak*, *Grahi-Agnideepan* & *Amapachan*, *Agnideepan*, *Amapachan*, *Sangrahi*, *Srotosodhaka*, *Shulhara*. Thus, the drug was effective in breaking the pathogenesis of *Grahani Roga*.

CONCLUSION

Grahani Roga is a chronic and *Tridoshaja* disease. A single disease entity cannot be correlated with *Grahani* as per modern science, even though IBS is more similar.

So, it can be concluded that cases of *Grahani Roga* can be managed effectively without any side-effects by *Panchmrit Parpati*.

References :

- 1 Astangahridayam of vagbhata by kaviraja atrideva gupta, edited by vaidya yadunandana upadhyaya, Nidansthadrav adhyaya 8 , chaukhambha prakashan, reprint 2017.
- 2 Pt. Kashinath Shastri & Dr. G.N. Chaturvedi, Charak Samhita, “Vidyotini” purvardha/Part-2, hindi Tika, Chapter Grahani chikitsa- adhyaya 15/57, Chaukhambha bharti Academy, Varanasi, (India), Reprint-2012, page- 462.
- 3 Astanga Hridaya(Hindi) of Srimadvagbhata Edited with ,Vidyotini Hindi Commentary by Kaviraja Atrideva Gupta, Publisher- Chaukhambha Prakashan 2017(A.Hr.Ni 12/ 1)Page No:-358.
- 4 Sushriuta Samhita with Nibandhasamgraha Commentry of Dalhanacharya edited by Vd. J.T. Acharya, published by Chaukhamba



- Surbharti Prakashan, Varansi in 2012 Uttar Tantra 40/167.
- 5 Ashtanga Hridaya with the commentaries, Sarvangasundara and Ayurveda *Rasayana*, edited by Pandit Hari Sadasiva Paradakara Bhisagacharya; Chowkhamba Surbharati Prakashana, Varanasi, 2011, Chikitsa Sthana 8/164.
 - 6 Ambikadutt Shastri, Hindi Commentary , Bhaishajya Ratnavali “Vidyotini” chapter Grahanichikitsa prakarna 8/458-460. Chaukhambha Sanskrit Sansthan Varanasi, india(print 2004), page no.198.
 - 7 Rasaratna samuchchaya of Vagbhatachaarya by dr Indra dev tripathi adhyay 3rd shloka 1st , page no. 26, chaukhambha Sanskrit bhawan, Varanasi, edition-2003.
 - 8 Rasatarngini by kashinath shastri, 3rd adhaya,rasaprsang, shalok no. 36, page no. 160,motilala banarasidas, Varanasi, edition-2000.
 - 9 Rasatarngini by kashinath shastri, 3rd adhaya,rasaprsang, shalok no. 36, page no. 160,motilala banarasidas, Varanasi, edition-2000.
 - 10 Rasatarngini by kashinath shastri, 20th tarng, shalok no. 83, page no. 507,motilala banarasidas, Varanasi, edition-2000.
 - 11 Rasatarngini by kashinath shastri, 10th tarng, shalok no. 73, page no. 234,motilala banarasidas, Varanasi, edition-2000.
 - 12 Rasatarngini by kashinath shastri, 17th tarng, shalok no. 45, page no. 419,motilala banarasidas, Varanasi, edition-2000.
 - 13 Rasatarngini by kashinath shastri, 20th tarng, shalok no. 84, page no. 508,motilala banarasidas, Varanasi, edition-2000.
 - 14 Pt. Kashinath Shastri & Dr. G.N. Chaturvedi, Charak Samhita, “Vidyotini” purvardha/Part-2, hindi Tika, Chapter Grahanichikitsa-adhyaya 15/117-119, Chaukhambha bharti Academy, Varanasi, (India), Reprint-2012, page- 469.
 - 15 Astangahrdayam of vagbhata by kaviraja atrideva gupta, edited by vaidya yadunandana upadhyaya,sutrasthan drav-dravyavigyaniya adhyaya 5 shalok 33-34, chaukhambha prakashan,reprinted 2017,page no.56.



A CLINICAL EVALUATION OF PATHYADI NETRA BINDU IN THE MANAGEMENT OF KAPHAJA NETRABHISHYANDA W.S.R. TO ALLERGIC CONJUNCTIVITIS

- Gunjan Sharma¹, Renu Rao², Anupama Singh³, Vishwanath⁴
e-mail : gunjan06sharma@gmail.com

ABSTRACT :

Kaphaja Netrabhishyanda is defined in *Ayurveda* as the disease affecting all parts of the eye characterized by *Guruta* - heaviness of eye, *Akshishopha* – lid swelling, *Kandu* – itching etc. caused by inflamed conjunctiva. Allergic conjunctivitis occurs when palpebral and bulbar conjunctiva gets inflamed due to a reaction to pollen, mold or other allergy causing substance. *Kaphaja Netrabhishyanda* is an etymologically and clinically similar entity to allergic conjunctivitis. Though the disease does not affect the vision but it is extremely discomforting and its symptoms are annoying. Considering the requirement for developing some Ayurvedic formulation for management of *Kaphaja Netrabhishyanda*, the present research work entitled “A Clinical Evaluation of *Pathyadi Netra Bindu* in the management of *Kaphaja Netrabhishyanda* w.s.r. to Allergic Conjunctivitis” was undertaken. The trial was conducted on single group of 30 clinically diagnosed and confirmed cases of *Kaphaja Netrabhishyanda* selected from OPD/IPD of Rishikul Campus, Haridwar. Selected patients were treated with *Pathyadi Netra Bindu* 2 drops QID topically for a period of 30 days. After this clinical study it was concluded that *Pathyadi Netra Bindu* was safe formulation for treatment of *Kaphaja Netrabhishyanda* w.s.r. Allergic Conjunctivitis.

Keywords - Allergic Conjunctivitis, *Kaphaja Netrabhishyanda*, *Pathyadi Netra Bindu*

INTRODUCTION :

The term *Abhishyanda* has been used extensively in *Ayurvedic* literature in different contexts. In *Sushruta Samhita* it is mentioned that *Abhishyanda* is the root cause of all the eye disease¹. *Abhishyanda* is one among the *Sarvagata Netra Rogas*, having good prognosis.² Clinical picture of *Abhishyanda* nearly simulate with “Allergic Conjunctivitis”³ mentioned in modern terminology. Higher levels of environmental pollution in the current era leads to decreased immunity and cause allergic reactions.

Allergic conjunctivitis is the most common type of eye allergy and is widely experienced by global population. Having a prevalence rate of 5-22% in general population and a recurrence rate of 41 - 62% worldwide⁴. General line of treatment explained by *Acharya Sodhala* for *Abhishyanda* is: *Langhana*, *Tikta Anna Sewana*, *Alepan*, *Swedana*, *Siravedhana*, *Virechana*, *Anjana* and *Aschyotana*.⁵ Eye drops formulation is most common form of common local drug used in ophthalmic practice because through eye drops standard dosing, easy portability and user friendly nature is achieved. By keeping this point in mind eye drop formulation

¹HOD & Professor, ²Associate Professor, ³P.G. Scholar of P.G. Dept. of shalaky Tantra Rishikul Campus UAU, ⁴M.O.NIA Jaipur



has been selected in this present study. *Pathyadi Yoga* (*Haritaki*, *Haridra* and *Yashtimadhu*) which is mentioned in our classical text as *Anjana* formulation in *Kaphaja Netrabhishyanda* is selected. *Pathyadi Yoga* is formulated as eye drop and named as *Pathyadi Netra Bindu*.⁶

Objectives-

1. To study the conceptual resemblance between *Kaphaja Netrabhishyanda* and Allergic Conjunctivitis.
2. To evaluate the effects of *Pathyadi Netra Bindu* on *Kaphaja Netrabhishyanda*.
3. To see the side effects/toxic effects of the drug

Materials and Methods-

Materials The patients selected for this study with- "*Pathyadi Netra Bindu* ; 1 part *Haritaki* fruit, 1 part *Haridra Kand* and 1 part root of *Yashtimadhu*.

Method- *Pathyadi Netra Bindu* preparation first *Haritaki*, *Haridra* and *Yashtimadhu* was prepared in fine powder form. Then it was prepared by decoction method. The filtrate thus obtained was taken in test tubes and then centrifuged with the help of centrifuge machine at 2500 rpm for 20 min. The supernatant portion was taken. This herbal preparation was filled in 30 ml glass bottles and secured by tightening the cap of bottles with the help of micropore.

After this solution was autoclaved at 120°C temperature for 15 minutes, the autoclaved solution was filled in 10ml pre-autoclaved dispensing bottles under sterile conditions. pH range of this solution was measured 7.57.

Study Design- Open random single blind prospective study

In total, 30 patients were selected for present study who fulfilled the criteria of diagnosis and consented for study and put in a single group.

Duration of the Trial - 30 days.

Follow up- 1 month

Inclusion Criteria

- ♦ Patient aged between 10-40 years.
- ♦ Patients presenting with clinical features as per classics.

Exclusion Criteria

- ♦ Patient suffering from infective conjunctivitis or any other ocular disorders.
- ♦ Patient with any other systemic or metabolic disorder.

Criteria for Assessment

In this study, the results were assessed in relation to the clinical signs and symptoms (on the basis of grading and scoring system) and overall improvement.

Clinical Assessment

The signs and symptoms were assessed by adopting suitable scoring method. The details are as follows :

Subjective symptoms were assessed with the help of following scoring pattern with 30 days consultation.

1) *Kandu* (Itching)

0 – Absent 1 - A mild continuous itch (can be localized) not requiring eye rubbing 2 - A definite itch, the subject would like to rub eye 3 - An incapacitating itch which would require significant eye rubbing

2) *Guruta* (Heaviness of Lids)

0 – Absent 1 - Mild (heaviness on exposure) 2 - Moderate (heaviness during work 3 - Severe (heaviness all time)

3) *Muhurmuhursrava* (Lacrimation)



0 – Absent 1 - Mild (eyes feel slightly watery)
2 - Moderate (occasional need to wipe eyes) 3 -
Severe (tears rolling down cheeks)

4) Pichhil Srava (Mucus Ropy Discharge)

0 – Absent 1 - Srava present but moping not
required 2 - Srava present but repeated moping
not required 3 - Srava present but repeated
moping required

5) Akshi Shopha (Swelling Of Eye Lids)

0 – Absent 1 - Mild (lids are a little puffy) 2
- Moderate (frank swelling of upper and lower
lids) 3 - Severe (eyelids are swollen)

6) Redness

0 - Absent (vessels normal) 1- Mild (some
vessels definitely injected above normal) 2 -
Moderate (diffusely red eye with individual
vessels dilated but still discernible) 3 - Severe
(intensely red eye with intensive dilatation of
conjunctival vessels which are still but not easily
visible)

7) Photophobia

0 – Absent 1 - Photophobia only during
exposure to sunlight 2 - Intermittent photophobia
3 - Continuous photophobia

8) Foreign Body Sensation(F.B.)

0-No F.B. sensation 1-Occasional F.B.
sensation 2-Intermittent F.B. sensation 3-
Continues F.B. sensation

9) Burning Sensation

0-Absent 1-Burning sensation on exposure
to sunlight 2-Intermittent Burning Sensation 4 -
Continuous Burning Sensation

**Objective signs were assessed with the
help of following scoring pattern with 30 days
consultation.**

1) Chemosis

0- No chemosis 1- Mild (conjunctiva
separated from sclera) 2- Moderate(raised
conjunctiva specially at limbal area) 3-Severe (
ballooning of conjunctiva)

2) Papillae on Upper Tarsal

0- No papillary reaction 1- Mild hyperemic
scattered papillae<0.2mm 2- Moderate diffuse
hyperemic swollen papillae 0.3 to 1mm 3- Severe
papillae hyperaemic,swollen gaint papillae>1mm

3) Papillae On Lower Tarsal

0- No papillary reaction 1- Mild hyperemic
scattered papillae<0.2mm 2- Moderate diffuse
hyperemic swollen papillae 0.3 to 1mm 3-Severe
papillae hyperaemic,swollen gaint papillae>1mm

4) Lid Swelling

0 – Absent 1- Mild (lids are a little puffy) 2-
Moderate (frank swelling of upper and lower lids)
3- Severe (eyelids are swollen)

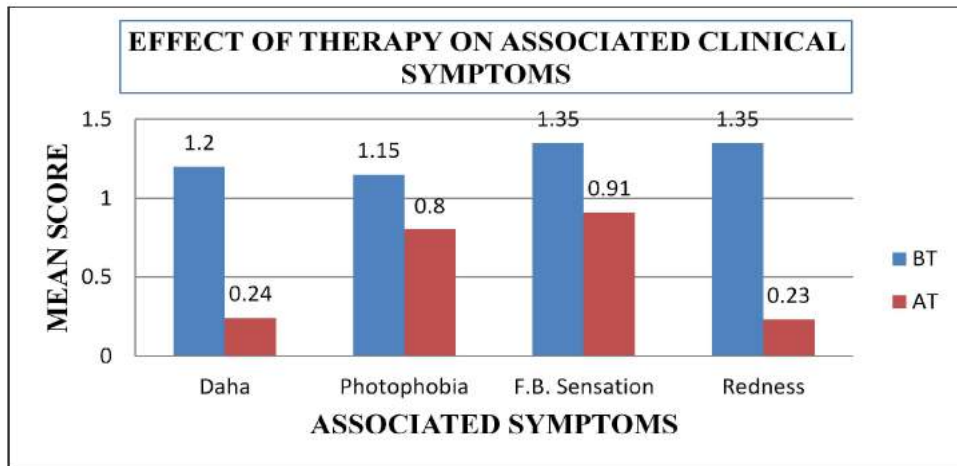
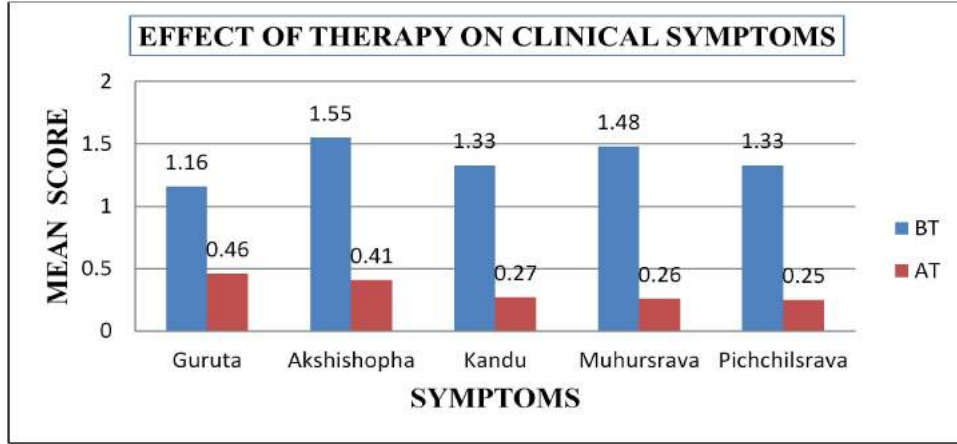


Observation and Result-

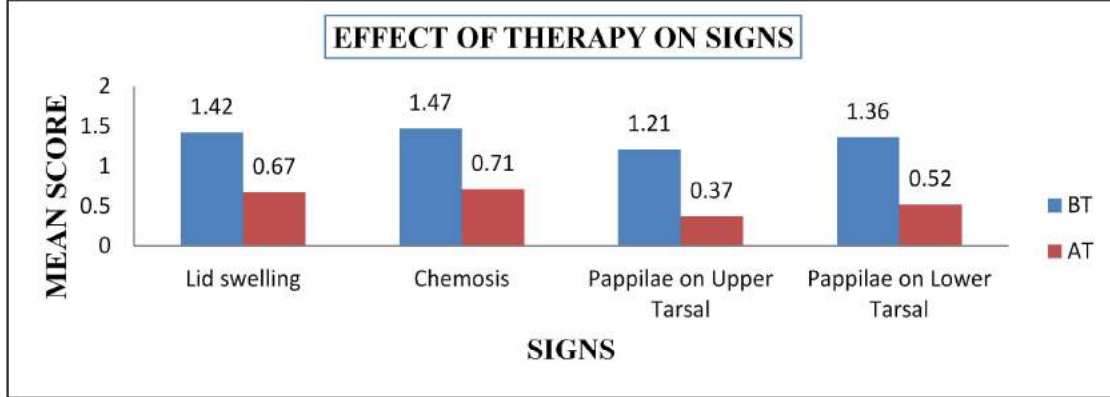
SHOWING EFFECT OF THERAPY ON CLINICAL SYMPTOMS

(Wilcoxon matched paired signed ranked test)

SYMPTOMS	MEAN SCORE		Mean	%	SD	SE	W	P
	BT	AT	Difference	Difference				
<i>Guruta</i>	1.16	0.46	0.71	60.71	0.62	0.13	120	<0.001
<i>Akshi Shopha</i>	1.55	0.41	1.1	70.87	0.70	0.15	171	<0.001
<i>Kandu</i>	1.33	0.27	1.07	80	0.58	0.11	351	<0.001
<i>Muhumuhur Srava</i>	1.48	0.26	0.93	63.14	0.83	0.15	190	<0.001
<i>Pichchil Srava</i>	1.33	0.25	0.87	65	0.68	0.12	231	<0.001
ASSOCIATED SYMPTOMS								
Burning sensation	1.2	0.24	0.8	66.67	0.71	0.13	190	<0.001
Photophobia	1.15	0.8	0.37	31.89	0.55	0.10	28	<0.05
Foreign body sensation	1.35	0.91	0.33	24.73	0.55	0.10	45	<0.01
Redness	1.35	0.23	0.97	71.8	0.66	0.12	276	<0.001

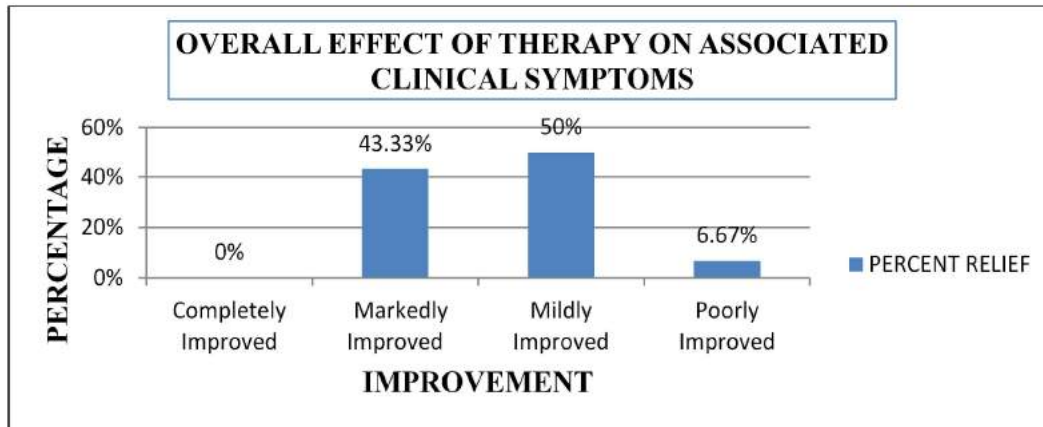


SYMPTOMS	MEAN SCORE		Mean Difference	% Difference	SD	SE	W	P
	BT	AT						
Lid swelling	1.42	0.67	0.75	52.94	0.24	0.09	171	<0.001
Chemosis	1.47	0.71	0.76	51.61	0.54	0.12	120	<0.001
Papillae on upper tarsal	1.21	0.37	0.53	44.06	0.57	0.10	120	<0.001
Papillae on lower tarsal	1.36	0.52	0.6	44	0.62	0.11	136	<0.001



Showing Overall effect of therapy on 30 Patients

EFFECT OF THERAPY	TOTAL	%AGE
Completely Improved	0	0%
Markedly Improved	13	43.33 %
Moderatley Improved	15	50 %
Mildly Improved	2	6.67 %
Poorley Improved	0	0%





DISCUSSION :

All the patients related to observation made during the study and results were discussed depending upon follow ups, sex predominance, etc Also the karya karan bhaav and Samprapti vighatan with *Pathyadi Netra Bindu* was discussed. Maximum percentage of relief was observed in the parameter of *Kandu* (80%) followed by Redness(71.8%), *Akshishopha* (70.87%), Burning sensation (66.67%), *Pichchhil Srawa* (65%), *Muhurmuhur Srawa* (63.14%), *Guruta* (60.71%), Photophobia (38.64%) and foreign body sensation (37.1%).

On the basis of signs the effect of drug revealed that maximum percentage of relief was observed in the parameter of Lid swelling (52.94%) followed by Chemosis (51.61%), Papillae on upper tarsal (44.06%) and Papillae on lower tarsal (44%).

Out of 30 patients in over all therapy, 13 patients(43.33%) were markedly improved while 15 patients (50 % patients) were moderately improved. Remaining 2 patients(6.67%) were poorly improved.

CONCLUSION :

After scrutinizing the study regarding *Kaphaja Netrabhishyanda* and its management following conclusions can be drawn:

- ♦ Based upon the detailed conceptual description, it can be concluded that both the disease *Kaphaja Netrabhishyanda* and Allergic Conjunctivitis are similar in respect of clinical features.
- ♦ “*Pathyadi Netra Bindu*” showed highly significant results in all the assessment parameters, moderately significant results were observed in foreign body sensation while significant result in photophobia.

- ♦ “*Pathyadi Netra Bindu*” showed no adverse effects.

References :

1. Sushruta Samhita of Maharshi Sushruta by Kaviraja Ambikadatta Shastri part 2 11th edition printed by Chowkhamba Sanskrit Sansthana Su.U. 6/5
2. Sushruta Samhita of Maharshi Shusrat by Kaviraja Ambikadatta Shastri part 2 11th edition printed by Chowkhamba Sanskrit Sansthana Su.U. 6/10
3. Sushruta Samhita of Maharshi Sushruta by Kaviraja Ambikadatta Shastri part 2 11th edition printed by Chowkhamba Sanskrit Sansthana Su.U. 6/9
4. [http:// www.hqlo.com/content/3/1/67](http://www.hqlo.com/content/3/1/67) retrieved on 15-3-15
5. Gadanigraha, 3rd chap/4-5, by Dr Indradev Tripathi.
6. Ibid Sushruta Samhita Uttarantra 11/7



A CLINICAL STUDY TO EVALUATE THE EFFICACY OF VIRECHAN IN THE MANAGEMENT OF MUKHDOOSHKA W.S.R. TO ACNE VULGARIS

-Rashmi Kathait¹, Sanjay Kr. Tripathi² Sunil Kr. Sharma³
Jaya Saklani Kala⁴ Shweta Shukla⁵
e-mail : drrashmikathait@gmail.com

ABSTRACT :

Background: In *Ayurvedic* classics *Mukhdooshika* is mentioned under the heading of *Kshudra-rogas*, occurring in *yuvavastha* due to the vitiation of *vata*, *kapha Dosha* and *Rakta Dhatu* and its signs and symptoms are similar to that of *Acne vulgaris*. A peak in prevalence and severity occurs between 14 and 17 years in females, when 40% are affected, and 16 to 19 years in males, when 35% are affected. In *Ayurvedic* classics many *Lepas* and *Shodhan* therapy are considered to be the effective treatment for *Mukhdooshika*.

Purpose: The study was intended to evaluate efficacy *Virechan* in the management of *Mukhdooshika* w.s.r *Acne Vulgaris*". The clinical study was conducted over a period of 45 days on 20 diagnosed cases of *Acne vulgaris*. This was an Single blind randomized clinical study involving patients of either sex between 16-35 yrs suffering from *Acne vulgaris*.

Results & conclusion: The present study for managing the *Mukhdooshika*, patients was subjected through *Virechan*. In this clinical study patients got significant improvement and no complications were found during and after the clinical study.

Key words: *Yuvanpidika*, *Mukhdooshika*, *tarunypidika*, *Acne Vulgaris*, *Virechan*

INTRODUCTION

In *Ayurveda* *Acne Vulgaris* is called *Yuvanpidika*, *Mukhdooshika* and *Tarunypidika*. As the name suggests disease commonly occurs in *Yuva* (teenagers), and mainly harm (*Dooshan*) of *Mukh Pradesh* (face). Different type of *Nidan Sevan* provoke *Vata* and *Pitta Dosha* in the body¹, in turn lead to vitiation of *Rakta Dhatu* and *Dosh Dusya Sammurchana* causes *Shalmali* thorn like eruptions. *Yuva-Avastha* is the stage of *Vardhaman Pitta Dosha*, so *Pitta* is also involved in *Mukhdooshika*. In *Ayurvedic* text there are different kinds of *Shaman* and *Shodhan* therapy described.

The signs and symptoms of *Mukhdooshika* are similar to that of *Acne vulgaris*. *Acne* is a disorder of the pilosebaceous unit seen exclusively in humans. It affects teenagers mainly and adult occasionally. It is due to the combined effect of hormonal, inflammatory, infective and immune components. *Acne* starts in adolescence and frequently resolves by the mid twenties. A peak in prevalence and severity occurs between 14 and 17 years in females, when 40% are affected, and 16 to 19 years in males, when 35% are affected.(Burton JL, 1971)². Many different treatments exists for *acne* these includes alpha hydroxyl acid, anti androgen medication, antibiotics, antiseborrhic medications, Azelaic

¹M.D. Scholars, ²Professors, ³Associate Professor, ⁴Assistant Professor, P.G. Deptt. of *Kayachikitsa*, *Rishikul Campus*, *Uttarakhand Ayurved University*, *Haridwar*, *Uttarakhand*.



acid, benzoyl peroxide hormonal treatment, nicotinamide retinoids and salicylic acid.³

For the present study we have selected Virechan as shodhan therapy for the management of mukhdooshika in 20 randomly selected patients.

MATERIAL AND METHODS

20 **Patients** with *Mukhdooshika* were selected from the O.P.D. / I.P.D. department of *Kaya-chikitsa*, Rishikul Campus, Haridwar.

Ethical clearance- The research has been approved by the Institutional Ethical Committee (Ethical clearance approval no. UAU/R/C/IEC/2016-17/2). Written consent was taken from all the subjects before the trial and study was in accordance with ICH GCP Guidelines.

Selection of Sample: - Randomized Sampling

Type of Study: Single Blind

Duration of Study: 45 days

Selection of Drug: *Virechan*

Assessment & Follow Up: Assessment of the patients was done at the interval of **15 days** i.e. two assessments were done and follow-up was done **30 day** after completion of treatment to look for any recurrence.

INCLUSION CRITERIA:-

- Age: 16 – 35years.
- Patients of either sex will be taken.
- Diagnosed case of *Mukhdooshika* (Acne Vulgaris).
- Patients fit for *Virechan*
- Patient willing to participate in above mentioned trial with informed consent.

EXCLUSION CRITERIA:-

- Age > 16 years and <35 years.

- Any other skin diseases.
- Patient not fit for *Virechan*.
- Patient with complicated Acne.

CRITERIA FOR WITHDRAWAL-

- (1) Personal matters
- (2) Intercurrent illness
- (3) Aggravation of complaints
- (4) Any other difficulties

The purpose of the study, nature of the study drug, the procedures to be carried out and the potential risks and benefits were explained to the study subjects in detail in non-technical terms.

They were assured that they could withdraw from the study at any time without explaining their action. A thorough physical examination and necessary laboratory investigations which included Hb, CBC count, ESR, Liver and Renal Function Test were carried out.

Investigations:-

Hb%, T.L.C., E.S.R. Blood Sugar Fasting and Post Parandial, LFT (S. bil. Total / indirect, S.G.P.T./S.G.O.T.); these investigations were carried out before the initiation of trial and after completion of the trial, to rule out any systemic pathology.

Assessment of Result:-

Effect of the therapies were compared before and after the treatment on the basis of self-formulated scoring scales based on subjective and objective parameters associated with the disease.



TABLE NO. 1: PARAMETERS OF ASSESSMENT

1. SUBJECTIVE PARAMETERS:-	2. OBJECTIVE PARAMETERS:-
<ul style="list-style-type: none">➤ <i>Pidika</i> (Type of Lesion)➤ <i>Vedana</i> (Pain)➤ <i>Vaivarnyata</i> (Discoloration)➤ <i>Srava</i> (Discharge)➤ <i>Kandu</i> (Itching)➤ <i>Snigdhatta</i> (oiliness)➤ <i>Daha</i> (Burning Sensation)➤ <i>Paka</i> (Inflammation)➤ Scars	<ul style="list-style-type: none">➤ Number of Comedones➤ Number of papules➤ Number of Pustules➤ Number of Nodules➤ Number of Cysts➤ Number of Scars

Procedure of *Virechan Karma*

Virechana Karma is one of the prime purificatory procedures employed in treating a constellation of diseases and conditions as well as treating stubborn disorders. It is also one of the measures of choice preferred by *Vaidya* because of its wide applicability and simplicity. *Virechana* not only helps in eliminating *Doshas* from the body but it also helps in promoting health.

All 20 patients of *mukhdooshika* were subjected through *Virechan*. *Virechan karma* is classified in three parts:-

1. *Purvakarma*:- includes *Deepan*, *snehan swedana*
2. *Pradhan karma*:- *Virechan karma*
3. *Paschat karma*:- *Sansarjan karma*

Procedure of *Virechan karma* followed for study is described under following therapy module:-

TABLE 2: THERAPY MODULE FOR *VIRECHAN*

THERAPY	DRUG NAME	MATRA (AMOUNT)	DURATION	ANUPANA
<i>Deepan</i>	<i>Ajmodadichurna</i> (for 3 days)	3gm	Twice a day for 3 days	<i>Koshna jal</i>
<i>Snehapan</i>	<i>Panchtikta ghrta</i> (for 3/5/7 days)	25ml	On 1st day	<i>Koshna jal</i>
		50ml	On 2 nd day	<i>Koshna jal</i>
		75ml	On 3 rd day	<i>Koshna jal</i>
		100ml	On 4 th day	<i>Koshna jal</i>
		125 ml	On 5 th day	<i>Koshna jal</i>
		150 ml	On 6 th day	<i>Koshna jal</i>
		175ml	On 7 th day	<i>Koshna jal</i>
<i>Sarvang Snehan And Sarvang Svedan</i>	For 2 days	--	--	--
<i>Virechan</i> (after gap of 2 days)	<i>Trivritta-avaleha</i> + <i>Triphalakhwatha</i>	75gm + 50 ml	--	<i>Koshna jal</i>



*Duration of snehapan with panchtikta ghrita was varied according to the kosta of the patients

After getting assumed that the proper *shodhan* has been achieved the patient of both groups were suggested to follow the *sansarjana krama* recommended by classics. Sansarjan kram advised to patient according to *shuddhi* i.e. for pravara, madhyam and avar shuddhi 7 days, 5 days, and 3 days respectively.

STATISTICAL ANALYSIS

Wilcoxon Signed Rank Test was applied on the subjective parameter and objective parameters. Paired t test was applied on Biochemical parameters. Thus the obtained results were interpreted as:

P> 0.05 Not Significant

P< 0.01 & <0.05 significant

P< 0.001 highly significant

RESULTS:

TABLE 3: EFFICACY STUDY ON SUBJECTIVE PARAMETERS

SYMPTOMS	Median		Wilcoxon Sign Rank W	P-Value	% Effect	Result
	BT	AT				
PIDIKA	2	1	-4.134 ^a	<0.001	55.6	Highly Significant
VAIVARNYA	2	1	-3.944 ^a	<0.001	54.1	Highly Significant
KANDU	1	0	-3.500 ^a	<0.001	70.0	Highly Significant
VEDANA	0.5	0	-3.000 ^a	<0.05	75.0	Significant
SNIGDHTA	1	0	-3.557 ^a	<0.001	69.6	Highly Significant
DAHA	1	0	-2.887 ^a	<0.05	76.9	Significant
SRAVA	1	0	-3.314 ^a	<0.05	81.0	Significant
PAKA	1	0	-2.810 ^a	<0.05	68.8	Significant
SCAR	0	0	-2.449 ^a	<0.05	60.0	Significant

Statistically highly Significant result was found in subjective parameters on *Pidika, Vaivarnya, Kandu, Snigdhta and Paka* (p<0.001 in each). Statistically significant result was found in *Vedana, Daha, Paka and Srava* in each.



TABLE 4: EFFICACY STUDY ON OBJECTIVE PARAMETERS

SYMPTOMS		Mean	N	SD	SE	t-Value	P-Value	Result
NO. OF COMEDONES	BT	1.9	20	0.8	0.2	10.162	<0.001	Highly Significant
	AT	0.6	20	0.6	0.1			
NO. OF PAPULES	BT	2.0	20	0.8	0.2	12.337	<0.001	Highly Significant
	AT	0.6	20	0.7	0.2			
NO. OF PUSTULES	BT	1.3	20	1.0	0.2	5.667	<0.001	Highly Significant
	AT	0.4	20	0.7	0.2			
NO. OF CYST	BT	0.7	20	0.9	0.2	2.854	<0.05	Significant
	AT	0.4	20	0.6	0.1			
NO. OF NODULE	BT	1.45	20	1.0	0.2	1.304	>0.05	Non-Significant
	AT	1.05	20	0.94	0.2			
NO. OF SCARS	BT	0.5	20	0.6	0.1	2.179	<0.05	Significant
	AT	0.3	20	0.6	0.1			

In objective parameters statistically highly significant ($p < 0.001$) result was found in **number of comedone, number of pustules, number of papules**. Statistically significant result was found in number of cyst and number of scars ($p < 0.05$)

TABLE 5: EFFICACY STUDY ON BIOCHEMICAL PARAMETERS

BIOCHEMICAL PARAMETERS		Mean	N	SD	SE	t-Value	P-Value	Result
HB	BT	17.1	20	23.1	5.2	1.027	>0.05	Non-Significant
	AT	11.9	20	1.2	0.3			
TLC	BT	6186.5	20	1363.6	304.9	1.497	>0.05	Non-Significant
	AT	5976.0	20	1340.6	299.8			



ESR	BT	12.11	20	3.9	0.94	0.746	>0.05	Non-Significant
	AT	11.17	20	3.2	0.78			
BSF	BT	93.0	20	10.4	2.3	0.6039	>0.05	Non-Significant
	AT	92.4	20	9.1	2.0			
BSPP	BT	109.4	20	11.2	2.5	0.0714	>0.05	Non-Significant
	AT	109.5	20	11.8	2.6			
S.BILL.(T)	BT	1.0	20	0.3	0.1	-1.755	>0.05	Non-Significant
	AT	1.1	20	0.3	0.1			
S. BILLI (D)	BT	0.6	20	0.2	0.0	0.348	>0.05	Non-Significant
	AT	0.6	20	0.2	0.1			
SGPT	BT	30.3	20	8.0	1.7	1.967	>0.05	Non-Significant
	AT	32.2	20	8.8	1.9			
SGOT	BT	36.2	20	11.1	2.4	1.777	>0.05	Non-Significant
	AT	37.2	20	9.9	2.3			

There was statistically Non-significant ($p>0.05$) result seen in all biochemical values i.e. Hb, TLC, ESR, BSF, BSPP, Serum bilirubin SGPT and SGOT.

TABLE 6: improvement in symptoms (%)

Improvement	No. of patients	% improvement
Excellent (75-100%)	7	35%
Marked Improvement (50-74%)	7	35%
Mild Improvement (25-49%)	6	30%
No Improvement (<24%)	0	0%

Overall response in Group B excellent improvement in 35% patients, marked improvement in 35% patients and mild improvement in 30% patients.



DISCUSSION

VIRECHAN KARMA

Mukhdooshika is caused due to vitiation of *Kapha*, *Vata* and *Rakta Dosha*. *Acharya charaka* has highlighted the role of *Panchakarma therapy* by stating that the disease treated by *Shodhana* will never reoccur in due course of time. These *Shodhana* probably may leads to certain endogenous changes in the body responsible for the alleviation of Acne pathological process. Hence *Sanshodhana (Virechan)* therapy seems to be line of treatment. Among all the *Shodhana karma* first preference is given to *Virechan* by the physicians because of its broad spectrum applicability and simplicity with least possibility of complications; *Virechan* not only helps in eliminating *Doshas* from the

body but it has also preventive as well as promotive aspects. The importance of *Sanshodhana* along with *Shaman* therapy will be more helpful in the treatment of this ailment. Among *Shodhana*, *Virechan* is best for the diseases of *Pitta & Rakta Pradosaja* and some extent of *Kapha*, which are main *Dosha* of *Mukhdooshika*. According to these lines of treatment, *Virechan* was firstly administered to the patients as a *Shodhana* measure. Role of external application in *Mukhdooshika* is as important as internal medication.

PROBABLE MODE OF ACTION OF VIRECHANA KARMA¹:

All *Acharya*'s have common opinion regarding the importance of *Shodhan* in the management of different diseases (Table 7)

TABLE 7

KARMA	MODE OF ACTION
<i>Deepan.</i>	Enhances appetite and it pacifies vitiated <i>Vata dosha</i>
<i>Snehapan, Abhyang & Swedana</i>	Expels vitiated Doshas from <i>Shakha</i> to <i>Kostha</i> . By virtue of its property <i>Ghrta</i> is <i>Pitta-Shamak</i> and <i>Agni-Dipak</i> .
<i>Virechan Karma</i>	It is targeted to expel increased <i>Pitta Dosha</i> out of the body i.e. <i>Srotoshodhan</i> . As we know that <i>Rakta</i> is said to be <i>Pitta Sadharmi</i> so it will pacify vitiated <i>Pitta</i> as well as vitiated <i>Rakta</i>
<i>Sansarjana kram</i>	Due to <i>shodhan (Virechan)</i> procedure <i>Mandagni</i> develops therefore <i>Sansarjan kram</i> maintain <i>Agni</i> balance or equilibrium.

CONCLUSION

In conclusion the study confirms the efficacy of *Virechan* in patients degrees of *Mukhdooshika* Moreover no side-effects were observed in patients during and after the treatment. So, it can be concluded that the patients of *Mukhdooshika* can be managed effectively by Ayurveda without fear of side-effects as seen in Allopathic drugs like systemic and topical antibiotic and steroids.

REFERENCES-

- 1 Shushrut samhita nidansthan, Ambika Datt Shashtri chapter 13
- 2 Kabir sardana; Clinical approach to acne vulgaris page 1 what and why of acne vulgaris; CBS publishers and distributors pvt LTD
- 3 http://en.m.wikipedia.org/wiki/Acne_vulgaris
- 4 Goyal DK, Bhawana Sahrma2, Pawan Garg2 A Case Study Of Acne Vulgaris (Youvan Pidika) ISSN: 0976-5921 International Journal of Ayurvedic Medicine, 2015, 6(4), 337-341



ROLE OF B-S PATRA GHAN VATI (ANUBHUT YOGA) IN THE MANAGEMENT OF MADHUMEHA W.S.R.TO TYPE 2 DIABETES MELLITUS

- Sakshi Negi¹, O. P. Singh², D. K. Goyal³, D. C. Singh⁴, Deshraj Singh⁵
e-mail : skshnegi1@gmail.com

ABSTRACT :

Ayurveda is an ancient system of health and life, originated in India. *Ayurveda* refers term *Madhumeha* for the diabetes. In India it is proving to be a major health problem, especially in urban areas. World health organization estimate that about 80% of the population is still depends upon herbal medicines (Traditional and complementary medicines) for their treatment of disease due to easy availability, economic and less side effect when compared to allopathic system of medicine. Traditional system of medicine together with folklore medicine continues to play a significant role in our health care system.

In this study an effort is made to focus on herbal drugs and plants in treatment of *Madhumeha*. *Bougainvillea* and *Shitaphal* (*sharifa*) is a commonly used traditional and folklore medicine for *Madhumeha* (diabetes). These plant leaves are used traditionally in various regions of India to control diabetes.

In this study total 20 no. of patients were taken between the age group of 20-60 years having classical symptoms of *Madhumeha* and treated with *B-S Patra Ghan Vati* which is an *Anubhuta yoga*. At the end of 90 days of treatment by both drugs patient got significant improvement in both subjective and objective criteria. The study confirms that *B-S Patra Ghan Vati* was effective in the management of *Madhumeha* and reduce the symptoms of illness.

Keywords - *Madhumeha*, Diabetes Mellitus, *Bougainvillea*, *Sharifa*, *B-S Patra Ghan Vati*
INTRODUCTION

The idiom *Ayurveda* means the science of life. After thousands of years of the ancient *Ayurvedic* history, was transmitted from oral to textual form written in Sanskrit, which has further grown into medicinal science. *Madhumeha* is one of the types of *Vataja Prameha*, if *Prameha* is not well treated properly and continue for longer duration, in due course of time it will convert into *Madhumeha*.¹ In *Ayurvedic* texts the given characteristic features of *Prameha* shows marked similarity with the syndrome of diabetes mellitus. Etiological factors of *Prameha* are *Madhura*, *Amla*, *Lavana Rasa* dominant diet mentioned as “*Gramya udaka aanupa rasa, payansi, dadhini*” and life style such as “*Aasya sukham swapna sukham*”² are similar to the causes quoted as over eating, eating of large amount of carbohydrates mainly sugar rich substances, dairy products, practicing sedentary life style, overweight in modern medical literature.

The term Diabetes mellitus describes a metabolic disorder of multiple etiologies characterized by chronic hyperglycemia with disturbances of carbohydrate, fat and protein metabolism resulting from defects in Insulin secretion, insulin action, or both.³

¹M.D. Scholar, ²H.O.D. & Professor, ³Professor, P.G. Deptt. of Kayachikitsa, ⁴H.O.D. Professor, P.G. Deptt. of Darvya-guna, ⁵Assistant Professor, P.G. Deptt. of Kayachikitsa, Rishikul Campus, Uttarakhand Ayurved University, Haridwar, U.K.



Diabetes Mellitus is remarkable and very challenging disease. It is 4th leading cause of death in developed world. The estimate of actual no of diabetes in India is around 40 million.⁴ With a view to help the suffering community there is a need to find a safer drug, which can be used to control blood sugar level for longer periods. *Ayurvedic* classics and traditional used medicine provide references on herbal and herbo mineral drugs which can be safely used in controlling the blood sugar in patients of diabetes mellitus. And hence, Ideal therapy is still obscure. In present study a protocol is made to manage by traditional herbal compound.

B-S Patra Ghan Vati contains *Bougainvillea* leaf and *Sitaphal (Sharifa)* leaf. *Bougainvillea* and *Sitaphal* have not been described in the *Ayurveda* for their *Pramehaghna* properties. But in traditional practices & folk medicine both of these have been extensively used for Diabetes for decades together. Many clinical studies support with validated, authenticated research data regarding their potent hypoglycemic properties. Considering the above matter, both of these two drugs were selected to evaluate their efficacy and compare with other existing *Pramehaghna* yogas or formulations.

AIMS AND OBJECTIVE

The aims and objective of the study are

- ♦ To study the aetiopathogenesis of *Madhumeha* w.s.r. to type 2 Diabetes Mellitus
- ♦ To understand the role of *in Madhumeha*

MATERIAL AND METHODS

The study comprised of 20 patients suffering from *Madhumeha* the patients were selected from OPD an IPD of P.G. dept of Kayachikitsa, Rishikul Campus, Haridwar. These patients were randomly selected on the basis of inclusion and exclusion criteria.

Ethical committee approval no. letter is UAU/R/C/IEC/2016-17/2

SELECTION OF DRUG

[1] *B-S Patra Ghan Vati (Anubhut yoga)*

DRUG DOSAGES

[1] *B-S Patra Ghan Vati*- Every tablet of '*B-S Patra Ghan Vati*' was consist of 500mg wt. Patients were asked to take '*B-S Patra Ghan Vati*' 1gm/day in divided dose, i.e. 2 times in a day with luke warm water for 3 months,

SELECTION OF SAMPLE- Randomized Sampling

TYPES OF STUDY- Single Blind

DURATION OF STUDY- 90 days

FOLLOW UP - 1 month

INCLUSION CRITERIA

- ♦ Diagnosed patients without any complication were included.
- ♦ Age between 20-60 years.
- ♦ Fasting blood glucose level > 110 mg/dl
- ♦ Post Prandial blood sugar level > 140 mg/dl
- ♦ Patients of either sex was taken

EXCLUSION CRITERIA

- ♦ Patient having DM type 1
- ♦ Patient having complication of diabetes
- ♦ Any other serious medical & surgical ill patients were excluded.
- ♦ Fasting Blood sugar level >250mg/dl
- ♦ Post Prandial blood sugar level >350mg/dl

INVESTIGATION -

- ♦ Hb% , TLC, DLC, ESR
- ♦ S.creatinine
- ♦ Blood urea

These investigations were done in all the patients before and after completion of treatment to rule out any other pathological condition.



BS- F & PP were carried out before trial and after each follow up i.e. 30 days.

PARAMETER OF ASSESSMENT

1. Subjective Assessment
2. Objective Assessment

SUBJECTIVE PARAMETER OF ASSESSMENT

The assessment of the drug trial was done the basis of improvement in the symptoms during and after trial. The symptoms are graded as per their severity (0-4).

- 1- *Pipasa* (Polydipsia)
- 2- *Prabhutmutrata* (Polyuria)
- 3- *Atikshudha* (Polyphagia)
- 4- *Kara-pada Daha* (burning sensation of hand and feet)
- 5- *Anga-gandha* (Bad body odor)
- 6- *Sweda* (excessive sweating)

7- *Shita-priyatvam* (feeling of cold)

8- *Madhuryamaasye* (sweetness of mouth)

9- *Shithilangata* (weakness)

OBJECTIVE PARAMETER OF ASSESSMENT:

The assessment was done on the basis of change in Blood Sugar F & PP in each follow up and at the end of trial

STATISTICAL ANALYSIS⁵

All information on various parameters was gathered and statistical study was carried out in terms of median (X), standard deviation (S.D.), standard error (S.E.). Wilcoxon's signed rank test was applied on subjective parameters; Paired t test was applied on Biochemical parameters. And finally result was incorporated in terms of probability (p) as:

P>0.05 Insignificant

P<0.01 & <0.05 Significant

P<0.001 highly significant

OBSRVATION AND RESULT

Table 1- Assessment of result in symptoms of *Madhumeha*

Group B	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
<i>Prabhut mutrata</i>	3	2	-2.972a	<0.05	25.5	Sig
<i>Pipasa</i>	3	1.5	-3.286a	<0.001	39.1	HS
<i>Atikshuda</i>	0	0	-2.565a	<0.05	56.0	Sig
<i>Sithilangata</i>	0	0	-2.460a	<0.05	52.9	Sig
<i>Atishweda</i>	0	0	-.707a	>0.05	5.9	NS
<i>Karpada Daha</i>	2	1	-3.145a	<0.05	41.9	Sig
<i>Anga-Gandha</i>	0	0	-.106b	>0.05	2.0	NS
<i>Sheetpriyatwam</i>	0	0	-2.236a	<0.05	62.5	Sig
<i>Madhurmaasye</i>	0	0	-2.070a	<0.05	61.5	Sig



ASSESSMENT OF SUBJECTIVE SYMPTOMS:

In Group B *Prabhut Mutrata* showed 25.5% relief, *Sithilangata* was relieved by 52.5 %, *Atikshuda* was relieved by 56 %, *Karpada daha* was relieved by 41.9 %, *Sheetpriyatwam* was relieved by 62.5 %, and *Madhurmaasye* was relieved by 61.5 % which were significant i.e.p<0.05. *Pipasa* was relieved by 39.1 % which is highly significant i.e.p<0.001 and *Atisweda* was relieved by 5.9 %, *Anga-gandha* was relieved by 2 % which were statistically non-significant i.e.p >0.05

Table 2- Assessment of result in blood sugar fasting and post prandial

Group-B		Mean	N	SD	SE	t-Value	P-Value	% Effect	Result
BSF	BT	176.1	20	59.16	13.23	2.519	<0.05	13.6	Significant
	AT	152.1	20	51.48	11.51				
BSPP	BT	303.0	20	71.83	16.06	3.306	<0.05	18.4	Significant

ASSESSMENT OF OBJECTIVE SYMPTOMS

In Group B Blood Sugar Fasting was relieved by 13.6 which is statistically significant i.e. p<0.05 and Blood sugar Post prandial was relieved by 18.4 % which is statistically significant i.e. p<0.05

Table 3- Estimation of overall response

Overall Effect	Group b	
	Frequency	Percentage
Excellent	3	15.0
Marked Improvement	6	30.0
Moderate Improvement	7	35.0
Mild Improvement	3	15.0
No Improvement	0	0.0



DISCUSSION

The purpose of the discussion is to interpret and describe the significance of your findings in light of what was already known about the research problems being investigated, and to explain any new understanding or insights about the problem after you have taken the findings into consideration.

Over 30 million have now been diagnosed diabetes in India. The CPR (Crude Prevalence rate) in the urban areas of India is 9%, in rural areas the prevalence is approximately 3% of the total population. Approximately 10% of all Diabetes cases are type I DM & 90% are type II DM. The Problem Associated With Type II Diabetes is common and can be severe side effects of illness include heart disease, Hypertension, Blindness, Kidney Disease, Depression. Though, The Discovery of Insulin and other hypoglycemic drugs are great Discovery of modern science, but the side effects of hypoglycemic drugs after long term used are harmful. It is like as a silent killer disease.

In Ayurveda and traditionally there are many drugs which are useful not for only to control sugar level but it acts like *Rasayna* and avoid its fatal complication. Taking account the severity of disease subject is selected for dissertation.

PROBABLE MODE OF ACTION OF *B-S PATRAGHANVATI*

The clinical studies were performed in *Bougainvillea glabra* and *Annona squamosa* leave. Previously Clinical and Experimental studies on Antidiabetic property of *Bougainvillea glabra* have widely published with authenticated data. It has been proved several pharmacological activities like analgesic, anti diabetic, anti

inflammatory. Many phytoconstituents like terpenoid, alkaloids 3-O-Methyle-d-glucose, Tetradecanoic acid, Phytoleic, fatty acid and flavonoids have been reported in this plant. *Bougainvillea* has a source of Pinitol which is used in treatment of insulin resistant diabetes.^{6,7,8.}

Shitaphal (*Annona squamosa*) also very useful in controlling blood sugar level and improving plasma insulin and lipid metabolism.⁹ in *Ayurveda* it has properties like *Balya*, *Vata-Pitta Shamka*, *Vrihana* etc.¹⁰

CONCLUSION

“Conclusions” drawn from present work are as follows:

- ♦ *Madhumeha* is a *Tridosha Vyadi*, dominancy of *Kapha & Vata Dosha*.
- ♦ *Madhumeha* in modern medical science has similarity with Type 2 Diabetes mellitus.
- ♦ Due to *Avarana* aggravated *Vata* causes depletion of Vital *Dhatu* like *Oja*, *Majja* and *Vasa* and affect the normal physiology.
- ♦ Both drug showed significant result in relieving symptoms of *Madhumeha*.
- ♦ Highly significant result found in *Pipasa*, Significant result found in *Prabhutnutrata*, *Karapada Daha*, *Shithilangta*, *Sheetpriyatwam*, *Atikshudha*, and *Madhurmaasye*. Result was found no significant in *Angagandha* and *Atishweda*.
- ♦ We found statistically significant result in lowering blood sugar (fasting and post prandial) level.
- ♦ No any side effects were observed during treatment.
- ♦ Treatment modalities based upon the consideration of vitiated *Kapha*, *Meda* and *Vata* having properties like



Shleshamedohara, Pramehaghna and Kapha-Vatahara.

Herbal and traditional formulations are preferred due to its easy availability and lesser side effect. So here we conclude that *Bougainvillea* and *Shitaphal (Sharifa)* leaves are statistically significant and very useful in controlling plasma blood glucose level.

REFERENCES

1. Sushrutacharya, Sushruta Samhita with Nibandhasangraha Comentary by Dalhanacharya and Nyayachandrika Panjika of Gayadasacharyaa, Edited by Yadavaji Trikamaji Acharya, and Narayana Ram Acharya Kavyatirtha, Reprint Edition 2011, Chaukhamba Surabharati Prakashana, Varanasi, Sushruta nidana 6-27.
2. Charaka Samhita with commentary of Chakrapanidatta, Edited by Vaidya Yadaavaji Trikamaji Acharya, Chaukhamba Sanskrit Samsthana, Varanasi. (Vi. Sam. 2061) ; Chikitsa Sthana 6/14.
3. http://whqlibdoc.who.int/hq/1999/who_ncd_ncs_99.2.pdf
4. <https://www.diabetes.co.uk/global-diabetes/diabetes-in-india.html>
5. B.K. Mahajan, Methods in biostatistics for medical students & research workers published edition 6th. by J.P Brothers medical publishers, New Delhi
6. Grace I. Adebayo, Oluwakemi T. Alabi, Bamidele V. Owoyele & Ayodele O. Soladoye. Antidiabetic properties of the aqueous leaf extract of *Bougainvillea glabra* (glory of garden) on Alloxan-Induced Diabetic Rats. A C G publications,
7. Dr. Sam pavan kumar G, IOSR Journal of Dental and medical science, eISSN- 2279-0853, p-ISSN: 2279-0861, Volume 16, Issue 11, ver.III (nov 2017)
8. www.flowersofindia.net
9. Kaleem M, Asif M, Ahmad Q, Bano B. Antidiabetic and antioxidant activity of *Annona squamosa* extract in streptozotocin-induced diabetic rats. Singapore Med J. 2006;47(8):670-5. [PubMed] Dravyaguna Vijnana by Dr. J. L. N. Sastry, reprint edition 2015, pg 54-55



BACTERIAL INFECTION AND LOW BACKACHE

- Abha Sharma¹ , Uttam Sharma²

e-mail : druksm27@gmail.com

INTRODUCTION:

Back pain is a common reason for absence from work and doctor visits. Although back pain may be painful and uncomfortable, it is not usually serious. There are many causes of back pain that are not musculoskeletal in nature such as infection. Even though back pain can affect people of any age, it is significantly more common among adults aged between 35 and 55 years. Experts say that back pain is associated with the way our bones, muscles and ligaments in our back work and connect together. Spinal infections are rare infections that involve the inter vertebral disc space, vertebral bones, spinal canal or adjacent soft tissues. Low back pain may be linked to bacterial infection. About 40% of chronic lower back pain could be caused by bacteria. The result of this research indicate that chronic low back pain associated with bone marrow edema in vertebral endplates that are adjacent to herniated inter vertebral disc may be caused by infection with anaerobic bacteria of low virulence. Generally infections are bacterial and spread to the spine through the blood stream. Bacteria may spread through the blood stream into the vertebral disc and cause low backache.

Role of Bacteria

Recent research however has suggested that low grade infection with in the inter vertebral disc by anaerobic bacteria may be responsible. Some of them are described as under.

1. *Propionibacterium acens*-

Propionibacterium acens was found in 40% of the total cohort and in 86% of these with

positive microbiology. These bacteria typically lie in human skin and hair follicles and gums.

2. *Staphylococcus aureus*-

This is the most common organism responsible for spinal infection. *Staphylococcus aureus* typically exist on human skin followed by *Escherichia coli*.

3. *Tuberculosis*-

Tuberculosis is an infection that can attack any part of the body. A tuberculosis infection can travel to other parts of the body and can cause a variety of symptoms including back pain. Spinal tuberculosis is a destructive form of tuberculosis. It account for approximately half of all cases of musculoskeletal tuberculosis. The incidence of spinal tuberculosis is increasing in developed nations.

Spinal tuberculosis is a frequently encountered as an extra pulmonary form of the disease. In developed nations most cases of spinal tuberculosis are seen primarily in immigrants from endemic countries. Because the epidemic of human.

Bacteria like *Propionibacterium acens* get into our blood stream all the time. Particularly when we brush our teeth or squeeze spots. *Propionibacterium acene* and other similar bacteria do not like oxygen rich environment and so don't normally grow inside us. The spinal column tiny blood vessels sprout into it, letting the bacteria move in and settle down.

Testing whether simple antibiotics could get rid of these bacteria and therefore used to treat

¹Microbiologist, Deptt. of Rog & Vikriti Vigyan, Uttarakhand Ayurveda University, ²Prof., Deptt. of Kayachikitsa, Gurukul Campus, Haridwar, (U.K.) INDIA



chronic lower back pain. Patients that already had the characteristic signs of bone inflammation (tiny fractures and swelling) were given a 10 day course of antibiotics.

It can range from aching to stabbing and tingling to sharp. It can be short term or long term symptom. All women experience vaginal discharge but the amount and type of discharge may be different. Normally discharge is usually clear and cloudy white. It may also appear yellow when it dries of clothing. Women may experience change in discharge due to menstruation or hormonal birth control.

There are following possible causes of low back pain and vaginal discharge.

- (i) Urinary tract infection
- (ii) Urethritis
- (iii) Pelvic inflammatory disease (PID)
- (iv) Vaginitis
- (v) Pregnancy

Conditions which weaken the immune system may predispose patients to spinal infection, these condition include diabetes, immunosuppressant medication, cancer, malnutrition, history of organ transplant and use of intravenous drug abuse. The most common organism responsible for spinal infection is the bacteria *Staphylococcus aureus*, which typically exists on human skin followed by *Escherichia coli*. Most spine infection occur in the lumbar spine because of the blood supply to the region of the spine . Most commonly back pain is associated with muscle strains, herniated discs, osteoarthritis and poor posture.

CONCLUSION :

There are many direct or indirect causes of low back pain but bacterial infection is important due to different form of underlying pathology. The

pain usually arise gradually with or without other associated symptoms like fever, malaise, loss of appetite etc. A patient of low backache not getting much relief of different interventions must be get investigated at the line of infection.

REFERENCES :

1. Pauline Anderson; low back pain linked to bacterial infection
2. Fisher TJ, et al. ANZ J Surg 2015: do bacteria play an important role in pathogenesis of low back pain?
3. DudliS , et al. Eur Spine J. 2016 : Pathobiology of Modic Changes
4. Stirling A, Worthington T, Rafiq M, Lambert PA, Elliott TS. Association Between sciatica and *Propionibacterium acens*. Lancet 2001
5. RC Noble , Overman SB. *Propionibacterium acens* osteomyelitis: case report and review of the literature. J Clin Microbial 1987
6. ANZ journal of Surgery 2015: Do bacteria play an important role in the pathogenesis of low back pain?: Pathogenesis of low back pain
7. Aebi M. is low back pain after disc herniation with Modic Type 1 changes a low grade infection? Eur Spine J. 2013
8. Albert HB, Sorensen JS, Christensen BS, Manniche C. Antibiotic treatment in patients with chronic low back pain and vertebral bone edema a double- blind randomized clinical controlled trial of efficacy . Eur Spine J. 2013



UTTARAKHAND: A PARADISE ON EARTH

- Rashmi Kathait¹, Om Prakash Singh², Sanjay Kumar Tripathi³

e-mail : drrashmikathait@gmail.com



“Uttarakhand” the land of gods, the home of Himalayas and truly paradise on earth, allures everyone from everywhere. The fresh air and fresh water, the chilling snow, the adverting mountains, the scenic beauty, the small villages, the simpler people and a tougher lifestyle is what that distinguishes Uttarakhand from rest of the world.

Uttarakhand officially the state of Uttarakhand, formerly known as Uttaranchal, is a state in the northern part of India. It is often referred to as Devbhumi (literally Land of gods), due to many hindu temples and pilgrimage centers found throughout the state. Uttarakhand is known for the natural environment of Himalayas, the Bhabhar and Tarai.

On 9th November 2000, Uttarakhand became the 27th state of the republic of India, being created from the Himalayan and adjoining northwestern district of Uttar Pradesh. The state is divided into two divisions, Garhwal and Kumaon, with total of 13 districts. The interim capital of Uttarakhand is Dehradun, the largest

city of the state, which is a railhead. The high court of the state is located at Nainital. The natives of the states are generally called Uttarakhandi, or more specifically either Garhwali or Kumauni by their region of origin. According to 2011 census of India, Uttarakhand has a population of 10,086,292, Making It the 20th Most Populous State in India.

Etymology

Uttarakhand name is derived from Sanskrit word Uttar meaning North and Khand meaning land, altogether simply meaning Northern land. The name finds mention in Hindu scriptures as the combined region of Kedarkhand and Manaskhand. Uttarakhand is also the ancient Puranic term for the central stretch of the Indian Himalayas.

History

Uttarakhand is well known for the mass agitation of the 1970s that led to the formation of the Chipko environmental movement. Gaura devi was the main activist who started this movement, other participants were Chandi Prasad Bhatt,

¹M.D. Scholar, ²Professor and HOD, ³Professor, Dept. of Kayachikitsa, Rishikul Campus, UAU, Haridwar



Sunderlal Bahuguna and Ghanshyam Raturi, the popular Chipko poet.

Geography

Uttarakhand has a total area of 53483 km, of which 86% is mountain and 65 is covered by forest. Most of the northern part of the state is covered by high Himalayan peaks and glaciers.

Two of the most important rivers in Hinduism originate in the glacier of Uttarakhand, the Ganges at Gangotri and the Yamuna at Yamunotri; these two along with Badrinath and Kedarnath from Chardham, a holy pilgrimage for the Hindus.

The state hosts the Bengal tiger in Jim Corbett National Park, the oldest national park of the Indian subcontinent. The Valley of flowers, a UNESCO World Heritage site located at the upper expanses of Bhyundar Ganga near Joshimath in Garhwal region, is known for the variety and rarity of its flower and plants. Uttarakhand has a multiethnic population spread across two geoculture region the Garhwal and the Kumaon. A large portion of the population is Rajput.

Language and Religion

Hindi belonging to Indo-Aryan Language is the sole official language of Uttarakhand and spoken by 87.95% of the population (including Garhwali Kumaoni and Jaunsari as variants of hindi). Sanskrit is given the status of second official language. More than four-fifth of Uttarakhand's residents are Hindu.

Culture

Uttarakhand's diverse ethnicities have created a rich literary tradition in languages including Hindi, Kumaoni, Garhwali, Jaunsari and Bhoti. Many of traditional tales originated in the form of lyrical ballads and chanted by itinerant singers and are now considered classic of hindi

literature. The dances of the region are connected to life and human existence and exhibit myriad human emotions. The well known dances include Langir Nritya, Jhora Chanchri, jhumaila, Chauphula and Chholiya. Music is integral part of the Uttarakhandi culture. Music is also used as a medium through which the gods are invoked. Jagar is a form of spirit worship in which the singer sings ballad of the gods, with allusions to great epics like Mahabharat and Ramayana, that describe the adventures exploits if the God is being invoked.

The primary food of Uttarakhand is vegetables with wheat being a staple, although non vegetarian food also served. A distinct characteristic of Uttarakhand cuisine is the sparing use of tomatoes, milk, and milk products. Bal-Mithai is popular fudge like sweet.

One of the major hindu pilgrimage, Haridwar kumbh Mela takes place in Uttarakhand. Haridwar is one of the four places in India where the Mela is organized. Haridwar most recently hosted the Purna Kumbha Mela from maker Sankranti (14 January 2010) to Vaishakh Purnima Snan (28 April 2010). Hundreds of foreigners joined Indian pilgrims in the festival which is considered the largest religious gathering in the world. Basant Panchami, Holi, Ganga Dushahara, Ghee Sankrant, Vat Savitri and Phul Dei are major festivals.

Tourism

Uttarakhand has many tourist spots due to its location in the Himalayas. There are many ancient temples, forest reserves, national parks, hill stations, and mountain peaks that draw large number of tourists. There are 44 nationally protected monuments in the state. Oak grove school in the state is on the tentative list for world heritage sites.



Uttarakhand has long been called land of the gods as the state has some of the holiest Hindu shrines and for more than thousands years, pilgrims have been visiting the region in the hopes of salvation and purification from sin. Haridwar host Kumbh Mela every 12 years, in which millions of pilgrims take part from all parts of India and the world. Rishikesh near Haridwar is known as the preeminent yoga centre of India.

Uttarakhand is however a place of pilgrimage not only for Hindus, Piran Kaliyar Sharif near Roorkee is a pilgrimage site to Muslims, Gurudwara Hemkund sahib and Gurudwara Nanakmatta sahib are pilgrimage centre for Sikhs. Tibetan Buddhism has also made its presence with the reconstruction of mind rolling monastery and it's Budha Stupa, described as the world's highest at clement town, Dehradun. Some of the most well known hill stations in India are in Uttarakhand. Mussoorie, Nanital, Dhanaulti, Chakrata Tehri, Lansdowne, Pauri, Sattal, Almora, Kausani, Bhimtal and Ranikhet are some popular hill stations in Uttarakhand.

Auli and Munsiri are well known skiing resort in state. The state has 12 national parks and wildlife sanctuaries which cover 13.8% of the total area of the state. The state has always been a destination for mountaineering hiking and rock climbing in India. A recent development in adventure tourism in the region has been whitewater rafting in Rishikesh.

Sports

The High Mountain and rivers of Uttarakhand attracts many tourists and adventure seekers. It is also a favorite destination for adventure sports, such as paragliding, sky diving, rafting and bungee jumping. More recently, golf has become popular; with ranikhet is being a favorite destination.

Some Useful medicinal herbs of Uttarakhand:

Talisa Patri (*Abies webbiana*) treat indigestion and increase appetite, cough and other respiratory diseases. **Daruharidra** (*Berberis aristata*) Treat different type of prameha (Diabetes). Used to treat Leprosy, Jaundice, Eye diseases. **Katuki** (*Pichrorhiza kurroa*) :Treat Fever, Cough, Cold, Diabetes, Leprosy, Anaemia & Heart diseases. It has antihelmentic property & improves appetite. **Manjistha** (*Rubia cordifolia*) It is used to treat Fever, UTI, Skin diseases, Inflammation, Eye diseases. **Pasanbheda** (*Bergenia ligulata*) To treat kidney stones. **Brahmi** (*Bacopa monniere*) It reduces stress, cures headache. **Brahmkamal** (*Saussurea obvallata*) It is used as liver tonic to increase appetite. Its root and rhizome is used to treat cuts & wounds. **Buransa** (*Rhododendron arboreum*) Juice of flower is used to treat menstrual disorders. It is used to increase appetite & Indigestion. **Jamun** (*Syzygium cumini*) It is used to control diabetes. It is a rich source of iron & vitamin c, increase hemoglobin. **Tagara** (*Valeriana officinalis*) It helps in insomnia, Migraine, Hypertention.





UTTARKASHI (KASHI OF NORTH INDIA) & REGIONAL MEDICINAL PLANTS

- Sakshi Negi¹, O. P. Singh²
e-mail : skshnegi1@gmail.com



Endearingly called as the *Devbhoomi*, Uttarkashi is a popular north Indian destination enriched for its religious legacy. There is snow peaks, chilly breezes and lush greenery that attract tourists all around the year to embrace them with its mesmerizing landscapes. Uttarkashi is situated on the banks of river Bhagirathi at an altitude of 1158 m above sea level. Uttarkashi is generally known as a holy town close to Rishikesh. It is located in the state of Uttarakhand in India. Uttarkashi is home to a number of ashrams and temples and also to the Nehru Institute of Mountaineering. The name of the town reflects its similarity to and location (as north of) the city of Kashi (Varanasi). Similar to Varanasi, town of Uttarkashi is situated on the Ganges, lies next to a hill named *Varunavat*, on confluence of two rivers *Varuna* and *Asi*, has a ghat called Manikarnika Ghat and has a temple dedicated to Shiva (Kashi Vishwanath Temple) in the center of the town

Uttarkashi District town lies high in the Himalaya range, and the district contains the

source of both the Ganges and Yamuna rivers, which attract thousands of Hindu pilgrims. The town lies on the main route to Gangotri, has many Hindu temples, and is also considered an important Hindu pilgrimage centre. The district is bounded on the north by Himachal Pradesh state, on the northeast by Tibet, on the east by Chamoli District, on the southeast by Rudraprayag District, on the south by Tehri Garhwal District, and on the west by Dehradun District.

Bhaironghati

Bhaironghati is a small settlement at the juncture of the Jadh Ganga and Bhagirathi Rivers in the mountains of northern India. It is located in the Uttarkashi district of the Indian state Uttarakhand. Set between the river banks, there is a rock called Jadh Ganga Gorge. This rock is located beneath a girder bridge of National Highway 108 (NH 108). The old ropes and moorings of the 1800s could be viewed here until the 1970s.

¹M.D. Scholar, ²H.O.D. & Professor, P.G. dept. of Kayachikitsa Rishikul Campus, Uttarakhand Ayurved University, Haridwar.



Uttarkashi (uki) means the Kashi of North and is also known as Somya Kashi. Uttarkashi is a very religious place for tourism. It has also become famous among adventurous people due to the scope of various adventurous activities. Uttarkashi town is also called as Shivnagri. Uttarkashi town has number of temples and ashrams. Uttarkashi is known for its religious people, weather, education and fashion



GANGOTRI NATIONAL PARK AND SOME MEDICINAL PLANT

Gangotri national park is a national park located in Uttarkashi district Garhwal range uttrakhand, India. The size of this national park

is about 2,390 square km. it was third largest national park of india.

The park harbors western Himalayan su conifer forests lower elevations at western Himalayan alpine shrub and meadows at higher elevations. Some important medicinal plants are given below.

1. Devdaru (Cedrus deodara)



Family-Pinaceae

Altitude: 1500-3200 m. Among Hindus, it is worshiped as a divine tree. Deva, the first half of Sanskrit term, means divine, deity. Daru, the second part, is cognate with the words durum, druid or tree. Kastha are the used part of the plant in drugs. Devdaru is useful in skin disease, worm infestation, cough and cold, relieves hiccups, fever, UTI, swelling, edema and anti-inflammatory, diabetes etc. Himalayan cedar oil is also used in headache, arthritis pain and infested wound.

2. Mitha (Aconitum balfourii)



Family: Ranunculaceae



Altitude: 2800-4000 m. *Aconitum balfourii* found in sub-alpine to alpine zone of district Uttarkashi. It is an extremely poisonous herb grows on shady moist slopes usually along the edges of birch, rhododendron forest. Root pest, in small quantity after frying in butter, is applied and massaged on joints for the treatment of rheumatism.

3. Bhojpatra or Himalayan birch (*Betula utilis*)



Family: Betulaceae

Altitude: up to 4500 m. Bhojpatra is a birch tree native to Himalayas. The specific epithet, *utilis*, refers to the many uses of different part of the tree. The white, paper like bark of the tree was used in ancient times for writing Sanskrit scripture and texts. Its bark is used as medicine in the form of powder or decoction. In *charak samhita* it uses as local application in skin disease and preparation in ear disease. It's also useful in epilepsy, insanity, hysteria and convulsions etc.

4. Ativisha (*Aconitum heterophyllum*)



Family: Ranunculaceae

Altitude: 2200-4000 m. Atish is an herb found in sub-alpine to alpine zone of district Uttarkashi. Fruits are follicles with 16-18 mm large seeds. Root (tuber) is used part of the plant for medicine. Roots are tuberous, white in color and useful in dysentery, diarrhea, stomach disorders, fever, malaria fever and helminthiasis etc. local people store the dry roots as emergency medicine

5. Gokhru (*Tribulus terrestris*)



Family: Oxalidaceae

Altitude: 3000-4000 m. A prostrate-spreading herb densely covered with minute hairs found in sub-alpine to alpine region of Uttarkashi forests. The fruit of the plant are useful in urinary compliances and sexual weakness. Rarely leaves used as pot herb. Seed powder of the plant with *Swertia chirayita* given in cough and asthma; seed pest applied on skin eruptions.

6. Brahm Kamal (*Saussurea obvallata*)



Family: Asteraceae



Altitude: 3100-4000 m. A small and middle size 15 cm. long annual, aromatic herb grow wild, found in alpine region of Uttarkashi. Whole plant is use as medicine; the drug is used in treatment of headache and other pains.

7. Cacrasinghi (*Pistacia integerrima*)



Family: Anacardiaceae

Altitude: 2000-3000 m. A moderate sized deciduous tree up to 18 mt. high with dark gray or blackish bark found in deodar forests. Galls produced on leaves are used commercially as 'karkkatasrgi'. Galls on leaves are the used part of the plant as medicine, as anti-inflammatory, depurative, digestive and expectorant with terebinthineodor. They are useful in asthma, cough, dysentery and fever, consumption irritability of stomach, skin diseases and useful at the time of teething of children.

8. Daru-haridra (*Berberis aristata*)



Family: Berberidaceae

Altitude: 2000-3000 m. A large thorny shrub found in deodar forests of Uttarkashi. Fruits are ovule bluish purple with few seeds. Although whole plant is useful as medicine but particularly roots and seeds of the plant is important part of the plant for drugs. The main use of drug made by barbery is a diuretic i.e. promote urination in dropsy and in jaundice and gonorrhoea, it is also recommended for asthma.

9. Ashvagandha (*Withania somnifera*)



Family: Solanaceae

Altitude: 1000-1800 m. A small or middle size under shrub, found through out the district in drier regions. Roots are the uses part of the plant in drugs. The drug consists of the dried roots of the plant. Ashvagandha is useful in consumerism, sexual and general weakness and rheumatism. It is diuretic i.e. it promotes urination and removes functional obstructions of body. The root powder is applied locally on ulcers and inflammations. Crystalline principle 'Withaferin- A' has been obtained from leaves and is reported to possess significant antibiotic properties.



परिषद् समाचार

विश्व आयुर्वेद परिषद एवं विश्व हिंदी मंच के संयुक्त तत्वावधान में द्वितीय अंतर्राष्ट्रीय सेमिनार का आयोजन ताशकंद में सम्पन्न

विश्व आयुर्वेद परिषद एवं विश्व हिंदी मंच के संयुक्त तत्वावधान में आयोजित द्वितीय अंतर्राष्ट्रीय सेमिनार का आयोजन उज्बेकिस्तान की राजधानी ताशकंद की धरती पर हुआ जिसमें पूरे देश के विभिन्न प्रदेशों से एवं ताशकंद के हिंदी और आयुर्वेद के विद्वानों ने विविध विषयों पर अपने अपने पेपर प्रस्तुत किये। इस अवसर पर दिनांक 24 जून को बुनियात स्टेडियम में विश्व योग सप्ताह को पूरे हर्षोल्लास के साथ मनाया। जिसमें ताशकंद में भारत के राजदूत श्री विनोद कुमार जी मुख्य अतिथि के रूप में उपस्थित रहे। योग का भव्य प्रदर्शन प्रसिद्ध योगाचार्य श्री सत्येंद्र सिंह के निर्देशन में हुआ। लगभग 2000 उज्बेकिस्तानी और कई भारतीय भी जिसके साक्षी रहे। लाल बहादुर शास्त्री सेंटर फॉर इंडियन कल्चर के सभागार में आयोजित सेमिनार में लगभग 22 आयुर्वेद के विद्वानों ने तथा 24 हिंदी के विद्वानों ने अपने अपने पेपर प्रस्तुत किये। इनके साथ ही उज्बेकिस्तान के लगभग 13 विद्वानों ने भी पेपर प्रस्तुत किये, जिनमें मुख्य रूप से डॉ ब्योत रखमतोव, डॉ मौजूदा जी, डॉ उल्फत जी, डॉ सिराजुद्दीन जी, डॉ सत्येंद्र जी सहित सुश्री शिप्रा घोष जी का भी अमूल्य सहयोग रहा।

कार्यक्रम में उपस्थित रहे संगीतकार संजीव पाराशरी ने हारमोनियम पर बहुत ही प्यारी गज़ल प्रस्तुत की। साथ ही इटावा व जयपुर से पधारे कवि क्रमशः डॉ राजीव राज और बिट्टल दास पारीक ने अपनी कविताओं से श्रोताओं को झूमने के लिए मजबूर कर दिया। इस अवसर पर विश्व आयुर्वेद परिषद की डायरेक्टरी व सहित्यायुष उज्बेकिस्तान पुस्तक का विमोचन विश्व आयुर्वेद परिषद के उपाध्यक्ष डॉ यू0 एस0 निगम, विश्व हिंदी मंच के अध्यक्ष डॉ0 प्रणव शर्मा, डॉ अनिल शुक्ल, डॉ सूर्य प्रसाद दीक्षित, डॉ रखमत कार्यक्रम के संयोजक डॉ रंजन विशद के कर कमलों द्वारा हुआ। इससे पूर्व दिनांक 21 जून को एंकर लोकोमोटिव बोगी पार्क में लगी प्रदर्शनी में एक वृहत योग सांस्कृतिक संध्या का आयोजन हुआ, जिसमें सभी भारतीयों ने बाराती बनकर शिरकत की और कार्यक्रमों का लुत्फ उठाया। कार्यक्रम के इस अवसर पर डॉ वी.के. अग्निहोत्री, डॉ विनोद उपाध्याय, डॉ मृदुला चंद्रा, डॉ अजय दत्त शर्मा, डॉ एन एस काला, डॉ रश्मि प्रभा, डॉ अजय शर्मा, डॉ चारु मेहरोत्रा, डॉ आर के आज़ाद, डॉ भाग्यश्री गवांडे, आस्था जी, डॉ हर्षवर्धन अप्पा जी सहित सैकड़ों आयुर्वेद और हिंदी के मनीषी और उज्बेकिस्तानी बुद्धिजीवी उपस्थित रहे। कार्यक्रम का कुशल संचालन डॉ रंजन विशद और डॉ प्रणव शर्मा ने किया। अंत में सभी को संस्था द्वारा प्रमाण पत्र कार्यकारी राजदूत सुश्री शिप्रा घोष ने प्रदान किये।

जयपुर में परिषद् की संगठनात्मक गतिविधियाँ

परिषद् की संगठनात्मक गतिविधियों का मुख्य केन्द्र जयपुर में राष्ट्रीय आयुर्वेद संस्थान, जयपुर रहा है। इस संस्थान में विश्व आयुर्वेद परिषद् के तत्वावधान में 21 नवम्बर 2015 से अनवरत साप्ताहिक स्टडी सर्कल का आयोजन किया जा रहा है जो कि पहले प्रत्येक शनिवार को सायं 4:15 से प्रारम्भ होता था। लेकिन विद्यार्थियों की सुविधा के लिये प्रत्येक शुक्रवार को आयोजित किया जाने लगा। जिसमें संस्थान व संस्थान के बाहर के विद्वानों के द्वारा आयुर्वेद के विभिन्न विषयों पर व्याख्यान व अनुभवों का लाभ विद्यार्थियों को प्राप्त होता रहा है, अभी तक 140 सत्र सम्पन्न हो चुके हैं। इसके अतिरिक्त प्रत्येक रविवार को स्नातकोत्तर अध्ययताओं द्वारा Teaching and Learning Program का आयोजन भी किया जा रहा है। जिसमें अभी तक कुल 56 व्याख्यान पूर्ण हो चुके हैं। गत सत्र में निम्न कार्यक्रम आयोजित किये गये हैं। चरक जयन्ती कार्यक्रम, धन्वन्तरी जयन्ती, रक्तदान शिविर का आयोजन जिसमें 89 यूनिट रक्तदान किया गया। नवागंतुक पी0जी0 छात्रों का स्वागत कार्यक्रम, उन्हें परिषद् की गतिविधियों से अवगत कराया गया। विश्व मंगल दिवस में परिषद् कार्यकर्ताओं द्वारा संस्थान में सभी का तिलक लगाकर स्वागत, शुभकामनायें, मिष्ठान वितरण किया गया। वर्ष प्रतिपदा उत्सव आयोजन, नित्य मासिक बैठक का आयोजन, यूजी0 तथा पी.जी. छात्रों को परीक्षा के समय कक्ष प्रवेश के पूर्व तिलक लगाकर मिठाई प्रसाद खिलाकर शुभकामनायें दी गईं। अभी हॉल ही में राष्ट्रीय आयुर्वेद संस्थान की नवीन कार्यकारिणी की घोषणा माननीय प्रदेश अध्यक्ष, प्रदेश महासचिव की अनुमति से की गई। आगामी सत्र में आयुर्वेद कौशल शिविर, चिकित्सकीय कार्यशाला व सम्भाषण एन. आई.ए. कार्यकारिणी द्वारा प्रस्तावित है।



उज्जैन में परिषद् की कार्यशाला तथा राष्ट्रीय कार्यकारिणी की बैठक सम्पन्न

विश्व आयुर्वेद परिषद् मध्य प्रदेश इकाई के द्वारा उज्जैन में राष्ट्रीय आयुर्वेद कार्यशाला का आयोजन किया गया दिनांक 16 जून से 17 जून तक इस कार्यशाला का आयोजन उज्जैन के भारत माता मंदिर स्थित श्री महाकालेश्वर भक्त निवास परिसर में संपन्न हुआ। इस कार्यशाला में देशभर के समस्त प्रदेशों के लगभग 90 केंद्रीय एवं प्रादेशिक पदाधिकारियों ने भाग लिया। प्रमुख रूप से केंद्रीय संरक्षक प्रोफेसर सत्येंद्र प्रसाद मिश्र, दिल्ली, केंद्रीय अध्यक्ष प्रोफेसर बी एन गुप्ता, भोपाल, केंद्रीय उपाध्यक्ष प्रोफेसर वेंकट आचार्य जी, हैदराबाद, प्रोफेसर यू एस निगम मुंबई, डॉ हरि भदौरिया, आगरा, केंद्रीय महामंत्री प्रोफेसर अश्विनी भार्गव, केंद्रीय संगठन मंत्री प्रोफेसर योगेश चंद्र मिश्र, केंद्रीय सचिव डॉ प्रेम चंद्र शास्त्री, हरिद्वार, डॉ रामतीर्थ शर्मा, उज्जैन आदि संगठन के पदाधिकारियों ने प्रमुखता से भाग लिया। दिनांक 16 को प्रथम दिन उद्घाटन सत्र प्रातः काल 10:00 बजे संपन्न हुआ जिसमें भगवान धन्वंतरि के समक्ष केंद्रीय अध्यक्ष प्रोफेसर बी एम गुप्ता जी ने दीप प्रज्वलन कर उद्घाटन किया प्रथम सत्र में अतिथियों का स्वागत एवं सम्मान तथा कार्यक्रम की रूपरेखा कार्यशाला के संयोजक डॉ रामतीर्थ शर्मा के द्वारा प्रस्तुत किया गया। जिसके पश्चात केंद्रीय महामंत्री डॉ अश्विनी भार्गव ने अगले सत्र की रचना बतायी अगले सत्रों में शिक्षक प्रकोष्ठ, विद्यार्थी प्रकोष्ठ, औषधि निर्माता प्रकोष्ठ एवं चिकित्सा प्रकोष्ठ के कार्यकर्ताओं की बैठक अलग-अलग स्थानों पर तय की गई, शिक्षक प्रकोष्ठ की बैठक का संचालन केंद्रीय संगठन मंत्री प्रोफेसर योगेश चंद्र मिश्र, केंद्रीय अध्यक्ष प्रोफेसर बी.एम. गुप्ता तथा विषय प्रवर्तन शिक्षक प्रकोष्ठ के अखिल भारतीय प्रभारी प्रोफेसर गोविंद शुक्ल ने किया। शिक्षक प्रकोष्ठ के संदर्भ में विभिन्न प्रकार के कार्यक्रमों का आयोजन आगामी वर्ष में संपन्न हो इस योजना के साथ यह सत्र समाप्त हुआ। विद्यार्थी प्रकोष्ठ का संचालन विद्यार्थी प्रकोष्ठ के अखिल भारतीय सह संयोजक डॉ आशुतोष द्विवेदी ने किया तथा विषय प्रवर्तन राष्ट्रीय सचिव एवं विद्यार्थी प्रकोष्ठ के अखिल भारतीय प्रभारी डॉक्टर रामतीर्थ शर्मा ने किया। इस विद्यार्थी प्रकोष्ठ के अंतर्गत निश्चित किया गया कि आगामी 15 अगस्त श्रावण शुक्ल पंचमी चरक जयंती तक पूरे देश के अंदर 5100 विद्यार्थियों को सदस्यता दिलवाई जाएगी, साथ ही 108 महाविद्यालयों में चरक जयंती का आयोजन किया जाएगा साथ ही पूरे देश के आठ प्रांतों में विद्यार्थियों के लिए व्यक्तित्व विकास शिविर के आयोजन की भी योजना निश्चित की गई। विशेष रूप से द्रव्यगुण के औषधि परिचय भ्रमण हेतु भी एक योजना निश्चित की गई मध्य प्रदेश इकाई के द्वारा डॉक्टर शिरोमणि मिश्रा के नेतृत्व में विद्यार्थियों का एक आवासीय औषधि विज्ञान शिविर का आयोजन अमरकंटक में किया जाना सुनिश्चित हुआ जो संभवतः सितंबर माह में होगा। इसके साथ ही काशी में होने वाले अन्तर्राष्ट्रीय आयुर्वेद युवा महोत्सव सम्पोजनम् 2018, 16, 17, 18 नवंबर की कार्य योजना भी प्रस्तुत की गई। डॉ अनुराग पांडे काशी प्रांत के प्रभारी विद्यालय प्रकोष्ठ ने इस कार्य योजना को संपन्न किया। चिकित्सक प्रकोष्ठ की बैठक का संचालन चिकित्सा प्रकोष्ठ के प्रभारी एवं बिहार प्रदेश के महामंत्री अखिल राष्ट्रीय कार्यकारिणी के सदस्य डॉ आदित्य ठाकुर के द्वारा किया गया। चिकित्सकों के कौशल के कार्यक्रम और सफलता के साथ और अच्छी व्यवस्थाओं के साथ प्रत्येक प्रांत में हो इस कार्य योजना को लक्ष्य रखें। प्रकोष्ठ की बैठक का संचालन प्रोफेसर एवं राष्ट्रीय प्रभारी डॉक्टर सुरेंद्र चौधरी जी ने किया। जहां यह निश्चित किया गया इस संपूर्ण देश के छोटे औषधि निर्माताओं को एकत्र करके एक बड़ी बैठक का आयोजन किया जाएगा। जिसमें औषधियों की गुणवत्ता परीक्षण के लिए एक टेस्ट लेबोरेटरी का निर्माण किया जाए, ऐसी डिमांड भारत सरकार से की जाएगी जिसमें पब्लिक प्राइवेट पार्टनरशिप योजना के अंतर्गत एक ड्रग टेस्ट लेबोरेटरी का निर्माण होगा, जिससे की एक निश्चित और कम शुल्क में औषधि निर्माताओं को उनकी औषधियों की जांच अथवा परीक्षण में सहूलियत मिलेगी तथा वह अपने औषधियों का परीक्षण करके जीएमपी मानकों पर उनको औषधियों के व्यापार में एवं चिकित्सा में उचित स्तर पर कार्य में ले सकेंगे, उक्त बैठक के पश्चात प्रदेश स्तर की विभिन्न प्रांतों की क्षेत्रीय स्तर की बैठक संपन्न हुई। सायम काल एक संयुक्त सत्र में प्रोफेसर योगेश चंद्र मिश्र संगठन महामंत्री जी का उद्बोधन एवं मार्गदर्शन सभी कार्यकर्ताओं को प्राप्त हुआ। जिसमें संगठन विस्तार के साथ-साथ आयुर्वेद के द्वारा जन सामान्य को लाभ पहुंचाने की नीतियों के बारे में बातचीत की गई। अगले दिन प्रातः काल 17 जून को राष्ट्रीय आयुर्वेद कार्यशाला का उद्घाटन प्रातः 9:00 बजे दीप प्रज्वलन के साथ हुआ। जिसमें समस्त पदाधिकारियों एवं माननीय मुख्य अतिथि डॉक्टर दिनेश जी ने किया। प्रथम सत्र में डॉ अनुज जैन के द्वारा आत्यायिक अवस्थाओं में इमरजेंसी कंडीशन में आयुर्वेद की चिकित्सा का प्रथम सत्र लिया गया और दूसरे सत्र में डॉक्टर प्रज्ञान त्रिपाठी जी के द्वारा सभी को नाड़ी विज्ञान का प्रशिक्षण दिया गया। तृतीय सत्र में डॉक्टर कीर्ति कुमार अखंड एवं डॉ मुकेश कुमार गुप्ता ने नस्य एवं धूमपान का प्रदर्शन किया और जलौक व अग्नि कर्म का प्रयोग डॉक्टर दीपक नायक, डॉ अनिल पांडे एवं डॉक्टर शशि लता मालवीय ने प्रस्तुत किया। कार्यक्रम के अंत में डॉक्टर राम अरोड़ा के द्वारा अलाबू रक्तमोक्षण का प्रयोग किया गया।



उक्त समस्त पंचकर्म एवं शल्य की प्रक्रिया विधियों का प्रदर्शन डॉक्टर यू एस निगम के मार्गदर्शन में संपन्न हुआ। कार्यशाला में पूरे प्रदेश और देश भर के 800 चिकित्सकों एवं विद्यार्थियों ने भाग लिया। आभार प्रदर्शन कार्यक्रम के संयोजक डॉ राम तीर्थ शर्मा ने किया। संचालन डॉ सुनील पाटीदार व डॉ हेमन्त मालवीय ने किया।

“महर्षि चरक वनांचल आयुर्वेद स्वास्थ्य सेवा यात्रा”

विश्व आयुर्वेद परिषद् द्वारा भारत के दूरस्थ ग्रामीण क्षेत्रों विशेषकर वनवासी क्षेत्रों में रह रहे लोगों की समस्याओं के दृष्टिगत “महर्षि चरक वनांचल स्वास्थ्य सेवा यात्रा” दिनांक 01/07/2018 से 05/07/2018 तक उत्तर प्रदेश के सोनभद्र जिले के चपकी काड़ीडार, बभनी ब्लाक स्थित वनवासी कल्याण आश्रम द्वारा संचालित सेवा समर्पण संस्थान” को केन्द्र बनाकर तथा समीपवर्ती प्रदेशों जैसे— मध्य प्रदेश, छत्तीसगढ़, झारखण्ड एवं बिहार से सटे वनवासी आदिवासी बाहुल्य ग्रामीण क्षेत्रों में लगभग 615 ग्राम पंचायतों के लगभग 45460 मरीजों के स्वास्थ्य की जाँच की गई एवं उन्हें निःशुल्क औषधियाँ भी प्रदान की गई। इस स्वास्थ्य सेवा यात्रा का शुभारम्भ महामहिम राज्यपाल उत्तर प्रदेश श्री राम नाईक जी की उपस्थिति में स्वास्थ्य मंत्री उत्तर प्रदेश सरकार श्री सिद्धार्थ नाथ सिंह जी द्वारा किया गया। उक्त अवसर पर खनन मंत्री उत्तर प्रदेश सरकार तथा श्रीमती अर्चना पाण्डेय समस्त क्षेत्रीय विधायक एवं विशिष्ट जन उपस्थित रहें।

इस स्वास्थ्य सेवा यात्रा में उत्तर प्रदेश के विभिन्न जनपदों वाराणसी, जौनपुर, सुल्तानपुर, इलाहाबाद, सोनभद्र, राबर्टसगंज से विश्व आयुर्वेद परिषद् से जुड़े चिकित्सकों एवं कार्यकर्ताओं ने सहभागिता दी। लगभग 185 विशेषज्ञ चिकित्सकों एवं जूनियर चिकित्सकों की टीम बनाकर लगभग 65 स्थानों पर लगातार पांच दिवस तक शिविर लगाकर गरीब आदिवासी लोगों को चिकित्सा सुविधा प्रदान की गई। चरक स्वास्थ्य सेवा यात्रा की परिकल्पना से लेकर उसके सफलतापूर्वक समापन तक की सम्पूर्ण कार्ययोजना में माननीय सह प्रान्त प्रचारक काशी प्रान्त श्रीमान् मनोज जी एवं सेवा समर्पण संस्थान, काड़ीडार (चपकी) के संचालन प्रमुख श्रीमान् आनन्द जी का विशेष मार्गदर्शन प्राप्त हुआ। इस कार्यक्रम में सहयोगी संगठन के रूप में नेशनल मेडिकोज आर्गनाइजेशन की सहभागिता महत्वपूर्ण रही। डॉ० आर० एन० चौरसिया, डॉ० विश्वम्भर सिंह, डॉ० सचिदानन्द, डॉ० कमलाकर सिंह, डॉ० पवन सिंह, डॉ० सुभाष आदि का सहयोग सराहनीय रहा। डॉ० पी० एस० व्याडगी (यात्रा) प्रमुख, डॉ० अरुण कुमार द्विवेदी, डॉ० आशुतोष पाठक, डॉ० अजय पाण्डेय, डॉ० विजय राय, (उत्तर प्रदेश महासचिव) डॉ० मनीष मिश्र के साथ डॉ० कमलेश कुमार द्विवेदी (यात्रा संयोजक) के निर्देशन में महर्षि चरक वनांचल सेवा यात्रा सफलतापूर्वक पूरा हुआ। प्रो० ए० एन० सिंह, डॉ० एच०पी०मिश्र, ने विद्यार्थियों एवं वनवासियों को औषधियों की पहचान एवं गुणों से परिचित कराया। डॉ० आनन्द विद्यार्थी, डॉ० आनन्द पुरी, डॉ० जितेन्द्र यादव, डॉ० रश्मि गुप्ता, डॉ० प्रियदर्शिनी, डॉ० सुनिता सुमन, डॉ० कमालुद्दीन, डॉ० दिनेश, डॉ० पी०एस० उपाध्याय, प्रो० जे०एस० त्रिपाठी, डॉ० अनुराग पाण्डेय, डॉ० सुशील दूबे आदि का सहयोग एवं समर्पण सराहनीय रहा। चन्दौली, वाराणसी एवं सोनभद्र के सी०एम०ओ तथा उनकी टीम ने इस यात्रा में विशेष सहयोग किया। समापन सत्र में जिलाधिकारी श्री अमित सिंह के द्वारा प्रतिभागियों को सम्मान पत्र के साथ इस पंच दिवसीय यात्रा में सुरक्षा, आवासीय वाहन के साथ अन्य सभी आवश्यक सुविधायें प्रदान करायी गयी। परिषद् ने “चरक वनांचल आयुर्वेद स्वास्थ्य सेवा यात्रा” को प्रत्येक वर्ष करने का निर्णय लिया है।

परिषद् के तत्वावधान में एक दिवसीय स्वास्थ्य परीक्षण, गोरक्ष प्रान्त में सम्पन्न

दिनांक 06 जून 2018 को ग्राम—मिसरौली मोलनापुर, मउ जनपद, गोरक्ष प्रान्त में विश्व आयुर्वेद परिषद् के तत्वावधान में एक दिवसीय स्वास्थ्य संगोष्ठी एवं स्वास्थ्य परीक्षण शिविर का आयोजन किया गया। इस शिविर में 180 रोगियों का स्वास्थ्य परीक्षण किया गया तथा निःशुल्क औषधियों का वितरण किया गया। इस शिविर के मुख्य सूत्रधार डॉ० ज्वाला प्रसाद तथा अन्य परिषद् के सदस्यों की भूमिका सराहनीय रही।

आयुर्वेद कौशलम्, रायपुर छत्तीसगढ़ में सम्पन्न

विश्व आयुर्वेद परिषद्, छत्तीसगढ़ के तत्वावधान में आयुर्वेद कौशलम् 2018 का आयोजन 18 जून को गूलमोहर होटल, महादेव घाट रोड, रायपुर में सम्पन्न हुआ। इस द्विसत्रीय कार्यक्रम के प्रथम सत्र के वक्ता डॉ० अनुज जैन, भोपाल एवं द्वितीय सत्र के वक्ता डॉ० गौरव गुप्ता, होसंगाबाद से थे। उक्त कार्यक्रम में प्रदेश अध्यक्ष डॉ० पतंजलि दीवान, उपाध्यक्ष डॉ० अरुण ओझा, प्रदेश सचिव डॉ० सुशील द्विवेदी एवं राष्ट्रीय संयोजक डॉ० रवि कुमार श्रीवास्तव की सहभागिता सराहनीय रही।