

ISSN 0976- 8300

# विश्व आयुर्वेद परिषद पत्रिका

वर्ष.18, अंक : 1-2 संवत् 2078

माघ-फाल्गुन

जनवरी-फरवरी 2022



## शिगु

[www.vishwaayurveda.org](http://www.vishwaayurveda.org)

वसन्त ऋतु

*A Reviewed*

**Journal of Vishwa Ayurved Parishad**

₹50/-

## देश के विभिन्न स्थानों में परिषद् की गतिविधियों के छायाचित्र



"ON THE OCCASION OF "SILVER JUBILEE OF VISHWA AYURVED PARISHAD"  
AND "AZADI KA AMRIT MAHOTSAVA"  
VISHWA AYURVED PARISHAD PRESENTS



# संयोजनम् SAMYOJANAM 2022

## National Ayurveda Youth Conclave

CONNECTING INDIA THROUGH AYURVEDA

22, 23, 24 APRIL, 2022, BHOPAL

ORGANIZED BY - VISHWA AYURVED PARISHAD

**Vishwa Ayurved Parishad** is a well reputed and renowned organization which is working to reinstate Ayurved in its glorious form again. To celebrate the 'Silver Jubilee' of **Vishwa Ayurved Parishad** and 'Azadi Ka Amrit Mahotsava', Parishad has decided to organize a National level meet for Ayurveda students to fulfil the task to confront the atmosphere of agony and fear of pandemic. For this purpose VAP happily announces its upcoming mega event "**SAMYOJANAM- 2022**" a **National Ayurveda Youth Conclave** in the heart of India, city of lakes BHOPAL (M.P.) from **22, 23, 24 April, 2022**.

Ayurveda has emerged like a ray of hope in the darkness of pandemic. Now world has accepted the strength of Ayurveda as preventive, promotive and curative modules against **COVID-19** and alike diseases. Due to lockdown and various restrictions during pandemic, the teaching and training of Ayurveda has been badly affected. It also hampered inter personal relationship. Now the greatest challenge in front of us is to re-build the Post-covid world and to restore the relationship, harmony and bring connections among the various fragments of the society especially among youths and students.

The youths are the strength and future of any country. They are full of energy and power and if these properties combined with the knowledge and skill it becomes a revolution. The prime object of this grand event is to inculcate the wisdom of Ayurveda and establish harmony among the youth of Ayurveda.

Vishwa Ayurved Parishad invites all the Youths of Ayurveda to join and participate in this mega event to enrich their knowledge and develop skill for better understanding of Ayurvedic principles and practices. This event will also provide exposure to their talent through various academic, cultural and sports activities.



Team : **SAMYOJANAM 2022**  
E-mail : [vapnayc@gmail.com](mailto:vapnayc@gmail.com)  
Contact : **93369-13142, 81038-78703,**  
**98933-52450, 94244-13704,**  
**88274-07855, 94072-79009,**  
**98934-83530, 74150-66684**

Secretariat  
**Mansarovar Ayurvedic Medical College,**  
**Hospital & Research Centre, Bhopal (M.P.)**  
Pin- 462042, India

"ON THE OCCASION OF "SILVER JUBILEE OF VISHWA AYURVED PARISHAD"  
AND "AZADI KA AMRIT MAHOTSAVA"  
VISHWA AYURVED PARISHAD PRESENTS

75  
Azadi Ka  
Amrit Mahotsav



# संयोजनम् SAMYOJANAM 2022

## National Ayurveda Youth Conclave

CONNECTING INDIA THROUGH AYURVEDA

22, 23, 24 APRIL, 2022, BHOPAL

ORGANIZED BY - VISHWA AYURVED PARISHAD

The events of NAYC-22 are as under :-

**Udbodhanam**- Lectures on core Ayurvedic concepts, clinical practices and personality development.

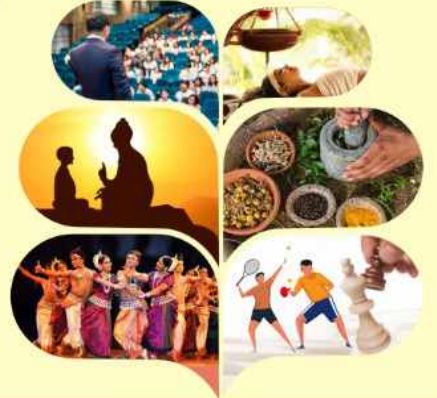
**Karmabhyasam**- Live demonstrations of various procedures and therapies of Ayurveda.

**Gatividhi** - Shloka recitation, Debate, Essay writing, Painting, Poetry etc.

**Nootanam** - Innovation in techniques and various models for better understanding of Ayurveda.

**Abhimanchanam** - Singing, Dance, Acting and others cultural activities.

**Kreedanam** - Chess, Carom, Table tennis, Badminton etc.



Team : **SAMYOJANAM 2022**  
E-mail : vapnayc@gmail.com  
Contact : 93369-13142, 81038-78703, 98933-52450,  
94244-13704, 88274-07855, 94072-79009,  
98934-83530, 74150-66684

Secretariat  
**Mansarovar Ayurvedic Medical College,**  
Hospital & Research Centre, Bhopal (M.P.)  
Pin- 462042, India

प्रकाशन तिथि - 15-02-2022  
पंजीकरण संख्या - LW/NP507/2009/11  
ISSN 0976- 8300  
आर. एन.आई. नं. : यू.पी.बिल./2002-9388



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

प्रधान सम्पादक - प्रोफेसर सत्येन्द्र प्रसाद मिश्र



# विश्व आयुर्वेद परिषद् पत्रिका

## Journal of Vishwa Ayurved Parishad

वर्ष-18, अंक- 1-2

मार्गशीर्ष

जनवरी-फरवरी 2022

संरक्षक :

- ♦ डॉ० रमन सिंह  
(पूर्व मुख्यमंत्री, छत्तीसगढ़)
- ♦ प्रो० योगेश चन्द्र मिश्र  
(राष्ट्रीय संगठन सचिव)

प्रधान सम्पादक :

- ♦ प्रो० सत्येन्द्र प्रसाद मिश्र

सम्पादक :

- ♦ डॉ० अजय कुमार पाण्डेय

सम्पादक मण्डल :

- ♦ डॉ० मनीष मिश्र
- ♦ डॉ० आशुतोष कुमार पाठक

अक्षर संयोजन :

- ♦ बृजेश पटेल

प्रबन्ध सम्पादक :

- ♦ डॉ० कमलेश कुमार द्विवेदी

सम्पादकीय कार्यालय :

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

09452827885, 09336913142

E-mail - vapjournal@rediffmail.com

drajaipandey@gmail.com

manish.arnav@gmail.com

rebellionashu@gmail.com

dwivedikk@rediffmail.com

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

### Contents

- 1- EDITORIAL 2
- 2- GLIMPSES OF AYURVEDA CONCEPTS IN THE WORKS OF KALIDASA - PART 2  
- A. R. V. Murthy 3
- 3- CRITICAL STUDY OF "NEPHROTIC SYNDROME" (VRIKASHOTHA) IN CHILDREN : A REVIEW  
- Khobragade Swapnil,  
Prem Shanker Upadhyay 13
- 4- CASE STUDY ON EKA KUSHTHA- PRINCIPLE TO PRACTICE  
- Bishnupriya Mohanty,  
Kameksha Velip,  
Lilisha Vast, Sangram Keshari Das 17
- 5- AYURVEDIC APPROACH FOR INSOMNIA IN MODERN PERSPECTIVE  
- Shivani Sundriyal, O. P. Singh,  
Sanjay Kumar Tripathi 24
- 6- AN AYURVEDIC APPROACH OF SUTIKA PARICHARYA  
- Mrityunjoy Baroi, Dipak Kr. Goswami 29
- 7- सन्धिगतवातरोगेषु पञ्चकर्माणां चिकित्सकीयमध्ययनम्  
- मनीष मिश्र,  
कमलेश कुमार द्विवेदी 37
- 8- CLINICAL INDICATIONS OF PUSHKARAMOOLASAVA - AN EXPERIENTIAL AND SCIENTIFIC VIEW  
- Shripathi Acharya G,  
Rajeshwari S Acharya 50
- 9- समाचार 53



## Editorial

प्रणम्य जगत् उत्पत्ति स्थिति संहार कारणम् ।  
स्वर्ग अपवर्गयो द्वारम् त्रैलोक्य शरणं शिवम् ॥



**Past :** Ayurveda is arguably the ancient most healthcare system in the world, leading to origin of various ethnic healthcare & medical systems globally. Invaders & scholars brought this wisdom back & improvised suiting their cultures & geographies. Historians estimate the System to be as old as somewhere between 2000 years to 5000 years; 5000 years being postulated by most. The survival till date establishes its fitness & relevance. Dented by various invasions on India from the West, Ayurveda suffered

loss & fragmentation due to missing, rather damaging patronage by the authorities. Shalya Tantra took a setback during the Buddhism spread of Ahimsa. Infernos at the libraries at Nalanda & Takshashila eroded most valuable literature & wisdom, including that of Ayurveda.

**Present :** With the Independence, India slowly restarted to establish the wisdom & the world started recognizing the same owing to lacunae in the western healthcare systems as we notice deprived quality of life, questionable integrity of the pharmaceutical business, and never ending list of short & long term adverse drug reactions of the chemicals pharmaceutical agents. Pareekshyakarino Hi Kushalh Bhawanti... from Charak Samhita suggests introspection where do we, as scholars & lovers of Ayurveda actually are taking Ayurveda to. Ayurveda is the history & future of the health sciences, but the present? Excessive complacency has rendered us inactive & stereotyped, too comfortable & convenient with ourselves. Lacking evidence based researches, despite many MD, PhD degree theses & research articles published every year, sparingly does one make it to market viability & public use.

**Future :** Basic Principles research grants available in plenty from EMR projects by the Ministry of Ayush; Top Ayush authorities need frame an extensive research policy, involving rigorous participation from students, Ayush teachers, modern medical research experts and Vice Chancellors. Budget being increased by the current central government, correct channelization and utilization of the same is required. Most unfortunate COVID pandemic brought Ayurveda to fore and we have to strain ourselves in the Aapada Me Awasar. Pratisamsakaran as done by Agnivesha suggests timely revision and updating of Ayurveda. Research and development experts of higher standard, along with Ayurveda qualifications should be fostered and placed at each academic and research institute Ayurgenome study upon Physical Prakriti has established on the genomic level the relevance & application of Tridosha. 2016 Nobel Prize to Prof Ohsumi for his study upon Autophagy only re-establishes the principle of Agni as we know Aharam Pachati Shikhi Doshan Ahara Varjayet... Every chapter in Samhitas has a Nobel Prize hidden; we need strive to extract that.

Tomorrow belongs to Ayurveda only if we take care of it today. There will be a day when, starting from India, the world would label it as the mainstay healthcare & medical system than a mere complimentary and alternative medicine.

सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामयाः ।

- Bal Krishan Kaushik

V.C., G.R.A.U. Hoshiarpur, Punjab



## GLIMPSES OF AYURVEDA CONCEPTS IN THE WORKS OF KALIDASA PART 2

- A. R. V. Murthy<sup>1</sup>  
e-mail : vasutpt1@gmail.com

### SHANKA VISHA

Shanka Visha is a term used to denote apprehended bite (of a snake). In the darkness of the night a person feels he is bitten by a snake. In fact he may or may not have been bitten or even if he is bitten by a non- poisonous snake like an animal, he gets apprehended that he is bitten by a poisonous snake and symptoms like agitation, fever, vomiting, fainting, burning sensation, malaise, mental confusion and diarrhea may appear. This phenomenon is described as Shankha Visha by Kalidasa and Ayurveda texts as well.

In Malavikagnimitra when the vidusaka doubts that he has been bitten by a snake, Pandita Kausiki advises that proper first-aid be done.

तेन हि दंशच्छेदः पूर्वकर्मैति श्रूयते ।

स तावदस्य क्रियताम् ॥

(मालविकाग्निमित्रम्)

दुरन्धकारेविद्धस्य केनचिद्विषशङ्कया ।  
विषोद्वेगाज्ज्वरश्छर्दिर्मूर्च्छादाहोऽपिवाभवेत् ॥  
रत्नानिर्मोहोऽतिसारश्चान्येतच्छङ्कविषंमतम् ।  
चिकित्सितमिदं तस्य कुर्यादाश्वासयन्बुधः ॥  
(चरक संहिता)

In case one is pierced by something in the darkness which creates suspicion of snake bite due to poisoning like agitation, fever, vomiting, fainting, burning sensation, malaise, mental confusion and diarrhea may appear. This is known as shankavisha. The wise physician should console the patient and administer the portion of sharkara (sugar candy), saugandhika (Nymphaea alba), draksha (Vitis vinifera), payasya (Ipomea digitata), madhuka (Glycyrrhiza glabra) and honey. At the same time the body should be sponged with water purified with incantations besides consoling and exhilarating measures.

### TIMELY DIET

Diet is an important component of Ayurvedic therapeutics. Ayurveda has framed innumerable rules on consumption of food. Ayurveda has given lot of importance to timely diet which it terms Kalabhajanam- Timely diet is said to greatly influence the health of individual. Kalidasa significantly has used “UCHITAVELA” to denote the significance of timely consumption of food to avoid disease.

<sup>1</sup>Principal, Dean and Medical Superintendent, NK Jab Shetty Ayurveda college and Shree Siddharudha Ayurveda Hospital, Bidar KARNATAKA 585403



Charaka states Kalabhojanam is best among those which promotes proper health.

कालभोजनमारोग्यकरणाम् ।  
(च.सू 25/40)

हिताशीस्यान्मिताशीस्यात्कालभोजीजितेन्द्रियः ।  
पश्यत्रोगान्बहून्कष्टान्बुद्धिमान्विषमाशनात् ॥  
(च.नि. 6/11)

Observing many troublesome diseases caused by irregular dieting, the wise should eat wholesome, measured and timely food with self-restraint.

आयुष्यं भोजनं जीर्णं वेगानां चाविधारणम् ।  
ब्रह्मचर्यमहिंसा च साहसानां च वर्जनम् ॥  
(सुश्रुतसंहिता)

Food should be consumed only after the previous food is digested so that indigestion does not take place.

## MARRIAGE .... NOT JUST FOR SEXUAL ENJOYMENT

Vivaha or Marriage is almost an inevitable stage in human life. Generally, it takes place between a male and a female in their youthful stage. After childhood, the individual enters the stage of youth and is permitted to marry by the tradition.

Marriage, generally for a common man is for gratification of sexual desire, running a family and producing children. However for King Dileepa and the Dynasts of Raghuvamsham the marriage was only

intended at ensuring perpetuation the dynasty by producing children rest of the issues related to married life were of lesser significance.

त्यागय संभृतार्थनं सत्याया मिताभाशिनम  
मै याससे विजिगिसुनं प्रजायै गृहमेधिनाम ॥

(रघुवंशम् 1.7)

Ayurveda has discussed in length about the concept of marriage, rules of marriage and has laid down rules of sexual life. A married individual is allowed to enjoy sex as per the season and not as per wish. Abstinence from sex in certain seasons is strictly advised and during certain seasons sex is allowed any number of times. In one way this is called as VAIVAHIKA BRAHMACARYA—celibacy in married life!

1. प्रकाशमचनिशेवेता मैथुनं शिशिरागामे ।  
(चरक संहिता)

In Hemanta and Sishiraritu, a couple can go for sexual intercourse as and when they desire.

2. ग्रीष्मकालेहनषेरेर्तमाध्यअधीरतोनरः ॥  
(च.सू 6/32)

In the month of Greeshma / summer season, one is prohibited from performing sexual intercourse.

3 . व्यवायंचात्रवर्जयेत् ।  
( च.सू 6/38)

In Varsha ritu, sexual intercourse is contraindicated.





4. वसन्तेऽनुभवेत्स्त्रीणांकाननानांचयौवनम् ।  
(च. सू 6/26)

In Vasantaritu, one can perform sexual intercourse with young lady.

**HUSBAND'S ONUS**

In Raghuvamsha there is an interesting instance. King Dileepa was requested by Lord Indra to help him in a battle against the demons. King obliges, goes to the heaven (swarga) wins the battle for the Lord and was on his way back to earth. He was in a hurry to reach his place. He was afraid he may commit a transgression. His wife had gone past the monthly cycle and as per rituals she had taken a head bath. The law of virtue (Dharma) states that husband's onus is to ensure that he is present on the day of bath following the monthly cycle. The King was in such a hurry that he would not make any lapse on this front and did not see the sacred cow (Kamadhenu) which was sitting on the path. He was supposed to have offered respects by moving in a clock-wise direction (Pradakshina) and but ignores and moves on. This leads to Kamadhenu getting angry and cursing him of not having progeny.

धर्मलोलपभयद रजनीमृतुस्नानामिमस्मारन  
प्रदक्षिणाक्रियायं तस्यं तवं साधु नाचराह ॥  
(रघुवंशम् 1.76)

Ritukala is a period of 12 days from the first day of menstruation and Ayurveda

considers this period as the period of sexual intercourse for the purpose of producing children. Except those 12 days, remaining 18 days of the monthly cycle are not useful as far as producing children. Even in this scientific era this period is supposed to be most important period for fertilization. Both Kalidasa and Charaka are clear about this concept. Different texts of Ayurveda have reiterated the concept of Ritukala in various contexts.

ऋतुस्तुद्वादशरात्रं भवति दृष्टार्तवः य  
अदृष्टार्तवाऽप्यस्तीत्येकेभाषन्ते ॥  
(सु. शा. 3/6)

स्त्रीपुंसयोः संयोगो यस्मिन् कालेऽपत्यफलप्रदो  
भवति तं कालविशेषमाह ऋतुरित्यादि ।  
दृष्टमार्तवं यस्मिन् काले स दृष्टार्तवः कालः  
ऋतुः, स च द्वादशरात्रं भवति ।

द्वादशरात्रमिति षोडशदिनेषु मध्ये आद्यं  
दिनत्रयमन्तिमं च षोडशं योनिसङ्कोचदिनं  
न गणनीयम् । एकीयमतमाह— अदृष्टेत्यादि ॥  
(डल्हण)

ऋतुस्तुदृष्टार्तवोद्वादशरात्रं भवति  
षोडशरात्रमित्यन्ये शुद्धयोनिगर्भाशयार्त्—  
तवायामासमपिकेचित्  
तद्वददृष्टार्तवोऽप्यस्तीत्यपरे ॥ 38 ॥  
(अस 1/38)

ऋतुस्तु द्वादश निशाः पूर्वास्तिस्रोऽत्र  
निन्दिताः ॥

एकादशी च, युग्मासु स्यात्पुत्रोऽन्यासु  
कन्यका ॥

(अष्टाङ्गहृदयम्)



अकालयोगादितिऋतुकालातिक्रमेणपुरुषेणसंयोगात्,  
ऋतुकालश्चषोडशरात्रंयावत् यदुक्तंहारीते  
“षोडशदिवसाऋतुकालः” इति  
सुश्रुतेतुद्वादशरात्रमृतुकालोक्तः  
(चक्रपाणि-चरकसंहिताशारीरस्थानम्)

Even the great philosophers like MANU has made a very candid statement – the male should always respect Ritukala to have cohabitation during this period only with his wife for the purpose of producing Children. Cohabitation during the other periods of menstrual cycle may be intended for enjoying sex.

ऋतुकालाभिगामी स्यात् स्वदारनिरतः सदा ।  
पर्ववर्जे ब्रजेच्चौनां तद्वतो रतिकाम्यया ॥  
(मनु)

MANU has also prohibited marriage or sexual intercourse amongst cousins – the earliest primitive concept of prohibition of consanguineous marriages.

असपिण्डा च या मातुरसगोत्रा च या पितुः ।  
सा प्रशस्ता द्विजातीनां दारकर्मणि मैथुने ॥  
(मनु)

### STARAGASTHYA & HAMSODAKA

The poet Kalidasa here is comparing Raghu with star Agasthya. When the Agasthya star arises in the sky the water will be purified. In the same way on the birth of Raghu the minds of enemies of Raghuvamsha (Dynasts of Raghu) could not remain calm as it was a warning sign for them. Here the understanding is that Agasthya Star clears & purifiers the water. The arrival (Birth) of Raghu in the Dynast

generates a sense of awe among the enemies of the Dynasty of Raghu.

प्रससादोदयादम्बभःकुम्भयोनेर्महा  
जसःरघोरभिभवाशान्किकुक्षुभेद्विषतांमनः  
भ्रूभेदमात्रेणपदान्मघोनःप्रभ्रशयांयोनहुषंचकार ॥  
तस्याविलाम्भःपरिशुद्धिहेतोभौमोमुनेः  
स्थानपरिग्रहोऽयम् ॥

उदित अगस्तपन्यजलशोषा ।  
(रामायणतुलसिदासकृत 141 )

अगस्त्योदयेविषशुदिभः ।  
(कादम्बरी)

दिवा सूर्याशुसन्तप्तं निशि चन्द्रांशुशीतलम् ।  
कालेन पक्वं निर्दोषमगस्त्येनाविषीतम् ॥  
हंसोदकमिति ख्यातं शारदं विमलं शुचि ।  
स्नानपानावगाहेषु हितमम्बु यथाऽमृतम् ॥  
(चरकसूत्र 6)

Water naturally heated with sunrays during daytime and cooled with moon rays during night, well purified by the course of time and detoxified by the effects of Agastya (the star Canopus) is called Hamsodaka. This is available during sharada and is clean and clear. This water is beneficial as nectar when used for the purpose of bathing and drinking.

Similar views are expressed by Kashyapa & Vaghbata

अतीते प्रथमे मासि प्रावृट् प्रोष्टपदागमे ।  
दिष्यं खात् पतितं तोयं नाम्ना हंसोदकं  
शिवम् ॥

(काश्यपसंहिता)



तप्ततप्तांशुकिरणैःशीतंशीतांशु-रश्मिभिः ।  
समन्ताद्अप्यहो रात्रमगस्त्योदयनिर्विषम् ।  
शुचिहंसोदकंनार्नि-मलमल-जिज्जलम् ।  
नाभिष्यन्दिनवारूक्षंपानादिष्वमृतोपमम् ।  
(अष्टाङ्गहृदयम्)

Another quote from an unknown source:-

एकेन चुलुकेनाब्धि निर्पितः कुम्भ्योनिना ।  
तस्योदयो ऽतःकालुष्यं, त्यजन्त्यापोभयादिव ॥

The water is heated by sunlight and cooled by moonlight, pleasant, refreshing, stimulates the mind, though not having any perceptible taste, sweet by nature, cool, nectar like, in property and easily digestible. It is very good for drinking, swimming and for bathing after the completion of (raining season). When the star sets in, the water will be crystal clear and pure, also it is ripened and purified by the arise of Agasthya star, considered as Hamsodaka.

### THE FRESH GHEE..... HAYANGAVINAM

हयंगविनम आद्य घोषावृद्धानुपस्थितान  
नमधेयनी प्रिच्छवंतो वन्यानाम मार्गसाखिनम् ॥  
(रघुवंशम् 1.17)

HAYANGAVINA refers to fresh ghee. The term is used exclusively by Kalidasa in Raghuvamsha and is not found in other texts. The incidence goes like this - King Dileepa was traveling to the Hermitage of (Ashrama) sage Vasishta along with his wife. While on his way riding a chariot the

King comes across wide roads, huge gardens, plants on either side of the roads and also to villagers who devotedly offer him fruits, flowers and also freshly prepared ghee. This ghee Kalidasa terms as HAYANGAVINAKAM.

The word Hayangavinahas appeared in Bhavaprakasha Nighantu one of the Medieval texts of Ayurveda. "The Ghee which is prepared out of milk which is one day old is called. Hayangavinakam. This is good for eyes, increases of appetite, stimulates taste buds, it is highly nutritious and specially useful in fevers" –describes Bavaprakasha.

अथह्यस्थनदुग्धोथघृथस्यगुणानाह ।  
हविर्हास्तनदुग्धोत्यंतत्स्याद्धैयगड्वीनकम् ।  
हयगड्वीनचक्षुष्यंदीपनंरुचिकृत्परम् ।  
बलकृबृंहणंवृष्यंविशेषाज्वरनाशनम् ।  
(भावप्रकाश घृतवर्ग)

Ayurveda has further discussed Ghee in plenty. Ghee is considered one of the best nutrients for all ages. Four snehas (Unctuous substances) are identified in Ayurveda for use - both for internal and external purposes. Among these four, Ghee is said to be the best because of its special characteristics.

सर्पिस्तैलंवसामज्जासर्वस्त्रेहोत्तमामताः ।  
एषुचौवोत्तमंसर्पिःसंस्कारस्यानुवर्तनात् ॥  
(चरकसंहिता)

Ghrita (clarified butter), oil (of sesame), Vasa (muscle fat) and Majja (bone marrow) are considered the top snehas.



Among these, Ghrita is superior as it possesses the qualities of samskara i.e. blending with other substances having different properties without losing its own properties.

घृतं पित्तानिलहरं रसशुक्रौजसांहितम् ।  
निर्वापणं मृदुकरं स्वरवर्णप्रसादनम् ॥  
(चरकसंहिता)

Ghrita alleviates pitta and vata, and is beneficial for rasa, shukra and ojas. Provides relief from burning sensation, softens the tissues, improves voice and complexion.

Two sources of snehas (Unctuous substances) are recognized in Ayurveda – one of Animal origin (Jangama) and two of Plant origin (Sthavaram). Ghee is best among those of Animal origin and Til oil is best among the plant origin.

तत्र द्वियोनिश्चतुर्विकल्पोऽभिहितः स्नेहः  
स्नेहगुणाश्च तत्र जङ्गमेभ्यो गव्यं घृतं प्रधानं,  
स्थावरेभ्यस्तिलतैलं प्रधानमिति ॥

(सुश्रुतसंहिता)

Ghee has two sources – one is made out of milk and other is made out of curds.

घृतमपि द्विविधं क्षीरोत्थं, दध्युत्थं च ।  
(डल्हण)

घृतं तु मधुरं सौम्यं मृदु शीतवीर्यमनभिष्यन्दि  
स्नेहनमुदावर्तान्मादापस्मारशूलज्वरानाघहवातपित्तप्रशमन  
मग्निदीपनं स्मृतिमतिमेधाकान्तिस्वरलावण्य-  
सौकुमार्यौजस्तेजोबलकरमायुष्यं वृष्यं मेध्यं  
वयःस्थापनं गुरु चक्षुष्यं श्लेष्माभिवर्धनं  
पाप्मालक्ष्मीप्रशमनं विषहरं रक्षोघ्नं च ॥

(सुश्रुतसंहिता-सूत्र)

क्षीरघृतं पुनः सङ्ग्राहि  
रक्तपित्तभ्रममूर्च्छाप्रशमनं नेत्ररोगहितं च ॥  
(सुश्रुतसंहिता-सूत्र)

पुराणं तिमिरश्वासपीनसज्वरकासनुत् ।  
मूर्च्छाकुष्ठविषोन्मादग्रहापस्मारनाशनम् ॥  
एकादशशतं चौव वत्सरानुषितं घृतम् ।  
रक्षोघ्नं कुम्भसर्पिः स्यात् परतस्तु महाघृतम् ॥  
पेयं महाघृतं भूतैः कफघ्नं पवनाधिकैः ।  
बल्यं पवित्रं मेध्यं च विशेषात्तिमिरापहम् ॥  
सर्वभूतहरं चौव घृतमेतत् प्रशस्यते ॥  
(सुश्रुतसंहिता-सूत्र)

पुराणघृतगुणमाह सर्पिरित्यादि  
पुराणं दशवर्षस्थितम् विषरुद्धि  
रमद्यजामदास्त्रयः, गरः संयोगविषम्  
पूरणेऽक्षिपूरणे  
एकादशशतमिति एकादशोत्तरं शतमित्यर्थः  
भूतैः प्राणिभिः आचार्यस्तु कौम्भंतुशतवत्सरम्  
इत्याह अयं पाठो निबन्धेषु न दृश्यते,  
अस्माभिस्तु बहु वैद्यपठितत्वात्पठितः ॥  
(डल्हण)

The old ghee Ayurveda considers, has many potentials and is prescribed for a variety of diseases. Hundred years old ghee is named Kowmbhisarpis (कुम्भसर्पिः) (According some texts it is Ten years and according to Bhavaprakasha it is one year old. Here एकादशतं चैव वत्सरानुषितं refers to One Hundred Eleven years) and is said to be useful in the diseases of Vata, Kapha and is considered highly nutritive. नान्यः स्नेहस्तथा कश्चित् संस्कारमनुवर्तते । यथा सर्पिरतः सर्पिः सर्वस्नेहोत्तमं मतम् ॥ (नि.



अ. १) अत एव संस्कारवद्रव्यचित्रकादिगुणानु-  
विधानेऽपि सर्पिर्न स्वगुणान् स्नेहशैत्यादीन्  
जहाति , किञ्च स्वगुणान् तद्दृदगुणांश्च  
वहति?, यतोऽनुशाब्देन पश्चाद्वाचिना  
स्वगुणवर्तनस्य पश्चात् संस्कारकगुणवर्तन-  
मुच्यते। अतएवोक्तं स्नेहाद्वातं शमयति पित्तं  
माधुर्यशैत्यतः । घृतं तुल्यगुणं दोषं संस्कारात्  
जयेत् कफम् ।

(सुश्रुतसंहिता नि. अ.१)

सङ्ग्राहि दीपनं हृद्यं नवनीतं नवोधृतम्  
ग्रहण्यर्शोविकारघ्नमर्दितारुचिनाशनम् ॥  
(चरकसंहिता-सूत्र)

सङ्ग्राहीत्यादि नवनीतगुण रू नवोधृतं  
सद्यस्कं य नवोद्धृतमिति वचनादभिनवस्यैव  
नवनीतस्य यथोक्तगुणाः प्रकर्षवन्तो भवन्ति ,  
पुराणस्य तु नैते बलवन्तो गुणा भवन्तीति ॥  
(चक्रपाणिदत्त चरकसंहिता सूत्र 27)

स्मृतिबुद्धयग्निशुक्रौजःकफमेदोविवर्धनम्  
वातपित्तविषोन्मादशोषालक्ष्मीज्वरापहम् ।

सर्वस्त्रेहोत्तमं शीतं मधुरं रसपाकयोः  
सहस्रवीर्यं विधिभिर्घृतं कर्मसहस्रतत्तु ॥

मदापस्मारमूर्च्छायशोषोन्मादगरज्वरान्  
योनिकर्णशिरःशूलं घृतं जीर्णमपोहति ॥

सर्पीष्यजाविमहिषी क्षीरवत् स्वानि  
निर्दिशेत् ॥

( सुश्रुतसंहिता नि . अ . १)

उत्पादक्रमागतस्य घृतस्य गुणमाह-  
स्मृतीत्यादि सहस्रवीर्यमिति भूरिशक्तिकम् कथं  
सहस्रवीर्यमित्याह विधिवदिति । विधिवद्  
विधियुक्तं सदित्यर्थः, विधिश्च नानाकर्मकारिभिर्द्रव्यैः  
संस्कारः संयोगश्च, अत एवोक्तं नान्यः

स्नेहस्तथा कश्चित् संस्कारमनुवर्तते” (नि. १)  
इति, तथा तन्त्रान्तरे ष घृतं योगवाहि इति य  
तस्मात् सहस्रवीर्यं तः कर्मसहस्रति योज्यम् ।  
यत्तु सुश्रुतटीकाकृतः सुश्रुतोक्तघृतगुणेषु  
त्रिदोषापकर्षणं इति पठन्ति, तत् संस्कारेण  
क फहरणादिति ज्ञेयम् मदेत्यादि जीर्णं तु  
दशवर्षातीतं य वचनं हि पुराणं दशवर्षं स्यात्  
प्रपुराणमतः परम् इति यथा यथा च  
जीर्णत्वप्रकर्षस्तथा तथा गुणोत्कर्षो ज्ञेयः उक्तं  
हि हारीते यथा यथा जरां याति गुणवत्  
स्यात्तथा तथा इति अनुक्तसर्पिर्गुणानतिदिशति  
सर्पीषीत्यादि सर्पिषि स्वानीति सम्बन्धः य तेन,  
अजाक्षीरवदजासर्पिर्निर्दिशेदिति एवं शेषयोरपि  
वाच्यम् अनेन च न्या येन हस्तिन्यादिसर्पिरपि  
बोद्धव्यं, हस्तिन्यादिसर्पिर्व्यवहाराभावात्  
साक्षात्रोक्तम् ॥231-233॥

(चक्रपाणिदत्त चरकसंहिता सूत्र 27)

## HOLY COMPANY

Even the contaminated water gets purified with the help of kataka seeds. In the same manner even a dullard can become scholar, if he is associated with scholars. Even though in this verse, Kalidasa suggests about purification of water, his main intention is to give stress on “Satsanga”

मंडोप्यमन्दतामेति संसारेना विपश्चितः  
पंकश्चिदाहफलस्यवणिकशेनविलम पयः ।

Ayurveda considers “PANKASCHHIDA” as KATAKAH or NIRMALI (STRYC HNOSPOTATORUM) and mentions it as one of the best purifiers of water. Sushruta counts seven natural water purifiers.



तत्र सप्त कलुषस्य प्रसादनानि भवन्ति ।  
तद्यथा— कतकगोमेदकबिसग्रन्थिशैवाल—  
मूलवस्त्राणि मुक्तामणिश्चेति ॥

(सुश्रुतसंहिता)

तत्रेत्यादि । कतकं शशकपुरीषप्रतिमं फलयं  
गोमेदकः पुष्परागाभो मणिः, मत्कोलमिति  
केचित् बिसग्रन्थिः पद्ममूलं शैवालमूलं  
प्रसिद्धम्य मुक्ता मौक्तिकं मणिः स्फटिकादिः ।  
एतेन रूपदोषापयनोपायो दर्शितः । अन्ये तु  
बिसग्रन्थित्यस्याग्रे शर्णीमूलं इति ३ पठन्ति  
तत्र पर्णी पानीयपृष्ठजा, तस्या मूलं जटा ॥  
(डल्हण)

Further Ayurveda lists characters of  
good companions (to be followed)

बुद्धिविद्यावयःशीलधैर्यस्मृतिसमाधिभिः ।  
वृद्धोपसेविनोवृद्धाःस्वभावज्ञागतव्यथाः ॥  
सुमुखाः सर्वभूतानांप्रशान्ताःशंसितव्रताः ।  
सेव्याःसन्मार्गवक्तारःपुण्यश्रवणदर्शनाः ॥  
(चरकसंहिता)

Those who have attained maturity by  
virtue of intellectual wisdom, knowledge,  
age, character, courage, memory and  
contemplation, who serve senior (by age  
and rank) persons, who are mature and  
learned ones, who are well acquainted with  
human nature, those who are devoid of all  
anxieties, who are well behaved with  
everybody, who are in serenity, who follow  
righteous course of action, who advocate  
good conduct and whose very name and  
sight are auspicious should be  
accompanied.

## COMPULSIONS OF FRIENDSHIP

Once rain water has fallen on the  
ground, it acquires the properties of the  
land and becomes pure or impure  
depending on the nature of land. Even the  
taste differs in each place. In the same  
manner, “Oh! Revered God! Only then we  
are considering the qualities, Sattva, Rajas,  
Tamas you will be seen in the form of  
Vishnu, Brahma and Rudra, but you remain  
unaltered.

रसंतारानी एकरसं यथा दिव्यं पयोशनुते  
मै देसे गुणेश्वरमवस्थः त्वाविक्रियाः ॥

Ayurveda has used the terms Divyajala  
and Aindrajala

### Divya Jala

अनार्तवंचयद्विव्यमार्तवंप्रथमंचयत्  
लूतादितन्तुविण्मूत्रविषसंश्लेषदूषितम् ।  
(अष्टाङ्गहृदयम्)

### Aindra Jala

तत् अव्यक्त रसं विध्यादैन्द्रम् ।  
(चरकसंहिता)

Ayurveda also says that Antariksha jala  
is pure and devoid of any taste. But once it  
falls on the ground the taste changes as per  
the soil.

पानीयमान्तरीक्षमनिर्देश्यरसममृतं जीवनं  
तर्पणं धारणमाश्वासजननं श्रमक्लमपिपासा—  
मदमूर्च्छातन्द्रानिद्रादाहप्रशमनमेकान्ततःपथ्यतमं  
च ॥

(सुश्रुतसंहिता)

तदेवावनिपतितमन्यतमं रसमुपलभते  
स्थानविशेषान्दीनदसरस्तडागवापीकूपचुण्टी—



प्रस्रवणोदिभदविकिरकेदारपत्वलादि षु  
स्थानेष्वव- स्थितमिति ॥  
(सुश्रुतसंहिता)

आन्तरिक्षमुदकानाम् ।  
(च.सू. 25/38)

### A REGIMEN FOR SUMMER

A salient feature of Ayurveda is its concept of the close harmony with man and nature. Even a minute change in the environment affects human body in a subtle manner Ayurveda gives great importance to the influence of the seasonal changes of nature on the human psyche. One major topic of Ayurveda, in fact, is Ritucarya or the appropriate conduct in each season. Kalidasa's description of the summer season in Abhijnanasakuntala shows how carefully the poet refers to the ways in which the season becomes enjoyable.

सुभगसलिलावगाहाः पाटलसंसर्गिसुभिवनवाताः ।  
प्रच्छायसुलभनिद्राः दिवसाःपरिणामरमणीयाः ॥  
(अभिज्ञानशकुंतलम्)

Here the poet refers to the bath in the immersed water, the fragrance of the wind and sleep which is profuse under the shade of trees. If one goes through the Ritucarya in works like Caraka Samhita and Astangahridayam, the same approach prevails where every care is taken to see that the intensity of the heat is made bearable. Other seasons like winter and rain have also been described suitably.

काननानि च शीतानि जलानि कुसुमानि  
च ग्रीष्मकाले निषेवेत मैथुनाद्विरतो नरः ॥  
(चरकसंहिता)

In Summer, one should enjoy the coolness of gardens, cold water and flowers, and should abstain from sexual intercourse.

दिवाशीतगृहेनिद्रानिशिचन्द्रांशुशीतले ।  
भजेच्चन्दनदिग्धाङ्गःप्रवातेहर्म्यमस्तके ॥  
(चरकसंहिता)

During daytime, one should sleep in a cool shelter and during night after applying the paste of chandana (Santalum album Linn) on the body sleep in the airy roof/terrace of the house which is cooled by the Moon-rays.

व्यजनैःपाणिसंस्पर्शश्चन्दनोदकशीतलैः ।  
सेव्यमानोभजेदास्यामुक्तामणिविभूषितः ॥  
(चरकसंहिता)

One should be seated on a surface decorated with pearls and gems and make use of a fan and touching by soft hands, both cooled with sandal water.

सरांसि सरितो वापीर्वनानि रुचिराणि च ।  
चन्दनानि परार्ध्यानि स्रजः सकमलोत्पलाः ।  
तालवृन्तानिलाहारांस्तथा शीतगृहाणि च ॥  
घर्मकाले निषेवेत वासांसि सुलघूनि च ।  
(सुश्रुतसंहिता)

दक्षिणानिलशीतेषु परितो जलवाहिषु ।  
अष्टनष्टसूर्येषु मणिकुट्टिमकान्तिषु ॥  
परपुष्टविद्युष्टेषु कामकर्मान्तभूमिषु ।  
विचित्रपुष्पवृक्षेषु काननेषु सुगन्धिषु ॥  
गोष्ठीकथाभिश्चित्राभिर्मध्याह्नं गमयेत्सुखी ।  
गुरुशीतदिवास्वप्नस्निग्धाम्लमधुरांस्त्यजेत् ॥  
(अष्टाङ्गहृदयम्)



## HUNTING IS AN EXERCISE

मेदाचेदक्रूसोदराम लघुभावत्युतन्ययोग्यम  
वपुः। सत्त्वनामपि लक्ष्यते विकृतीमचित्तम  
भयक्रोधयोह मै उत्कर्षः सा धनवीनां यदिश्वः  
सिद्धयंति लक्ष्येकेले मिथ्यैव वैसनं वदंति  
मृगयमिद्रिग्विनोदः कूटः ॥

(अभिज्ञानकुंतलम 2.5)

In this verse great poet Kalidasa describes the importance of hunting and he also hints that it a very good exercise but not vice. People who do not know much about hunting they will just say like that.

“When the obesity of the stomach decreases, then his waist will become lean. Because of the lightness of the body one will become more active. It increases the sharpness of the sight and by that one can understand the emotions of animals (like Bhaya and Krodha and other emotions) and by the ability of keen sight one can increase the capacity of aiming. One can increase his capacities along with recreation. Really it is a very good exercise, and it gives utmost happiness to kings. But people simply say hunting animals is a bad habit”.

Ayurveda has not used the word hunting but has discussed in detail the concept of Vyayama or exercise.

In fact hunting represents a type of exercise only which is generally resorted to by Kings.

शरीरचेष्टायाचेष्टास्थैर्यार्थाबलवर्धिनी  
देहव्यायामसङ्ख्यातामात्रयातांसमाचरेत् ॥  
(चरकसंहिता)

Such suitable physical movement intended towards bringing stability (in body) and increase in strength is known as vyayama (physical exercise). This has to be practiced in moderation (with apt control and for proper duration). [31]

Benefits of vyayama (exercise) and harmful effects of excess exercise

लाघवंकर्मसामर्थ्यंस्थैर्यदुःखसहिष्णुता ।  
दोषक्षयोऽग्निवृद्धिश्चव्यायामादुपजायते ॥  
श्रमःक्लमःक्षयस्तृष्णारक्तपित्तप्रतामकः ।  
अतिव्यायामतःकासोज्वरश्छर्दिश्चजायते ॥  
(चरकसंहिता)

Lightness, strength to work, stability, endurance towards distress and mitigation of dosha (especially kapha), and stimulation of agni (digestive power) is engendered by physical exercise.

Ayurveda also cautions against excessive indulgence in exercise.

एतानेवंविधांश्चान्यान्योऽतिमात्रंनिषेवते ।  
गजंसिंहइवाकर्षन्सहसासविनश्यति ॥  
(चरकसंहिता)

One who indulges in these and such other activities in excess, suddenly perishes like a lion trying to drag an (huge) elephant.

अयथाबलमारम्भःप्राणोपरोधिनां ॥

(चरक संहिता)

*To Be Continued.....*





## CRITICAL STUDY OF “NEPHROTIC SYNDROME” (VRIKKASHOTHA) IN CHILDREN : A REVIEW

- Khobragade Swapnil<sup>1</sup>, Prem Shanker Upadhyay<sup>2</sup>  
e-mail : psupadhyay08@gmail.com

### ABSTRACT :

*Nephrotic Syndrome (NS) is characterized by heavy Proteinuria (>1g/m<sup>2</sup>/day), Hypoalbuminemia (<2.5g/dl), Hyperlipidemia and edema that begin with face. Ayurvedic medicines such as Punarnavaswaras, Marich, Ashwagandha churn and Yastimadhu churn showed mixed effect (mild symptoms with reduced relapse and frequency). Incidence of NS range from 2-7 per 100,000 children. Common age group for onset of nephrotic syndrome is 2-8yrs. Pt often required steroid therapy to get remission, yet many patients either show relapse after the remission or do not respond to it. It is disease syndrome responsible for end stage kidney disease (ESRD). Ayurvedic medication such as Punarnavaswaras, Marich, Ashwagandha churn and Yastimadhu. Punarnavaswaras has potassium sparing diuretics effect and help reducing the edema of body in nephrotic syndrome.*

**Keywords:** *Nephrotic syndrome, vrikashotha, proteinuria, hyperlipidemia, Punarnava etc.,*

### INTRODUCTION:

Nephrotic syndrome is characterized by heavy proteinuria (1g/m<sup>2</sup>/day), hypoalbuminemia, (<2.5g/dl), hypercholesterolemia(>200mg/dl) associated with edema.<sup>1</sup>It results due to alteration of protein selectivity at the glomerular capillary wall, resulting in its inability to restrict the urinary loss of protein. Nephrotic Syndrome is an important chronic renal disorder in pediatrics population. Incidence of NS ranges from 2-7 per 100,000 children. Age of onset of nephrotic syndrome is 2-8 years.<sup>2</sup> Features like swelling over face got relief but surprisingly protein in urine (proteinuria) was absent within 2-3days which has earlier possible only after giving steroid.

### Etiology:

Nephrotic syndrome can be divided into two types Primary Nephrotic Syndrome and secondary Nephrotic Syndrome, usually primary idiopathic in 95% cases. Secondary etiology might be identified in rest of 5% cases, including systemic lupus erythematosus, Henoch Schoenlein purpura, amyloidosis, and

<sup>1</sup>MD(Ay.) Scholar, <sup>2</sup>Associate Professor, Department of Kaumarbhritya/ Balaroga, Faculty of Ayurveda, Institute of Medical Science, BHU, Varanasi, U.P 221005



infection with HIV Parvovirus B19, hepatitis B virus and C virus etc.

### **Primary Childhood Nephrotic Syndrome**

**Minimal Changes Disease (MCNS):** Involve damage to the glomeruli that can be seen only with an electron microscope. The exact cause of minimal changes disease is not clear.

Minimal changes disease is most common cause of idiopathic childhood nephrotic syndrome.<sup>3</sup>

### **Secondary childhood nephrotic syndrome:**

Some common disease that can cause secondary childhood nephrotic syndrome include HIV, Vasculitis, SLE, Streptococcal infection, Drugs like NSAID, Chemicals like Mercury, Lithium etc.

### **Congenital nephrotic syndrome and childhood nephrotic syndrome**

Congenital nephrotic syndrome is rare and affects infants in the first 3 months of life.<sup>4</sup> These types of nephrotic syndrome, sometimes called as infantile nephrotic syndrome, can be caused by inherited genetic defect and infection at the birth. Prognosis of treatment depends upon treatment steroid responsiveness. Hence alternative therapy is needed for the management.

### **Pathogenesis:**

- 1) Change in the sized glomerular filtration unit- normally protein is not filtered in glomeruli but in nephrotic syndrome there is increase in

permeability of glomerular filtration unit. Hence in nephrotic syndrome there is heavy proteinuria.

- 2) Change in charge of Glomerular filtration unit - endothelium layer, basement membrane and podocytes are negative charge, protein is also negative, due to presence of similar charge on GBM prevent their filtration by same-charge-repulsion phenomenon, but in nephrotic syndrome there is deposition of antigens antibodies complex leading to neutral charge of glomerular filtrating unit. hence negative charge protein are free to leak through neutral charge glomerular filtration unit, result proteinuria in nephrotic syndrome.<sup>5</sup>

### **Clinical features:**

Edema- first appear in eye subsequently on leg (pitting edema) and gradually become generalized with ascites, hydrothorax and hydrocele, Oliguria, Severe muscles wasting Infection- may be present at the onset and during relapse associated with fever. Albuminuria- when child urine has high level of albumin, Hypoalbuminemia-when child blood has low level of albumin, Hyperlipidemia-when a child blood cholesterol and fat level are higher than normal, Abdominal pain, Loss of appetite.<sup>6</sup>

### **Investigation:<sup>7</sup>**

**Urine test**– for proteinuria, red cells, casts.

heavy protein uria (3-4+), gross hematuria suggests significant glomerular lesion.



**Blood test**– Sr. albumin low, blood level of IgG is low and IgM elevated

**Sr. Complement (C3) level**- Normal, which are essentially normal in MCNS but may be reduced in non MCNS variant or acute PSGN.

**Tuberculin test**- to exclude TB.

**RFT**- e.g BUN, Sr. creatinine and electrolyte.

**Chest X-ray**- to exclude underlying tuberculosis.

**Hepatitis- B surface antigen**

**Urine culture**- (suspected UTI)

**USG of the Kidney**-

**Kidney biopsy**- is not indicated routinely except in cases of probable non-MCNS pathology.

Biopsy is recommended in children with atypical features at the onset (age below 12 months, gross or persistent hematuria, low blood C3, hypertension or impaired renal function). Patient who continue to show nephrotic range proteinuria despite appropriate steroid therapy required biopsy to determine disorder.<sup>8</sup>

**Diagnosis:** Diagnosis is made on the basis of past history, clinical features, investigation and as per given above.

**Treatment:**

Children who have nephrotic syndrome may need to make change to their diet such as no added Salt in diet and Protein rich diet.

Long term steroid therapy tab prednisolone 60mg/m2/day bd for for 6

weeks and then 40mg/m2/day as a single morning dose on alternate day for next 6 weeks.<sup>9</sup>

Reducing amount of liquid, they drink each day, diet low in saturated fat and cholesterol to help to control elevated cholesterol level.

**Ayurvedic management:**

*Ashwagandha churn* (80mg/kg/dose)- it contains natural steroid & good source of essential amino acids like (Lysine, Leucine, Methionine, Valine Arginine), *ashwagandha* has enhancing antioxidant property and scavenging the free radicles.<sup>10</sup>

*Yastimadhu churn*-(80mg/kg/dose) *Yastimadhu* show nephro-protective activity and immunomodulatory property. It shows great potential of *ayurvedic* immune-modulator and nephron-protective herbal drugs that can be use to treat steroid dependent / steroid resistance nephrotic syndrome.<sup>11</sup>

*Punarnavaswarasa*- (0.5ml/kg/dose) it is potassium sparing diuretics with special effect to nephrotic syndrome. It possesses immunomodulatory effect due to immunosuppressive action.<sup>12</sup>

*Kalimirch*<sup>13</sup>- 1/2 piece it shows the *shroto-shodhak* effect which help in clearing the *shrotoradh*.

Honey – 1/2ml

Tab *Shankhavati* (4mg/kg/day) in nephrotic syndrome steroid therapy can caused gastritis so before taken a steroid *shankhavati* should be taken to prevent gastritis.<sup>14</sup> In nephrotic syndrome calcium-Vit-D metabolism suppressed that



causes hypocalcemia in this condition Shankh vati is helpful in maintaining serum calcium.

### CONCLUSION:

*Ayurvedic* drugs like *Ashwagandha* and *Yastimadhu* show good potential of *ayurvedic* immune-modulators and nephro-protective herbal drugs and can be used to treat steroid dependent / steroid resistance nephrotic syndrome or at least preserve its renal function and slow its progression to end stage of renal disease and *Punarnava* show potassium sparing diuretics effect help in reducing edema and *Marich* help in clearance of shotoavrodha *soayurvedic* formulation are better alternative management in the treatment of Nephrotic Syndrome.

### REFERENCES:

1. Ghai Essential Pediatrics Ninth Edition by Vinod k Paul and Arvind Bagga Nephrotic Syndrome Pg. no 472 CBS publisher & Distributor Pvt. Ltd.
2. Textbook of Pediatrics Second Edition by Mukesh Agrawal Nephrotic Syndrome Pg. no 641 CBS Publisher & Distributor Pvt. Ltd.
3. Nelson Textbook of Pediatrics International Edition 21 by Kliegman, St Geme, Slum, Shah, Tasker, Wilson Elsevier.
4. Ghai Essential Pediatrics Ninth Edition by Vinod k Paul and Arvind Bagga Nephrotic Syndrome Pg. no 472 CBS publisher & Distributor Pvt. Ltd.
5. Nelson Textbook of Pediatrics International Edition 21 by Kliegman, St Geme, Slum, Shah, Tasker, Wilson Elsevier.
6. Ghai Essential Pediatrics Ninth Edition by Vinod k Paul and Arvind Bagga Nephrotic Syndrome Pg. no 472 CBS publisher & Distributor Pvt. Ltd.
7. Ghai Essential Pediatrics Ninth Edition by Vinod k Paul and Arvind Bagga Nephrotic Syndrome Pg. no 472 CBS publisher & Distributor Pvt. Ltd.
8. Nelson Textbook of Pediatrics International Edition 21 by Kliegman, St Geme, Slum, Shah, Tasker, Wilson Elsevier.
9. Ghai Essential Pediatrics Ninth Edition by Vinod k Paul and Arvind Bagga Nephrotic Syndrome Pg. no 472 CBS publisher & Distributor Pvt. Ltd.
10. World Journal of A Pharmaceutical and Medical Research, Nephrotic Syndrome in Pediatrics with Ayurved approach by Dr. Kavia Shinde, Dr. K. S. Ratanparkhi and Dr. Lalita N, Padole, 2021, 7(4), 165-169.
11. International Journal of Research in Ayurveda and Pharmacy Review Article by Dr, Kuldip Chaudhary Dwivedi Awnish, Sharma Abhishek on Herbal Approach in Management of Nephrotic Syndrome int, rea. Ayurveda Pharm.6(2). Mar-Apr2015.
12. International Journal of Research in Ayurveda and Pharmacy Review Article by Dr, Kuldip Chaudhary Dwivedi Awnish, Sharma Abhishek on Herbal Approach in Management of Nephrotic Syndrome int, rea. Ayurveda Pharm.6(2). Mar-Apr2015.



## CASE STUDY ON EKA KUSHTHA- PRINCIPLE TO PRACTICE

- Bishnupriya Mohanty<sup>1</sup>, Kameksha Velip<sup>2</sup>, Lilisha Vast<sup>3</sup>, Sangram Keshari Das<sup>4</sup>

e-mail : drbishnupriyadas@gmail.com

### ABSTRACT :

*The disease Kustha Roga occurs due to the vitiation of Vata, Pitta and Kapha Doshas. It shows symptoms like Ugrakandu (Severe itching either generalised or localised), Twaksphutana (breaking or cracking of skin), Kharasparsha and lesions are Vritta (round), Snigdha and Ghana (thick). The colour is Krishna or Shyama Varna (brownish black). EkaKustha(Psoriasis) is one among the wide numbers of Kustha Roga. It is a chronic inflammatory skin disease which usually localised in the extremities, trunk, scalp, hairs, etc. This case study deals with a sixty-five years old male patient suffering from Sarwanga Kandu (itching all over the body), Shyava Aruna Vaivarnyata, patches in Sarwanga, Keshachyuti (hair fall). In this case Ayurvedic formulations of Arogyavardhini Vati (orally), Yashtimandhu Churna, Chandan churna and Yashadapuspha mixed with Shatadhauta Ghrita is given for external application.*

**Keywords:** *Kustha Roga, EkaKustha, Psoriasis, Case Study.*

<sup>1</sup>Professor and Head, Department of Sanskrit Samhita and Siddhanta, <sup>2</sup>IV BAMS Student, <sup>3</sup>IV BAMS Student, <sup>4</sup>Professor & Head, Dravyaguna Vijnana, Gomantak Aurveda Mahavidyalaya and Research Centre, Shiroda, Goa.403103. India.

### INTRODUCTION:

The skin (Twak) is the largest organ of our body. In Ayurveda it is described as one of the 'Gyanendriyas(Sense Organ)' which is responsible for touch sensation. The disease Kustha Roga has potential to destruct body tissues with gangrenous changes so that it is decomposed. The disease has a broad spectrum skin presentation; starting from hypopigmented patch or a plane discolouration up to the extreme range towards decomposition; if it is not well managed.

Psoriasis is one of the most common dermatological diseases affecting the people. It is usually localised in the extremities, trunk, scalp, nails and may also involve genitalia and the anus. It is non-infectious and a chronic inflammatory skin disorder.

### CASE STUDY:

This case study deals with a sixty-five years old male patient having a chief complaint about

1. Sarwanga Kandu – Itching all over the body.
2. Twak Vaivarnya (Shyava-Aruna Varna) – Reddish blackish discolouration of



patches on skin which are round, thick and Snigdha including head area too.

### 3. Keshha Chyuti – Hair fall.

#### History of present illness:

Patient had first experienced itching all over the body four years back. After some days patient noticed a reddish blackish discoloration of the skin in patches which are round, thick and Snigdha. Initially small patches got developed on the leg, later appears on all over the body and presently the larger patches are detected on the leg. The patient also has a complaint about the hair fall.

#### History of past illness:

The patient had no history of such past illness neither any other family member had such illness.

**Table No-1**

Showing Personal history of the Patient	
Nadi	70 per minute
Mala	1 to 2 times per day
Mutra	5 to 6 times in a day
Jihva	Sama
Shabda	Spashta
Sparsha	Ruksha
Drika	Samanya
Akruti	Mashyama
Ahar/diet	Mixed diet
Appetite/Agni	Moderate
Sleep	Disturbed
Addiction	No

The blood test reports revealed that the haemoglobin was in normal units whereas ESR was found to be 38mm/hour which exceeded the limiting range of 0 to 9 mm/hour. The total cholesterol which is supposed to be in a range of 0 to 200 mg/dl was found to be 216mg/dl. Also, serum LDL cholesterol which should be less than 100mg/dl was reported to be 140mg/dl.

#### Etiopathogenesis of Eka Kustha:

Etiopathogenesis consists of Aharaja Nidana and Viharaja Nidana.

Aharaja Nidana consists of investigating about the food intake. Intake of opposite/wrong combination of food and drinks such as- milk with fish; Madhu and Phanita; milk and jaggery; and milk and sour fruits is bad for health. The intake of all these things daily, in large quantities when there is indigestion and without following the Pathya and Apathya together causes Virodhi Anna Pana. The intake of drinks which are unctuous and heavy to digest causes Snigdha Guru Pana. Alternatively, intake of cold and hot things in Ahara causes Snigdha Guru Pana<sup>1</sup>.

Excessively intake of freshly harvested grains, curd, fish, excessive intake of salt and sour substances, excessive intake of black gram, radish, items prepared from flours like pastry, sesame seeds and jaggery and milk products affects the digestive system. Consuming excessive food causes Amotpatti and can manifest Eka Kustha<sup>2</sup>.

Eating before complete digestion of previous food is called Adhyashana and



eating food in state of indigestion is called Ajirashana. Ajirna and Adhyashana both causes Agnimandya and ultimately produces disease. Both can vitiate the Rakta Dhatu. If this is continued for longer time it may cause Eka Kustha Roga<sup>3</sup>.

Vishamashana means the intake of food at irregular time and in irregular quantity. Any irregularities may produce Agni Vaishyamyata. One should avoid eating intake of uncooked or not properly cooked food. By not following the codes of conduct of eating (Astha Ahara Vidhi Vishesha Ayatana and Dwadashaashan Vidhi) mention in Aurveda can produce Ama which gives rise to Ama Visha.

Viharaja Nidana constitutes investigating about the suppression of the natural urges especially Chhardi and other Vegas like Mala, Mutra and Vayu. Doing physical exercises immediately after having food or after having heavy meal, doing physical exercise in excessive heat and doing exercise in abnormal postures, excessive exposure to sun, exposure to conditioned air, over exertion, use of the cold water immediately after exposure to sun heat, exertion or exposure to frightening situation, sleeping in day hours, late night sleep, performance of sexual act while suffering with indigestion, improper administration of Panchakarma therapies, behavioural misconduct/ ignorance to mother, father, Bhrahmana, Guru (teacher) etc., and also by doing Papa Karma individual may get affected<sup>4</sup>.

This patient have around 60% of above mentioned Aharaja & Viharaja Nidana.

## **Pathogenesis of Eka Kustha**

Etiological factors give rise to three Dosha Prakopa especially Kapha dosha. It spreads all over the body. Twak, Rakta, Mamsa and Ambu (Lasika) Shaithilyata which occurs due to the Jatharagni Mandya also due to the Dhavtagni Mandya giving rise to less amount of nutritive portion formation and more amount of waste products. Further, where the vitiation of the Doshas occur at the place of Dhatu Shaithilyata the Doshas get accumulate. Kledotpatti occurs, Dosha and Dushya Samurchhana occurs Kotha (patches) may get generate on skin; which eventually give rise to EkaKustha . Here, Dosha means Kapha Pradhana Tridosha and Dushya means Twak, Rakta, Mamsa, Lasika and later all Dhatus are involved.

### **Assessment Criteria:**

1. Itching (assessed on basis of Frequency and degree)
2. Pain
3. Bleeding on Patches after itching
4. Lustre of Skin
5. Any new lesion appear/Disappear
6. Healing of Patches
7. Appearance of New skin

### **Treatment Prescribed detail:**

The treatment prescribed to the patient for three months with other instructions of routine Pathyapathya were-



**Table No -2 Showing the details of treatment**

Sr. No.	Drug	Dose	Anupana	Route
1.	Arogya VardhiniVati	250mg	Lukewarm water after food	Oral thrice a day
2.	YasthimadhuChurna, Yashadapuspha and Chandana Churna	As required	Shata Dhauta Ghrita	Lepa(External Application)
3.	Bath Soap was replaced by Flour of Bengal gram	As required	Lemon Juice	Udvardana(External Application)

**RESULT:**

Eka Kustha can be correlated with Psoriasis based on the signs, symptoms and Pathophysiology. It is caused by vitiations of Doshas in the person indulging in wrong food, eating style, cooking style and faulty lifestyle adaptation. This patient had such many Nidanans since years together. In his initial days of suffering he was not taken care systematically; which made the disease comparatively complex.

After taking above medication for 3 months the patient was assessed on basis of declared assessment criterias.

**Table No -3 Showing the result of Treatment**

Assessment Criteria	Relief Assessed
Itching(assessed on basis of Frequency and degree)	The itching was totally absent
Pain	No pain on the site of lesion
Bleeding on Patches after itching	No Bleeding as the itching was stopped
Lustre of Skin	The lustre starts to regain
Any new lesion appear/Disappear	No new skin lesion continue to appear
Healing of Patches	Small patches on leg , abdomen were disappears with brownish black spots. The patches on head size was reduced
Appearance of New skin	New skin starts to appear





## DISCUSSION:

The ingredient of Arogya Vardhini Vati is like -

**Table No 4; Showing ingredient of Arogya Vardhini Vati**

S. No.	Ingredients	Botanical Name	Amount
1	<i>Shuddha Parada</i> (Herbal purified Mercury)	-	1 part
2	<i>Shuddha Gandhaka</i> (Herbal purified Sulphur)	-	1 part
3	<i>Loha Bhasma</i> (Purified and processed Iron)	-	1 part
4	<i>Abhraka Bhasma</i> (Purified and processed Mica)	-	1 part
5	<i>Tamra Bhasma</i> (Purified and processed Copper )	-	1 part
6	<i>Triphala</i> <i>Haritaki</i> - Chebulic Myrobalan fruit rind. <i>Bibhitaki</i> - Belliric Myrobalan fruit rind. <i>Amalaki</i> – Indian gooseberry fruit.	<i>Terminalia chebula</i> Retz. <i>Terminalia bellirica</i> Roxb. <i>Emblica officinalis</i> Gaertn.	2 parts
7	<i>Shilajatu</i> (Mineral Pitch)	<i>Asphaltum</i>	3 parts
8	<i>Purana Guggulu</i> – Indian bedelium (Gum resin).	<i>Commiphora mukul</i> Hook ex stocks	4 parts
9	<i>Chita Mula</i> -Root of Indian led word.	<i>Plumbago zeylanica</i> Linn.	4 parts
10	<i>Tikta – Katuki</i>	<i>Picrorhiza kurroa</i> Royle ex Benth.	4 parts
11	Juice of Neem leaves	<i>Azadirachta indica</i> A. Juss	As required



### **Mode of Action in Brief:**

Haritaki is astringent and laxative and indicated in relieving fatty liver and cirrhosis of liver. Bibhitaki is laxative and effective in digestive disorder as well as anthelmintic, it has styptic property and hence useful in arresting bleeding. Amalaki is antibacterial, carminative, hypoglycaemic, stomachic, hypotensive, astringent agent and it has anti oxidative, anti hepato toxic and immune modulator properties. Shuddha Shilajit is an effective agent for renewing vitality, powerful antioxidant, helps to delay the process of aging, useful in relieving kidney diseases, liver diseases, digestive disorders and mental illness. Puratana Guggulu helps in reducing cholesterol, helps to remove unwanted fats. Chitraka Mula is effective in digestive disorders and useful in indigestion, piles, worms, colitis and various liver diseases. Katuki is effective in liver disorders and useful in liver damage caused by chemicals such as carbon tetrachloride, paracetamol, alcohol and even in Non-alcoholic cirrhosis of liver.

Therefore Arogyavardhani Vati is in general beneficial in Cirrhosis of liver, jaundice and poor liver functioning. It has a wide range of application in skin disease, oedema, obesity, jaundice, various types of hepatic disorders, indigestion and irregular bowel movements, chronic fevers, water retention, low or high

hormonal production, accumulated cholesterol in the body, hepatitis and famous classical product for multiple system like circulatory, respiratory, excretory, reproductive and skeletal system. Along with the external applications help to give symptomatic relief, do local Shodhana, do Shoshana (assimilation) of different excess Snigdha dravyas (unctuous substances) present on the skin, activate Bhrajaka Pitta, new cell generation as well and to get over all desired effect<sup>5-10</sup>.

### **CONCLUSION:**

The case is mainly focused on the different aspects of the etiology and pathogenesis of the Kustharoga. Patient with the skin disorder always experience the physical, mental and social embarrassment in the society. So there is lot of mental pressure on the patient which again makes the worst condition of the existing disease. For such patient the surrounding people/society also need to support. It is better to take care of the health. So that there are less chances to manifest the disease in future.

### **REFERENCES:**

1. Sushruta Samhita, Acharya Priyavrat Sharma, Nidansthan 5,5, Chaukhamba Vishwabharti, Varanasi, 2018; 37.
2. Charaka Samhita (Chakrapani Commentary). Jadavaji Trikamji Acharya, editor. 1<sup>st</sup> ed. Sutra Sthana



- Chapter no-1, verse no-68. Varanasi: Chaukhamba Sanskrit Sansthan; 2009. p. 36.
3. Madhavkar, Madhav Nidan, Madhukosh Vyakhya Vibhushit Ayurvedacharya Shri Yadunandopadhyaya, Vol 2, Adhyaya 49, 31-32, Varanasi, Chaukhamba Prakashan. 2009.
  4. Yogaratnakar of Acharya Laxmipati Shastri, Editor Shri Brahmashankar Shastri, KushthaNidan, 373, Chaukhamba Prakashan, Varanasi.
  5. Ayurvedic Formulary of India. Part I and II. Ministry of Health and Family Welfare, Govt. of India. 2005.
  6. Ambikadatta Shastri. Rasaratna Samuchchya. 9th edition. Chapter no-20. Verse no-87. Varanasi: Chaukhamba Sanskrit Publisher; 1994. p. 400.
  7. Kumar G, Srivastava A, Sharma SK, Gupta YK. Safety evaluation of an Ayurvedic medicine, Arogya Vardhini vati on brain, liver and kidney in rats. J Ethnopharmacol. 2012; 140: 151-60.
  8. Rasatantrasara and Siddhayoga Sangraha. 1st edition. Ajmer, Rajasthan: Krishna Gopal Ayurveda Bhavana Publisher; 2015 .p.150-153
  9. Gajendra Kumar, Amita Srivastava, Surinder Kumar Sharma, Yogendra Kumar Gupta. The hypolipidemic activity of Ayurvedic medicine, Arogyavardhini vatiin Triton WR-1339-induced hyperlipidemic rats: A comparison with fenofibrate. J Ayurveda Integr Med. 2013; 4(3): 165-170.
  10. Sarashetti R.S., Simpi C.C., Sandeep N.M., Kanthi V. G. Screening of free radical scavenging activity of Arogyavardhini vati. Int. J. Res. Ayurveda Pharm. 2013; 4(4): 555-559 <http://dx.doi.org/10.7897/2277-4343.04421>.



## AYURVEDIC APPROACH FOR INSOMNIA IN MODERN PERSPECTIVE

- Shivani Sundriyal<sup>1</sup>, O. P. Singh<sup>2</sup>, Sanjay Kumar Tripathi<sup>3</sup>

e-mail : dr.opsingh63@gmail.com

### ABSTRACT :

*Sleep is a natural rejuvenator to refresh every living being in the earth. Any alterations in the quantity, quality as well as the patterns of the sleep, contributes to various disorders of sleep. Sleep disturbances occur in many of the psychiatric illnesses such as Unmada and Apasmara and is also as a component of the diagnostic criteria for specific disorders. The alteration of the same as well as etiopathogenesis along with the management is being explained in the classics in the terminology "Nidranasa." Regardless of the system of medicine, we are practicing upon the management should be commenced with education about sleep hygiene as well as addressing the sleep related disorders. Pharmacotherapy includes sedative, hypnotic or melatonin receptor agonist, antidepressants, benzodiazepines, non-benzodiazepine, sedatives, orexin etc. Even though they are drugs that help to induce sleep, no one promotes the prolonged use of these medicines that may cause dependency as well as addiction in many. Adverse effects such*

*as depression, thoughts of self-injury or suicide, anxiety, aggression, restlessness, hallucinations etc are another major issue of the long-term use of sedatives. So, the management options in Ayurveda can be considered as a boon that can be utilise to resolve this lifestyle disorder.*

**Keywords:** Nidranasa, Unmada, Apasamara, Insomnia.

### INTRODUCTION :

Sleep is one of the basic requirements of our body similar to *Ahara, Jala, Vayu*. Although sleep is a natural phenomenon but some people found it difficult to sleep nowadays and suffers from Insomnia. Quality of an individual's life depend upon how efficiently a person is following **Trayaupstambha** of Ayurveda i.e. *Ahara, Nidra* And *Brahmacharya*. These three are interwoven in such a way that importance of none of them can be neglected in supporting the *Dharma, Artha, Kama, Mokshanam Adharam* i.e. *Shariram*. In this article matter is mainly covered regarding *Anidra*.

There is a strong relationship between insufficient sleep and health problems,

<sup>1</sup>PG Scholar 3rd Year, <sup>2</sup>Professor & Head, <sup>3</sup>Professor, Department of Kayachikitsa Rishikul Campus, Haridwar, U.K.



most people are not aware of it. Insomnia is defined as difficulty in either initiating sleep or maintaining it. Incidents of insomnia are increasing day by day causing significant distress affecting an individual health, social, occupational, and other important areas of life. Due to *Nidranasha* malaise, fever, heaviness of head, irritability, fatigue, indigestion, constipation, cardiac problems, premature wrinkles on face, loss of skin luster, premature greying of hairs, anxiety, depression, and other metabolic disorders have somehow become a challenge that need to be treatable effectively since they are affecting persons quality of life.

In Ayurveda, *Dosha Anubandha* in *Nidra*<sup>2</sup> are *Kapha And Tama*. Among the three *Doshas* which controls the human physiology, such a condition results from the aggravation of the *Doshas Vata and Pitta*, and also depletion of the *dosha Kapha*. Also, the sleep is regulated by the performance of the *Dosha* in relation with the functioning of *Manas Dosha* ie. *Raja, and Tama* Hence it may be manifested both in physical as well as psychiatric disorders. The initiation of sleep is promoted by *Kapha Dosha* and the maintenance of sleep is enhanced by *Pitta*. Fundamental functions of *Vāta*, in connection with mental business are activation (*Pravarttaka*), controlling (*Niyanta*) and motivation (*Preraka*). All those factors due to which there is

decrease in *Kaph Dosha* and increase in *Vata Dosha* occurs can lead to insomnia.

## MATERIAL AND METHODS

For this article literature review is done from *Charak Samhita, Asthang Hridaya, Kaideva Nighantu, Easy Ayurveda.com*, Previous research articles, Journal of Clinical and Diagnostic Research 2018, International Journal of Complementary & Alternative Medicine.

## NIDANA

Before describing treatment it's better to overlook on causes of *Anidra* in modern era perspective that includes:

1. Waking up late night.
2. Stress, Anxiety due to work overload as seen in modern MNC culture since there is a cut throat competition present in modern era.
3. Excess caffeine intake in form of chai, coffee, or carbonated beverages.
4. Lightening of surrounding somehow affecting quality of sleep nowadays.
5. Relationship issues, grief, anger etc. Social media connecting applications such as what's app, Facebook.
6. In old age and perimenopausal phase.

In ancient text causes are mentioned as follows:

विरेकः कायाशिरसोः वमनम् रक्तामोक्षणम् ।  
धूमः क्षतु तृट् तथा हर्षः शोकमैथुनभीक्रुधः ॥



चित्तोत्कण्ठसुखा शय्या सत्वौदार्यं तमोजयः ।  
रुक्षञ्जन्म् वाऽहिताम् निद्राम् वार्यन्त्यनुषङ्गिणीम् ॥  
एत एव च निद्रायाः ज्ञेया नाशस्य हेतवः ।  
काळः शूलं क्षयो व्याधि वृद्धिरु अनिलपित्तयोः ॥  
(कै.नि.7 / 366-368)

Excess of *Virechana*, and *Shodhana*  
type of *Nasya*

1. Excess of *Vamana Karma*
2. After undergoing *Raktamokshana*
3. Excess of medicated *Dhoompana*
4. Excessive thirst and hunger
5. Excess *Harsha* and *Shoka*
6. Excess of indulgence in sexual activity, *Krodha*
7. Uncomfortable bedding.

When these person takes excess of *Ruksha Annam*, *Ahita Annam*, sleeps get future deprived when these problems further aggravate in chronic stage can lead to malfunctioning of body physiology, aggravation of pain, emaciation, *Vridhhi* of *Vyadhi* and *Vata*, *Pitta Doshas*.

निद्राया मोह मूर्धाक्षिगौरवालस्यजृम्भिकाः ।  
अंगमर्दश्च..... ॥

(अ.ह.सू- 4 / 12)

According to *Acharya Vagbhata*, *Nidra Vega Dharan* causes fainting, heaviness in head and eyes, lassitude, yawning and body ache.

### Treatment for insomnia

Treatment of insomnia is based upon first of all *Nidana Parivarjana i.e.* try to leave all the factors mentioned above if

they are involved in the pathogenesis of *Nidra*. Apart from these factors *Kaideva Nighantu* also mentioned *Pathya/Apathya*, food to be taken, and activities that need to be involved to get rid of insomnia. *Acharyas of Brahtrayi* have also give *Sutras* for the management of *Anidra*.

शीलयेन् मन्दनिद्रस्तु क्षीरमक्षुरसम् रसम् ।  
आनुपौदकमांसनाम् भक्ष्यां गौडिकपैष्टिकान् ।  
शालिधान्यानि मद्यान किलाटान माहिषं दधि ।  
अभ्यंगोद्वर्तनस्नानमूर्धश्रवणतर्पणं ॥  
चक्षुषस्तर्पणं लेपोसिरसोवदनस्य च ।  
प्रवातो सुरभौ देशे सुखशय्या यथोचिता ॥  
कांताबहुल्तास्लेशो निवृत्ति कृत्याकृत्यता ।  
मनोनुकूलो विषयाः कामं निद्रा सुखप्रदाः ॥  
संवाहनं स्पर्शसुखं चित्तज्ञैरनुजीविभिः ।  
मुष्टभिर्हननं पथ्यं करैवा मर्दनम् सुखम् ॥  
संवाहनं मांसरक्तत्वाक्प्रसादकरम् परम् ।  
प्रीतिनिद्रकरम् वृष्यं कफवातश्रमापहम् ॥  
(कै. नि. 7 / 369-374)

1. Intake of milk or sugarcane juice, milk, and rasa *Mansam*.
2. Intake of *Anupa*, *Audaka Mansam*.
3. Intake of *Guda* and *Pisttanna (Idli, Vada, Kachri)*
4. Intake of rice, alcohol, *Malai*, and water intake.
5. Rubbing, kneading of body, taking bath, *Abhyanga*, *Tarpana* of *Netra* and *Siro Pradesh*<sup>5</sup>.



### Tips for better sleep

1. Sleeping room should be neat and clean, it helps in providing a calm mind necessary for a good sleep.
2. Darkened room also helps in calming mind, if not possible use eye band.
3. Sound proof room also helps in maintaining proper sleep.
4. Right bed and pillow are one of the essential requirements for maintains proper sleep.
5. Paadaabhyanga as mentioned in classical text helps in calming Vata dosha and maintaining a good sleep.
6. Take Badam Taila Nasya half an hour before going to bed.
7. Eat light meal in evening try to finish it till 7pm to 8 pm in evening.
8. Try to avoid using your phone 1 hr before going to sleep.
9. Avoid watching television late night.
10. Don't involve yourself in social networking late night they may increase adrenaline level and cause aggression that is also one of the factors that affects quality of sleep.
11. Maintain a fixed schedule in evening for going to bed it will set body and mind clock.
12. Before going to sleep and waking up one should think positive and try to do some meditation and light Pranayams

like Anulom Vilom and Tratak alongwith try some classical music, or a soft one that will relax mind and causes serotonin release that assist in healthy sleeping.

13. Smoking is one of the factors that retards sleeping try to avoid it.
14. Avoid taking caffeine rich diet during evening.

### Medications in Ayurveda:

*Brahmi Ghrita, Brahmi Vati, Medhavati, Saraswataristha, Tab. Ancalm, Tab. Mentat,*

*Tab.Tagara, Tab.Stresscom, Brahma Rasayan etc.*

### Single drugs for sound sleep:

*Sankhpuspi, Brahmi, Sarpagandha, Tagara, Jatamansi,*

*Bala, Goghrita, Amla, Ashwagandha, Somlata, Vacha, Saariva.*

### DISCUSSION

Though, ample of information is available in the classical Ayurveda, but there is lack of scientific publications in this field. So, the discussion here is mainly based on the information from the classical Ayurveda texts and wherever possible references from the published articles were also used. Insomnia is characterized by difficulty with sleeping, which may include falling asleep, maintaining sleep or a combination of the two. Before



arriving at a diagnosis of primary insomnia, it is important to rule out other potential causes<sup>6</sup>, such as other sleep disorders, side effects of medications, substance abuse, depression, or other previously undetected illness. Ayurveda gives importance to the natural sleep in the maintenance of health. Ayurveda can give a new insight in this field. Inclusion of dietary items such as black gram, wheat, milk, ghee, *Kilata* (inspissated milk). The increase of *Vata Dosh* is the main factor of *Nidranasha* (primary insomnia) so inclusion of these food items will help in the pacification of increased *Vata dosha* and it will elevate the level of *Kapha dosha* in the body which will support the person to get healthy natural sleep<sup>7</sup>. Along with this following healthy dietary guidelines which are mentioned in the classical text will be quite useful. The non-pharmacological approach of *Nidranasha* and the guidelines mentioned in Ayurveda texts for healthy sleep can be advised as supportive or drugless therapy for the management of primary insomnia and other sleep disturbances.

## CONCLUSION

Insomnia is a very crucial condition and is so much prevalent in the society. It is affecting the quality of life of the affected and is contributory to much other illness. The modern pharmacological agents are having their own limitations as

per reported studies. The holistic approach which should include dietary factors, physical, mental and environmental factors is necessary to manage the primary insomnia without aid of any drug. However, the drugs therapy can also be added for better management when it is required. Ayurveda is a medical branch giving utmost preference in correcting the physiological aspects such as sleep. Evidence based studies in this area is the need of the hour and has to be enhanced for the benefit of society.

## REFERANCE :

1. Harrison principle of internal medicine.
2. Charak Samhita chapter-21
3. Kaideva Nighantu page number 542-545
4. Asthang Hridaya Chapter-5
5. EasyAyurveda.com
6. Journal of Clinical and Diagnostic Research 2018.
7. International Journal of Complementary & Alternative Medicine.





## AN AYURVEDIC APPROACH OF SUTIKA PARICHARYA

- Mrityunjay Baroi<sup>1</sup>, Dipak Kr. Goswami<sup>2</sup>  
e-mail : mityunjaybaroi@gmail.com

### ABSTRACT :

*Ayurveda give importance to the care of mother and her life especially in antenatal and postnatal care. A postnatal period is starting immediately after the separation of placenta and extending up to six weeks, called as puerperium or puerperal period. Postnatal care is named as Sutika Paricharya in Ayurvedic classics. Garbhini and Sutika Paricharya are very well described by our ancient Ayurvedic Samhitas. This period is of happiness, contentment physical and mental fatigue due to delivery, she become weak or emaciated after loss of blood and body fluid during delivery. The lady after such a difficult process of Prasava must be advised certain mode of life called Sutika Paricharya. The regimen that helps the woman to regain her lost vitality and helps her body to revert back to pre- pregnant state is called Sutika Paricharya. Sutika Paricharya Should be cared with Ahara Vihara and Aushadi and with some Dos(Pathya) and Dons(APathya).*

**Keywords :** *Sutika Paricharya, Post Natal Care, Prasava, Ahara Vihara, Puerperium*

### INTRODUCTION

Sutika Paricharya includes mainly three parts Ahara (Diet), Vihar (Lifestyle), and Aushadi(Post natal visit and Medicines). As per medical science has advises Postnatal examination to see the temperature, pulse, respiration, Breast examination, Progress of Normal involution of Uterus Examination of Lochia for the abnormality, check urine bowels and advise on perineal toilet including stiches if any. The immediate postnatal complications viz. puerperal sepsis, thrombophlebitis, secondary haemorrhage should be kept in mind. In Ayurveda, All the classics have advised specific management of Sutika only after expulsion of placenta, however exclusive, description is given only by Acharya Kashyapa. He says that after delivery of the child till placenta is not expelled the woman cannot be called Sutika. In day to day life we see so many mothers who are in puerperial period complaining of lower backache, body pain, blood loss, constipation, abdominal pain. According to Charaka Sutika is Shunya Sharira due to

<sup>1</sup>P.G. Scholar, <sup>2</sup>Assistant Professor, Deptt. of Prasuti Tantra Evum Stree Roga, Govt. Ayurvedic College And Hospital, Jalukbari, Guwahati-14, Assam, India



exertion of labor pains and loss of Kleda and Rakta. There is profuse Dhatu Kshaya due to development of fetus. So there is need for proper treatment which not only improves her psychological condition but also protect her from upcoming diseases. Puerperium is the period following child birth during which the body tissues specially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and psychologically. The intimate relationship between physical and psychological will being of mother and child has always been obvious so the subject of puerperium and the cause of mother and child are of great importance

as they are crucial to social and economic development. Postnatal care includes systematic examination of the mother and the baby and appropriate advise given to the mother during post partum period.

### METHODS

Literary references were collected from different classical texts viz. Charak Samhita, Sushrut Samhita, Kashyap Samhita, Ashtang Hridaya, Bhavprakash, Yogratnakar, Sharangdhar Samhita and modern obstetrics textbooks

### SUTIKAKALA:

Sutika kala is different according to different Acharyas

ACHARYA	SUTIKA KALA
Acharya Caraka	Sutika kala is not exactly mentioned
Acharya Susruta	1 ½ month i.e. 45 days
Astanga Sangraha	1 ½ months i.e. 45 days or up to recurrence of menses
Astanga Hridaya	1 ½ month i.e. 45 days or up to recurrence of menses
Acharya Kasyapa	6 months
Acharya Bhavaprakasha	1 ½ month i.e. 45 days or up to recurrence of menses
Acharya Yogratnakara	1 ½ month i.e. 45 days or up to recurrence of menses
Modern – immediate	Within 24 hours
Early	Up to 7 days
Remote	Up to 6 weeks



## SUTIKA PARICHARYA

The Sutika is described in Ayurveda with a particular mode of a stipulated period. The life of pregnant women will be at risk during delivery or it is one of the most crucial period of her life. The sarva shareera dhatu of mother will be in sheetilaavastha because of growth and development of fetus in her. This is further added by Pravahana Vedana and Kleda Raktha srava during delivery. Hence the woman is with Shunya Shareera because of Prasava vedana and she is prone to Sutika rogas. The Sutika Paricharya itself helps in punar navikarana of her body. Hence Sutika Paricharya not only supports the women but also prevents Sutika rogas. After delivery there is vitiation of Vata, expulsion of fetus, loss of fluid, and exhaustion during labour are responsible for Dhatukshaya and during this period even a minor ailment can cause a lot of harm to the body. In Sutikakala many complications can occur as described in Ayurveda about 74 diseases can occur during this period.

So Sutika must be given more attention to prevent these complications. Ayurveda has suggested a very good protocol during Sutika kala which includes a detailed description of Ahara (nutrition), Vihara (life style), and Aushadhi (medicine) to maintain the health of the women. Sutika Paricharya is divided into three major components as follows.

- ♦ Aashwasana (Psychological Reassurance)
- ♦ Aahara (Normal diet in puerperium)
- ♦ Vihara (Normal daily activities and therapeutic procedures)

### Regimen For Sutika

In post natal period vital elements are lost. She experiences weakness with low digestive power. Acharya have mentioned special dietary regimen which helps Sutika to regain her pre pregnancy status. Acharya Caraka have suggested using of Manda, Peya, Yavagu, Ghrita, Taila, Vasa (animal fat), Majja (bone marrow) with herbs or decoction for first 3 to 7 days followed by Mamsa Rasa with light diet



Samhita	Ahara
<b>Caraka Samhita</b>	<ul style="list-style-type: none"><li>→ Ghrita, taila vasa, majja medicated with pippali (piper longum Linn.), pippalimula, chavya (piper retrofractum Vahl.),</li><li>→ Chitraka (plumbago zeylanica Linn., shunthi (zingiber officinale Rose.) – Susnigdha yavagu (liquid gruel of rice) medicated with above mentioned drugs for 5-7 days</li><li>→ Aapyayna (vrnhana chikitsa)</li></ul>
<b>Susruta Samhita</b>	<ul style="list-style-type: none"><li>➤ Sneha yavagu or kshira yavagu medicated with drugs of Vidarigandhadi gana from 3<sup>rd</sup> or 4<sup>th</sup> to 6<sup>th</sup> or 7<sup>th</sup> day.</li><li>➤ Meat soup of wild animals medicated with Yava,</li><li>➤ Kola, Kulattha cooked with Sali rice from 7<sup>th</sup> or 8<sup>th</sup> day to Sutika kala.</li></ul>
<b>Astanga Sangraha</b>	<ul style="list-style-type: none"><li>➤ Liquid Yavagu prepared with either milk or drugs of vidarigandhadi gana For 3,5 or 7day</li><li>➤ Yusha of Yava, Kola, Kulattha from 4<sup>th</sup> , 6<sup>th</sup> or 8<sup>th</sup>day to 12<sup>th</sup> day</li><li>➤ Laghu ahara ( light diet)</li><li>➤ Meat soup of wild animals (jungal mamsarasa).</li></ul>
<b>Astanga Hridaya</b>	<ul style="list-style-type: none"><li>➤ Panchakola churna along with ghrita or taila</li><li>➤ Usna gudodaka or vatahara aushadhi saadhita peya for 2 to 3days</li><li>➤ Vidarigandhadi gana siddha snehyukta yavagu orkshira yavagu from 4<sup>th</sup> to 7<sup>th</sup> day</li><li>➤ Brimhana diet from 8<sup>th</sup> to 12<sup>th</sup> day</li><li>➤ After 12<sup>th</sup> day meat soup should be used.</li></ul>
<b>Kasyapa samhita</b>	<ul style="list-style-type: none"><li>➤ Manda (the clear supernatant water in which rice is boiled) 6th or 7th day</li><li>➤ Snehapana</li><li>➤ Lavana rahita alpa snehayukta yavagu with Pippali and Nagar for 3 days</li><li>➤ Sasneha salavana Kulattha yusha ( soup of Dolichous biflorus containing salt and fat) Meat soup of wild animals</li><li>➤ Ghritabhrishta kushmanda (Benincasa hispida Cong.), raddish,cucumber etc given to Sutika.</li></ul>
<b>Harita Samhita</b>	<ul style="list-style-type: none"><li>➤ Fasting on 1st day</li><li>➤ Nagara, Haritaki ( Terminalia chebula Retz.) and Gudasevana on 2nd day</li><li>➤ Ushna kulattha yusha pan on 2nd day</li></ul>



## VIHARA (NORMAL DAILY ACTIVITIES AND THERAPEUTIC PROCEDURES):

It includes various regimen consisting of internal, external and local therapies which will be beneficial for Sutika

SAMHITA	VIHARA REGIMEN
Caraka Samhita	<ul style="list-style-type: none"><li>➤ Snehapana (consumption of fat) Abhyanga (massage) with taila or ghrita</li><li>→ Udarveshtana (abdominal tightening)</li><li>→ Parishechana (hot water pouring)</li></ul>
Susruta Samhita	<ul style="list-style-type: none"><li>→ Abhyanga (massage) with Bala taila</li><li>→ Parishechana (hot water pouring) with or vatahara aushadhisiddha kwatha</li><li>→ Dushashonitshuddhi by taking Pippali, Pippalimula, Hastapippali, Chitraka, Srngabera with ushna gudodaka</li><li>→ Women should avoid anger, exercise and coitus.</li></ul>
Astanga Sangraha	<ul style="list-style-type: none"><li>➤ Abhyanga (massage) with Bala taila</li><li>➤ Snehapana (consumption of fat)</li><li>➤ Udarveshtana (abdominal tightening) after massage of abdomen with taila or ghrita</li><li>➤ Parisechana with ushnodaka (hot water pouring) in morning and evening before sneha and yavagu pana</li></ul>



## VARIOUS ASANAS FOR SUTIKA

S.No	NAME OF ASANA	IN NORMAL, FORCEP AND VENTOSE	IN LSCS
1	Suryanamaskara	After 2 wks	After 6 months
2	Siddhasana	After healing episiotomy wound	After 2 wks
3	Ardha padmasana	After healing episiotomy wound	After 2 wks
4	Padmasana	After abhyas of ardha padmasana	After ardha padmasana
5	Pavanmuktasana	After 2 wks	After 6 wks
6	Sukhasana	Soon after delivery	After 7-10 days (after removal of stitches)
7	Vajrasana	After healing episiotomy wound	After 7-10 days (after removal of stitches)
8	Matsyendrasana	After 2 wks	After 6 wks
9	Janu shirsasana	After 2 wks	After 6 wks
10	Tadasana	After 2 wks	After 6 wks
11	Trikonasana	After 2 wks	After 6 wks
12	Halasana	After 2 wks	After 6 months
13	Utkatasana	After healing episiotomy wound	After removal of stitches on the abdomen
14	Passchimottanasana	After 6 wks	After 6 months
15	Bhujangasana	After 2 wks	After 6 wks
16	Ardha shalabhasana and shalabhasana	After 2 wks	After 6 wks



## **DISCUSSION**

### **ABHYANGA:**

Abhyanga given to Sutika may be Sthanika (udara or yoni) or Sarvadaihika with the help of Ghrita and Taila especially with BalaTaila which is Vatasanshamaka, Rasayana to Mamsadhathu; Shramahara. Abhyanga tones up the pelvic floor, abdominal, back muscle, tissues and relieve the muscle spasm. Abhyanga at lower back helps for proper drainage of lochia. Yoni Abhyanga tones up vagina and perineum and prevents laxity and prolapse, alleviates pain and heals vaginal and perineal wounds.

### **PARISHEKA & AVAGAHA:**

Parisheka is pouring hot water in a stream, it is vatakaphahara, vedanahara, twakaprasannata, srotoniramalata, so that abnormal blood clots accumulated in uterine cavity after the delivery of Garbha excreted properly and Vata Dosha also subsides.

### **UDARAVESHTANA (PATTA BANDANA):**

It prevents vitiation of vatadosha by compressing hollow space produced after expulsion of foetus. Abdomen should be tightly wrapped with long cotton cloth after bath. It provides support to the back & abdomen. It mainly helps the uterus to shrink back to its normal size.

### **YONI DHUPANA:**

Dhupana will maintain the hygiene of the perineum. It keeps episiotomy healthy, hastens its healing process.

## **MODE OF ACTION OF DIET & DRUGS:**

### **SNEHAPANA:**

The Sneha (Ghrita/ Taila / Vasa/ Majja) given to sutika is mixed with dravyas like Pippali, Pippalimoola, Chavya, Chitraka, Shringavera, Yavani, Upakunchika. Ghrita is Vata pitta shamaka, Balya, Rasayan, Agnideepak, Raktavikaranashak, & Yogavahi. Ghrita provides many essential fatty acids such as omega 6 which provides anti- inflammatory properties. It also contains vitamins A, D,E,K.

### **GARBHASHAYA SHODHANA:**

Drugs like Panchakola are given for excretion of DushtaShonita from uterus. These drugs having the garbhashaya-shodhaka & garbhashayasankochaka properties, removes the dushtashonita from grabhashaya. This may facilitate uterine stimulation inducing contraction which may result in expulsion of residual blood clots.

### **SNEHA YAVAGU OR KSHEERAYAVAGU:**

Yavagupana in the form of manda, peya with sneha or kwatha stimulate the agni, it is grahi, laghu in nature, dhatuposhana, properties, easily digestible & absorbable, reduces thirst thus does the maintenance of water in the body. Ksheera is rich source of proteins, vitamins and calcium provides energy & maintains tissue.

### **YUSHA:**

Yusha is given to the Sutika is prepared of Yava, Kola, Kulatha. It act as



agnideepaka, balya, swedajanana, pusti sukhaprasadana.

### **MAMSA RASA:**

Meat is an excellent source of iron, Vitamins, essential amino acids and trace elements. Madhura, Brimhaniya drugs are anabolic and helpful to recover maternal system from stress and strain of labour and help in galactogenesis and enhance the property of maternal milk

### **DRUGS:**

Pippali, Pippalimula, Chavya, Chitraka, Shringavera are Ushna, Teekshna, Deepana, Pachana, Shulaghna & Kaphavatashamaka, so it is helpful in reducing Agnimandya & shoola in sutika. These drugs are katurasatmaka & katuvipaki and has the properties of shonitasanghat bhedana leads to normal yonigatasrava because of this garbhashayashuddhi occurs.

### **CONCLUSION**

The diets & regimens which are described by Ayurvedic classics thousands of years ago for Sutika is totally scientific. Different procedures included a proper management of ahara, vihar and aushadi in Sutika Paricharya. So by following Sutika Paricharya, Garbhashayashuddhi, Dhatuparipurnata, Sthanya-vridhhi, punarnavekarana are completely established.

### **REFERENCES**

1. D.C.Datta's, Textbook of Obstetrics, edited by Hiralal Konar, 7th edition, pub-Jaypee Brothers medical publishers (P) Ltd, New Delhi, edi-2013
2. Bramhananda Tripathi. Charaka Samhita of Agnivesha, pub-Chaukambha Surbharati Prakashana, Varanasi, 2013, Vol 1
3. Asthanga Hridaya of Vagbhata, Pandit Hari Shastri, Commentary of Arundatta, pub-Krishnadas Academy, Varanasi, edi2005
4. D.C. Datta's, Textbook of Obstetrics, edited by Hiralal Konar, 7th edition, pubJaypee brothers medical publishers (P) Ltd, New Delhi, 2013
5. Charaka Samhita, of Agnivesha, revised by Charaka Acharya, Yadavaji Trikamaji Chaukhambha Orientalia, 5th edition, 2001
6. Sushruta Samhita Of Sushruta, by Acharya Yadavaji Trikamaji, pub-Chaukhambha Orientalia, 8th edition, 2005
7. Asthanga Sangraha Of Vagbhata, by Kashinath Shastri, pub-Chaukhambha Orientalia, 9th edition, 2005
8. Prof, (km) P.V. Tiwari, Ayurvediya Prasutitantra & Streeroga, Prasutitantra First-Part, pub-Chaukhambha Sanskrit Samsthan, 2003
9. Harita Samhita with Nirmala Hindi Commentary by Acharya Ramavalamba Shastri, 1st edition, Prachya prakashana, Varanasi, 1985,
10. Kashyapa Samhita Sanskrit introduction by Pt. Hemaraj Sharma, Chaukhambha Sanskrit Sansthan, Varanasi





## सन्धिगतवातरोगेषु पञ्चकर्माणां चिकित्सकीयमध्ययनम्”

— मनीष मिश्र<sup>1</sup>, कमलेश कुमार द्विवेदी<sup>2</sup>

e-mail : manish.arnava@gmail.com

भारतीय संस्कृतिः धार्मिकास्थायाः पारम्परिकज्ञानस्य च भूमिरस्ति। भारतस्य ऋषयः स्व तपमहिम्ना मन्त्रप्रभावेनच सर्वासां समस्यानां समाधानं कृतवन्तः। किञ्च ते व्याधिपीडितस्य समाजस्य साहाय्यमपि कृतवन्तः। बृहदारण्यकोपनिषदि उक्तमस्ति यत् सर्वे मनुष्याः सुखिनः भवन्तु, नैकोऽपि जनः व्याधिपीडितो भवेत्। सर्वे श्रेष्ठजीवनं प्रत्युन्मुखो भवेयुः, न च कमपि दुखलेशो भवेदिति।

सर्वे भवन्तु सुखिनः सर्वे सन्तु निरामयाः।

सर्वे भद्राणि पश्यन्तु मा कश्चिदुःख भाग्भवेत्।।

उत्तमस्वास्थ्याय सफल—सुखदजीवनायच मानवसमाजः अस्माकमुन्नतेतिहासस्य काले सर्वदा गतिशीलः प्रयत्नशीलश्चास्ति। इयम् आयुर्वेद पद्धतिः मनुष्यान् स्वास्थ्यानुकूलेन सह रोगान् मूलेनोन्मूलयितुं द्वन्द्वात्मकेनोद्देश्येन सह प्रास्ताविता प्रणाली अस्ति। इयं पद्धतिः चिकित्सायाः प्राचीनतमा प्रणाली अस्ति; या युगाब्दपूर्वाविभूता; एकमात्रिकेयं पद्धतिरस्ति या सहस्रावर्षात् स्वस्थजीवनाय प्रचलिता प्रथास्ति तथा चेयं अनेकानां रोगानामुन्मूलनायोपायानां निधिरस्ति।

इयंमायुर्वेदपद्धतिः स्वास्थ्यसंरक्षणार्थम् एका पूर्णा प्रणाली अस्ति तथा चेयम् एकमात्रिका चिकित्सा प्रणाली अस्ति;या प्राणीनां कृते समानपरिणामी भवतीति प्रमाणीयते। किञ्च अस्यां पद्धत्यां प्राकृतिक विज्ञानस्य आधुनिक ज्ञानस्य सुव्यक्ताः सम्भावनाः

द्रष्टुं शक्यन्ते। आयुर्वेदिकचिकित्सायाः विविधायामेषु पञ्चकर्म— आहार विहार—औषधि—योग—ध्यानैश्च रोगान्मुक्तिः सम्भवोऽस्ति।

परिवर्तिता जीवनपद्धतिः स्वेच्छया भोजनपद्धतिः, जीवनस्य विकसिता भौतिकता सुखसमृद्धिः इति अनेकाः रोगाः जायमानाःया मानवतायाः एका गभीरा समस्या भविता एवं ये रोगाः न ते गम्भीराः पूर्वं किन्तु समाजेन सह चिकित्सा समुदायस्यापि चिन्तनीया समस्या जाता। एषु रोगेषु एकोऽस्ति सन्धिगतवातरोगः। यः तु बृहत्त्रयी संहितासु किंवा लघुत्रयी संहितासु न अतिमहत्त्वेन वर्णित आसीत्।

आयुर्वेदिक साहित्ये सन्धिगतवातरोग विषयेयः तथ्यः उपलब्धः सः आंशिकरूपे एववर्णितः। न तु विशेषाध्याय रूपेण। अपितु इदानीं रोगोऽयं विश्वपटले एका महत्त्वपूर्णा चिकित्सा समस्या जाता। भारते अस्माकं प्रायः विंशप्रतिशत जनसंख्या पूर्वमेव अनेन रोगेन पीडिता वर्तते। सर्वप्रकारकः अस्थि—रोगविकारश्च वातऽसन्तुलनेन भवति यतो हि ‘वातः’ एव सर्वप्रकारकगतये कार्याय च आधारः अस्ति। आयुर्वेद वर्णितः सन्धिगतवातदोषः न्यूनाधिका आधुनिका चिकित्सा पद्धति ऑस्टियो— आर्थराइटिस इवास्ति।

सन्धिगतवातः एकः वातविकारः अस्ति यस्मिन् सन्धिस्थाने आश्रिते सति अत्यधिक कुपितो वात

<sup>1</sup>प्रवक्ता, पी०एच०डी० अनुसंधाता, <sup>2</sup>आचार्य एवं विभागाध्यक्ष, कायचिकित्सा एवं पंचकर्म विभाग, राजकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय, वाराणसी, उ.प्र.



दोषः अस्थियोगेषु शुष्कतायाः कारणं भवति, यस्मात् पीडा त्वचा.तिषु वृद्धिः अस्थियोगेषु जडत्वम् अनुभूयते । तदेवोक्तम् –

**वात पूर्णदृति स्पर्शः शोथः सन्धिगतेऽनिले ।**

**प्रसारणाकुञ्चनयोः प्रवृत्तिश्च सवेदना ॥**

वि.तवातः वातरोगस्य प्रमुखरोगजनकः कारकः अस्ति । प्रकृपितस्च असन्तुलितस्य वा वातस्य सामान्यौ कारणौस्तिः धातुक्षयः आवरणञ्च । सन्धिगते वाते अनेकानि कारकानि सन्ति यानि वातदोषे असन्तुलनं जनयन्ति । विकृतो वातः शरीरे नाडीषु व्यवधानं मुत्पादयति, अस्थियोगेषु एकत्रीभूय पीडा-प्रसारणा-कुञ्चनाटोप अस्थियोगेषु च प्रतिबन्धितगतिं जनयति ।

आधुनिक चिकित्सायां उपयोगार्हाः औषधयः बद्धसीमानः भवन्ति तथाच सूचीबद्धौषधि वर्गेषु कतिचिदऽप्रियः सम्भावित दुष्कर प्रभावश्च भवतः । (यथा- हेपेटोटॉक्सिसिटी, गुर्दा दौबल्यता, हृदयरोगः गैस्ट्राइटिस, असन्तुलित रोगप्रतिरोधक क्षमतादि) अतः अस्य रोगस्य प्रबन्धनं न केवलम् अपर्याप्तमपितु चिकित्सकीय दुष्प्रभावपूर्णं मप्यस्ति ।

आयुर्वेदस्य वैश्वीकरणेन सह वर्तमाने परि.ष्ये सर्वे इमां समस्यां समाधातुं अस्मान् प्रति आशा.ष्ट्या पष्यन्तः सन्ति । समाजःदृढ विश्वासिति आयुर्वेद चिकित्सा पद्धत्योपरि । समाजे विश्वासोअस्ति यत् आयुर्वेदिक चिकित्सा पद्धत्यां रोगस्यमूलोन्मूलनोपायाः उपलब्धाः सन्ति ।

**आचार्यः चरकः उल्लेखयति यत् –**

**शुष्काव्यापि हि काष्ठाणि स्नेहस्वेदोपादनैः ।**

**नम्यन्ति यथा न्यायं किं पुर्नजीवितो नरान् ॥**

अर्थात् शुष्ककाष्ठवस्तु स्नेहेन स्वेदनेन व परं मृदुः भवति; तर्हि किं पुनः चैतन्यो जीवः कथं न स्वस्थो भवितुं शक्नोति । आचार्यः चरकः पुनः उल्लेखयति यत् –

**स्वेद साध्या प्रशाग्यति गदा वातकफात्मका ।**

अर्थात् स्वेदनकर्मणा समस्तवातकफविकाराः पूर्णतया प्रशमो भवति । अपि च –

**बाह्य आभ्यान्तरतः स्नेहैरस्थि मज्जा गतं जयेत् ।**

**स्नेहोपनाहाग्निकर्म बन्धनोन्मर्दनानिच ।**

**स्नायुसन्ध्यस्थिसम्प्राप्ते कुर्याद्वाते विचक्षणः ।**

**स्वेदोपनाहोन्मर्दस्नेहनादिग्निकर्मादरात् ॥**

उपरोक्त तथ्यानुसारेण आयुर्वेदिक साहित्यस्य विस्तृत सर्वेक्षणं .तम् अस्ति । अतः परिणामस्वरूपेण प्राप्यते यत् रोगोपचार विशये चर्चा कुर्वन्ति चरकादि आचार्योक्तम् अस्ति सन्धिगतवातोपचारे स्नेहन-स्वेदनोपनाहन-मर्दन-बन्धनादि प्रक्रिया हितकारी अस्ति । शास्त्रीयायुर्वेदिकोषधिना सह विगतशोधकार्याणि श्रेष्ठपरिणामदायिनी सन्ति । प्रक्रियेतरा इदं प्राप्तं यत् सन्धिगतवातरोग प्रबन्धने आयुर्वेदिकोषधियः अप्रियप्रभावं विना चिरकालावधि एकत्वे मिश्रितरूपत्वे वा प्रयोक्तुं शक्यते ।

**लक्ष्यम् उद्देश्यश्च**

सन्धिगतवातरोगेषु पञ्चकर्माणां चिकित्सकीय-मध्ययनम्” इति परिकल्पना अधोलिखितोद्देश्येन सह कृतास्ति ।

- ♦ सन्धिगतवातरोगस्य आयुर्वेदीयेः एवं आधुनिकपरिप्रेक्ष्ये समीक्षात्मकम् अध्ययनम् ।
- ♦ सन्धिगतवातरोगस्य रोगजननं/नैदानिक-प्रक्रियायाः आयुर्वेदीये आधुनिके च परिप्रेक्ष्ये अध्ययनम् ।



- ♦ संधिगतवातरोगस्य जनसामान्ये प्रधानतायाः व्यापकताश्च आधुनिकपरिप्रेक्ष्ये अध्ययनम् ।
- ♦ संधिगतवातरोगस्य तीव्रताया एक विशेष निदर्शनपत्रमाध्यमेन अध्ययनम् ।
- ♦ संधिगतवातरोगस्य वेदनायाः तीव्रता VAS (Visual Analogic Scale) इति माध्यमेन अध्ययनम् ।
- ♦ संधियतवातरोगे पञ्चकर्मचिकित्सायाः स्नेहन-स्वेदनेन्मर्दन चिकित्साश्च समीक्षात्मकम् अध्ययनम् ।
- ♦ संधिगतवातरोगे पञ्चकर्म चिकित्सायाः सम्भाव्य दुष्प्रभावानाम् अध्ययनम् ।

#### व्याधिविवेचनम् (सन्धिगतवातः) –

सन्धिगत वातनाम्ना ज्ञायते यत् रोगोऽयं मुख्यरूपेण तदा भवति यदा दूषितः। विकृतवातः अस्थियोगेषु अवरुद्धः स्थिरः च भवति। सन्धिवात शब्देस्य विच्छेदो भवति—

सन्धिः+वातः = सन्धिवातः

सन्धेरवधारणाः –

सम् + धा + की = सन्धिः। अर्थात् – संयोगः (जंक्शन)

सन्धिगत वात सम्प्राप्तो सन्धेः क्लेशः मुख्या घटना अस्तिः अतः सन्धेः विवरणम् अधोलिखित प्रदत्तमस्ति। सन्धिशब्दनिर्माणं संयोजनेन अभवत्। यथा—

#### सन्धिपरिभाषा –

अयं सः संयोगः (जंक्शन) यत्र संरचनात्मक रूपेण द्वौ, द्वाबधिको वा समाना संरचना मिलति सन्धिः इति पदेन कथ्यते। किञ्च तत् स्थानं यत्र

द्वौद्वावधिकौ वा अस्थिसिरः परस्परं सम्मिलतिः योगः इति पदेन कथ्यते। अयं मेदस्य उपधातुः अस्ति तथा च मज्जावहस्रोतसः मूलस्रोतं मन्यते।

#### सन्धिकार्यः—

सन्धिकार्यं प्लेषक-कफ-स्नायुना वा निर्मायते। श्लेषकः कफसन्धिनांस्नेहनं प्रददाति तथा च स्नायु तेषु स्थैर्यम् आनयति। सन्धिस्थस्तु श्लेष्मा सर्वसंधिसंश्लेषात् सर्वसन्ध्यनुग्रहं करोति। (सुश्रुत) पर्वस्थोऽस्थि- संधिश्लेषणात् श्लेषक इति। (अष्टांग संग्रह )

सन्धिभेदः— सन्धि (जोड़) द्विविधो भवति अर्थात्—

सन्ध्यस्तु द्विविधो स्थिरः चलञ्चेति।

सन्ध्यस्तु द्विविधाश्चेष्टावन्तः, स्थिराश्च ।

शाखासु हन्वोः कट्यां च चेष्टावन्तस्तु सन्ध्यः ।

शेषास्तु सन्ध्यः सर्वे विज्ञेया हि स्थिरा बुधैः॥

अनयो स्थिरचलयोः चलसन्धिः मुख्यतः सन्धिगतवाते परिगण्यते। आधुनिक-भाषायां च सन्धिः स्थिरः (फिक्स्ड) तथा चलः (मोबाईल) इति रूपे वर्गीकृतोऽस्ति। चलसन्धिः योगान् इतोऽपि अगे स्वतंत्ररूपेण च चलयोगस्यरूपे समूहीकर्तुं शक्यते। विशिष्ट संरचनात्मिकां विशेषतामाश्रित्य योगः सन्धिः एवं वर्गीक्रियते। तद्यथा—

1. तन्नुयुक्तः (रेशेदार) स्थिरो वा।
2. कार्टिलेजिनस किञ्चित् चलनयोग्यो वा।
3. सिनोवियल पूर्णचलन योग्यो वा।

चलसंधौ (सिनोवियल संधौ) अस्थेः आर्टिकुलर पृष्ठः हाइलिनकार्टिलेज भवति। रेशेदारकैप्सूलः स्नायुबन्धनश्च अस्थियोगं करोति। कैप्सूलस्य आन्तरिक भागः संवहनी- संयोजी- उत्तक-



श्लेषझिल्ली द्वारा पंक्तिबद्धो भवति: यः स्नेहनप्रदात् संधिश्लेषमधरा कला (Synovial membrane)–श्लेषद्रवस्य/संधिश्लेषा या श्लेषकं (Synovial fluid) उत्पादन् करोति। चलसंधिभागे संधिगतवातरोग–प्रकटनस्य लक्षणमस्ति। सर्वे हानिषु अस्थि–श्लेषककफ– बाध्यकारी स्नायुपीडा कारणात् संधिकार्ये यः एकेन सह अस्थिसंधिसञ्चयति। अतएव परिणामस्वरूपेणगतिशीलतायां न्यूनता स्थिरता संध्यस्थितिषु विशिष्ट विकृतिः भवितुमर्हति।

प्राचीने आयुर्वेदिके साहित्ये रचनाशारीर–विषयान्तरगते मर्मशारीरस्य विशिष्टं वर्णनं कृतमस्ति। तस्य मर्मशारीरस्य विषयं वर्णनं, रचनाक्रिया–शीलतायाश्च वर्णनमस्ति किन्तु तस्य विशिष्ट–चिकित्सकीय वर्णनमर्थात् मर्मचिकित्सा नोपलभ्यते। मर्मो हि शल्यविधायाः विषयः मन्यते। मर्मविषये आचार्य सुश्रुतः कथयति यत् –

मर्माणि नाम मांससिरास्नायुवस्थिसन्धिसन्निपाताः; तेषु स्वभावत एव विशेषेण प्राणास्तिष्ठन्ति; तस्मान्मर्मस्वभिहतास्तास्तां भावानापद्यन्ते।। अयं सन्निपात–संश्लेषोऽत्यन्तुमिश्रीभाव इति यावत्। सर्वेषां सर्वत्र मर्मणि संश्लेषेऽपि मांसमर्मसिरामर्मा–दिव्यवहार आधिक्यमाश्रित्य पार्थिवादिव्यवहारवत्।

अर्थात् मर्मो हि नाम तत्स्थानं यत्र मांस–सिरा–स्नायु–अस्थि–सन्धिनाञ्च सन्निपातः (परस्परं मेलनं) भवति। मर्मस्थानं एकः महत्वपूर्ण बिंदुः अस्ति यत्र आघाते सति प्राणसंकटोऽपि जायते। आचार्य सुश्रुतेन उक्तं यत् प्राणाः मर्मस्थाने स्थिताः भवन्ति। प्रयत्नपूर्वकं तत्स्थानं रक्षणीयम्। संरचनादृष्ट्या जानुसंधिः यत्र संधिगतवाते विशेषरूपेण विकृतयो भवन्ति एका चलसंधिरस्ति तथा च जानुमर्मः स्थितो भवति।

आधुनिके समये, केचन आयुर्वेदीयशोधकर्तारः वैज्ञानिकाश्च विभिन्नाः रोगाः यथा – स्कोलियोसिस, सर्वाङ्कल स्पोण्डिलोसिस, मस्क्युलर डिस्ट्रोफी, आर्थराइटिस, प्रोलैप्स इंटरवर्टेब्रल डिस्क–इत्यादिषु, मर्मस्थानेषु मर्मचिकित्सायाः (मर्म थेरेपी) सफल प्रयोगं कुर्वन्तः सन्ति तथा च उत्साहजनकं परिणाममपि प्राप्नोति।

केचन शोधकर्तारः मर्मस्थानेषु चिकित्सकीय स्पर्शनस्य उत्तेजितुं (joint manipulation) एका सरला पद्धतिः विकसिता। यस्याः प्रयोगेन अनेकाः जीर्णविकारेषु सम्यक् लाभाय रोगान्मुक्तिश्च प्राप्नोति। अस्य तकनीकस्य (उन्मर्दनं; हस्ततलेन/दाबेन मर्दनम्) लाभः चिकित्सीयक्षमता, प्रभावशीलता च संधिगतवातसदृष अनेकेषु व्याधिषु सघन–वैज्ञानिकाध्ययनैः विश्वपटले पुनर्स्थापित कृते अतिसाहाय्यं भविष्यति सिद्धयति वा।<sup>2</sup>

- 1 विवेक जे (2010–2011), भार्गव (2014),
- 2 वैद्य जोशी (2010, 2012, 2013)

### सामग्री अनुसन्धानविधिर व लोकनश्च

विभिन्न प्राचीन ग्रन्थानान्वेषणादन्तरं मथा वर्तमानाध्ययनाय निम्नलिखिता युर्वेदिकाहाराः चयिताः स्नेहन–स्वेदनोन्मर्दन चिकित्साश्च –

1. स्नेहन कर्म (बाह्याभ्यन्तरम्)

मया पञ्चगुणतैलम् (च० चि० 28 / 134–135 अध्यायनां) बाह्यो गोधृत (आभ्यन्तरः) चयितः।

2. स्वेदन–कर्म

“नाडी स्वेदः” (च० सू० 14 / 43 अध्यायः)

3. उन्मर्दन चिकित्सा ( च० द० 21 / 9) (डल्हण; सु०चि० 24 / 83 अध्यायः)



## सामग्री विद्ययश्च –

नमूनाकृति समूहीकरणष्वः (रोगीनां चयनम्):—

वर्तमानाध्ययनाय नमूनाकृति संधिगतवातेन (ऑस्टियो-आर्थराइटिस) नवतिः (90) पीडितमनुष्योपरि आसीत्। वर्तमानाध्ययनाय चयनिताध्ययन प्रारूपः सम्भावित तुलनात्मक नैदानिक परीक्षणम् आसीत्। (Prospective Comparative Clinical Trail) आधुनिकचिकित्सायां प्राचीन आस्टिओ-ऑर्थराइटिसस्य निदानस्य मानदण्डं पूर्णतया संतुष्टयितुं (A.C.R.-Updated in year 2000) तथा च आयुर्वेदे वर्णितसंधिगतवातस्य नैदानिक विशेषतां समाहृत्य रोगीनां यादृच्छिकरूपेण (अक्रमतः) राजकीय स्नातकोत्तर आयुर्वेद महाविद्यालयस्य चिकित्सालयेन चयितः तथा च जून 2020 तः सितम्बर 201 पर्यन्तम् कृतम् अध्ययनम् संयोजितम्।

## रोगीचयनार्थ मान्दण्डः—

(Criteria for Case selection)

## बहिष्करणस्य शर्त (Exclusion Criteria)

- ♦ शोथयुक्तं पीडायुक्तो वा अन्य गठियारोगः यथा – आमवाती रोगः संधिशोधः सेप्टिक गठिया ग्रस्तः, पूर्वतिहास/पीडितो रोगी।
- ♦ अस्थिसंधिं जानुयोगेतर अन्यः आस्टियो-आर्थराइटिस भवनम्।
- ♦ आयुः 230 वर्षम् 90 वर्षञ्च
- ♦ गंभीर संधिविकृतवान् रोगी।
- ♦ गंभीरता/क्रॉनिसिटी दश वर्षाधिकः।
- ♦ अधिक जटिल रोगी अपि बहिः स्थापनम्।
- ♦ हेपेटिके, रेनल, हेमेटोलॉजिकले, मेटाबोलिक, फंक्शनेच पर्याप्ता असामान्यतावान् रोगी।

- ♦ गम्भीरापङ्ग विकृतवान् रोगी।
- ♦ गर्भवती स्त्री/स्तनपातृमाता च।
- ♦ मानसबल परीक्षणम्।
- ♦ स्नेहनाय स्वेदनाय वा अनुपयुक्ता रोगी।

## संयोजयिक मापदण्डः— (Inclusion Criteria)

वर्तमानाध्ययनाय संधिगतवात (OA) इति विषयश्च चयनाय मानदण्डः कार्डिनल साइन (A.C.R. -updated in year 2000) तथा च विभिन्नेषु आयुर्वेदीयग्रन्थेषु प्रदत्तैः लक्षणैः सह आधुनिकग्रन्थेषु प्रदत्तः आस्टियोआर्थराइटिसरोगस्य नैदानिकी विशेषतामाश्रित्य निर्मितः। (Atmanet at 1991 ; Arthritis Rheum - 29 : 1039-1049) इत्यपि ध्याने स्वित्वा वर्तमानाध्ययने निम्नमानदण्ड युक्त रोगी संयोजितः आसीत्। तद्यथा—

- ♦ सन्धिशूल (Pain in/ around joint area involved)
- ♦ प्रसारणाकुञ्चनयोः प्रवृत्ति संवेदना (Restricted & Painful flexion & Extension of joints)
- ♦ सन्धिशोफः (Synovial Effusion)
- ♦ वातपूर्णदृतिस्पर्षः (Feeling of Crepitus)
- ♦ आटोप (Crepitus)
- ♦ सन्धिशोथः (Bony swelling)
- ♦ हन्तिसन्धि (Impaired Joints Functions)
- ♦ अस्थिशोशः (Osteoporosis)
- ♦ भेदः (Bone Fragility)
- ♦ प्रातः कालिक संधिस्तब्धता/कठोरता (Morning Stiffness < 20 mnts)



- ♦ संधि-आन्दोलनस्य न्यूना सीमा (Diminished ROM Joints)
- ♦ मांसपेशीनां क्षयः (Muscle wasting)
- ♦ उपरोक्त लक्षणेषु 50: तः अधिका पीडितमनुष्यान् वर्तमान नैदानिक परीक्षणस्य पञ्जीकरण दृत्मासीत्। सहैव –
- ♦ ऑस्टियो-आर्थराइटिसस्य नैदानिक मानदण्ड पूरयितुं विषयविचारः।
- ♦ पीडितः स्नेहन – स्वेदनायै उपयुक्तासीत्।
- ♦ पीडितः 30 वर्षस्य वयसि जानु संधेः सहभागिता सह।
- ♦ बहिष्करण मानदण्डनाम् उल्लंघनं न कर्तुं विषयाः।

#### बेसलाध्ययनम् – (Basal Study)

पीडितैः सह रोगानां विषये विस्तृता सूचना प्राप्तयितुं चयनितपीडितानां तस्य च परिवारस्य सदस्यानां सम्बन्धीनां च एभिः सह साक्षात्कारः। तः तथा च पृथक्-पृथक् गणनायाम् अध्ययनाय एकत्री. तः। तद्यथा-

#### क. जनसांख्यिकीय प्रारूपम् (Demographic Profile):-

वयं संधिगतवात (OA) पीडिताय पञ्जीकरणस्य तिथिः-नाम-आयु-लिङ्ग-धर्मादि विषयक-पूर्णा सूचना-रागोरम्भ-रोगकालः पीडाकारका-नामुपस्थितिः-शैक्षिक स्थितिः-व्यवसायः-सामाजिकार्थिकश्चस्थिती-आहारसम्बन्धी-दिनचर्या (वानस्पतिकः/मिश्रितश्च) तथा च पर्यावासः (ग्रामीणः/नगरीयो वा) प्र.तिः-आहारशक्तिः-व्यायामशक्ति नां जनसांख्यिकीयमध्ययनम् .तवान्।

#### ख. नैदानिक प्रारूपम् :- (Clinical Profile)

प्रारम्भिक पञ्जीकरणस्य अनन्तरं सर्वानपीडितान् विशेष रूपेण अध्ययनाय रचित संलग्न प्रारूपानुसारेण विस्तृत नैदानिकेतिहासस्य ज्ञानाय शारीरिक-परीक्षायधीनं कृतमासीत्। नैदानिक प्रारूपाधीने निम्नलिखितबिन्दूनां सङ्गलनं .तमासीत्।

1. रोगोवधिना सह मुख्यसमस्या- (Chief Complaints with Durations)
2. वर्तमानरोगस्य इतिवृत्तम् – (History of Present Illness)
3. पूर्वरोगस्यइतिवृत्तम् – ( History of Past Illness )
4. पारिवारिकेतिवृत्तम् – (Family History) अन्यप्रकारस्य रोगस्य पृष्ठभूमिः।
5. उपचारस्य इतिवृत्तम् – (Treatment History) एनाल्जेसिक/स्टेरॉयडस्य इति उपयोगः।
6. प्रत्येक पीडितेषु प्राचीनॉस्टियो-आर्थराइटिस सम्बद्धः प्रभावी कारकः।
7. व्यक्तिगतेतिवृत्तम्- आहारः/निद्रा/बुभुक्षा/व्यसनादयः।
8. नैकनिक लक्षणानि यथा- संधिशूल (Joints Pain) प्रसारणमकुञ्चनजडता (Stiffness), आटोप-वातपूर्णदृतिस्पर्ष (Crepitus), संधिनां प्रतिबन्धितगति (Restricted joints Movements), प्रसाराकुञ्चनयो वेदना (Painful joints Movements), षोथ (Swelling) – हतिसंधीन् (Impaired Joint/s function) नैदानिक श्रेणीगणनायाः आधारेपीडितानां पञ्जीकरणसमय-परीक्षणयोः



- प्रतिमासरचान्ते अर्थात् 30 दिनेषु, 60 दिनेषु तथा च 90 दिनेषु मीयतमासीत् ।
9. ऑस्टियो आर्थराइटिस (जानुसंधेः) गंभीरतायै "एल्गोफंक्शनल लेक्वेस इंडेक्स फॉर ऑस्टियो-आर्थराइटिस" इति तथा च "वोमैक इंडेक्स" इति (सी.आर.डी. पुणेत्/के.जी.एम.सी., भारतीय संस्करणम्) संशोधितम् । यमाश्रित्य सुनिश्चितनैदानिक-मानदण्डे उपचाराद् पूर्वमन्तरञ्च अनुमापितम् ।
10. पीडा स्वास्थ्य लाभाय "विजुअल एनालॉग स्केल" (VAS) इति उपचाराद् पूर्व-मनन्तरयोः उभयौः सुन्दुष्टिपुरस्सरं मूल्याङ्कितम् ।
11. कार्यात्मकसुधार-(Functional Improvements) स्थले एकमानकदूराय चलनकालः पञ्चीकरणसमयः तथा च परीक्षणस्य प्रतिमासरचान्ते अर्थात् 30 दिनेषु, 60 दिनेषु, किञ्च 90 दिनेषु अनुमीयते ।

#### प्रयोगशाला रेडियोलॉजिकल प्रारूपश्चः-

एच.बी., टी.एल.सी., डी.एल.सी., ई.एस.आर. (एरिथ्रोसाइटिकावसादन दरः), बी. शुगर (आर.), सीरम लिपिड प्रोफाइल तथा च सीरम कैल्सियमेत्यादीनां स्तरस्य मूल्याङ्कनम् उपचाराद् पूर्व परञ्च कृतम् । एतदतिरिक्तम् अन्यामवाती स्थिति बहिः कर्तुं प्रासंगिक परीक्षणकृतम् । सर्वेषु पीडितेषु निदान-मूल्याङ्कनानां तथाच रोगस्य गम्भीरतायाः उद्देश्येन, संधिगतवातस्य (ओ.ए.) इति रेडियोलॉजिकल-मूल्यांकने विचारं कृतमासीत् तथा च जानुसंधीनां, ए.पी. इति एक्स-रे पार्श्वदृश्यं नीतमासीत् ।

#### पीडितानां समूहीकरणम् : (Grouping of Patients)

निदानादनन्तरं वर्तमानशोधाय संधिगतवातस्य (OA) नामांकित रोगीनां अनुमतक्रमेण/रीत्या त्रिषु परीक्षणसमूहेषु विभक्तः ए-बी-सी इति समहेषु ।

#### 1. "ए"-समूहः- (Group "A")

अस्मिन् समूहे मया स्नेहनं (बाह्याभ्यन्तरं) उन्मर्दनं प्रदत्तम् । परिमाणं च एव मासीत् (स्नेहनं वाह्यरूपेण 15 मिली. पञ्चगुण तैलम्/दिनम्/पीडितेन सह तथा च आभयान्तररूपेण गोघृतेन सह 5 मिली०/दिनम्/पीडितेन सह उन्मर्दनं (हस्त तलेन/दाबेन मर्दनम् मासत्रयपर्यन्तम्) चिकित्सा प्रयुक्तमासीत् ।

#### 2. "बी"-समूहः- (Group "B")

समूहेऽस्मिन् अस्माभिः स्वेदनमुन्मर्दनञ्च प्रदत्तम् । परिमाणं च एवमासीत् स्वेदने दशमूलक्वाथः वाष्पेन सह 20 निमेष/दिनम्/पीडितेन सह उन्मर्दनं (हस्त तलेन/दाबेन मर्दनम्) मासत्रयं पर्यन्तं बाह्यरूपेण प्रयुक्तमासीत् ।

#### 3. "सी."समूहः- (Group "C")

अस्मिन् समूहे स्नेहनं (बाह्याभ्यन्तरं) स्वेदन-मुन्मर्दनञ्च प्रदत्तम् आसीत् । परिमाणञ्च यथा- (स्नेहनं बाह्यरूपेण 15 मिली. पञ्चगुणतैलम्/दिनम्/पीडितानाञ्च आभ्यन्तररूपेण गोघृतेन सह 5 मिली०/दिनम्/पीडितेन सह स्वेदनं दशमूलक्वाथः वाष्पेन सह 20 निमेष/संयुक्तः/दिनम्/पीडितेन सह प्रयोगः क्रियते तथाच उन्मर्दनम् (हस्त तलेन/दाबेन मर्दनम्) बाह्यरूपेण मासत्रयं पर्यन्तम् ।

#### परिणामो विचारविमर्शश्च

जनसांख्यिकीयावलोकनम् :- (Demographic Observation)

नवतिः (90) पीडितानाम अस्यां श्रृंखलायां 30-90 वयवर्गस्च पीडितेषु अधिकतमा संख्या 45-60 वर्षस्य 40 (44.44%) तथा च पुनः 30-45



वर्षस्य 32(35.56%) इत्यस्मिन् आसीत्। धर्मानुसारेण वक्ता 80 (88.89%) पीडितः हिन्दू आसीत् शेषः 10 (11.11%) (मुस्लिम) यवनः आसीत्। लिङ्गमाश्रित्य 45 (50%) महिलाः आसन् तथा च शेषे 45 (50%) पुरुषाः आसन्। व्यवसायानुसारेण अधिकतमा पीडिता 36 (40%) गृहिणी आसीत्। शेषे च 27 (30%) निजी व्यवसायी/व्यापारेण सम्बद्धाश्च आसन्। आहारदृष्ट्या 53 (58.89%) पीडितः शाकाहारी आसीत् शेषश्च 37 (41.11%) पीडितः मिश्रिताहारी/सर्वाहारी वा आसीत्।

सामाजिक – आर्थिकरूपाभ्यां मध्यवर्गीये समूहे 61 (67–78%) अनेन रोगेन अधिको ग्रस्तः/पीडितः अस्ति। आवासीयदशां दृष्ट्वा अधिकतमा रोगी 62 (68.89%) नगर क्षेत्रतः शेषश्च 28 (31.10%) ग्रामीण क्षेत्रतः आसीत्। अधिकतमः 38 (32.76%) पीडितः चायेति प्रयोगः पंजीकृत पीडितेषु महिलाप्रधानताकारणं भवितुमर्हति। पारिवारिकेतिहासदृष्ट्या नकारात्मक-पारिवारिकेतिहाससम्बद्धाः अधिकतमं (71.11%) रोगीं प्रदर्शयति शेषश्च (28.89%) पीडितेषु संधिगतवातस्य सकारात्मक परिवारिकेतिहास आसीत्।

**प्रकृतिः— (Insidence of Prakriti)**

सर्वे नवतिः (90) पीडितानां देह-प्रकृतिनाम् आकलनं कृतम्। वातकफयोः 45.56%, वात-पित्तयोः 24.44% तथा च पित्तकफयोः 14.44% इत्यस्य सापेक्ष घटनया सह अधिकांशमुदाहरणं द्विदोषज प्रकारस्य प्रकृतिसम्बन्धिताः आसन्। पाठे वर्णिता पीडा शुद्धवातजो विकारोऽस्ति, किन्तु वातज प्रकृतिनां केवलं 6.67% व्यक्तिषु प्रचलनं दृश्यते तदनन्तरं पित्तजः 4.44% तथा च कफजः प्रकृतिकः न्यूनातिन्यूनं प्रभाविताः आसन्। एवं अस्मिन् शोधे वातकफज-प्रकृतिकेतिरोगाय सर्वाधिकः संवेदनशीलः प्रतीयते।

**आहारशक्तिः— (Insidence of Diet)**  
आहारशक्तिमाश्रित्य 60(60.67%) पीडितेषु मध्यमः, 23 (25.56%) इत्यस्मिन् प्रवरोवच्च 7(7.78%) पीडितेषु प्राप्येते।

**व्यायामशक्तिः— (Insidence of Diet)**  
कुलपीडितेषु 68 (75.56%) व्यायामशक्तिः अवरः तथा च 22(24.44%) इत्येषु पीडितेषु मध्यमः आसीत्।

**व्याधिजीर्णतांवाधि :- (Chronicity)** अधिकांश पीडिताः 56 (66.22%) इतिवृत्तिः 1 तः 5 वर्षस्य मध्ये जीर्णतां सूचयन्ति। तदनन्तरं 18 (20%) पीडिताः 5 तः 10 वर्षस्य मध्ये तथा च शेषः 11 (12.22%) इत्यस्य इतिवृत्तिः वर्षात् न्यूनः आसीत्। रोगस्यारम्भिक-प्रकृतिः 81 (90%) प्रच्छन्नरूपेण (Insidious) सक्रियः धातकच्च (Chronic) स्तः।

**लक्षणेषु उपथितिः— (Symptomatology)**

सर्वे 90 (100%) पीडितेषु अतिप्रमुख लक्षणम् अर्थात् संधिशूलः (पीडा) तथा च आटोपः/वातपूर्ण. तिस्पर्शः (क्रेपिटस) इति अलभत्। प्राप्तः प्रसारणाकुञ्चनयोः प्रवृत्तिष्व वेदना (संधेः प्रतिबन्धित गतिः) 82 (91.11%), संधिस्तब्धता 74(82.22%), हंतीसंधि (प्रकृपित संधिः/समारोहः), 39 (43.33%), शोथः पीडितः 31(34.44%) तथा च 09 (10%) पीडितेषु मांसपेशीषु कुपोषणम्/क्षयः अलभत्। अस्मिन् वर्तमानाध्ययने दक्षिण जानुसंधौ 52(58%) इत्यस्य प्रारम्भिकी सहभागितया सह 66 (73.27%) पीडितेषु विषम-प्रकास्य संधिसहभागिता श्यते।

**उपचारस्थ प्रभावः (EFFECT OF THERAPY)**

लक्षणेषु उपचारप्रभावः – (Effect of Therapy on Symptomatology)

समूहान्तरिके बाह्ये च मध्ये— (Effect Within and Between Group)





उपचारस्यान्तिमः परिणामः प्रत्येकस्मिन् समूहे रोगस्य मुख्यलक्षणेषु महत्वपूर्णरूपेण सुधारः दृष्यते किन्तु एनोवा इति परीक्षणेन सह अन्तरसमूहन्तुलनाया वयं संधिपीडा ( $p < .001$  HS), संधिस्तब्धता (काठिन्यम्) ( $p < .005$  HS) तथा च क्रेपिटस ( $p < .001$  NS) इत्यस्मिन् महत्वपूर्णः सुधारः अलभत्। गम्भीरता सूचकांके उपचारस्य प्रभावः— (Effect on Severity Index)

वर्तमानाध्ययने संधिगतवातस्य गम्भीरतायाः आकलयितुं एकः संशोधित प्रारूपः विकसितः .तः आसीत्। विशेषरूपेण इति उद्देश्याय अन्तर्राष्ट्रीय स्तरे प्रयोगार्हाः “जानुने एल्गो फंक्शनल लेक्वेस इंडेक्सः तथा च “वोमैक इंडेक्स” (संशोधित भारतीयः पुणे संस्करण) इत्यमेन साहाय्यम्। सर्वेषु समूहेषु “ए” “बी” तथा “सी” ( $P < .001$  HS) उपचारादनन्तरं सूचकांकस्य गम्भीरतायाम् उल्लेखनीयां न्यूनतागमत्। “बी” समूहे ( $5.24 \pm 2.50$ ) इत्यस्य तुलनायां “सी”—समूहे ( $6.87 \pm 2.42$ ) इत्यास्मिन् गम्भीरतायां अधिकतमं परिवर्तनम् अस्ति तथा च “ए” समूहे ( $4.27 \pm 1.30$ ) इत्यस्मिन् न्यूनतममस्ति। (एम.एन.±एस. डी.) “एन्नोवा” इति परीक्षणेन सह अन्तरसमूह तुलानन्तरं परिवर्तनान् सांख्यिकीयरूपेण गैर महत्वपूर्णमलभत्। ( $P = 0.55$  NS)।

पीडाये (वी.ए.एस. सूचकांके) चिकित्सायाः प्रभावः—(Effect of Therapy on V.A.S for Pain)

“टी—मान (t-value)—पी मानस” (p-value) इति ( $p < 0.001$ ) इत्यस्य सन्दर्भ सततोपचारः, मासे त्रिषु समूहेषु पीडाये वी.ए.एस. इति गणनायामुल्लेखनीया न्यूनतागमत्। “ए—समूहे” पीडाये वी.ए.एस. सूचकांकः औसत मूल्यसन्दर्भ अधिकः न्यूनः जातः। तथा च उपचारस्यान्ते मानकविचलनं  $9.00 \pm 0.94$  (BT) इत्यनेन आरभ्य 1.

$91 \pm 0.51$  (AT) अभवत्। “बी—समूहे”  $8.63 \pm 1.00$  (BT) इत्यनेन  $1.69 \pm 0.47$  (AT) इत्यस्य न्यूनता प्रदर्शितास्ति। पीडाये “सी—समूहे” वी.ए.एस. इंडेक्स इति  $8.77 \pm 0.94$  (बी.टी.) इत्यनेन  $1.74 \pm 0.51$  (AT) इत्यास्मिन् सुधारोऽभवत्। पुनः एतत् परिवर्तनम् अन्तर—समूह तुलनायां गैर महत्वपूर्णमासीत्। ( $p = 0.54$  NS)

स्वास्थ्यस्य स्थितौ चिकित्सायाः प्रभावः— (Effect of Therapy on Health Status)

उपचारस्य अन्तिमपरिणामः “ए” समूहे  $2.34 \pm 2.06$  (BT) इत्यनेन  $8.54 \pm 0.89$  (AT) इत्यस्मिन् सुधारो दृष्यते। पूर्वमासस्य संदर्भे टी.मान (5.66) तः त्रिषु मासेषु (t-value 24-93) परिवर्तनं महत्वपूर्णमासीत्। ( $p < 0.001$ )

“बी”—समूहे स्वास्थ्यस्य स्थितिः  $2.20 \pm 0.90$  (BT) इत्यनेन  $8.77 \pm 1.06$  (AT) इति अभवत्। पूर्वमासे टी—मानं (t-value 8-01) तः त्रिषुमासेषु (t-value 30-69) पर्यन्तस्य परिवर्तनम् अपि महत्वपूर्णमासीत्। ( $p < 0.001$ )

“सी”—समूहे अस्याः चिकित्सायारन्ते  $2.20 \pm 10.90$  (BT) प्रारम्भिकतः  $8.57 \pm 1.07$  (AT) पर्यन्तं सुधारः आसीत्। त्रिषु मासेषु टी—मानं (t-value 28-33), आरम्भिके मासे (t-value 5-36) इत्यास्मिन् सन्दर्भे परिवर्तनं महत्वपूर्ण मासीत्। ( $p < 0.001$ ) एते सुधाराः सर्वेषु त्रिषु समूहेषु तथा अन्तसमूहेऽपि सांख्यिकीयेन रूपेण महत्वपूर्णमासीत्। ( $p < .001$  HS)

प्रयोगशाला परीक्षणोपरि उपचारस्य प्रभावः— (Effect of Therapy on Lab Investigations)

सर्वे विशिष्ट रोगसम्बन्धी परीक्षणानि आरम्भे चिकित्सापूर्णादनन्तरं कृतम्। परिणामतः सर्वेषु



अध्ययन समूहेषु "ईसिनोफिल्स" इत्यत्र उल्लेखनीयो ह्रासेत्तरः, "डी.एल.सी." इत्यास्मिन् न किमपि महत्वपूर्ण परिवर्तनम् अभवत् । 'टी.एल.सी' तथा च 'ई.एस.आर' इत्यस्मिन् अपि किञ्चद् ह्रासोऽभवत् । 'सीरम कैल्शियम' इत्यस्य स्तरः किञ्चित् वृद्धिः प्राप्तो दृश्यते किन्तु अन्तर समूह तुलनायां परिवर्तनं सांख्यिकीय रूपेण नातिमहत्वपूर्णं मासीत् । यतः अयं केवलं 'सी-समूहे' महत्वपूर्णः आसीत् । परिवर्तनसांख्यिकीय रूपेण  $8.54 \pm 0.82$  (BT) तः  $8.67 \pm 0.72$  (AT) ( $t=2.81, p<0.001$ -Sig) आसीत् ।

चिकित्सायारन्ते सर्वेषु परीक्षण समूहेषु 'लिपिड' इति प्रारूपे नगण्यं परिवर्तनं दृष्टम् । यमाधारीकृत्य कथितुं शक्यते औषधीयमात्रायां गौधृतस्य प्रयोगः रसायनमिव कार्यं करोति तथा च हृदये न कोऽपि प्रतिकूलः प्रभावः प्रसारयति । ऐते परिणामः सर्वेषु त्रिषु समूहेषु तथा अन्तसमूहेऽपि सांख्यिकीयेन रूपेण / महत्वपूर्णमासीत् । ( $p>0.05$ NS)

#### उपचारस्य समग्रप्रभावः—

- ♦ "ए"—समूहे 11 (36.67%) पीडितेषु उपचारस्य प्रतिक्रियायाम् आरोग्यः, 14 (46.67%) किञ्चित् आरोग्यः तथा च 05 (5.71%) पीडिताः अनारोग्यं प्राप्तवन्तः ।
- ♦ "बी"—समूहे 13 (43.33%) पीडितेषु उपचारस्य प्रतिक्रियायाम् आरोग्यः, 13 (43.33%) किञ्चित् अनारोग्यः तथा च 04 (13.33%) पीडितेषु अरोग्यः प्राप्तवन्तः ।
- ♦ "सी"—समूहे 17 (56.67%) पीडितेषु उपचारस्य प्रतिक्रियाया आरोग्या, किञ्चित् आरोग्यः 11 (36.67%) तथा च 02 (6.67%) पीडितः अनारोग्यः इति रूपेषु प्राप्तः ।

#### उपसंहारो निष्कर्षश्च

##### निष्कर्षः—

- ♦ संधिगतवात संधेः एका अपक्षयी रोग अस्ति, यस्य वर्णनं सर्वे प्राचीनायुर्वेदिक ग्रन्थेषु वातव्याधि—अध्यायान्तर्गतं कृतमस्ति ।
- ♦ अस्य एकः विकृतः संधिः / विकारः अर्थात् ऑस्टियो—आर्थराइटिसेन (OA) सह अस्य व्यापकता—सङ्केत—लक्षणेषु अतिसमानतया वर्तते ।
- ♦ जानुसंधि—चलसंधिभागे संधिगतवात—रोगप्रकटनस्य लक्षणमस्ति । सर्वे हानिषु अस्थि—श्लेष्मककफ—बाध्यकारी स्नायुपीडा कारणात् संधिकार्ये यः एकेन सह अस्थि—संधिसञ्चयति ।
- ♦ संरचनादृष्ट्या जानुसंधिः यत्र संधिगतवाते विशेषरूपेण विकृतयो भवन्ति एका चलसंधिरस्ति तथा च जानुमर्मः स्थितो भवति ।
- ♦ वस्तुतः जानुसंधि एको विशिष्ट मर्मस्थान अस्ति । मर्मस्थाने प्राणास्तिष्ठन्ति, इदं यत्नेन रक्षयेत् ।
- ♦ वात प्रकोपकाहार—विहार—विकृतवात दोषाः धातुक्षयश्च संधिगतवातरोगस्य प्रमुखाः कारकाः सन्ति ।
- ♦ अयं तदा भवति यदा दूषित वायुः संधिस्थाने स्थितो भवति तथा च यथा—संधिशूल—संधिशोथः—वातपूर्णदृतिस्पर्शः—प्रसारणाकुञ्चन—प्रवृत्तिश्चवेदना—हन्ति संधि लक्षणानि जनयन्ति ।
- ♦ सन्धिगतवात (OA) मध्यम—वृद्धवर्गयोः रोगः अस्ति । मध्यमायुवावर्ग, विवाहित वर्गयोः



- व्यक्तिः मुख्यरूपेण प्रभावितो भवति । अयं दोषः स्त्रीषु सामान्या किञ्च अधिकांश पीडिता गृहिणी आसीत् ।
- ♦ प्रस्तुतेऽस्मिन् शोधे वात-कफजयोः प्रकृतिकः व्यक्तिः सामान्येन सन्धिगतवात रोगेन प्रभावितो प्राप्यते, किञ्च शास्त्रे इयं वातजा व्याधिः कथ्यते ।
  - ♦ संधेः प्रभागः अधिकांशतया विषमो भवति तथा च दक्षिण जानु-अस्थिसंधिः सामान्येन प्रभावितो भवति ।
  - ♦ रेडियोलॉजिकला सामान्यतायां उपचारस्य प्रतिक्रियाः अत्युत्साहजनकः नास्ति, किन्तु इयं रोग प्रगतिं अवरुणद्धि ।
  - ♦ परीक्षात् पूर्व परञ्च संधिगतवात (OA) इति विषये न किमपि जैविकरासायनिका-सामान्यता लक्ष्यते ।
  - ♦ सर्वे त्रिषु परीक्षण समूहेषु चिकित्सा उत्तमरीत्या स्वीक्रियते तथा च उत्तमया सकारात्मकप्रतिक्रियया सह सहनं जातम् ।
  - ♦ 'परीक्षण थैरेपी' इत्यत्र प्रयुक्तेषु औषधिषु दशमूलक्वाथः, पंचगुण तैल तथा गोघृतस्य अधिकांश तत्त्वरसायनम् अस्ति । यस्मिन् कटु-तिक्तरसाः- ऊष्णवीर्यश्च भवति । अतः ते कफ-वातशामकः शोथहरः-शूलहरः- बृंहणः (धातुपोषण) इति रूपेण कार्यकुर्वन्ति ।
  - ♦ चिकित्सायारन्ते सर्वेषु परीक्षण समूहेषु 'लिपिड' इति प्रारूपे (Lipid Profile) नगण्यं परिवर्तनं दृष्टम् । यमाधारीकृत्य कथितुं शक्यते औषधीयमात्रायां गोघृतस्य प्रयोगः रसायनमिव कार्यं करोति तथा च हृदये न कोऽपि प्रतिकूलः प्रभावः प्रसारयति ।

- ♦ एवम कथितुं शक्यते यत् "परीक्षणथैरेपी" स्नेहनं-बाह्याभ्यतरस्वेदनं- उन्मर्दनेषु च वातशामकः-शोथहरः-शूलहरः-धातुसाम्यतायै च गुणाः सन्ति ।
- ♦ उन्मर्दनं (हस्ततलेन/ दाबेनमर्दनम्) मर्मस्थानेषु चिकित्सकीय स्पर्शनस्य उत्तेजितुं (joint manipulation) एका सरला पद्धतिः । यस्याः प्रयोगेन अनेकाः जीर्णविकारेषु सम्यक् लाभाय रोगान्मुक्तिश्च प्राप्नोति ।
- ♦ अस्य तकनीकस्य (उन्मर्दनं; हस्ततलेन/ दाबेन मर्दनम्) लाभः चिकित्सीयक्षमता, प्रभावशीलता च संधिगतवातसदृश अनेकेषु व्याधिषु सघनवैज्ञानिकाध्ययनैः विश्वपटले पुनर्स्थापित कृते अतिसाहाय्यं भविष्यति सिद्धयति वा ।
- ♦ 'परीक्षणथैरेपी' कार्यस्य वर्तमानश्रृंखलायां न कोऽपि दुष्प्रभावः दृष्टवान् तर्हि अयं संधिगतवातरोगस्य दीर्घकालिकोपचाराय सुरक्षित प्रभावी तौलानत्मक लाभकारी प्रयोगाः सन्ति ।

वर्तमानमध्ययनं संशमनचिकित्सा विना संधिगतवातस्य (OA) नवतिः (90) पीडितेषु कृतवान् किन्तु उपचारस्य प्रतिक्रिया निर्णायकपरिणामाय अत्युत्साह जनकः अस्ति । एषा प्रतिक्रिया/प्रयोगः वा इतोपि अधिकसंख्योपरि प्रयोक्तव्याः । एवं वर्तमानमध्ययनं पूर्णतया नवीनमस्ति यः संशमन चिकित्सां बिना संधिगतवातस्य (OA) पीडितेभ्यः आङ्ग्यतरं आशां प्रकटयति । अत एव कालोऽपि रक्षितः तथा च पीडितानां दैनिककार्येऽपि न व्यवधानं ददाति यत् वर्तमानशोधकार्यस्य मुख्योद्देश्यः आसीत् ।



### सन्दर्भग्रन्थसूची:

1. अग्निपुराणम्, वेदव्यासः, 5, क्लाइवरोस कोलकाता द्वारा, प्रकाशितः प्रथम संस्करणम् (1957)।
2. अष्टांगहृदयम्, यदुनन्दन उपाध्यायः विद्योतिनी टीका,
3. अष्टांगसंग्रहः त्रिपाठी आर.डी., सरोज हिन्दी टीका (सूत्र स्थानम् -1996), चौखम्बा संस्. त प्रतिष्ठान, दिल्ली।
4. आयुर्वेद दीपिका चक्रपाणिदत्त टिप्पणी सम्पादितः-वैद्य यादवजी त्रिविक्रमजी आचार्य, निर्णयसागरप्रेसः, मुम्बई, तृतीयसंस्करणम् (1941)।
5. भैषज्यरत्नावली श्री अम्बिकादत्तशास्त्री द्वारा टीका प्रकाशितः चौखम्बा संस्कृत संस्थानम्, वाराणसी 10 संस्करणम् (2002)
6. भावप्रकाश संहिता विद्योतिनी हिन्दी व्याख्या विशाकीरत्न-पण्डित ब्रह्माशंकर मिश्रः, 8 संस्करणम्।
7. भावप्रकाश निघण्टू भावमिश्र, डॉ. के. सी. चूनेकरः, चौखम्बा संस्कृत संस्थानम्, वाराणसी।
8. भेल संहिता आचार्यः भेलः, लेखकः वैद्य विशारद् वी.एस. वेंकटब्रह्मण्यम् शास्त्री, साहित्यकारः अनुसन्धान ईकाई, टी.एम. एस.एस.एम. पुस्तकालयः तंजावुर (सेन्टल काउंसिल फॉर रिसर्च इन इण्डिया मेडिसिन एण्ड होमीयोपैथी) नई दिल्ली (1977)।
9. चक्रदत्तम् श्री चक्रपाणि दत्त, व्याख्याकारः जगदीश्वर प्रसाद त्रिपाठी, जयकृष्णदास-हरिदासगुप्ता, चौखम्बा संस्.तश्रृंखला, वाराणसी (1949)।
10. चरकसंहिता विद्योतिनी हिन्दी व्याख्या, पी. एन. शास्त्री-जी. एन. चतुर्वेदी भाग-2 (2001), चौखम्बा भारती अकादमी, वाराणसी।
11. द्रव्यगुणविज्ञानम्-2 प्रो० पी.वी. शर्मा चौखम्बा भारती अकादमी वाराणसी, 17 संस्करणम् (1996)।
12. गरुडपुराणम् वेदव्यासः, सम्पादकः डॉ. रामशंकर भट्टाचार्य, चौखम्बासंस्.त सीरीज वाराणसी।
13. हारीतसंहिता हारीतः रामवलम्बाशास्त्रिणः हिन्दी टीका आशा नाम्ना प्राच्य प्रकाशन वाराणसी प्रथम संस्करणम् (1985)।
14. माधननिदानम् विजयरक्षितः, सुदर्शनशास्त्री, भाग-1, 30वां संस्करण (2000) चौखम्बा संस्कृत संस्थानम्, वाराणसी।
15. निघण्टु-आदर्शः बापलालजी वैद्यः चौखम्बा भारती अकादमी, वाराणसी, द्वितीय संस्करणम् (प्रथमखण्डः-1998), (द्वितीयखण्डः-1999)।
16. शब्दकल्पदुम भागः-2 राजाराधाकान्तदेवः चौखम्बा संस्कृत श्रृंखला, वाराणसी।
17. शारंगधर संहिता आचार्यः शारंगधरः, डॉ० शैलजा श्रीवास्तव द्वितीयसंस्करणम् (1998) चौखम्बा ओरिएंटलिया, वाराणसी।



18. सिद्धान्तनिदानम् गणनाथ सेनः, दलपत प्रेसः, कल्पापैलेस-223, चित्ररंजन एवेन्यू-कलिकाता-6 चतुर्थ संस्करणम् (1950)।
19. सुश्रुतसंहिता आचार्यः सुश्रुतः, टीका-कविराजः डॉ. अम्बिका दत्त शास्त्रीः, आयुर्वेदतत्त्वसंदीपिका भाग 1-2 द्वितीय संस्करणम् (1997), चौखम्बा संस्कृत संस्थानम्, वाराणसी।
20. वंगसेन संहिता पं. लाला सालिग्रामजी वैद्यः, श्री वैकेश्वरः, स्टीम प्रेसः मुम्बई, (1961)।
21. योगरत्नाकरः वैद्यः श्रीलक्ष्मीपति शास्त्रीः, चौखम्बा संस्कृत श्रृंखला कार्यालय, वाराणसी।
22. आचार्य जी. एस. पंचकर्म इलस्ट्रेटेड प्रथम संस्करण (2006), चौखम्बा संस्कृत प्रतिष्ठान, दिल्ली।
23. गुप्ता के.ए. वाग्भटकृत अष्टांगहृदयम्-विद्योतिनी टीका (2005) चौखम्बा संस्कृत संस्थान, वाराणसी।
24. पंचकर्म हैण्डबुक आर. वैद्यनाथ, प्रथम संस्करण, चौखम्बा संस्कृत प्रतिष्ठान, दिल्ली।
25. आयुर्वेदिय पंचकर्म वैद्य हरिदास श्रीधर कस्तूरे, शश्टम संस्करण, विज्ञान श्र ी वैद्यनाथ आयुर्वेद भवन लिमिटेड, नागपुर।
26. जोशी एस. के. मर्म चिकित्सा विज्ञान (2012), मृत्युंजय मिशन, हरिद्वार।
27. जोशी एस. के. मर्म विज्ञान और मर्म चिकित्सा के सिद्धांत, प्रथम संस्करण (2010)। वाणी प्रकाशन, हरिद्वार।
28. लेले ए., रानाडे एस., सीक्रेट्स ऑफ मर्म (2005), चौखम्बा संस्कृत फ्रॉली डी., प्रतिष्ठान, दिल्ली।
29. डेविडसन मेडिसिन सी. हैसलेट, एडविन आर, चिल्वर्स तथा च निकोलस ए. बून. निक. आर, महाविद्यालयः चर्चिल लिविंगस्टोन, 20 संस्करणम्।
30. हैरिसन के आंतरिक केनथ डी. ब्रैडिथ, 16 संस्करणम्। पी.जी. चिकित्सासिद्धान्तः 2036, मैक ग्रो हिल, न्यूयार्क-2001।

#### Research Work:

Vivek J. (2010-2011) "A Comprehensive study on Marma & Acupuncture points and evaluation of their therapeutic importance", Thesis of Ayurveda Dhanvantari in Shalya Tantra, Rajiv Gandhi University of Health Sciences, Karnataka, Bengaluru.



## CLINICAL INDICATIONS OF PUSHKARAMOOLASAVA - AN EXPERIENTIAL AND SCIENTIFIC VIEW

- Shripathi Acharya G<sup>1</sup>, Rajeshwari S Acharya<sup>2</sup>  
e-mail : shripathi\_acharya@yahoo.co.in

### ABSTRACT-

*Asavarishta yoga are sandhaniya formulation which are fermented products of Ayurveda medicine. Aravindasava, Ashwagandharishta, Ashokarishta, Balarishta, Arjunarishta, Chandanasava, Chavikasava, Dashamoolarishta, Dantyasava, Drakshasava, Eladyarishta, Gomootrasava, Jeerakarishtha, Kutajarishtha, Kumaryasava, Mustakarishtha, Punarnavasava, etc are few formulations used in Ayurveda. Pushkaramoolasava is one such preparation which is given frequently in respiratory disorders. Acute bronchitis, bronchial asthma, pneumonia, Corozal, rhinitis, Pulmonary Kochs, and COPD are few diseases in which Pushkaramoolasava is used with good outcome. It is having actions like Kasahara, shwasahara, kaphavatahara, expectorant, mucolytic, bronchodilator, anti infective, antibacterial, and bactericidal properties. The present context highlights about the clinical indications of Pushkaramoolasava in experiential and scientific view.*

**Key words :** Pushkaramoolasava, bronchodilator, antibacterial.

### INTRODUCTION-

Asavarishta yoga are fermented products which contain 9.5 % self generated alcohol. It can be stored for 10 years as it contains alcohol which is a natural preservative. Pusharamoolasava is commonly used in shwasa, Kasa, pratishyaya, pinasa, rajayakshma, pneumonia, acute bronchitis, chronic bronchitis, bronchial asthma, and COPD. It is having actions like dipana , pachana, kaphavatahara, shwasahara, Kasahara, As it contains alcohol, it is appetizer, digestive, CNS depressant, sedative, axiolytic, and hypnotic. It has antistress action and useful in anxiety produced due to disease and discomfort.<sup>1,2.</sup>

### Actions<sup>3,4.</sup>

1. Kaphavatahara
2. Kasahara
3. Shwasahara
4. Rasayana
5. Antibacterial
6. Bactericidal
7. Antiinfective
8. Immunomodulator
9. Immunity booster

<sup>1</sup>Director Academic and WHO Collaborator, Muniyal Institute of Ayurveda Medical Sciences, Manipal, India <sup>2</sup>SDM College of Ayurveda, Udupi, India



10. Bronchodilator
11. Antistress
12. Adaptogenic
13. Sedative
14. Dipana
15. Pachana
16. Expectorant
17. Mucolytic

**Clinical indications** <sup>5,6,7.</sup>

1. Kasa
2. Tamaka shwasa
3. Rhinitis
4. Coryza
5. Deviated nasal septum
6. Nasal polyps
7. Pharyngitis
8. Laryngitis
9. Trachietis
10. Acute bronchitis
11. Chronic bronchitis
12. Bronchial asthma
13. COPD
14. Pneumonia
15. Pulmonary Kochs
16. Pulmonary edema
17. Bronchogenic carcinoma
18. Secondaries in the lungs
19. Fungal infection of the lungs

**Amayika prayoga<sup>8</sup>**

Kasa - It is given with mrityunjaya Rasa and sitopaladi choorna.

Tamaka shwasa - It is given with kanakasava and talisadi choorna.

Rhinitis - It is given with tribhuvana kirti Rasa and Narada laxmivilasa Rasa.

Coryza - It is given with mrityunjaya Rasa and Maha Laxmi Vilas Rasa.

Deviated nasal septum - It is given with roudra Rasa and Chyavana prashavaleha.

Nasal polyps - It is given with kanchanara guggulu and roudra Rasa.

Pharyngitis - It is given with Ananda bhairava Rasa and salt water gargling.

Laryngitis - It is given with sheetamshu Rasa and yashtimadhu choorna.

Tracheitis - It is given with somasava and mrityunjaya Rasa.

Acute bronchitis - It is given with tribhuvana kirti Rasa and sitopaladi choorna.

Chronicbronchitis - It is given with kanakasava and vrinapahari Rasa.

Bronchial asthma - It is given with kanakasava, sheetamshu Rasa and shwasa kuthara Rasa.

**COPD - do -**

Pneumonia - It is given with proper antibiotic coverage and talisadichoorna.

Pulmonary Kochs - It is given with AKT and sitopaladi choorna.



Pulmonary edema - It is given with Arjunarishta, punarnavadi mandatory, and talisadi choorna.

Bronchogenic carcinoma - It is given with anti cancerous drugs.

Secondaries in lungs - It is given with bhallataka vati, chitrakasava and palliative treatment.

Fungal infection of the lungs - It is given with talisa patra vataka and mrityunjaya Rasa.

## DISCUSSION

Pushkaramoolasava is a formulation which is commonly used in the management of acute and chronic respiratory disorders. Main ingredient being pushkaramoola (*Inula race mosat*), it is having Tikta Rasa, ushna virya, and steroidal principle. It is having the actions like bronchodilator, expectorant, antiinfective and mucolytic actions. It is being dipana, pachana, it corrects agni in the patients. By bronchodilator action, it gives relief from breathlessness and cough. Tamaka shwasa being Yahya, prolonged or lifelong treatment is done. However, it reduces the frequency of repeated respiratory infections in these patients. When given with disease specific adjuvant, it shows desired results in various disorders. There are least side effects after the administration of this formulation. However it should be given with appropriate dosage and mixed with water as anupana.

## CONCLUSION

1. Pushkaramoolasava is a sandhaniya formulation which is effective in both

acute and chronic respiratory disorders.

2. It produces least adverse drug reactions even after prolonged administration. But in empty stomach if it is taken, it produces burning sensation, abdominal pain and sour eructation in some patients.
3. It reduces the onset of infection in chronic bronchial asthma patients.

## REFERENCES

1. Acharya S, Updated Ayurveda, Shripathi Acharya, 2011, Manipal, PP 140.
2. Acharya S, Researches in Ayurveda, Shripathi Acharya Manipal 2010, PP 127.
3. Acharya S, Ayurveda Vijnana, Shripathi Acharya, Manipal, 2012, PP 140.
4. Acharya K G, Agraushadhigalu, Shripathi Acharya, Manipal, 2012, PP 60.
5. Shastry J L N , Dravyaguna vijnana , Choukhamba press ,New Delhi, Vol 2 2005, PP 650
6. Shastry J L N, Dravyaguna vijnana , Choukhamba press ,New delhi, Vol 2 2005 PP 650
7. Shastry J L N, Dravyaguna vijnana , Choukhamba press , New delhi , Vol 2, 2005, PP. 650
8. Shastry J L N, Dravyaguna vijnana , Choukhamba press , Newdelhi Vol 2, 2005, PP 650





## परिषद् समाचार

### आयुष चिकित्सकों हेतु दो दिवसीय सतत् चिकित्सा प्रशिक्षण कार्यक्रम चन्दौली में सम्पन्न

दिनांक 29.01.22 से 30.01.22 तक आयुष मंत्रालय, राष्ट्रीय आयुर्वेद विद्यापीठ, आयुष मंत्रालय, नई दिल्ली द्वारा प्रायोजित आयुष चिकित्सकों हेतु दो दिवसीय सतत् चिकित्सा शिक्षा कार्यक्रम का आयोजन विश्व आयुर्वेद परिषद द्वारा जीवक आयुर्वेद मेडिकल कालेज, चन्दौली में सम्पन्न हुआ। यह पहल विश्व आयुर्वेद परिषद, काशी क्षेत्र द्वारा किया गया। परिषद का यह मानना था कि जनपद के आयुर्वेद चिकित्सकों को कोविड-19 के बारे में और अधिक जानकारी देकर इस योग्य बनाया जाय कि वह समाज में बिना भय के चिकित्सा कार्य कर सकें तथा सफलता पूर्वक जनता को लाभ पहुंचा सकें। सरकार द्वारा अभी तक सुदूर ग्रामीण क्षेत्र में चिकित्सा प्रैक्टिस करने वालों को प्रशिक्षित करने की कोई व्यवस्था नहीं थी। परिषद ने यह बीड़ा उठाते हुए आयुष मंत्रालय को एक प्रोजेक्ट भेजा, जिसे सरकार ने स्वीकार कर लिया। इस कार्यक्रम में कुल 50 आयुर्वेद चिकित्सकों को कोविड-19 एन्ड इट्स आयुर्वेदिक मैनेजमेंट विषय पर प्रशिक्षण दिया गया।

सतत् चिकित्सा प्रशिक्षण कार्यक्रम का शुभारंभ 29.01.22 को प्रो. नीलम गुप्ता, संकायाध्यक्ष एवं प्राचार्य, राजकीय स्नातकोत्तर आयुर्वेद महाविद्यालय, वाराणसी एवं क्षेत्रीय आयुर्वेद एवं यूनानी अधिकारी प्रो. भावना द्विवेदी द्वारा दीप प्रज्ज्वलन एवं धन्वंतरि पूजन तथा आशीर्वचन के साथ हुआ। सतत् चिकित्सा कार्यक्रम के आयोजन सचिव डा. के. के. द्विवेदी एवं सह सचिव डा. मनीष मिश्र थे। डॉ० विजय राय जी ने प्रशिक्षकों तथा आमंत्रित अतिथियों को परिषद् की गतिविधियों से अवगत कराया। संचालन डॉ० दिलीप उपाध्याय एवं डा. शुभम माहेश्वरी ने किया। मुख्यवक्ता के रूप में प्रो. पी. एस. ब्याडगी, डा. सुनील कुमार, प्रो. जे.एस. त्रिपाठी, डा. सुधीर मिश्र, डा. अजय कुमार पांडेय, डा. अजय कुमार गुप्ता तथा डा. ए. के. सिंह ने सभी प्रतिभागियों को प्रशिक्षण प्रदान किया। प्रशिक्षण के उपरांत 30.01.22 सभी को प्रमाण पत्र दिया गया। धन्यवाद ज्ञापन डा. आर.के. यादव अध्यक्ष, डॉ० एस के शर्मा, सचिव, नीमा, चन्दौली ने किया। डॉ० के. के. द्विवेदी, आयोजन सचिव ने बताया कि इस तरह के कार्यक्रम अन्य जनपदों में भी अगले चरण में करने की योजना है।

### आजादी का अमृत महोत्सव पर विविध कार्यक्रमों का आयोजन

लखनऊ। विश्व आयुर्वेद परिषद अवध प्रान्त के तत्वावधान में आजादी का अमृत महोत्सव मनाया गया। कार्यक्रम का आयोजन संजीवनी आयुर्वेदिक सेन्टर गोमती नगर में मां भारती की आरती से शुरू हुआ। कार्यक्रम की अध्यक्षता डा सुनीत मिश्रा पूर्व महासचिव विश्व आयुर्वेद परिषद अवध प्रान्त ने की। डॉ० अशोक दुबे ने अमृत महोत्सव की प्रासंगिकता पर विस्तार से प्रकाश डाला। कार्यक्रम का संचालन डॉ० बी पी सिंह, महासचिव विश्व आयुर्वेद परिषद अवध प्रान्त ने की। मुख्य अतिथि गोपी चन्द पाण्डेय ने अपनी संस्कृति से जुड़े रहते हुए विश्व आयुर्वेद परिषद के कार्यों की सराहना की। कार्यक्रम के आयोजन में मुख्य रूप से डा पद्माकर लाल, डा मनोज मिश्रा, डा अंशुमान राय, डा संजीत सिन्हा, डॉ० राम मिलन, डा पंकज सिंह, डा आशीष जायसवाल, समाज सेवी अमरेन्द्र राय, नन्द किशोर वर्मा, राम दयाल मौर्या ने भाग लिया। कार्यक्रम के अन्त में वासुदेव स्मृति संस्थान की ओर से डा आर. सी वर्मा ने धन्यवाद ज्ञापित किया।

आजादी के अमृत महोत्सव पर विश्व आयुर्वेद परिषद द्वारा आजाद चंद्रशेखर उ. मा. विद्यालय, राजापुर नंबर-2, मडियाहू में आयोजित कार्यक्रम का उद्घाटन भाजपा जिला अध्यक्ष श्री राम विलास पाल जी द्वारा किया गया। कार्यक्रम की अध्यक्षता डॉ० अरुण कुमार मिश्र (नागेश) ने की। इस अवसर पर एक निःशुल्क स्वास्थ्य परीक्षण, स्वास्थ्य प्रबोधन शिविर का आयोजन किया गया। शिविर में 312 मरीजों का स्वास्थ्य परीक्षण बी.एच.यू. के विशेषज्ञ



चिकित्सकों द्वारा किया गया और उन्हें निःशुल्क दवा का वितरण भी किया गया । चिकित्सकों की टीम में काशी हिन्दू विश्वविद्यालय के प्रोफेसर अरुण कुमार द्विवेदी, प्रो. पी एस व्याडगी, डॉ पी.एस. दुबे, डॉ. रामानंद तिवारी, डॉ. नागेश यादव, डॉ. गरिमा यादव, डॉ. सुषमा पाण्डेय, डॉ. भवानी सिंह, डॉ. शारदा प्रसाद, डॉ. रामदयाल, डॉ. स्वप्निल, डॉ. रंजन त्यागी आदि सम्मिलित थे । इस अवसर पर विद्यालय के प्रबन्धक व कार्यक्रम के आयोजक प्रोफेसर चन्द्रशेखर पाण्डेय जी, डॉ. श्याम दत्त दुबे ( महामंत्री ), चंद्र भूषण पांडे, संजीव दुबे, डॉ. प्रवीण पांडेय, श्री स्वामीनाथ दुबे, राम लाल दुबे, संतोष कुमार दूबे, रमेश यादव आदि अनेक गणमान्य उपस्थित रहे ।

## ऑनलाइन व्याख्यान माला-02 का आयोजन

विश्व आयुर्वेद परिषद परिषद, उत्तर प्रदेश ईकाई अपनी ऑनलाइन व्याख्यान सीरीज -02में प्रत्येक शनिवार रात्रि 08 बजे से विशेषज्ञ वैद्यों के अनुभवों पर आधारित श्रंखलाबद्ध परिचर्चा प्रारम्भ हुई । कार्यक्रमों की कड़ी में 11 दिसंबर को ओम आयुर्वेदिक आइ केयर गुरुग्राम के डॉ. भारत भूषण जी ने वर्तमान परिदृश्य में नेत्रों की देखभाल विषय पर अपने विचार रखे । डॉ. भारत भूषण जी भारत के एकमात्र आयुर्वेदिक नेत्र चिकित्सालय श्रीधारियम नेत्र चिकित्सालय के दिल्ली केंद्र के प्रभारी रहे हैं । उन्होंने बताया कि गत दो वर्षों से ऑनलाइन बैठक, वेबीनार और अन्य कार्यक्रमों का ऑनलाइन प्रचलन से हमारी आँखों पर अतिरिक्त दबाव आ रहा है तथा लगातार ऑनलाइन कार्यक्रमों के कारण हमारा स्क्रीन टाईम बढ़ रहा है जिससे नेत्रों की क्षमता पर प्रभाव भी पड़ा है । ऐसे में आयुर्वेद विधा द्वारा नेत्रों की देख भाल प्रभावशाली ढंग से कैसे करें इस विषय पर जानकारी दी ।

दिनांक 18 दिसंबर को वैद्य अनुमेहा जोशी ने तमक श्वास में कर्णवेधन चिकित्सा विषय पर अपने अनुभव रखे । कर्ण वेधन चिकित्सा, उसकी प्रक्रिया, महत्व और विशेषकर तमक श्वास में उसकी उपयोगिता के बारे में विस्तार से बताया । कार्यक्रम से बड़ी संख्या में जुड़े जिज्ञासु वैद्य एवं छात्र इस पुरातन चिकित्सा विधा के नए स्वरूप के प्रयोग से लाभान्वित हुए ।

शनिवार 25 दिसंबर रात्रि 08 बजे से ग्रहणी रोग –सफल चिकित्सा अनुभव विषय पर उडुपी के प्रसिद्ध वैद्य तन्मय गोस्वामी, निदेशक, गोसवाल आयुर्वेद ने अपने अनुभव रखे । उन्होंने बताया कि अग्नि और संबंधित व्याधियों का विशेष रूप से ग्रहणी जैसे उदर रोगों की चिकित्सा में, आयुर्वेद विधा का अपना वैशिष्ट्य है । इस जीर्ण व्याधि की आयुर्वेद विधा के द्वारा इसकी सफल चिकित्सा के उनके अनुभवों से उपस्थित वैद्य समूह लाभान्वित हुआ ।

01 जनवरी 2022, शनिवार रात्रि 08 बजे व्याख्यान संख्या-04 में जलौका- वैज्ञानिक विश्लेषण और चिकित्सकीय प्रयोग विषय पर शल्य विशेषज्ञ युवा वैद्य डा महेश कुमार गुप्ता ने अपने अनुभव रखे । उन्होंने बताया कि जलौका चिकित्सा का आयुर्वेद विधा में अपना एक वैशिष्ट्य है । जलौका का विभिन्न रोगों की चिकित्सा में प्रयोग का प्रचलन धीरे धीरे हमारे वैद्यगण में बढ़ रहा है और कई ऐसी ब्याधियों में जहां अन्य चिकित्सा लाभकर नहीं दिखती वहा इसका लाभ हमारे रोगियों को मिलता है ।

22 जनवरी 2022, शनिवार रात 8 बजे से अर्धावभेदक में प्रायोगिक धूमनस्य इस विषय पर डॉ. सुशांत मिश्रा, आयुष चिकित्साधिकारी, उत्तराखण्ड, ने अपने अनुभव रखे । उन्होंने बताया कि शिरःशूल एक सामान्य लक्षण है जिसे लेकर रोगी प्रायः हर चिकित्सक के पास आते हैं । इस पर प्रायोगिक धूम नस्य का प्रयोग करने से आशातीत लाभ मिलता है । डॉ. मिश्रा ने नस्य प्रयोग और उसकी तैयारी करने की विधि का लाइव वीडियो के माध्यम से प्रदर्शन भी किया ।

विश्व आयुर्वेद परिषद द्वारा चिकित्सा अनुभवों पर आधारित साप्ताहिक कार्यक्रम में दिनांक 05 फरवरी 2022 को हृदय रोग और आयुर्वेद चिकित्सा-अनुभूत विवेचना विषय पर गुजरात के आयुर्वेद एवं हृदय रोग चिकित्सा के युवा विशेषज्ञ वैद्य महेंद्र सिंह सरवैया जी जो गुजरात में राजकीय सेवा में हैं, ने अपने अनुभव रखे । उन्होंने बताया कि आदर्श जीवन शैली को न अपनाने के कारण विश्व में हृदय रोगियों की संख्या में तेजी के साथ विस्तार हुआ



है। आयुर्वेद से हृदय रोगी किस प्रकार सफलता पूर्वक चिकित्सा की जा सकती है। इस विषय पर की अनुभूत चिकित्सा अनुभवों से उपस्थित वैद्य समूह लाभान्वित हुए।

## विश्व मंगल दिवस के अवसर पर आयोजित हुए विविध कार्यक्रम

विश्व मंगल दिवस के अवसर पर विश्व आयुर्वेद परिषद उज्जैन के द्वारा एक स्वास्थ्य प्रबोधिनी प्रदर्शनी का आयोजन किया गया कालिदास अकादमी के अंतर्गत इस प्रदर्शनी का आयोजन किया गया जिसका पर्यटन मंत्री मध्य प्रदेश शासन श्री सुश्री उषा ठाकुर जी ने उद्घाटन किया।

विश्व आयुर्वेद परिषद, रीवा द्वारा मकर संक्रांति का पर्व विश्व मंगल दिवस के रूप में मनाया गया। सम्पूर्ण विश्व का मंगल हो इस भाव के साथ रीवा इकाई ने वनसंचार का कार्यक्रम आयोजित किया। कार्यक्रम का प्रारम्भ प्रसिद्ध ऐतिहासिक लक्ष्मण बाग मंदिर से किया गया, वैश्विक महामारी कोरोना से शीघ्र मुक्ति के लिए हवन किया गया। हवन का कार्यक्रम आचार्य कृष्णानंद एवं मंदिर के साधू संतो द्वारा संपन्न कराया गया। आश्रम में स्वादिष्ट खिचड़ी बना कर सभी साधू संतो के साथ प्रसाद ग्रहण किया गया। सभी संतो को कोरोना से बचाव के लिये आयुर्वेदिक दवाओं का वितरण भी किया गया। सभी चिकित्सकों ने वही गौशाला का भी भ्रमण किया। मंदिर के पास ही नदी किनारे औषधीय पौधों की पहचान की गई साथ ही बहुत सारी जड़ी बूटियां भी एकत्रित की गई। कार्यक्रम प्रदेश महासचिव डॉ एस एन तिवारी के कुशल नेतृत्व में सम्पन्न हुआ। जिलाध्यक्ष डॉ के पी शर्मा ने बताया कि कार्यक्रम में विश्व आयुर्वेद परिषद के जिला, संभाग, प्रदेश एवं राष्ट्रीय पदाधिकारियों की गरिमामयी उपस्थिति रही। कार्यक्रम के दौरान डॉ आशुतोष द्विवेदी, डॉ लोकेश अग्रहरि, डॉ के के गौतम, डॉ के के त्रिपाठी, डॉ शशिकांत द्विवेदी, डॉ प्रीतेश अग्निहोत्री, डॉ संजय शर्मा, डॉ नीलेश पटेल, डॉ राजेश मिश्रा, डॉ सुखमंत मिश्रा, डॉ भानू प्रताप सिंह तोमर, डॉ ऋषभ जैन, डॉ टी आर गोंड, डॉ कमल प्रजापति, डॉ ऋषभ गुप्ता, डॉ रवींद्र चौरे, रमाशंकर तिवारी, राजेश चतुर्वेदी विशेष रूप से उपस्थित रहे। उक्त कार्यक्रम कोरोना के गाईड लाइन का पालन करते हुए संपन्न हुआ।

विश्व आयुर्वेद परिषद, मानसरोवर आयुर्वेदिक मेडिकल कॉलेज, हॉस्पिटल एवं रिसर्च सेंटर, भोपाल और श्री साईं इंस्टीट्यूट ऑफ आयुर्वेदिक रिसर्च एंड मेडिसिन भोपाल के संयुक्त तत्वावधान में विश्व मांगल्य दिवस का आयोजन दिनांक 19/01/2022 बुधवार, समय प्रातः 10:00 बजे स्थान से ऑडिटोरीयम मानसरोवर परिसर भोपाल में किया गया। जिसमें विवज कांटेस्ट में मानसरोवर विद्यार्थी संभाषा वाग्भटीय का आयोजन किया गया, विभिन्न ऋषियों के नाम पर आठ टीमों के मध्य अष्टांग हृदय के विभिन्न अध्यायों पर प्रश्नउत्तरीय संभाषा का आयोजन किया गया। प्रथम एवं द्वितीय स्थान क्रमशः अगस्त्य एवं जमदग्नी टीमों ने प्राप्त किया, दोनों टीमों को स्वर्ण एवं रजत पदकों और प्रमाण पत्रों के माध्यम से सम्मानित किया गया। कार्यक्रम के द्वितीय चरण में संगीतिक अष्टांग हृदय पारायण में आदरणीय वैद्य रामतीर्थ शर्मा, शासकीय आयुर्वेद महाविद्यालय, उज्जैन ने अपनी सुंदर प्रस्तुति दी। कार्यक्रम में मुख्य अतिथि वैद्य गोपाल दास मेहता, संरक्षक विश्व आयुर्वेद परिषद, म०प्र० एवं विशिष्ट अतिथि वैद्य पंकज गुप्ता रजिस्ट्रार, म०प्र० आयुर्वेद बोर्ड, भोपाल रहे। आदरणीय वैद्य गोपाल दास जी मेहता प्रदेश संरक्षक विश्व आयुर्वेद परिषद के मार्गदर्शन में सारा कार्यक्रम संपन्न हुआ। कार्यक्रम के संयोजक मानसरोवर आयुर्वेद महाविद्यालय प्राचार्य डॉ अनुराग सिंह राजपूत थे।

विश्व आयुर्वेद परिषद इंदौर, एवं शुभदीप आयुर्वेदिक मेडिकल कॉलेज द्वारा, विश्व मंगल दिवस के उपलक्ष में चिकित्सा संवाद का कार्यक्रम आयोजन किया। कार्यक्रम के मुख्य अतिथि डॉ सतीश चंद्र जी शर्मा (प्राचार्य शासकीय स्वशासी अष्टांग आयुर्वेद मेडिकल इंदौर, विशेष अतिथि डॉ ए. पी. एस. चौहान प्रोफेसर एवं विभागाध्यक्ष क्रिया शारीर विभाग शासकीय स्वशासी अष्टांग आयुर्वेद मेडिकल इंदौर रहे। कार्यक्रम के मुख्य वक्ता— डॉ अशोक जी ठाकुर, उपाचार्य एम. जी. एम. मेडिकल कॉलेज इंदौर रहे, जिन्होंने वर्तमान कोविड-19 काल में निदान चिकित्सा एवं चिकित्सक की भूमिका एवं समग्र उपचार विषय पर व्याख्यान दिया। सभी अतिथियों का



स्वागत डॉ अखिलेश श्रीवास्तव प्राचार्य शुभदीप आयुर्वेदिक ने किया, कार्यक्रम का संचालन डॉ सचिन चौहान ने किया, सभी अतिथियों का आभार डॉ अजित श्रीवास्तव ने व्यक्त किया।

विश्व मांगल्य दिवस के उपलक्ष्य में विश्व आयुर्वेद परिषद मध्य प्रदेश के चिकित्सा प्रकोष्ठ द्वारा दि 20.01.2022 को चिकित्सकों के कौशल विकास हेतु कोविड में रोग प्रतिरोधक क्षमता व आयुर्वेद की उपादेयता विषय पर वेबिनार का आयोजन किया गया। इस अवसर पर केंद्रीय अध्यक्ष प्रो डा गोविंद सहाय जी शुक्ला ने कहा कि इस बेबीनार के द्वारा आज चिकित्सकों के कौशल का विकास हुआ है। इस तरह के आयोजन निरंतर होते रहना चाहिए। आपसे प्राप्त पाठ्य के माध्यम से सभी में ऊर्जा का संचार हुआ। साथ ही पूर्व केंद्रीय अध्यक्ष प्रो डॉ. बी.एम. गुप्ता जी का आशीर्षचन सभी कार्यकर्ताओं को प्राप्त हुआ। डा. प्रज्ञान ने चिकित्सा में नवाचार जैसे विषय को प्रस्तुत कर चिकित्सकों को चिकित्सा के क्षेत्र और चिंतन करने के लिए प्रेरित किया। मध्य प्रदेश के प्रभारी प्रो डॉ. के. के. द्विवेदी जी ने संक्षिप्त, सारगर्भित व प्रेरक उद्बोधन दिया। प्रदेश अध्यक्ष डॉक्टर राम प्रताप सिंह जी राजपूत द्वारा आह्वान किया गया कि कोविड काल निःशुल्क चिकित्सा परामर्श देने वाले चिकित्सकों की सूची जनहित में हम लोग अपने जिलों में जारी करें। डॉक्टर आशुतोष द्विवेदी जी द्वारा संक्षिप्त उद्बोधन एवं हमारे प्रदेश महासचिव डॉक्टर एस.एन. तिवारी द्वारा अतिथियों का परिचय कराया गया। अंत में डॉ विपिन तोमर चिकित्सा प्रकोष्ठ प्रभारी द्वारा सभी का आभार ज्ञापित किया गया। सभी के द्वारा कल्याण मंत्र का वाचन किया गया। संचालन डॉ स्मिता भायजी द्वारा किया गया एवं तकनीकी संचालन डॉ राजीव भायजी द्वारा किया गया जिसमें डॉ अनुराग सिंह राजपूत द्वारा भी सहयोग प्रदान किया गया।

## शोक समाचार



प्रो० प्रेमवती तिवारी, पूर्व संकाय प्रमुख, पूर्व विभागाध्यक्ष, स्त्री एवं प्रसूति रोग विभाग, आयुर्वेद संकाय, काशी हिन्दू विश्वविद्यालय, वाराणसी का निधन दिनांक 04 फरवरी 2022 को हो गया। प्रो० तिवारी विश्व आयुर्वेद परिषद् से दो दशक से सक्रिय रूप से जुड़ी हुई थी। विश्व आयुर्वेद परिषद् उनकी आत्मा की शान्ति के लिए प्रार्थना करता है।

प्रो. नागेन्द्र प्रसाद राय जी, पूर्व विभागाध्यक्ष, कायचिकित्सा विभाग, आयुर्वेद संकाय, काशी हिन्दू विश्वविद्यालय, वाराणसी एवं आजीवन सदस्य विश्व आयुर्वेद परिषद् का स्वर्गवास दिनांक 12 जनवरी 2022 को उनके पैतृक निवास आजमगढ़ में हो गया। विश्व आयुर्वेद परिषद् उनकी आत्मा की शान्ति के लिए प्रार्थना करता है।



दिनांक 1 जनवरी 2022 को हुए वैष्णो देवी हादसे में युवा चिकित्सक एवं परिषद के सक्रिय कार्यकर्ता डा. अरुण कुमार सिंह की कई वृद्ध लोगों को भीड़ के दबाव से सुरक्षित करते हुए स्वयं दुर्घटना में घायल होकर चिकित्सालय जाते समय अकाल दुःखद मृत्यु हो गई। विश्व आयुर्वेद परिषद् उनकी आत्मा की शान्ति के लिए प्रार्थना करता है।