अंकः1, वर्षः1, विक्रम संवत 2080, (ज्येष्ठ-आषाढ़-श्रावण-भाद्रपद), जुलाई–सितम्बर 2024

Frequency: Quarterly | Language: Hindi and English | MRP: Free for AFI Members | Print Code Number: 2023035818

AGNIVESH®

International Journal of Ayurveda Research & Health

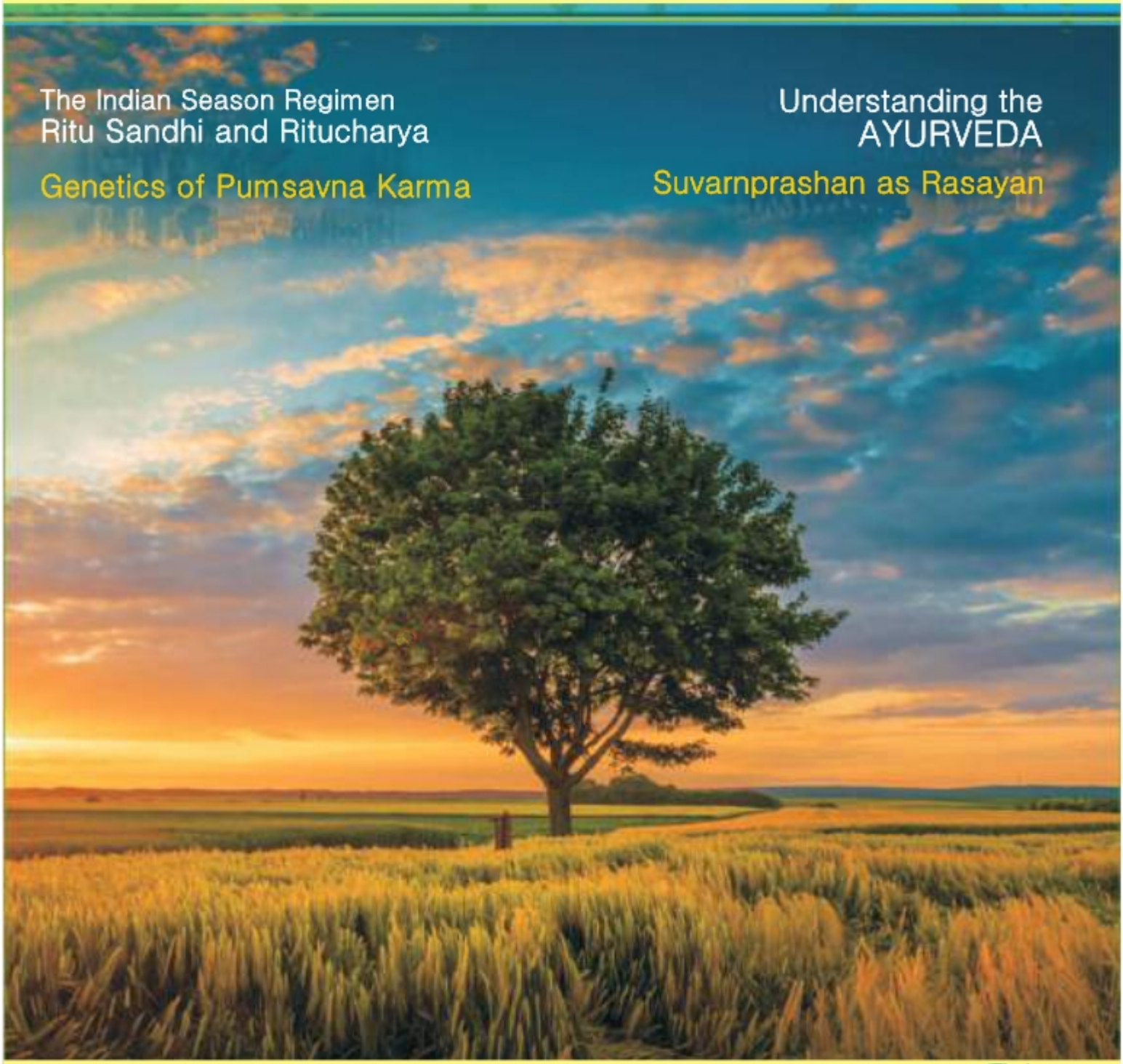
A Peer Reviewed Journal

The Indian Season Regimen
Ritu Sandhi and Ritucharya

Genetics of Pumsavna Karma

Understanding the
AYURVEDA

Suvarnprashan as Rasayan



Powered by : **Ayurveda Federation of India**



Chief Editor
Vaidya Shambhu P. Patel
Bijnor



Editor Ayurvedacharya
Dr. Abhishek
Delhi



Editor Operations
Vaidya Kuldeep Raj
Delhi

Editorial Board


Dr. Vandana Srivastava
Shantikunj Haridwar


Dr. Bhupendra Mani Tripathi
Prayagraj


Dr. Ajay Gupta
B.H.U., Varanasi


Dr. Anuj Jain
Gwalior


Dr. Bhawana Mehra
Indore


Dr. Mallikarjun Markunda
Banglore


Dr. Dhanvantri Tyagi
Hapur


Dr. Ramakant Marde
Patanjali, Haridwar


Dr. Darpan Gargil
Bhopal


Dr. Aneesh T
Kerela


Dr. Nrapendra Arya
Bijnor


Dr. Sujit Kumar
Bijnor


Dr Rajesh Mishra
Patanjali, Haridwar


Dr Ajay Singh
Patanjali, Haridwar


Dr. Chitra
Patanjali, Haridwar


Dr. Jitendra Ku. Mishra
Varanasi

Index

1. **Review Article on Genetics of Pumsavana Karma** 01
Dr. Jitendra Kumar Vinay kumar Mishra, Dr. Shambhu P. Patel, Dr. Sujit Kumar, Dr. Sabhakant Pandey
2. **The Role of Vidangarista and Maha Marichyadi Taila in Treatment of Dadru Kushta (Tinea Corporis) in Childrens A Case Study** 03
Dr. Sujit Kumar, Dr. Sourav Sharma
3. **Evaluation of *Guggulu Snuhi Kshara Sutra* in Management of *Arsha*"** 09
Dr. A Bhay Ahirwar
4. **Evaluation of Pharmaceutico-chemical Analysis and Antimycotic Activity of *Gandhak Druti*** 21
Dr. Ajay Singh, Dr. Munna Kumar Yadav. Dr. Shambhu P. Patel, Dr. Sujit Kumar
5. **Sanskrit Language in Contemporary Ayurveda Education: Condition and The Remedy** 31
Dr. Megha Choudhary, Dr. Darpan Gangil
6. **Importance of Dincharya in our Day-to-Day Existence** 36
Dr. Shambhu P. Patel Dr. Manorama Patel, Dr Anil Patel
7. **A Systematic Study on Ritu Sandhi and Ritucharya The Indian Season Regimen** 40
Dr. Sujit Kumar, Dr. Rajeev Kumar, Vd. Sandeep Aggarwal, Dr. Shambhu P. Patel
8. **Efficacy of Shalmali (bombax Ceiba) Kantak with Special Reference to Acne Vulgaris** 46
Vanshika Dhankar, Dr Arvind Goel
9. **Pharmaceutico - Analytical Standardization of Ajamodadi Choorna & Its Modification as Ajamodadi Chewable Tablet** 49
Dr. Mahantesh. B. Rudrapuri, Dr. G Vinay Mohan, Dr. Abhilash D
10. **Importance of Suvarnprashan as Rasayan Therapy** 55
Dr. Naresh Kumar Garg
11. **Channelizing the *Samprapti* at the Level of *Srotodushti w.s.r. prameha* : A Literary Review** 60
Dr. Kriti Joshi, Dr. L.C.Garjpal, Dr. Rupendra Chandrakar, Dr. Shweta Singh
12. **Title: Role of *Netra Tarpana* in Ophthalmic Diseases A Critical Review** 63
Chaaya Garg, Dr. Anupama Patra, Dr. Poonam Bamola, Dr. Sarita Yadav
14. **"Bhagandra" (fistula) w.s.r. to Kshar-sutra Therapy** 69
Dr. Nrapendra Arya, Dr. Pragya Arya
15. **Activities of AFI** 73

सम्पादकीय

आयुर्वेद फेडरेशन ऑफ़ इंडिया – AFI (भारतीय आयुर्वेद महासंघ) की समस्त टीम की ओर से आप सभी का अभिवादन एवं आभार!

बेहद खुशी है कि परम पिता परमेश्वर की प्रेरणा, हमारे आप्तों एवं वरिष्ठों के आशीर्वाद एवं आप सभी के प्यार व सहयोग के कारण आज हम AFI की ओर से संस्था का मुखपत्र "अग्निवेश" – इंटरनेशनल जर्नल ऑफ़ आयुर्वेद रिसर्च – हेल्थ के रूप में पहले अंक को आप सभी के हाथों में पहुंचाने का सुअवसर प्राप्त कर पाए हैं।

"अग्निवेश" की परिकल्पना इसकी सम्पादकीय टीम की ओर से कई माह पूर्व की गई थी, जिसमें संपादक मंडल की समस्त टीम एवं इस जर्नल के प्रधान संपादक डॉ. शम्भू पटेल की सक्रिय भूमिका के कारण "अग्निवेश" का शुभारम्भ संभव हो सका है।

इस जर्नल को आरम्भ करने का मुख्य उद्देश्य यह रहा कि आयुर्वेद के क्षेत्र में विगत कई वर्षों से तमाम तरह की नई प्रगतियाँ, गतिविधियां, अनुसंधान आदि कार्य लगातार हो रहे हैं, लेकिन यह सभी जानकारियां व्यवस्थित रूप से समय–समय पर आयुर्वेद जगत से जुड़े देश और दुनिया के लाखों लोगों एवं इसके स्टैकहोल्डर्स तक पहुंचे इसका नितांत अभाव है! सोशल मीडिया के इस दौर में भी कई प्लेटफार्म बने हैं जहाँ आयुर्वेद से जुड़ी जानकारियां प्रसारित होती हैं लेकिन इसके बाद भी एक भी ऐसा माध्यम नज़र नहीं आता जहाँ से व्यवस्थित रूप से आयुर्वेद के क्षेत्र में हो रहे रिसर्च, क्लीनिकल प्रगतियाँ, क़ानूनी पहलू, सरकार से सम्बंधित गतिविधियां, प्राइवेट लेवल पर किये जा रहे कार्य आदि विभिन्न विषयों की जानकारियां मिलती हों। इन्हीं बातों का ध्यान रखते हुए 'अग्निवेश' की परिकल्पना की गई थी और आज हमारी संपादकीय टीम के प्रयासों से इसका प्रथम अंक आप सभी के सामने है। अग्निवेश का प्रकाशन प्रत्येक 3 माह में एक बार किया जाएगा व इसमें हिंदी एवं अंग्रेजी भाषा के लेखों का समावेश किया जाएगा!

AFI की टीम विगत 3 वर्षों से देश के विभिन्न हिस्सों में अलग–अलग कार्य समितियों के माध्यम से कार्यरत है, जिसमें इंटरनेशनल समिति, नेशनल समिति, एकेडेमिक समिति, महिला समिति, स्टूडेंट समिति, रिसर्च समिति, फार्मा समिति, सर्जन समीति, क्लिनिक एवं हॉस्पिटल समिति मुख्य रूप से राष्ट्रीय स्तर पर कार्यरत हैं, इसके अतिरिक्त कई प्रदेशों विशेषकर के उत्तरप्रदेश, मध्यप्रदेश, छत्तीसगढ़, उत्तराखण्ड, हरियाणा, पश्चिम बंगाल, राजस्थान, महाराष्ट्र आदि राज्यों की राज्य समितियां धरातल पर संगठन के कार्यों का प्रचार–प्रसार कर रही हैं।

AFI की स्थापना का उद्देश्य इसके आरम्भ काल से लेकर अब तक बेहद स्पष्ट और सीधा रहा है कि देश में आयुर्वेद में वैद्यों के अलावा भी कई ऐसे स्टैक होल्डर्स हैं जैसे कि आयुर्वेद रिसर्च से जुड़े लोग, आयुर्वेद फार्मा से जुड़े लोग, औषधि वितरक, औषधि उगाने वाले किसान, थेरेपिस्ट, नर्सिंग स्टाफ आदि, इन सभी का जिक्र पुराने दौर की स्थिति के अनुरूप आयुर्वेद की संहिताओं में भी 'चिकित्सा चतुष्पाद' के रूप में बताया गया है! आज के वर्तमान समय के युग के अनुरूप "चिकित्सा चतुष्पाद" की इस अवधारणा को और बेहतर रूप में न सिर्फ वर्णन करने की आवश्यकता है बल्कि इस चतुष्पाद से जुड़े प्रत्येक अंग अथवा व्यक्ति को साथ लेकर चलने की आवश्यकता है। आयुर्वेद में हमेशा से ज्यादातर लोगों की एकला चलो की परंपरा रही है और चूकि वैद्य/डॉक्टर्स चिकित्सा व्यस्था की धुरी रहे हैं इसलिए हमारे देश में वैद्य प्रधान संगठन अधिक बने, वैद्यों की प्रधानता निसंदेह प्रमुख है और उन्हें सर्वोच्च आदर भी मिलना ही चाहिए लेकिन मेरी समझ में आजतक यह बात नहीं आई कि यह किस तरह की विद्वानता है कि अपना या अपने कार्यों का तो बखान किया जाये या अपने को तो श्रेष्ठ कहा जाये लेकिन जो लोग हमारे कार्यों या हमारे सिस्टम को बेहतर बनाने में अन्य तरीकों से योगदान दे रहे हैं उन्हें या तो नज़रअंदाज कार दिया जाये अथवा उनका सम्मान के समय में ध्यान ही न दिया जाये, 15 वर्षों से भी अधिक समय से आयुर्वेद के क्षेत्र में सक्रीय रहने व विभिन्न तरह की जिम्मेदारियों में कार्य करने का अवसर मिला है, इसमें सिर्फ एक ही बात स्पष्ट समझ आई है कि आयुर्वेद में कार्य करने वाले प्रत्येक व्यक्ति को साथ लेकर चलने और सम्मान देने से ही यह सिस्टम बेहतर ऊंचाइयों पर पहुंच सकेगा व जब सभी एक दूसरे के साथ चल रहे होंगे तभी हम सभी मिलकर "आयुर्वेद" को विश्वभर में चिकित्सा के क्षेत्र में अग्रणी बनाने का कार्य कर सकेंगे!

हम आयुर्वेद से जुड़े लोगों कि इस 'एकला चलो रे...' वाली इस सोच के कारण देशभर में सैकड़ों संगठन बन गए जिसमें अलग–अलग कार्य करने वाले लोगों ने अलग–अलग मंचों का निर्माण कर लिया, जिसका दुष्परिणाम यह रहा कि देश और प्रदेश की सरकारों और आयुर्वेद से जुड़ी नीतियों का निर्धारण करने वाले लोगों पर आयुर्वेद से जुड़े लोगों का न तो संगठित प्रभाव पड़ा और न ही कोई विशेष दबाव बन सका, आयुर्वेद से जुड़ी ज्यादातर नीतियां 2–4 लोगों ने अपनी समझ के अनुरूप कमरों में बैठकर तय कर दीं! इन कमरों में बैठकर तय की गई नीतियों में धरातल से जुड़ी वास्तविक समस्याओं के लिए बेहतर समाधानों का नितांत अभाव स्पष्ट झलकता है!

आयुर्वेद से जुड़े ज्यादातर लोग प्राइवेट स्तर पर ही कार्यरत हैं एक मोटा–मोटा आंकलन किया जाये तो लगभग 4 लाख से अधिक डॉक्टर्स, देश के 400 से अधिक आयुर्वेद कॉलेजों में अध्ययनरत 50 हज़ार से अधिक आयुर्वेद के विद्यार्थी, जड़ीबूटी और फार्मा उद्योग से जुड़े लाखों लोग, लाखों की संख्या में थेरेपिस्ट एवं नर्सिंग से जुड़े लोगों की टीम

जमीन पर कार्यरत है जिसकी एक अंदाजन संख्या 15 लाख से भी अधिक होगी और यदि इन सभी लोगों के आश्रित परिवारों को भी जोड़ लिया जाये तो आयुर्वेद की इकोनॉमी से सीधे तौर पर 1 करोड़ से भी अधिक लोग प्रत्यक्ष अथवा अप्रत्यक्ष तौर से जुड़े हुए हैं।

देश का दुर्भाग्य देखिए कि आजादी के बाद से लेकर अबतक इतनी बड़ी संख्या को हाशिये पर बनाये रखने या नज़रअंदाज किये जाने का काम किया गया। आयुर्वेद की विद्या से जुड़े उपरोक्त सभी लोगों के आपसी बिखराव अथवा असंगठित रहने का लाभ अंग्रेजी विद्या से जुड़े लोगों ने जमकर उठाया! धीरे–धीरे यह लोग देश की स्वास्थ्य से जुड़ी नीतियों में घुस गए, कई काले कानूनों को बनवाया गया जिसमें यह कुछ कानून प्रमुख हैंरू

- 1971 में एमटीपी एक्ट का निर्माणः इसमें एमटीपी नियम लिख दिया गया कि जिसके पास भारतीय चिकित्सा परिषद अधिनियम, 1956 की धारा 2 के खंड (एच) में परिभाषित मान्यता प्राप्त चिकित्सा योग्यता होगी वही सिजेरियन डिलीवरी (ऑपरेशन से डिलीवरी) परफॉर्म कर सकेगा, सरल शब्दों में जिसके पास एलोपैथी की डिग्री होगी वही इसको कर सकेगा।
- इसी तरह से 1984 में ड्रग एंड कॉस्मेटिक एक्ट 1940 की धारा 3 एच (1) के तहत भारत के आयुर्वेद के इंजेक्शन पर बैन लगा दिया गया!
- 1994 में PCPNDT Act बना दिया गया, यानि जिसके पास ऐलोपैथी डिग्री होगी वही अल्ट्रासाउंड अथवा एक्सरे के मशीन का प्रयोग कर सकेगा।

जबकि दुनिया में सभी को पता है कि यह कोई टेक्नोलॉजी किसी की बपौती या जागीर नहीं होती जिसको अपने स्वयं के लिए बस उपयोग करने का काम किया जाये, और तो और इन टेक्नोलॉजी को किसी ऐलोपैथी के डॉक्टर ने ईजाद नहीं किया बल्कि इनका ईजाद इंजीनियर्स ने किया! उदाहरण के तौर पर अल्ट्रासाउंड का उपयोग पानी की तरंगों को नापने के लिए सोनार सिस्टम के रूप में सबसे पहले किया गया था, इसके अतरिक्त अल्ट्रासाउंड का उपयोग सफाई, वेल्डिंग, कटिंग आदि चीज़ों में भी किया जाता है, इसी तरह से एक्स–रे का उपयोग एयरपोर्ट, बस स्टैंड, मेट्रो स्टेशन पर जाँच की मशीनों के रूप में किया जाता है!

क्या इन मशीनों को वहां ऐलोपैथी के डॉक्टर चलाते हैं?

- इसी तरह से 1994 में एक और बड़ा कानून बनाया गया HOTA (Human Organ Transplant Act) जिसमें स्पष्ट लिख दिया गया कि शरीर के ऑर्गन से जुड़ी सर्जरी सिर्फ ऐलोपैथी के डॉक्टर्स ही कर सकते हैं।

बताने को ऐसे सैकड़ों उदाहरण हैं जो ऐलॉपथी फार्मा माफियाओं के द्वारा पूरी प्लानिंग के साथ भारत की चिकित्सा की समृद्ध विरासत और इसमें कार्य करने वाले लोगों को

इससे ज्यादा मजाक किसी देश या परंपरा के साथ और क्या होगा जिस आयुर्वेद ने दुनिया को चिकित्सा और स्वास्थ्य की समृद्ध विरासत दी, जो देश स्वास्थ्य व्यवस्था और सर्जरी का जनक है.. उस आयुर्वेद और उससे जुड़े लोगों को रोकने के लिए ऐसे टुच्चे कानूनों को बनाकर खुलेआम लीगल गुंडागर्दी की गई! इन फार्मा माफियाओं का मन इतने में ही नहीं भरा इन्होंने स्वास्थ्य को बाजार बनाने के लिए भारी–भरकम बजट खर्च किया और तमाम तरह के मार्केटिंग हथकंडे अपनाकर आयुर्वेद को चूरन–चटनी और पिछड़ी चिकित्सा पद्धति घोषित करने का भी षड्यंत्र किया, इन्होंने आयुर्वेद को पिछड़ी चिकित्सा पद्धति कहकर लोगों के मन में नकारात्मक छवि प्रस्तुत की, कोई इन अंग्रेजी मानसिकता से ग्रसित और भारत की श्रेष्ठ चिकित्सा विरासत का मजाक उड़ाने वालों से पूछना चाहिए कि जिस दौर में तुम्हारी पद्धति के जनक पैदा भी नहीं हुए थे उस दौर और उससे हज़ारों वर्षों पहले क्या मानव सभ्यता नहीं थी? और क्या उस समय क्या युद्ध नहीं होते थे? और क्या इन युद्धों में कोई जख्मी नहीं होता था? या कभी कोई रोग नहीं होता था या रोग होते थे तो क्या बीमार होने के बाद सभी मर जाते थे?

जिस दौर में अंग्रेजी दवाओं का नामो निशान नहीं था उस दौर में आयुर्वेद को इन माफियाओं ने नष्ट करने का प्रयास किया उस दौर में भी आयुर्वेद कैसे मानव स्वास्थ्य के लिए कार्यरत रहा है उसको भी समझना जरुरी है!

आयुर्वेद की चिकित्सा परंपरा लगभग 3000 से 5000 वर्ष पुरानी है, लोगों को स्वास्थ्य देखभाल की यह व्यवस्था सदियों से लगातार भारत में चलती रही है! जिसमें बुखार, खांसी, सूजन, फोड़े, ट्यूमर, प्रमेह, त्वचा रोग, कई रोगों की सर्जरी, पेट के रोग आदि सैकड़ों रोगों के विस्तार से उपचार बताये गए हैं!

यह दुनिया के एक मात्र सिस्टम है जिसमें उपचार के अलावा यह कहा गया कि स्वास्थ्य लोगों के स्वास्थ्य की रक्षा करना भी मुख्य उद्देश्य है! चरक–संहिता, सुश्रुत–संहिता, वाग्भट्ट, माधव निदान, भैषज्य रत्नावली जैसे प्राचीन ग्रन्थ तो वहीं फार्मोकोपीया ऑफ़ इंडिया, फॉर्मूलारी ऑफ़ इंडिया जैसे एडवांस रिसर्च पर आधारित ग्रन्थ लिखे गए।

- जिस सिस्टम को अवैज्ञानिक बताया गया उसकी समृद्ध विरासत देखिये कि उसमें रोगों के ट्रीटमेंट या बचाव बस नहीं बल्कि उसके अतरिक्त उस दौर में सुश्रुत–संहिता में शवों (डेड बॉडी) को संरक्षित करने का तक विधान बताया गया कि कैसे टोकरी में शव को रखकर सात दिनों तक नदी के बहते पानी में डुबोया जाए। जिससे शरीर के हिस्सों को पढ़ाने या उसके डिसेक्शन में विद्यार्थियों को आसानी हो!
- रचना शरीर के नाम से शरीर का पूरा Anatomy बताया गया Bones, artery, vains, muscles (हड्डियों, धमनियों, सिरा, मांसपेशियों आदि कि संख्या तक बताई गई है), ऑर्गन सिस्टम आदि का जिक्र है ... शरीर क्रिया

के नाम से शरीर की सम्पूर्ण चैलेपवसवहल का जिक्र है! सर्जरी के लिए ऑपरेशनों में ट्यूमर को काटना, फोड़ों को चीरना और निकालना, पेट में तरल पदार्थ को बाहर निकालने के लिए छेद करना, शरीर में भाला, शस्त्र आदि को निकालना, गुदा के रोगों के उपचार, फ्रैक्चर के उपचार, सिजेरियन सेक्शन घावों की सिलाई जैसे सभी ट्रीटमेंट होते रहे हैं। मूत्राशय में पथरी (वेसिकल कैलकुलस) प्राचीन भारत में आम थी, और सर्जन अक्सर lateral lithotomy करके पथरी को हटा देते थे। प्लास्टिक सर्जरी भी उस समय होती थी, सजा में लोगों की नाक का विच्छेदन व्यभिचार के लिए निर्धारित दंडों में से एक था, जिसमें ऐसे पीड़ित का उपचार करने के लिए गाल या माथे से आवश्यक आकार के टिश्यू को काटकर नाक सही की जाती थी। दृष्टि में सुधार के लिए सोफे पर बैठकर या लेंस हटाकर मोतियाबिंद का ऑपरेशन करते थे।

- इतना ही नहीं ऑपरेशन के लिए सर्जिकल उपकरणों की पूरी रेंज (श्रृंखला) उपलब्ध थी। जिसमें 20 प्रकार के शार्प (तेज़ धार वाले) और 101 प्रकार के ब्लंट (कुंद) इंस्ट्रूमेंट मौजूद थे। उपकरण अधिकतर स्टील के थे। अनेस्थेसिअ में भी डेवलपमेंट था उस समय नशे वाली औषधियों को देकर ऑपरेशन करे जाते थे, गर्म तेल और टार द्वारा ब्लीडिंग (रक्तस्राव) को रोकने की व्यवस्था बताई गई है।

- इसके भी आगे जाकर शरीर प्राकृतिक रूप से कैसे चलता है उसको समझाने के लिए वात–पित्त–कफ, सात धातुएं, मन, आत्मा, पंच महाभूत सिद्धांत आदि के बारे में बताया गया है!

आयुर्वेद की दो सबसे बड़ी संहिताओं चरक और सुश्रुत में लगभग 1100 से भी अधिक शारीरिक रोगों का उपचार बताया गया! इतना ही नहीं कोरोना की तरह उस दौर में भी चेचक जैसी महामारी फैली तो चेचक का टीका भी आयुर्वेद के वैद्यों ने ही बनाया था और यहीं से वैक्सीन की भूमिका बनी।

- गंभीर बीमारियों में पंचकर्म के माध्यम से शरीर की सफाई करके उपचार करना, लीचिंग, कपिंग, अग्निकर्म आदि करना। खाने को लेकर आहार नियम, दिन के नियम, रात के नियम, ऋतुओं के नियम आदि विस्तार से बताये गए

- चरक संहिता में 500 से अधिक औषधीय पौधे तो सुश्रुत संहिता में 700 से भी अधिक औषधीय पौधों का जिक्र है। इतना ही नहीं आयुर्वेद में इंसानो के अलावा पशु उपचार का भी जिक्र मौजूद है।

"आयुर्वेद फेडरेशन इंडिया (AFI)" की एक बेहद स्पष्ट सोच है कि हमें किसी अन्य विद्या से जुड़े डॉक्टर या विद्या से न तो कोई विद्वेष है, न समस्या है, और न ही हम यह चाहते हैं कि उनको नीचा दिखाया जाए, प्रत्येक सिस्टम की अपनी विशेष खूबी है। जिस विद्या/सिस्टम का जो बेहतर है उसको लेकर आगे बढ़ा जाए और एकीकृत स्वास्थ्य की दिशा में जो लोग बीमारियों से पीड़ित हैं उन्हें श्रेष्ठ चिकित्सा समाधान दिया जाए न कि प्रत्येक सिस्टम से जुड़े लोग अपना–अपना गुणगान करके स्वयं को बेहतर बनाने की होड़ में लगे रहकर रोगों से पीड़ित मरीजों के स्वास्थ्य को जो बेहतर विकल्प एक दूसरे की बेहतर खूबियों को अपनाकर दिए जा सकते हैं, उन्हें मात्र झूठे अहंकार के चक्कर में लोगों के स्वास्थ्य के बेहतर समाधान से वंचित रखा जाए। लेकिन देश के लोगों का दुर्भाग्य देखिए कि ऐलोपैथी सिस्टम के कर्ता–धर्ता एवं नीतियों पर कार्य करने की वकालत करने वाले संगठन IMA की ओर से हमेशा से सिर्फ एक ही राग अलापा जाता है कि जो कुछ हो वो सिर्फ ऐलोपैथी से हो, जो कानूनी नियंत्रण हो वो उनके पास हो, देश के स्वास्थ्य का 97 प्रतिशत बजट वर्षों से ऐलोपैथी को दिया जाता रहा है, लेकिन आजतक रिकॉर्ड में एक भी ऐसा रोग नहीं है जिसको स्थाई रूप से सही किया जा सका हो, देश में रोग या रोगियों की संख्या कम हुई हो, ऐलोपैथी के किसी भी सरकारी या प्राइवेट अस्पताल में चले जाइये वहां सिर्फ रोगियों की कतारें लगी मिलेंगी। रोगों के नाम पर सिर्फ एक ही चीज़ दिखती मिलेगी कि जब बीमार हो जाओ तब आ जाओ बिल बनवाने...कोई भी ऐलोपैथी से जुड़ी एक भी जगह ऐसी नहीं दिखती जो कहता हो कि आप बीमार न पड़ें उसके लिए पहले तैयारी कर लें। इस दशा में IMA की लॉबी खुलेआम भारत सरकार की ओर से लाये गए "एकीकृत स्वास्थ्य" के ड्राफ्ट का पुरजोर विरोध करने में लगी हुई है! इस एकीकृत स्वास्थ्य के ड्राफ्ट के माध्यम से भारत सरकार की एक अच्छी पहल करने की कोशिश है कि जिस रोग में जिस विद्या से बेहतर समाधान दिया जा सकता है या साथ मिलकर आयुर्वेद/ऐलोपैथ आदि पद्धतियों के उपचार को देकर रोग अथवा रोगियों के स्वास्थ्य में सुधार अथवा लाभ दिया जा सकता है तो उसके लिए जमीनी प्रयास किये जाएँ। लेकिन पता नहीं क्यों इस व्यवस्था को लाने में ऐलोपैथ से जुड़े लोग परेशान यहीं और सरकार तक की बात सुनने को तैयार नहीं है।

हम भारत के प्रत्येक नागरिक, डॉक्टर या किसी भी तरह का कार्य करने वाले व्यक्ति की जिम्मेदारी है कि देश के लोगों के स्वास्थ्य के लिए जो श्रेष्ठ हो वो विकल्प मिले इसके लिए एकजुट होकर समर्थन करें और सिर्फ लॉबी करने वालों या अपनी मोनोपॉली बनाकर स्वास्थ्य को व्यापार बनाये रखने की मानसिकता वालों या वे ही श्रेष्ठ हैं इस बात को ही हमेशा साबित करने की मंशा रखने वालों का खुलकर विरोध एवं बहिष्कार करना चाहिए।

AFI का यह मंच इसलिए ही आरम्भ हुआ कि जहाँ न सिर्फ हमारे सिस्टम को तोड़ने के लिए साजिश रचने वालों को उन्हीं की भाषा में उत्तर दिया जाये, उनकी आँखों में आँखे डालकर गरिमापूर्ण ढ़ंग से अपने संवाद और तर्कों को रखा जाए बल्कि हमारे आयुर्वेद के लोगों के बीच में भी जो बिखराव

है उसमें एक ब्रिज के रूप में काम करके एक दूसरे की खूबियों का सदुपयोग करके ष्आयुर्वेद व इससे जुड़े लोगोंष् को उस वास्तविक सम्मान और ऊंचाइयों पर ले जाने का प्रयास किया जाये व चिकित्सा को सिर्फ व्यापार बना देने वाले लोगों ने सामान्य जनमानस को जिस तरह से भ्रमित करके यह भावना स्थापित करने की कोशिश की है कि ष्बीमारी मतलब ऐलोपैथी ही विकल्प हैश इस मनोभावना से बाहर निकालकर, आयुर्वेद एवं एकीकृत स्वास्थ्य ही जन–जन के लिए मुख्य एवं प्रथम विकल्प हो इस दिशा में सम्पूर्ण सामर्थ्य से सच्चे प्रयास किये जाएँ।

संगठन के मुखपत्र "अग्निवेश" के इस प्रथम अंक के माध्यम से इसी संकल्प में जो भी आहुतियां हमारे लोगों के द्वारा डाली जा रही हैं (अर्थात जो भी कार्य धरातल पर किये जा रहे हैं) वे सभी हम अग्निवेश के माध्यम से आप सभी तक लगातार पहुंचाते रहेंगे! अग्निवेश हम सभी के लिए एक शंखनाद है, एक आवाज है जो किसी को नीचा दिखाने के लिए आरम्भ नहीं हुआ है बल्कि जो हमारा वास्तविक हक है उस दिशा में बुलंद हौसलों के साथ बढ़ने का संकल्प है। भारत के स्वास्थ्य क्षेत्र की पवित्र और महान विरासत को आरम्भ करने वाले हमारे महान आप्तों, ऋषि–मुनियों एवं आचार्यों को एक विशिष्ट श्रद्धांजलि है और उनकी आयुर्वेद रूपी मशाल को सदैव प्रजवल्लित रखकर मानव स्वास्थ्य एवं कल्याण के लिए आगे बढ़ते रहने की एक मशाल है जिससे हम ईमानदार प्रयास करते हुए भारत और विश्वभर में आयुर्वेद के सम्मान को प्रथम पायदान पर लेकर के आएं और भारत की आर्थिक और स्वास्थ्य उन्नति को बेहतर करने में उल्लेखनीय योगदान दे सकें।

इसी विचार एवं सच्ची सद्भावना के साथ आशा है कि हम सभी एकजुट होकर पवित्र एवं ईमानदार प्रयास करते हुए आगे बढ़ेंगे!

आपका

आयुर्वेदाचार्य डॉ. अभिषेक

संपादक, अग्निवेश

संस्थापक – आयुर्वेद फेडरेशन ऑफ़ इंडिया

Research Article Invited

Dear **Author,**

Greetings from **AGINVESH, Submission is open now, you can submit your manuscript for publication.**

We are pleased to inform you that **AGINVESH (INTERNATIONAL JOURNAL OF AYURVEDA RESEARCH & HEALTH)** is an International regular peer review free open access journal, which is published by Ayurveda Vigyan Forum, Quarterly, registered under Section 7 Registration Act, 18 of 2013.

AGINVESH journal provides a common platform to all the scientists, researchers, academicians & medical practitioners to share their valuable knowledge, information, innovative ideas and encourage their contribution to research in Science and Technology for the betterment of mankind.

We welcome research papers, short communications, review articles, which are published quarterly and are freely accessible to researchers, students globally.

The journal aims to cover the latest developments in the field of Ayurvedic Medical Sciences, Plant Science, Bioinformatics, Microbiology, Molecular Biology, Immunobiology, Pathology, Herbal Drug Development, Food Sciences, Environmental sciences.

The AGINVESH follows fast track publication concept and the submitted manuscripts will be thoroughly evaluated by the dedicated reviewers and editors and will be published in secured format in order to ensure authencity of your valuable work. Manuscripts can be submitted online via OSTS (online submission and tracking system) www.Afi-india.in.

With Regards

Dr. Shambhu P. Patel M.D.(Ayu.)

Chief Editor, AGINVESH

(International journal of Ayurveda Research & Health)

Web: www.Afi-india.inEmail: editoragnivesh@gmail.com

Mobile +918595336710, Whatsapp +918595336710



From the Desk of Chief Editor

I take immense pleasure in conveying my heartfelt congratulations to all of you and the editorial team, Agnivesh magazine will always portrays thoughts, ideas, dreams, creative writings and aspirations of young minds and it is a platform that provides exposure and freedom to express your views.

I congratulate the efforts of the team in compiling and unleashing the hidden potential of the ayush stake holders and making this magazine very purposeful and meaningful.

Agnivesh means wisdom, knowledge and intelligence … through this magazine the ayurveda doctors have made conscious efforts to express their thoughts, ideas and Express their thoughts and ideas in a very beautiful manner.

I appreciate the efforts of team Agnivesh for bringing out this magazine successfully amidst all challenges in the last few months.We always believe in giving our best to our stakeholders and always instill in them strong values towards self and environment around us, commitment in all that we do and involve completely in all responsibilities that is entrusted and always follow the ethical path to reach our goals.

I once again wish the team all the very best in all your endeavors and May you explore new dimensions in the process of Upliftment of Ayurveda in turn these learnings should benefit the stakeholders and society at large.. Let's all join hands in grooming the young minds and contribute to the Nation building.

Dr Shambh P Patel
Chief Editor
Agnivesh

Ayurveda Federation of India
"बहूनां चैव सत्त्वानां समवायो रिपुञ्जयः।"
A.F.I.

Become a Part of the Change !

Join AFI MOVEMENT TODAY!

A platform of
IMPACT & INSPIRATION
Awaits you through
AFI membership!

Scan Code



REVIEW ARTICLE ON GENETICS OF PUMSAVANA KARMA

Dr. Jitendra Kumar Vinay kumar Mishra[1], Dr. Shambhu P. Patel[2], Dr. Sujit Kumar[3], Dr. Sabhakant Pandey[4]

1. Associate Professor, Department of Prasuti tantra and StriRoga, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh., India.
2. Associate Professor, Department of Dravyaguna, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh.
3. Assistant Professor, Department of Kriya Sharir, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh.
4. Assistant Professor, Department of RogaNidana evumVikruti Vigyan, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh

Corresponding Author -Dr. Jitendra Kumar Vinay Kumar Mishra, Department of Prasuti tantra and StriRoga, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh, India.

Email – jitendramishra914@gmail.com Mobile - 7710918406.

ABSTRACT

"Pumsavana" is one of the Shodasha Karmas which were performed in early days of ancient India to get the desired sex of a child to prevent unwanted progeny and to get a child of highly immunized and devoid of any congenital abnormalities.There are certain remedies which are explained in different samhitas,puranas and smritigranthas by different ancient acharyas where some drugs are used as in nasyakarma in pushyanakshatrato get desired progeny which is also being used in today's era of Ayurveda mostly in India.Though our acharyas know the effect of pumsavana karma properly at those time so they have mentioned it's effect in different samhitasas they were the scientist of Genetics, so through this karma there is might be some effects on Gonadal ridge to get desired one.

KEYWORDS: Pumsavana, Genetic, Nasya, Pushyanakshatra, Shodasha karma.

INTRODUCTION:

Pumsavana (Sanskrit: पुंसवन, Pumsavana) (literally: quickening the fetus, or engendering a male or female issue) is the second of the 16 Samskāras (sacraments, rite of passage) in ancient texts of Hinduism. The rite of passage is celebrated in the second month of pregnancy, typically after the pregnancy begins to show but before the baby begins to move in the womb. Pumsavana is a rite of passage observed when the pregnancy begins to show, typically in or after the third month of pregnancy and usually before the fetus starts moving in the womb. The ceremony celebrates the rite of passage of the developing fetus, marking the stage where the baby begins to kick as a milestone in a baby's development.

Before Conception in 12 days of ritukal and/ or in the second month after conception the woman should be administered Pumsavana treatment before the manifestation of the sex in the foetus.

Obtaining two un-broken buds from two twigs proceeded from the Eastern and Northern side of a banyan FicusIndica Linn) growing in a cowyard as also a dingle grain of paddy or two seeds of masha (PhaseolusRadiatusRoxb). Both well developed or two seeds of yellow mustard and mixing them into a quantiry of curds. The woman that has conceived should be made to drink it under the constellation of pushya.

Another Pumsavana Medicine is the following:

The kudyakitamatsya containing *one anjuli* water should be drink in pushyanakshatra.

The Kalka are paste of (a) Jeevaka (b) Rishabaka (c) Apamarga (d) Sahachara or of each if

desirable should be boiled with milk and given to the women to drink.

Further in the likeness of a man very small proportions made of gold, or silver, or Iron made red hot in fire and then dipped into a measure of curd or milk or water should be swallowed without leaving remnant, under the influence of the constellation pushyami. Under the same Nakshatra of Pushyami the woman may be made to inhale the vapours of a shashtishali rice that is being baked on fire and then dissolving that shashtishali a measure of water the mixture should be cast over the threshold of the door. This water the woman should then using a stick of cotton apply to her right nostiril.[5]

Laxmana, Vatshrunga,Sahdeva,Vishwadewa medicines pasted in godugdh and instill 3-4drops into her right nostril to get male progeny and into left nostril to get female progeny.

PushyaNakshatra- Male residents born in Pushya Nakshatra are old-fashioned romantics with a concealed emotional side that prevents them from making difficult life decisions. These folks find it difficult to leave someone and are hence devoted lovers. These folks also struggle to make difficult life decisions. These indigenous are emotional, yet they are also kind-hearted. This native is always looking for methods to please himself, which may lead to selfish behavior. The Pushya guy has a small network of friends and pays little attention to others. Praise boosts his ego; criticism deflates it. Their delicate disposition makes them susceptible to slipping into the wrong company.

In the above process we find that the condition of human well-being is linked up with the position of constellation. Hence astrology plays vital role in every sphere of Ayurvedic treatment. For the convenience of the learned readers, I shall quote some of the observations made by Prof. B.V. Raman, editor astrological magazine of international fame.

The Ceremony of Pumsavana should be celebrated in the second or before 3months when signs of pregnancy are evident. All lunar days except the fourth, sixth, eighth, nineth, twelveth, fourteenth full moon and new moon days are good.

DISCUSSIONS & CONCLUSIONS:

Through Pumsavana Samskara, it is evident that our ancient acharyas brought sexual changes in the embryo son or daughter as desired and by doing this we can get a desired child with good immunity depending upon the use of medicinal plants which will lead to reduce of congenital anomalies in foetus.

Hence, even now in this ultra modern space-times the principles of Pumsavana Samskara as enumerated by different Acharya can be practiced for the benefit of the human society.

But this much we are sure that the process of Pumsavana Samskara is in vogue in upper strata of the society in our country and it is yielding satisfactory results.

The girl born in PushyaNakshatra may have difficulty finding tranquility for herself due to her hectic activities throughout her life. People tend to criticize the female for being overly nice. As someone born in PushyaNakshatra, you may have had experiences where you gave someone all you had and received nothing or even suffering in return. Despite the odds, the girl born in PushyaNakshatra has faith in the Lord's plan and is pious. She enjoys following family traditions and does everything with passion. The sexual nature is one of your valued traits, but make sure you don't utilize it for the wrong reasons.

REFERENCES :

1. Charaka Samhita Sarirasthana,Chapter 8 Slokas: 4,5,6
2. Charaka Samhita Sarirasthana,Chapter 8 Slokas: 8 ,19
3. SwamySatprakashananda: How is a man Reborn
4. Claude A. Villee: Biology
5. Marcus A Krupp: Current Medical Diagnosis and Treatment (1977)
6. Margare Kosek: Genetics
7. Charaka Samhita Sarirasthana, Chapter 8 Sloka: 17
8. AshtangasangrahaSharirasthana , Chapter 1 Sloka:60,61,69
9. AshtangahridayaSharirasthana, Chapter 1 Sloka: 37,38
10. Sushruta Samhita Sharirasthana, Chapter 2 Sloka:32Dulhantika
11. Sushruta Samhita Sharirasthana, Chapter 3 Sloka:5 Dulhan tika
12. AshtangahridayaSharirasthana, Chapter 1 Sloka 37, 38 Arunduttatika
13. CharakaSamhita Sharirasthana, Chapter 8 Sloka 19 chakradutttika.
14. BhavprakashChikitsa, Chapter 70 Sloka:30-32.
15. Yogratnakar, YonivyapadChikitsa.
16. Ancient science of life, Volume -9, no.03, Pumsavana karma by K P Vardhan, Shri RamkrishnaAshram,Gadwal, India.



ROLE OF VIDANGARISTA & MAHA MARICHYADI TAILA IN TREATMENT OF DADRU KUSHTA (TINEA CORPORIS) IN CHILDRENS - A CASE STUDY

Dr. Sujit Kumar[1], Dr. Sourav Sharma[2]

1. Assistant Professor, Dept. of Kriya Sharir, Vivek College of Ayurvedic Sciences and Hospital, Bijnor, Uttar Pradesh, 246701
2. Assistant Professor, Dept. Of Rachana Sharir, Abhilashi Ayurvedic College and Research Institute, Mandi, HP

Corresponding Author -Dr. Sujit Kumar, Assistant Professor, Dept. of Kriya Sharir, Vivek College of Ayurvedic Sciences and Hospital, Bijnor, Uttar Pradesh, 246701

Email Id -drsujit58@gmail.com Mobile - 8320816067

ABSTRACT

The human body's biggest organ is the skin. It is prone to a number of illnesses because of its size and position outside the body. Most skin illnesses are brought on by bacterial, fungal, and other types of infections In Children. All skin conditions in Ayurveda fall under the umbrella term "Kushta," which is further divided into Mahakushta and Kshudrakushta. Dadru belongs to this group. It is Raktapradoshaja vyadhi, who is dominated by kapha and pitta. Owing to the consistency of these symptoms, Tinea corporis, a fungal illness specifically brought on by unsanitary surroundings, and Dadru can be associated extremely effectively. Shaman Chikitsais recommended in Kushtha in Children.A total 16 children screened and complained of circular, reddish blotches all over her abdomen, which had been itching badly for 20 days. For 14 days, all the children's received treatment with Group A -Vidangarishta, Group B- Maha Marichayadi Taila, and Group C - Vidangarishta+ Maha Marichayadi Taila. Significant improvement was shown in the parameters Kandu (itching), Raaga (erythema), Pidika (eruptions), and Utsaana mandala following the end of the therapy (elevated circular skin lesion). By removing exacerbated doshaja, Vidangarishta+ Maha Marichayadi Tailawith Kushtaghna, Kandughana, and Krumighna qualities aid to dissolve the Samprapti of the vyadhi.It is clear from this case Report that Ayurvedic remedies work well for treating Dadru kushta.

KEYWORDS -Kushta, Vidangarista, Maha Marichyadi Taila,Dadru,Tinea corporis etc.

INTRODUCTION

The human body's biggest organ is the skin. It is prone to a number of illnesses because of its size and position outside the body. In tropical and developing nations like India, the prevalence of skin problems has significantly increased in recent years.[1] In Ayurveda, all skin conditions fall under the umbrella term "Kushta," which is further divided into Mahakushta and Kshudrakushta. Dadru belongs to this group. Acharya Sushruta and Acharya Vagbhata provided explanations under the heading of Mahakushta, whilst Acharya Charak included Dadru in Kshudrakushta.[2] Kandu (itching), Utsanna (elevated circular lesions), Mandala (circular patches), Raaga (erythema), and Pidakas are among the symptoms of Dadru (Papule).[3] The key components of Dadru's samprapti are dushti of rasa and raktavaha strotas as well as vitiation of Pitta-



kapha doshas.Vishamashana (incompatible food), vegavidharana (restraining natural urges), diwaswapa (daytime sleeping), consumption of atilavana, atitikshnaahar (excessively salty or spicy food),

consumption of contaminated food, drinking cold water immediately following physical labour, or exposure to sunlight are the causes of Kushta. Kandu (itching), Utsanna (elevated circular lesions), Mandala (circular patches), Raaga (erythema), and Pidakas are some of the primary lakshanas of Dadru (Papule).[4] The key components of Dadru's samprapti are dushti of rasa and raktavaha strotas as well as vitiation of Pitta-kapha doshas. Tinea corporis, a fungal skin condition, and Dadru can be compared due to the similarity of their symptoms. The related fungi are called dermatophytes, and they can lead to skin alterations including tinea, ringworm, dermatophytosis, or mycosis.[5]

Infection with Tinea affects 5 out of every 1000 persons. It is treated with topical and systemic antifungal medications, as well as corticosteroids. Shaman, and Bahirparimarjan (topical) Chikitsa are recommended for Dadru in Children.[6] This case study makes use of each of these therapy techniques. Formulations with Kushtaghna, Krumighna, and Kandughna characteristics, such as Vidangarishta, Maha Marichayadi Taila, were utilized in Shamana Chikitsa.[7]In the form of oral medication of Vidangarishtagiven and local application of Maha Marichayadi Taila, bahiparimarjana chikitsa was administered.

CASE REPORT – Total 16 Patientsi.e., children in the OPD of KaumarbhrityaDepartment,Vivek College of Ayurvedic Sciences and Hospital, Bijnor, with Chief complaints of round and reddish patches over abdominal region with severe itching for 20 days.

HISTORY OF PRESENT ILLNESS

A total 16 children (both gender) were well before 20 days, and then they gradually developed the round and reddish patches over abdominal region with severe itching. For that they had taken Allopathic treatment from local practitioner but didn't get satisfactory result so, they came to Vivek College of Ayurvedic Sciences and Hospital, Bijnor,for management.

PAST HISTORY

There was no any past history of juvenile diabetes mellitus and asthmatic condition.

FAMILY HISTORY

No family complaints.

CLINICAL EXAMINATION

TrividhaPariksha was within normal limit.

LOCAL EXAMINATION- 4-5 circular erythematous, well demarcated patches with some vesicular eruption over abdominal area. No discharge from lesion.

VITAL PARAMETERS- Vitals parameters were within normal limit.

DIAGNOSIS From clinical features it was diagnosed as Dadru (Tinea corporis).

TABLE NO 1: TREATMENT SUGGESTED

Sr.	Drug given	Dose/ Anupana	Duration/ Time
1.	*Vidang arista*	*20 ml twice a day with koshnajala (luke warm water)*	*14 days /afterfood*
2.	*Maha Marichyadi oil*	*Localapplication*	*Twice a day*

FOLLOW UP- After 7 days

INVESTIGATIONS

CBC and RBS were within normal limits

ASSESSMENT CRITERIA

Assessment of patient was done on the basis of improvement in subjective parameters like

- Kandu (Itching),
- Raaga (Erythema),
- Utsanna mandala (Elevated circular skin, Lesion)
- Pidika (Eruption)
- during and after treatment.



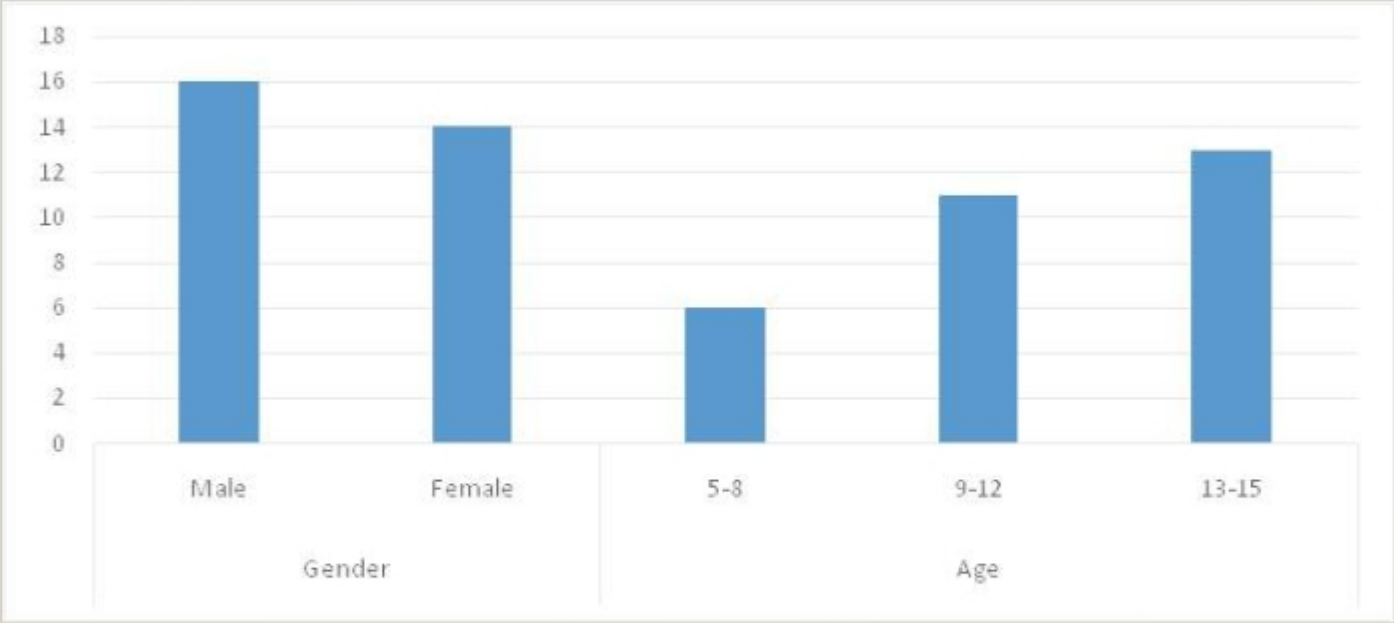
TABLE NO 2: GRADATION OF PARAMETERS

Sr. No.	Grade 0	Grade 1	Grade 2	Grade 3
Kandu (Itching)	Absent	Mild or Occasional Itching	Moderate or Frequent Itching	Severe Itching
Utsanna mandala (Elevated circular skin lesion)	Absent	Mild elevated lesion	Moderate elevated lesion	Severe elevated lesion
Pidika (Eruption)	Absent	1 - 3 eruptions	4 - 7 eruptions	> 7 eruptions
Raaga (Erythema)	Absent	Present	-	-

DEMOGRAPHIC DATA: In is study, 16 patients were male and 14 were female, 6 patients were from 5-8 age group, 11 patients were from 9-12 age group and 13 were from 13-15 age group.

EFFECT OF TREATMENT: After the treatment in the Vidangarista treated group percentage of

Demography		**Number**
Gender	**Male**	16
Age	**Female**	14
	5-8	6
	9-12	11
	13-15	13

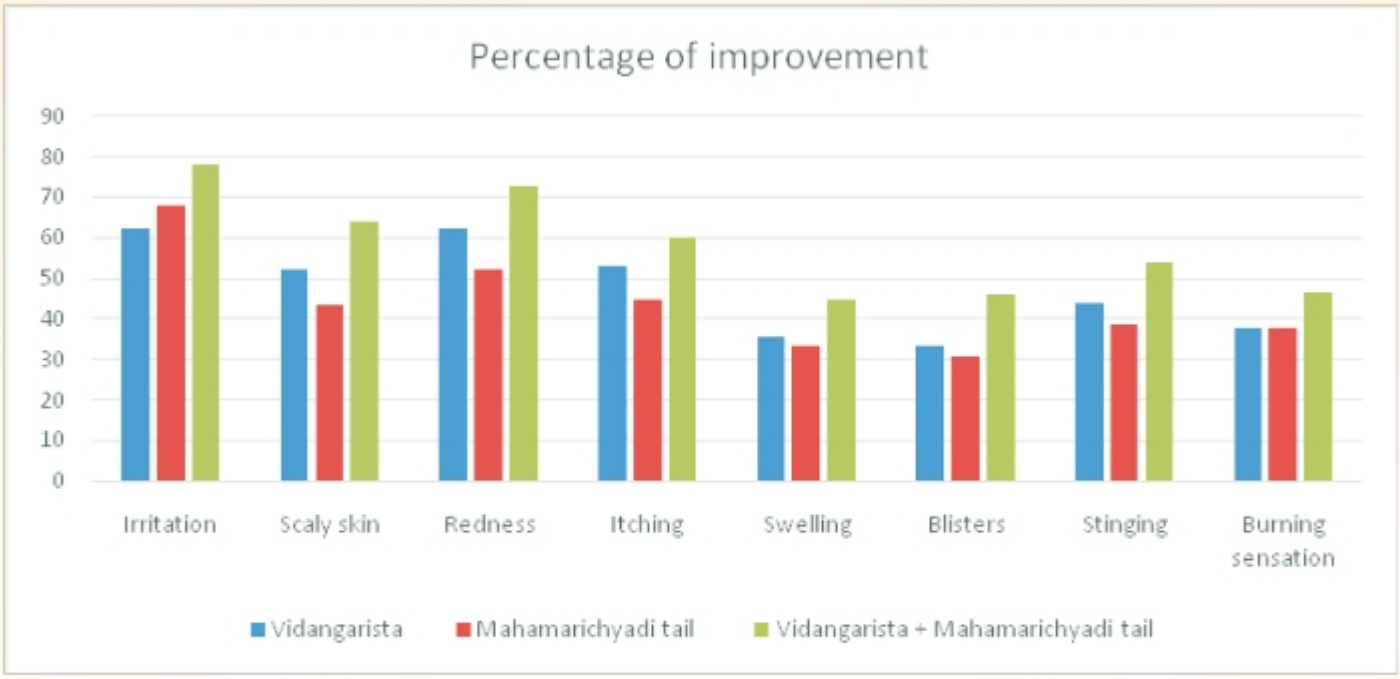


improvement for irritation was 62.5%, 52.17% for scaly skin, 62.5% for redness, 53.33% for itching, 35.71% for swelling, 33.33% for blisters, 44% for stinging and 37.93% for burning sensation. Similarly Maha Marichyadi taila treated group percentage of improvement for irritation was 68%, 43.47% for scaly skin, 52.17% for redness, 44.82% for itching, 33.33% for swelling, 30.76% for blisters, 38.46% for stinging and 37.93% for burning sensation, while combination of Vidangarista and Maha Marichyadi taila treated group percentage of improvement for irritation was 78.26%, 64% for scaly skin, 73.07% for redness, 60% for itching, 44.82% for swelling, 46.15% for blisters, 53.84% for stinging and 46.66% for burning sensation.

- Before treatment Gradation of Kandu was 5 (Moderate Itching) which reduced to 3 (mild Itching) during first follow up and it was absent on day 14 that is after completion of treatment. Before treatment Gradation of Utsanna mandala was 4 (Moderate elevated lesion) which reduced to 2 (Less than Mild elevated lesion) during first follow up and it was absent on day 14 that is after completion of treatment.

EFFECT OF TREATMENT

Symptoms	*Before treatment*			*After treatment*			*Percentage of Improvement*		
	Vidang arista	Maha Marich yadi tail	Vidang arista + Maha Marich yadi tail	Vidang arista	Maha Marich yadi tail	Vidang arista + Maha Marich yadi tail	Vidang arista	Maha Marich yadi tail	Vidang arista + Maha Marich yadi tail
Irritation	24	25	23	9	8	5	62.5	68	78.26
Scaly skin	23	23	25	11	13	9	52.17	43.47	64
Redness	24	23	26	9	11	7	62.5	52.17	73.07
Itching	30	29	30	14	16	12	53.33	44.82	60
Swelling	28	27	29	18	18	16	35.71	33.33	44.82
Blisters	27	26	26	18	18	14	33.33	30.76	46.15
Stinging	25	26	26	14	16	12	44	38.46	53.84
Burning sensation	29	29	30	18	18	16	37.93	37.93	46.66
Paired t-test							<0.0001	<0.0001	<0.0001



Symptoms	Day 0	Day 7	Day 14
Kandu (Itching)	5	5	5
Utsannamandala (Elevated circular skin lesion)	4	4	4
Pidika (Eruptions)	3	3	3
Raaga (Erythema)	4	4	4

- Before treatment Gradation of Pidika was 3 (mild Pidika) which reduced to 1Pidika (eruption) during first follow up and it was absent on day 14 that is after completion of treatment
- Before treatment Raaga (Erythema) 4 (moderate Raaga) was present that persists during first follow up and it was absent on day 14 that is after completion of treatment.
- Thus, complete improvement was observed in all parameters after completion of treatment.

DISCUSSION

Tridoshaja are all Kushta. Dadru is a Pitta-Kapha dominance, according to Acharya Charak and Vagbhata, and it is a KaphaPradhan, according to Acharya Sushruta.[8] Rasa and Rakta are involved in the Samprapti. Samhita describes several Shamana Chikitsa with Kushtaghna, Krimighna, and Kandughna qualities for Kushta. Moreover, Bahiparimarjana Chikitsa (local medication application) using oil was suggested for improved results.[9] In this case study, the patient was treated for 14 days using a combination of exterior applications of Maha Marichyadi oil and internal administration of Vidangarista.[10]

CONCLUSION

According to Acharya Charak, Dadru Kushta is a subtype of Kshudra Kushta, while according to Acharya Sushruta and Acharya Vagbhata, it is a subtype of Maha Kushtha. It is connected to dermatophytosis or Tinea corporis. Personal cleanliness is crucial to the therapy of this condition since it is communicable. From this case study it can be concluded that use of Chikitsa Upkrama described in Childrens like Shamana (formulations like Vidangarista) and Bahiparimarjana (local application of Maha Marichyadi taila) are effective in the management of Dudru kushta. Vidangarista and Maha Marichyadi tail both showed antifungal activity and improved the fungal infection symptoms. After the treatment a significant improvement reported in the disease symptoms. However, in comparison to the individual drugs, combination of both drugs showed better improvement of the disease symptoms and

higher percentage of improvement in comparison to the individual drugs i.e., Vidangarista and Maha Marichyadi taila.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

REFERENCES

1. Sharma PV, Charaka Samhita of Agnivesha with English Translation, 1 s t Edition- Reprint, Chaukhambha Orientalia,Varanasi. Vol-2, 2008:183.
2. Sharma PV, Charaka Samhita of Agnivesa with English Translation, 1 s t Edition- Reprint, Chaukhambha Orientalia,Varanasi, vol-2,2008:184
3. Jadavaji Trikamji, Choukambha Orientalia, Sushruta Samhita (Commentary of Dalhanacharya) and the Nyaya Chandrika, Varanasi. 5th edition; 2005:37
4. Desai Ranajitaraya, AshtangaSangraha of Sarvanga Sundari Vyakhyaya Samhita Sutrasthana- Prathama Bhaga, Shri. Baidyanath Ayurveda Bhavana, pvt. Ltd Nagpur, 3rd edition; 1986:137
5. Tripathi Ravidatta and Shukla Vidyadhar – 'Charaksamhita' Vol. 2 - Chikitsasthana 'Kushtha chikitsitam Adhyaya' 7/4-8 – Edition Chaukhamba Sanskrit Pratisthan, Delhi, 2013; 181
6. Sharma Usha, Tinea infections, unwanted guests; 2010[Express Pharma]; p.1.
7. Jadavaji Trikamji Agnivesha, Charaka, Dridhabala, Charaka Samhita, Sutra Sthana. In: 1st ed., 16/20. Varanasi: Krishnadas Acadamy; 2000. p. 97.
8. Kushwaha Harish Chandra Singh, Charaka Samhita, Ayurveda Dipika Ayushi, Hindi commentary edited by Vd. Vol-II 7/41, Varanasi: Chaukhamba Orientalia; 2009. p.209
9. Mishra Siddhinandan 'Bhaishajya Ratnavali by Kaviraj Govind Das Sen' – Kushtharogadhikara 54/111-117 Edition Chaukhamba Subharati Prakashana Publication, Varanasi, 2016; p. 871.
10. Manish Chavhan et.al., Management of Dadru Kushta (Tinea corporis) – A Case Study ISSN No: 0976-592, http://ijam.co.in.





Embelia ribes Burm
(Vayavidang Vidanga)
वायविड़ग



EVALUATION OF *GUGGULU SNUHI KSHARA SUTRA* IN MANAGEMENT OF *ARSHA*"

Dr. A Bhay Ahirwar

Corresponding Author -Dr. A Bhay Ahirwar, Reader, Department of Shalyatantra, Parashar Ayurved College, Bhopal (M.P.)

ABSTRACT

Arshas (haemorrhoids) is one among the ano rectal disease which occurs in *Gudapradesha*(anus) a *Sadhyopranahara Marma*. Acharya Sushruta and Vagbhata describe it under *Ashta Mahagada*. It is progressively increasing in the society due to sedentary lifestyle, irregular and inappropriate diet, low fiber diet, prolonged sitting or standing, diarrhea, constipation, psychological disturbances etc. It is manifested due to improper diet, prolonged standing and faulty habits of defecation causing derangement of *tridosha*, mainly *vata dosha*. Vitiated *dosha* localizes in *guda vali, pradhanadhamani* and *mansdhara kala* and vitiates *twak, mansa, meda* and *rakta*, resulting in the *annavaha sroto dushti*. Guggulu Snuhi *Kshara sutra* ligation in *arsha* was employed in 35 patients, in which 30 patients completed the treatment with proper follow up and. The study revealed a good result of the Guggulu Snuhi kshara *sutra* ligation-treatment procedure. The observations revealed that maximum advantages like minimum hospital stay, no bleeding during or after operation, no post-operative anal stenosis, a low cost-effective and more acceptable to different categories of people, etc. were recorded in the *kshara sutra*-treated group. Statistically, Guggulu Snuhi *kshara sutra* ligation for *arsha* was found to be highly significant and effective management. No adverse effects were noted during the follow-up period.

KEYWORDS: *Arsha*,Mahagad, Guggulu Snuhi *kshara sutra* ligation.

INTRODUCTION

Ayurveda is the science of life. Since the time immemorial, *Ayurveda* has been showing the ideal way of living, which promises a disease free, happy and long life. All branches of *Ayurveda* have depth of knowledge in concise form. *Shalya Tantra is* one of the most important branches of *Ayurveda ancient text of* ayurveda mentioned utilization of surgical process *for the* management of many diseases which are difficult to treat by non-surgical therapy. *Kshara a sutra* is the para-surgical process generally employed for various disease related to the surgical process involving *Arsha, Bhagandara* etc.

Arsha has been described as *'Durnama'* in *Atharvaveda*[1]. *Brhathrayi* has mentioned its aetiology, pathogenesis, clinical features and rational management according to the presentation of the symptoms of the disease. Arsha have been known to mankind for a long time and are one of the commonest diseases to affect human beings. *Arsha* is the gift of busy life style, one of its prime etiological factors is *Mithyahara-Vihara* and is unavoidable due to busy life style. This shows the severity of the disease. Even the WHO has started celebrating the 20th Nov. of each year as "WORLD PILES DAY", which clearly indicates the infiltration of this disease all over the world and tremendous physical and mental sufferings of the mankind as result of this disease. While working in outpatient department (OPD) it was observed that the percentage of the patient's having *Arsha* was increased, hence this condition was selected for scientific study.

Sushruta Samhita mentioned various treatment of Arsha modalities in different category such as; *bheshajchikitsa*(palliative treatment), *Kshara karma*(potential cauterization agent therapy), *agnikarma*(direct cauterization agent therapy) and *shastra karma* (operation by sharp instrument)[2]. *Ayurveda described Kshara a karma* as part of *anushastra karma*[3]. The *Kshara a sutra* categorized under the *Kshara a karma* therapy which possesses significant therapeutic application in disorders related to the surgical procedure. *Guggulu Snuhi Kshara sutra* is thread coated with medicated material like *apamarga* (*Kshara*)[4] (ash of *achyranthu-sascera*), *snuhi*[5](*euphorbia nerufolia*) latex, *guggulu*[6] *(commiphoramukul) niryasa and haridra*[7] *(curcuma longa)* powder; which helps in debridement and lysis of tissues also possess antifungal, anti bacterial, anti inflammatory and analgesic potential[8]. *Kshara a*

Sutra also destroys the residual glands in the epithelium;[8] these all properties of *Kshara sutra* establish its therapeutic potential as a part of parasurgerical process.

Recently *Guggulu Kshara sutra* is validated in *Bhagandara* in Banaras Hindu University. *Guggulu* has considered as *Vednahar&Vranaropana* effect and also act as *Kandu, pidka and kota nashaka*[11].

Keeping in view answering authentically, *Shalya Chikitsa* particularly from the area of parasurgery has been selected. Under the heading of parasurgerical process, *Kshara Karma* procedure interpreted to potential cauterization application therapy is the specific field taken in to research for finding out the correct approach in comparison to the modern counterpart treatment. In relation to *Kshara karma, Acharya Sushruta* has advocated *Kshara sutra* application method for *Arbudadi*(growth etc)[12]. in reference to the treatment of *Nadivrana*. In addition to this, the great commentator of *Sushruta* Samhita, *Acharya Dalhana* has viewed that *Granthi* or structures or consistencies like *Granthi* may be treated by *Kshara sutra*. In this context Acharya*Sushruta* has also directed how to transfix and ligate the mass. It is as follows-

अर्बुदादिषुचोत्क्षिप्यमूलेसूत्रंनिधापयेत

सूचीभिर्यववक्त्राभिराचितान्वासमन्ततः

मूलेसूत्रेणबध्नीयाच्छिन्नेचोपचरेद्व्रणम्द्य



AIMS AND OBJECTIVES

1. To prepare *Guggulu Snuhi Apamarg Haridra* coated *Kshara sutra* and validated its efficacy in *Arsha*.
2. To access *Guggulu (Commiphora Mukul)* as *Vednahar, Vranaropan, Kandughna* on tissue particularly in diseased tissue.

➢ The objective of study is to identify a comprehensive *Guggulu Snuhi Kshara Sutra* modality in *Arsha*.

MATERIALS AND METHODS

All the modern methods exhibit the fact that for haemorrhoids treatment, a good number of surgical, para and medical treatments have been advocated. Every clinician claims of his method or procedure to be the superior to the previously existing methods. In the other words all such approaches prove that none of the methods are either satisfactory or final.*AcharyaSushruta* seems to be more judicious in handling a case of piles according to its severity. He advises that there are four methods to treat the disease as; medical, *Kshara, Agni* and Surgical procedures. Despite long medical history of identification and treatment, haemorrhoids still pose a challenge to the medical fraternity in the terms of finding satisfactory cure of the disease. In this study *Guggulu snuhi Kshara sutra* transfixation ligation, a modality of treatment described in *Ayurveda* has planned, for the second, third and fourth-degree haemorrhoids and external haemorrhoids.

RESEARCH DESIGN

Here the population was defined first, and then the sample was selected randomly. The study was conducted in 30 adult patients of either sex with the Grade second,third and fourth haemorrhoids in same hospital. Patient undergone for *Guggulu Snuhi Kshara sutra* transfixation ligation. *Guggulu Snuhi Kshara sutra* was prepared IN RANI DULLAIYA SMRITI PHARMACY BHOPAL on the basis of standard method of Kshara sutra preparation approved by ICMR and Department of Salya IMS B.H.U. Finding in each case were recorded over a follow- up of one month on post-operative days 8th, 16th,31thdays.

DETAILS OF CLINICAL STUDY

Sample Frame:

1. **Sample Size**: The sample size for this study 35 participants.
2. **Setting:** The study was conducted in the I P Department of Shalyatantra, Rani Dullaiya Smriti Ayurved PG College and Hospital Bhopal M.P.
3. **Study Design**: Randomized clinical trial.
4. **Selection of Subjects:** 35(30 COMPLETE THE FULL STUDY PERIOD) cases of second-, third- and fourth-degree hemorrhoids, motivated to freely participate in the study were selected according to inclusion and exclusion criteria.

INCLUSION CRITERIA: -

1. The patient suffering from *Arsha.*
2. The patient of both the sex will be included in the study.
3. The patient who has the history of operation for piles but having reoccurrence also will be included in the study.
4. The patient ranging from 18 years to 65 years of age will be included in the study.
5. Irrespective of caste, religion and economic status
6. Patient with written consent

EXCLUSION CRITERIA: -

1. The patient below the age of 18 years and above the age of 65 years be excluded from the study.
2. The patient suffering from diabetesmallets, tuberculosis around the anal region, any other systemic disease will be excluded from the study.
3. The patient under the treatment of psychological disease for mental disturbance particularity anxiety will be excluded from study.

The objective of study is to identify a comprehensive *Guggulu Snuhi Kshara Sutra* modality in *Arsha.*

These drugs should be-

- Having binding property on thread.
- Available in bulk and easily.
- Less irritant
- Having *Vednahar, Kandughna, vranasodhana* and *ropaka* properties.
- Having antiseptic and anti-inflammatory activities.
- Having additional beneficial action, if any.

GUGGULU SNUHI KSHARA-SUTRA

Guggulu Snuhi Kshara sutra developed on the basis of Standard Kshara *sutra* was developed in 1984 by Prof.P.J.Deshpandey and M.K Jalan.In *Guggulu snuhikshara sutra,* the latex of *snuhi* and resin of *guggul*is used with *Apamarga kshara* and *haridra.*

Ingredients:

1. Fresh *snuhi*latex
2. Resin of *Guggulu*
3. Linen thread no. 20
4. *Haridra*
5. *Apamarga kshara*

Preparation of *Guggulu Snuhi Kshara sutra*

INGREDIENTS:

1. *Apamarga Kshara*
2. *Snuhi latex*
3. *Haridra* powder
4. *Sodhit Guggulu*
5. Surgical thread
6. *Ksharsutra*cabinet

TECHNIQUE:

The standard technique for preparation of *Kshara sutra* which has been developed in Salya Dept of B.H.U and approved by I.C.M.R New Delhi India.Approved by Rani Dullaiya Smriti Ayurvedic Pharmacy Bhopal (M.P.)

NUMBER AND PATTERN OF COATINGS *GUGGULU SNUHI* KSHARA *SUTRA*

Guggulu Snuhi Ksheera BasedKshara Sutra	*Coatings*
Snuhi Ksheera + ***Guggulu***	*11*
Snuhi Ksheera + ***Guggulu*** + *Apamarga Kshara*	*7*
Snuhi Ksheera + ***Guggulu*** + *Haridra Churna*	*3*
Total Coatings	***21***

Assessment chart:

***1. Raktasrava*/Bleeding**	
No bleeding	00
Bleeding during defecation	01
Bleeding before and after defecation	02
Bleeding at any time	03

2. *Vibandha*/Constipation

No Vibandha	00
Evacuation of bowel with hard stool	01
Evacuation of bowel with hard stool with pressure	02
Evacuation of bowel hardly with much pressure	03

3. *Guda Kandu*/Itching

No Guda Kandu	00
Guda Kandu after defecation for 3-4 hours	01
Guda Kandu excessive at night	02
Guda kandu for ever	03

4. *Guda Daha*/Burning

No Guda Daha	00
Guda Daha after defecation Guda Daha after defecation	01
for 3-4 hours	02
Guda daha for ever	03

5. *Shotha*/Swelling'

No Shotha	00
Less then 2cm Shotha	01
2-4cm Shotha	02
More than 4cm Shotha	03

ASSESSSMENT OF RESULT:

Assesment of result was monitered on the the following points

1. Before treatment
2. Assessment after 7th day of procedure
3. 1st followup after15thday of procedure
4. 2nd followup after 30thday of procedure

Also the following symptoms were also considered in the study.

1. Vibandha
2. Raktasrava
3. Guda Kandu
4. Guda Daha
5. Shotha

GUGGULUSNUHI KSHARASUTRA LIGATION

Pre-operative

After taking written consent for operation, perianal hair was shaved and the part was paintedwith antiseptic solution 1 day earlier. The patient was kept nil orally for at least 6 h before the procedure. Soap water enema was given on the night prior to and 2 h prior to the procedure. Inj. tetanus toxoid (0.5 ml), I/M was given and xylocaine sensitivity test was performed in each patient. On the night prior to the operation, the patient was given a light diet and, afterwards,kept nilorally

Operation

After giving spinal anesthesia, the patient was positioned in lithotomy on the operation table. The part was painted with antiseptic solutions and draped. Positions of piles masses were assessed. Catch hold: The pile mass was held with the help of pile-holding forceps. Transfixation: Each pile mass was transfixed by passing the curved round body needle mounted with *Kshara sutra* at its base. Ligation: After transfixation of *Ksharasutra*, the pile mass was ligated anteriorly and posteriorly with adequate knots. The ligated and prolapsed pile masses were tried to push inside the rectum. Bleeding per rectum was observed to be nil. Finally, warm water irrigation was carried out followed by "T" bandaging. Then, the patient was shifted to the recovery room.

Post-operative

Patients were allowed to orally sip liquids after 6-8 h of operation and were gradually shifted to normal diets. Later, patients were advised for *avagahasweda*[8] with *luke warmwater* up to at least 10 min with maintenance of equal warm water. Daily dressing with irrigation of warm water. After removal of no other further treatment reuire only patient call for two follow ups.

OBSERVATION AND RESULT

EFFECT OF *GUGGULU SNUHI KSHARA SUTRA* OVER *ARSHA*—

Table No.70 -Effect of *Guggulu Snuhi Kshara Sutra* on Raktasrava—

SYMPTOM	MEASURES				%	S.D(+)	S.E(+)	t value	p value
	B.T			B.T-A.T					
RAKTASRAVA	1.97	A.T	0.07	1.90	96.44%	0.37	0.07	28.5500	<.0001
		F.U1	0.03	1.94	98.48%	0.18	0.03	58.1000	<.0001
		F.U2	0.03	1.94	98.48%	0.18	0.03	58.1000	<.0001

Statistical analysis showed that the mean score which was 1.97 before the treatment was reduced to 0.07 after the treatment with 96.44% improvement. After the first follow up it became 0.03 with 98.48% improvement. And after second follow up the change was same i.e. 0.03 with 98.48% improvement. The change was statistically significant with $P \leq 0.0001$.

Results are graphically represented in Graph No -24

Effect of *Guggulu Snuhi Kshara Sutra* on *Raktasrava*

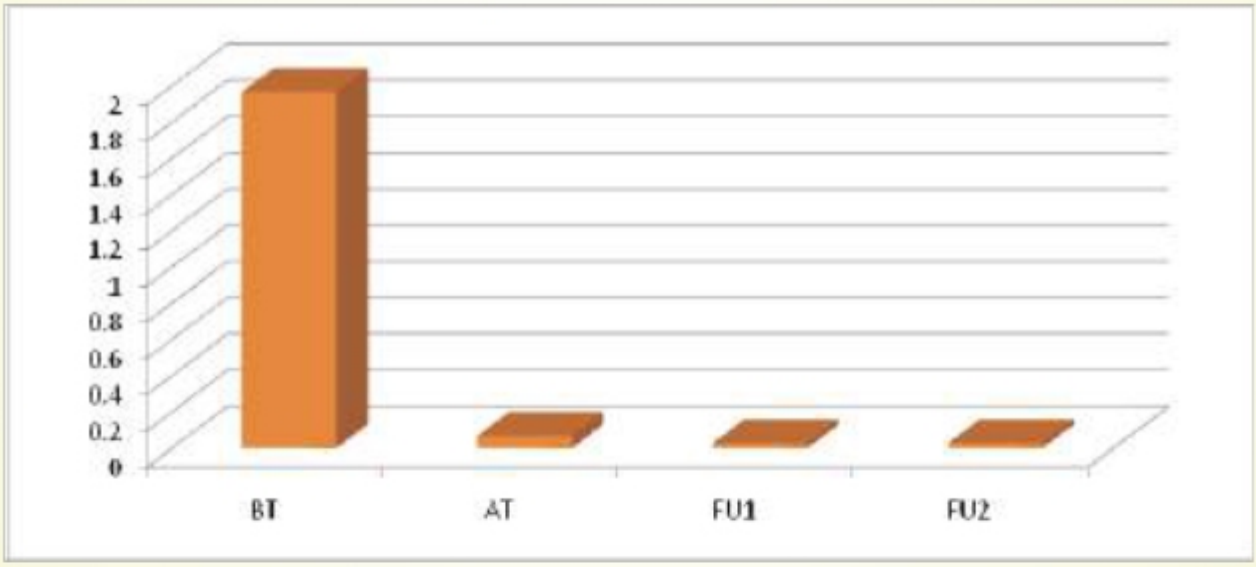


Table No. 71- Effect of *Guggulu Snuhi Kshara Sutra* on *Vibandha*—

SYMPTOM	MEASURES				%	S.D(+)	S.E(+)	t value	p value
	B.T			B.T-A.T					
VIBANDHA	1.80	AT	1.27	0.53	29.44	0.74	0.14	3.9493	<0.0005
		FU1	0.87	0.93	51.66	0.63	0.11	8.1298	<0.0001
		FU2	0.77	1.03	57.22	0.63	0.11	9.0403	<0.0001

Statistical analysis showed that the mean score which was 1.80 before the treatment was reduced to 1.27 after the treatment with 29.44% improvement. After the first follow up it became 0.87 with 51.66% improvement. And after second follow up the change was 0.77 with 57.22% improvement. The change was statistically significant with P ⩽ 0.0001.

Results are graphically represented inGraph No -25

Effect of *Guggulu Snuhi Kshara Sutra* on *Vibandha*

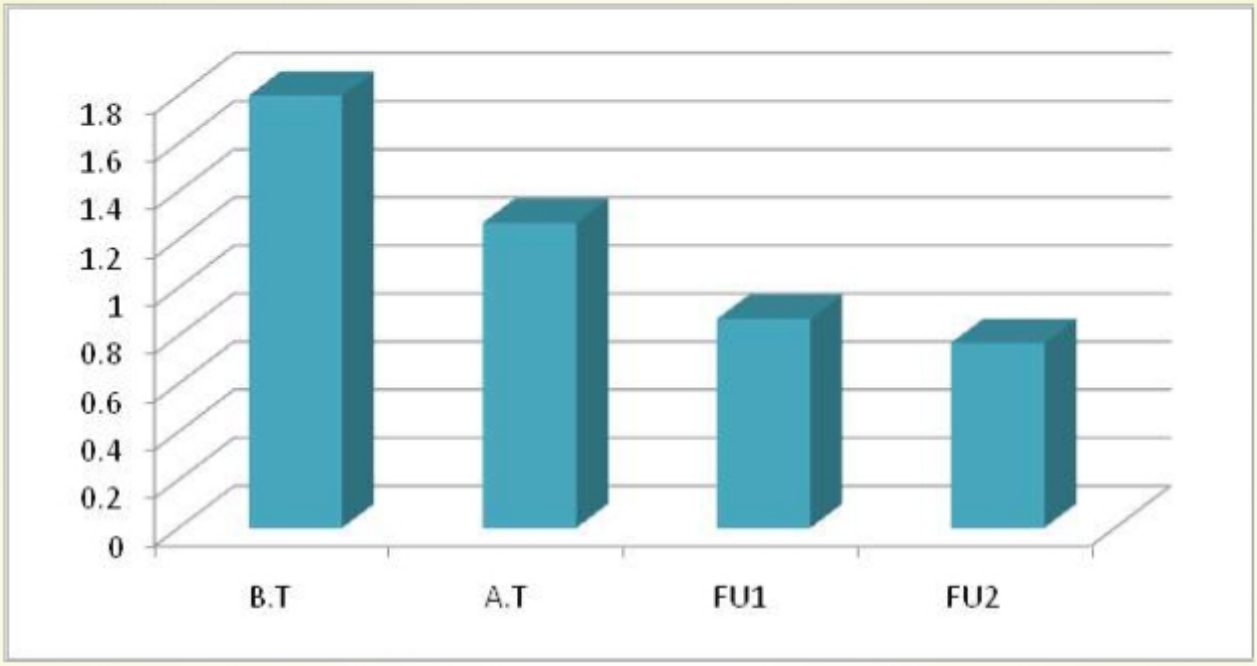


Table No.72 -Effect of *Guggulu Snuhi Kshara Sutra* on *Guda Kandu*—

SYMPTOM	MEASURES				%	S.D(+)	S.E(+)	t value	p value
	B.T			B.T-A.T					
GUD KANDU	1.43	AT	0.73	0.7	48.95	0.58	0.11	6.5418	<.0001
		FU1	0.60	0.83	58.04	0.56	0.10	8.0713	<.0001
		Fu2	0.37	1.06	74.13	0.49	0.09	11.8827	<.0001

Statistical analysis showed that the mean score which was 1.43 before the treatment was reduced to 0.73 after the treatment with 48.95% improvement. After the first follow up it became 0.60 with 58.04% improvement. And after second follow up the change was 0.37 with 74.13% improvement. The change was statistically significant with P ⩽ 0.0001.

Results are graphically represented inGraph No -26

Effect of *Guggulu Snuhi Kshara Sutra* on *Guda Kandu*

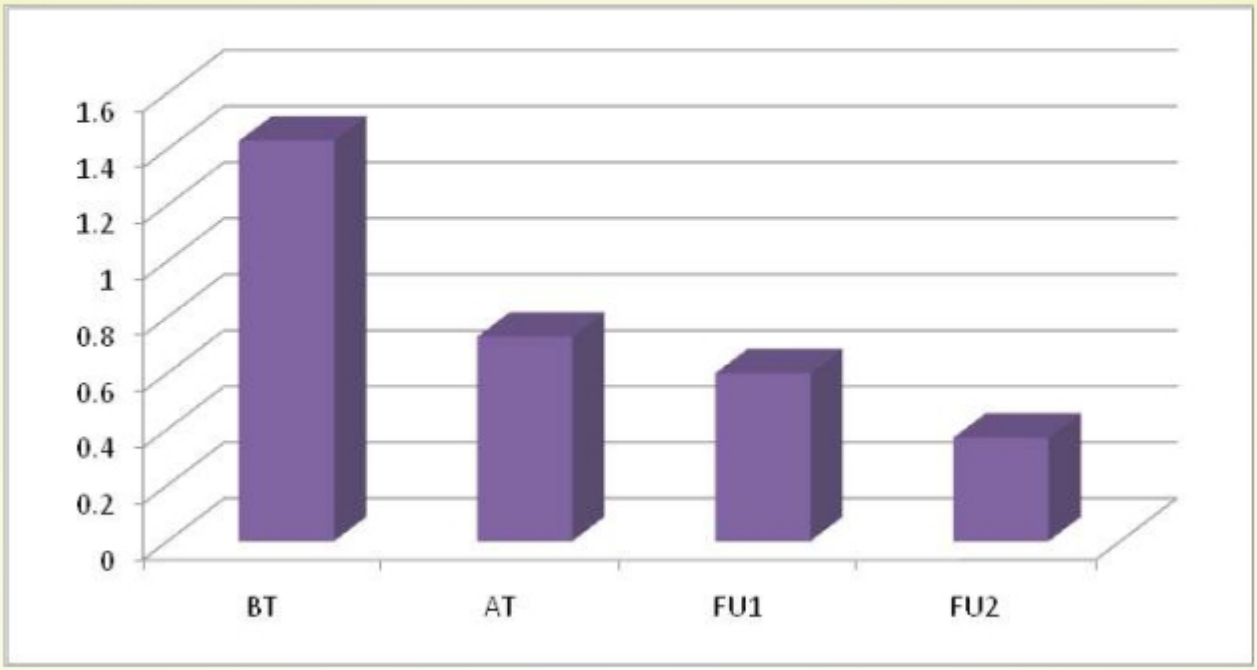


Table no. 73--Effect of *Guggulu Snuhi Kshara Sutra* on *Guda Daha*—

SYMPTOM	MEASURES				%	S.D(+)	S.E(+)	t value	p value
	B.T			B.T-A.T					
GUD DAHA	0.97	AT	0.70	0.27	27.84	0.65	0.12	2.2708	<0.0308
		FU1	0.43	0.54	55.67	0.50	0.09	5.8322	<0.0001
		Fu2	0.37	0.6	61.85	0.49	0.09	6.7422	<0.0001

Statistical analysis showed that the mean score which was 0.97 before the treatment was reduced to 0.70 after the treatment with 27.84% improvement. After the first follow up it became 0.43 with 55.67% improvement. And after second follow up the change was 0.37 with 61.85% improvement. The change was statistically significant with $P \leq 0.0001$.

Results are graphically represented inGraph No -27

Effect of *Guggulu Snuhi Kshara Sutra* on *Guda Daha*

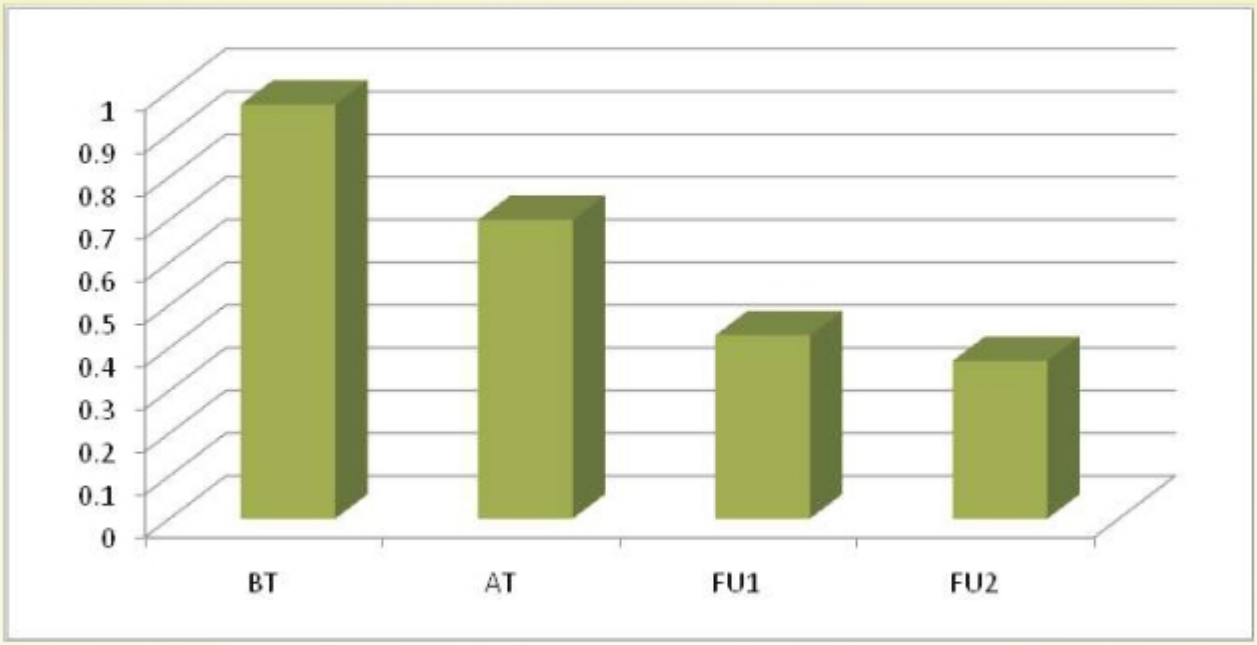


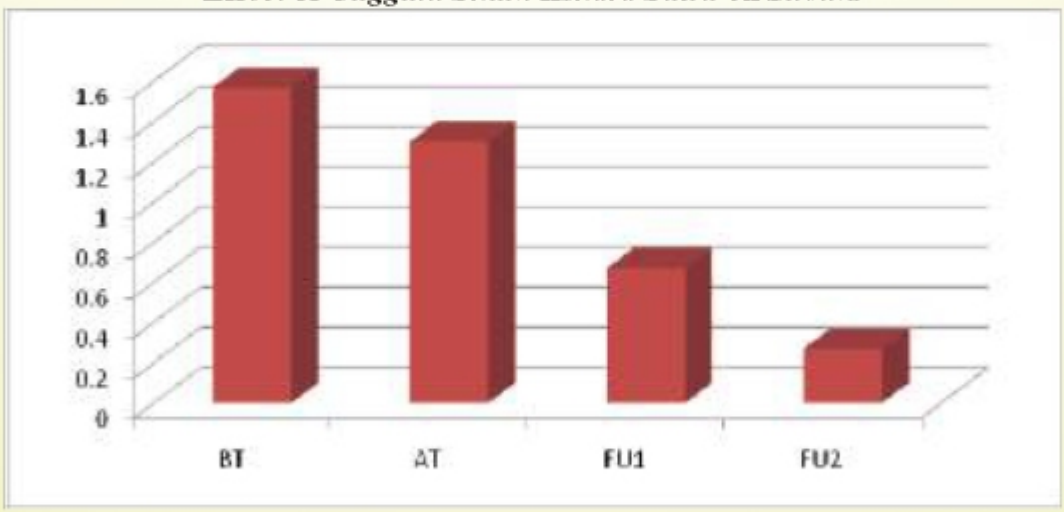
Table No. 74 - Effect of *Guggulu Snuhi Kshara Sutra* on *Shotha*—

SYMPTOM	MEASURES				%	S.D(+)	S.E(+)	t value	p value
	B.T			B.T-A.T					
SOTHA	1.57	AT	1.30	0.27	17.20	0.60	0.11	2.4814	<0.0191
		FU1	0.67	0.9	57.32	0.48	0.09	7.6158	<0.0001
		Fu2	0.27	1.3	82.80	0.45	0.08	15.8716	<0.0001

Statistical analysis showed that the mean score which was 1.57 before the treatment was reduced to 1.30 after the treatment with 17.20% improvement. After the first follow up it became 0.67 with 57.32% improvement. And after second follow up the change was 0.27 with 82.80% improvement. The change was statistically significant with $P \leqslant 0.0001$.

Results are graphically represented inGraph No -28

Effect of *Guggulu Snuhi Kshara Sutra* on *Shotha*



Overall effect of *Guggulu Snuhi Kshara Sutra* on *Arsha-*

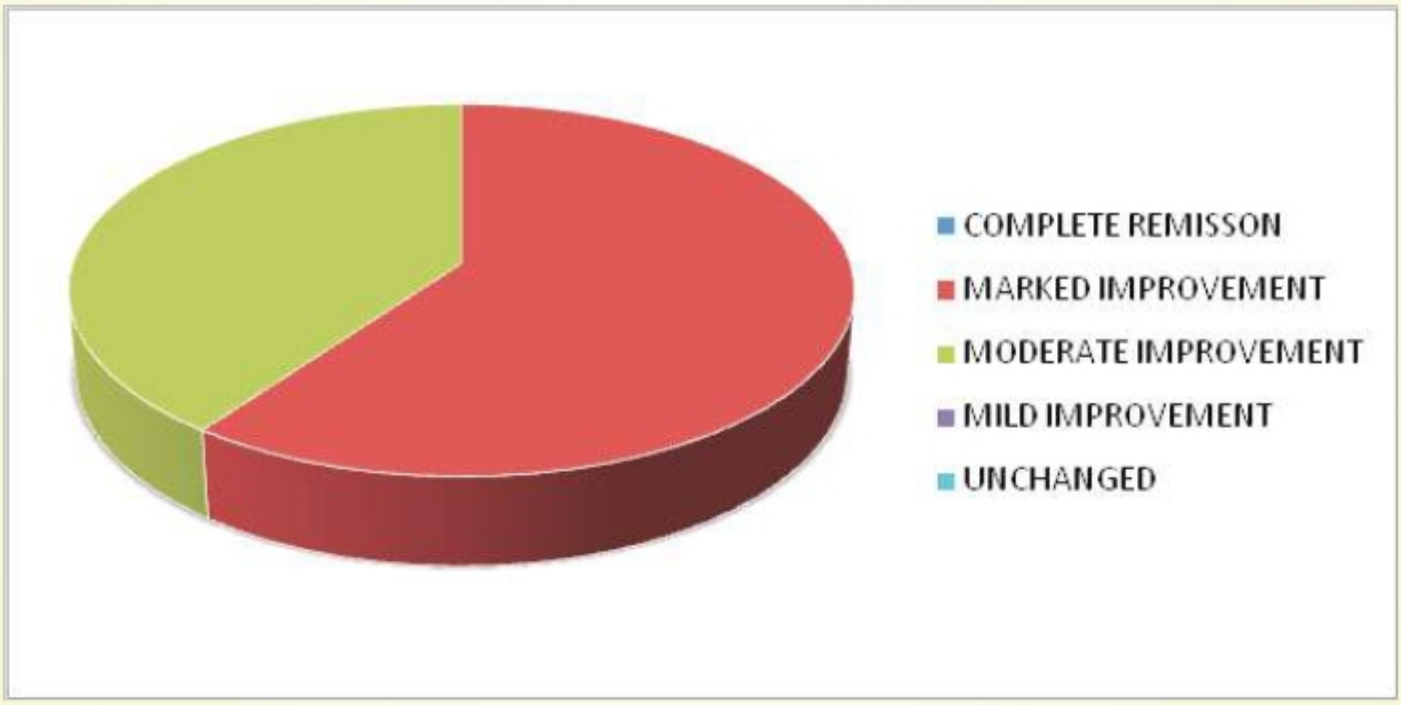
Table: 75 - Showing the overall effect of *Guggulu Snuhi Kshara Sutra* on *Arsha*

Category	*No. of Patients*	*%*
Complete remission	*0*	*0%*
Marked improvement	*18*	*60%*
Moderate improvement	*12*	*40%*
Mild improvement	*0*	*0%*
Unchanged	*0*	*0%*

Overall effect:

Consideration of overall effects provided by *Guggulu Snuhi Kshara sutra* on *Arsha* showed no patients with complete remission, marked improvement was found in 60% patients and 40% patients had moderate improvement. There were no patients with mild improvement or unchanged group.

Graph no- 29 Overall effect of *Guggulu Snuhi Kshara Sutra* on *Arsha-*



DISCUSSION

Maximum patients were of the middle age group because they were more active, enthusiastic and working hard to earn money for the family without giving much time to maintain personal health regimens, particularly diet. Male predominance was found to be higher in this study, which may be due to reporting of more male patients to the anorectal clinic (A.R.C). It was observed that female patients did not agree for operation easily due to dependency on others and more family commitments. The people from the lower middle class were found to be more prone to this disease due to their unawareness regarding the food and disease. Excessive smoking and tobacco consumption may be the one cause for producing loss of appetite thus leading to improper digestion and constipation, which is the main cause of *Arsha*.

The nature of work plays an important role in the formation of *Arsha*. The people with sedentary jobs are more susceptible for this disease because the type of work lead to improper digestion, resulting in improper bowel clearance and always creates pressure on the anal region by sitting for a long time in one posture. Jobs that require standing for long periods also create pressure on the hemorrhoidal veins and lead to the formation of *Arsha*. In the *Krura koshtha* patient, evacuation of *mala* is always difficult, and this leads to accumulation of fecal matter in the rectum, which in turn creates pressure on the valveless rectal veins and, ultimately, manifests as *Arsha*.

ACTION

Generally, it is known that *Kshara Sutra* is a medicated thread. It contains barbour surgical linen thread 20 No. *Snuhi Latex, Guggulu niryasa, Apamarga Kshara* and turmeric powder. As per analytical study thread supports the strength of ligation while *the Snuhi*latex and*Guggulu niryasa* being the binding agent. *Snuhi ksheera* having almost all the *Apamarga Kshara* properties *Guggulu niryasa* having *Vednahara, Vranaropana, Kandughna* properties. Which in fact liberates many fold of surgical medicament actions like *Chhedana ,Bhedana, lekhana, tridoshaghana ,vranaropana ,vranasodhana*,and *vedana samaka* etc. simultaneously to cures the disease. According to research work it is viewed that *Kshara* which contains 7 coatings of *Apamarga Ksharaon* Kshara *Sutra,* cauterize the tissue of mass indirectly by its *Ksharana Guna* (Corrosive properties). The action of turmeric powder provides the effect of bactericidal action with healing properties. All these four drugs do not contradict each other in their actions rather supports by equal effects. Hence Kshara Sutra may be termed as surgico-medicment thread rather than simple medicated thread. *Kshara Sutra* is having the ability to perform incision with excision slowly by virtue of its control chemical cauterizing action.

MODE OF ACTION

The mode of action starts immediately after contact with the tissue level. *Kshara* penetrates into the invaded cells of lesion till the engorged tissue of the mass destruction or up to the removal state. During the cutting effect there must be oozing of blood which is ceased by the sclerosing effect of the therapy. *Kshara* coagulates the protein of tissue. Due to the coagulation during cutting of the mass there was no chance of bleeding. After the haemostatic action, no collection of debridating material is allowed to deposited by there the debriding effect of therapy. The chance of infection does not occur due to sustaining action of*Kshara*. The pressure effect made by the *Guggulu Snuhi Kshara Sutra* ligation makes mechanical strangulation of blood vessels, which in fact causes the local necrosis of pile mass and ultimately forced to falling out the pile mass. Pain during cutting process also control by *Guggulu niryasa. Kshara* creates inflammation during cutting process is control by *Haridra churna*. After removal of piles mass, the anal wound is supposed to be oozing during stool passing, but it does not happen so due to post effect of *Kshara*. However the majestic, simultaneous action of Guggulu *Snuhi Kshara Sutra* rules over the disease to contribute maximum benefit to the patients.

FLOW CHART OF MODE OF ACTION

Arsha (Pile mass)

⇓

Guggulu Snuhi Ksahara Sutra Ligation

⇓

Ceasation of bleeding

(due to Kshara coagulation property and strangulation blood vessel by ligation of Kshara Sutra)

⇓

Pain decreased during cutting

(by Guggulu vednahar guna)

⇓

Inflammation decreased

(controlled by Haridraanti-inflammatory action)

⇓

Maximum benefit to patient

CONCLUSION

Arsha is a common clinical problem related to age, dietary factors and life style. It appears at *Guda*

region which is *Sadyapranahara Marma. Kshara sutra* is local treatment for *Arsha* which is mentioned by *Acharya Chakrapani* in*Arsha Roga Chikitsa*. was opted for the present study.

The present study entitled "Evaluation of *Guggulu Snuhi Kshara Sutra*in Management of *Arsha*" was carried out in OPD & IPD of Shalya Tantra Department. In the present study 40 patients registered, 30 patients completed the treatment schedule.10 Patients were droped out because they not present on follow up date. General observations found during the study were mentioned here.

- Vitiation of *Apana Vayu* is the main factor to produce this disease but other causative factors also play much more role in the disease formation like *Vegavidharana, Ati Usna-Tiksna and Mamsa Ahara,* etc.
- Now a days fast food, irregularity in food taking, working in sitting position for long time and stressful life also play a major role in formation of haemorrhoids.
- *Guggulu Snuhi Kshara Sutra*ligation provided highly significant relief in *Rakta Srava* i.e 98.48%, 82.80% relief in *sotha,* 74.13% relief in *Guda Kandu,* 61.85% relief in *Guda Daha and* minimum relief found in *Vibandha* i.e 57. 22%.
- Consideration of overall effects provided by *Guggulu Snuhi Kshara Sutra* on *Arsha* showed no patients with complete remission, marked improvement was found in 60% patients and 40% patients had moderate improvement. There were no patients with mild improvement or unchanged group.
- *Guggulu Snuhi Kshara Sutra* ligation take about 7 days for removal of pile mass.

Guggulu Snuhi Kshara Sutra is the painless and effective treatment of Arsha .

BIBIOGRAPY

1. AmarkoshManiprabha hindicommentary, by Pandit Hargovind Shastri Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2008
2. Astanga Hrdayam Nirmala Hindi commentary by Bramhanand Tripathi Chaukhamba Sanskrit Pratishthan, DelhiReprint 2013
3. Astanga Samgraha Hindi commentary by Kaviraj Atrideva Gupta Chowkambha Krishnadas Academy Varanasi, Reprint 2011
4. Ayurvedic Pharmacopoeia of India, Government of India, AYUSH Department The controller of publication, New Delhi., Reprint 2008
5. Ayurved Shabda KoshVeni Madhav Shastri Nirnaya sagar press, Mumbai Reprint 1968
6. Bhaisajyaratanavali Edited & Enlarge by Shri Brahma shankar Mishra, commented upon by Kaviraj Ambika Datt Shastri, English Technically Reviewed by Dr. Anand K. Chaudhary Chaukhambha Sanskrit Sansthan, Varanasi Reprint, 2008
7. Bhav prakashVidyotinihindi commentary by Sri Brahmasankara Mishra Chaukhamba Sanskrit Bhavan, Varanasi, Reprint 2013
8. Bhav prakash, Nighantu Vidyotini hindi commentary by Sri Brahmasankara Mishra Chaukhamba Sanskrit Bhavan, VaranasiReprint 2013
9. Bhela SamhitaHindi commentary by Sri Abhay Katyayan Chaukhamba Surbharati Prakashan, Varanasi, Reprint 2009
10. Charaka Samhita Charaka Chandrika Hindi Vyakhya by Bramhanand Tripathi Chaukhamba, Surbharti Prakashana VaranasiReprint 2010
11. ChakradattaSanskrit text with English translation Edited & Translated By Priyavat Sharma Chaukhambha Orientalia, New Delhi Reprint, 2007
12. Colorectal Diseases and Kshara Sutra SurgeryDr. Lalta Prasad Global medile, New delhi First edition 2013
13. Dravya Guna Vigyan, part 2Acharya Priyvat Sharma Chaukhamba Bharati Academy, Varansi Reprint 2006
14. Harita Samhita P. Hariprasad Tripathi Chaukhamba Krishnadas Academy Varanasi Reprint 2009
15. Rasa TaranginiHindi commentary by Pandit Kashinath ShastriMoti Lal Banarasidas, Delhi Reprint 1979
16. Shabda KalpadrumRaja Radhakanta dev Chaukhambha Bharti Academy, VaranasiReprint 1967
17. Sushruta SamhitaAyurveda Tattwa Sandipika by

Ambika Dutta Shastri Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2012

18. Vrandamadhav or Siddha YogaDr (km) Premvati Tiwari Chaukhambha Visvabharti, Varanasi First edition 2007
19. A concise book of surgery Dr. Somen Das Published by Dr. S. Das, Kolkatta, Reprint 2012
20. Bailey & love 's Short practice of surgeryHorman S. WilliamsCBC press, LondonReprint 2013
21. Clinical anatomyR.S.Snell,Lippincott William &wilkin, New York,Reprint 2004,
22. Cunninggham's manual of practical anatomy G.J. Romans Oxford medical Publication, New YorkReprint 2004,
23. Manipal manual of surgery Dr Rajgopal Shenoy K.CBS publisher & distributor, New delhiReprint 2009
24. Medical pharmacology K.D.TripathiJaypee Brothers, New delhi Reprint 2004
25. SRB'S Manual of surgeryDr. Sriram BhattJaypee brother publication, New delhiReprint 2013
26. Text book of medical physiologyA r t h u r C . GuytonW.B.Saunder company, Philadelphia London Reprint 1981,
27. Thesis -A control clinical study to evaluate efficacy of Kshara Sutra ligation in management of Arsha (Haemorrhoids) Dr.Mevalal Gupta IPGT&RA, Gujrat2010,
28. Internet- Recent advance in the management of hemorrhoids M Sakr, K Saed World J Surg Proceed, - wjgnet.com, 2014







गुग्गुलु निर्यास



EVALUATION OF PHARMACEUTICO-CHEMICAL ANALYSIS & ANTIMYCOTIC ACTIVITY OF *GANDHAK DRUTI*

*Dr. Ajay Singh[1], Dr. Munna Kumar yadav.[2]
Dr. Shambhu P. Patel[3], Dr. Sujit Kumar[4]

1. Assist. Professor, Department of Rasa Shastra and Bheshajya Kalpana, Patanjali Bhartiya Ayur Vigyan Evam Anusandhana Sansthan, Haridwar
2. Asso. Professor, Department of Rasa Shastra, Patanjali Bhartiya Ayur Vigyan Evam Anusandhana Sansthan, Haridwar
3. Associate Professor, Department of *Dravyaguna*, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, UP
4. Assist. Professor, Department of *Kriya Sharir*, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, UP

Corresponding Author - *Dr. *Ajay Singh* Department of Rasa Shastra and Bheshajya Kalpana, Patanjali Bhartiya Ayur Vigyan Evam Anusandhana Sansthan, Haridwar

Email ID - drajaysingh82@gmail.com Mobile - 90394 02300

ABSTRACT

Background The development of *Rasa Shastra* has made metals, minerals and precious stones pass through various processes like *Shodhan*, *Marana*, *Jarana*, etc. with the help of supporting processes like heating, boiling, grinding, triturating, etc. so as to convert these inorganic crude drugs into a form or compound which may suit the human body and can be absorbed and assimilated easily into the digestive system without causing any toxic symptoms. In most of the *Dravya*, we know the basics for the use of a particular form and procedure. **Aim & Objectives**To Prepare *Gandhak Druti*. To do pharmaceutico-chemical analysis of *Gandhak Druti*. To study antimycotic activity of *Gandhaka Druti* **Discussion**The fungal infections diagnosed in the modern medicine also are included under *Kushta* explained in *Ayurveda*. To prove the efficacy of the formulations described in *Rasa Shastra* in the treatment of these diseases is the need of hour. **Conclusion**Today*Ayurveda* is recognized worldwide as a system of medicine that provides better therapeutically measure and medicines to promote positive health, prevent and cure diseases. This traditional system of medicine of India has an unenviable position in the field of providing remedies for the ailments, as it provides satisfactory answers to all the problems the world is facing today.

Keywords - *Rasa Shastra*, *Gandhak Druti*, *Ayurveda* etc.

INTRODUCTION

The development of *Rasa Shastra* has made metals, minerals and precious stones pass through various processes like *Shodhan*, *Marana*, *Jarana*, etc. with the help of supporting processes like heating, boiling, grinding, triturating, etc. so as to convert these inorganic crude drugs into a form or compound which may suit the human body and can be absorbed and assimilated easily into the digestive system without causing any toxic symptoms. In most of the *Dravya*, we know the basics for the use of a particular form and procedure.[1]

Some of the mineral drugs are supposed to be mythologically originated like *Parada* from *Shivabeeja* and *Gandhak* from *Shivangeeraja*.[2]The concept of *BhaishajyaKalpana* was embarked on viz. the concept of modification of natural substances to promote and preserve the health besides alleviating the disease.

Gandhak is the first and most abundantly used drug among *Uparasa*[3] which has no match among the drugs of *Mercurial kingdom*.[4]*Gandhak*stands next to *Parada* in the field of *RasaShastra*. It is considered as *Rasayan*, *Raktashodhaka*and*Twakroganashaka*. Here, the term *Rasayan* stands for longevity. Blood is always a symbol of life and being *Raktashodhaka*, definitely *Gandha*and its properties give fortune. It is a unique concept of *Ayurveda*, which promotes the defense mechanism of the body and helps in the prevention of disease as well as their earlier cure.

***Gandhak* has also *Guna-dharma*[5]like *Krimighna*, *Kushthaghna*, *Kandughna*. In *Ayurveda*, "*Krimi*" is**

a broad term used for all microbes including bacteria, fungi and viruses. It is an important ingredient in many formulations prescribed in skin infections such as *Gandhaka Druti*, *Gandhaka Rasayan*, *Gandhaka Tail*, *Arogyavardhini Vati*, *Simhanad Guggulu* etc. *Gandhak* is a non-metallic solid ele ment found in nature. It is a yellow crystalline element found free in beds of Gypsum and in a state of sublimation in extinct volcanoes. It is also found in combined form with other metal ores. In India, it is mainly found in Jammu and Kashmir region.[6,7,8]

Literature evidence show that *Gandhak Druti* have properties to cure such type of disease effectively therefore this topic has been selected ***"Evaluation of Pharmaceutico-chemical analysis and Antimycotic activity of Gandhaka Druti"*** for study.

AIM & OBJECTIVES

1. To Prepare *Gandhak Druti*.
2. To do pharmaceutico-chemical analysis of *Gandhak Druti*.
3. To study antimycotic activity of *Gandhak Druti*.

REVIEW OF LITERATURE:

Concept of *Krimi* in *Ayurveda*

It deals with the critical review of *Ayurvedic* and Modern literature regarding the concept of *Gandhak Druti* along with description regarding the method of preparation, proportion, exceptions and dosage schedule etc[9]

The descriptions of *Krimis* are available in ancient texts.

The references are as follows-

- In *Atharvedakrimis* are mentioned as they are visible and invisible.
- In *Mahabharatkrimis* are present around us are invisible and cause *himsa* was explained.
- In *Charakasamhitakrimis* are invisible and *suksma* and produces diseases was mentioned while explaining *raktagatakrimis*.
- In *Susrutasamhita* and *Astangahridayakrimis* are invisible and *suksma* and produces various diseases was mentioned.[10]
- In *Haritasamhitakrimis* are *suksma* and *anu* was mentioned. They have also mentioned about their types, *swaroopa*, *sthana*, role in disease, modes of transmission and treatment of diseases.

Types

I. 1. *Drustha* 2. *Adrustha*

II. 1. *Durnama* -Pathogenic 2. *Sunama* - Nonpathogenic

- ***Swaroopa*:** *Krimis* are *suksma*, invisible, round, oval in shape and having black or copper colour
- ***Sthana*:** According to *Astangahridaya*, the*krimis* are present all over, blood stream, *mahasrotas*, etc.
- **Role in disease:***Krimis* produces many diseases such as *Kustha*, *Rajayakshma*, *Netrabhishyanda*, *Jwara*, *Kasa*, *Visarpa*, *Pratishyaya*, *Romantika*,*Masoorika* etc.[11]

Modes of transmission

AcharyaSusruta mentions the transmission of diseases one person to another person through

- Direct contact with infected person
- Sexual contact with infected person
- Expiration of infected person
- *Sahabhojan* with infected person
- Using bed, clothes, utensils used by infected person.
- Sleeping with infected person.[12]

DRUG CONTRIVE:

In order to ensure the right identity, authentication, pharmacological activity, chemical constituent, the clear knowledge of drugs are important. The drug contrives deals with the review of literature of raw drugs used in the preparation.Description regarding the types, *Grahya Lakshana*, *Shodhana*, therapeutic properties and application of *Gandhaka*, *Trikatu Churna*, *Til Taila* etc.[13] can be observed in the various *Ayurvedic* classical texts like *RasaratnaSamuchaya*, *RasaTarangini*, *Ayurved Prakash*, *Rasprakash*

Sudhakar etc.

PHARMACEUTICAL STUDY:

Pharmaceutical study deals with the critical observations during the preparation of *Druti*. Developing a SOP and VMP for the *Druti* preparations were also carried out which are the essentials of GMP.[14]

The detailed references of *Gandhak*, *Trikatu Churna*, *Til Taila*etc. and the preparation like *Gandhak Druti* were collected accordingly from different *Ayurvedic* classical texts. For the present study the references of *Rasaratna Samuchaya* for *Gandhak Druti and Rasa Tarangini* are taken to get the good quality of preparation.[15]

ANALYTICAL STUDY:

It deals with detailed analysis for identification of raw materials; analytical data of standardization of raw material and finished product are included. Antimycotic study has been done.

Analytical study is the application of a process or a series of processes in orderto identify the chemical constituents and also about standards of the preparation.Hence, qualitative and quantitative study of a particular formulation should be carriedout by the use of various parameters which helps in standardization and authenticationof the drug, using modern techniques and instruments.[16]

Quality control and quality assurance develop and follow standard internaloperating procedures directed towards assuring the quality, safety, purity andeffectiveness of the drug supply. FDA has issued a primary regulation to industrytitled Current Good Manufacturing Practice for Finished Pharmaceuticals (commonly referred as CGMPs, or GMPs). Numerous guidelines have been issued relative tospecific dosage forms and operations, which give increased guidance and direction tothe industry for them to plan for and to remain in compliance. These guidelines alsoserve as the basis for compliance investigations conducted by FDA and are used in their inspections of facilities and operations.[17]

Considering all these facts, in the present work analytical study has been carried out to give some leads in the quality control and standardization of the current formulation. The analytical study was done at Central laboratory and Quality Control laboratory, Divya Pharmacy, Unit-II, Patanjali Food & Herbal Park Pvt. Ltd., Haridwar.

(5) Antifungal study:

It deals with detailed description regarding fungal strains, Disc Diffusion method, SDA and methodology for collection of samples, sterility of test article, activation of microbial culture and antifungal activity of test article by fungal susceptibility assay and conclusion of test.[18]

Microorganism

1. *Aspergillus niger*
2. *Cryptococcus neoformans*
3. *Candida albicans*
4. *Rhodotorulamucilaginosa*
5. *Geotrichum capitatum*
6. *Sporothrix globose*
7. *Acremonium kiliense*
8. *Fusariumchlamydosporum*

SENSITIVITY TESTING METHOD

1. Disk Diffusion Method

Agar disk-diffusion testing developed is the official method used in many clinical microbiology laboratories for routine antimicrobial susceptibility testing. Now-a-days, many accepted and approved standards are published by the Clinical and Laboratory Standards Institute (CLSI) for bacteria and yeasts testing. Nevertheless, disk-diffusion assay offers many advantages over other methods: simplicity, low cost, the ability to test enormous numbers of microorganisms and antimicrobial agents, and the ease to interpret results provided.[19]

2. Culture Medium Used [Sabouraud Dextrose Agar (SDA)

It is a selective medium primarily used for the isolation of dermatophytes, other fungi and yeasts but can also grow filamentous bacteria such as Nocardia. The acidic pH of this medium (pH about 5.0) inhibits the growth of bacteria but permits the growth of yeasts and most filamentous fungi. Antibacterial agents can also be added to augment the antibacterial effect.

Antifungal Study of *GandhakDruti*

ANTIFUNGAL SCREENING[22]

Antifungal studies of test article against fungi – *Rhodotorulamucilaginosa*(NCCPF 500005), *Geotrichum capitatum* (NCCPF 480010), *Cryptococcous neoformans* (NCCCPF 25012), *Sporothrixglobosa* (BCCPF 220119), *Acremonium kilense* (NCCPF 530013), *Fusarium chlamydosporoum* (NCCPF 580016), *Aspergillus niger* (MCC 1074) and *Candida albicans* (MCC 1155).

METHODOLOGY

1. Collection of Sample – Test article was received from Assist. Professor, Patanjali Bhartiya Ayur VigyanAvumAnusandhanaSansthan, Haridwar to test the antifungal activity.

2. Sterility of Test article – A loopful of the test article was streaked onto a sterile Sabouraud's agar plate. These media plates were incubated at 30°C for 72 hours. Afterwards, these plates were examined for any fungal contaminations.

3. Activation of microbial culture – Each of the fungal strains were reactivated prior to susceptibility testing by transferring them into a separate test tube containing potato dextrose broth and incubated overnight at 25°C for 48 hours.[23]

4. Antifungal activity of test article by fungal susceptibility assay – Antifungal activity of sample was checked by disc diffusion method. Culture plates were prepared by pouring 20 ml sterilized Mueller Hinton Agar for Fungi (MHAF) into presterilized Petri dishes. 0.1 millilitre of inoculums suspension of each fungal strain was spread uniformly over the agar medium using sterile glass rod in plates. Standard disc (pre-weight, 6 mm) was soaked in test sample and placed in the plates. The plates were incubated at 25°C for 72-96 hours. The mean diameters of zone of inhibition (mm) were measured and recorded. Standard antifungal Itraconazole (30mcg) (Hi-Media, Mumbai) were used as positive control while blank MHAF media plates were used as blank control. Experiments were carried out in triplicate and averages diameter of zone of inhibition (ZOI) was recorded.[24]

In vitro antifungal activity of sample/extracts (30mg or µg or % ml^{-1} concentration/disc)

*Mean of three values ± Standard Deviation, 'NI' – No inhibition was observed.

Fungal strains Samples	Zone of Inhibition (mm)	
	GandhakDruti	GandhakDruti
Rhodotorulamucilaginosa (NCCPF 500005)	NI	NI
Geotrichum capitatum (NCCPF 480010)	NI	NI
Cryptococcous neoformans (NCCCPF 25012)	18.6 ± 0.5	18.6 ± 0.5
Sporothrixglobosa(BCCPF 220119)	19.9 ± 0.1	19.9 ± 0.1
Acremonium kilense (NCCPF 530013)	NI	NI
Fusarium chlamydosporoum (NCCPF 580016)	NI	NI
Aspergillus niger (MCC 1074)	NI	NI
Candida albicans (MCC 1155)	11.2 ± 2.1	11.2 ± 2.1

DISCUSSION

The fungal infections diagnosed in the modern medicine also are included under *Kushta* explained in *Ayurveda*. To prove the efficacy of the formulations described in *Rasa Shastra* in the treatment of these diseases is the need of hour.[25]

Gandhak is the first and most abundantly used drug among *Uparasa* which has no match among the drugs of *Mercurial kingdom*. *Gandhak* stands next to *Parada* in the field of *RasaShastra*. It is considered as a *Rasayan* drug, *Raktashodhaka* and *TwakRoganashaka*. **It is an important ingredient in many formulations prescribed in skin infections such as *GandhakDruti*, *GandhakRasayan*, *GandhakTail*, *Aarogyavardhini Vati*, *Simhanad Guggulu* etc.** Literature evidence show that *Gandhak Druti*have properties to cure such type of disease effectively therefore this topic has been selected ***"Evaluation of pharmaceutico-chemical analysis and Antimycotic activity of Gandhak Druti"*** for study.

GandhakShodhan:

- *GandhakShodhan* was done for the study by *Dhalana* method according to reference from *RasaratnaSamuchaya* 3/21-23.[41]
- The criteria behind selecting this process was there is negligible loss during this process. It's a convenient method & can be completed in a short duration.
- Milk was taken as a media as it is an antidote for sulphur poisoning & also the gunas of *dugdha* are *madhura*, *saumya*, *sheetaguna* which counteracts the *ushna* & *teekshnaguna* of *Gandhak*.
- After *Swangasheeta*, the *Gandhak* was washed with hot water, to remove the adhered lipids of milk.
- The cloth helps in separating the physical impurities that might be present in the Sulphur. The milk might aid in the solubility of lipid soluble impurities present in *Gandhak*.

Observations of *Shudha* and *AshudhaGandhak*

From the above table it is evident that with an average of 500 gm *Gandhak*, 418 gm is obtained after 3 times of melting and pouring. The *Gandhak* bears 82 gm loss in the *Shodhana* Process. The materialistic loss is in the form of very small amount of *Gandhak* granules. However, it is slightly more in this case due to a greater number of repeated melting and pouring (3 times). Nevertheless, as specified in the classics, it bears two types of *Mala*: *ShilaChurna* and *Visa*. Our process actually may be removing these. The media was not boiled prior to pouring as followed in cases of *Shodhan* with *Godugdha*.

At a time, small amount of *Gandhak* should be taken for *Shodhana*, so that every particle gets proper exposure to the *Samskara*. *Gandhak* should be thoroughly washed after *Shodhana* and dried, again powdered before subjecting for further process.[42]finally obtained *ShuddhaGandhak* was bright yellow colour, granular, smooth texture, shiny, less pungent and odour of *Godugdha*. Process was repeated for three times. Every time, fresh *Godugdha* should be taken and *Gandhak* should be dried and powdered before taking it for further *Shodhana*.

Parameters	*Ashudha Gandhak*	*Shudha Gandhak*
Colour	Dull yellow	Bright yellow
Texture	Crystal, big pieces, rough	Granular, beds like smooth
Shiny	Dull shine	Shiny
Odour	Pungent	Less pungent, odour of godugdha
Weight	500 gm	418 gm

Preparation of *TrikatuChurna:*

- Reference- the*Ayurvedic* Formulary of India, Part I, Second edition.
- The procedure used is Grinding and sieving.

- Raw drugs contain stones, gravel and mud particles as impurities. It was separated from foreign matter and then subjected for size reduction.
- The degree of coarseness or fineness of a powder is expressed by reference to the nominal mesh aperture size of the sieves for measuring the size of the powders.
- In the present study, an80-no. mesh was used for sieving prepares powder.
- Freshly prepared powder was brown in colour and had a characteristic sharp smell. It may irritate nasal mucosa and cause coughing and sneezing.

Observation:

Raw ingredient weight	:	90 gm
Total quantity Prepared	:	56 gm
Loss	:	34 gm
Time taken for preparation	:	30 minutes

Organoleptic evaluation:

Gandhak Druti Nirman:

- *Gandhakdruti* was prepared according to *Rasaratna Samuchaya* 3/29-30.
- The method of preparation included preparation of *varti* and ignition of *varti*.

Ingredients used

1) *Gandhak*– 300gm
2) *Trikatu* – 18.75 gm
3) *TilaTaila*– 750 ml

Observation during procedure:

a) *Gandhak* before *Shodhan* – Yellow crystalline form, transparent

b) *Gandhak* after *Shodhan* – Yellowish amorphous, opaque

c) Colour of mixture- *Gandhak* + *Trikatu* = Greyish yellow

d) *Varti* before ignition – Wet with *TilaTaila* it *Snigdha*; when pressed out through it

e) *Varti* during ignition – When *Varti* was ignited; suffocating gas was released from it and *Taila* of black colour was dripping drop by drop

f) *Varti* after ignition – Become brittle, dark black colour; light in weight and was not igniting easily

Sr. No.	Organoleptic character	Findings
1	Appearance	Powder
2	Colour	Brown
3	Taste	Bitter
4	Odour	Pleasant

g) *Varti* before immersion – Dry and less in weight, tied with thread

h) *Varti* after immersion – Become heavy as it absorbs oil

i) Observation of *Druti* – It is black in colour *Snigdha*, emitting obnoxious smell.

DISCUSSION ON ANALYTICAL STUDY:

Analytical study brings the standard for the quality drug and helps to explainthe pharmacokinetics and pharmacodynamics of a drug. The analytical study wascarried out with a view to know the particular chemical configuration of the raw andfinal product and to point out the physico-chemical changes and effect of different*Samaskaras* during the pharmaceutical processing. The aim of this study waspharmaceutical standardization of drugs. Keeping this in mind each process was standardizes and analysed step by step.[43] Therefore, the analysis of raw material in terms of organoleptic and physico-chemical characters, analysis of intermediate product and detailed analysis of finished product were carried out.

Procurement of raw material:

The ingredients of *GandhakDruti* were collected from Divya Pharmacy, Haridwar, Uttarakhand. These raw drugs were authentified and analysed before processing. Because good quality products mainly depend on authentication of raw materials, raw material analysis was carried out by employing following parameters: organoleptic evaluation, physio-chemical parameters, microbial test for pathogens, phytochemical constituents and test for heavy metals.[44]The analytical study was done at Central laboratory, Patanjali Food & Herbal Park Pvt. Ltd., Haridwar and Quality Control laboratory,

Divya Pharmacy, Unit-II, Haridwar.

Analysis of Intermediate Products:

Analysis of *Gandhaka* after *Shodhana* were taken into consideration. These samples were analysed on:

Test for Heavy Metals–to determine the content of metallic impurities **for Arsenic and Cadmium**

ShodhitGandhak:

***GandhakDruti*:**

- The heavy metals arsenic and cadmium are found in very low quantity which suggests that it is safe for medicinal purpose.
- Loss on drying was 1.86 % which shows that the moisture content was less. This might suggest that it can be stored for long time.
- On ignition, about 90 % of the material was burnt which again suggests about its shelf life.

DISCUSSION ON ANTI-FUNGAL STUDY

Any drug which inhibits the fungi is said to possess fungi static (antimycotic) activity. *GandhakaDruti* were evaluated for antimycotic activities by culture sensitivity test.

Antifungal studies of test article against fungi–*Rhodotorulamucilaginosa*(NCCPF 500005), *Geotrichum capitatum* (NCCPF 480010), *Cryptococcous neoformans* (NCCCPF 25012), *Sporothrixglobosa* (BCCPF 220119), *Acremonium kilense* (NCCPF 530013), *Fusarium chlamydosporoum* (NCCPF 580016), *Aspergillus niger* (MCC 1074) and *Candida albicans* (MCC 1155).[45]

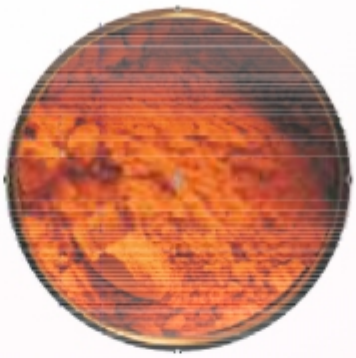
Control - Itraconazole is an antifungal medication used as control.

Sterility of Test article – A loopful of the test article was streaked onto a sterile Sabouraud's agar plate. These media plates were incubated at 30°C for 72 hours. Afterwards, these plates were examined for any fungal contaminations.

Activation of microbial culture – Each of the fungal strains were reactivated prior to susceptibility testing by transferring them into a separate test tube containing potato dextrose broth and incubated overnight at 25°C for 48 hours.

Antifungal activity of test article by fungal susceptibility assay– Antifungal activity of sample was checked by disc diffusion method.[46]







Sr.No.	Test Parameter	Test Method employed	Units of measurement	Result	Acceptance criteria
1	Arsenic	Method: In house procedure	ppm	0.28 ppm	NMT 1.0 ppm
		No.DP/QCD/STP/004			
2	Cadmium	Method: In house procedure	ppm	0.03 ppm	NMT 2.0 ppm
		No.-DP/QCD/STP/004			

Results-

Sr.No.	Test Parameters	Units	Test Method	Results
1	Weight per ml	g/ml	As per A.P.I.	0.9727
2	Refractive Index at 250C	-	As per A.P.I.	1.4994
3	Viscosity (Spindle 5) RPM 120	-	As per A.P.I.	746.7
4	Iodine value	-	As per A.P.I.	105.7
5	Saponification value	-	As per A.P.I.	238.3
6	Acid value	-	As per A.P.I.	7.59
7	Peroxide value	-	As per A.P.I.	Nil
8	Lead (as Pb)	mg/kg	DP/QCD/STP	0.10
9	Cadmium (as Cd)	mg/kg	DP/QCD/STP	<0.3
10	Mercury (as Hg)	mg/kg	DP/QCD/STP	0.29
11	Arsenic (as As)	mg/kg	DP/QCD/STP	0.19

GandhakDruti-showed antifungal activity against only test strains of *Cryptococcus neoformans, Sporothrixglobosa*and*Candida albicans* with average inhibition zones of 18.6 mm, 19.9 mm and 11.2 mm respectively. Among these sensitive fungal strains *Sporothrixglobosa* was found more sensitive in compare to the other test strain. However, other fungal strains didn't show any kind of sensitivity towards *GandhakDruti*. The positive control, Itraconazole, showed an average inhibition zone of 34.0 mm, 16.4 mm and 20.5 mm respectively against the sensitive fungal strains *Cryptococcus neoformans. Sporothrix globose* and *Candida albicans.*[47]

CONCLUSION

Today *Ayurveda* is recognized worldwide as a system of medicine that provides better therapeutically measure and medicines to promote positive health, prevent and cure diseases. This traditional system of medicine of India has an unenviable position in the field of providing remedies for the ailments, as it provides satisfactory answers to all the problems the world is facing today-

In present research work based on facts, observations and results, it could be concluded that-

- *Gandhaka Druti* is the herbo-mineral preparation with *Shuddha Gandhaka*, *TrikatuChurna* and *Tila taila*.
- The *Shodhan* process enhanced the properties of *Gandhak*.
- *Gandhak Druti* were tested for invitro antifungal activity against eight fungal strains, *Rhodotorulamucilaginosa*, *Geotrichum capitatum*, *Cryptococcous neoformans*, *Sporothrixglobosa*, *Acremonium kilense*, *Fusarium chlamydosporoum*, *Aspergillus niger* and *Candida albicans*.
- ***Gandhak Druti-*** A significant fungicidal activity of *Gandhak Druti* was found against *Cryptococcous neoformans*, *Sporothrixglobosa* and*Candida albicans* only among all tested 8 fungal pathogens.

- ***CONFLICT OF INTEREST - NIL***
- ***SOURCE OF SUPPORT AND FINANCE- NONE***

REFERENCES

1. Agnivesha, Charaka Samhita, Chakrapani, Ayurved-Dipikatika, ChaukhambaPrakashana, Varanasi, 2007.
2. Bindu, Rasa Paddhati, Mahadev Vyakhya, Nirnay Sagar Pres, Bombay, 1925.
3. Dhundhukanath, Rasendra Chintamani, Mishra S. N., Hindi commentary, Chaukhamba Orientallia, Varanasi, 2000.
4. Acharya Madhavakar, Madhava-Nidana, Narendranatha Shastri, Madhukosha, Madhusrava Tika, Motilal Banarasidas Publications, New Delhi, 1994.
5. Nagarjuna, Rasendra Mangalam, Sharma H. S., Hindi commentary and English translation, ChaukhambaOrientallia, Varanasi, 2003.
6. Shrimad Vagbhatta, Ashtanga Hridayam, Shrikantha Murthy K. R. Chaukhamba Krishna Das Academy, Varanasi, 2003.
7. Shyama Sundara, Rasayana Sara, Krishna Das Academy, Varanasi, 1997.
8. Sushruta, Sushruta Samhita, Ambika Datta Shastri, Hindi commentary, Chaukhambha Sanskrit Sansthana, Varanasi, 2001.
9. VriddhaVagbhatta, Ashtanga Sangraha, Anant Deva, Hindi commentary, Shrimad ApteyPrakashan, Pune, 1980.
10. YadavjiTrikamji, Rasamrita, Joshi D., Translation, Chaukhamba Sanskrit Bhavan, Varanasi, 1998.
11. Baghel M. S., Research in Ayurveda, Mridu Ayurvedic Publications and Sales, Jamnagar, 2005.
12. Bhagvat Pada Govind, Rasa Hridaya Tantram, Acharya Chaturbhuja Commentary, Krishna Gopal Ayurved Bhavan, Kaleda, 2002.
13. Bhatt Yashodhara, Rasa Prakash Sudhakar, Mishra S. N. Hindi commentary, Chaukhamba Orientallia, Varanasi, 1998.
14. Bhatta K. R., Siddha Bhaishajya Manimala, Bhatta R. K., Hindi commentary, Krishna Das Academy, Varanasi, 1999.
15. Bhatta K.G., Rasendra Sara Sangraha, Tripathi I. D., Hindi commentary, Chaukhamba Orientallia, Varanasi, 1998.
16. Bhavamishra, Bhavaprakash, Vidyotini commentary by Brahma S. M., Chaukhamba Sanskrit Sansthan, Varanasi, 2000.
17. Jha C. B., Ayurvediya Rasashastra, Chaukhamba, Surabharati Prakashan, Varanasi, 2003.
18. Mishra C. M., Rasa Kamadhenu, Sharma G. R. and Sharma S. K. Hindi commentary, Chaukhamba Orientallia, Varanasi, 1999.
19. Mukherjee B., Rasa Jala Nidhi, Chaukhamba Publishers, Varanasi, 1998, Vol. I - V.
20. Nadakarni K. M., Indian Materia Medica, Bombay Popular Prakashan, 1976.
21. Rasa Tantra Sara Va Siddha PrayogaSangraha, Krishna Gopal Ayurved Bhavan, Kaleda, 2003, Vol. I & II.
22. Sharma H. P., Rasa Yoga Sagar, Krishna Das Academy, Varanasi, 1999, Vol. – I.
23. Sharma S. N., Rasa Tarangini, Shastri K. N., Hindi commentary, Motilal Banarasi Das, Delhi, 2004.
24. Shri Vagbhattacharya, Rasaratna Samuchchaya, Kulkarni D.A., Hindi commentary, MeharchandLaxmandas publication, New Delhi, 1998.
25. Somadeva, Rasendra Chudamani, Mishra S. N. Hindi Commetnary, ChaukhambaOrientallia, Varanasi, 1999.
26. The Wealth of India, Raw Materials, Vol. III, CSIR, New Delhi, 2005.
27. Upadhyay M., Mishra G.S.,Ayurved Prakash, Sanskrit Hindi commentary, Chaukhamba Bharatiya Academy, Varanasi, 1999.
28. Vasudev M. D., Parada Vigyaniyam, Sharma Ayurveda Mandir, Datia, 1997.
29. Vishwanath Dwivedi, Bharatiya Rasashastra, Sharma Ayurveda Mandir, Datia, 1987.
30. Vaman Ganesh Desai, Bharatiya Rasashastra
31. Yogi Bhairavananda, Rasarnavam Nama Rasatantram, Indradev Tripathi, Hindi commentary, ChaukhambaSanskrita Series, Varanasi, 2001
32. Anandkanda, T. Chandrasekharan, S.V. Radhakrishna Shastri, Madras Govt. Oriental Series, Tanjore Saraswami Mahala Series, Madras, Tanjore, 1952
33. Dattaram Chaube, Brihat Rasa Raja Sundar, Chaukhamba Orientalia, Varanasi, 3rd edition, Varanasi, 2000.

34. Vasavaraja, Vasavarajiyam, Gorakkshan Press, Nagpur city, 1987
35. Sharandhara, Sharandhara Samhita, Adhamalla, Dipika commentary, Chaukhamba Orientalia, Varanasi, 2005.
36. Rasopanishat, Krishna-Gopal Ayurved Bhavan, Kaleda-Ajmer, 2000
37. Yogaratnakara, Lakshmipati Shastri, Vidyotini Hindi Commentary, Chaukhamba Sanskrit Sansthan, Varanasi, 2005.
38. Ramprasad Sharma, Rasendra Purana, Laxmivenkateshwara Press, Mumbai, 1983
39. Datto Balllal Borkar, Rasachandanshu, Shri Gajanan Book Depo, Pune, 1983
40. Laxminarayana Sharma, Rasendra Bhaskara, Kshemraj-Krishnadas, Shrivenkateshwara Press, Mumbai, 1967
41. Bhela, Bhela Samhita, Dr. K.H.Krishnamurthy, edited by Prof. P.V.Sharma, Chaukhambha Visvabharti, Varanasi.
42. Chakrapanidatta, Chakradatta, Vaidyaprabha Hindi Vyakhya, Chaukhamba Sanskrit Sansthana, Varanasi, 3rd edition, 1997.
43. Sureshwara, Lohasarvaswam, Nirnay-sagar Pres, Bombay, 1925.
44. The Ayurvedic Formulary of India, Part - I & II, Govt. of India, New Delhi, 2000.
45. CP Khare, Indian Medicinal Plants, 2004.
46. The Ayurvedic Pharmacopoeia of India, e – book, Part I & II, Ministry of Health and Family Welfare, Government of India, Department of Ayush.
47. Indian Pharmacopoeia, Government of India, Ministry of Health and Family welfare, New Delhi, 1996.





हरीद्रा, हल्दी
Curcuma longa Linn.





SANSKRIT LANGUAGE IN CONTEMPORARY AYURVEDA EDUCATION: CONDITION AND THE REMEDY

*Dr. Megha Choudhary[1], Dr. Darpan Gangil[2]

1. Associate Professor, Department of Roga Nidana evum Vikruti Vigyan, Radha Raman Ayurvedic College, Bhopal, M.P.
2. Associate Professor, Department of Dravya guna, Radha Raman Ayurvedic College, Bhopal, M.P.

Corresponding Author - Dr. Megha Choudhary, Associate Professor, Department of Roga Nidana evum Vikruti Vigyan, Radha Raman Ayurvedic College, Bhopal, M.P.

ABSTRACT

Language is the system of human communication, either spoken or written, consisting of the use of words in a structured and conventional way. The language presents a barrier rather than an effective tool for many students to understand Ayurveda. Sanskrit is one of three ancient documented languages. It is impossible to learn Ayurveda texts in deep without perfect knowledge of Sanskrit language. But Sanskrit language is the biggest threat among Ayurveda students. There are considerable enough barriers to the Ayurveda education and learning. Education aims at the harmonious development of individual's abilities. There is a need to rectify student's problems and control their past damages by designing programs at different levels. Best quality *Vaidya's*are born from best quality education which also includes knowledge of Sanskrit language.

Key words: Sanskrit, Ayurveda Education, Sanskrit in Ayurveda Education.

Introduction

Language is the system of human communication, either spoken or written, consisting of the use of words in a structured and conventional way. Every language reflects culture and philosophy of its place of origin. Sanskrit is one of three ancient documented languages that arose from a common root language now referred to as Proto-Indo-European language.[1] The Sanskrit is the language which upholds the legacy of the democratic India. It is also called as "*Devabhasha*" i.e. language of God. The term Sanskrit means 'refined', 'consecrated' and 'sanctified'.



Vedas and various Ayurveda texts were written in Vedic Sanskrit language. This early Sanskrit was rich in vocabulary, phonology, grammar, and syntax, which remains unchanged in its purity to this day. The science of Ayurveda is considered as emerged from *Atharva Veda*; however the glimpse of this science is found in all the four Vedas and in many other scientific and literary texts. The technical terms mentioned in Ayurveda, the grammatical tools used to understand the exact meaning of the texts etc. are adopted from the other texts written in Sanskrit language. "*Ashtadhyayi*" of "*Panini*" is the only available foundation and analytical text of Sanskrit grammar. "Panini" composed 3959 systematized rules for Sanskrit grammar that are undiluted in brevity, full of wonderful analysis, explanation, and



preferential usage of the language and word formation.[2]

A language barrier is an obvious challenge to be overcome during a discussion regarding science. Therefore, it is impossible to learn Ayurveda texts in deep without perfect knowledge of Sanskrit grammar. Some more characteristics of Sanskrit are contextual specificity i.e. meaning of a single word change in accordance with the context;anonymous (or hidden) words i.e. capability to express the meaning without mentioning the words; technical terms and tools to understand the exact meaning of the text etc. are adopted from the Sanskrit language.

Ayurveda is a science and it is presented in the artistic way in the texts, so as to make it easy for the scholars to learn, chant and memorize it. It is the beauty of the Sanskrit language that it resembles like artistic science or scientific art. One of the beautiful things about Ayurvedic terminology is that once you understand the root words, you can decipher and understand many of the Ayurvedic terms more clearly by breaking them into their original parts. All these factors are very important to understand and learn any of the Ayurvedic texts and to gain the clear knowledge of the subject.So, this article is a humble attempt to review the role of Sanskrit language in Ayurveda.

Relation of Sanskrit and *Samhitas*

Ayurveda is indefeasibly a science, which deals with the philosophy of life. Ayurveda indeed is the most ancient system of medicine and the only system of healthcare. The concepts of Ayurveda embedded in Sanskrit where a single word reflects several ideas and meaning of a word can be variable depending on context. A single word can be derived in different ways to derive different meaning as per the context and the subject dealt with. For example, derivation of the word रोग–रूज्यते अनेन इति रोगः दक रूजतिइति रोगःण[3] Both having the meaning of "a disease" but in the first derivation, diseases is working as tool for giving pain and in second derivation, disease itself is giving pain.

Ayurveda incorporate many concepts from different *Darshana*. Concept of *Shat-Padarthai*.e. *Dravya, Guna, Karma, Samanya, Vishesha* and *Samvaya*are adopted from *Vaisheshika Darshana*. Concept of *Tridosha, Triguna, Purusha* etc. are contribution of *Sankhya Darshana*. For the diagnosis of a disease, *Sankhya Darshana* described the knowledge of *Pramanasi*.e. *Pratyaksha, Anumana* and *Aptopadesha*. Concept of *Moksha* and *Punarjanma*are adopted from *Nyaya Darshana*.

The *Upamas*are also the outcome of the Sanskrit literature. With the help of similarities with a worldly object, the approach can be efficiently understandable. *Samhitas* mention several similes for explaining *Chikitsa, Roga, Nidana* etc. In *Jwara Chikitsa, Acharya* mentioned that the increase of *Kapha* during the intake of *Peya* is compared to the 'slush by the rain fall on the dust'.[4] The colour of *Ojas* is correlated with ghee and taste is like honey.[5] Here, these *Upamas*are used to get the idea about an unknown substance – *Ojas*. Like that, colour of *Shuddha Rakta* can be figured out by the similes *TapaneeyaIndragopa, Gunja-phala Savarna* etc.[6]*Acharyas* used similes for explaining the anatomy of heart with a lotus facing downwards.[7]*Upamas*are also used in case of diagnosis of diseases also; *Kustha Rogi* can be identified with the resemblance of skin with the *Udumbara*fruit.[8] Some of the symptoms of diseases can also be identified with the *Upama* used in the names like *Urustambha, Krostuka Shirsha, Paada-daaha*etc.[9]

The hidden information in verses is also a beauty of Sanskrit language. For example, use of *Triphala* in dimness of vision is mentioned as"त्रिफला मधुसर्पिर्भ्यांनिशि नेत्रबलाय चण्श[10]It means that *Triphala* strengthen the eyesight if taken along with the ghee and honey at bed time. But here quantity of ghee and honey is not mentioned. *Acharya Charaka* considered ghee and honey in equal quantity as *Matra Viruddha*.[11] So, we have to use unequal quantity of ghee and honey, but which one is to be taken more and why? If we look deep into the grammatical composition of "मधुसर्पिर्भ्यां", we find there is *Panchami Vibhakti*and *Dwi Vachana* along with the *ItaretarDwandwaSamas*, where each *Pada* is equally important. So we can conclude here to use more quantity of ghee than honey if vision is affected due to *Vata* and *Pitta* (as ghee is *Pitta* and *Vata* pacifier) and more quantity of honey than ghee if vision is affected due to *Kapha*(as honey is *Kapha* pacifier).

There is the contribution of Sanskrit language in identification and nomenclature of drugs. There are considerable synonyms of drugs mentioned in Ayurveda based on their morphological character, action, properties etc. For example, मण्डूकपर्णीname given to *Centella asiatica* due to resemblance of its

leaf to a seated frog. Moreover dVqdk name given to *Picrorrhizacurroa*due to its pungent taste. विष name given to *Aconitum ferox* due to its highly poisonous effect.

One of the beautiful things about Ayurvedic terminology is that once you understand the root words, you can decipher and understand many of the Ayurvedic terms more clearly by breaking them into their original parts. For example, it is easy to figure out that हृद्रोगrefers to "heart disease", once you know that हृद means heart and रोगmeans disease. This approach gets little trickier with words like गृध्रसी(the Ayurvedic term for sciatica). In this case, the word श्गृध्रश्means 'vulture', which refers to a characteristic sign of the condition – an ungainly vulture like walk.

Condition of Contemporary Ayurveda Education – Difficulties in Study

Once in a meeting, a question was asked to the first year Ayurveda graduates that "what is your biggest threat in your studies"? And surprisingly all students answered in one voice – "Sanskrit". The basic problem in contemporary India is that students choose Ayurveda course as an alternative option of medical education. Students grow up with studying modern science up to the 12th standard and they never come across anything about Ayurveda. Many students even do not study Sanskrit until they take admission in the BAMS course and the end result is that, once they start learning Ayurveda is frustration because of lack of interest in Sanskrit language.

There are even more barriers to the Ayurveda education and learning:[12]

a) Instead of a nourishing learning environment as in traditional education, students are faced with western examination-oriented education, and all the stress that entails;

b) Due to lack of previous exposure to Sanskrit, the language presents a barrier rather than an effective tool for understanding Ayurveda;

c) Outrageous comparison of the Sanskrit term '*Sharira*' with modern anatomy creates bad impressions about Ayurveda;

d) Basic underlying subjects like *Padarthavigyan* (the six systems of Indian Philosophy or '*Darshanas*') are completely neglected.

e) Curriculum structure is not in accordance with the structure of Ayurveda or Ayurvedic texts, and

f) Examination-oriented, rather than knowledge / proper learning-oriented curriculum.

For these and other reasons, mainly the importance paid to Sanskrit in the first year is challenging.The scholars who do not study Sanskrit at school level do not have basic knowledge of Sanskrit grammar suchas *Sandhi*, *Karaka/Vibhakti*, *Samasa*, *Shabda Dhatu Rupavali*, *Pratyaya*, and *Upasarga*and these scholars cannot correctly read, pronounce, and write the Sanskrit verses as well as cannot understand the verses.

Quality education indeed depends upon the quality of education provider i.e. Ayurveda college. Students gain knowledge from their teachers at Ayurveda College. If college is maintaining the standards of institution set by Central Council of Indian Medicine, quality of education will be good. There is one more area for improvement i.e. Standard Ayurveda Colleges. Ill health of the institution directly affects the quality of education provided.

Direction to be adopted in Ayurveda Education – The Remedy

According to many Ayurvedic physicians, well versed knowledge and proper understanding of Sanskrit is essential for Ayurveda. The teaching of Sanskrit should be such that a student must become capable of reading original texts.[13]Education aims at the harmonious development of individual's abilities. Methods and techniques are the instruments of a teacher to implement the program of teaching to achieve the objectives of Ayurveda and to develop technical abilities and skills in a satisfactory manner. It is very essential for a teacher to teach the lesson of Sanskrit language very effectively and qualitatively in today's class room, so that the scholars are able to read, recite, interpret and understand the correct meaning of the texts.

It is essential to rectify student's problems and control past damages by designing programs at different levels. Teacher's up-gradation program, students training program, vocational course on Sanskrit language etc. are some of the programs which are needed today. Further there are even more steps to be taken at different levels for quality Ayurveda education:

a) Chapters on Ayurveda should be included in the school's level curriculum.

b) Only those students, who took Sanskrit as one of the three languages in their school curriculum, should be allowed to take admission in the Ayurveda course.

c) Teaching must be as per the textual standards viz. *Adhyayanam* (reading again and again todeeplyunderstand the meaning), *Adhyapanam* (teaching), *Tad-vid-sambhashanam* (Proper dialogue/discussions with learned scholars).

d) Strict standards for Ayurveda institution and associated hospitals.

Discussion

Quality *Vaidyas*are need of the hour. One can be a good quality *Vaidya* only if he possesses the all four qualities of *Vaidya* mentioned in Ayurvedic texts.[14]Students who have studied Sanskrit at school level find it easier to get good marks in BAMS examination, and particularly Sanskrit subject.[15]Scholars of Ayurveda are considering Sanskrit as their biggest threat. It means either they do not have interest in Sanskrit or they are not taught Sanskrit in interesting manner. Both the situations are hazardous to the Ayurveda community as it negatively affects the knowledge of any scholar.

Study of the classical Ayurveda texts depends on knowledge, primarily, of the Sanskrit language; secondarily, of the basic principles, on which Ayurvedic theories and understanding are built; thirdly, on correct use of commentaries; fourthly, on use of *Kosha(lexicon)*, and fifthly, on memorization each and every word. In this regard, study of the original texts (such as *Charaka Samhita*, *Sushruta Samhita*, etc.) has considerable advantages. Firstly, due to their compact structure, they are easy to remember. Secondly, the available translations are not at all accurate; even the best do not explain all shades of meanings. Thirdly, the *sutras* are constructed in such a way, that the same *sutra* can reveal different meanings in different contexts, or when read from different viewpoints. Finally, the use of commentaries is important, because they help bridge the gap between the ancient sages and us in the today's era. In this respect, Sanskrit is essential to properly understand the commentaries.[16]

After learning the basic knowledge of Ayurveda, it is necessary to update it and *Tad-vid-sambhashanamplays key role in the knowledge update. Every individual is unique and also has unique view point. So, with the individual's unique view point, the scholar can gain new information from the same verse which others could not get. Other scholars and Vaidyasmay be benefited with the new information if they join Tad-vid-sambhashanam.*

Finally, proper understanding of Shastra is possible only by the grace of a Guru and regular practice. Guru opens the horizons of the knowledge and regular practice of Shastra gives perfection.

Conclusion

A teacher plays key role in producing quality *Vaidya's*. Well versed teacher knows how to teach, what to tech, when to teach, where to teach and most importantly whom to teach. Students must be set on the path of proper subject-oriented learning. All the information is given in the Ayurveda texts; therefore, one should have a perfect knowledge of Sanskrit, in which *Samhitas* are written, to gain deep knowledge.

References

1. Brigitte L. M. Bauer (2017). Nominal Apposition in Indo-European: Its Forms and Functions, and its Evolution in Latin-Romance. De Gruyter. pp. 90–92. ISBN 978-3-11-046175-6
2. Joshi, Nikul. "Sanskrit"." *Ancient History Encyclopedia*. Last modified August 22, 2016. https://www.ancient.eu/Sanskrit/.
3. Raja Radhakant Deva, Sabdakalpadrumam, 2nd volume, Chaukhamba Sanskrit Series, Varanasi, P. 181.
4. Kaviraj Atrideva Gupta (Ed), AstangaHridayam of Vagbhata, Reprint 2011, Chaukhamba Prakashan, Varanasi, Chikitsa sthana, 1st chapter, Jwara chiktsaadhyay, Shloka no. 70, Page no. 396.
5. Pt. Kashinath Sastry, Dr. Gorakhnath Chturvedi (Ed), Charak samhita of Agnivesha, Reprint 2016, Volume – 1, Chaukhamba bharti Academy, Varanasi, Sutra sthana, 17th chapter, KriyantahShiraseeyaadhyay, Shloka no. 75, Page no. 351
6. Pt. Kashinath Sastry, Dr. Gorakhnath Chturvedi (Ed), Charak samhita of Agnivesha, Reprint 2016, Volume – 1, Chaukhamba bharti Academy, Varanasi, Sutra sthana, 24th chapter, Vidhishoniteeyaadhyay, Shloka no. 22, Page no. 447.
7. Kaviraj Ambikadutta Shastri (Ed), Sushruta samhita, Reprint Edition 2006, Volume – 1, Chaukhamba Sanskrit Sansthan, Varanasi, Sharir sthana, 4th chapter, Garbhvyakaranamadhyay, Shloka no. 31, Page no. 33.
8. Kaviraj Atrideva Gupta (Ed), Astangahrdayam of Vagbhata, Reprint 2011, Chaukhamba Prakashan, Varanasi, Nidan sthana, 14th chapter,

Kusthashwitrakriminidanamadhyay, Shloka no. 15, Page no. 370.

9. Dr. Lekshmi VR, Dr. Haritha Chandran, Sri Ramadas PV, Dr. Leena P. Nair. Importance of Sanskrit language in learning Ayurveda. J Ayurveda Integr Med Sci 2018;3:159-164
10. Kaviraj Atrideva Gupta (Ed), Astangahrdayam of Vagbhata, Reprint 2011, Chaukhamba Prakashan, Varanasi, Sutra sthana, 8th chapter, Matrashitiyaadhyay, Shloka no. 44, Page no. 103.
11. Pt. Kashinath Sastry, Dr. Gorakhnath Chturvedi (Ed), Charak samhita of Agnivesha, Reprint 2016, Volume – 1, Chaukhamba bharti Academy, Varanasi, Sutra sthana, 26th chapter, Aatreyabhadrakapyiyaadhyay, Shloka no. 90, Page no. 521.
12. Gadgil VD: Understanding Ayurveda, J Ayurveda Integr Med.. 2010 Jan-Mar; 1(1): 77–80.
13. Deopujari J, Sharma M. 1st ed. Nagpur: Ayurved Vyasapeeth; 2013. Ayurvedic Education: Perspective and Implications; p. 16.
14. Pt. Kashinath Sastry, Dr. Gorakhnath Chturvedi (Ed), Charak samhita of Agnivesha, Reprint 2016, Volume – 1, Chaukhamba bharti Academy, Varanasi, Sutra sthana, 9th chapter, Khuddakchatuspadaadhyay, Shloka no. 6, Page no. 193.
15. Vinay Ankush Pawar: A causal relationship between knowledge of Sanskrit language and results of Bachelor of Ayurvedic Medicine and Surgery examination: An analytical study, Ayu. 2017 Jan-Jun; 38(1-2): 57–61.
16. Vinay Ankush Pawar: A causal relationship between knowledge of Sanskrit language and results of Bachelor of Ayurvedic Medicine and Surgery examination: An analytical study, Ayu. 2017 Jan-Jun; 38(1-2): 57–61.





IMPORTANCE OF DINCHARYA IN OUR DAY-TO-DAY EXISTENCE

Dr. Shambhu P. Patel[1] Dr. Manorama Patel[2] Dr Anil Patel[3]

1. Dr. Shambhu P. Patel, Associate Professor, Dept of Dravyaguna, Vivek college of Ayurvedic Sciences & Hospital Bijnor UP.
2. Dr. Manorama Patel, Registered Medical Practitioner, Bijnor UP
3. Dr Anil Patel, Associate Professor, Dept of Dravyaguna, Vivek college of Ayurvedic Sciences & Hospital Bijnor UP.

Corresponding Author - Dr. Shambhu P. Patel, Associate Professor, Dept of Dravyaguna, Vivek college of Ayurvedic Sciences & Hospital Bijnor UP.

Email- drshambhu.patel056@gmail.com Mobile - 6266581832

ABSTRACT

Ayurveda is a way of life and the world's oldest medicinal system. In addition to offering suggestions for treating a range of illnesses, Ayurveda has prioritized preserving an individual's health. The old Ayurvedic literature give in-depth explanations of a wide range of dietary and lifestyle guidelines for illness prevention. Dinacharya, Ritucharya, Achararasayana, Sadvritta, Ahara vidhividhana, Ashtauvidh Aaharvidhi-visheshayatan, Viruddha ahar, Rasayana, and Vajikarana are a few examples of scientific suggestions for health prevention.Ayurveda places great focus on treating the illness of the sick and preserving the health of the well. Being in good health goes beyond simply not being sick; it also involves being able to work hard and responsibly. Health (salvation) is the best basic ingredient for achieving Dharma (perform good actions), Artha (obtain money), Kama (desire), and Moksha. In modern society, changing one's lifestyle is considered to be the most effective way to avoid illness and premature death. Poor lifestyle choices are the primary cause, accounting for almost half of all early deaths.Everyday health is essential for someone who wishes to be well for the rest of their life. One's health is impacted by the quality of their day. The finest way of living one day is referred to as one's "daily regimen" (Dinacharya).



Keywords- Dinacharya, Ayurveda, Health, and Daily Lifestyle.

Introduction-

Preventive medicine is the way of living, according to Ayurveda, an ancient science of life. Health, disease, and lifestyle are inextricably linked.One The Sanskrit term Dinacharyameans "the daily regimen." Din and Charya both allude to customs or routines.[1] Early Ayurvedic acharyas developed Dinacharya, a certain planned style of life, to protect healthy individuals' health. Ayurveda's primary objective is to "maintain the health of the healthy individual" (Swasthasya Swasthya rakshanam).[2] The importance of following laws and

regulations in the modern era is growing in order to live a better life. Dinacharya is one of the most important lifestyle practices mentioned in traditional Ayurvedic literature. As a means of preserving the equilibrium of Tridosha within our bodies a crucial component in regulating our biological clock and bringing us into harmony with the natural cycles of the environment. Ayurveda has prescribed specific daily rituals, or practices, called Charyas. Dinacharya is the Daily Routine, the Ideal Lifestyle for a Day, which methodically and scientifically identifies and clarifies a variety of responsibilities from one day to the next. Dinacharya helps the body to regain its balance.[5]

All traditional Ayurvedic texts emphasize the concept of Dincharya. The current study examined the dincharyavidhi found in the Brihat-trayee, namely the Ashtang Samgraha, Sushruta Samhita, and Charaka Samhita. Adoption of Dinacharya will prevent all lifestyle issues. Living according to Ayurveda is entirely based on science. The goal of the Ayurvedic medical system is to restore a person's health rather



Various Activities Classified as Under Dinacharya:

Brahma muhurthajagrana: The practice of gaining enlightenment via reading is known as "awakening in the Brahmi muhurtha," or "two hours before daybreak." It is the time when learning is most likely to occur. Furthermore, today's environment is heavily contaminated. And in the morning, it will be clear and devoid of pollutants. The health benefits of the morning sun's rays are outstanding, together with the absence of noise, pleasant surroundings, and clear air.[5] The sun is the goddess of health. Sunlight is beneficial to your health. It is therefore necessary to get up early in the morning, ideally before sunrise.[6]

Pratahjalpana: Drink a glass of room temperature water, preferably from a pure copper cup that was filled the night before. This flushes the kidneys, clears the track, and starts peristalsis. It is not advisable to start the day with tea or coffee as this depletes kidney vitality, stresses the adrenal glands, causes constipation, and becomes habitual.

Malotsarga-Malosarga plays a major role in our day-to-day existence. Frequent bowel movements facilitate better digestion by emptying the rectum at the appropriate time. Apanvayuurdhvagati, Kartanvatpeeda, and Shirah shoola (headache) are indications of incorrect motion (cutting sort of pain). Forced motion should be avoided since it might lead to rectal prolapse, anal fissure, and Arsha (piles).[7]

Danta-dhavana-Everybody should use twelve angula twigs of the following herbal plants to brush their teeth in the morning: Arjuna Apamarga, Nimba, Vata, Karanja, and Khadira. Katu, Tikta, and Kashay Ras are good medicines since lowering Kapha Dosh prevents most oral illnesses. After brushing, apply a mixture of Kushtha, Trikatu, Triphala, and Trijataka powder with honey to the teeth and gums. A vertical brush stroke should be made from bottom to top. By doing this, you can thus achieve freshness, get rid of bad odors, remove dental coating, and increase your appetite. But in the modern day, pastes are created with chemicals. As a result, those are unable to live lengthy lives in the modern environment.[8]

Jihva nirlekhana: In order to prevent Aruchi, Mukha dourgandha, and Vairasya (faulty taste) (tastelessness), tongue cleaning should be done after dantdhavan. It must be done with the help of gold, silver, or iron. We can only utilize steel products because some metals are so expensive these days.[9]

Mukh Prakshalana-Cleaning up excrement, sobbing, sneezing, and traveling are all followed by washing, or achaman. It will help with meal digestion as well as full bowel evacuation.[10]

Gandusha and Kavaladharan: It provides power to the jaw, clarity to the mouth, lightness, and clarity to the sensory organs. furthermore, conveys good taste. Since these meals are now manufactured with chemicals, consumers should avoid them.[11]

Anjana: It makes the eyes brighter and more pure, analogous to a full moon in a clear sky. It has been recommended to take Souvira Anjana daily to support eye and vision health. It prevents and cures various

eye ailments such as Kandu (itching), Mala (eye debris), Klinnta (watery eye), Vedna (pain), and Daha (burning). Rasanjana is advised to use every fifth or eighth day at night to eliminate excess Kapha Dosha (since eye is a Teja dominating organ, it should be protected from excessive Kapha or kleda).[12]

Nasya: By bringing unctuousness to the head and neck area and lowering the Vata Dosha, it mainly prevents degenerative diseases of the brain and sensory organs. The head is thought to be the most important part of the body. So, the nose is the entryway to the head. Its benefits include relieving headaches, fostering restful sleep and wakefulness, healing ailments, improving organ clarity, and elevating mental well-being. These days, nasal insufflations are a thing. They are healthful because they are derived from plants.[13]

Dhumapana: Dhoompana comes in three varieties: 1. Prayogika, 2. Snahik, and 3. Virechnik. The process of taking in smoke through the nose and then swallowing it is known as smoking. Benefits include liquefaction of the Kapha and a lighter feeling in the head, neck, and chest. Smoking is very different and more fashionable these days since people inhale smoke through their mouths and exhale it out of their noses. Smoke should be expelled by the mouth and out of the nose to prevent eye harm.[14]

Abhyanga: Among many other benefits, Ushna Abhyanga in Sheeta Ritu and Sheeta Abhyanga in Ushna Ritu are very good in relieving fatigue, repairing damaged tissue, and calming Vata. One can improve their vision, skin, nutrition, life, and sleep, as well as alleviate vata diseases and weariness, by getting a comprehensive massage. Padaabyanga also improves vision, balances the vata, and strengthens and stabilises the foot.[15]

Vyayama: Any exercise that leaves the body feeling worn out is called vyayama. A time limit for Vyayama is given for physically healthy individuals who use Snigdha Ahara as their "Ardha Shakti Matra" in Sheeta and Vasanta Ritu. In the ritu of Grishma and Varsha, "Alpa Vyayama." Frequent exercise avoids obesity and sloth, improves agni, nourishes the body, produces a healthy complexion, proportionates the body parts, makes them lighter, and delays the onset of premature aging. It also improves digestion, strength, bodily mass and solidity, lightness, and fat reduction in addition to enhancing general health and functioning.It helps control blood sugar, reduces the risk of cancer and osteoporosis, helps supply energy, reduces stress, improves sleep, increases productivity, and raises self-esteem. Nowadays, people are more knowledgeable about exercise and how it might extend one's life.[16]

Karna purana: It's a quick and simple method to preserve the health of the remaining parts of your ears and maintain your hearing keen for a long time. The Karna Purana soothes some imbalances that are sometimes caused by too much vata accumulation, aggravation from cold and windy weather, overstimulation, and travel.

Udwartan: The name for massage utilizing the powdered drugs known as Yava Churna and Triphala Churna, which are utilized in Kapha Hara, is udwartana. This improves the tone of the skin by causing blood vessels to expand. strengthens thighs, eases vata issues, and makes you feel lighter.[17]

***Snana*:**Bathing is fortunate in that it treats physical impurities, weariness, sweat, and virility while also promoting longevity, strength, compactness, and ojus. It gets rid of drowsiness, thirst, and the uncomfortable symptoms associated with perspiration.[18]

***Bhojana Grahan Vidhi*:**Madhura rasa should be the first step in everyone's Ahara, followed by amla, lavana, tikta, katu, and Kashayaa. Ahara should also be viewed in chronological order. Furthermore, jala should be understood as anupana. Because this Ahara rasa offers pushti, dhatu poshana, bala, varna, indriyaprasadata, etc.

Tambula:*Tambula, a concoction of betel leaves and nut, is best taken after meals as it aids in food digestion, mouth hygiene, and pleasant scent. and expand Ondriyas' potential.*

Dinacharya's Significance-

Our ancient Acharyas thought the Dinacharya's role to be so important that they included a whole chapter in all of the Brihatrayies about it. Acharya Sushruta explained Dinacharya in the chapter "Anagatabadhapratishedh = Anagat + Badha + Pratishha." Acharya Sushruta advised Dinacharya to take precautions against any prospective illness in order to avert the ailment; Acharya Charaka and Vagbhat then took similar action.

DISCUSSION-

Disease prevention is given more emphasis in Ayurveda. A daily routine has been explored in relation to Dinacharya. The Dinacharya' s precepts are more crucial than ever because of the hectic,

modern lifestyle that keeps everyone in a rush. People's lifestyles are defined by their daily activities. The fast pace of modernization has changed human behavior and lifestyle, which is the root cause of the rise of lifestyle illnesses. The existing trend cannot be reversed due to the needs of this era; however, Dinacharya' s activities can alter lifestyles through simple interventions. Dinacharya's basic principle is the balance of the Doshas, which ultimately results in optimal health. This practice has a basic connection to the way the environment and human body interact. Dinacharya keeps the person healthy by preserving the body's physiological functions at their baseline levels. If you wish to avoid illnesses in today's busy world and lead a more focused and energetic life, incorporate "Dincharya" into your daily routine.

CONCLUSION-

Dinacharya plays a crucial role in the prevention of numerous ailments that result from improper behavior and lifestyle selections. Among those surveyed, only few were aware of the Dincharyavidhi as it is stated in Ayurveda. It is imperative to take care of the body because all else is lost if it is lost (due to disease). Considering this, leading a healthy lifestyle should be the goal. Dinacharya, which has been compared to a daily regimen, counteracts the adverse effects of environmental changes at the primary level while delaying their long-term repercussions. Given the rapid advancement of both communicable and non-communicable diseases in the present world, Dinacharya is essential. Most of them are ones that are best ignored. Ayurveda advises following Dinacharya if one wants to live a long, healthy life free from illness.

Acknowledgements: Not Applicable

Abbreviations: Not Applicable

Source Of Support:None

References-

1. Dr. P. Sudhakar Reddy, a Comprehensive Guide to Swasthavritta, Chaukhambha Sanskrit Pratisthan, Delhi, 2017.
2. Acharya Vidyadhara Shukla, Ravi Dutt Tripathi Editor, (Second edition). Charaka, Sutrasthana; Arhedashamahamuli-yadhyaya: Chapter 30, Verse 26. Varanasi: Chau-khamba Sanskrit Pratishthan, 2000.
3. www.Ayurveda.com/resource/articles/the-daily-routine.
4. Pt. Kashinath Shashtri, Charaka samhita, Sutra sthanachepter 30 Sh.-26, 2005.
5. P. G. Athawale Editor, (third edition). Ashtang Samgraha of Vagbhat, Sutrasthana; Dincharya Adhyaya: Chapter 3, Verse 2. Nagpur: Drush-tarthamala Prakashana, 1998;
6. Medscape Neurology.2005;7(1); the impact of sleep deprivation on hormones and metabolism.
7.
8. Varsha S. Dhage, Pratibha Chougule, Importance of oral Hygiene in Oro-dental Disease, A review, International Journal of Research and Review 2019.
9. Dr. Padmavati M.patil at al. Dincharya- Holistic approach towards healthy life Journal of Ayurveda and Interated Medical Sciences 2018.
10. Vd. Shruti R. Tarapur at al. Dincharya Enlightmenton Madhumeha – Areview Appraise. Paripex- Indian Journal of Research October-2021.
11. Deepak Kumar Ahuja at al. Concept of oral Hygeine in Ayurveda International Journal of Ayurvedic Medicine.2014.
12. Acharya Vidyadhar shukla Charak samhita of Agnivesh, sutra sthanMatrashheeetiyaadhyaya Chapter-5 Chaikhambha Sanskrit Pratisthan, Delhi 2006.
13. Prof. K.S. Dhiman, Pratimarshnasya, www. Ccras.nic.in/content/ Pratimarshnasya.
14. Acharya Vidyadhar shukla Charak samhita of Agnivesh, sutra sthanMatrashheeetiyaadhyaya Chapter-5 Chaikhambha Sanskrit Pratisthan, Delhi 2006.
15. Acharya Vidyadhar shukla Charak samhita of Agnivesh, sutra sthanMatrashheeetiyaadhyaya Chapter-5 Chaikhambha Sanskrit Pratisthan, Delhi 2006.
16. Acharya Vidyadhar shukla Charak samhita of Agnivesh, sutra sthan Sthanna vegadharaneeyaadhyaya Chapter-7 Verse-31, Chaikhambha Sanskrit Pratisthan, Delhi 2006.
17. Sharma anantram, shusrutsamhita of maharshisushurit, chikistasthan Anagataabadha pratisedhyaya Chapter-24 ver. 80, Chaukhambha Surbharak prakashan, Vanarasi 2012.
18. www.Ayurveda.com/resource/articles/the-daily-routine.



A SYSTEMATIC STUDY ON RITU SANDHI AND RITUCHARYA THE INDIAN SEASON REGIMEN

Dr. Sujit Kumar[1], Dr. Rajeev Kumar[2], Vd. Sandeep Aggarwal[3], Dr. Shambhu P. Patel[4]

1. Assistant Professor, Department of Kriya Sharir, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh.
2. Associate Professor, Department of Roga Nidana evum Vikruti Vigyan, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh
3. Principal and Professor, Department of Kayachikitsa, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh
4. Associate Professor, Department of Dravyaguna, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh.

Corresponding Author – Dr. Sujit Kumar, Assist. Professor, Kriya Sharir Department, Vivek College of Ayurvedic Sciences & Hospital, Bijnor, Uttar Pradesh.

Email id– drsujit58@gmail.com Mobile -8320816067

ABSTRACT

Ayurveda is one of the oldest systems of medicine and a customary way of life in India. The most highly regarded science that might help people in this life as well as the next is Ayurveda. Maintaining health, or "Swasthyarakshana," is one of Ayurveda's two objectives, although it also addresses social health. And this is to understand the most crucial component, Ritusandhi. Relevant data has been gathered, and references from Ayurvedic literature have been reviewed. Regarding this unique principle of Swasthyarakshana: According to Ayurveda, the transit season weakens the body's immune system and fosters an environment that is conducive to the development of disease, as explained by Dinacharya, Ritucharya, Sadvritta, and Ratricharya in the Rutu-Charya. We must be conscious of Ritu sandhi in order to modify our daily routines and dietary habits and protect against sandhi (such as swine flu, viral fever, cough, and cold).

Keywords -Ritu Sandhi, Ratricharya, Sadvritta,Dinacharya, etc.





INTRODUCTION

Not only is Ayurveda the most obsolete field of medicine. However, the fundamental idea of Ayurveda is that it is the science of life. Ayurveda aims to prevent illness and maintain health. The only other medical field that elaborates on the principles of a healthy living is Ayurveda. Health is important at all ages and in all situations, which supports historical demands and planning. Perhaps over the ages, illness has taken on different characteristics. We now have new illnesses. The "Swasthavrtta" concept of preserving health is covered in length in the second Chatuska of the Charaka Samhita. Ritu Sandhi, our Acharya, presented a legislation among others.[1]

Sandhi is the point where two things converge. Ritu Sandhi, the transition between two Ritus, is the time when it is advised to refrain from all activities. It entails avoiding the three Upastambhas, which are the cornerstones of optimal health. Other pursuits, such as learning and attending to patients' needs, are likewise seen adversely. Worshiping deities is the sole activity that is recommended at this period. According to Charak, ritusatmya is a physical condition that exhibits seasonal variations even in the absence of a discernible seasonal pattern. One who prescribes his diet and other lifestyle habits, and who is well aware of the permitted homologation based on his activities and the food he consumes.[2]

According to Lok-Purushsamyaa Siddhant, every element in the environment is also present in the human body. Environmental changes quickly affect the body's basic components. Humans have little influence over the seasonal changes in the environment. He has no power over the Sun, Moon, or other heavenly bodies' motions. Their impact on human physiology is significant. Charaka Samhita suggested a routine for each in light of this. The digestive fire transforms everything we consume or ingest into components that are essential to our bodies and provide them energy. However, this affects the digestive fire in Visarga Kala and Adana, causing vyadhi.[3]

Ayurveda states that disease is caused by an imbalance of Dosha, Dhatu, and Mala, but that health is maintained by them. In addition to having the characteristics of happiness and suffering, respectively, health and illness. To maintain the harmony of Dosha, Dhatu, and Mala, our Acharyas have recommended Ritu Charya, Ratricharya, Sadvrit-ta, and Dincharya. The body's immune system is weakened and favorable conditions are created for the onset of sickness during Sandhi Kaal (transition season). In Ayuerveda, it is discussed how minor changes to daily routine and dietary habits may prevent illness and enhance overall health. Swasthyarakshanam, the pre-ventive component of Ayurveda, and aaturasyavikaaraprasha-manam, the curative component.[4]

Over the course of the 20th century, people's diets changed dramatically; starchy foods such as bread, potatoes, rice, and maize flour were used less frequently, while meat, dairy products, vegetable oils, fruit juice, and alcoholic beverages were used more frequently. These results suggest that different populations' diets may have an impact on the incidence of lifestyle-related diseases including obesity, diabetes, cardiovascular disease, and hormone issues in addition to the prevalence of cancer. The three main causes of death in the US in 1900 were pneumonia/influenza, diarrhea, and TB. Communicable illnesses accounted for 60% of all deaths. In 1900, heart disease and cancer were ranked fourth and eighth, respectively.[5]

Since the 1940s, the leading causes of death in the US have been heart disease, cancer, and other degenerative disorders. However, by the late 1990s, degenerative diseases accounted for almost 60% of all deaths. India is already known as the global center for diabetes, and it now appears that it may also earn the unwelcome distinction of being the center for lifestyle-related illnesses. Research done in collaboration with the All-India Institute of Medical Sciences and the Max Hospital found that the prevalence of obesity, hypertension, and heart disease is concerningly on the rise, particularly in young, urban populations4. Therefore, in order to avoid sickness, it's critical to understand and incorporate ayurvedic teachings into daily living.[6]

METHDOLOGY

Ritu Sandhi and Ritucharya Material data were gathered from a variety of publications, Ayurvedic and Modern Text Books, Credible Newspapers, Authoritative Websites, Authoritative Books, Manuscripts, Sanskrit Dictionary, and other sources.

DEFINITION OF RITU

The seven days that between Ritu's end and commencement (the interpersonal phase) are referred to as Ritu Sandhi. Right now, the body adapts to the demands of the next season. The duration required to deliver a successful and ideal biological adoption is indicated by the phrase Ritu Sandhi. The proposed timetable during this period is intended to enable a smooth transition.[7]

HISTORICAL REVIEW

The idea of Ritu Sandhi initially comes in the Vedic literature itself. According to Kausitaki Brahmana (Vi. 10–12) and Gopatha Brahmana (II.1.19), the Caturmasya sacrifices are performed in Ritu Sandhis and Ritu Sandhis, the transition from one to the other producing sickness. Ritu Mukha is mentioned several times in the Vedic literature. One poem claims that it is hard to choose the Ritu's face. They are bifurcated, with two faces.[8]

An instance of "Varsa Sharad Sandhi" may be heard in the agitated calls of the peacocks blended with the songs of the swans, the newly opened blue lotuses, and the fallen petals of the Kadambas. When discussing musical concepts, Bharata brings up Ritu Sandhi in chapter 28 of Natyasastra. Bharata compares the common ground between two seasons to border land in the octave between two notes known as Svara Sad-harana, where a microtone is assessed in terms of the earlier Swara or the later Swara. The Bharata makes reference to both the natural phenomenon known as Kala Sadharana and Sisira, an Aryan song that depicts the time when symptoms of cold and heat arise.[9]

Neither Charaka nor Susruta Samhita make any reference of Ritu Sandhi. First mentioned by Vagbhata in the Sangrahakala's Ritucarya chapter is Ritu Sandhi. Sharnagadhara gave this notion the label "Yamadamstra" by restricting it to the fifteen days between Kartika and Margasirsa. The commentators Yogindranathasena, Gangadhara, and Chakrapani came after Astanga Hrdaya. After Astanga Hrdaya came Srinivasa's 17th-century combo piece Chikitsatilaka. Following Brhat Nighantu Ratnakara, Dattarama wrote the Charyacandrodaya in the 20th century, which described Ritu Sandhi's doshic condition. Even though Nagarjuna was previously aware of Ritu Sandhi, he had mentioned it as such in conversations with Sadharana Ritu.[10]

The Sun's position determines the development of the Uttaraayana (northward) and Dakshi-naayana (southward) groups of three seasons. Additionally, every Ayana is divided into three sections: Varsha, Sharad, and Hemanta; and Shishira, Vasanta, and Grishma.[11]

Table No. 1

Considering the characteristics of these Ritu is as following according to Ashtangasangraha.

Ritu	*Ruksa*	*Sneha*	*Bala*	*Rasa*
Sisira	+	-	+++	*Tikta*
Vasanta	++	--	++	*Kasaya*
Grisma	+++	---	+	*Katu*
Varsa	-	+	+	*Amla*
Sarat	--	+	++	*Lavana*
Hemanta	—	+++	+++	*Madhura*

Table No. 2

Classification of days and Ritu according to Sushruta along with months is given in the following

Ahoratra	*Rtu*	*Sanchaya*	*Prakopa*	*Prasana*
Purvahna	*Vasanta*	-	*Kapha*	-
Madhyahna	*Grisma*	*Vata*	-	*Kapha*
Aparahna	*Pravrt*	-	*Vata*	-
Pradosa	*Varsa*	*Pitta*	*Vata*	-
Ardharatra	*Sarat*	-	*Pitta*	*Vata*

Ritu affects an individual from the time of conception till death. Following ritusatmya is necessary to maintain good health and withstand Kalaja diseases (vyadhi). Ritusatmya is the timetable that is given for the assigned Ritu at the assigned time. Ritusandhis is a good choice in this regard. Charaka explains in the chapter Tasyasitiya of the Swastha Catuska. The chapter's Uddesa clarifies the meaning. Stronger and more attractive are those who know what to eat and do in each season and stick to it. A regimen and diet that are in opposition to the person's environment and the ailment they suffer from.[12]

On the other hand, in order to prevent Asatmyajaroga, habits should be broken gradually. Because of this, in ritu sandhi, the previous season's regimen should be gradually discontinued and replaced with the upcoming seasons. In order to assess aahar and dincharya, it is therefore advised to correctly follow Ritusandhi by employing the following homologation approach while taking into account the pertinent Ritu, Desa, and Abhyasasatmya Doshic status in Ritu Sandhi.[13]

BIOLOGICAL CHANGES (PHYSICAL AND CHEMICAL) IN HUMAN BODY ACCORDING TO RITU SANDHI

A human clinical study by Mallika et al. assessed the biophysical and biochemical changes caused by Ritusandhi. Clinical evidence indicates that the triggering of Tridosha is primarily a Vata and Kapha phenomenon. Jwara, Pratishyaya, and AlasyaLakshnas were often observed during Ritusandhi, according to this study. Agnibala also shows significant changes, although they do not meet pathologic criteria. The biochemical changes follow a variety of patterns; they may occasionally be increasing or decreasing, but they are all common variants. Despite being apparent, the biochemical levels may differ.

A research by Jangid et al. on the notion of Ritus and their influence on Bala states that Hemanta is the Ritu of Pravara Bala, Vasanta is the Ritu of Madhyama Bala, and Varsha is the Ritu of Avara Bala. The results of the study showed that Hemanta Ritu had a maximum, moderate, and low overall impact on Bala of healthy individuals. The results of the study provide support to Ayurvedic practices.

Numerous additional medical science systems have provided evidence regarding the effects of seasonal rhythm on both physical and mental health. Hippocrates asserted that considering the impact of the seasons on the body is a prerequisite for doing appropriate medical study. Within the Tibetan medical system, seasons are acknowledged as a powerful preventive measure against sickness as well as one of the major factors of aetiology and pathology.

REGIMEN ACCORDING TO DIFFERENT SEASONS

DISCUSSION

Given that Ritu Sandhi is susceptible to a particular kind of the Kalaja ailment, her main role is to prevent these issues by following a certain regimen. However, it is believed that Dosha Vaishamya, which leaves the body very susceptible to various ailments, some of which may be Ashukari and others of which may be Chi-rakari, may arise if the body is unable to adjust to stressors as a consequence of changes in certain seasonal attributes. Put differently, the abnormal state that arises from this is a sign of feeble, inadequate adoptive reactions to external stimuli. It is cited as a source in Gopatha Brahmana.[14]

To preserve the Ayurvedic philosophy The other aim of Ayurveda is "Swasthyarakshana," or the preservation of health. The Dinacharya (daily regimen), Rutucharya (seasonal regimen), Ratricharya (night regimen), Sadvrutta, and Achararasayana are among the particular regimens mentioned in Ayurvedic literature for this purpose. Moral and ethical actions; three pillors: nidra (rules and regulations about sleeping); brahma-charya (dealing with sex life); and ahara (rules and regulations about ahar consumption). Despite mentioning all of these vital components for preserving human health. The contributions of Rutucharya and Ritu Sandhi to a healthy lifestyle are expounded upon in the present study. Ritu's attributes dictate the regimen that must be adhered to in order to maintain health and avoid Kalaja diseases. Ritu Sandhi signifies the transition between two seasons and lasts for fourteen days.[15]

It is advised to do rituals using certain Kramas in order to prevent kalaj vyadhi during this period. The historical examination indicates that the concept of Ritu Sandhi existed prior to the Vedic era. Given Ritu Sandhi's prominence in Sanskrit poetry and literature, it is quite surprising that writers like Charaka and Sushruta have not written about it. Charaka talked about the dos and don'ts in the Sandhis in Indriyopakramaniya. It may therefore be a

diagnostic for all Sandhis. It's probable that the Bhesaja Yojana was well-liked in society at the time given its advertising. Therefore, they outlined the protocols or timetable to be adhered to throughout that period without mentioning Ritu Sandhi directly.[16]

The Susruta Samhita has two chapters that discuss Ritu; Ri-tuandhi is not mentioned. Later authors like Vagbhata clarified Ritu Sandhi. It could have to do with the declining popularity of Ritucarya or the increase in Kalaja diseases. Thus, in order to stop this time, Vagbhata sends a restriction under the name Ritu Sandhi. Later authors like Vagbhata clarified Ritu Sandhi. It could have to do with the declining popularity of Ritucarya or the increase in Kalaja diseases. Thus, in order to stop this time, Vagbhata sends a restriction under the name Ritu Sandhi. Vagabhata suggests that you follow the Rituswarupa-Masa-Rasi regimen in response to the query of when to begin the Ritu Sandhi regimen.[17]

CONCLUSION

Ritucharya is vital in the present to maintain the Ayurvedic principle that "disease is better than treatment." Recognizing that the foundation of Ritucharya is considered to be the rutu sandhi idea for illness prevention is crucial. Even if Ritus do not adhere to consistency these days, the quantity of Dosha and Panchama-habhuta may be adequately assessed to define the regimen, to which this understanding of Ayurveda holds as a pathfinder. Certainly, more research is necessary to ensure the clarity of these concepts. This helps in understanding "Ritu Sandhi" and becoming ready for the sandhikalgat vyadhi.

CONFLICT OF SUPPORT -NIL

SUORCE OF SUPPORT -NONE

REFERENCES

1. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by Chakrapanidatta and Vi- dyotini Hindi Commentory (PartI). 7thed.Varanasi: Chaukhambha Sanskrit Sansthan India,2002.
2. Joshi V. M. and Joshi N. H,.Ayurvediya Sabdakosa (Sanskrit - Sanskrit), Vol. I to II, Mumbai. 1968.
3. Athavale A.D., Astanga Sangraha with commentary by Indu, Prakasana Pune, 1980.
4. Sastri Ambikadatta, Susrut Samhita with Ayurveda Tatva Sandipika by, Part I and II.
5. Athavale A.D., Astanga Sangraha with commentary by Indu, Prakasana Pune, 1980.
6. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by Chakrapanidatta And Vi- dyotini Hindi Commentory (PartI).7th ed. Varanasi: Chaukhambha Sanskrit Sansthan India, 2002,. 14/20
7. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by ChakrapanidattaAnd Vi- dyotini Hindi Commentory (PartI).7th ed. Varanasi: Chaukhambha Sanskrit Sansthan India, 2002. 24/9
8. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by Chakrapanidatta And Vi- dyotini Hindi Commentory (PartI).7th ed. Varanasi: Chaukhambha SanskritSansthan India, 2002,. 24/9
9. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by ChakrapanidattaAnd Vi- dyotini Hindi Commentory (PartI).7th ed. Varanasi: Chaukhambha Sanskrit Sansthan India, 2002, 24/10
10. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by ChakrapanidattaAnd Vi- dyotini Hindi Commentory (PartI).7th ed. Varanasi: Chaukhambha Sanskrit Sansthan India, 200226/104
11. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by ChakrapanidattaAnd Vi- dyotini Hindi

Commentory (Part I). 7thed. Varanasi: Chaukhambha Sanskrit Sansthan India, 2002.97-101

12. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by ChakrapanidattaAnd Vi- dyotini Hindi Commentory (Part I). 7thed.Varanasi: Chaukhambha Sanskrit Sansthan India, 2002. p.122, 130,106,107
13. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya,editors, The Charak-Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Com- mentary by Chakrapanidatta And Vidyoti- ni Hindi Commentory (Part I). 7thed.Varanasi: Chaukhambha Sanskrit Sansthan India, 2002.-130
14. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved DipikaCommentary by ChakrapanidattaAnd Vi- dyotini Hindi Commentory (Part- I). 7thed.Varanasi: Chaukhambha Sanskrit Sansthan India,2002.
15. Pandit. Kashinath Shastri,Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by ChakrapanidattaAnd Vi- dyotini Hindi Commentory (PartII). 7thed.Varanasi: Chaukhambha Sanskrit Sansthan India, 2002, Pandit. Kashinath Shastri, Vd. Ganga Sahaya Pandeya, edi- tors, The Charak-Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by Chakra- panidatta And Vidyotini Hindi Commento- ry (PartI).7th ed.Varanasi:, Chaukhambha Sanskrit Sansthan India,2002.
16. Pandit. Kashinath Shastri, Vd.Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by Chakrapanidatta And Vi- dyotini Hindi Commentory (Par- tI).7thed. Varanasi: Chaukhambha Sanskrit Sansthan India,2002.
17. Pandit. Kashinath Shastri, Vd. Ganga Sa- haya Pandeya, editors, The Charak- Samhita of Agnivesha, revised by Charak and Drudhabala with Ayurved Dipika Commentary by Chakrapanidattaand Vi- dyotini Hindi Commentary (Part- VOL 2 ISSUE 2 (2014). Varanasi: Chaukhambha Sanskrit Sansthan India, 2002.



EFFICACY OF SHALMALI (BOMBAX CEIBA) KANTAK WITH SPECIAL REFERENCE TO ACNE VULGARIS

Vanshika Dhankar[1], Dr Arvind Goel[2]

1. 2nd Prof. UG student, Faculty of Indian Medical System, SGT University, Gurgaon-Badli Road Chandu, Budhera, Gurugram, Haryana 122505
2. Associate Professor, Faculty of Indian Medical System, SGT University, Gurgaon-Badli Road Chandu, Budhera, Gurugram, Haryana 122505

Corresponding Author- Vanshika Dhankar, 2nd Prof. UG student, Faculty of Indian Medical System, SGT University, Gurgaon-Badli Road Chandu, Budhera, Gurugram, Haryana 122505

ABSTRACT

Mukhadushika (Acne Vulgaris) is a skin condition affecting the face, significantly impacting physical, social, and psychological well-being. This research explores the efficacy of Shalmali Kantak Lepa, derived from the Ayurvedic herb Shalmali (Bombax ceiba), in managing Mukhadushika. Following the collection and preparation of Shalmali Kantak, a 4-week trial will be conducted on 50 subjects from SGT University, assessing symptoms such as onset, duration, pain, acne marks, scars, number, pus discharge, erythema, itching, burning sensation, oiliness, dryness, blackheads, and hyperpigmentation. The study aims to obtain ethical clearance and approval from the Institutional Ethics Committee. Implications of the research extend beyond dermatological concerns, recognizing the profound psychological impact of acne, and the potential for improved social and emotional well-being through effective management strategies.

KEYWORDS -Mukhadushika, Shalmali Kantak, Dermatological impact, psychological well-being, social well-being, etc.

INTRODUCTION

Mukhadushika is explained by Acharya Sushruta under Kshudrarogas.Itis one among skin diseases that affects the face and disturbs Physical, Social and psychological state of Individuals. It is characterized by ShalmaliKantakasadrushPidaka on face. According to Acharya Sushruta, it is a KaphaVata dominant disease with Rakta as dushya. It correlates to Acne Vulgaris explained in modern Science. It is one of the most common dermatological problem that affects virtually all individuals at least once during Life.. This condition generally starts after puberty and affects more than 90% of adolescents. These acnes when not treated in the earlier stage leads to severity and hence leave permanent scars on the face, which mentally depresses an individual. Hence there is need to counter this condition effectively and prevent its progress to severity and thereby preventing the eruption of new lesions. Shalmali (Bombaxceiba) or Silk Cotton Tree is one of the very useful ayurvedic herb, widely used by the traditional medical practitioners for curing various skin diseases in their day-to-day practice. Shalmali is a well known plant used in the traditional system for treatment of many skin diseases.

OBJECTIVE

The main objective of current research project is to study the efficacy of ShalmaliKantakLepa in the management of MukhaDushika(AcneVulgaris). we will be observing the side effects of Shalmali Kantaka lepa during the trials.



METHODOLOGY

1. Plant material collection and preparation of the powder

Shalmali Kantak will be collected from Herbal Garden of SGT University for the study. The material will be identified and confirmed at Faculty of Pharmacy,SGTUniversity Gurugram. The ShalmaliKantak will be cleaned, chopped; shade dried and pulverized using an electric blender. The powder will sieve through mesh size #80 and stored in an air tightfood grade plastic container for use.

2. Assessment criteria

Assessment of Mukhadushika(Acne Vulgaris) will be basis of following Symptomatology like:

Onset:

- Cyclical (Menstruation related)
- Non-Cyclical (Not related to Menstruation)
- Duration:
-

1) For a week 2) For a Month 3) Throughout year

- Pain
- Acne Marks
- Acne Scars
- Number

(Grading Parameter: 1-Mild, 2-Moderate, 3-Severe)

- Pus Discharge
- Erythema
- Itching
- Burning Sensation
- Oiliness of Face
- Dryness of Face
- Blackheads
- Hyperpigmentation

3. Selection of Subjects

The study will be approved and ethical clearance by Institutional Ethics Committee of SGT University

4. Procedure of drugs application

The participants for the study will be explained about the study. Local application of ShalmaliKantak mix with milk will be apply twice a day for 4 weeks.



IMPLICATIONS

Acne is the leading cause for visits to a dermatologist. Although most cases develop in adolescence, with a 70%-87% prevalence, it can frequently continue into adulthood. Acne can affect any age group, and those with post-adolescent acne are increasingly being referred for dermatological care.The number of adults with acne appears to be increasing, although the reasons are unclear. Despite its apparent cosmetic nature, the effects of acne can go far deeper than the surface of the skin, and place a heavy emotional and psychological burden on patients that may be far worse than its physical impact. The social, psychological and emotional impairment that can result from acne, especially in its more severe clinical forms has been reported to be similar to that associated with epilepsy, asthma, diabetes, back pain or arthritis.Patients could be more prone to depression, anxiety, social withdrawal and anger, without considering that scarring can lead to lifelong problems with self-esteem.This research project will be helpful for Improvement in Signs and Symptoms of Mukhadushika (Acne Vulgaris) and improve thesocial, psychological and emotional condition of subjects.

depression, anxiety, social withdrawal and anger, without considering that scarring can lead to lifelong problems with self-esteem.This research project will be helpful for Improvement in Signs and Symptoms of Mukhadushika (Acne Vulgaris) and improve thesocial, psychological and emotional condition of subjects.

REFERENCES

1. Sushruta Samhita with DalhanaTheeka, edited by JadavjiTrikamji Acharya, Published by Chaukambaorintalia, Varanasi,eighth edition(2005), Nidana Sthana: 13/38, 13/11-46
2. Sushruta Samhita with DalhanaTheeka, edited by JadavjiTrikamji Acharya, Published by Chaukambaorintalia, Varanasi,eighth edition(2005), Chikitsasthana:20/36-37
3. Sushruta Samhita with DalhanaTheeka, edited by JadavjiTrikamji Acharya, Published by Chaukambaorintalia, Varanasi,eighth edition(2005), Sharirsthan Chapter 4/4
4. Charaka Samhita with ChakrapaniTheeka,edited by Yadavji Trikamji Acharya, Published by ChaukhambaSamskritaSamsthana, reprint (2004), ChikitsaSthan 15/17-18.
5. Dr. S.BShrinivastava ,2013,Textbook of Dermatology, APC Books.
6. Ayer J, Burrows N. Acne: more than skin deep. *Postgrad Med J*. 2006;82(970):500-506.
7. Uhlenhake E, Yentzer BA, Feldman SR. Acne vulgaris and depression: a retrospective examination. *J CosmetDermatol*. 2010;9(1):59-63.
8. Smithard A, Glazebrook C, Williams HC. Acne prevalence, knowledge about acne and psychological morbidity in mid-adolescence: a community-based study. *Br J Dermatol*. 2001;145(2):274-279.
9. Dive, M. P., Wairagade, S., Kaikade, A., Ambad, R., &Bankar, N. (2021). MukhadushikaAnd Its Management–A Review. *NVEO-NATURAL VOLATILES & ESSENTIAL OILS Journal*|



PHARMACEUTICO - ANALYTICAL STANDARDIZATION OF AJAMODADI CHOORNA & ITS DRUG MODIFICATION AS AJAMODADI CHEWABLE TABLET

Dr. Mahantesh. B. Rudrapuri,[1] Dr. G Vinay Mohan,[2] Dr. Abhilash D[3]

1. Professor and HOD, Department of Post Graduate Studies in Rasashastra and Bhaishajya Kalpana, Shri Shivayogeeshwar Rural Ayurvedic Medical College and Hospital, Inchal, Belgavi, Karnataka, India
2. Professor and HOD, Department of Post Graduate Studies in Kaya Chikitsa, Shri Shivayogeeshwar Rural Ayurvedic Medical College and Hospital, Inchal, Belgavi, Karnataka, India
3. M.D (Ayu) Scholar, Department of Post Graduate Studies in Rasashastra and Bhaishajya kalpana, Shri Shivayogeeshwar Rural Ayurvedic Medical College and Hospital, Inchal, Belgavi, Karnataka, India.

Corresponding Author- Dr. Mahantesh. B. Rudrapuri, Professor and HOD, Department of Post Graduate Studies in Rasashastra and Bhaishajya Kalpana, Shri Shivayogeeshwar Rural Ayurvedic Medical College and Hospital, Inchal, Belgavi, Karnataka, India

Abstract

Ayurveda is a science of life. It is mainly based on the *Trisutra*, *Hetu*, *Linga* and *Aushadhi*. Among these *Aushadhi* plays a major role in the treatment. Standardization of herbal formulations is important to calculate the quality of drugs, based on the concentration of their active principles. Ajamodadi Choorna is a classical formulation mentioned in Bhaisajya ratnavali with the indication Swarbheda. This article highlights on **pharmaceutico - analytical standardization of ajamodadichoorna and its drug modification as Ajamodadi chewable tablet** standardization of Ajmodadichurna.

KEY WORDS: Ajmodadichoorna, *Ayurveda*, Pharmaceutico - Analytical Standardization

INTRODUCTION

The topic of drug standardization is particularly broad and deep. There is so much to know and so many seemingly contradictory theories on the subject of herbal medicines and their relationship with human physiology and mental function. For the purpose of research work on standardization of herbal formulations and nutraceuticals, a profound knowledge of the important herbs found in India and widely used in Ayurvedic formulation is of utmost importance.

Ayurveda is a science of life. It is mainly based on the *Trisutra*, *Hetu*, *Linga* and *Aushadhi*.[1] Among these Aushadhi plays a major role in the treatment. In ayurveda chatuspada means *bhishak, dravya, rogi, upasthata*[2] drvaya means ayurvedic medicine. Different dosage forms can be prepared by the physician according to his Yukti, considering Samyoga, Visheshakala and Samskara. There are different dosage forms explained in Ayurveda, which have been originated from Panchavidha Kashaya Kalpana (Five basic formulations).i.eswarasa, kalka, kwath, hima and fant[3]Choorna is one of the form of kalka[4]Choorna is powder form of drugs either in single or compound. Ajamodadi Choorna is a classical formulation mentioned in Bhaisajya ratnavali[5] with the indication Swarbheda .The ingredients of Ajamodadi choorna are a) Ajamoda (Apiumleptophyllum) b) Haridra (Curcuma longa) c)Amalaki (Emblica officinalis) d) Chitrakmoola (Plumbagozeylanica) e) Yavakshar (Hordeumvulgare), And textual dose is 1 karsha along with honey ..Earlier period medicine was available in abundant quantity and physicians used to preparing and administer them in fresh form. Problem regarding availability of raw drug and shelf life of formulation was also not relevant. But, in today's modern era due to industrialization and deforestation availability of fresh herbs has become a major issue and conservation and standardization of the same is essential. Therefore, present study will be an attempt to standardize and to evaluate efficacy of Ajamodadi Choorna prepared by classical method as well as with modification.

AIMS AND OBJECTIVES

1) To prepare Ajamodadi churna as per classical method.

2) To prepare Ajamodadi chewable Tablets. (Wet granulation method)

3) Physico – chemical evaluation of Ajamodadi chewable Tablets.

MATERIALS AND METHOD:

MATERIALS

- Ajamodadichoorna contains 5 drugs. They are a) Ajamoda (Apiumlepto phyllum) b) Haridra (Curcuma longa) c) Amalaki (Emblica officinalis) d) Chitrakmoola (Plumbago zeylanica) e) Yavakshar (Hordeum vulgare)
- Genuine raw material is collected from the authenticated sources.

Properties of contains of Ajamodadi choorna Drugs

Sl.	Drug Name	Rasa	Guna	Virya	Vipaka	Karma
1.	Ajamoda(6)	Katu,Tikta,	Ruksha,	Ushna	Katu	dipaniya, vatkaphagna
			Laghu,			Aruchihara
			Teekshna			hrudya, balya,
2.	Amalaki(7)	Pancharasa	Laghu,	Shita	Madhura	Vrushya, Rasayana,
		except lavana	Sara,			Chakshusya,
			Mrudu			Sarvadoshaghna
3.	Chitrakmoola(8)	Katu	Laghu,	Ushna	Katu	Vatakaphahara,
			Ruksha,			Grahi, Deepana,
			Tikshna			Pachana
4.	Haridra(9)	Tikta,	Ruksha	Ushna	Katu	Anulomana,
		Katu				Rasayana,
						Hrdya, Lekhana
5.	Yavakshar(10)	Madhura	Ruksha	Shita	Katu	Kaphapittahara,
			Aguru			Medhavardhaka,
			Mrudu			Swaravardhaka,
						lekhana,Medohara



Ajmodadi Churna

METHOD

Sl.	Name	Botanical name	Part used	Quantity	Chemical composition
1.	Ajamoda	Apium	Fruits	1 part	Ascorbic acid and Gallotannis
		Leptophyllum			
2.	Amlaki	Embilca	Fruit	1 Part	Golic acid, Tannic acid,
		officianalis			Glucose, Cellulose, Minerals
					(calcium), Vitamin c
3.	Chitrakmoola	Plumbago-	Root Bark	1 Part	Plumbagin, Sucrose,
		zeylanica			
		Linn			
4.	Haridra	Terminalia	Rhizomes	1 Part	Ascorbic acid and gallotannins.
		chebula Retz			
5.	Yavkshar	Piper-longum	Whole plant	1 Part	Tannis, Amino acid, Proteins ,
		Linn.			carbohydrates

AJAMODADI CHOORNA PREPARATION –

- All the ingredients were taken in equal quantity.
- Then are finely powdered separately in pulveriser.
- After that Sieved through sieve number 85 - 120.
- All the powders were mixed together to form homogeneous mixture.
- Finally stored in an air tight container.

AJAMODADI CHEWABLE TABLET PREPARATION:

- The prepared powder was subjected for preparation of chewable tablet by wet granulation method by using non aqueous solution.
- Known quantity of powder was weighed according to the number of tablets to be compressed.
- Powder and other raw material were taken in a mortar and converted into a dough mass by adding required quantity of 10% PVP in ethanol as a granulating agent.
- The dough mass was passed through sieve number 10,
- the pallets obtained were dried in a tray drier at 60°c for 15 min.
- The dry granules were passed through sieve number 44, super imposed on sieve number 22 on a clean filter paper.
- The granules retained on sieve number 44 were collected and to this 10% of fines, the remaining quantity of sweetening agent, preservatives and suitable quantity of lubricant was added, mixed thoroughly and compressed into tablets.
- Obtained tablets were dried at room temperature.
- It was packed in airtight container.

Ajamodadi chewable Tablets were prepared in 3 sample & were analyzed separately.

Physico chemical parameters of the individual drugs and Ajamodadi chewable Tablets were suggestive of the quality and increased shelf life.

Sl No	Ingredients	Quantity
1	Ajamodadi churna	250 gms
2	Milk powder	250 mgs
3	CCS (Cross Caramellose Sodium)	50 mgs
4	Sucrose	140 mgs
5	Methyle paraben	0.01%
6	Propyl paraben	0.05

RESULTS

Physico-Chemical Study Of 3 Samples of Ajamodadi Chewable Tablets (ACT).

Sl	Test Parameter	Test Results Obtained (%)		
1		ACT 1	ACT 2	ACT 3
2	colour	Buff	Light yellowish	Buff
3	odour	Aromatic	Characteristics.	Aromatic
4	Loss on drying at 105oc	1.04 %	1.27 %	1.04 %
5	Ash value	2.86 %	2.32 %	2.85 %
6	Water soluble ash	1.2 %	0.54 %	1.2 %
7	Acid insoluble ash	0.11 %	0.56 %	0.12 %
8	Water solubl extractives	37.93 %	37.17 %	37.87 %
9	Alcohol Soluble Extractives	43.72 %	42.52 %	43.62 %
	pH	6	6	6

ORGANOLEPTIC CHARACTERISTICS:

The developed formulation was Buff colored, Aromatic Odour, in the samples of **ACT** 1 & 3. But in the sample ACT 3 had light yellowish in colour & Characteristics Odour.

LOSS ON DRYING:

Moisture content of sample Ajamodadi chewable Tablets 1,2,3was found 1.04%, 1.27%, & 1.04% respectively Low moisture content is desirable for higher stability of the formulation.

ASH VALUE:

Ash value of Ajamodadi chewable Tablets sample 1,2,3was found 2.86 %, 2.32% & 2.85% respectively. This value was found to be reasonably low, which indicates low contamination. It is criteria for indentifying the purity of the drugs. Total ash is inclusive of extraneous matter such as sand, soil etc adhering to the herbal drug.

WATER SOLUBLE ASH:

Water soluble Ash of Ajamodadi chewable Tablets sample 1,2,3was found 1.2 %, 0.54 % 1.2% respectively. This shows normal quality of the drugs and presence of more active principle in the sample.

ACID INSOLUBLE ASH:

Acid insoluble ash of Ajamodadi chewable Tablets sample 1,2,3was found 0.53 %, 0.56 %, 0.12

% respectively. This shows indicative of very less amount of non-physiological components like silica, less adherent dirt and sand particles.

The water-soluble extractive of Ajamodadi chewable Tablets sample 1,2,3 was found to be 37.93 %, 37.17 %, 37.87 % respectively and Alcohol **soluble extractive** of Ajamodadi chewable Tablets sample 1,2,3 was found to be 43.72 %, 42.52 %, 43.62 % respectively, indicating considerable number of polar compounds in the sample. Extractive values are primarily useful for the determination of exhausted or adulterated drugs. The extractive value of the crude drug determines the quality as well as purity of the drug.

PH VALUE:

pH of Ajamodadi chewable Tablets (sample 1,2,3) was 6, which is a weak basic. This indicates granules is gastric friendly, does not cause harm to the gastric mucosa and maintains integrity of gastric mucosa. This has shown acidic nature of formulation, due to the reason of use of ingredients.

HARDNESS TEST:

The average hardness of Ajamodadi chewable Tablets (sample 1 & 3) samples were determined by Monsanto tablet hardness tester. The hardness was found to be 2 kg/cm^2 . This indicates Ajamodadi chewable Tablets was not brittle in nature & so it can be chewed without any difficulty.

FRIABILITY TEST

It is a measure of Tablet strength. It was measured by Roche Friabilator. Friability of Ajamodadi chewable Tablets (sample 1 & 3) samples was found 0.46 kg/cm^2 **(Table no 7)**. This is indicated acceptable form of Ajamodadi chewable Tablets & helps to carry easily with less percentage of breakage.

WEIGHT VARIATION TEST:

Weight variation of Ajamodadi chewable Tablets (samples of1& 3) was found to be 99.53 & 99.50 % respectively. This indicates each tablet contains the proper amount of drugs & by this proper fixation of therapeutic dose can be achieved.

DISINTEGRATION TEST

In this Test, at the end, all the tablets of Ajamodadi chewable Tablets samples (1 & 3) disintegrated completely in 1 min. without leaving any residue in the basket & can dissolve easily in mouth

DISSOLUTION TEST:

Samples of Ajamodadi chewable Tablets (1& 3) were found to be 91.42 % & 91.37 % respectively. This is indicated optimum therapeutic effectiveness.

PARTICLE SIZE:

Particle size of sample Ajamodadi chewable Tablets is 100 – 80 mesh size. This size is suitable for product performance, stability & appearance of the end product.

MICROBIAL CONTAMINATION:

In sample Ajamodadi chewable Tablets was found to be absence of bacterial growth. This is indicated that processing was done in safety measures.

TLC reveals the presence of Python constituents in the Ajamodadi Chewable - Rf values were 0.11, 0.72 & 0.11. Analysis of the data obtained from the analytical study suggests that the results are in within the limit.

DISCUSSION

"Pharmaceutico - Analytical Standardization of Ajamodadi Choorna & Its Drug Modification as Ajamodadi Chewable Tablet" was taken in this study. Samples selected for the study shows that analytical standards were in accordance with API standards.

Physico chemical parameters of the individual drugs and Ajamodadi Chewable Tablet were suggestive of the quality and increased shelf life. Parameters results of Powdered drugs were as per the guidelines of Ayurvedic pharmacopoeia of India.

CONCLUSION

- The analytical parameters of Ajamodadi churna were within the range as mentioned in the API and were suggestive of the genuinity of the raw material used and the quality of the end product obtained.

- Analysis of the data obtained from the analytical study suggests that the parameters will be useful for standardization of Ajamodadi Chewable Tablets.

Reference

1) Dr. Brahmanada Tripathi, *Charak Samhita of Maharshicharak*, Vol.1st Chukhambhaprakashan, Varanasi, 2011, *Sutrastan*, chapter 1, verse no.21, page no.09
2) Dr.BrahmanadaTripathi, *Charak Samhita of Maharshicharak*, Vol.1st Chukhamabha prakashan, Varanasi, 2011, *Sutrastan*, chapter 09, verse no.03, page no.207
3) Dr.BrahmanadaTripathi, *Charak Samhita of Maharshicharak*, Vol.1st Chukhambhaprakashan, Varanasi, 2011, *Sutrastan*, chapter 4, verse no.07, page no.70
4) Siddhinanandan Mishra, bhaishajyakalpana-Vigyan chokhambasubharti Prakashana, Varanasi, reprint 2011.chapter no.6-page no.120
5) Acharya Govind Das sen, Bhaisajya Ratnawali, Swararogadhikar, Chapter no.17, shlok no.6 , Editor Prof. Siddhi Nandan Mishra Chaukhamba Surbharati Prakashan Varanasi Pg.No.471
6) The Ayurvedic Pharmacopoeia of India (API), Ayush& Family welfare dept. GOI, Vol.1st, Reprint 2009. Page no.03
7) The Ayurvedic Pharmacopoeia of India (API), Ayush& Family welfare dept. GOI, Vol.1st, Reprint 2009. Page no.07
8) The Ayurvedic Pharmacopoeia of India (API), Ayush& Family welfare dept. GOI, Vol.1st, Reprint 2009. Page no.39
9) http:/easyayurveda.com/turmeric
10) siddhinanandan Mishra, Bhaishajya Kalpana-Vigyan Chaukhamba Subharti Prakashana, Varanasi, reprint 2011.chapter no.7, page no.218





IMPORTANCE OF SUVARNPRASHAN AS RASAYAN THERAPY

Dr. Naresh Kumar Garg

Professor, Deptt. of Dravyaguna Vigyana, Sri Ganganagar College of Ayurvedic Science & Hospital, Tantia University, Sri Ganganagar (Rajasthan)

Corresponding Author- Dr. Naresh Kumar Garg, Professor, Deptt. of Dravyaguna Vigyana, Sri Ganganagar College of Ayurvedic Science & Hospital, Tantia University, Sri Ganganagar (Rajasthan)

Email: - drnkgarg11@gmail.com Mob. -9988996502

Abstract

Suvarna Prashana (the oral administration of gold as an electuary) is a unique Ayurvedic treatment in the field of children. The canonical textbook of Kaumarbhritya (pediatrics), Kashyapa Samhita, illustrates this unusual formulation in the setting of Lehana (licking procedure by electuary). It has been explained that gold should be triturated with water, honey, and Ghrita on a prewashed and clean stone facing east, and the semisolid concoction should be presented to the Shishu/infant. Suvarna Prashana is a practice in which Suvarna and herbs are given to children orally in the form of a liquid, semi-solid, or paste. We are using the formulation containing following ingredients i.e Suvarna Bhasma, Abhrak bhasma, Swarnamakshik bhasma, Brahmi- kantkari ghrita and Madhu. For attaining proper Rasayana benefits daily dose of Suvarna Prashana is recommended and to be given under supervision of an ayurvedic physician. In Present Conceptual study describe the Rasayan & Immunomodulator effect of Suvarna Prashana in detail according to Ayurveda.

Keywords- Suvarna Prashana, Immunomodulator effect, Electuary, Rasayan

Introduction

Gold and other metals have been used in medical treatments since ancient times because it is regarded to have healing properties. In ancient Ayurvedic writings, gold was used to treat ailments, either alone or in combination with other medicinal ingredients. Following a thorough understanding of Swarna's capabilities, the ancient world's health-care system made effective use of it. Since then, Swarna has been used to prolong long life and fight the ageing process. It had also aided in the development of the strength and energy of children.

The Rasayan (Rejuvenation) characteristic of Bhasmas of metals (incinerated metal) promotes immunity and bodily firmness. Swarna Bhasma (incinerated gold) is a Kantikara (complexion) remedy that also boosts Medha (intelligence), Smriti, and Mati (attentiveness). Swarna Bhasma has been prescribed for use in children in a variety of forms, including honey, and ghee. Despite the fact that several herbal medication combinations are given in the same context, time-bound efficacy is only indicated for gold. The administration of a mixture of Ghrita and honey to the new born by reciting spiritual hymns has been described in the Charaka Samhita under the context of Jatakarma (basic new born care), which is supposed to be followed by the initiation of breastfeeding. This procedure is also said to improve the physical strength and immunity and render healthy life to the new born.



Benefits of Rasayana

लाभोपायो हि शस्तानां रसादीनां रसायनम्॥८॥

Rasayana is the means of attaining excellent qualities of *rasa* etc. *dhatus* i.e. body cells and tissues.

दीर्घमायुः स्मृतिं मेधामारोग्यं तरुणंवयः।

प्रभावर्णस्वरौदार्यं देहेन्द्रियबलं परम्॥७॥

वाक्सिद्धिं प्रणतिंकान्तिं लभते ना रसायनात्।

By promotive treatment, one attains longevity, memory, intelligence, freedom from illness, youthfulness, excellence of luster, complexion and voice, optimum strength of physique and sense organs, perfection in deliberation, respectability and brilliance.

AIMS AND OBJECTIVE

To evaluate, elaborate and discuss the Rasayan and Immunomodulator effect of Swarna Prashana.

MATERIALAND METHOD

Material related to Suvarna Prashana. is collected from ayurvedic texts books, modern text books, index medical journals and website. Conceptual Study Swarn Prashan is a Rasayana Chikitsa and one of the Prashana or Lehana for healthy infants in terms of prevention and promotion, as well as for diseased infants in terms of cure. In Ayurveda, providing oral gold is an age-old and time-tested method for disease prevention. It dates back to 1000 B.C. and is classified as one of Ayurveda's 16 important Samskara (neonatal care) under Jatakarma Samskara (neonatal care). Swarnaprashanam satisfies Ayurveda's first goal, which is to take preventative steps (Swasthasya Swasthya Rakshanm). The tendency of our bodies to check the microorganisms that cause diseases deactivates or weakens. This is referred to as Vyadhikshamtva (immunity). Disease prevention through increased immunity has traditionally been one of the most essential parts of infant development. Swarnaprashanam is a natural immune booster that may be taken orally. It is a one-of-a-kind vaccination procedure that has been used since Vedic times and is currently used in areas of India. Swarnaprashanam can be used from birth to sixteen years of age to achieve the best therapeutic results, such as improving memory, intelligence, and immunity. He has clearly explained the administration of Swarna (gold) to children for Medhavardhana (improving intellect), Agnivardhana (improving digestion and metabolism), Balavardhana (improving immunity and physical strength), Ayushyam (promoting longevity), Mangalam (auspicious), Punyam (virtuous), Varnya (improving complexion), Vrishya (fertility), Grahapaham (promoting longevity), Mangalam (protection against infectious organisms). Swarnaprashana's classically detailed benefits include Maasathparamamedhavi (a child will be extremely intelligent if fed for one month), Vyadhibhirna cha drishyate (a child will not be attacked by any disease), and Shadbhir-masesruthadhara (a child will not be attacked by any disease if fed for one month) (if fed for six months, child will be able to retain whatever he hears).

Swarna must be combined with Madhu (honey) and Ghrita (ghee) in one of the Jathakarma samskara processes, according to Acharya Sushruta. It should be used after garbhambu vamana but before abhyanga and snana, according to Acharya Sushruta. Swarnaprashana, he noted, aids a child's physical and mental growth, as well as encourages Bala and Budhi (memory).

This herbo-mineral elixir is a combination of herbs and minerals ingredients i.e Suvarna Bhasma, Abharak bhasma, Swarnamakshik bhasma, Brahmi-kantkari ghrit and Madhu are the constituents of Swarnaprashana) is being prepared in my Centre.

First prepare Brahmi- kantkari ghrit with help of Brahmi and Kantkari kwath dravya and Haritaki Churna + Brahmi Churna + Kantkari + Kooth + Shankhpushpi + Manjistha + Haridra are kalk dravya.

Brahmi- kantkari ghrit and Suvarna Bhasma first mixure after that Abharak bhasma, Swarnamakshik bhasma and honey are added to this and triturated on the day of Pushya Nakshatra. The bowl is placed in warm water to retain the consistency of Swarnaprashana. As per our classical Ayurveda texts and observed by our panel of doctors Swarnaprashana should be form in Awaleha to better absorption & bioavailability.

Rasayan effect of Suvarna Prashna –

Rasayana is an Ayurvedic rejuvenation therapy which helps in maintenance & promotion of health. Rasayana essentially means nutrition at all levels from macro to micro-cellular level. Rasayana therapy replenishes the vital fluids of the body; boost the Ojas (vital force of life) and the immune system, thus keeping away from diseases and prevents against ill effects of advanced age. Rasayana brings about the normalcy of Rasadhatu and thereby maintain other dhatus (body tissues) in equilibrium for a longer period. Rasayana therapy prevents effect of ageing and provides longevity, improves mental and intellectual competence, preservation of youthfulness, increased luster, body complexion and glow of the skin, healthy condition of voice, excellent potentiality of the body and the sense-organs.

Immunomodulator effect of Suvarna Prashan-

When etiological factors come in contact with the body, they try to produce disease. At the same time the body opposes the etiological factor to protect the body or show resistance against disease. This power of the body, which prevents the development of diseases or resist a developed disease, is called Vyadhikshamatva (immunity) in Ayurveda. We can increase body



resistance by increasing Ojus. As we know that Doshas maintain the body in the state of homeostasis only with the support of Ojus. According to Acharya Charaka, Bala (strength) is synonym of Ojus and of three types- Sahaja, Kalaja and Yuktikrita. In Yuktikrita, one can improve the Ojus by Yukti. Thus, Swarna Prashana is the method of increasing the Kshamatva of the body immune cells and lowering down the decaying process. According to Ayurvedic concept, Ghrita and Madhu mixed in equal quantity is an example of Matra Virudha and acts as Visha in body. The same substance by its continuous administration in small doses makes the body adaptable, is called Satmya. The Swarna Prashana Samskara is an example of Virudha Satmya. Any incompatible (Virudha) substance which may be antigenic, on continuous exposure child becomes Virudha Satmya suggests that seronegative state is converted into seropositive state and formation of antibody is complete. Regular contact of such elements makes the body desensitized and in future there will be less effect due to formation of antibodies. Adaptiveness and modification subsequently develop as it acts as antigenic substances to the body and child will be priorly sensitized have healthy future. The same theory is used in vaccination. In Swarna Prashana Samskara, Madhu and Ghrita in equal dose along with gold is given at regular intervals, this develops resistance in the body for any type of Visha. In other words, this mixture produces non-specific immunity. Swarna has the properties like that of Medhavardhanam, Agnivardhanam, Balavardhanam, Ayushyakara, Grahapaham etc. These properties of Swarna can be made use to strengthen an individual. Gold enhances memory power and immunity too. Swarna Bhasma is easily absorbable. Swarna may remain unabsorbed in the body and act as incompatible substance or binding material by playing significant role in the stimulation of immune system. Gold is already proved for its immunomodulatory effects because of its anti-bacterial action against different organisms but when it is mixed with Madhu and Ghrita, it enhances its action to stimulate body immune system. Madhu is manufactured from pollen grains by bees. The reason behind adding Madhu in Swarna Prashana is that when Madhu is administered in low doses to new born, the child gradually develop resistance for allergens and it remains unaffected by allergic disorders. Ghrita has important medicinal value in Ayurvedic texts. It increases mental ability and it enhances the function of drug added with it. It helps in growth and development of child. It also provides nutrition to new born until lactation starts properly.



Discussion

Swarna Prashana is a herbo-mineral preparation including plant extracts in Ghrita medium that is used in Balya, Rasayana, Medhya, and Tridoshahara. Swarna Bhasma, the major ingredient of Swarnaprashana, stimulates phagocytosis, which enhances immunity. Swarna Bhasma has been used in both Ayurveda and medical science for rejuvenation and immunomodulation in many chronic conditions. Traditional gold compositions are said to offer rejuvenating and antioxidant properties. Ghrita aids in the child's growth and development, as well as providing sustenance to the baby until lactation begins correctly. The only dravya that can cross the blood-brain barrier, according to Ayurveda, is Ghrita. Pollens, which are found in honey, are a moderate allergy. This activates the baby's active immunity, protecting it from allergy diseases, which are common in this age range. It can also be used as Anupana (vehicle or medium for absorption of drugs). Madhu is used in Swarna prashanam because when given in small dosages to children as a toddler, it progressively develops



Sr. No	Name of Raw Drug	Quantity	Used part
1.	Suvara Bhashm	3 mg	Bhashm
2.	Swarnmakshik Bhashma	6 mg	Bhashm
3.	Abharak Bhashm(Shastraputti)	15 mg	Bhashm
4.	Madhu	10 gm	Bhashm
5.	Gau-ghrita	q.s.	Ghrita
	Kwath Dravya		
1.	Bhrahmi (Bacopa monnieri)	5 gm	Panchang
2.	Kantkari (Solanum xanthocarpum)	5 gm	Panchang
	Kalka Dravya		
1.	Shankhpushpi (Convolvulus pluricaulis)	200 mg	Panchang
2.	Bhrahmi (Bacopa monnieri)	100 mg	Panchang
3.	Haritaki (Terminalia chebula)	100 mg	Fruit
4.	Manjistha (Rubia cordifolia)	50 mg	Stem
5.	Haridra (Curcuma longa)	50 mg	Rhizome
6.	Kooth (Saussurea leppa)	10 mg	Root

tolerance to allergens and afterwards remains resistant to comparable allergens and unaffected by allergic illnesses. Brahmi and Shankhapushpi have been demonstrated to aid memory and concentration issues. The anthraquinones found in Manjistha have many biological activities, such as antimicrobial, hepatoprotective, antifungal, immunomodulatory, hypotensive, anti-inflammatory, analgesic, antimalarial, antioxidant antileukemic, and mutagenic.[21] Haritaki and Kustha have immunomodulatory effects and increase the permeability of the medicine delivery mechanism.

Conclusion

Swarna prashana can be administered to babies and children as young as 16 years old for their physical, mental, and cognitive well-being. Swarna prashana's immunomodulatory impact should be backed up by a welldesigned clinical trial that includes biomarkers. Clinical experiments including immunological profile determination could pave the way for wider adoption in the National Health Program to benefit children. Finally, Ayurveda can improve people's quality of life through health promotion approaches by developing an integrated and multi-sectorial strategy for population-based Preventive and Immuno-modulatory treatments in this study.

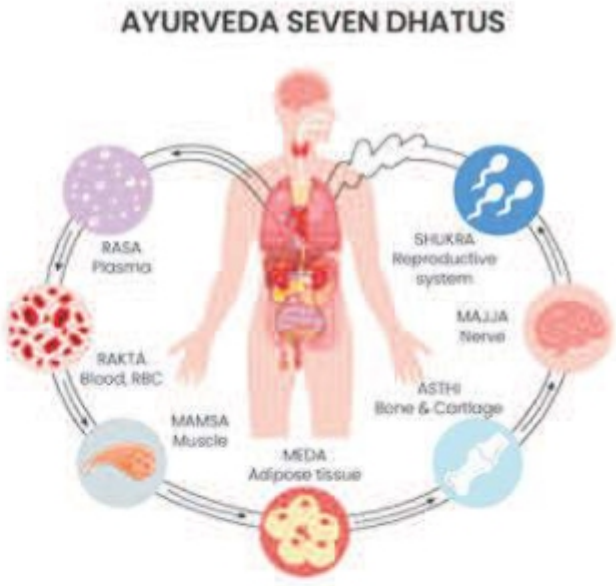


Reference-

1. Pal D, Sahu CK, Haldar A. Bhasma: The Ancient Indian Nanomedicine. J Adv Pharm Technol Res 2014; 5:4-12.
2. Barve G.B, Mayur Mashru, Chandrashekhar Jagtap, Patgiri BJ, And Prajapati PK. Therapeutic Potentials of Metals in Ancient India: A Review Through Charaka Samhita. J Ayurveda Integr Med. 2011 AprJun; 2(2): 55-63.
3. Yadav KD, Chaudhary AK. Percentage Of Swarna Bhasma In Medicaments Of Ayurveda To Treat Disorders Of Different Origin. Int J Green Pharm 2015; 9:90-4.
4. Mehadihassan S. Cinnebar - Gold as The Best Alchemical Drug of Longevity, Called Makardhwaja In India. Am. J. Chinese Medicine, 1985; 13:93-108.
5. Anil Kumar Singh AK, Arvind Kumar Gupta, Manish, Pramod Kumar Singh.

Rasayana Therapy: A Magic Contribution of Ayurveda for Healthy Long Life. Int. J. Res. Ayurveda Pharm. 2014; 5(1):41-47.

6. Jyothy K B, Sheshagiri S, Patel KS, Rajagopala S. A Critical Appraisal On Swarnaprashana In Children. Ayu 2014; 35:361-5.
7. Paul W, Chandra Prakash Sharma. Blood Compatibility Studies of Swarna Bhasma (Gold Bhasma), An Ayurvedic Drug. Int J Ayurveda Res. 2011; 2(1):14-22.
8. Kumar MA, Nisha Kumari Ojha, Abhimanyu Kumar. Rationality Of Swarna Prashan In Paediatric Practice. International Journal of Ayurvedic And Herbal Medicine 2013; 3(3):1191-1200.
9. Gaur BL. Charaka Samhita of Agnivesha, Sharira Sthana. Ver. 46. 1st Ed. Ch. 8. New Delhi: Rashtriya Ayurveda Vidyapeeth; 2014. P. 955.
10. Bhaskaran JK, Mukesh Nariya, Kalpana S Patel, Rajagopala S, Hetal B Aghera, Ashok B Krishnaiah.
11. Https://Niimh.Nic.In/Ebooks/Esushruta/Index.Php
12. Schneider, D. S., & Ayres, J. S. (2008). Two Ways To Survive Infection: What Resistance And Tolerance Can Teach Us About Treating Infectious Diseases. Nature Reviews. Immunology, 8(11), 889– 895. Https://Doi.Org/10.1038/Nri2432
13. Shasyri SN, Charak Samhita Sutra Sthan Triseyshniye Adhaya; Chapter-11 Versa 36;Varanasi Chukhambha Bharty Academy 2014, P 228
14. Shasyri SN ,Charak Samhita Sutra Sthan Atreybhadrakaapyeya Adhyaya; Chapter-26 Versa 90; Varanasi Chukhambha Bharty Academy 2014, P.521.
15. Nicholson L. B. (2016). The Immune System. Essays In Biochemistry, 60(3),275–301. Https://Doi.Org/10.1042/EBC20160017
16. Https://Www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/PMC 3705899/
17. Nelaturi, P., Nagarajan, P., Sabapathy, S. K., & Sambandam, R. (2021). Swarna Bindu Prashana-An Ancient Approach To Improve The Infant's Immunity. Biological Trace Element Research, 199(6), 2145–2148. Https://Doi.Org/10.1007/S12011-020-02353-Y
18. Jyothy, K. B., Sheshagiri, S., Patel, K. S., & Rajagopala, S. (2014).
19. A Critical Appraisal On Swarnaprashana In Children. Ayu, 35(4), 361–365. Https://Doi.Org/10.4103/0974-8520.158978 20. Https://Www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/PMC 4492018/
20. Patil R, Mohan M, Kasture V, Kasture S. Rubia Cordifolia: A Review. Oriental Pharmacy And Experimental Medicine [Internet]. 2009 Mar 31 [Cited 2022 Feb 9];9(1):1–13. 22. Devi VK, Jain N, Valli KS. Importance Of Novel Drug Delivery Systems In Herbal Medicines. Pharmacogn Rev. 2010 Jan;4(7):27-31.





CHANNELIZING THE *SAMPRAPTI* AT THE LEVEL OF *SROTODUSHTI W.S.R.PRAMEHA*: A LITERARY REVIEW

Dr. Kriti Joshi[1], Dr. L.C.Harjpal[2], Dr. Rupendra Chandrakar[3], Dr. Shweta Singh[4]

1. PG Scholar, Department of Samhita Siddhanta, Shri N.P.A Govt. Ayurved College, Raipur, (CG).
2. Head of Department, Department of Samhita Siddhanta, Shri N.P.A Govt. Ayurved College, Raipur, (CG).
3. Reader, Department of Samhita Siddhanta, Shri N.P.A Govt. Ayurved College, Raipur, (CG).
4. Lecturer, Department of Samhita Siddhanta, Shri N.P.A Govt. Ayurved College, Raipur, (CG).

Corresponding Author-Dr. Kriti Joshi,PG Scholar, Department of Samhita Siddhanta, Shri N.P.A Govt. Ayurved College, Raipur, (CG).

ABSTRACT

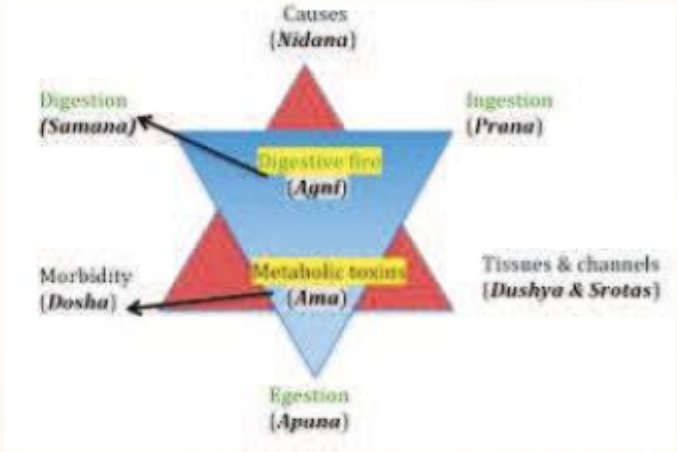
According to Ayurveda, the human body is composed of innumerable Srotas, (micro or macro channels), which carry out all the physiological functions of the body. Apart from carrying out essential physiological processes, the Srotas also help the body to restore normal health. Various Srotas have different functions based on where they are located and how they are distributed throughout the body.Pathological changes in the body are due to Sroto dushti. Doshas in their Vikriti state vitiates the body and along with Dushya,Srotas and other factors contributes to the Samprapti of vyadhi i.e. disease. Prameha which is correlated as Diabetes is a global illness which is considered a metabolic syndrome in which various types of Dhatu(meda, mansa , rasa , mutra etc) and their respective Srotas gets vitiated. Not only Meda dhatu and Medavahasrotas other Srotas like Rasavaha,Annavaha.Purishavaha, Mutravaha Srotasetc. also gets vitiated by their separate Nidanas which take part in the pathogenesis of Prameha. Due to the present lifestyle the prevalence rate of diabetes (prameha) has been projected to grow by 40% by next decade. This prevalence has increased the risk for cardiovascular diseases and chronic kidney diseases. We can see the significance of the disease given by the seer because Prameha is listed among the eight major disorders in Charaka Nidana. Despite of recent progression in medical science, there are still some drawbacks in understanding of pathogenesis at strotas level (Srotodusti). Through this article an effort is made which provides a better and in depth understanding of prameha as a vyadhi in Ayurvedic perspective which is further helpful in providing better management.

Keywords:*Ayurveda ,Srotas ,Samprapti , Srotodushti, Medovaha srotas.*

INTRODUCTION

In Ayurvedic Literature,*Dosha*, *dhatu*, and *mala* are regarded as the foundation of the body. The *prakrut-Vikruti* state of these *doshas* determines the body's formation, maintenance and destruction. In *prakrut* state they holds the functions of the body in a physiological manner while in *Vikruti* state they are the cause of ailments in the human body. There are various stages involved in tissue level (Srotas) takes place in between the *dosha* vitiation and manifestation of *vyadhi*, that whole process we call it as *Samprapti*i.e. pathogenesis of disease.

The term *"Srotas"* in Ayurveda describes the channels(micro or macro) or pathways that different substances, such as nutrients, waste products, and energy, flow through in the body.*"Samprapti"* explains the entire process of how a disease develops, from exposure to the causative factors to the initial disturbances those factors cause in the physical body and mind to the development of premonitory symptoms and disease symptoms that allow the disease to be identified, named, and diagnosed.



"Prameha" refers to a class of diseases affecting the metabolism and the urinary system, that comprises diabetes. The concept of *"Samprapti of Srotodusti in Prameha"* involves to understand the potential impact on the body's channels or pathways in patients suffering from diabetes or other related metabolic disorders. In order to restore health and well-being, balancing these channels as well as breakdown the pathogenesis is a common focus of Ayurvedic treatments. The present article attempted to understand the *Samprapti* of *Prameha* at the level of *Srotodusti* w.s.r. *Prameha* which will help further in treatment aspect.

AIM AND OBJECTIVES

To establish and in-depth understanding of *Samprapti, Srotas, Srotodusti* w.s.r. *Prameha* explained in different classical texts.

MATERIALS AND METHODS

Since the present study was a literary research, different references available in the classical literature on *Samprapti* and *sroto dushti*w.s.r. *Prameha* are compiled.

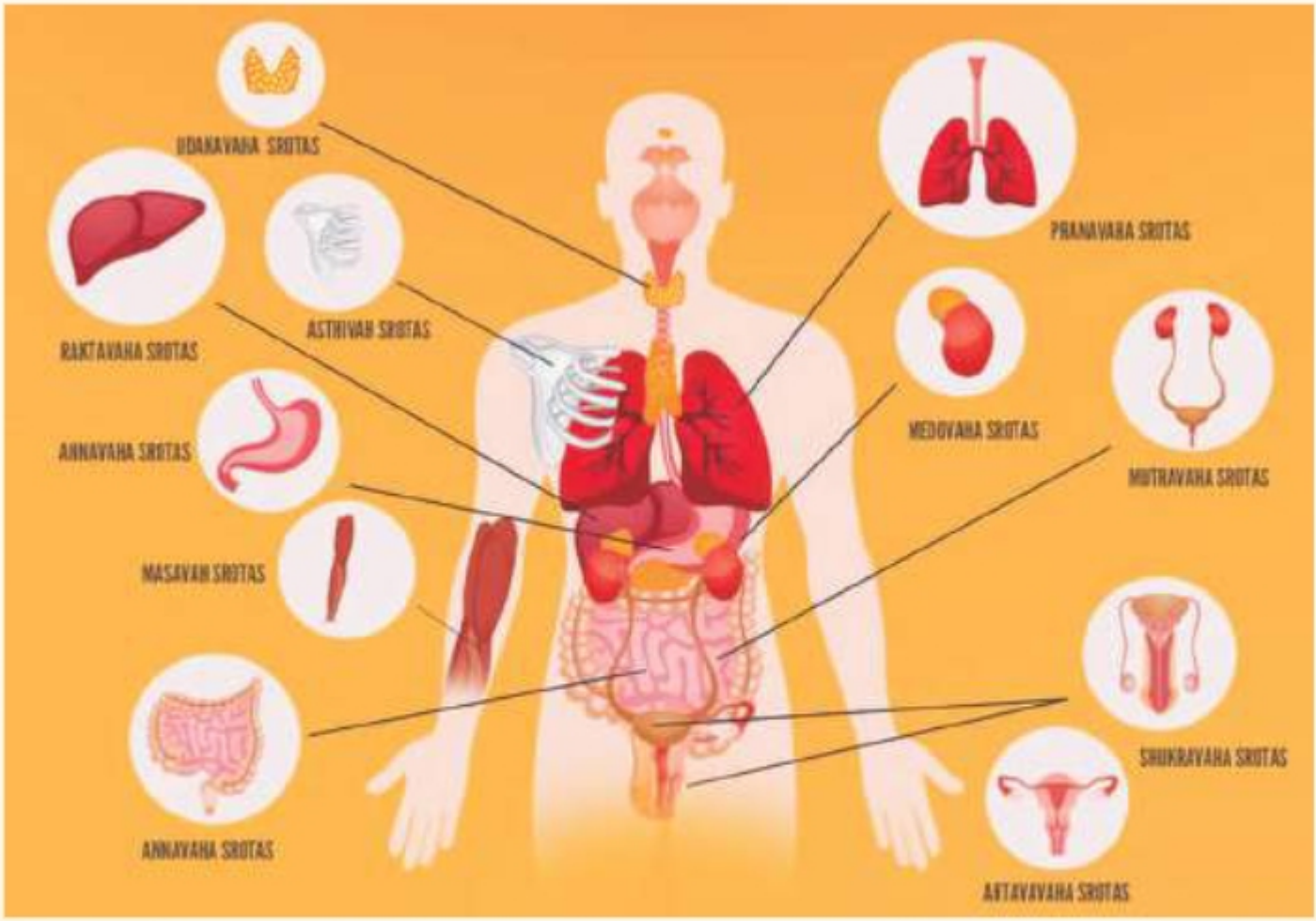
CONCEPTUAL STUDY

There are various stages that the *Sampraptiof* Prameha goes through. It starts with poor dietary and lifestyle habits that cause the body to accumulate *Ama* (toxins).Excessive intake of sweets and fats which cannot be utilized by the tissues, producing undigested products of metabolism (*Ama*).Impaired digestive fire – both at Gastric and tissue levels – *Kayagni and Dhatvagni* – again producing ama. In the presence of *Mandagni* the *Sneha bhavas* and *Madhura Bhavas* are not fully converted to end products and are expelled from the body.

Insulin production and pancreatic function are eventually impacted by this *Ama* when combined with imbalanced *doshas*. Ineffective digestion and metabolism are caused by the impairment of *Agni* (digestive fire), which makes the condition worse.

The term *"Srotodusti"* in Ayurveda describes the vitiation or imbalance of the body's numerous channels or pathways, or *"Srotas."* Different *Srotodusti* may take place in the context of *"Prameha"* or metabolic diseases like diabetes. *Srotodusti* linked to *Prameha* are:

1. ***Mutravaha Srotodushti***: This condition is



characterized by an imbalance in the urinary channel, which causes frequent urination, increased thirst, and the excretion of sweet-tasting urine—all commonly associated in Prameha.

2. ***Medovaha Srotodushti***: This is linked to the channels that are involved in the metabolism of fat and can cause obesity and an increase in body fat, both of which are risk factors for diabetes.
3. ***MansavahaSrotodushti***: These are the channels that deal with the muscle mass. In Prameha, poor nutrient utilization can lead to muscle atrophy and weakness.
4. ***UdakavahaSrotodushti***: It is characterized by abnormalities in the channels that carry fluids, and it can aggravate the symptoms of diabetes, such as excessive thirst and frequent urination.
5. ***AnnavahaSrotodushti***: It is associated with disruptions in the channels that are in responsible for digestion and the absorption of nutrients. These malfunctions can result in problems such as improper metabolism of carbohydrates and elevated blood glucose levels.
6. ***MajjavahaSrotodushti*** : After taking *Abhishyandi* diet e.g curd(heavy and slimy properties causes obstruction) cause dushti of majjavahasrotas (as mentioned in charak vimana)leads to vertigo , confusion*(bhrama, murcchha)*.
7. ***Raktavaha Srotodushti*** **:** Intake of *snigdha , drava , ushna* food the leads to further *vriddhi* in *sharirajkleda* by involving rakta dhatu along with mansa and meda dhatu.Skin manifestations also takes place due to it.
8. ***Rasavaha Srotodushti*** **:** Involvement of fatty diet, heavy food articles and stress contributes in rasavahasrotas vitiation which further leads to *agnimandya* (Insufficient digestive fire) and altered metabolism .

Kleda is a liquid material produced in the body during digestion and it travels along with Rasa all over the body helping *dhatu tarpana*and collecting *Dhatu mala*.Whenever the normal liquid portions (*Ardrata*) increase in *Dhatus* as a result of metabolism or in some pathological conditions, it is to be eliminated mainly through *mutra* .

DISCUSSION

According to Ayurveda, the vitiated *Doshas* (*Vata, pitta,kapha*) can impact the body's channels or *Srotas*, resulting in different phases of Prameha's development.At first there is the involmentof kapha which increase and vitiate *meda dhatu* leads to the beginning of several events.The unbalanced Doshas begin to impact the Srotas (channels). Not only *meda, mutra and mansa* almost all the Srotas results in vitiation or *Srotodusti* of the channels. Urinary symptoms such as increased frequency of urination and turbidity in urine can be indicative of this.Inadvanced stages, Prameha can affect various body tissues (*dhatus*), leading to complications in different organs and systems. The disease becomes more systemic and may lead to complications in the eyes, nerves, and other parts of the body.

CONCLUSION

Ultimately, appreciating the Ayurvedic *Samprapti*of Prameha offers significant understanding into the development of diabetes. The holistic approach of Ayurveda takes into account the interactions between different factors that influence *development*of Prameha. In order to effectively manage diabetes, this traditional medical system places a strong emphasis on individualized care and lifestyle modifications. Incorporating conventional knowledge into diabetes care could provide greater depth of answers to this global health issue as modern medicine develops. The Ayurvedic interpretation of Prameha *Samprapti* highlights the ancient science's ongoing relevance in modern medicine.

REFERENCES

1. Tripathi B. Charak Samhita of Agnivesh. Mahagada. Chaukhamba Surbharti Prakashana: Varanasi, 2014;
2. Tripathi B. (2007) Astang Hridayam of Vagbhatanidansthan Adhyay 1,Chaukhamba SanskritPratishthan:Delhi.
3. Yadavji T. (2012) Sushruta Samhita of Sushruta.Sutrasthana Adhyay 21, ChaukhambaSurbharti Prakashana:Varanasi.
4. Shastri KashinathPt, Charaka Samhitha of Agnivesh, Chakrapani Datta by Chaukambha Sanskrit Sansthan Varanasi, 2011
5. Agnivesh, Vimanasthana 5. In Dr. Brahmanand Tripathi (ed), Charak Samhita-I, Varanasi, Chaukhambha Sanskrit Sansthan; 2011.p. 695.

TITLE: ROLE OF *NETRA TARPANA* IN OPHTHALMIC DISEASES A CRITICAL REVIEW

Chaaya Garg[1], Dr. Anupama Patra[2], Dr. Poonam Bamola[3], Dr. Sarita Yadav[4]

1. BAMS 4th year, S.G.T. University, Gurugram, Haryana.
2. Guide & Prof.,Department of *Shalakya Tantra*, S.G.T. University, Gurugram, Haryana
3. Associate Prof. Department of *Shalakya Tantra*, S.G.T. University, Gurugram, Haryana.
4. Assistant Prof. Department of *Shalakya Tantra*, S.G.T. University, Gurugram, Haryana.

Corresponding Author-Chaaya Garg, BAMS 4th year, S.G.T. University, Gurugram, Haryana.

ABSTRACT

Ayurveda is an ancient Indian system of medicine, which chiefly focuses on prevention of body ailments rather than simply alleviating pathological problems or symptoms. *Shalakaya Tantra* is mentioned, among the eight branches of *Ayurveda* in which treatment for the diseases related to *Urdhvanga* (organs above clavicle i.e. eyes, ears, nose, throat, mouth, teeth and head) are discussed. The eyes are said to be most important than all other *Indriyas*. Ophthalmic diseases affect millions of people around globe, causing visual impairment and notably affecting their quality of life. Conventional treatments for these diseases usually involve the use of medications, surgeries, or optical devices. *Sushruta* the father of ancient Indian surgery approaches to manage such conditions through holistic practices, one of which is '*Kriyakalpa*'. *Kriyakalpa* consists of *Tarpana*, *Putapaka*, *Seka*, *Aschyotan*, *Anjana*, *Pindi* and *Vidalak*. *Netra Tarpana* is the foremost procedure for eye disorders. *Netra Tarpana* (ocular therapy) is one of the local therapeutic procedures in which a circular boundary is created around the eyes by dough of *Masha* flour and medicated *Ghrita* is kept in it in a specific amount, for a specific period, schedule, frequency if used reveals evidence of excellent response. *Netra Tarpana* acts as preventive as well as curative therapy for maintaining normal healthy condition of eyes. *Tarpana* can be carried out daily or alternate day depending on *Dosha*& severity of disease and in healthy individual. Present article describes role of *Netra Tarpana* in various ophthalmic diseases.

KEYWORDS-*Kriyakalpa,Netra Tarpana, Anjana*

INTRODUCTION

Ayurveda is the oldest system of traditional medicine with two objectives i.e., to maintain the health of an individual and to cure the disease of ill people[1]. Ithas eight branches, one of them is *Shalakaya Tantra*in whichdiseases related to *Urdhvanga* (organs above clavicle i.e., eyes, ears, nose, throat, mouth, teeth, and head) along with its treatment are discussed. As per modern science this stream can be correlated with E.N.T. and ophthalmology. *"Sarvendriyanam Nayanam Pradhanam"* which means that eyes are the most important among all the sense organs. Ophthalmic diseases affect millions of people around globe, causing visual impairment and notably affecting their quality of life. Conventional treatments for these diseases usually involve the use of medications, surgeries, or optical devices. *Sushrutaa* the father of ancient Indian surgery approaches to manage such conditions through holistic practices, one of which is '*Kriyakalpa*'.



Kriyakalpa is made up of two words – '*Kriya*' which means treatment and '*Kalpa*'means different formulations. *Kriyakalpa*includes *Tarpana, Putapaka, Seka, Aschyotan, Anjana, Pindi* and *Vidalak*. Among them *Netra Tarpana* is the most important because of its efficacy and excellent response towards pathological condition.

AIM AND OBJECTIVE

To evaluate the concept of *Netra Tarpana*, understand its procedure, mode of action and its efficacy in various ophthalmic diseases.

MATERIAL AND METHODS

References about *Netra Tarpana* were composed and studied from *SushrutaSamhita*, published ayurvedic research papers from Researchgate, Google scholar etc.

REVIEW ON *NETRA TARPANA*

Netra Tarpana is one of the therapeutic procedures in which a circular boundary is made around the eyes by dough of *Masha* flour andmedicated *Ghrita* is kept in it for specific period of time. It provides nourishment to eyes along with pacification of ophthalmic diseases.

Indications-

According to *SushrutaSamhita*[2]

- *Tamyati* - Darkness in front of eyes
- *Ati Vishushka* - Reduced aqueous layer of tear film
- *Ruksha* – Reduced mucin and lipid layer of tear film
- *Ati Daruna* - Stiffness of eyelids
- *Sheerna Pakshma* - Falling of eyelashes (Madarosis)
- *Avila* - Blurred vision or muddy/loss of lustre
- *Jihma* – Deviated eye ball/Squint
- *Klishta*- Congestion of eyes

According to *AshtangHridya*[3]

- *Tamyati*- Darkness in front of eyes
- *Stabdha*- Stiffness of eyes
- *Shushka*- Reduced aqueous layer of tear film
- *Ruksha*- Reduced mucin or lipid layer of tear film
- *Abhighata*- Trauma in eye
- *Vataja* and *Pittaja Netra Rogas*
- *Jihma*- Deviated eye ball/Squint
- *Sheernapakshma*- Falling of eyelashes
- *Avila*- Blurred vision/muddy eyes or lustreless eyes
- *Krichronmilana* – Difficulty in opening of eyelids
- *Sirotpata* - Episcleritis
- *Siraharsha* – Advanced stage of episcleritis
- *Arjuna* – Sub-conjunctival haemorrhage
- *Abhishyanda* – Allergic conjunctivitis
- *Adhimantha* - Glaucoma
- *Anyatovata* – Referred pain in eyes
- *Vataparyaya* – Trigeminal neuralgia
- *Shukra* or *Shukla* - Corneal ulcer/opacity
- *Ashru*- Excessive lacrimation
- *Shula*- Pain
- *Samrambha*- Inflammation
- *Dooshika* – Thick discharge

According to *AshtangaSangraha*[4]

- *PariTamyati* - Darkness in front of eyes
- *Parishushka* – Reduced aqueous layer of tear film
- *Ruksha* – Reduced mucin or lipid layer of tear film
- *Stabdha* - Stiffness of eyes



Classical way of Netra Tarpana



Swimming goggles with holes may be used

- *Jihma* - Squint
- *Nimna* – Sunken eyes
- *Avila* - Blurred vision/muddy eyes/lustreless eyes
- *Avanaddha*- Stiffness of eyelashes
- *Sheerna pakshma* - Falling of eyelashes
- *Krichronmilana* – Difficulty in opening of eyelids
- *Sirotpata* - Episcleritis
- *Siraharsha* - Advanced stage of episcleritis
- *Arjuna* - Sub-conjunctivalhaemorrhage
- *Shushkashipaka* – Dry eyes
- *Timira* – Visual disturbances
- *Abhishyanda* – Allergic conjunctivitis
- *Adhimantha* - Glaucoma
- *Anyatovata* – Referred pain in eyes
- *Vataparyaya* – Trigeminal neuralgia
- *Alpashopha*- Mild swelling
- *Raga*- Redness
- *Ashru*- Excessive lacrimation
- *Dushika* – Thick discharge
- *Vedana*- Pain

Contraindications-

According to *Sushruta Samhitā*[5]

- *Durdina*- Unauspicious day
- *Atiushna dina*- Excessive hot day
- *Atisheeta dina*- Excessive cold day
- *Chinta*- Grief
- *Ayasa*- Tiredness
- *Bhrama*- Giddiness
- *Ashantopadrava*- If complications donot pacify

According to *AshtangaHridya*[6]

- The person who is unfit for *Nasya karma*

According to *AshtangaSangraha*[7]

- *Ashantopadrava*- If complications donot subside
- *Atisheeta dina*- Excessive cold day
- *Atiushna dina*- Excessive hot day
- *Varsha*- Rainy day
- *Durdina*- Unauspicious day
- *Nasya anarha*- Contraindicated for *Sneha nasya*

Tarpana Vidhi-

➢ ***Purvakarma*[8]–**

- Patient must undergo *Sharirika Samshodhana* like *Vaman*, *Virechan* and *Shirovirechan*, after proper digestion of food, on auspicious day, during *Purvahana* (morning) or *Aparahana* (evening) time.

➢ ***Pradhanakarma*– (classical way)**

- Patient should lie in supine position on the table.
- Anuniform circular boundary of 2 Angula height is made around the eyes with the dough of *Masha* flour.
- *Ghrita*which is lukewarm by double boiler method is poured in a streamlined manner without breaking the stream till eyelashes get completely immersed in it.
- Patient is asked to blink eyes slowly.
- After retaining for the specific time, the *Ghrita* is drained out through the hole made near the outer canthus and the eye is irrigated by lukewarm water fomentation.

ACCORDING TO DOSHA

Dosha	Sushruta Samhitā[10]	Ashtang Hridya	Ashtang Sangraha
Healthy eyes	500 Vaka Matra	600 Matra	500 Matra
Kaphaj	600 Vaka Matra	500 Matra	500 Matra
Pittaj	800 Vaka Matra	600 Matra	600 Matra
Vataj	1000 Vaka Matra	1000 Matra	1000 Matra

(Alternative way)

- In this method instead of dough of *Masha* flour swimming goggles with holes are used.
- Patient should lie in supine position on table wearing swimmimg goggles.

ACCORDING TO ADHISTHAN		
Adhisthan	**Sushruta Samhitā [9]**	Ashtanga Hridya/sangraha
Sandhigata roga	300 Vaka Matra	-
Vartmagataroga	100 Vaka Matra	100 Matra
Shuklagataroga	500 Vaka Matra	500 Matra
Krishnagataroga	700 Vaka Matra	1000 Matra
Drishtigataroga	800/1000 Vaka Matra	800 Matra

- Lukewarm *Ghrita* is poured into the goggles with the help of syringe.

Dosha	Sushruta	Vagbhatta	Videha
Vata	1 day	Daily	Daily
Pitta	3 days	Interval of 1 day	Interval of 1 day
Kapha	5 days	Interval of 2 days	Interval of 3 days
Rakta	-	-	Interval of 1 day
Sannipata	-	-	Interval of 2 days
Healthy	-	Interval of 2 days	Interval of 2 days

- Patient is asked to blink the eyes.
- After completion of therapy goggles are removed carefully.
- After every use the goggles and syringe are washed with lukewarm water to avoid any kind of contamination.

Duration of treatment[11]-

Retention period of *Ghrita*:

Period of retention of medicated *Ghrita* depends on various factors such as *Dosha* of disease and *Adhisthana* of that particular ocular disease.

Alternative way of Netra Tarpana

➢ ***Paschat karma-***

- Mild fomentation with warm water or *Yavapishti*[12].
- *Dhoomapana* is given to expel the *Kapha* caused by the *Ghrita*.
- A.S - looking at the sun or sky or exposure to heat for a long time is prohibited[13].
- A.H adds, seeing faraway things should also be avoided[14].

Note: According to *Ashtanga Hridaya, Dwiguna pariharakala* has been told i.e., the patienthas to follow all the precautionary measures till twice the period of administration of the therapy.

Probable mode of action –

- *Chakshu Indriya* originates from *Majja*Dhatu. *Ghrita* having properties of *Balya*, *Brihmana* and *Rasayana* nourishes it.
- *Ghrita* have *Madhura Rasa* and *MadhuraVipaka* and *Sheeta Veerya* which pacifies the *Vataj* and *PittajVikaras*.
- Corneal epithelium is permeable to lipid soluble substances so fat or lipid soluble substances i.e. lipophilic substances pass through it, *Ghrita* being one of the best lipophilic substance will cross the corneal epithelium and fascilitates the transportation of medicinal drug which is mainly water soluble or hydrophilic to pass through the

endothelium which is permeable to water soluble substances, then they act on target cell since one of the main content of cell membrane is lipid only.

- Also due to more retention period of *Ghrita* in eyes, the active components of medicated *Ghrita* will reach the deeper tissue of eye and relieves the symptom of ocular disease as well as maintain the physiological function of eye.
- *Ghrita* when poured into eye is kept still for some specific duration of time upto certain height such that eyelashes are completely immersed into *Ghrita*. This particular height will put pressure on the corneal surface which may corrects the affected corneal curvature which is one of the causes for refractive error in patients.

***Samyaka Tarpita Lakshana*[15]-**

- *Sukhaswapna*–Soundsleep
- *Avbodhatva*– Delightful Awakening
- *Vaishadhya* – Clarity of vision
- *Nivriti* – Feelscomforts
- *Vyadhividhvasna* – Curesthe pathological condition
- *Kriya Laghvana* – Lightness in movement of eyelids

***Ati Tarpita Lakshana*[16]–**

- *Netragaurava* – Heavinessin eyes
- *Avila* – Blurred vision
- *Atisnigdhta*– Unctuous eyes
- *Ashru Srava* – Lacrimation
- *Kandu* – Itching
- *Upadeha* – Stickiness
- *Dosha Samutklishta* – Aggravationof *Dosha*

***Heena Tarpita Lakshana*[17] –**

- *Netra Rukshta*– Drynessof eyes
- *Avila* – Blurred vision
- *Ashru Srava* – Lacrimation
- *Asahyam Roopa Darshana*– Difficultyin vision
- *Vyadhivriddhi* -Aggravation of diseases

Treatment of *Heena* and *Ati Tarpana*[18] –

Treatment according to the aggravation of *Dosha*. A good physician who have proper understanding of formulations may give *Dhoompana, Nasya, Anjana, Ruksha* or *snigdha Seka. Snighdha Seka* in the diseases of *Vata, RukshaSeka* in *Kapha* dominance and *Sheeta Seka* in *Pitta* dominance according to their *Yukti*for treatment ofcomplications.

Formulations used for *Netra Tarpana* –

- *Triphala Ghrita*
- *Mahatriphala Ghrita*
- *Patoladi Ghrita*
- *Jeevantyadi Ghrita*
- *Yashtimadhu Ghrita*
- *Durvadi Ghrita*

RESULTS ANDDISCUSSION -

From this abovedetail analysis we observed thatthereis availabilty of knowledge about *Netra Tarpana* therapy in detail in *Ayurvedic* literatureespecifically in *SushrutaSamhita*.Detail about its indications, procedure, dos and don'ts's, expected results,expectedcomplication due to improper application along with management of thesecomplications has been documented in a systematic manner since time immemorial. Practically also its action has been proved and published by various *Ayurveda Acharyas*.This shows how *Ayurveda* is relevant for present era even though it hasbeen written in ancient period. This knowledge about tarpan should bepropagated to more and more population and its benefitsshould be utilized for which *Ayurveda* havebeen landed to the earth.

CONCLUSION-

Netra Tarpana is a traditional *Ayurvedic* practice that offers a natural and holistic approach in treating various ophthalmic diseases. It improves visual acuity, reduce symptoms, prevents the progression of age-related eye disorders, provides strength to eyes and balances *Doshas*. *Tarpana* acts on the principle of *Bahya Snehana* and crosses the barrier of eye and shows its wonderful effect by preventing as well as curing the eye related diseases.

REFERENCE-

1. *Sushruta, SushrutaSamhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; *Sutra sthana, Adhyaya* 1/22
2. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; *Uttar sthana, Adhyaya* 18/17
3. *Vagbhatta, Ashtang Hri*dya, Prof. Ravidutta Tripathi, Chaukhambha *Sanskrit* Pratishthan Delhi,2018; *Sutra sthana, Adhyaya* 24/1-2
4. *Ashtanga Sangraha* of *Vruddha Vagbhata* with the Shashilekha *Sanskrit* commentory by Indu, Edited by Dr.Shivaprasad Sharma, *Sutra sthana, Adhyaya* 33/1-2
5. [*Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; *Uttar sthana, Adhyaya* 18/18
6. *Vagbhatta, Ashtang Hri*dya, Prof. Ravidutta Tripathi, Chaukhambha *Sanskrit* Pratishthan Delhi,2018; *Sutra sthana, Adhyaya* 24/21
7. *Ashtanga Sangraha* of *Vruddha Vagbhata* with the Shashilekha *Sanskrit* commentory by Indu, Edited by Dr.Shivaprasad Sharma, *Sutra sthana, Adhyaya* 33/3
8. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; *Uttar sthana, Adhyaya* 18/5
9. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; *Uttar sthana, Adhyaya* 18/9-10
10. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; *Uttar sthana, Adhyaya* 18/8
11. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; *Uttar sthana, Adhyaya* 18/12
12. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; *Uttar sthana, Adhyaya* 18/11
13. *Ashtanga Sangraha* of *Vruddha Vagbhata* with the Shashilekha *Sanskrit* commentory by Indu, Edited by Dr.Shivaprasad Sharma, *Sutra sthana, Adhyaya* 33/5
14. *Vagbhatta, Ashtang Hri*dya, Prof. Ravidutta Tripathi, Chaukhambha *Sanskrit* Pratishthan Delhi,2018; *Sutra sthana, Adhyaya* 24/9
15. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; Uttar*sthana, Adhyaya* 18/13
16. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; Uttar*sthana, Adhyaya* 18/14
17. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; Uttar*sthana, Adhyaya* 18/15
18. *Sushruta, Sushruta Samhita, Dalhan* comm.- Dr. Ambika Datt Shastri, Chaukhambha Sanskrit Sansthan Varanasi,2019; Uttar*sthana, Adhyaya* 18/16





"BHAGANDRA" (FISTULA) with special reference to KSHAR-SUTRA THERAPY

Dr. Nrapendra Arya[1], Dr. Pragya Arya[2]

1. Dr. Nrapendra Arya, Associate professor, Dept. of Kayachikitsa, Vivek college of Ayurvedic Sciences & Hosp., Bijnor UP
2. Dr. Pragya Arya, Associate professor, Dept. of Samhita Siddhata, Vivek college of Ayurvedic Sciences & Hosp., Bijnor UP

Corresponding Author - Dr. Nrapendra Arya, Associate professor, Dept. of Kayachikitsa, Vivek college of Ayurvedic Sciences & Hosp., Bijnor UP

ABSTRACT

Bhagandara is one of the eight main (Asthapathoga) diseases that is difficult to heal, according to Acharya Sushruta. This illness is described in great length in Ayurvedic literature. The etiopathogenesis, kinds, symptoms, precautions, and treatment elements have all been thoroughly discussed. "Bhagandara" is the result of combining the phrases "bhag" and "darana." A common ailment that affects the ano-rectal region, bhagandara affects the area up to the genitalia and surrounding the anus. The growth of Bhagandara is led by the formation of a Pidika and is characterized by opening up around Gujarat and a painful discharge. This article will discuss Bhagandara in both Ayurvedic and modern medicine, covering a wide range of topics such as its genesis, classification, indications, symptoms, management, and much more.

Keywords- Bhagandar, Ksharsutra, Fistula in Ano, Astamahagada, Ano-rectal etc.

Introduction-

"Bhagandara" is a disease that divides or split the "Bhaga," "Vasti" (peritoneal), and "Guda" (perianal) areas. Bhagandara is one of the most common diseases in the ano-rectal region and is difficult to treat because of its high recurrence rate. An anal fistula, also known as the back way, is a microscopic hole that develops between the skin near the anus and the anal canal. The anus is the opening that waste leaves the body through.[1]. Anytime you go to the bathroom, an anal fistula may bleed and hurt. The rings of muscles that open and close the anus are called the sphincter muscles, and they may be connected to some fistulae.[2] We have made an effort to compile all of the inconsistent data regarding Bhagandar that can be found in several Ayurvedic literature, such as Ras tarangini, Sushrut Samhita, Charadatta, Charak Samhita, Vargbhat, and Bhaishajya Ratnavali. We have also incorporated widely available, up-to-date surgical information. The most scholarly account of Bhagandar can be found in Sushrut Samhita, an ancient Indian surgical manual written by Sushruta, also known as the Father of Surgery, around 1000 B.C. Sometimes referred to as "Ashtamahagad," bhagandar is a difficult-to-treat condition.[3]

Definition-

Bhagandara: The disease in which Bhaga, Guda and Basti Pradesa becomes Vidaarita (get torn) is known as Bhagandara. In Apakvaavastha, known as Piḍaka, which in Pakvaavastha causes Bhagandara.[4]

Nidana (Aetiology) of Bhagandara[5]

The factors responsible for the cause of B[illegible] may be classified-



AHARAJA FACTORS

1) Kashaya-Rasa Sevana
2) Ruksha Sevana
3) Mithyaahara (Apathya Sevana)
4) Asthi Yukta Ahara Sevanaa

VIHARAJA FACTORS

1) Excessive sexual activity
2) Sitting in awkward position
3) Forceful defecation
4) Horse & elephant riding

AGANTUJA FACTORS

1) Trauma by Krimi 2) Trauma by Asthi

3) Improper use of Vasti - Netra

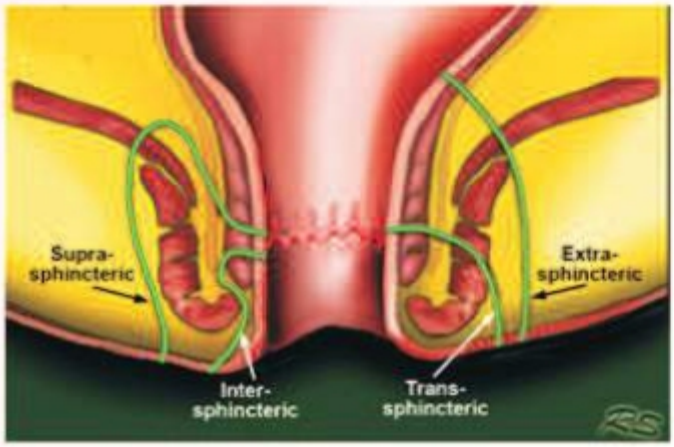
Manasika factors (Mental Disorders)

FISTULA –IN-ANO[6]

Abnormal communication of unhealthy granulation tissue between anal canal or rectum with external perianal skin is known as Fistula- in-Ano.

➢ ETIOLOGY

- Perianal abscess
- Tuberculosis
- Ulcerative Colitis
- Crohn's disease
- Diabetes Mellitus
- Carcinoma of rectum



Cross Sectional Anatomy

➢ CLASSIFICATION[7]

A) According to Internal Opening:-

1) Low anal fistula - Internal opening below the ano rectal ring.

2) High anal fistula - Internal opening above the ano rectal ring.

B) Park's classification:-

1) Inter sphincteric fistula

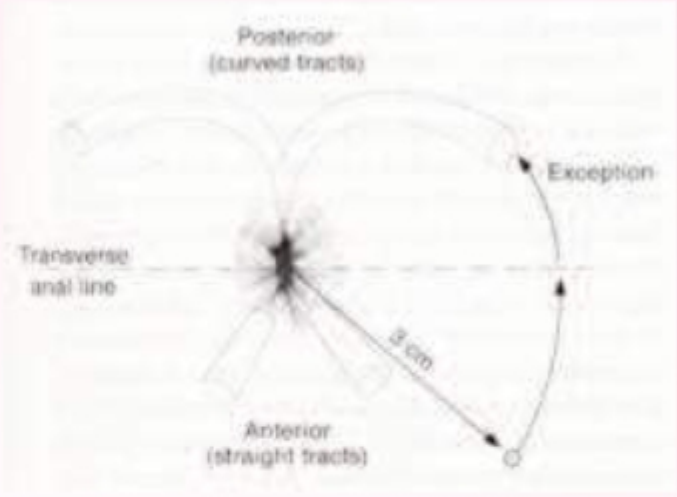
2) Trans sphincteric fistula

3) Supra sphincteric fistula

4) Extra sphincteric fistula

Good sall's Rule :-

- If the external opening is anterior to an imaginary line within 3 c.m. from anus, the fistula runs straight into the anal canal.
- When external opening is anterior but situated more than 3 c.m. away from anus, track will open at 6 o'clock (posteriorly) in anus



Goodsall's Rule

- If the external opening is situated posterior to that line, the track usually open at 6 o'clock

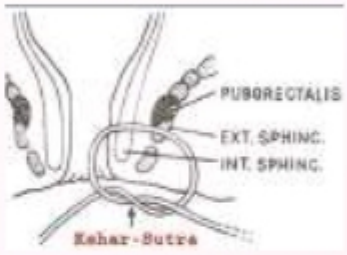
KSHAR-SUTRA-

Kshar-sutra is an Ayurvedic medicinal thread made from plant-based medications. It was "Chakradatt" who initially applied Kshar-Sutra during the Vedic era. in the treatment of disorders of the anorectum. Later in "Rasatarangini," the proper description of how to prepare and use kshar-sutra is given.[8]

Prepration of Ksharsutra

➢ Material required:-

1. Apamarg Kshar (*Achyranthus aspera*)
2. Haridra powder (*Curcuma longa*)
3. Snuhi ksheer (*Euphorbia nerifolia*)
4. Surgical thread
5. Ksharsutra Cabinate



➢ Method of Prepration of kshar sutra:-

Initially, the thread is laid out lengthwise on hangers made especially for this use. With the aid of a piece of gauze, the tread is completely covered with snuhi ksheer.Gloves must be on before performing the smear. Now insert the moist threaded hanger into the ksharsutra cabinate.It dries for a full day. The dried threads are once more covered in snuhi ksheer the following day.For eleven days, this process is

repeated.After smearing the thread with snuhi ksheer once more on the twelfth day, the coating of apamarg kshar is created while it is still wet. Now that the tread is in cabinate, it may dry. For seven days, the same process is performed. On the nineteenth day, the dried tread is once more covered with snuhi ksheer, and haridra powder is applied while the tread is still wet. For three days, this practice is repeated.A thread receives 11 coatings of Snuhi Ksheer, 7 coatings of Apamarg Kshar, and 3 coatings of Haridra powder throughout the entire procedure.Following 21 coatings, every 10-inch thread is severed from the hangers and exposed to UV light to achieve sterilization. Each tread is enclosed in a separate glass tube following sterilization. [9]

- **Application of Kshar-Sutra**



Pre-Operative measures:-

1. Keep fasting
2. Note vitals
3. Take consent of patient
4. Proctoclysis enema
5. Shave & prepare
6. Inj T.T. (I/M) stat
7. I/V NS
8. Inj xylocaine for sensitivity test

Operative Note:-

The patient made to lie on the O.T. table in the lithotomy position.Under local anesthesia with inj xylocaine after taking care of all aseptic measures the fistulous track is probed from its external into the internal opening. It is followed by ksharsutra threading , the both end of ksharsutra have been tight. Aseptic dressing done.

Postoperative Management:-

1. Note vitals
2. N.B.M. for 4 hrs
3. Inj analgesic (SOS)
4. Trifla guggul 1BD
5. Arogyavardhani vati 1BD
6. Churan trifla 5 gm HS
7. Hot sitz bath

Importance of Kshar sutra Therapy

- Kshar sutra Therapy in respect of its action as Excision, Incision, Debridement, Cauterization, Haemostatic& ultimately healing of the wound have definite advantage over the existing method of surgery.[10]
- Minimum trauma and no loss of tissue .
- The process of cutting and healing occurs simultaneously resulting of minimal scar.
- The process of Debridement & Healing starts from deeper tssue travels towards periphery in stages hence there is no chance of recurrence.
- No bleeding in Kshar Sutra therapy as Ksharsutra acts as Haemostatic agent.
- Only local anesthesia is required.
- The patients are fully ambulatory and can perform their routine activities.
- Minimum hospitalization is required.
- No need of dressing after operation.
- It is a cost-effective operative procedure.
- Finally it can be concluded that Kshar-sutra therapy comes under minimal invasive surgery without complications like **blood loss, incontinence, recurrence and without any side effects.**[11]

DUSCUSSION-

The Sushrut Samhita, a textbook on "Ancient Indian Surgery" penned by Sushruta, the Father of Surgery, circa 1000 B.C., has the most scholarly account of Bhagandar. Ayurvedic writings' comprehensive descriptions of Bhagandar suggest a possible connection between this illness and fistula in ano. The treatment of Bhagandar, stage by stage, has been brilliantly explained by Acharya Sushrut. He has argued that when the Pitika (Boil) reaches the ripening stage, Snehan, Avagah Swedan (oleation and fomentation) of the perianal region should be performed. During the unripen period, one should adhere to "Apatarpan" to "Virechan" methods of "Vran chikitsa" (wound management). Furthermore, a fistula probe should be used to explore the track (fistulotomy) if the Pitika does not resolve. Following a fistulotomy, the ulcer bed should be examined and either Agnikarm (cauterization) or Kshar (medicated caustic paste) used. One type of Kshara-therapy that

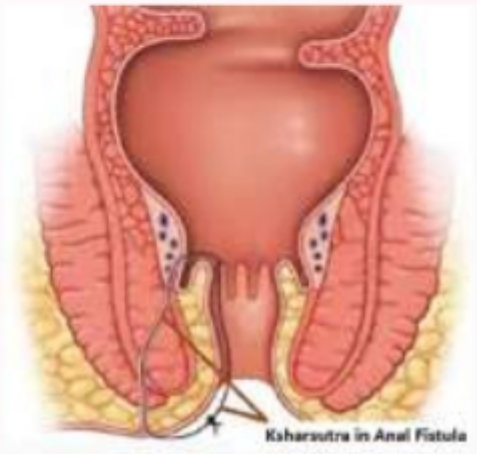
uses thread is called Ksharsutra. As previously noted, Kshara has traditionally been employed in conjunction with surgery to treat Bhagandara; nonetheless, Ksharsutra holds the distinction of being the only surgical procedure that can treat Bhagandara completely.

CONCLUSION

Bhagandara is a Guda-pradesha sickness that is challenging to cure. Bhagandara illness has been extensively described by Acharya Sushruta. With the exception of Shambukavarta (Tridoshaja) and Unmargi (Agantuja), which are Asadhya (incurable), all forms of Bhagandara are Krichchhsadhya (curable with difficulty). For the treatment of Bhagandara, Ayurveda offers multifaceted therapy options. Compared to modern treatment alternatives, the Ayurvedic para-surgical method Ksharasutra is still more successful and a recognized scientific treatment with a lower recurrence rate and a lower risk of incontinence. We attempted to bring together all of the fragmented descriptions of Bhagandar that are found in different Ayurvedic books in one article, as well as include contemporary descriptions. I hope that this article will shed light on Bhagandar's viewpoint and prove helpful to Ayurvedic researchers, particularly those involved in fistula management.

References-

1. Susruta Samhita Chikitsa Sthana, Text with English translation, Dalhana's commentary along with critical notes, Edited and translated by Priya Vrat Sharma, Vol.II, published by Chaukhambha Viswabharati, Oriental Publishers and Distributors K-37/109, Gopal Mandir lane Varanasi, Chapter VIII/ V-4, 349.
2. Rectum and Colon, chapter Fistula in Ano , Pg no. 178 ,5th edition, New Delhi AITBS, Publishers and Distributors..Reprint 2004.
3. Sushrut samhita by Prof K.R.Srikamth Murthy with the commentaries Nibandh Sangraha of Dalhanacharya and Nyay Chandrika of Sri Gayadas, edited by Yadavji TrikamjiAcharaya, Nidansthan chapter 4 Bhagandara Adhyaya, Pg no 521.5th Edition, Published by Chaukhambha Orientalia Varanasi 2005.
4. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, sutra sthanam chapter, 33/4: 126.
5. Shashtri A.D., Sushrut Samhita in Ayurveda Tatva Sandipika, chaukhamba Sanskrit sansthan, nidan sthanam chapter Su. Ni, 4/11.
6. John Goligher, Herbert Dutie, horold nitin surgery of Anus, Rectum and Colon, chapter Fistula in Ano , Pg no. 178 ,5th edition, New Delhi AITBS, Publishers and Distributors..Reprint 2004.
7. John Goligher, Herbert Dutie, horold nitin surgery of Anus, Rectum and Colon, , chapter Fistula in Ano , Pg no. 178 ,5th edition, New Delhi AITBS, Publishers and Distributors..Reprint2004
8. Rasatarangini -Kashinathshastri, commentaries on Rasavignyan, Chapter 14 Kshar visheshadivignyaniya chaturdashastaranga, Pg. no. 337 Edition 8, Published by Motilal Banarasidas,Varanasi 2014
9. Rasatarangini -Kashinathshastri, commentaries on Rasavignyan, Chapter 14 Kshar visheshadivignyaniya chaturdashastaranga, Pg. no. 337 Edition 8, Published by Motilal Banarasidas,Varanasi 2014
10. Sushrut samhita by Prof K.R.Srikamth Murthy with the commentaries Nibandh Sangraha of Dalhanacharya and Nyay Chandrika of Sri Gayadas, edited by Yadavji TrikamjiAcharaya, Nidansthan chapter 4 Bhagandara Adhyaya, Pg no 521.5th Edition, Published by Chaukhambha Orientalia Varanasi 2005.
11. Sushrut samhita by Prof K.R.Srikamth Murthy with the commentaries Nibandh Sangraha of Dalhanacharya and Nyay Chandrika of Sri Gayadas, edited by Yadavji TrikamjiAcharaya, Nidansthan chapter 4 Bhagandara Adhyaya, Pg no 521.5th Edition, Published by Chaukhambha Orientalia Varanasi 2005.



AFI की कुछ प्रमुख गतिविधियां!

AFI से जुड़ी समस्त गतिविधियों एवं कार्यों की जानकारी को प्राप्त करने के लिए हमारे फेसबुक पेज (Ayurveda Federation of India - facebook official page) में पिछले कई महीनों में हुई गतिविधियों को देखें! https://www.facebook.com/ayurvedafederation

देश के विभिन्न राज्यों में आयुर्वेद उपचार वहां की सरकारी योजनाओं में सम्मलित हो इसके लिए लगतार प्रयास किये जा रहे हैं, केंद्रीय स्तर पर आयुष्मान योजना में आयुर्वेद उपचार भी शामिल हो इसके लिए दिल्ली हाईकोर्ट में जनहित याचिका दायर की गई, जिसमें माननीय कोर्ट ने केंद्र सरकार को इस कार्य को करने के लिए डायरेक्शन दिया है।

आयुर्वेद एवं आयुष सिस्टम से जुड़े लोगों के लिए महत्त्वपूर्ण!!


Home / High Courts / Delhi High Court /
Decide Plea To Include Ayurveda,...

Decide Plea To Include Ayurveda, Yoga In Ayushman Bharat PMJAY Scheme Expeditiously: Delhi High Court To Ayush Ministry

Hearing on AFI's petition in Delhi High Court

Nupur Thapliyal

5 Apr 2024 1:34 PM

Share this

Image Source: doctplexus


दिल्ली हाइकोर्ट ने आयुष मंत्रालय को निर्देश दिया कि वह आयुर्वेद, योग और प्राकृतिक चिकित्सा को केंद्र सरकार की सार्वजनिक स्वास्थ्य बीमा योजना आयुष्मान भारत प्रधानमंत्री जन आरोग्य योजना (PM-JAY) में शामिल करने की मांग करने वाली जनहित याचिका को प्रतिनिधित्व के रूप में मान ले।

एक्टिंग चीफ जस्टिस मनमोहन और **जस्टिस मनमीत प्रीतम सिंह अरोड़ा** की पीठ ने मंत्रालय को निर्देश दिया कि वह प्रतिनिधित्व पर यथासंभव शीघ्रता से तर्कसंगत आदेश के माध्यम से निर्णय ले।

अदालत ने भाजपा नेता और वकील अश्विनी कुमार उपाध्याय द्वारा दायर जनहित याचिका का निपटारा कर दिया। अभियोजन न होने के कारण याचिका खारिज कर दी गई। हालांकि मामले को बहाल करने की मांग करने वाली अर्जी दायर होने के बाद अदालत ने इसे बहाल कर दिया।

न्यायालय ने आयुष मंत्रालय द्वारा दायर जवाबी हलफनामे का अवलोकन किया, जिसमें कहा गया कि वह केंद्रीय स्वास्थ्य एवं परिवार कल्याण मंत्रालय के साथ समन्वय में भारतीय स्वास्थ्य सेवा प्रणाली को राष्ट्रीय स्वास्थ्य सुरक्षा मिशन PM-JAY में शामिल करने के लिए कदम उठा रहा है।

AFI की मा. दिल्ली हाईकोर्ट में याचिका पर हुई सुनवाई!

न्यायालय ने कहा,

"उक्त तथ्य के साथ-साथ इस तथ्य को ध्यान में रखते हुए कि याचिका प्रतिवादियों को कोई प्रतिनिधित्व दिए बिना दायर की गई है यह न्यायालय प्रतिवादी नंबर 2 (आयुष मंत्रालय) को निर्देश देते हुए वर्तमान याचिका का निपटारा करता है कि वह रिट याचिका को एक प्रतिनिधित्व के रूप में ले और इसे यथासंभव शीघ्रता से तर्कसंगत आदेश के माध्यम से तय करे।"


लाइव लॉ.in

आयुष मंत्रालय को दिल्ली हाईकोर्ट ने आयुर्वेद, योग को आयुष्मान भारत PMJAY योजना में शामिल करने की याचिका पर जल्द से जल्द निर्णय लेने को कहा

By - Amir Ahmad Update: 2024-04-05 11:04 GMT

AFI की मा. दिल्ली हाईकोर्ट में याचिका पर हुई सुनवाई!

आप भी आयुर्वेद के उत्थान के लिए ईमादार प्रयास करने वाली हमारी समस्त टीम का मनोबल बढ़ाएं व संगठन की स्थाई सदस्यता लेकर आयुर्वेद में जमीनी स्तर पर सक्रीय कार्य करने के लिए हमसे अवश्य जुड़ें!

Join AFI MOVEMENT TODAY!

Become a Part of the Change !

A platform of
IMPACT & INSPIRATION
Awaits you through
AFI membership!

Scan Code

समय–समय पर आयुर्वेद के विषयों को मिडिया के मुख्य मंचों के माध्यम से उठाने का कार्य भी AFI के माध्यम से किया जा रहा है, जिसमें सुदर्शन न्यूज़ पर कुछ समय पहले हुए "जन संवाद कार्यक्रम" में आयुर्वेद से जुड़े तर्कों को AFI की ओर से गंभीरता से उठाया गया।





Activities of AFI

भारतीय जनता पार्टी के चुनाव घोषणा पत्र 2024 में आयुष को बढ़ावा देने की घोषणा की गई
भा. ज. पा. के द्वारा आयुर्वेद का प्रचार–प्रसार विश्व भर में किया जाएगा ।
इसके लिए इस विषय को मेनिफेस्टों में शामिल करवाने में सफलता!





भारतीय जनता पार्टी के चुनाव घोषणा पत्र 2024 में आयुष चिकित्सा को शामिल करने हेतु भेजे गए पत्र

पत्रांक: -AFI/Govt/562/Feb/2024 दिनांक: - 29-March-2024

श्री जे.पी.नड्डा जी
माननीय अध्यक्ष
भारतीय जनता पार्टी (भा.ज.पा)

विषय: आयुर्वेद एवं अन्य सभी आयुष पद्धतियों को आयुष्मान योजना में शामिल करने, देश के सभी राज्यों के सरकारी कॉलिजों को आयुर्वेद में कैशलेस उपचार सुविधा मिले एवं आयुर्वेद व अन्य भारतीय स्वदेशी उपचार पद्धतियों को विश्वभर में पहचान मिले इन विषयों को भा.ज.पा. के मैनिफेस्टो में शामिल करवाने के सम्बन्ध में।

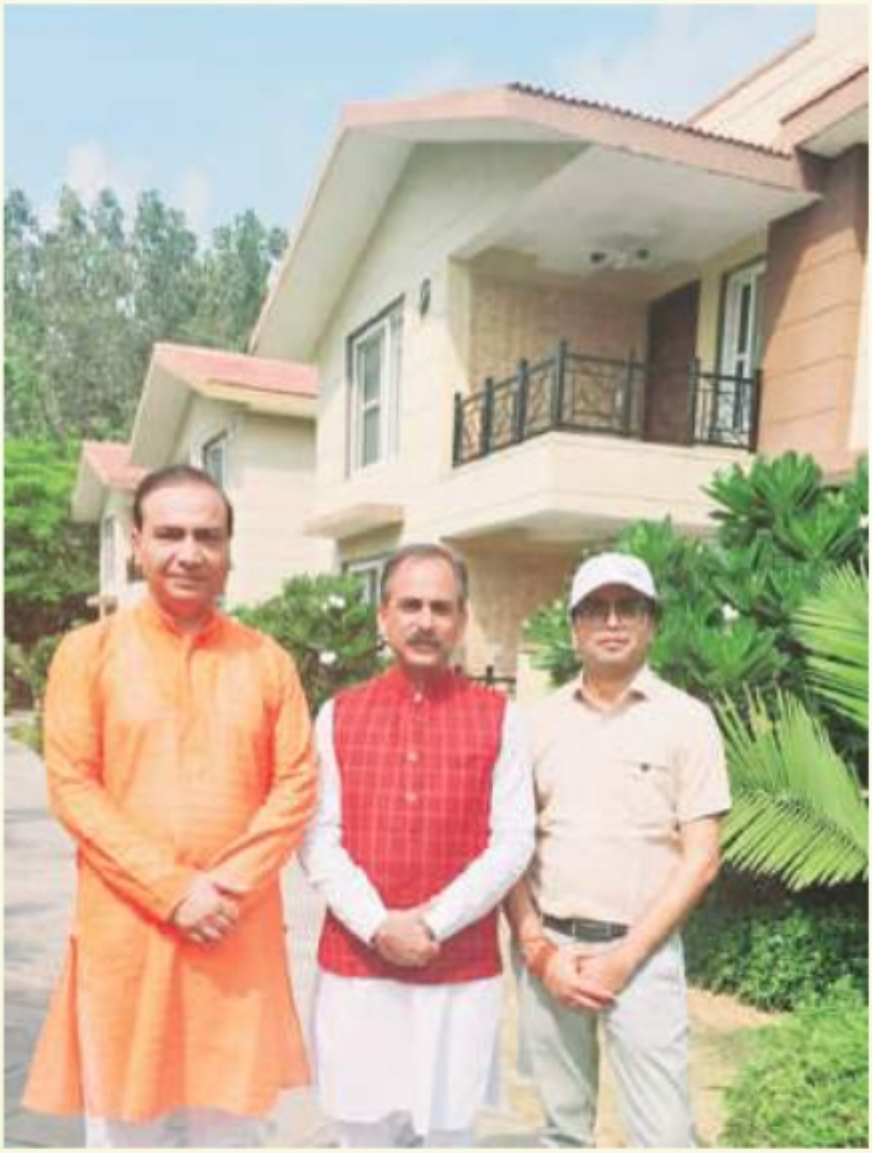
पत्रांक: -AFI/Govt/563/Feb/2024 दिनांक: - 30-March-2024

श्री राजनाथ सिंह जी
माननीय अध्यक्ष
चुनाव घोषणा पत्र समिति - 2024
भारतीय जनता पार्टी (भा.ज.पा)

विषय: आयुर्वेद एवं अन्य सभी आयुष पद्धतियों को आयुष्मान योजना में शामिल करने, देश के सभी राज्यों के सरकारी कॉलिजों को आयुर्वेद में कैशलेस उपचार सुविधा मिले एवं आयुर्वेद व अन्य भारतीय स्वदेशी उपचार पद्धतियों को विश्वभर में पहचान मिले इन विषयों को भा.ज.पा. के मैनिफेस्टो में शामिल करवाने के सम्बन्ध में।

भारत के PIL Man कहे जाने वाले सुप्रीम कोर्ट के वरिष्ठ अधिवक्ता आदरणीय एडवोकेट अश्वनी उपाध्याय जी ने अब आयुर्वेद से जुड़ी विभिन्न समस्याओं के लिए 'आयुर्वेद फेडरेशन ऑफ इंडिया' की ओर से कोर्ट में प्रत्येक संभव कानूनी कार्यवाही को करने की सहमति प्रदान की है। भारत में धारा 370, कॉमन सिविल कोड, तीन तलाक आदि कई बेहद आवश्यक विषयों पर कोर्ट में PIL एडवोकेट अश्वनी उपाध्याय जी की ओर से ही डाली गई थीं। बहुत जल्द ही आयुष्मान योजना में आयुर्वेद को शामिल करने के लिए, देश के सभी सरकारी कर्मचारियों के कैशलैस इलाज में आयुर्वेद को शामिल करने जैसे बेहद महत्त्वपूर्ण विषयों, ड्रग एंड मैजिक रेमिडी एक्ट, रेडियोलॉजी एक्ट आदि जैसे आयुष सिस्टम को आगे बढ़ने से रोकने के लिए तैयार किए गए कई काले कानूनों के विरुद्ध कोर्ट में आयुर्वेद फेडरेशन ऑफ इंडिया की ओर से अश्वनी जी के नेतृत्व में कार्य करना आरंभ किया जा रहा है।

आप सभी भी आयुर्वेद फेडरेशन ऑफ इंडिया की स्थाई सदस्यता लेकर संगठन को मजबूत करने एवं आयुर्वेद से जुड़े कार्यों में अपना योगदान देने के लिए अवश्य जुड़े।



आयुर्वेद सिस्टम में महत्त्वपूर्ण बदलाव के लिए धरातल पर गंभीरता से प्रयास करने के लिए आयुर्वेद फेडरेशन ऑफ इण्डिया (AFI) की समस्त टीम प्रतिबद्ध है, आयुष्मान भारत और प्रदेशों की विभिन्न स्वास्थ्य योजनाओं में आयुर्वेद को शामिल किया जाया इसको लेकर AFI की ओर से एक महत्त्वपूर्ण मुहिम चलाई जा रही है। इसी कड़ी में उत्तर प्रदेश के मुख्यमंत्री से लेकर आयुष के मुख्य सचिव तक सभी स्तरों पर AFI के प्रतिनिधियों ने ज्ञापन प्रदान किए हैं। देश के अन्य राज्यों में भी इसी तरह से प्रयास जारी हैं, आयुर्वेद जबतक मुख्य धारा की पद्धति के रूप में प्रत्येक जगह शामिल नहीं होगा तबतक किसी भी तरह से जनमानस में पूर्ण स्वीकारता और इसका उपयोग संभव नहीं होगा। आप सभी भी आयुर्वेद फेडरेशन ऑफ इंडिया से सदस्य के रूप में अवश्य जुड़े और हमारी ओर से आयुर्वेद के लिए किए जा रहे प्रयासों में अपना भी महत्त्वपूर्ण योगदान दें!!



पंजाब केसरी
www.PunjabKesari.com

आयुर्वेद फैडरेशन ऑफ इंडिया के प्रतिनिधिमंडल ने उत्तर प्रदेश के मुख्यमंत्री को सौंपा ज्ञापन



एम.एस.एम.ई. मंत्री एवं बीजेपी प्रदेश अध्यक्ष को आयुष्मान योजना में आयुर्वेद को शामिल करवाने हेतु ज्ञापन सौंपा



हिन्द समाचार

آیورویدفیڈریشن آف انڈیا کے مرکزی وفد نے اترپردیش کے مکھیہ منتری یوگی آدتیہ ناتھ جی سے مل کر سونپا میمورنڈم



CNBC News story about 100% Cashless Health Insurance in AYUSH sector!



भारत सरकार एवं आयुष मंत्रालय के लगातार प्रयासों एवं आयुष सिस्टम से जुड़े आयुर्वेद फेडरेशन ऑफ़ इंडिया सहित अन्य विभिन्न संगठनों के लगातार प्रयासों से अब ESI पॉलिसी धारकों की योजना में आयुष पद्धति से उपचार करवाना भी शामिल कर दिया गया है।

आयुर्वेद एवं आयुष सिस्टम से जुड़े लोगों के लिए महत्त्वपूर्ण!!



माननीय मुख्यमंत्री उत्तर प्रदेश को आयुष को आयुष्मान में शामिल करने हेतु चर्चा करते हुए अचार्य मनीष एवं ए.एफ.आई. की टीम



आयुर्वेद को विश्व पटल पर ले जाने में कई वैद्यों ने महत्त्वपूर्ण योगदान दिया है, उनमें से एक विशिष्ट शख़्सियत डा. श्याम विश्वनाथन सर हैं, जो दुबई में लगभग 25 वर्ष पूर्व पहले वैद्य बने जिन्हें दुबई सरकार ने अधिकृत रूप से आयुर्वेद में कार्य करने की अनुमति प्रदान की, वर्तमान में सर के दुबई व कई अन्य देशों में 20 से अधिक पंचकर्म केंद्र हैं।

अब श्याम सर आयुर्वेद फेडरेशन ऑफ़ इंडिया के 'ग्लोबल एंबेसडर' हैं, जो दुनिया भर में हमारे संगठन के साथ मिलकर आयुर्वेद के प्रचार–प्रसार और इसके स्नातकों एवं स्टैक होल्डर्स को विभिन्न अवसरों को प्रदान करने के लिए कार्य करेंगे!!

AFI कार्यालय में सर के साथ कई विषयों पर कार्य करने पर सहमति बनी है।

ICMG Japan- AFI 02-05-2024 Raddison Blue Marina, Delhi






देश के आयुर्वेद डॉक्टर्स भारत के बाहर के देशों में भी कनेक्ट कर सकें इसके लिए विभिन्न तरह के कार्यक्रम किये जा रहे हैं, जिसमें 2 मई 2024 को दिल्ली में जापान की पारम्परिक हर्बल पद्धति से जुड़े लोगों को AFI के सदस्य डॉक्टर्स के साथ संवाद किया गया।

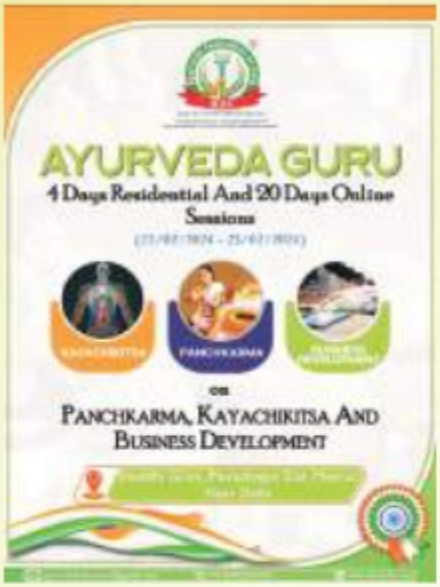





Discussion with Japanese Delegates



Activities of AFI



AFI के माध्यम से हमारा प्रयास है कि देश के आयुर्वेद से जुड़े सभी स्टेकहोल्डर्स के लिए न सिर्फ क़ानूनी समस्याओं पर प्रयास किये जाएँ, बल्कि विभिन्न तरह के शैक्षणिक कार्यक्रमों को भी चलाया जाए, आयुर्वेद के कई महत्त्वपूर्ण विषयों पर ऑनलाइन CME के साथ–साथ, वैद्यों के लिए 1 माह का ऑनलाइन "आयुर्वेद गुरु" कार्यक्रम भी आरम्भ किया गया है। इसकी विस्तृत जानकरी https://www-afi&india-in के कोर्स सेक्शन में देखें!









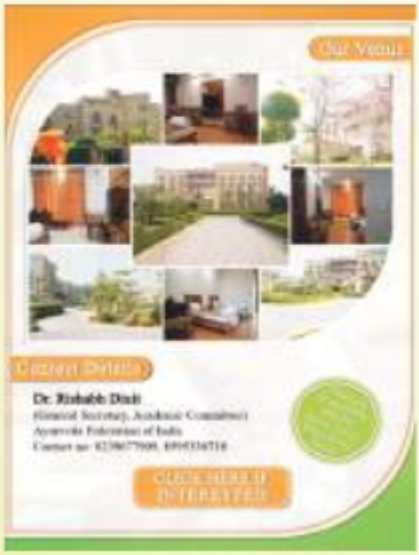








आयुर्वेद फेडरेशन आफ इंडिया में हम चिकित्सक संगठन के नाम पर आपस में राजनीति को छोड़कर वो सब कार्य करते हैं जिन्हे एक आदर्श चिकित्सक संगठन को करना चाहिए। 15 दिवसीय कार्यशाला में देशभर से नवीन आयुर्वेद स्नातकों (जो अब चिकित्सा कार्य आरंभ करेंगे) को पंचकर्म, क्षार सूत्र, नाड़ी, मर्म, अग्नि कर्म, जलौका, औषध निर्माण, आई पी डी मैनेजमेंट से लेकर पर्सनल डेवलपमेंट, कमर्शियल एडवरटाइजमेंट, रूल्स एंड रेगुलेशन सिखाया जा रहा है। इन सबमें जो विषय उन्हे रुचिकर लगेगा, वे उसी विषय के भावी विशेषज्ञ बनेंगे। गुदा रोगों में प्राथमिक उपचार विषयक वैद्य धन्वंतरि त्यागी का वक्तव्य भी रहा।अगले दिन नाड़ी और मर्म विज्ञान के विद्वान डा नवीन जोशी जी का वर्कशाप रहा।











आयुर्वेद फेडरेशन ऑफ़ इंडिया (AFI) की ओर से 15 दिवसीय आवासीय 'आयुर्वेद गुरु' कार्यक्रम का प्रशिक्षण सम्पन्न हुआ!

भारत के विभिन्न हिस्सों से आए डॉक्टर्स को आयुर्वेद की पारंपरिक एवं वर्तमान समय के अनुसंधानों के अनुरूप प्रैक्टिकल लर्निंग मिले एवं सभी अपने स्थानों पर जाकर विश्वास के साथ अपने आयुर्वेद के अस्पतालों को आरंभ करें एवं विश्वभर में आयुर्वेद की वास्तविक खूबियों से जनमानस को आरोग्य प्रदान करें इसके लिए ऐसे रेसिडेंशियल कार्यक्रमों को AFI की ओर से आरंभ किया गया है। इन 15 दिनों में आए हुए सभी वैद्यों को पंचकर्म, क्षारसूत्र, नाड़ी विज्ञान, मर्म चिकित्सा जैसे विषयों का प्रैक्टिकल डेमोस्ट्रेशन प्रदान किया गया साथ ही किड़नी, कैंसर, लिवर, गॉल ब्लैडर स्टोन, मेटाबोलिक समस्याओं, उदर रोग आदि विषयों की जानकारी प्रदान की गई। इसके साथ–साथ वैद्य विश्वास के साथ कैसे अपने अस्पताल बना सकें, IPD संचालित करें, पंचकर्म रूम–IPD रूम की साज सज्जा, हैल्थ इंश्योरेंस/पैनल आदि को अपने अस्पतालों में शामिल करवाकर अपनी आर्थिक प्रगति कर सकें एवं इसके अतरिक्त आध्यात्मिक उन्नति के लिए अष्टांग योग को जीवन में कैसे आत्मसात करें, सामान्य जनमानस के बीच में कैसे स्पीच दें, कैंपों का संचालन कैसे करे आदि कई विषयों पर भी अनुभवी आचार्यों के सत्रों के माध्यम से जानकारियां साझा की गईं।

कार्यक्रम के सफल आयोजन के लिए आयुर्वेद फेडरेशन ऑफ़ इण्डिया की टीम से वैद्य ऋषभ दीक्षित, वैद्य धनवंतरी त्यागी, डॉ. अक्षय गोयल, वैद्य नवनीत, डॉ. यामिनी, डॉ. मोनू पाठक आदि का महत्त्वपूर्ण योगदान रहा एवं कार्यक्रम स्थल एवं वैद्यों के आवासीय सत्र के दौरान समस्त तरह का प्रबंध करने के लिए 'शुद्धि ग्राम' की टीम एवं मैनेजमेंट का विशिष्ट सहयोग रहा।

जल्द ही 'आयुर्वेद गुरु' के तृतीय सत्र की जानकारी साझा करेंगे जिसमें थियोरेटिकल जानकारी के ऑनलाइन 20 सत्र व प्रैक्टिकल लर्निंग के लिए 3–5 दिनों का आवासीय कार्यक्रम आयोजित किया जाएगा।

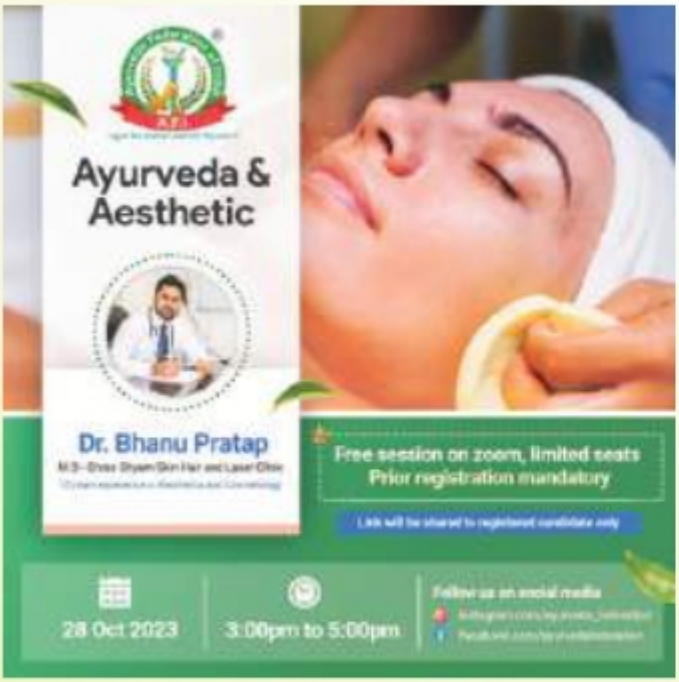




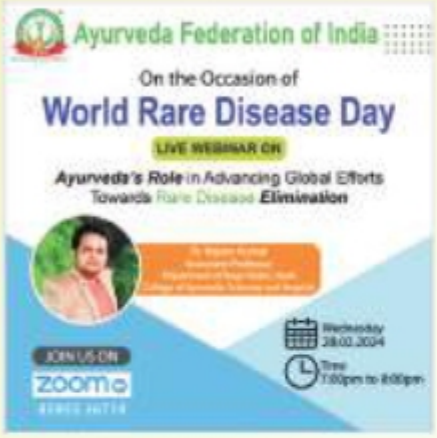




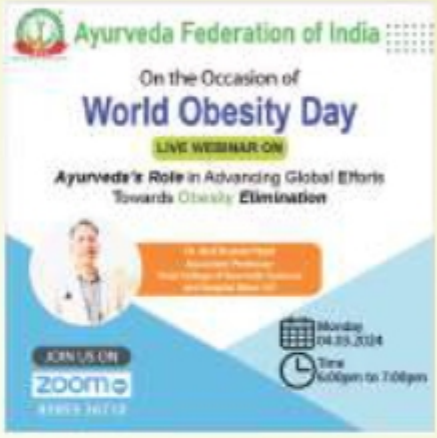
आयुर्वेद चिकित्सा के विकास हेतु गतिविधियाँ















सामान्य जनमानस के लिए हेल्थ एवं आयुर्वेद को लेकर सही से जागरूकता हो इसके लिए 7 दिवसीय ऑनलाइन कार्यक्रम ''हेल्थ एम्बेसडर'' के नाम से आरम्भ किया गया है।

