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



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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

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

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## ***Guest Editorial***

ARPIT (Annual Refresher Programme in Teaching) through National Resource Centers (NRCs) under Pandit Madan Mohan Malviya National Mission on Teachers and Teaching (PMMMNTT) scheme has been launched by the Ministry of Human Resource Development, Govt. of India in the month of November 2018, which is a major and unique initiative of online professional development of 1.5 million higher education faculty using the MOOCs (Massive Open Online Courses) platform SWAYAM. For implementing ARPIT, 75 discipline-specific National Resource Centers (NRCs) have been identified in the first phase, which are tasked to prepare online training material with focus on latest developments in the discipline, new & emerging trends, pedagogical improvements and methodologies for transacting revised curriculum.



Through ARPIT, all in-service teachers, irrespective of their subject and seniority have been given an enabling opportunity to keep abreast of the latest developments in their disciplines through the technology based online refresher courses. In the inaugural year 2018, the NRCs are expected to cater to around 13 lakh faculty of the total 15 lakh faculty in higher education. The training materials have now been uploaded and made available through SWAYAM to all the teachers from 1st November, 2018. Currently, registrations are open for the online refresher courses on SWAYAM platform, India's own indigenous MOOC's education engine and can be accessed <https://swayam.gov.in/courses/public>. The course is a 40 hour module with 20 hours of video content and 20 hours of non-video content. They are offered in a highly flexible format and can be done at one's own pace and time. There are built-in assessment exercises and activities as part of the academic progression in the course. At the end of the course, there will be a terminal assessment which can be either online or a written examination. All faculties who have successfully completed the online refresher course will be certified. The courses will be open from 1st November, 2018 to 28th February, 2019.

Though the courses cover a diverse range of topics, the course on AYUSH has been left out. The teachers of AYUSH courses must get the opportunity to keep abreast of latest development in the field of AYUSH teaching and research. However, Faculty of Ayurveda, Banaras Hindu University, Varanasi has taken an initiative to prepare a Subject Network for Curricular Renewal and Reforms under the PMMMNTT scheme with the objective to create database of all subjects of Ayurveda, to develop resource materials for teachers of Ayurveda, to assemble all support materials in electronic form for onward use and to disseminate updated subject wise material to the professionals of Ayurveda. However, there is a need to develop refresher courses for Ayurveda teachers whether online or offline to keep them abreast with the new techniques of teaching methods.

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## A REVIEW ON HISTORICAL BACKGROUND OF RESEARCH IN AYURVEDA

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### ABSTRACT :

The stream of *Ayurveda* medical knowledge is considered eternal because it was known by them to have been there since the beginning of time. Knowledge of *Ayurveda* was recollected by Lord Brahma and ultimately it reached to the mankind with the sole motto of health maintenance and health restoration. *Ayurveda Acharyas* are equivalent to modern era scientists who unfolded the *Trisutra Ayurveda* and enhanced the knowledge by various scientific methodologies. Chronological analysis of *Vedas*, *Upanishads* and *Samhitas* reveal that *Acharyas* enriched and expanded the knowledge of *Ayurveda* with the passage of time through their theoretical and practical expertise.

**Key Words-** *Ayurveda*, History, Research

### INTRODUCTION-

*Ayurveda* is evidence based medical science. The knowledge of *Ayurveda* is eternal. Lord Brahma is regarded as the creator of the world and primary researcher. He recollected the knowledge of *Ayurveda*. It was an unscripted knowledge which was passed to *Daksha Prajapati*. He learnt it word to word and imparted it to *Ashwini Kumars*. *Ashwini Kumars* were twin brothers popularly known as "Physicians of God". *Ashwini Kumars* enriched the same with their theoretical and practical expertise and then surpassed this science to

*Indra*. But during that era diseases started dominating the planet and people got badly afflicted with diseases. So, *Bhardwaja* approached *Indra* and *Indra* showered *Bharadwaja* with knowledge of *Ayurveda*. This is the first time *Ayurveda* descended on earth from the divine world.

Historical record of *Ayurveda* begins with a medical conference in the Himalayan Mountains described in the collection of medical writing called *Charak Samhita*<sup>2</sup>. The historical conference was a milestone in the history of medicine. Ancient *Ayurvedic* knowledge was in the form of *Trisutra*<sup>3</sup> (*Hetu, Linga, Aushdha*). With the passage of time *Rishis* enfolded the *Trisutra* and enhanced the knowledge by various scientific methodologies. Even in this present era *Ayurveda* is blessing the world with its tremendous practical applicability in healthy disease state. It proves that research in *Ayurveda* is a continuous process since ancient time to present era.

### Material and methods-

*Ayurvedic Samhita* literature, *Ayurveda* History literature and various journals are studied for this review work.

### Research of *Ayurveda* in Vedic Period

An insight of *Ayurveda* research in *Vedic* period can be gained by the exploration and

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analysis of four Vedas. Basic concepts of Ayurveda are mentioned in *Mantras* of Vedas especially *Rigveda* and *Atharvaveda*. Exploration of *Vedic* literature in terms of research reveals that there is mention of 67, 82 and 289 *Aushadha Dravyas* in *Rigveda*, *Yajurveda* and *Artharvaveda* respectively<sup>4</sup>. Names of diseases mentioned in *Rigveda*<sup>5</sup> are *Rajyakshma*, *Grahani*, *Prishatamaya*, *Hridroga*, *Charam Roga* etc. *Artharvaveda*<sup>6</sup> classifies diseases into two types *Shapthya* and *Varunya* and also mentions names of several diseases like *Kasa*, *Harima*, *Kilasa*, *Jalodar*, *Gandmala*, *Mutraghata*, *Ashmari*, *Arbuda*, *Visham Jwara* etc. *Rigveda*<sup>7</sup> regarded *Tridosha* as *Tridhatu*. In addition to this *Atharvaveda*<sup>8</sup> has clearly mentioned four types of *Vayu*, *Pitta* is regarded as *Mayu* and *Balasa* term has been used for *Kapha*. All this indicate the research process going on between the time period of first *Veda Rigveda* and last *Veda Atharvaveda*. Three types of *Aushadha dravyas* i.e. *Divya*, *Parthiv* and *Aapya* are mentioned. Organ Transplantation, *Sanjivani* therapy and *Rasayan* are specifically mentioned in *Rigveda*<sup>9</sup>. *Aushadha Sukta*<sup>10</sup> of *Rigveda* is immensely important. It clearly describes the morphology, habitat, types and uses of *Aushadha dravyas*. But *Atharvaveda* depicts more advanced scenario of *Ayurvedic* knowledge. *Atharvaveda*<sup>11</sup> has description of digestive fire, digestive process and seven *Dhatu* metabolisms. In *Atharvaveda*<sup>12</sup> *Yuktivyaparasharya* and *Daivavyapashraya* treatment principles are mentioned. Besides toxicology (*Visha Vigyan*), *Shalakya*, *Bhoot Vidya*, *Rasayana* and *Vajikarna* knowledge had been attained by physicians up to *Atharvaveda*<sup>13</sup> period. Therefore we can say that research in every field of

*Ayurveda* during *Vedic* period enriched the *Ayurvedic* knowledge with passage of time.

### **Research of Ayurveda in Upanishad Period.**

The *Upanishad* part of *Vedas* are ancient Sanskrit texts that contain some of the critical philosophical concepts and ideas of Hinduism. *Chhandogya Upanishad*<sup>14</sup> describes the process of assimilation of food and drink. Food eaten is divided into three parts. Coarsest part becomes faeces; the part which is medium becomes flesh and finest one nourishes mind. Physicians of *Upanishad* era knew about *Rasa* and *Kitta* parts of *Ahara Rasa*. Physiology of heart, aetiology of diseases, *Shodasha Kala Purusha*, specific dietetics for best progeny all this description is not possible without research in these fields. Ten *Pranayatana*, *Tridosha Siddhanta*, *Chatushpada siddhanta*, of *Ayurvedic* science are prominent during *Upanishad* era.

### **Research of Ayurveda in Samhita Period**

The analytical study of *Brihatray* brings forth the following facts regarding research in *Ayurveda*.

**Charak Samhita-** In the field of fundamental principles *Charak Samhita* describes *Tridosha siddhanta*, *Panchamahabhautta siddhanta*<sup>15</sup> in a very systematic and scientific manner. *Lok-Purusha samya siddhanta*<sup>16</sup>, *Yukti Pramana*<sup>17</sup>, use of term *Pariksha* for *Pramana*<sup>18</sup>, *Samanya-Vishesh Siddhanta*<sup>19</sup>, *Panch-Nidana*<sup>20</sup>, *Roga-Purusha Siddhanta*<sup>21</sup>, *Dashvidha Parikshya Bhava*<sup>22</sup>, description of *Agni* all symbolises multidimensional keen vision of *Acharya Charaka*. Essence of *Karya-Karana Siddhanta* can be seen in the subject matter of *Charak Samhita*. Research is nothing but



establishment of *Karya-Karana Bhava* which is big contribution of *Charak Samhita* to the mankind.

In the field of medicine *Samshodhana-Samshamana*, six *ChikitsaUpkramas*, *Panchkarma*, *Sansarjana Krama*, *Rasayana*, *Vajikarana*, *Aachara Rasayana*, *Arishta Vigyan*, *Avarana* are the some of the independent contributions of *Charaka Samhita*. Animal description mentioned in *Basti Chikitsa*<sup>23</sup> and milk description in *Vajikarana*<sup>24</sup> chapter is nothing but few examples of animal experimentation.

In addition to fundamental principles of six *Padarthas*, *Rasa-Guna-Veerya-Vipaka* etc *Acharya Charak* also describes - Classification of *Dravyas* according to morphology and pharmaco therapeutics. Five types of *Kshaya Kalpana*, *Sneha Paka*, *Vadamarga*, *Sambhasa* etc. are independent contribution of *Acharya Charaka* and also proves *Acharya Charaka* as a great researcher.

**Sushruta Samhita**- five types of *Pitta Dosh*, role of *Rakta Dhatu* (Blood) in aetiopathogenesis of disease, *Shadkriyakala*, *Shadvidha Roga Pariksha*, analysis of *Rasa*, *Guna*, *Veerya*, *Vipaka*, in context of *Dravya*, dissection etc. are the fundamental principles independently described by *Acharya Sushruta*<sup>25</sup>.

Description of *VataVyadhi*, *Jala-Santras Roga* (Hydrophobia), *Aatap-Dagdha*, *Dhumuphat*, *AupsargicRoga* along with several diseases of *ShalyaChikitsa*, *KayaChikitsa* and *Shalakyachikitsa* are the outcome of research going in that phase.

In the field of *Dravya Guna*, *Panch-Panchmool*, 37 *Mishrak Varga*, *Tuvrak*, *Khadir* and *Beejak* in *Kustha*<sup>26</sup>, *Kutaja* and *Bhallatak* in *Arsha*<sup>27</sup>, *Haridra* in *Prameha*<sup>28</sup>, *Navayasa*

and *Lauha Arishta* in *Prameha Pidika*<sup>29</sup> etc. are the independent discoveries of *Acharya Sushruta*.

Detailed description of *Nasa-Sandhana*<sup>30</sup>, *Karna Sandhana*, *Siravedha*, *Shadvidha Kshaya Kalpana*, *Kshara* and *Agni Karma* etc. are established by *Acharya Sushruta* as a great researcher.

### Ashtanga Hridya

In the purview of basic principles, five types of *Kapha Dosh*<sup>31</sup>, the reconciliation of *Dhatu Vridhi Lakshana* with *Dosha Vridhi Lakshana*, use of *Lehsun*, *Palandu*, *Guggulu*, *Swarnamakshika* as a *Rasayana Dravyas*<sup>33</sup>, *Dhamni Marma*<sup>34</sup> description, scientific approach in *Vipaka*<sup>35</sup> description etc. are the independent researches of *Vagbhata*. Use of *Parad* and *Gandhak* in treatment, use of *Guggulu* in *Medoroga*, mention of *Klaivya Roga* as a complication of excessive use of *Guggulu*, number of *Shastra* as 26 unlike 20 as mentioned by *Sushruta*, use of *Visha/poison* in treatment, *Urdhavguda Roga*, internal use of *Parad*, number of *Balgraha* 12 unlike 9 mentioned by *Sushruta*, *Vatabalask* and *Haridrak Jwara*, use of *Uchata* as *Vajakarak Dravya* are some of the advances in field of research in the time period of *Vagbhata*.

In the field of *Dravya Guna* description of *Saptapanchmoola*, *Vatsakaadigana*, use of *Kampillaka* for *Virechana*, use of *Amalaki* in *Prameha*, *Pippali* in *Pliharoga*, *Laaja* in *Chhardi*<sup>36</sup> etc. are the contributions of *Vaghabhatta*.

### CONCLUSION-

Any science is not fully specialized at its initial level. In the beginning every science is in concise



or *Sutra* form and it gets evolved to its fullest by new inventions and scientific experimentations. Similarly inventions and discoveries in different fields of *Ayurveda* with the passage of time led to the inclusion of new medicinal *Dravyas*, pharmacological preparations, new therapeutics, new diseases in this *Trisutra Ayurveda*. All this expanded and augmented the knowledge of *Ayurveda* and brought forth the scientific foundation of *Ayurveda*. Ancient research and methodologies of our *Acharyas* have also successfully overcome the challenges of modern scientific techniques and experimentations. Scientific analysis of *Ayurvedic* knowledge is yielding out positive results. In today's era people are accepting the *Ayurvedic* science with full enthusiasm and faith.

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## THE MEDICAL OATH OF CONSECRATION OF ANCIENT INDIA

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### ABSTRACT :

The schools of medicine are authorized to offer genuine physicians and surgeons particularly. The health care providers are obliged to observe supreme code of ethics in their professional life. The practice of taking the famous Hippocratic Oath, one of its recent version, on the graduation ceremony in the contemporary medical education systems serves as the pledge of professional leniency and loyalty to be kept by the doctors, but has lost its true sense and real purpose and remains as a mere custom. The article searches the authenticity and antiquity of the medical oath, highlights the real code of ethics in the ancient medical oath, the eastern influence on the western medical oath and the necessity of an oath taking upon the inception of medical schooling. The medical oath has its roots in Upanishat and Samhita, the 'anushasana (exhortation) given to the antevaasin (student residing with the teacher) structures the base and a conclusive and convincing relic Indian medical oath is presented before the entire schools of medicine.

**Key words:** Ancient Indian medical oath, Anushasana, code of ethics

### INTRODUCTION

The ancient Indian medical training adopted the residential schooling system<sup>1</sup> (Antevaasin) with the disciple living near or with the teacher<sup>2</sup>. The highly esteemed classical textbooks of Ayurveda have described explicitly the acceptance of the medical student by his teacher

based on the customs, beliefs and practices prevailed at the time in the Indian community<sup>3</sup>. The ritual, considered one among the sixteen rites of passage, leads the pupil close to the teacher and is initiated by the latter<sup>4</sup>. The samhitas of Ayurveda have specified definite protocols in specific chapters regarding training of medical scholars. The instructions to the students on code of professional ethics in the field of medicine should be accepted as the most antiquated reference of the medical oath when depicted in the form of a pledge. The ethical charter for medical practitioners prescribed in Charaka Samhitha predates the famous Hippocratic Oath almost by two centuries. A translation of the former explained in Charaka Samhita Vimanasthana 8th chapter is as follows.

### THE OATH OF INITIATION<sup>5,6</sup>

The teacher then should instruct the disciple in the presence of the sacred fire, Brahmanas [Brahmins] and physicians.

1. 'Thou shalt lead the life of a celebrate, grow thy hair and beard, speak only the truth, eat no meat, eat only pure articles of food, be free from envy and carry no arms.

2. There shall be nothing that thou should not do at my behest except hating the king, causing another's death, or committing an act of great unrighteousness or acts leading to calamity.

3. Thou shalt dedicate thyself to me and regard me as thy chief. Thou shalt be subject to me and conduct thyself for ever for my welfare

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and pleasure. Thou shalt serve and dwell with me like a son or a slave or a supplicant. Thou shalt behave and act without arrogance, with care and attention and with undistracted mind, humility, constant reflection and ungrudging obedience. Acting either at my behest or otherwise, thou shalt conduct thyself for the achievement of thy teacher's purposes alone, to the best of thy abilities.

4. If thou desirest success, wealth and fame as a physician and heaven after death, thou shalt pray for the welfare of all creatures beginning with the cows and Brahmanas.

5. Day and night, however thou mayest be engaged, thou shalt endeavour for the relief of patients with all thy heart and soul. Thou shalt not desert or injure thy patient for the sake of thy life or thy living. Thou shalt not commit adultery even in thought. Even so, thou shalt not covet others' possessions.

6. Thou shalt be modest in thy attire and appearance. Thou shouldst not be a drunkard or a sinful man nor shouldst thou associate with the abettors of crimes. Thou shouldst speak words that are gentle, pure and righteous, pleasing, worthy, true, wholesome, and moderate. Thy behavior must be in consideration of time and place and heedful of past experience. Thou shalt act always with a view to the acquisition of knowledge and fullness of equipment.

7. No persons, who are hated by the king or who are haters of the king or who are hated by the public or who are haters of the public, shall receive treatment. Similarly, those who are extremely abnormal, wicked, and of miserable character and conduct, those who have not vindicated their honour, those who are on the point of death, and similarly women who are unattended by their husbands or guardians shall not receive treatment.

8. No offering of presents by a woman without the behest of her husband or guardian shall be accepted by thee. While entering the patient's house, thou shalt be accompanied by a man who is known to the patient and who has his permission to enter; and thou shalt be well-clad, bent of head, self-possessed, and conduct thyself only after repeated consideration. Thou shalt thus properly make thy entry. Having entered, thy speech, mind, intellect and senses shall be entirely devoted to no other thought than that of being helpful to the patient and of things concerning only him. The peculiar customs of the patient's household shall not be made public. Even knowing that the patient's span of life has come to its close, it shall not be mentioned by thee there, where if so done, it would cause shock to the patient or to others. Though possessed of knowledge one should not boast very much of one's knowledge. Most people are offended by the boastfulness of even those who are otherwise good and authoritative.

9. There is no limit at all to the Science of Life, Medicine. So thou shouldst apply thyself to it with diligence. This is how thou shouldst act. Also thou shouldst learn the skill of practice from another without carping. The entire world is the teacher to the intelligent and the foe to the unintelligent. Hence, knowing this well, thou shouldst listen and act according to the words of instruction of even an unfriendly person, when his words are worthy and of a kind as to bring to you fame, long life, strength and prosperity.'

10. Thereafter the teacher should say this- 'Thou shouldst conduct thyself properly with the gods, sacred fire, Brahmanas, the guru, the aged, the scholars and the preceptors. If thou hast conducted thyself well with them, the precious stones, the grains and the gods become well disposed towards thee. If thou shouldst conduct



thyselves otherwise, they become unfavourable to thee'. To the teacher that has spoken thus the disciple should say, "so be it"

The other couple of treatises of the Greatest trio of Ayurveda have descriptions analogous to Charaka Samhita on the initiation of a medical student and the commandments rendered<sup>7,8</sup>. Acharya Surutha has accounted an ethical precept on personal hygiene, rapport with the patient and interaction with the messenger and the attendants while a medical scholar enters his profession<sup>9</sup>. The exhortation from Surutha Samhita Sutrathana 2nd Chapter and 10th Chapter is as follows:-

'Then after circumambulating the fire thrice the teacher should speak to the pupil in the presence of fire – abstaining from passion, anger, greed, confusion, conceit, egoism, envy, cruelty, backbiting, falsehood, idleness and infamy, you should be pure, having cut your nails and hairs, in ochre robes, invariably following truth, penance, celibacy and salutation; you should pursue standing, movement, citing, sleep, eating and study as permitted by me and should do whatever is favorable and beneficial to me, by behaving otherwise it would be unrighteous for you leading to unfruitful learning without brilliance. Brahmins, elders, poor, friends, mendicants, submissive gentlemen, orphans and those approaching for help should be treated with thy medicines like thy family members, this is good; hunters, fowlers, fallen and inner hold not be treated; thus learning shines and one attains friends, fame, virtue, wealth and enjoyments. Thou shouldst abstain from sitting, living and cutting joke with women; moreover no gifts other than food from them should be accepted.'

#### **A BRIEF COMMENTARY TO THE PLEDGE**

The entire oath expresses high sense of morale, dedication and ethics from part of the

physician, a vivid understanding may be procured if analyzed in different sections.

**A. Religious cues** The spirit of the entire injunction is essentially religious in conformity with the ancient Indian tradition and thoughts and is prescribed in a ritualistic mode<sup>3</sup>. A version of the universal invocation for peace can be perceived in pray for all creatures with utmost importance given to cows and Brahmins who are considered most auspicious. The elements are implicative of ancient Vedic prayers. The strict injunction to follow the oath is confirmed by the description of rewards announced in the form of precious stones, the grains, and the favorable disposition of the Gods towards the student.

**B. Personal hygiene principles** The extreme somatic and psychic sanctity is to be observed in studentship and is illustrated in terms of humble appearance, truthfulness and restraint sensual inclinations. The advice of not to carry weapon is looked up on as the egalitarian concept of accepting virtuous and meritorious ones as disciples by the teacher disregarding the caste system as Brahmanas will carry no arms<sup>10</sup>.

**C. Asceticism in student life** The celibate life in studentship favors proper learning of the Vedas and admits the fulfillment of the first stage of his life agreeable to the social rules of the ancient Indian community to which he belongs. The celibacy furthermore provides him the purity and the conservation of energy.

**D. Student teacher relationship** The teacher shall consider his disciple as his son or slave or supplicant. The entire activity of the student therefore should be favorable to the teacher by obeying him. He will be under the protection of the teacher who will provide him all the necessities. The concept was the quintessential characteristic of ancient schooling system



inclusive of medical and non medical disciplines. The freedom of choice was not restricted as he was alleged to follow only the congenial deeds of the teacher.

E. Higher education/practical training/ entry to profession : The diligent learning of the science is entertained with apt practical orientation and equipping oneself for a dexterous professional entry. The scholar should obtain the license of practice from the authority, and the commandment reflects the firm responsibility of the ancient community in preventing quacks exploiting the people.

F. Dedicated physician after professional entry : The well trained medical scholar is committed to succor the pains of the entire community on entering to the greatest profession of clinical practice with unmitigated allegiance. The patient's welfare is to be the highest among all personal considerations of the physician. The strict direction of not to harm a patient for personal benefits reflects the attempts of a social servant to safeguard the claims of the penniless.

G. Code of conduct of the physician : The physician's behavior, thoughts, words and actions deeply influence the society and the patient. The purity instructed to be observed in the oath by the physician proclaims the elevated positive attributes of the ancient Indian society, which they imparted to their immediate descendants.

H. Moral cues in clinical practice : The stringent ethical considerations are contemplated in relationship of the physician with members of the opposite sex as patients or messengers or attendants. The morale is to be ensured in speech, mind, intellect and senses. The ancient medical training was extremely against adultery as is reflected in repeated verses.

I. The physician's right and the patients' right: The oath protects the physician from social antagonism by giving the power of discretion to provide or deny treatment on ethical grounds. The physician also has the responsibility not to disclose personal concerns of the patient to the public and to him too.

J. The successful physician : The instruction is to follow the oath precisely for accomplishing fame, long life, strength prosperity, and heaven after death and is suggestive of the accomplishment of the four objects of human pursuit consonant with Vedic teaching.

A similar injunction for a Vedic scholar, derived from the concepts and beliefs of the Hindu religion is referred in the eleventh lesson (anuvak) of the Taittiriya Upanishad which is in the form of an exhortation of the teacher upon the pupil who is about to depart from the teacher after finishing his studies. Taittiriya Upanishad said to be written in the 6th to 5th century BC antecedes Charaka Samhita and may be cited as the reference of an oath taking in the Vedic era. The exhortation is as follows:-

“Having taught the Vedas the teacher exhorts the disciple - "Thou shouldst speak the truth always and involve only in virtuous activities. Thou shall not swerve from the study of the Vedas. Having gathered the pleasant and desired wealth for the teacher the thread of progeny shall never be cut by thee. Thou shall never stray away from the truth, never swerve the obligatory duties assigned to thee. Thou shall not deviate from the beneficial and from prosperity. Let thee not stray away from the study and teaching of the Vedas. Thou shall not diverge from the rites due to the gods and manes. Thou shouldst reckon thy mother as thy God, thy father as thy god, thy teacher as thy God and thy guest as thy god. Thou shouldst engage in those works only which



are free of blemishes, not others. Thou shouldst follow good deeds done by thy teacher, not others. Whichever Brahmanas there are superior to us, thou shouldst remove their fatigue by serving them with seats. Gifts should be given with reverence, devotion and faith. It should never be given without respect and attention. It should be given in plenty, with modesty, with fear and with compassion. Now if there should arise in thee any doubt as regards any sacred work, or as regards conduct, thou shouldst act in those matters as do those Brahmanas there, who are guileless, of good judgment and obliged to duties, engaged by others in the performance of sacrificial rites or an independent man not employed in any one's sacrificial work. Now as regards dealing with persons of ill-fame, do thou deal with them, as do the Brahmanas there, who are guileless, of good judgment and obliged to duties, engaged by others in the performance of sacrificial rites or an independent man not employed in any one's sacrificial work."

This is the injunction. This is the advice. This is the secret of the vedas. This is the commandment. This should be observed and verily this should be observed<sup>11</sup>.

## DISCUSSION

The directives to the disciple (Antevaasinah Anushasana) of Taittareeya Upanishat is hinged on Sruti ('that which has been heard', which is canonical, consisting of eternal revelation and unquestionable truth)<sup>12</sup> and Smriti ('that which has been remembered', which is supplementary and may change over time)<sup>13</sup>. It emphasizes the self preservation of an individual through Veda lessons (adhyayana) presenting paramountcy to truth and virtue, through physical acts and super physical acts (performance of yajna, tapa etc.) to increase prosperity, through ultimate devotion and submission to the teacher, through performing

the obligatory rites due to the Gods, one's own father, mother, teacher guests and fore fathers and paying due respect to each, through pursuing the teacher in harmonious, gracious and sociable deeds and emulating the Brahmins (who have mastered the Vedas)<sup>14</sup> in any deeds of suspicion, through serving tokens of respect and articles of comfort to the venerable personalities the service being provided according to one's means with the steady motivation derived from the dynamic faith in the scriptures and words of the teacher, with the fear of 'dharmashastra', with modesty and with compassion<sup>10</sup>. The repeated instruction of 'never swerve' in the verse suggests the gravity of cohering to the entire principles in the whole life span of an individual and not for a certain period of time. The whole exhortation thence recommends a meek and modest living connected with the ancient Indian heritage which is to be followed irrespective of the school of training.

The medical oath delineated in the compendiums of Ayurveda is the medical version of the ancient Vedic pledge and has adopted the religious essence to a greater extent from the latter emanating ancient Indian culture and customs. The medical oath has specified laws of personal physical and mental hygiene, celibacy, veracity, responsibility and reliability of a physician for his success.

The oath is elucidated in connection with the elements of medical training and has specified eligibility norms for one to be a medical scholar<sup>15</sup> ensuring disciplined and proficient physicians after the medical training. The ultimate submission to the teacher by the scholar is the initial compulsion modulating the courtesy of the student to the zenithal meekness that he bestows to all the luminaries providing him with knowledge. The health sciences being dependent on the



beneficiary, essentially a morsel of the human community, medical scholars should epitomize modesty, integrity and immaculacy in social living. The ancient medical oath henceforth affirms the adoption of the ethical axioms in the student life and in the work life.

The significance of morality in the profession of health care is well established in a large quantum of the verse stating the oath<sup>16</sup>. The absolute advices on the attitude of the physician towards his patient, messenger, care taker of the patients in his sex group and in the other group necessitates the highest decency of a physician.

The oath defines the rights of a physician and allows him not to get entangled in actions which defame him. Nevertheless it protects and respects the priorities of the patient too. The dedication of a medical professional to his science and to the community is conveyed in the pledge which is the need of the hour. The oath concludes approving the scholars of the great science of life to procure lessons from the entire world through the tool quartet of valid knowledge- Agama, Pratyaksha, Anumana and Upamana to empower themselves and advocates the stringent observation of the pledge in the success of their life.

The ancient medical oath accentuates approximately the entire content of the Hippocratic Oath which in its original form beholds the core comparable with an indigenous tradition. The original oath was written in ionic Greek between the third and fifth century BC<sup>17</sup>. As Edelstein points out 'the so called oath of Hippocrates is document, uniformly conceived and thoroughly saturated with Pythagorean manifesto<sup>18</sup>, Pythagorean doctrine itself is thought to be highly influenced by Eastern thought<sup>19</sup>. The recent versions of the Hippocratic Oath urges more on medical confidentiality and

non-maleficence. The ritualistic mode, the moral cues and the hygienic principles of the ancient medical oath expresses the divineness of the medical profession. The two are much comparable in concepts of devotion to teacher, dedication to the science and profession, responsibility to the community of sufferers, code of conduct and ethics, securing the patient and his preference and the spirit to observe the rules in the whole life. The concept of asceticism in student life, the duty to withhold services under specified conditions and the value which places patients' life above all contributes further more uniqueness to the ancient medical oath<sup>3</sup>.

## CONCLUSION

The purpose of taking an oath or an affirmation serves as an implied contract of loyalty and stability with in the oath taker and the authority before which it is complied. The pledge asserted by a health professional score extra virtue as he is committed to and connected with the community he serves. The eastern sense of ethics is not explicitly seen in letter and form in the recent versions of the Hippocratic Oath and accordingly a medical oath which expresses the unconditional candor of a health care provider is most demanded in the current scenario of massive medical negligence. There arises the rationale of an exclusive medical oath encompassing the exhortations from Taittareeya Upanishat eleventh lesson and Charaka Samhita Vimanasthana 8th chapter which confirms the legitimate rendition of the code of ethics.

## THE RELIC MEDICAL OATH COMPREHENDED

अथैनमग्ननसकाशे ब्राह्मणसकाशे भिषक्सकाशे  
चानुभशष्यात् – सत्यवादिना निर्मत्सरेणाशस्त्रधारिणा च  
भवितव्यं । अनुत्सेकेनावहितेन अनन्यमनसा विनीतेन



अवेक्ष्यावेक्ष्यकाररणा अनसूयकेन चाभ्यनुज्ञातेन प्रविचरितव्यं ।  
सर्वात्मना च आतुराणामारोग्याय प्रयतितव्यं । जीवितहेतोरपि  
चातुरेभ्यो नाभिद्रोग्धव्यं । मनसाऽपि च परिस्त्रियो  
नाभिगमनीयास्तथा सर्वमेव परस्वं । नभृतवेशपरिच्छेन  
भवितव्यं । श्लक्ष्णशुक्लधर्म्यशर्म्यमधन्यसत्यहितमितवचसा  
देशकालविचारिणा स्मृतिमता ज्ञानोत्थानोपकरणसंपत्सु नित्यं  
यत्रवता च । ज्ञानवताऽपि च नात्यर्थमात्मनो ज्ञाने  
विकथितव्यं न चैव ह्यस्ति सुतरामायुर्वेदस्य पारं, तस्मदप्रमत्तः  
शश्वदभियोगमस्मिन् गच्छेत् ॥

(Charaka Samhita Vimanasthana; Chapter 8; 8-14)

I hereby solemnly affirm in the presence of my preceptors, elders, learned souls and sacred fire that I shall be committed to truth, shall refrain from envy and carry no arms; that I shall behave and act without arrogance, with care and attention, undistracted mind, humility, constant reflection and ungrudging obedience ; that I shall always endeavor for the well- being of patients and living beings with all my heart and soul; that I shall not desert my patient for the sake of my life and living; that I shall not commit adultery even in my thought: that I shall be modest in my attire and appearance ; that I shall always speak words which are gentle, pure, righteous, pleasing, worthy, true , wholesome and moderate; that I shall behave in accordance with time and place and heedful of past experience; that I shall dedicate myself to learning and strive constantly for the acquisition of knowledge and excellence of equipments; that I shall not boast my knowledge even though I am possessed of knowledge; that I shall apply myself with diligence to make consistent and honest efforts to be in constant touch with the science of Ayurveda which has no limit, to update my knowledge.

सत्यं वद । धर्मं चर । मातृदेवो भव । पितृदेवो भव ।  
आचार्य देवो भव । अतिथिदेवो भव । स्वाध्यायप्रवचनाभ्यां

न प्रमदितव्यं । देवपितृ कार्याभ्यां न प्रमदितव्यं ।  
यान्यवद्द्यानि कर्माणि तानि सेवितव्यानि । नो इताराणि ।  
यान्यस्माकं, सुचरितानि तानि त्वयोपास्यानि । नो इतराणि ।  
एष आदेशः । एष उपदेशः । एषा वेदोपनिषत् ।  
एतदनुशासनम् । एवामुपसितव्यं । एवामुचैतदुपास्यम् ।

(Taittareeya Upanishat; 11 th Anuvak; 1-4)

I shall always speak the truth and perform obligatory duties as enjoined in scriptures religiously. I shall reckon my mother as veritable god; that I shall reckon my father as veritable god; that I shall reckon my teacher as veritable god, that I shall reckon my guest as veritable god; ; I shall not stray away from learning and teachings of Vedas; that I shall not refrain from the duties to gods and manes ; I shall engage in only those works that are free from blemishes; I shall perform only good deeds and not others;

This is the injunction. This is the advice. This is the secret of the Vedas. This is the commandment. This should be observed and verily this should be observed.

Quoting Aeschylus (ancient Greek dramatist) - “It is not the oath that makes us believe the man, but the man the oath”, the authors emphasize the actualization of the vows by the oath taker in his life.

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## ADVERSE DRUG REACTION & PHARMACOVIGILANCE IN AYURVEDA

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### ABSTRACT :

In the age of modern technology, scientific advancement, consumer awareness and the advent of evidence based medicine, there is inadequate genuine clinical trial evidence supporting the efficacy and safety of *Ayurvedic* drugs, except that this system is practiced since hundreds of years and there is rarely any adverse effect reported. Herbal and *Ayurvedic* medicines are generally considered as safe but they also need consistent monitoring for adverse effect. Although the technical term Pharmacovigilance does not directly mentioned in *Ayurvedic* texts But the spirit of Pharmacovigilance is vibrant and emphasized repeatedly in all major texts The major goals of Pharmacovigilance namely, to improve patient care and safety in relation to drug use, and thus promote rational drug use are recurrent themes of *ayurvedic* pharmacology (*dravyaguna vigyana*) and therapeutic (*chikitsa*). In this article there is brief discussion on *Ayurvedic* concepts of Adverse Drug Reaction & pharmacovigilance of *ayurvedic* medicines.

**Key words:** Adverse Drug reaction, Pharmacovigilance, *Ayurvedic* Pharmacology.

### INTRODUCTION

Ayurveda as a science has a very vast history of research and development. The holistic approach of ancient science envisions prevention of disease<sup>1</sup> by virtue of its basic principles of

healthy life style management, dietary intake and uniqueness of keeping in view the individual's physiology and mental state during treatment.<sup>2</sup> there is a popular misconception that *ayurvedic* medicines are devoid of adverse reactions. However, the *Charaka Samhita*, which is a classic text book of *Ayurveda*, describes all the adverse reactions to medicines when they are prepared or used inappropriately. Attention is given to factors like the physical appearance of the part of the plant to be used (*prakriti*), its properties (*guna*), actions (*karma; prabhava*), habitat (*desh*), season in which it grows (*ritu*), harvesting condition (*grahitam*), method of storage (*nihitam*) and pharmaceutical processing (*upaskritam*), which must be considered while selecting the starting material that goes to form the medicine.<sup>3</sup> *Ayurveda* prescribes metals and minerals as medicine given as *bhasmas* (incinerated mineral formulations) or in combination with plants as herbo-mineral formulation. Manufacturing procedures for these medicines are stringent, and adverse reactions are described when precautions are not taken while manufacturing and administering these medicine.<sup>4</sup> Pharmacovigilance is the science dedicated to reducing the risk of drug-related harms to the consumers. Pharmacovigilance is the science of collecting, monitoring, assessing, and evaluating information from healthcare professionals and consumers on the undesired effects of medications including herbal and

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traditional drugs. The worldwide movement for the improvement of patient safety is gaining momentum, so the subject of drug safety becomes even more prominent in the present of scenario. Herbal formulations have achieved widespread acceptability as therapeutic agents such as cough remedies, hepato-protectives, and antidiabetics. Herbal medicines are traditionally considered harmless because these belong to natural sources. However, this is not true, there are several case reports of adverse reactions of herbal drugs mentioned in published literature.<sup>5</sup> Increasing uses of these drugs are growing concerns about the safety of *Ayurvedic* medicines.<sup>6</sup>

#### **Need of Pharmacovigilance in *Ayurvedic* Medicines**

In ancient times, the *ayurvedic* physicians prepared medicines for their patients themselves. Today, only handful of practitioners follow this practice and production and sale of *ayurvedic* drugs, has formalized into a thriving industry. Manufacturing and marketing of *ayurvedic* drug is covered by the Drugs and Cosmetics Act, 1940.<sup>7</sup> The number of adverse reactions to *Ayurvedic* drugs reported or recorded in the National Pharmacovigilance Program in India is negligible. The strong belief that *Ayurvedic* medicines are safe contributes to a large extent to this situation. To compound this matter is the lack of knowledge about the concept and importance of pharmacovigilance in *Ayurveda* among *Ayurvedic* practitioners. Several challenges that preclude identification and reporting of adverse reactions to *Ayurvedic* drugs can be identified related to detection, assessment, and prevention of adverse reactions.<sup>8,9</sup>

#### **Detection of Adverse Reactions of *Ayurvedic* Medicines**

Perhaps because of the firm belief among doctors and prescribers alike, that *Ayurvedic*

drugs are safe, so the detection of adverse reactions to these medicines is a major challenge. From obtaining a correct history to diagnosis and to pinpointing the causal medicine, the path is full of obstacles including:

1. The concepts and terminologies related to adverse reactions monitoring are not covered in the *Ayurvedic* curriculum precluding accurate identification of adverse reactions.
2. Study methods of study drug safety related problems are not involved adequately in *Ayurveda*.
3. Although information related to medicines exists in the stanzas in the ancient treatises of *Ayurveda*, it is not easily accessible.
4. Signal detection is difficult because there is an inherent belief about the safety of *Ayurvedic* medications, leading to the lack of reporting and collection of reports related to any formulation.
5. Patients often use medicines from different systems of medicine concomitantly leading to difficulties in assigning causality.
6. Lack of quality assurance and control of manufacture of *Ayurvedic* medicines, which acts as a confounding factor in diagnosing the adverse reactions.
7. The informal sector manufacturing and selling *Ayurvedic* drugs on a small-scale are large in number, and this often makes it impossible to identify the medicines that might be causing the adverse reaction.
8. The problem of counterfeit and spurious drugs is serious.<sup>10</sup>

#### **Assessment of Adverse Reactions of *Ayurvedic* Medicines**

Although several scales are available for causality assessment, applying them for *Ayurvedic*



medicines and ascribing causality is perhaps the greatest challenge for several reasons including:

1. Information related to adverse effects is scattered in *Ayurvedic* literature and not in electronic form, hence making it difficult to access. Many publications are not in peer-reviewed journals, and the quality of available publications is questionable.
2. Most *Ayurvedic* formulations are multi-ingredient-fixed dose formulations rarely prescribed alone.
3. In addition, there is the confounding factor that the patient is often receiving allopathic medicines at the same time
4. Dose-related responses are rarely measured and reported
5. One of the most challenging aspects is the lack of expertise in performing causality analysis with *Ayurvedic* medicines. A person trained in pharmacovigilance rarely understands *Ayurved* while an expert in *Ayurveda* is not trained in the science of Pharmacovigilance.

#### **Prevention of Adverse Reactions to Ayurvedic Medicines**

The success in any pharmacovigilance system is in the ability to prevent further adverse reactions successfully by understanding and using the information collected. With *Ayurvedic* medicines, the challenges would be at multiple levels.

1. Communication between the practitioners and policy makers of orthodox Western medicine and traditional Indian medicine is not adequate. *Ayurvedic* practitioners are not aware of the need to report and where to report.
2. Patients are not adequately aware that *Ayurvedic* medicines can cause adverse reactions and these take medicines for years without monitoring as they believe that these medicines are harmless. Hence, they do not even give a history of taking these medicines.
3. Education in Ayurveda or modern medicine at both under-graduate and post-graduate levels does not cover pharmacovigilance of *Ayurvedic* medicines, thus never exposing the young physicians to this concept.
4. The *Ayurvedic* pharmaceutical industry is not motivated to focus on pharmacovigilance of *Ayurvedic* medicines. Hence, there is no attempt at generating safety data - either before or after marketing of the formulation.<sup>11</sup>

#### **DISCUSSION**

A general misconception that prevails among the common people is that Ayurvedic medicines are always safe. This mind set needs to be changed. Though these medicines are safer, but their intake being immune from any side effect is not the case. The Department of AYUSH has gone a long way in creating infrastructure for pharmacovigilance reporting. Pharmaceutical houses need to share the burden as well as responsibility for proper implementation of pharmacovigilance program. Make reporting of adverse reactions to regulators mandatory for *Ayurvedic* formulations. The Clinician of *Ayurveda* must be trained regarding assessment of adverse reactions and taught the procedure for reporting of such reactions. The forms for assessing and reporting should be simplified to facilitate easy reporting. Adequate inclusion of pharmacovigilance must be done in undergraduate curriculum of *Ayurveda*. Experts



of Ayurveda may also reorient and trained as experts in pharmacovigilance. The drug information should be easily available and should be completely digitalized so that the knowledge is available instantly. Though, the Traditional Knowledge Digital Library is a positive step in this direction.<sup>12</sup> Student should be educated and the institutes may serve as satellite areas for data collection for any Adverse Drug Reaction and Adverse Event.

### CONCLUSION

Medicinal herbs as a potential source of therapeutics aids have attained a significant role in health care system all over the world for human beings not only in the diseased condition but also as a potential material for maintaining proper health.<sup>13, 14</sup> A major factor impeding the development of the medicinal plant-based industries in developing countries has been the lack of information on the social and economic benefits that could be derived from the industrial utilization of medicinal plants.<sup>15, 16</sup> It is clear that the herbal industry can make great strikes in the world, with the increased use of herbal medicine, the future worldwide labeling practice should adequately address quality aspects. Standardization of methods and quality control data on safety and efficacy are required for understanding the use of herbal medicines.<sup>17</sup>

The need of the hour is to educate the physician and encourage them to analyze and report any adverse effect that occurs in a patient. Quality drugs are one of the main pillars of effective therapy. The morality of manufacturing standard drugs can go a long way in minimizing the adverse effects and generating confidence in therapeutic efficacy.<sup>18</sup> The monitoring the safety of herbal medicine in the market are in the

pipeline, will definitely go a long way in restoring the confidence of their safety.

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## A REVIEW ON CO-RELATION BETWEEN SWEDAN KARMA AND THERMOTHERAPY IN PAIN MANAGEMENT

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### ABSTRACT

Mostly *Swedan* is always considered as *purva karma* (pre-procedure) for *shodhan karma* i.e. *Vaman, Virechan, Vasti, Nasya*. Apart from that *swedan* has far most importance as *Pradhan karma* (main treatment). Especially in treating *vataj* and *kaphaj vyadhi swedan* is very effective. Various method of performing *swedan karma* has been mentioned in Ayurvedic literature which can be co-related with the heat therapy used these days. Therapeutic application of heat is known as *thermotherapy*. This article explains the review on the co-relation between *Swedan karma* and *Thermotherapy* in Pain Management. Strong superficial heating probably reduces pain by counter-irritation, but where pain is due to inflammation, resolution of inflammation is important for relief of pain which also could be possible by *swedan karma*.

**Keywords:** *Swedan karma* and *Thermotherapy* in Pain Management.

### INTRODUCTION :

*Swedan* is included in *Shadvidhupakram*, hence it is considered as principle treatment in many diseases.

वातश्लेष्मणि वाते वा कफे वा स्वेद इष्यते।  
(CH.SU.14/8)

*Swedan* is one of the important treatments in *vataj* and *kaphaj* disorders. *Swedan karma*

generates warmth in the body, pacifies *vata dosha* and plays a key role in functioning of body. *Acharya shushrut* has mentioned<sup>4</sup> types of *swedan* according to *dosha vishesha*.

*Thermotherapy* is the therapeutic application of any substance to the body that adds heat to the body resulting in increased tissue temperature.

What does pain mean? Some dictionaries define pain as 'An unpleasant sensation, occurring in varying degrees of severity as a consequence of injury, disease or emotional disorder. Pain is a sensation plus a reaction to that sensation.

There are number of medicines are available in pain management such as non steroidal anti inflammatory drugs like celecoxib, rofecoxib, valdecoxib etc. Immunosuppressant and antifolate like methotrexate, leflunomide etc. But these medicines having certain side effects like nausea, diarrhoea, mouth ulcer, rash, abnormal liver function and also hammer the gastro intestinal tract. To get relief from pain without taking these types of higher derivatives which later causes adverse effect, this type of heating modalities can help patient to get rid of pain and perform daily activities with ease.

In this article we have tried to co-relate the *Swedan karma* and *Thermotherapy* in Pain Management.

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## AIM & OBJECTIVES

**AIM:** Co-relate *Swedan karma* and Thermo-therapy in pain management.

### OBJECTIVES:

- To study the effect of *swedan karma* as *pradhan karma* in pain management
- To study the effect of thermo-therapy in pain management.

## REVIEW OF LITERATURE

### Swedan Karma

*Swedan* can be defined as a process by which body gets the benefit of heat with or without its application; though by the term '*Swedan*' means production of sweat.

**Swedan as pradhan karma:** *Swedan procedure* using hot steam increases the local skin blood flow thereby enhancing the exchange process. *Swedana* is a process to induce sweating (sudation) artificially.

### Types of *Swedana* (on the basis of intensity of heat)<sup>1</sup>:

1. High Sweat (*Maha Sweda*)
2. Medium Sweat (*Madhyama Sweda*)
3. Low Sweat (*Durbala Sweda*)

### Types of *Swedana* (on the basis of induction of heat):

1. Thermal (*Sagni Sweda*)-13
2. Non Thermal (*Niragni Sweda*)-10

### Types of *Swedana* (on the basis of application of heat):

1. Local (*Ekanga Sweda*)
2. General (*Sarvanga Sweda*)

### Types of *Swedana* (on the basis of nature of heat):<sup>1</sup>

स्निग्धरूक्षस्तथा स्निग्धो रूक्षश्चाप्युपकल्पितः ।

(CH.SU.14/8)

1. Moist heat (*Snigdha Sweda*)

2. Dry heat (*Rooksha Sweda*)

3. *Snigdha (Ruksha swed)*

### **Swedana is of four types**<sup>2</sup>–

चतुर्विधः स्वेदःय तद्यथा– तापस्वेद, ऊष्मस्वेद, उपनाहस्वेदो, द्रवस्वेद इतिय अत्र सर्वस्वेदविकल्पावरोधः ।

(सु .चि. ३२/३)

(i) *Tapa Sweda*

(ii) *Ushma Sweda*

(iii) *Upnaha Sweda*

(iv) *Drava Sweda*

### **Upanaha (poultice)**

*Upanaha* is one type type of *Swedana* (sudation) in which the medicines are made in to a paste after boiling with suitable liquid and applied over a specific area. It is to be covered with *Vatahara* leaves and bandaged with thick cloth which can be removed after 12 hours. *Acharya Chakrapani* described the *Upanaha sweda* into two types (i.e. *Sagni, Niragni*).

### **Patra pinda swed:**

It is a kind of *Swedana* (sudation) where heat, pressure and oil are applied simultaneously with some *Vatahara* drugs. So this may stimulate and strengthen neuromuscular system resulting in reduction of pain and inflammation.

### **Indications:**

Neuro- muscular disorders - *Pakshavadha* (Hemiplegia), *Gridhrasi* (Sciatica) Rheumatologic conditions i.e. - Arthritis due to various reasons like *Amavata, Sandhivata, Katishula, Avabahuka*, etc.



### **Mechanism:**

The blood in the area of *Swedan* carries the heat away, so any form of heat should be applied gradually to allow for vasodilatation to take place.

The counter irritation effect of *Swedan* can only be achieved by application of 13 types of 'Agnaya Sweda' (i.e. in which fire or heat is directly applied). *Niragni swed* (i.e. in which devoid of direct application of heat or fire; as for example *Vyayama, Ushna sadan, Guru pravaran, Kshudha, Bahupana, bhay, Krodha, Upanaha, Ahava, Atapa*) is responsible for the effect of increased circulation.

### **Importance:**

शुष्काण्यपि हि काष्ठानि स्नेहस्वेदोपपादनैः ।

नमयन्ति यथान्यायं किं पुनर्जीवतो नरान् ॥५॥

*ch.su.14/5*

By application of oil and the sudation therapy, the dry stick becomes soft and elastic. The same phenomenon is seen on human body after oil and the sudation therapy.

### **THERMOTHERAPY**

Therapeutic application of heat is known as thermotherapy. Using heat as a therapeutic intervention decreases pain in joint and muscle as well as soft tissues and they have opposite effects on tissue metabolism, blood flow, inflammation, oedema and connective tissue extensibility.

### **Application of heat:**

Heat can be transferred into the body by conduction, convection, and radiation. Conduction is the exchange of thermal energy, while the body's surface is in contact with the thermal agent, such as hot packs. Convection is a faster process and involves contacting the body's

surface with heat energy through a fluid or gaseous method; such as a whirlpool bath or a steam bath. Radiation is the transfer of heat energy in electromagnetic rays through a conducting medium, such as infrared lamps.

**Superficial heating modalities:** Heating of superficial tissues can be achieved using hot packs, wax baths, towels, sunlight, saunas, heat wraps, and steam baths/rooms.

**Deep heating modalities:** the heat in the deeper tissues through electrotherapy ([ultrasound](#), shortwave and infrared radiation)

### **Contraindications for use of heat:**

- In case of [acute injury](#)
- Bleeding disorders (because of vasodilatation)
- Recent or potential haemorrhage
- Thrombophlebitis
- Tissues with a severe lack of [sensitivity](#), scars, Impaired sensation
- In tissues with inadequate [vascular](#) supply (because of increased metabolic rate and demand which a tissue with poor blood supply may fail to meet resulting in ischemia)
- Malignant tissue
- IR irradiation of eyes

**Indication:** acute back pain including sciatica and disc problems, chronic back pain, neck pain, including whiplash, headaches, shoulder pain, elbow pain, wrist pain, repetitive strain injuries, injuries post trauma, including fractures, post orthopaedic operations (spinal, shoulder and knee surgery, joint replacements), post spinal surgery, sacroiliac joint pain, hip pain, knee pain, ankle pain, rheumatological conditions (AS, RA, etc.), haemophilia related



musculoskeletal problems, sports injuries, work related injuries, sprains and strains / soft tissue injuries, paediatric orthopaedic and musculoskeletal conditions

### **Mechanism:**

- The application of thermotherapy leads to increase in soft tissue flexibility, muscle resistance, easier and better contraction of smooth muscles, and improvement in the muscles motor function. Besides, thermotherapy triggers decline in pain through inhibiting pain signal and exerting pressure on muscles.

- Thermoreceptors, special temperature sensitive nerve endings, are activated by changes in skin temperature. These receptors initiate nerve signals that block nociception (the pain signal processing those results from a noxious stimulus) within the spinal cord. Topical modalities applied with physical support activate another type of specialized nerve endings called proprioceptors. Proprioceptors detect physical changes in tissue pressure and movement. Proprioceptor activity also inhibits the transmission of nociceptive signals to the brain. The activation of these receptors within the spinal cord reduces muscle tone, relaxes painful muscles, and enhances tissue blood flow<sup>9</sup>.

### **Characteristics of various thermal modalities are -**

- Heat therapy, which can be either superficial or deep, is like cryotherapy in that it provides analgesia and decreased muscle tonicity. Unlike cryotherapy, thermotherapy increases tissue temperature, blood flow, metabolism, and connective tissue extensibility.

- Heat therapy is delivered by three mechanisms: conduction, convection, or

conversion. Increased blood flow facilitates tissue healing by supplying protein, nutrients, and oxygen at the site of injury. 1°C increase in tissue temperature is associated with a 10% to 15% increase in local tissue metabolism. This increase in metabolism aids the healing process by increasing both catabolic and anabolic reactions needed to degrade and remove metabolic by-products of tissue damage and provides the milieu for tissue repair.

- Moisture increases the rate of heat energy transfer and tissue warming. Although these findings support the use of moist heat when rapid tissue warming is desired (such as during an office visit when time is limited), the results do not show that moist heat is therapeutically superior to dry heat. In fact, no therapeutic outcomes were measured during the study.

- Furthermore, dry heat (infrared lamp treatment) is rarely used anymore as a topical heat modality.

- Continuous low-level heat therapy directly on the skin has been shown to be safe and therapeutically effective in treating musculoskeletal disorders

- A randomized controlled clinical trial evaluating the effects of a wearable medical device that provided eight hours of continuous low-level heat therapy for the treatment of delayed onset muscle soreness of the quadriceps muscles was reported. The results showed significant increases in pain relief after eight hours of heated knee wrap wear at temperatures of 38°C and 40°C compared with a control group that wore unheated control wraps on both knees.

- Continuous low-level heat therapy directly on the skin has also been found to be



effective for treating acute muscular low back pain and menstrual pain. Steiner et al in a randomized controlled trial showed a significant increase in pain relief with continuous low-level heat therapy for eight hours per day over three consecutive days compared to an unheated control treatment. The significant increase in pain relief persisted in the heat treated group 24 hours after all treatments were stopped. Akin et al, demonstrated that continuous low-level heat therapy with a wearable medical device applied directly on the skin of the lower abdomen for 12 hours per day for two days, provided significant pain relief in patients with dysmenorrhoea when compared to a control group wearing an unheated device. The pain relief was similar to that obtained with the maximum over-the-counter dose of oral ibuprofen.

- Continuous low-level heat therapy is also effective for the treatment of wrist pain associated with strains, sprains, and osteoarthritis. The therapeutic benefit of heat therapy in subjects with wrist pain included a significant increase in grip strength after three consecutive days of low-level heat therapy, which remained two days after all treatment had stopped.

- Similar therapeutic benefits were observed in subjects with carpal tunnel syndrome.

- Paraffin wax is used to apply moist heat to hands or feet to ease pain and stiffness.

This type of heat therapy treatment is a good choice for people with arthritis or other rheumatic diseases – the heat helps to increase blood flow and relax muscles. For this reason, it's also a good option for muscle, tendon and ligament ailments. Paraffin wax is especially helpful to reduce pain and loosen up hand and finger joints before exercise. Small paraffin wax baths, which are tubs that are just big enough to fit hands or feet, hold the wax and keeps it warm enough to stay in liquid form. The most common application is dipping the hand or foot numerous times to form a thick layer of wax and wrapping it with a plastic bag and towel to maintain the warmth. The composition of wax: paraffin: mineral oil is 7:3:1 or wax: paraffin /mineral oil is 7:1.

- **Complications of thermotherapy** : When using thermotherapy, skin should be protected in heat sensitive or high-risk patients, especially over regions with sensory deficits. Caution should be used with products generating high intensity heat (greater than 45°C), such as with hydrocollator packs or electric heating pads. Application time should be restricted for modalities that heat to high intensity levels. Infections of the skin, urinary tract, and pulmonary system have been associated with whirlpool use.



### General Co-relation between *Swedan karma* & thermotherapy

	<b>SWEDAN PRADHAN KARMA</b>	<b>THERMOTHERAPY</b>
<b>Intensity wise types</b>	1.High Sweat ( <i>Maha Sweda</i> ) 2. Medium Sweat ( <i>Madhyama Sweda</i> ) 3. Low Sweat ( <i>Durbala Sweda</i> )	<b>Superficial:</b> heating agents elevate the skin temperature and tissue within 1 to 2 cm of the skin surface. <b>Deep:</b> heating agents elicit heat production in deep tissue to depths of 3 cm or more and are usually applied for 5 to 15 minutes.
<b>Heating agents</b>	<b>Bashpa swed:</b> <i>maha swed</i> <b>Hasta swed:</b> <i>mrudu swed</i> <i>Valuka</i> (sand), Various <i>pinda swed</i>	<b>superficial :</b> moist hot packs, fluidotherapy, whirlpool, and paraffin towels, sunlight, saunas, heat wraps, steam baths/rooms. <b>deep:</b> ultrasound and diathermy
<b>Usage as per Location /affected area</b>	basis of application of heat): 1. Local ( <i>Ekanga Sweda</i> ) <i>Nadi swed:</i> Counters specific area. 2. General ( <i>Sarvanga Sweda</i> ) <i>Valuka potali swed:</i> mostly used for joint pain in Rheumatoid Arthritis <i>Patra pind swed:</i> stiffness of all joint; can be done on whole body. <i>Guru pravarna</i> (covering with blanket or knee cap) has local effect.	<ul style="list-style-type: none"><li>• There are two types in thermotherapy; one is a partial thermotherapy which only warms up a specific affected area, the other being a whole body thermotherapy which uniformly warms up a whole body.</li><li>• Paraffin wax is used to apply moist heat to hands or feet to ease pain and stiffness</li></ul>



### Co-relation between *Swedan karma* General & thermotherapy

<b>Mechanism</b>	<p><i>Swedan</i> is a process of external heating by which the body is induced to produce sweat to mitigate several localise and systemic disorders.</p> <p><i>Swedan</i> liquefies the <i>doshas</i>, clears the obstruction of channels of circulation</p>	<p>The purpose of applying heat is usually to promote healing,</p> <ul style="list-style-type: none"><li>• Decrease pain and relax muscles through increased blood flow.</li><li>• Indications for heat modalities are sub acute or chronic inflammatory conditions,</li><li>• Muscle spasms or guarding, and joint contractures and decreased range of motion.</li></ul>
<b>Common indications:</b>	<p><i>Gridhrasi, kati shool , vaatvyadhi, sarva sandhi shool, sarva sandhigraha</i></p>	<p>acute back pain including sciatica and disc problems, chronic back pain, neck pain, including whiplash, headaches, shoulder pain, elbow pain, wrist pain, repetitive strain injuries</p>
<b>Contra-indications:</b>	<p><i>Dagdha</i> (burnt)</p> <ul style="list-style-type: none"><li>• <i>Vishapeeta</i> (Poisoned)</li><li>• <i>Madapeeta</i> (Alcoholic)</li><li>• <i>Trishita</i> (Thirsty/dehydrated)</li><li>• <i>Nidranasha</i>(Insomnia)</li><li>• <i>Chhardi</i> (vomiting)</li><li>• <i>Rakta pitta</i> (Bleeding disorders)</li><li>• <i>Hridya Rogas</i> (CardiacDiseases)</li></ul>	<p>Thermotherapy should be used with caution in patients with diabetes mellitus, multiple sclerosis, poor circulation, spinal cord injuries, and rheumatoid arthritis because it may cause disease progression, burns, skin ulceration, and increased inflammation</p>
<b>Common Adverse effects:</b>	<p><b>Symptoms of Ati sweena(excessive heating).</b></p> <p>fainting, burns, drowsiness, pittaprakop</p>	<p>-Burns - Fainting - Bleeding - Skin and eye damage from IR irradiation</p>



## DISCUSSION

### Co & relation between probable mode of action of *Swedan karma* and thermotherapy

• *Swedan karma* and thermotherapy both increases metabolic rate, vasodilatation, and stimulation of sweat glands.

• Heat: By increasing the temperature of the skin/soft tissue, the blood flow increases by vasodilatation. The metabolic rate and the tissue extensibility will also increases. Heat increases oxygen uptake and accelerates tissue healing, it also increases the activity of destructive enzymes, such as collagens and increases the catabolic rate.

• *Swedan karma* rectifies the function of *medadhatwagni* and *bhutagni* and fastens the *paka karma* which causes *srotomukhasodhana* and profuse *sweda* production. The displacement of exudates hence relieve pain, relaxes muscular spasm. By *swedan* due to arterial dilatation the part gets more circulation. So acts as *stambhaghna*, *gouraraghna*, *Sitaghna* and also *prabha varna kara*. So *sweda karma* maintains the thermoregulation system of the body by maintaining equilibrium between core temperature (temp. inside the body) and shell temperature (skin temp.).

• Application of low heating agents, transverse friction, *Vatahar tail (medicated oil)*, *alepa*, *abhyanga etc* .thus used may reduce pain in spinal level by releasing endorphin or enkephalin.

• Physiological effect of heat: heat increases skin and joint temperature, improves blood circulation and muscle relaxation and decreases joint stiffness.

## CONCLUSION

• *Taap swed* and *Ushma swed* can be correlated with the thermotherapy according to heating modalities used and the intensity of heat.

• Types of *ruksha swed* i.e. *Valuka potali swed*, *churna potali swed* can be correlated with superficial heating agents viz. hot packs, heat

wraps since it is mostly indicated for localised stiffness, pain.

• The mechanism of Sauna bath and *Kuti swed* is almost similar.

• Among 13 different types of *swed* as mentioned by *Acharya Charak* like *jentak*, *ashmaghna*, *holak swed* depending upon the intensity of heat can be correlated with deep heating agents.

• *Swedan karma* should be approached as *Pradhan karma* instead of just focusing it at *purva karma*.

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## ROLE OF AYURVEDIC DINACHARYA IN PROMOTION OF HEALTH

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### ABSTRACT:

According to Ayurveda human body is made up of five principle elements (Panchamahabhuta). The functional existence of Panchamahabhuta is considered as a particular rhythm in the form of day- night schedule in 24hours and in the form of seasonal schedule in a year. As a part of nature human being are very closely associated with the rhythm of nature. Ayurveda teaches how to perform a daily routine and an annual routine to compensate with external environment to remain healthy. The concept behind daily routine is to live in a balanced state of three doshas. A systematic schedule from wake-up at early morning to sleep at night is called Dinacharya. Steps of Dinacharya are- wake up early in the morning, prayer before leaving the bed, washing the face, mouth and eyes, evacuation, exercise, scraping tongue, cleaning the teeth, gargling, chewing, nasaya, karanapurana, head and body massage by oil (abhyanga), bathing, dressing, use of perfumes, pranayama, meditation, breakfast, doing daily work or study, lunch, evening exercise and prayer, swadhyaya, dinner, going to bed etc.

**Keywords :** Ayurveda, Soolvritha, Ayurved, Dinacharya, Swasthavritta

### INTRODUCTION:

A daily routine is necessary to bring radical change in body, mind and consciousness. It also

regularizes a person's biological clock, aids digestion, absorption and assimilation, and generates self-esteem, discipline, peace, happiness, and longevity. The Sanskrit word Dinacharya which literary means daily routine. Appropriate patterning or ritual conduct is the foundation of healthy life. Dinacharya promotes healthy organization of the energy channels and the seating of the Prana. According to Ayurveda one should follow Dinacharya in order to lead a healthy and disease free life. Dinacharya or the daily routine is an imperative part of healthcare to fill each day with essential self-care practices, eat at proper time and create a regular sleep schedule. By charity emotions become stabilized and thus hormones become balanced. Energy reaches greater levels and self-worth and wellbeing begin to shine. Healthy person should have the equilibrium state of the three humors of the body, seven tissues, three waste products and the power of digestion along with pleasant mind, soul and sense organs. With all of the positive effects that come from a healthy daily routine.

One should take food in proper quantity. This quantity of food depends on the power of digestion. One should take as a daily routine, the articles which maintain the health and prevent the unborn disorders. Shali rice, pulses, saindhava lavana, fruits, fresh water, milk, ghee and honey should be consumed daily for good health and prevention of diseases.

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<b>Activity</b>	<b>Effect on Dosh</b>	<b>Prevention of</b>	<b>Promotion of</b>
Early rise	Vatanuloman Kapha shaman	Constipation flatulence	Aayu Agni Dhee Dhriti Smriti
Jala Pana	Pitta shaman	Amlapitta	Digestion Kidney function
Shauch & Dant Dhawan &jivha nirlekhan	Tridosh shaman	Mukha malinta Durgandha Dant roga Mukha roga Alasya Angamarda	Dant dhridta Mukh shuddhi Jivha shuddhi Bhojan
Jala neeti	Kapha shaman	whiting of hairs, wrinkles, cough	Medha, Smriti Eyesight
Anjana	Akshigata dosha shaman	Timir Stress on eyes	Clarity of vision
Nasya	Kapha shaman Vatanulomana	Urdhva jatrugata vikara	Eye sight Voice Glow of face
Nasya,Gandus,Kaval	Kapha shaman	Durganthta, Arochaka Dryness of mouth Dryness of lips Dant roga Mukha roga	Oral health
Doompana	Urdhvajatrugata Kapha-vata roga	Prevents disease above clavicle	
Tambula sevana	Vata shaman	Hrid Roga	Mental health
Abhyanga	Vata shaman	Anga marda, Glani, Sandhi Shool, Anidra	Skin glow and softness SarirDadhya , Samhanana



2	Vayayama/ Chankramana	Tridosha shaman	Sandhi vata Heart disease obesity	Lightness of body Digestion Strength Immunity
3	Udvartana	Kapha nasak	Obesity Compactness of body & skin	Skin compactness
4	Snana ( Bath )	Tridosha shaman	Skin disease Prameha Excessive sweating Drowsiness Thirst Burning	Imrove digestion Vrisya Aayushya Strengthen energy Utsaha Bala Varna
5	Prayer	Mansik dosha shaman	Mental disorders anxiety	Mental health
6	Breakfast	Pitta shaman	Amla pitta	Agni, Utsaha
7	Swadhyaya	Tridosha shaman	Bhaya Glani avasada	Medha
8	Sadvritta	Sharirik and mansik dosha shaman	Lifestyle disorders Mental disorders	General health Mental health



Ayurveda describes some daily regimen for maintenance of positive health required for achievement of a long, healthy and active life, achieving satisfactory enjoyment of life and attainment of self realization.

**(1) Brahmamuhurta jagrana:** It is advisable to wake up during Brahma muhurta (early in the morning i.e. 90 minutes before sunrise.)

Oxygen in the atmosphere in the early morning easily and readily mixes up with hemoglobin to form oxy-hemoglobin, which nourishes the remote tissues rapidly.

Exposure to bright light in early morning causes the release of serotonin (neurotransmitter biochemically derived from tryptophan) which contributes to feelings of well being and happiness and keeps the person active and alert.

In the early morning, there is minimal pollution (noise, water, air) which enhances the concentration of mind.

**(2) Ushna jalpana :** 1-2 glasses of water kept for whole night should be taken before sunrise. Not drinking enough water in a day is also a triggering factor for renal stones, hemorrhoids, constipation etc.

**(3) Mala Tyaga :** Early morning evacuation is a natural process of body. At this time the waste of digested food fills the rectum and the end part of colon. It generates the urge to defecate. If a person keeps sleeping in this time the impulses in rectum gradually becomes dull. Every person should eliminate the natural urges (feces and urine) daily. Defecation at proper time clears the rectum, increases digestive power, and prevents various manifestations like constipation, foul smelling flatus.

**(4) Achamana / Mukha –** Netra prakshalana (Washing of face and eyes):-To prevent eye diseases & promotes facial complexion.

**(5) Dantadhavana (Tooth brushing):-** It is directed to clean the teeth in the morning and after taking meals. It stimulates taste perception and increases the salivation. Saliva contains salivary amylase(ptyalin) which plays a role in breaking down food particles entrapped within dental crevices, thus protecting teeth from bacterial decay. Saliva contains lysozyme and secretory IgA which act as antimicrobial agents.

In Ayurvedic texts, it is mentioned to clean the teeth by chewing twigs of certain medicinal plants which makes the gums stronger and is also a good exercise of facial muscles.

**(6) Jihva nirlekhana (tongue cleaning):-** Tongue should be cleaned by a long flexible strip of metal or plant material. According to acupuncture theory, tongue has many more acupuncture points which initiate the proper functioning of vital organs like liver, kidney, bladder, stomach, intestine.

**(7) Anjana (application of collyrium in eyes):-** In today's time, excessive work on computer results in dry eye or computer vision syndrome.

When Anjana dravyas are applied, it causes irritation to eyelids and conjunctiva and enhances the circulation.

**(8) Nasya (oily nasal drops):-** Sticky nature of the nasya dravyas (anu taila, katu taila) avoids the entry of dust particles into the nasal tract. The olfactory nerve endings are seen on cribriform plate of ethmoid bone, Nasya dravyas



triggers the nerve endings and sends the message to the CNS and initiates the normal physiological functions of the body.

**(9) Sneha gandusha dharana (Retaining oil in mouth):-** The sukhoshna (lukewarm) gandusha and kavala dravyas are used, which improves the circulation of oral cavity. Gargling procedure of kavala poses the massaging effect over the oral mucosa and even strengthens the muscles of cheek, face and jaw bones.

**(10) Dhumpana (medicated fume inhalation):-** When the dhumpana dravyas are lightened with fire, it releases the smoke, soot and even CO<sub>2</sub>. Carbon atom in CO<sub>2</sub> has the tendency to stimulate the respiratory centre present in brain stem which may triggers the normal physiological function of respiratory system.

Disinfective action of the dhumpana dravyas like haridra, guggulu and vacha cleanses the respiratory tract, oral cavity and pharynx.

**(11) Tambula bhakshana (chewing betel leaves):-** Stimulates the taste bud and increases salivation (Ptyalin enzyme), scraps the deposited matter.

**(12) Abhyanga (oil massage):-** A person should do oil massage daily. Massage enhances the overall blood circulation and transport the potency of drugs to desired part. Massage triggers the acupressure point which induces the release of endorphins & shows analgesic effect.

**(13) Vyayama (Physical Exercise):-** Physical exercise increases the carbohydrate metabolism (glycolysis) and causes lipolysis of accumulated adipose tissue (gluconeogenesis) thereby causing abolishment of extra fat. It increases O<sub>2</sub> supply to remote tissues.

The perspiration takes out the accumulated toxins from the body.

**(14) Chakramana:-** It is a variety of exercise which does not cause any kind of trouble to the body. It clears the channels (srotas) of the body and increases the perceptive power of organs.

**(15) Snana (Bath):-** Daily bath improves enthusiasm, strength, appetite and removes sweat and other impurities from the body.

**(16) Sandhyopasana / Mangalakriya (Worship of Divine):-** One should remember God and do Bhagwad samarana daily. One should do self-analysis of daily activities at evening.

#### DISCUSSION:

Daily habits of the people makes their lifestyle. The rapid modernization has changed the lifestyle and behavioral patterns of people which is responsible for occurrence of lifestyle disorders like cervical and lumbar problems, cancer, and appendicitis on a large scale in population. The management of these lifestyle disorders demands modification in faulty dietary and behavioral habits of person. According to the science of Ayurveda, stress should be laid upon health promotion rather than management of disease.

“Swasthasya swasthya rakshanam, aturasya vikara prasahamanamcha”

#### CONCLUSION:

Dinacharya is a scientific regimen of the activities helpful to fulfill the need of the body in a particular time. There are many physiological functions governed by endocrine system, nervous system which regulates the biological clock of the body. Dinacharya deals with maintaining



health of healthy as well as diseased person and hence “dinacharya adhyaya” is described in all the three Bhrihtrayies. Here all the activities explained as stated good for both mind and body.

Ayurveda provides better solution in the form of adopting proper dinacharya regimen described in Ayurvedic texts which promotes positive health of the individuals by maintaining normal physiological functions of the body and keeps the person healthy forever by slowing down the irreversible changes occurring in the body with the advancement of age.

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## SAFETY AND EFFICACY DILEMMA OF CURRENT DAY AYURVEDA

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### ABSTRACT :

Safety and efficacy has been much discussed in Ayurveda. In spite of Ayurveda being the oldest medicinal science having survived 5000 years of history ridden with both Mughal and British invasions and efforts to neutralize and discourage this age old tried and tested medicinal branch.

It is the need of the times that every aspect of medicinal science needs to be presented in scientific manner with clinical trails to prove its efficacy and safety. In today's day and age aapta vakya still demands proof and providing this proof will help us to bring this indigenous science back to its glory days which is the duty of every practitioner and believer of Ayurveda.

We can very well use this opportunity to present before the world the safety and efficacy of ayurveda and its medicines and ones and for all remove this dilemma regarding these aspects.

Public interest for the treatment with traditional system of medicine is mainly due to increased side effects in synthetic drugs, lack of curative treatment for several chronic diseases, high cost of new drugs, microbial resistance, and emerging diseases, etc.

Furthermore, there have been controversies due to a few biased and flawed studies that claim the use of toxic materials in ayurvedic preparations. The lack of randomized, controlled trials has only increased the public's distrust.

**Keywords :** Ayurveda, Safety & Efficacy, Medicinal Plants, Herbs, Mental.

### Discussion

Dilemma regarding the active principles of the drug. There has been much research to understand the mode of action of herbs but unfortunately many of these research works are concentrated on the basis of the active principles of the herb which many times fail to give the same effect as the drug on its whole thus raising questions on its efficacy

Due to the use of the whole herb or combination of herbs in Ayurvedic formulation, there is the possibility of interactions between the potential bioactive ingredients of the herbs, leading to the development of a distinct component between herbs in Ayurvedic medicines, which helps to fight the disease

In Ayurveda, this statement has been true for thousands of years, where the combined effect of various herbs or the whole herb is responsible for the therapeutic efficacy rather than action of a single active ingredient. Our classical texts of charaka, sushruta, vaghabhata too have mentioned combinations of drugs for treatment of various diseases. These combinations have proven useful in patients when used with proper understanding of the dosh, desh, bala, kaal of the patients. Ayurveda practitioners have used these combinations and have seen their clinical results.

But this dilemma regarding their efficacy can only be removed if proper documented evidence regarding the prognosis and the stages of improvement of the patients health record is maintained and published. This shall help to show

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the medical fraternity the affectivity of these age old herbal formulations and prove to the world the safety along with the efficacy of these drugs.

### **The use of metals in ayurveda**

Ayurveda has two types of medicines. Firstly the shodhana therapies and then the shamana therapies. Rasashastra medicines play a very important role in shamana. These can only be used under the strict supervision of an Ayurvedic physician. These being very potent and fast acting, they can have severe side effects if taken without the guidance of an Ayurvedic doctor.

Herbo-metallic formulations have been drawn attention of the world both for good as well as bad reasons. These formulations are more popular in therapeutics because of its smaller dose, palatability, shelf life, and efficacy. Herbo-metallic formulations are prepared from processed metals (mercury, gold, iron, arsenic, etc.) minerals, alloys, or their compounds. By various pharmaceutical processes, these metals are converted into nontoxic forms suitable for the treatment of various diseases. Herbal drugs are also used in pharmaceutical process which act as a chelating agent and provide large number of trace elements. Ayurvedic classics have described some basic rules for all formulations (herbal or herbo-metallic/mineral) regarding their preparation and prescription such as dose, duration, adjuvant, and diet restriction. In short, safety and efficacy of herbal and herbo-metallic formulations depend on proper pharmaceutical procedures and judicious prescription.

Due to their ability to act as a catalyst, increasing metabolism at cellular level (agnideepana), capacity for targeted and controlled drug delivery and immunomodulatory qualities, they are very useful in treating autoimmune disorders.<sup>2</sup>

The bhasmas are produced by shodhana which is a rigorous process by which the toxicity of the metals is removed by processes like multiple trituration, and heating of the raw metals to high temperatures, which removes unwanted parts from the raw material and separates the impurities.<sup>3</sup>

These processes are repeated anywhere from seven times to as many as 100 times to make sure the heaviness or toxic effect of the metal is nullified. The reason for nontoxic nature of metals (bhasma) is because the metals in Ayurvedic formulation are not present in elemental form but in inorganic form.

Bhasmas can be correlated to nanomedicines as the particle size ranges from 2µm for gold (swarna bhasma) to 5- 50nm for the other bhasmas<sup>4</sup> which gives them the qualities of quick action and being very potent.

To check the non-toxicity of these formulations, it was shown in a prospective study of 86 patients with rheumatoid arthritis who were given Makardhwaja, which has mercury, sulfur and gold, for three weeks. Besides significant reduction in symptoms and RA factor, there was an increase in urinary mercury suggesting elimination of mercury from the system. There was no change in liver and kidney function in all the cases.<sup>5</sup>

To evaluate safety of mercury based Ayurvedic formulations, a study was done on rats where it was found that the mercuric chloride group showed necrosis of neurons in cerebrum, inflamed portal zone in liver and disruption of epithelium in proximal convoluted tubules in kidney. In comparison there was no abnormal histopathological change in the group given required dose of Makardhwaja, which is herbometal containing mercury.<sup>6</sup>



No increase in hepatic or renal damage or any other toxicity was found in the usage of mahayograj guggul, which is a herbometal ayurvedic formulation, in an observational study of 163 subjects for a maximum of 4 months.<sup>7</sup>

Gold containing drugs comprise a class of distinctive anti-arthritic agents (DMARDs) used when NSAIDs are insufficient to treat severe cases of rheumatoid or psoriatic arthritis. The reported remissions of rheumatoid arthritis was of the order of 30 per cent with gold therapy<sup>8</sup>

These studies show the non-toxicity of metals in Ayurvedic medicines as well as their efficacy in treating chronic diseases.

These clinical studies have succeeded in presenting before the world the efficacy of ayurvedic herbo-mineral and mineral based medicines but much work is still needed.

The dilemma surrounding rasa shastra medicines can only be reduced with such evidence based medicines.

### **Lack of pharmacovigilance**

Some not all but few pharma companies in order to gain some profit differ from original procedures of drug manufacture to increase their productivity. It is necessary to keep a check on such companies as they further contribute to the dilemma regarding the safety of ayurveda medicines. The department of AYUSH has now taken steps towards pharmacovigilance to monitor such companies and to bring them under government regulations and norms with strict quality control to ensure the safety and quality of drugs manufactured.

### **Ayurveda , Panchakarma and its safety**

Panchakarma is often called a five-fold therapy. It is customized to suit every individual, based on the needs of the person. It varies a lot

and depends on the Ayurvedic constitutional type, the individual's doshic imbalances, age, digestive strength and immune strength. Depending on the needs, all or only parts of the five therapies are utilized. Sometimes two or three of the therapies are linked together to form the basis of the treatment.

Ayurvedic texts have given a wide range of do's and don'ts regarding these therapies even mentioning and clearly stating individuals who are eligible to these treatments

But indiscriminate use of these therapies without minding the specificities has been on the rise due to the spa culture, subjecting every individual approaching towards ayurveda treatment to panchkarma has further raised questions on the safety and efficacy of these treatment therapies thus creating a dilemma of this otherwise safe and highly effective mode of treatment given in ayurveda.

As with every science panchkarma too has its side effects described as vyapada in our texts if used indiscriminately or without proper knowledge of the individuals health. It is necessary to maintain and follow a strict protocol regarding these therapeutic procedures in order to safeguard the health of individuals and to maintain the efficacy of these procedures.

### **Need for integration with modern times**

Ayurveda introduces itself as a 5000-year-old science. Many Ayurveda practitioners are proud to be a part of this age-old science. Tradition and culture also change according to the current trends. There is no or little change in the form of Ayurveda as it is being practiced since all these years. Although the principles of Ayurveda are called immortal (that never die and are always applicable), it is a need to be contemporary with the current scientific trends for the benefit of the society and for nurturing Ayurveda.



### **Improvement in quality of herbal drugs**

Most of the Ayurvedic Rasayanas (Medhya, Jeevaniya, and Lekhaniaya, etc.) are based on the herbal products. Many herbs such as Ashwagandha (*Withania somnifera* Dunal.), Shatavari (*Asparagus racemosus* Willd.), Guduchi (*Tinospora cordifolia* (Thunb.) Miers), Amalaki (*Embellica officinalis* Gaertn.), and Bhallataka (*Semecarpus anacardium* Linn.) are well-known Ayurvedic Rasayanas, which are proven immunomodulators. Adjutants are required for many of weak immunogenic vaccines, and Ayurvedic rasayanas may offer better and safer immune drugs that can be used as adjuvant in such vaccines and also in cancer treatment.<sup>9</sup>

Herbal extracts of therapeutic relevance are of great importance as reservoirs of structural and chemical diversity. Research in his field have proven more than 120 distinct phytochemicals from different plants have capability as lifesaving medicines. These compounds have been achieved through chemical and pharmacological screening of only 6% of the total plant species.<sup>10</sup>

The National Institute of Health has started extensive research for anti-inflammatory compounds from turmeric, ginger, and Boswellia with the aid of Ayurvedic knowledge. The screening of numerous herbs for treating cancer has been done using traditional knowledge on such herbs.<sup>11</sup>

In case of herbal drugs, consistency in the chemical composition and bioactivity are essential requirements for their safe and effective use because the quality is the primary need for safety and efficacy of plant-derived medicines.

### **Drug Abuse by over the counter medications and non qualified practitioners**

Another major concern regarding the safety of ayurveda drugs is the availability of over the counter prescription medicines.

Ayurvedic medicines since being natural and herbal based are widely taken over the counter from persons other than qualified doctors. Many of these medicines may contain several active ingredients intended to treat multiple symptoms. You may take such medications even though you have only one of the symptoms listed and over medicate yourself unknowingly.

The most commonly used over the counter medicines are laxative without knowing the harmful effects of overusing these laxative medicines because many a times the body becomes dependant on them.

This risk also applies to senna or cassia laxatives, which are frequently marketed as natural. These laxatives may decrease your colon's ability to contract, and over time may damage your large intestine's nerves, muscles, and other tissues. The cumulative lifetime use of commercial laxatives has even been associated with increased risk of colon cancer.<sup>12</sup>

Many of these medications are often not prescribed but just here say or the result of some half baked knowledge of individuals.

### **Dilemma regarding folk lore medicines**

Many of the folk lore medicines have their roots in ayurveda classical texts. It is the need of the times to document these folklore medicines and subject them to tests and trails to prove their efficacy and present it to the world their vast implications in health management at primary health care. As demonstrated in many instances of jaundice and hepatitis cases. This will further



help to prove their efficacy and diminish the dilemma with

### **Conclusion**

The dilemma regarding the use of herbal extracts and active principles as opposed to combined formulations given in classical texts can be cleared with more studies and clinical trails with regards to these formulations and presenting to the people the scientific basis with regards to the working of these formulations

The use of and preparation of metals for medicinal properties is an advanced and precise science. Failure to adhere with the proper steps in these medicinal preparations can then lead to presence of impurities and harmful substances .A strict regulatory body to preside over the medicinal preparation process and a strong governments norms to regulate and standardize these process can go a long way in maintaining and abolishing the dilemma surrounding the safety and efficacy of these drugs.

Improving the quality of drugs available in the market and standardising them too can go a long way in proving the efficacy of ayurvedic formulations.

Proper and judicious use of ayurvedic panchkarma therapies keeping in mind the dosha, desha bal and kaala of the patients for the benefit of the patient and not just for its monetary benefits can go a long way in securing the safety and security of these panchkarma therapies.

There is a need for integration with modern diagnostic tools in order to prove the efficacy of ayurveda drugs as such documented evidence can bring about a change in which the world looks as ayurveda as not just as an traditional system of treatment but as a medical science.

It is the need of the hour to set up a regulatory body to ensure quality control of medicines and systems for pharmacovigilance need to be set up to safeguard the quality of medicines produced by ayurvedic pharmaceutical companies.

Over the counter medications prescribed by persons other than ayurveda practitioners have greatly contributed to the dilemma surrounding the efficacy of ayurveda medications and strict laws need to be implemented to curb these practices in order to safeguard the efficacy and authenticity of ayurveda medicines

Folk lore medicines have played a major role in keeping the knowledge of ayurveda alive among the masses these folk lore medicines need to be documented and subjected to clinical trials to abolish the dilemma surrounding the efficacy and safety of these medicines

Safeguarding , documenting and standardising folk lore medicines will help to prove the safety of these traditional medicines and also prove the efficacy of these traditional and distinct formulations which are many times indigenous to the specific areas and help to control and prevent the most common diseases of the area.

### **The need for study of safety and efficacy in Ayurveda.**

In order for ayurveda to regain the recognition it deserves to first ensure the safety of ayurvedic drugs and have documented evidences based on clinical trails to prove to the medical world the efficacy of ayurvedic medicines in treating chronic as well as acute diseases. There are many areas where the dilemma regarding the safety and efficacy of ayurveda arises, as a practitioners and believers of ayurveda need to work on those areas to



prove to the medical world that ayurveda is not just a traditional system of medicine but also an age old and highly advanced science dealing with healing of human mind and body.

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## BRIEF OVERVIEW ON EFFECT OF ASHWAGANDHA ON ATTENTION DEFICIT HYPERACTIVITY DISORDER IN CHILDREN

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### ABSTRACT :

Attention deficit hyperactivity disorder (ADHD) is the most common neurobehavioral disorder of childhood and one among the most prevalent chronic health conditions affecting school age children, its symptoms include difficulty in staying focused, paying attention controlling behavior and hyperactivity.

The reason for ADHD as per ayurveda is vitiation of dhee (rational thinking), dhriti (retaining power of mind), smriti (memory) which causes abnormality and abnormal conduct resulting in improper contact of senses with their objective and give rise to inattention, hyperactivity, and impulsivity. The current practice of ADHD treatment is use of stimulant medicine which have various side effects, Hence Ayurveda gives an better treatment option in the form of its herbal medication. Ashwagandha is a drug having both vatashamaka and rasayan property. As ADHD is having features like Anavasthita chitta, manovibhram, buddhi vibhram, achara, chesta vibhrama, smriti vibhrama which shows predominancy of vatadosha hence, Ashwagandha is the drug of choice for this disease. This article deals with positive effect of ashwagandha in children with ADHD.

**Keywords:** ADHD, Ayurveda Ashwagandha, Ayurveda, CNS etc.

### INTRODUCTION

Attention deficit hyperactivity disorder (ADHD) is the most common neurobehavioral

disorder Affected children's commonly experiences academic under achievement, problems with interpersonal relationship with family members and peers and have low self-esteem. It has been estimated that approximately 1/3rd of children's attending a pediatric clinic suffer not from physical but primarily from psychological aspect, which will have to be handled. According to WHO, mental diseases are to be increased by 50% by 2020 and become on international level one of the main cause of morbidity in children. This increase is regarded as one of the crisis of 21<sup>st</sup> century. Worldwide studies rewards prevalence of ADHD in children to be between 3% to 9%. Prevalance rates of ADHD in Indian subcontinents vary from 5% to 15.5% with male to female ratio ranging from 3 to 6.4:1. Indian Council of Medical Research reported prevalence rate of hyperkinetic disorders to be 1.6% among children aging between 4-16 years with higher rates in urban middle class (3.7%), than slum (1.2%) and rural areas (0.5%)

In ayurveda, regarding abnormal behaviours are discussed under features of vataprakriti, anavasthitha chitta, lakshanas mentioned under unmad like mano, buddhi, smriti, sheel, chesta and achara vibhrama. These features can be correlated with ADHD. The reason for ADHD as per ayurveda is vitiation of dhee (rational thinking), dhriti (Retaining power of mind), smriti (memory), which causes abnormality and abnormal conduct resulting in improper contact

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of senses with their objectives (asaatmya indriyaartha sanyoga) and give rise to inattention, hyperactivity, and impulsivity.

The current practice of ADHD treatment is use of stimulant medicines, which are not safe as they cause various side effects like cardiovascular events, sudden cardiac arrest, hypertrophic obstructive cardiomyopathy etc. Hence there is a need of better drug and other therapeutic approach with least adverse effect. Vatashamaka and rasayana drugs mentioned in ayurveda has been proven better option for management of ADHD. Ashwagandha is a drug having both vatashamaka and rasayana property. It is also balya i.e. it gives strength to sharirika and maansika bala.

According to modern point of view sitoindosides VII-X and withaferin isolated from aqueous methanol extract of roots of cultivated variety of *Withania somnifera* were studied on brain cholinergic, glutamatergic and GABAergic receptors in rats, inducing Acetyl cholinesterase (AChE) activity, thus having nootropic effect.

#### **Attention deficit hyperactivity disorder as per modern view**

##### **Definition:**

Attention deficit hyperactivity disorder is a neurodevelopment disorder characterized by persistent hyperactivity, impulsivity and inattention that significantly impairs educational achievement and/or social functioning.

##### **Epidemiology:**

There is no data available from India to the prevalence rates of ADHD. Data from western countries indicate that 8-12% of school-going children have ADHD.

##### **Etiopathogenesis:**

- Recent functional magnetic resonance imaging (MRI) studies indicate that the

disorder may be caused by atypical functioning in the frontal lobes, basal ganglia, corpus callosum and cerebellar vermis.

- Pharmacological studies have also implicated dysregulation of frontal-subcortical-cerebellar catecholaminergic circuits ( dopamine and norepinephrine neurotransmitter systems) in the pathophysiology of this disorder.
- Family studies have provided strong evidence that genetics play a major role in conferring susceptibility to ADHD. Studies have indicated that low-birth weight and psychosocial adversity (for example, severe parental discord, low-social class, and foster placement) are predisposing risk factors for ADHD.

#### **Ayurvedic view of Attention deficit hyperactive disorder**

There is no clear cut description of any disorder matching that of Attention deficit hyperactive disorder But, it can be correlated with various abnormal behavior's which are described in text as Anavasthitachittatva, Manovibhrama, Smritivibhrama, Sheelavibhrama, Chestavibhrama, Acharavibhrama (as explained in Charak samhita Unmaad Nidaan). In ADHD, mana (mind) is affected and as it is the function of Mind to have control on all sense organs and itself so, the function of all sense organs is hampered. Also, there is vitiation in all the components of Pragna (intellect) i.e. Dhee, Dhriti, Smriti. Dhee is the understanding and discriminating capability between beneficial and non-beneficial, Dhriti controls all the factors, whereas Smriti is the recollection of thoughts. Hyperactivity or impulsivity is result of Dhee vitiations which affects the capability of the child to differentiate between good or bad. it is hard



for him/ her to discriminate between useful and useless tasks. Dhriti vitiation prevents the child from staying at one task that leads to continuous purposeless tasks and smriti vitiation causes inability to learn from past experiences. Among Sharirikadoshas there is vitiation of vata, which is pravartaka (initiative factor) of all chesta (Activity) and controller of mind and all the senses.

### **Diagnostic criteria**

The two main guidelines used for the diagnosis of ADHD are DSM-V and ICD-10. DSM-V criteria is followed more because of its broader spectrum.

DSM-V Criteria for ADHD- In making the diagnosis, children should have six or more symptoms of the disorder and people above 17 should have at least five symptoms.

### **Inattentive presentation:**

- Fails to give close attention to details or makes careless mistakes.
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instruction
- Has difficulty with organization
- Avoids or dislikes tasks requiring a lot of thinking
- Loses things
- Is easily distracted
- Is forgetful in daily activities

### **Hyperactive-impulsive presentation:**

- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively (in children); extreme restlessness( in adults)
- Difficulty in engaging in activities quietly

- Acts as if driven by a motor; adults will often feel inside like driven by motor.
- Talks excessive
- Blurts out answers before questions have been completed
- Difficulty in waiting or taking turns
- Interrupts or intrudes upon others.

### **Combined inattentive and hyperactive-impulsive presentation:**

- Have symptoms from both of the above presentations.

### **Modern management and its pitfalls**

Behavior therapy and stimulant pharmacotherapy forms the basis of management of ADHD.

Psycho stimulant such as methylphenidate, amphetamines and its derivatives are first line Drug therapy for ADHD in modern medicine while second lines include Tricyclic antidepressants(TCA). These drugs improve some academic skills but their side effects such as loss of appetite, weight loss, tics, mites, social withdrawal and obsessive compulsive disorder limits their use. These drugs on prolonged use develop abuses and addiction. Behavior therapy is very much effective but time consuming, much more focus is given on parents behavior rather than Childs behavior.

Medhya drugs and vata shamaka drug therapies are main stay of treatment of ADHD as aetiopathogenesis points towards involvement of manashikadvsha (brain) and vatadosha (humors). Therefore, drugs which possess nootropic, cognitive, learning aid, neuroprotective & anticonvulsant properties are employed in ADHD.

### **Ashwagndha as an nootropic agent**



Ashwagandha is well known Ayurvedic rasyana, and belongs to a sub-group of rasyana known as Medhyarasayanas. Medhya typically refers to the mind and mental/ intellectual capacity. Thus, medhyarasayana like Ashwagandha is used to promote intellect and memory.

Considering both modern and Ayurvedic point of view of pathogenesis of ADHD, Ashwagandha is useful.

As per Ayurveda,

“ अश्वगन्धा अनिलश्लेष्मशिवत्रषोथश्यापहा ।  
बल्यारसायनीतिक्ताकशायोश्णातिशुक्रला” ॥

(भा.प्र)

Due to its Rasa, Guna, Veerya, Vipaka, Ashwagandha helps in eliminating Vata, by eliminating vata dosha it helps in managing ADHD.

#### As per modern point of view

The active principle of *Withania somnifera*, sitoindosides VII-X and Withaferin A (glycowithaolides) have shown an antioxidant effect in the brain and may be responsible for its diverse pharmacological properties. It improves the capability of brain by increasing the capacity of muscuranic receptors. As per literature, leaf and fruit extracts of *Withania somnifera* consists of mixture of sitoindosides VII-X and withaferin-A produces an increase in the cortical muscarinic acetylcholine capacity, which may partly explain cognition enhancing effect.

Studies have shown effect of sitoindosides that activity of AchE levels is enhanced in lateral septum and globus pallidus, where it is decreased in vertical diagonal band. Similarly, the activity of M1 cholinergic receptor binding is enhanced in lateral septum and frontal cortex, whereas M2 receptor binding is increased in frontal and parietal cortex region. The data suggests that compounds sitoindosides VII-X and withaferin preferentially

affect events in cortical cholinergic-signal transduction cascade. The increased cortical muscuranic acetylcholine receptor capacity may explain the cognition enhancing and memory improving effects of Ashwagandha.

#### CONCLUSION:

In a nut shell it is concluded that single herbal drug Ashwagandha can provide an ideal solution to ADHD affected children, which is absolutely side effect free and calm down anxiety opting modern stimulant medicine. Among all Ayurvedic herbs Ashwagandha in various forms is proved to control inattention, hyperactivity, impulsivity and distractibility. However more clinical studies are required to establish it in scientific world.

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## शल्य विज्ञान में प्रचलित चिकित्सा विधियां

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### सारांश—

आयुर्वेद में शल्य क्रिया होती है, ऐसा सुनकर लोग चौक जाते हैं। लोगों के मन में तरह-तरह के प्रश्न आते हैं। जबकि सत्यता यह है की सबसे प्राचीन भारतीय चिकित्सा पद्धति आयुर्वेद में शल्य क्रिया का विशिष्ट स्थान रहा है। यद्यपि की विज्ञान एवं तकनीकी को अपनाकर आधुनिक विज्ञान ने जो आयाम खड़ा किया है वह अतुलनीय एवं अपरिवर्तनीय है, किन्तु आधुनिक सर्जरी का आधार भी सुश्रुत संहिता ही रही है। प्राचीन काल से लेकर आज तक विविध प्रकार के शल्य एवं अनु-शल्य कर्म आयुर्वेद में होते आ रहे हैं। इस विधा से जुड़े लोग और लाभ प्राप्त करने वाले रोगी आयुर्वेद के इस उत्कृष्ट कार्य को समझते हैं किन्तु प्रचार दृप्रसार एवं जन जागरूकता के अभाव के कारण समाज में ऐसा प्रश्न उठना स्वाभाविक है। लोग आपरेसन को सिर्फ पेट सिर आदि चीरकर किया हुआ कर्म को ही मानते हैं, जबकि आयुर्वेद के अनुसार शल्य तंत्र का क्षेत्र बहुत व्यापक है जिसे मुख्य लेख में बताया गया है। उदरपाटन, संधान कर्म, अष्ट विधि शस्त्र कर्म, अनुशास्त्र कर्म, व्रण चिकित्सा, अग्नि कर्म, क्षार सूत्र द्वारा चिकित्सा, रक्तमोक्षण एवं जलौकवाचरण आदि शल्य कर्म का प्रचलन आदिकाल से है। एक छोटे से प्रयास के द्वारा इस लेख में लेखक आज दृकल शल्य चिकित्सा के नाम से शल्य – विभाग में हो रहे चिकित्सा कर्मों का परिचय कराना चाहता है। इससे नव-आगतुज छात्रों एवं अनभिज्ञ चिकित्सकों को ज्ञान मिलेगा एवं उनकी शंकायें दूर होंगी।

**मुख्य शब्द** – शल्य तंत्र, आयुर्वेद, सुश्रुत, क्षारसूत्र, जलौकवाचरण, अनुशास्त्र कर्म

**आयुर्वेद शल्य तंत्र का परिचय एवं गौरवशाली इतिहास** (Introduction and glorious history of

### Ayurvedic surgery) –

आयुरस्मिन् विद्वतेऽनेन वा आयुर्विन्दतीत्यायुर्वेदः” (सुश्रुत)<sup>1</sup> अर्थात् जिस शास्त्र में आयु के वर्णन हो वह आयुर्वेद है— “आयुर्वेद जीवन का शास्त्र है” यह एक सम्पूर्ण चिकित्सा पद्धति भी है— भारतीय इतिहास में आयुर्वेद का चिकित्सा पद्धति के रूप में प्रसिद्धता की एक गौरवशाली कथा है। आयुर्वेद देवलोक से भूलोक तक एक ही रूप में अपरिवर्तनीय सार्वभौमिक शाश्वत विज्ञान है। भगवान ब्रह्मा के द्वारा स्मरण किया हुआ एवं ब्रह्मसंहिता से उदधृत आयुर्वेद आज भी जनमानस के लिए हितकारी है। ब्रह्मा, दक्ष प्रजापति, अश्वनीकुमार, इंद्र, भरद्वाज, धन्वन्तरी, चरक, सुश्रुत, भेल, कश्यप, माधव शार्दधर भवमिश्रा इत्यादि आद्यप्रणेता, मार्गदर्शक, व्याख्यता के रूप में अतुलनीय योगदान दिए हैं। आयुर्वेद के आद्यप्रणेता भगवान धन्वन्तरि माने जाते हैं। इन्होंने सम्पूर्ण आयुर्वेद जीवन शास्त्र को अष्टांग आयुर्वेद<sup>2</sup> के रूप में उल्लिखित किया है। इसमें शल्य तंत्र (general surgery), शालाक्य तंत्र (Ear, Nose, Throat, Eye), कायचिकित्सा (medicine), भूतविद्या (Demnology, psychology), कौमारभृत्य (paediatrics), अगद तन्त्र (Toicology) रसायन विद्या (science of rejuvenation), वाजीकरण विद्या (Aphrodisiacs) का समावेश है।

उपरोक्त अष्टांग आयुर्वेद में सभी अंगों का अपना-अपना महत्वपूर्ण स्थान है। किन्तु शल्यतंत्र का स्थान अतिविशिष्ट है। इसका कारण इसकी कुछ महत्वपूर्ण विशेषताएँ हैं जैसे— आशुक्रिया करणात् (offer instant action), यंत्र –शस्त्र-क्षार-आग्नि का प्रयोग (use of blunt instrument, sharp instrument, caustic/alkali materials, therapeutic heat etc), विविध पूय, तृण, काष्ठ, पत्थर, लोहा, बाल, नख, प्रनष्ट शल्य

\*असिस्टेंट प्रोफेसर, शल्यतंत्र विभाग, चौधरी ब्रह्म प्रकाश आयुर्वेद चरक संस्थान, खेरा जाबर, नई दिल्ली



(छिपे हुए शल्य या द्रव्यों) का निर्हरण, व्रण (घाव) का निदान एवं चिकित्सा एवं सर्वतन्त्र सामान्यच्य (Iso have similarity like other branch of Ayurveda/medicine) इत्यादि।<sup>3</sup>

आदिकाल से ही आयुर्वेद में दो समुदाय विशेष का उल्लेख है प्रथम कायचिकित्सा (medicine discipline follower) एवं द्वितीय शल्य सम्प्रदाय (surgical discipline follower)। शल्य सम्प्रदाय के आद्य प्रणेता भगवान् धन्वन्तरी (१००० – १५०० ईशा पूर्वी) है। इन्होंने अपने सात शिष्यों को शल्य विज्ञान का ज्ञान दिया, जिसमें प्रखर बुद्धि वाले सर्वश्रेष्ठ सुश्रुत ने इसको ज्यादा अच्छे से संग्रहीत किया एवं सुश्रुत संहिता (The Pioneer teÚt book of Surgery) का निर्माण किया। इसी कारण से प्रचलन में सुश्रुत को “प्राचीन भारतीय शल्य विज्ञान का पितामह” (father of ancient Indian surgery)<sup>4</sup> कहा जाता है। इस तथ्य को आज का आधुनिक चिकित्सा विज्ञान भी मानता है। शल्य विज्ञान में संपूर्ण चिकित्सा का वर्णन है किन्तु विषय की विशिष्टता के कारण एवं शल्य चिकित्सा के कर्मोफल की निश्चितता एवं अनिश्चितता के कारण इस विषय पर गहन विवेचना की गई है।

आयुर्वेदीय शल्य विज्ञान प्राचीन काल में अपने चरमोत्कर्ष पर था उदाहरणार्थ— उदरपाटन (laprotomy), नाडी यंत्रों का प्रयोग (endoscopic, laproscopic methods), संधान कर्म (constructive surgery, plastic surgery, earplasty, nosoplasty, lip repair etc, cosmetic surgery, ophthalmic surgery) भग्न संधान, आंत्र-अवरोध चिकित्सा, छिद्रोदर चिकित्सा, सीजेरियनसेक्शन आदि। ज्यादा से ज्यादा महर्षि एवं चिकित्सक इस विद्या के द्वारा समाज को लाभान्वित करते थे।<sup>5</sup> बाद में इसकी छबि आसुरी चिकित्सा के रूप में हुई और राजाश्रय के असहयोग, वाह्य आक्रमणकारी तत्वों द्वारा विनाशकारी विचार इसको गर्त में लेती चली गयी।<sup>6</sup> बहुत सारे विषम परिस्थितियों में भी कुछ लौकिक स्थानिक चिकित्सक इस विद्या को जिन्दा रखकर दीपक की तरह प्रदीप्यमान रखने में सफल हुए। आजकल इस विद्या का जोर शोर से प्रचार प्रसार हुआ, राजाश्रय

मिला, अनुसंधान कार्य हुआ, जिससे समाज में इसकी प्रतिष्ठा बढ़ी है।

शल्य चिकित्सा में प्रचलित प्रमुख चिकित्सा विधियां एवं शल्य कर्म से साध्य व्याधिया (The common treatment modalities practiced in Shalya Tantra & Diseases curable by Shalya karma)

1. सामान्य शस्त्रकर्म (General Surgery)<sup>7</sup>— इसमें विभिन्न प्रकार के यंत्रों एवं शस्त्रों का प्रयोग कर छेदन(ecision), भेदन(incision), लेखन (scrapping), वेधन(puncturing), एषण (probing), आहरण(traction), विश्रावण(drainage), सीवन (suturing) आदि कर्म के द्वारा चिकित्सा की जाती है। इस विधि से व्रण की चिकित्सा (wound management), ग्रंथि (cyst), वसाबुद (lipoma), प्रनष्ट शल्य (foreign body) का निर्हरण, भग्न की चिकित्सा (management of fracture and dislocation), rehabilitation & fitting of prosthetic इत्यादि काफी प्रचलित है। आलेप, बंधन, आदि विभिन्न उपक्रमों का उपयोग किया जाता है। आयुर्वेद के विभिन्न केन्द्रों पर कुछ सर्जन एवं एनेस्थेतिस्ट के सहयोग से कई बड़े आप्रेसन सफलता पूर्वक किये जाते हैं। आत्यायिक अवस्था में और कुछ अन्य परिस्थितियों में दर्दनिवारक, संज्ञाहारक अंग्रेजी औषधियों का भी सहारा लिया जाता है।

1) अनुशस्त्र कर्म<sup>8</sup>— (Parasurgical procedure, accessory surgical procedure) — यह शल्य कर्म से न्यून एवं आसान शल्य चिकित्सा विधि है। बालको में, शस्त्र से डरने वाले लोगो में एवं शस्त्राभाव की स्थिति में अनुशस्त्रो का प्रयोग शल्य चिकित्सार्थ किया जाता है। क्षार कर्म, अग्निकर्म, रक्तमोक्षण आदि इसके अंतर्गत ही आते हैं। आजकल इनका प्रचलन ज्यादा हो रहा है। कई आयुर्वेदिक चिकित्सालयों में शल्य कर्म के नाम पर सिर्फ यही विधि ही किया जाता है।

2. क्षार कर्म एवं क्षारसूत्र चिकित्सा (Kshara karma & Kshara sutra chikitsa)<sup>9, 10</sup>—शल्य चिकित्सा में क्षार एवं क्षार के विविध रूपों (क्षार पिचु, प्रतिसारण—पानीय क्षार, क्षार-वर्ती, क्षार सूत्र आदि) के प्रयोग द्वारा भगंदर (fistula in ano), अर्श (piles), परिकर्तिका (Ch-



fissure in ano with tag, anal fissure, tag), गुदभ्रंश (rectal prolapse), चर्मकील, व्रण, ग्रंथि, अर्बुद इत्यादि का इलाज किया जाता है। क्षारसूत्र क्षार, हरिद्रा, अपामार्ग, स्नुही क्षीर इत्यादि से बना एक मेडिकेटिड धागा है। इसका प्रयोग आजकल आयुर्वेद एवं एल्लोपैथ चिकित्सा केन्द्रों पर काफी प्रचलित है एवं रोगियों को लाभ भी हो रहा है।

**3. अग्निकर्म (Intentional therapeutic heat burn therapy)<sup>11</sup>**— “रोग निवारणाय सुमाध्यमेन अग्ने मात्रावत् स्थानिक प्रयोगं अग्नि कर्म उच्यते” (from application of agnikarma in surgical practices)। अग्नि का विशिष्ट विधि द्वारा विविध प्रकार के वायु जन्य रोगों (diseases caused by vata dosha) एवं कफज रोगों (diseases caused by kapha dosha) में मात्रावत् स्थानिक प्रयोग करना अग्नि कर्म है। इसकी कार्मुक्ता, अग्नि का उष्णता है ८ इस विधि में अग्नि तप्त शलाका, उष्ण तेल, उष्ण घृत, घृतकुमारी, मुलेठी, दशमूल इत्यादि का प्रयोग किया जाता है। यह कर्म रोगी के अनुमति के बाद एवं अत्यंत सावधानी पूर्वक करते हैं। अग्नि कर्म का दर्द चिकित्सा हेतु एवं विभिन्न रोगों के शमन में किया जाता है। उदाहरण के लिए —

- वात कंटक (ankle sprain),
- मशक (elevated mole),
- तिलकालक (non-elevated mole),
- जतुमणि (congenital mole)
- वात-व्याधि,
- चर्म कील (wart),
- कदर (corn),
- मांस शूल (muscular pain),
- वातज रोग,
- वायु दृजन्य वेदना,
- कफज रोग,
- ग्रिधिशी (Sciatica pain)
- ग्रंथि (cystic swelling, growth)
- आंत्र वृद्धि (प्रारम्भिक अवस्था में),
- Arsha

- Sandhigata vata
- Chronic non healing wound have hard] elevated margin-
- Neuromuscular disorders /pain
- Ankle & Heel pain
- Planter fasciitis
- Calcaneal spur
- Achilles tendinitis
- Tennis elbow
- आघात पश्चात जन्य पीड़ा (Post traumatic pain)
- dEi – localised tremor and tingling
- Stamba& stiffness

**4. रक्तमोक्षण (bloodletting) 12, 13** – आयुर्वेद में रक्त का एक महत्त्वपूर्ण स्थान है। इसे जीव संज्ञा दी जाती है। इसके दूषित होने पर रक्तमोक्षण विधि द्वारा चिकित्सा की जाती है। दूषित रक्त जन्य रोग, त्वचा के विविध रोग (various skin diseases, eczema, dermatitis, psoriasis), सिरा-धमनी-लसिका-केपिलरी सम्बंधित रोगों में (peripheral vascular diseases, varicose vein, deep vein thrombosis, Buerger, s disease, ischemia etc.), विविध प्रकार के घाव (wound & chronic non-healing wound), रक्त सम्बंधित विकार (disease due to vitiation of blood), पित्त दोषजन्यरोग, कंडू (pruritis), मुखदूषिका (acne), कोथ (gangrene), haematoma, cellulitis, thrombophlebitis, hypertension, headache, heart disease इत्यादि में आवश्यकतानुसार उचित विधि से रक्त निर्हरण कर रोगी को स्वास्थ्य लाभ पहुंचाते हैं।

क) सिरावेध (venepuncture) – इसके द्वारा रक्त निर्हरण सम्पूर्ण शरीर सम्बंधित रोगों में किया जाता है। उदाहरण – त्वचा के रोग, विचर्चिका इत्यादि। सिरावेध शल्य चिकित्सा का आधा चिकित्सा है (सुश्रुत)<sup>14</sup>

इ) प्रच्छान (Scrapping)<sup>15</sup> – किसी एक जगह पर सतही दूषित रक्त को निकालने के लिए अति उत्तम विधि है I e-g- Localised dermatitis] haematoma-  
ब) जलौकावाचरण (Leech Therapy] bloodletting by Leeches)<sup>16</sup> – जोंक रक्त चूसक स्वभाव वाला



फाइलम एनेलिडा का एक जीव है। जोक द्वारा रक्त निकालना एवं उनके लाला श्राव का शरीर में प्रवेश अनेक असाध्य रोगों को ठीक करता है। आजकल यह काफी प्रचलित लोकप्रिय विधि है। जलौका द्वारा रोगी को ज्यादा लाभ होता है इसका कारण दूषित रक्त का बाहर निकालना और इसके लार में उपस्थित बायोएक्टिव केमिकल का शरीर में प्रविष्ट करना है।

क) श्रृंगावचरण (Cupping method of bloodletting by horn)<sup>17</sup>— जब रक्त की दुष्टि वात दोष के कारण होती है तब इसका प्रयोग किया जाता है।

म) अलाबू का प्रयोग (Cupping method of bloodletting by gourd)<sup>17</sup> — इसमें वैक्यूम उत्पन्न करके रक्त का निर्हरण करते हैं “झाई कपिंग एवं वेट कपिंग दोनों का बहुतायत से प्रयोग होता है।”

स) घटी यन्त्र का प्रयोग — कुछ विशेष परिस्थितियों में घटी यन्त्र द्वारा भी रक्तमोक्षण करते हैं।

ह) विघर्षण (scrubbing) एवं सूची भेद (Bloodletting by needle) द्वारा रक्त मोक्षण का भी काफी प्रचलन है।

5. उत्तर बस्ति (application of drugs in urinary bladder through urethra)<sup>18</sup> — विशिष्ट प्रकार के यंत्रों द्वारा उपयुक्त औषधियों का मूत्रमार्ग से मूत्राशय में प्रवेश कराना उत्तर बस्ति है। इस विधि का विविध प्रकार के मूत्रमार्गगत रोगों, प्रजनन तंत्र सम्बंधित रोगों इत्यादि में बहुतायत से प्रयोग किया जाता है और रोगी को प्रभावकारी लाभ भी मिलता है।

उत्तर बस्ति में प्रयुक्त द्रव्य, निर्माण एवं प्रयोग विधि— व्याधि एवं रोगी के अनुसार इसमें तिल तेल शहद, सेंधा नमक, दशमूल क्वाथ औषधि पत्रों का कल्क इत्यादि द्रव्यों का प्रयोग किया जाता है। उत्तर बस्ति का निर्माण शास्त्रोक्त वस्ति निर्माण विधि जैसा करते हैं। पूर्वकर्म एवं पश्चात्कर्म का ध्यान रखते हुए इसका प्रयोग मात्रावत सम्यक तरीके से करते हैं, अन्यथा विविध प्रकार के उपद्रव उत्पन्न हो सकते हैं।

**प्रमुख प्रयोग** — कुछ प्रमुख व्याधियों जिसमें उत्तर बस्ति प्रयुक्त होती है, निम्नलिखित हैं—

- मूत्रकृच्छ्र (scanty urination),

- मूत्रा घात (suppressive, obstructive uropathy)
- मूत्रदोष (urinary disorders)
- आर्तव दोष (menstrual disorders)
- नपुंशक्ता (impotency)
- वन्धात्व ( पदमितजपसपजल)
- Seual diseases]
- Benign prostatic hyperplasia  $\frac{1}{4}$ BPH $\frac{1}{2}$ ]
- Chronic cystitis]
- Urethral stricture]
- Urinary bladder outlet obstruction]
- Incontinence of urine

6. **मर्म चिकित्सा (Marma Therapy)<sup>19</sup>** — आयुर्वेद में यह एक उभरता हुआ प्रभाव शाली क्षेत्र है। दक्षिण भारत सहित पूरे देश में मर्म चिकित्सा काफी प्रचलित है ८ मर्म प्रायः जीवन बिंदु (vital spot) है। मानव शरीर में लगभग १०७ मर्म स्थान हैं। मर्म स्थान पर प्रायः प्राण स्थित माना जाता है जिस पर आघात से सद्ध्यः मृत्यु , कालान्तर मृत्यु विकलता कारक रुजा कारक परिणाम होता है ८ मर्मों का ज्ञान शल्य विषय का आधा विषय है (सुश्रुत)। यह मर्म स्थान उर्जा का स्थान है जिसे चिकित्सिय दृष्टि से आवश्यकतानुसार उत्प्रेरित करने पर विविध व्याधियों में प्रभावकारी असर दिखाई देते हैं। विविध प्रकार की वात वेदना, खंजता, पंगुता, आदि में प्रयोग किया जाता है। मर्म विन्दु को सही से पहचान करना एवं सही तरीके से सही दिशा में दाब डालना अति आवश्यक है। बहुत सारे असाध्य रोगों एवं कष्ट साध्य रोगों में बिना किसी औषधि के मर्म चिकित्सा द्वारा इलाज किया जा सकता है।

प्रमुख प्रयोग — मर्म चिकित्सा विधि का आजकल बहुत सारे परिस्थितियों में स्वस्थ एवं अस्वस्थ में किया जाता है किन्तु निम्न लिखित व्याधियों में बहुतायत से प्रयोग किया जाता है —

- जीवन शैली जन्य रोग (life style disorders),
- जीर्ण रोग पुराने रोग (chronic diseases),
- मांस — अस्थि गत रोग (musculoskeletal diseases),
- नाक , कान , आँख , सिर आदि विविध अंगों



के रोगों में,

- अवबाहुक (frozen shoulder),
- रक्त चाप (Hypertension and hypotension),
- पक्षाघात (paralysis) आदि परिस्थितियों में प्रयोग किया जाता है,

### आयुर्वेद में सर्जरी-विचार विमर्श ( Discussion)

आयुर्वेद में सर्जरी हमेशा एक प्रश्न चिन्ह खड़ा करता रहा है। लोगो के जुबान पर पहला सवाल यही होता है कि क्या आयुर्वेद में सर्जरी होती है? इसके पीछे का प्रमुख कारण लोगो की अज्ञानता एवं आयुर्वेद की पहचान जीर्ण रोगों की चिकित्सा तक में ही प्रचलित होना है। इसको समझने के लिए यह जानना आवश्यक है की सर्जरी एक अति वृहत विषय है जिसमें छोटे फोड़े-फुन्शी, घाव से लेकर लेप्रोस्कोपिक सर्जरी, रोबोटिक सर्जरी तक आते हैं। आधुनिक सर्जरी काफी विकसित विषय है और इसके महत्त्व एवं स्थान को कोई विस्थापित नहीं कर सकता। आत्यायिक चिकित्सा और जीवन रक्षक आपरेशन इसको औरो से अलग करते हैं। इस विधा के विकास में सबसे ज्यादा भूमिका विज्ञान एवं टेक्नोलॉजी के नित्य बढ़ते हुए आयाम रहे हैं। इतना होते हुए भी इसके भी उपद्रव एवं परिसीमन है।

आयुर्वेद का सर्जरी का इतिहास इससे भी ज्यादा अच्छा था। कर्ण संधान, नासा संधान, ओठ का संधान, प्लास्टिक सर्जरी, सर्जिकल एथिक्स, ओर्थोपेडिक सर्जरी, व्रण चिकित्सा इसका सर्वोपरि विषय था। परन्तु कालचक्र में आयुर्वेदज्ञों ने इसे हूँ- बहु संभाल नहीं पाया और इसका क्रमशः पतन होता गया। समय बदलता गया, जीवनशैली बदलती गयी, आयुर्वेद शल्य उस रूप में ढल नहीं पाया। परम्परागत चिकित्सा अभ्यास को करते रहे और विज्ञान एवं टेक्नोलॉजी का चिकित्सा में प्रयोग को बहुतायत से नहीं अपनाया। इसके बावजूद बाद में आई अंग्रेजी चिकित्सा पद्धति जो की मूलतः आयुर्वेद का ही अनुसरण करती है अपने आपको तत्कालीन परिस्थितियों में ढाला एवं नित्य अनुसंधान कर्म भी किया। जिससे वह आज प्रथम स्थान पर है। वीशवी एवं एकवीशवीं सदी में आयुर्वेदज्ञों ने पुनः जी दृजान लगाकर सुव्यवस्थित ढंग से इसे

पुनर्स्थापित करने का प्रयत्न किया है जिसके परिणाम दिखने लगे हैं और आयुर्वेद में सर्जरी की एक अलग पहचान होने लगी है। यद्यपि की इसका क्षेत्र सीमित है फिर भी आयुर्वेद दृष्टिकोण से मैकेनिकल विधि द्वारा चिकित्सा का स्कोप बढ़ है।

**आयुर्वेद शल्य कर्म की परिसीमन ( Limitations of ayurveda Shalya karma)**— शल्यकर्म एक कष्टकारी चिकित्सा विधि है। शल्य कर्म करने के लिए रोगी को तैयार करना किसी अन्य चिकित्सा कर्म से काफी कठिन है। रोगी का औषध चिकित्सा के प्रति अर्द्धिक झुकाव का कारण उसकी सुग्राह्यता, दर्द रहित होना, दैनिक कार्यों में अहस्तक्षेप, चिकित्सालय में भर्ती न होना इत्यादि है। परन्तु बहुत सारे रोग औषधियों से ठीक नहीं होते, तो उनके लिए शस्त्रकर्म एक विकल्प बनकर आता है। आयुर्वेद में शल्य कर्म के पीछे रहने का दो प्रमुख कारण है, प्रथम तुरंत प्रभावकारी संज्ञाहारक द्रव्यों का अभाव एवं दूसरा तीव्र संक्रामक रोधी औषधियों का अभाव है।<sup>120</sup> जिसके लिए हम आधुनिक चिकित्सा औषधियों के तरफ देखते हैं। शल्य तंत्र में बहुत सारे शोध हुए किन्तु इन औषधियों का सम्यक खोज न होने के कारण शल्य शास्त्र को सही स्थान नहीं मिल पाया। चिकित्सा विशिष्टता एवं अन्य महत्त्वपूर्ण औषधियों की उपलब्धता, प्रभावकारी अनुभव दक्षता, सम्यक चिकित्सा निर्देश का पालन इत्यादि इसका ताकत है।

### उपसंहार (Conclusion)

ब्रह्मा, अश्वनी कुमार, इंद्र, धन्वन्तरि आदि भगवान, सुश्रुत, नागार्जुन, चन्द्रट, उल्हण आदि तथा ऋषि, पी जे देशपांडे एवं के. आर शर्मा इत्यादि ऋषि शल्य तंत्र पुष्पित – पल्लवित करते रहे हैं। शल्य तंत्र का इतिहास अत्यंत गौरवशाली रहा है। प्राचीन काल में लम्बे समय तक आयुर्वेदिक शल्यशास्त्र एक स्तंभ बनकर सेवाए प्रदान की है। समय के कालचक्र ने एवं इतिहास के विनाशकारी क्षणों, वैद्यो की निष्क्रियता, राजाश्रय की नजर अंदाजी अनुसंधान का अभाव इत्यादि इसे गर्त में ले जाने का कारण है। इसी कारण से हम प्रमुख शस्त्र कर्मों(surgical procedures) से पीछे होकर अनुशस्त्रकर्मों (parasurgical procedures) की तरफ अग्रसरित हैं। आज का आयुर्वेद शल्य विज्ञान, क्षार सूत्र विधि,



अग्निकर्म, रक्तमोक्षण, जलौकावचरण, प्रच्छान, सिरावेध I, cupping methods, उर्त्तबस्ति, मर्म चिकित्सा इत्यादि तक सीमित हो चुका है। विभिन्न प्रतिष्ठित आयुर्वेद केन्द्रों पर बहुत सारे बड़े आपरेशन भी किये जाते हैं किन्तु इसमें आधुनिक औषधियों का सहारा लिया जाता है। अगर हम शल्य तंत्र को पुराने दिन पर लौटते देखना चाहते हैं तो सबको मिलकर इसकी कमियों को दूर करना होगा एवं नए-नए अनुसंधान करने होंगे।

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## परिषद् समाचार

### काशी हिन्दू विश्वविद्यालय में सम्मोजनम्-2018 (अन्तर्राष्ट्रीय आयुर्वेद युवा महोत्सव) कार्यक्रम सम्पन्न

वैश्विक स्तर पर आज आयुर्वेद की स्वीकार्यता उसकी रोग एवं रोगियों के सम्पूर्ण स्वास्थ्य प्रदान करने की क्षमता के कारण बढ़ रही है। आयुर्वेद के प्रति युवा वर्ग के आकर्षण को और बढ़ाने के उद्देश्य से विश्व आयुर्वेद परिषद् एवं आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान काशी हिन्दू विश्वविद्यालय, वाराणसी के संयुक्त तत्वावधान में 16-18 नवम्बर तक संयोजनम्-2018 का आयोजन, आयुर्वेद के माध्यम से एक मंच पर एकत्र करने की मूल भावना को केन्द्र में रखकर किया गया। सम्पूर्ण कार्यक्रम को (1) उद्बोधनम् (आयुर्वेद की विभिन्न विधाओं, व्यक्तित्व विकास एवं प्रबन्धन जैसे विषय पर विद्वानों के प्रेरक व्याख्यान) (2) कर्माभ्यासम् (पंचकर्म, शल्य-शालाक्य सहित विभिन्न आयुर्वेदीय क्रियाओं का सजीव प्रदर्शन) (3) गतिविधि (श्लोकवाचन, योग प्रदर्शन, प्रश्नोत्तरी, सम्भाषा, निबन्ध जैसी 18 प्रतियोगिताओं का आयोजन) (4) नूतनम् (आयुर्वेद के विभिन्न विषयों में मौलिक शोध विचार, तकनीक विकास सम्बन्धी विषयों का प्रतिरूप में प्रदर्शन) (5) अभिज्ञानम् (आयुर्वेद एवं अन्य सम्बन्धित विषयों पर शोध प्रपत्र वाचन) (6) अभिमंचम् (गायन, वादन, नृत्य, लघुनाटिका, चित्रकला, इत्यादि) के अन्तर्गत सम्पन्न किया गया।

संयोजनम् - 2018 में भारत के विभिन्न प्रान्तों से आये लगभग 525 युवा प्रतिभागियों ने भाग लिया। समारोह में चार पड़ोसी देशों यथा श्रीलंका, नेपाल, रूस और चेकोस्लोवाकिया से आये आठ अन्तर्राष्ट्रीय वैज्ञानिकों ने भाग लिया तथा अपने विचार व्यक्त किये। समारोह का उद्घाटन प्रो० के० एस० धीमान्, निदेशक सी०सी० आर० ए० एस० नई दिल्ली, प्रो० सत्येन्द्र प्रसाद मिश्र, पूर्व संस्थापक कुलपति, उत्तराखण्ड आयुर्वेद विश्वविद्यालय, देहरादून तथा अन्य गणमान्य अतिथियों की उपस्थिति में दिनांक 16-11-2018 को कृषि शताब्दी भवन, कृषि विज्ञान संस्थान, काशी हिन्दू विश्वविद्यालय के विशाल सभागार में हुआ। समारोह में विशिष्ट अतिथि प्रो० आर० एस० जयवर्धने, श्रीलंका एवं डॉ० अंशोक वाष्ण्य जी (संगठन मंत्री) आरोग्य भारती उपस्थित रहे।

कार्यक्रम की विषय स्थापना आयोजन सचिव वैद्य अरुण कुमार द्विवेदी, संचालन वैद्य पी०एस० व्याङ्गी, वैद्य प्रियदर्शिनी ने किया। प्रो० यामिनी भूषण त्रिपाठी, अध्यक्ष, आयुर्वेद संकाय ने आगन्तुक अतिथियों का स्वागत किया तथा धन्यवाद ज्ञापन डॉ० कमलेश कुमार द्विवेदी, राष्ट्रीय सम्पर्क प्रमुख ने किया। इस अवसर पर आयुर्वेद विधा के विभिन्न क्षेत्रों से पधारे विशिष्ट वैद्यों को उनके कार्यक्षेत्र में योगदान हेतु सम्मानित किया गया। तीन दिनों तक चले इस भव्य कार्यक्रम का समापन दिनांक 18-11-2018 को विभिन्न श्रेणियों में विजयी प्रतिभागियों को पुरस्कार वितरण के साथ सम्पन्न हुआ। इस समारोह में वैद्य ऋषि राम कोईराला, नेपाल एवं प्रो० आर० एस० जयवर्धने, श्रीलंका के मुख्य अतिथि थे।

पर्व संयोजनम्- 2018 के साथ ही विगत दस वर्षों से अखिल भारत स्तर पर आयोजित डॉ० गंगा सहाय पाण्डेय स्मृति आयुर्वेद स्नातक छात्र निबन्ध प्रतियोगिता का पुरस्कार वितरण एवं डा० गंगा सहाय पाण्डेय स्मृति व्याख्यान का आयोजन किया गया। जिसके मुख्य वक्ता प्रो० एस० सी० वाष्ण्य, मुम्बई थे। इस प्रतियोगिता के विजेता श्री कस्तुरी रंगन (एस०डी०एम महाविद्यालय, उड़ुपी) को प्रथम पुरस्कार स्वरूप स्वर्ण पदक, श्री हिमांशु गुप्ता (आयुर्वेद महाविद्यालय, फरुखाबाद) को द्वितीय पुरस्कार स्वरूप रजत पदक एवं श्री धर्मेन्द्र वर्मा (राजकीय आयुर्वेद स्नातकोत्तर महाविद्यालय, वाराणसी) को तृतीय पुरस्कार कांस्य पदक प्रदान किया गया। कार्यक्रम का संचालन वैद्य विजय कुमार राय, महासचिव, विश्व आयुर्वेद परिषद्, उत्तर प्रदेश, विषय स्थापना वैद्य शोभा भट्ट, आयोजन सचिव तथा धन्यवाद ज्ञापन वैद्य मनीष कुमार मिश्र, सह आयोजन सचिव ने किया। अध्यक्ष वैज्ञानिक समिति, वैद्य के० के० द्विवेदी ने परिषद् की गतिविधियों एवं प्रतियोगिता के बारे में विस्तृत चर्चा की। डॉ० गंगासहाय पाण्डेय के परिवार जन श्री देव शंकर पाण्डेय, श्री प्रभात कुमार पाण्डेय, श्री प्रमोद कुमार पाण्डेय, डॉ० अरुण शंकर पाण्डेय, श्री अक्षय पाण्डेय एवं नगर के विशिष्ट वैद्य जन इस अवसर पर उपस्थित रहे।



## विश्व आयुर्वेद परिषद् बिहार इकाई द्वारा “राष्ट्रीय संभाषा 2018” एवं वैद्य रमाकांत पाठक स्मृति निबन्ध प्रतियोगिता पुरस्कार वितरण समारोह का आयोजन

विश्व आयुर्वेद परिषद्, बिहार इकाई द्वारा दिनांक 24-25 नवम्बर 2018 को पटना के श्याम मंदिर ट्रस्ट, बहादुरपुर में छठीं राष्ट्रीय संभाषा 2018 सफलता पूर्वक सम्पन्न हुआ। इस संभाषा में देश के विभिन्न प्रान्तों से करीब 350 प्रतिनिधियों ने भाग लिया। केरल, ओडिशा, दिल्ली, उत्तर प्रदेश, झारखंड, मध्य प्रदेश, गुजरात एवं महाराष्ट्र सहित नेपाल के चिकित्सक/शिक्षक एवं विद्यार्थियों ने अपनी सहभागिता दी। प्रत्येक वर्ष की तरह इस वर्ष भी अखिल भारतीय स्नातक स्तरीय निबंध प्रतियोगिता आयोजित की गयी एवं निर्धारित मापदंड में प्रथम दस निबंधों का चयन कर उसे पुरस्कृत भी किया गया। संभाषा का उद्घाटन महामहिम राज्यपाल बिहार श्री लाल जी टंडन द्वारा किया गया। संभाषा के मुख्य अतिथि बिहार सरकार के स्वास्थ्य मंत्री माननीय श्री मंगल पांडेय जी रहे। इस अवसर पर माननीय स्वास्थ्य मंत्री बिहार ने आयुष प्रक्षेत्र में कार्यरत संविदा चिकित्सकों एवं शिक्षकों को एलोपैथी क्षेत्र में कार्यरत चिकित्सकों के समान मानदेय देने की घोषणा की, जिसे अब सरकारी आदेश के रूप में लागू भी कर दिया गया है। सम्पूर्ण बिहार के चिकित्सक, विश्व आयुर्वेद परिषद्, के इस उपलब्धि पर हर्षोल्लास से परिपूर्ण है।

वैद्य रमाकांत पाठक (पिता –पद्मभूषण श्री बिंदेश्वर पाठक, संस्थापक, सुलभ इंटरनेशनल) स्मृति अखिल भारतीय स्नातक स्तरीय निबंध प्रतियोगिता में राजकीय आयुर्वेद महाविद्यालय, पटना के अंतिम वर्ष की छात्रा कु0 पल्लवी भारती ने प्रथम स्थान प्राप्त किया। महामहिम राज्यपाल महोदय ने स्वर्ण पदक देकर पल्लवी भारती एवं रजत पदक से कु0 माया (छात्रा, राष्ट्रीय आयुर्वेद संस्थान, जयपुर) को सम्मानित किया। पाटलिपुत्र राष्ट्रीय संभाषा 2018 का विषय –चर्मरोगों का आयुर्वेदिक प्रबंधन पर कुल चार वैज्ञानिक सत्र संपादित किये गए। प्रथम दिवस उद्घाटन सत्र के साथ वैद्य रमाकांत पाठक स्मृति अखिल भारतीय आयुर्वेद स्नातक स्तर निबंध प्रतियोगिता पुरस्कार वितरण समारोह भी सम्पन्न हुआ जिसका विषय था— “वर्तमान परिप्रेक्ष्य में त्रय –उपस्तंभ की उपादेयता।” प्रथम एवं द्वितीय वैज्ञानिक सत्र को वैद्य गौरांग जोशी प्रख्यात चर्मरोग एवं कैंसर रोग विशेषज्ञ –राजकोट, गुजरात ने संबोधित किया। इस अवसर पर आगत विशिष्ट जनों में विश्व आयुर्वेद परिषद् के राष्ट्रीय अध्यक्ष– वैद्य ब्रजेन्द्र मोहन गुप्त अग्रणी रहे। द्वितीय दिवस का प्रथम वैज्ञानिक सत्र को डा०यू एस निगम, राष्ट्रीय उपाध्यक्ष विश्व आयुर्वेद परिषद् एवं प्रख्यात पंचकर्म विशेषज्ञ –मुंबई ने संबोधित किया। डा०माधव आस्तीकर –शिवत्रोरोग विशेषज्ञ, नागपुर, महाराष्ट्र ने चतुर्थ वैज्ञानिक सत्र में अपनी ज्ञान धारा से श्रोताओं को मंत्र मुग्ध कर दिया। संभाषा के संरक्षक डॉ प्रजापति त्रिपाठी तथा बिहार इकाई के महासचिव डॉ शिवादित्य ठाकुर के निर्देशन में अलौकिक छटा बिखर रही थी। कार्यक्रम के ब्यस्थापक डॉ सुजीत कुमार एवं संयोजक द्वय डॉ सचिदानंद सिंह (सिवान) तथा डॉ सुशील कुमार झा (पटना) को उनके विशिष्ट सहयोग के लिए, विश्व आयुर्वेद परिषद् के राष्ट्रीय अध्यक्ष ने सम्मानित किया। निबंध प्रतियोगिता को सफलतापूर्वक संपन्न कराने हेतु, विद्यार्थी प्रकोष्ठ के प्रमुख डॉ रोहित रंजन भी सम्मानित किए गए।

ओडिशी नृत्य एवं बिहार की सांस्कृतिक एवं पारंपरिक नृत्य कलाओं के साथ आयुर्वेद छात्रों/छात्राओं के सांस्कृतिक कार्यक्रम ने दर्शकों को भाव विभोर कर दिया। आयोजन सचिव डॉ. उमा पांडेय एवं डॉ. नीतू सिंह जी को सांस्कृतिक कार्यक्रम के उत्तम प्रबंधन के लिए पुरस्कृत किया गया। चर्म रोगों के आयुर्वेदिक प्रबंधन पर देश के विभिन्न प्रांतों से आये प्रतिनिधियों ने विशेष ज्ञान वर्धन से स्वयं को कृतकृत्य पाया एवं विश्व आयुर्वेद परिषद् बिहार के पदाधिकारियों से अनुरोध किया कि ऐसे ज्ञान वर्धक संभाषा बार बार आयोजित किये जाये। राजकीय आयुर्वेद महाविद्यालय पटना के तथा दयानंद आयुर्वेद महाविद्यालय, सिवान के छात्र/छात्राओं की भूमिका सराहनीय रही।

## विश्व आयुर्वेद परिषद् एवं राजकीय आयुर्वेद महाविद्यालय, हंडिया प्रयागराज के सह आयोजन में मनोदैहिक विकार विषयक राष्ट्रीय संगोष्ठी सम्पन्न

दिनांक 13 दिसम्बर 2018 को विश्व आयुर्वेद परिषद् एवं पुरातन छात्र समिति श्री लाल बहादुर शास्त्री स्मारक राजकीय आयुर्वेद महाविद्यालय, हंडिया, प्रयागराज के सह आयोजन में मनोदैहिक विकार विषयक राष्ट्रीय संगोष्ठी-आयुस्कान अपडेट-2018, महाविद्यालय का 41वां स्थापना दिवस एवं एलुमिनी मीट-2018 का आयोजन एक साथ किया गया। जिसमें निदेशक आयुर्वेद (मूल्यांकन), प्रो० सुरेश चंद, विधान परिषद् सदस्य, माननीय श्री सुरेश कुमार त्रिपाठी, पूर्व निदेशक आयुर्वेद



प्रो० रविदत्त त्रिपाठी, प्राचार्य व अधीक्षक प्रो० नीलम गुप्ता, पूर्व प्राचार्य हंडिया क्रमशः प्रो० सर्वदेव उपाध्याय, प्रो. मकसूदन सिंह, प्रो. जी० एस० तोमर, चिकित्साधिकारी संघ उत्तर प्रदेश के प्रान्तीय उप महासचिव आयुर्वेद डॉ० बालमुकुंद प्रसाद, प्रभारी चिकित्साधिकारी उत्तराखण्ड डॉ० अखिलेश पाण्डेय, एलुमिनी एसोसिएशन राजकीय आयु० कॉलेज हंडिया के सभी पदाधिकारियों सहित देश के विभिन्न भागों से पधारें पुरातन् छात्र/छात्रायें सम्मिलित हुए। विश्व आयुर्वेद परिषद् के राष्ट्रीय सम्पर्क प्रमुख वैद्य कमलेश कुमार द्विवेदी, महासचिव उत्तर प्रदेश वैद्य विजय राय, वैज्ञानिक सचिव वैद्य मनीष मिश्र, डा० भावना द्विवेदी, समारोह के आयोजन सचिव वैद्य राकेश मोहन, डा० ऊषा द्विवेदी, डा० वी०एन० त्रिपाठी सहित देश के विभिन्न प्रान्तों से पधारें वैद्यों की उपस्थिति रही। इस अवसर पर प्रांगण में विशिष्ट अतिथियों द्वारा पूर्व प्रधानमंत्री स्वर्गीय श्री लाल बहादुर शास्त्री जी की भव्य प्रतिमा का अनावरण एवं एक स्मारिका का विमोचन भी हुआ।

### गोरक्ष प्रान्त में विभिन्न कार्यक्रमों का आयोजन सम्पन्न

विश्व आयुर्वेद परिषद् गोरक्ष प्रान्त द्वारा विभिन्न कार्यक्रमों का आयोजन किया गया, जो निम्नवत हैं— (1) ग्राम मिश्रौली मोलनापुर, दुलारी, मऊ में विश्व आयुर्वेद परिषद् द्वारा स्वास्थ्य संगोष्ठी एवं स्वास्थ्य परीक्षण किया गया, जिसमें कुल 180 रोगियों का परीक्षण किया गया तथा आयुर्वेद औषधि वितरित की गई। (2) विश्व आयुर्वेद परिषद् गोरक्ष प्रांत द्वारा जनपद गोरखपुर में चरक जयन्ती पर एक संगोष्ठी एवं वर्षा ऋतु में होने वाली बिमारी पर विशेष परिचर्चा का आयोजन किया गया। जिसमें मुख्य अतिथि के रूप में श्री सुदामा मिश्र (सेवानिवृत्त रेल) एवं श्री बृजेश चन्द्र श्रीवास्तव (सेवानिवृत्त जिलाधिकारी) रहें। (3) दिनांक— 5/11/18 को धनवंतरि जयन्ती एवं संगोष्ठी का आयोजन निम्न स्थानों पर किया गया। 1—मेडिकेयर क्लिनिक गोरखपुर, 2— अंकित आयुर्वेद औषधालय जंगलघूषण, गोरखपुर, 3— दुर्गा मेडिकल स्टोर, डसका बाजार, सिद्धार्थ नगर, 4— विश्व आयुर्वेद परिषद्, कुशीनगर, 5— डा० वेद प्रकाश सिंह (शिवालिक आयुर्वेद मेडिकल कालेज आजमगढ़), 6— डॉ० बी. के. गौड, गोरखपुर।

### काशी में क्षेत्रीय अभ्यास वर्ग सम्पन्न

उत्तर प्रदेश इकाई के काशी, गोरक्ष, अवध एवं कानपुर प्रान्त के दायित्वधारियों/सक्रिय कार्यकर्ताओं की एक दिवसीय बैठक दिनांक 7 अक्टूबर 2018 को वाराणसी में सम्पन्न हुई। सभी प्रान्तों की सहभागिता सरस्वती शिशु मन्दिर, सामने घाट, वाराणसी में प्रातः 10:30 से सायं 04:30 तक चार सत्रों में बैठक होकर समाप्त हुई। इस अभ्यास वर्ग में परिषद् के राष्ट्रीय सम्पर्क प्रमुख डॉ० कमलेश कुमार द्विवेदी, डॉ० विरेन्द्र कुमार जायसवाल, क्षेत्र सह कार्यवाह, राष्ट्रीय स्वयं सेवक संघ एवं संरक्षक डॉ० वाचस्पति त्रिवेदी ने विभिन्न सत्रों में कार्यकर्ताओं से चर्चा कर संगठन को गति देने का प्रयास किया।

अभ्यास वर्ग में परिषद् के उत्तर प्रदेश इकाई के महासचिव डॉ० विजय कुमार राय ने सभी प्रान्तों की सांगठनिक समीक्षा की। अभ्यास वर्ग में गोरक्ष प्रान्त से डॉ० ज्वाला प्रसाद मिश्र, अवध प्रान्त, वैद्य अजय दत्त शर्मा, अध्यक्ष, डॉ० सुनीत मिश्रा, महासचिव, डॉ० पी०एस० पाण्डेय, अध्यक्ष, काशी प्रान्त, डॉ० सुभाष श्रीवास्तव, महासचिव, कानपुर से डॉ० सुनील दत्त पाठक, पत्रिका प्रकाशन से डॉ० आशुतोष पाठक जी एवं वैज्ञानिक सचिव डॉ० मनीष मिश्र, वैद्य अरुण कुमार द्विवेदी, अध्यक्ष काशी हिन्दू विश्वविद्यालय, वाराणसी, डॉ० हरि प्रसाद मिश्रा आदि की विशेष उपस्थिति रही।

### महाराष्ट्र प्रान्त में सी.एम.ई. सम्पन्न

विश्व आयुर्वेद परिषद्, महाराष्ट्र प्रान्त के तत्वावधान में दिनांक 9 दिसम्बर 2018 को आयुर्वेदीय पंचकर्म पर सी.एम.ई. का आयोजन सम्पन्न हुआ। इस कार्यक्रम में डॉ. यू० एस० निगम राष्ट्रीय उपाध्यक्ष विश्व आयुर्वेद परिषद्, वैद्य राज संजय छाहेट, प्रो० अनिल शुक्ला, डॉ० अनिल पाण्डेय एवं डॉ० यादवेश यादव आदि ने पंचकर्म विषय पर प्रतिभागियों का ज्ञानवर्धन किया।

### विश्व आयुर्वेद परिषद्, हरियाणा द्वारा राष्ट्रीय संगोष्ठी का आयोजन

दिनांक 2 दिसम्बर 2018 को भी कृष्णा आयुष विश्वविद्यालय, कुरुक्षेत्र में विश्व आयुर्वेद परिषद्, हरियाणा द्वारा “आयुर्वेद में संस्कृत की उपादेयता” विश्व पर एक दिवसीय राष्ट्रीय संगोष्ठी का आयोजन किया गया। यह संगोष्ठी “हरियाणा संस्कृत



अकादमी—हरियाणा एवं श्री कृष्णा आयुष विश्वविद्यालय, कुरुक्षेत्र के साथ संयुक्त तत्वावधान में आयोजित की गई। हरियाणा संस्कृत अकादमी के निदेशक श्री सोमेश्वर दत्त जी इस संगोष्ठी में मुख्य अतिथि के रूप में पधारें तथा डॉ० प्रेमचंद शास्त्री जी (उपाध्यक्ष, संस्कृत अकादमी, उत्तराखण्ड) मुख्य वक्ता थे। संगोष्ठी की अध्यक्षता प्रो० बलदेव कुमार धीमान जी (कुलपति, श्री कृष्णा आयुष विश्वविद्यालय, कुरुक्षेत्र) ने की। डॉ० अश्विनी कुमार जी (केन्द्रीय महामंत्री, विश्व आयुर्वेद परिषद्) और डॉ० भक्त वत्सल शर्मा (राष्ट्रीय अध्यक्ष, संस्कृत भारती, हिमाचल प्रदेश) इस संगोष्ठी में विशिष्ट अतिथि के रूप में पधारें। दीप प्रज्वलन के उपरांत धनवंतरि वंदना तथा विश्व आयुर्वेद परिषद् के ध्येय गीत गायन के साथ संगोष्ठी आरंभ हुई। मुख्य वक्ता डॉ० प्रेमचंद जी ने संस्कृत भाषा के ज्ञान की आयुर्वेद अध्ययन—अध्यापन में उपयोगिता पर प्रकाश डाला। आयुर्वेद के अध्ययन—अध्यापन की पद्धति क्या हो?, संस्कृत के बिना आयुर्वेद का गहन एवं पूर्ण ज्ञान प्राप्त करना संभव नहीं है। उन्होंने कहा की आयुर्वेद संहिताओं ग्रन्थों पर शोध कार्य, सम्भाषाओं तथा आयुर्वेद के प्रचार—प्रसार के लिए हरियाणा संस्कृत अकादमी सदैव यथा संभव सहयोग के लिए आयुर्वेद मर्मज्ञों के साथ खड़ी है। विशिष्ट अतिथि डॉ० श्री अश्विनी भार्गव जी ने आयुर्वेद चिकित्सा पद्धति में वैज्ञानिक कसौटी पर प्रामाणिकता लाने हेतु तथा आयुर्वेद के उत्थान एवं प्रचार—प्रसार करने में विश्व आयुर्वेद परिषद् की भूमिका पर चर्चा की।

संगोष्ठी में 81 आयुर्वेद विशेषज्ञों/शिक्षकों/छात्र—छात्राओं ने पंजीकरण करवाया तथा 28 शोध पत्र आए। श्री कृष्णा आयुर्वेद महाविद्यालय के छात्र—छात्राओं एवं कर्मचारियों ने भी वक्ताओं के बौद्धिक एवं शोध पत्र सुनें। संगोष्ठी के आयोजन सचिव डॉ० प्रेमचंद मंगल जी ने कार्यक्रम का संचालन किया।

### विश्व आयुर्वेद परिषद्, उत्तर क्षेत्र कार्यकारणी की बैठक

दिनांक 2 दिसंबर 2018 को विश्व आयुर्वेद परिषद् उत्तर क्षेत्र की कार्यकारणी की बैठक हुई। बैठक में उत्तर क्षेत्र के पाँचो राज्यों (हरियाणा, पंजाब, हिमाचल प्रदेश, जम्मू कश्मीर एवं दिल्ली) के दायित्ववान कार्यकारिणी सदस्यों ने भाग लिया। विश्व आयुर्वेद परिषद् के अखिल भारतीय अधिकारियों में डॉ० प्रेमचंद्र शास्त्री जी (राष्ट्रीय सचिव) डॉ० बलदेव कुमार धीमान जी (राष्ट्रीय उपाध्यक्ष), डॉ० अश्विनी भार्गव जी (राष्ट्रीय महामंत्री) ने इस बैठक में विशेष रूप से भाग लिया। बैठक में निम्नलिखित निर्णय लिए गए—

दिनांक 16—17 फरवरी 2019 को जोधपुर में राष्ट्रीय कार्यकारिणी की बैठक में उत्तरक्षेत्र के पाँचों राज्यों से अपेक्षित दायित्ववान कार्यकर्ताओं की उपस्थिति रही। विश्व आयुर्वेद परिषद् उत्तर क्षेत्र की कार्यकारिणी की अगली बैठक जोगेन्द्र नगर में जून 2019 में आयोजित की जाएगी। डॉ० मनोज विरमाणी जी (आयुर्वेद एवं पंचकर्म विशेषज्ञ—करनाल) को विश्व आयुर्वेद परिषद् हरियाणा प्रांत के अध्यक्ष के रूप में दायित्व दिया गया। डॉ० नरेश कुमार भार्गव (वर्तमान प्रांत महामंत्री, हरियाणा) को संगठन मंत्री—हरियाणा प्रांत का भी दायित्व दिया गया। निर्णय लिया गया की उपयुक्त कार्यकर्ता के चयन/उपलब्धि होने तक डॉ० नरेश भार्गव संगठन मंत्री के दायित्व के साथ—साथ प्रांत महासचिव के दायित्व का भी निर्वहन करेंगे। उत्तरक्षेत्र के प्रत्येक राज्य में जून—2019 में अगली कार्यकारिणी बैठक होने तक विभागस्तर पर कम से कम 11 सदस्यीय कार्यकारिणी का गठन करने का लक्ष्य रखा गया। उत्तरक्षेत्र के पाँचों राज्यों के सभी आयुर्वेद महाविद्यालयों में विश्व आयुर्वेद परिषद् संयोजक अगली कार्यकारिणी बैठक से पूर्व तय कर लिए जाएंगे। वर्ष में दो बार उत्तरक्षेत्र कार्यकारिणी की बैठक का आयोजन किया जाएगा। जो प्रांत उत्तर क्षेत्र कार्यकारिणी बैठक का आयोजन करेगा, उस प्रांत का प्रांतीय अधिवेशन भी बैठक के साथ ही आयोजित किया जाएगा। इस प्रकार जून 2019 में हिमाचल प्रदेश प्रांत का प्रांतीय अधिवेशन उत्तर क्षेत्र कार्यकारिणी बैठक के साथ आयोजित होगा।

वर्ष 2019 में हरियाणा प्रांत में हरियाणा और हिमाचल प्रदेश का संयुक्त व्यक्तित्व विकार शिविर का आयोजन किया जाएगा। पंजाब प्रांत में पंजाब और जम्मू कश्मीर का संयुक्त व्यक्तित्व विकास शिविर आयोजित किया जाएगा। उत्तरक्षेत्र के पाँचो राज्यों के आयुर्वेद महाविद्यालयों में study circle अर्थात् अध्ययन केन्द्र आरंभ करने का लक्ष्य लिया गया। पाँचो राज्यों ने अपने सदस्यों की संख्या को बढ़ाकर लक्षित स्तर पर ले जाने का आश्वासन दिया। पाँचो राज्यों द्वारा अपने—अपने प्रांत में आयुर्वेद महाविद्यालयों में उपलब्ध संसाधनों का वृत्त प्रस्तुत किया गया। प्रत्येक राज्य द्वारा आगामी वर्ष में अपना लक्ष्य एवं प्रस्तावित कार्यकर्ता की रूपरेखा प्रस्तुत की गई। डॉ० अश्विनी भार्गव जी द्वारा उपरोक्त बिंदुओं पर मार्गदर्शन प्रदान किया गया एवं जिज्ञासाओं का समाधान किया गया। डॉ० ऋषिराज वशिष्ठ जी ने सभी का धन्यवाद ज्ञापित किया। राष्ट्रीय गान के उपरांत सहभोज के साथ बैठक समाप्त हुई।