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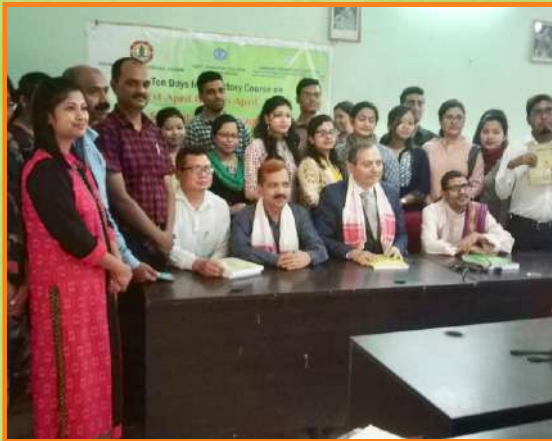
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विश्व आयुर्वेद परिषद् के लिए प्रोफेसर सत्येन्द्र प्रसाद मिश्र, संरक्षक, विश्व आयुर्वेद परिषद् द्वारा नूतन ऑफसेट मुद्रण केन्द्र, संस्कृति भवन, राजेन्द्र नगर, लखनऊ से मुद्रित कराकर, 1/231 विराम खण्ड, गोमती नगर, लखनऊ-226010 से प्रकाशित।

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मार्च-अप्रैल 2019

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

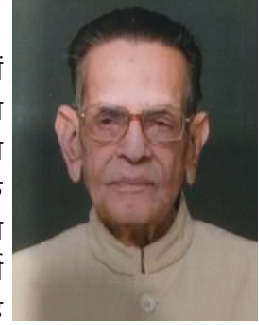
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अतिथि सम्पादक

आयुर्वेद भारतीय मनीषा की अमूल्य चिकित्सा धरोहर है, जिसके प्रति भारत ही नहीं वरन् विश्व समुदाय में भी इसकी स्वीकार्यता बढ़ी है। सन् 1986 में रसायन विभाग, काशी हिन्दू विश्वविद्यालय, वाराणसी से सेवा निवृत्त होने के कुछ समय बाद मुझे हृदय रोग की समस्या हुई। जिसके लिए मुझे एस.एस. हास्पिटल बी.एच.यू. के हृदय विभाग के चिकित्सकों ने सघन परीक्षण किया तथा आगे के एंजियोप्लास्टी के लिए बाम्बे हॉस्पिटल रेफर कर दिया गया। अतः बाम्बे हॉस्पिटल जाकर मैं उपरोक्त शल्य कर्म के लिए भर्ती हुआ तथा सामान्य जाँच आदि के करने के बाद अगले दिन एंजियोप्लास्टी की सलाह दी गई। उसी समय लंदन से मेरे बेटे का फोन चिकित्सक के पास आया उन्होंने मुझे आकर बताया कि आपके पुत्र एंजियोप्लास्टी लंदन में करवाना चाहते हैं और अगले दिन मुझे वहाँ से बिना एंजियोप्लास्टी किये डिस्चार्ज कर दिया गया। बाहर निकल कर मैं-मिसेज शुक्ला दोनों देखते हैं कि सामान्य लोगों के लिए हृदय रोग से सम्बन्धित दवा कार्यशाला वहाँ बगल के कक्ष में चल रही है। हम दोनों ने उसी सम्भाषा में भाग लिया। डाक्टरों ने बताया कि एंजियोप्लास्टी के बाद भी लगभग 35% व्यक्तियों में शिकायत 4-5 साल बाद बढ़ती है तथा हमें दवा के सहारे जीवन को चलाना पड़ता है।



इस प्रकार इस कार्यशाला के विवेचन एवं मेरे बेटे के फ़ैसले ने मुझे वापस बनारस आने को विवश कर दिया। वापस आकर पुनः एक दिन आयुर्वेद हास्पिटल के काय चिकित्सा ओपीडी0 में वैद्य यदुनन्दन उपाध्याय जी एवं प्रो० रामहर्ष जी से आत्मीय प्रेमवश मिला और अपने यथास्थिति से उनको अवगत कराया। इन दोनों ने आयुर्वेदीक औषधियों का दिशा-निर्देश (विशेषकर अर्जुन चूर्ण, पुष्कर ब्राम्ही गुग्गुल आदि) किया। कुछ समय के बाद मेरे हृदय रोग से सम्बन्धित समस्याएँ धीरे-धीरे समाप्त होने लगी। इसके बाद धीरे-धीरे मेरा लगाव आयुर्वेद के प्रति बढ़ता गया और आधुनिक चिकित्सा पद्धति से मन हट गया। इस प्रकार के अनेक संस्मरण एवं जटिल रोग आयुर्वेद के द्वारा रोगियों को ठीक होते देखा, जिससे आयुर्वेद के प्रति मेरी निष्ठा और सुदृढ़ होती गयी। रसायन विज्ञान का विद्यार्थी होने के नाते मैंने पाया कि आधुनिक औषधियों की रोग निवारण क्षमता शीघ्र होती है तथा वे अन्य हानिकारक प्रभाव एवं उपद्रवों को उत्पन्न करती हैं, जबकि आयुर्वेदीक औषधियाँ धीरे-धीरे रोगों के जड़ तक पहुँचती हैं तथा प्रायः उपद्रव एवं हानिकारक नहीं होती हैं। मैं आज 95 वर्ष से अधिक का हूँ उसमें भी कहीं न कहीं आयुर्वेद की दिव्य रोग निवारण शक्ति ही है। मैं भारत सरकार को धन्यवाद देता हूँ कि इसके विकास के लिए अलग से मंत्रालय की स्थापना की तथा आशा व्यक्त करता हूँ कि इस चिकित्सा विद्या पर विशेष ध्यान, आने वाले समय में दिया जायेगा एवं व्याप्त अनेक विसंगतियों को दूर किया जायेगा। मैं विश्व आयुर्वेद परिषद् परिवार पत्रिका के सम्पादक एवं सम्पादक मण्डल को हृदय से बधाई एवं शुभकामनाएं देता हूँ कि वे इस पुनीत कार्य को और दूर तक ले जायें।

- प्रो० बी. एम. शुक्ला

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एवं

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A REVIEW ON ANATOMICAL CONCEPT OF MANAS

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ABSTRACT :

Ayurveda is the vedic science for healing the body and mind, designed for those individual who wants enjoy the world healthy. Ayurveda has recognized the relationship between the structure and functions of the brain. The manas is the function of specialized structure of the brain and it is well correlated with the somatic types. Ayurveda has recognized the Manas as an indriya and along with gyanendriyas, it has been designated as shadindriya. The Manas has been accepted as a medium to have the experience of pleasure and pain. According to Acharya charak that Manas (mind—functional brain) transcends all sense perceptions. It is also known as sattva, some call it chetas. Its action is determined by its contact with its object and the atma (soul). This acts as a driving force for all the senses (cha.sut. 8/4). The object of senses are of three types i.e. sattvik, rajsik, and tamsik. Some character of individual derived from Manas are bhakti (desire), sheel (conduct), shauch (purity), dwesh (hatred), moha (attachment), tyaag (detachment), matsarya (strong desire), shourya (valour), bhaya (fear), smriti (memory), tandra (drowsiness) and anavasthatattva (unstability). The object and functions of

Manas are described like chintya, vichar, uhya, dhyea, sankalpa, indriyanigraha and swanigraha. (cha.Sha 1/20-21) It can be concluded that functions of brain described in modern science are similar to that of Manas in Ayurveda.

Key words: Manas, Gyanendriya, Brain, Sattva, Chetas.

INTRODUCTION :

The term Manas ("mind") is derived from the root "man", which means to think. The Manas is instrument which is responsible for the phenomenon of thinking and achieve the knowledge. Ayurveda regards life as the combination (samyoga) of body (sharira), organs of conation and cognition (indriya), mind (satva), and soul (atma), but for practical purposes, the mind (Manas) and body (Sharira) were separately defined and their entity and doshas separated. Bodily doshas (sharirika doshas - vata, pitta, kapha) and mental doshas (Manasika doshas - rajas, tamas) mutually affect each other¹. As per Ayurveda, the mind has immense potential along with its attributes of conscious and creative energy. Manas is a matter, difficult to understand. Ayurveda defines that matter as an entity bearing qualities and doing functions. The entity, which makes a

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person knowledgeable, is manas or mind². According to Acharya Charaka,, the father of Ayurveda, Manas is the entity responsible for observation and thinking. The word Manas is derived from the root word “Mana – gyane,” “mananat – manah.” Manas in Sanskrit, means to know, think, believe, imagine. The mind is inactive (achetana) by itself but gets activated (chetana) by the self or soul (Atma) although beyond sensory perception (it cannot be seen or felt), it is a material substance (Dravya), since it has both quality (Guna) and action (karma) coexistent within itself. It is the internal organ for perception. Manas links the soul (Atma) with sense organs and their sensory objects such as sound, touch, shape, taste, and smell. The soul (Atma) is the basis of all experience, while mind (manas) is only the instrument of experience³.

MATERIAL & METHODS-

The matter had collected from different Ayurvedic classics Carak Samhita, Sushruta Samhita, Astang Sangrah Samhita, Ashtang Hridaya , Bhela Samhita, and Kashyapa Samhita, and the modern books and others, national/international journals and internet searches related recent advances information.

Concept of Manas-

The Mind is the mediator between soul (Atma) and sensory organs (Indriyas). Our ancient Indian system emphasized the theory of unity of body and soul and explained how to deal with mental health

problems using a psychosomatic approach. The Manas (Mind) is tool for sense organs to perceive, hence it is called Atindriya, also called Sattva. Cheta is one of the synonyms of Mind. The mechanisms of sensory organs are complete with mind correlating soul and perception of sense organs⁴. Any disease produces psychological as well as physical symptoms, which were described together. The psychopathology of the mind was understood in terms of their trigunas and tridosa. The concept of Sadhaka pitta (one of the five sub type of pitta dosha) appears to be psycho physiological. The vitiation of one of the bodily humors - vata dosha is said to cause delirium (pralapa), insomnia (nidra nasha), etc., “Pitta” vitiation caused confused state of mind (bhrama) and unconsciousness (murchha). “Kapha” vitiation caused excessive sleep (ati nidra) and dullness (avasada)⁵. The citta is one of the four internal means of perception. The "mind" or Manas has two basic characteristics- The Anutvam (Atomic) and Ekatvam (Undivided). The Manas is the recording faculty; receives impressions gathered by the sense from the outside world. The “Manas” means to think, believe, imagine, it is internal organ for perception, connection of Atma (soul), is the basis of all experiences, while “Manas” (mind) is only instrument of experience and it is atomic and eternal. It is bound to the senses and yields vijnana (information) rather than jnana (wisdom) or vidya (understanding)⁶.



The “Manas” is one of the four parts of the antahkarana ("inner conscience" or "the manifest mind") and the other three parts are buddhi (the intellect), citta (the memory) and ahankara (the ego). In Ayurveda, the “Manas” (mind) is a thinking process in which the knowledge is retained over time. Ayurveda has accepted the inherent relationship between body (structure) and mind (function)⁷. (Cha. Sut.30/4) The heart and brain both are considered to be the seat of mind. They are interconnected but their functions are independent⁸. According to Acharya Bhela opinion that Manas is situated between the Shir (head) and talu (palate) or mastishka⁹.

In Ayurveda the citta is considered as Manas i.e., means of perception. According to sankhya karika the gross body is place of Manas. The functions of Hridaya have been described mostly as that of brain. The Manas is coordination of all the sense organs. Mind is an instrument which is responsible for phenomenon of thinking¹⁰. In Ayurveda the term mental diseases is not restricted only to insanity (relatively permanent disorder of the mind) and allied condition, but includes disorder and emotions also. Ayurveda has recognized the Manas is an indriya and along with gyanendriyas it has been designated as shadindriya. The Manas has been accepted as a medium to have the experience of pleasure and pain. According to Acharya charak (charak sutra 8/4) that the Manas (mind—functional brain) transcends all senses perceptions.

It is known as sattva, some call it chetas. Its action is determined by its contact with its object and the soul¹¹.

This acts as a driving force for all the sense faculties. The objects of senses are of three types i.e. sattvik, rajsik and tamsik. The mind dominated by any of the above mentioned attributes in one life follows in the subsequent life as well. This is known as jatismara and some character of individual derived from Manas are: Bhakti (desire), sheel (conduct), shauch (purity), dwesh (hatred), moha (attachment), tyaag (detachment), matsarya (strong desire), shourya (valour), bhaya (fear), smriti (memory), tandra (drowsiness) and anavasthatattva (unstability)¹².

Different levels of manas in Ayurveda-

The three mahagunas are Sattva, Raja, & Tama attributes different psyche proportion to Manas. To a given thing different people react very differently. There are five categories in mental level:

1. Kshipt - manas attributed to objects of senses
2. Mudha - tendency towards vice, ignorance, excessive sleep,
3. Vikshipt- (distracted): virtue, knowledge etc.
4. Ekagra- (concentrated): Manas is purged of impurities and there is prolonged concentration
5. Niruddha- where all mental functions cease and the mind left in it's original unmodified state of calmness and



tranquillity Acharya Charaka states that there are 3 type of Manas as sattva, rajas and tamas. But his commentator Cakrapani has a different view that we can see three type of mahagunas in one man at different situations¹³.

In modern psychology Freud developed a dynamic theory of psycho analysis. He divided mind into three parts- super ego, ego and Id. The Super Ego include socio-cultural aspect of personality. Responsibilities towards society and civilization begins in this part. The Ego, Physical aspect of personality; it is the most directly known part of ourselves. The ID is biological aspect of personality. The behavioural aspects of character and aggressive satisfaction are included in this group. The id, ego and super-ego are functions of the mind, not parts of the brain. They do not correspond one-to-one with actual structures of the kind dealt with by neuroscience¹⁴. Therefore we can compare the studies of Freud with Ayurvedic concept. Acharya Charaka says that the mind is a diverse disposition of these trigunas which function in mutual combination. The predominance of any one of them leads to a particular psychological constitution or predisposition - the pure sattvik, passionate rajasik and the ignorant tamasik. A psychological balance of all three is essential for a healthy state of mind. When sattva is predominant mental outlook is healthy. Mental and emotional disturbances arise when rajas is

predominant. Mental state is depressed, dull, and perverse when tamas is predominant. The predominance of one or other qualities in a person at any given time determines his mental state at that time¹⁵.

What is Manovaha Srotas ?

This Srotas is in charge of thinking, questioning and investigating, mental activity which is based upon past, present and future events, defining goals and targets, and expressing thoughts and emotions.

- ♦ **Mula (Root):** Ten important sensory pathways and heart, including Anahata Chakra
- ♦ **Marga (Pathway):** The entire body.
- ♦ **Mukha (Entry/exit):** Sense organs and Marmani (Marma Points).

This Srotas is divided into two systems, the conscious mind and the unconscious mind. While normally we are using our conscious mind and it protects us from the unconscious mind, during meditation and hypnosis we make the unconscious mind awaken, and that is the way to deal with this system¹⁶.

The organs concerned with Manas functions are included in manovaha srotas which consists of mastishka (brain), sushumna kand (spinal cord), nadi (nerves), panchajanedriya, panchkarmendriya and the manas. Acharya Charaka has used the term manovah srotas in unmada roga (insanity) While Sushruta used the term Sanjyavaha srotas in murcha roga



(convulsions). Chakrapani says that Manas is distributed all over the body except in roma, kesh, dravya, anna, and mala.

In modern science, we know that this is similar to nerves dispersing all over the body. Acharya Sushruta says when dosha obstructs these channels, the patient fall to perceive sukha/dukha and falls down unconscious like dead log and such a condition is known as moha or murcha. The vitiated doshas goes upwards, reach the brain and occupies the manovoha srotas causing unmaad.

Manovaha Srotasa are the various channels through which transformation of dosha take place. On this subject, Chakrapani commented that Manas (mind) is eternal and there is no question of providing any nourishment to it. Still it has its specific channels through which it keeps contact with the senses situated at different places. For such factors like mind etc., which are beyond sensory perception (trans-sensory), the entire body works as channel. This Channel is named as "Manovaha Srotasa" which is vitiated in vishada. Thus it affects all the jnanendriyas (sense organs), Karmendriyas (functioning organs), as well as the entire physical body. This srotasa is deranged in Vishada and works as medium between body and mind.¹⁷

DISCUSSION & RESULT-

“Brain” according to Hippocrates 400 B.C.- “The brain and the brain alone is the source of our pleasure, joy, laughter and amusement, as well as our sorrow,

pain, grief and tears .It is specially the organ we use to think and learn, see and hear, to distinguish the ugly from the beautiful, the bad from the good and the pleasant from the unpleasant. The brain is also seat of madness and delirium, of the fears and terrors that assail by night or by day, of sleeplessness, awkward mistakes, and thoughts that will come of painless anxiety, forgetfulness and eccentricities.”¹⁸

Function of Nervous System (Manovaha Srotokriya)- All the sankalpa- vikalpa (thought and ideas) that arise in mind, plans and decisions taken by the individual, sensory and motor activities, reflex actions, and autonomic activities of organs are performed by Manas by manovah srotas. It can be defined as nerve fibres. The Doshas of the body are aggravated upwards and getting lodged in between the crown of head (shir -brain) and the palate (tal) quickly vitiate the mind, then citta (emotions) comes into difficulty, intellect goes downwards (nigacchati) to the destruction¹⁹.

Functions of Mind (Manas)-

The fundamental functions of the Manas is thinking in various form which is described by Acharya charaka-

इन्द्रियाभिग्रहः कर्म मनसः स्वस्य निग्रहः ।
उहो विचारश्च ततः परं बुद्धिं प्रवर्तते ॥
— (चरक शा.1 / 21)²⁰

1 **Cintya-** Cognition
(knowledge, Perception)



- 2 **Vichara-** Thinking
(Thought, Cerebration,)
- 3 **Uhya-** Speculation
(Guess, Hypothesis)
- 4 **Dhyeya-** Concentration
(Complete attention)
- 5 **Buddhi-** Intelligence
- 6 **Sankalpa-** Determination (Purpose)
- 7 **Swanigraha-** Self - Control

Functional or cortical Division of Brain-

The five main functions that the brain serves are:

- Creativity.
- Memory and the ability to learn.
- Social interaction.
- Emotion and feelings.
- Planning.

The brain is made of three main parts: the forebrain, midbrain, and hindbrain. The forebrain consists of the cerebrum, thalamus, and hypothalamus (part of the limbic system). The midbrain consists of the tectum and tegmentum. The hindbrain is made of the cerebellum, pons and medulla.

The brain is the most complex organ in a vertebrate's body. In a human, the cerebral cortex contains approximately 15–33 billion neurons, each connected by synapses to several thousand other neurons. Physiologically, the function of the brain is to exert centralized control over the other organs of the body.

Front part of the brain; involved in planning, organizing, problem solving, selective attention, personality and a variety of "higher cognitive functions" including behaviour and emotions. The anterior (front) portion of the frontal lobe is called the prefrontal cortex. The cerebrum, the large, outer part of the brain, controls reading, thinking, learning, speech, and emotions.

1. Primary Sensory areas –It receives signals from the sensory nerves and tracts by way of relay nuclei in the thalamus. Primary sensory area includes visual, auditory and insular cortex and somato sensory cortex in parietal lobe.

2. Primary Motor Cortex – It sends axons down to motor neuron in brainstem and spinal cord. This area occupies the rare portion of the frontal lobe directly infant of the somatic sensory area.

3. Remaining Parts of the Cortex – It is called association Area, in these regions, the direct sensory or motor responses are not elicited. These areas integrate & analyse the responses from various sources. Such areas are known to have motor or sensory functions Korbin ion Bradman was the one who split the cortex into 51 different areas.

Cognition

Understanding the mind–body problem is the relationship between brain and the mind. It is a significant challenge for both philosophically and scientifically. This is because of the difficulty reconciling how



mental activities, such as thoughts and emotions can be implemented by physical structures such as neurons and synapses or by any other type of physical mechanism. This difficulty was expressed by Gottfried Leibniz is an analogy known as Leibniz's mill²¹.

Clinical Significance

The epileptic and non-epileptic seizures can cause cognitive impairment when the seizures becomes widespread. In mental disorders such as clinical depressions, Schizophrenia, bipolar disorder and post traumatic disorder may involve neuropsychological functioning related to various aspects of mental and somatic functions. These disorders may be treated by psychotherapy, Psychiatric medication, social intervention and personal recovery or cognitive behavioural therapy²².

Conclusion

The electrical activity of the brain is considered to be the electrical activity of the neuronal system and the neurotransmitters. But is there any such activity explained in Ayurveda system? The answer is yes. Referring to the function of Vata in Charak Sutra Sthana (12/8), Acharya Charaka has stated that Vata is the controller of the mind. It promotes the mind towards the sense organs as well stimulates them. The Vata in normal state of functioning sustains all the organs of the body. It consists of Prana, Udana, Vyana, Samana and Apana Vayu. The types

of five types of Vata activates all types of action, restrains and impels the mental activities. It coordinate all the same faculties and help in enjoyment of their objects. It controls the perception of sensible objects by Manas and sense organs.

From the above discussions, it can be concluded that the functions of the brain described in modern medicine are similar to that of Manas in Ayurveda. Thus the entire activity of Manas is controlled by Vata (Vayustantra-yantradhara) and this vata varies quantitatively in people of different prakriti. e.g., in vatic predominant prakriti people it is certainly more than those in kapha predominant prakriti, so we can say that Manas can be correlated to the functional brain.

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AYURVEDIC MANAGEMENT OF UTERINE FIBROID: A CASE STUDY

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ABSTRACT :

Uterine fibroid is the commonest benign tumor of the uterus. It has been estimated that at least 20% of women at the age of 30 have got fibroids in their wombs. In ayurveda it can be correlated with garbhashaya gata arbuda. The majority of fibroids remain asymptomatic. But the symptoms which are produced can be dangerous like it could lead to menstrual abnormalities. Menorrhagia is the classical symptom of symptomatic fibroid along with dysmenorrhea. This problem has become so annoying for females. When we talk about treatment part, in modern medicine if size is very large they prescribed patients for hysterectomy and they generally give symptomatic treatment but it has got many side effects. So, here ayurveda play a very major role. This case study will revolve around ayurvedic management of uterine fibroid and how ayurveda has helped the patient by not only reducing symptoms but also by reducing size of uterine fibroid without any kind of surgery.

Key words : Garbhashya gata arbuda, vaman, anuvasan basti, asthapan basti.

INTRODUCTION :

Uterine leiomyoma, commonly called fibroid uterus, is the most common benign neoplasm of female genital tract. Other terms in common use are; fibroma, fibromyoma, myoma, etc. Since it is composed primarily of smooth muscle cell the most appropriate terminology is leiomyoma¹. Fibroid uterus is the most common pelvic tumor, affecting 20 to 50 percent of reproductive age population. It is the most common indication for hysterectomy. These are asymptomatic in about 50 percent cases. Symptoms associated with fibroids are abnormal uterine bleeding, pelvic pain and mass, genitourinary symptoms, infertility and recurrent pregnancy loss. Exact etiology of uterine fibroid is still unclear. However, it seems that ovarian steroid hormones play a major role in the initiation and growth of tumor². In modern science, they generally go for hysterectomy which also has its own bunch of complication. So females generally don't prefer or go for surgical intervention. In ayurveda, we have got procedure which will show wonderful result and help patient to lead a life devoid of any pain or menstrual discomfort.

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As in the present case the patient was presented with heavy menstrual bleeding, excess pain in right iliac region, difficulty in voiding urine. For this case samprapti vighatan is made with our oral medication and panchkarma procedures in order to cure her heavy menstrual bleeding and associated symptoms. Panchkarma procedure like vaman and basti (anuvasan and asthapan basti) were performed in order to achieve desired result.

Causes of uterine fibroid³

The following facts are suggestive of the role of sex steroids in the causation of fibroids:

- Myomas are rarely found before puberty and they cease to grow after menopause.
- Leiomyomas grow during pregnancy.
- There is an increase in size of tumor if hormones, eg, oral contraceptive pills are given exogenously.
- Often myoma is associated with endometrial hyperplasia and endometrial cancer.
- Myoma reduces in size following administration of GnRh analogues
- Incidence is higher in nullipara and in obese women and it is lower in smokers.

Clinical features of uterine fibroid⁴

- Menorrhagia and metrorrhagia
- Dysmenorrhea
- Dyspareunia

- Infertility
- Pressure symptoms
- Recurrent pregnancy loss
- Lower abdominal or pelvic pain
- Abdominal enlargement

Risk factors for Fibroid⁵

- Nulliparity
- Obesity
- Hyperestrogenic state
- Black women

Case report

A 29 year old unmarried female patient, presented with chief complaint of severe pain in right iliac region and difficulty in urination and heavy menstrual bleeding since one year. She has taken allopathic treatment for the same but was not relieved. So, she came to CBPACS hospital for the treatment. Heavy menstrual flow which is bright red in colour with clots during menstrual cycle and is associated with severe pain in right iliac region along with difficulty in urination.

History of past illness

No specific history present.

Family history

No specific history present

Personal history

Bowel: regular, 1time/day

Bladder: 4-5times/day, 1time/night, difficulty in voiding urine



Sleep: adequate, sound sleep
Appetite: good
Addiction: nil
Diet: vegetarian
Ashtavidha pariksha
Nadi: prakrit, 80/min, regular
Mala: prakrit, regular, 1time/day
Mutra: vaikrit, 4-5times/day, difficulty
in voiding urine
Jihva: niram
Shabda: spashta, prakrit
Sparsha: samsheetoushna
Driku: prakrit
Aakruti: madhyam
Systemic examination:

On examination, patient was well oriented to time, place and person. Assessment of CNS, Respiratory system, GIT, Musculoskeletal system of patient was found to be normal. No clinical abnormality was detected.

Investigations

Done on 28/7/2018
Hb – 12.50gm/dl
CBC, LFT, KFT – WNL
BT – 2-3 Min
CT – 5- 6Min
HbsAg, HIV – Negative
Blood sugar fasting – 82gm/dl
pp- 100 gm/dl
USG done on 25/7/2018

Uterus is enlarged in size measuring 101x73x70mm with coarse echopattern and show heteroechoic SOL's at posterior right lateral wall and anterior left lateral wall measuring approx 75x60mm and 61x48mm likely fibroids.

Endometrium measuring 5.6mm.

Treatment

Patient was initially given treatment in the form of oral medication for two months.

- Chitrakadi vati 2BD half hour before meal
- Kanchnar guggulu 2BD
- Varunadi kwath 40ml BD
- Aarogyavardhini vati 2BD
- Haridra Khand 1TSF BD

Then after this patient was plan for vaman karma. She was completely told about sanshodhan procedure. Before snehapana various drugs for deepan and pachan were given to the patient for 3 days. She was given snehapana with maha trifala ghrita for next 7 days. It was advised to patient to take ghrita empty stomach early morning with luke warm water. After this samyaksnehan lakshan was obtained on 7th day. Patient was admitted to the hospital on 5.3.2019. Then for next two days she was given sarvang svedan and abhyang. During snehan and swedan it was already advised to patient to take only luke warm water and laghu and ushna aahar (easily digestable food). Next day vaman procedure was done.



Table No.1, Title of table: snehapan for vaman

| Date | Snena matra |
|-----------|-------------|
| 26.2.2019 | 30 ml |
| 27.2.2019 | 60ml |
| 28.2.2019 | 90ml |
| 1.3.2019 | 120ml |
| 2.3.2019 | 150ml |
| 3.3.2019 | 180ml |
| 4.3.2019 | 210ml |

Table No. 2

| Panchkarma treatment | Drugs | days |
|----------------------|----------------------------|--------|
| Deeapan- Pachan | Chitrakadi vati 2 tab TDS | 3days |
| snehapana | mahatriphla ghrita | 7 days |
| abhyang | Balaashwagandha laxadi oil | 2 days |
| swedan | Sarvang vashpa swedan | 2days |
| vaman | Madan fala yoga | 1 day |

Table No.3, Title of table: Vitals before and after treatment

| Vitals before vaman | Vitals after vaman |
|---------------------|--------------------|
| Bp- 120/100 mmhg | BP- 120/70 mmhg |
| PR-66/min | PR – 78/min |
| Temp - Afebrile | Temp - afebrile |
| Weight – 55kg | Weight- 55 kg |

Table No.4, Title of table: Vaman Procedure

| | time | quantity |
|--|----------|----------|
| Milk given | 9:38 am | 4glass |
| Vamak yoga | 9:48 am | |
| Vamanopag yoga (madhuyashthi phant) | 9:55 am | 10 glass |
| Lavanodak | 10:00am | 25 glass |
| Plain water | 10:10 am | 10 glass |



total no. of vega- 7

total no. of upvega- 9

Patient was taken for dhumpaana. It was a pravara shudhi and patient was explained the sansarjan karma for 7 days.

Yoga Basti

- ♦ She was again admitted on 27/3/19 for the procedure of yoga basti. Anuvasan and aasthan basti was given to the patient for eight days.
- ♦ Anuvasan basti – lasunadi oil (30ml) + eranda oil (20ml)
- ♦ Aasthan basti – varunadi kasaya + eranda oil + lasunadi oil

Observations and results

The following are the USG results, i have obtained after the treatment

| 11.12.2018 (before treatment) | 25.03.2019 (after Vaman) |
|--|---|
| Uterus is enlarged in size with coarse echopattern and show heteroechoic SOL's one at right side posterior myometrium measuring approx 78*65*60mm with multiple echogenic foci within likely calcification and another at left side anterior myometrium measuring approx 50*37mm likely fibroids. Endometrium thickness- 6.4mm | Multiple well defined heterogeneously hyperechoic lesions with nodular calcification are noted in uterus, largest of size 62*58*57mm noted in the posterior wall of lower uterine segment. Endometrium thickness – 6mm |

Menstrual symptoms were also relieved.

Flow- before treatment she was using 7 to 8 pads/day. After treatment she used only 2-3 pads/day. Pain while micturation was also relieved.

So, we can see from the results that size of uterine fibroid was reduced and the patient's menstrual symptoms were also relieved.

DISCUSSION

Uterine fibroid is an alarming condition as well as it is highly stress causing condition. Uterine fibroid which can be related with garbhashya arbuda in ayurveda. In modern, the treatment of the disease is not successful because of the recurrence rate of the disease. So, in ayurveda we provide you complete cure and prevention of the disease. According to ayurveda, vitiated tridosha are mainly responsible for causing any kind of pathogenesis



or disease. We have already seen above the pathogenesis of garbhashyagata arbuda that all the three dosha i.e vata, pitta and kapha got vitiated and results in the fibroid. So, sanshaman and sanshodhan chikitsa was planned for the patient. In sanshaman chikitsa, various oral medications were given to the patient. Then after this sanshodhan karma was planned. In sanshodhan patients's vaman and basti were performed. This is how we were able to manage the vitiated tridosha and provide patient relief upto maximum extent.

CONCLUSION

Sanshodhan chikitsa is the best therapy which can be used to treat uterine fibroid with oral medications. This treatment will reduce the complication arising from the excessive use of synthetic drugs. In addition, they are economical and cost effective therapies. The result of the study has shown potential for uterine fibroid. The ayurvedic management of uterine fibroid has a strong possibility to breakdown the pathogenesis of the disease and become a ray of light in the darkness.

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CONCEPT OF GUDA SHARIRA WITH SPECIAL REFERENCE OF PARIKARTIKA

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ABSTRACT :

The disease entity described under the heading of Parikartika, a constellation of symptoms such as Cutting and burning pain in the region of Guda, arrest of flatus & loss of appetite, has become a very common cause of hospital visits worldwide. Detailed description of Guda is explained here to understand Parikartika better. Guda means the organ, which excretes the Apana Vayu and Mala. Guda is one among the Pranayatan. It has also been included in Sadyopranahara Marma. Guda has been enumerated one among with fifteen Koshtangas and having three Valis (fold, wrinkles) from proximal to distal named as Pravahini, Visarjani and Samvarani. Karma of Guda is chiefly done by Apana Vayu, and Samana Vayu contributes functions of gastrointestinal tract like digestion, absorption, separation of nutritional assimilated material from wastage and finally to move the waste products for excretion. When Apana Vayu is vitiated, it becomes the cause for occurrence of Guda and Basti Roga like Parikartika, Arsha, Bhagandara etc.

Keywords: Parikartika, Guda Shareera, rectum, ano-rectal disorder.

INTRODUCTION:

Ayurveda deals with the maintenance of health and relief from the diseases. Acharya Sushruta defines the healthy state “One who’s Dosha; Agni and functions of Dhatu and Malas are in the state of equilibrium and who has cheerful mind, intellect and sense organs is termed as ‘Swastha’ (healthy).”¹ World Health Organization (WHO) also supports this definition, which shows the eternity of Ayurvedic description.

Ayurveda puts a great stress on the diet and dietary habit, which are called “Pathya”. No medicine is equivalent to food. It is possible to make a person disease free with just proper diet. Those who take proper diet and drinks live a long life and those not doing so die prematurely. Proper maintenance of the power of digestion also depends upon the intake of proper diet. The continuous thirst of achieving higher goals and self-created lack of time has driven us towards stress, consumption of junk food and soft drinks etc. These conditions further deteriorate the status of one’s health. The working capacity of each individual depends on the nutrition

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received and digestive system. Hence, over all of health largely depends up on the health of digestive system.

All the three Acharyas of Brihatrayi have mentioned about this entity 'Parikartika' though not as a separate disease but as a complication of various conditions viz. Vatika Jwara, Vatika Atisara, Garbha, unlawful administrations of purgatives or enemas. Later on, in Laghutrayi, especially Kashyapa Samhita and Sharangadhara Samhita have given details of the disease.

The term Guda means the organ, which excretes the Apana Vayu and Mala. Here, term Guda can be used to indicate end part of digestive system. Almost all the Acharyas have used this term to refer to an organ, which performs the actual function of defecation. They have even described the embryological derivation and development of Guda, and other body organs.² It shows their ingenuity and depth of study of the human body and its organs in those days when facilities were lacking.

Sharira Rachana of Guda

Guda has been enumerated one among fifteen Kosthangas (hollow viscera) of the body by Charaka and having two parts viz. Uttara Guda and Adhara Guda, explains that former is the seat of faecal material collection whereas later helps in the evacuation.³ This seems to indicate that Charaka has mentioned Uttara Guda up to pelvic colon at least and Adhara Guda

forms the part of ano-rectum because no sooner the faecal matter enters in ampulla of rectum, the reflexes start resulting into desire to defecate.

Guda is one among the Pranayanatan. It has also been included in Sadyopranahara Marma.⁴ It excretes the faeces and flatus which is also grouped under Bahya Srotasa (external openings).⁵

Embryological aspect of Guda:

In Sushruta Samhita, it has been mentioned that parts like Peshi (muscles), Rakta (blood), Meda (adipose tissue), Majja (bone marrow), Stana (breast), Nabhi (navel), Yakrut (liver), Pliha (spleen), Antra (intestine), Guda (anus) are 'Matruja' in origin.⁶ Acharya Vagbhatta also says that Guda, Rakta and Mamsa are Maternal in origin.⁷

According to Acharya Sushruta, it is Sara of Rakta and Kapha digested by Pitta along with the active participation of Vayu.⁸

Structure & Measurement of Guda:

Sushruta and Vagbhatta have described the presence of three Valis (fold, wrinkles) from proximal to distal named as Pravahini, Visarjani and Samvarani. These are situated one over the other inside Guda at a distance of 1½ Angula from each other and all of them obliquely projectile in one Angula spiral like conch (Shankhavartanibha). Gudaustha (anal verge) is situated at a distance of 1½ Yava from Romanta (hairy margin). The first Vali is at a distance of



one Angula from the anal verge. Some authors have translated these Valis as sphincters (Singala et al, 1972). Gananathasen has assumed the distal two houston valves are Pravahini and Visarjani, the area of external and internal sphincters

collectively as Samvarani. Sharma et al in 1968 described that Pravahini, Visarjani and Samvarani are respectively as lower houston valve, columns of Morgagni and dentate line.^{9,10}

Table no 1: Guda Valis and their approximate modern term.

| Sr no. | Guda Valis | Situation | Approximate Modern Term |
|--------|------------------|-----------|--------------------------|
| 1. | <i>Pravahini</i> | Proximal | Middle Houston's Valve |
| 2. | <i>Visarjani</i> | Middle | Inferior Houston's Valve |
| 3. | <i>Samvarani</i> | Distal | Dentate Line |

Visarjani is situated 1½ Angula (3 cm) proximal to Samvarani. It may be at the level of ano-rectal ring and inferior houston valve. Pravahini is again at a distance of 1½ Angula from Visarjani. It may be at a level of middle houston valve.

Guda as a Marma:

Sushruta has described Guda is one of Sadyopranahara Marma. Vagbhatt has mentioned Guda as Dhamani Marma. He has also said that Guda is attached to Sthulantra and functions as evacuator of faeces and flatus. Injury to this would lead to immediate death.¹¹

Blood Supply of Guda:

There are eight Shiras present in middle part of Shroni (pelvis) which supply to Guda and Medhra¹² and two Dhamani are supplying to Guda in downward direction. Regarding Srotasa there are two Srotasa

which pertain fecal matter namely, Pakvashaya and Guda, the later one also having external opening and named as one among Navasrotamsi.¹³

Physiological Function of Guda:

All the ancient authors have mentioned the functions of Guda as to dispose of excreta from the body. The opening is terminal part of Purishavaha Srotasa and serves as an excretory channel for excretion of faeces and flatus. According to Charaka and Sushruta, Purishavaha Srotasa has two Mula e.g. Pakvashaya and Guda, which serves as a storage and excretion of feces respectively. Karma of Guda is chiefly done by Apana Vayu, and Samana Vayu contributes functions of gastrointestinal tract like digestion, absorption, separation of nutritional assimilated material from wastage and



finally to move the waste products for excretion.¹⁴ When Apana Vayu gets vitiated it becomes the cause for occurrence of Guda and Basti Roga like Parikartika, Arsha, Bhagandara etc.. The three Gudavalis are playing key role in the mechanism of defecation. As their names, 1) Pravahani is one which compresses and pushes the stool downwards as spiral movements of middle houston valve. 2) Visarjani, which relaxes, and initiating the reflex of defecation in the presence of rich stretch nerve ending in ampula of rectum and region of ano-rectal junction. 3) Samvarani, which is sphincteric continence under the control of reflex mechanism by presence of external and internal sphincter which is opening and closing in passage of feces and flatus.

PARIKARTIKA

In various Ayurvedic literatures, it has been described as a complication of Virechana, Basti and Vamana Karma. However, the fact that the occurrence of Parikartika as a sequel of Atisara, Jwara, Garbha etc. was also known to ancient authors may seem incredible to the modern man. Kshata Payu and Kshata Guda are the synonyms in this disease.

Nidana:

In Parikartika, Vata is the leading or the primary Dosha, this is because of the fact that Guda is actual site of Vata especially Apana Vayu. Vata vitiation factors are Tikta, Ushna, Kashaya, Alpa Bhojana, Vegadharana, Udirana, excessive Shodhana therapy; diurnal and seasonal variations.

The second predominant Dosha that seems to play important part is Pitta. The factors vitiating it are Katu, Amla, Lavana, Ahara; Krodha; diurnal and seasonal variations.

In Parikartika, Vrana produced is mostly Nija in origin and Acharya Charaka has explained that when Doshas take site in Bahya Roga Marga, they produce Vrana likewise Prakupita Vata and Pitta are especially the causes of Parikartika.¹⁵

Due to excessive accumulation of Mala in Pakvashaya, it obstructs the normal passage of Vayu and produces Vibandha with cutting like pain. Due to this the Snehamsa (unctuous portion) gets absorbed rapidly and eliminates dry faeces with pain.¹⁶

Samprapti

The Samprapti of Parikartika and Arsha shows close similarities. It is evident from the fact that both these conditions are manifested in the same Srotasa i.e. Purishavaha Srotasa.. In this disease, Vata Prakopa is predominant with associated Pitta. The localization of Doshas occurs particularly in Guda Pradesha. Because of the pathogenesis, Twak becomes Ruksha and shows tendency to crack. Sushruta and Vagbhatta have clearly stated that similar changes occur in skin when Vata vitiates from the skin.¹⁷

When Mrudu Kosthi person indulges Ruksha, Tikshna Ahara and Ruksha Aushadha it produces Agnidushti, which in term leads to Vata-pitta Prakopa. Due to Daurbalya of Dushya i.e. Mamsa and Twak,



particularly of Purishavaha Srotasa, Kha-vaigunya takes place, which leads to Dosha Dushya Sammurchchhana. This produces Twak Mamsa Dushti specifically in Guda Pradesha. This Twak Mamsa Dushti or Vrana results in frequent defecation associated with pain. This ultimately leads to Parikartika.¹⁸

Sadhya-Asadhyata

Sadhya sadhyata of a disease is decided by considering all the factors, which are likely to influence the curability and incurability of a disease. It is essential to consider the Sadhyasadhyata before administering any form of Chikitsa (treatment).

Parikartika, which affects the superficial layer of the Twak (anal skin), is easily curable. If it affects the deeper layers, it shows reluctance to heal. If it is associated with Kustha, Vishadushti and Shosha, the healing of Vrana will be delayed.[19] If Parikartika is associated with Sanniruddha Guda, it is considered as Yapya.

DISCUSSION:

Parikartika though is not that uncommon still has slipped from the due attention of the Acharyas of Ayurveda. A properly classified documentation of Nidana, Samprapti, Rupa etc. of Parikartika is not available at any single place. Parikartika is such a condition that has come up as an alarming problem in recent times. As described earlier, it is not described as any separate disease, but its existence is found as a complication of

Virechana, Basti and also Vamana Karma. However, the fact is that the occurrence of Parikartika is a sequel of Atisara, Jwara, Pravahika etc.

The site of Parikartika is Guda, which is similar to the site of fissure-in-ano. Vata and Pitta Dosha have dominancy in the development of the disease Parikartika, but Vata is predominant.

The Samprapti of Parikartika and Arsha shows close similarities. It is evident from the fact that both these conditions are manifested in the same Srotasa i.e. Purishavaha Srotasa. Consumption of the causative factors, Apana Vayu and Pakvashaya is vitiated. Because of the pathogenesis, Twak becomes Ruksha and shows tendency to crack. Due to excessive accumulation of Mala in Pakvashaya, it obstructs the normal passage of Vayu and produces Vibandha with cutting like pain.

CONCLUSION:

The functions of Guda as to dispose of excreta from the body. Guda is included among 9 Bahya Srotasa and among 10 Randhras by Sharangadhara. Purishavaha Srotasa has two Mula e.g. Pakvashaya and Guda, which serves as a storage and excretion of feces respectively. The presence of Purishadhara Kala in Kosktha serves as to separate Mala from Ahara Rasa. Karma of Guda is chiefly done by Apana Vayu, and Samana Vayu contributes functions of gastrointestinal tract like digestion, absorption, separation of nutritional assimilated material from



wastage and finally to move the waste products for excretion.

The site of Parikartika is Guda, which is similar to the site of fissure-in-ano. When Apana Vayu and Pakvashaya are vitiated, because of the pathogenesis, Twak becomes Ruksha and shows tendency to crack. Due to excessive accumulation of Mala in Pakvashaya, it obstructs the normal passage of Vayu and produces Vibandha with cutting as if pain. Parikartika is such a condition that has come up as an alarming problem in recent times.

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AN OVERVIEW ON MEDA DHATU AND ITS SIMILITUDE TO ADIPOSE TISSUE IN RELATION TO OBESITY AND RELATED DISORDERS

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ABSTRACT :

The present study is on similitude of meda dhatu and adipose tissue. Besides the study of normal state of meda, disturbed meda dhatu metabolism holds its significance in causing variety of systemic illnesses. Meda dhatu is the fourth tissue formed in sequence according to dhatu poshan prakriya explained by various nyayas (hypothesis). It is the entity that controls metabolism of fat in body. As adipose tissue stores excess of fats, it is interesting to understand as to what effect a vitiated meda does on the same. It is also important to study how and where the agni work on meda so as to form a healthy tissue. Although the enzymatic and hormonal activity alone do not decide the fate of meda, rather the channels that carry the nutrient supply to this tissue play an equally significant role in formation of healthy meda that has ability to perform its functions as well as nurture other subsequent tissues. The pathology in meda might occur at varying level during dhatu formation process or interconversion between badha (stable) and abadha (mobile) meda or its transportation across

the channels. Here we are going to focus upon these levels of vitiation, its causes, and how vitiated meda causes strotodushti and by doing so we are able to understand the significance of balanced medoagni and medovaha strotas to avoid obesity and obesity related diabetes. The pathophysiological principles of ayurved define various metabolic and lifestyle disorders like obesity, diabetes and dyslipidemia as a manifestation of abnormal meda dhatu. This study becomes significant knowing that obesity and diabetes are evergrowing metabolic disorders which if not managed can lead to severe complications. So after undergoing the observational study regarding physiological functions of meda, it can be said that the action of medo dhatvagni on meda dhatu corresponds to action of respective hormones and enzymes on adipose tissue. And after this study we will be able to deduce that at what level correction is required and finally manage them to avoid further complications of abnormal meda dhatu metabolism.

Keywords : Medo dhatu, Medoagni vyapar, Medovaha strotodushti, adipose tissue, Obesity related diabetes.

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INTRODUCTION :

The sharir (body) constitutes of dosha, dhatu and mala.¹ There are three doshas, seven dhatu, and three mala that constitute sharira. Dhatus are the entities that retain sharira, mana (mind) and prana (life).² Basically they perform the nutritive and maintainance function. Meda is the fourth tissue formed under influence of agni. Agni is the tissue fire performing transformation at cellular, tissue or organ level which corresponds to the action of enzymatic and hormonal activity. Medo dhatvagni acts on poshak mamsa dhatu that flows inside medodhara kala so as to form a healthy meda dhatu and its updhatu (derivative tissue) snayu formed as a by-product. Snayu are basically the ligaments that holds two structures together. The waste products formed after metabolism are the secretions of body like sweat or sebum. This tissue has various functions like lepana karma i.e. insulating and protecting the tissues and organs from drying up as well as acts as protective cushion for various organ. The functions of meda dhatu resemble that of adipose tissue. It also acts as source of energy production by lipolysis (medo dhatu vilayan). Adipose is the primary storage site of excess fat in the body.

The pramana (amount) of meda dhatu is fixed in body. Any alteration in this quantity in form of either vriddhi or kshaya manifests itself as sthauilya and karshya

respectively. Meda vriddhi causing obesity occurs majorly because of sedentary life style or taking up of food substances which are predominant in earth and water mahabhuta as both of them have guru guna. Obesity is considered to be because of beej-dosha marking its genetic predisposition. This causes dushti of the mula (root) of medovaha strotas and the channels supplying various adipose tissue of the body get disturbed. These alterations in the formation of healthy tissue is manifested in the form of various disorders pathology of which are interrelated. So in brief we will discuss the patho-physiological concept of meda, its resemblance to adipose tissue and measures that can help in maintaining a healthy meda dhatu by improvising our day to day activity.

Material and methods :

The present study is conducted after thoroughly undergoing critical reference of books of brihatrayee in relation to medo dhatu. Various commentaries i.e. Chakrapani, Dalhana, Vidyotini are also referred. Recent research work by scholars on meda dhatu is also explored and a correlation is made between ayurvedic and modern concept of meda dhatu .Google search using keywords meda dhatu, medoagni, obesity is made. And a compilation of facts is made in relation to modern view of meda dhatu disorders related to its disturbed metabolism.



Observation and results :

According to acharya Charak praman of meda dhatu is two Anjali and it is particular for every individual as per the dimension of hands.³ But acharya shusrut says that the amount of dhatu in body is not fixed as it keeps changing because of the daily wear and tear activity.⁴

Poshan of medo dhatu

The three nyayas (hypothesis) that define the phenomenon of tissue nutrition are kedarikulya nyaya, khalekapot nyaya, ksheerdadhi nyaya. Every dhatu gets metabolised into two forms after agni (digestive fire) works on it, poshya and poshak dhatu.⁵ The nutrient for meda dhatu is carried in suksham ansha of mamsaka poshak mamsa and once it reaches medovaha strotas under the influence of vyaan vayu, medo agni works on it and forms Prasad bhag and mala bhag. The Prasad bhag has two metabolic forms poshya and poshak meda. They undergo interconversion within medovaha strotas by action of agni working similar to various enzymes and hormones. According to vagbhat, if dhatvagni is decreased it leads to dhatu vridhhi and increase in dhatvagni leads to kshaya of dhatu.⁶ The mala bhag is sweat and is excreted through skin. While the poshak meda carry nutrient to bone tissue as it enters asthivaha strotas where asthyaagni works on it. And the process of dhatu poshan continues. This is the fundamental principle of ayurved that

previous dhatu is the aahar of subsequent dhatu.

Physiological functions of meda dhatu

Panchbhautik sangathan (five elemental theory) to a greater extent decides the functions of a dhatu in body. Meda is formed when bhutagni takes up earth and water element from the aahaar rasa after jathragni action and convert them into elements that are homologous to body. This gives particular properties to meda dhatu like snigdha, drava, guru, madhur which in turn decides the functions of meda dhatu i.e. snehana, swedana, asthipurana and drirhta.⁷

Medo dhatu does snehana by insulating and lubricating tissues as it is composed of jala mahabhut. Here snehana karma of meda is also reflected in psychological aspect which is ones's affection towards others. Sweda (sweat) formation as it is the mala of meda dhatu. Medo dhatu situation is adhastwaka (subcutaneous tissue) and so acts as insulator and prevents loss of heat from skin. It helps in regulation of body temperature. The location of majja is in large bones (red bone marrow) and meda is in small bones (yellow bone marrow). The marrow fat is physiologically different from subcutaneous fat. Its main function is to store adipocytes whose triglycerides (TGs) can serve as source of energy during lipolysis (meda dhatu vilayan). It also plays role in formation and nourishment of bone



tissue. Meda is the root of asthivaha strotas as per Charak. But as the age advances red bone marrow converts to yellow marrow causing deranged lipid profile in old age. Thus, subsequently physiological functions of meda are disturbed.

Relation between poshya, poshak meda and brown and white adipose tissue

The poshak meda dhatu is asthayi (mobile) and it keeps circulating within medovaha strotas and provides nutrition to poshya or sthayi (immobile) meda.⁸ The structural lipids within cytoplasm, TGs, glycolipids over cell membrane constitute poshya dhatu alongwith TGs stored inside adipocytes. Adipose tissue is the storage site of meda and it exists in two forms, brown adipose tissue (BAT) and white adipose tissue (WAT). The BAT is derived from muscle tissue (nutrient for meda in prasad bhag of mamsa) and is metabolically more active form as its main function is to burn fats so as to generate heat. Therefore it is present in lesser amount as is the poshak meda dhatu. It is found in front and back of neck, intrascapular region and large blood vessel of thorax. It is found more in newborns and hibernating animals so as to generate adequate amount of heat energy as their thermoregulatory centre is not well developed. But this tissue decreases as we grow older. On the other hand, WAT is predominant form which is a subcutaneous tissue so it acts as a thermal insulator and cushion for internal organs. It provides largest energy reserve in body

as after burning of 1g fat around 9kcal per g is derived while on metabolism of 1g carbohydrate and protein 4kcal per g energy is liberated. It is a major endocrine organ as it produces estrogen and leptin. Leptin helps regulate appetite and hunger. It has got various strotas (receptors) for insulin, growth hormone, adrenaline, and cortisol (stress hormone). It is basically the poshya form of meda which acts as fat depots. Fatty deposition occurs when consumption of calories is more and expenditure is less. The fat in viscera or abdomen is the result of deposition in WAT.⁹

Medovaha strotas and its physiology

The strotas are the macro and micro channels of circulation. They act as mediators for activity of factors like three doshas, seven dhatu and agni within body. They are not only the receptors that carry nutrient components of dhatu across the kala (lining membranes) or the transportation of nutrient poshak dhatu to site of poshya dhatu, transformation of poshak to poshya form, and excretion of waste products formed after metabolism, all occurs with the help of these strotas. Vitiating of these various forms of channels lead to derangement in the stable dhatu as well as dhatu flowing through it.

The root of medovaha strotas are vrikka (kidneys) and kati (pelvic region). Although it is still a topic of debate as to why vrikka are considered root of meda. This may



attribute to the process of organogenesis where Sushrut defines formation of kidneys from rakta and meda. Also the kidneys are protected within perinephric fat that act as cushion to this vital organ. The process of renal filtration and receptor mediated uptake of lipid binding and lipid regulating proteins and its effect on lipid metabolism is a matter of research in modern medicine also. Vrikka and vapavahan (omentum) are the root of medovaha strotas as per Charak as they are the main sites of fat deposition in obese person.

Medovaha strotodushti in relation to sthaulya

Medovaha strotodushti is caused by lack of exercise, excessive sleeping during daytime, eating frequent and large amount of fatty meat, excessive drinking of special type of alcoholic preparation made of high caloric value date palm (Phoenix dactylifera). All these factors decrease basal metabolic rate by increasing kapha dosha.¹⁰ This happens because of the concept of ashraya-ashrayi principle mentioned by Acharya Vagbhat. The kapha dosha is the ashrayi (resident) within meda dhatu which is one of the ashraya (abode to kapha dosha).¹¹ So any vitiation in kapha dosha diminishes medo dhatvagni or the enzymatic or hormonal activity causing medo vridhhi. This obstructs the strotas or nutrient channels of remaining tissues such that more meda

gets accumulated and subsequent tissue are not nourished properly.

Strotodushti in medo rog :

The strotodushti that occurs in medorog is sang and vimarg gaman.¹² The vitiated meda dhatu obstructs the flow of nutrient contents within channels causing sanchya (deposition) of apakva meda at the site of kha- vaigunya (vitiation) of strotas. This hampers the process of interconversion of poshya –poshak meda and liberation of energy post lipolysis does not occur. This increases the level of TGs within fat depots leading to obesity. Also when this apakva meda increases in large amount, there is diversion of flow of its contents to inappropriate channels which is vimarg gaman. This is evident by the stacking of FFAs and cholesterol over the walls of arteries leading to atherosclerosis. As per ayurvedic concept artery is also a strotas as variable shapes and forms of strotas is mentioned by Charak.¹³

Metabolism of fat in adipose tissue :

Adipose tissue performs complex metabolic and endocrine functions. The stored fat TGs remain within adipose tissue which constitute around 80 to 95 percent of entire cell. There is large amount of lipases in adipose tissue that cause lipolysis. It involves hydrolysis of triglycerides into glycerol and three molecules of free fatty acids. Hormones like glucagon, epinephrine,

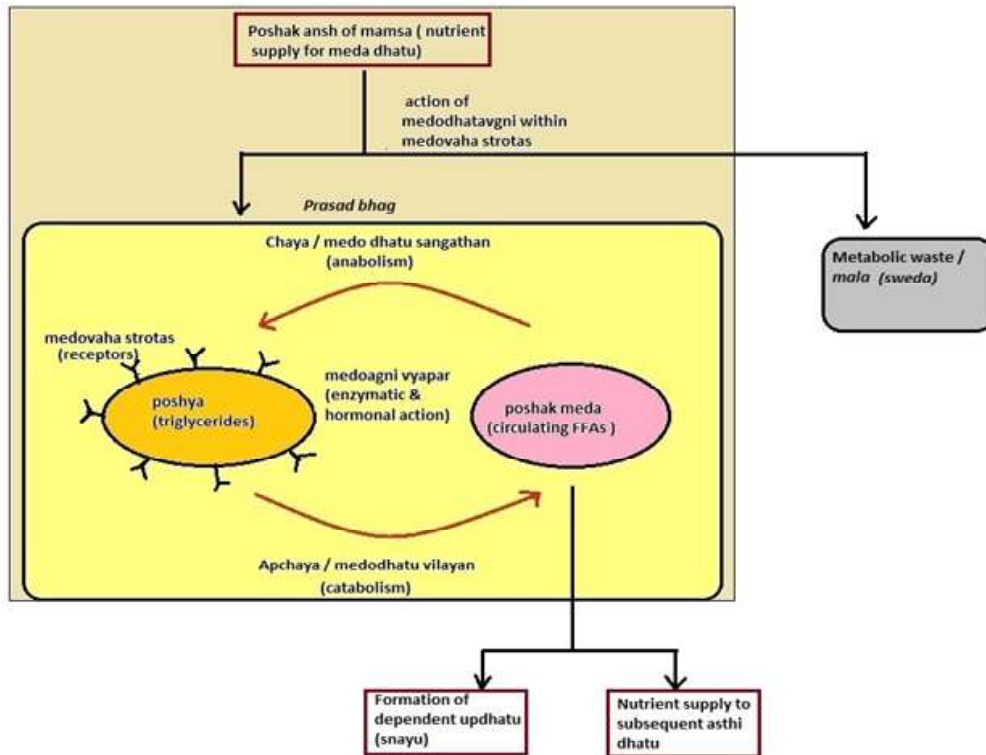


norepinephrine, cortisol induce lipolysis by activating lipase found in adipose tissue. It acts on TGs to give end products glycerol and FFAs. Although small amount of FFAs are present within cell also.¹⁴ There is a constant flux of FFA entering or leaving adipose tissue. Thus a balanced conversion of poshya and poshak meda under influence of balanced medoagni is essential for normal metabolism of fat.

If the medoagni vyapar gets disturbed in such a manner that the equilibrium shifts

from left to right (lipolysis), there will be mobilisation of fats from adipose tissue to liberate energy which causes increase level of fatty acid within circulation causing atherosclerosis. On the other hand, if equilibrium shifts from right to left, there is increased storage of TGs within adipocytes because of decrease in amount of lipoprotein lipase which cause hydrolysis of TGs. A fine depiction of relation between two forms of meda is given in Fig 1.1

Fig.1.1 : Depiction of meda undergoing anabolic and catabolic process inside medovaha strotas





A person living a sedentary lifestyle needs lesser energy to meet metabolic demands. As energy requirement is less, lesser TGs undergo lysis with minimal liberation of energy and TGs remain stored inside adipocytes leading to fat deposition.

In short, expenditure of energy has a primary role in normal activity of medo dhatvagni vyapar. The comparable factors in metabolism of fat and meda dhatu are given in table 1.1

Table 1.1 : Comparative factors between meda dhatu and fat metabolism

| S.NO. | Medo Dhatu Vyapar | Fat Metabolism |
|-------|-------------------|--|
| 1. | Medodhara kala | Peritoneal membrane and yellow bone marrow |
| 2. | Poshya meda | TGs, structural lipids inside and over cell surface (Fat Depots) |
| 3. | Poshak meda | Circulating FFAs and glycerol with rasa and rakta |
| 4. | Medodhatavgni | Enzymatic and hormonal activity |
| 5. | Medovaha strotas | Lipoproteins and receptors over adipocytes |

Evaluation of vitiated meda by physical examination:

Medo kshaya (depletion of fatty tissue) : This happens when medo dhatvagni is abnormally increased. it increases fat metabolism within tissue. If dietary demands of the person are not met, this leads to further depletion of fatty depots. This causes drying up of snehansha within strotas and the proective function of fats is lost. Further drying up leads to stenosis of channels and subsequent dhatu are not nourished. This creates a state a condition of kshaya and the patient becomes lean and thin. As the cell membranes are also formed of lipids, so decrease in fat causes

disturbed cell integration and nerve conduction.

Medo vridhhi (deposition of fat in adipose tissue) : This happens when medoagni is abnormally decreased. So the apakva meda accumaulates within fatty tissue. Due to decreased tissue fire, the end products of fat metabolism are not formed and it remains stored within fatty depots.

A vitiated meda can be assessed physically by good clinical practice. And once it is clear, effective measures can be taken for management. Acharya sushrut has mentioned certain features of meda vridhhi and kshaya compared in table 1.2.



Table 1.2. : Evaluation of visham meda by physical examination

| Medo kshaya | | Medo vridhhi | |
|--------------------------|---|-----------------------------|--|
| <i>Pleehabhivridhhi</i> | that occurs because of loss of excess fat which might make the spleen palpable. Also <i>snayu</i> is the <i>upshatu</i> of <i>meda</i> . There are various ligaments holding spleen in place but if <i>snayu</i> are not strong enough, it might be mistaken as dislocated spleen | <i>Snigdhatta</i> | means oiliness in skin and hair because of increased <i>snehansha</i> or lipids |
| <i>Sandhishoonyta</i> | means hollowness or lightness of joint because of vitiated <i>medodhara kala</i> present in small bones according to <i>Sushrut</i> . | <i>Udarparshava vridhhi</i> | as abdomen and flanks. these are the main site of fat deposition in obese person |
| <i>Raukshya</i> | (dryness) because <i>snehansha</i> is lost with <i>meda kshaya</i> as glycerol and FFAs are a major component of human skin oils. | <i>Kasa-shwasa</i> | because the main <i>dosha</i> involved is <i>kapha</i> along with <i>vata</i> . The <i>meda</i> and <i>kapha</i> are similar in properties so this increase <i>kapha dosha</i> and breathing problems start occurring. |
| <i>Medurmamsaprathna</i> | means craving or urge for <i>meda</i> and <i>mamasa</i> . This occurs because of <i>samanya vishesh siddhant</i> of ayurved mentioned by <i>Charak</i> . This means to overcome any deficiency of any substance in body, our body demands the diet having similar properties as that of deficient substance | <i>Daurgandhya</i> | is foul smell from body because of excess formation of mala (sweat). This occurs because the water and earth element increases in <i>meda vridhhi</i> and as <i>gandh</i> (sense of smell) is perceived by <i>nasika</i> , which is the seat of <i>ghranaindriya</i> , <i>gandh</i> is the <i>guna</i> of earth element. |



Sthaulya rog and its genetic predisposition:

It is a condition in which excess body fat get accumulated so as to effect general health. One is said to be obese when BMI (body mass index) i.e. ratio of weight of person in kg to square of person's height in metre is above 30 kg/m².¹⁵ Or obesity is also defined in relation to waist circumference. High risk waist circumference in male is > 40 inches (102 cm) and female is > 35 inches (88 cm).¹⁶ As per our ancient text, the medodhara kala resides in udar (abdomen) and anu ashti (small bones).¹⁷ In abdomen, there is a fold of peritoneum connecting the stomach with other abdominal organs and its main function is deposition of fat that insulate abdominal organs and act as energy reserve. In a medasvi purusha, abdomen is the first to show fatty deposits. So waist circumference has its significance in assessment of central obesity.¹⁸

In ancient text, it is mentioned that in medasvi purusha the primary cause of increased appetite is avarna of vriddha meda over vayu. As a result of this, vata in koshtha (stomach) get aggravated which in turn further aggravates jatharagni (digestive enzymes). This increases rate of digestion of fuel as food that we provide to agni and the time for which food shall remain within stomach decreases.¹⁹ This in turn sends sensory signals to hunger centre in hypothalamus and person eats voraciously. This abnormal feeding

behaviour further adds to sanchya of meda (TGs). The excess food, whether fats, carbohydrates, or proteins, is then stored almost entirely as fat in the adipose tissue, to be used later for energy. The involvement of aavrit vata in sthauya rog is the reason that treatment of sthula rogi is more difficult than krisha.

It is also evident from recent study that a sub-population also suffers from genetic predisposition to excess adiposity. Genetic predisposition of ati-sthauya is established by calling it a beeja-dosha (disturbance in genome of parents) disorder.²⁰ In fact if an obese person will develop complications like type 2 diabetes, coronary heart disease, hypertension and arthirris or not, is also associated with presence of absence of obesogenic genetic factors.²¹

Relation of apakva meda with obesity and insulin resistant diabetes:

Pramehi (diabetic patient) in ancient text is said to be of two types. One is stula (obese) or balwaan and other is krisha or durbala (emaciated).²² The sthula pramehi falls under type 2 diabetes patient. It is often associated with central obesity, hypertension and dyslipidemia (elevated LDL, cholesterol and TGs and low level of HDL). These conditions leads to cardiovascular disease altogether are called as 'insulin resistance syndrome'. It is believed that obesity acts as diabetogenic factor only in genetically



predisposed person to insulin resistance.²³ It develops as a result of disturbed formation of lipoproteins receptor which basically are poshya meda. This causes srotodushti (deranged insulin receptor formation). WAT functions as major endocrine and secretory organ is. It releases adipokines, including leptin, adiponectin, TNF alpha, interleukins, which are linked to inflammatory response. Obesity is characterised by a state of chronic mild inflammation, with raised circulatory levels of inflammatory markers that develop obesity, Type 2 diabetes and metabolic syndrome.²⁴ Expansion of visceral or abdominal WAT where medodhara kala is predominant has been strongly correlated with insulin resistance as medovaha strotas (lipoproteins) as well as insulin receptor over the cell surface are vitiated in obesity. So these strotas are unable to carry glucose within cell for further metabolism. As a result of which the brain sends motor signals to beta cells of pancreatic islets. They further increase the release of insulin without increasing the movement of glucose into intracellular space because the cells have become resistant due to destruction of insulin receptor or strotas over them. This creates a condition of increased glucose in circulation hyperglycemia besides a higher level of insulin hyperinsulinemia. The net flux of FFAs in and out of cell is controlled by insulin and leptin. If insulin is elevated,

then there is net inward flux of FFA within adipose tissue where they are esterified into TGs. Fat storage is further increased because a raised insulin level inhibits action of lipase. Insulin deficiency increases use of fat for energy leading to medo kshya referred as krisha pramehi (emaciated diabetic patient).

Apakva meda as antecedent of Atherosclerosis There are certain highly cellular inflammatory lesions in arteries that consist of macrophage foam cells having lipids especially LDL inside them, that act as lesions of atherosclerosis. These fatty streaks get deposited under dysfunctional endothelium particularly atherosclerosis prone areas, which has pre existing intimal thickening referred as kha-vaigunya in ayurved and by the process of calcification cause hardening of vessels. This condition is atherosclerosis, which further acts as risk factor of cardiovascular diseases. Because within a lipid-rich core, RBCs and their lipid rich membranes may contribute to the expansion of the plaque. This causes sang (stenosis of the artery) and a complete blockage causes ischemia of myocardium or heart attack. This is also one of the leading causes of hypertension as well. This is the reason obesity is associated with hypertension.²⁵

Discussion:

The Anjali pramana is measurement of volume or liquid dhatu contained in the



cavity formed by putting two hands together. The praman of meda is under check of agni. Decreased enzymatic and hormonal activity (diminished medoagni) means rate of metabolism is also decreased leading to medo vriddhi while increase in rate of metabolism because of aggravated activity of enzymes causes emaciation. Poshya meda which is metabolically less active is lesser in emaciated person because of high BMR.

The root of channels are the sites that control the activity of entire channels. Any ailment at the root of tree causes malnourishment of the branches and other parts of tree as well. In the same way, the entire channels get disturbed if the root of channels get vidhha (polluted). A balanced interconversion between poshak and poshya meda is responsible for normal level of lipids in body. Any alteration in metabolism of either of them disturbs whole process of interconversion. This alteration because of lack of expenditure of energy and a sedentary lifestyle after excess and frequent intake of fatty food causes weight gain as well as high TGs level cause meda vriddhi or sthaulya. And it is factor in genesis of diabetes. However adipose tissue inflammation related to insulin resistance is either a cause or consequence of obesity related insulin resistance is still not clear.

In modern science, the management of obesity using drugs has not been very fruitful. However, life style modification

proves to be of great help. The principle for managing medo rog is that the expenditure of energy shall be more than intake. This is achieved by doing regular exercise and physical activity. One must stop living a sedentary lifestyle and improve dietary habits as fat deposition is a result of lethargy and excess fatty food intake. Alongwith physical activity, mind shall be in a state of equilibrium with the environment and self. This can be achieved by doing yoga and pranayama.

Conclusion :

Obesity and diabetes are growing global health problems occurring because of the high caloric diet combined with sedentary life style. They not only hamper general condition but also leads to certain life threatening cardiac diseases. Since, ayurved is heading towards globalisation it becomes all the more important to understand the ayurvedic concept of these diseases in relation to meda dhatu so as to take effective measures not only to prevent but also cure them by following a balanced diet alongwith equilibrium in energy expenditure by understanding this very basic concept of medo dhatu, dhatvagni, strotas alongwith its modern perspective.

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AN IDEA ON DEVELOPMENT AND VALIDATION OF ASSESSMENT CRITERIA FOR ASSESSMENT OF PITTA DOSHA IN AYURVEDA RESEARCH

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INTRODUCTION :

Pitta is derived from which regulates all the thermo dynamics, Chemo dynamic activities and function of agni in body In normal state it brings proper digestion, vision, joy, happiness, maintains normal bodily heat and normal complexion. In abnormal state, it is responsible for indigestion, loss of vision, fear, anger, bewilderment, abnormal bodily heat and abnormal complexion. There is predominance of agni mahabhûta in its constitution therefore it is endowed with ucna & tikcna guna. Presence of jala mahabhoota makes it sasneha & drava while akasha enables its saratva. Pithvi mahabhûta is responsible for its visra guna. Although, usna & tikcna guna are prima facie akin to diagnosis of involvement of pitta yet a scale which doesn't take cognizance of visra, sara & drava guna of pitta can not be considered valid and reliable.

Aims & Objectives

To establish meaning, diagnostic and therapeutic importance of visradi guna of pitta dosa.

To develop and validate a scale for assessment of visrâdi guna of pitta dosa

Materials & Methods

Step 1: Textual references of visrâdi guna were collected and compiled

Step 2: Generalization of findings

Step 3: Proposal of important characteristics of a valid scale

Step 4: Testing for validity and reliability of Proposed scale

Observations

Visradi guna includes three inherent properties of pittadosa namely visra, sara and drava.

As per indulekha commentary on astanga sangraha

- ♦ विस्रं = दुर्गन्धि (putrid smell)
- ♦ सरं = व्याप्तिशीलं (omnipresent)
- ♦ द्रवं = अकठिनं (liquid state, soft)

In Sarvangasundara commentary of Astanga Hridaya vinra has been explained as दुर्गन्धि मत्स्यामगन्धि

As per apte : विस्रम् A smell like that of raw meat. -a. Stinking of; (शिखिशिखाश्रेणयः) अजस्रसूतबहलवसावासविस्त्रे स्वनन्ति Nâg. 4.18;

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N.22.5. -Comp. - गन्ध, गन्धि, गन्धिन्
a. raw smelling; रुधिरवसाविस्रगन्धिः कुठारः A.
R.4.25; जानुक विस्रगन्धी गोधादी मत्स्यबन्धः एव
निःसंशयम् S.6. –गन्धिः yellow orpiment.

In Sarvangasundara commentary of Astānga Hridaya saram is explained as 'सरं व्याप्तशीलं सरणशीलमूर्ध्वधः प्रवर्तते न स्थिरमास्ते, शकृदविस्रंसि वा।

As per apte : व्याप्ति f. 1 Pervasion, permeation. -2 (In logic) Universal pervasion, invariable concomitance, universal accompaniment of the middle term by the major; यत्र यत्र धूमस्तत्र तत्राग्निरिति साहचर्यनियमो व्याप्तिः T. S.; अव्यभिचरित साध्यसामानाधिकरण्यं व्याप्तिः Tarka K.; व्याप्तिः साध्यवदन्यस्मिन्न-संबन्ध उदाहृतः। अथवा हेतुमन्निष्ठविरहाप्रतियोगिना। साध्येन हेतोरैकाधि-करण्यं व्याप्तिरुच्यते। Bhâcâ P.67-68. -3 A universal rule, universality. -4 Fulness. -5 Obtaining. -6 Omnipresence, ubiquity (as a divine attribute). -Comp. ग्रह apprehension of universal concomitance. -ज्ञानम् knowledge of invariable or universal concomitance. वादः statement or assertion of universal pervasion.

In Sanskrit literature vyâpti has various connotation as listed below:

- ♦ Accomplishment (Monier-Williams, Sir M. (1988))
- ♦ acquisition (Monier-Williams, Sir M. (1988))

- ♦ attainment (Monier-Williams, Sir M. (1988))
- ♦ inherence (Monier-Williams, Sir M. (1988))
- ♦ inherent and inseparable presence of any one thing in another (as of oil in sesamum seed) (Monier-Williams, Sir M. (1988))
- ♦ invariable concomitance (Monier-Williams, Sir M. (1988))
- ♦ omnipresence (Monier-Williams, Sir M. (1988))
- ♦ pervasion (Monier-Williams, Sir M. (1988))
- ♦ ubiquity (as a divine attribute) (Monier-Williams, Sir M. (1988))
- ♦ universal distribution or accompaniment (Monier-Williams, Sir M. (1988))
- ♦ universal pervasion (Monier-Williams, Sir M. (1988))
- ♦ universal rule without an exception (Monier-Williams, Sir M. (1988))
- ♦ universality (Monier-Williams, Sir M. (1988))

Dravam also refers to avadîrna (liquified), âyuta (mixed, combined with, half-meltd butter.), gâlita (melted)

Among the abodes of pitta described in ayurveda , three inherited characteristics



listed above are present more profoundly in sveda (sweat), lasikâ (serum), rudhira (blood) and rasa (first product of digestion)

As mûtra (urine) and pûrisa (stool) are produced as result of digestion due to pâcak pitta, characteristic smell present in urine and stool may be ascribed to pitta.

Svedah (sweating), kledah (liquefaction), srutih (discharge), komhah (putrification) are functions that may be credited to above inherent characteristics of pitta dosa.

It is due to drava and sara guna that an individual with pitta prakruti is 'प्रशिथिल-सन्धिबन्धमांसो' दक 'स्वेदिनः'

Drava, sara & visra guna together implied make a paittika person 'स्वेदनः पूतिगन्धिः'.

'सुगन्धिशीतहृद्यानां गन्धानामुपसेवनम्' is line of treatment applied to counter preponderance of above characteristics of pitta dosa.

'युगपद्वयाप्तिरगनां' present in paittika jvara may be credited to sara guna of pitta.

'विट्संसः पित्तवमनं रक्तष्ठीवनमम्लकः । रक्तकोठोममः पीतहरित्वं त्वगादिषु ॥ स्वेदो निःश्वासवैगन्ध्यम्.....' may be result of visra, sara and drava guna of pitta.

'शिरोगुरुत्वमरुचिः' छर्दिछर्दितवैभत्स्यं' mentioned in prodromal symptoms of

raktapitta may be result of drava and sara guna whereas 'लोहलोहतिमत्स्यामगन्धास्यत्व' may be attributed to visra guna of pitta.

'पित्तासृग्वमनं' in paittika kâsa result due to aggravation of visra, sara and drava guna of pitta dosa.

It is aggravation of visra, sara and drava guna of pitta dosa that casuses 'अतिसारोष्णसञ्छर्दिमुखदुर्गन्धो' in rajayakshma.

'द्रवनीलोष्णपीतामरक्तवर्चसः' in paittika arsa originates due to excess in visra, sara and drava guna of pitta dosa.

'सरक्तमतिदुर्गन्धं' type of stool with excessive sweating is seen in patients suffering from paittika atisâra. It results due to visra, sara and drava guna of pitta.

Excess of visra guna may also be seen in raktameha.

It is sara guna that enables pitta vidradhi to be ksiprothânaprapakah.

'स्वेद', 'दौर्गन्ध्य' 'वर्चोभेद' seen in paittika pându is effect of visra, sara & drava guna of pitta.

'शीघ्रानुसारप्रशमो', 'स्वेद', 'क्लेद', 'विड्भेदी', 'गन्धी' described as characteristic of pittaja sophia result to due visra, sara and drava guna of pitta.

'मर्मानुसारी' characteristic of âgneya visarpa may be attributed to sara guna of pitta dosa.



'आशूत्थानावदरणकृमि' seen in udumbara kucmha may be considered as resultant of sara and drava characteristic of pitta.

Discussion & Conclusion

Visra gandha makes natural abodes of pitta offensively smell. It is responsible for offensive smell of sweat, urine, stool, blood and putrefying tissues. Sara guna is responsible for omnipresence of pitta. It is by virtue of saraguna that aggravate pitta can swiftly travel from kosta to all over body. If pitta can cross all possible physical and biological barriers of body to affect marmas it is because of sara guna. Sara guna is also responsible for its quick aggravation and pacification. Drava guna provides volume and liquidity to pitta doka.

A scale to be used for assessment of visradi guna must have following characteristics

1. It must be able to discriminate between all gunas of pitta.
2. It must be able to discriminate between normal & abnormal state of visrâdi guna.
3. It must be able to quantify proportionate aggravation of these gunas.
4. It must be able to discriminate between ksyâ (diminution) and vridhhi (aggravation) of these gunas

5. It must be able to discriminate sancaya, prakopa, prasar & sthanasamsraya of these gunas.

Sites of assessment may be as follows

Primary assessment

1. Sveda (Sweat)
2. Mûtra (Urine)
3. Purisha (Stool)
4. Vami (Vomitus)
5. Rakta (Blood)
6. Swâsa (Breath)

Secondary assessment

7. Śoṭha (site of inflammation)
8. Vidradhi (site of abscess)

Types of Scale

A. A scale with dichotomous nominal variable: A scale with only two variables

1. Presence
2. Absence

Or

1. Normal
2. Abnormal

Will be best-suited scale to diagnose normal and abnormal condition; however it will not be suitable to quantify the degree of abnormality and stage of abnormality. Being easy to use it is likely to be highly reliable. Its validity will depend on language of questions.



Data obtained from this scale may be analyzed by chi-square test.

B. A scale with multivariate ordinal scale

It can be used to quantify degree of abnormality. It will be useful once abnormality has been ascertained . It can have four grades namely 0, 1,2,3,4 which may be defined as follows

- 0- No abnormality
- 1- Subjective feeling of abnormality
- 2- Abnormality is felt by fellow persons
- 3- Abnormality is enough to seek medical attention
- 4- Abnormality is not responding to simple lifestyle changes

Wilcoxon rank sum test may be applied to analyze data obtained by this scale.

C. An Interval scale:

A 10 -point scale may be devised to assess subjective assessment of symptoms. This scale will be quite useful to assess efficacy of therapeutic interventions. It will be useful on repeated measures.

ANNOVA test may be applied to analyze data.

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वर्तमान में आयुर्वेद चिकित्सा शिक्षा की दशा एवं दिशा

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परिचय—

वर्तमान समय में आयुर्वेद चिकित्सा शिक्षा के स्तर में दिन प्रतिदिन गिरावट आ रही है जिसके लिए हम सभी उत्तरदायी हैं। इसके प्रमुख कारण आयुर्वेद के प्रति उपेक्षा एवं भेदभाव पूर्ण नीति का होना, आयुर्वेद के पठन पाठन में गुणवत्ता की कमी का होना, गुणवत्तायुक्त आयुर्वेदिक औषधियों की प्रचुर मात्रा में जनसामान्य को उपलब्ध न होना, वैज्ञानिक युग के साथ तकनीकी ज्ञान का विकास का न होना आदि हैं। आयुर्वेद की इस दयनीय दशा को उच्च स्तर की दिशा प्रदान करने हेतु हमें सबसे पहले आयुर्वेद चिकित्सा शिक्षा की गुणवत्ता का उन्नयन करना अति आवश्यक होगा जिससे आयुर्वेद स्नातक आयुर्वेद शिक्षा के ज्ञान एवं आत्मविश्वास से परिपूर्ण होकर आज की चुनौतिपूर्ण स्वास्थ्य समस्याओं का समुचित समाधान कर समाज में आयुर्वेद को सम्मानजनक स्थान एवं महत्वपूर्ण पहचान प्रदान कर सकें।

आयुर्वेद चिकित्सा शिक्षा की दयनीय दशा के प्रमुख कारण

आयुर्वेद के प्रति उपेक्षा व भेदभावपूर्ण नीति— हमारे देश में आयुर्वेद के प्रति उपेक्षा एवं भेदभावपूर्ण नीति का होना इसका प्रमुख कारण है। आयुर्वेद का बजट कम होने तथा शिक्षकों व चिकित्सकों का वेतन आधुनिक चिकित्सा पद्धति की तुलना में बहुत कम होने के कारण समाज में आयुर्वेद चिकित्सकों को सम्मानपूर्वक स्थान नहीं मिल पा रहा है जिसके फलस्वरूप आयुर्वेद में

मेधावी जनों की कम रुचि होने से भी आयुर्वेद का विकास पूर्ण रूप से नहीं हो पा रहा है।

आयुर्वेद कालेजों में मूलभूत सुविधाओं की कमी— हमारे देश के अधिकतर कालेजों में मूलभूत सुविधाओं की कमी के कारण आयुर्वेद स्नातक शिक्षा एवं आत्मविश्वास से परिपूर्ण नहीं हो पाते हैं जिससे वह समाज में आयुर्वेद चिकित्सा करने से डरते हैं जिससे आयुर्वेद चिकित्सा का लाभ समाज को नहीं मिल पा रहा है।

आयुर्वेद कालेजों में शिक्षकों व चिकित्सकों की कमी— हमारे देश में ज्यादातर आयुर्वेदिक कालेजों में शिक्षकों की कमी एक बहुत बड़ी समस्या है जिससे आयुर्वेद स्नातकों को सही प्रशिक्षण नहीं मिल पा रहा है जिसके कारण आयुर्वेद चिकित्सा शिक्षा की गुणवत्ता में दिन प्रतिदिन गिरावट आ रही है।

गुणवत्तायुक्त औषधियों की उपलब्धता की कमी— आज के परिवेश में आयुर्वेदिक वनौषधियों का सही संरक्षण न हो पाने के कारण आयुर्वेदिक औषधियां आसानी से उपलब्ध नहीं हो पा रही हैं। स्थानीय स्तर पर आयुर्वेदिक फार्मसीयों द्वारा अधिकाधिक लाभ पाने की लालसा में आयुर्वेदिक औषधियों की गुणवत्ता प्रभावित हो रही है जिसके कारण जनसामान्य को आयुर्वेदिक औषधियों का सही परिणाम नहीं मिल रहा है।

आयुर्वेदिक कालेजों में पारम्परिक चिकित्सा का हास— हमारे देश के ज्यादातर आयुर्वेदिक कालेजों में आयुर्वेदिक चिकित्सा पद्धति जैसे पंचकर्म

**रीडर एवं विभागाध्यक्ष, स्वस्थ वृत्त विभाग, राजकीय स्नातकोत्तर, आयुर्वेद महाविद्यालय एवं चिकित्सालय, वाराणसी*



चिकित्सा, क्षारसूत्र, नाडी परीक्षा, प्रकृति परीक्षा, अग्नि कर्म, क्षार कर्म, जलौका कर्म आदि का सही विकास और प्रयोग न होने के कारण पारम्परिक चिकित्सा का ह्रास होता जा रहा है।

वैज्ञानिक युग में तकनीक का विकास न होना— बदलते समय के अनुसार हम लोग अपनी चिकित्सा पद्धति में तकनीक का विकास वैज्ञानिक युग के अनुसार नहीं कर पा रहे हैं जिसके कारण हम इस प्रतिस्पर्द्धात्मक युग में पिछड़ते जा रहे हैं।

आयुर्वेद चिकित्सा शिक्षा का निजीकरण होना— आज कल हमारे देश में निजी क्षेत्र में तेजी से आयुर्वेदिक कालेजों की संख्या बढ़ रही है, अधिकतर निजी आयुर्वेदिक कॉलेजों में मूलभूत सुविधाएं तथा नियमित शिक्षकों की कमी होने कारण आयुर्वेदिक शिक्षा का स्तर बहुत तेजी से गिरता जा रहा है जिसका दूरगामी परिणाम आयुर्वेद विधा पर होना सुनिश्चित है।

आयुर्वेद चिकित्सा पद्धति के उन्नयन हेतु किये जाने वाले आवश्यक उपाय

आयुर्वेदिक चिकित्सा पद्धति हेतु पर्याप्त बजट का आवंटन व वेतन विसंगति को दूर करना— आयुर्वेद के बजट को बढ़ाना होगा जिससे मेधावी जन इसकी ओर आकर्षित हो सकें एवं आयुर्वेद के सम्यक विकास में योगदान दे सकें। शिक्षकों एवं चिकित्सकों का वेतन आधुनिक चिकित्सा पद्धति के समान करना होगा जिससे उनको समाज में सम्मानजनक स्थान मिल सके तथा वे पूर्ण रूपेण अपनी पद्धति पर ध्यान दे सकें।

आयुर्वेदिक कालेजों को मूलभूत सुविधाओं से परिपूर्ण करना— सर्वप्रथम आयुर्वेद कालेजों को मूलभूत सुविधाएं जैसे— भवन, उपकरण, साज—सज्जा, प्रयोगशालाएं, शल्य कर्मागार, प्रसूति कर्मागार, पंचकर्म, वनौषधि वाटिका, फार्मसी,

पैरामेडिकल स्टॉफ, एम्बुलेंस आदि से परिपूर्ण करना होगा। जिससे रोगी एवं छात्र चिकित्सा व प्रशिक्षण का पूर्ण लाभ लें सकें।

आयुर्वेदिक कालेजों में शिक्षकों/चिकित्सकों की कमी को दूर करना— आज कल हमारे देश में अधिकतर कालेजों को शिक्षकों की कमी के कारण सी0सी0आई0एम0 द्वारा मान्यता नहीं मिल पा रही है तथा कई कालेज बन्द होने की स्थिति में पहुंच रहे हैं। इसलिए यह अति आवश्यक है कि शिक्षकों की कमी को दूर किया जाय जिससे छात्रों को सही मार्गदर्शन मिल सके और शिक्षकों को भी अपने कर्तव्य का निर्वहन पूरी निष्ठा व लगन के साथ करना होगा और आयुर्वेदिक शिक्षा के स्तर में सुधार होगा।

आयुर्वेद स्नातकों सही ज्ञान व आत्मविश्वास से परिपूर्ण करना— आयुर्वेदिक कालेजों में शिक्षा ग्रहण कर रहे आयुर्वेदिक स्नातकों को आयुर्वेद चिकित्सा, पंचकर्म चिकित्सा, क्षारसूत्र चिकित्सा, वनौषधियों की पहचान एव गुणवत्तायुक्त औषधियों की निर्माण आदि से प्रशिक्षित कर आयुर्वेद के प्रति आत्मविश्वास से परिपूर्ण करना होगा। जिससे वे आज की समाज की चुनौतिपूर्ण स्वास्थ्य समस्याओं का समाधान कर सकें।

गुणवत्तायुक्त औषधियों की उपलब्धता— गुणवत्तायुक्त आयुर्वेदिक औषधियों को प्रचुर मात्रा में जनसामान्य को उपलब्ध कराना होगा। स्थानिय फार्मसियों को कानून के अन्तर्गत गुणवत्तायुक्त औषधियों के निर्माण के लिए बाध्य करना होगा जिससे आयुर्वेदिक औषधियों का चिकित्सा में समाज को अच्छा परिणाम मिल सके।

आयुर्वेद औषधियों की खेती को बढ़ावा देना—देश के किसानों को आयुर्वेद औषधियों की खेती के लिए प्रोत्साहित करना होगा जिससे आयुर्वेदिक



औषधियों की उपलब्धता बढ़ने के साथ-साथ किसानों की आय भी बढ़ेगी।

आयुर्वेद की कार्यशाला, संगोष्ठी, पुनर्बोधन कार्यक्रम आयोजित करना-देश में समय-समय पर शिक्षकों व चिकित्सकों के ज्ञानार्जन के लिए समय समय पर आयुर्वेद की कार्यशाला, संगोष्ठी एवं पुनर्बोधन कार्यक्रम का आयोजन कराना होगा, जिससे चिकित्सा शिक्षा का उन्नयन हो सके।

आधुनिक तकनीक व अनुसंधान को विकसित करना- बदलते समय के अनुसार आधुनिक तकनीक का प्रयोग भी आयुर्वेद में होना चाहिए जैसे-क्वाथ के उपयोग के लिए स्टेशनो पर लगी चाय या कॉफी के प्रयोग के लिए स्वचालित मशीनों की तरह ही विभिन्न क्वाथों का प्रयोग भी आयुर्वेद चिकित्सालयों में होना चाहिए। आयुर्वेद में वर्णित विधाओं के विकास हेतु समय समय पर नवीन अनुसंधान होना चाहिए जिससे आयुर्वेद का सम्यक विकास हो सके।

जिला स्तर पर आयुर्वेदिक चिकित्सालय की स्थापना करना-प्रत्येक जिले में जिला स्तर पर एक आयुर्वेदिक चिकित्सालय की स्थापना करनी होगी जहाँ पर आयुर्वेद चिकित्सा के साथ-साथ पंचकर्म व क्षार सूत्र की सुविधा समाज को मिलनी चाहिए इसके लिए चिकित्सालय में काय चिकित्सा विशेषज्ञ, पंचकर्म विशेषज्ञ, शल्य विशेषज्ञ की तैनाती करनी होगी।

आयुर्वेदिक चिकित्सा शिक्षा का निजीकरण मानक के अनुसार - बढ़ते हुये शिक्षा के निजीकरण के अन्तर्गत कालेजों का स्तर सी0सी0आई0एम0 के मानक के साथ साथ ब्यावहारिक रूप से भी होना चाहिए जिससे आयुर्वेद शिक्षा का स्तर गुणवत्तायुक्त बना रहे। और यहाँ से निकलने वाले आयुर्वेद स्नातक समाज को सही चिकित्सा प्रदान कर

सकें।

आयुर्वेद चिकित्सा का प्रचार-प्रसार-किसी भी विधा के सम्यक विकास हेतु जनसामान्य को उस विषय के बारे में जानकारी होनी चाहिए। आयुर्वेद चिकित्सा का प्रचार प्रसार भी होना चाहिए, आजकल के युग के अनुसार आयुर्वेद में वर्णित दिनचर्या, ऋतुचर्या, सद्वृत्त, आहार चिकित्सा, पथ्य अपथ्य, पंचकर्म चिकित्सा, क्षारसूत्र चिकित्सा आदि का प्रचार प्रसार प्रिन्ट मिडिया-पोस्टर, संगोष्ठी, बैनर, न्यूज पेपर व इलेक्ट्रानिक मिडिया के माध्यम द्वारा होना चाहिए जिससे आयुर्वेद चिकित्सा के उपयोगिता के प्रति समाज जागरूक हो सके।

उपसंहार-

किसी भी विधा का गुणवत्तायुक्त होना समाज को मिलने वाले लाभ पर निर्भर करता है। इस प्रकार आयुर्वेद चिकित्सा शिक्षा को गुणवत्तायुक्त बनाने के लिए सर्वप्रथम आयुर्वेद कालेजों को मूलभूत सुविधा तथा शिक्षकों की कमी से पूर्ण करना होगा। हम सभी को अपने कर्तव्यों का निर्वहन पूर्ण निष्ठा एवं ईमानदारी से करना होगा। आयुर्वेद स्नातकों को आयुर्वेद चिकित्सा, पंचकर्म चिकित्सा, क्षारसूत्र आदि से प्रशिक्षित कर निपुण एवं आत्मविश्वास से परिपूर्ण बनाना होगा, तभी हम आज की चुनौतिपूर्ण स्वास्थ्य समस्याओं का समुचित समाधान कर समाज में आयुर्वेद को सम्मानजनक स्थान दिला पायेंगे।



कुपोषण नियंत्रण में आयुर्वेद विधा की उपयोगिता : छत्तीसगढ़ राज्य का विशेष सन्दर्भ

— विद्या भूषण पाण्डेय

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प्रस्तावना —

एक स्वस्थ बालक ही एक स्वस्थ समाज का निर्माण करता है। किसी भी राष्ट्र की स्वास्थ्य समस्याओं में कुपोषण सर्वाधिक गंभीर समस्या है। भारत देश एक विकासशील राष्ट्र है एवं किसी भी विकासशील देश के विकसित होने में कुपोषण समस्या के समान है। भारत अपनी स्वतंत्रता के उपरांत वर्तमान आधुनिक समय में भी चालीस विकासशील राष्ट्रों में 48% कुपोषण दर के साथ प्रथम स्थान पर है (सर्वे N-F-H-S- 2005-06)। इसी के साथ देश के सबसे अधिक प्रगतिशील राज्य छत्तीसगढ़ में भी कुपोषण दर 40% आंकी गयी है। (सर्वे N-F-H-S- 2005-06) राज्य शासन ने पिछले दस वर्षों में इस समस्या के निवारण हेतु विविध प्रयास किये हैं।

परिचय—

एक विकासशील राष्ट्र हेतु कुपोषण एक अत्यंत गंभीर समस्या है। भारत ने अवश्य ही आज पोलियो जैसी गंभीर शारीरिक रूप से विपन्न कर देने वाली व्याधि से मुक्त हो गया हो परन्तु कुपोषण दर से निपटने हेतु अभी भी उचित सफलता नहीं प्राप्त हो सकी है। कुपोषण न सिर्फ बालक को शारीरिक रूप से अक्षम्य कर देता है बल्कि विभिन्न गंभीर व्याधियों की ओर अग्रसर भी करता है। कुपोषण के कारण न केवल बालक का वजन नियत आयु से कम हो जाता है बल्कि कुपोषण के

अधिक समय तक चलने से बालक की आयु अनुसार ऊंचाई भी कम हो जाती है जो की कुपोषण की एक गंभीर अवस्था है। कुपोषण के अधिक समय तक चलने से बच्चों के मानसिक विकास पर भी असर पड़ता है और कुछ अन्तराल के बाद चिकित्सा के आभाव में मृत्यु भी हो सकती है।

विश्व स्वस्थ संगठन ने कुपोषण का सरल विभाजन करने हेतु दो प्रकार बताये हैं जिनमें से प्रथम wasting है जिसमें अपनी उचाई व आयु के अनुसार बालक का वजन कम हो जाता है तथा stunting जिसमें अपनी आयु के अनुसार बालक के वजन के साथ उचाई भी कम हो जाती है यह प्रकार कुपोषण के अधिक समय तक चलने के कारण होता है।¹

बच्चों की वर्तमान मृत्यु दर में कुपोषण का योगदान सर्वाधिक माना जाता है। पिछले दस वर्षों में कुपोषण समस्या से निपटने हेतु केंद्र सरकार एवं राज्य सरकारों ने विभिन्न प्रभावी योजनाएँ बनाई हैं जिनमें केंद्र सरकार की आंगन बाड़ी योजना तथा वर्तमान का खाद्य सुरक्षा कानून अत्यधिक प्रभावी सिद्ध हुए हैं। इसके अतिरिक्त छत्तीसगढ़ राज्य जिसकी वर्तमान में कुपोषण दर 40% (सर्वे N-F-H-S- Nutrition in India 0D56, 2005-06) है सरकार द्वारा अत्यंत प्रभावी कदम इस समस्या के विपरीत उठाये गये हैं जिनमें

**व्याख्याता, कौमारभृत्य विभाग, शासकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय, बिलासपुर, छत्तीसगढ़*



सफल खाद्य सुरक्षा अधिनियम, मुख्यमंत्री सुपोषण कार्यक्रम, महिला बाल विकास विभाग द्वारा आयोजित नवा जतन कार्यक्रम, कुपोषण मुक्ति अभियान मुख्य है। केंद्र एवं राज्य सरकारों के सार्थक प्रयास से ही पिछले सर्वेक्षण के गंभीर कुपोषण (Stunting) दर 51% (N-F-H-S-02) से वर्तमान दर 45% (N-F-H-S-03) में गिरावट आई है।

व्याधि की प्रकोपकता—

कुपोषण एक गंभीर व्याधि है प्रकोप का सर्वेक्षण शासन तथा निजी कंपनियों द्वारा समय समय पर करवाए जाते हैं। राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण सर्वेक्षण 2005–06 के अनुसार भारत के लगभग आधे बच्चे (लगभग 48%) जीर्ण कुपोषित होते हुए अपनी आयु के नियत ऊंचाई से कम (stunted) पाए गये 20% बालक अपनी आयु की नियत ऊंचाई से कम भार (wasted) के पाए गये, तथा 43% बालक तात्कालिक कुपोषित (under weight) पाए गये (NFHS 2005–06)। उपरोक्त सर्वेक्षण में देश शिशु मृत्यु दर 54/1000 जीवित शिशु आंकी गयी जिसमें सर्वाधिक मृत्यु लगभग आधे से अधिक लगभग 54:5 (APIP 2012–13) कुपोषण के कारण ही होती है। इसके अतिरिक्त सर्वेक्षण में यह भी पाया गया की समाज जनजातीय, दलित व अल्प संख्यक वर्ग जो पूर्व से ही उपेक्षित हैं में कुपोषण का प्रतिशत (55%) सर्वाधिक पाया गया।

छत्तीसगढ़ राज्य जिसकी जन संख्या लगभग 2.55 करोड़ (जनसंख्या 2011) आंकी गयी है तथा इसकी 33% प्रतिशत जनसंख्या जनजातीय बाहुल्य है एवं 14% प्रतिशत भाग बालको की जनसंख्या का है दर्शाता है की समाज में कुपोषण होने के कारण अत्यधिक रूप से विद्यमान है। राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण सर्वेक्षण 2005–06

यह दर्शाता है की राज्य के 54% बालक जीर्ण कुपोषित और अपनी उचित लम्बाई से कम है (Stunted) तथा 28% गंभीर कुपोषित व मान्य वजन से हीन है (wasted) एवं 55% बालक तत्कालीन कुपोषित हो आयु से कम भार के है (under weight) यह इसी क्रम में जनजातीय बाहुल्य (33%) समाज में हुआ एक कार्य दर्शाता है, की कमर जनजाति के 90% बच्चे गंभीर अथवा माध्यम कुपोषण से ग्रस्त हैं अतः उपरोक्त आंकड़ा यह दर्शाता है की कुपोषण एक गंभीर व्याधि के अतिरिक्त एक समाजिक बुराई के रूप में है, जो कि विकसित समाज की रूप रेखा में विघ्न के जैसा है तथा अन्य विधाओं के अतिरिक्त आयुर्वेद विधा द्वारा भी कुपोषण की सफल चिकित्सा से इस व्याधि के सफल नियंत्रण का प्रयास करना आवश्यक है।

कार्य योजनाए –

राज्य शासन ने पिछले दस वर्षों से युद्ध स्तर पर इस गंभीर व्याधि के उपचार व नियंत्रण के सफल प्रयास किये हैं जिसमें स्वास्थ्य विभाग व महिला एवं बाल विकास विभाग द्वारा 49000 आंगन बाड़ी केंद्र, 2446 सुपरवाइजर, 306 स्वसहायता समूह, 239 सुपोषण मित्र, 51 NGO के साथ अपनी प्रभावी योजनाए जैसे अतिरिक्त आहार, साप्ताहिक बाल भोज, सुपोषण मेला, नवा जतन योजना, कुपोषण मुक्ति अभियान, वजन त्यौहार, ग्राम स्वास्थ्य एवं पोषण दिवस, शिशु संरक्षण माह, तथा गंभीर कुपोषित के लिए मुख्यमंत्री बाल सन्दर्भ योजना आदि योजनाए मुख्यातः जारी है एवं प्रभावी है। इन्हीं योजनाओं के माध्यम से ही छत्तीसगढ़ में कुपोषण के स्तर में लगभग 13% गंभीर कुपोषित (stunted) की गिरावट दर्ज की गयी है।

उपरोक्त सार्थक प्रयासों के बावजूद भी भारत में वर्तमान कुपोषण दर 48:2 तथा छत्तीसगढ़ राज्य



की 40:2 है जो एक सफल राष्ट्र तथा सफल राज्य बनने में एक चिंता का विषय है। इन्हीं प्रयासों को और ठोस बनाने हेतु पुरातन समय से सफल आयुर्वेद चिकित्सा पद्धति द्वारा भी कई कदम उठाए गये हैं। वर्तमान समय में कुपोषण निवृत्ति के लिए भी सफल योजना चलाई गई है, जिसमें आयुर्वेद औषधियों को मोदक के रूप में भी आगन वाड़ीयों में वितरित किया गया है। छत्तीसगढ़ राज्य जिसकी कुल जन संख्या के 6 वर्ष से कम बालकों में 79% आगन वाड़ी में आते हैं, अतः महिला एवं बाल विकास विभाग के सहयोग से कुपोषण नियन्त्रण अभियान चलाया जा सकता है।

मूलतः बच्चों में कुपोषण उदर कृमि एवं अग्निमांघ होने के कारण पाया जाता है। इस हेतु कुपोषण चिकित्सा दो स्तरीय होनी चाहिए सर्वप्रथम कारण की चिकित्सा तदोपरान्त पोषण वर्धन। कृमि हेतु बच्चों को कृमि कुठार रस, विडंग आसव तथा अग्निमांघ की चिकित्सा हेतु पंचकोल चूर्ण अथवा त्रिफला-त्रिकटु दीपन पाचन के रूप सात दिवस तक प्रदान किया जाना चाहिये साथ ही इस काल में विभिन्न कृमि निवारक शाक सब्जियों जैसे मुनगा (सहजन) के पत्रों एवं फल का सेवन आहार रूप में करना चाहिए। कारणों के निवारण पश्चात् पोषण संवर्धन का कार्य किया जाना चाहिए। पोषण संवर्धन हेतु विभिन्न प्रकार की चिकित्सकीय विधाओं का पालन किया जाना चाहिए जो की निम्नानुसार है-

- ♦ लेहन (प्राशन) कार्य-कुपोषित बच्चों में रोग प्रतिरोधक क्षमता वर्धन हेतु विभिन्न प्राशन योगों अथवा स्वर्ण प्राशन कराया जाना चाहिए।
- ♦ अभ्यंग-त्वचा विभिन्न प्रकार के औषधियों एवं तैलीय पोषक तत्वों का अवशोषण करती है अतः बलाश्वगंधा तेल, क्षीर बला तेल अथवा

माष तेल से अभ्यंग कराया जाना चाहिए।

- ♦ पोषक औषधियों का सेवन-अश्वगंधा, विदारीकन्द, शतावरी, वाराहीकंद, चना, गुड़ आदि बलवर्धक औषधियों के योग को न्यून मात्रा युक्त त्रिकटु के साथ मोदक रूप में अथवा कणिका (granule) रूप में दुग्ध के साथ दिया जाना चाहिए।
- ♦ उपरोक्त पोषक औषधियों को बिस्किट अथवा केक के रूप में परिवर्तित कर भी प्रयोग किया जा सकता है।
- ♦ मात्रा वस्ति - इसका प्रयोग मुख्यतः गंभीर कुपोषित बच्चों में चिकित्सालय स्तर पर किया जाना चाहिए।

निष्कर्ष-

विजन 2020 में छत्तीसगढ़ के ध्येय 2015 तक 15% तक कुपोषण दर लाना तथा "सुपोषित छत्तीसगढ़ विकसित बच्चे तथा सशक्त महिला" के नारे को मूर्त रूप देने में आयुष विभाग का आयुर्वेद विधा से इस व्याधि के नियंत्रण पर होने वाले इस अध्ययन द्वारा एक सफल योगदान साबित हो सकता है। अन्य विधाओं का एक सम्मिलित प्रयास अवश्य ही छत्तीसगढ़ को इस गंभीर व्याधि से मुक्त करने में प्रभावी सिद्ध होगा एवं इसके पश्चात् ही हम एक विकसित जनमानस की कल्पना कर सकेंगे।

ग्रन्थ सूची-

1. घई एसेंशियल पीडियाट्रिक्स छठा संस्करण 2005।
2. राष्ट्रीय परिवार कल्याण सर्वेक्षण 2005-06।
3. न्यूट्रिशन सर्वे इन इंडिया अतिरिक्त सर्वेक्षण राष्ट्रीय परिवार कल्याण सर्वेक्षण 2005-06।
4. महिला एवं बाल विकास विभाग छत्तीसगढ़ की वार्षिक रिपोर्ट (APIP 2012-13)।



परिषद् समाचार

मुजफ्फरपुर बिहार में नव संवत्सर, कार्यकर्ता सम्मेलन एवं संगोष्ठी सम्पन्न

विश्व आयुर्वेद परिषद् की मुजफ्फरपुर जिला इकाई की बैठक रविवार दिनांक 14/04/2019 को हरि शाकुन्तलायन आयुर्वेदिक कालेज एवं अस्पताल, मालीघाट में हुई। कार्यक्रम की अध्यक्षता डॉ० देवेन्द्र प्रसाद ने की। इस बैठक में डॉ० रमेश कुमार सिंह को जिलाध्यक्ष, सुरेश साह को सचिव व डॉ० दीपक कुमार को कोषाध्यक्ष मनोनीत किया गया। इस दौरान राष्ट्रीय सचिव ने आज के परिप्रेक्ष्य में आयुर्वेद की उपादेयता पर प्रकाश डाला। बी.एच.यू. के आयुर्वेद संकाय से आए वैद्य अपूर्व प्रियदर्शी ने मधुमेह विषय पर व्याख्यान प्रस्तुत किया। उत्तर बिहार के चिकित्सक प्रकोष्ठ प्रमुख डॉ० सुशील कुमार झा ने स्वस्थ व्यक्ति अपने स्वास्थ्य की रक्षा किस प्रकार आयुर्वेद से कर सकता है, इस विषय पर अपने विचार व्यक्त किये। कार्यक्रम में करीब 150 चिकित्सक उपस्थित रहे तथा सचिव डॉ० विनोद, मीडिया प्रभारी, डॉ० विपिन बिहारी, डॉ० अजनेयम, डॉ० प्रमिला, डॉ० सुधा, डॉ० नन्द किशोर सिंह, डॉ० कुमकुम सिन्हा ने सक्रिय सहभागिता की। कार्यकारिणी सदस्यों में डॉ० मिथिलेश कुमार सिंह, डॉ० सारंगधर मिश्रा, डॉ० कपिलदेव अनुपम, डॉ० पुष्पलता, डॉ० सुनीता, डॉ० नीलू, डॉ० उषा, डॉ० विनय झा ने कार्यक्रम को सफल बनाने में महती भूमिका निभाई।

राष्ट्रीय आयुर्वेद संगोष्ठी एवं शिष्योपनयन संस्कार का आयोजन

विश्व आयुर्वेद परिषद् एवं एस.ए.एस. आयुर्वेदिक मेडिकल कालेज, हरहुआ, वाराणसी के तत्वावधान में शिष्योपनयन संस्कार एवं राष्ट्रीय संगोष्ठी का आयोजन दिनांक 06/03/2019 दिन बुधवार को किया गया। इस अवसर पर मुख्य अतिथि काशी हिन्दू विश्वविद्यालय के आयुर्वेद संकाय के पूर्व विभागाध्यक्ष प्रोफेसर एस. डी. दूबे, ने कहा कि "स्वस्थस्य स्वास्थ्य रक्षणं" के मूल उद्देश्य को पूरा करने वाली एक मात्र चिकित्सा पद्धति आयुर्वेद ही है, जिसमें वर्णित दिनचर्या, ऋतुचर्या, स्वस्थवृत्त एवं आहार-विहार का समुचित पालन कर व्यक्ति निरोगी रह सकता है। एस.ए.एस. ग्रुप ऑफ एजुकेशनल इंस्टीट्यूशन के चेयरमैन डॉ० अशोक पाण्डेय एवं प्रधानाचार्य प्रोफेसर अनुग्रह नारायण सिंह ने अतिथियों के साथ दीप प्रज्वलन एवं भगवान धन्वन्तरि की आराधना के साथ कार्यक्रम प्रारम्भ किया। इसके पूर्व नव आगंतुक बी.ए.एम.एस. छात्रों का वैदिक मंत्रोच्चार के साथ शिष्योपनयन संस्कार सम्पन्न किया गया। विशिष्ट अतिथि के रूप में राजकीय स्नातकोत्तर आयुर्वेद महाविद्यालय वाराणसी के डॉ० कमलेश कुमार द्विवेदी ने कहा कि जन स्वास्थ्य को ध्यान में रखते हुए आयुर्वेद में वर्णित स्वास्थ्य सम्बन्धी निर्देशों को हमें व्यावहारिक जीवन में आत्मसात करने की आवश्यकता है। डॉ० विजय कुमार राय ने आयुर्वेद में वर्णित तीन उपस्तम्भ आहार, निद्रा एवं ब्रह्मचर्य के महत्व को बताते हुए कहा कि इन तीन के समुचित पालन से हम जीवनशैली जन्य बिमारियों जैसे मधुमेह, ब्लड प्रेशर, अनिद्रा, तनाव से बच सकते हैं। विश्व आयुर्वेद परिषद् के वैज्ञानिक सचिव डॉ० मनीष मिश्र ने विश्व आयुर्वेद परिषद् की जन कल्याण सम्बन्धित क्रियाकलापों के बारे बताया। इस अवसर पर प्रो० ए.एन. सिंह, डॉ० अशोक पाण्डेय, डॉ० गीता पाण्डेय, डॉ० अनीस पाण्डेय, डॉ० यश पाण्डेय, डॉ० निर्मल कुमार, डॉ० एन. के. सिंह, डॉ० महेश राय, डॉ० रवि शुक्ला, डॉ० भूपेन्द्र सिंह, धर्मराज, डी. एस. तिवारी, निशांत, ऋषभ, प्रांशु, रिया, वाची, रोमा, श्वेता, जिज्ञासा एवं कई गणमान्य लोग उपस्थित रहें। कार्यक्रम का संचालन डॉ० अविनीश कुमार पाण्डेय ने एवं धन्यवाद ज्ञापन डॉ० अनिल कुमार पाण्डेय ने किया।



उज्जैन में मकर संक्रांति उत्सव और नवागंतुक विद्यार्थी सम्मान समारोह सम्पन्न

उज्जैन विश्व आयुर्वेद परिषद इकाई के द्वारा मकर संक्रांति उत्सव विश्व मंगल दिवस के रूप में तथा नव आगंतुक छात्र छात्राओं का अभिनंदन समारोह कार्यक्रम मनाया गया। गंगा घाट पर स्थित श्री आत्म चंद्र रामचंद्र सभागार में कार्यक्रम संपन्न हुआ। कार्यक्रम की अध्यक्षता विश्व आयुर्वेद परिषद के जिला अध्यक्ष डॉक्टर सत राम कुमावत ने की। कार्यक्रम के मुख्य अतिथि एमिल फार्मास्युटिकल के सेल्स एवं मार्केटिंग के राष्ट्रीय अध्यक्ष श्री एस पी श्रीवास्तव जी ने की। कार्यक्रम के मुख्य वक्ता डॉ रामतीर्थ शर्मा, केंद्रीय मंत्री, विश्व आयुर्वेद परिषद थे। डॉक्टर शर्मा ने विश्व आयुर्वेद परिषद के संगठन का परिचय एवं विश्व मंगल दिवस की उपादेयता पर प्रकाश डाला और सभी विद्यार्थियों को आह्वाहन किया कि वे आयुर्वेद के माध्यम से पूरे विश्व के नागरिकों को स्वास्थ्य संबल प्रदान करें। उन्होंने कहा कि आयुर्वेद ही वर्तमान की और भविष्य की प्रथम चिकित्सा पद्धति है। आयुर्वेद ही शाश्वत है। आयुर्वेद अनादि है। आयुर्वेद ही ऐसी चिकित्सा पद्धति है, जो निरापद चिकित्सा पद्धति है और इस धरती के भविष्य के लिए अनिवार्य चिकित्सा पद्धति है। अतिथियों का स्वागत जिला महामंत्री डॉ कीर्ति कुमार, विद्यार्थी प्रकोष्ठ के प्रभारी डॉक्टर अखंड प्रताप सिंह बघेल ने किया। कार्यक्रम में प्रदेश के सचिव डॉ दिवाकर पटेल, प्रदेश के प्राध्यापक प्रकोष्ठ के प्रभारी डॉ शिरोमणि मिश्रा, प्रदेश कार्यकारिणी के सदस्य डॉ आशीष शर्मा उपस्थित थे। महासचिव डॉक्टर कीर्ति कुमार ने कार्यक्रम के बारे में बताया कि शासकीय आयुर्वेद महाविद्यालय उज्जैन में प्रथम वर्ष स्नातक के विद्यार्थियों का आज अभिनंदन कार्यक्रम आयोजित किया गया। साथ ही एम.डी. स्नातकोत्तर के प्रथम वर्ष के विद्यार्थियों का भी सम्मान समारोह इस कार्यक्रम के अंतर्गत रखा गया था।

इस कार्यक्रम में मेधावी विद्यार्थियों को भी सम्मानित किया गया, जिनको की मेडिकल विश्वविद्यालय जबलपुर के परीक्षाओं में पूरे प्रदेश में प्रथम स्थान प्राप्त करने के लिए अखंड प्रताप सिंह बघेल और आकांक्षा सूर्यवंशी को भी प्रथम वर्ष में प्रथम स्थान प्राप्त करने के लिए सम्मानित किया गया। इसके साथ ही द्वितीय स्थान के लिए गरिमा सिसोदिया, तृतीय स्थान के लिए किंजल को सम्मानित किया गया।

संस्कृत भारती, असम का दस दिवसीय संस्कृत संभाषण शिविर संपन्न

विश्व आयुर्वेद परिषद एवं संस्कृत प्रमोशन फाउंडेशन के सहयोग से राजकीय आयुर्वेद महाविद्यालय में विगत एक अप्रैल से चल रहे संस्कृत भारती, असम के दस दिवसीय संस्कृत संभाषण शिविर का समापन किया गया। इस शिविर में सिक्किम को छोड़ पूर्वोत्तर के अन्य सभी राज्यों के करीब सौ प्रशिक्षुओं ने संस्कृत भाषा में बोलचाल का प्रशिक्षण लिया। महाविद्यालय के प्रेक्षागृह में आयोजित शिविर के समापन समारोह के मंच की सरकारी आयुर्वेद महाविद्यालय के प्राचार्य डॉ० भावेश दास, केसी दास, वाणिज्य महाविद्यालय के अवकाश प्राप्त उपाध्यक्ष डॉ० राधेश्याम तिवारी, आयुर्वेद महाविद्यालय के पी.जी.विभाग के प्रमुख डॉ० खगेन कुमार वसुमतारी, संस्कृत भारती के प्रान्तीय प्रमुख डॉ० फडीन्द्र गौतम, संस्कृत भारतीय न्यास के सचिव हितेश्वर दास, श्रीकृष्ण गोयनका, अविनाश चन्द्र शर्मा और डॉ० विष्णु प्रसाद शर्मा ने सुशोभित किया। सभी वक्ताओं ने एक स्वर में संस्कृत को सहज सरल और वैज्ञानिक भाषा बताया और कहा कि इस भाषा में भारत की आत्मा बसती है।



समापन समारोह का शुभारम्भ माँ शारदा के फोटो के समक्ष दीप प्रज्ज्वलन के साथ किया गया। इस मौके पर प्रशिक्षु छात्र-छात्राओं ने सरस्वती वन्दना के साथ ही संस्कृत भाषा के गीत भी प्रस्तुत किये। प्रशिक्षु सुमी भट्ट, अनीशा, कस्तुरि अन्य सहित कई युवाओं ने अपने-अपने अनुभव बताये और संस्कृत भाषा की खुलकर प्रशंसा की। महाविद्यालय के प्राचार्य डॉ० दास ने कहा कि संस्कृत भाषा के प्रति हर एक भारतीय के मन में श्रद्धा का भाव विद्यमान है। उन्होंने उम्मीद जताई की यह शिविर आने वाले दिनों में देश के युवा वर्ग में एक नव जागरण पैदा करने का काम करेगा। हितेश्वर दास और डॉ० शर्मा ने संस्कृत को आयुर्वेद की भाषा बताया और कहा कि संस्कृत भाषा का प्रयोग शरीर को निरोग रखने का कार्य करता है। डॉ० तिवारी ने संस्कृत को विश्व की सर्वश्रेष्ठ वैज्ञानिक भाषा बताया।

श्री गौतम ने कहा कि निरंतर अभ्यास से संस्कृत भाषा को बोल पाना और समझा पाना आसान हो जायेगा। उन्होंने संस्कृत के प्रति युवाओं के आकर्षण की खुलकर प्रशंसा की और कहा कि आने वाला समय भारतीय संस्कृति और संस्कृत भाषा का होगा। इस अवसर पर प्रशिक्षण लेने वाले प्रशिक्षुओं को प्रमाण पत्र भी प्रदान किये गये।

रीवा में नव संवत्सर उत्सव सम्पन्न

रीवा में नव संवत्सर का कार्यक्रम विश्व आयुर्वेद परिषद युवा इकाई के द्वारा धूमधाम से संपन्न हुआ। नव संवत्सर कार्यक्रम के संयोजक डॉ० एस.एन. तिवारी, महासचिव प्रदेश विश्व आयुर्वेद परिषद थे। कार्यक्रम के मुख्य अतिथि डॉ० दीपक प्रधानाचार्य शासकीय आयुर्वेद महाविद्यालय रीवा थे। कार्यक्रम में गायत्री महायज्ञ एवं स्वास्थ्य प्रबंधन किया गया, जिसमें सैकड़ों लोगों ने भाग लिया। कार्यक्रम में अध्यक्षता चिकित्सालय के अधीक्षक डॉ० निधि मिश्रा तथा विशिष्ट अतिथि पूर्व प्रोफेसर आयुर्वेद महाविद्यालय डॉक्टर एम एल कुशवाह, साहित्य परिषद के संभाग अध्यक्ष डॉक्टर के के गौतम उपस्थित थे। विद्यार्थी प्रकोष्ठ के अधिकारी, छात्र, चिकित्सक, प्रशिक्षण कार्यक्रम में उपस्थित रहे। आभार प्रदर्शन डॉ० राम शुक्ल ने किया।

राधारमण आयुर्वेद कॉलेज में निशुल्क स्वास्थ्य परीक्षण आयोजित

भोपाल, रातीबड़ स्थित राधारमण आयुर्वेद मेडीकल कॉलेज रिसर्च हॉस्पिटल में वर्ष प्रतिपदा के उपलक्ष्य में निशुल्क स्वास्थ्य परीक्षण शिविर का आयोजन किया गया। इस शिविर का औपचारिक उद्घाटन राधारमण समूह के वाइस चेयरमेन भूपेन्द्र पटेल एवं ग्रुप डायरेक्टर प्रोफेसर जे.एल. राणा ने दीप प्रज्ज्वलित कर किया। विश्व आयुर्वेद परिषद, भोपाल के सहयोग से आयोजित इस शिविर में 100 अधिक लोगों की राधारमण हास्पिटल में मौजूद डाक्टरों ने जांच की। इन डॉक्टरों में स्त्री रोग विशेषज्ञा डॉ. राशि, शल्य रोग विशेषज्ञ डॉ. रुचि मिश्रा, काय रोग विशेषज्ञा डॉ. पार्वती सिंह तथा शालाक्य रोग विशेषज्ञ डॉ. प्रशांत नायक शामिल थे। हॉस्पिटल की अधीक्षिका डॉ. गायत्री तैलंग के नेतृत्व में आयोजित इस शिविर में जिन रोगों की जांच की गई, उनमें त्वचा रोग, स्त्री रोग, गठिया, श्वास, खून की कमी, पुराना बुखार, कमजोरी, सिरदर्द एवं ब्लडप्रेसर आदि प्रमुख थे। साथ ही इस अवसर पर ब्लड शुगर की निशुल्क जांच भी की गई।



भोपाल में नव संवत्सर का कार्यक्रम विश्व आयुर्वेद परिषद इकाई द्वारा संपन्न

दिनांक 7 अप्रैल वर्ष प्रतिपदा के दिन विश्व आयुर्वेद परिषद इकाई भोपाल के द्वारा नव वर्ष का कार्यक्रम धूमधाम से संपन्न हुआ। कार्यक्रम की अध्यक्षता वैद्य गोपाल दास जी मेहता संरक्षक विश्व आयुर्वेद परिषद मध्य प्रदेश ने की। कार्यक्रम में डॉ गायत्री तैलंग प्रदेश कोषाध्यक्ष विश्व आयुर्वेद परिषद के द्वारा निशुल्क चिकित्सा शिविर का कार्यक्रम आयोजित हुआ, जिसमें लगभग 500 मरीजों ने चिकित्सा सेवाओं का लाभ उठाया। विश्व आयुर्वेद परिषद के कार्यकर्ताओं ने उत्साह पूर्वक इस कार्यक्रम को संपन्न किया। विद्यार्थी प्रकोष्ठ के प्रांत प्रभारी डॉक्टर प्रमोद रघुवंशी, प्रदेश की सचिव डॉक्टर बबीता शर्मा चिकित्सा प्रकोष्ठ के संयोजक डॉ सौरव मेहता आदि कार्यकर्ता गण एवं अधिकारीगण कार्यक्रम में उपस्थित थे।

वाराणसी में “नव संवत्सर के उपलक्ष्य में चिकित्सक समागम” का आयोजन सम्पन्न

विश्व आयुर्वेद परिषद के तत्वावधान में “नव संवत्सर 2076 (परिधावी)” स्वागत एवं चिकित्सक समागम” कार्यक्रम का आयोजन दिनांक 8-4-2019, दिन- सोमवार, सायं-6 बजे से सरस्वती शिशु मंदिर, महेश नगर, सामनेघाट, लंका, वाराणसी में हुआ। इस कार्यक्रम में माननीय रमेश जी प्रान्त प्रचारक काशी, प्रो.जे. पी.लाल जी, एवं प्रो. एस. पी. मिश्र जी का उदबोधन हुआ। कार्यक्रम में विशिष्ट अतिथि श्री आशुतोष टंडन जी, मंत्री प्राविधिक चिकित्सा शिक्षा, उ.प्र. ने आयुर्वेद विषयक सामयिक चर्चा की। इसमें विश्व आयुर्वेद परिषद् से जुड़े तथा काशी प्रान्त के 176 आयुर्वेद चिकित्सक जिनमें वैद्य शान्तनु मिश्र, वैद्य अनुग्रह नारायण सिंह, वैद्य अवनीश भूषण पाण्डेय, वैद्य अरूण द्विवेदी, वैद्य कमलेश द्विवेदी, वैद्य पी.एस. व्याडगी, वैद्य अजय पाण्डेय, वैद्य राजीव शुक्ल, वैद्य उमेश दत्त पाठक, वैद्य पी.एस. उपाध्याय समेत भारी संख्या में छात्र-छात्राओं तथा समाज के अन्य प्रबुद्ध वर्ग की सहभागिता एवं गरिमामय उपस्थिति रही। कार्यक्रम का संचालन वैद्य विजय राय, महासचिव उत्तर प्रदेश एवं धन्यवाद ज्ञापन वैद्य मनीष मिश्र ने किया। कार्यक्रम सहभोज के साथ समाप्त हुआ। सहयोग डाबर इण्डिया का रहा।

काशी में नवसंवत्सर समारोह एवं मतदाता जागरुकता अभियान

विश्व आयुर्वेद परिषद द्वारा नव वर्ष (संवत्सर “परिधावी”-२०७६) के स्वागत कार्यक्रम का आयोजन दिनांक 06/04/2019 को प्रातःकाल सूर्य की पहली किरण को अर्ध्य देने एवं सूर्य वंदना के साथ काशी में राजेन्द्र प्रसाद घाट पर आयोजित हुआ। इस अवसर पर विश्व आयुर्वेद परिषद के समस्त पदाधिकारी, कार्यकर्ता एवं छात्र सदस्य उपस्थित रहे। इस अवसर पर एक स्वास्थ्य परिचर्चा एवं आगामी लोकसभा चुनाव में मतदान बढ़ाने हेतु मतदाता जागरुकता अभियान भी चलाया गया, जिसमें मुख्य रूप से 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, वैद्य सुभाष श्रीवास्तव, वैद्य राजीव शुक्ल, माधवेन्द्र मणि त्रिपाठी, वैद्य नीलम गुप्ता, वैद्य शिव जी गुप्त, वैद्य देवानंद उपाध्याय, वैद्य चन्दन राय, वैद्य शुभांशु श्रीवास्तव, वैद्य अवनीश भूषण पाण्डेय, वैद्य दिलीप, वैद्य अभिषेक यादव, वैद्य मनोरंजन मुदुली, वैद्य धर्मेश वर्मा, वैद्य उत्तम जयसवाल, रोहित पाल, ज्ञानेश्वर भाई पटेल सहित काशी के विभिन्न क्षेत्रों से पधारे वैद्यों की उपस्थिति रही।



International Seminar and workshop in Nepal

Patanjali Ayurveda Medical College and Research centre, Kavre in collaboration with Ayush Darpan Foundation and Vishwa Ayurved Parishad Nepal has successfully organized a two day International conference and workshop (ICWN-2019 Nepal) on 5th & 6th April 2019 at Kavre, Dhulikhel, Nepal.

The International conference and workshop was inaugurated by Hon'ble minister of State Health and Population of Nepal Dr Surender Kumar Yadav in the gracious presence of former chief justice of supreme court of Nepal Hon'ble Sri K.P. Upadhyay and First Secretary (Education) to Indian ambassador Sri C. P. Singh. The programme was followed by enlightening of lamp and Dhanvantari vandana. In the two day Conference- workshop more than 80 delegates from India and other countries had participated.

The conference key-note speaker were Prof. Sunil Joshi and Dr R.R. Koirala. Er. Shaligram Singh and Principal of Patanjali Ayurved Medical college & Research centre, Nepal Prof. R.C. Adhikari had delivered the welcome speech. The programme was well coordinated under the supervision of organizing secretary Dr Kopila Adhikari and chief-coordinator Dr Navin Joshi.

On the inaugural day three scientific sessions had been conducted including practical sessions. The main attraction of inaugural day workshop was practical demonstration on Marma chikitsa by Prof. Sunil Joshi. More than 300 students of Nepal's five different Ayurvedic Colleges had participated and learned the basics of Marma Chikitsa. The programme was followed by practical live Demo session. In evening a cultural programme was also organized in which Nepal's cultural traditional dance was the main attraction. The program was well organized by Dr. Suman Khanal. Prof, H.H. Awasthi, Prof. K. N. Singh, Dr. Anurag Pandey, Dr. Pradeep Pal and number of members from Vishwa Ayurved Parishad participated in the conference from India.



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INTERNATIONAL SEMINAR
3RD
By
Vishwa Ayurved Parishad
&
Vishwa Hindi Manch
25 to 30 June, 2019
at
Hotel Panorama Grand
Dubai (UAE)



After a grand success of two international seminar of Vishwa Ayurved Parishad and Vishwa Hindi Manch held at Singapore, Malaysia in last June 2017 and Uzbekistan in 2018, we are again planning our third international seminar in Dubai, the capital of UAE.

In the national executive meeting of Vishwa Ayurved Parishad it was decided to organize an international cultural cum academic seminar in Dubai in the coming 25th to 30th June 2019.

With the academic sessions we will be well acquainted with the cultural and historical places of Dubai and Sharjah.

We would publish a book with ISBN which will contain the articles of our participants and it would be release in the seminar.

Certificates will be provide to each participants by our both institution.

The total cost of package would be 60,000 for 5 nights 6 days. It will include air fare from Delhi to Dubai, visa charges, lodging in a three star hotel, breakfast, lunch, dinner, important historical site visits etc.

- 1- Our group will be of maximum 60-70 pax.
- 2- Entry would be on first com first basis.
- 3- The amount paid would be non refundable.
- 4- Veg, non veg and Jain food options are available. You have to inform us previously.

-Contact-

Programme Co-Ordinator/Convenor

Dr. Ranjan Vichada

(M.A.P.)

9639523174

9412679349

Dr. Pranav Shastri

(M.M.)

9837960530

Theme Ayurved
HOW IS AYURVED DIFFERENT/ BENEFICIAL TO MAN KIND THAN ANY OTHER MEDICAL STREAM.

- 1- Ayurved Basic Principles
- 2- Ayurved And Yog
- 3- Panchkarma
- 4- Agnikarma
- 5- Mann Treatment
- 6- Ayurvedic Emergencies
- 7- Ayurvedic Herbs
- 8- Preventive Measures
- 9- Any Other
- 10- Management In Ayurved



Theme Hindi Literature
साहित्य और समाज

1. साहित्य और संस्कृत
2. साहित्य और भारतीय मूल्य
3. साहित्य और वर्तमान मातृभार
4. हिन्दी का वैश्विक स्थिति
5. हिन्दी और आर.जी का दिग्विजय क्या दिशा और क्या स्थिति
6. साहित्य और संविधान का अन्तर्सम्बन्ध
7. साहित्य और संगीत






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(All India Pre-P.G. Mock Test-2019)
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SUNDAY, 26 MAY 2019
11.30 AM- 1.00 PM

Registration Fee : 100/-Rs
Last Date : 10th May, 2019

Organized by
VISHWA AYURVED PARISHAD


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(All India Pre-P.G. Mock Test-2019)
(At More than 50 centers across the india with 5000 Students)

Information & Instructions

1. Registration's are offline and will be conducted by exam Coordinators.
2. 100/- Rs. Fee must be submitted to coordinators.
3. OMR answer sheet will be provided.
4. Negative Marks are applied.
5. Exam Pattern is same as NEET-2019
6. Hindi and English languages will be medium of exam.
7. Answer key will be provided at the centers.
8. All india rank list will be published after exam.

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Instruction to Authors

- ♦ The Journal of Vishwa Ayurveda Parishad (JVAP) is the official reviewed journal of Vishwa Ayurveda Parishad having ISSN Number 0976-8300. The journal accepts original work in the field of Ayurveda and related topics. Now the journal is available online at www.vishwaayurveda.org
- ♦ Only original contribution in various areas of study related to Ayurveda such as literary, fundamental drug research, review articles, clinical research and book review etc. are accepted.
- ♦ The script should be computerized typewritten, double spaced, only one side of the sheet.
- ♦ The sheets should be of A4 size. The medium of articles may be in English, Sanskrit and Hindi.
- ♦ All pages (except the title page) should be numbered consecutively in Arabic numerals (such as 2, 3, 4,.....) at the center top of each page.
- ♦ The paper should be submitted in hard and soft copy (**Microsoft Word & PDF**) both.
- ♦ Author should use **Krutidev 010 for Hindi, Sanskrit and TimesNewRoman for English** articles.
- ♦ Author should send one copy of paper by e-mail.
- ♦ Each article should preferably be divided into following broad sections (i) abstract, (ii) Key words, (iii) Introduction (iv) Methods and Materials, (v) Result, (vi) Discussion, (vii) Conclusion, (viii) Acknowledgment and Reference/bibliography.
- ♦ The article/paper should be of minimum 800 words and maximum 2500 words.
- ♦ The authors are advised to mention their names, in the form in which they want them to appear in print just after the title along with e-mail.
- ♦ The authors must write their full name, designation, official address, permanent address, with pin code, phone/mobile number and email address in last of paper.
- ♦ Received articles will be evaluated by three referees before publication.
- ♦ The name of the authors mentioned in references or bibliography are to be put in following way surname then first and second name.
- ♦ Photograph, illustration, table, maps, graphs, should be given only when they are necessary. They should be numbered in Arabic numerals
- ♦ Maximum THREE name will be included in one article as author.'

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अगर लंबी उम्र चाहिए तो साइकिल खूब चलाएं

राजत | इजिप्टी

वागदौड़ भी जिम्मेदार है स्वस्थ और लंबा जीवन जीने के लिए लोग नियमित रूप से दौड़ खाने पर ध्यान देते हैं, फिर भी वे अक्सर कोलेजम सामने नहीं आते हैं। आइए जानें कि साइकिल चढ़ाने में इसका क्या भूमिका है। साइकिल चढ़ाने से अतिरिक्त व्यायाम के साथ ही लंबी उम्र भी बढ़ा जा सकती है। यह जिम जाने से अधिक प्रभावी है।

दावा

- जिम जाने से कहीं बेहतर है ये व्यायाम
- पैदल चलना और साइकिल चढ़ाना भी फायदेमंद

सामान्य तौर पर हमें जिम जाने और कहीं महानगर नहीं जाना चाहिए। लेकिन, पैदल चलना और साइकिल चढ़ाना दोनों ही फायदेमंद हैं। अक्सर हमें 18-74 वर्ष आयु के बीच में लंबी उम्र के लिए साइकिल चढ़ाना चाहिए। साइकिल चढ़ाने से अतिरिक्त व्यायाम के साथ ही लंबी उम्र भी बढ़ा जा सकती है। यह जिम जाने से अधिक प्रभावी है।

इंडो-यूस वेलनेस कांक्लेव

अमेरिका में आज से आयुर्वेद की धूम

सरकारी प्रयोगशालाओं की विकसित दवाएं होंगी आकर्षण

पंडित चतुर्

नई दिल्ली। अमेरिका में योग के बाद अब आयुर्वेद और प्राकृतिक चिकित्सा के प्रति भी दिलचस्पी बढ़ रही है। कैलिफोर्निया में 22 जून से शुरू हो रहे इंडो-यूस वेलनेस कांक्लेव में बड़ी संख्या में भारतीय संस्थान, कर्षण एवं विशेषज्ञ विद्वानों का योग है। यह वे आयुर्वेद, हर्बल, प्राकृतिक चिकित्सा से जुड़े अपने उत्पादों को प्रदर्शित करेंगे।

कॉर्पोरेशन भी इसमें हिस्सा ले रहे हैं। यह कार्यक्रम 22 से 24 जून को कैलिफोर्निया के सेंट क्लेयर कन्वेंशन सेंटर में होगा। अमेरिका के वेलनेस व्यवसाय से जुड़े कॉर्पोरेशन भी इसमें हिस्सा लेंगे।

इस तौर पर मधुमेह की दवाएं अमेरिका या अन्य विकसित देशों में पेश की जाती हैं और फिर भारत में विकसित की जाती हैं। लेकिन यह पहला मौका होगा जब केंद्र सरकार को वैज्ञानिक और औद्योगिक अनुसंधान (सीएसआईआर) की ओर से विकसित मधुमेह से भी लंबे समय तक 34 को अमेरिका में प्रदर्शित किया जाएगा। अमेरिका में तीन करोड़ मधुमेह रोगी हैं और वे मधुमेह के इलाज के लिए आयुर्वेद, प्राकृतिक चिकित्सा और योग को वैज्ञानिक आधार के रूप में देखने से आसक्त हैं।

दुनिया में पहली बार भारत में तैयार हुई डेंगू की दवा, 2019 में बाजार में आने की उम्मीद

नई दिल्ली | दुनिया में पहली बार भारतीय वैज्ञानिकों ने डेंगू बीमारी के इलाज के लिए दवा विकसित कर ली है। शुरुआती परीक्षण पूरी तरह सफल रहा है। दवा को बाजार में लाने से पहले ग्लोबल स्टैंडर्ड के तहत बड़े पैमाने पर क्लिनिकल ट्रायल किया जा रहा है। 2019 तक यह दवा बाजार में उपलब्ध होने की उम्मीद है।

आयुष मंत्रालय के सेंट्रल काउंसिल ऑफ रिसर्च इन आयुर्वेद के वैज्ञानिकों ने 7 तरह के औषधीय पौधों से यह दवा तैयार की है। इसमें एक दर्जन से अधिक वैद्यों (विशेषज्ञ) को 2 साल से अधिक का समय लगा है। चूल्हा व खरगोश पर सफल परीक्षण के बाद पायलट स्टडी के तौर पर गुडगांव के मेदांता अस्पताल, कर्नाटक, के बेलगांव और कोलार मेडिकल कॉलेज में भर्ती डेंगू के 30-30 मरीजों को दवा दी गई। दवा देने के बाद मरीजों के ब्लड में प्लेटलेट्स की मात्रा जरूरत के अनुसार बढ़ती गई। 90 मरीजों को काढ़ा बनाकर दवा दी गई। किसी भी मरीज पर साइड इफेक्ट भी नहीं हुआ।

गुडगांव के मेदांता में किया गया अध्ययन शत-प्रतिशत सफल

फॉर रिसर्च इन आयुर्वेद के वैज्ञानिकों ने 7 तरह के औषधीय पौधों से यह दवा तैयार की है। इसमें एक दर्जन से अधिक वैद्यों (विशेषज्ञ) को 2 साल से अधिक का समय लगा है। चूल्हा व खरगोश पर सफल परीक्षण के बाद पायलट स्टडी के तौर पर गुडगांव के मेदांता अस्पताल, कर्नाटक, के बेलगांव और कोलार मेडिकल कॉलेज में भर्ती डेंगू के 30-30 मरीजों को दवा दी गई। दवा देने के बाद मरीजों के ब्लड में प्लेटलेट्स की मात्रा जरूरत के अनुसार बढ़ती गई। 90 मरीजों को काढ़ा बनाकर दवा दी गई। किसी भी मरीज पर साइड इफेक्ट भी नहीं हुआ।

छुट्टी कौन खराब करे!

अगर आज नहीं तो खराब हो जाएंगे अगले 5 साल, रुक जाएगी देश की सफ़्तार! क्या आप लेंगे देश को होने वाले नुकसान की जिम्मेदारी?



समय निकालिए, वोट कीजिए क्योंकि सबाल देश का है!