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देश के विभिन्न प्रान्तों में आयुर्वेद परिषद् की गतिविधियां



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

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मार्च-अप्रैल 2022

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- ♦ डॉ० रमन सिंह
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- ♦ प्रो० योगेश चन्द्र मिश्र
(राष्ट्रीय संगठन सचिव)

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- ♦ प्रो० सत्येन्द्र प्रसाद मिश्र

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- ♦ डॉ० अजय कुमार पाण्डेय

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- ♦ डॉ० मनीष मिश्र
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- ♦ बृजेश पटेल

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

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Editorial

Ayurveda is one of the oldest systems of medicine in Indian subcontinent. It has a dynamic and unbroken knowledge of tradition that covers the diverse aspects of managing health and wellbeing. Health is a balance state of physical & physiological, psychological and spiritual components and their relationship with the environment (macrocosm). Both the environment and the living being (microcosm) are understood and categorized on the basis of the Pancamahabhuta (five primitive elements) i.e. Earth, water, fire, air, and space as physics, which corresponds to each of the five senses, viz. smell, taste, vision, touch, and sound, respectively. For the ease of assessment of health and disease, the Panchamahabhutas are further grouped into Tridosha (three Bio-humors) as bio-physics viz- Vata (a combination of space and air), Pitta (fire), and Kapha (water and earth). This relationship between the microcosm (Purusha) and the macrocosm (Brahmanda) is yet another fundamental tenet of Ayurveda. The living being constantly interacts with the environment through its senses (Gyanendriyas- sense of knowledge and Karmendriyas-senses of action) and the cognitive functions i.e. Pragna. At the same time, the environment is constantly influencing the living being.



Ayurveda has been recognized as one of the formal healthcare systems of the country in the post-independence period. Ayurveda has suffered stagnation in its growth and development due to invasion of Mughal and British rulers. In British period with the fast emergence of modern medicine, Ayurveda was side lined as second line of medicine. It got official recognition in 1970 by Govt. of India after 25 years of its independence. After that, the Contemporary Ayurveda in terms of education, clinical approaches, pharmacopeia, and product manufacturing has been started to formalized and institutionalized and it empowers the momentum of growth and development of Ayurveda up to some extent. Now with the change in concepts of health and disease, attention has been drawn to Ayurveda once again, and new waves of research have begun. However, a review of the research out comes during last few decades reveals that there has not been any major breakthrough. Further, the methodology adopted for such research has benefited more to the modern medicine than Ayurveda itself. In the present scenario, it appears that the some business people and some academicians are making more show and blow for their own purpose rather than helping to the system of Ayurveda. In this framework, Ayurvedic scholars are moving towards shortcut methods without much rational, revolutionary thinking about science and its required changes. It is high time, that we all people come forward to scientifically interpret and utilize Ayurvedic knowledge through the eyes of modern science and contemporary medicine.

- Dr. Ajai Kr Pandey

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GLIMPSES OF AYURVEDA CONCEPTS IN THE WORKS OF KALIDASA PART 3

- A. R. V. Murthy¹
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DISEASE....RECURRENCE

Diseases occur because of various reasons and need to be treated appropriately. Sometimes they get cured and sometimes not. Same treatment sometimes gives different results to different individuals. Here in Raghuvamsam an example of King Agnivarna is being given. The King goes into a state of semi consciousness/intoxication on seeing princess Indumati but recovers with the treatments like sprinkling of water, fanning etc. However Indumati with the same treatment does not recover. The poet says the treatment will be effective for one who has enough span life left.

नृपतेव्यर्जनादिभिस्तमोनुदेसातु तथैव
संस्थिता ।
प्रतीकारविधानमायुषः सति शेष हि फलाय
कल्पते ॥

— रघुवंशम्

Ayurveda has classified diseases into curable and incurable categories. Among the incurable categories. There are some diseases called maintainable ones where

in a disease is not cured but can be pacified with medicines. These are called as Yapya diseases. The patient survives as long as he is destined to live. Kalidasa's usage SESHE HI PHALAYA KALPATE and Ayurveda's usage SHESHATVADAYUSHOYAPYAPYAM have similar intensions.

शेषत्वादायुषोयाप्यमसाध्यं पथ्यसेवया ।
लब्धाल्पसुखमल्पेन हेतुनाऽऽशुप्रवर्तकम् ॥17॥
(चरकसंहिता)

याप्योऽत उच्यते.....

शेषत्वादायुषोयाप्यः पथ्याभ्यासाद्विपर्यये ॥
(अष्टाङ्गहृदयम्)

DISEASE....INCURABILITY

When a patient is afflicted with a disease, the physician monitors, treats him and advises him the diet, drug and regimen etc, but sometimes disease becomes incurable and the physician realizes that it will be futile to restrict the patient on diet etc. He then grants him with freedom on many of the restrictions imposed earlier. In Vikramovarsheeyam when the King, Urvashi feels is uncontrollable just lets him free.

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असाध्य इति वैद्येलातुर इव स्वैरं
मुक्ताभवांस्तत्र भवत्या ।

—विकमोर्वशीयम्

प्रायःसर्वोभवतिकरुणावृत्तिराद्रन्तरात्मा ।

(मेघदूतम्)

Ayurveda mentions fourfold attitudes of the Ideal physician - Friendliness, Compassion towards the diseased, attachment to the remediable and indifference to those who are moving towards the end (death) when the patient becomes irremediable, Physician develops an attitude called Upeksha wherein he gets detached or becomes indifferent. This has been discussed in Charaka Samhita and Ashtanga Hridaya.

मैत्रीकारुण्यमार्तेषुशक्येप्रीतिरुपेक्षणम् ।

प्रकृतिस्थेषुभूतेषुवैद्यवृत्तिश्चतुर्विधेति ।।

(चरक संहिता)

सर्वत्रमैत्रीकरुणातुरेषुनिरामदेहेषुनृषुप्रमोदः ।

मनस्युपेक्षापकृतिं ब्रजत्सुवैद्यस्यसदृ
त्तमलंतनोति ।

(अष्टाङ्ग संग्रहम्)

Even Yoga sutra of Patanjali uses the term UPEKSHANAM which conveys similar meaning

मैत्रीकरणामुदितोपेक्षणं.....चित्तप्रसदनम् ।

(योग सूत्र दृ पतञ्जलि)

A Sanskrit work named Nalachampu has also mentioned about the qualities like Maître Mudita etc.

मृगेषुमैत्रीमुदितत्मद्रष्टतोऽक्रुपामुहुःप्राणिषुदुःखितेषु
येषांनतेकस्यभवन्तिवन्ध्याःकौपीनभृतामुनीन्द्राः
नलचम्पू

PATIENT POOR

Patient generally is said to be poor and many times expects free treatment. Kalidasa in Malavikagnimitram quotes this example for King Agnivarna. Vidushaka tells the King that, he is behaving like a poor patient who expects free treatment. I have been doing this for you always. Now you want Malavika and you want me to mediate with her and get her too free to you.

दरिद्र इवातुरो वैद्येनौषधं दीयमानमिच्छसि ।

—मालविकाग्निमित्रम्

Ayurveda texts like Charaka Samhita have described four qualities of Patient - Good memory (to remember treatment guidelines), obedience (to follow given instructions), fearlessness (courage to face adversities of disease) and ability to provide all information about the disease.

स्मृतिर्निर्देशकारित्वमभीरुत्वमथापिच ।

ज्ञापकत्वंचरोगाणामातुरस्यगुणाःस्मृताः ।।१।।

(चरक संहिता)

Later texts like Ashtanga Hridaya have become more practical by including the quality called Adhya which states that patient should be wealthy also.

रोग्यपिचतुर्विधः.....

आढ्योरोगीभिषग्शयोज्ञापकःसत्त्ववानपि ।।

(अष्टाङ्गहृदयम् 1 / 29)



It is true that when the patient is poor he cannot afford treatment and either the disease takes prolonged course or becomes incurable. It is therefore desirable, that the patient has enough resources to meet the expenditure of treatment.

VAIDYAMAANI-RATILOMAKSHAYA

Kalidasa discusses

1. The mode of manifestation of disease called Tuberculosis (Rajyakshma)
2. The reason for such manifestation

King Agnivarna was overwhelmingly engaged in sexual activity and was fully immersed in gratification of sexual desire with umpteen number of women. This over indulgence in sex is supposed to be one of the causes of Tuberculosis. The Royal physicians were aware of this and requested and also warned the King of the consequences. But the King chooses to ignore their words and continued with his sexual indulgence.

Here two things are to be noted

1. Excessive sexual activity leading to Tuberculosis
2. Ignoring / indifference to the suggestion to the Physician

दृष्टदोषमपि तन्न सोऽसृजतम् सङ्गवस्तु
भिषजामनाश्रवः ।
स्वादुभिस्तु विषयैहृष्टस्ततो दुःखमिन्द्रियगणो
निवार्यते ॥

—रघुवंश

In this instance again is from Raghuvamsha. The poet says while the enemies of the Kings were afraid to attack the King because of the awe of the name of the Kingdom the disease was on its course to put him into trouble irrespective of the status of the King.

तं प्रमत्तमपि न प्रभावतरू
शोकुराकमितुनन्यपार्थिवा ।

आमयस्तु रतिरागसम्भवो दक्षचाप एव
चन्द्रमक्षिणोत् ॥

(रघुवंशम्)

Ayurveda has discussed both the issues

1. Patients' Indifference to the Physicians' advise
2. The occurrence of Tuberculosis due to excessive sexual activities

Ashtanga Hridaya has very clearly stated that “VAIDYAMANIN” or the one who refuses to follow the instruction of the physician should be discarded and should never be treated

त्यजेदार्तं भिषग्भूपैर्दिवष्टं तेषां द्विषं
द्विषम्यहीनोपकरणं व्यग्रमविधेयं
गतायुषम् ॥३४॥

चण्डं शोकातुरं भीरुं कृतघ्नं वैद्यमानिनम् ।
(अष्टाङ्गहृदयम् 1/34)

The disease called Tuberculosis, Ayurveda says can be caused by excessive sexual activity. Among the Four important causes of Rajyakshma (? Tuberculosis) is ATIVYAVAAYA or over indulgence in sex.



अतिव्यवायिनो वाऽपि क्षीणे रेतस्यनन्तरम् ।
क्षीयन्ते धातवः सर्वे ततः शुष्यति
मानवः ॥10॥

(सुश्रुत संहिता)

व्यवायशोषी शुक्रस्य क्षयलिङ्गैरुपद्रुतः ।
पाण्डुदेहो यथापूर्वं क्षीयन्ते चास्य
धातवः ॥17॥

(सुश्रुत संहिता)

व्यवायशोषिणो लक्षणान्याह—व्यवायेत्यादि ।
शुक्रस्य क्षयलिङ्गैरिति 'शुक्रक्षये
मेद्वृषणवेदना' इत्यादिभिः ।
यथापूर्वमिति यथापूर्वं तत्र शुक्रस्य पूर्वं
मज्जा,
मज्जोऽस्थि, अस्थनो मेदः, मेदसो मांसं,
मांसस्य रक्तमित्येवं क्षीयन्ते धातवः प्राग्वदेव
दर्शितन्यायात्, परं यदि स्त्रीभ्यो न
निवर्तते ॥17॥

(डल्हण) (सुश्रुत संहिता)

राज्ञश्चन्द्रमसो यस्मादभूदेष किलामयः ।
तस्मात्तं राजयक्ष्मेति केचिदाहुः १,
पुनर्जनाः ॥5॥

(सुश्रुत संहिता)

Ancient Sanskrit literature including puranas have described the marriage of Daksha's 27 daughters to Chandra and related story. Chandra though marries all 27 daughters of Daksha was interested only in Rohini and ignores the other 26 wives, who complain about the same to Daksha who got enraged and curses Chandra for suffering from tuberculosis.

Ayurveda texts also subscribe to similar views. Dalhana makes an elaborative comment.

इदानीमस्य व्याधेर्यथा शोषक्षयराजयक्ष्मेति नामानि तथाऽऽह— संशोषणाद्रसादीना— मित्यादिद्य क्रिया चिकित्सा, कायवाङ्मानसं वा कर्म, तस्य क्षयकरत्वात् राज्ञ इति 'द्विजानां' इति शेषः । चन्द्रमसः चन्द्रस्य, आमयो यक्ष्मा रोगः, केचिदिति आत्रेयप्रभृतयः यस्मादेष आमयो द्विजानां राज्ञश्चन्द्रमसश्चन्द्रस्या— भूतस्मात् तं रोगं केचित् पुनर्जना राजयक्ष्मेति ब्रुवते यतोऽयं यक्ष्मा रोगो रोगाणां राजा अतो राजयक्ष्मेति वाग्भटो व्याख्यानयतिद्य किलेति वार्तायाम्द्य एवं खलु यथा २, श्रूयते— पूर्वं दक्षनामा प्रजापतिरभूत्, तस्य बहवयो दुहितरो बभूवुः, तेन च सप्ताधिका विंशतिः कन्यकाश्चन्द्राय विवोढे ३, दत्ताः, स चन्द्रमास्तासु मध्ये रोहिण्यामेवानुरक्तो बभूव, ततश्च सशोकाभिरश्विन्यादिभिर्दुहितृभिरात्मपितरि दक्षसञ्ज्ञके चन्द्रस्य रोहिण्यामा सक्तिवृत्तान्तो ४, निवेदितः, ततो दुहितृणां वार्तामाकर्ण्य, चन्द्रमाहूय, सर्वास्वपि निजपुत्रीषु समतया वर्तनाय चन्द्रोऽभिहितः, स च तथेति ५, स्वीकृत्यापि स्वगुरोर्वचनमनादृत्य न तासु समवर्तत, ततो दक्षप्रजापतेः क्रोधो निश्वासरूपेण मूर्तिमान् भूत्वा निःसृत्य यक्ष्मरूपेण रोहिण्यामतिप्रसङ्गेनाविलं चन्द्रमाविशत्, ततोऽसौ तेन रोगेणाभिभूतः सन् गतप्रभो गतोत्साहश्च सञ्जातः, गुरुवचनातिक्रमेण दोषं मत्वा तमेव दक्षनामानं गुरुं शरणं गतवान्, ततोऽनन्तरं देववैद्याभ्यामश्विन्यां स चिकित्सितः,



ततः प्राप्तबलश्चन्द्रो (रराजातीव सुप्रभः)
लघ्वगुरुप्रसादोऽश्विभ्यां चिकित्सितोऽभूत् ख्द,।
एवं च सति कर्मदोषजो व्याधिरिति।

(डल्हण)

अतिव्यवायिनो वाऽपि क्षीणे रेतस्यनन्तरम् ।
क्षीयन्ते धातवः सर्वे ततः शुष्यति मानवः ॥१०॥

(सुश्रुत संहिता)

अपरप्रकारेण धातुक्षयाद्राजयक्ष्मसम्भवं
दर्शयन्नाह—अतीत्यादिद्यअतिव्यवायिनः अत्यर्थं
ग्राम्यधर्मसेविनः। क्षीणे रेतसि शुक्रे, शुक्रक्षयश्च
मेद्द्रवृषणवेदनेत्यादिना ज्ञेयः। अनन्तरं रेतसः
क्षयादित्यर्थः। क्षीयन्ते धातवः सर्वे इति परं
यदि स्त्रीभ्यो न निवर्तते। ननु, रसवर्तमरो
धाद्रसेन रक्तस्याबृंहणात्तदपचयः रक्तापचयाच्च
मांसस्यापचय इत्यादिपूर्वपूर्वधातुक्षीणतया
कृत्वा शुक्रस्य युक्तः क्षयः, शुक्रक्षये तु
पूर्वधातूनां कथां क्षयः? उच्यते—यथा
महाजलाधारपरिक्षये तत्र प्रविशतां जलप्रायाणां
(जन्तूनां) क्षयस्तद्वदत्रापीति। स्वमार्गा—
वरोधाद्रसोऽसञ्चरन् किं करोति? हृदये
विदह्यते, कासवेगेन मुखमार्गात्
पिच्छिलबहलविस्रहरितपीतश्वेतः प्रवर्तते ॥१०

(डल्हण)

Charaka Samhita in chapter 6 of nidana
– shosha nidana has discussed the concept
of Emaciation / Phthisis. Here excessive
indulgence in sexual activity has been
propounded as the cause of Kshaya
(Tuberculosis / Phthisis)

यदा वा पुरुषोऽतिहर्षादतिप्रसक्तभावः

स्त्रीष्वतिप्रसङ्गमारभते,

तस्यातिमात्रप्रसङ्गाद्रेतः क्षयमेतिद्य क्षयमपि
चोपगच्छति रेतसि यदि मनः स्त्रीभ्यो नैवास्य
निवर्तते, तस्य चातिप्रणीतसङ्कल्पस्य
मैथुनमापद्यमानस्य न शुक्रं प्रवर्ततेऽतिमात्रो—
पक्षीणरेतस्त्वात्, तथाऽस्य वायुर्व्यायच्छमान—
शरीरस्यैव धमनीरनुप्रविश्य शोणितवाहिनीस्ताभ्यः
शोणितं प्रच्यावयति, तच्छुक्रक्षयादस्य पुनः
शुक्रमार्गेण शोणितं प्रवर्तते वातानुसृतलिङ्गम्।
अथास्य शुक्रक्षयाच्छोणित— प्रवर्तनाच्च सन्धयः
शिथिलीभवन्ति, रौक्ष्यमुपजायते, भूयः शरीरं
दौर्बल्यमाविशति १, वायुः प्रकोपमापद्यतेय स
प्रकुपितो वशिकं ख्द, शरीरमनुसर्पन्नुदीर्य
श्लेष्मपित्तो परिशोषयति मांसशोणिते,
प्रच्यावयति श्लेष्मपित्तो संरुजति पार्श्वे,
अवमृद्गात्यंसौ ३, , कण्ठमुद्धवंसति, शिरः
श्लेष्माणमुपत्व्लेश्य प्रतिपूरयति श्लेष्मणा, सन्ध
िश्च प्रपीडयन् करोत्यङ्गमर्दमरोचकाविपाकौ च,
पित्तश्लेष्मोत्व्लेशात् प्रतिलोमगत्वाच्च वायुर्ज्वरं
कासं श्वासं स्वरभेदं प्रतिश्यायं चोपजनयति
स कासप्रसङ्गादुरसि क्षते शोणितं ष्ठीवति,
शोणितगमनाच्चास्य दौर्बल्यमुपजायते, ततः स
उपशोषणैरेतैरुपद्रवैरुपद्रुतः शनैः शनैरुपशुष्य—
तिद्यतस्मात् पुरुषो मतिमानात्मनः शरीरमनुरक्षञ्—
छुक्रमनुरक्षेत्परा ह्येषा फलनिर्वृत्तिराहारस्येति ॥१०॥

—चरक संहिता नि.६/८॥

भवति चात्र— आहारस्य परं धाम शुक्रं
तद्रक्ष्यमात्मनः।

क्षयो ४, ह्यस्य बहून् रोगान्मरणं वा
नियच्छति ॥१०॥

(चरक संहिता नि. ६/९)



When a person indulges in excessive sexual intercourse habitually, his semen gets diminished. In spite of diminished semen, if he obsesses about sex mentally as well as physically and continues to engage in sexual acts with excessively determined passion, his semen is not discharged because of its already diminished state causing vayu to enter his blood vessels and blood getting discharged from the seminal passage. Now, due to loss of semen and hemorrhage, his joints loosen, the skin loses its suppleness and becomes rough or scaly, body weakens further and vayu gets vitiated. The vitiated vayus preads in the body deficient of semen and blood, aggravating kapha and pitta and drying up the muscles and blood. Further, the vitiated vayu expels kapha and pitta, causing pain in the sides of the chest and shoulders, irritation of throat, aggravating kapha of the head and replacing it with the vitiated kapha expelled from their natural locations, causing pain in joints, body ache, anorexia and indigestion. Due to frequent cough the lungs get damaged and hemoptysis ensues, debilitating the patient further and afflicting him with wasting complications. If untreated, the patient gradually is afflicted with phthisis.

Here is the verse: Semen is the final essence of one's food hence it should be protected because its depletion leads to many diseases or even death. [8-9]

Chakrapani gives his expert comments here

सम्प्रति क्षयेषु शोषकारणेषु प्रायः शोषजनकत्वेन प्रधानं शुक्रक्षयं शोषकारणं यदा वेत्यादिना प्राहद्य अतिप्रणीतसङ्कल्पस्येति अतिमहता प्रयत्नेन कृतध्वजोच्छ्रायस्यद्य व्यायच्छमानस्येति व्यवायमाचरतःद्य वातानुसृतलिङ्गमिति वातलिङ्गयुक्तं दुष्टवातलिङ्गयुक्तमिति यावत्त्य शरीरं कर्मभूतं, दौर्बल्यं कर्तृभूतम्, आविशतीति योजनाद्य वशिकमिति शून्यं, शुक्रशोणितक्षया-द्विक्तमित्यर्थः य एतच्च हेतुगर्भविशेषणम्य एतेन यस्माद्वशिकं शरीरं, तस्मादनुसर्पतीत्यर्थःद्य परा फलनिर्वृत्तिरिति श्रेष्ठा आहारफलसम्पत्ति-रित्यर्थः। परं धाम इति उत्कृष्टसारम्य उत्कृष्टत्वं च शुक्रस्यातिप्रसादरूपत्वात्त्य एतच्च शोषकारणेषु क्षयेषु केवलशुक्रक्षयोपसंहरणं प्राधान्यात्, नान्यशोषहेत्वभावादिति बोद्धव्यम्य रुक्षाद्यन्नपानसेवाजनितो रक्तादिक्षयोऽपि राजयक्ष्मकारणत्वेनोक्तः ॥ 8-9 ॥

चक्रपाणिदत्त

THE DEMON AND THE INCURABLE

Kalidasa's works are replete with several references, covert and overt to the principles of Ayurveda. The following verse, wherein the Gods complain to Brahma about the harm done by Tarakasura is one of such instances.

तस्मिन्नुपायाः सर्वे नःकरेप्रतिहतक्रियाः।
वीर्यवन्त्यौषरधानीव विकारे सान्निपातिके।

Here the Gods lament that all their attempts to resist and control Tarakasura have become futile. This is illustrated with



an apt simile which is so characteristic of Kalidasa's poetry. The Gods compare their predicament to that of a disease caused by the emergence of all the three dosas (sannipata) wherein all the powerful medicines have become futile.

The sannipata type of fever is defined by Ayurveda texts which arises because of the combination of all the three doshas (humors).

संसर्गःसंनिपातश्चतद्-द्वि-त्रि-क्षय-कोपतः ॥12॥
(अष्टाङ्गहृदयम्)

If there is obstruction (or non – elimination) of the dosha, the agnis are completely destroyed and if all the signs and symptoms are fully manifested, then sannipatajwara is incurable;

Sannipata a type of fever is considered as incurable or curable with difficulty by all Ayurveda texts

सन्निपातोदुश्चिकित्स्यानाम् ।
(चरकसंहिता)

दोषे विबद्धे नष्टेऽग्नौ सर्वसम्पूर्णलक्षणः ॥109॥

सन्निपातज्वरोऽसाध्यः

कृच्छ्रसाध्यस्त्वतोऽन्यथा ॥110॥
(चरकसंहिता)

सन्निपातज्वरोघोरःसविज्ञेयःसुदुःसहः ।
(चरकसंहिता)

सन्निपातज्वरं कृच्छ्रमसाध्यमपरे विदुः ॥41॥
(सुश्रुत संहिता)

मतभेदेन सन्निपातज्वरस्य

कृच्छ्रसाध्यत्वमसाध्यत्वं चोच्यते-
सन्निपातज्वरमित्यादि ।

असमस्तलक्षणत्वे कृच्छ्रसाध्यत्वं,
समस्तलक्षणत्वे विबद्धदोषत्वेऽग्नौ च नष्टे
सत्यसाध्यत्वम् ॥41॥

तस्यस्तिक्तैव्रनगजमदैर्वसितं वान्तर्वाषिटः
जम्बुकुञ्जप्रतिहतरयं तोयमदाय गच्छेः ।
अन्तःसारं घन तुमयितुं नानिलः शक्यति त्वां ॥
रिक्तः सर्वो भवति हि लघुः पुर्णता गौरवाय
मेघसन्देश ।

Here the Yaksha advises the cloud to shed water through rain and then take the waters of the river Narmada the speed of which is curtailed by the throngs of the jambu trees. Then the cloud will not be tossed by the wind, because of his inner strength. Evidently Kalidasa is here referring to the treatment of the ailment caused by wind (vata). The treatment consists of vomiting, and thereupon taking light water mingled with bitter concoction (Kashaya). A commentator explains this allusion thus:

अयमत्र समधिः क्रतवमनशुद्धिः पुरुषः ।
शोषदोषोपशोषणार्थं तिक्तकषायवासितं लघु
जलं पिबतिं
पश्चात् बलवतोऽस्य वायुरपि न कुप्यति ।
अत्र वाग्भट्टः कषायश्च हिमास्तस्य
विशुद्धश्लेष्मनो हिताः ।
किमु तिक्ता कषाया वा ये निसर्गात्
कफापहाः ।

इति खरनादोपि क्रतशुद्धेः क्रमात् पीतपयादेः



पथ्यभोजिनः ।

वातादिभिर्न बाधा स्याद इर्न्धैरिव योगिनः ॥

Ayurveda proposes that diseases can be of three categories based on doshik involvements as Vataja, Pittaja and Kaphaja. Vataja diseases are supposed to be 80 in number and are generally considered incurable or curable with difficulty. The reasons are many fold and there is a vivid description of causes and management of Vata disorders in Ayurveda. The poet has rightly quoted Vaghbata where in specific type of decoctions are prescribed for management of Vata disorders.

CLEAR KNOWLEDGE OF AILMENT

विकारं खलु परमार्थतोऽज्ञात्वाऽनारम्भः
प्रतीकारस्य ॥

—अभिज्ञानशाकुन्तम्

ज्ञानपूर्वकंहिकर्मणांसमारम्भप्रशंसन्तिकुशलाः ।
(चरकसंहिता वि. ६/१८)

समग्रं दुःखमायत्तमविज्ञाने द्वयाश्रयम्य सुखं
समग्रं विज्ञाने विमले च प्रतिष्ठितम् ॥८४॥
इदमेवमुदारार्थमज्ञानां न प्रकाशकम्य शास्त्रं
दृष्टिप्रणष्टानां यथैवादित्यमण्डलम्
॥८५॥

(चरकसंहिता)

The references above form Kalidasa works and the corresponding from Ayurveda texts emphatically show the depth of understanding of the poet had on

various facets of Ayurveda. It underlines the inquisitiveness Kalidasa had, to study the allied sciences extant at his times. Being a poet of a class none could emulate. Kalidasa through his works has shown that, one can go beyond the field of specialty and acquire proficiency in the areas of social concern, there by proving his worthiness as a responsible citizen.

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STANDARDIZATION OF PANCHAVAYAVA (PRATIGYA, HETU, UDAHARANA, UPANAYA, NIGMANA) IN THE PERSPECTIVE OF RESEARCH IN AYURVEDA

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ABSTRACT-

Research is a structured enquiry that utilizes acceptable scientific methodology to solve problems and creates a new knowledge that is generally applicable. The theoretical foundations, rational and epistemology of Ayurveda are based on the six Darsanas (philosophy), mainly the logic of Samkhya and Nyaya- Vaishesika system of natural philosophy. Pramana can be considered as one of the ancient method of research in developing research methodology in Ayurveda. Pramanas are Pratyaksha pramana, Anumana pramana, Aptopadesha pramana and Yuktipramana. Panchavayav vakya contains Pratignya (Proposition/ Hypothesis), Hetu (Logical Reason or Cause), Udaharana (Example or Instance), Upanaya (Justification/co-relation), Nigamana(Conclusion).

INTRODUCTION

Research is a common term that refers to a search for knowledge. Research is a structured enquiry that utilizes acceptable

scientific methodology to solve problems and creates a new knowledge that is generally applicable. It should be a process that converts data into information, information into knowledge and knowledge into wisdom.¹

Ayurveda is a comprehensive system of health care of great antiquity, based on experiential knowledge and grown with perpetual additions. Original dimensions of Ayurveda are built in the ancient compendia of Indian wisdom called Vedas. Rigveda and Atharvaveda are replete with information on health and maladies and their management with natural modes and modalities.

Ayurveda literally means “the knowledge of life”. In Sanskrit, the word Ayurveda consists of the word Ayu meaning ‘life’ and Veda, meaning ‘knowledge’ or ‘science’². The growth of science depends upon research and there is no denying the fact that the understanding of the health care personnel, scientists and researcher today, in any given stream of science is because of research. In Ayurveda, the

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process of learning, research and clinical practice are scientific and evidence based. The theoretical foundations, rational and epistemology of Ayurveda are based on the six Darshanas (philosophy), mainly the logic of Samkhya and Nyaya- Vaisheshika system of natural philosophy. Like other systems of ancient Indian learning, Ayurveda is discovered through most suitable sources and tools (Pramanas)³.

Aim-

To standardize Panchaavayava (Pratignya, Hetu, Udaharana, Upanaya, Nigmana) in the perspective of Research.

Material and Method-

All Samhitas and commentaries were searched for Ayurvedic literature. Contemporary information was collected from modern books, journals and internet. All informations were studied, analyzed and interpreted.

Result and Discussion-

What is Pramana?

Pramana can be considered as one of the ancient method of research in developing research methodology in Ayurveda. In Ayurveda the word Pramana is derived from Prama which means valid or correct knowledge i.e.knowledge of science which has already been explored by various scientific methods. Pramanas are

1. Pratyaksha pramana- experiential evidence and evidence generated through experimentation.
2. Anumana pramana- inferences drawn through logical interpretations of the outcomes.
3. Aptopadesha pramana- authentic source of published/ documented evidence.
4. Yুক্তipramana- reproducible evidence generated through systematic and planned research⁴.

Anumana pramana is highly useful in areas of unavailability of sufficient information. Anumana is indirect knowledge which is based on reasoning (tarka) or inference and the inference is based on prior perception(poorvadyana).

Anumana Pramana is of two type in Tarka sangrah –

- a) In one type it is for one's own self i.e. Swarthanumana.
- b) In another condition; it is used to provide knowledge to others i.e. Pararthanumana

Swarthanumana (Inference for one self) is the cause of deduction of logical inference in one's own mind. For this; one should have inquisitiveness or curiosity. As it is said; inquisitiveness is the mother of all knowledge. A person with curious & questioning attitude will search for truth in a scientific manner & by applying



logical process of reasoning he/she will reach to valid conclusion.

Pararthanumana (Demonstrative inference) – A person after getting inferential knowledge; it should be demonstrated to others by Panchavayava Vakya (5 components of reasoning), it is known as Pararthanumana. Panchavayava Vakya contents are Pratignya, Hetu, Udaharan, Upanaya and Nigamana. These terms are described at two places in Charak Samhita- one in Vimansthana 8th chapter and other in Siddhithana 12th chapter. Both have equal meaning, purpose of Pararthanumana in Tarkasangraha and purpose of explaining terms by Charak Samhita with its commentators is merely same.

Panchavayav Vakya contains:

a) Pratignya (Proposition/Hypothesis)-

Pratignya is the statement of problem or hypothesis under consideration or what is to be proved is Pratignya. That means first there is proposition or hypothesis and then establishment.

b) Hetu (Logical Reason or Cause)-

It is the cause of knowledge means, It is reasoning behind the hypothesis established with the help of tools. Hetu is the plan of work.

c) Udaharana (Example or Instance)-

It presents resemblance or image of the thing to be proved. e.g.- sky is eternal etc. Such examples or illustrations support the validity of statement.

d) Upanaya (Justification/corelation)-

Establishment of hypothesis based on interpretation. Correlation helps to illustrate the problem and gives logical sequence to previous steps.

e) Nigamana (Conclusion)-

Self is eternal means propounding of statement at the end of discussion. Nigamana i.e. through logical sequence, with example and correlation, conclusion is drawn from the results of such experiments or observations.

Conclusion validates Pratignya. Final conclusion is result of investigation, positive decision is Vyavasaya or confirmation of hypothesis i.e. acceptance of problem. Negative decision is pratidnyahani i.e. Null hypothesis i.e. withdrawal of statement of problem. Pratishtapana counter- establishment is giving a contrary meaning to the opponent's proposition.

Thus, Pararthanumana is an important means through which the knowledge recognized by one person is distributed to others. This can be correlated with report writing according to process of research. The purpose of research is not well versed unless the findings are made known to



others. Research results must invariably enter the general store of knowledge.

Panchavayava Vakya (5 ancient steps for establishment of fact) i.e. Pratignya, Hetu, Udaharana, Upanaya and Nigaman is the methodology adopted by ancient Acharyas to establish any principle or fact through correct validation is to understand things in their correct form – this is nothing but ‘Pratipattidnyanam’^{5,6}

What is Research?

Research is a common term that refers to a search for knowledge. Research is a structured enquiry that utilizes acceptable scientific methodology to solve problems & creates a new knowledge that is generally applicable. Research should be a process that converts data into information, information into knowledge and knowledge into wisdom. This is like transforming milk into ghee. It should be more balanced, comprehensive, and equally emphasizing in the literary field, experimental and clinical research. It should be able to impact the fields of academics, pharmacy and practice in a profound way.

Aim-

- ♦ Finding out the new facts or verification of old facts.
- ♦ To follow the appropriate knowledge.
- ♦ To get the better quality of life.

The following steps are often used to solve problem in life science-

1. Identify the problem and form a hypothesis.
2. Collect information about the problem.
3. Test the hypothesis.
4. Accept or reject the hypothesis.
5. Report the results⁷

Role of Panchavayavakya in perspective of research -

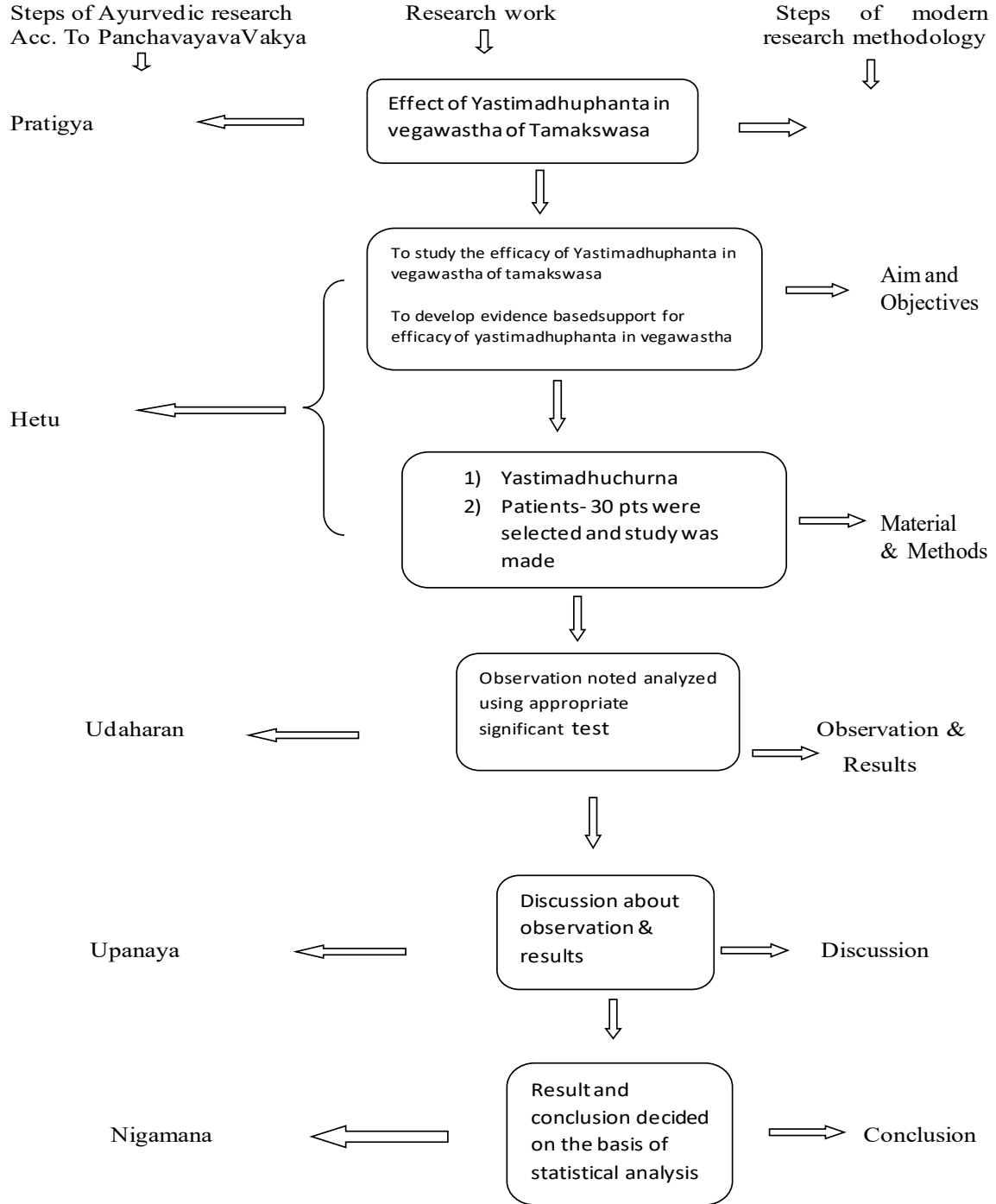
The research plan/design also expects the inference as the main factor. The establishment of the relation between the cause and the effect is the aim of logical reasoning known as research. The utilitarian approach of the inferential knowledge is best understood by the laboratory investigations. The reports of the investigations are inferred on the basis of concomitance. The inferential knowledge is imperatively based on the direct perception. Observation of the cause called as minor premise is the first step of inference followed by the observation of the regularity of positive or negative co-relation between the probans (cause) and probandum (provable). The concomitance of the two entities (major premise) is the basis of inference. If one entity exists, its other concomitant has to be there. This tenet helps the scientist to draw a conclusion.



Pancavayavavakya for the inference , is an excellent model of research in Ayurveda and the contemporary sciences. These five points of examination are-

- a. **Formulation of Hypothesis (Pratignya)**
The proposition of the research problem. The hypothesis is framed which is to be studied systematically in due course of research activity.
- b. **Materials and Methods (Hetu)** – The research plan/design that describes the materials and methods that would suffice the research activity. According to the hypothesis, the appropriate materials and methods are selected.
- c. **Experimentation and demonstration (Udaharana)** – The demonstrations and experimental study are undertaken at this stage that gives us the scientific data which is utilized at the later stage of the research activity.

- d. **Discussion (Upanaya)** – This is very important stage which includes the interpretation of the data collected through the experimentation and demonstrations. The possible relation between the cause and effect is drawn logically. The discussion of the possible relation between the cause and effect should be free from the fallacies of reasoning mentioned in the Nyaya School as Hetvabhasa. These fallacies vitiate the proper reasoning and thus pose a threat to the drawing of valid assertions and conclusions.
- e. **Conclusion (Nigamana)** – The final word/conclusion deals with the approval or the rejection of the hypothesis and paves the way for planning the future actions⁸.





CONCLUSION-

- ♦ Research is a common term that refers to a search for knowledge. It should be a process that converts data into information, information into knowledge and knowledge into wisdom.
- ♦ To gain clear and entire knowledge of science of Ayurveda, it was necessary to search for scientific devices or methods of approach. This necessity has prompted Charakacharya to adopt Pramanas. In Ayurveda, Pramanas are called as Pariksha, meaning scientific investigation. Pramanavignyana can be considered as scientific tools of research..
- ♦ Pramanavignyana proves that Ayurveda accepts the scientific method in search of truth (based on logical reasoning) and not the arbitrary or unscientific method.
- ♦ Panchaavayavavakya which explains process of pararthaumana contents-Pratignya, Hetu ,Udaharan, Upanaya and Nigaman.
- ♦ A Hypothesis is logically presented and firmly established or rejected with the help of Panchaavayava Vakya, Ayurveda has already accepted this way of establishment of any fact from Nyaya vaisheshik Philosophy.
- ♦ The concept of Panchaavayavavakya is the journey from to pratignya i.e. hypothesis (formulation of research problem) to Nigmana i.e. thesis (valid conclusion) finally.
- ♦ To conclude comparison of Ayurvedic& contemporary methods of research, it can be said that research approach,

research attitude and principles of research are same. There is only difference in the implementation of research methods.

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CONCEPTUAL STUDY OF ROLE OF ATMAGUPTA- IKSHURAKBEEJ YOGA IN OLIGOSPERMIA (KSHINA SHUKRA)

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ABSTRACT-

Male infertility is important and burning problem now a days. Oligospermia is one of the most psychologically depressing condition with low sperm count which has a negative impact on patients personal and social life. It is affecting approximately 7% of the male population and since it is also a life style disorder, incidences are increasing day by day. It was reported that 40% of infertility cases are related to men of which oligospermia is one of the cause. In Ayurveda classics various terms related to male infertility such as: Kshina Shukra, Alpa Retasa, Shukra kshaya which resembles condition associated with Oligospermia. Kshina Shukra occurs due the vitiation of Vata and Pitta. There is need to find out the treatment modality that could help in treatment of the disease. Ayurveda classics have several treatment modalities for management of oligospermia such as Herbs and its formulations, Rasayana and Vajikararana yogas, with life style and diet control etc. This article presents a conclusive review on Ayurvedic

perspective of oligospermia and role of ayurvedic herbs.

Keywords : Male infertility, oligospermia, Kshina Shukra, Alpa Retasa, Shukra kshaya, Vajikaran

INTRODUCTION-

Oligospermia is defined as low sperm count per ml in semen ejaculate. WHO classified sperm count less than 15 million per ml semen as oligospermia, again there are different types of oligospermia i.e. mild, moderate and severe. In mild oligospermia sperm count 10-15 million per ml of ejaculated semen, in moderate condition 5-10 million sperm per ml ejaculated semen, in severe condition 1-5 million sperms are found in 1 ml ejaculate semen.¹

According to Ayurveda to produce progeny four factors are necessary i.e. Ritu(reproductive age and ovulation period), Kshetra(female reproductive tract), Ambu(nutritional factors) and Bija(sperm and ovum), if there is Dushti in anyone of the above factors it will lead to infertility². Shukradusti is the causative factor of infertility. Fertility is an

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existential necessity from the time immemorial. As per modern the malfunction of the reproductive system causes infertility while Ayurvedic classics have mentioned that the reproduction is the work of Shukra Dhatu .

There are various types of Shukra Dushti according to classics. A person having Shukra Dushti is unable to fulfill his four Sutaashraya Guna ie; Dharma, Arth, Preeti and Yash.³

Among Various types of reproductive disorders described in Ayurvedic classics Ksheena Shukra and Shukra Kshaya are worth describing in context of oligospermia. Ksheena Shukra is a disease which is under the 11 types of Shukra Doshas⁴⁴ Acharya Sushrut, Sushrut Samhita Ayurveda Tatva Sandeepika commentotry of Shastri Kaviraj Ambika Dutta, Chaukhamba Sanskrit Sansthan Varanasi; Reprint 2016; Sharir Sthan 2nd chapter page no; 11. is characterized by the symptoms viz. Medhra Vrishana Vedna, Ashakti Maithun, Chirad Praseka and Prasekam Cha Alpa Rakta Shukra Darshnam⁵. Shukra Kshaya is also described in 18 types of Kshayaj Vyadhi which is characterized by Daurbalyam, Mukhshoshascha, Pandutwam, Sadanam, Shrama, Klaihya and Shukra Avisargascha⁶.

The disease oligospermia can be considered under the umbrella of Shukra Dushti and more precisely Kshina Shukra.

The term “Kshina Shukra” incorporates two words, “Kshina” and “Shukra”. Kshina Shukra refers to diminution in Shukra either quantitatively or qualitatively. Acharya Sushruta and Vagbhata have mentioned Kshina Shukra among the Ashtavidha -Shukradushti caused by the vitiation of Vata and Pitta Dosha. Acharya Sushruta has also mentioned the negative effects of Kshina Shukra on genitals and body⁷ and also mentioned the word Kshina Retas, while elaborating definition of Vajikarana Tantra, while Dalhana quotes that Kshina Retas is moderately low level of Shukra occurring in middle age group due to some Etiopathogenesis⁸.

Kshina Shukra and Oligospermia conditions are not exactly one and the same. But Oligospermia is apart of Kshina Shukra Roga, means that Oligospermia indicates quantitative vitiation of Shukra Dhatu in a Kshina Shukra patient.

It is a disease in which there is quantitative and qualitative deterioration of Shukra Dhatu viz spermatozoa however in Oligospermia there is only quantitative reduction of sperms.

In modern medical science oligospermia is treated with clomiphene citrate, Tamoxifen, vit E, vit C Testosterone etc which are giving desired results but they are having many side



effects (may also accelerate prostate cancer growth)⁹⁹

lotti F, Maggi M. ultrasounds of male genital tract in relation to male reproductive health. Hum report update. 2015.21:56-83 [Pub med].[Google search].

So the world is looking towards Ayurveda for better and safe management of the same.

In Ayurvedic texts management of Kshina Shukra includes Shodhan, Shamana (Shukral, Vajikara, Agnivardhak Dravyas) Rasayan and Vajikaran Prayog and Nidana Parivarjana. As per Dalhana, Upachaya is the primary line of treatment in Kshina Shukra, which means Vriddhi, Unnati etc. So while treating Kshina Shukra the physician should select the

combination of drugs which boost the Shukra Dhatu. Properties of Vrishya/ Shukral Dravya are Madhura Rasa, Snighdha, Guru Guna with function of Jivanan and Brimhana and which create Harshana of Mana¹⁰.

The article explains the role of Atmagupta-Ikshurakbeej mix with Sharkara and Madhu with Anupana of Milk. This yoga is described as shukrakara in Bhaishajya Ratnavali and Chakradatta.

MATERIAL AND METHOD

All Ayurveda classics having the description of Ksheena Shukra as Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Samgraha, Rastarangini,

SAMANYA NIDANA	VISHESHA NIDANA
A. Vata Prakopaka Ahara Vihara	A. Shukravaha Sroto Dushtikara Nidana
B. Pitta Prakopaka Ahara Vihara	B. Shukra Dushti Kara Nidana
C. Sarvadosha Prakopa Ahara & Vihara	C. Manasika Nidana
	D. Nidanarthakara Roga Nidana
	E. Vaidhykruta Nidana
	F. Dravyasevana Roopa Nidana
	G. Miscellaneous



Bhaishajya Ratnavali, Yogratnakar, BhavPrakash, Harita Samhita, Bhel Samhita have been reviewed. Apart from this relevant modern medical science books and websites have also been used for it.

Vishesha Nidana :

A. Shukravaha Shroto Dushtikara Nidana¹¹ Akala-Anuchita-Yonigamana, Shukravegadharana, Atimaithuna, complications caused by Shastra, Kshara and Agni Karma .

B. Shukra Dushtikara Nidana¹² Ativyavaya, Ativyayama, Asatmya Bhojana, Akala-ayoni Gamana, excessive intake of Ruksha-Tikta-Kashaya-Lavana-Amla and Ushna Dravya and Anashana

C. Manasika Nidana Chinta ,Shoka, Bhaya ,Krodha, Abhichara, Bhutopaghata Narinam Arasajnata , Avishrambha (lack of

mutual confidence between sexual partners) Stridosha Darshana.

D. Nidanarthakara Nidana Shukra Dhatugata Jwara, Upadansha, Pittaja Prameha, Vyavaya Shosha, Shukrameha, Lingarsha, Rajyakshma, Sahaja Arsha, Sthaulya, Majja Dhatu Kshaya

E. Vaidhykrita Nidana According to Ayurvedic classics Vitapa Marma should be avoided in pelvic surgeries because its injury leads to Shukra Dushti.

F. Dravya Sevana Roopa Nidana Kulattha(Shukrapaha), Maricha (Avrishya), Yavani (Shukrahara) Parshikayavani (Shukrahara), Dhanyaka (Avrishya), Shatapushpa (Shukrari), Kshara (Pumstavopaghatina), Chanaka (Pumstvanashana), Haritaki (Shukra-Shoshani).



RUPA

Table No. 2:
Acharya have described Roopa of Kshina Shukra in details.

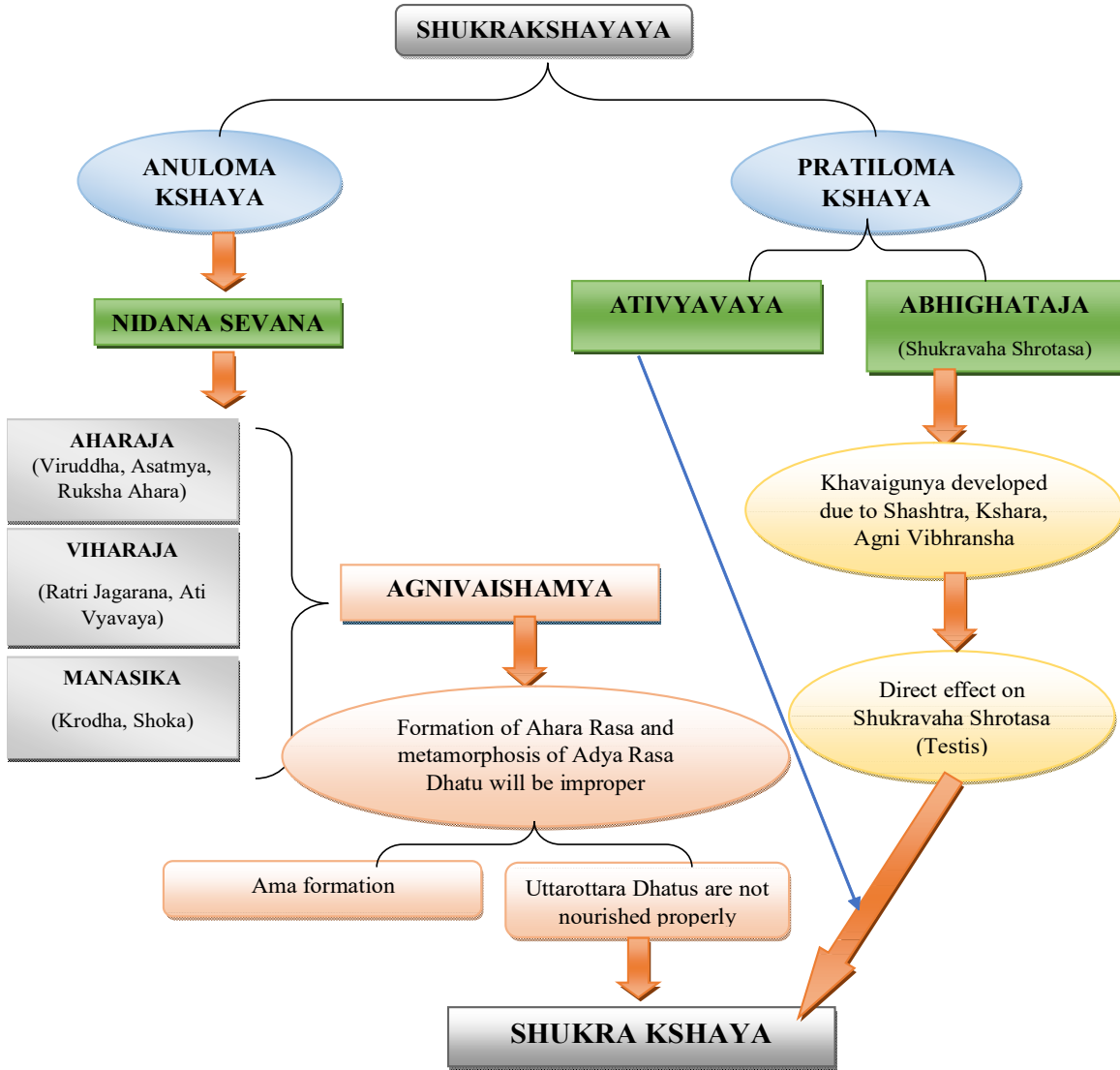
Lakshana	Cha. Su. (17/69)	Su. Su. (15/9)	A.H. Su. (11/20)	A.S. Su. (19/9)	Ha.S. (3/9/21)
SARVADEHAGATA					
<i>Daurbalya</i>	+	-	+	-	-
<i>Bhrama</i>	+	-	+	-	+
<i>Panduta</i>	+	-	+	-	-
<i>Sandhishula</i>	-	-	-	-	+
<i>Sadana</i>	+	-	+	-	+
<i>Shosha</i>	-	-	-	-	+
<i>Shrama</i>	+	-	+	-	-
STHANIKA					
<i>Mukhashosha</i>	+	-	-	-	-
<i>Timira Darshana</i>	-	+	+	+	-
<i>Medhravrishana Vedana</i>	-	-	+	+	-
<i>Medhra-Dhumayana</i>	-	-	+	+	-
<i>Vrishana-Dhumayana</i>	-	+	-	-	-
MANASIKA					
<i>Stridvesha</i>	-	-	-	-	+
MAITHUNAGATA					
<i>Klaibya</i>	+	-	-	-	+
<i>Alpacheshta</i>	-	-	-	-	+
<i>Maithune Ashakti</i>	-	+	-	-	-
SHUKRAGATA					
<i>Shukra Avisarga</i>	+	-	-	-	-
<i>Chirataprseka</i>	-	+	-	+	-
<i>Alparaktayukta</i>	-	+	+	+	+
<i>Majjamishra</i>	-	+	+	-	-



PURVAROOPA:

Purvaroopa of Kshina Shukra have not been described in any of the Ayurveda classics.

SAMPRAPTI OF KSHINA SHUKRA



Any surgery or drugs like Sulphasalazine, Cimetidine, Alcohol etc., which are Gonado-toxic agents (Visha), may be considered under Pratiroma Kshaya as they affect spermatogenesis.



SADHYASADHYATA OF KSHINA SHUKRA :

Kshina Shukra is a Dvandvaja Vyadhi, so it is a Krichchhasadhy¹³.

<i>Drug</i>	<i>Rasa</i>	<i>Guna</i>	<i>Veerya</i>	<i>Vipaka</i>	<i>Dosha Karma</i>	<i>Pharmacological action</i>	<i>Therapeutic use</i>
<i>Kapikachchhu</i>	<i>Madhura , Tikta</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Kapha-Pittahara</i>	Antioxidant, effect on fertility, antiparkinsons, antidepressant, neuro-protective and aphrodisiac activity.	<i>Naadi daurbalyahara, Brimhana, Vajikara, Klaibyahara, Medhya.</i>
<i>Taal Makhana</i>	<i>Madhura , Amla, Tikta</i>	<i>Pichchhila, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata - Pittahara</i>	Aphrodisiac and spermatogenic properties, anti-inflammatory, antibacterial activity.	<i>Klaibya, Balya, Rasayani, Trishna and Pushtikara.</i>
<i>Madhu</i>	<i>Madhura , Kashaya</i>	<i>Guru, Ruksha, Sheeta</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Vata - Kaphaghna</i>	Antioxidant, anti-inflammatory, antibacterial, antidiabetic, protective effects on GI and nervous system	It is also useful in <i>Vamana , Vibandha and Daha</i>
<i>Sharkara</i>	<i>Madhura</i>	<i>Snigdha, Guru</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata - Pittahara</i>	=	=
<i>Go Dugdha</i>	<i>Madhura</i>	<i>Snigdha, Pichhila, Bahala, Shlakshana, Guru, Mridu</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata - Pittashamaka</i>	Neuro tonic, general tonic, lactogenic, laxative.	<i>Brimhana, Rasayana, Vajikarana Karma.</i> usefull in <i>Shukrapradosha, Pathya</i> in all <i>Vata & Pitta Vikara</i>

DISCUSSION

Kapikacchu and kshira (cowmilk) Is Shukra Janaka Pravartaka. It improves the quantity and quality of Shukra. It Increases the sperm production, motility and results in improvement of sperm concentration¹⁵.

Acting on Psychic Level:

Kappikacchu which contain L-Dopa and anti-depressant activity may Increases the sexual arousals¹⁶.



Acting at the somatic level:

Kapikacchu Churna works on body by the basic Principle of “Samanyam Vriddhi Karanam”¹⁷. It has Gunas similar to Shukra Dhatu viz Madhura, Guru, Snigdha, are Known as Shukravardhaka. Kapikacchu Has Madhura Rasa, Guru and Snigdha Guna etc. It is Guna Samanya with Shukra. The Madhura Rasa and Snigdha Guna of Kapikacchu Churna allievates/pacifies the aggravated Laghu and Chala properties of Excited Vata and thus responsible for Production of Shukra Dhatu¹⁸. Kapikacchu nourishes the Dhatus in the Sequential pattern right form Rasa to Shukra dhatu. Hence it is also responsible for Brimhana (weight gain)¹⁹. Ultimately it increases sperm count and Also improve other seminal and sexual Parameters

Kokilaksha/Ikshurakbeeja is Madhura and Tikta in Rasa, Madhura Rasa has Vajikaraka, Balya, Ayushya and Shukravardhaka properties. It is Snigdha and Pichchhila in Guna, Pichchhila Guna has been mentioned as one among the qualities of Vrishya Dravyas. Similar properties are also of Shukra. Due to Sheeta Veerya and Madhura Vipaka Kokilaksh has Shukravardhaka properties.

The composition of Rasa Panchaka has been defined by inference on the bases of their effect on the body. For instance, Madhura Rasa increase Guru and Snigdha Gunas and their by increases Kapha Doshas and decreases Vata and Pitta Doshas. The Ayurvedic concept of Agneya Soumya has great impact on formulation of the concept in the Indian medicine.

The genesis of embryo by the combination of Shukra (Soumya) and

Artava (Agneya). Madhura Rasa is the Soumya Rasa, Madhura Rasa decreases Pitta Dosh and increases Kapha Dosh, so we can demonstrate this concept plays a major role in increase of Shukra Dhatu. Kokilaksha significantly increased the sperm count as well as fructose levels of seminal vesicles was noted in the male albino rats.²⁰

CONCLUSION

Oligospermia (Kshina Shukra) is accelerating issue of the present world and it is a need of hour to seriously combat with this problem through Ayurveda because it disturbs physical as well as mental well being of individual. As Vrishya/ Shukral Dravya are Madhura Rasa, Pichchhila, Snigdha, Guru in Guna Jivana and Brimhana in function and this yoga have all these properties so from Samanya Vriddhikaranam it will definitely help in increasing quality and quantity of Shukra. Thus can be beneficial in oligospermia.

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AYURVEDIC MANAGEMENT OF BELL'S PALSY: CASE STUDY

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ABSTRACT

Patients with facial nerve disorders are often devastated due to the emotional and psychological impact of facial disfiguration and the subsequent physical limitations and difficulties associated with speaking, drinking, eating and facial expression. Socialization and community participation is extraordinarily limited and difficult for many of these patients. The symptoms usually disappear spontaneously but residual facial immobility and lip drooping may persist. [1] For these patient, to speed up the recovery; Ayurvedic treatment plays an important role. Keeping this fact into consideration two case study which included Abhyanga, Nadi Swedan, Akshitarpan and Gandush were involved in treatment and it was proved to be a great success. Bell's palsy can be correlated with Ardita in Ayurvedic Samhitas.

Keywords: *Abhyanga, Nadi Sweda, Akshitarpan, Gandush, Ardita*

INTRODUCTION

Bell's palsy is an acute, acquired, non-traumatic, unilateral, infranuclear facial palsy. Affected side is smooth, the brow drops and the cheek balloons on expiration. There is lagophthalmos. Lower lid is everted with excess tearing. Various facial reflexes are lost. Proximal lesions to the geniculate ganglion affect taste sensation, lacrimation and stapedial reflex; while distal lesions cause only muscle weakness. [2] The cause is unknown but the site of damage is probably the portion of the facial nerve lying within the facial canal. Sometimes the onset maybe subacute, with symptoms usually developing over a few hours. [3] This is a condition affecting all ages and both sexes [3] but most common in the third decade, its incidence in the general population is about 20 cases per 100,000 populations. [2]

Signs

Facial nerve damage causes paralysis of the following muscles – [4]

- A. *Orbicularis oculi* – Difficulty in closure of the eyes. On attempting

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eye closure eyeballs turn upwards and outwards (Bell's phenomenon). Involuntary blinking is abolished.

- B. *Nasociliary* – Frowning of the forehead is lost.
- C. *Frontal head of occipitofrontalis* – Wrinkling of the forehead is lost.
- D. *Orbicularis oris* – Whistling is not possible.
- E. *Buccinator* – Cheek puffs out with expiration
- F. *Muscles of facial expression* – Flattening of nasolabial fold, drooping of the angle of the mouth on the affected side, crooked smile and laugh.

The motor function can be tested by inspection of facial expression and tests of facial mobility. The patient is asked to raise the eyebrows (frontal head of occipitofrontalis), wrinkle the brow (nasociliary), close the eyes (orbicularis oculi), show the teeth and repeating a sentence with several labial consonants (orbicularis oris), blow out the cheek (buccinator) and retract the chin. Any asymmetry is noted.

The sensory function to be tested is the taste sensation on the anterior two-third of the tongue. Each half of the tongue should be tested with the four fundamental

tastes (sweet, sour, bitter and salty) and any asymmetry should be noted. [4]

Diagnosis

Patient complains about the asymmetry of the face, stasis of food in the mouth, dribbling of saliva through the angle of the mouth, inability to close the eyes. [4]

Management

There is no proven medical treatment, though a course of steroids such as prednisolone 40 mg daily for a week may speed recovery. To prevent exposure of the cornea, artificial tear drops and ointment are applied to the eye and the eye is taped shut overnight. About 70-80% of patients recover spontaneously within 2-12 weeks, but elderly patients with complete facial palsy have a poorer prognosis. [3]

About 80-85% patients recover completely within three months. Acyclovir therapy may be helpful in the early course of the disease. Prednisone therapy is controversial. [2]

AYURVEDIC VIEW

Acharya Charaka mention Ardita among the 80 Nanatmaja vyadhis of Vata. [5]

Signs and symptoms of Ardita

अतिवृद्धः शरीरार्धमेकं वायुः प्रपद्यते ।

यदा तदोपशोष्यासृग्बाहुं पादं च जानु च ॥



तस्मिन् संकोचयत्यर्धं मुखं जिह्वं करोति च ।
वक्रीकरोति नासाभ्रूललाटाक्षिहनूस्तथा ॥
ततो वक्रं व्रजत्यास्ये भोजनं वक्रनासिकम् ।
स्तब्धं नेत्रं कथयतः क्षवथुश्च निगृह्यते ॥
दीना जिह्वा समुक्षिप्ता कला सज्जति चास्य वाक् ।
दन्ताश्चलन्ति बाध्येते श्रवणौ भिद्यते स्वरः ॥
पादहस्ताक्षिजंघोरुशंखश्रवणगण्डरूक् ।
अर्धे तस्मिन्मुखार्धे वा केवले स्यात्तद्वर्दितम् ॥
—चरक चिकित्सा 28/38-42,

Vitiated Vata manifest the symptom of Ardita. The symptoms include distortion of the affected side of the face, deviation of the angle of mouth, distortion of the affected side of nose, eyebrows, eye and mandibular part, difficulty in mastication and swallowing of food, incomplete closure of eye in affected area, difficulty in speech and hoarseness of voice, shaking of tooth, loss of hearing and pain in affected side of limbs, eye, ear and temporal area. The symptoms only show in half side of the face and the disease is known as Ardita. [5]

Management

अर्दिते नावनं मूर्ध्नि तैलं तर्पणमेव च ।
नाडीस्वेदोपनाहाश्चप्यानूपपिशितैर्हिताः ।
—चरक चिकित्सा 28/99,

Navan Nasya, Moordha Taila (which include Shiroabhyanga, Shirobasti and Pichu dharan), Tarpan Kriya, Nadi Sweda, Upanaha Sweda are included in the treatment principle of Ardita. [5]

अर्दितातुरं बलवन्तमात्मवन्तमुपकरणवन्तं च
वातव्याधिविधानेनोपचरेत् वैशेषिकैश्च मस्तिष्क्य-
शिरोवस्तिनस्यधूमोपनाहरन्नेहनाडीस्वेदादिभिः ॥
—सुश्रुत चिकित्सा 5/22,

Treatment of Ardita should be done as Vata Vyadhi treatment principle. Specifically Shirobasti, Nasya, Dhoompan, Upanaha, Sneha and Nadi Sweda are included in the treatment procedure. [6]

CASE HISTORY

CASE 1-

A 22 year old Male patient, OPD no. -1756/ Feb 2022 visited in OPD at Panchakarma department of Government Autonomous Ayurveda College and Hospital, Rewa. According to him, he was suffering from mouth dislocation, right eyeball is raised upward, and no movement in cheek in right side, improper speech and pronunciation is not clear since 2 days. On examination, he had no other associated symptoms involved with other organ and there is no history of hypertension and diabetes. So, for the treatment he came to this hospital.

CASE 2 –

A 47 year old Male patient, OPD no. – 13461/2018 visited in OPD at Panchakarma department of Government



Autonomous Ayurveda College and Hospital, Rewa. According to him, he was suffering from pain and watering from right eye, dislocation of mouth, difficulty in mastication and right cheek balloons on expiration. On examination, he had no other associated symptoms involved with other organ and there is no history of hypertension and diabetes. So, for the treatment he came to this hospital.

MANAGEMENT

In above both cases, patient was treated with *Shaman* and *Shodhan Chikitsa* for 7 days;

For shaman,

1. Yogaraj guggul – 2 tablets; three times per day
2. Dashmool kashaya – 40 ml; two times per day

For shodhan,

1. Local Abhyanga –with Mahanarayan Tail
2. Nadi Swedan –with Dashmool kwath
3. Akshitarpan – with Triphala ghrith
4. Gandusha – with Til Taila

During treatment of both the cases, patient was administered with *Yogaraj Guggul* two tablets; three times per day along with *Dashmool Kashaya* 40 ml; two

times per day with lukewarm water for 7 days. In Panachakarma procedure, *Mahanarayan Tail* is applied for local *Abhyanga*. After that *Nadi Swedan* with *Dashmool Kwath* is applied in affected area for 10 min. In Nadi Swedan; steam of decoction of Dashmool is used over the facial muscle. During Nadi Swedan, cotton eye patches is used over the eye to protect it from high temperature of swedan vidhi. After swedan, *Tarpan Kriya* is performed for the relaxation of the facial muscle and healing of the facial nerve. For Tarpan Kriya; *Akshitarpan* is done for 20 min. with *Triphala Ghrith*. In this procedure, patient is asked to lie down on table comfortably, then a circular boundary is made with a height of one and half inch around the eye socket by using dough of urad. Then slightly warm *Triphala Ghrith* is slowly poured in this cavity. Lastly, *Gandush* using *Til Tail* was holded by the patient for improving the strength of facial muscles. During the starting of the treatment, patient was holding gandush only for 5 min. then he was able to increase the holding time of gandush upto 20 min. This shows the improvement of patient's condition and also increase the strength of facial muscle. The whole procedure was performed for 7 days.



OBSERVATION

CASE 1 - *BEFORE THE TREATMENT*



AFTER THE TREATMENT



CASE 2 - *BEFORE THE TREATMENT*



AFTER THE TREATMENT



After complete 7 days treatment in both the cases, the following changes were observed as seen in the images of before and after the treatment;

1. Complete closure of right eye
2. Normal symmetry of face
3. Improvement in strength of facial muscle
4. Reduction of tearing from right eye
5. Normal speech and pronunciation is attained
6. Proper mastication of food

DISCUSSION

Although in modern science, patients recover spontaneously within 2-12 weeks. But as per Ayurveda classical samhitas; Kala plays an important role in curing the disease. Delaying in treatment leads to Kriccha sadhyata of disease. Hence, in early stage of disease, it can be easily curable.

As per Ayurvedic view, *Ardita* is a *Nanatmaj Vyadhi* of *Vata* Dosha. For treating the *Vata Vyadhi*, methods including *Ushna* and *Snigadha* guna are use in the treatment. So, *Abhayanga*, *Nadi Swedan*, *Akshitarpan* and *Gandush* were involved in the treatment. In Bell's palsy or *Ardita*, dysfunction of facial nerve causes the facial muscle paralysis along with the loss of sensory and motor function. To normalize the sensory and motor function, local *Abhayanga* and *Nadi Swedan* is applied on the affected



area. During *Abhayanga*, certain pressure is applied while using the *Mahanarayan Tail* on facial muscle. In this way, medicated oil is absorbed by the skin and thus reach deep into tissue of the affected muscle. During *Nadi Sweda*, steam of decoction of dashmool is applied on the affected area. In both method, local circulation of the muscle increases, sensation of the facial nerve can be restored and normal functioning of the facial muscle is attained. Both *Mahanarayan Tail* and *Dashmool Kwath* are the *Vatashamak Aushdhi*. Thus they are used in treatment of vata vyadhi.

To strengthen the facial muscle and nourishment of facial nerve, *Akshitarpan* and *Gandush* were involved in the treatment. *Akshitarpan* provides the necessary strength and nourishes the facial muscle as the absorption of the *Tripahala Ghrith* enhances in this method and provide the more bioavailability of drug for therapeutic concentration. Thus soothes the nerve in efficient way which leads to normal functioning of eye and associated muscle. Holding capacity of *Gandush* indicates the strength of facial muscle. *Gandush* with *Til Tail* were hold by the patient as it also provides the necessary time for action of tail in therapeutic concentration. So, the *Snigadha* nature of *ghrit* and *tail* strengthen the muscle and soothes the nerve and thus help in attaining the normal functioning of facial muscle.

CONCLUSION

There is controversial treatment in modern medicine with no complete cure for Bell's palsy due to idiopathic causes. Whereas in Ayurveda treatment, as mentioned above in both cases there is complete relief in patient condition after the treatment. And there is no side effect on patient health.

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सन्धिगतवात रोग पर आदित्यपाक गुग्गुलु का चिकित्सीय विश्लेषण

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सन्धिगतवात रोग के अन्तर्गत अस्थियों के जोड़ में उनको बांधने वाले तथा चलाने वाले स्नायु तन्तु तथा मांसपेशियों में विकार आ जाता है एवं उनमें तेज दर्द होता है। ज्यादा तकलीफ तब होती है जब दर्द के साथ सूजन पैदा होती है। सन्धिगतवात उन रोगों में से एक है, जिसे ठीक करने में आज की आधुनिक चिकित्सा विज्ञान असमर्थ है। औषध का प्रयोग केवल दर्द निवारण के लिये किया जाता है। सन्धिगतवात रोग घातक नहीं होता है परन्तु रोगी को अपाहिज बनाकर उसके जीवन को अत्यन्त दुखदायी बना देता है। रोगी बहुत दिनों तक पीड़ित रहता है तो उसकी जीवन शक्ति धीरे-धीरे क्षीण होती जाती है। इस रोग में संधियों में जकड़न के कारण रोगी में स्वभाविक रूप से कार्य करने की शक्ति अल्प हो जाती है। संधि के स्थान पर रहने वाली तरुणास्थि कठोर होते हुये अंत में अस्थि का रूप धर लेती है। जिसके कारण संबंधित संधि के कार्य करने की शक्ति नष्ट हो जाती है। संधि के स्थान पर कठोरता और उभार उत्पन्न हो जाता है।

सन्धिगतवात की सम्प्राप्ति वात प्रकोप से शुरू होती है और इसके अन्तर्गत या तो धातु का क्षय होता है या फिर आवरण और या फिर वातवर्धक आहार विहार का अधिक मात्रा में सेवन करने से होता है।

¹व्याख्याता, पंचकर्म विभाग, ²उपाचार्य कायचिकित्सा एवं पंचकर्म विभाग, राजकीय स्नातकोत्तर आयुर्वेद महाविद्यालय, वाराणसी

आदित्यपाक गुग्गुलु में त्रिफला, त्वक्, एला, पिप्पली, गुग्गुलु और दशमूल क्वाथ से भावना दी जाती है। अधिकांश द्रव्यों में निम्नलिखित गुण होते हैं:—

वात कफशामक, त्रिदोषशामक, शोथघ्न, दीपन, पाचन, वेदनास्थापन और शूलप्रशमन। आदित्यपाक गुग्गुलु में एक विशिष्ट गुण है जो वात दोष को अस्थि संधि में शांत करने के लिए और रोगी में इसे बढ़ने और रोकने में सहायक है।

उद्देश्य:—

1. सन्धिगतवात का ऑस्टियो आर्थराइटिस से तुलना करना एवं सम्प्राप्ति के पंचलक्षण निदान का विश्लेषण करना

2. रोग के प्रबंधन के लिये आदित्यपाक गुग्गुलु में उपस्थित औषधियों का विश्लेषण करना,

पृथक् पलांशा त्रिफला पिप्पली चेति चूर्णितम्।

दशमूलाम्बुना भाव्यं त्वगेलाऽर्द्धपलान्वितम्।।

दत्तवा पलानि पंचैव गुग्गुलुर्वटकीकषः।

एष मांसरसाभ्यासाद् वातरोगान् विशेषतः।

हन्ति सन्ध्यस्थिमज्जस्थान् वृक्षमिन्द्राशनिर्यथा।।

(चक० वात व्याधि चि० 22/66-67)



सामग्री और विधियां –

इसके अन्तर्गत प्रस्तुत विषय को संहिता और विषय से सम्बन्धित पुस्तकों के माध्यम से खोजा गया है जिसमें व्याधि से सम्बन्धित अवधारणा के व्यापक प्रबंधन को प्राप्त करने के लिए प्रासंगिक सामग्री पर विचार और विश्लेषण किया गया है।

निदान–

1. रूक्ष, लघु, शीत, कटु आहार एवं विहार जैसे अतिव्यायाम, लंघन, अभिघातदि
2. मानसिक जैसे, चिंता, शोक, भय, आदि कारण।
3. किसी प्रकार के चिरकालीन रोग से ग्रस्त होना, रस रक्तादि धातुओं का क्षय होना, वात का मार्गावरोध आदि भी रोग के कारण हैं।
4. इसके अलावा रोगातिकर्षण, मर्माघात, धातुक्षय आदि व्याधि के अन्य निदान हैं।
5. कालज निदान में, शिशिर एवं वर्षा ऋतु में वात का प्रकोप।

सामान्य लक्षण –

वातपूर्णदृतिस्पर्शः शोथः सन्धिगतेनिले।

प्रसारणाकुंचनयोः प्रवृत्तिश्च सवेदना।

(च०चि० 28/37)

1. सन्धियों में शोथ।
2. सन्धियों में आकुंचन एवं प्रसारण के समय अत्यधिक शूल होना।
3. चलते समय सन्धियों में से कट् कट् शब्द की उत्पत्ति।
4. सन्धियों के सिरों का विकृत होना।

सन्धिगतवात के पूर्वरूप लक्षण नहीं होते हैं, इसमें मुख्यता सन्धियों शोथ, वातपूर्ण दृति स्पर्श, में सन्धियों के प्रसारण एवं आकुंचन के समय अत्यधिक शूल होना, सन्धियों के कट् कट् की आवाज़ होना (आटोप) एवं सन्धियों का विकृत होना (हन्ति सन्धि)

सम्प्राप्ति घटक –

निदान – वात प्रकोप

दोष – वात (मुख्यता व्यान वायु), श्लेष्मक कफ

दूष्य – अस्थि, मज्जा, मेद

स्रोतस – अस्थिवह, मज्जावह, मेदोवह

स्रोतदुष्टि – संग

अग्नि – मन्दाग्नि

दोष मार्ग – मर्मास्थि, सन्धि

रोग मार्ग – मध्यम

उद्भव स्थान – पक्वाशय

व्यक्तावस्था – अस्थि – सन्धि

साध्यासाध्यता – सन्धिगतवात एक वात व्याधि है इसलिए यह कष्टसाध्य है। यह विशेषकर वध्दावस्था में होता है। अतः इसमें धातुक्षय भी अधिक मिलता है। यह मध्यम रोगमार्ग एवं अस्थि एवं मज्जा धातु पर आश्रित होती है।

सम्प्राप्ति चक्र –

देहे स्रोतांसि रिक्तानि पूरयित्वोनिलो वली।।

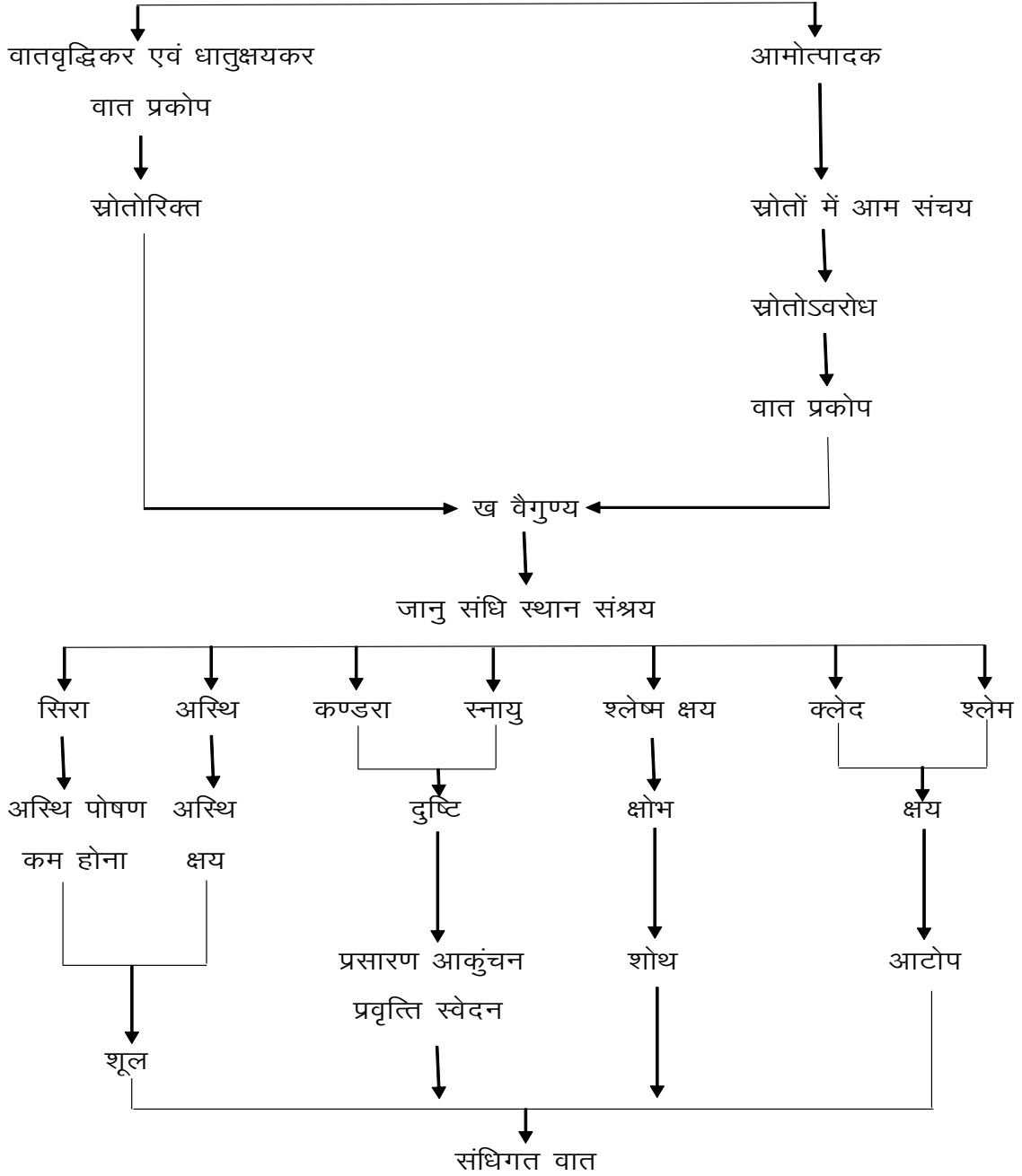
करोति विविधान् व्याधीन् सर्वाङ्गकाङ्गसंश्रितान्।।

(च०चि० 28/18)

उपचार –



निदान





1. आयुर्वेद में सन्धिगतवात के उपचार का उद्देश्य वात दोष को कम करने और श्लेष्मक कफ को बढ़ाने के लिये है, क्योंकि कफ संधि स्थान को लुब्रिकेट करता है ताकि जोड़ों में पर्याप्त रूप से गति हो, इसके लिये स्नेहन, स्वेदन, मृदु संशोधन बस्ति और वातहर, औषध आहार और विहार के लिये कई प्रक्रियाओं का उल्लेख किया गया है।

संधिगतवात का सम्बन्ध अपचयी संधिगतवात रोग ओस्टियो-आर्थराइटिस से किया जा सकता है, जो रोगी की कार्य क्षमता को कम करके उसको अपंग बना देता है। चिकित्सा की आधुनिक प्रणाली में पुराने ओस्टियो-आर्थराइटिस की चिकित्सा में दर्द से राहत के लिये एनालजेसिक शामिल है, बहुत कम मामलों में कुछ शल्य चिकित्सा प्रक्रियाओं जैसे संधि प्रतिस्थापन (Joint replacement) को भी अपनाया जाता है।

2. आचार्य चरक ने वात व्याधि के उपचार के लिये स्नेहन, स्वेदन, बस्ति और मृदु विरेचन के बार-बार उपयोग का उल्लेख किया है। उन्होंने संधिगतवात के उपचार का अलग से वर्णन नहीं किया है। आचार्य सुश्रुत ने संधिगतवात के लिये पहली बार विशिष्ट उपचार का वर्णन किया है, जिसके अन्तर्गत स्नेहन, बंधन एवं उन्मर्दन, उपनाह, अग्निकर्म शामिल है। आयुर्वेद के अनुसार संधिगतवात का उपचार संप्राप्ति का विघटन है, जो निम्न प्रकार से सम्पन्न किया जाता है।

स्नेहोपनाहग्नि कर्म बन्धनोन्मर्दनानि च।

स्नायुसन्ध्यस्थिसंप्राप्ते कुर्याद्वायावतन्द्रितः॥

—सु०चि० 4/8

1. अग्निसामता— आयुर्वेद के अनुसार मन्दाग्नि से सभी रोग उत्पन्न होते हैं। सन्धिगत वात में वृद्धावस्था होने से अग्निवैषम्य होता है और अग्निवैषम्य से वात प्रकोप होता है। इसलिये अग्निसामता को प्राप्त करना आवश्यक है, इससे व्याधियों का शमन होता है।
2. वातशमन—अग्नि की तरह, वायु किसी भी बीमारी को उत्पन्न करने के लिये जिम्मेदार है। संधिगत वात एक प्रकार की वात व्याधि है जो वात प्रकोप से होता है, इसलिये संधिगत वात के उपचार के लिए वातशमन आवश्यक है।
3. स्निग्धता को बढ़ायें — संधिगतवात में अस्थि संधि में रिक्त स्रोत रिक्त हो जाते हैं। इसका अर्थ है कि अस्थि में स्नेहादि गुण का हास होता है। जिसके कारण वात संधियों में स्थित हो जाता है। इस रोग के उपचार में रिक्त स्रोतों को स्नेह से

भरा जाता है। इस प्रकार संधिगतवात रोग के उपचार में वातशमन और ख वैगुण्य को ठीक किया जाता है।

आदित्य पाक गुग्गुलु—औषधियों का विवरण इस प्रकार है—



औषध	रस, वीर्य	प्रयोज्यांग	दोष शामक
बिल्व	कटु तिक्त रस, उष्ण वीर्य	मूल	वातकफ शामक
अग्निमंथ	मधुर तिक्त कटु कषाय रस, उष्ण वीर्य	मूल	वातकफ शामक
गम्भारी	मधुर कटु तिक्त कषाय रस, उष्ण वीर्य	मूल	वातकफ शामक
श्योनाक	मधुर तिक्त कषाय रस, उष्ण वीर्य	मूल	वातकफ शामक
पाटला	तिक्त कषाय रस, उष्ण वीर्य	मूल	वातकफ शामक
बृहती	तिक्त कषाय रस, उष्ण वीर्य	मूल	वातकफ शामक
कण्टकारी	कटु तिक्त रस, उष्ण वीर्य	पंचांग	वातकफ शामक
शालपर्णी	मधुर तिक्त रस, उष्ण वीर्य	मूल	वातपित्तकफ शामक
पृश्नपर्णी	मधुर तिक्त रस, उष्ण वीर्य	मूल	वातपित्तकफ शामक
गोधुर	मधुर रस, शीत वीर्य	फल	वातपित्त शामक
हरीतकी	मधुर अम्ल कटु तिक्त कषाय रस, उष्ण वीर्य	फल	वातपित्तकफ शामक
विभीतकी	मधुर अम्ल कटु तिक्त कषाय रस, उष्ण वीर्य	फल	वातपित्तकफ शामक
आमलकी	मधुर अम्ल कटु तिक्त कषाय रस, शीत वीर्य	फल	वातपित्तकफ शामक
पिप्पली	कटु रस, अनुष्णशीत वीर्य	फल	वातकफ शामक
दालचीनी	मधुर कटु रस, उष्ण वीर्य	त्वक	वातकफ शामक
एला	मधुर कटु रस, शीत वीर्य	बीज	वातपित्तकफ शामक
गुग्गुलु	कटु तिक्त कषाय रस, उष्ण वीर्य	निर्यास	वातपित्तकफ शामक



विचार / विमर्श:-

आहारज, विहारज, मानसिक और वात प्रकोपक निदानों को संधिगतवात का प्रमुख कारण बताया गया है। यद्यपि संधिगतवात विशेष रूप से वृद्धावस्था में होता है और **परिहाणिकला** में धातुक्षय होता है जिसके कारण वात प्रकोप हो जाता है। वात और अस्थि में आश्रय-आश्रयी संबंध है, इसके अनुसार वात अस्थि में स्थित है। वृद्ध काल में बढ़ा हुआ वात स्नेह को उसके विपरीत गुणों के कारण अस्थि धातु से कम कर देता है, स्नेह की कमी के कारण, अस्थि में खवैगुण्य हो जाता है, जिससे संधिगतवात रोग उत्पन्न हो जाता है। संधिगतवात की सम्प्राप्ति में प्रकृपित वात जो संधि के रिक्त स्रोत में मिलता है पहले से ही अस्थि में स्थित होता है जहाँ खवैगुण्य मौजूद होता है। वहाँ सम्मूर्च्छना अस्थि संधि में हो जाती है, और आगे सम्प्राप्ति में संधिगतवात रोग के लक्षण उत्पन्न होते हैं। संधिगतवात व्याधि कष्टसाध्य व्याधि है, क्योंकि सभी वातव्याधि का इलाज कठिनता से होता है और उन्हें महागद कहा जाता है। सन्धिगतवात मध्यम रोगमार्ग, गत है। मर्म-अस्थि-सन्धि, अस्थि और मज्जा द्रव्य से उत्पन्न होता है तथा धातुक्षय और वृद्धावस्था भी इसे कष्टसाध्य बनाता है।

सन्धिवात का प्रमुख लक्षण है संधिशूल, संधिशोथ, आकुंचन-प्रसारण जन्य वेदना और हन्ति सन्धि गति जिनका वर्णन विभिन्न आचार्यों ने किया है। संधि शोथ वात प्रकोप के कारण होता है। एक विशेष प्रकार का शोथ यानि वातपूर्णदृति स्पर्श या आटोप का उल्लेख किया गया है, जो शोथ के वात प्रभुत्व को इंगित करता है। आकुंचन प्रसारण जन्य

वेदना और हन्ति संधि गति कफक्षय और वात प्रकोप के कारण होता है। ओस्टियो आर्थराइटिस के लक्षण संधिगत वात के समान होते हैं यानि जोड़ों में दर्द, सूजन, अकड़न, अक्षमता और जोड़ों के ऊपर क्रेपिटेशन, ओस्टियो आर्थराइटिस/गठिया का सबसे आम रूप है, जो मुख्य रूप से वृद्धावस्था में होता है। जोड़ में अधः पतन होता है जो व्यक्ति को विकलांग बना देता है या अधः पतन अधिकांश रोगियों में लगातार होता है जो व्यक्ति को जीवन भर के लिये अक्षम बना देता है। इसका कारण बहुक्रियात्मक है व यह एक पुराना अपचयी विकार है, जो आर्टिकुलर पेरिआर्टिकुलर रीमॉडलिंग के नुकसान की विशेषता है। इसमें आस पास की मांसपेशियाँ अर्न्तनिहित हड्डी, लिगामेंट, सायिनोवियम और कैपसूल सहित जोड़ शामिल होता है। पुराने ओस्टियो आर्थराइटिस का प्रमुख कारण हड्डी की उम्र, मोटापा, महिला, प्रमुख संयुक्त आघात, तनाव, अनुवांशिक कारण, पूर्व सूजन, संयुक्त रोग और चयापचय या अंतःस्रावी विकार है।

सम्प्राप्ति विघटन अनुसार -

कारक कारकों के कारण वात बढ़ जाता है जो जानु संधि का पता लगाता है और पीड़ित करता है। जैसा कि पहले बताया जा चुका है कि दवाओं में वात शमन गुण होते हैं यह बढ़े हुये वात को कम करते हैं और जानु संधि की पीड़ा को रोकते हैं। आदित्य पाक गुग्गुलु में वर्णित औषधियों में वातहर गुण होते हैं और वे रसायन, बल्य और कफ वर्धक के रूप में कार्य करते हैं और वात को कम करने में मदद करते हैं। इस प्रकार



रोग के उपचार के लिये औषधियों को प्रभावी ढंग से उपयोग किया जा सकता है।

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Dr. Ganga Sahay Pandey Memorial All India Essay Competition-2021
Gold Medal Ist Prize Winner Essay
ROLE OF AHARA AND VIHAR IN MANIFESTATION AND
TREATMENT OF DISEASES

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INTRODUCTION

The era of 21st century has brought people to live a rapid lifestyle. This has immensely affected the practice of medicine, which is now centred more on prescribing medications as the first line of treatment, rather than modifying the dietary habits and lifestyle of people.

Ayurveda, the most ancient science of medicine still aims at uprooting the cause of disease rather than symptomatic relief. Ayurveda is centralized on maintaining the healthy living (*Arogya*), by dietary and lifestyle modifications.

**“Let food be thy medicine and
medicine be thy food”**

– Hippocrates

This quotation, though thousands of years old but acknowledges the importance of healthy eating. A healthy lifestyle with good nutrition is vital for maintaining good health as well as disease prevention. This doesn't suggest that conventional

medicine are not necessary, but rather shows a significant role that a healthy diet plays in disease prevention.

This essay emphasizes on the importance of Ahara and Vihar in the Manifestation and Treatment of Diseases, it enlists the various do's and don'ts which one must consider in day to day life for a healthy living.

Statement of Acharya's in reference to importance of Ahara and Vihar:

Acharya Charak has mentioned the three sub pillars of health,

“त्रय उपस्तम्भा इतत—आहारः स्वप्नो
ब्रह्मचययममतत” ।।

(Ch-su-11 / 35)

This shows, Ahara (balanced diet) is the initial and foremost among the sub pillars of health mentioned in *Ayurveda*. Acharya Kashyap called Ahara as MAHABHAIJA which depicts the use of Ahara as Ausadhi. Vaidya Lolimbraj in his book “Vaidyajeivanam” has also

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emphasized the importance of *Pathya* and *Apathya Ahara-Vihar*,

“पथ्ये सति गदार्तयस्य किमौषधतनषेवण।
पथ्येऽसति गदार्तयस्य किमौषधतनषेवण।।”

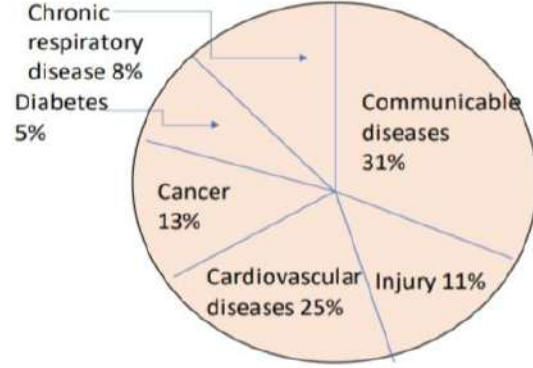
It means if a person intakes *pathya*, then there is no need of medicine and if a patient is continuously consuming the *apathya* then also there is no need of medicine, in the latter case the medicine will not be effective.

Acharya Charak defined *pathya* as follow in **Ch.su.25/45**

“पथ्यं पथोऽनपेतं यद्यच्चोक्तं मनसः प्रियम्।
यच्चाप्रियमपथ्यं च तनयतं तन्न लक्षयेत्।।”

The *Ahara* and *Vihar* which is beneficial and nutritional to the body and doesn't obstruct the channels, gives happiness to mind is known as *Pathya* and opposite to it is known as *Apathya*.

The WHO Report shows that Non Communicable Diseases (NCDs) kill 41million people each year, equivalent to 71 percent of all the deaths globally. Amongst the NCDs the most common are the lifestyle disorders like obesity, hypertension, diabetes and respiratory disorders. The raising percentage of NCDs can be controlled only by improving lifestyle and dietary habits of people.



Ahara Vihar in Agrya dravya:

The *Agrya* is the foremost among the substances of different qualities, actions and effects. The reference of *Agrya dravyas* are, in Charak Samhita *Sutra Sthana* 25th chapter (*yajjah purushiya*).

Ahara Vidhi in Agrya varga :

Hitkari (wholesome)

अन्नं वृत्तिकारणां – food is best among which sustains life.

कालभोजनमारोग्यकारणां – intake of food in proper time promotes health.

यथाग्न्याभ्यवहारोऽग्निसंधुक्षणानाम् – intake of food in accordance with the digestive power promotes easy digestion.

Ahitkari (unwholesome)

गुरुभोजनं दुर्विपाककारणाम् – intake of heavy food causes indigestion.

अजीर्णाध्यशनं ग्रहणीदूषणानाम् – intake of food before digestion of previous meal causes vitiation of intestine.

Vihar Vidhi in Agrya varga:

Hitkari

व्यायामः स्थैर्यकारणां— physical exercise



is best for firmness of body.

स्नानं श्रमहराणाम्— bath is best in removing fatigue.

Ahitkari

आयासः सर्वापथ्ययनाम्— straining oneself is the most unwholesome regimen.

वेगसन्धारणमनारोग्यकराणां— suppression of natural urges causes diseases.

Principles of Balanced Diet:

One should always intake Ahara in proper quantity for prevention of Diseases and for maintaining a healthy living. Acharya Charak said,

“मात्राशी स्यात् ।

आहार मात्रा पुनरग्निबलापेक्षिणी ।।”

(Ch-su-5/3)

It means the quantity of food depends upon the power of digestion. Whatever the quantity of food taken, gets digested in time without disturbing the normalcy, should be regarded as the measure of proper quantity.

Determinant factors of Balanced Diet—The amount of diet also depends on the food to be consumed, considering the nature of Ahara dravya

1. If it is guru (heavy) then, only 1/3 or 1/2 of the stomach capacity should be filled.
2. If it is laghu (light) then also not excessive saturation should be reached.

Acharya Charak in Charak Samhita Viman sthana chapter 2 (trividhkukshiya

vimanam), mentioned the criteria of dividing the kukshi into 3 portions- one portion of the space for solid food items, second portion of space for liquid food items and third portion of space should be kept empty for the movement of Vata, Pitta, Kapha.

Shadarasa yukta Ahara dravya:

While describing about the Rasa , Acharya Charak has mentioned the importance of shadarasa yukta dravya in maintaining the equilibrium of (Dosha, dhatu, mala) of body.

Assessment of Matra and Amatravat Ahara(Ch.vi.2):

Role of Ahara in Manifestation of Diseases:

Access to sufficient amounts of safe and nutritious food is key to sustaining life and promoting good health whereas unsafe food items creates a vicious cycle of diseases and malnutrition, particularly affecting infants, young children, elderly and the sick.

Acharya Charak has described 18 kinds of Vairodhik Ahara in Charak Samhita Sutra sthana chapter 26, also mentioned the diseases which manifests because of its intake.

Vairodhik Ahara is described as,

“यत् किञ्चित् दोषमासाव्य न निर्हरति कायतः ।



Ahara

Matravata

Balanced diet

Assessment of proper quantity of food

कुक्षेरप्रपीडनमाहारेण (no obstruction)

हृदयस्यानवरोधः (no obstruction in heart)

पार्श्वयोरविपाटनम् (no pain in the sides)

अनतिगौरवमुदरस्य

(no heaviness in abdomen)

आहारजातं तत् सर्वमहितायोपपद्यते ।।”

(Ch-su-26/85)

It means the entire drug or diet, which excites the doshas but doesn't elicit it out of the body, seems harmful and is called Viruddha. 18 kinds of incompatible Ahara mentioned by Acharya Charak includes – Desha viruddha (place incompatibility), kala viruddha, Agni viruddha, matra viruddha, Satmya viruddha etc. Intake of any one amongst the 18 kinds of incompatible food leads to manifestation of diseases like impotency, blindness, erysipelas, ascites, postules, insanity, fistula-in-ano, fainting, necrosis, spasm in throat etc.

Various Ahara dravya as etiological factor of diseases-

- ♦ Raktapitta: निष्पावमाषकुलत्थसूपक्षारोप-संहितम् । (Ch.ni.2)

Amatravat

Unbalanced diet

1.Hinmatra

बलवर्णोपचयक्षयकरम्

(loss of strength, complexion)

2.Atimatra

सर्वेयुगपत् प्रकोपमापद्यन्ते

(Vitiation of doshas together)

- ♦ Prameha: दधीनि ग्राम्योदकानूपरसाः पयांसि नवान्नपानं गुडं वैकृतम् । (Ch.chi.6)
- ♦ Kushtha: शीतोष्णव्यत्यासम, चिलचिमं च पयसा । (Ch.ni.5)
- ♦ Unmada: समलविकृतोपहितान्यनुचिता न्याहारजातानि वैषम्युक्तेनोपयोग-विधिनोपयुंजनानां । (Ch.ni.7)

Acharya Charak in Charak Samhita Chikitsa sthana chapter 15 has described about the dietetic habits which causes serious diseases and even leads to death.

Vishamasana- intake of food in inadequate quantity and improper time.

Samaasana- when the wholesome and unwholesome food are taken together.

Adhyasana- when food is taken before digestion of previous meal. All these three kinds of dietary habits causes serious



illness and even leads to death, so these should be avoided.

Hittam Ahittam Ahara dravya:

Acharya Charak in Charak Samhita

sutra sthana 25th chapter, mentioned 20 varieties of Ahara dravya along with the most wholesome and unwholesome in that variety.

Variety	Hittam	Ahittam	Variety	Hittam	Ahittam
<i>Shukdhanya</i>	<i>Lohitsali</i>	<i>Yavaka</i>	<i>Sarpi</i>	<i>Gavya</i>	<i>Avika</i>
<i>Shamidhanya</i>	<i>Mudaga</i>	<i>Masa</i>	<i>Kshir</i>	<i>Gavya</i>	<i>Avika</i>
<i>Udaka</i>	<i>Antariksha</i>	<i>Varsha jala</i>	<i>Sthawar sneha</i>	<i>Til taila</i>	<i>Kusumbh</i>
<i>Lavana</i>	<i>Saindhava</i>	<i>Ushara</i>	<i>Anupmrigvasa</i>	<i>Varah Vasa</i>	<i>Mahish Vasa</i>
<i>Shaka</i>	<i>Jivantishaka</i>	<i>Sarsapshaka</i>	<i>Matsyavasa</i>	<i>Chuluki</i>	<i>Kumbhir</i>
<i>Mrigmansa</i>	<i>Ena</i>	<i>Gomansa</i>	<i>Jalcharvihanga Vasa</i>	<i>Pak Hansa</i>	<i>Kakmadgu</i>
<i>Pakshimansa</i>	<i>Lava</i>	<i>Kankapota</i>	<i>Sakhameda</i>	<i>Ajameda</i>	<i>Hastimeda</i>
<i>Bileshay mansa</i>	<i>Godha</i>	<i>Bheko</i>	<i>Kanda</i>	<i>Kshringbera</i>	<i>Aluka</i>
<i>Matsya mansa</i>	<i>Rohita</i>	<i>Chilchima</i>	<i>Phala</i>	<i>Mrudvika</i>	<i>Nikucha</i>
<i>Vishkirshuk Vasa</i>	<i>Kukuta</i>	<i>Chataka</i>	<i>Ikshuvikara</i>	<i>Sarkara</i>	<i>Fanita</i>

Forbidden food articles for habitual consumption :

“कूचिकांश्चकिलाटांश्च शौकरं
गव्यमाहिषे ।
मत्सस्यान् दधि च माषांश्च यवकांश्च न
शीलयेत् ।”

(Ch.su.5/11)

One should not be habitual to take coagulating milk, cream , pork, meat of cow and buffaloes, fish, curd, black gram, wild barley.

Food articles for regular consumption are preservation of health:

“षष्टिकांछालिमुद्गांश्च सैधवामकेयवान् ।
आन्तरिक्षं पयः सर्पि जांगलं मधु चाभ्यसेत् ॥”
(Ch-su-5/12)

One should regularly consume *shashtika* rice, *shali* rice, *mudga*, rock salt, *aamalaka*, *yava*, rainwater, milk, ghee, flesh of *jangal* animals and honey.



Concept of Ahara Vidhi Visheshayan:

Acharya Charak in Charak Samhita vimana sthana chapter 1(*rasavimanam*), described the 8 factors that should be kept in mind while consuming food as they are responsible for good and bad effects on the health. These include, *Prakriti, Karana, Samyoga, Rashi, Desha, kala, Upyoga sanstha, Upyokta*.

By adapting the above dietetic principles, various diseases can be prevented.

Role of Vihar in Manifestation of Diseases:

Classical Ayurveda texts depicts the importance of Vihar for a healthy life by describing *ritucharya, dincharya, sadavritta, swasthavritta*, suppressible and non-suppressible urges. But if the person doesn't follow as mentioned in the ancient literature, Vihar could become the etiological factor for various diseases.

Acharya Charak in Charak Samhita sutra sthana chapter 7 (*Naveganadharaniya adhyaya*) has described 13 non-suppressible urges and the diseases which manifests because of their suppression. The non-suppressible Vegas includes urge of micturition, urge to defecate, urge of ejaculation, urge to pass flatulence, urge of vomiting etc. Person desiring a healthy lifestyle and free from diseases should not uphold any one of these *Vegas*.

रोगाः सर्वेऽपि जायन्ते वेगोदीरणधारणैः।"
(A-h-su-4/22)

It means the cause of all the diseases is forceful exaggeration of urges or their suppression.

Persons who are continuously ill because of their Vihar:

In Charak Samhita *siddhi sthana* chapter 12(*phalamatra siddhi*), there is a mention of persons who are eternally exposed to sickness, these are *shrotriyas* (people belonging to priest class), *raja-sevakas* (servant of king), *veshyas* (courtesans) and *panya-jivina* (merchants). All these four categories of people become sick because they always suppress the manifested natural urges, never take food in time, resort to different regimens untimely. Thus, all other persons also who resort to above mentioned irregularities become eternally sick

Prevention and Treatment of Diseases through Vihar :

Arundutta has classified the Vihar into *Nitya kala and Anitya kala*. *Nitya kala Vihar* includes *dincharya, ritucharya* whereas *Anityakala Vihar* includes Vihar according to *Avastha* ie., state of disease.

It is always said, “ **Prevention is better than cure**”

To prevent the disease one must adapt the lifestyle habits which includes avoiding the suppression of manifested urges, adapt *swasthavritta and sadavritta* in day to day life, adapt the physical activities according to the season, stress management through various *asanas* to combat the mental disturbances, *rasayana sevana*.

Dincharya (daily regimen) to combat the manifested diseases:

Following the day to day routine such as *brahmamuhurta jagrana, malyaga, dantadhavan, applying anjana, nasya for urdhwajatrugata rogas, kawal and*



gandush for mukhgata rogas, dhumpana for urdhwajatrugata vataj and kaphaj rogas, abhyang in vata Janya vyadhi, vyayama indicated in treatment of stholya, snana acts as an aphrodisiac. Thus all these regimen helps in combatting the various diseases.

Ritucharya(seasonal regimen):

Following the *pathya and apathya* indicated as per the seasons, the seasonal diseases could be easily prevented. By considering the predominant *dosha* in a particular *ritu*, sanshodhan procedures can be used to expel out the exaggerated *dosha*.

Discussion and Suggestion:

“Ayurveda isn’t just a practice. It has a wide scope and covers various aspects of public and environmental health too”

– Prime Minister Shri Narendra Modi

This statement emphasizes on the growing scope of Ayurveda globally.

POSHAN ABHIYAAN launched by Prime Minister on 8th March’18 is the scheme for holistic nourishment. The program has special focus to combat the diseases by improving the dietary habits of all age groups. This is an opportunity for Ministry of AYUSH to come forward and outshine the Ayurveda globally by popularizing its dietary and lifestyle habits to stay healthy.

Intervention of NCDs needs to be delivered through a primary healthcare approach where awareness and knowledge of importance of healthy lifestyle and eating habits shall be prioritized.

Conclusion:

“नरो हिताविहारसेवी समीक्ष्यकारी
विषयेष्वसक्तः।

दाता समः सत्यपरः क्षमावानाप्तोपसेवी
च भवत्सयरोगः।।”

(Ch-sa-2/46)

This verse means, the man who uses wholesome diet(Ahara) and behavior(Vihar), who moves cautiously, who is unattached to sensual pleasures, who donates, observes equality, who is truthful, who is forbearing and who is devoted to venerable people becomes free from diseases. Thus we can conclude that a person who conquers his senses and ditches the Unhealthy Ahara and Sedentary Vihar could live healthy all through his life.

Lastly, through this essay I encourage all the people to embrace Healthy food and lifestyle as told above to combat the globally rising lifestyle disorders.

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परिषद् समाचार

विश्व आयुर्वेद परिषद द्वारा नववर्ष पर विभिन्न स्थानों पर आयोजित कार्यक्रम

दिनांक 2 अप्रैल को विश्व आयुर्वेद परिषद रीवा द्वारा गायत्री मंदिर रीवा में नव वर्ष प्रतिपदा उत्सव मनाया गया। कार्यक्रम के दौरान सभी चिकित्सकों ने सर्वप्रथम विश्व कल्याणार्थ पूजन एवं हवन किया। मंदिर परिसर में ही निःशुल्क चिकित्सा शिविर का भी आयोजन किया गया, जिसमें शासकीय आयुर्वेद महाविद्यालय एवं परिषद के चिकित्सकों ने अपनी सेवाएं दी। जिलाध्यक्ष डॉ के पी शर्मा ने बताया कि प्रदेश महासचिव डॉ एस एन तिवारी के नेतृत्व में कार्यक्रम सफलता पूर्वक संपन्न हुआ। कार्यक्रम में भूपेंद्र पराशर, डॉ प्रभाकर चतुर्वेदी, डॉ एल एम कुशवाहा, डॉ दिनेश पाठक, डॉ जिनेश जैन, डॉ. प्रभंजन आचार्य, डॉ लोकेश अग्रहरी, डॉ के के गौतम, डॉ आर पी श्रीवास्तव, डॉ आशुतोष द्विवेदी, डॉ के के त्रिपाठी, डॉ शशिकांत द्विवेदी, डॉ रामरक्षा शुक्ला, डॉ सुखमंत मिश्रा, डॉ राजेश मिश्रा, डॉ मीनल पंसारी, उपदेश पंसारी, डॉ संजय शर्मा, डॉ अमित अवधिया, डॉ आशीष सिंगौर, डॉ भानू प्रताप सिंह, डॉ ऋषभ जैन, डॉ तृप्ति निगम, डॉ अपूर्वा जैन, डॉ दीपमाला राठौड़, डॉ प्रियंका गुप्ता, सीमा श्रीवास्तव, रंजना शर्मा, लालयोगेंद्र सिंह, स्वाती श्रीवास्तव, राजेश चतुर्वेदी, रमाशंकर तिवारी, विष्णु पाठक एवं अन्य लोग शामिल रहे। शिविर के लिये गायत्री परिवार एवं प्राचार्य आयुर्वेद महाविद्यालय डॉ दीपक कुलश्रेष्ठ का विशेष सहयोग रहा।

दिनांक 02.04.2022 को नव संवत्सर चैत्र शुक्ल प्रतिपदा 2079 पर विश्व आयुर्वेद परिषद, हरदोई द्वारा भारतीय नववर्ष पर "सनातन संस्कृतक को आपनाइये—जीवन को स्वास्थ्य एवं सुखी बनाइये।" विषय पर एक विचार गोष्ठी का आयोजन स्थानीय योगेश पैलेस में किया गया। भगवान धनवन्तरि के चित्र पर दीप प्रज्वालन एवं माल्यार्पण के उपरान्त मुख्य वक्ता वैद्य राम बाबू द्विवेदी, पूर्व डीन व डायरेक्टर गुजरात आयुर्वेद विश्वविद्यालय, जामनगर, ने बताया कि भारतीय भाषा, भारतीय वेशभूषा, भोजन, औषधि एवं आचार विचार को अपनाना चाहिए। भारतीय संस्कृति शाश्वत है, जिसका मूल सृष्टि में ही है। कार्यक्रम के मुख्य अतिथि डा० प्रो० हिमाशु त्रिवेदी, स्वयं सेवक राष्ट्रीय युवा मंच अखिल विश्व गायत्री परिवार हरिद्वार ने सनातन संस्कृति के अनुकरणीय व्यवहारिक सूत्रों पर चर्चा की। शरीरिक, मानसिक, सामाजिक और आध्यत्मिक स्वास्थ्य को परिपूरित करने वाली सनातन संस्कृति है। कार्यक्रम की अध्यक्षता करते हुए डा० सुरेश अग्निहोत्री ने बताया कि सनातन संस्कृति में जीवन कैसे जिये, इसका ज्ञान हमारे ऋषियों मुनियों ने समाज को दिया है। महर्षि चरक, सुश्रुत उस काल के वैज्ञानिक थे। जिन्होंने वर्षों शोध कर लोगों का निदान एवं उपचार किया। डा० ईश्वर चन्द्र वर्मा ने सनातन नववर्ष को वैदिक साहित्य से जोड़ते हुए इसकी महत्ता पर प्रकाश डाला। परिषद के अध्यक्ष डा० रामकरन त्रिवेदी ने बताया कि इस वर्ष का राजा शनि और मंत्री वृहस्पति रहेगा। यह वर्ष जन समान्य के लिए सुखद एवं हितकारी रहेगा। डा० बी०एस० पाण्डेय, पूर्व प्राचार्य सी०एस०एन० कालेज ने भी अपने विचार व्यक्त किये विश्व हिन्दू परिषद की जिलाध्यक्ष कीर्ति सिंह व पूर्व भाजपा अध्यक्ष श्री कृष्ण शास्त्री भी उपस्थित रहे। कार्यक्रम का संचालन



डा० एन०सी० त्रिपाठी, पूर्व प्रो० राजकीय आयुर्वेद कालेज पीलीभीत एवं आभार प्रदर्शन परिषद के महामंत्री डा० पी०के० सिंह चौहान ने किया। इस अवसर पर डा० वीर सिंह कटियार, डा० राहुल त्रिवेदी, डा०सी०पी० अवस्थी, डा० इन्द्ररमन दीक्षित, डा० संजीव द्विवेदी, डा० मनोज त्रिवेदी, डा० अरुण मिश्रा, रेखा त्रिपाठी, पी०सी० शुक्ला, एस०सी० त्रिपाठी, हरिहर सिंह, डा० विद्या प्रकाश आदि उपस्थित रहे।

विश्व आयुर्वेद परिषद, काशी महानगर एवं काशी हिंदू विश्वविद्यालय ईकाई द्वारा भारतीय नववर्ष चैत्र शुक्ल प्रतिपदा, विक्रम संवत्- 2079, 2 अप्रैल 2022 को प्रातः 5.30 बजे राजेन्द्र प्रसाद घाट, वाराणसी पर विगत वर्षों की तरह हर्षोल्लास के साथ मनाया गया। परिषद परिवार विगत 22 वर्षों से नवसंवत्सर कार्यक्रम उदितमान सूर्य को अर्घ्यदान एवं मां गंगा तथा शीतला मां का पूजन कर परम्पराओं के अनुसार करता आ रहा है। ऐसी मान्यता है कि इसी दिन के सूर्योदय से ब्रह्मा जी ने सृष्टि की रचना प्रारंभ की। प्रभु श्री राम के राज्याभिषेक का दिन यही है। शक्ति और भक्ति के नौ दिन अर्थात् बसन्तीय नवरात्र का पहला दिन यही है। सम्राट विक्रमादित्य ने इसी दिन राज्य स्थापित किया। इन्हीं के नाम पर विक्रमी संवत् का पहला दिन प्रारंभ होता है। विक्रमादित्य की भांति शालिवाहन ने हूणों को परास्त कर दक्षिण भारत में श्रेष्ठतम राज्य स्थापित करने हेतु यही दिन चुना। सिख परंपरा के द्वितीय गुरु श्री अंगद देव जी के जन्म दिवस का यही दिन है। स्वामी दयानंद सरस्वती जी ने इसी दिन को आर्य समाज की स्थापना दिवस के रूप में चुना। सिंध प्रान्त के प्रसिद्ध समाज रक्षक वरुणावतार संत झूलेलाल इसी दिन प्रगट हुए। सम्राट युधिष्ठिर का राज्यभिषेक भी इसी दिन हुआ। न्याय शास्त्र के रचियता महर्षि गौतम का जन्मदिन, बाबा साहब अम्बेडकर जी का जन्म तथा संघ संस्थापक डॉ हेडगेवार जी का जन्म दिवस इसी तिथि को हुआ।

इस अवसर पर उपस्थित जन समुदाय को तुलसी तथा गिलोय के पौधों का भी वितरण किया गया तथा उनसे परिषद की तरफ से अपील की गई कि हम परस्पर एक दूसरे को नववर्ष की शुभकामनाएँ दें। अपने परिचित मित्रों, रिश्तेदारों को नववर्ष के शुभ संदेश भेजें। इस मांगलिक अवसर पर अपने-अपने घरों पर भगवा पताका फहराएँ। आपने घरों के द्वार, आम के पत्तों की वंदनवार से सजाएँ। घरों एवं धार्मिक स्थलों की सफाई कर रंगोली तथा फूलों से सजाएँ। इस अवसर पर होने वाले धार्मिक एवं सांस्कृतिक कार्यक्रमों में भाग लें अथवा कार्यक्रमों का आयोजन करें तथा "भारतीय नववर्ष" हर्षोल्लास के साथ मनाने के लिए समाज को अवश्य प्रेरित करें।