



ANVESHAN-2018

A NATIONAL LEVEL RESEARCH SYMPOSIUM



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11 & 12th AUGUST-2018

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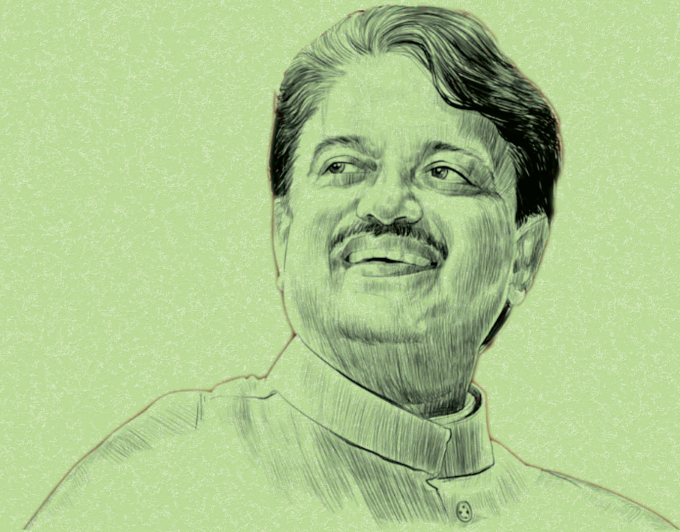
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**LATE. B. V. KALE MANJARA AYURVED
MEDICAL COLLEGE AND HOSPITAL, LATUR**



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6th Inspirational Memory

LOKNETE HONORABLE VILASRAOJI DESHMUKH



Manjara Charitable Trusts

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Editorial



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Ayurveda is a science of life .Its basic principles formulated after vast observation, scientific analysis and practical evaluation. In ayurveda research methodology has been discussed in detail. Ayurveda having holistic approach to health and personalized medicine. It is one of the oldest medical systems, which comprises thousands of medical concepts and hypothesis. Unfortunately, due to lack of scientific validation in various concepts, this precious gift from our ancestors is trailing. Hence, evidence-based research is highly needed for global recognition and acceptance of Ayurveda, which needs further advancements in the research methodology. Ayurvedic treatment is although highly effective,proper mode of action, pharmacology, pharmacokinetics, and pharmacovigilance of many important Ayurvedic drugs are still not fully explored. Moreover, the comprehensive knowledge of the basic ideologies of Ayurveda is poorly acceptable scientifically due to lack of evidence. In the modern time, when the Western medicinal system is reached almost at the top because of validated research and advanced techniques, there is an urgent need to validate basic principles as well as drugs used in the ayurvedic system of medicine with the help of advanced research methodology. Therefore, advancements in the ongoing research methodology are highly required for the promotion of Ayurveda.

Now a day world is waking up to this grand healing wisdom of India. The developed nations of the world are now keen on taking up Ayurveda as a way of life, as a repertoire of safe remedies and last but not the least as a novel view of structure of life and its interacting universe. Such a novel view will provide a fresh direction to the current ongoing revolution in molecular medicine. Biotechnology and holistic health, the 21st century will then belong to Ayurveda.

So in this regard, To Promote the Ayurveda, to encourage the upcoming new practitioners & student in the field of Ayurveda and spread the Ayurveda in such a way that every human being of the society will be benefited and have a healthy and disease free life. To fulfill this purpose, since last 15 years we are conducting Ayurveda seminar and practical demonstrations by late B.V.Kale Manjara Ayurved Medical College and hospital under the umbrella of Manjra charitable trust which is founded by our great leader, honorable Loknete Shree Vilasraoji Deshmukh sir for

the sake of humanity to provide health and help in all sections of society by various means and our Ayurveda institute is one of them.

Our institute runs by Manjara Charitable Trust, Successfully by the blessing & support from president of the institute, Great visionary, our idol, Respected Shree . Dilipraoji Deshmukh. Former ex. Minister Rehabilitation and Relief Work, Sports, Youth Welfare & Protocol .Government of Maharashtra State and honorable Shree. Amitiji Deshmukh. Executive Trustee of Manjara Charitable Trust and Ex. Minister of State for Tourism, Food & Drugs Administration, Excise, and New Renewable Energy.

We have organized two day National level research competition and symposium on the subject of Shalyatantra with practical demonstration of Ayurved therapies on Anorectal disorders ANVESHAN -2018, on the occasion of 6th inspirational memory of Loknete Shree Vilasraoji Deshmukh. The invited speakers for this seminar are Vaidya ravishankar parvaje, Vaidya Mahesh sanghvi, Vaidyarajesh gupta ,We are publishing special issue on this occasion of research articles of our staff, PG students and undergraduate students. This time we have organized sessions for scientific paper presentation of PG students from all over Maharashtra and India This seminar is organized in association with Maharashtra university of health sciences(MUHS) and Maharashtra Council of Indian Medicine(MCIM), I am thankful to registrar MUHS and MCIM president Dr Ashutosh Gupta and vice president Dr Dattatray Patil .I am thankful to Mr Pramod Tandale publisher of Ayushi International Interdisciplinary Research Journal. It's my honor to be a part of this event and as a editor of this special issue ,I am thankful to Manjra charitable trust and respected, honorable Dilipraoji Deshmukh sir and Amitaji Deshmukh sir, also thankful to principal of our college Dr Mulje sunil sir ,Administrative officer Dr P.P. Shaha sir and RMO Suryakant Chavan sir, for giving me this to opportunity, I thankful to all my teaching staff, office staff and students who supported me throughout to complete this magazine, I am to editorial board members Dr Aruna Rupnar ,dr Rahul jadhav ,dr Pallavi jadhav, dr Pallavi khandare dr Anil pawar and Smita mule, I am thankful to printing press and designer Shree Diwan sir.

DESK OF ORGANIZING SECRETORY



DR. MARUTI NARHARE
MD Ayu, Fellow in Ksharsutra

Late B.V.Kale Ayurved college and Hospital,Latur is a leading institute in the field of education of Ayurveda in the state of Mahashtra founded by visionary late Hon. Shri. Vilasraoji Deshmukh Saheb, ex. chief minister of Maharashtra state. The institute has set standards for education in UG & PG under the guidance of Hon. Shri. Dilipraoji Deshmukh, President, Manjara charitable Trust and Hon. Shri. Amit Vilasrao Deshmukh, MLA, Latur.

Since 2003 every year we are conducting the seminars and workshops. This is continuous 15th year of Ayurveda education for the Ayurveda faternty.

Those alone are wise who acts after investigation. Research is a scientific and diligent study, investigation or experimentation in order to establish facts and analyze their significance.

Objectives of Researches in Ayurveda are to invent something new which is previously unknown, through established means and methods and to find out truth in old sutra's, concepts and practices by modern means so as to revalidate them.

So, for conducting research in Ayurveda tools and applications of new scientific methods can be used but one must be able to interpret them in terms of ayurvedic principles.

Firm foundation and plan for research provided by acharya's supported by recent advancement's with palliatable interpretation will be the best contribution to the field of ayurveda.

So we thought to conduct this event.

We ensure that you will get the excellent knowledge and enjoy the ANVESHAN 2018 a National Level Research Competition and Symposium.

THANKING YOU

मनोगत



डॉ. सुनिलदत्त मुळजे

प्राचार्य

कै. बी. व्ही. काळे आयुर्वेद वैद्यकीय

महाविद्यालय व रुग्णालय, लातूर

सस्नेह नमस्कार,

आदरनीय लोकनेते व महाराष्ट्राचे अष्टपैलू व्यक्तिमत्व मा. विलासरावजी देशमुख साहेब यांच्या प्रेरणादिना निमित्त त्यांच्या पवित्र स्मृतीस माझी विनम्र आदरांजली.

जनतेचे आरोग्य निरामय ठेवणे हे वैद्यक शास्त्राचे तसेच वैद्यक क्षेत्रात कार्यरत असलेल्या सर्वांचे आदय कर्तव्य आहे. हे कर्तव्य पार पाडण्यासाठीच आमच्या संस्थेत^र दरवर्षी साहेबांच्या स्मृतीदिना निमित्त कार्यशाळा आयोजित केली जाते.

या वर्षी प्रथमच १५० पदव्युत्तर विद्यार्थ्यांचे शोध निबंध प्रस्तुतीकरण ठेवण्यात आले आहे. तसेच शल्यतंत्र विभागांतर्गत येणाऱ्या विविध गुदगत विकारावरील शस्त्र क्रियांचे थेट प्रसारण ठेवण्यात आले आहे.

या कार्यशाळेचा उद्देश की सर्व महाविद्यालयातील विद्यार्थी एकत्र यावेत. त्यांना तज्ञांचे मार्गदर्शन लाभावे व त्यांच्या ज्ञानात भर पडावी, ज्ञानाचे विचारांचे आदान प्रदान व्हावे. कार्यशाळेसोबतच रुग्णांना सुविधा मिळव्यात या दृष्टीने वेगवेगळे कॅम्प ही घेतले जातात. त्याचा रुग्णांना निश्चीतच फायदा होतो.

मांजरा चॅरिटेबल ट्रस्टचे अध्यक्ष मा. आ. श्री. दिलीपरावजी देशमुख साहेब व मा. आ. अमितजी देशमुख साहेब तसेच सर्व विश्वस्त यांच्या कुशल व कल्पक मार्गदर्शनानुसार आमचे महाविद्यालय प्रगतीपथावर आहे. कार्यशाळा यशस्वी करण्यासाठी महाविद्यालयाचे प्रशासकिय अधिकारी व रुग्णालय अधीक्षक, सर्व प्राध्यापक, सर्व वैद्यकिय अधिकारी, व कर्मचारी आणि महत्वाचे म्हणजे सर्व विद्यार्थी व आपण सर्वजण या सर्वांचे मनपूर्वक आभार.

लोकनेते विलासरावजी देशमुख यांच्या प्रेरणेने
 कै. बी. व्ही. काळे (मांजरा) आयुर्वेद वैद्यकिय महाविद्यालय व
 रुग्णालयांची गगन भरारी।



संकलन

डॉ. पी. पी. शहा.

प्रशासकिय अधिकारी व रुग्णालय अधीक्षक

कै. बी. व्ही. काळे आयुर्वेद वैद्यकिय महाविद्यालय व रुग्णालय, लातूर.

जे जे नव ते लातूरला हव असे नेहमी राज्याचे लोकनेते माजी मुख्यमंत्री विलासरावजी देशमुख म्हणायचे त्यांचा ग्रामीण जनतेविषयी करुणा, जिद्दाळा, दुरदृष्टी, शैक्षणिक गरजा भविष्यातील अनेक कल्पना त्यांच्या मनात असायच्या अशा दरार्शी विकासपुरुष असलेले राज्याचे माजी मुख्यमंत्री कै. विलासरावजी देशमुख यांनी मांजरा चॅरिटेबल ट्रस्टची स्थापना १९८६ साली केली. याच ट्रस्टच्या माध्यमातून २००१ साली त्यांच्याच प्रेरणेने लातूरलातून कै. बी. व्ही. काळे (मांजरा) आयुर्वेद वैद्यकिय महाविद्यालय व रुग्णालयाने शैक्षणिक गुणवत्तेबरोबर सामाजिक कार्याचा ठसा उमटवला आहे. हे वास्तव आहे.

कै. बी. व्ही. काळे (मांजरा) आयुर्वेद वैद्यकिय महाविद्यालयाच्या माध्यमातून बी.ए.एम.एस. शिक्षण देऊन गुणवत्तेची परंपरा गेली १७ वर्षांपासून सुरु आहे. या महाविद्यालयात सुरवातीला ४० विद्यार्थ्यांची प्रवेश क्षमता होती ती आता ६० आहे. विद्यार्थ्यांना स्वतंत्र मुलांना, मुलींना वसतीगृह असून अद्यावत ग्रंथालय, e-library उपलब्ध करून दिलेली आहे. नाशिक येथील महाराष्ट्र आरोग्य विज्ञान विद्यापीठ महाराष्ट्र शासन व केंद्र शासनाच्या सुचने नुसार महाविद्यालयाने मोठी प्रगती केली आहे.

आतापर्यंत या महाविद्यालयास नाशिक विद्यापीठाचे कुलगुरु, कुलपती, प्राध्यापक यांनी भेटी देऊन मांजरा ट्रस्टच्या सन्माननीय विश्वस्तांचे कौतुक केले आहे. येथे वैद्यकिय शिक्षण घेत असलेल्या विद्यार्थ्यांना सुसज्य अद्यावत इमारत, दिमाखपणे उभी दिसत आहे. २००१ साली सुरु झालेले (मांजरा) कै. बी. व्ही. काळे आयुर्वेद वैद्यकिय महाविद्यालय व रुग्णालयाचे संस्थापक माजी मुख्यमंत्री विलासरावजी देशमुख साहेब, अध्यक्ष माजी मंत्री दिलीपरावजी देशमुख, तत्कालीन सचिव कै. बी. व्ही. काळे, यांनी आयुर्वेद वैद्यकिय महाविद्यालय व रुग्णालयाची उभारणी केली. ती आज सक्षमपणे मांजरा ट्रस्टचे अध्यक्ष दिलीपरावजी देशमुख, विश्वस्त आमदार अमित विलासरावजी देशमुख यांच्या मार्गदर्शनाखाली सुरु आहे.

कै. बी. व्ही. काळे (मांजरा) रुग्णालयाने समाजसेवेच्या माध्यमातून गरजू लाखो लोकांना आधार दिला. आज समाजात अनेक लोकांना बदलत्या वातावरणा नुसार व्याधी होऊ लागल्या आहेत. रुग्णांना सुविधा, पैसे, सेवा, अनेक संकटांना तोंड द्यावे लागते ही

सामाजिक बांधीलकी म्हणून या कै. बी.व्ही. काळे (मांजरा) आयुर्वेद रुग्णालयाच्या माध्यमातून दरवर्षी मांजरा ट्रस्टचे अध्यक्ष माजी मंत्री दिलीपरावजी देशमुख यांच्या वाढदिवसानिमित्त सर्व रोग निदान शिबीर व शस्त्रक्रिया मोफत करण्याचे सामाजिक कार्य गेल्या १८ वर्षांपासून सुरु आहे. अनेक अवघड शस्त्रक्रिया रुग्णालयाच्या माध्यमातून करण्यात येत आहेत. तर मांजरा चॅरिटेबल ट्रस्ट चे संस्थापक लोकनेते विलासरावजी देशमुख यांच्या स्मृतिदिनानिमित्त सर्वरोग निदान मोफत शिबीर व शस्त्रक्रिया व विविध विषयावर आयुर्वेद कार्यशाळा आयोजित करण्यात येते यामध्ये अनेक तज्ञ डॉक्टर मुंबई, पुणे येथील नामवंत डॉक्टर लातूर येथे येऊन तपासणी करून शस्त्रक्रिया करतात. यामध्ये वेगवेगळ्या अद्यावत सेवा रुग्णांना देण्याचा प्रयत्न संस्था प्रशासनाकडून करण्यात येत आहे. यासाठी दरवर्षी लातूर येथे मांजरा कै. बी. व्ही. काळे आयुर्वेद वैद्यकिय महाविद्यालय व रुग्णालय परीसरात नामवंत वैद्यकिय क्षेत्रातील डॉक्टरांची कार्यशाळा आयोजित करण्यात येते त्याचा फायदा प्रशिक्षण घेणाऱ्या विद्यार्थ्यांस व प्राध्यापक यांना होतो.

बी.ए.एम.एस. शिक्षण देत रुग्णालयाने आत्तपर्यंत जिल्हातील अनेक सामाजिक संस्थांना सहकार्य करून तसेच अवघड शस्त्रक्रिया मोफत करून तसेच अवघड शस्त्रक्रिया मोफत करून दिल्या आहेत. जिल्हयातील अनेक गांवात नेत्र शिबीर, सर्वरोग निदान शिबीर, शस्त्रक्रिया करण्यासाठी या रुग्णालयाने मोठे कार्य केले आहे. लोकनेते माजी मुख्यमंत्री विलासरावजी देशमुख यांच्या प्रेरणेने सुरु झालेले हे मांजरा चॅरिटेबल ट्रस्टच्या अंतर्गत असलेले कै. बी.व्ही. काळे (मांजरा) आयुर्वेद वैद्यकिय महाविद्यालय व रुग्णालय त्यांचा जो वारसा, त्यांनी घालून दिलेली शिकवण, परंपरा, यांनी सुरु ठेवली आहे. त्याच पावलावर सध्याचे मांजरा चॅरिटेबल ट्रस्ट चे अध्यक्ष माजी मंत्री दिलीपरावजी देशमुख, विश्वस्त, आ. अमित विलारावजी देशमुख पुढे चालवत आहेत. ते अविरतपणे चालू राहिल अशी अपेक्षा करून मांजरा ट्रस्टच्या वैद्यकिय व सामाजिक कार्यास सलाम ।



लेखक हरिराम कुलकर्णी
संपादक, लातूर महानगर लातूर
९९७००८१०७७,८८८८३९७३५५
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RECENT ADVANCES IN PROCTOLOGY

**Dr. Mahesh Sanghvi
(Mumbai)**

Anorectal disorder till today neglected branch, but unfortunately it is important to the patient and most paying branch. Maharshi Sushruta has already indicated piles and fistula. It is difficult to cure. It is also mentioned as Asthaumahagada. He has described fourfold method of the treatment.

1. Aushadha (Medicine)
2. Agnikarma (Cauterisation)
3. Ksharkarma (Chemical Cauterisation)
4. Shastra Karma (Surgery)

It indicates that in those days there was no one standard treatment and difficult to manage. Still today inspite of analgesics, anesthesia, and new modality of investigations and instrumentation, anorectal branch satisfactory result is in dark.

Ayurveda believes that anorectal disorders are not a localized disease but it has direct or indirect relation with the digestive system. Thus acharya Sushruta has emphasized on "Aushadhi Chikitsa". If operative surgeon takes pain, about knowing the root cause of the disease and utilization of Ayurvedic pre-operative and post operative, long term management will most common causes according to ancient science are aatisar, grahani and pravahika all other digestive disorders.

Complications of pregnancy, post pregnancy and panchakarma vyapada and modern life style are the main route cause of anorectal diseases. We know that the anorectal diseases are the complicatins of many other diseases as well. Anorectal disorder are the punishment to the erectal postures of human beings, because of no bony supports, arterial venous plexuses, no valves and gravitational force.

The most common symptoms are :-

- | | |
|---------------------------|--------------|
| 1. Bleeding | 2. Pain |
| 3. Prolapse | 4. Discharge |
| 5. Irregular bowel habits | 6. Itching |

Common diseases are :-

- | | |
|-----------------------|--------------|
| 1. Piles | 2. Fissure |
| 3. Perianal abscess | 4. Fistula |
| 5. Prolapse of Rectum | 6. Condyloma |
| 7. Papilloma | 8. Warts |
| 9. Procto colitis | 10. CA |

There are a number of new advances in pathology.

1. Piles

A) First and second degree-Scelrotherapy

- a) Phenol with oil base
- b) Water Soluble (eg. Inj. SodiumTetradecyl sulphate and inj. Polidocanol)
- c) Electrotherapy first used by Norman in 1989 Bipolar diathermy coagulation first used by Griffith 1987 IRC (Infra Red...)
- d) DGHAL (Doppler guided haemorrhoidal Artery ligation)
- e) Rubber band ligation
- f) Cryosurgery

B) Second & third degree – Excision & ligation

1) First used by Open – mill 1937.

- Closed haemorrhoidectomy Ferguson’s 1952
- Harmonic & ligature Haemorrhoidectomy
- PPH (Stapler haemorrhoidectomy) Longo’s 1995
- Park’s (Submucosal haemorrhoidectomy)
- DGHAL (Doppler guided Haemorrhoidal artery ligation)
- Lazer therapy.

2. Fissure :

- Anal dilatation Fissurectomy
- Open sphincterotomy
- Closed sphincterotomy
- Flap Excision and ligation of tag

3. PERIANALABSCCESS :-

- I and D
- Treat as abscess – fistula complex
- Deep and large cavity drain should be Done

4. Fistula in Ano :-

- * Fistulotomy * Fistulectomy * Core technique
- * 2 step operations * Plug methods * WARF
- * Lazer * LIFT technique
- * Cutting and draining Setons

5. Ayurvedic techniques :-

- * Ksharsutra * Partial fistulectomy with ksharsutra

● **Practical tips for daycare management ofARD’s :-**

- * Selection of patient * Selection of procedure * Preparations of OT
- * Post OP management * Follow ups

- **Selection of patients :**
 - History :-**
 - * Detail complaints * Associated diseases * Medicinal history
- **Counselling –**
 - * Diagnosis * Procedure * other options
 - * Minimum complications and its management * Recovery period
 - * Results
- **Selection of Procedures :-**
 - * According to the stages of the disease
 - * According to the status of the patient
 - * Availability of the materials
 - * Types of Anaesthesia
- **Preparations of OT :-**
 - * Informing to the patient
 - * IPD
 - * OT Staff, Surgeon and Anaesthetist
 - * Medical accessories
- **Post Op management :-**
 - * Indications of Anaesthesia
 - * NBM
 - * IV fluids and medicines.

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My Experience of Kshara Karma in Different Clinical Conditions

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Introduction:

As a clinician I am presenting my experience of utilizing Pratisaraneeya Teekshna Kshara as external application and also MriduKshara as Internal Medicine in different clinical conditions. At present kshara being used as Internal Medicine in powderform

In some clinical conditions like Mutrakrichra (UTI), Arshas & Sarvanga Shotha etc. and also externally kshara being used in preparing Kshara sutra for application in Piles & Fistula in Ano. In all above conditions kshara powder is used and also they are all Mridu type of kshara.

Actually what Sushruta was told that is – Pratisaraneeya Teekshna kshara in pasteform where as Mridu Kshara is Paneeya Kshara is in Liquidform.

In my Surgical practice I have utilized teekshna kshara in pasteform as sushrutha told, and paneeya kshara in liquid form by which also we can get very good result. Here I will explain way of preparing kshara and its usage according to my experience.

Arshas: - Kshara Karma was famous Para Surgical procedure elaborately explained in Sushruta Samhita in treating Piles.

Pratisaraneeya Kshara is indicated in piles, which is soft extensive deeply situated and projecting ones caused by pitta and rakta; i.e. Second and Third degree internal hemorrhoids with bleeding tendency.

Materials & Methods:

- 1. Instruments:** Arshoyantra (Proctoscope)-2 types Ekachidra Arshoyantra and Dwichidra Arshoyantra.
- 2. Pratisaraneeya Teekshna Kshara:** I have used Apamarga Kshara.

Preparation:

Prepared as explained in Sushrutha

Whole plant of Apamarga (Achyranthes Aspera) was burnt to get ash. About one 1kg of ash mixed with 6 times of water to form a solution. This solution is filtered. The filtrates was boiled slowly to reduce it 2/3 of quantity. Then to this about 100gms. of lime

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stone powder was added. Then the solution again boiled slowly. To this solution 10gms. of powder of chitraka, Langali, Vacha, Pravala, was added. Then the solution further boiled to get semisolid, brownish coloured paste like substance, which should be collected in dry glass bottle. This is Pratisaraneeya Teekshna Kshara.

Procedure of Kshara Therapy:

Anaesthesia: According to the need. I have used mostly local Anesthesia.

Position os Patient: Lithotomy Position.

At first dwichidra Arsho Yantra (Slit type Proctoscope) was slowly introduced to the anal canal. Through the slit opening of Proctoscope internal Hemorrhoids bulges in. Then the pile mass was cleansed and brushed slowly. After that Prati Sraneeya Kshara was applied over the pile mass. (1). After about one minute that is shatamatra Kala as explained in Sushruta, the applied Kshara was wiped out by lemon juice. By that time mass of piles reduced in size and its color turned to blackish brown that is Pakwa Jambu Phala varna (2) as explained in Sushruta, then the Proctoscope was removed. Same procedure should be followed in other piles also.

Although Sushruta indicates in cases of multiple piles to deal with one pile at a time, then to repeat the procedure once in a week in other piles. In my practice I have dealt all 3 piles at 3,7,11,0 clock pile masses in a single sitting with the help of modern Anesthesia.

Post Operative Management: _

1. Narayana Taila Basti of about 5ml quaintly twice a day.
2. Hot sits hipbath after each defecation.
3. Mild laxatives.
4. Gandaka Rasayana Tablets and Triphala Guggulu Tablets internally.
5. Modern Analgesics and Antibiotics if necessary.

The postoperative management is of ambulatory nature there is no need of Hospitalization after 1st post-operative day. Then treatment is needed for complete wound healing.

Complication: -

- Bleeding: Negligible.
- Pain: It is subjective symptoms. In Kshara therapy slight to moderate pain occurs during defecation, which is relieved by oil Enema and hot sit'z bath. When compare to conventional surgery it is negligible.
- Discharge: Postoperative blackish brown discharge will be there for 3 to 4 days in Kshara therapy.

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- Anal Stricture: If correct technique is followed in Kshara therapy there is no possibility of developing stricture.
- Recurrence: In my practice of these procedures in last 12 years of 2000 cases there is no reported recurrence till date.

Discussion: -

Even though Kshara Karma is well-documented therapy of Sushruta in piles, which is not followed nowadays by surgeons of ayurveda.

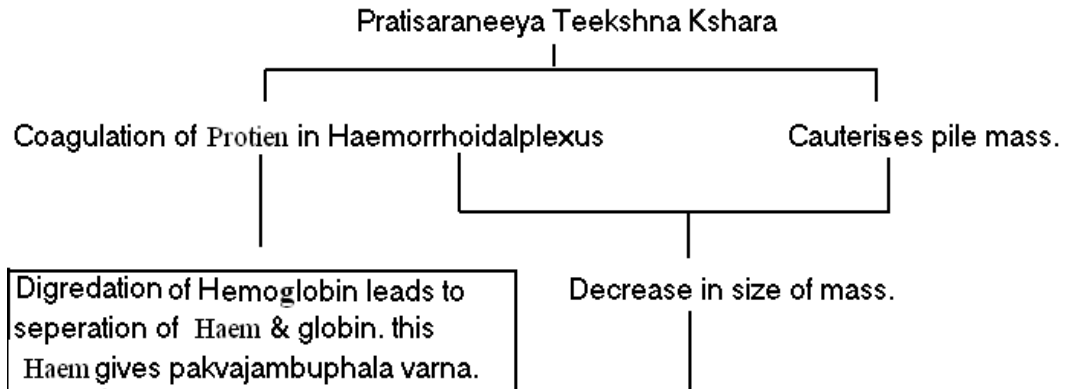
Here the difficulty is in preparation of teekshna kshara of correct potency and its proper application in patients.

In the year 1991, I have tried to prepare Teekshna kshara as told in sushrutha samhita. Actually I could prepare teekshna kshara, it's correct potency was not attained, as it could not burn the pile mass so that pile mass become pakvajambuphala Varna in shata matra kala.

“Pile mass becoming pakvajambu phala Varna in shata matra kala was taken as standard.” I have tried different combinations of apamarga, shukti choorna (lime stone powder) and chitraka, langali etc. to attain correct potency. At the end the following combination of 1:10:100 ratio of chitraka, langali (for prativapa) limestone (for avapa), Apamarga ash was found to be correct in attaining standard potency of teekshna kshara.

Then after preparing teekshna kshara of correct potency, then I have started its application in different clinical conditions, specially in internal hemorrhoids and other diseases as told in sushrutha samhita. I have used lemon juice (organic acid) to neutralize the kshara after proper burning of piles. In following chart I have explained its probable mode of action in piles. Anyhow in present day practice this kshara can be used safely with the help of modern anesthesia and analgesics to get maximum benefit to patients.

MADE OF ACTION: -



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Necrosis of tissues with obliteration of Haemorrhoidal vein Radical so that necrosed tissue sloughs out as brownish black discharge for 3 to 4 days.

Fibrosis and scar formation of site and permanent obliteration of Haemorrhoidal vein.

Fixation of anal cushions to deeper tissues.

Kshara Therapy Has Many Advantages Over Conversional Surgery:

1. Minimum hospitalization only one day
2. Less bleeding
3. No postoperative bleeding
4. Only local anesthesia needed
5. No recurrence

Conclusion:

As per my experience of conversional surgery and Kshara therapy in different types of piles, Kshara therapy in treating hemorrhoids of different stages is better procedure.

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Gandakadya Malahara – For Rapid Relief in Mukhapaka

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Introduction

Mukhapaka is the most predominantly found in daily practice. Mukhapaka (mouth ulcer) is a commonest condition and most Painful.In mukhapaka condition patient has excessivecutting pain in mouth various modes of treatments such as oral analgesics, topical anaesthetics, multivitamins etc. which has many untoward effects. Recurrence is very common and most of the methods of treatment are expensive and requires long duration to get cure.

So,there is need to have a simple method which is having better patient compliance.Various treatments are suggested by acharyas, like kawal, gandush, application of malaharafor management of mukhapaka.Gandakadya Malaharais dahashamak, raktastambha kvrnaropak and sandhaniya. Keeping in view these factors application of Gandakadya Malahara is thought in mukhapaka. So a simple method which is having better patient compliance is suggested in this study.

Key words ; Mukhapaka, Gandakadya Malahara

Aim

1. To study the efficacy of Gandakadya Malahara in the management of mukhapaka.

Objectives of Study

1. To review and analyse the available literature of mukhapaka Ayurvedic and modern medical science.
2. To highlight the pharmacological significance of Gandakadya Malahara
3. To promote and update it in current medical stream

Materials And Methods

Materials:

- Patients: Patients suffering from mukhapaka attending OPD and IPD
- Literature: literary aspect of study will be collected from classical Ayurvedic and modern texts and updated recent medical journals.

Medicine: The required materials are Gandakadya Malahara will be prepared (Ref: Rasatarangini 21/100-104)

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Methodology :

Inclusive criteria:

1. Patients diagnosed as mukhapaka will be included in the study.
2. Patients of both sex in between the age group of 16 to 50yrs will included.

Exclusive criteria:

1. Patients having mukhapaka secondary to ulcerative colitis, crohn's disease, syphilis and tuberculosis will be excluded.
2. Patients with uncontrolled disease like Diabetes and Hypertension will be excluded.
3. Patients with infectious disease like HIV and HbSAg will be excluded.
4. Patient undergoing treatment of virechana and basti

Study design: Present study is anoncomparativeobservetionalclinical study.

Sample size: 30 patients of mukhapaka randomlyselected for the study.

Procedure: GandakadyaMalaharawill be applied locally, for 7 days, before and after meals.Pathyaapathya will be also explained.

Parameters of study: Following parameters will be considered for the study.

1. Shoola (pain): Assessment of pain gradation before and after treatment based on 3 degrees i.e. Mild(+), Moderate (+ +), Severe (+ + +).
2. Raktasrava (Bleeding): present or absent, before and after treatment.
3. Length of ulcer

Criteria for assessment: Criteria for assessment will be based on

A. Relief of symptoms before and after treatment

The results will be scored as

- Complete relief - above 75% improvement,
Moderate relief - 50 to 75% improvement,
Mild relief - 25 to 50% improvement,
No relief - below 25% improvement.

B. Length of ulcer

Length of ulcer based on the results categorized as below,

- No change in ulcer - no relief,
Partial healing - Moderate relief,
Complete healing - complete relief.

C. Overall assessment is done based on the improvement in parameter score before and after treatment which will be subjected to statistical analysis.

Observations & Results

Observations obtained on the basis of methodology followed are as below.

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Table. showing distribution of patients according to age

Age	Study Group
15 – 25 yrs	10
25- 35	10
35 - 45	10
total	30

Table Showing Percentage of Relief in Each Symptom of 30 Patients of mukhapaka

Symptoms	Before treatment	After treatment	Difference	% of relief
Pain in mouth	30	4	26	84
Bleeding from ulcer	14	3	11	79
Length of ulcer	14	12	2	100

Results :

1. Gandakadya Malahara purifies the wounds, lyses the debris and enhances healing process by decreasing swelling & inflammation of mukhapaka
2. Gandakadya Malaharais a cost effective best alternative to available ointments for the treatment of mukhapaka
3. This ointment is used for dressing purpose for all kind of wound (acute or chronic) irrespective of cause.

Conclusion :

- It is cost effective and non laborious remedy to treat wounds.
- Standardization and marketing of Gandakadya Malaharais needed.
- Gandakadya Malaharais a best alternative to available ointments for the treatment of various wounds.
- Medical practitioner should be made aware of this multidimensional drug.

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The Role of Medhyrasayan And Nasya in Writers Cramp - A Case Study

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Abstract –

Writers cramp is a focal dystonia of the finger , hand , or forearm.Focal dystonia of the hand is a neurological movement disorder. Writers cramp is known as task - specific dystonia affecting the action of writing but no other task graduation of synaptic strength. According to Ayurveda it comes under vatavyadhi as neurological and musculoskeletal disease symptom. In this case patient has advised Nasya and medhyrasayan. According to Ayurveda text ,Nasya is advised in vrudhavajatrugatavyadhi and vatavyadhi and medhyarasayan is effective in neurological disease as jaravyadhi Nashan.

key words - writers cramp,Medhya rasayan and Nasya.

Introduction –

writers cramp is considered as a vatavyadhi owing to its chronicity as it occurs in old age and due to neurological and musculoskeletal system disease.Symptoms of writers cramp vary from person to person and include unusual positioning of the fingers,wrist or the elbow and muscle Spasms,and cramping of the fingers,hand or forearm while writing.Sometimes uncontrolled involuntary movement or tremors may occur.for most people no causes are found although it can be related to repetitive movement performed over many years.In some cases a genetic cause may be found if the writers cramp is a part of more generalized [dystonia](#).It is generally accepted that writers cramp is in part related to a problem with the functioning and connection of the various areas of the brain including the basal ganglion and cerebellum. There is no known cure for writerscramp ,but there are treatment options to reduce the severity of the symptoms.Hence this case study was undertaken to relieve the signs and symptoms of the writers cramp.

A Case Report –

A male patient of 58 years retired teacher came to the out patient of kayachikitsa of LBV kale ayurveda medical college and hospital 12/4/18 suffering from(RT) hand writing problem since 3 months.Patient has no more complaint rather than cramp.He has no H/O major disease or chronic [illness](#), No other neurological symptoms like muscle wasting and reduced muscle tone was there in that patient .He has consulted to neuropsychician also.But

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satisfactory relief has not got to the patient so patient has developed (LT) hand writing skill gradually. patient's general health was good. Both, physical and blood tests were within normal range.

O/E-

- Nadi - 78/min niyमित
- Mala - Niram no H/O constipation
- Mutra - Samyaka
- Jiva - Alpasam
- Shabda - samyak
- Spqrsha - Anushhashita
- Drik - samyaka
- Akriti - Madhyam
- Prakriti - kaphapradhanvata
- Agni - Madhyam
- Kosta - Madhyam
- Nidra - prakrut

- ◆ family history - nil
- ◆ past history - nil
- ◆ dietary history - only vegetarian

Treatment Plan –

Patient was prescribed with deepan and pachanchikitsa for 7 days with 7 days Nadya with panchendriyatail. After 7 days patient has given internally saraswatharishta (suvarnayukta) 20 ml 2 times after meal mixed with water for 1 month. After 1 month patient has advised to take capsule palsineuron twice daily after meal for 1 month and simultaneously again panchendriya tail nasya 2 to 4 drops has used at night while sleeping. After 2 month, patient has Improved in writing skill.

Discussion –

According to Ayurveda, writers cramp come under vatavyadhisaras watharishtasuvarnayukta is used as Medhyarasayan as it contains bruhan and rasayan property required old age and capsule palsinuron contains Mahavatavidhwansras, sameerpannag Ras, ekanveerras, sootshkarras and khurasaniowa and Lajari whole plant powder. All above ingredients has Vata shaman property. This drug is used as a maintained drug. For analysis of the writers cramp only one subjective analysis is used which is very easy for patient. One notebook is kept for handwriting improvement for the

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patient during 2 months treatment period. patient has advised to write 2 lines per day in a notebook. day by day patient was improving his writing skill and he get satisfied.

Conclusion –

From above case study , it can be stated that Ayurveda management can cure the case of writers cramp effectively. But it is needed studied in a large scale.

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Eye Donation – A Charity

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Abstract –

The eye is the window to the world, at the same time it is window to the soul – Shakespeare. This indicates importance of eyes to human being. In present life style diseases of eyes are increased. A use of spectacle is also seen commonly. Vision affecting diseases are seen more in number. Loss of vision, blindness due to corneal affections is more in corneal blindness patient losses its vision due to damage opaque cornea, considering remaining part of eyes are in normal condition. So replacement of cornea is the treatment. That is in short eye donation.

Key words – Cornea blindness, eye bank, donor, recipient

Introduction –

In India, we have 4.6, million people with a corneal blindness that is curable through corneal transplantation made possible by eye donation.

Cornea is the clear transparent surface at front of eye. When cornea becomes cloudy due to diseases, injury, infection vision will be lost. At this stage corneal transplant is the surgical treatment from healthy donor cornea.

More than 90% of corneal transplantation is carried out successfully and helps in restoring vision in people with corneal blindness when infants born with cloudy cornea, corneal transplantation a big difference to their lives.

Aim and Objective –

- To increase Awareness in society about eye donation.
- To reduce the phobia of eye donation.
- To give clear idea about corneal blindness and transplantation.

Corneal Blindness & Cure –

Cornea is clear transparent covering of front of eye and it is focusing element of eye. Vision is drastically lost due to cloudy cornea. This loss of vision is called corneal blindness.

Removal of this damaged cornea and replacing it with healthy cornea by surgery is only cure for corneal blindness.

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Review of Literature –

About Donar

- Eye Donors could be of any age group or sex.
- Peoples with blood pressure, diabetes, Asthma, with spectacles can donate eyes after death.
- The person who wants to donate his/her eyes after death, Should inform to his family members about it. A donor card can serve as an indication to family.

Who cannot donate eyes-

Peoples with Aids, Hepatitis B, Rabies, Septicemia, Blood cancer, Tetanus, meningitis can't donate eyes.

Donors Relatives Duty

- Close eye lids of deceased person
- Switch of fan directly over deceased.
- Raise head and place pillow underneath.
- Contact eye bank, quickly, with correct location.
- If death certificate is available keep it ready.
- Eye donation can be done with written consent of next kin in presence of two witnesses.
- Eye should be kept wet by sprinkling water so that cornea does not become dry till the eye surgeon arrives.

Donation Process of Eyes –

Surgical removal of eye is performed soon after death ensuring the eye is in best condition for transplant. Eyes donation is an act of donating one's eye after his/her death. This is helpful to only corneal blind persons not others. It is act of charity, purely for benefit of society and is voluntary eye donation should be encouraged in large scale to enable another person obtain vision is one of the best form of charity. Even after the death donors lives in the eye of recipient. Eyes from a dead person can enable two blind people to acquire vision.

Eye of dead person can be used only if they are taken out within six hours of death. Removal of eyes, eye lids will be stitched together. Entire process completes within 10-15 minutes.

After Eye Donation

- Eyes are taken to eye bank and evaluated by eye bank staff.
- Some tests are carried out and cornea is sent to corneal surgeon
- Recipient is called for corneal transplant.

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- After corneal transplant is performed periodic follow up of recipient is done to ensure the graft is successful.

Eye Bank –

Eye bank is charitable organizations and not for profit. They are purely for benefit of society. The Eye Bank facilitates removal of eyes, evaluate of eye, distribute them to needy. Trained staff should be available round the clock to attend call. Increase public awareness on eye donation. Train doctors in eye removal procedure. Enable corneal research using eyes unsuitable fir grafts.

Discussion –

It is duty of every human being to increase awareness of eye donation in society. Encourage the people about it. It is charitable work in the interest of corneal blind people who can see this beautiful world. This is done by only positive thinking. It is free of cost. One person can give vision to two blind people. You have to take information about eye bank in your city only and call to eye bank after death.

Summary –

Help the corneal blind humans. You have to contact with eye bank with donor. Do it by heart and with sensitivity. It gives pleasure to helping mind and hands.

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Changes in Hridaya With Jaraawastha W.S.R.Ageing - A Physiological Review

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Abstract

Ageing is spontaneous process, which starts with conception and ends with the death. Acharya Charka has mentioned the growth period that is up to the age of 30yrs. After that the growth stops and ageing start to continue.

Ayurveda believes the jara (ageing) is natural phenomenon like hunger thirst and sleep. Acharya sushruta has explained them in Swabhav Bala Roga and these includes Jara as well as mrutyu. Vagbhata and Sharangdhara has described the ten Phasic sequential biological changes taking place during first to tenth decades of life.

The physiological changes in functions of hridaya and related dosha dhatu have been discussed in this article.

Keywords :Jara, Hrudya, Mana, Sharira etc.

Introduction

Jara (Aging) is both a complex and challenging scientific problem and a fact of universal concern.

Ayurveda, deals with physical, social, psychological as well as spiritual wellbeing of an individual. Ayurveda also gives attention towards psychosomatic approach of ayu.

According to Ayurveda, heart is location of Mana (Psych).Aging is slow and continuous process, which affects various organs tissues at different time. Different classical books have mentioned a lot of signs and symptoms of jaraawastha. These include both physical and mental sign & symptoms.

Ayurvedic classics have given a detail version on the biological aspects of aging inclusive growth, puberty and senility.In present scenario due to improper dietary habits, defective life style, excessive stress and lack of exercise, the process of ageing starts very earlier. These factors produce various degenerative changes as well as metabolic disorders in our body.

Some diseases and conditions that are common in old age are osteo-arthritis, hypertension, urinary incontinence, diabetes mellitus, arthritis, atherosclerosis, cardiovascular disease, cerebrovascular accidents, respiratory disease, senile dementia, delirium, confusion etc. Jara (aging) management in present time is a challenging task for present health providing system.

Aim and Objectives:

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1. To re-evaluate, discuss, and elaborate the various Ayurvedic concepts related to effect of jara(aging) on Hridaya(Heart).
2. To understand the health-related problems of the elderly specifically related to heart; aging is a risk factor for heart diseases and its management in ayurveda.

Review of literature

- In Ashtanga Hridaya of Arunadatta and Ayurveda Rasayana commentary of Hemadri explained details about hridaya .
- Sushruta in sharir sthan and Sharangdhara elaborated in detail about Hrudya.
- In Charak samhita Agnivesha explained about jaraawastha.

Materials and Methods:

This article is based on a review of Ayurvedic texts. Materials related to (Jara) aging, Hridaya, and other relevant topics have been collected. The main Ayurvedic texts used in this study are Bruhatrayi and Laghutrayi and available commentaries on it. We have also referred to the modern texts and internet media to collect information on the relevant topics.

Table 1. Different biological changing factors during different decades of life

Decades	Year	Sharangadhara Samhita	Ashtangasangraha/ Hridaya
I st	0-10	Balya (Childhood)	Balya
II nd	11-20	Vruddhi (Growth)	Vruddhi
III rd	21-30	Chabi (Complexion)	Prabha
IV th	31-40	Medha (Intellect)	Medha
V th	41-50	Tvaka (Skin texture)	Tvaka
VI th	51-60	Drusti (Vision)	Shukra
VII th	61-70	Sukra (Virility)	Drusthi
VIII th	71-80	Vikrama (Strength)	Shrotrendriya
IX th	81-90	Buddhi (Cognitive power)	Mana
X th	91-100	Karmendriya (Locomotive ability)	Sparshanendriya

Ageing is heterogeneous. It varies widely in different individuals and in different organs within a particular individual. Ageing is not a disease; however, the risk of developing disease is increased, in old age. Many degenerative changes related to heart have been seen jaraawastha (Ageing).

They are as follows:

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Cardio-vascular disorders - Hypertension (Vyana bala vaishamya), Ischemic Heart Disease.

Ageing changes in the Cardio vascular system: Age is the major factor for cardio vascular disease. Heart diseases and stroke incidence steeply raises after the age of 65. Accounting for more than 40 percent of all deaths among people age from 65 to 74 and almost 60 percent at the age of 85 and above. People age 65 and much more are likely than younger people to suffer heart attack, to have stroke or to develop coronary heart disease and high blood pressure leading to heart failure.

Atherosclerosis in turn is the underlying cause of most cardio vascular diseases. Angina that is the chest pain caused by the temporarily reduced blood flow to the heart muscle causing pain the chest, in the left arm or between the shoulder and abnormal heart beats are found in ageing heart. Shifts in the circulation of blood to various organs can also change the blood flow to kidneys may decrease 50 percent and to brain by 15 to 20 percent.

Finally, heart murmurs are more common with age because our heart valves become flexible and calcium deposits build up. Blood vessels become stiff and less responding to hormones which relax the valve of vessel and thus result in increasing systolic blood pressure. Due to lipid deposition and collagen degeneration, valve in the chamber of heart becomes thick and stiff. Cardiac muscle becomes stiff due to changes in connective tissue, thus decreases response to catecholamine, the barrow receptors which monitor blood pressure and results in hypertension.

Jaraavastha, Hridaya (Heart) and Dosha

Ayurveda states predominance of dosha according to different stages of age. According to Ayurveda, during childhood KaphaDosha is predominant, in middle age Pitta and in old age VataDosha becomes dominant¹. Functions of dosha related to hridaya affected in jara shown in table given below.

Table 2. Functions of Vata Dosha affected in jaraawastha.

Sr no	Type of Vata dosha	Physiology	Manifested symptoms
1.	Prana Vayu	Udgara(belching), Nishvasa(breathing), AnnaPravesha(deglutition)	frequent belching due to delayed digestion, exertion dyspnea, difficulty in deglutition
2.	Udana Vayu	VaakPravrutti (speech), Bala (strength), Varna(complexion), Smruti(memory)	Indistinct or unclear speech (loss of teeth), diminished strength, complexion and memory

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Table 3. Functions of Pitta Dosha affected in jaraawastha.

Sr. no	Type of Pitta Dosha	Physiology	Manifested Symptoms
1.	Sadhaka Pitta	Buddhi-Medhadi Mano arthagrahana (intellectual perception)	Psychological changes

Table 4. Functions of Kapha Dosha affected in jaraawastha.

Sr.no	Type of KaphaDosha	Physiology	Manifested symptoms
1.	Avalambaka Kapha	Trika Avalambana (protection of mediastinum)	Reduced functions of cardiovascular system

Jaraawastha, Hridaya (Heart) and Dhatu

Oja: According to Ayurveda, the essence of all seven Dhatu is Oja. The same is Bala and is responsible for resistance against diseases i. e., Vyadhikshamatva shakti. The seat of Ojas is Hridaya. Ojas is able to nourish and strengthen the Dhatus, giving energy, provides happiness, lustre, and balances the function of Indriyas. In old age as the Kshaya of Saptadhatu is observed, naturally it leads to Ojokshaya.

Ojokshaya is again of three types;

1. Ojovisramsa
2. Ojovyapat Sandhivishlesha, Gatrashadan. Dosachyavana, Kriyasannirodha. Stabda, Gurugatrata, Vatasopa. Glani. Tandra, Nidra, Varchobheda.
3. Ojokshaya Murcha, Moha, Manasakshaya; Pralapa, Marana.

Thus, the aging (Jara) which is an inevitable process involves a structural & functional change in the body and the role of Dosa, Dhatu; Mala, Satva. Agni, Srotas. Ojas has been considered with respect to the aging process. This unique concept, which is hidden in Ayurveda, shows that the methods to minimize or delay the inevitable process are already known by the ancient Acharyas and were the secrets behind a healthy longevity^{iiiiivv}.

Jaraawastha, Hridaya (heart) and srotas

In Ayurveda Hridaya is known for moolsthana of pranvahasrotas. Srotas are the channels of body which transfer the body fluids. The Srotodushti (pathological changes in Srotas) leads to various diseases and the main cause for Srotodushti is vitiation of Vata and Mandagni (reduced digestive power) which is predominant in old age.

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Reasons of akala jajara:

Jara is divided in two types kalaj and akalaj i.e. premature ageing. Acharya Charaka and Vagbhata have clearly described the etiological factors for initiating the early ageing process. All these etiological factors for Jara(ageing) can be differentiated in three categories, **Aharatmakhetu, Viharatmakhetu and Mansikhetu.**

Asatmyaahara (unwholesome diet), Vishamashana, Adhyasana etc. leads to agnidushti and senility.

Viharatmakhetu of jara comprise divaswapna, ativyavaya, ayasa and vishamaatimatravayama etc.

Bhaya, krodha, shoka, lobha, moha etc. are the factor responsible for the senility.

Rasayana

Rasayana word is made up of two words “Ras” means “nutrition” and “Ayana” means circulation or promotion.

Rasayana is one of eight main clinical disciplines of Ashtanga of Ayurveda, in which study of jara (ageing), hetus of jara and its prevention is carried out. Rasayana (rejuvenation) therapy affords a comprehensive physiological and metabolic restoration

.Ayurveda describes that a person undergoing Rasayana therapyattains longevity, improved memory, intelligence, freedom from diseases, youth, excellence of luster, complexion and voice, optimum strength of physique and senses, command over language, respectability and brilliance. Rasayana drugs act primarily at the level of Rasa dhatu (promoting nutrient value of plasma), Agni (improved digestion and metabolism) and Srotas (cleaning up the micro channels leading to better perfusion of tissue).

Conclusion

- Ayurveda, almost all ayurvedic classics have mentioned a lot of signs and symptoms of jaraawastha.
- These include anatomical, physiological and psychological signs and symptoms related to hridaya (heart).
- The kalajjara is mentioned as a swabhavik vyadhi, which cannot be prevented by drugs or any other things but Akalajjara is early ageing process.
- Jaraawastha may be prevented by rasayana. Ayurveda has a branch rasayana tantra to maintain the normal peaceful longevity of elder people.

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Aahara Vidhi Vidhaan - Ayurvedic Code For Diet Consumption

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Abstract –

Ayurveda is a science of life. It not only provides curative measures but also suggests preventive principles for healthy & long Life. Ayurveda is a health science, a life style & an art of appropriate living which ensures health of human being. To keep life in healthy status Ayurveda mentioned various measures through classics. One of them is Aahara Vidhi Vidhan. It means the rules for diet consumption. For healthy life not only healthy diet is must but also some codes or rules are as important. Food should be always hot & unctuous in quality. One should eat at regular time interval & after the digestion of previous food. The code says one should not over eat food or should not do fasting. Also one should consume food which is good & suitable for him or her. One should not talk or laugh while eating as it may disturb the digestion process. Eating is an important process in our daily regimen, so mind of the individual should be very calm & stable during diet consumption. Food consumed in proper manner builds the body in proper way & if consumed in wrong manner leads to various diseases. Thus Aahara Vidhi Vidhan (dietetic code) & proper diet mentioned in Ayurveda will definitely conquer the diseases in the body, keeps the body in healthy & will prevent the formation of diseases.

Key words – Ayurveda, Aahara Vidhi Vidhan, Aahara, Food

Aims & Objectives

- 1) To know the rules of food consumption mentioned in *Ayurvedic* classics.
- 2) To know the efficacy of these rules to overcome the problems arising due to not following the proper regime of diet.

Introduction

In *Ayurveda* three *Upstambha* (Pillars) are mentioned which holds the life in healthy status. These are *Aahara* (Diet), *Nidra* (Sleep) & *Bramhacharya* (Celibacy)¹. Amongst these *Aahara* is the first & important Pillar about which *Ayurveda* mentioned various informative principles through classics. According to *Acharya Charka*, food helps in sustenance of the life of human beings. Complexion, clarity, good voice, longevity, intelligence, happiness, satisfaction, nourishment, strength, intellect etc depends on food². One should follow certain rules before consuming the diet as mentioned in *Ayurveda*. These rules are called as *Aahara vidhi Vidhaan*.

When to consume food? What quality of food? How much quantity of food? At what place it should be consumed? What are the rules regarding food consumption? Is this

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food is good for me or not? All these questions have been answered by *Ayurveda* through various classics thousands of years ago. We got various dietary problems due to not following the rules while consuming the food. It got a name in today's era as Life style disorders. Due to not following such rules one has to suffer various kinds of problems such as indigestion, acidity, constipation, gaseous distention, loss of desire for food, various skin conditions, nausea, vomiting etc. Hence to overcome all these problems one should go through *Ayurvedic* code available in *Ayurvedic* literature regarding food consumption.

Literary study -

In *Ayurveda Ashtavidh Aaharvidhi Visheshayatana* are mentioned regarding the quality of diet substances. In these eight qualities one is *Upyokta*³ i.e. the one who consumes the diet. *Upyokta* is responsible for the diet he/she consumes, because taking good diet without taking care of diet rules is also harmful. *Upyogsanstha*⁴ is the last one in *Ashtavidh Aaharvidhi Visheshayatana*. It means the code for diet consumption. Hence one should look after the rules for diet, mentioned in *Ayurveda* under *Aahara Vidhi Vidhan*. These are as follows-

- 1) *Usnamashniyat*⁵ – (food consumption at warm stage)

First rule regarding the diet is it should always be in *Ushna* (hot) in condition. Hot food enhances *Agni* (digestive fire) which helps in proper digestion food. It also helps for good bowel movements (*Vaatanulomana*).

- 2) *Snigdhmashniyat*⁶ – (food consumption in unctuous stage)

One should take food of *Snigdha* (unctuous) condition, as it helps in digestion, increases peristaltic movements, decrease *Vata dosha*, nourishes the body & sense organs, increases the strength etc.

- 3) *Matravataasniyat*⁷ – (food consumption in proper quantity)

It is a very important point as consuming food in too much quantity (*Atimatrayukta*) & in too low quantity (*Hinamatrayukta*) causes various kinds of digestive disorders. One should consume food as per the strength of their *JatharaAgni* (Digestive fire). Food taken in proper quantity increases strength, nourishes the body, good skin complexion & prolongs life. There are some

- 4) *Jirne Ashniyat*⁸ (food should be consumed after complete digestion of previous food)

This is very important rule as one should be very conscious about the timing of food. One should eat food when the previous food get digested completely & if there is urge of hunger. Consuming food when the previous food has not been digested completely may cause mixing of partially digested previous food & new food. Ultimately it leads to *Agnidushti* & *tridosha Prakopa* which causes *ajirna*.

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- 5) *Viryaviruddhmashniyat*⁹ – (Food consumption which are not antagonist)
Consuming food of different potency or Virya may cause various problems of Tidosha. Also it causes various kinds of skin diseases like Kushtha, Visarpa etc. Hence two opposite quality foods should not be consumed with each other e.g. food of hot potency & cold potency.
- 6) *Ishta deshe ishta sarva upkaranam ashniyat*¹⁰ – (food should be consumed at favorable place with required accessories)
One should consume food in favorable condition with all types of required accessories because as per *Ayurveda* one's mind should be very calm while eating and it should not contain any grief, anxiety, unpleasant atmosphere. It affects on the proper digestion of food and various diseases can occur with consuming food with disturbed mind. In this rule psychological effect of mind on the digestion has been described.
- 7) *Na atidrutam ashniyat*¹¹ (do not consume food too quickly)
One should not consume food very quickly. It hampers proper digestion which starts from mouth. Ultimately it causes various problems like indigestion, acidity etc.
- 8) *Na ativilambitam ashniyat*¹² (do not consume food too slowly)
One should not eat food too slowly because we cannot get the satisfaction of diet & diet becomes cold. It causes digestive problems.
- 9) *Ajalpan, Ahasan, Tanmana Bhujita*¹³ (food should be consumed without laughing, taking & with concentration)
Talking & laughing is not allowed while consuming food. Due to this the food may enter into wrong path causing sever coughing reflux. Also talking & laughing alters concentration from food & it may cause in over eating or less eating.
- 10) *Aatmanamabhisamikshya Bhujet*¹⁴ (consume the food which is suitable to you)
Before eating one should think about the quality food. Is it suitable for me? Can I digest this quality & quantity of food? Is it good to eat food at this time? So one should consume food in prescribed manner with regard to own self.

Discussion –

After going through the *Ayurvedic* code for diet one can understand the importance of diet in daily regime. Diet is an important part of life. Many diseases occur due to irregular timing, irregular quantity and irregular habits of food. Taking food with high or low quantity is not good as it may hamper the proper digestion of the person. Also consuming food at irregular time & in irregular quantity may cause gastric disturbances. One should not eat food up till there is an urge for hunger if the previous diet has not been digested completely then the new diet entering into the tract may cause indigestion. Some

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people have the habit to eat food when it is cold or the food is prepared many times before. This could again lead into the disturbances of digestive power. So keeping in mind all the above code for diet one can be live healthy life.

Conclusion Consumption of diet is not only option to fill the cavity but it is *Yagnya* (A Holy Work).

Aahara consumption is not enough to keep life in healthy state. To receive the total benefits of the *Aahara* it is also necessary to have knowledge about *Aaharavidhivadhan*. To keep life in healthy state one should be very conscious regarding the code of diet consumption. In today's life style no one is observing these rules and intern they get various digestive disorders. We can say that proper application of these rules is effective in maintaining of positive health & it may also help as a curative aspect for the diseases. Finally we can conclude that diet & code for diet consumption are very important aspect of life.

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Modus operandi of Nasya Karma –Scientific Review

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Abstract :

Ayurveda is a science of life not only cure the disease but prevents it and helps to remove the toxins from the body with the help of Panchakarma, it includes Vaman, Virechana, Basti, Nasya and Raktamokshan. Nasya is one of the Panchakarma which helps to remove the morbid or vitiated toxins from the head and neck region (Urdhwajatrugata). in present conceptual study the probable mode of action of nasya karma has been discussed according to Ayurveda and Modern point of view. Which in turn helps to understand the utility and functional ability of Nasya karma

Key words: Panchkarma, Shodhana, Nasya, Abhyanga, Karma, Urdhwajatrugata, etc

Introduction:

Since ancient times, India is known world wide for its splendid civilization (culture) has its own system of medicine, & that was *Ayurveda* system of medicine. It is difficult to find its root but glimpses points that Indian culture origins from Vedic time. In the history of *Ayurveda* also, it is indicated that “*Ayurveda* is the science of life which is Eternal & immortal.”

In *Ayurveda* two basic principle treatment modalities mentioned called *Shaman* (Palliative) and *Shodhan*(Purificative) treatment. *Panchakarma* includes *Vaman, Virechana, Basti, Nasya* and *Raktamokshan*. Out of these five *Nasya* is a *Shodhana karma* used in *Urdhwajatrugat Vyadhi*, that means diseases of head and neck region. Acharyas like *Charka, Sushruta, Vagbhata* and others mentioned detail description of *Nasya*, its classification, indications, contraindications and its mode of action, in present article modus operandi of *Nasya karma* from *Ayurved* and Modern point of view has been discussed.

Aims and objectives:

1. To understand mode of action of *Nasya karma* from *Ayurved* point of view.
2. To understand mode of action of *Nasya karma* from modern point of view.
3. To correlate between them.

Conceptual review:

Etymological Derivation of *Nasya*

The word *Nasya* is derived from ‘*Nasa*’ *Dhatu*. It conveys the sense of Gati-motion (*Nasa Gatau*) & *Vyapti* means pervasion (*Nasa Vyaptau*). In *Ayurvedic* texts, *Nasa Dhatu* is used in sense of nose (*Nasa Nasikayam*)

Definition of *Nasya Karma* : In *Ayurveda*, the word *Nasya* has been taken specifically to mention the root of administration of the drugs. As stated by *Sushruta* (Su. Chi. 40/21,29) medicines or medicated oils administered through the nose is known as *Nasya*.

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According to *Aruna Dutta & Bhava Prakash* all drugs & measures that are, administered through the nasal passage are called *Nasya* (*Bha. Pra. Purvakhanda 5/189*). *Sharangdhara & Vagbhata* are of same view (*As. San. Su. 29/3*).

Synonyms: *Shirovirechana, Shirovireka, Murdhavirechana, Navana, Nastahkarma*

The word *Virechana* means elimination of morbid *Doshas* from the body. This *Shirovirechana* or *Murdhavirechana* indicates its main function elimination of morbid *Doshas* particularly from the *Shira* or parts situated above the clavicle.

Classification of *Nasya* according the Pharmacological action:

In classics various classification of *Nasya karma* has been mentioned according to form of drugs used ,Doses and the Methodology applied.

Charaka and *Vagbhata* have also classified *Nasya* into 3 groups according to their pharmacological action, viz.

- (i) *Rechana* (*Virechana*) means purificatory,
- (ii) *Tarpana* (*Brimhana*) means nourishing and
- (iii) *Shamana* (retraining) (*Ch. Si. 9/92 and As.H.Su. 20/2*)

Mode of action of *Nasya Karma*:

Ayurved point of view:

The clear description regarding the mode of action of the *Nasya karma* is not available in *Ayurvedic* classics.

- According to *Charaka Nasa* is the gate way of *Shira*.The drug administered through nose as *Nasya* reaches the brain & eliminates only the morbid *Doshas* responsible for producing the disease.
- In *Astanga Sangraha* –*Nasa* being the gateway to *Shira*.
- The drug administered through nostrils.Reaches *Shringataka* (a *Sira Marma* by *Nasa srota*).Spreads in the *murdha* (brain) taking *marma* of *Netra* (eye), *Shrotra* (ear), *Kantha* (throat), *Shiramukhas* (opening of the vessels, etc.). Scratches the morbid *Doshas* in supra clavicular region Expels them from *Uttamanga* (*As.San.29/2*).
- *Sushruta* has clarified *Shringataka Marma* as a *Sira Marma* formed by the union of *Siras* (blood vessels) supplying to nose, ear, eye & tongue. He further points out that injury to this *Marma* will be immediately fatal (*Su. Sha. 6/27*).
- *Indu* in his commentary on *Astanga Sangraha* has opined *shringhataka* as the inner side of middle part of the head i.e. *Siras* *Antarmadhyam*.
- Under the complications of *Nasya karma* *Sushruta* noted that the excessive eliminative errhine may cause *Mastulunga* (Cerebro spinal fluid) to flow out of the nose (*Su. Ch. 40/40*).
- In *Sushruta, Astanga Hridaya, Bhavaprakasha*, etc detailed descriptions are not found about the mode of action of *Nasya karma*.

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According to all prominent *Acharyas Nasa* is said to be the gateway of *Shira*. It does not mean that any channel connects directly to the brain but they might be connected through blood vessels or through nervous system (olfactory nerve, etc.)

It is an experimentally proved fact that –

Wherever any type of irritation take place in any part of body.

The local blood circulation is always increased. This is the result of natural protective function of the body. When provocation of *Doshas* takes place in *Shira* due to irritating effect of administered drug resulting increase of the blood circulation of brain. So extra accumulated morbid *Doshas* are expelled out from small blood vessels. Ultimately these morbid *Doshas* are thrown out as nasal discharge, tear & salivation.

The modern point of view –

- There is no such direct Pharmacodynamic considerations between nose & no such cranial organs.
- More over blood, brain barrier is a strict security system that human brain has.
- The nose is used as a route of administration for inhalation of anaesthetic materials.
- In the case of paranasal sinusitis certain agents used as decongestants.
- Since quite a time anterior pituitary hormones, nasal spray is in practice with modern medical system.
- Vasopression or Antidiuretic hormone is already in the market in the form of nasal therapy.
- Nasal administrations or leutinising hormone (Fink G. et al 1973) & calcitonin (Potiroli E.A. et al 1983) are found to be equally effective as intravenous infusions in maintaining blood concentrations.
- Hypoglyceamic effects of insulin & hyperglyceamic effects of glucagons hormone are confirmed by intranasal administration in normal & in diabetic patients (Patiroli E.A. et al 1983)
- Intranasal gonadotropin hormone releasing hormone has been therapeutically recommended in stimulating leutinising hormone secretion in cryptorchid boys (undescended testis) (Raifer J. et al 1985).
- An LRH agonist nasal administration for 3-6 months was observed effective in inhibiting ovulation as a contraceptive measure (Berquist etal 1979). The drugs are mostly believed in these cases to be absorbed through nasal & Pharyngeal mucosa.
- Kumar Anand (1979) has attempted contraceptive drug administration per nasal route & opined that the route is beneficial than systematic administration.
- It was claimed that the concentration of drug in C.S.F. was very high to that when administered intravenously.
- Reduction in the gland activity & reduction is sperm prolactin was also noted.
- Micheal Russel (1977) has observed that perspired scent that has been painted to on the upper lips has caused the synchronization of the menstrual cycle in female volunteers by constant smelling.

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- Scientists of the institute of medical sciences Delhi have proved after experiments that drug administered through *Nasa* shows effective action in the brain. So it can be said that there is a very closed relation between *Shira & Nasa*.

Thus to understand the pathways of *Nasya* drug (classical errhine) acting on the central nervous system, it is important to go in details of the modus operandi of *Nasya karma*.

On the basis of fractional stages of *Nasya karma* procedures, we can draw certain rational issues that are as follows –

Effect on Neuro – Vascular Junction

- The lowering of the head
- Elevation of lower extremities
- Fomentation of face
- These procedures seem to have an impact on blood circulation to the head.
- As the efferent vasodilator nerves are spread out on the superficial surface of the face which after stimulation at surface of the face, by fomentation may engender the increased blood flow to the brain, i.e. momentary hyperemia.
- It has been approximately calculated as 22% of total dilatation of cerebral capillaries, caused by the facial efferent stimulation, will lead to 150% of blood inflow (Chatterjee 1980).
- It is also possible that the fall of arterial pressure due to vasodilation may encounter with cushing's reaction.
- In which, when the ratio between the C.S.F. pressure & cerebral arterial pressure has reduced, the increased C.S.F. pressure tends to compress the arteries in the brain causing a transient ischemia in the brain.
- Due to this, the aroused 'ischemic response' will subsequently raise the arterial pressure (cushing).
- This act convinces more of 'Slush' created in intracranial space, probably forcing more transfusion of fluids into the brain tissue.
- Probably this may be the explanation for the benzyl penicillin like drugs, which do not attain a therapeutic level in the brain in normal conditions, found to be effective during the inflammatory conditions of meninges (Gillman & Goodman 1980).

On this ground, it can be stated that the modus operandi of *Nasya Karma* has a definite impact on central neurovascular system & likely lower the blood brain barrier to enable certain drug absorption in the brain tissues.

Effect on Neuro-Endocrine level.

- The peripheral olfactory nerves are chemoreceptor in nature.
- This olfactory nerves differs from other cranial nerves, except optic nerve, in its nature of phylogenetically closely related to brain.
- Rather it should be considered as the fibretract of brain itself (Brobeck 1980).

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- There are adjacent nerves called terminal nerves which run along the olfactory nerves & their functions are unknown (Hamilton 1966).
- However, it is known that these nerves are connected with limbic system of the brain including Hypothalamus.
- This limbic system & hypothalamus are having control over endocrine secretions.
- Moreover, hypothalamus is considered to be responsible for integrating the functions of the endocrine system & the nervous system.
- It is known to have direct nervous connections with the posterior lobe of pituitary.
- In addition hypothalamus is indirectly having connections with anterior lobe of pituitary, through portal vessels which supplies blood to the gland, having previously ramified in the corpora mammillaria of the hypothalamus.
- Electrical stimulation of this part of the hypothalamus in animals is capable of inducing secretion in the anterior pituitary.
- It is believed that the products of such hypothalamic stimulation are drained by the portal vessels into the anterior to be the experimental stimulation of olfactory nerves, caused stimulation in certain cells of hypothalamus & amygdoloid complex, but the nature of the effection is not properly understood (Tonabe 1975).
- It is understood that just like primitive mammals man also responds to the languages of smell in the environments (B.S.M. 1980).
- Abraham & colleagues (1979) in their experimental studies have noticed that a mere exposure to the smell of the jasmine flowers recuces the activity of mammary gland.
- If the frangrance could have the effect, it may be acting through impasse traveling via the olfactory pathway influencing hypothalamus which in turn, causes the inhibition effect through the pituitary (Abraham et al 1979).
- Olfaction of certain chemical pheramones is also observed to have an impact on menstrual cycle (Russek 1977).

Effect of Neuro-Psychological levels

- The adjacent nerves called terminal nerves which run along the olfactory are connected with limbic system of brain including hypothalamus (Hamilton 1966).
- This limbic system is also concerned with behavioural aspect of human being, besides control over an endocrine secretions.
- Thus, certain drugs administered through nose may have an impact on immediate psychological functions by acting on limbic system through olfactory nerves such a phenomena has been revealed in the work of Cowley et al (1975).
- The work has been carried out on the effect of exposing people for a short period of time, to known pheramone.
- The investigation showed subjects reacting differently, in assessing men & women, in comparison with the control state.
- The people can also be influenced in their judgement by exposure to androstenol & a mixture of short chain fatty acids.

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These things certainly support the recommendation of *Nasya* made by *Ayurvedic* scholars for mental disorders like *Apasmara & Unmada*.

Effect on drugs Absorption & Transportation

- Keeping the head in lowered position & retention of medicine in naso pharynx help in providing sufficient time for local drug absorption.
- Any liquid soluble substance has greater chance for passive absorption directly through the cell of lining membrane.
- On the other hand, massage & local formentation also enhances the drug absorption (Fingl 198).
- The later course of drug transversion can occur in two ways –
 1. By systemic circulation
 2. Direct pooling into the intracranial region.

The second way is more of interest in our present study. This direct transportation can be assumed again in two paths, viz.

- a. By vascular path
- b. Lymphatic path

Vascular path -

- Vascular path transportation is possible through the pooling of nasal veinal blood to the facial vein, which naturally occurs.
- Just at the opposite entrance, the inferior ophthalmic veins also pool into the facial vein.
- Interestingly, both facial & ophthalmic veins have no veinal valves in between.
- So that, blood may drain on either side, that is to say the blood from facial vein can enter cavernous venous sinus of the brain in reverse direction.
- Thus, such a pooling of blood from nasal veins to venous sinuses of the brain, is more likely in the head lowered position due to gravity.
- On these lines, the absorption of drug material into meninges & related parts of intracranial organs, is a worth considering point.
- More over, the modern scholars have noted that the infective thrombosis of the facial vein may lead to infection of the meninges easily through this path (Williams etc. al 1971).
- Pooling of blood from para nasal sinuses also possible in the same manner.
- Vagbhata's notation of *Shringhataka srotas* (anterior cranial fossa) seems to relate with the above explanation.

Lymphatic path –

- Drug transportation by lymphatic path, can reach direct into the C.S.F.
- It is known that arachnoid matter sleeve is extended to the submucosal area of the nose alongwith olfactory nerve.
- Experiments have shown that the dye injected to arachnoid matter has caused colouration of nasal mucosa within seconds & vice versa also (Hamilton 1971).

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- Preliminary studies reported from A.I.M.S. laboratories, clearly showed that steroids enter the C.S.F. rapidly following their administration as a nasal spray.
- Surprisingly their levels in the C.S.F. was found to be much high as compared with systemic injections (Kumar et al 1979).

Here it may be worthy to recall *Sushruta's* caution that the excessive administration of *Virechana Nasya* (eliminative errhine) may cause oozing of *Mastulunga* (C.S.F.) into the nose. On this basis, we may say that ancient scholars of Ayurveda were aware of the lymphatic path in direct absorption into the brain from nose.

Important of Post Nasya Massage

- The texts have recommended light massage on the frontal, temporal, maxillary, mastoid & on Manya region.
- A comfortable massage on the above regions may help to subside the irritation of somatic construction due to heat stimulation.
- It may also help in removing the slush created in these regions.
- However, interesting here is regarding Manya which is a *Marma* existing in neck on either side of the trachea (Su.Sh. 6/27) which likely correspond to the carotid sinuses of the neck.
- Pressure applied on the barroreceptors may bring the deranged cerebral arterial pressure to normalcy (Hejmadi S. 1985).
- Because these receptors lying on bed of bifurcation of common carotid artery have a buffering action on the cerebral arterial pressure (Best & Taylor 1958).
- On the basis of the foregoing observations we can state that the procedures, postures & conducts explained for *Nasya karma* are of vital importance in drug absorption & transportation. The facts discussed here is also convincing us about the definite effect of *Nasya karma* in the disorders of central Nervous system, mental & & some endocrinal disturbances also.

Summary and conclusion :

Nasya is one of the important *karma* comes under *Panchakarma*, it is useful in the disorders of head and neck region. *Ayurved Acharya* mentioned *Nasya* is one of the important root for drug administration too. As *Nasya* is directly connected to brain through olfactory nerve and mucosa. Any stimulation, irritation, activation directly affects brain, its circulation and its activities. According to modern science drugs used in *Nasya karma*, the process like massage and steam to face also affects nervous system, venous and lymphatic drainage too. Along with that *Nasya* drugs having direct effect on pituitary gland too. Thus it can act on disorders of nose, head region and the structures around it which in turn having effect on whole body. According to modern science nasal mucosa having strong absorptive capacity, it absorbs drug fast and circulates it. So *Nasya* is proving to be one of the best therapeutic processes to purify toxins and to cure the diseases.

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Study of Fetal Development in Fourth Month - According to Ayurvedic Perspective

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Abstract -

The woman is the far most essential factor responsible for producing offspring and for proper growth and development of the fetus. The physiological transition from pregnancy to motherhood heralds enormous changes in each woman physically and mentally.

Ayurved give more attention in fourth month of pregnancy because in this month minute parts of the fetus body becomes evident, fetal heart become perceivable (Dauhrida), fetus become stable and dense. The desires of the woman arising in this period.

Key Words -Dauhradini, Garbha Sthiratwa, Angaprathanga pravakto, chetana

Intorduction

Motherhood is the divine blessing for every woman. In Ayurveda she is considered as an aashar for new care. In Ayurveda all Acharyas described about Garbha masnumasic vrudi and Garbhiniparichrya but there are some differences between the two but they are in synch in regards to basic principles underlying the fetal development.

Pregnancy is considered as unique status of both, mind and body of the woman. So the growing fetus and changing body of pregnant woman undergo changes continuously. If there is some abnormalities in the factors, responsible for proper growth and development of fetus causes either abortion, intrauterine death of fetus, expulsion before viability and some congenital anomaly in fetus therefore the study of fetal development is necessary for both mother and fetus. The expulsion of fetus up to fourth month of pregnancy is termed as Garbhastrava. [In fourth month of pregnancy the angapratyangas, the heart is distinctly developed therefore the mother is called dauhrudini]

Aims & Object -

- To study the fetal development in fourth month according to Ayurveda.
- To review the concept of Dauhrudini according to shushrut.

Review of Literature

According to **Charkacharya** in Sharirsthana 4/20, the fourth month of pregnancy the fetus become stable and dense. As the mass of the fetus increases the woman starts feeling heavy.

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According to **Shushrutacharya** in Sharirsthana 3/15, in fourth month the minute parts of the body become evident. As the fetal heart becomes perceivable the Chetana Dhatu become evident. As the fetal heart becomes perceivable, the chetana dhatu become evident. As the chetana dhatu is manifested the Garbha responds to sensory stimuli that is why pregnant woman have craving (dauhrida) the woman is called douhridini

If the wishes of Dauhridini are not fulfilled the child will be born with defect and deformities like Kubja (dwarf), kuni (short upper limbs) khanja (limp) varnana (short) vikrutaksha (deformed eyes) anaksha (blind) etc. On the contrary if the wishes of dauhridini are fulfilled she will give birth to a child who will be strong and would live a long span of life.

It is said that the desires of the woman arising in this period shall not be taken lightly as these are the demands of the child. They compensate the needs of the child therefore these wishes should be fulfilled.

According to **Vagbhatacharya** in Ashtang Sangraha Sharirsthana 2/22 and Ashtanghrudaya Sharirsthana 1/57, fourth month of pregnancy the minute parts of body of fetus become evident and fetus become stable.

Modern Science -

Fetal development in 4th month

- Baby is 6.5 to 7 inches long.
- Baby is developing reflexes, such as sucking and swallowing and may begin sucking thumb.
- Tooth buds are developing.
- Sweat glands are forming on palms and soles.
- Fingers and toes are well defined gender is identifiable.

Discussion -

According to **Charkacharya** in fourth month of pregnancy various body parts of fetus become more conspicuous and stability to the fetus comes in this month.

According to **Shushrutacharya** in fourth month of pregnancy the minute parts of body become evident. As the fetal heart become evident, perceivable the chetana dhatu become evident. Why is it apprehended only when the heart is evident? The heart is placed or the home of the soul. As the chetanadhatu is manifested the Garbha responds to sensory stimuli that is why pregnant woman have craving the woman is called douhridini (Having two hearts)

Ashatangasangraha accepts the stability to fetus according to charaka and minute parts of body become evident according to shushruta.

Ashatanghrudakara mention only minute parts of body become evident.

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Conclusion -All Acharyas told following

- 1) Fetus become stable
- 2) The minute parts of body become evedent
- 3) The woman is called Douhridini (with two hearts)

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A Comprehensive Study of Abrus Precatorius

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Abstract

There are many different systems of medicine in the world today. Only a few of them are considered important & recognized by W.H.O., Ayurveda being one of them. Medicinal plants are part of human society to combat disease. India is one of the largest producers of herbs & herbal products. Nature around us provided everything of necessity of mankind. The large resources of medicinal plants have been used continuously for the treatment of various diseases. Herbal medicines are in great demand in the developed as well as developing countries for healthcare because of their wide biological & medicinal values. Higher safety margin & lesser cost.

Gunja i.e. Abrus Precatorius which is described in Upavisha and irritant poison in modern science. Nevertheless it is common drug indicated therapeutically for management of disease like haemorrhoids, dooshyodar, tumors (uranthi), Indralupta, etc. Number of Ayurvedic formulations includes this drug after its proper shodhan sanskara. Injudicious use of assuddha gunja may result in several adverse effects.

Ayurvedic & modern literature related to this subject has been reviewed in this study.

Keywords: Gunja, Shodhan, Upavisha, Indralupta, Abrin

Aim & Objectives:

- To overview the Abrus Precatorius.

Introduction

Today people are shifting from modern medicines to the ancient systems of medicine like Ayurveda. It is a very comprehensive medical system which has been practiced in India. It is time tested system of medicine but one must be able to explain various processes used by our ancient systems in terms of modern language & methodology to make more acceptable. Every drug carries some adverse effects. It is always an expertise of a physician which converts highly poisonous substance into an effective medicine. Such drugs which are described in Ayurveda are Gunja, Dhatura, Bhallataka, Vatsnabh, etc. Shodhan is an essential process as far as Ayurved pharmaceutical preparation is concerned when poison is used incautiously, readily spread throughout the body & cause deleterious effect which may cause even death. Poisonous medicines after proper Shodhan process when used in various formulations, act as “Amrut”.

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The ancient Indian healers were the first to use poison as medicine. Acharya Charak says, “Any poison if processed properly is a potential medicine, where as any medicine with improper use may be fatal as poison”. This treasure of knowledge of converting a life threatening poison to a life saving drug is described in Ayurvedic Samhitas. This conversion requires some specific pharmaceutical process, one of them being is a ‘Shodan Sanskara’. The act of treating a substance with advised matter by steaming so as to eliminate harmfulness is known as Shodan Sanskara. This process brings about some changes in physical appearance and chemical composition of the substance.

Review of Literature

Vernaculars

Sanskrit – Gunja, Rakta, Tambrika, Kaknanti, Tulabeej

English – Indian Liquorice Plant

Botanical Name - Abrus Precatorius

Family – Leguminosae

Mention in Brihatrayee

- a. Formulation of kanak kshiri oil (Cha. Chi. 7/112)
- b. For external application on haemorrhoids (Su. Chi. 6/12)
- c. Local Application for kaphaja visarpa (Su. Chi. 17/15)
- d. Treatment of tumours with medicated oil (Su. Chi. 18/19)
- e. Insertion of varti per annum for haemorrhoids (A. H. Chi. 8/20)
- f. Treatment of Kaphaja Galaganda (A. H. U. 22/70)

Classification

Ayurved- Mulvisha [Su.k.2/5, A.S.U.40/7]

Upavisha [R.T.]

Modern- Irritant Organic Vegetable Poison

Fatal dose – 1- 2 crushed seeds
 90-120mg extract by injection
 0.0001-0.0002mg/kg s.c- Abrin

Fatal period – 3-5 days

Chemical constituents: Abrin, Toxalbumin.

Distribution & Habitat

A common wild plant found throughout tropical India & other warm countries from sea level upto 3000 feet under mesophytic conditions; seldom cultivated.

Description

The plant is a slender twinner with alternatively placed compound leaves. Each leaf has about 20 pairs of narrow, oblong leaflet, looking like a delicate feather. Leaves are

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about 2-3 inches long. Inflorescence racemose. Flowers are white with red tinges which are crowded at the end of a stalk.

Fruits are short, inflated pods: splitting open when mature to reveal the round, hard & shiny seed which are scarlet but black at the base (hilum). Flowers in winter & fruits in summer.

Root woody, hard, much branched & of an acrid odour & taste. Three varieties of Abrus are met with viz.

- i. The common type with scarlet coloured seeds having black area near hilum.
- ii. A completely white seeded variety which is less common but occasionally cultivated.
- iii. A black seeded type which is very rare.

There does not seem to be any noteworthy difference in appearance & structure of the roots of these three varieties.

Officinal Parts

The roots, leaves & seeds are used for medicinal purposes.

Chemical Constituents

The chief poisonous constituent of the seeds is “abrin” a toxalbumin similar to ricin of castor seed. It has been resolved into globulin & an albuminose. A hemagglutinin & a glucoside abralin are also reported. In addition the seeds contain the alkaloids bases, abrine [$C_{12}H_{14}O_2N_2$, mp: 295K (decom.)] hypaphorin, choline, trigonelline, precatorine ($C_{14}H_{11}NO_6$, mp: 218-220) & methyl ester of N, N- dimethyltryptophan meta cation [mp: 272K (decomp.)]. Abrine is a major alkaloid which is not to be confused with Abrin, a toxic albuminoid product isolated from the seeds of Abrus precatorius. The leaves, stems & root also furnish these bases. 5β – cholanic acid is present in seeds. Stigmasterol, β – sitosterol & two other steroidal fractions, one crystalline [$C_{21}H_{30}O_2$, mp: 124K] & other oily; have been separated from the seeds.

The seeds yield a light reddish oil (2.5%) with the following characteristics: d^{24}_4 , 0.9108; n_D 1.4702; acid val. 4.8; sap val. 187.5; iod val. 90.64, acetyl val. 7.2 & unsapon matter 1.3%. The fatty acid composition of the oil is as follows: palmitic 1.2; stearic 4.9; arachidic 5.4; behenic 4.6; lignoceric 2.6; oleic 48.5; linoleic 13.3 & linolenic 19.5%.

The amino acids present in the seeds are (9/169N): aspartic 10.60; threonine 3.87; glycine 1.28; valine 5.95; methionine 1.11; leucine 7.20; tyrosine 5.15; arginine 15.77; phenylalanine 6.80; lysine 3.13; histidine 2.77.

Shell of seeds contains a red colouring matter. The colouring matter of the seed coat contains a monoglucoside anthocyanin, abranin. Other antocyanins identified are delphinidin-3,5-diglucoside; & cyanidin-3-glucoside. The presence of gallic acid is also reported.

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The powdered root contains precol ($C_{37}H_{70}O_4$, mp78-80) abrol ($C_{42}H_{62}O_5$, mp305-06), glycerrhizin (15%) & two alkaloids viz abrasine ($C_{18}H_{21}N_3O_3$, mp218-20) & precasine.

The leaves contain glycyrrizin (9.6%) a saturated alcohol, a crystalline compound & pinitol.

Abrin

Abrin is a highly toxic protein (LD_{50} 0.029 mg/kg body weight of mice) present to the extent of 0.15% in the seed. It consists of arbus agglutinin & toxic lectins. Abrin [a] to [d] are the five toxic glycoproteins found in the seeds (Budavari 1989). Five glycoproteins have been purified from the seeds. They are arbus agglutinin (a haemagglutinin) & the toxic principles of abrin [a] to [d].

Arbus agglutinin is a tetramer with a molecular weight of 134900. It is non toxic to animal cells & a potent haemagglutinator. Abrins are composed of two disulphide linked polypeptide chains. The larger subunit, which is a neutral-B chain has molecular weight of approximately 35,000. The other subunit an acidic A-chain has a molecular weight of approximately 30,000.

Pure abrin is a yellowish white amorphous powder. The toxic protein is heat stable to incubation at 60^o C for 30 minutes. At 80^o C most of the toxicity is lost in 30 minutes. Abrin is soluble in sodium chloride solution usually with turbidity. It is also soluble in glycerin. When taken by mouth gastric juice has some inactivating action on it.

Abrin has been studied intensively for its antitumour activity. In experiments conducted on mice, abrin suppressed Ehrlich ascitis tumour growth. Intraperitoneal injection of 20 μ g/kg for 3 days after tumour inoculation destroyed tumour growth, as evidence by decrease in the mouse weight & absence of tumour cells in the peritoneal cavity after 50 days. The protein extract of the seeds has also been shown to exhibit antitumour activity on Yoshida sarcoma (solid & ascites form) in rats & on fibrosarcoma in mice. The extract had a direct cytotoxic effect on tumour cells. The tumour cells incubated with the extract showed cellular pathology, decreased viable cell counts & prolongation of survival period of the tumour transplanted animals. Two toxic & possibly neoplasm – inhibitory proteins abrin A & C have been isolated from the dried seeds.

Mechanism of Action:

Abrin is an irritant & CNS depressant, thermolabile toxalbumin. It is a toxic protein resembling bacterial toxin in its action. It is antigenic in nature & causes agglutination, haemolysis & cell destruction.

Signs & Symptoms

Symptoms may be delayed from a few hours to two or three days when taken by mouth. They include severe irritation of upper GI tract, abdominal pain, nausea, vomiting, bloody diarrhoea, weakness, cold perspiration, trembling of hands, weak rapid pulse, miosis

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& rectal bleeding. Delayed cytotoxic effect occurs in CNS, liver, kidneys & adrenal glands 2 to 5 days after exposure.

Animal Poisoning –

When an extract of seeds is injected under the skin of the animal, inflammation, oedema, oozing of haemorrhagic fluid from the site of puncture, & sometimes necrosis occurs surrounding the site of injection. The animal does not take food & drops down after Tetanic convulsions occur or the animal becomes cold, drowsy or comatose & dies. The symptom resemble those of viperine snake bite

Human Poisoning –

In man, at the site injection, painful swelling & ecchymosis develops, with inflammation & necrosis. Ingestion of seeds or extract can cause haemorrhagic gastritis. There is faintness, vertigo, vomiting, dyspnoea & general prostration. Convulsions

Differential diagnosis: Viper snake bite, Cholera, Croton poisoning.

Treatment -

a) Ayurved

1. Tandulja swaras with sugar
2. Godughdha with sugar
3. Meghanad ras taken with water & sugar

b) Modern

- Needle should be dissected out
 - Inj. Antiabrin
 - Give symptomatic treatment
- a) Stomach wash with KMNO₄
 - b) Use of demulscents
 - c) HCl + Pepsin mixture orally
 - d) Urine is maintained at an alkaline pH by giving Inj. Sod. Bicarbonate 10g in a day
 - e) Inj. Calcium gluconate is given to combat Tetany

PM Appearances

1. Fragment of needle may be found at the site of injection along with local necrosis & ecchymosis.
2. Petechial haemorrhages may be seen under the skin, pleura, pericardium & peritonium
3. GIT haemorrhages, oedema & congestion
4. Cerebral oedema
5. Liver, Spleen, Kidney congested

Medicolegal Aspects

1. Accidental poisoning may occur in children on account of its attractive colour if seeds, children may ingest them

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2. Commonly used for cattle poisoning
3. Homicide by sui prepared with abrin
4. Powdered seeds are used by malingers to produce conjunctivitis
5. Seeds are also used as abortifacients for criminal abortions
6. It is used as arrow poison to kill cattles

Suis

The seeds of Abrus are mixed with Dhatura seeds, opium & made into paste with spirit or water, from this paste, small pointed spikes or needles are made which are dried in the sun called 'Suis'.

The needles are 15mm long

- Two needles are inserted by their base into holes in a wooden handle & blow is stuck to the animal with great force which drives the needle into the flesh (resemble like snakebite)
- For homicide, two needles are kept between the fingers & the person is slapped which drives the needle in the body

Method of Purification

- i. Gunja seeds should be crushed & tied in a piece of cloth in the form of pottali. It should be cooked in Dolayantra by adding cow's milk for six hours. Then these seeds should be washed with warm water & dried. (R.T. 24/443 – 444)
- ii. Gunja seeds should Kanji be crushed & tied in a piece of cloth in the form of pottali. It should be cooked in Dolayantra by adding milk for three hours. Then these seeds should be washed with warm water & dried. (R.T. 24/445)

Formulations

- i. Gunjadi Tail
- ii. Gunja Tail
- iii. Gujajivan Rasa
- iv. Gunjabhadra Rasa

Therapeutic Uses

The roots, leaves & seeds are used medicinally. Both red & white types are beneficial for hairs, cure diseases due to vitiation of vatta & pitta; fever, dryness of mouth, giddiness, difficulty in breathing, thirst, diseases of eye & is beneficial in pruritus, ulcer, alopecia & other skin diseases.

- The roots, & leaves contain glycerhizin the principal constituent of liquorice & are used as substitute for liquorice in cough & catarrhal affections (hence the plant is known as Indian liquorice)
- The roots possess diuretic, tonic & emetic properties & are used in preparations prescribed for gonorrhoea, jaundice & haemoglobinuric bile.

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- Petroleum ether & alcoholic extract of the roots given orally to rats 100mg/kg per day for 1 to 5 days post coitus have been shown to prevent nidation by 100%. The alcoholic extract also showed anti oestrogenic activity.
- A decoction of the leaves is widely used for cough, cold & colic. The leaf juice is employed as a cure for hoarseness.
- A paste of the seeds & of the roots of plumago zeylanica made with water is a stimulant dressing when applied over leucoderma patches.
- A paste of seeds is used as a rubaefacient in sciatica, stiff shoulders, paralysis & other nervous diseases.
- For the care of alopecia paste of seeds is rubbed on the exposed skin of scalp.
- Ethanolic extract of the seeds inhibited the growth of micrococcus pyogens, enteric & dysenteric group of microorganisms, several other bacteria & some pathogenic fungi.
- Abrin, the chief constituent of the seeds, has been studied intensively for its antitumour activity.
- Powdered seeds are said to disturb the uterine function & prevent conception in woman. Petroleum ether extract of the seeds showed antifertility activity in rats. The aqueous extract adversely influenced pregnancy & development of foetus in mice. The oily steroidal fraction separated from the seeds, when fed orally for twenty consecutive days before mating, showed antifertility activity on albino rats & swiss mice. Injection of a single dose of this fraction on the postcoital period produced 80% sterility in rats.
- Externally (Paste of seeds)- Fungistatic against cryptococcus neoformans.
- Seeds are also used as abortifacient.
- Half boiled seeds taken as tonic.
- Seeds poor antihelminthic, extract CNS depressant, analgesic, uterine stimulant.
- Plant extract, one of the constituents of long acting oral contraceptives preventing implantation of fertilized ovum.

Discussion & Conclusion

Life on earth is nature's gift to mankind. Happily living of a man is just not possible without physical & mental health. Ayurveda, the fundamental science of life is evolved primarily for maintenance of health & to alleviate the suffering of sick individual. Ayurveda defines health as balance state of body humours such as dosha, dhatu, malas, etc. along with the pleasant state of mind. Imbalance of these humours result in disease. Ayurveda emphasizes on natural resources for correcting the imbalance.

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The principles of Ayurveda are time tested, but the time demands evaluation & expression of these principles & theories in terms of contemporary science. This requires extensive research work in Ayurvedic field. Regarding the research work, the branch Agadtantra has wide scope to be explored. Now a days, number of Ayurvedic Pharmaceutical Companies are preparing medicines from poisonous herbs. But it is the matter of discussion whether they are doing Shodhan Sanskara of these poisonous herbs properly as mentioned in Ayurved samhitas. If the proper processing techniques are not followed, there is a chance of retaining harmful characters in the prepared medicines which in turn may prove fatal.

Gunja, when studied for its properties through both Ayurveda & modern view, was found to contain some toxic principles. It is accepted “Upavisha” in various Rasagranthas. Rasatarangini has specially described the toxic symptoms produced by consumption of Abrus powdered seeds. Though Gunja was accepted as a single drug therapy for various disease conditions & was included in different Kalpa; for ex- Gunjabhadra rasa, it is advised to use only after proper Shodhan Sanskara. Along with the internal administration, Gunja Kalpa is admired as a local application in Indralupta.

Gunja, an ancient medicinal remedy is biologically accepted as Abrus Precatorius a species of Leguminosae family. By the various analytical procedures carried out worldwide, it is reported to contain number of active ingredients with the toxicity of Abrin.

A detailed review of Gunja as well as Abrus Precatorius through the Ayurveda & modern literature was studied.

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Ayurvedic Management of Vaipadika – A Case Report

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and Hospital, Latur (MS)**Abstract**

Vaipadika i.e. cracked heels and palm is a common painful condition of foot and palm skin. It causes discomfort while walking and if cracks are very deep, causes bleeding. Various home remedies are available for the treatment of VAIPADIKA¹ but recurrence is very common. In Ayurveda VAIPADIKA is considered as a type of Kustha and its management can be done without considerable recurrence. In the present study it has found that Vaipadika can be treated in a simple, economical way by means of Ayurvedic medicine.

Key Words— Vaipadika, cracked heels, hell fissure, Kushta, Ayurveda, palmer cracks.

Introduction

As per Ayurvedic concepts *Vaipadika* is classified under *Kshudra Kushta*. *Nidanpanchak*² of *Kushta* has been described in detail in *Brahadtraye* and *Laghutriye*. *Tridosha* and *Twak, Rakta, Mamsa, Ambu* are collectively involved in the pathogenesis of *Kushta*. Despite of this mainly *Kapha Pitta dosha* are dominant in the pathogenesis of *Vaipadika*. Various *shodhan and shaman* treatment modalities are described in classics for the treatment of *Kushta*. Considering the history and clinical examination of said patient specific treatment plan was defined.

A Case Report

A female patient of 42 years old came to the Out Patient department of *Kayachikitsa* of , Late B. V. Kale Ayurved Medical College and Hospital, Latur (MS) on 12/2/2018 suffering from multiple painful cracks on sole of foot. Majority of cracks are painful, the cracks tends to worsen in winter season and after walking bare foot. She has been treated by Allopathic Dermatologist for one year but there was no relief. Her general health was good and both physical examination and blood tests are within normal limits.

c/o

- Cracks on both sole of foot – since 1 and half year.
- Pain on walking—7 months.
- Bleeding from deep cracks – 3 months.

o/e

- Nadi – 74/ min

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- Mala – avastambha 1-2 times per day, durgandha +
- Mutra – 4-5 times per day
- Jivha – uplipta.
- Shabda – samyak.
- Sparsha – anushnasheet.
- Drik – samyak
- Akrti – sthula.
- Prakrti – Kapha pradhan Vata.
- Agni – Manda.
- Kostha – Madhyam.

No past H/o any major illness.

H/o, tubectomy before 4 years.

Diet history – Mixed,

- *Madhur katu rasa pradhan ahara.*
- *Virudhaanna* – one to two times per 15 days
- Non veg food – 1 to 2 times per 15 days.
- *Upavasa* – 1 per week.

Treatment Plan –

Patient was prescribed *GANDHRAVHASTADI TAILAM CAPSULE* 1 at 7 pm. Tab. *Arogyavardhani vati* 500 mg 2 times a day after food. *Tiktak kashyam* 30 ml 2 times per day after food. After 7 days conforming *niram avastha Mahatiktak grithm* 15 gm *shaman matra* and *Aragwadhadhi kashyam* 30 ml 2 times a day after food for 1 month. *Jivantayadi yamak* for padaabhangya. This module was followed by *padaabhangya* with *Jivantayadi yamak* ⁵for another 2 months. Patient was assessed by specially designed chart. The score was recorded before and interval of 1 month up to 3 months.

Results-

Table 1 Before Treatment

		Left	Right
1	Number of cracks	15	17
2	Painful cracks	9	10
3	Cracks having bleeding	5	6
4	Length of cracks		
	More than 1 cm.	8	10
	Less than 1 cm.	7	7
5	Tenderness in heels	+++	+++

Table no. 2 After 1 month

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		Left	Right
1	Number of cracks	12	13
2	Painful cracks	6	7
3	Cracks having bleeding	3	3
4	Length of cracks		
	More than 1 cm.	6	7
	Less than 1 cm.	6	6
5	Tenderness in heels	++	++

Table no. 3 After 2 months

		Left	Right
1	Number of cracks	8	8
2	Painful cracks	3	3
3	Cracks having bleeding	1	1
4	Length of cracks		
	More than 1 cm.	3	2
	Less than 1 cm.	5	6
5	Tenderness in heels	+	+

Table no. 4 After 3 months

		Left	Right
1	Number of cracks	0	0
2	Painful cracks	0	0
3	Cracks having bleeding	0	0
4	Length of cracks		
	More than 1 cm.	0	0
	Less than 1 cm.	0	0
5	Tenderness in heels	0	0

Discussion

Kustha has been categorized under *Astomahagadha*, which requires a strict *nidanpariwarjan*, consistant *shodhan* followed by *shaman* therapy. *Vaipadika* is not so much severe condition. Recurrence and pain are two important factors which require medical management. Considering the *chikitsa* sutra and *dosha* dominance in *Vaipadika Kaphavatahara*³ regime was planned. For *shandusti* which is *Vata dosha* dominant *Abhangya* with *Yamak sneha kalpana* was planned. So oral (*Abhantara*) and local (*bahiparimarjan*) treatment approach will be more effective to manage *Vaipadika*.

Conclusion

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In above patient hell cracks were completely healed after 3 months. Till the patient was asked for regular follow up. Till last follow up there were no hell cracks found. So oral (*Abhantara*) and local (*bahiparimarjan*) treatment approach will be more effective to manage *Vaipadika*.

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Role of Ayurveda in Oral Diseases

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Abstract:

This article describes role of Ayurveda and dentistry in brief and the panchkarma therapy for oral cavity and maintenance of oral diseases. The various therapies and medicines are used in Ayurveda which are used to treat various oral diseases, this article will elaborate role of various herbal plants and their use in management of various oral diseases and classification.

Keywords: Ayurveda ,Dentistry, *panchkarma*, oral cavity, oral diseases, herbal plants.

Introduction

Oral health is a major health concern in era of 21st century, with more advancement in the field of medicine as well in dentistry. Searching for the alternative prevention and treatment option which are safe effective and economical and practicable because of many pathogen developed resistance to allopathic medicines. As everyone knows Ayurveda is an ancient science based on holistic therapeutic methods and believes that oral and general health can be treated by balancing the doshas of human body. Ayurveda is the ancient Indian system of health care and longevity evolved as a holistic system 3000-5000 years ago by use of medicinal plants. The doshas of human body are mainly *vata*, *-pitta* and *kapha*. The change in life style of human being creating various diseases and certain diseases are mostly occurred in the oral cavity. To prevent all these ill effects as well as various health issues alternative traditional medicine (*Ayurveda*) came in to light such as oil pulling, salt later mixture, turmeric etc. Use of strengthening gums, teeth, and jaw, tooth decay, halitosis and prevention of pain and healing socket. Now a days the hike of demand is more towards the usage of renewed various medicines and ayurvedic products for the management of various oral diseases.^{1,2}

Oral health and Ayurveda

In Ayurveda dental health (*Dantaswastha*) is held to be very individualistic, varying with each person's constitution (Prakrti), and climatic condition (*Kal-parinama*). Sushruta , samhita, the surgical compendium of Ayurveda define health “ equilibrium of the three biological humors(*Doshas*), the seven body tissues(dhatus), proper digestion and state of pleasure or happiness of the soul, senses and the mind. The balance between these doshas

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are necessary for maintaining the health. When they go unbalanced, symptoms of sickness are observed in an individual. ²

In recent years, attempts have been rightly made to test the plants and plant products for their effectiveness. Extensive studies have also been conducted on blood root plant (*sanguinariya*) for its effect on bacterial plaque. Use of plants and herbs for dental care is very common in indigenous system of medicine and plants like *Acacia* and *AzadirachtaIndica* have been demonstrated. ³

Diseases of oral cavity:

A. Diseases of teeth (*Danharogas*)

- Dalana
- Krimidantha(Dentalcaries)
- Danthaharsha(Hypersensitivity)
- Danthashaykara(Calculas)
- Danthakapalika
- Adidanth(Supernumerarytooth)

B. Diseases of face

- Ostaroga(Diseasesof lips)
- Taluroga
- Jihwaroga
- Dantamoolaroga(Diseasesof gums)¹

Herbs used in dentistry

Herbs :

According to shalakyatantra 65 different oral diseases can arise in seven anatomic locations 8-lips , 15 alveolar margin, 8 teeth, 5 tongue , 9 palate , 17 oropharynx and 3 generalized form.

For management of these diseases Ayurveda recommends daily use of therapeutic procedure for the prevention and maintenance of oral health. These include, three main procedures in day to day life are

- 1) Dantdhavana(Brushing)
- 2) Jivalekhan (Tongue scrapping)
- 3) Gandusha(Gargling) followed by other ayurvedic products as clove oil,(*syzygiumaromaticum*), aloe vera , pepper (*Piper nigrum*), coriander, eucalyptus, turmeric.

Followed by some ayurvedic products are clove oil, pepper, Coriander (*coriandrum*), eucalyptus, Green tea (*Camellia sinensis*), onion(*Allumcepa*).

All the products have scientifically proven beneficial effects in prevention and maintenance of oral health diseases.

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Dantadhavana(brushing): Ayurveda recommends chewing sticks in the the morning as well as after meals to prevent diseases as they have medicinal anti bacterial and anti cariogenic properties. They are 9 inches long and thickness about 1 finger .with either kashya(astringent), Katu(*Acrid*) or *Tikita*(bitter)in taste. The *neemis* famous herbal chewing stick used for medicinal purposes such as cosmetic, agricultural antifungal and antibacterial purposes. *Vattadosh* dominant individuals are recommended to use bitter – sweet astringent tastes. The main disadvantage of these herbal brushes are on chewing on these steams causes attrition of teeth. Recently the use of *salvadorapersica twigs* has been recommended by the world health organization for oral hygiene purposes due to their enormous medicinal value.

Jivalekhana(tongue scraping) : Tongue scraping on regular basis stimulates the reflux points on the tongue and removes micro-organism growth followed by bad odour (halitosis) as well improves the sense of taste and stimulates the secretion of digestive system.

Gadusha (gargling) or oil pulling it is an ancient ayurvedic procedure , swishing oil in the mouth for oral hygiene , *gadusha* claimed to cure 30 systemic diseases ranging from headache , migraine , diabetes and asthma and various oral diseases and bleeding gums a dryness of mouth. *Gadusha* and *kavalagraha* are two primary cleaning techniques used in Ayurveda to prevent oral diseases.

Tissue regeneration therapies : In Ayurveda the well known various herbal products are considered as a general builder of oral health as well as general health.

- a) **Amala**:(*phyllanthusemblica*): It is considered most potent herbal product due to its unique properties as degenerative and senescence process, to promote longevity and enhance digestion to treat constipation, .and reduces fever and cough.
- b) **Turmeric** (*circuma longa*):It is a member of the ginger family, zingiberaceae family it has medicinal value in wound healing, nausea , indigestion to treat liver diseases and enhancing skin complexion and various health benefit.²
- c) **Tulsi** (*ocimum sanctum*) : Is widely used herb it found throughout India it contains many nutrients and their biological active compounds due to its botanical value.it has many uses such as hepatoprotective, anti oxidant, immunomodulating anti inflammatory anti viral and antifungal and antipyretic activity. Tulsi is also known as elixir of life since it promotes longevity , chewing of tulsi leaves also cures ulcers of mouth.⁴

Medicinal value of herbal products in treatment of oral diseases.

1. Asgand ----- Management of patient with dental anxiety
2. Aloe vera – oral lichen planus
3. Babul (*acacia Arabica*) – management of gum diseases due to its activity against p-gingivalis

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4. Clove oil – is most powerful antiseptic and analgesic and antimicrobial
5. Eucalyptus (Eucalyptus Globules) – management of periodontal diseases.
6. Garlic (allium sativum, liliaceae)- act asa a powerful antibiotic and relaxative properties
7. Haldi – for the management of dental pain, dental plaqueand and deactivation of Tobacco containing carcinogens
8. Honey : (apismellifera) – act as a antibacterial and anti-inflammatory and immune- stimulator used for oral ulcerative lesions
9. Jasmine : act as antioxidant , used in treatment of odantalgia, and periodontitis and skin lesion
10. Katha : Act as analgesic and antibacterial and anti ulcer.
11. Olive oil : For the management of periodontal diseases
12. Piper cubeba(piperaceae)- act as anti carcinogenic activity.
13. Tulsileaves : act as a antibacterial and prevents dental plaque. And mouth infection.
14. Nettle : 2-3 drops on root extracts are applied to tooth cavities to treat toothache^{2,4}

Conclusion :

Ayurvedic therapies for treating various diseases are exist thousand years ago now a days various extracts are done on Ayurvedic plants for treating various oral diseases. Oral cavity reflects the health of the body so oral clinician aware of various oral diseases and their management by medicinal plants. So tradional knowledge of the Ayurveda should be integrated with modern dental and cosmetic practice

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Study of Effect of Shatadhauta Ghrita Application in The Management of Fissure-in-Ano

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Abstract

The incidence of ano-rectal diseases in the population is shooting up in alarming rate, most common being Fissure-in-ano, Hemorrhoids and Fistula-in-ano. The disease Parikartika characterised with Anilasanga, Kartanavat shoola and Daha in the anal region, resembling Fissure-in-ano.

This is the most painful ano-rectal disease affecting both sexes equally, found in the community as acute and chronic. Acute fissure is characterized by spasm, pain on defaecation and passage of bright streaks of blood along with stool and if this fails to heal turns into chronic fissure. Its chikitsa aims at pacifying Vata and Pitta dosha and the treatment in classics is pichhabasti, anuvasanabasti, pichu, parisheka and lepa with sneha dravya.

In modern science if the conservative treatment fails, Lord's dilatation, Fissurectomy and Lateral Sphincterotomy are the treatments which are having complications like faecal incontinence and prolonged healing. Hence there is a need for an effective and safe management.

In this study Kasisadi ghrita and Shatadhauta ghrita⁶ are selected as they are having effective vrana shodhana and vrana ropan properties. Drugs in the ghrita medium gives good lubricating action relieving muscular spasm. Hence this study is intended .

Key words: Fissure in ano , shatdhauta ghrita

Review of literature:

Review of the literature include a thorough screening of Ayurvedic texts, contemporary Ayurvedic literatures, modern texts and internet sources to collect sufficient data regarding,

- Nidana, Samprapti and laxanas and chikitsa of Parikartika explained in classics like Sushruta Samhita, Charaka samhita, Chakradatta, Kashyapa samhita will be reviewed in detail.
- Definition, incidence, etiology, pathology, clinical features, examination, and treatment of Fissure-in-ano explained in modern texts will be reviewed in detail.^{2,3}
- The detail description of Kasisadi ghrita in Sushruta Samhita will be reviewed.⁵
- Description of Shatadhauta ghrita mentioned in Kashyapa samhita will be reviewed in detail.⁶

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Aims and objectives of study:

- Detailed literary review of Parikartika and Fissure-in- ano.
- Evaluation of the effect of Shatadhauta ghritha as lepa in Fissure-in-ano.

Materials and methods:

Patients will be selected from the outpatient & inpatient department of Shalya Tantra.

A minimum of 30 patients fulfilling the diagnostic and inclusion criteria of either sex will be selected for the study.

(a) Inclusion criteria:

1. Clinically diagnosed cases of Parikartika will be taken for the study.
2. Patients irrespective of sex, religion, occupation & economic status.
3. Patients of both the sexes in between the age group of 18 to 60 years.
4. Patients of Parikartika with systemic diseases like Diabetes and Hypertension which are under control, are also included in the study.

(b) Exclusion criteria:

1. Patients having Parikartika (Fissure-in-ano) secondary to Ulcerative colitis, Shyphilis, Crohn's disease, Tuberculosis and Ca of rectum and anal canal.
2. Patients with infectious diseases like HIV & HbsAg.
3. Patient with uncontrolled Diabetes and Hypertension.
4. Patients with chronic sentinel pile and associated with conditions like Hemorrhoids, Fistula-in- ano.

(c) **Treatment group:** 30 diagnosed patients of Parikartika on the basis of the lakshanas will be selected.

(d) **Duration of treatment:** Procedure: Per rectal application of Shatadhauta ghritha once daily

Duration: Two weeks

Clinical features are recorded before the treatment that is on zero day. Changes with the treatment will be observed on the first week and second week, as per the proforma of the case sheet, prepared for the study.

Follow up:

Patients are advised to come to the hospital for follow up once in fortnight for three months. Clinical observations will be recorded systematically.

Advice: Roughage diet, intake of plenty of fluids and avoiding spicy, oily food and vehicle riding.

(e) Assessment Criteria:

Following subjective and objective parameters will be considered for the study

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Subjective :

- Gudagata kartanavat peeda (cutting and burning type of pain).
- Gudagata raktasrava (per rectal bleeding).
- Constipation.

Objective :

- Tenderness.
- Size of the ulcer(fissure bed).
- Sphincteric spasm.

Assessment of subjective and objective parameters will be made before and after treatment on the basis of gradation.

Investigations:

• **Blood tests-**

1. CBC with ESR
2. RBS
3. HIV I&II
4. HbsAg

• **Urine tests-**

1. Sugar
2. Albumin

(a) Intervention:

1. The patients will be assessed before and after treatment as per assessment criteria.
2. The nature of the study will be explained to the patients in detail and pre-treatment consent will be taken.
3. The patients have full right to withdraw from the study at any time.
4. The data will be maintained confidentially and subjected to statistical analysis.

Observations:

Table1-1

Showing distribution of patients according to age

age	Study Group
15 – 25 yrs	9
25- 35	14
35 - 45	07
total	30

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Table -2 ,Result :
Showing Percentage of Relief in Each Symptom of 30 Patients of Parikartika

Symptoms	Before treatment	After treatment	Difference	% of relief
Burning sensation at anal region	30	6	24	80%
Bleeding per anum	18	3	15	83%
Cutting pain during defecation	18	0	18	100%

Summery and Conclusion:

- It is cost effective and non laborious remedy to treat parikartika (fissure)
- Standardization and marketing of Shatadhaut ghruta needed.
- Shatadhauta ghruta a best alternative to available ointments for the treatment of fissure and various non healing ulcers.
- Medical practitioner should be made aware of this multidimensional drug.

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Standardization of Mouktika Bhasma

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Abstract

Standardization of Rasaushadhi's is a need of hour to maintain its safety and efficacy. Rasaushadhi Mouktikabhasma is a unique mineral calcium containing preparation of Rasashastra. It is used in treatment of bone metabolic disorders associated with calcium deficiency and in pittajvyadhi. Muktabhasma was prepared by Shodhana and Marana process. Standardization of muktabhasma is very necessary to confirm its identity and to determine its quality and purity. An attempt has been made to summarize the ancient and the advanced methods available for standardization of bhasma such as varna, varitara, rekhapurnatvatvam, niruttha, DSC, FTIR, TGA, SEM, NPST, etc. Key words: Peptic ulcer, Muktabhasma, Standardization, Acute toxicity.

Key Words –MuktaBhasma, Shodhana, Marana

Introduction

Parpati, Bhasma, Pottali, Kupipakvarasayana etc., are various preparations of Rasa sastra. Out of these Bhasmas are more commonly practiced for treatment purpose.

Bhasma is a specific state of metals, minerals and other substances which is obtained after frequent trituration with various juices and decoctions of drug and burnt with appropriate fire repeatedly and which has lost its original shape, colour, lustre, heaviness, taste etc., and in appearance resembles the ash is known as Bhasma”.

Mouktika is a calcium compounds categorized under the name “*Sudha Vargiya Dravyas* (calcium group drugs)”. It is obtained from the Pearl shell or oyster found in the sea. Pearls (*Mukta*) are the calcareous concretions formed as protection against the irritation caused by foreign objects, either sand or minute parasites which have lodged inside the shell, between the mantle and the shell of the animal. A fold of soft tissue envelops the foreign particles and deposits layer after layer of nacre on it to form a pearl. Nacre is composed of conchioline and calcium carbonate.

Mukta (pearl) bearing qualities like *Sheetavirya, Madhuravipaka, Kapha-pitta shamaka, Vrishya, Aaushyam, Balakara* and *Brihmana* and also indicated in *Kasa, Shwasa, Kshaya, Agnimandhya, Daha, KaphajaUnmada, Vatavyadhi, Rajayakshma, Vishvikara* and *Netra roga*

Aims and objectives

1. To Explore the concept of Bhasma.
2. To prepare MouktikaBhasma

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3. To carryout physico-chemical analysis of MouktikaBhasmaat different stages.
4. Providing scope for clinical research on MouktikaBhasma as an medicine.

Review of literature

- Acharya Shri yadhavji Trikamji in his Rasamruta text , in rasyogavijnaniyam chapter has mentioned in detail about preparation and uses of Mouktika
- Mouktika will be reviewed as per all Rasaclassics like Rasratnasamuchya Rasa Tarangini, rasamruta Ayurveda prakasha etc.,
- Kumari will be reviewed as per all various nighantus like Bhavaprakasha, Rajanighantu, Madanapalanigantu etc.,

Materials and Methods

The raw materials moutika, nimbu ,sharava etc. was procured from local market

Preparation of Mouktikabhasma

- a. Shodhana of raw Mouktika
- b. Marana of Mouktika

a) Shodhana

About 270gm of raw Mouktika was subjected to shodhana process. The outer side of Mouktika was cleaned with sharp knife to remove the impurities. Then it is broken into small pieces. It was wrapped with a cloth and pottali was prepared. Pottali was suspended with help of stick and immersed in Jambir swarasa. The Yantra was kept on fire for boiling. The boiling of Mouktika in Dolayantra was carried out for 3 hours. The pottali was opened and mouktika was washed with hot water and kept for drying. 10 gm Shodhitamouktika was collected as a sample for analytical study.

b) Marana

The whole method of Mouktika marana was completed in following steps.

1. Bhavana (Trituration) with kumariswarasa
2. Preparation of chakrikas (Pelletization)
3. Sharavasamputa formation.
4. Laghuputa.

The lemon juice treated *Mouktikawere* directly placed in silica crucibles which were subjected to heating in the muffle furnace for about 550°C for 3hrs. For this heating process i.e. *Laghuputa*, temperature was gradually increased to 550°C in about 180mins. When the temperature reaches 550°C, the temperature was maintained constant for about 3hrs and after 3hrs the temperature was decreased gradually in about 180mins to cool. After this process the *Mouktikabecomes* brittle. These brittle *Mouktikawere* collected and powdered with the help of mortar and pestle. The powdered *mouktikais* given Bhavana

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(trituration) with 40ml of *nimbuswarasa*(lemon juice) for 3hrs.Then *Cakrikas*(pellets) were prepared and dried. After drying these pellets were subjected to second *puta* for 800°C. The process was repeated for third time, 30 ml of *nimbuswarasawas* used and it was heated for 3 hours. After cooling white coloured *MouktikaBhasma* was obtained



Raw Mukta



Potalli containing Mukta



Dolayantraswedana in NimbuSwarasa



Sharavasamputa placed in Laghu puta



Igniting of Laghu puta



After 1st puta



After 2nd puta



Muktabhasma

Fig No-01 Preparation of Muktabhasma

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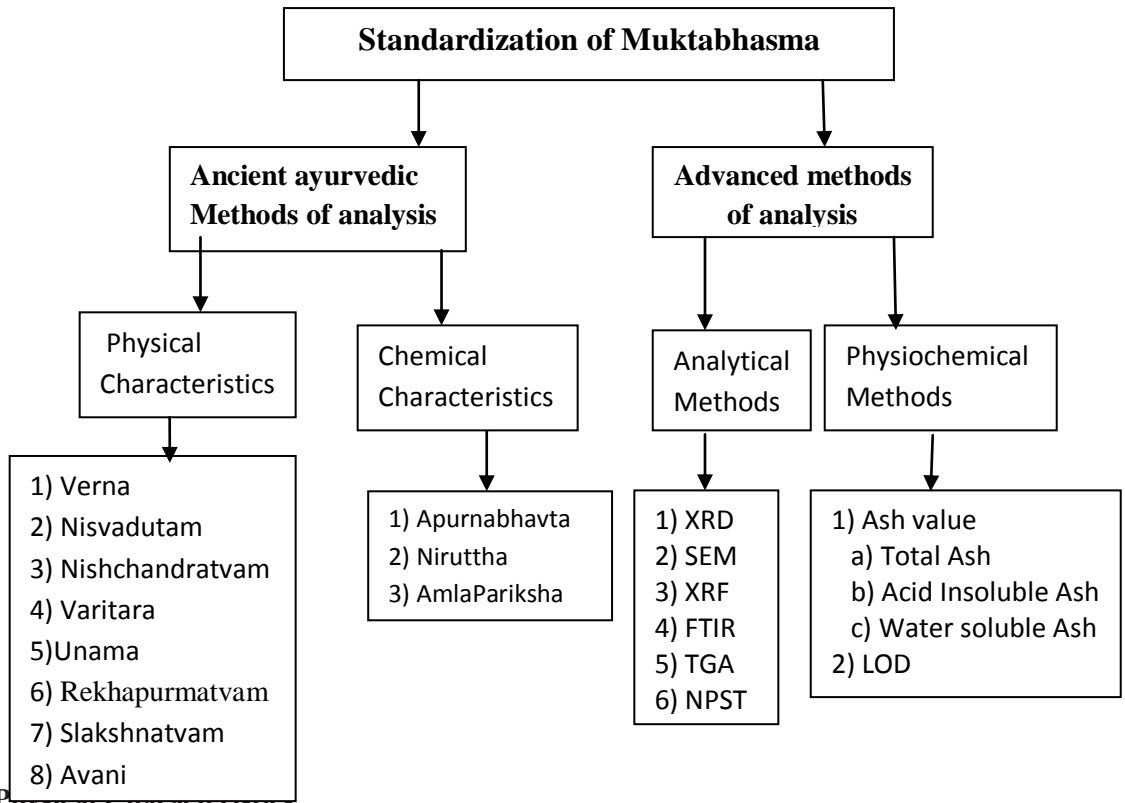
Observation during Mouktika Marana:

Table No- 01 Observation during Mouktika Marana

Test	Before Marana	Observation During Puta			
		I		II	
Colour	Pale White	Milky white		Bright white	
Taste	-	Slight Alkaline		Tasteless	
Touch	-	Rough, Hard, Khara		Mrudu, Soft	
Appearance	-	Powder		Very Fine Powder	
Weight	250 gm	B.M A.M	250 gms 210 gms	B.M A.M	200 gms 160 gms
Odour	-	Slight odour		Odourless	
Varitaratva	-	70 - 80%		100%	
RekhaPoornatva	-	NOB		OB	
Loss	-	40 gms		40 gms	

- NOB -Not observed B.M - Before Marana
- OB - ObservedA.M - After Marana

Standardization of Mouktikabhasma



Physical Characteristics

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**Table No- 02 Showing Physical and Chemical Characteristics
According to ancient ayurvedic methods**

Parameter	Muktabhasma
Verna	Dull white
Nisvadutam	Palatable
Nishchandrattvam	Free from Luster
Varitara	Fine powder
Unama Test	Positive
Rekhapurnatvam	Positive
Slakshnatvam	Good

Physio-chemical methods

**Table No- 03 Showing Physiochemical Methods according to
advanced method of analysis**

Parameter	Muktabhasma
Total Ash w/w	99.84% w/w.
Acid insoluble ash w/w	0.34% w/w
Water soluble ash w/w	8.31% w/w
Loss on drying	0.24% w/w

Analytical methods

XRD Study

In XRD of *MuktaBhasma*, Peaks at $d = 3.04 \text{ \AA}$ ($2\theta = 29.3666$) confirmed the presence of calcite as the major crystalline phase in sample and *Bhasma* contained calcite form of calcium carbonate (CaCO_3).

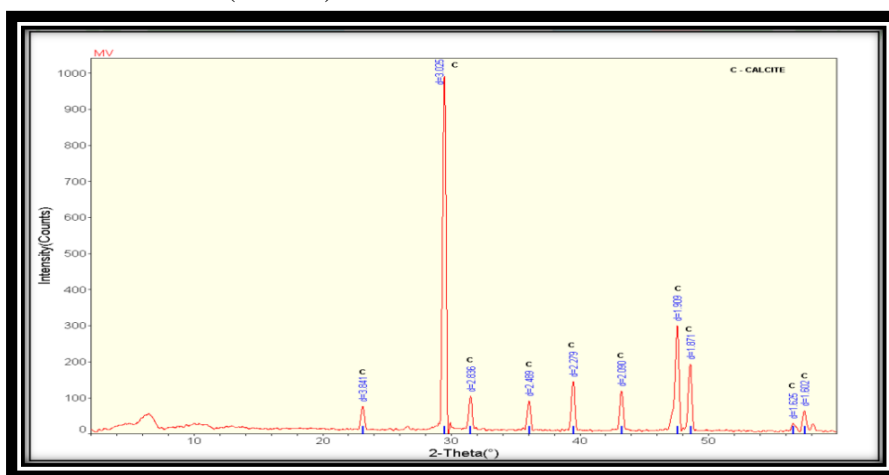


Fig No- 02 XRD of Muktabhasma

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X-Ray Fluorescence Spectrometer X-Ray Fluorescence Analysis-one of the best Analytical techniques to perform elemental analysis in all kind of samples, no matter if liquids, solids or loose powders have to be analyzed. XRF combines highest accuracy and precision with simple and fast sample preparation for the analysis of elements from Beryllium (Be) to Uranium (U) in the concentration range from 100% down to the sub-ppm-level. The XRF spectrometer measures the individual component wavelengths of the fluorescent emission produced by a sample when irradiated with X-rays

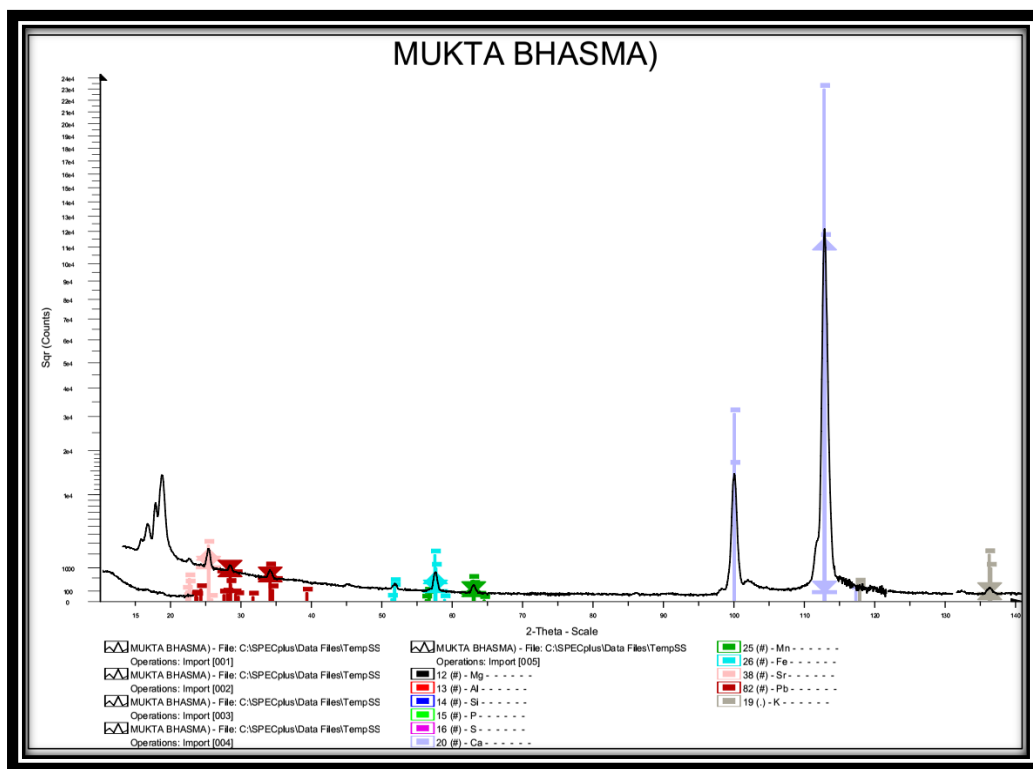


Fig No-03 XRF graph of Muktabhasma

Scanning electron microscopy (SEM)

The SEM photomicrograph of Mukta showed 20-100nm particles in the sample. Particle size is one of the factors which will affect dissolution and absorption of drug. Particle size and surface area are inversely proportional to each other, as particle size

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decreases surface area increases. This leads to increase in dissolution of drug and rapid absorption. Mukta are having good dissolution rate and smaller particle size make the drug in bio-assimilable form so it is easily and readily absorb in body and also SEM gave the information of chemical constituent so from observation it shows that Muktabhasma having Calcium carbonate as main chemical constituents

FTIR

This technique is based upon the simple fact that the substance shows marked selective absorption in the infrared region. After absorption of IR radiations, the molecules of the chemical substance vibrate at many rates of vibration, giving rise to close-packed absorption bands, called as IR absorption spectrum which may extend over a wide wavelength range. Various bands will be present in IR spectrum which will correspond to the characteristic functional groups and bonds present in the chemical substance. It is used to establish the structure of unknown compound and analysis of functional group.

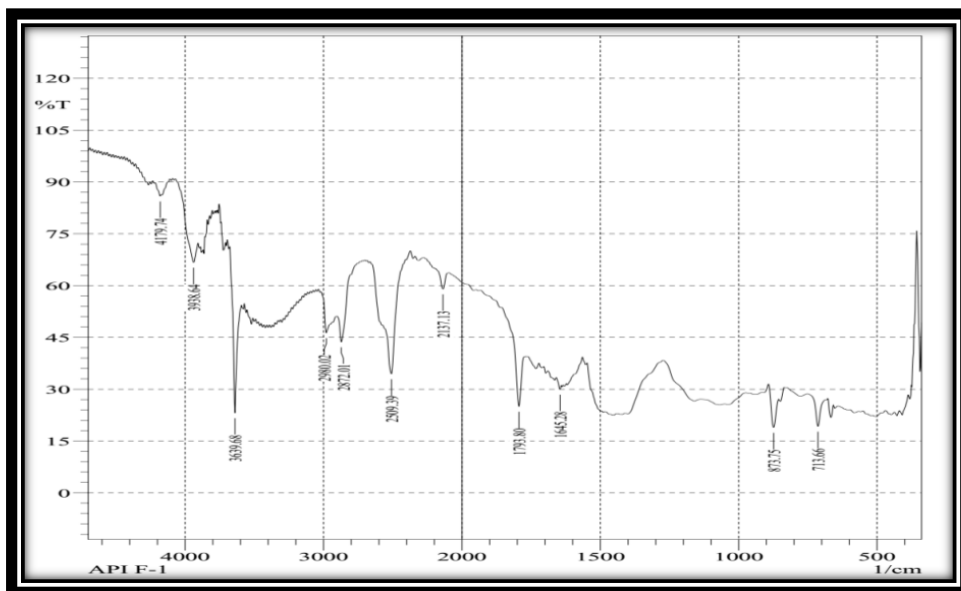


Fig No- 04 FTIR of Muktabhasma

Discussion

1. Before going to Mouktika bhasma, Mouktika was subjected to Shodana process
2. Nimbu Swarasa was used for Mouktika Shodhana
3. Marana of Mouktika was done by giving bhavana with Nimbu Swarasa.
4. White coloured Mouktika Bhasma was obtained
5. Total three laghuputa were given to obtained mouktika Bhasma
6. Quality assesment was done by using ancient and modern parameters.

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Conclusion

1. Selection of standardized Mouktika is essential.
2. Mouktika bhasma prepared by using bhavan with nimbu swarasa.
3. Mouktika bhasma requires three laghu puta,
4. The colour of Mouktika bhasma is of white colour.
5. Qualitative chemical analysis of Mouktika bhasma reveals the presence of Ca.
6. XRD Study shows crystallographic and physical properties of Mouktika bhasma.

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Role of Age, Gender, Occupation in Madhumeha – A Clinical Study

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Abstract

In the new millennium Diabetes has become a problem of epidemic proportions. Diabetes is in the top 10, and perhaps the top 5, of the most significant disease in the developed world, and is gaining significance there and elsewhere. There are an estimated 80 million Diabetics in the world around 50 millions of them belong to healthy populated developing countries. The global pandemic principally involves type - 2 Diabetes and is associated with several contributory factors including unsatisfactory diet, sedentary lifestyle and increasing urbanization. So there is need to study the role of causative factors of Madhumeha.

Key Words :Madhumeha, Diabetes Mellitus, Occupation

Introduction

In ayurvedic classical text Diabetes Mellitus has been included under ‘Prameharoga’ with special name ‘Madhumeha’, a vata predominant type of Prameha. It finds place among eight Mahagada by Charak and Sushruta and has been declared a pandemic by W.H.O. This signifies its all time gravity. Diabetes has been described in ayurveda with physiopathology, role of gender, role of age, role of occupation has been described along with management. Considering these facts, these attempts are also made for the clinical study so as to establish the concept firmly and to understand the role of these factors.

Aims And Objectives

- To study the role of age, gender in Diabetes Mellitus.
- To study role of occupation in Diabetes Mellitus.

Review of Literature

Madhumeha Nidan

Aaharaj Hetu : Kashay, Katu, Tikta, Ruksha, Laghu, Sheeta, Anashan

Viharaj Hetu : Ativyavay, Ativyayam, Atiatap, Vishamsharirnyas, Jagran, Vegsandharan

Madhumeha Samprapti : If vata by its ruksha quality changes the vital essence which is naturally of sweet taste into one of astringent taste and carries it to the urinary organs then it

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causes the condition called Madhemeha.

Age : According to modern science, age is an important risk factor for type 2 Diabetes. It is the disease of middle aged and elderly affecting 10% of the population over the age of 65.

Urbanization : Among group of persons with similar body weights Diabetes is more common among the urban compared to the rural.

Materials And Methods

Sample

The patients coming to Late B.V.Kale Ayurved College and Hospital were studied in 2016-2017.

These 75 patients of Diabetes Mellitus were selected randomly.

Inclusion Criteria

Diabetic patients were selected according to diagnostic criteria for plasma glucose concentration.

F-120 above.

PP - 160 above.

Patients with past history of D.M. were selected.

Exclusion Criteria

Un-cooperated and pregnant patients were excluded.
Patients < 16 years old were excluded.

The patients were interviewed with the help of predesigned proforma i.e. case record form.

Residence

Urban : with urbanized population

Rural : village

Occupation

Sedentary	Moderate	Heavy
Teacher, Tailor, Barber, Executive, Shoemaker, Priest, Retired persons, Landlord, Peon, Postman, Housewife, Nurses	Fisherman, Basket maker, Potter, Goldsmith, Agriculture labour, Carpenter, Rikshaw Puller, Fitter, Turner, Welder, Cooli, Industrially boy, Weaver, Driver, Beedimaker	Stone Cutter, Blacksmith, Mineworker, Woodcutter

Observations And Results

Age and type of D.M.

Age	Type - 2 D.M. %	Type – 1 D.M. %
16 - 20 years	0	0
21 - 40 years	7	31

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41 - 60 years	88	69
>60	5	0

Male and female percentage

	Type - 2 D.M. %	Type - 1 D.M. %
Male	76	75
Female	34	25

Urban and rural percentage

	Type - 2 D.M. %	Type - 1 D.M. %
Urban	80	75
Rural	20	25

Occupation

	Type - 2 D.M.%	Type - 1 D.M. %
Sedentary	81	78
Non-Sedentary	19	22

Discussion

Age : The most affected age group is 41 - 60 years. The healthy persons mostly belong to the age group 21 - 40 years and hence after then. So it is necessary to rule out the early diagnosis of D.M. by routine checkup in healthy person or screening for D.M. at a 4th decade. Also the type - 2 Diabetes is the disease of middle aged.

Gender : The males were more prone to D.M. The males suffering from type - 2 and type - 1 were same. The females suffering from NIDDM group were more than females suffering from IDDM group. Acharya Sushruta has mentioned that Prameya does not occur in female but in this survey Diabetes is also found in female population because of Sedentary habits and lifestyle.

Residence : The patients suffering from type - 2 were from urban area and the patients from rural were less. Changing lifestyle with western acculturation with mental stress may affect.

Occupation : Maximum number of patients having occupation Sedentary type. The prevalence of D.M. increases in developed and developing countries due to the Sedentary lifestyle. Less physical activity is the cause for D.M. Ayurvedic text mentioned 'Asyasukh' is the one causative factor for Madhumeha. The shop worker, Clerk, Farm owner, Housewives included in Sedentary habits. Sedentary work seen to be predisposing power.

Conclusion

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The clinical study of 75 patients of D.M. reveals that

- Type - 2 D.M. is middle aged disease
- Females also suffering from D.M.
- Males are more prone to D.M.
- Urbanization is one affecting factor of D.M.
- Sedentary work is one of the etiological factor for D.M.

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Raktawaha Srotas and its Correlation With Circulatory System:

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Lifeline of Human Body.

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Abstract:

The body contains numerous channels through which the dhatus, doshas and malas circulate, known as srotas in Ayurveda, these consist of both gross channels, such as the intestinal tract, lymphatic system, arteries, veins, and the genitor-urinary tracts etc. The different places where these processes take place are known as 'Srotas'. According Ayurvedic classic 'Srotamayam hi shariram' means living body is channel or comprised of channels or system. Srotas are so called because they have 'sravana' (oozing) – allow materials to pass through them very slowly. Srotas, in broad term refers to the channels of circulation present in the human body. Anatomically and physiologically, channels of circulation have great importance. Raktavahastrotas originate from the Yakrita (liver) and Pliha (spleen). The chief function of Raktavahastrotas is transportation of Rakta (blood) to the Rakta dhatu. Anatomically, the channels of circulation are distinct from blood vessels including arteries, veins and capillaries and are omnipresent in the human body. From physiological point of view, channels of circulation are primarily responsible for the circulation of three biological humours, tissues and waste-products to organs and organelles. Blood channels originate in the liver and spleen and transport blood to the rakta dhatu (all over the body). This group of channels is often referred to as the circulatory system.

Keywords: Yakrita, rakta dhatu, dhatus, doshas a, malas etc.

Introduction:

Ayurveda is an ancient Indian practice of holistic medical care that centers on the equilibrium of body, mind and soul. Dosha (vitiating factors or physical humors), dhatu (tissue elements) and mala (waste products) are the basic building elements of the body. Their continuous and proper flow in the body, to maintain health, requires hollow spaces or channels. These channels are called as 'Srotas' in Ayurveda. The body contains numerous channels through which the dhatus, doshas and malas circulate that are known as srotas, these consist of both gross channels, such as the intestinal tract, lymphatic system, arteries, veins, and the genitor-urinary tracts etc.

Aims & Objectives:

1. To study Raktawaha Srotas according to Ayurveda.
2. To review the Circulatory system as per modern science.
3. To study the Raktawaha Srotas and its correlation with Circulatory system.

Methodology:

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For the review and conceptual study various textbooks of Ayurveda and modern , Charak Samhita, Sushrutsamhita and articles are reviewed.

Review of Literature:

According Ayurvedic classic ‘Srotamayam hi shariram’ means living body is channel or comprised of channels or system. Srotas are so called because they have ‘sraavana’ (oozing) – allow materials to pass through them very slowly. Srotas, in broad term refers to the channels of circulation present in the human body.

Srotas in Ayurveda:

To maintain continuity in the life cycle, these bodily elements have to be continuously regenerated, nourished and replenished. The different places where these processes take place are known as ‘Srotas’. According to Charaka, the term ‘Srotas’ carries various meaning like Sira (vein), dhamani (artery), rasayani (lymphatic channel), rasavahini (capillary), nadi (duct), panthaaan (passage), marga (track), sthaan (balanced position), ashaya (location/reservoir) etc. are the names of visible and invisible spaces within the body. Charaka defines Srotas as transporting channels of dhatus (tissue elements) undergoing transformation (intermediary metabolite).

Sushruta describes Srotas as structures which originate from vacant spaces (hollow organs), spread throughout the body and purvey materials or elements. Anatomically and physiologically, channels of circulation have great importance. Sushruta says that the channels of circulation are present in intra-cellular, inter-cellular and extra-- cellular spaces) of the human- body. Charaka has described 13 main Srotas in the Vth chapter of Vimansthana depending upon their origin and abnormality produced in them on vitiation.

Raktavaha Srotas :

Moolasthanha shonitvahanam srotasam yakrunmoolam pleehacha \ cha.Vi 5/8

Raktavaha srotas originate from the Yakrita (liver) and Pliha (spleen). The chief function of Raktavahastrotas is transportation of Rakta (blood) to the Rakta dhatu. Anatomically, the channels of circulation are distinct from blood vessels including arteries, veins and capillaries and are omnipresent in the human body. From physiological point of view, channels of circulation are primarily responsible for the circulation of three biological humors’, tissues and waste-products to organs and organelles. Blood channels originate in the liver and spleen and transport blood to the rakta dhatu (all over the body). This group of channels is often referred to as the circulatory system.

Human body appears to be accumulation of Srotas (channels) and proper functioning of these channels is the cause of good health. The food and regimen that promote morbidity and go contrary to the well-being of dhatus (tissue elements) vitiate channels. Affliction of these channels leads to the vitiation of tissue elements residing there

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or passing through them, as vitiation of one leads to the vitiation of another. The vitiated channels and tissue elements vitiate other channels and tissue elements respectively.

Raktavaha strotas dushati –

Vidahi nyannapanani snigdhochnapanani dravani cha \\
Raktavahini dushyanti bhajatam chatapanlau\\ cha. Vi.5/14.

The main signs of the vitiation of the channels are –

1. Atipravrutti – increased flow of contents of the channel;
2. Sanga – obstruction of the flow of contents of the channel;
3. Siragranthi – appearance of nodules in the channel;
4. Vimargagamana – diversion of the flow of contents to improper channel.

Various skin diseases, bleeding disorders, jaundice and so on are the disorders produced due to vitiated Raktavaha channel.

Conclusion:

According Ayurvedic classic ‘ Srotamayam hi shariram’ means living body is channel or comprised of channes or system. Sushruta says that the channels of circulation are present in intra-cellular, inter-cellular and extra-- cellular spaces of the human-body. Raktavaha strotas originate from the Yakrita (liver) and Pliha (spleen). The chief function of Raktavahastrotas is transportation of Rakta (blood) to the Rakta dhatu. Overall circulatory system or Rakatavaha strotas is essential system for living human.

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Pterospermum Acerifolium (*Muchakunda*) – A Phytopharmacological Review

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Abstract

Ayurveda deals with healthy living and treatment of diseases occurring due to varied etiological factors. Initially, the treatment of diseases consisted of administration of herbal drugs by extracting the active principles of drugs by various methods in different formats like juices, decoction, powders etc. Pharmacological study enables us to find source of potential chemotherapeutic drugs and to determine the safety of continued use of medicinal plants. P. acerifolium is used in traditional Ayurvedic medicine for the treatment of headache, bleeding disorders, as an analgesic, in poisoning, skin disorders, etc. P. acerifolium mainly contains flavonoids like Kaemferol, luteolin, malvalic acid, amino acids. The plant is documented to have anti inflammatory, analgesic, antipyretic, antioxidant, antiulcer, anticancer, antidiabetic properties. This paper elaborates the evidence based information regarding the phytochemical reports and pharmacological activity of this plant.

Keywords: Ayurveda, *Pterospermum acerifolium*, flavonoids, pharmacological activity.

Introduction

Description of *Muchakunda* is not found in *Charaka Samhita*, but *Sushruta* has mentioned it in the treatment of *Ama granthi*^[1] for local application. *Bhavaprakash nighantu* has mentioned it in the *Pushpadi varga*. It is used for headache, bleeding disorders, as an antidote, skin diseases etc. *Muchakunda* (*P. acerifolium*) is found at the height of 5000ft in the Himalayas and seen in cultivation as an ornamental or shade tree.

Scientific Classification:

Kingdom: Plantae

Division: Magnoliophyta

Class: Magnolipsida

Family: Malvaceae

Subfamily: Sterculiaceae

Genus – *Pterospermum*

Species – *acerifolium*

Vernacular Names^[1] –

Sanskrit – *Muchakunda*, *Kshatravriksha*, *Chitrak*, *Prativishnuk*^[2].

English – Maple-leaved Bayur tree, Bayur tree, Dinner plate tree

Hindi – *Kanak Champa*, *Muchakunda*.

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Bengali – *Muskanda*
 Telugu – *Matsakanda*
 Assamese – *Moragos*
 Tamil – *Vennangu*
 Oriya – *Mushkundo*
 Manipuri – *Kwakla*
 Marathi – *Karnikar*

Botanical Description

It is a relatively large tree, growing up to 30 meters tall. The bark of the tree is grayish in color and fairly soft. Small twigs and new growth is somewhat feathery and are usually more of a rusty-brown color. The **leaves** of the tree are palmately ribbed and have stipules. The leaves arrangement is alternate. Shape of the leaf being oblong, broadly obovate to ovate. Leaf edges are usually dentate or irregularly lobed. The ventral side of the leaves is a dark green color with a glabrescent texture. The leaves are rough and rubbery so that the loss of moisture in a hot climate is reduced. The dorsal side of the leaves range from a silver to rust color and are pubescent^[3]. **Flowers** are large, white and sweet scented. Fruit is a capsule, angled and furfuraceous.

Distribution And Habitat:

Found in Himalaya at the height of 5000 ft, in Bengal, Chittagong, Manipur, cultivated in South India.

Ayurvedic Properties^[4]:

Table No. 1

Rasa	<i>Kashaya, Katu, Tikta</i>
Veerya	<i>Ishat Ushna</i>
Vipaka	<i>Katu</i>
Guna	<i>Pichchhila</i>
Karma	<i>Pacifies Vata, Pitta and Kapha; Vedanasthapana (analgesic), Raktastambhana (hemostatic), soothing to the throat, Tvakdosha shaman, Shophashamana, Vrananashak, Pamanashana.</i>
Indications	<i>Shirashula, Raktapitta, Kasa, Tvakroga, Shotha, Vrana, Pama, Vatavyadhi etc.</i>

Chemical Constituents:

Leaves- leaves contain majorly flavonoids like Kaemferol-3-o-β-D galactoside as much as 0.3%, while the other flavonoids were identified as luteolin, luteolin-7- o-β-D-glucoside and luteolin 7-o-β-D-glucuronide. **Flowers** - 24 β- thylcholest-5-en-3 β -o-alpha-cellobicide, 3,7-diethy 1-7-methyl-1:5-pentacosanolide, n hexacosane- 1-26-diol dilignocerate, friedelan- 3-alpha-01 its beta isomer, β -amyirin, β -sitosterol, ntriacontanol,

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n-hexacosane-1, 2, 6 diol and a mixture of acids and saturated hydrocarbon from the light petroleum extract. **Seeds** - glycoside in the alcoholic extract of seeds and Seed oil contains malvalic acid as a major cyclopropionoid component and amino acids like tyrosine, cysteine, glycine, alanine and sugars like lactose, xylose, rhamnose, and glucose. **Bark**-bark contains a new polysaccharide composed of D-galacturonic acid, D-galactose, and alpha -rhamnose from the acidic portion^[5-10].

Anti Inflammatory And Analgesic Activity

The role of ethanolic extract of *Pterospermum acerifolium* bark extract demonstrated significant anti inflammatory activity against carrageenan induced, mediators induced and arachidonic acid induced rat paw oedema, significant inhibition of acetic acid induce writhing and tail clip induced analgesia were observed to occur with the extract. On the basis of finding it may be inferred that *P. acerifolium* is an anti-inflammatory analgesic agent that blocks histamine and serotonin pathway^[11].

Antioxidant And Anti-Inflammatory Potential Activity

Leaves of *P. acerifolium* L. (Sterculiaceae) are used in India for reducing oxidative stress and inflammation. The objective of this study was to investigate the antioxidant and anti-inflammatory activities to justify the use of the plant in folkloric medicine. Antioxidant activity of different fractions were evaluated by using *in-vitro* antioxidant assays models like determination of total phenolics, DPPH radical scavenging assay, nitric oxide scavenging assay, hydroxy radical scavenging assay and superoxide anion scavenging assay. Anti-inflammatory activity was evaluated using carrageenan induced inflammation and thermally induced protein denaturation. Ethyl acetate fraction of *P. acerifolium* (EAF) showed highest free radical scavenging activity in all the models. EAF also produced significant anti-inflammatory activity in both in-vivo and in-vitro model. The results obtained in this study showed that the leaves of *Pterospermum acerifolium* L. have antioxidant and anti-inflammatory properties which provide a basis for the traditional use of the plant^[12].

Antimicrobial Activity

Successive ethanolic extract of bark of *P. acerifolium* were fractionated with hexane, butanol, methanol and water. *In vitro* antibacterial activity was tested by using agar cup and minimum inhibitory concentration method against *S. aureus*, *B. licheniformis*, *B. subtilis*, *E. coli*, *P. florescence*, *P. aeruginosa*, and *S. typhimurium*. Although all five extracts showed promising antibacterial species, yet maximum activity was observed in butanol extract. *S. aureus* was the most sensitive strain. MIC values for most of the extracts ranged from .312 to 5.0 mg/ml; while the least MBC value was observed at 2.5 mg/ml^[13].

Antiulcer Activity

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The role of alcoholic fraction of *P. acerifolium* bark extract on oxidative damages in the gastric tissue during alcohol induced ulceration was investigated. The extract showed significant antiulcer activity against ethanol induced ulceration and as well as significant reduction of tissue lipid peroxidation, catalase, superoxide dismutase and glutathione were observed to occur with the extract^[14].

Wound Healing Activity

Pterospermum acerifolium, a well-known plant in Indian medicine possesses various therapeutic properties including healing properties and cytokine induction. Wound healing activity of ethanolic extract of *P. acerifolium* flower along with its effect on tumor necrosis factor- α (TNF- α) was assessed using excision model of wound repair in Wistar albino rats. After application of the *P. acerifolium* extract, rate of epithelization with an increase in wound contraction was observed. Animals topically treated with 10% *P. acerifolium* extract in petroleum jelly, the wound healing process was observed faster as compared to control group which were treated with petroleum jelly alone. A significant accelerated healing was noticed in animals which were additionally pre-fed with 250mg/kg body weight of ethanolic *P. acerifolium* extract daily for 20 consecutive days along with the topical application 10% *P. acerifolium* extract. During wound healing phase TNF- α level was found to be up regulated by *P. acerifolium* treatment. Early wound healing may be pronounced due to *P. acerifolium* extract elevating TNF- α production^[15].

Anthelmintic Activity

Anthelmintic Activity of crude extracts and fractions were investigated against earthworms (*Pheretima posthuma*), roundworms (*Ascardia galli*) and tapeworms (*Raillietina spiralis*) using Albendazole and Piperazine citrate as reference standards. The results of anthelmintic activity revealed that the ethyl acetate fraction of all the parts were most potent which were well comparable with both standard drugs followed by n-butanol fractions of those parts, but at higher doses. All other fractions, petroleum extracts and remaining crude extract after fractionations of those three parts of the plant were endowed with minute antihelmintic property, which were not up to standards. The present study proves the potential usefulness of *P. acerifolium* as good anthelmintic agent^[16].

Antimitotic And Anticancer Activity:

Pterospermum acerifolium is used traditionally in the management of tumors. Ethanol and Water extracts showed good antimitotic activity against meristematic cell growth. Both extracts also showed good inhibition on yeast cell growth with IC₅₀ 47.88 mg/ml and 39.15 mg/ml respectively. The mode of action of both extract with antiproliferative activity is due to fragmentation effect on DNA^[17].

Immunosuppressive Activity:

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The hexane and ethanolic extracts prepared from the seeds of plant *P. acerifolium* were evaluated for their immunomodulatory activities by exploiting their effects on the humoral and cellular immune arms of BALB/c mice after oral administration for 14 consecutive days at different log doses. Various immune parameters viz. lymphoproliferative index, oxidative burst in peritoneal macrophages, modulation in T/B cell population and regulation of Th1/Th2 cytokines in mice were monitored to assess the immunomodulatory characteristics of the plant at 3, 10 and 30 mg/kg doses. Both the extracts exerted remarkable dose-dependent immunosuppressive effect with down-regulation of all the immune markers studied^[18].

Hepatoprotective Activity:

The hepatoprotective activity of the ethanol extract of the leaf of *Pterospermum acerifolium* was investigated in rats for carbon tetrachloride induced hepatotoxicity. Hepatotoxicity was induced in male Wistar rats by intraperitoneal injection of carbon tetrachloride (0.1ml/kg/d p.o. for 14 d). Ethanol extract of *P. acerifolium* leaves were administered to the experimental rats (25 mg/kg/d p.o. for 14d)^[19].

Antidiabetic:

In vitro alpha amylase inhibition study was carried out on 50% ethanol extract of flowers (PAFEE) and its various fractions. The active ethyl acetate fraction (PAFEF) was sub fractionated into three sub fractions (PAFE1, PAFE2 and PAFE3) and subjected to acute toxicity studies followed by Antidiabetic screening in vivo by streptozotocin-nicotinamide induced type II diabetes. Diabetic animals treated with PAFE2 (30 mg/kg) reduced the levels of fasting blood glucose; significantly ($P < 0.001$) compared to that of diabetic control animals. Histological studies on drug treated groups did not show remarkable positive changes in β cells. PAFE2 showed $32.6 \pm 1.93\%$ glucose uptake over control and, in the presence of PI3K inhibitor wortmannin, declined to $13.7 \pm 2.51\%$. HPLC analysis of PAFE2 reveals the presence of quercetin and apigenin as major constituents and both are inhibiting the glycogen phosphorylase enzyme in molecular modeling studies. The study evidenced strongly that the probable glucose lowering mechanism of action of active sub fraction PAFE2 is by increasing the glucose uptake in peripheral tissues and by inhibition of gluconeogenesis^[20].

Conclusion:

Recently there has been a more attention regarding traditional use of naturally occurring compounds especially herbal compounds as they are generally believed to be safe for the use in humans. In this review, the pharmacological studies conducted on *P. acerifolium* indicate that this plant is having manifold potential for the treatment of various diseases like diabetes, inflammatory events including liver and joint disorders, cancer, wounds, skin diseases, helminthes infestations etc. *P. acerifolium* showed anti oxidant

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activity due to presence of highest free radical scavenging activity in all the models. Since there is a great shift of interest towards traditional medicines over conventional modern medicines due to their lesser adverse effects and other benefits, this review concludes that *P. acerifolium* as a potentially safe and effective plant with important medicinal values.

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Assessment of Efficacy of Amavatari rasa in Amavata

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Abstract

Amavata a inflammatory connective tissue disorder which attacks the persons and leaves them crippled. Day to day the incidence of rheumatoid arthritis is increasing because of the faulty diet habits, sedentary life consumption of more diary food products, physical exercise immediately after food are the main causes of increasing rheumatoid arthrities.

Researches estimated that 2.9 million people have rheumatoid arthritis, it occurs in all races and ethnic groups. It effects mainly middle used persons but in the older and young people affects with increased frequency females are more affected i.e. 3:1 as compaired to males.

It causes joint pain mainly the small joints of hands, swelling of joints, morning stiffness and fever. Increased ESR, RA+ve, Crp +ve and diminished joint space without osteophytes are the diagnostic features.

Key words Amavatari rasa, Amavata , rheumatoid arthritis

Introduction

In Amavata, both vata & kapha (ama?) in aggravated condition, afflict trika sandhi cause stiffness all over the body (Gatra stabdata)

The acute painful state of Amavata is unbearable and if disease progresses & became chronic then it leaves the patients creeped – in his day today life in the form of reduction in his working capacity in absence of a satisfactory care pts (Patients) are supposed to be on continuos medication.

Rheumatoid arthritis is a chronic disease of the joints, usually polyarticular, marked by inflammatory changes in the synovial membranes & articular structures.

Various classical treatises have given almost similar kind of etiological factors. They are virudha ahara – incompatible food, virudha chesta, heavy fatty oily foods, those have given up physical exercise & those who does indulge in exercise immediately after snigda ahara.

There are so many yogas recommended for amavata by looking it physicians may get confused in which perticular avartha of the disease, these are to be prescribed, so this present study is undertaken to confirm in what stage Amavatari rasa is effective and its overall efficay on amavata.

Amavatari rasa is a powerful anti-rheumatic drug explained by Bhaishajya ratnavali. Which contains parada, Gandhaka, Triphala, Chitraka, Guggulu and Eranda

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taila. The drugs used in the formation are individually, the good anti-rheumatic drugs explained by various acharyas. Whole Sampraptivighataka in action.

In recent years the incidence of amavata is on rising, this may be because of faulty dietary habits & sedentary life style.

Amavatari rasa is a unique combination of drug to treat amavata. It was found mentioned in various rasa shastra classics.

Aims & objective

1. To study the Amavata and Rheumatoid arthritis in detail
2. Assessment of therapeutic efficacy of Amvatari ras in Amvata

Literature Review

Amavatari rasa is a unique combination of antirhuematic drugs found mentioned by Bhaisajya ratnavali which contains Hingulotha parada, Gandhaka, Triphala, Chitraka, Guggulu & Eranda.

Amavata : A disease entity explained by madhavakara which is increasing in the present era because of the consumption of oetiological factors & practicing sedentary life style. It is characterised by sandhi shula, shota, jadyata & Jwara. With the complications like Deformities, crepitations etc., it has prognosis. With the pathyapathya & a suitable drug it can be treated satisfactorily

Materials & Methods

The material & methods of the present study consists of following headings.

1. Selection of patients.
2. Duration & way of administration of drug.
3. Parameters of assesment.
4. Results.

1.Selectionof patients :

The patients were diagnosed based on the presentation of history, signs, symptoms & detailed clinical examination, strictly followed inclusion & exclusion criteria

Inclusion Criteria :

1. Classical signs & symptoms were considered for selection of patients.
2. Patients of Amavata having the history of less than 5 yrs. without complications were selected.
3. Patients of Amavata between the age group of 20 yrs. to 50 yrs. of eigher sex was selected.

Exclusion Criteria :

1. Patients of Amavata having the history of more than 5 yrs.
2. Patients of Amavata less than 20 yrs. and more than 50 yrs.

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3. Patients of Amavata having the systemic diseases like diabetes mellitus, hypertension, rheumatic heart disease & heart diseases.
4. Pregnant women & lactating mothers.

Grouping :

This is an observational study in a single group. It was conducted on total 30 patients.

Selection of Drug :

The Amavatari rasa which was prepared by mixing Kajjali, Triphala, Shodhita Guggulu, Chitaka & Bhavana of Eranda taila .

Route & Way Administration :

Amavatari rasa 500 mg was given thrice a day orally with kosha jala after food.

Duration of Treatment :

The total duration was 4 weeks and assessment was made before and after treatment.

Parameters for assessment :

- Sarujam shotam – painful swelling of joints
- Shiratam anganam – swelling
- Jadya – Stiffness
- Jwara – fever.

Gastro – Intestinal Symptoms :

Aruchi – Loss of appetite

Apaka – Indigestion

Vibandhata – Constipation

Antrakujanam – Gurgling.

Grading or Scoring

Pain

0 – No pain

1 – Mild – Pain on forcible movement upto 60 mts.

2 – Moderate – Pain on normal movements of all affected joints upto 1 – 4 hrs.

3 – Severe – Pain even at rest for more than 4 hrs. grossly affecting all joints leading to disability.

Swelling

0 – No Swelling

1 – Mild (Slight) – Swelling slightly obvious more in the its in comparison with normal joint.

2 – Moderate – Swelling covers well the bony prominences of affected joints.

3 – Severe – Swelling much elevated so that the joints seem grossly deformed.

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Stiffness

- 0 – No Stiffness or lasts for 5 mts.
- 1 – Mild – Stiffness lasts for 5 mts. – 2 hrs.
- 2 – Moderate – Stiffness lasts for 2 hrs. – 8 hrs.
- 3 – Severe – Stiffness lasts more than 8 hrs.

Redness

- 0 – No Redness
- 1 – Mild – Redness
- 2 – Moderate – Redness
- 3 – Severe – Redness

Tenderness

- 0 – No Tenderness
- 1 – Subjective experience of tenderness
- 2 – Winling of face on pressure
- 3 – Winling of face with drawl of affected part on pressure.

Crepitus

- 0 – No Crepitation s
- 1 – Mild – Fine Crepitation s
- 2 – Moderate – Coarse Crepitation s

Jwara / Fever

- 0 – No Jwara / Fever
- 1 – Temp. 990F to 1010 F
- 2 – Temp. 1010F to 1020 F
- 3 – Temp. 1030 F & above.

ESR

- 0 – Normal
- 1 – 21 – 30 mm / hr.
- 2 – 31 mm / hr to 40 mm / hr.
- 4.- 41 mm/ hr & above.

Results

- More patients are in 25-45 yrs of age & females are dominant.
- Occupation was not significant by scattering the patients in different groups almost equally. Middle and poor socio economic status patients are dominating in the study.
- Vat kapha prakruthi patients were maximum
- The patients with mandagni were reported more which signifies the socio – economic status and nature of work.

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- The results of the effect of the drug is divided into 3 groups.
- The drug shown highly significant improvement ($P > 0.001$), in the associated symptoms and highly significant ($P > 0.001$) in chief complaints and no effect was shown in RA+ve, Crp +ve, cripitation, deformities and rheumatoid nodules.
- And no effects were produced in particular set of serological tests and deformities. It may be because of the tough anatomical and pathological manifestation.

Discussion

Ama and vata are the root cause of rheumatoid arthritis. Srotorodha by ama and its circulation in the body and getting lodged in sandhi contributes towards the symptom complex amavata is the etiopathogenesis of Amavata or rheumatoid arthritis.

The constituents of Amavatari rasa rich in katu and tikta rasa, ushna veerya, these qualities will work at the level of ama by Deepana and pachana activities, substantiating the classics tikta deepanani katuni cha. The drug is dominated by madhura vipaka hence it pacifies vata dosa with out increasing the ama qualities. Hence breaking ama and vata complex.

Conclusion

- Amavatari rasa is one of the common formulation recommended by various classics for Amavata.
- Ingredients of Amavatari rasa is a unique combination for samprapti vighatana of Amavata.
- Amavatari rasa eliminates ama in facilitating samprapti vighatana.
- The treatment adopted is shamana therapy which is effective in reducing the inflammatory process and given the satisfactory relief.
- Sandhishula, shota, jadyata, ragata, sparshasahatwa are highly significantly ($P < 0.001$) reduced.
- Aruchi, apaka vibandhata jwara, antrakujan, are also highly significantly ($P < 0.001$) reduced.
- ESR, walking time decreased by administering Amavatari rasa.
- No adverse drug reaction or hyper sensitivity was clinically noticed during the study.

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Development of Anatomical Knowledge in Ancient Period

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Abstract:

History can refer academic discipline. It describes a sequence of past events in the manner of, discovery, organization, presentation and interpretation of events. History of anatomy is very interesting. It interprets development of anatomical knowledge from dissection of animals to human. Various anatomists contribute for development of anatomical knowledge from all over world.

So, various anatomists from all over world and their contribution to medical faculty is studied in this article

Keywords: Anatomy, Various anatomists, Dissection of animal body, dissection of human body

1. Introduction:-

Anatomy is the branch of Biology concerned with the bodily structure of humans, animals and other living organisms especially as revealed by dissection and separation of body parts.

Human Anatomy is one of the basic essential sciences of Medicine. It is divided into microscopic and macroscopic anatomy

Macroscopic anatomy or Gross Anatomy describes structures, organs, muscles, and boneset. which are visible to the naked eye.

Microscopic Anatomy is the study of tissues, it may further separated into Cytology, Histology

Embryology is the study of development of the human body from fertilization of the ovum and sperm till Birth.

Development of all branches of anatomy was started from observations of animals, also from dissection of animals to human being.

2. Aims and objectives:

1. To study history of anatomy.
2. To learn various methods of anatomical dissection and theory of various anatomists all over the world.
3. To explain anatomy helps in development of medical knowledge.

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3. Materials and methods:

Information was collected from historical books of anatomy as well as from internet sources. Collection of information was mentioned in this article in chronological order.

Historical aspect of Anatomy:

History of human anatomy is very interesting. In India *AcharayaSushrutstated MrutShodhan Padhatti* to learn Human anatomy. He stated about it in ShushrutSamhitaSharirsthana and explained about how to learn various structures in the body. Study of a

The study of Human Anatomy is ongoing thousands of years.

Egypt:

In whole world Egyptians are played great role for learning the Anatomy. The study of anatomy begins at least as early as 1600 B. C.

The Egyptians preserved dead bodies, known as Mummy and then learned anatomy. This Egyptian treatises shows that the heart, its vessels, liver, spleen, Kidneys, hypothalamus, uterus and Bladder Show that its vessels, [liver spleen, kidneys, hypothalamus, uterus](#) and [bladder](#) were identified and also described that the other vessels carries air and Mucus.

Ebers Papyrus (C.1500 B.C.):

He wrote on the heart that it is the centre of the blood supply. It supplies the blood to whole body parts.

Egyptians also known about functions of Kidneys.

Greek advances in Human Anatomy:

Greek is the ancient capital for the study of Anatomy. Various famous anatomists were from Greek.

Alcmaeon :

He began to construct background to the medical and anatomical science. He identified the optic nerves and the tubes known as Eustachius.

Acron, (480 BC), Pausanias (480 BC) and Philistion of Locri made investigation into anatomy.

Empedocels (480BC)

He argued heart was chief organ of vascular system.

Hippocrati Corpus:

Collected medical texts by various authors. The texts shows description of musculoskeletal structure, functions of Kidneys, the trisuspid valve of the heart and its functions.

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Aristotle-(4th century BCE):

He found comparative Anatomy.

Praxagoras:

Same time of Aristotle, First to identify the difference between arteries and Veins and relations between organs.

(About 300 to the 2nd Century BC):

First recorded school of anatomy was in **Alexandria**.

King Ptolemy I Soter

He was the first to allow for medical officials to cut open and examine the dead bodies for the purpose of learning the structures and functions of human body. King Ptolemy also took part in these dissections. Most of early dissections were done on executed criminals

Herophilos and Erasistratus:

Gained permission to perform live dissection /vivisection on Criminals in Alexandria.

Herphilos was the first physician to dissect human bodies and considered to be the founder of Anatomy.

Aristotle made an argument that the heart was the “seat of intelligence” but Herophilos argued that the brain was the “seat of intelligence”. Herophilus distinguished between veins and arteries and made many other accurate observations about the nervous system of body.

2nd Century:

Galen was great anatomist of ancient times. He was able to study all kinds of wounds without performing any actual human dissections. He was able to view much of the abdominal cavity. The information stated by Galen became authorized foundation for all medical writers and physicians for next 1300 years. Galens statement was challenged by Vesalius and Harvey in 16th Century.

600-1100s:

Galen,s anatomical treatises translated from Arabic into latin , later from the Greek Original.

Early Modern Anatomy:

In 1335 **Mondino De Liuzzi** was credited for the first human dissection recorded for Western Europe.

At Bologna University in 1316 he published a book called “Anathomia” .It consists of detailed dissections that he had performed. This book was used as a text book in universities for 250 years. First time he carried out systemic human dissection.

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The first major development in anatomy in Christian Europe since the fall of Rome occurred at Bologna. Here anatomists dissected cadavers and contributed to the accurate description of organs and their functions.

1400-1900:

Leonardo da Vinci:

In 1489 Leonardo da Vinci made use of his anatomical knowledge in his artwork, making many sketches of skeletons, muscles and organs of human and other vertebrates he dissected.

As an anatomist-artist he made many important discoveries and published a book on Human Anatomy. About Arteriosclerosis and Cirrhosis of liver mentioned in his book. He was the first to develop drawing techniques in anatomy. He made total 500 Diagrams in his 60 notebooks.

Vesalius:

Born and educated in Belgium. He openly rejected Galen's anatomical teaching. He challenged Galen "drawing for drawing and publish a treatise "De humani Corporis Fabrica."

His work played a major role in relation to medicine. His evident skill led to his appointment as professor of surgery and anatomy at the University of Padua.

16-17 Century:

The 16th -17th centuries also witnessed significant advances in the understanding of the circulatory system, blood flow from left to right ventricles, Hepatic vein, lymphatic system.

1670-1690:

Schwammerdam, Rusch and others start making anatomical museums and specimens. Bidloo create movement toward greater anatomical realism.

17th and 18th Centuries:

At the beginning of the 17th century the use of cadavers for dissection influenced anatomy.

Many famous artists attended anatomy, attended dissections and published drawings for money from Michelangelo to Rembrandt.

In this century a well-known anatomist Willum Harvey discovered circulation of blood and heart, published a book on embryology. Many European cities, Amsterdam, London, Copenhagen, Padua and Paris all had royal anatomists.

18-19th Centuries:

In these centuries major anatomist included Cuvier, Meckel, and Henry Gray.

21st century:

The Peninsula College of Medicine and Dentistry in the U.K. founded in 2000. It becomes 1st modern medical school to carry out its anatomy without dissection. Now a

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day's study of anatomical structures is done with the help of X-ray, MRI,CTscan and other imaging techniques.

5. Discussion and conclusion:

We know Indian theory of *mrutshodhanpaddhatti*. This type of literary study explains history of anatomy as well as theory of various anatomists.

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Study of Management of Oligospermia with Kawachbeej Ghana Prayoga

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Abstract :-

Inferility is a problem of global proportions affecting on an average 8-12% of couples worldwide, out of many causes of male infertility Oligospermia is the leading cause.

There is no satisfactory treatment in modern medicine for this condition Ayurveda is a better option for this . In Ayurveda terms like kshina shukra, Apla retas, shukra dosha indicates towards Oligospermia . In this article focussing on the management of Oligospermia through Ayurvedic preparations.

Keywords :- Oligospermia ,Alpa retasa Kshinaretasa,Kawach beej ghana

Introduction :

Inferility is defined as the inability of a couple to conceive after 1 or more years of regular unprotected intercourse . It is estimated to affect 10% -15% of all couples.

In almost half of such cases, a male factor is involved . Most of the infertile men are reported to have a low sperm concentration and decreased motility as the cause . Alteration in spermatogenesis may result in release of immature or abnormal sperms in the ejaculate .

Oligospermia it termed as Ksheena shukra in Ayurvedic texts which indicates low volume and less number of sperms in seminal fluid According to WHO standards sperm count above 15 milion/ml is considered normal, Count less than this is considered as Oligospermia. Oligospermia contributes to about 13.94 % of causes of male infertility . Recent studies have indicated that the prevalence of Oligospermia is high in the metropolitan cities as well as smaller towns of India According to Ayurveda a healthy life style and healthy diet promotes health in this context Ayurveda provides better solution in the form of Proper dietary management , Life style advice, panchkarma ,Yoga,medicinal treatment for management of Oligospermia .

Aim and Objective :

- To study efficacy of treatment of Oligospermia by Ayurvedic Formulation

Review of Literature :

This article is based on a review of Ayurvedic texts, material related to oligospermia and treatment have been collected . The main Ayurvedic texts used in study

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are Charaka Samhita, Sushruta Samhita Ashtang Sangraha, Ashtang hridayam Bhavaprakasha, Sharangdhara Samhita and all available commentaries on these .Also referred to modern texts research articles and relevant materials.

Method and Materials :-

This study is an Open-lable, non-comparative and exploratory study. For this study ready preparation of “ Kawach beej Ghan” formulated by Chaitanya Pharmacy is used “ Ghanavati ‘ Is the calibrated concentrated dried extract of the herb.

It disintegrates within 10 minutes, enabling faster action .Even smaller doses are very effective because of higher concentration ratio, Original taste and flavours too.The herbs are tested for quality as per the norms laid down in “Indian pharmacopia .Each ghana contains 150 mg Aq. exrtract of Mucuna Prurita.

Discussion :-

Oligospermia is a condition in which sperm count is reduced .

* Major causes of Oligospermia :-

- 1.Congenital : Undescended testes, hypospadias ,Kartagener syndrome
- 2.Thermal Factor : scrotal temperature should be less than 20 F than the body temp. It increases in varicocele hydrocele ,filiriasis. Tight under garments .working in hot atmosphere.
- 3.Infection : Mumps orchities after puberty, syphilis, Bronchiectasis.
- 4.Genetics: Klinefelter’s syndrome (47xxy)
- 5.Endocrinal : Hypopituitarism ,thyroidism Adrenal hyperplasia.
- 6.Systemic diseases : AIDS, Renal failure, D.M. Vit A deficiency
Addictions : Alcohol,Tobacco addiction
- 8.Iatrogenic : Radiation Cytotoxic drugs, antihypertensives, some antibiotics, anticonvulsant may hinder spermatogenesis.

Causative factors according to Ayurveda :

1. Ativyavaya
2. Ativyayam
3. Asatmya sevan
4. Akala Maithun
5. Ayonimaithun
6. Amaithun
7. Narinam arasadnyanam (Loss of libido)
8. Jara, chinta, shokam, Bhaya, Krodha
9. Vegavarodha
10. Vyadhikaran
11. Dosha dhatu vaishamya

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Investigations :-

1. CBC ,Urine routine
2. Ultrasonography of scrotum
3. atleast two semen sample analysis
4. Physical Examination
5. Hormonal assay
6. Genital Tract imaging
7. Testicular biopsy
8. FNAC of testies

Management through Modern Medicine :

1. In Obstructive Azoospermia -Microsurgical reconstruction
2. Anti-sperm antibody-Immune-suppression by cyclic steroid
3. Varicocele - Varicocelectomy
4. In obstruction of ejaculatory duct transurethral resection of ejaculatory duct (TURED)
5. Artificial insemination
6. In vitro fertilization (IVF)
7. ICSI (Intracytoplasmic sperm injection
8. GIFT
- 9) ZIFT

Management according to Ayurveda :

According to Ayurveda ,normal characteristics and quantity of shukra dhatu is : sphatikabham (alum white) Dravam (gel like), snigdham (Viscid) Madhura (sweet in taste) , Madhugandhi (Smells like honey) shukra dhatu normal quantity is about 1/2 anjali.

According to Ayurveda shukra doshas can be very well managed by using Rasayana and vajikarana Chikitsa. Variety of drugs are suggested in the text in this context.

Kapikachu or Kawach beej is also praised as a noble aphrodisiac . It is well-known as Mucuna Pruriens. In Mucuna pruriens , the primary compound found is L-dopa / Levodopa.

It is a precursor to dopamine adrenaline and non-adrenaline . Dopamine stimulates pituitary gland and,maintanes healthy release of growth hormones throughout life. Thus it protect body from debilities and weaknesses. so it helps in the problem of loss of libido. It boost-up functions of testicles, improve its link with pituitary gland and promotes production of healthy and motile sperms in higher number. It increases blood circulation to genitals,decreases anxiety and psychological stress. It increases stamina and vigour Improves muscle tone and increases level of bio-available testosterone. It improves semen quality by preventing cellular oxidative stress, stimulates sperm production and maintances

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healthy sperm balance in the ejaculate. Prevents damage to sperm caused by free radicals, stress or age.

It has palatable taste It is used in many invigorating medicines as well as it is used as a supplementary food product since from years. It's ghana vati is very effective, palatable . It can be taken along with milk or alone It's reference is given in “ Bhav Prakash” Purva Khand page No 467. It is advised to take two tablets twice a day with milk for atleast three months

Conclusion :-

As per above discussion, we can conclude that Ayurvedic formulation are simple, effective, harmless and quiet economical options for treating oligospermia ,Kawach beej Ghana vati is very assuring remedy in this condition,

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Effective Role of Yoga in Infertility

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Introduction

In today's high-profile lifestyle era 20-25% couples are affected through infertility. There are several reasons like fast and modern life style, age factor etc. which can cause infertility in you. Although we live in today's modern lifestyle the basic thing is negative or inferior complex, stress, anxiety which tends to physical and mental illness, in form of instability, prone to addiction which affects to reproductive organs because these factors affect hormonal balance. No direct correlation has been documented between yoga and fertility. But a 1993 study found that women undergoing infertility treatment have more levels of stress and depression in compare to other diseases. Specific yoga practice including quiet asana, breathing technique and meditation can be used to improve fertility by balancing hormonal imbalance. These yoga practices enhance fertility by stimulating hormone levels and improving blood and nutrients supply to reproductive organs. For older couples yoga can slow down the aging of organs and tissue which are detrimental for ability to get pregnant.

Aim and Objectives:

1. To re-evaluate, discuss, and elaborate the yoga poses and their effect on fertility.
2. To understand the health-related problems of the infertile couples; changing life style is a risk factor for fertility and its management through Yoga.

Materials and Methods:

This article is based on a review of Ayurvedic texts. Materials related to yoga, its physical, psychological benefits and other relevant topics have been collected. We have also referred to the modern texts and internet media to collect information on the relevant topics.

Conceptual study:

What is Yoga?

Yoga practice includes asana, breathing technique and meditation i.e. relaxation stage. In practice it can be said that the various posture brings about many important results

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physical and otherwise. For example, during some of them various nerve centres are activated these effectively help to control the irregularities in body and the purification of our mental nature i.e. suppression of some animal passions. In padmasana the energy column becomes absolutely straight. The energy column is probably the space inside the spinal cord through which CSF is flowing. So, the flow of CSF should be remaining unobstructed, uninterrupted. The normal tendency of CSF is flowing downward because it is secreted at the top from choroid plexus in lateral ventricle of brain. That CSF which drops on top of the hypothalamus probably takes hypothalamic releasing factors in it, travels downward and gets absorbed in vein. Probable aim of all these sitting postures is to reverse this flow so that hypothalamic releasing factors are not wasted. They are stored there controlling the ageing process of human being. Thus that results into averting physiological aging process because hypothalamus controls food fear and sex. Hatha yoga declares that practicing of asanas will give stability health and normal physiological function of body.

Physical benefits

1. Increased strength
2. Muscle toning
3. Proper body alignment
4. Proper breathing pattern
5. Boosts blood circulation

Psychological benefits:

1. Acquisition of a positive attitude
2. Reduced level of anxiety
3. Minimize mental fatigue
4. Balance in mind and body
5. Eliminate stress

Physiological benefits

Endocrine System: Responsible for hormone regulation and reproductive health.

Nervous System: Moving from a sympathetic (fight or flight) state to a parasympathetic state (which is essential for the reproductive system to work).

The Health Benefits of Yoga for Men

Men are subject to infertility problems like low sperm count, which is quite often related to high stress levels. When they tend to suffer from continuous stress, cortisol is released into the blood stream causing low sperm count and low sperm motility leading to

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low fertility. Regular Yoga practice helps release stress and most importantly yoga can help regain sexual stamina.

The Health Benefits of Yoga for Women

Many women are not aware of the health benefits of yoga to increase fertility and improve their chances of getting pregnant. Yoga can assist women with infertility release stress and re-gain a sense of wholeness and inner peace. Many women notice a more regular menstrual cycle and an easier period. Better sleep and better relationship with their partner is an added bonus of yoga practice.

Most Important Health Benefits of Yoga

1. Yoga simulates the internal organs of the body.
2. Yoga increases flexibility and tones your muscles.
3. Yoga detoxifies the body by increasing blood circulation to the reproductive organs.
4. Yoga stimulates ovulation and improves sperm count.
5. Yoga rejuvenates your cells, tissues, and organs, giving you an overall younger look.
6. Yoga harmonizes your mind and your body to help you release stress.
7. Yoga improves digestion.
8. Yoga improves sleep patterns.
9. Yoga helps couples increase chances of conception by increasing emotional connection and intimacy.
10. Yoga increases sexual performance.

Yoga Poses for Fertility

Hero Pose

There are many grounding yoga poses, but this one is very simple to execute. It also energizes your lower body and brings power to your mind by increasing focus and concentration. It empowers you and releases any fears that may create mental blocks.

- Sit on your knees.
- Lift your buttocks slightly so that you can move your feet apart, placing them just on either side of your buttocks.
- Keep your knees together.
- Place the palms of your hands on your lap.
- Stretch your torso up and look straight ahead.
- Continue breathing slowly and stay in this pose as long as you want.

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Cobra Pose

There are many yoga poses that bring energy and vitality to your reproductive organs, but this one is very effecting in increasing blood flow as well.

- Lie face down with your feet together and your toes pointing behind you.
- Place your hands flat on the floor close to your body and beside your rib cage.
- As you inhale, gently push off your hands, lifting your head and chest off the ground and tilt your head back.
- Feel your chest moving forward as well as upward, this will help you from straining the lower back. Go as far as it feels comfortable.
- Exhale and gently move your head toward the floor with your forehead almost touching it.
- Lift yourself up to a sitting position going through a kneeling position.
- Do not forget to breath.

Relaxation Pose

This pose is the most relaxing of all the yoga poses. You should always start and end your practice with this pose. If you do not have time for other poses, just do this one. This pose will help you reduce stress and find a way to connect your mind with your body. Forming this connection as often as possible adds a tremendous healing power to your body. If you have to choose only one pose to practice to reduce your stress levels and increase the chances of conception, this is the one. Practice it every day for at least 20 minutes. This yoga for fertility pose is indicated for both partners.

- Lie on the floor and relax.
- Relax your body and let your jaw become loose.
- Close your eyes and pay attention to your breathing pattern.
- Inhale a long and slow breath, followed by an equally long and slow exhalation.
- Feel your abdomen lifting during the inhalation and visualize healing and soothing energy of white, pink or orange colour fill your pelvic organs.
- During exhalation, feel your abdomen going down and imagine all the blocks that prevent you from getting pregnant going away.
- Continue this practice for 5 to ten breaths, and then allow your breath to assume its own natural rhythm.
- If your mind wonders and you start to think about things that make you tense or worried, simple acknowledge your thoughts and then send them away in your next exhale breathe.
- To come out of this yoga pose, bend one knee and roll over to your side.
- Stay there for a couple of breaths before getting up slowly.

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The Lotus Pose (Padmasana) Although you will not be able to do this your first try, with practice you will be able to easily do a lotus pose. The lotus poses centre the body, aids the abdominal muscles and reproductive areas.

- Start by sitting down cross-legged as you normally would.
- Then slowly lift the right leg, bending at the hip not the knee.
- Place the right foot lightly in the bend of your left arm and the right knee in the bend of your right arm.
- Relax and slowly put the right foot over the left thigh with the right knee touching the floor.
- Repeat the sequence with the left leg.
- Let your index and thumb fingers of each hand touch and rest each arm on your legs.

Conclusion

In today's world the worst challenges faced by couples is Infertility. Yoga can help people cope with the challenges of infertility. Simple postural, breathing, relaxation and meditation practices would lead to enhancement of fertility. The practices include specific postures, mantras and breathing techniques. These exercises enhance fertility by stimulating hormone levels and improving blood and nutrients supply to reproductive organs. In doing this they maximize the vitality of these organs. Regular Yoga practice helps release stress and most importantly yoga can help regain sexual stamina. Thus, Yoga can be an effective approach for many couples to let their dreams come true.

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Anveshan 2018**Critical Review of Yoga, Ayurved and Modern Medicine in the Management of Spondylosis****Dr. Rahul A. Jadhav,**

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Abstract

The Biggest Killer in the world today is the Modern Lifestyle; like high stressful job, sedentary life style, wrong food habits, lack of exercise and improper sitting postures creates spine disorders. That's why spondylosis is not just an degenerative disorder of vertebrae also a life style disorder. Management of spondylosis has been a challenge for health care professional due to the lack of curative approach in the main stream medicine and unreliable outcome of surgical intervention. Life style disorders in general require a holistic approach for long term and curative management. Ayurveda and Yoga sciences aim at developing the physical, mental, intellectual, emotional and spiritual levels of human being with the holistic approach. In ayurved spondylosis has been categorized under vata vyadhi. There are number of medicines described in the texts for vata vyadhi and many of them are in regular practical use. Also shodhan chikitsa like Basti karma has been proved very effective in the management of vata vyadhi. Practice of yoga can lead to postural corrections, relaxation of muscles and structural changes in the joints which helps in the regeneration & realignment of the bones & cartilages. Yoga can be more reliable in long run because of lack of significant drawbacks in its therapeutic use. Yoga is not just an exercise but the physio-psyche-spiritual experience. Even though the proper management and prevention of spondylosis can be done with the help of yogic therapy, holistic approach with combination of Ayurvedic treatment with yogic therapy can benefit the patients with spondylosis than the singular use. This critical review is an effort to summarize and evaluate different ideas and information to better understand Spondylosis and possible role of different management approaches after taking into consideration both the strengths and weaknesses of the material under review based on classical and contemporary sources. This article expresses the writer's point of view in the light of what is already known on the subject and what is acquired from related texts.

Key words:- Yoga, Ayurved, Spondylosis, Basti, Physical Therapy.

Introduction

Ayurveda is a science of life with complete holistic approach towards preventive, curative and spiritual line of treatment.

Ayurveda and yoga are based on the knowledge of veda and darshan shastra hence are unique and eternal sciences. Both the sciences have evolved from the same philosophy, culture and country. They look at human beings from the same holistic angle. Ayurveda is the science of life or longevity. Yoga is the science of linking the individual self with the universal self; both the sciences aim at developing the physical, mental, intellectual, emotional and spiritual levels of human being.

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नास्तियोगातपरमबलम् | घेरंडसंहिता १.४

Yoga therapies prescribe specific regimes, posture, breathing exercises and relaxation techniques to suit individual needs.

स्थिर सुखम् आसनम् | पा.यो.२.४६

Its means is a posture which is steady and comfortable. Asana is capacity to hold still for a long time in a composed and peaceful state, with minimum energy expenditure. Asana are physio-psyche-spiritual postures.

Modern Medicine is the science and practice of the diagnosis, treatment, and prevention of diseases. Medicine encompasses a variety of the prevention and treatment of illness. Contemporary medicine applies biomedical sciences, biomedical research, genetics, and medical technology to diagnose, treat, and prevent injury and disease, typically through pharmaceuticals or surgery, but also through therapies as diverse as psychotherapy, external splints and traction, medical devices, biologics, and ionizing radiation, amongst others.

In the desire for more and more comfortable and easy life, man is changing his life style, form the pre-vedic period to modern era, continuously. Ayurveda-the science of life had observed all the changes and was proved to be much effective in each stage of change. Man has changed his habits of eating, sleeping and also habit of travelling. Being a medical science, ayurveda is always in connection with habits and rules of community. Various communal activity and needs are described in ayurveda, regarding their effect on the health.

The Biggest Killer in the world today is the Modern Lifestyle; like high stressful job, sedentary life style, wrong food habits, lack of exercise and improper sitting postures creates pain in the cervical and lumbar region. That's why spondylosis is not just an degenerative disorder of vertebrae but it's a life style disorder

An axial endoskeleton, first as a notochord & then a vertebral column, provides the basic distinguishing feature of the phylum, "the vertebrata" to which of course, mankind belong. In the modification & elaboration to various forms of locomotion, the vertebral column was exposed to new patterns of force in the distribution of weight & muscular tensions. The intervening arrangements of the skeleton, muscles & other appendage structures permit some degree of angulations, torsion or displacement. Forming junction regions of greater pliancy between their individual components. These conditions can lead to spondylosis.

This critical review is an effort to summarize and evaluate different ideas and information to better understand Spondylosis as an lifestyle disorder of musculo-skeletal system and possible role of different management approaches after taking into consideration both the strengths and weaknesses of the material under review based on classical and contemporary sources.

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This article expresses the writer's point of view in the light of what is already known on the subject and what is acquired from related texts.

Observations

Spondylosis

Spondylosis is a broad term meaning degeneration of the spinal column from any cause. In the more narrow sense it refers to spinalosteoarthritis, the age-related wear and tear of the spinal column, which is the most common cause of spondylosis. The degenerative process in osteoarthritis chiefly affects the vertebral bodies, the neural foramina and the facet joints.

Spondylosis sign and symptoms

1. When the space between two adjacent vertebrae narrows, compression of a nerve root emerging from the spinal cord may result in radiculopathy; which is sensory and motor disturbances, such as severe pain in the neck, shoulder, arm, back, or leg, accompanied by muscle weakness.
2. Less commonly, direct pressure on the spinal cord (typically in the cervical spine) may result in myelopathy, characterized by global weakness, gait dysfunction, loss of balance, and loss of bowel or bladder control.
3. The patient may experience shocks (paresthesia) in hands and legs because of nerve compression and lack of blood flow.
4. If vertebrae of the neck are involved it is labelled cervical spondylosis. Lower back spondylosis is labeled lumbar spondylosis.

Causes of Spondylosis

1. Spondylosis is caused from years of constant abnormal pressure, from joint subluxation or poor posture, being placed on the vertebrae, and the discs between them.
2. The abnormal stress causes the body to form new bone in order to compensate for the new weight distribution. This abnormal weight bearing from bone displacement will cause spondylosis to occur. Poor postures and loss of the normal spinal curves can lead to spondylosis as well.
3. Spondylosis can affect a person at any age; however, older people are more susceptible.

Diagnosis of Spondylosis

1. Cervical Compression Test is performed by laterally flexing the patient's head and placing downward pressure on it. A positive sign is neck or shoulder pain on the

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ipsilateral side, that is, the side to which the head is laterally flexed. This is somewhat predictive of cervical spondylosis.

2. Lhermitte sign: feeling of electrical shock with neck flexion;
3. Reduced range of motion of the neck, the most frequent objective finding on physical examination.
4. MRI and CT scans are helpful for pain diagnosis but generally are not definitive and must be considered together with physical examinations and history.

Management of spondylosis

Many aproches and different medicinal sciences are being used in the management and treatment of spondylosis.

Modern medicine

Treatment is usually conservative in nature. Patient education on lifestyle modifications and nonsteroidal anti-inflammatory drugs (NSAIDs) and physical therapy, chiropractic care are common forms of manual care that help manage such conditions. But any of these treatment measures does not cure the degeneration.

Surgery is advocated for cervical radiculopathy in patients who have intractable pain, progressive symptoms, or weakness that fails to improve with conservative therapy but Surgical indications for cervical spondylosis with myelopathy remain somewhat controversial. By far the most effective management with long term goals are the physical therapy and spine traction.

Spinal traction is a form of decompression therapy that relieves pressure on the spine. It can be performed manually or mechanically. Spinal traction is used to treat herniated discs, sciatica, degenerative disc disease, pinched nerves, and many other back conditions.

I.Mode of action of spinal traction.

Spinal traction stretches the spine to take pressure off compressed discs. This straightens the spine and improves the body's ability to heal itself.

II.Method of administration of spinal traction

Spinal traction therapy can be administered manually or mechanically, depending on your needs.

- a) **MANUAL SPINAL TRACTION** : In manual spinal traction, a physical therapist uses their hands to put people in a state of traction. Then they use manual force on the joints and muscles to widen the spaces between vertebrae.
- b) **MECHANICAL SPINAL TRACTION**: In mechanical spinal traction, you will lie on a table that has special tools to stretch the spine. A physical therapist will attach a series of ropes, slings, and pulleys to your body to mechanically relieve pressure.

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III.RESULTS OF SPINAL TRACTION

The results of spinal traction include pain relief, proper spinal alignment, and decompressed joints. Spinal traction stretches the muscles and bones in the back to combat the effects of gravity. Under the right circumstances, this could significantly improve the way you move and feel throughout the day.

IV.SIDE EFFECTS OF SPINE TRACTION

Spinal traction can sometimes cause pain that is worse than the original condition. Those with osteoporosis and certain types of cancer should not use traction therapy. Spinal traction is known to cause muscle spasms. Most doctors are prepared for this to happen during or after therapy.

Drawbacks of Modern Medicine

Lack of curative approach and limitations of traction therapy is the major drawback of modern medicine in the management of spondylosis.

Ayurved medicine

Ayurvedic approach for this condition is both conservative and curative. In ayurved spondylosis has been categorized under vata vyadhi as Manyashoola, prushtashoola and katischoola. There are number of medicines described in the texts for vata vyadhi and many of them are in regular practical use. They are as good as the medicines of modern science in pain management without any unwanted side effects and the additional effect that they stimulate the process of healing. However many of the treatments for cervical spondylosis have not been subjected to rigorous, controlled trials.

The Panchkarma:

It is the Shodhana Chikitsa which aims at removing the excess of dosha. Panchakarma is a five-fold therapy; it is highly individualized based on the needs of the individual depending on the Ayurvedic constitutional type, Imbalances of dosha, age, digestive strength, immune status, and many other factors. Most notably Basti karma has been proved very effective in the management of vata vyadhi like spondylosis along with some purva karma like Snehana, Swedana, Dhara, Kati basti and Manya basti. Nasya karma has also been indicated in management of manya graha i.e. neck stiffness and has been proven effective.

Mode of action of Basti:

Vata is a very active principle in pathogenesis. If we can control vata through the use of basti, we have gone a long way in going to the root cause of the vast majority of diseases.

Vata is the main etiological factor in the manifestation of diseases. It is the motive force behind the elimination and retention of feces, urine, bile and other excreta. Vata is mainly located in the large intestine, but bone tissue (asthi dhatu) is also a site for vata.

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Hence the medication administered rectally effects asthi dhatu. The mucus membrane of the colon is related to the outer covering of the bones, which nourishes the bones. Therefore, any medication given rectally goes into the deeper tissues, like bones, and corrects vata disorders.

Classification of Basti

There are Eight main types of basti, according to traditional texts, each with their own indications and contra-indications as listed below.

1. Anuvasana (oil enema) is used in pure vata disorders and when a person is having excess hunger or dryness related to vata imbalances.
2. Niruha-Asthapana (decoction enema) is used, among other conditions, for evacuation of vata, nervous diseases, gastro-intestinal vata conditions, gout, certain fever conditions, unconsciousness, certain urinary conditions, appetite, pain, hyperacidity and heart diseases.
3. Uttara Basti (through the urethra with men or vagina with women) is used for selected semen and ovulation disorders and for some problems involving painful urination or bladder infections. This is not to be used for someone with diabetes.
4. Matra Basti (daily oil enema) is used by someone emaciated by overwork or too much exercise, too much heavy lifting, walking too long a distance, too much sexual activity or someone with chronic vata disorders. It does not need to be accompanied by any strict dietary restriction or daily routine and can be administered, in the appropriate cases, in all seasons. It gives strength, promotes weight and helps elimination of waste products.
5. Karma Basti (schedule of 30 bastis),
6. Kala Basti (schedule of 15 bastis; 10 oil + 5 decoction)
7. Yoga Basti (schedule of 8 bastis; 5 oil + 3 decoction).

In karma, kala and yoga bastis, it is better to give both types of basti in combination and not oil and decoction separately. The conditions under which these are recommended are too detailed to be able to list in this article. In general, the indications and contra-indications that apply to basti also apply here.

8. Bruhana Basti (nutritional enema) is used for providing deep nutrition in select conditions. Traditionally, highly nutritive substances have been used, such as warm milk, meat broth, bone marrow soup and herbs like shatavari or ashwagandha.

Drawbacks of Ayurved Treatment.

The major drawback of basti is cost. Like most panchkarma methods the basti treatment can be very expensive. Another drawback of ayurved treatment in general is lack

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of awareness in rural population. Ayurvedic treatment is not easily accessible for most of the rural population.

Yoga shastra

Yoga has a great role to prevent and cure many of the so called life style disorder. Aasanas can be practiced without causing any undue disturbances in their daily routine of life by anybody irrespective of age, sex, place, climate or any other such factor.

By performing the asana superficial muscles relax and after holding the position gradually nervous system relaxes and stimulate Golgi tendon reflex responsible for relaxing muscles and also relaxes deep muscles. This relaxation allows flexing of muscles and one can stretch muscle without effort even more. Continuous following of asana lead to postural corrections, relaxation of muscles and structural changes in the joints which helps in the regeneration & realignment of the bones & cartilages which can be classified into these different stages.

Reaction Phase (>4 days)

Supports Tissue Healing Process Where Range of motion is within the Pain-free range without resistance.

Regenerative Phase (0-6 week)

Optimize the Normal regenerative phase (Elimination of the Debris, Revascularization, Fibroblast proliferation) Minimize Inflammation, protects Neurovascularization, limit duration of Inflammatory response, stimulate Protein production.

Remodelling Phase (1-3 months) +

Influence the Remodelling phase (Contraction of Scar tissue, Maturation of Collagen, Increase in Tensile strength, Re-establishes Range of movement, enhance Proprioception

Many asana are useful for the purpose but following is the list of asana by the order of their efficacy and which are easy to do and don't require much training.

For Cervical spondylosis:

- Bhujangasana
- Makrasana
- Ushtrasana
- Gomukhasana
- Ardhamatsyendrasana
- Parvatasana

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For lumbar spondylosis:

- Shalabhasana
- Pavanmuktasana
- Bhujangasana
- Ardhakatichakrasana
- Trikonasana
- Padmasana
- Padottanasana
- Pashchimottanasana

Pranayama for spondylosis:

- Anulomvilom
- Suryabhedhi
- Nadishudhhi
- Bhramari

Procedure of Aasana:

During the initial phase asana should be practiced under supervision and guidance of a trained professional or vaidya

Total time for procedure is 10-15mins. (Relaxation + Asana)

Division of which is as follow.

- Stretching exercise for 2-3 mins
- Prnayama for 1-2 mins.
- Procedure time for one Aasana is 8-10mins.

With determination and help from yoga any person can tackle the problem of spondylosis or any other musculo-skeletal disorders and achieve much more because yoga is not just an exercise but the physio-psyche-spiritual experience.

Drawback of Yoga therapy

The only possible drawback of yoga therapy in the management of spine disorders is lack of awareness and availability of professional yoga trainer.

Conclusion

Spondylosis and other spine disorders are result of stressful job, sedentary life style, wrong food habits, lack of exercise and improper sitting, walking and working postures. Spondylosis is a broad term meaning degeneration of the spinal column from any cause.

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The degenerative process in osteoarthritis chiefly affects the vertebral bodies, the neural foramina and the facet joints. This problem should be addressed with holistic approach. Modern medicine can give pain relief in acute conditions but it lack an effective and reliable curative approach. Ayurveda is a science of life with complete holistic approach towards preventive, curative and spiritual line of treatment and Yoga is the science of linking the individual self with the universal self; both the sciences aim at developing the physical, mental, intellectual, emotional and spiritual levels of human being. In ayurved spondylosis has been categorized under vata vyadhi as Manyashoola, prushtashoola and katishoola. There are number of medicines described in the texts for vata vyadhi and many of them are in regular practical use. They are as good as the medicines of modern science in pain management without any unwanted side effects and the additional effect that they stimulate the process of healing. Also shodhan chikitsa like Basti karma has been proved very effective in the management of vata vyadhi like spondylosis. However Many of the treatment regimes for spondylosis have not been subjected to rigorous, controlled trials. Panchkarma methods like the basti treatment can be very expensive.

Yoga has a great role to prevent and cure many of the so called life style disorders.

By performing the asana superficial muscles relax and after holding the position gradually nervous system relaxes and stimulate Golgi tendon reflex responsible for relaxing muscles and also relaxes deep muscles. This relaxation allows flexing of muscles and one can stretch muscle without effort even more. Continuous following of asana lead to postural corrections, relaxation of muscles and structural changes in the joints which helps in the regeneration & realignment of the bones & cartilages. Yoga can be more reliable long term therapy regime because of lack of significant drawbacks in its therapeutic use. With proper training anyone can perform yoga and its almost costless as it doesn't require any specialized instruments. Yoga is not just an exercise but the physio-psyche-spiritual experience. Even though the proper management and prevention of spondylosis can be done with the help of yogic therapy, holistic approach with combination of Ayurvedic treatment with yogic therapy can benefit the patients with spondylosis than the singular use.

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Pharmacodynamics of Rasayana Karma: A Conceptual Review

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Abstract:

'Ayurveda' the science of life deals with every aspect of life. Ayurveda has two main aims:

1. *Prevention and promotion of life.*
2. *Cure from disease.*

Rasayana karma is employed for fulfilling both aims of Ayurveda. According to treatment Ayurveda divided into eight main branches. Rasayana is one of the eighth important branch of Ayurveda. Today, reprehensible food habits, incorrect life style, stress, environmental pollution etc. are exerting very harmful effects on human being. Thus they are susceptible to develop premature ageing and various life threatening disorders like cancer. Therefore to get rid of these harmful effects, Rasayana therapy is coming in consideration. It has been proved scientifically that Rasayana drugs plays important role as antioxidant, immunomodulatory, antistress and adaptogenic effects. This article review the pharmacodynamics of Rasayana drugs according to Ayurveda and modern aspect.

Keywords: *Rasayana, Pharmacodynamics, Antioxidant, Immunomodulatory, Adaptogenic.*

Introduction:

Ayurveda is the ancient system of medicine. It has two main aims 1. Prevention and promotion of health 2. Cure from disease¹. In *Ayurvedic* system human body is considered to be made up of *Panchamahabhutas* in the form of *Dosha, Dushya* and *Mala* at the physical level and *Satwa, Raja, Tama* at the mental level. The imbalance in these constituents is considered as basic cause of any disease. Imbalance in these constituents occurs due to uncontrolled or wrong dietary control, lack of exercise, environmental factors like pollution, radiation and mental stress which leads into disease formation, premature ageing and hamper good quality of life. For the management of these vitiated factors, which improves imbalanced life style a special group of medicines are recommended. This group of medicine are called as '*Rasayana*'¹, which are said to restrict the ageing process in the body. It prolongs the life span and helps to maintain a good quality of life. *Acharya Dalhan* has made its use mandatory to enjoy the full span of life³. This theory also strengthens the mind with its best qualities which facilitate the person to possess psychological wellbeing.

Aim: Conceptual review of pharmacodynamics *Rasayanakarma*.

Objectives:

1. To study the *Rasayanakarma* according to *Ayurveda*.
2. To study *Rasayanakarma* according to modern view.

Definition of *Rasayana*

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The word *Rasayana* is composed of two words i.e. *Rasa* and *Ayana*. '*Rasa*' means fluid or juice or the essence of the end product of digestion. '*Ayana*' means pathway by which *Rasa* reaches the targeted body tissues⁴.

According to *AcharyaSushruta* the substance which decrease the ageing process, increase the longevity and mental as well as physical strength and which destroys the disease process is called as *Rasayana*².

According to *AcharyaCharaka*, the substance which invigorate a healthy person by producing the best quality of *Rasa*, *Rakta* and other *Dhatus* are called as *Rasayana*¹. "Drug, diet and regimens which destroys the old age and disease is called as *Rasayana*." That means by taking *Rasayana* a person always remain healthy and young. This did not mean that one will not die. It means that even when a person at the age of 80s or 90s can able to perform normal duties and do not depend on others.

Classification of *Rasayana*

There are various classification for *Rasayana* therapy. Some of them are as follows:

A. As per scope of use

1. ***KamyarAsayana***³ – It is used to fulfill a wish/ desire/ to serve a special purpose. It is of three types
 - a) ***Pranakamyā*** – Used for achieving/ maintaining best quality of *Prana* (life energy) in the body e. g. *AbhayamalakiRasayana*
 - b) ***MedhyaRasayana*** – It is used for enhancing the memory and intellect. E. g. *Bramhi Rasayana*
 - c) ***SrikamyāRasayana*** – It is promoter of complexion e. g. *Manjishta*
2. ***NaimittikaRasayana***³ – It is given to combat or balance a specific cause, which is causing a disease in the body e.g. *PippaliRasayana*, *BhallatakaRasayana*

B. As per method

1. ***KutiPraveshikaRasayana***¹ – also called indoor therapy.
2. ***VatatapikaRasayana***¹ – also called outdoor therapy.

C. As per contents of *Rasayana*

1. ***AushadhaRasayana*** – based on drugs and herbs e.g. *Haritaki*, *Amalaki* etc.
2. ***AaharaRasayana*** – based on diet and nutrition e.g. *Ghruta*, *Dugdha* (milk) etc.
3. ***AcharaRasayana*** – based on conduct and behavior e.g. *Sadvrutta*

Mode of action of *RasayanaKarma* according to *Ayurveda*

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It has been explained by *AcharyaDalhan* on the basis of *Rasa, Guna, Veerya, Vipaka, Prabhava* of *Rasayana* drugs³. *Rasayana* drugs acts on:

1. *Rasa* – nutrient value of
2. *Agni* – Digestion and metabolism
3. *Strotasa* – micro circulation and tissue perfusion

So by improving nourishment it improves the quality of *Dhatus* (tissues) and resulted into *Jaranash* (longevity), *VyadhiNash* (Immunity), *MedhaVridhhi* (mental competence) and overall results of all these into rejuvenation.

Pharmacological action of *Rasayana* drugs

The possible mechanism by which action of *Rasayanac*an be interpreted with modern aspect are as follows⁸:

1. Antioxidant action
2. Immunomodulatory action
3. Antistress adaptogenic effect
4. Antiaging action

Antioxidant action

Rasayana drugs acts as antioxidants. Antioxidants are the substance, which quenches the free radicals and reduce oxidative stress. Any chemical species capable of independent existence having one or more unpaired electrons is termed as free radical. These are highly unstable and reactive in nature and cause oxidative chain reaction. The free radical oxidation moves from molecule to molecule, cell to cell causing immense damage to human body. The antioxidant medicines working on lipid are capable of preventing lipid peroxidation and result in repair of already peroxidized lipid. Thus it results in increased cell membrane fluidity and induces better functioning of associated membrane enzymes and channels⁸.

Well known antioxidants include a number of natural enzymes like superoxide dismutase (SOD), glutathione (GPX) etc and other substances such as Vit. C, Vit. E, beta carotene etc. Antioxidants plays major role in preventing many diseases like coronary heart disease, diabetes mellitus, reduces risk of cancer and age related macular degeneration. Also helpful in delayed ageing.

Amalaki is one of the *Rasayana* drug. Main constituent of *Amalaki* are Vit. C, carotene and riboflavin. It is having a role in cellular oxidation reduction⁸. Withanolide in *Ashwagandha* also acts as antioxidants by increasing levels of three natural antioxidants SOD, GPX, catase⁸.

Immunomodulatory action

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Immunomodulators are used to enhance immunity. It is defined as “a biological or non- biological substance that directly influences or modifies one or more components of immunoregulatory network to achieve an indirect effect on a specific immune function⁸.” Certain *Rasayana* drugs acts as immunomodulatory. Strengthening of immunity is done in various ways by improving bodily defense mechanism like increasing the WBC count, improving immune function, increasing number of T cells and B cell.

e.g. *Guduchi*, *Yashtimadhu*, *Bala* etc.

Antiaging Action

Ageing is progressive change related to passage of time. From the age of 50-60 age related changes began to reflect like reduced power of muscle, reduced vision, memory, locomotion function. Gradual decrease in homeostasis and immune function is predisposed them to infection, digestive problems and malignancy. *Rasayana* drugs acts as antioxidants and strengthen the body cells. So that it prevent premature ageing⁸.

Antistress – Adaptogenic Effect

Rasayana drugs can neutralize the negative effects of stress on physiology and homeostasis i.e. antistress effect. A long term administration of such drugs may enhance one’s own tolerance level and thus help the person to cope up with stress in better way i.e. adaptogenic effect⁸.

Radio-Protective Effect

The early or acute effects of irradiation result from the death of a large number of cells in tissues with a rapid turnover rate. Injury resulting from irradiation of biological tissue is a consequence of transfer of radiation energy to critical macromolecules or indirectly through the action of free radicals. Antioxidant enzymes act as the first line defense against free radicals.

The radioprotective agents are chemicals that reduce the biological effects of radiation by the scavenging of free radicals or repairing of radiation injury⁸.

e. g. *Triphala* provided protection against both gastrointestinal and hematopoietic death by their free radical scavenging property.

Benefits of Rasayana : Rasayana therapy has following effects:

1. **Physical Effects:** Longevity, perfect health, youthful age, successful words (*Vakasiddhi*), excellent luster and complexion, optimum physical and sensory strength, cures morbid sleep, drowsiness, physical and mental fatigue, laziness and weakness. It balances *Tridoshas*, stimulates digestion and metabolism¹.
2. **Psychological Effects:** One can attain excellent memory, intelligence, intellect, excellent retention ability (*Shrutdhara*)²
3. **Divine Effects:** Attainment of *Moksha*, reversal of age, immortality, bring good fortune, prosperity, and enhanced life span up to ten thousand years¹.

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Some commonly used herbal drugs in Rasayana therapy⁷

Sr. no.	Drug	Latin name	Family	Action
1.	<i>Haritaki</i>	<i>Terminalia chebula Retz.</i>	<i>Combretaceae</i>	Eliminates waste products and improves digestions
2.	<i>Amalki</i>	<i>Emblicoefficialis Gaertn</i>	<i>Euphorbiaceae</i>	Stops ageing process by decreasing the catabolic activity
3.	<i>Ashwagandha</i>	<i>Withaniasomnifera Linn.</i>	<i>Solanaceae</i>	Cures and corrects nervous disorders
4.	<i>Satavari</i>	<i>Asparagus racemosusWilld.</i>	<i>Liliaceae</i>	Promotes lactation in lactating mothers, useful in infertility, libido and women's health
5.	<i>Pippali</i>	<i>Piper longum Linn.</i>	<i>Piperaceae</i>	Useful in respiratory and gives strength to tissues
6.	<i>Bala</i>	<i>Sidacordifolia Linn.</i>	<i>Malvaceae</i>	Gives strength to body tissues
7.	<i>Brahmi Shankpus hpi Vacha</i>	<i>Bacopamonniери Linn.</i> <i>Convolvulus pluricaulis Chois</i> <i>Acoruscalamus Linn.</i>	<i>Scrophulariaceae</i> <i>Convolvulaceae</i> <i>Araceae</i>	Improves our memory power, gives sharpness and intelligence
8.	<i>Guggulu Punarna va</i>	<i>Commiphoramukul Engl.</i> <i>Boerhaviadiffusa Linn.</i>	<i>Burseraceae</i> <i>Nyctaginaceae</i>	Promotes waste product digestion in tissue and promotes kidney function

Some Ayurvedic Medicines like

*MedhyaRasayana*⁶ – Improves intellectual power and memory power.

*HaritakiRasayana*¹– Improves Strength and gives healthy life and longevity.

*Chyawanprash*⁶– Improves Immune System of body and helpful in respiratory system.

Discussion

Rasayana drugs are used for preservation of positive health. *Sushruta* defines healthy man as one who has equilibrium of *Dosha*, normal functioning of *Agni*, normal condition of seven *Dhatus*, beside his soul, the sense organs and mind should be happy and cheerful. *Rasayana* stands as an answer to solve the problem of healthful longevity

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including mental development and resistance against disease. *Rasayana* drugs acts on fundamental aspects of body i.e. *Agni*, *Strotasa* and *Dhatus*. Different *Rasayanadrugs* act with predominance effect at different level.

Rasayana effect is not a specific pharmacological action but is a complex phenomenon operating through a different mechanism involving the fundamental factor like *RasaSamvahan*, *Dhatus*, and *Strotasa*. It may ultimately leading to achieve the comprehensive effect as stated by *Charaka* “*Labhopaya Hi ShastanamaRasadinam Rasayanam*”¹. It produces the *Rasayana* effects mentioned in term of *Vayasthapana*, *Ayushkar*, *Medhakar*, *Urjaskar*.

Modern researches are also done and covered various pharmacological screening of most of these *Rasayana* herbs and medicines. The *Rasayana* activity of herbs can be interpreted with modern aspect like antioxidant, immunomodulatory, adaptogenic etc.

Conclusion

RasayanaChikitsa helps to promote and preserve health and to cure disease. It also plays imp role as a preventive medicine and in management of chronic degenerative disease. Therefore *Rasayana* drugs can be used as dietary supplement that can be taken daily to support healthy living.

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Ayurvedic Review of Neonatal Jaundice

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Abstract

Jaundice is the most common abnormal finding during early neonatal period. In most of the cases, level of serum bilirubin is not raised that much so as to cause fatal brain damage. It is the most common disease during neonatal period occurring mostly due to increased hemolysis, decreased hepatic clearance, enterohepatic circulation, immaturity, blood group incompatibility and infections. Its Ayurvedic management includes use of proper antenatal care, Suryadarshana, Chandradarshana, madhu mixed with ghrita or ananta with madhu and ghrita, Stanyashodhakchikitsa and some medicines like Kumarkalyanarasa, Triphal swarasa.

Key Words :- Neonatal jaundice, kumarkalyan rasa, chandradarshan.

Introduction

Jaundice is the yellow discoloration of the skin and sclera due to raised serum bilirubin. It is the most common abnormal finding during early neonatal period. Most of the cases of neonatal jaundice are physiological and the level of serum bilirubin is not so much raised to cause fatal brain damage due to bilirubin encephalopathy but every case of neonatal jaundice should be managed very sincerely to prevent such consequences because of poor blood barrier during neonatal period. Though modern science has developed many modalities to manage neonatal jaundice but Ayurvedic approach for its prevention and treatment is not less important.

Why jaundice is more prevalent in newborn ?

If we assess neonatal jaundice according to adult parameter of jaundice estimation, it seems that most neonates get jaundiced. It is due to physiological polycythemia, shorter lifespan of fetal RBC, limited hepatic uptake, conjugation and excretion of bilirubin due to transient deficiency of receptor proteins and UDPGT enzyme in newborn especially in premature. It is also due to paucity of bacterial flora in the gut and over activity of beta-glucuronidase enzyme in the newborn. So the increased bilirubin production, reduced hepatic clearance and enhanced enterohepatic circulation are the sole causes of increased prevalence of jaundice in newborn.

2 Causes of neonatal jaundice:

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Most common cause of neonatal jaundice in India in order of incidence are physiological jaundice, im-maturity, blood group incompatibility, antenatal and postnatal infections, G-6PD deficiency,cephalohematoma, certain drugs and breastmilk jaundice.

In about one third cases the causes of neonatal jaundice are still unknown. The main textbook on Ayurvedicpediatric, Kashyapa Samhita describes the feature of jaundice as yellow discolouration of the eyes, nails, face, stool and urine with laziness (nirutsah),loss of digestive power (nastagni),desire to take blood (rudhirspruha).Pishachi Jataharini which is known to its yellow colour causes death of the baby after delivery on first day.⁴Another reason is Paittik Stanyadusti especially Durgandhit Stanyadusti.Baby feed-ington milk vitiated by Pittadosha produces symptoms such as excessive thirst, feverish body, sweating and loose motion.

Ayurvedic approach for the management of neonatal jaundice:

Firstly it is important to diagnose the probable physiology and pathology of jaundice. Baby should be clinically screened minimum twice a day from the birth in a good daylight and its appearance, rate of increase and severity should be estimated so that starting of modern management like phototherapy and blood transfusion if needed could be done to prevent fatal bilirubin encephalopathy.

Use of proper antenatal care to the mother

Avoidance of pitta vitiating aharvihar during pregnancy and after delivery, Avoidance of dhoompana (smoking) and swedana because it may produce vivarnata(discolorations) to the fetus. Use of Ayurvedic drugs for the common problem of pregnant mother in spite of harmful allopathic drugs.Ajeerna (indigestion)should be avoided during lactation.

Suryadarshana and Chandradarshana

In Kashyapa Samhita there is indication of Suryadarshana (putting the baby in sunlight) and Chandradarshana (putting the baby in moon light) of baby during 1st month of life. It may be a type of phototherapy for preventing the neonatal jaundice on that time.Suryadarshana and Chandradarshana to the baby during 1st month of life shows that AcharyaKashyap knew well about the need of light for the newborn baby.

Use of jatakarma samskar

In this ceremony, there is use of madhu mixed with ghrita or ananta with madhu and ghrita.Initiating early feeding with madhu-ghrita may help in disturbing the enterohepatic circulation which is an important cause of neonatal jaundice in exclusively mother milk fedbabies. Besides interrupting enterohepatic circulation of bilirubin,madhu-ghrita also provides nutrients and energy which is helpful to maintain glucose level and immunity, ultimately maintaining the general condition of the body .Acharya sushruta and

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Vagbhatta described 1st three days regime after birth. First day Ananta with Madhusarpi thrice, on second and third day Ghrita medicated with Lakshmana. Exclusively breast fed babies are likely to have higher bilirubin level due to inadequacy of lactation during 1st three days of life. This three days regiment help in this condition.

Conclusion

Jaundice is the most common disease during neonatal period mostly due to increased hemolysis, decreased hepatic clearance, enterohepatic circulation, immaturity, blood group incompatibility, infections, pattik stanyadusti or excessive vitiation of pitta in the body. Ayurvedic management of newborn jaundice mostly comprises of proper antenatal care, Suryadarshana and Chandradarshana, use of madhu mixed with ghrita or ananta with madhu and ghrita, Stanyashodhak chikitsa and some medicines likes Kumarkalyanrasa, Tri-phla.

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Shirodhara in Vyanga- A thought

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Abstract-

Vyanga is one of the Kshudra roga , Also it is a distressing and metabolic disturbance disorder. Vyanga (hyperpigmentation) manifest form of beauty has enhanced various means such as Psychological disturbance, Stress, Anger. This task of enhancement of complexion itself is termed as varnya characterized by Neerujam, Tanu, Shyavarnam mandal on face. Various treatment modalities such as Nasya, Raktamokshana & Lepas have been mentioned by different Acharyas which are attributed to the Varnya karma⁹. Shirodhara (oil dripping therapy) for the treatment of depressive disorder & Through Ayurveda has its own details & deeper sense regarding the subject but all the literature concerned with Varna is scattered throughout , so an attempt will be made in this study to systematically compile & review the relevant literature.

Key words – Vyanga, Stress, Depressive disorder, Shirodhara, Nasya, Varnya.



Introduction-

In Vyanga an important sign is the presence of Niruja(painless) , Tanu (thinning), Shyava Varna Yukta Mandala on Mukhpradesh (hyperpigmented patches on face)¹ .

The Nidan of Vyanga is Vata which gets aggravated by anger and stress, emotional disturbance , mental health leading to constipation, anorexia, insomnia , restlessness which

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aggravates *Pitta Dosha* reaching to face quickly gives rise to a hyperpigmented patches on the skin.

Nidan Pariversion

Ch.viman 6/15.

On the basis of above Siddhanta in traditional Ayurveda mental emotional illness is treated with Shirodhara therapy¹⁰. In certain disease we focus on the stress, psychological condition is the main *Hetu*⁴. Face is the most important and beautiful organ of the body which can be affected by certain anomalies at any age. Early physical & psychological precautionary measures are essential in either of the sexes as any minor alignment may affect from unattractive look to a permanent disfigurement, which may result in inferiority complexion or sometime even isolation. So this disease is the one responsible for all these.

Such diseases are counted under *Kshudra roga* which mainly affect the glowing complexion of a person by producing *Shyava Varna Mandalas* on *Mukh Pradesh*.

Aim –

A conceptual study of *Shirodhara* with respect to *Vyanga*

Objective-

- To understand *Shirodhara* karma in *Bruhatrayee & Laghutrayee*
- To study of *Vyanga Vyadhi* from Ayurvedic as well as from modern text
- To understand its clinical importance & mechanism

Material & Method-

Review of literature regarding *Shirodhara* with special reference to *Vyanga* is collected from different Ayurvedic Samhitas & modern text

Literature review-

Vyanga is a *Kshudra Roga* having simple etiology & symptoms but in exceptional cases this can produce a marked cosmetic disability & gives rise to much mental stress⁴. As *Vyanga* is a distressing & metabolic disturbance disorder there is a definite need for treatment & a cosmetic value too essential.

क्रोधायास प्रकुपितो वायुःपित्तेन संयुतः ।

सहसा मुखमागत्य मंडलं विसृजत्यतः ॥

नीरुजं तनुकं श्यावं मुखे व्यडत्तमादिशेन ॥

सु.नि. १३/४५-४६

In the disease *Vyanga* important sign is the presence of *Neeruja, Tanu, Shyava Varnayukta Mandala* on *Mukhpradesh*⁴. according to modern view the patches can be taken under the heading of pigmented disorder. The disease *Vyanga* can be correlated with

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hyperpigmentation with special reference to melasma. in this the patches of hyperpigmentation are seen especially on cheeks, nose, forehead & chin. Skin disease melasma affects bodily but gives lot of psychological disturbance⁷ wheather we admit it or not but in society places it has high value on appearance. Other than psychological disturbance other symptoms & signs can be seen. These are excess oilyness of face, constipation, anger somnolence, restlessness, sexual dysfunction, anorexia & sweating⁸ etc.

In traditional Ayurveda mental & emotional illness is treated through *Shirodhara* (oil dripping therapy). *Shirodhara* therapy is characterized by dripping of oil on the forehead⁹. It is also helpful in headache, mental stress, insomnia, anorexia, depression, motor neuron diseases & several type of mental disorders.

Observation-

A study shows that the incidence of melasma is the highest in summer where as in winter the numbers are lower also those woman with a light brown complexion & living in regions with intense sun exposure are more vulnerable to this condition, this is because when the skin is exposed to sunlight more melanin pigments are produced by the female sex harmones estrogen and progesteron⁷. The interesting fact is that the possibility of melasma is higher in the patients with thyroid disease. This condition is also prevalent among those who are under high stress due to the over secretions of melanocytes stimulating harmones(MSH)⁷. Melasma is also detecting rarely in cases of allergic reaction to medications & cosmetics.

Discussion-

Shirodhara has the important role on psychiatric disorders⁶. Above study shows that *Shirodhara* reduces psychoneuroimmunological activity by balancing the levels of various neurotransmitters including serotonin, thyroid releasing hormone (TSH) & catecholamine resulting in sympathetic suppression, psychoimmunological changes in peripheral circulation⁸. Due to *Shirodhara* stress descreases leading to decrease in constipation, anorexia, insomnia, restlessness, sexual dysfunction & improve the thinking capacity as a result there is improvement in formation of *Rasdhatu* further leading to increase in *Ras Sarta*³. According to Acharya Charka, *Rasa Sarta* is equal to *Twaksarta*⁶. These all helps to reduce hyperpigmentation & Improve in the health of skin & its complexion luster. Side by side *Pitta* residing in *Twaka* that is *Bhrajaka Pitta*⁵ is responsible for digestion & absorption of *Abhyang*, *Parishek*, *Awghah*, *Lep* etc. & also it

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helps in expression of Varna of the *Twaka* & enables the digestion & utilization of substances used for the increasing complexion⁶.

यत्तु त्वति पित्तं, तस्मिन् भ्राजकोऽग्नि इति संज्ञा।

सः अभ्यंगं परिषेक अवगाह अवलेपनादिना क्रिया द्रव्यानां। पक्ता छायाणां च प्रकाशनम॥

(सु.सू.१/२०)

Conclusion-

The study shows that *Shirodhara* therapy reduces stress, restlessness, constipation, sexual dysfunction, anorexia which help to improve health of skin & *Brajak Pitta* in *vyanga* disease which helps to reduce hyperpigmentation. But this treatment is not enough for the reduction of *Shyava Varnayukta Mandala* on *Mukhpradesh*, some external application of drug is needed.

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Efficacy of Kalyanaka Ghruta in Chronic Alcoholic Nidranasha.

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Abstract: -

In the current scenario; alcohol addiction is one of the major problems faced by the society. As a doctor it is our responsibility to help such alcohol addicts by counselling and treating them to recover from this addiction. It was with this intention that the disease Madatyaya has been chosen for the study. A study was conducted on patients of Madatyaya to assess the clinical efficacy of 'KalyanakaGhruta'. 20 patients of Madatyaya were selected in Control group and 20 patients in Trial group by random selection method. Control group was not given any medicine; however they were observed for 28 days for all parameters. Trial group patients were administered KalyanakaGhruta in the dose of 20gm with KoshnaJala at Rasayankala for the duration of 28 days. Gradation scale was used for the purpose of case taking.

Key words: -KalyāṅakaGhrūta, Madatyaya.

Introduction:-

Ayurveda is a science of Life which deals with the prevention of disease and the treatment of disease. Agadtantra that deals with the diagnosis and treatment of various poison (Visha) - vegetable, animal, mineral, chemical and the combination of poisons. Agadtantraststes Vishagunas to be similar to those of the Madya (Alcohol) viz. Tikshna, Ushna, Ruksha, Sukshma, Amla, Vyavayi, Ashukari, Laghu, Vikasi and Vishada. These gunas are also opposite to those of Oja.

Madya is a poison which when taken consistently and excessively causes Dhi, Dhruiti, Smrutiharan Such Consistency in taking alcohol cause Madatyaya (Alcoholism). Symptoms like Aruchi, Trishna, Nidranasha, Kamp, Hrullas, Daha, Pralap etc. The habit of alcohol consumption leads to its addiction and causes alcohol intoxication. Nowadays, alcohol abuse is widespread in most parts of the world and in the current scenario; alcohol addiction is one of the major problems faced by the society. Excess alcohol intake affects every organ of the body and results not only in physical deterioration but also in tremendous social and economic loss. It may lead to neurological disorders, liver cirrhosis, impaired mental function, skeletal myopathy, cardiomyopathy etc. Besides this there are many other withdrawal symptoms like nausea, vomiting, giddiness. Alcohol addiction of a person indirectly affects his entire family. As a doctor it is our responsibility to help such alcohol addicts by counseling and treating them to recover from this addiction. It was with this intention that the disease Madatyaya has been chosen

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for the study. Āyurved has described various yoga in the management of madātyaya amongst which the ‘KalyāṇakaGhrūta’ has been quoted to be an effective medicine due to its ingredients.

Aim:-

- To study the efficacy of “KalyāṇakaGhrūta” in management of Alcoholic Nidranasha.

Objectives:-

1. To collect the literature on Madatyaya and alcoholism according to Ayurved and modern science.
2. To collect literature of “KalyāṇakaGhrūta”, its preparation, dosage etc. according to Ayurved.
3. To evaluate the effect of “KalyāṇakaGhrūta” in Madatyaya by conducting clinical trials.
4. To record other effects if any during treatment.

Literature review:-

Charak and Vāgbhat says that madya has ten guna, but Sushrutquotes only eight gūna except laghu and amlagūna. Due to the gūnas of madya counteracts sheetagūna by virtue of uṣṇagūna, it suspends all functions of the mana by its teekṣṇagūna, it reaches every part of body by virtue of sukṣmagūna, due to its viṣadagūna it destroys kapha and śukra, it aggravates vāta due to its rukṣagūna; it is fast in its actions by virtue of its āshukārigūna; it is exhilarating on account of its vyavayitva; it spreads all over the body by its vikāsigūna. Madya is amla rasa pradhana along with another rasa and hence is rochana and deepana too. Some state that Madya has five rasa except lavana rasa.

Madatyaya historical review:

In CharakSamhita Madatyayachikitsa is described in 24th chapter of Chikitsasthana after Vishachikitsa. In this text, attributes of madya, its importance in the present and past, ill effects due to improper usage of madya are described. Disorders due to madyasevana are classified according to dosha predominance. In SushrutSamhita Panatyayapratishedham is described in 47th chapter of Uttartantra after the chapter on Murcha. In AshtangSangraMadatyayanidana is described in the 6th chapter of nidanasthana. In chikitsasthana, 9th chapter too mostly Charakacharay’s version is followed. In AshtangHriday Madatyayanidana, 6th chapter is described in nidanasthana along with mada, Murcha and sanyasa. Chikitsa of madatyaya is described in Chikitsasthana, 7th chapter again following Charakacharay’s version.

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Effect on Sleep:-

Alcohol intoxication can help a person fall asleep more quickly, but if the intake in an evening is more than one or two drinks, the sleep pattern can be significantly impaired.

Materials:-

- 1] KalyāṅakaGhrūta
- 2] Gandharvharitaki

- **Kalyanaka Ghruta** :- All herbal ingredients are taken in equal parts i.e. 1 karsha, Goghru 1 prastha and Jala 4 prastha. Sidhaghru is prepared for medicinal purpose as per the procedure quoted in Sharangdharsamhita.

Type of study:-

Clinical - Randomized single blind method.

Study design:-

1. The market preparation of a reputed and licensed pharmacy, as a trial drug has been purchased and its standardization has been issued by same.
2. The selected patients are randomly categorized into two groups of 20 patients each. Here A is control group and B is trial group.
3. This division has been done in a way so as to obtain homogenous groups w.r.t. age, type and quantity of alcohol, duration of intake, socio-economical status and occupation.
4. A special proforma of case paper is designed which will include details regarding types of addiction, sevān kala, frequency and quantity of intake as also trividha-ashtavidha-dashvidhāpariksha. Nidanpanchak had primarily be taken into consideration.
5. Consent of patients was taken prior to commencement of clinical trials.
6. Both groups were received mruduvirechana with Gandharva-haritaki at Nisha kala with koṣhnajala for the first seven days. The doses of the same were calculated in accordance with koshthāpariksha.
7. The patients of Group- A were not received any dravya.
8. Patients of Group- B was administered the trial dravya in prescribed dose, personally at the appropriate time.

Criteria for inclusion:-

1. Patients with long term alcohol consumption.
2. Age group of 18 years and above.
3. Sex male

Criteria for exclusion:-

1. Age below 18 years (as number of patients of this category is negligible in the centre).

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2. Female patients (as they are not admitted in this particular unit).
3. Patients with high risk diseases e.g. severe jaundice, ascitis, liver cirrhosis, acute hepatitis, liver abscess.
4. Patients suffering from hypertension (150/100 mm of Hg), diabetes, cardiac disease etc.
5. Patients with hyperlipidemia.

Criteria of assessment:-

Subjective parameter of Nidranasha

Nidrānāśha

Gradation has been done according to WHO guidelines: -

NO.	LAKSHANA	GRADATION
1	Nidranāśha	1 = Kalantarennidra for app.5- 6 hrs at astretch. 2 = Khanditnidra for app.2-3 hrs at astretch and total app.4-5 hrs. 3 = Khanditnidra app.3-4 hrs followed by a nidra 4 = Anidra or hardly 1-2 hrs.

Statistical Analysis: -

1. Nidranasha

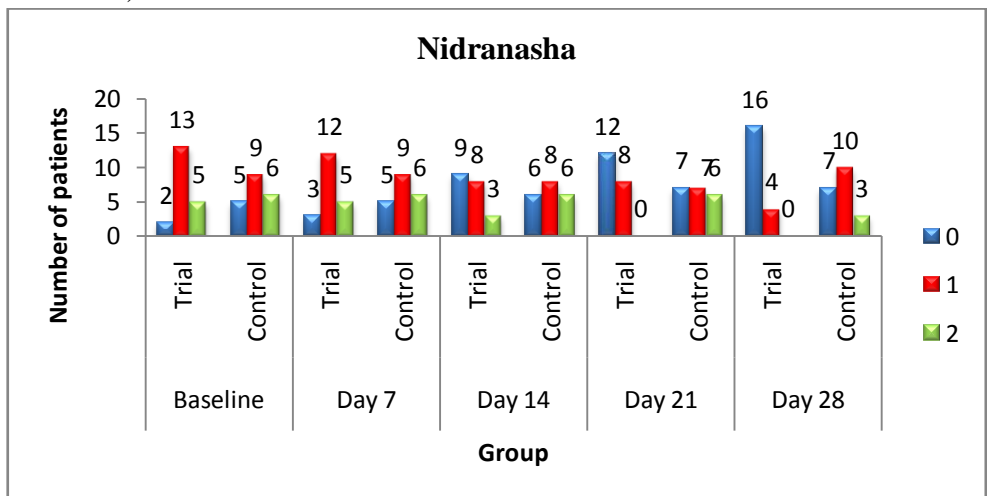
	Group	Nidranasha grade			Total
		0	1	2	
Baseline	Trial	2	13	5	20
	Control	5	9	6	20
Day 7	Trial	3	12	5	20
	Control	5	9	6	20
Day	Trial	9	8	3	20
	Control	6	8	6	20
Day 21	Trial	12	8	0	20
	Control	7	7	6	20
Day 28	Trial	16	4	0	20
	Control	7	10	3	20

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	Median grade		P-value
	Trial	Control	
0	1	1	0.718
1	1	1	0.862
2	1	1	0.265
3	0	1	0.046*
4	0	1	0.009*

In subjective parameters colour indication in the graph is as follows: -

- 1) Blue Colour- Grade '0'
- 2) Red Colour- Grade '1'
- 3) Green Colour- Grade '2'



Discussion: -

Introduction:-

In the current scenario; alcohol addiction is one of the major problems faced by the society. As a doctor it is our responsibility to help such alcohol addicts by counselling and treating them to recover from this addiction. It was with this intention that the disease Madatyaya has been chosen for the study.

Literature review:-

Madya:-

According to **Amarkosha**, the word 'mada' is derived from the word 'madee' which gives the meaning 'harsha' It is defined as which does the action maadyata is called

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madya. In short, the dravya which produces disturbance of the intellect faculty by virtue of its tamoguna is called as madya. Madya has 10 attributes.

Madātyaya:-

The Atyayata (disorder) produced by Madya is called as Madātyaya. Excessive intake of madya and mithyaahara-vihara leads to doṣaprakopa which causes Rasavaha and Annavaahasrotoduṣati. Obviously Hrudaya which is the moolasthana of Rasavahastroats, also get vitiated.

Alcohol & Alcoholism:-

The term alcohol, in common use, refers to ethyl alcohol which is a colourless, volatile liquid with characteristic smell and sweet fiery taste. Alcohol requires no digestion prior to absorption. About 20% is absorbed from the stomach and 80% through the upper part of the small intestine. Food delays its absorption and the delay is most marked in the presence of fat and protein. Alcohol is excreted through all the routes of excretion. About 5% of ingested alcohol is excreted in the breath and about 5% in the urine. It is a disease condition manifested by long term consumption of alcohol. It has been defined as a chronic behavioural disease characterized by drinking of alcohol to an extent that it interferes with the drinker's health, social relationship and economic stability.

Kalyanakaghrūta:-

Kalyanakaghrūta is Tiktarasatmak, ushnaveery, and having laghu, rukshagunātmaka and vāta-pittaṣmaka in nature and agnideepan, ojovardhak, viṣghna, balya, bruhan, medhya properties.

Subjective parameter:-

Subjective parameter which is Nidranasha showed significant results in trial group.

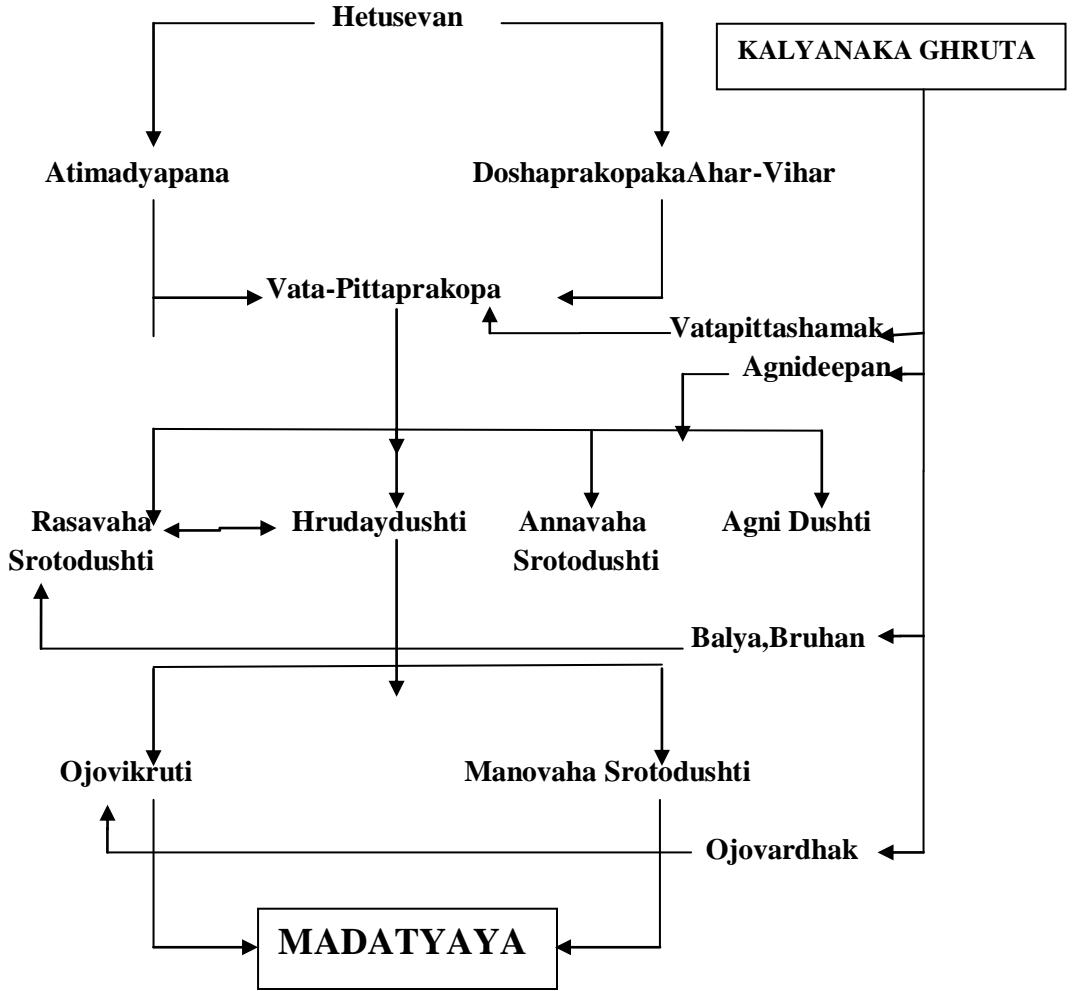
Nidranasha:-

Madya because of ushna, teekshna, laghuguna and long term consumption causing nidranasha by vatapittaprapok, dhatukshaya and rajovrudhi. Kalyanakaghruta is pachan, bruhan, balya, vatapittashamak, rajonashakandrasaojovardhak, may improves quality of nidra, hence getting result.

Samprapti Bhanga:-

In samprapti of madātyayadoṣhaprakopa, agnidushti, rasavaha-annavaha-manovahasrotoduṣati with ojo-vikruti are main factors which may be counteract by vātapittaṣamak, agnideepan, balya-bruhan, medhya, ojovardhaka property of 'Kalyanakaghrūta'.

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Causes of results in control group:-

- 1) Complete abstinence of alcohol intake.
- 2) Nutritious & balanced Diet regimen.
- 3) Supplemented by yoga, medication, and counselling.

Conclusion: -

Significant results were observed in the symptom of Nidranasha.

To conclude, “Efficacy of KalyanakaGhruta in Chronic Alcoholic Nidranasha” proved that trial drug ‘KalyanakaGhruta’ was clinically effective and statistically significant in symptoms of Nidranasha.

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Haritakyadi Yog in Shoth –A Literary Review

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Abstract-

Ayurveda is a science of life & based on theory of tridosh.ie Vat,Pitta & Kapha.So disease is explained as disturbance in the equilibrium of these three.And when they are in perfect balance & harmony , a person is said to be healthy

When equilibrium of these factors is disturbed, the condition is called Vikar/Vyadhi /Disease or Gada. Charakacharya explained Ashtomahagad in 9th chapter of Indriyasthan ¹

Shotha vyadhi is included in Ashtamahagad.Shotha is explained as a seperate disease.It is also seen as symptom of many diseases .Considering severe intensity & high occurance,it requires due attention.

For this purpose Haritakyadi yog explained in Chraksamhita Chikitsasthan chapter 12th is selected. It is a combination of Haritaki Choorna,ShunthiChoorna & Devdaru Choorna in equal proportion with sukhoshna jal as anupan.²

Key wards –Haritakyadi Yog, Shotha

Aim –A literary review of Haritakyadi yog in Shoth

Objectives-

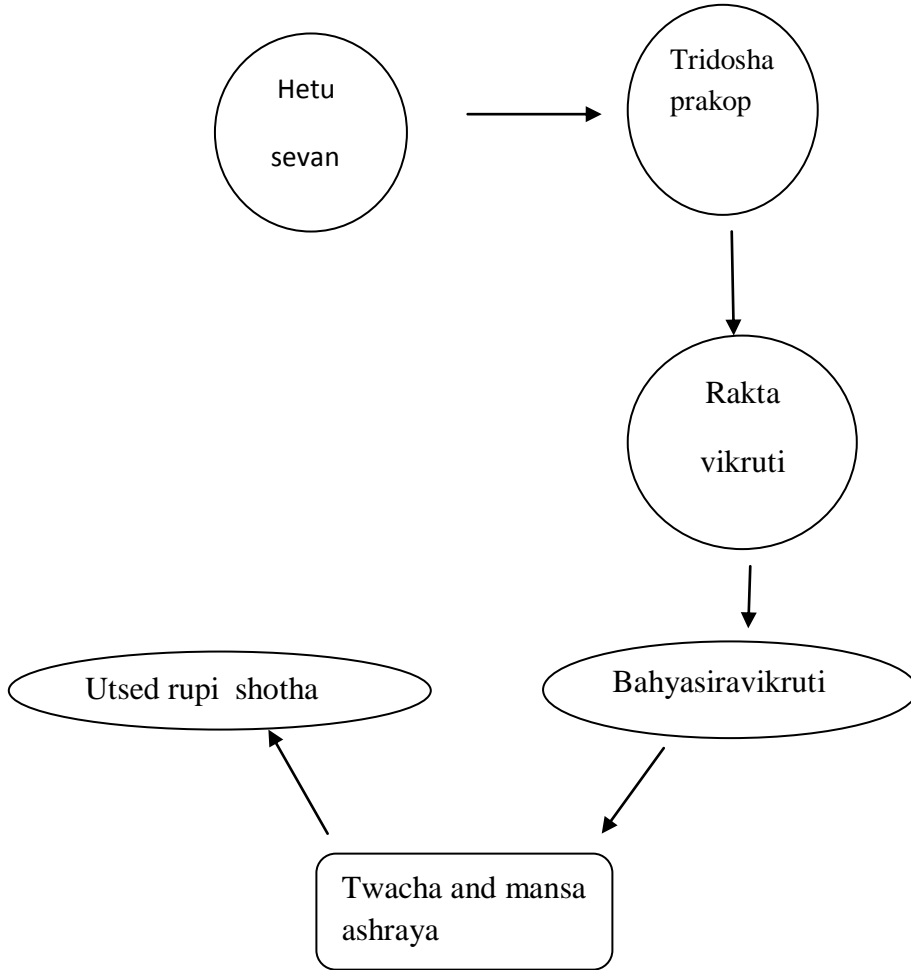
- 1) The pharmacological study of haritakyadi yoga
- 2) Effect of Haritakyadi yog on shotha

Shoth Review- Shoth referances from different samhita

- 1)**Charak Samhita**-Indriyasthan chap 9th,Sutra sthan chap 18th, Chikitsasthan chap 12th
- 2)**Sushrut samhita**-Chikitsasthan chap 23rd
- 3)**Ashtang hridayam**-Nidansthan chap 13th, Chikitsasthan chap 17th
- 4)**Madhavnidanam**-chap 36th &37th
- 5)**Harit samhita**-Trutiya sthan chap 26th

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Smprapti_ Samanyasamprapti



Materials & methods-

Drug review-

Haritakyadi yog is a combination of haritaki choorna,shunthi choorna &devdaru choorna in equal quantity.We get this reference in Charak samhita Chikitsa sthan chap 12th& also in Bhel samhita chapter 17th .3

Detail study of yog contents-

1) Haritaki-Terminalia chebula 4

Family- combretaceae

Rasa-Five rasas except lavan,

Virya- Ushna,

Vipak- Madhur

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Gun-Laghu,Ushna

Chemical composition-Chebulinic acid, tannin & yellow coloured volatile oil

2) **Shunthi-Zinziber officinale**⁵

Family –Zinziberaceae

Rasa-katu

Virya-Ushna

Vipak-Madhur

Gun-Katu,Ushna,Laghu

Chemical composition-Gingirol,Gingirin

3) **Devdaru -Cedrus deodar**⁶

Family-Pinaceae

Rasa-TIkta,Katu

Virya-Ushna

Vipak-Katu

Gun-TIkta,Katu,Ushna

Chemical composition-Terpentine,Sequiterpine,volatile oil

Discussion-

- Haritaki is kaphaghna by katu ,tikta ras & ushna virya
- Pittaghna by madhur,tikta,kashay ras & madhur vipak
- Vataghna by madhur ,amla ras& ushna virya.
- Haritaki is kledaghna & anulomak .It reduces kleda by increasing amount of urine (mootrasya kledvahanam)
- Mutravah strotas is also involved in shotha vyadhi &alpa mutra pravrutti is one of the symptoms. So by increasing the amount of mutra,increased Ab dhatu is removed & shotha is decreased.
- Shunthi has kaphavataghna action by katu ras,ushna virya & snigdha guna.Also it has toyavsh-shoshani & vibandbhedani effect which also decreases Shotha.
- Devdaru is Kaphavatshamak .Kaphagna by tikta ras &ushna virya while vataghna by snigdha guna &ushna virya.
- Anupan of Haritakyadi yog is sukhosna jal which is kaphagna & vatashamak effect.So Haritakyadi yog is useful in kaphaj & vataj shoth along with sukhoshna jal as anupan.

Conclusion-

Haritakyadi yog is cost effective and easily available herbal remedy for vataj &kaphaj shotha.However ,further study is nessesary.

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Irritable Bowel Syndrome (IBS) - A Review Article

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Abstract:

Irritable bowel syndrome (IBS) is a highly prevalent gastrointestinal motility disorder associated with abdominal pain & altered bowel habits. Worldwide prevalence of IBS is 10-20% & it is growing. The chronic and bothersome nature of IBS symptoms often negatively affects patients quality of life and activity level. Advances in clinical investigations have led to a greater understanding of this disorder & its physiologic & psychosocial determinants. Many theories have been put forward regarding the aetiology of IBS, but the exact cause is still uncertain. The development of stepwise, symptom-based diagnostic strategies that allow for a diagnosis of IBS to be made without the need for extensive laboratory testing; and the development of treatment options targeting underlying pathophysiologic mechanisms that provide relief of the multiple symptoms associated with IBS.

Keywords: Irritable bowel syndrome (IBS)

Introduction:-

Irritable bowel syndrome (IBS) is a functional bowel disorder characterized by abdominal pain with altered bowel habits in the absence of detectable structural abnormalities. It is a disorder that is hard to define, the exact cause is unknown and there is no cure, but it is not associated with the development of any serious disease like cancer or does not cause permanent damage to the digestive tract. It tends to appear in people aged in their twenties, although it may develop in younger and older people, it is unusual for IBS to first appear in someone aged over 40 years. It's usually a lifelong problem & have a significant negative impact on quality of life and social functioning, it can be very frustrating to live with it and can have a big impact on your everyday life, negatively affecting patient activities of daily living (e.g. sleep, leisure time), social relationships, and productivity at work. IBS symptoms tend to come and go over time & often overlap with other functional disorders such as fibromyalgia, headache, backache & genitourinary symptoms. Patient with IBS, more commonly than others, have gastroesophageal reflux, symptoms relating to the chronic fatigue syndrome, and psychiatric symptoms such as depression and anxiety.

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Aim & Objectives :-

Aim :-

To review Irritable bowel syndrome (IBS).

Objectives :-

1. To study IBS aetiology, clinical features, diagnostic criteria.
2. To explore various treatment options for IBS.

Materials: Various texts, online resources, Databases, and Journals were reviewed during this work.

Methods:- Literary data collected, summarized & tabulated.

Literary review :-

Aetiopathogenesis :- Although the exact pathophysiology of IBS is not fully understood, there are many theories have been put forward.

1) visceral hypersensitivity - It is defined as heightened experience of pain in the internal organs due to an enhanced perception of mechanical triggers applied to the bowel. Although visceral hypersensitivity is seen as integral to IBS, only approximately 30 to 40 percent of people with IBS have been found to have an exaggerated sensitivity to distension within the colon. And, interestingly, there is not necessarily a direct correlation between this enhanced sensitivity and the severity of a person's IBS symptoms.

It appears likely that the visceral hypersensitivity seen in some IBS patients as a result of changes in nervous system functioning on both the level of the intestines and the brain. The nerve pathways in the gastrointestinal tract become sensitized to stimulation, resulting in overactivity and pain amplification.

2) Serotonin dysregulation - Serotonin (5-HT), acting particularly through the 5-HT₃ and 5-HT₄ receptors, plays a significant role in the control of gastrointestinal motility, sensation, and secretion. Furthermore, it is observed that plasma 5-HT concentrations are reduced in IBS patients with constipation, but raised in those with diarrhea, especially those showing postprandial symptoms, provide further support for its involvement in the motor and sensory dysfunction associated with this condition. Thus there has been considerable interest in these receptors as possible therapeutic targets for IBS, with agonists at the 5-HT₄ receptor predicted to enhance gastrointestinal propulsion (prokinetics) and antagonists at the 5-HT₃ receptor to slow gastrointestinal transit and reduce visceral sensation.

3) Altered central nervous system processing- Alterations in the bi-directional signaling in central nervous system between the brain and the gut may play a significant role in the pathophysiology of IBS. Several mechanisms may be involved in the disruption and

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impairment of the brain and gut axis (BGA) that includes altered stress response, CRF release and processing, serotonin signaling and release, inflammatory insults and deranged conduction and processing of information.

4) Altered gut microbiota- Gut microbiota is thought to play important role in the pathogenesis of IBS. This is evident from the fact that IBS occurs more frequently after intestinal infection or antibiotics treatment. Studies have shown that the alterations of the intestinal microbiota are observed in IBS patients.

Considering the relationship between alteration of gut microbiota and inflammation of gut, manipulation of gut microbiota by probiotics appears to be an ideal treatment modality for IBS as it restores the intestinal microbiota. Clinical studies and systemic meta-analyses have shown that some strains of probiotics have beneficial effects in selected patients. However, a number of controversial issues regarding the roles of probiotics in pathogenesis and treatment of IBS remain to be clarified.

Triggers (Things that bring on an episode of IBS) :- These vary from person to person, the most common triggers include:

- Alcohol, drinks containing caffeine or chocolate, beans, cabbage, dairy products, spices, fruits, fatty or fried food.
- Eating too quickly or too much. Stress and anxiety.
- Hormonal changes Gastrointestinal infection.

IBS Subtypes :-

1. IBS with constipation (IBS-C) (constipation predominant)
2. IBS with diarrhoea (IBS-D) (diarrhea predominant)
3. IBS mixed type (IBS-M) (mixed diarrhea and constipation)
4. IBS unclassified (IBS-U) (the symptoms cannot be categorized into one of the above three subtypes)

Symptoms :- Chronic abdominal pain (stomach pain or cramps) – usually worse after eating

- Bloating or distension of abdomen- ‘gas’
- Abnormal stool form (hard / loose)
- Abnormal stool frequency

IBS can also cause: Non-GI symptoms

- Straining at defecation
- Lethargy
- Insomnia
- Urgency
- Backache
- Feeling of incomplete evacuation
- Headache
- The passage of mucus per rectum
- Urinary symptoms: Nocturia, Frequency & urgency

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- Nausea -Incomplete bladder emptying
- Heartburn
- Dyspareunia in women

Warning symptoms/signs 'red flags' :- signs that signal the presence of a serious underlying disorder

- Old age Fever Acute presentation
- Blood in stool Persistent, severe pain
- Vomiting Dehydration
- Weight loss Pallor or anemia
- Abnormal abdominal examination /LNE

Diagnostic Criteria :-

Historically, IBS has been a diagnosis of exclusion. However, more recently, clinicians are encouraged to diagnose IBS based on a comprehensive history, using symptom-based criteria and considering the presence or absence of specific alarm features.

The Rome IV criteria -

Recurrent abdominal pain at least 1 day per week in the last 3 months associated with 2 or more of the following:

- Related to defecation (complaints may be increased or unchanged by defecation)
- associated with a change in frequency of stool
- Onset associated with a change in form (appearance) of stool (lumpy or hard; loose or watery)

Differential diagnosis:-

- Colonic cancer. Coeliac disease.
- Inflammatory bowel disease (IBD): Crohn's disease, ulcerative colitis.
- Gastroenteritis - eg, giardiasis. Diverticular disease.
- Gynaecological problems- pelvic inflammatory disease, endometriosis, ovarian tumours.
- Anxiety ± depression, somatisation and panic disorders.

Investigations :-

The American College of Gastroenterologists does not recommend laboratory testing or diagnostic imaging in patients younger than 50 years with typical IBS symptoms.

Screening studies to rule out disorders other than IBS include the following:

- Complete blood cell count with differential count :- To screen for anemia, inflammation, and infection.
- metabolic panel :- To evaluate for metabolic disorders and to rule out dehydration /electrolyte abnormalities in patients with diarrhea.

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- Stool examination :- for ova, parasites etc.
- Further evaluation :-
Sigmoidoscopy Imaging studies

Management :-

- **Patient education & support** :- Reassure patient that there is no serious organic disease or alarming symptoms.
- **Diet** :- Belatedly perhaps, the role of dietary components in the precipitation of symptoms, or even in the basic pathogenesis of IBS, is now being addressed. To date, two mechanisms, intolerance and hypersensitivity, have been addressed in clinical trials, although it is highly plausible that other mechanisms e.g., stimulation of gut hormones and interactions with the microbiota may also be relevant. **Low-FODMAP diet**:- Studies have shown that up to 70% of IBS patients benefited from eating a low FODMAP diet. FODMAPs are fermentable oli- go-, di-, monosaccharides and polyols, which are poorly absorbed in the small intestine and subsequently fermented by the bacteria in the distal small intestine & proximal large intestine. This is a normal phenomenon, common to everyone. they produce beneficial alterations in the intestinal flora that contribute to maintain the good health of the colon. The resultant production of gas potentially results in bloating and flatulence. A low-FODMAP diet might help to improve short-term digestive symptoms in adults with IBS, but its long-term use can have negative effects because it causes a detrimental impact on the gut microbiota. It should only be used for short periods of time and under the advice of a specialist. **Fiber in IBS**:- soluble fiber supplementation (e.g., psyllium/ispagula husk) acts as a bulk- ing agent & for IBS-D patients allows for a more consistent stool , For IBS-C patients it seems to allow for a softer, moister, more easily passable stool. Insoluble fibres (e.g. Bran) may exacerbate symptoms and provide little relief.
- **Medications** :-

Abdominal pain

- Antispasmodics
- Antidepressants
- TCA's
- SSRI's

Bloating/ Distention

- Antiflatulents
- Antispasmodics
- Dietary modifications

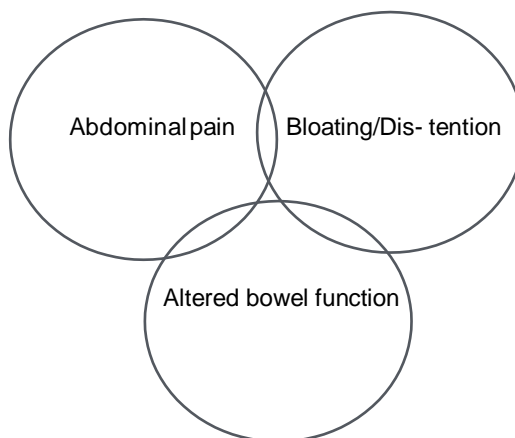
Constipation

- Fibre
- Laxatives

Diarrhoea

- Antidiarrhoeal agents
- Loperamide

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Class of Drug	Drug	Mode of action	Used in	Adverse effects
Bulking agents	Psyllium, Wheat bran, corn fiber, Calcium polycarbophil,	Accelerate intestinal transit, add fluid to stool mass, and create gel-like matrix in stool	Constipation, Diarrhea	May increase intestinal gas, bloating, and abdominal discomfort.
Osmotic laxatives	Magnesium hydroxide, Sodium phosphate, Lactulose, Sorbitol solution	Poorly absorbed ions or sugars that cause an influx of fluid and electrolytes into the intestine	Constipation	Diarrhea, dehydration, electrolyte disturbances.
Stimulant laxatives	Senna, Bisacodyl, Castor oil, Aloe	Reduce water and electrolyte absorption by stimulating colonic neurons and irritating the colonic mucosa	Constipation	Dehydration, electrolyte disturbances, significant cramping, and diarrhea (these laxatives should be avoided in IBS)

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Antidiarrheal agents	Loperamide	Delay intestinal transit and may enhance resting internal anal sphincter tone	Diarrhea	May cause constipation: should not be used in patients with IBS-C
Antispasmodic agents	Hyoscyamine, Dicyclomine	Anticholinergic effects and decreased spontaneous activity of intestinal smooth muscle	Diarrhea, abdominal pain	Anticholinergic adverse effects at high doses (including urinary retention and constipation) Use with caution in patients with IBS-C
Antidepressants	Desipramine, Amitriptyline, Trimipramine, Doxepin, Paroxetine, Fluoxetine	Decreased gut sensitivity, decreasing experience of abdominal pain	Pain	Constipation, dry mouth, and dizziness are common adverse effects of TCAs
		Antianxiety and antidepressant effects		Diarrhea, nausea, nervousness, and fatigue are common adverse effects of SSRIs
5-HT ₃ receptor antagonists	Alosetron (available only in U.S.)	Reduce visceral sensitivity and colonic transit	Abdominal pain, diarrhea, urgency	Alosetron: Black box warning regarding serious consequences of constipation; ischemic colitis (reported during clinical trials and in postmarketing surveillance)

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Emerging medications for IBS:-

Drug Class	Drug	Mechanism of Action	Used in	Adverse effects/ comments
Newer GI serotonergic agents	Cilansetron (5-HT ₃ receptor antagonist)	Inhibits colonic motility and reduces visceral hypersensitivity	IBS-D	-Constipation -Cases of ischemic colitis have been reported -Currently in phase 3 clinical trials.
	Renzapride (mixed 5-HT ₄ receptor agonists/5-HT ₃ receptor antagonist)	Accelerates colonic transit and reduces visceral hypersensitivity	IBS-C	Hypotension & somnolence
Alpha2-Adrenergic agonist	Clonidine	Reduces colonic motor activity and pain sensitivity	IBS-D	Does not cross the blood-brain barrier (and is therefore unlikely to cause central side effects typical of opioid agonists, including constipation)
Kappa-Opioid receptor agonists	Asimadoline	Reduces colonic sensation without affecting GI motility	IBS-C	headache, diarrhea, and nausea A phase III clinical trial in patients with IBS-C began in mid-2005
Chloride Channel Openers	Lubiprostone	Increases intestinal fluid secretion, thereby softening the stools, promoting bowel movement	IBS-C	abdominal pain, headache

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2,3 Benzodiazepines	Dextofisopam	Decreases autonomic function by binding to 2,3 benzodiazepine receptors	IBS-C and IBS-M	currently in phase II trials in the for the treatment of IBS
Guanylate cyclase-C	MD-1100	Act locally on intestinal epithelium to enhance secretion and motility and reduce visceral sensation	IBS-C	A Phase II study with patients with IBS-C is underway.

Discussion:-

Advances in research over the past several decades have paved the way for an enhanced understanding of the underlying pathophysiology of IBS; development of standardized symptom-based approaches that can be implemented in making a positive diagnosis; and development of innovative treatment options that target multiple IBS symptoms. nonpharmacologic options such as exclusion diets, dietary changes, peppermint oil, exercise, relaxation therapy, or acupuncture have been evaluated. Although many unanswered questions remain, the progress is promising and it has equipped physicians better to efficiently diagnose IBS and choose from a growing armamentarium of treatment options.

Conclusion:-

In recent years, numerous studies have been conducted to understand the pathogenesis and treatment of IBS. However, IBS remains one of the most difficult GI disorders to manage regardless of its benign nature.

When diagnosed according to current criteria, IBS is associated with a good prognosis and the diagnosis is unlikely to be changed to that of an organic disease during follow-up. It is important that people try to identify their own triggers so that they can avoid or minimize IBS symptoms.

Currently, treatment strategies are patient specific, depending on severity of the disorder, focusing on symptom control and improvement in quality of life. Most of the patients have mild symptoms, have little or no psychosocial difficulties & do not seek health care often, treatment usually involves education, reassurance & dietary & lifestyle changes. Patients with moderate symptoms have altered gut physiology e.g. worsened with

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eating or stress & relieved by defecation, treatment includes gut acting pharmacologic agents such as antispasmodics, antidiarrheals, fibre supplements & the newer gut serotonin modulators. A very small group of patients have severe & refractory symptoms having constant pain & psychosocial difficulties, this group of patients are best managed with antidepressants & other psychological treatments.

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Comparative Study And Effect of Jatamasyadi Vati And Taildhara in The Management of Uccha Raktachapa (ETH)

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Introduction

The 21th century is described as the age of anxiety and stress. The present man is constantly facing symbolic stress and anxiety due to sedentary life style and busy schedules . This stress and strain of day to day life affects one's bodily organs through several psychosomatic mechanisms. The development of medical science has helped us to conquer disease like TB, plague, chickenpox etc., but stress related diseases are rapidly growing . Among the several psychosomatic diseases, the cardiovascular disorder like Hypertension is quite significant. 'Hypertension' (persistent raised arterial pressure) although, the handy literature is not observed in *Ayurvedic* classic, review of previous theoretical and clinical works on this topic point out certain mode of involvement of *dosha* and *dushya* in the genesis of it. Most of efforts shows a prime role of *vata* in association of remaining *dosha pitta and kapha*. Also, *Acharya Charaka* permit to treat such disease without nomenclature by judging the involvement of *dosha dushya only (Cha.Su.20)*.

Hypertension:

Synonyms :High Blood Pressure,Hyperpiesia

High blood pressure or hypertension is a circulatory state, arise from any cause, in which the pressure of the blood with in the arteries becomes elevated beyond normal limits. In general the term includes any rise in arterial pressure whether temporary involving systolic pressure, diastolic pressure or both of renal or normal origin. (British Encyclopedia of Medical Practice P.508)

According to W.H.O the blood pressure of 160/95 mm of Hg or higher should always be considered as hypertension (High blood pressure). Blood pressure in between is considered as borderline or possible hypertension. The rise of persistent systemic arterial diastolic blood pressure above 100 mm of Hg. or more , is more risky than rise of systolic blood pressure. Generally systolic and diastolic hypertension occur together. Systolic hypertension is caused from increased cardiac output or arterial rigidity in aged. Arterial rigidity by arteriosclerosis, affecting intima of arterioles and capillaries of vital functional organs is pathogenic. Diastolic hypertension develops from the increased vascular

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resistance to the blood flow at the level of arterioles. In capillaries the blood flow is slow, hence, there is no development of resistance. (Quarterly Medical Review, 1984)

Classification of Hypertension by Etiology:

- A. Essential or Primary Hypertension
- B. Secondary Hypertension

Essential Hypertension;

Synonyms :Primary Hypertension,Idiopathic Hypertension

Blood pressure is caused by various complete series of factors controlling blood vessels calibre response control of fluid volume within and outside the vascular bed, and resultant cardiac output. All such factors are interrelated with each other making it difficult to determine a single or sure causes for hypertension. Thus, when the definite cause can not be determined or established the hypertension is called as essential hypertension. It was named as essential under belief that it springs up as essential for proper circulatory functions of the blood in all organs. But now it is defined as hypertension, the causes of which are not definitely known. Constant diastolic hypertension above 90 mm of Hg. Or systolic above 140 mm of Hg. or both, considering age factor rise and judging transient fluctuation with due care can be termed as essential hypertension. About EHT we may conclude that –Among all hypertensives 95% patient suffer from EHT. The constitutional (genetic) dietary and environmental factors are involved in rising arterial pressure in EHT. This is associated with impaired endothelium mediated vasodilatation.

Murdhataila (Shirodhara):

Acharya Charaka has defined *snehana* as the treatment includes in *sdhadvidhopkramas*, which produces viscosity, softness, solubility and *kleda* in the body (Cha.Su.22/10). There are two routes to administer the *sneha* the body viz. external and internal. External by *Abhyanga*, *Murdha taila*, *Tarpan* etc. and internal by *Pana*, *Basti*, *Nasya* etc. *Murdha Taila* including four therapeutic processes namely, *Abhyanga*, *Seka*, *Pichu*, *Basti*. They are told *uttrottara gunaprada*. (A.H.Su.22/23) But as *Murdha Taila* is concerned, *Abhyanga* is used in day to day life routinely and *Seka* or *Dhara* in most of the diseases. *Dhara* is not only used in psychic diseases but, also used in psychosomatic diseases like psoriasis. *Dhara* is done by different medicaments like *taila*, *takra*, *kshira*, *kwatha* etc. In the southern *Dhara* therapy is most commonly practiced. This *dhara* process can be included under *parishekasweda*.

Method of preparation of Tail dhara :

Here in present study a medicated oil *Brahmijatamsyadi* is used for the process. Before the *Shirodhara* head is massaged with *bala* oil.

Duration of Tailadhara: 21 days at morning hours for 45 minutes.

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Aims And Objects:

- 1). To understand the clinical utility of Tailadhara.
- 2) To study the role of Tailadhara in the management of Essential Hypertension.
- 3) To evaluate the effect of Jatamasyadi vati in the management of Essential Hypertension.

Material And Methods:

For this study 25 patients of Essential Hypertension were selected randomly from the O.P.D. and I.P.D. of the Department of *panchakarma*, late B.V.Kale Ayurved Collge Latur

Criteria of Diagnosis: Three consecutive readings of blood pressure were taken in supine posture and their average was utilized for diagnosis. A patient with persistent blood pressure above 140/90 mm of Hg was designated as hypertensive. The following investigations were undertaken to exclude other pathologies as well as to assess the condition of the patients:

- a. Hematological Test- Hb%, TLC, DLC, ESR.
- b. Bio-chemical Test- BSL, Blood Urea, Serum triglycerides, Serum Cholesterol.
- c. Urine Analysis- Microscopic and routine examinations.
- d. ECG
- e. Chest X-rays.

Study Design:

The 25 patients having Essential Hypertension were sub-divided into three groups of 10 patients, 9 patients and 6 patients respectively, randomly selected in view of comparing the efficacy of the therapies. The treatment schedule decided for each group was as under:-

GROUP	NO.OF PTS.	DRUG	DOSE	DURATION
1	10	Medicated tailadhara	2 litres/day	21 days
2	9	jatamasyadi vati	6gm/day	45 days
3	6	Medicated Tailadhara & Jatamasyadi vati	2litres/day & 6 gm/day	21 days & 45 days

Criteria For Assessment:

1) **On the basis of cardinal sign** i.e. persistent elevated blood pressure. By noting the alterations in the systolic and diastolic blood pressure, before and after treatment.

2) **A- On the basis of gradation of general symptomatology :**

Present Before Treatment	-- 2
Improvement after Treatment	-- 1
Absent After Treatment	-- 0

B- Effect of therapy on various biochemical parameters

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3) On the basis of total effect of therapy

The total effect of therapy was assessed by determining the percentage of score reduction.

Assesment	Score
EXCELLENT RESPONSE	>75%
MARKED RESPONSE	50 –75%
MILD IMPROVEMENT	25 – 50%
NO RESPONSE	< 25%

Table No. 1
Sign & Symptoms of 25 Patients of EHT

Sign/ symptoms	No. of Patients			Total	%
	Group 1	Group 2	Group 3		
Shiroruk	7	6	6	19	76
Bhrama	7	6	2	15	60
Tamodarshana	5	6	3	13	52
Shvasha krichhrata	7	6	2	17	68
Nidranasa	5	5	4	14	56
Hrid dravata	8	6	4	18	72

Effect of Therapies on Cardinal Signs:

Table No. 2
Alterations In Blood Pressure, Before And After Treatment

B.P.	Mean		T	P
	BT	AT		
S.B.P.	167.60	158.80	9.24	<0.001
D.B.P.	102.20	98.60	5.01	<0.001
S.B.P.	165.11	138.22	8.50	<0.001
D.B.P.	98.22	87.11	8.87	<0.001
S.B.P.	159.67	135.33	5.58	<0.01
D.B.P.	100.00	86.67	6.14	<0.01

Table No. 3
Effect on Bhrama

Bhrama	Mean		T	P
	BT	AT		
Group 1	2.00	1.00	3.87	<0.05
Group 2	2.00	0.50	5.20	<0.05
Group 3	2.00	0.00	-	-

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Table No. 4
Effect On Shvasha Krichhata

Shvasha – Krichhata	Mean		T	P
	BT	AT		
Group 1	2.00	1.00	3.46	<0.01
Group 2	2.00	0.43	7.78	<0.001
Group 3	2.00	1.00	-	-

Table No. 5
Effect On Nidranasha

Nidranasha	Mean		T	P
	BT	AT		
Group 1	2.00	1.50	2.24	>0.05
Group 2	2.00	0.50	6.71	<0.01
Group 3	2.00	0.75	5.00	<0.01

Table No. 6
Effect On Hridravata

Hrid – Dravata	Mean		T	P
	BT	AT		
Group 1	2.00	1.50	2.24	>0.05
Group 2	2.00	0.43	7.78	<0.001
Group 3	2.00	0.80	3.21	<0.05

Table No. 7
Estimation Of Overall Response In Each Group

ASSESSMENT	GROUP 1		GROUP 2		GROUP 3	
	No. of pts.	%	No. of pts.	%	No. of pts.	%
Excellent response (> 75%)	1	10	1	10	2	20
Marked response (50 – 75%)	4	40	5	50	3	30
Mild improvement (25 – 50%)	4	40	3	30	1	10
No response (< 25%)	1	10	-	-	-	-

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Conclusion

From this comparative clinical study, the final conclusion drawn from the proper reasoning of the relevant information A critical look back at the historical review shows that *rasa vikshepana*, *anudhavana* etc. words resembling with blood circulation were prevalent in classics, also knowledge of Nadi (Pulse) and function of *Dhamani* has been described in ancient Ayurvedic literature.

As per cardinal sign i.e. persistent rise in blood pressure, *Ayurvedic* Point of view , it is evident that there is predominance of *vata pitta dosha and kapha* as its accompaniment with *rasa* and *rakta dushti* and the symptomatology of the disease also based upon *dosha dushya* prominence. *Dhamani upalepa* (Atherosclerosis) is one of the main incidence in EHT and is stated in *kapha nanatmaja vyadhis*. Hence, the EHT can be assigned as *Tridoshaja Vyadhi* with predominance of *vata & pitta*.

Regarding the *nidana* factors mainly genetic, dietary, psychological and environmental factors were observed practically, Hence, it is known as multifactorial disease. *Taila dhara* with *jatamasyadi vati* offered better results in pacifying the entire range of symptomatology and mainly the cardinal signs in comparison to single therapy alone. When *Tailadhara* and *jatamasyadi vati* given separately, was found to be effective in regression of cardinal signs as well as associated symptomatology. But, it was judged to be less effective as compared to combined therapy. From the significant results obtained in Group 1 and Group 2, it can be concluded that *Tailadhara* and *jatamasyadi vati* is more effective in mild hypertension, on the other hand moderate and severe ranges of EHT can be normalized in a better way by *Tailadhara* and *jatamasyadi vati* combined therapy. As the study was concluded over a small sample, a similar study performed over a large sample for a longer period would have procured much sharper and more accurate results.

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Observational Study of Frozen Shoulder (Avabahuk)

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Abstract

In frozen shoulder, the girdle of shoulder will be stiff because of which free movement of the joint becomes impossible.

In medical terms it is called adhesive capsulitis of shoulder joint. It may happen after an injury or use or from a disease such as diabetes or a stroke. The disease involving the neurological, musculo skeletal, psychosomatic and G.I.System disorder.

It is more similar to vatta vyadhi in ayurveda. It is co related with the avabahuka in ayurveda. Which is not mentioned in nanat maja vatta vyadhi but acharya sushruta and other considered it as a vatta vyadhi. It is accured by the vitatation of vatta dosha

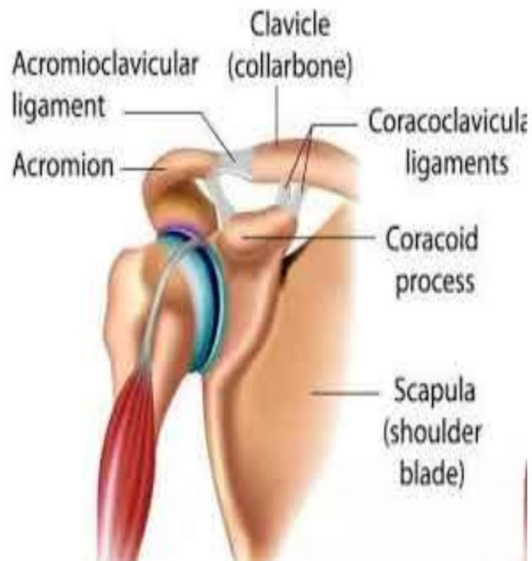
Key words – Avabhuka, dusha, nanat maja.

Introduction:-

Avabhuka is a disease that usually affects the ansa sandhi (shoulder joint). It is occured by vatta dosha ansha shosha (waisting of muscles) is the primary stage of the disease. The stiffness of joint is contributed by kapha dosha. Due to involvement of kapha dosha in many patients cold exposure and at night the stiffness worsens.

Waisting of shoulder is due to loss of sleshak kapha.Vata is considered as a chief factor provoking vata dosha result in the instantaneous manifestation of disease. Which can even prove to be fatal?Avabahuka is one of the disease that hampers the day to day activity of an individual.The fact that vata vyadhi is one among the Astamahagad is itself explanatory.Symptoms like shoola during movement, restricted & so on are manifested. It is mentioned that Ansa shosha is produced by dhata kshyaya & shuddha vatta janya & vatta kapha Janya.Vattakar ahara hetu vatakar wiharaj hetu like over exertion of the joint wresting etc cause frozen shoulder.

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Aim: -

To study the frozen shoulder in ayurveda.

Objectives –

To study the literature of the disease in modern & ayurvedic view.

Review of literature

The bones ligaments & tendons of the shoulder joint are covered in as capsule of connective tissue it can be imagine as a ball containing joint in it frozen shoulder occurs when this capsule thickness and tightens around the shoulder joint restricting its movement . The thickening and tightening of shoulder joint capsule can be due to following reasons.

1. After effect of injury
2. Over use of the joint
3. Diseases like diabetes stroke etc.
4. Degenerative disorders in chronic, rheumatoid, arthritis & cervical, spondylosis etc.

Due to above reasons the tissue around the shoulder joint are stiffened. The scar tissue developed around the structure of the joint & cause restriction of the movement, pain & difficulty to work.

Stages of Frozen shoulder

- i) Freezing stage – shoulde movements cause pain movement of shoulder reduce.
- ii) Frozen stage – pain may decrease but stiffness increases.

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Causes as per Ayurveda –

1.External causes –

Injury to the vital part of the body (marma)

Excess exposure to wind, a.c sleeping wrong posture.

2.Internal causes -

Vatta aggravating diet and activities

Excess of pungent, bitter and astringent tasting foods.

Materials & methodology

Two types of materials are used for present study.

A) Clinical study –

For that patients are selected from OPD of our college & hospital.

B) Literary study –

Required literary information for the study are taken from both ayurvedic & modern books from library.

C) Exclusive criteria

Patients with secondary systematic involvement like renal failure, stroke, hyper tension etc.

Pregnancy and lactating women are excluded.

Patients above age of 60yrs are excluded

D) Inclusive criteria-

Patients having classical signs & symptoms are selected.

Patients in the middle age group have mostly seen lie above age 22 yrs

Table 1. :

Observation in patients: symptom wise

Main symptoms	score
a) Shoola	
No pain	0
Mild pain	4
Moderate pain do work normally with support	3
Severe pain, unable to work	3
b) Stambha (stiffness)	
No stiffness	0
Mild support	2
Moderate	2
Severe unable to lift	6

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C) Ansha shosh(wasting of muscles)	
No wasting	0
Mild wasting of muscles	3
Moderating wasting of muscles	3
Severe wasting of muscles	4

Table 2 – Sex wise Distribution

SEX	NO OF PATIENTS	PERCENTAGE
Females	06	60%
Male	04	40%

Discussion

According to symptoms patients having diseases of frozen shoulder Patients 60% suffering severe pains 20% having moderate pains 20% having mild pains. Stiffness occurs 40% to mild & moderate scene Sense stiffness is seen in 60% of patients

Conclusion

Stress of physical work and direct injury are pre disposing factors for the disease Maximum incidence of the disease was seen in the age group of 30 – 40yrs

- Females are more affected to the diseases than males
- Low economic status group 40% are occurred by the disease which are
- More exposure to wind & over used of joint
- In high economic status patients which are mostly working in A.C. are seen

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Study of Concept of MutravahaStrotas (Urinary System)

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Abstract

In Ayurveda many important theory like Dosh, Dhātu, male, Agni, panchmahabhut, sidhant describing with that srotasvichar are also described in Ayurveda because srotasvichar is important for sharirvyapar. Now a days no of patients are reporting to the different hospitals for the disorders of mutravahasrotas, so it become necessary to know details about this. The disorders of the mutravahasrotas are described by ancient ayurvedic scientists.

Key words: *srotasvichar, srotasvichar, srotasvichar.*

Inroduction

Ayurveda is the most ancient medical science which deals with preventive as well as curative measure of various diseases. The disorders of the *mutravahasrotas* are described by ancient ayurvedic scientists. Now a days no of patients are reporting to the different hospitals for the disorders of *mutravahasrotas*, so it become necessary to know details about this.

All *sharibhava* devopled in their *srotas*. *Mutra* is also one of the *sharirbhava*, so *mutra* is forming in the *mutravahasrotas*

Review of Literature

According to *sushrutas*,

¹*Basti & medhraare the moolsthana of mutravahasrotas.*

According to *charkacharya*,

²*Basti & Vankshanoare the moolsthan of mutravahasrotas.*

Srotasmoolsthana is one of the important part of *srotas*. Regulations and functions are controlled by their *moolsthana*. So it is a "*prabhavsthan*". If any abnormality occur in *moolsthana* than it effect *onsrotas* functions.³

As per description in *ayurvedic* literature about urine formation is that, in *Grahani* due to *samanvayusarkittvibhajan* occur. After *vibhajankitt bhag* passed in *pakavashaya* and from this liquid part is absorbed by *pakavashaya*, this is know as *poshakmutra*. This *poshakmutra* with *rasa* circulated all over body and carry *cleda* with him. when these *cledayuktmutra* reach in *vrukka*. Here with the help of micro tube *cleda* is seprated. In

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vrukka separated *mutra* come to *basti* and collected. While *mutra veg* controlled by *pranvayu* and *mutravisarjan* occur due to *apanavayu*.

Drushati Hetu,

⁴*Mutraveg vidharn*, to take *annpan&jalpan* during *mutra veg*, *dharana* of *mutra-veg* & due to injury.

Aim

Study of concept of *mutravahasrotas* (Urinary system).

Objective

- 1) To study *Rachanatmak* concept of *mutravahasrotas*.
- 2) To study the *kriyatmak* concept of *mutravahasrotas*.

Material

- 1) *charak samhita*
- 2) *susrut samhita*
- 3) *ashtang hrudaya*
- 4) literature like reasearch papers, case jounal & various different text will be referred

Method

Study of concept regarding *mutravahasrotas* for individual *samhita* with their comment & then these compare .

Study of concept regarding *mutravahasrotas* for individual *samhita* with their comment & then these compare .

	Mooisthan	Dushati lakashana
susrutmat	<i>basti & medhra</i>	<i>anadha bastita</i>
		<i>mutra nirodha, stabdhmedhrata</i>
charakmat	<i>basti & vankshano</i>	<i>bhumutrata, alpmutrata, varanvar mutrapravruti, sashul mutrapravruti,</i>

Inclusive Criteria

- 1) *Rachanatmak* aspect of *mutravahasrotas* from *susrutsamhita*, *charaksamhita*, *ashtanghrudaya*.
- 2) *Kriyatmak* aspect of *mutravahasrotas* from *susrutsamhita*, *charaksamhita*, *ashtanghrudaya*.

Exclusive Criteria

Literature from *Madhavnidan*, *Bhavprakash*, *sharangdh* are not included.

Observation

Study will be done by comparative study of *mutravahastrotasa* from *samhita*.

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Conclusion²

- 1) *Basti & Vankshano* are the *moolsthan* of *mutravahasrotas*.
- 2) In treatment of *srotodruti*, *moolstana* is important.
- 3) According to ayurvedic literature, *mutra* is formed by *kittbhaga*.

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Hrudaya – Shonita Kapha Prasadaja Bhava

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Abstract

Hrudaya is most important marma and pranayatana. It is also moolsthana of rasa and raktavaha srotas.Hrudaya is Chaitanyasangraha and site for mana, budhi, oja, chetana. hrudaya is described as “pundarika sadrusham” just like the bud of lotus, which is directed downwards, by Acharya Sushruta (su/sharirsthana-4/31).

Hrudaya is made up of specilised tissue called myocardium with four chambers of valves in between them and working in rhythmic manner continuously.In ayurveda myocardium can be correlated with mamsa dhatu and those rhythmic contractions are due to vayu specially prana and vyana vayu. Hrudaya is sthana of sadhak pitta, avalambaka kapha and oja.

Role of dosha's has mentioned in development of various organs but the role of shonita and kapha in development of Hrudaya has to be clarified and the statement “shonita kapha prasadam hrudayam” has to be supported authentically.

Key Words: hrudaya. kapha, shonita,dosha

Introduction

Since from ancient time to till all we know that Hrudaya is very important for our life or it is very special for being a live . All our acharyas gives the detail information regarding hrudaya , their functions , structure , and how important is that for our body .One of very important system of our body is circulatory system which is plays an impotant work in the development and nourishment of body .

The hrudaya is considered as place for chetana.The hrudaya is one

Among dashapranayatana . The Charak and Vagbhata considered hrudaya and Shir as separate Pranayatana .

According to Acharya Sushruta the hrudaya develops in four month of garbha. And he explain that hrudya is formed by essence of shonita and kapha. Seat for satwa, oja, tamaguna chetana, antartma & Sadhakpitta.

According to Acharya Charka hrudaya develops in third month in garba & he explains it is a matruja avayava, one among the doshapranayatna, moolasthan for pranavaha srotass, one among trimarma & kostanga. He termed hrudaya as chatanyasangraha and the site for mana, budhi, oja & chetana.

According to Vagbhata hrudaya develops in third month & he consider it is the rasatmakavahanyo i.e. here rasa means rasa & the rakta were circulated through it by

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doshamoola sira to entire body. He termed it as joythi and seat for vyanavata & avalambaka kapha .

Also as per Acharya Sharangdhara Kashyapa, Bhavaprakasha, Harita, Yogavasista, Vivekmartanda has different opinion about the hrudaya.

Aims & Objective :

- 1) To Clarify the concept of
“shonitakaphaprasadajamhrudayam as per ayurveda

Review of Literature

Literature reviewed from ayurvedic classics. Acharya Sushruta explained the hrudaya in (su. Sha. 4/31) & (su.sha.3/18).

Acharya Charaka explained in (cha.sha.4/11).

Vagbhata explained in (astang.san.su.2/16).

Like this different opinion are found in Kashyapa , Bhavaprakasha, Harita.

Materials & Method :

Literary &conceptful study were undertaken by data compiled from bruhatrayis& other classical texts including journals , papers presented , previous thesis work done & correlated , analyzed with the knowledge of contemporary science on the subject.

Report from scanning centre& reports of histology in relation with heart tissue from internet will be collected according to availability.

Published latest & related thesis , journals ,encyclopedia abstracts , materials ,from internet will be correlated & analyzed with the knowledge of contemporary sciences on the study.

Methodology;

The attempt is made here to clarify the opinion in regards with हृदय development as explained by different आचार्य's like, चरक,वाग्भट, and काश्यप in third month, सुश्रुत, भावमिश्र in fourth month and हरित in fifth month.

Observation And Discussion:

The “शोणित” will develops in fifth month of intrauterine life. The literature reveals that blood is the main factor in the formation of देह. विशुद्धरक्त enhances the properties like the बल (Strength), वर्ण (Colour), सुख (Happiness) जिवन (Life) i.e the sense reception by sense organs though there is the involvement of मन also but all these are under the role of रुधिर (रक्त) the blood only. If the रक्त (Blood) gets vitiated there is the depletion of धातू's because of inturn vitiation of वात. That's why the life is under the controle of रक्त , inturn

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रक्त is also called as प्राण. The दोष's does the function of धारणकर्म in normal state. The शोणित is the main factor in the formation of देह (Body), like other three दोष's. Because of these reason the शोणित is considered as चतुर्थ दोष by सुश्रुत.i.e. देहस्य रुधिरं मूलं (Body)

The general Qualities of कफ is one which is formed out of जलिय धातु, शरिरस्थधातुविशेष: i.e. a type of धातु, and which is adherent to the structures for free mobility and nourishment. Which is a binding soft tissue some what hard in nature, Which gives the strength, Heavy, Helps in lubrication of joints, Slippery, jelly like, Cold, which causes Stiffness, Whitish in nature. The अवलम्बककफ is a type of कफ situated specially in उरःप्रदेश, helps in the drawing and receiving function of the heart i.e. the संकोच and विकास action of the cardiac tissue. These qualities are same for five types of कफ. The type of कफ present in the हृदय as explained that the अवलम्बककफ helps the heart to function properly. i.e हृदयावलंबनं हृदय स्वकर्मसामर्थ्यम्॥.

The general Qualities of कफ is one which is formed out of जलिय धातु, शरिरस्थधातुविशेष: i.e. a type of धातु, and which is adherent to the structures for free mobility and nourishment. Which is a binding soft tissue some what hard in nature, Which gives the strength, Heavy, Helps in lubrication of joints, Slippery, jelly like, Cold, which causes Stiffness, Whitish in nature. The अवलम्बककफ is a type of कफ situated specially in उरःप्रदेश, helps in the drawing and receiving function of the heart i.e. the संकोच and विकास action of the cardiac tissue. These qualities are same for five types of कफ. The type of कफ present in the हृदय as explained that the अवलम्बककफ helps the heart to function properly. i.e हृदयावलंबनं हृदय स्वकर्मसामर्थ्यम्॥.

Conclusion :

- हृदय is मात्रज अवयव.
- हृदय is प्राणायतन.
- Anatomically हृदय is considered as उरोहृदय.
- हृदय is Cardia, Heart Present in Thoracic Cavity.
- हृदय is embryologically derived from शोणित (i.e. from blood forming cells angioblasts) and essence of कफ (Cardiac jelly) Contains (Glycosaminoglycane, Hyluronic acid, Gelatinous acellular collagen fibrils and material elastin).

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Anatomical Consideration of Moolasthan of Srotas With Body Organs

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Introduction-

Ayurveda and modern science is the ocean for knowledge. Ayurvedahas described knowledge in Sanskrit language which is very difficult to correlate with the language of modern medicine.

As Acharya Charak is father of medicine, they describe Ayurvedic formulae for treatment of disease, at same time Acharya Sushruta is considered as father of surgery, they describe all human body batter in very elaborative manner.

According to them body is made of from *Ashthi-Sandhi-Snayu-Peshi-Kala-Srotas*etc. Now a days physician correlate Ayurvedic concepts with modern terminology for better understanding and to know the actual pathophysiology of disease in modern concept.

Acharya Sushruta and Charakadiffers in opinion about numbers of Srotas and Moolasthana of Srotas.

But as the AcharyaSushruta is father of ShareerRachana we have to consider the concepts of body parts and systems as per there opinion.

In this paper attempt has been made to consider the Moolasthan of Srotas with body organs of modern science.

Aims And Objectives-

- To study theMoolasthan of Srotas according to Sushruta.
- Anatomical consideration of thereMoolasthan of Srotas with body organs.

Literature Review-

- Description of strotas and its moolasthan is found in **Su.Sha. And Cha.VI.**
- As per there opinion body having two **Type of Srotasa**

1-Antarvaha Stotas

2-Bahirvaha Strotas

Antarvah Stotas-

- According to **Acharyaa Sushruta-11 in numbers .**
- According to **Acharyaa Charaka-13 in numbers .**

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Difference-

Charak= Describe 3 Different Srotas Than Sushruta

- 1.Asthivaha Srotas
- 2.Majjavaha Srotas
- 3.Swedavaha Srotas

Sushruta Described 1 Different Srotas Than Charak

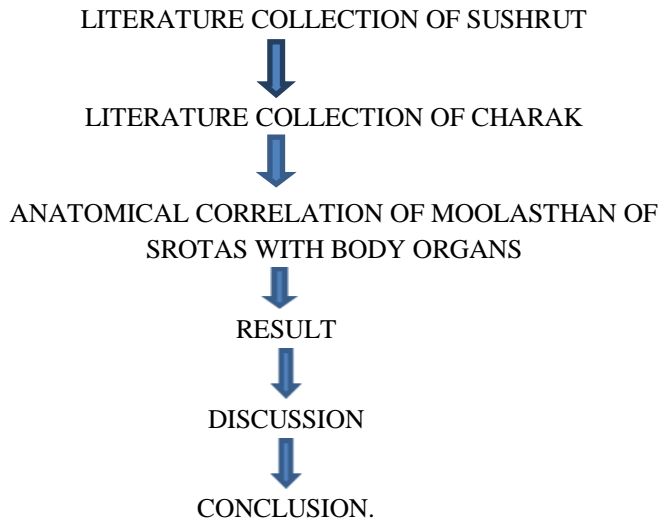
1. Artavavaha Srotas

As per Sushruta the Srotas mentioned by Charaka are SarvaDehik so they does not have any specific moolasthan or not necessary to describe them as separate srotas.

Antarvah Srotas And There Moolasthan As Per Sushruta=

1. Pranvah Srotas=Hruday, Rasavahi Dhamanya.
2. Udakavah Srotas=Talu,Klom.
3. Annvah Srotas=Aamashay,Annvahi Dhamanya.
4. Rasavah Srotas=Hruday,Rasavahi Dhamanya.
5. Raktavaha Srotas=Yakrut, Pliha,&Raktavahi Dhamnya
6. Manasavaha Srotas=Snayu, Twak.
7. Medovaha Srotas=Kati,Vrukka.
8. Shukravaha Srotas=Vrushan,Shepha
9. Mutravaha Srotas=Basti,Medhra
10. Purishavaha Srotas=Pakvashay,Guda
11. Aartavavaha Strotas=Garbhashay,Aartavavahi Dhamanya

Material And Method



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Observation-

1. Pranvaha Srotas=Hruday, Rasvahi Dhamanya= Heart and Pulmonary veins.
2. Udakvaha Srotas=Talu Klom=Stomach and Oesophagus.
3. Annavah Srotas=Aamashay, Annavahi Dhamanya= Palate and Pharynx.
4. Rasavah Srotas=Hruday, Rasvahi Dhamanya= Heart and Oesopharyngeal Nerve.
5. Raktavah Srotas=Yakrut-Pliha, Raktavahi Dhamnya=Liver, Spleen, Artery, vein.
6. Manasavah Srotas=Snayu, Twak= Tendon and Skin.
7. Medovah Srotas=Kati, Vrikka= Lumbar region and Kidney.
8. Shukravah Srotas=Stanya, Vrushan=Breast and Testis.
9. Mutravah Srotas=Basti, Medhra.
10. Purishavah Srotas=Pakvashaya, Guda.
11. Artavavah Srotas=Garbhashay, Artavavahi Dhamanya=Uterus.

Discussion-

According to data collection and literature review we can correlate Moolasthan of Srotas with body organs. It is helpful for physician in practice or for better understanding of patho-physiology of disease.

It is also helpful to understand the diagnosis of Ayurvedic science in to modern science and diagnosis of modern science in to Ayurvedic science which is ultimately help for treatment and understanding of disease.

Conclusion-

The Moolasthan of Srotas can be correlated with organs for better understanding

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Understanding Ashayas with Modern Aspect

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Abstract :

According to Ayurveda, 'Ashaya' means a place where a substance stays for some time. Ashaya is also called as 'Adhar'. An organ with a cavity is also called as 'Ashaya.' There are 7 ashayas present in males. There is one more Aashaya present in females which is called as 'Garbhashaya' where an 'embryo' or 'Garbha' exists. (Shushrut sharir 5/8) Sharangdhara has mentioned another specific Ashaya in females. i.e. 'Satnyashaya.' According to modern 'Ashayas' can be compared with an organ with a Cavity or an organ where substances e.g. food, urine, etc. are collected or stay for some time.

Key Words:- Aashay, Cavity, Urine, Garbhashaya, Garbha, Stanyashaya.

Introduction :

In Ayurveda so many structures are described such as *Koshtha, Kala, Srotas, Ashaya*, etc.

Out of these *Ashaya* means a place where a substance stays for some time.

There are 7 *Ashayas* i.e. *Vatashay, Pittashay, Kaphashay* or *Shleshmashay, Raktashay, Amashay, Pakwashay, Mutrashay*. Besides these there are 2 Specific *Ashayas* in females. i.e. *Garbhashay* and *Stanyashay*.

According to modern; these *Ashayas* can be compared with an organ with cavity where blood, urine, etc are collected.

Aim and Objectives :

- 1) To study *Ashayas* in detail according to Ayurveda.
- 2) To study *Ashayas* with modern aspect.

Material Method-

- The data is collected from different samhitas and modern text.
- The given data is analyzed and understand in *Rachnatmak & Kriyatmak* view.

Review of Literature:

According to Sushruta, there are 7 *Ashayas* i.e. *Vatashay, Pittashay, Shleshmashay, Raktashay, Amashay, Pakwashay* and *Mutrashay*, In female there is one *Aashay* i.e. *Garbhashay*.

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Sharangdhara has mentioned a specific *Aashay* in female i.e. *Stanyashay*.

Observation

- 1) **Vatashay** : *Vatashay* means where *vata dosha* is present. Here *Vatashay* is referred to *Pakwashay*.

Pakwashay is related to all the movements of processed food. So that we can compare *Pakwashay* with 'Large Intestine' which includes all the parts from caecum to Anus.

- 2) **Pittashay** : In *Pittashay*, *Pitta dosha* is present. *Pitta dosha* is related to digestion.

According to modern; *Pittashay* can be compared with organs that are concerned with the process of digestion. These organs are duodenum, Liver, gall bladder, pancreas, etc. Because these organs produce and secrete digestive juices and enzymes.

- 3) **Shleshmashay** : *Shleshmashay* is the site for *kapha dosha*. According to Ayurveda; *Urasthan* is the main site for *kapha*. So, that we can compare *Shleshmashay* with lungs.

- 4) **Raktashay** : *Raktashay* is the site for blood storage. Liver, spleen is the *moolasthan* of *Raktavaha srotas*. According to modern, Liver and spleen form and store most of the blood in the body. Liver is richest in Iron and iron is the main component of blood cells also destruction of blood cells is occur in spleen. So, that we can compare these major organs with *Raktashay*.

- 5) **Aamashay** : 'Aam' means 'undigested food'. 'Aamashay' means Aam (Undigested food) is stored for some time in the stomach also *Aamashay* is a *moolasthan* of *Aannawaha srotas*. Where is the place of *kledak kapha*. According to modern, it acts as a reservoir of food & helps in digestion of carbohydrates, protein & fats.

So, that *Aamashay* can be compared with the stomach.

- 6) **Pakwashay** : 'Pakwa' means 'digested food.' According to Ayurveda; *pakwa* or digested food is stored in *Pakwashay*.

Digested food is absorbed into the large intestine. So; that *Pakwashay* can be compared with large intestine.

- 7) **Mutrashay** : *Mutra* or urine is stored in *Mutrashay*. With modern aspect; urine is formed in kidneys and then it is transferred and stored in the bladder.

So, that we can compare *Mutrashay* with bladder.

- 8) **Garbhashay** : It is present only in females. 'Garbha' or 'Embryo' is formed and developed in *Garbhashay*.

It is the most important *Aashay* in female because of its function.

Uterus can be compared with *Garbhashay*; where the fetus is going to underdevelopment because of its similarity with *Garbhashay*.

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9) **Stanyashay** : It is mentioned by Sharangdhar. *Stanya* or breasts develop after puberty and filled with milk during pregnancy due to hormonal changes in female.

Discussion –

Aashaya means something is *Dharan* there is something placed, stored for some time. According to chakrapani, In *vatashaya* there is storage of *Purish mala* for some time and karma of *vata* present in *Pakvashaya* is *Nishkraman* of *mala* .

In *Pittashay* the *Aashraya sthan* of *Agni* & *Pittadharakala* is in *Grahani* & there is the Karma of digestion of food.

The *Yakruta* & *Pleha* is formed from *Rakta dhatu* & it is the storage of *Rakta* so it is *Raktashaya*

In the *Aamashay* there is storage of food in stomach & also its is *Moolasthan* of *Annavahasrotas*. The *Pakvashay* storage of digested food in large intestine & absorbtion of essential nutrient. In *Mutrashaya* storage of urine in urinary bladder. The growth & development of feotus is formed in *Garbhashaya* .So there is storage of feotus for 9 months so it is the *Aashaya* on the karam of *Dharan* (storage).

Conclusion:

From above, we can conclude that there is a lot of similarity between *Aashayas* and different organs mentioned in modern texts On the basis of *Dharan* (storage) karma.
e.g. : - Similarity between *Aamashay* and stomach, *Mutrashay* and Bladder, etc.

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To Elaborate the Concept of Tarunasthi

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Abstract :

Asthi is the main supportive compact and dense tissue of the body. It constitutes total skeletal frame work of the body. Bones offer prime support to the body. Present study is conceptual study of Tarunasthi. As the structure of Tarunasthi is similar to Asthi according to Ayurveda and similar to Cartilage according to Modern science. Introduction aim and objectives have been mentioned and detailed study of Tarunasthi is discussed and conclusion is drawn thereafter.

Introduction:

*Acharya Sushruta, Pioneer of Rachana Shareer explained that organs of the body destroy after death except the bones. Bones do not decay after the death and remains as far longer duration .The shape the body is due to the articulation of the bony framework. The bony framework supports the body just like trees stand on support of their inner wood . According to Ayurveda, Asthis are of six types and according to modern science bones are of six types,in which our acharyas has mentioned *Tarunasthi* under the asthi prakaras but the same is not mentioned by modern science under the the types of bones hence whether to understand cartilage as *Tarunasthi*..? because modern sciene has elaboratively described cartilage as a different structure other than bones.*

*Acharya Sushruta has explained *Tarunasthi* as one amongst them in the chapter of 'shareer shankhya vyakaran'. Acharaya Vagbhata of *Asthansangraha* ,in the chapter of 'Angavibhag Shareer' and Acharya Bhavmishra in the '*Garbhavyakaran adhaya*' explained the same concept in the view of all these acharyas ,the bones of Ear,Nose,Eyelids of eyes and Neck are considered as *Tarunasthi* .*

The word '*Taruna*' Is derived as '*Nuthanah iti Dharati*, which means newly born or newly produced therefore by analyzing and understanding the concept of *Tarunasthi* later comparing with modern concepts on the basis of modern parameters, it is understood that *Tarunasthi* may be compared with cartilage of the body because during embryological development, the cartilage which are precursors in the development of bone get arrested and supports the non skeletal structures like ear,larynx ,tracheobronchial tree .someof the precussors undergo retrogressive changes and the formation of bones takes place .

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Aims & Objectives :

Aim :

1. To study characters of *Tarunasthi* according to Ayurveda
2. To study characteristics of *Tarunasthi* according to Modern science.

Objective :

1. To study review of *Tarunasthi* in details
2. To study review of Cartilage in details
3. To compare guna and karma of *Asthi* and *Tarunasthi*

Review of Related Literature :

‘*Tarunasthi - yani ghanatmana prapnuvanti pani*’

In the process of *Tarunasthi* nirmitti, due to less agni and less kharatva it remains mru (soft)

Defination of Asthi : ‘*Asyate iti asthi..!*’ asthi means remains in body.

Asthi dhatu is sthir, kathin, and gives support to organs and other *rachanas* of sharer. After death muscles, soft organs and other all *rachanas* get decomposed but due to hardness (*kathinyatva*) of *asthi*, it remains well in condition for a long time and therefore it is called as *dhehasara*.

Functions of Asthi :

Asthi gives shape to body (e.g chest, shoulder) *asthi* gives *kathinta* (hardness) to body. *Asthi* gives supports to Muscles, Arteries, Veins and Nerves

- To Look after body weight (Standing Position)
- To Protect important organs
- To help to do the various activities of the body by the help of *Asthisandhi* (e.g. walking, running)

Number of Asthi :

In Ayurveda there are differences between number of *asthi* according to various granthas as given below.

Charak sanhita & Vagbhat sanhita -360, Sushrut Sanhita & Bhel Sanhita-300
Modern Science – 206

Comparative Structures :

According to Ayurveda

Kapalasthi
Ruchakasthi
Tarunasthi
Valayasthi

According to Modern Science

Flat Bones
Dentures/Teeth
Cartilages
Curved Bones

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Nalakasthi

Long Bones

Anuasthi

Irregular ,Short Bones

Materials & Methods :

Materials: Review of ayurvedic and Modern Texts, Journals and internet articles.

Methods : Conceptual study and Cadaveric Dissection

Human Cadveric dissection of Earpinna will be done to study the structural relation of *Tarunasthi as a Asthi*.

Inclusion: Both male and female cadaver of any age will be included

Exclusion : Cadavers of childrens, poisoning, accidents, burn cases and decayed etc. will be excluded for the study.

Discussion :

घ्राणकर्णग्रीवाक्षिकोषेसू तरुणानि !

सु.शा. ५/२० , अ.सं.शा. ५/७२

When dissection was carried out to reaccess the location of *Tarunasthi* then the place of *Tarunasthi* (*Ghrana, Karna, Greeva & Akshikosh*) were verified as a told in above mentioned sutra. *Charakacharaya* mentioned *Tarunasthi* as a supplementary diet for the management of *Asthikshaya*

Asthis of Ayurved science can be compared with bones of the modern science. Microscopically, the bone is of four types namely Lamellar, Fibrous, Dentine and Cement. As per Ayurveda , as asthis are of above mentioned five types. *Ruchakasthi* considered in Ayurveda can be compared with with dentine and cement .So all the remaining four types except *Tarunasthi* are acceptable in both sciences.

If *Tarunasthis* are compared with cartilage of modern science then the clear demarcation is seen between bone and cartilage. It will be clear with the help of following table.

Bone

- 1.Cells are called osteocytes & osteoblasts
- 2.Bones are Opaque
- 3.It is highly vascular & has nerve supply
- 4.Major portion of adult skeletal
- 5.Greater regenerative power
- 6.Forms whole body skeletal
- 7.Contains bone marrow & blood cells

Cartilage

- Chondrocytes & chondroblasts
 Cartilages are semiopaque
 No nerve or blood supply
 Major portion of embryonic skeletal
 Less regenerative power
 Supports non skeletal organs of body
 Does not contain bone marrow

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Conclusion : Reviewing the available literature, the following conclusions are obtained.

Asthi is one of the sharer *Dhatu* which is constructed the support of the body . It is classified into five types viz. Kapalasthi, Ruchakasthi, Tarunasthi, Valayasthi and Nalakasthi. Asthi can be co-related with bones of modern science. Hyline cartilage is a prototypical form of bone.

Tarunasthi is a type of asthi according to Ayurveda, it is synonymous to the cartilage of modern science. All the three types of cartilage i.e Hyline cartilage , Fibrocartilage and Elastic cartilage, constitute an Ayurvedic term *Tarunasthi*.

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Efficacy of Herbal Drugs in Urolithiasis

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Abstract

Recent years have seen dramatic advances in phytotherapy for urolithiasis. An unavoidable interest in this, results in an expense of more than \$1.5 billion annually in the United States. Although phytotherapeutic extracts are popular in folk culture, review of literature suggests that very few studies have been done on the exact clinical role, efficacy and side effects of these herbs after long-term consumption. Correspondingly potential acceptance of this herbal therapy as an alternative or an adjunct to classic medical therapy remains to be determined. An increased excretion of urinary citrate, decreased excretion of urinary calcium and oxalate, and diuretic and antiseptic features are only some of the known mechanisms of these extracts.

Keywords: Folk culture, clinical role, efficacy, side effects, classical medical therapy, innovative study.

Introduction:

Mutrashmari² is one such disease in Ayurveda which can be correlated with urolithiasis or urinary stone. There are many types treatment available, yet the sufferers are not very satisfied as there are certain limitations like treatment cost, hospital stay, adverse effects, recurrence, the list goes on. In Ayurveda many drugs have been mentioned to treat this condition. One such formulation is “Veerataru Kvatha” mentioned in Priya Nighantu. Veerataru is said to be an Ashmarighna and Mutrala. The Tikta and Katu Rasa, Ushna Virya, Laghu and Ruksha Guna helps in the Samprapti Vighatana. Considering all these points it is observed that there is a need for safe, economic, effective line of treatment for renal calculus.

Herbal remedies have been employed during the ages to treat urinary stones. *Hyoscyamus niger* is a plant that grows in Europe and has relaxing, antispasmodic, anaesthetic features that share the pharmacological effect of drugs prescribed for renal colic treatment even today.

Review of Literature:

- Review of literature includes through screening of Ayurvedic classics such as Charaksamhita,
- Sushrutasamhita,
- Yogaratnakar,
- Chakradatta Priyanighantu,
- Modern texts, periodicals, e- journals etc, to collect the data for the present study.

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Aims And Objective of The Study:

1. To study the concept of Mutrashamari and nephrolithiasis in detail.
2. To study extent of herbal medicine in urolithiasis.

Materialals And Methods:

Source of data:

- 1) **Literary Source:** Literary data will be collected from Ayurveda classics, Periodicals & e- journals etc.
- 2) **Sample Source:** The patients fulfilling the diagnostic criteria will be selected from OPD and IPD of Late B. V. Kale Manjara Ayurvedic College, Latur.
- 3) **Experimental source:** It is the human clinical trial. No animal experimental study.

Method of Data Collection:

- 1) **Study design:** It is a single blind clinical study.
- 2) **Sample design:** A minimum of 30 patients fulfilling the diagnostic and inclusion criteria of either sex will be selected.
- 3) **Inclusion criteria:**
 - Age between 21 to 50 years.
 - Sex: either sex.
 - Stone in between 5mm to 8mm will be taken for the study.
- 4) **Exclusive criteria:**
 - Age : below 21 and above 50 years
 - Stone Size >8 mm
 - Severe Hydronephrosis
 - Pyelonephritis
 - Any other systemic disorders like DM, HTN, HIV, Cardiac pathology, HbsAg etc.

Herbal Based Commercial Formulations For Urolithiasis:

The marketed composite herbal formulations, Cystone (Himalaya Drug Company, India), Calcuri (Charak Pharmaceuticals, Bombay, India), Uriflush (Inti Sumatera Global, Indonesia), Uriflow (Discovery Herbs, USA) and *Chandraprabha bati* (Baidyanath, India) have been widely used clinically to dissolve urinary calculi in the kidney and urinary bladder. There are various studies which showed its ability to inhibit calcium phosphate and calcium oxalate mineralization. The main components of Cystone are given in Table 1.2.

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Table 1. The components in one Cystone tablet.

<i>Herb</i>	<i>Amount</i>
<i>Didymocarpus pedicellata</i>	65 mg
<i>Saxifraga ligulata</i>	49 mg
<i>Rubia cordifolia</i>	16 mg
<i>Cyperus scariosus</i>	16 mg
<i>Achyranthes aspera</i>	16 mg
<i>Onosma bracteatum</i>	16 mg
<i>Vernonia cinerea</i>	16 mg
<i>Shilajeet</i>	13 mg
<i>Hajrul yahood bhasma*</i>	16 mg



formulation for treatment of kidney stones.

*Harjul yahood bhasma is prepared with *Ocimum basilicum*, *Tribulus terrestris*, *Mimosa pudica*, *Dolichos biflorus*, *Pavonia odorata*, *Equisetum arvense* and *Tectona grandis*.

In addition, its efficacy to reduce urolithiasis was also reported in male Wister rats. In various reports, the anticalcifying properties of Cystone are used as a reference for evaluating the antilithiatic properties of other plants.

Sl. no.	Ingred- -ients	Botanical Name	Rasa	Guna	Virya	Vipaka	Doshakarma
1	Pasana- -bheda	<i>Bergenia ciliate Royle</i>	Kasaya Tikta	Laghu Snigdha	Sita	Katu	Tridosahara Mutravirecaniya
2	Goksura	<i>Tribulus terrestris Linn</i>	Madhura	Guru Snigdha	Sita	Madhura	Vata-Pitta hara, Vrsya, Mutrala, Rasayana

Result & Discussion:

On the basis of details study of the mentioned subject and aims and objectives with references, previous work done, various material and methods it is evident that the title of this article is enriched.

Conclusion:

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As mentioned considering abstract, literature review, methodology, investigations, it is quite clear that "EFFICIENCY OF HERBAL DRUGS IN UROLITHIASIS" is extremely helpful particularly with no side effects of allopathic medicine and best option to maintain the health and prevention of Urolithiasis.

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Conceptual Review of Knee Joint & Janumarma With Reference to Osteoarthritis

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Abstract:

The knee joint is one of the strongest and most important joints in the human body. It allows the lower leg to move relative to the thigh while supporting the body's weight. This joint is formed between three bones: the femur, tibia, and patella. Osteoarthritis (OA) is the most common form of arthritis. It is strongly associated with ageing and is a major cause of pain and disability in older people. Janu Sandhi is included amongst the 107 Marmas in the body. The structure that binds the Jangha (forelegs) and the Ooru (thigh) is the JanuMarma. Injury oriented deformity at knee joint can be avoided by certain preventive measures.

Keywords:Janu, Jangha, Marma, Osteoarthritis, Asthi.

Introduction:

The term Ayurveda is formed by the combination of two words - "Ayu" meaning life, and "Veda" meaning knowledge. Life according to Ayurveda is a combination of senses, mind, body and soul. The perfect balance of mind, body and soul is considered as complete health in Ayurveda. Most of part of Anatomy described in Sharishthan in all bruhrayees.

Marma Theory in Ayurveda:

The theory of Marmas variety is a vital part of Shareerarachana. Marma is very critical element in human body.

मारयन्तिइतिमर्माणि | डल्हण.

प्रियते अस्मिन्अङ्गेउपहते इतिमर्म | अ.ह. शा.४

Marma is the part of body, if injury happens to Marma it results into death or fetal complications hence called as Marma. Its an anatomical site where five structures i.eMamsa, (Muscles), Sira (Vessels), Snayu (Ligaments), Asthi (Bones) and Sandhi (Joints) fusion at one point. Janu Sandhi is included amongst the 107 Marmas in the body. Marmas are the vital points. When traumatised they can result in mortality, morbidity, pain or some dysfunction. They are congregations of important vessels or nerves.¹

Aims & Objectives:

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1. To study the Janu Sandhi Sharir and its related structure according Ayurveda as well as Modern Anatomy.
2. To review the anatomical changes in Janu Sandhi (knee joint) with reference to Osteoarthritis.

Materials and Methods

Conceptual study (Literary Review)

All literary Review were done regarding of sandhi and specifically Janu Sandhi mentioned in Ayurvedic classics. Description of Janusandhi and Marma mentioned in bruhatrayees, laghutrayees& the authentic treatises.

Janu Marma:^{2,3}

- Sthan** : At fusion point of femur and tibia fibula
Number : Two
Parimaan : 3 Anguli
Types : Sandhi marma(as per structure)
: Vaikalykar(as per effect after marmaghat)

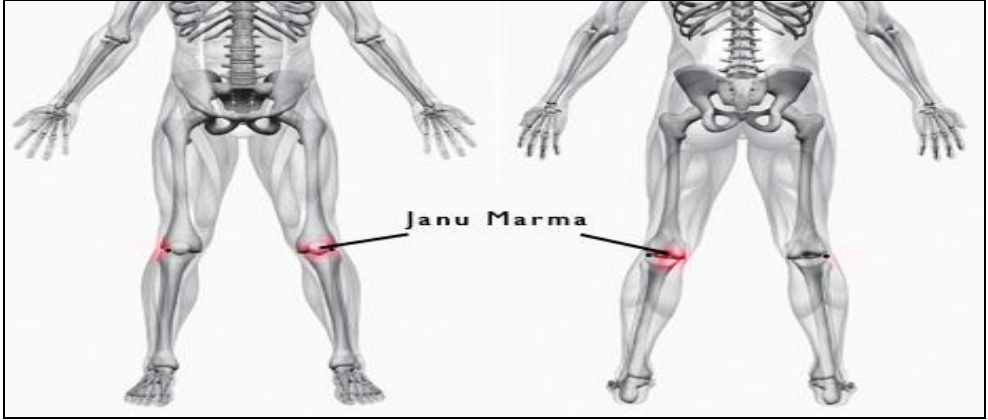


Fig.1 Showing the Janu Sandhi Marma in lower limbs.

Janumarma is one of the Vaikalkaramarma. If it gets diseases or injured it produces deformity or disability of the person. After reviewing Sushruta's description on Janumarma- its position, measurement and its prognosis after injury, it can be compared with the knee joint.

The knee joint is largest synovial joint in the body it consist of three distinct and partially separated section that collectively form a complex hinge joint.

जङ्घोर्वीःसन्धानेजानु, तत्रखञ्जता | सु.शा.६/२४

These arrangements offer a fulcrum for the powerful extensor and flexor muscles that act on the joint during movement. Injury oriented deformity at knee joint can be avoided by certain preventive measures.⁴

Knee Joint:

The patella lies in front of the femur on the anterior surface of the knee with its smooth joint-forming processes on its posterior surface facing the femur. The knee joint is one of the strongest and most important joints in the human body. It allows the lower leg to move relative to the thigh while supporting the body's weight. This joint is formed between three bones: the femur, tibia, and patella. The patella lies in front of the femur on the anterior surface of the knee with its smooth joint-forming processes on its posterior surface facing the femur.⁵

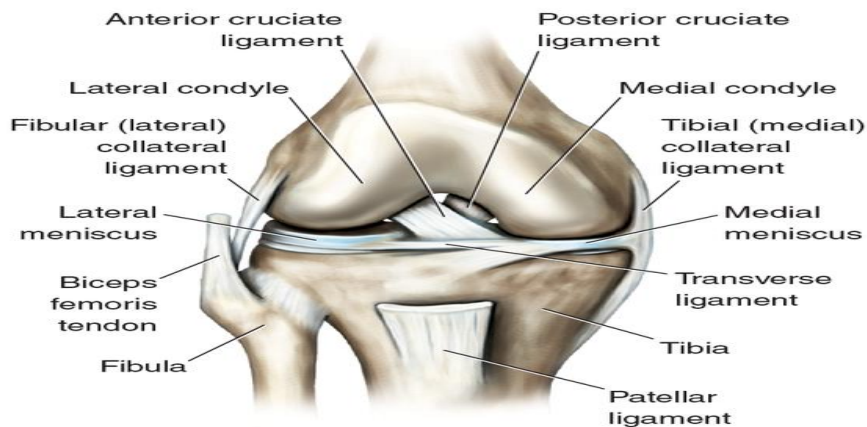
Knee Joint Structure:

Fig.2 Showing Anatomical structure of Knee joint

Description of Janu Sandhi Sharir :

Janu means the Knee. **Jan** means to be produced (walking, motion). **Sandhi** word is derived from the root Sam + Dha+ Ki which means Sandhanamiti - Holding together, joining, and binding.

Characteristics of Janu Sandhi :⁶

Sandhis are the junctions of Bones and are seat of Kapha; they help to keep the Body parts Together.

Samkhya :⁷ Janu Sandhi's are 2 in number present in lower extremities.

Dimensions:⁸

Circumference of the middle portion of knee is 14 Angulas. Length of janu is 4 Angula and its circumference is 16 Angulas. Two or more Asthis are not sufficient to form a Sandhi. It requires other structures which connect the Asthis to one another, maintain, stabilize, bear weight and facilitate the gati in them.

The common diseases that affect the knee joint are:

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1. Sandhigataavata (Osteoarthritis) – This is mainly due to wear and tear of the cartilage due to age, obesity, etc.
2. Aamavata (Rheumatoid Arthritis) – It is an autoimmune condition which can affect any joint of the body.
3. Vatarakta (Gouty arthritis) – this type of arthritis occurs when the uric acid crystals build up in a joint. Mostly affects the big toe but can also affect the knee joint.

Trauma to knee joint may result in:

- a. Ligament injury
- b. Meniscus injury
- c. Tendon injury.
- d. Fracture

Probability Area of Janu Marma:

The following area in anatomical structure of knee joint for being considered as the manipulative point of Janumarma-

- Medial collateral ligaments
- Popliteal fossa
- Lateral collateral ligaments
- Quadreceptsfemoris tendon

ViddhaLakshane of Sandhi Marma:⁹

वस्तुशूकैरिवाकीर्णरुढेचकुनिखन्जता |

बलचेष्टाक्षय : शोषः पर्वशोफश्चसन्धिजे || अ. ह .शा. ४/५१

1. Limping of the affected joints
2. BalaCheshtakshay
3. Shosh
4. Parvashoph

The knee joint being a marmasthana, it is the seat of Pranavayu. Any injury to this vital point causes the vitiaition of Vatadosha. Also being a joint, it is a kaphasthana (Shleshakakapha), which lubricates and strengthens the joint. Due to vitiation of these two doshas there is pain, swelling, stiffness etc. when the joint is affected.

Osteoarthritis:

Osteoarthritis (OA) is a type of joint disease that results from breakdown of joint cartilage and underlying bone. The most common symptoms are joint pain and stiffness.

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Initially, symptoms may occur only following exercise, but over time may turn into stable. Other symptoms may include joint swelling, decreased range of motion, and when the back is affected weakness or numbness of the arms and legs.¹⁰

Sandhivata is a most common pathological condition in current clinical practice especially in jaravastha (old age) and is enumerated under the heading of Vatavyadhi. The term Sandhigatavata has its origin from a combination of three words, Sandhi, Gata and Vata.

Osteoarthritis is a slowly progressive degenerative disorder otherwise known Ayurvedic as Sandhigatavata or vatic disorder. Vata is mostly dominant in Vridhaavastha. The person affected by this disease needs nutritive or Rasayana therapy. Due to excessive overweight on a particular joint, generally Knee joint cause osteoarthritis. Sometime due to more exercise of a particular joint or mithyaaharavihara cause the vitiation of vata which create pain in Sandhi.

Anatomical co relation of Janu Marma :

Muscles	Ligaments	Nerves
Biceps femori	Medial collateral	Tibial nerve
Semi membranous	Lateral collateral	Sural nerve
Semi tendinosus	Criciate	Common peroneal nerve
Head of gastrocnemius	Iliotibial tract	Sural communicating branch

Conclusion:

The Knee Joint (Janu sandhi as described by Ayurved) is one of the largest and most complex joints in the body. The knee joint, also known as the tibio-femoral joint, is a synovial hinge joint formed between three bones: the femur, tibia, and patella. The structure that binds the Jangha (forelegs) and the Ooru (thigh) is the JanuMarma. When Janumarma injured causes Khanjta(limping).Osteoarthritis is a very common condition. People who suffer from this disease are usually sufferers for their life.

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Anatomical Study of Guda And Structural Changes in Guda Shareer in Haemorhoid

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Abstract-

Haemorrhoid have been known to mankind for a long time and are one of the commonest disease to affect the human being .prime etiological factor is mithya ahaar vihaar and is unavoidable due to busy life style if arsha vyadhi is not treated in early stages it varies anatomically in grades [anatomically 4grades of arsha]in our area was observrd that percentage of patient having arsha vyadhi was high hence this problem was selected for study to give diagnostic tool and anatomical structure is the major tool for vaidyas to treat the disease.

Key words- *Haemorrhoids,Guda shareer, Arsha.*

Introduction-

Ayurveda is science of life *and rachna shareer* is the major tool for vaidyas to treat the disease one of the prime important disease from *ashtaumahagada* is arsha .ayurveda the and description of *arsha* ,it is an entity in which muscular projection troubles the patient like enemy and *guda* is sadyo pranhar marma arsha if not properly diagnosed and treated it may cause *sadyo pranhani* this disorder commonly occurs percentage of patients having haemorrhoid are increased in our area ,so we thought to give update on *arsha vyadhi* and its anatomical changes in to the correct method treatment for the proper diagnosis and treatment purposes.

Aim's & Objectives:

- 1.To study shareera of *guda*.
- 2.To provide guideline to treat *arsha vyadhi* by studying sharir of *gud*[anus].

Riview of Literature:

In ancient literature structure of anus is described as ,last part of large intestine with muscular ridges,*pravahani-visarjani-sanvahani....(SUSHRUT SAMHITA,nidaansthaan2/5)*

Charak commentators *Chakrapani datta* also gives functional classification of anus as,*uttar gud & adhar gud* there is storage of faeces in uttar gud & elimination of waste products takesplace at adhar gud. (*CHARAK* shareersthaan 7)

Methodology:

- 1.It is observational type of study.
- 2.Patients of anorectal diseases selected for study.

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3. Seperate case papers and quistionares prepared and various examination like inspection, proctoscopy carried out and records presented .

Discussion

On the basis of observation & According to ayurveda & modern text discussed ,this disease is well within the purview of gastroenterology and the treatment of haemorrhoids and other anorectal disorder should be encorperated in to the typical GI practice ,the review of literature showed that about 75% of people may have haemorrhoids at some stages in their lives ,haemorrhoids are most common among adults age 45 to 65 and also common in pregnant women.

Conclusion

Literary study of anus & structural changes in various diseases according to ayurveda text & modern science has been done , And study on patient it is observed that ,symptomatic haemorrhoidal disease is age old problem commonly encountered in our society and patients often present to gastroenterologist for evaluation and care incidence of sentinel piles is more in young age than old age ,more chances of piles at anterior site in female and posterior site in male .and it is observed that for management of pile anatomical study of anal canal is major tool.

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EFFECT OF RAKTAMOKSHAN (CUPPING THERAPY) IN SUPRASPINATUS TENDINITIS - A CASE STUDY**Dr. Gaurav Londhe**

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ABSTRACT

Blood is an elixir of life. Its presence ensures the nourishment and maintenance of all our body tissues. Many physiological functions of blood include transporting nutrients and oxygen to different body tissues, temperature regulation, acting host to different defensive mechanism as well as help to preserve homeostasis by acting medium to hormones and enzymes. Health of blood depicts the health of our body, so much so that almost every somatic disorder can be diagnosed on the basis of certain blood abnormality. The ancient science of Ayurveda not only considers blood as a tissue (Dhatu) but also an important humor of our body (others being Vata, Pitta and Kapha). Hence any discrepancies and vitiation in blood has a detrimental effect on the total well-being of our body. Luckily, Ayurveda has the solution for treatment of such blood borne disorders viz Raktamokshana or bloodletting. Raktamokshana is an effective blood purification therapy in which carefully controlled removal of small quantities of blood is conducted to neutralize accumulated toxins of many blood borne diseases. The great surgical genius Acharya Sushruta has mentioned Raktamokshana as "Ardha Chikitsa" i.e half of the treatment useful for treatment of different Surgery oriented diseases. This paper presentation glorifies the journey of the art of bloodletting, its techniques, uses, myths and its practicability in recent times. It also presents a case study to demonstrate utility of Raktamokshana by cupping therapy in a case of supraspinatus tendinitis. This is an effort to provide a thought provoking insight over the cause and effect rationality of treating various Rakta Dhatu disorders and its antagonization of modern science beliefs regarding its uselessness.

Keywords- Raktamokshana, Cupping therapy, Supraspinatus tendinitis.

CLINICAL RESEARCH-A CASE STUDY ON DIABETIC ULCER**Vd.Ruturaj Gaikwad* Dr.M.S.Kalmegh****

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ABSTRACT

In modern era sedentary life style attributed a lot of stress and over nutrition which made diabetes as one of the most prevalent disease in the world .In diabetes, slight injury to glucose laden tissue may cause chronic infection and ulcer formation. About 15% of all diabetic patients develops foot ulcer in their life time. The etiological factors includes increased sugar level, diabetic peripheral neuropathy. Mainstay of treatment includes antibiotics, debriment and Local wound care and footwear improvisation .

The diabetic wound can be considered as Dusht vrana in Ayurvedic classics and need to look for the management through Ayurveda. Acharya Sushrut who is the father of

surgery mentioned Jaloukavcharan as a treatment in Dushta vrana. Here a case of a patient having DM Type-2 having ulcer on foot which delayed healing by modern techniques and with the help of Ayurvedic intervention i.e.Jaloukavcharan and Vranashodhan tail by local application which completely healed in 1 month.

The aim of this work is to enlighten scientific world about Ayurvedic solutions to carry on further studies on Diabetic foot in Ayurvedic lines.

INDICATIONS, SITES AND MODE OF ACTION OF JALAUKAVCHARAN IN NETRA ROGA.

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ABSTRACT

Now days environment is being highly polluted, dust and sand particles, journey on vehicles and industrial trauma increased the chances of, Savarna shukla.

As Ayurveda is a collection of the principles of life, which are applicable in every era. Sushruta truly called father of surgery who has not only described the general disorders and their remedies but also explained ENT, Ophthalmic and Oral diseases in Shalakyatantra in which Raktamokshan is advised for rakta-pittaj netra vyadhi. Savarna Shukla mentioned in Ayurveda can be correlated with corneal ulcer. Sushruta and Vagbhatta have described pathogenesis, clinical features, prognosis and treatment of Savarna Shukla. Now a days in case of non healing corneal ulcer, scrapping or chemical cauterization by carbolic acid is preformed. To avoid these procedures and their complications, to minimize duration of healing and to re- establish the corneal status Raktamokshan therapy with Jalaukavcharan is selected.

In this paper an attempt has been made to understand basics of Jalaukavcharan in ophthalmic diseases, sites of jalaukavcharan & it's probable mode action as a final resort in Savarna shukla mentioned in ancient Ayurvedic literature.

Keywords:- Jalaukavcharan, Raktamokshan, Savarna shukla

ROLE OF SHWETA MUSALI CHURNA (CHLOROPHYTUM BORIVILIANUM) IN THE MANAGEMENT OF UROLITHIASIS (MOOTRASHMARD):- A CASE STUDY

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ABSTRACT

Ayurveda is the science of life. It aims at ensuring a healthy mind and healthy body. The goal of Ayurveda is healthy span without the need of cure of disease. It does not aim at

creating only the health of individual but it simultaneously provide prescription and prohibitions for the maintenance of healthy living. Mootrashmari is one of the most common and irritating disorder which causes discomfort in daily living life. Now a day the tendency of this disease increasing enormously, because of chane in lifestyle and eating habits. It constitutes one of the commonest disease in our country. Pain due to kidney calculus is very worsen than that of any other pain. In India approximately 5-7 million patients are suffered from calculus disease.

Acharaya Sushruta said Asanshodhanshilata and Mithya Ahara-vihara causes Kapha dosha prakopa and by Srotovaigunya lead to Mootrashmari. Now a day various modern treatment modalities are available like PCNL, ESWL, but facilities are available only at higher centera and are too expensive for common peoples. Even after surgical intervention the pathogenesis can not be avouided.

In Bhaishajyaratnavali mentioned the effective modalities for treatment of Mootrashmari and its related pain. Shweta musali (Chlorophytum borivillianum) is a effective medicinal plant and having Anti-urolithiatic action helps in management of Mootrashmari. So that present case study undertaken, role of Shwetamusali churna in the management of Mootrashamri (Urolithiasis)

Keywords-mootrashmari,Shweta musali

THE EFFECT OF RUKSHANA CHURNA (TRIFALA, MUSTA, CHITRAKMOOL) IN INDIVIDUALS WITH CENTRAL OBESITY AND INSULIN RESISTANCE W.S.R. TO STHAULYA CHIKITSA

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ABSTRACT

Obesity is emerging as an important health problem in India. Twenty two million Indians are obese, especially abdominally obese.This obesity especially central obesity due to adiposity which may results into a insulin resistance, a impaired fasting glucose condition in which hyperinsulinemia seen in the patients. This Insulin Resistance condition finally causes TYPE 2 DM to the susceptible. As Obesity and insulin resistance condition comes under “medodushtee” which cause medodhatwagni mandya and which is finally results into a apachit medodhatu which we can resemble it with central adipocity .this explained in Ch.sutrasthan 21. In Chikitsa sutra there is mention of ‘ruksha ushna dravya’ These dravya are well explained in different Gana of Charak and Sushruta Samhita. From all of these drugs TRIPHALA, MUSTA, CHITRAK are widely available and most commonly used drugs in current ayurved medicine practices.

EVALUATION OF ORGANISMS PRESENT IN THE GUT OF LEECH AND EFFECT OF SAMSKARA OF LEECHES IN HARIDRA JALA

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Hirudotherapy or Jalukavacharana has been lauded for its role in the management by Sushrutha. However, the advantages of leech therapy are confounded by more recent and widely reported occurrences of leech-borne infections. Acharya Sushrutha has described a method of keeping the leeches in Haridra (turmeric) water to reduce the untoward effects. Hence this study has been taken up to check for various organisms present in leeches and neutralization of these organisms by Haridra.

Methodology : *Leeches were collected from parts of Karnataka and Goa states and stored in fresh water. Leeches of equal body weight were selected and divided into two groups. In First group, 5 leeches were taken directly without processing in Haridra Jala and in second group,5 leeches were taken after processing in Haridra jala for 45 minutes.The dissection of the leeches was carried out in laminar hood, samples from the gut were collected in sterile microfuge tubes. Microbiological study was carried out in Soyabean casein digest agar and the count was reported as colony forming unit per gut. 16S Metagenome analysis was carried out at Genotypic Technology (P) Ltd., Bangalore. Procedure was repeated for four times.*

Result: *The Bacterial count in the guts of leeches treated by Haridra was 81-82% lower than in the sample extracted from the gut of untreated leeches. Percentage of bacteria belonging to Proteobacteria and Bacteroidetes was significantly higher in untreated samples, while in Haridra treated samples it was significantly low. Enterobacteriaceae members which contain group of major pathogenic organisms were found to be present in lower amounts in the guts of leeches treated with Haridra. Significant difference in the abundance of species belonging to Aeromonadaceae was also observed.*

Conclusion: *Thus this study proves the importance of Treatment of Leeches in Haridra Jala before application on Humans.*

Key Words: *Leech,Hirudotherapy,Turmeric,Metagenome analysis.*

AYURVEDIC MANAGEMENT OF JOUBERT SYNDROME : A CASE STUDY

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ABSTRACT

Joubert syndrome is an autosomal recessive disorder associated with agenesis of cerebellar vermis of the brain that controls balance and coordination. It is characterized by cerebellar vermis hypoplasia, hypotonia, and one of the two conditions: abnormal breathing pattern and or abnormal eye movement. Here we present a case study of 4.5 years old male diagnosed with joubert syndrome having major complaints of delayed milestones, hypotonia and oculomotor apraxia. At present no treatment is available on joubert syndrome in modern medical science. The assessment was monitored through GMFCS score, which is not only flaw free but gives exact improvement status along with Development quotient (DQ) which was also assessed to ascertain whether the velocity of development is achieved or not. Study reveals the management of Joubert syndrome based on Ayurvedic principles which proved to be very beneficial in this case.

Keywords: *Joubert syndrome, autosomal recessive disorder, oculomotor apraxia, GMFCS, DQ.*

DIET AND DIETETICS IN AYURVEDA

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Ayurveda is the most ancient science of life which gives health and cures the disease. Ayurveda gives special emphasis on three important conducive factors for maintenance of life and health consists of Ahara (food), Nidra (Sleep), and Brahmacharya (Good conduct). These three have been considered as Upastambha (the basis of life and health) among these Ahara has been considered as the first one which shows its importance. Food is the root cause of both health and disease in children so Acharya Kashyapa has described Aahara as Mahabheshaja. As per his verses no medicine will act as good as food for a given health challenge. Intake of wholesome and unwholesome diet is responsible for prevention and causing various diseases respectively including life style disorders. Acharya Charaka has clearly stated, that a daily diet should be (of such quality), which not only helps to maintain present well being but serves as a prophylactic against upcoming diseases. This is a very important aspect of preventive medicine as mentioned in Ayurveda. Today's food culture has changed to the worse, especially in the young generations given rise to Lifestyle disorders which is a current burning issue for our society. Such diseases mainly result from life style related factors such as unhealthy diet, bad food habits, lack of physical activity etc. This article is mainly concerned with the

various regimen of diet and dietetics principle as mentioned in the Ayurveda for the prevention of lifestyle disorders.

Key words – Diet, Mahabheshaja, Lifestyle disorder.

SCREENING OF HERBAL CONTRACEPTIVE

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The population of world is increasing much faster. It is affecting many socio-economic conditions. The population control is now becoming a national priority. The contraceptives are used in modern medicines long back. There are also many new contraceptives available but they have various side effect. Many contraceptive methods have a higher failure rate so there is need for new approach for the problem. In ayurvedic text many drugs are explained which prevents the pregnancy which is called garbhanirodhak drugs. In samhitas the contraception is explained by describing the four necessary factors like ritu (Time period), kshetra (uterus), ambu (liquid secretions) and beeja (ovum & sperm). The union of one or two factors is necessary for fertility and if we restrict the union of one or two factors we can prevent the conception. In this paper we are going to study various garbhanirodhak drugs and kalpas mentioned in ancient texts.

Key words – Herbal contraceptive, Ayurvedic, garbhanirodhak.

ACUTE MEDICINAL CARE IN AYURVEDA – A MYTH OR TRUTH !

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ABSTRACT

Ayurveda, a natural and holistic medicinal health care system that originated in India more than 5000 years ago with the primary objective of achieving optimal health and well being through a comprehensive approach that addresses mind, body, soul, behavior and environment. Ayurveda mainly emphasizes on two goals, first prevention and promotion of health and second treatment of diseases. Treatment of diseases is highly individualized and depends on the psychophysiological constitution of a patient. Different dietary and lifestyle recommendations are mentioned for each and every season of the year. Various treatment modalities are used depending on the etiopathogenesis and presentation of diseases. Ayurveda demonstrates an ability to manage chronic and untreatable diseases that westernized medicine has been unable to.

It may be projected from Ayurveda's comprehensive approach, emphasis on prevention and ability to manage chronic disorders that its widespread use would definitely improve the health status of the world's population. A wrong and misleading belief that

Ayurveda doesn't prove beneficial in treating acute and emergency diseases has arrested its development limiting its role as an adjuvant therapy to other systems of medicine. Various references related to Daruna and Ashukari (emergency) conditions are found scattered in classical Ayurvedic texts but it needs to be highlighted and brought into the minds of the researchers so as to challenge and critically reexamine them with a view to accept this so called misconception of criticizing and devaluating Ayurveda for no availability of acute and emergency management, which is a mere belief. In this paper an attempt has been made to review and understand the Ayurvedic basis of emergency management and necessary references that describe the acute emergency management.

Keywords – Ashukari, Daruna, Ayurveda.

TRADITIONAL CONSERVATIVE LINE OF TREATMENT TO REDUCE PER RECTAL BLEEDING IN THE MANAGEMENT OF RAKTARSHA (BLEEDING INTERNAL HAEMORRHOIDS)

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ABSTRACT

Haemorrhoid is a disease, which is very specific to human race only, due to its erect posture & it is fairly common disease all over the world. Patient having internal haemorrhoid may have common problem of per-rectal bleeding. In Ayurveda, four modalities of treatment of Arsha were described by Acharya Sushruta. In which one of modality of treatment is Bheshaj Chikitsa. In Raktarsha for per rectal bleeding Raktastambhan chikitsa is advised & for this purpose oral administration of Nagkeshara (Mesua ferrea Linn.) churna with navneet, sita and madhu is mentioned as best treatment for per rectal bleeding by Aacharya Govinddas in Bhaishajyaratnavali. This study had been carried out to study whether the oral administration of Nagkeshar churna with traditional conservative line of treatment is effective to reduce per Rectal bleeding due to internal haemorrhoids. It had been observed and found that oral administration of nagkeshar churna with traditional conservative of treatment is effective to reduce the per rectal bleeding due to internal haemorrhoids within 3 days significantly.

NUTRITIONAL DEFICIENCY AND EYE DISEASES

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ABSTRACT

'Sarvendriyanam Nayanam Pradhanam' means eye is the most important sense organ by which 80% of knowledge is gained. Eyes depend upon nutrients, vitamins and minerals, to maintain their health and proper function. Eye diseases impact significantly on

an individual's quality of life. Nutritional deficiency eye diseases are diseases in eye that are directly or indirectly caused by a lack of essential nutrients in the diet. Deficiency diseases are commonly associated with chronic malnutrition. The nutrients associated with eye health are vitamins C and E; carotenoids, beta carotene, lutein, and zeaxanthin; omega-3 fatty acids; zinc and vitamins B₆, B₉ (folic acid), and B₁₂ may help lower the risk of eye diseases. Eye diseases associated with poor nutrition are night blindness, dry eye disease, cataract, diabetic eye disease, age related macular degeneration, glaucoma, xerophthalmia, thyroid eye disease. Many individuals are not aware that their nutritional habits affect the health of their eyes, and may not know what they should be eating to protect their eyesight. This article provides an overview of the eye disorders which are associated with poor eating habits, and the nutritional measures an individual can take to prevent eye disorders.

Further details will be elaborated while paper presentation.

Keywords- *Healthy diet, Nutritional deficiency and Eye diseases.*

MANAGEMENT OF CANCER IN PERSPECTIVE OF ALTERNATIVE SCIENCES

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ABSTRACT

Cancer is one of the most dreaded diseases of the 20th century and spreading further with continuance and increasing incidence in 21st century. It is considered as an adversary of modernization and advanced pattern of socio-cultural life dominated by Western medicine. Pathogenesis in Ayurveda is explained on the basis of Tridoshas Agni or Pitta, which is present in each and every cell, is responsible for digestion and metabolism in human body. The decrease in agni is inversely proportional to the related tissue and therefore in arbuda, the decreased state of dhatwagni (deranged metabolism) will result in excessive tissue growth. Vata can be correlated with the anabolic phase of growth whereas kapha to the catabolic phase. Cancer originates due to a metabolic crisis, i.e. aggravation of vata forces and suppression of kapha forces, both interacting with one another resulting in proliferation. However, the abnormal cancerous growth at a specific organ (Ekadesavridhi) is managed by compensation from other parts of the body. Multidisciplinary scientific investigations are making best efforts to combat this disease, but the sure-shot, perfect cure is yet to be brought into world of medicine. Recently, a greater emphasis has been given towards the researches on complementary and alternative medicine that deals with cancer management. Several studies have been conducted on herbs under a multitude of ethno botanical grounds. The broad aim of this article is to provide a general outline on descriptions of cancers and their management from an

ayurvedic practitioner's perspective underlying its scientific principles involved in treating these conditions with the use of Alternative sciences.

Keywords: Cancer, Alternative science, Arbuda, Tridosha, Dhatwagni, Proliferation.

TO EVALUATE THE SHODHANA EFFECT OF YASTIMADHUADI TAILA IN THE MANAGEMENT OF DUSHTA VRANA.

Dr. Shekhar Patil

Background: Wounds and there management are fundamental to the practice of surgery. In surgery of trauma, wound is frequently a primary pathology. In elective surgery, it is through the wound that access is obtained to deal with the underlying pathology. In both situations surgeon's task is to minimize the adverse effects of wound, remove or repair damaged structures and harness the process of wound healing to restore function.**Methods:** 20 diagnosed cases of Dushta Vrana are selected for study and recorded through proforma designed for single group of observational study.

Results: Middle aged males of lower middle income group are sufferers; Yastmaduadi Taila Application reduced the intensity of Lakshanas of Dusthavrana significantly.

Conclusion: Timely Yastmaduadi Taila Application reduces the symptoms of Dushta Vrana by removing Pravruddha Pitta Dosha. Thus, we can confidently use Yastmaduadi Taila Application for local treatment in management of the dusta vrana.

Keywords: Vrana, Dushta Vrana, Yastmaduadi Taila, Application.

CONCEPT OF STERILIZATION IN AYURVEDA COMPENDIA

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ABSTRACT

Sterilization is the process of freeing an article, a surface or a medium of all micro-organism. For the success of any surgical treatment Sterilization is of prime importance. Lack of sterilization leads to complication like infection, impaired wound healing etc.In Ayurveda Acharya Sushruta was the one who developed the surgery most in his Sushruta Samhita he has described various operative procedures and surgical treatment in that for the success of surgical treatment he has advised to do dhoopan with Rakshoghna Dravyas for the Sterilization of OT rooms and various chambers (such as Kumaragar,Sutikagar,Vranitagar) and for instruments methods like kashaya,parikshekah,agnitapan etc are used.the drugs which are explained in sterilization most of which possess antimicrobial properties.he also stated many combination and different types of dhoopa for different indications and effectively for Sterilization.

Keywords: Sterilization , Dhoopan, Rakshoghna Dravyas etc.

CONCEPTUAL STUDY OF IMPORTANCE OF ROGI PARIKSHA SIDDHANT- A SURGICAL REVIEW.

Dr. Shrutika Magar

ABSTRACT

The Indian system of medical science has its own speciality in diagnosis of disease by Rogi Pariksha. Pariksha stands for investigative cognition of valid apprehension of the state of an object. According to Ayurveda, Rogi Pariksha involves identification of root cause of disease. In clinical practice and in Shalya Tantra, Rogi Pariksha plays an important role in obtaining knowledge regarding strength and intensity of morbidity, span of life, dosha disturbance. It helps in knowing prognosis or proper diagnosis and thereby getting a clear idea of one's limitations in terms of handling patient and helping in planning a comprehensive treatment. In the present study, Rogi Pariksha or the examination of patient is done in Ayurveda by using one or more methodologies mentioned in 10 Ayurved Classics, i.e Charaka Samhita, Sushruta Samhita, Sarth Vagbhata, Bhel Samhita, Harita Samhita, Kashyapa Samhita, Yogratnakra, Sharangdhara Samhita, Madhavidana, Bhavprakasha which includes examinations such as Dashvidha, Panchvidha, Trividha, Ashtavidha, Nadi Varnana, Prakruti Pariksha varnana, which elaborately discuss about different techniques of Rogi Pariksha by Acharya for the diagnosis of diseases and their applied aspect in Shalya Tantra practice.

Keywords-Rogi Pariksha, Shalya Tantra, Applied Aspect, Samhita.

ROLE OF YOGA AND DIET IN MENARCHE AND PERIMENOPAUSAL SYMPTOMS IN FEMALES - A LITERATURE RESEARCH

Dr. Snehal Pujare

ABSTRACT

Menarche (rajodarshan) and Menopause (rajonivrutti) are normal physiological changes in female body.

Due to fast changes in lifestyle of female, menarche is earlier and perimenopausal symptoms prolonged which disturb day to day life of female. Although there is PMS i.e. pre menstrual syndrome gives emotional stress. Therefore it has become necessary to assimilate yoga in daily routine and to follow proper balance diet. A literary study has been conducted by using 12 ayurvedic classics and modern books for collecting information about yoga, diet, menarche and menopause. In this study, suryanamaskara different asanas, bija mantra, omkara chanting and proper balanced diet were included.

Thus it was observe according to various references that, proper yoga and diet is very essential in these females.

Keywords: Menarche, Perimenopause, yoga, Suryanamaskara, Balance diet.

REVIEW ON KRIYAKALPA IN NETRAROGA

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ABSTRACT

Ayurveda is ancient science deals with the human life.it is established with for the maintaining the swasthya and to cure the disease.Different formulation are explained in text for these perpose.using these formulation different diseases are treated with the help of different route of administration.there is well established protocol for ayurvedic therapeutics (kriya kalpa)Different kriyakalpa are explained in netra chikista to maintain netra swasthya and to treat the eye disease. These are classified according to form of drug,method of administration,severity of the disease and predominancs of doshas.there is proper duration for kriyakalpa according to stanansamshraya of disease in different patalas,mandal,and sandhis.according to charaka kriyakalpa are three types i.e Bidalaka,aschotana and Anjana.according to sushruta it is 5 types i.e Seka,Ashotana,Anjana,Tarpan,Putpaka And according to Sharangdhara it is having 7 types same as sushruta extra 2 are pindi and bidalaka.In these paper an efforts has been made to analyse the mode of action of the netra of the netra kriyakalpas.

ASHWINI MUDRA – PREVENTING THERAPY FOR HEMORRHOIDS

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The main cause of hemorrhoids is change in life style, fast food intake and less exercise. Conservative ayurvedic & surgical procedure already described for hemorrhoids which are known to everyone. Prevention is better than cure. No medicine or surgery can cure hemorrhoids permanently but yoga can. Yoga, aasana, mudra makes you mentally strong and physically fit, also relive blood vessels, reduce inflammation, remove toxins, improves immune system, boost blood circulation and prevent from others disease.

Anyone can start practicing yoga. It has no side effect, but yes all asana and mudra should be performed in the right way. Pressure in abdominal area and lack of physical activity are the root causes of hemorrhoids. Practing yoga, mudra and asana regularly prevent constipation, increase digestive power which prevents 90% of the hemorrhoids problem. Aswini mudra is also called energy lock aasana. Ashwini mudra posture resembles horse's act of shrinking their sphincter immediately after passing the bowel out. The basic action involves contraction and relaxation of sphincters.

CONCEPTUAL STUDY OF AGNIKARMA AS A PROCESS IN PAIN MANAGEMENT

Dr. Yashoda Pise

ABSTRACT

Ayurveda has described numerous karma and chikitsa to fight and overcome various diseases. In various samhitas chikitsa for pain management has been described by different methods. Aacharyas administered numerous kinds of procedures, Agnikarma is one of them. The procedure which is performed with the help of Agni for treating the diseases is called Agnikarma. For this present study 10 references were collected regarding Agnikarma in pain management from samhitas and articles. Types of Agnikarma, mode of action of Agnikarma, sites of Agnikarma in various diseases are mentioned. Thus it was concluded that Agnikarma is result oriented to local vataj and kaphaj disorders, haemostasis, and ambulatory treatment.

MANAGEMENT OF FOURNIER GANGRENE WITH PANCHAVALKAL KWATH – A CASE STUDY

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ABSTRACT

Fournier gangrene is a type of necrotizing fasciitis or gangrene affecting the external genitalia and/or perineum. It commonly occurs in older men, but it can also occur in women and children. It is more likely to occur in diabetics, alcoholics, or those who are immune compromised. In present paper the application of panchavalkal kwatha in the management of Fournier gangrene is evaluated. A 40 years old male patient was admitted in BHU Shalya Tantra IPD, with the complaints of huge perenial swelling and enlarge scrotum associated with pain following fever since 15 days. The condition was diagnosed as Kotha (Fournier gangrene). Bhedana (incision) and subsequently Chedana karma (surgical debridement) of the scrotal gangrenous tissues was done. And this was followed by Shodhana karma (cleaning and dressing) with Panchavalkal kwath. After 20 days of continuous Shodhana Karma granulation tissue were found and scrotoplasty was done. After the complete treatment patient was clinically normal. There was no side effect or recurrence or complication was found in follow up period.

Keywords: Fournier gangrene, kotha, panchavalkal kwath

TO STUDY THE EFFICACY OF YASHTIMADHU TAIL MATRABASTI IN THE MANAGEMENT OF PARIKARTIKA W.S.R. TO FISSURE IN ANO”

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ABSTRACT

In the present modern era a person hardly gets any time to look after himself and his personal health, changed life style, mental stress and irregular diet habits resulting in various health hazards. Anorectal diseases like arsha, bhagadhara, parikartika etc. are most predominantly found in daily practice. Among these parikartika (fissure in ano) is the Commonest condition and most painful amongst all Ano-Rectal diseases.

PARIKARTIKA - Sanskrit word – ‘ Parikr’ - “all around” and “Kartanam” – the excessive cutting pain around the anus.Parikartika is a condition in which patient has excessive cutting pain around anus. In Ayurveda parikartika is described as as Vastivyapat, Virechana-vyapat, Vasthinetra-vyapat, complication of Vatajaatisara and due to excessive use of Yapana vasthi and also a disease prevalently seen in gravid women. Fissure in ano is a similar condition to parikartika explained in modern science. It is a elongated ulcer in the long axis of anal canal which is very painful.It is initiated by passage of Hard Stool causing Crack at Anal verge and anal spasm. Pakwashya is the sthan of vata and vitiation of vata has important role in genesis of parikartika while cutting pain and per rectal bleeding are due to vitiation of pitta. So vata pitta shamak chikitsa is essential in treatment of parikartika.

Various treatments are suggested by acharyas, like pichu,lepa,picchabasti anuvasan basti with madhur ras aushadhi siddha taila. As basti plays important role in treatment of vataj vyadhi. Yashtimadhu taila is vranaropak, sandhaniya, dahashamak,raktastambhak and which is highly praised in the management of Vrana is proposed. Keeping in view these factors matrabasti of Yashtimadhu tail is thought.

ROLE OF JALAUKAVACHARAN IN SHULA PRASHAMAN-A PILOT STUDY

Dr. Harshada Manjare

ABSTRACT

Ayurveda has been criticized for lack of knowledge regarding emergency management; which is a misbelief what common people and even majority of medical fraternity think that Ayurveda can treat only chronic diseases and not acute conditions.

A study was conducted to evaluate role of Jalaukavacharan in shula prashaman. A pilot study was conducted at MES Ayurved Mahavidyalayas Parshuram Hospital and Research center ,Ghanekhunt –Lote ,Tal .Khed ,Dist .Ratnagiri From February to April 2018 .During the study efficacy of Jalaukavacharan to reduce pain , time taken to reduce pain and recurrence of pain after Jalaukavacharan were assessed.

Five patients were involved on basis of inclusion criteria in the study with proper written consent and were assessed for efficacy, time taken and relapse of pain. Patients were assessed subjectively according to percentage wise relief in VAS score, time was noted and relapse by two months follow up. Out of five individuals all patients got more than 70%-90% relief. All patients were relieved from pain in 20min. – 45min. from time counted after initiation of blood sucking by Jalauka. Thus, it can be considered that Jalaukavacharan is an effective treatment with less cost in relieving pain.

ACUTE MEDICINAL CARE IN AYURVEDA IN CHILDREN

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ABSTRACT

Ayurveda considers health not merely as absence of disease but as a condition where there is a perfect equilibrium of various systems operating in harmony with nature. It is believed that ayurveda has limited role to play in chronic ailments only. This belief in society and ayurvedic physicians has arrested development of ayurveda, and limiting its role as adjuvant therapy. The acute management was also described in ayurveda, which needs only enlightenment. Ayurveda has been criticized for no availability of emergency management, which is mere a belief. The question may be aroused whether there was no emergency in ancient times and people were suffering only from chronic ailments? The answer to this question is 'no' and people were managed in life threatening conditions too. There is documentation in the literature of daruna and ashukari (emergency) diseases, which implies that emergency was managed using ayurvedic medicines. Ayurveda has a specialized branch of Pediatric medicine known as Kaumarbhritya. There are a lot of acute diseases in children like asthmatic attacks, convulsions and sometimes high grade fever which make us disturbed that need the acute care accordingly which ayurveda has also described. Only we need to apply it according to the severity of disease. In this paper an attempt has been made to understand ayurvedic basics of emergency management focused on children. It includes understanding acute condition according to ayurveda and management accordingly. It is important to note that mild to moderate emergency can very well managed according to ayurveda.

Keywords:-acute management,acute diseases in children, asthma, convulsions, fever.

ROLE OF DIET AND YOGA IN CHILDREN : A REVIEW

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ABSTRACT:

Diet is the greatest factor in lifestyle and has a direct and positive relation with health. It is even more important when it comes to childhood, which is the most crucial period of growth and development of the body. Also, children derive enormous benefits from Yoga in preventive as well as therapeutic way. Physically, it enhances their flexibility, strength, co-ordination while mentally it relaxes their mind and gives a sense of calmness. Today world is running like a bullet train and every person here is rushing for money and various other luxuries. Every parent is so busy in this never ending race that attention to their child automatically becomes secondary to them. So the mental health compromises, giving rise to need for Yoga and other such things..

In this paper, according to various Ayurvedic references I will highlight how the diet and yoga works in school going children with respect to improves their health, resilience, mood and self regulation and optimisation of emotions and stress.

Keywords- Diet, Yoga, Growth and development, mental health.

EFFECT OF NIRGUDIADI PATRA PINDA SWEDA IN MANAGEMENT OF SANDHIGATA VATA

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ABSTRACT

Ayurveda is a science, created for maintaining the optimum level of health and cure the diseases. In many vata vyadhis there is a sandhigata vata which is described in ayurvedic texts. Main symptoms of this disease are shoola, shotha and grahata etc... and in akunchana prasarana kriya pain gets increased.

According to Ayurveda the joints are affected by the vitiation of vata and produce above symptoms and causes disease. In Ayurvedic chikitsa, therapies described snehana and swedana in all types of vata vyadies . Both these therapies have curative properties on vitiated vata and giving relief to the patients of Sandhigata vata

In this study 30 patients of sandhigata vata were treated with nirgudiadi patra pinda sweda . The criteria of diagnosis as well as assessment of gradation of lakshana and percentage of effect of therapy scored properly .In This study 38% patients showed marked improvement, 46% patients showed moderate improvement, 12% patients showed mild improvement and no improvement showed in 4% of the patients.

Key Words: Nirgudiadi patra pinda sweda ,Sandhigata vata

MANAGEMENT OF SHVITRA (VITILIGO) BY AN AYURVEDIC REGIME -A CASE STUDY

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ABSTRACT:

Vitiligo is an idiopathic and progressive skin disorder which is characterised by hypopigmented patches caused due to destruction or malfunction of the melanocytes.

It is not a life threatening disease but has morbid social and psychological implications causing cases of severe mental disturbance and depression. Patients suffering from this disorder carry a social stigma and are usually considered to be an outcast. Some dermatological outpatient records show the incidence of vitiligo to be 3% to 4% in india although an incidence as high as 8.8% has also been reported. The current medicinal system provides various treatment modalities to manage vitiligo but these are time consuming, have adverse effects and are not permanent.

Ayurveda provides a fresh perspective in the management of vitiligo; which has been covered under the description of Shvitra or Kilaasa.

Ayurvedic management has shown lot of promise in terms of enhancing the regenerative ability of melanocytes as well as improve the functionality of the existing ones. This research paper presents a case study giving an indepth insight regarding the management of vitiligo using Ayurvedic regime .In Ayurvedic management of vitiligo first shodhana by virechana is important then treatment is followed by internal medicine (trivanga bhasma bakuchi and guduchi satva) and external application (hartala bakuchi gomutra lepa).

The current case study shows reduction in the size of hypopigmented patches as well as improvement psychosocial profile of the patient.

Keywords = Vitiligo, Shvitra, bakuchi melanocytes, hartala.

STUDY OF EFFICACY OF RUKSHANA PACHANA DRAVYA – KRUSHNAJIRKA ,YAVANI, METHIKA IN INSULIN RESISTANCE W.S.R. TO OVERWEIGHT INDIVIDUALS.

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ABSTRACT

In the present era there is difference type of diseases due to life style changes and dietary habits. Obesity,insulin resistance etc are ocures because of them. In obesity adipose tissue release FFA in abundance. FFA results in increase production of LDL, triglycerides and reduce insulin sensitivity which results in hyperinsulinemia. In charak samhita sutra 21

sthaulya mention as santarpaniya vyadhi. In sthaulya , due to agnimandya there is production of apachit medodhatu which we can compaire with low density lipoproteins. As in charak samhita the management of sthaulya includes rukshan pachan lekhaniya and aptarpaniya dravya. Due to these proprtise of krushnajirka yavani and methika we choosen these dravya in the insulin resistance.

Diet And Yoga Therapy Related to Netraroga ;-

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ABSTRACT-

Ayurveda is one of the greatest gift to mankind. Ayurveda divided into 8 Branches, among this shalakya is one of the important branch. Eye is the most precious organ of the body. Ayurveda has given utmost importance to eye as an organ by quating ‘Sarvedriyaanam Nayanam Pradhaanam’, so it is duty of every person to take care of eyes. Day to day human life becomes hazardous due to pollution, mental stress, unbalanced diet, Nature of jobs changes in aahar vihar but in today’s busy life we should always give importance to eye health, its regular servicing and maintainance , for this we need regular healthy diet and regular Yoga eye exercises.

In Ayurveda for prevention of netrarogas Drug therapy and Non drug therapy is described. Non Drug therapy includes Yoga i.e. Pranayam, Mudra, Aasanas, Shatkarmas like Trataka which are helpful to prevent various eye diseases, helpful to provide strength to eyes and improvement of vision to some extent. Diet and yoga contributing important role to cure various eye diseases along with drug therapy. It can minimizes the use of drug and also minimizes the side effects of drug therapy and improve the better eyesight.

Keywords- Netraroga , Yoga, pranayama, Mudra,Trataka.

APPLICABILITY OF VAMAN KARMA IN DIFFERENT DISEASES W.S.R. TO CHARAK CHIKITSA : A BIRD REVIEW

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ABSTRACT

Vaman karma is one of the five pradhan karma of Panchakarma which is line of treatment for kaphaj Vhyadhi explained in Ayurveda. In Charak samhita Vaman karma has been indicated for different diseases as particular condition.

In present paper review has been done to explore the applicability of Vaman Karma indifferent diseases at particular conditions.

Key words: Vaman Karma , Kaphaj Vyadhi, Charak Samhita.

PARIKARTIKA (FISSURE IN ANO) AND ITS MANAGEMENT WITH JATYADI GHRITA .

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ABSTRACT

An anal fissure is a tear of squamous epithelial mucosa of anal canal between the anocutaneous junction and dentate line. In day today practice, this disease is presented with severe pain during defecation, constipation and streak of blood along with stool. Acharya Sushruta explained about Guda-Rog i.e. Ano Ractal Disease in Shalya Tantra. Anal fissure, Crack in the anal canal, Parikartika. So, an anal fissure is a longitudinal crack in the long axis of the lower anal canal, but in reality, it is a true ulcer of the skin of the wall of the anal canal. Jatyadi ghrita described by Sharangdhar is proved as one of the best vrana ropaka aushadha in fissure in ano. Jatyadi Ghrita having excellent therapeutics effect in healing the wound in Fissure in ano

Keyword: *Parikartika, fissure in ano, Jatyadi Ghrita, Guda etc.*

A LITERATURE REVIEW OF RATIONAL DOSAGES IN AYURVEDIC PAEDIATRIC PRACTICE

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ABSTRACT:

Childhood is considered as the most important phase in life which determines the quality of health in life. This may be the reason Kaumarbhritya is consider to be one of the most important ashtangas of Ayurveda. In Kaumarbhritya the success rate of treatment depends upon diagnosis, selection of drug, dose fixation and time of administration.As we know the dose fixation is difficult issue in pediatric patient. In Ayurveda the dose of drug has been mentioned in different samhitas but among these, acharya kashyapa is pioneer of

Ayurvedic pediatric medicine and he has well established the pediatric dosing system. Despite lack of technology Ayurvedic physicians used discrete systems for dosage fixation according to age and various other factors such as Satva (mental ability), prakriti (constitution), Bala (physical strength) etc. Study of these factors and appropriate dosing accordingly for each individual patient is necessary for proper treatment and cure of the patient. Practically it is observed that in spite of appropriate medicine being selected the outcome is not as expected this may occur due to improper understanding and negligence towards classical theory of dosage. This article is aimed to understand the view of ancient sages related to pediatric drug doses from different Ayurveda classics.

Key Wards-kaumarbhrutya,Dose fixation

A COMPARATIVE ANALYSIS OF FUMIGATION WITH DHOOPANA KARMA IN OT.

Vd Anjali Shah ,
Khed Ratnagiri ,Shalya

ABSTRACT

Ayurveda embraces a holistic approach in curing disease and promoting health of an individual. Homa, Yagya, Dhoopana has been mentioned in Ayurveda. Dhoopana is a method in which drugs of herbal, herbo-mineral, animal origin are used in wound healing, to disinfect bleshajagar, vranagara, shastragara. It is a part of rakshavidhi which ensures protection against microbes. Different formulations of dhoopana karma by acharyas has been mentioned.

For study purpose, two OT's namely OT 1 and OT 2 will be taken as sample area of approximately same size. Both OT's swab culture will be done on day 1. On day 2 OT 1 will be fumigated with formalin and in OT 2 dhoopana karma will be done using drugs mentioned in ayurvedic texts. Both OT's swab culture will be repeated on day 3 and day 5 for microbial growth check. Reports will be compared and result will finally be concluded.

Key Wards-Fumigation,Dhoopana karma

CONSTIPATION IN PREGNANCY A THEORETICAL REVIEW

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ABSTRACT

Pregnancy is a happy and joyful time for women .It is challenging time as mother's body goes through numerous changes in order to create and support development of a life. Pregnancy demands special care and dietary regimen if women doesn't follow garbhini paricharya(antenatal regimen) that mother may face some complication and disorder .These complications are termed as "garbhopadrava".

Progesterone hormone level increases during pregnancy causes relaxation of body muscles .almost three out of four pregnant women suffers from constipation during pregnancy .In this paper I try my level best to explain causes, path physiology and treatment of constipation according to ayurvedic and modern perspective
key words: constipation ,garbhopadrava, pregnancy ,progesterone

PREVENTION OF RECURRENT RESPIRATORY ILLNESS IN CHILDREN BY AN AYURVEDIC REGIMEN: A CASE STUDY

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ABSTRACT:

The aim of Ayurveda is prevention of disease and maintenance of the health. According to Ayurveda all kinds of diseases are treated by Nidanaparivarjana. It is one of the best protective feature of Ayurveda, which aids in prevention of disease in Paediatric age. The recurrent respiratory tract infection is common problem in paediatric practice. Parental concern around recurrent respiratory infections contribute significant towards doctor visit. The prevalence of respiratory tract infections in children accounts for around 30% which itself shows the need for work in this system of body. The most important cause of death of children below 5 years of age is pneumonia causing 18% of deaths below 5 years of age, also the morbidity of respiratory illnesses is grossly 70%. The case study discussed here is of 4-year male child, who had recurrent respiratory infections and frequently received treatment but, had temporary relief and relapses were frequent. Then he came to Ayurvedic OPD and was given an Ayurvedic regimen (i.e. Abhrak bhasma, Sitopladi churna and Shwaskaschintamani rasa). The child had significant relief from signs and symptoms of recurrent respiratory infections. The recurrence or the frequency of disease was found markedly reduced. Ayurvedic management proved to be beneficial in this case of recurrent respiratory illness.

Key words – Recurrent respiratory tract illness, Nidanaparivarjana, pneumonia, Ayurvedic regime

ROLE OF AYURVEDIC MEDICINES IN MANAGEMENT OF ACUTE CONDITIONS

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ABSTRACT

A medical emergency is any injury or illness that is acute and poses an immediate risk to a persons life or long term health. It is believed that emergency treatment in

Ayurveda is not present, and emergency one need to take only allopathic medicines and Ayurveda has limited role to play in chronic ailments only. This impact contemporary system of medicine in this stream is much higher, due to adaptation of newer technologies machines and non-invasive techniques, but the main aim of the treatment is to relieve from disease, on the account of principles , all systems of medicines have their bases in Ayurveda, as Ayurveda is eternal, there is no need of comparison among them. There are various conditions which are life threatening, in this condition, specific treatment should be planned, ancient acharyas have used various terms like, aashu, twarita, saddya, in emergency conditions where quick management is needed. This paper includes understanding emergency conditions and need of it according to ayurveda and management accordingly.

Keywords : *Emergency, aashu, twarita, saddya.*

A PILOT STUDY OF SNEHAPAN AS POORVAKARMA BEFORE SHODHAN (VAMAN AND VIRECHAN)

Vd chitraveena nibrad

mes ayu mahavidyalaya lote,khed ratnagiri

ABSTRACT

Panchakarma is one of the effective treatments in Ayurveda which includes processes like Shodhan. The treatments are arranged in specific order and each procedure has its own importance. Before some Shodhan processes like Vaman, Virechan, Snehapan is necessary poorvakarma to be done. 13 cases were enrolled at Parshuram Hospital to study the effect of Shodhanpoorva Snehapan. Patients were given Snehapan after the ugna pareekshan and daily follow up was taken. Snehapan was assessed on the basis of Quality and Comfort. Quality was studied on the basis of Samyak Snigdha lakshan mentioned in Ayurved Classics and Comfort was studied by VAS based on the Patients response. 5 cases had good quality of Shodhan, 2 Cases had medium quality of Shodhan, and the rest had low quality of Shodhan due to lack of proper snehapan.

The patients with medium snigdha lakshans had Shodhan with Udar shool, Shirashool,Klam, Daurbalya during Shodhan.The patients with less Snigdha lakshans had Shodhan with Udarshool, Klam, Shirogaurav, Indriya gaurav during and after Shodhan. Patient having Sadyovaman had Shodhan with Daurbalya, Shirogaurav,Udargaurav.Rest of the patients had good shodhan.

Key words :- *Snehapan, Poorvakarma, Vaman, Virechan*

YOGA THERAPY IN CHILDREN

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ABSTRACT-

Dating back more than 2,000 year, yoga is an ancient method of achieving mind, body and spiritual health. Today yoga has proven to be an effective form of therapy in our modern world. A growing body of research support yoga therapy as a mean for decreasing

anxiety, stress and depression, while increasing coping, self-induced feeling of relaxation & power's of concentration and attention.

Yoga therapy for children embraces the same theories and philosophies as adult yoga, but with a greater element of fun and playfulness when used as a form of therapy to help treat kids. The combination of breath & movement through various yoga postures improve balance and strengthens the entire body, as a result, yoga assists kids metabolic function & help the cardiovascular, respiratory, endocrine and musculoskeletal system to function more effectively & efficiently. Breathing and meditation or relaxation techniques also help to lower blood pressure & improve mood and concentration.

Some of the most common pediatric conditions, which can be treated by yoga therapy include, Anxiety, Chronic headaches, Generalized pain, Grief/Depression, post traumatic stress disorders, steep issue, sports injuries. Therefore in this article we focus on Yoga therapy in children.

Key words -Yoga, Yoga in children, physical & mental health..

AYURVEDIC APPROACH TO DEEP VEIN THROMBOSIS- A CASE REPORT

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ABSTRACT:

DVT is called as Phlebothrombosis. It is semisolid clot in the vein which has got high tendency to develop pulmonary embolism & sudden death. Calf is the most frequent site of thrombosis. An anticoagulant, Fibrinolysis & operative measure is management as per modern medicine, which are not free from side effect. The study used to show a 70 yr old male having complaints of pain & swelling over left leg. Diagnosis confirmed by colour Doppler which was positive for DVT. In Ayurveda the disease is not mentioned as it is but the features can be correlated with Siraja granthi or Siraj vata, where there is vitiation of vata, rakta & sira occurs. For raktapradoshjavikara the mainstay of treatment is raktamokshana. Jalaukavacharana used as choice of treatment in this patient as doshas are locally placed. The assessment was based on the basis of relief in signs & symptoms and colour Doppler study. This single case report highlights that DVT can be managed effectively with appropriate leech therapy, guduchi swarasa orally and abhyanga with til taila locally. They helped to improve the vitiated rakta, maintained the collateral circulation and increased the micro circulation.

Key Words: DVT, Raktamokshana, Guduchi swarasa, til taila.

AYURVEDIC MANAGEMENT OF GRUDHRASI – A CASE STUDY

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ABSTRACT

Today people are predisposed to various diseases based on their way of living and occupational habits called life style diseases. Orthopedic disorders are one of the mostly exposed to such life style habits. Physical inactivity, wrong body posture, occupational posture, long sitting jobs, stresses activity, exposure to continue vibration, post-operative causes, gym, athletes muscular spasm are main contributing factors to orthopedic disorders. One of the most common orthopedic health problem today is lower back pain which is accompanied most of the time by Sciatica. Ayurveda described sciatica as Grudhrasi. Most of the common Vata-vyadhi observed in majority of people.

The present case study is successful Ayurvedic management of a case of Grudhrasi. A 34 year old male patient came to Kaychikitsa department of Seth Sakharam Nemchand Jain Ayurvedic Rugnalayawith pain radiating sphik-kati-prissth-uru-janu-jangha-pad kramat vedanasince1 month.For better management advised him to admit in ipd section.Which get relief within 08 days with unique combination of Ayurvedicherbalkashaya & Agnikarma.

Key words : Grudhrasi, unique combination of Ayurvedicherbalkashaya, Agnikarma.

ROLE OF YOGASAN IN STREEROG

Dr. Amol Wagare,

Abstract

The term sutika is used for women only after the expulsion of placenta following delivery. In Ayurveda sutika kal is of 45 days. This sutika kal is very important for women's life. Because in this period sutika is more prone to krucchasadhyia vyadhi. Such as uterine prolapse, joint pain, herniation. Thus, sutika paricharya plays an important role for good health of sutika.

Yogasana are not included in sutika paricharya by any Acharya. Yogasana and asana are useful in sutika for proper lactation ,weight loss,uterine involution. It also helps to increase immunity and to achieve dhatusamyata. Yoga is physically as well as psychologically condition protects her upcoming disease. Yoga asana plays an important role in every women life.

Key word-sutika, yogasana, sutika paricharya

A CLINICAL STUDY OF EFFICACY OF VIRECHAN KARMA ON INSULIN RESISTANCE WITH SPECIAL REFERENCE TO SANTARPANJANYA VIKAR :A PILOT STUDY.

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ABSTRACT

Insulin resistance is a pathological condition in which cells fails to respond normally to the human insulin. obesity, chronic inflammation is associated with insulin resistance and it is responsible for the development of type 2 diabetes mellitus. Virechana karma has been showed effective result in insulin resistance especially in santarpanjanyavikar (medorog) by reducing strotorodha(obstruction) and shotha (inflammation) and improve action of insulin. Patients with santarpanjanyavikar (medorog) with HOMA IR more than 2 were planned to virechana karma .parameter for insulin resistance ,HOMA IR reduced in all patients after virechana karma .so we can conclude that virechana karma is effective in insulin resistance. In this pilot study sample size was too small, larger sample size is needed to confirm the results.

EFFECT OF APTARPANA ON SANTARPANJANYA SANDHIGAT VATA:-A CASE STUDY

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ABSTRACT :-

Sandhigat vata is a very common entity presenting in a OPD..Patients of Sandhigat vata with santarpanjanya hetu needs to be treated with aptarpana only..This aptarpana has to be carried out depending on doshadi avastha of a patient.

A 45 year old male patient reported to the hospital with pain,stiffness of all joints, aalasya sarvaang jadta since last 1 to 2 years.Diagnosis of Santarpanjanya sandhigat vata was made based on history taking and finding out hetu along with clinical symptoms.Ayurvedic treatment protocol was advised with sequential administration of Langha,Deepan Pachan,Virechan and Basti for 25 days respectively.The follow up was done and assessment done subjectively based on clinical symptoms.

There was substantially significant improvement in the symptoms of the patient after the treatment. This case study reveals the need for following basic principle of Ayurveda.Uniform drug therapy or karma common for every patient should not be approached. Holistic approach should be observed. Hetus, prakriti ,dosh etc should be considered and chikitsa, dravya, karma should be selected accordingly.

A COMPARATIVE ANALYSIS OF FUMIGATION WITH DHOOPANA KARMA IN OT

Dr. Anjali Singh

ABSTRACT

Ayurveda embraces a holistic approach in curing disease and promoting health of an individual. Homa, Yagya, Dhoopana has been mentioned in Ayurveda. Dhoopana is a method in which drugs of herbal, herbo-mineral, animal origin are used in wound healing, to disinfect bleshajagar, vranagara, shastragara. It is a part of rakshavidhi which ensures protection against microbes. Different formulations of dhoopana karma by acharyas has been mentioned.

For study purpose, two OT's namely OT 1 and OT 2 will be taken as sample area of approximately same size. Both OT's swab culture will be done on day 1. On day 2 OT 1 will be fumigated with formalin and in OT 2 dhoopana karma will be done using drugs mentioned in ayurvedic texts. Both OT's swab culture will be repeated on day 3 and day 5 for microbial growth check. Reports will be compared and result will finally be concluded.

ROLE OF EVIDENCE BASED DIET AND YOGA INTERVENTION IN HYPERTENSION

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ABSTRACT

Hypertension exerts a staggering worldwide burden on human quality of life and health care system resources via contribution to increased mortality and risk of Cardiovascular diseases such as Myocardial infarction, Angina pectoris, Heart failure, and Stroke. Current estimates suggest that over 76 million US adults suffer from hypertension and that blood pressure is well controlled in less than 50% of these individuals. Uncontrolled hypertension is thought to be responsible for 62% of cerebrovascular disease and 49% of ischemic heart disease. Lifestyle modification is a cornerstone of hypertension treatment, yet most recommendations currently focus on diet and exercise, stress reduction strategies. Yoga is thought to be effective for health conditions. The aim of presenting paper is to assess the current clinical evidence of Diet and yoga intervention hypertension. Yoga is a spiritual path that may reduce blood pressure through reducing stress, increasing parasympathetic activation and altering baroreceptor sensitivity; however, despite existing reviews on yoga and cardiovascular disease, Diabetes, Metabolic syndrome and Anxiety suggesting yoga may reduce blood pressure. Dietary modifications have been widely regarded as a lifestyle modification strategy with enormous potential for preventing hypertension at a cost that is often less than current pharmacologic

interventions. Such successful historical interventions are reflected in dietary recommendations advocating weight loss, reduced intake of dietary sodium, and moderation in alcohol consumption, and more recently revised to reflect the blood-pressure lowering effect of potassium supplementation and a dietary eating pattern. Future research needs to focus on high quality clinical trials along with studies on diet intervention and the mechanisms of action of different yoga practices

Keywords : Yoga, Hypertension , Diet

PREPARATION AND ANALYSIS OF KSHARAPLOTA DRESSING IN DUSHTA VRANA CHIKITSA.

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ABSTRACT

Good quality of wound healing is a difficult task to the clinicians in ancient time (Sushruta's period)and even in present time(21 'th century) though. Wound healing is a physiological defense mechanism of our body to prevent bacterial invasion & fight against infection. Through out the world , In Health sciences, number of wound healing formulations like local ,oral,general and regional are practiced with their own advantages & disadvantages. Ayurveda is a divine science of medicine where there are so many pieces of diamonds available for management of Dushta Vrana without any complication. Our Acharyas broadly described about treatment principles of wound management and classified the drugs related to Chedana,Bhedana,Lekhana,Patana, Krumighana,Vranashodhana and Vranaropana.

REVIEW ON EVIDANCE BASED RESEARCH ON SHUKRA PAREEKSHA ANCIENT AND CONTEMPORARY METHODS W.S.R. to MALE INFERTILITY

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The past decade has reported numerous literature implying a significant deterioration of semen quality in the form of reduced sperm concentration impair motility and increased abnormal forms of spermatozoa. In the present world, the infertility is emerging as one of the serious problems. In India itself very high rate of infertility has been reported by various persons. Shukradushti is one of clinical condition which hampers quantity and quality of Shukra (Semen and Spermatozoa). In Ayurveda, Shukra dushti is

considered to be the main cause for the male infertility. Absence or production of less quantity of semen is the main feature and explains 8 pathological entities which damages normal composition of semen. Shukra is considered as one of the seven dhatus and is assigned with the function of bestowing the progeny. Shukra is correlated with semen and the semen is assessed to find out the pathology for infertility. An attempt was made to objectivise the parameters of semen analysis and classify semen analysis based on doshic predominance. Though it mainly concentrates on Shukra dosha (seminal disorders) and Vandhyatwa (Infertility), but it also emphasizes about Vyadhi (Different pathologies), Functions of Dosha, Dhatu, Mala, Agni, (Metabolic conditions); Manas,- (Psychosomatic conditions); lifestyles and Poorvajanna kruta karma (Deeds of previous life). Based on physical features, normal semen was classified into different doshic groups such as Vataja Shukra, Pittaja Shukra and Kaphaja Shukra. Pathological semen was analyzed and the components of semen analysis were correlated with Ayurvedic parameters of Shukra Pareeksha.

Key words: Semen Analysis; Shukra Pareeksha; Shukra; Shukra Dushti

CLINICAL STUDY OF VARIOUS TYPES OF FISTULA IN ANO ACCORDING TO PARK CLASSIFICATION & CORRELATION TO THE TYPES DESCRIBED BY ACHARYASUSHRUTA

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ABSTRACT

Despite the ease of diagnosis establishing a cure is problematic. as may patient has lack of knowledge of their disease rather than treatment .Also due to site of this disease patient delay the treatment .So classification of perianal fistulae & its anatomical knowledge is important in determining the appropriate medical and surgical therapy.

Objectives was to study various etiologies of fistula in ano to study different methods for diagnosis. Aim was To identify the pattern of fistula in our population & to evaluate percentage & correlate with various types of fistulae explained by Sushruta

Patients & Methods : Hospital based descriptive study was come out from 82 eligible patients of fistula in ano. Local, Per rectal and Proctoscopic examination were done to rule out external as well as internal opening of tract Fistulae are classified using Park's classification depends on its location in relation to the anal sphincter muscles & simplest system of classification of perianal fistula that fistula in high & low anal relation to dentate line. Perianal USG & MRI is not used as a diagnostic tool. With the site of fistula tract ,signs symptoms as per described in Sushrutsamhita bhagandarnidan its divides in Sataponak, Ustragriv, Parisravi, Sambhukavart & Unmargi.

Conclusion: Important of classification is to rule out pattern of fistula ,treatment differs between different types of fistula tracks. A high proportion of fistulae seen in the present study were of low anal but on other side high anal fistulae are very difficult to treat which is also explained as kashtasadhya and some of them mentioned as asadhya So with the help of this study we can identify complicated fistula and plan meticulous treatment for such type.

STANDARDIZATION OF HERBAL MEDICINE

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ABSTRACT:

Ayurvedic Medicine implies knowledge of prevention, diagnosis and elimination of physical, mental and social imbalance. Nowadays, increased demand of Herbal Medicine and its low production causing adulteration, substitution which is harmful to human being. Therefore Standardization of herbal medicine is necessary. Standardization is an essential measurement for ensuring quality control of herbal drug. Herbal product studies cannot be considered scientifically valid if the product tested has not been authenticated and characterized in order to ensure reproducibility. This paper includes need of standardization of herbal medicine and methods used to standardize the Herbal medicines.

Keywords: Herbal medicine, standardization, Adulteration.

BEAUTY ASPECTS IN AYURVEDA

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ABSTRACT:

The literary meaning of beauty is Saundarya. Some think of beauty as beautiful personality, but beauty in Ayurveda is one of the aspects of healthy person. Beauty comes naturally to a person who is healthy according to Ayurveda and who follows dinacharya, ritucharya and ratricharya. Beauty consciousness and the knowledge of applications of Herbs, minerals are as old as the human existence. Ayurveda unite the concept of beauty with the involvement of mental and spiritual well-being of human body. Ayurveda determines beauty by the assessment of some factors like Prakriti, Samhanan, Twak, Sara, Pramana and dhirgayulakshanas. Ayurveda says that Holistic health and beauty go hand in hand. Ayurveda physician believe that toxic materials inside our body makes a person ugly and diseased and shodhana is best therapeutic intervention to eliminate body toxins. There are some yogas for naturally glowing skin and face and for proper blood circulation like bhujangasana, matsyasana and for improper digestion there are yogas like, pavanamuktasana, Nadishodhana, Surya Namaskara. Some medicinal plants like haridra, manjistha, sariva, Chandana, Amalaki, Sikakai, Lavanga etc has been

prescribed for beautification of skin, hair, nails. Diet has a special role to improve and maintain beauty of an individual as per Ayurveda. According to the ancient Ayurveda concept beauty is said to be maintained by three pillars the outer beauty, the inner Beauty and the lasting beauty. Outer beauty is direct indication of overall health. This depends on your food habits purity of blood and your routine.

Keywords :Beauty, Ayurveda, Yoga, Diet.

AN OVERVIEW ON PHARMACOLOGICAL ACTION OF SHIGRU (MORINGA OLEIFERA LAM.) WITH SPECIAL REFERENCE TO MALNUTRITION

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ABSTRACT:

Malnutrition is the major problem faced by backward class in our country. It is due to lack of traditional knowledge about plants which are grown in our surrounding complex. Here, we are proposing Shigru as best choice in protein energy malnutrition. In Ayurveda Acharya Bhavmishra has mentioned Shigru in Guduchyadivarga. It is Katu (kshariya), Tikta in rasa, Katu in Vipaka and Ushna in Veerya. It possesses Laghu, Ruksha and Tikshnaguna. He also mentioned that Shigru has 'VisheshadDeepanah' property. Actually Shigru, a tree often found in everywhere, is a rich source of bioactive phytochemicals. All parts of the plant except roots are pharmacologically used. So called as "Miracle tree". Along with nutrient property it has antioxidant, CNS, antimicrobial, protease inhibitors, analgesic, antipyretic, wound healing, antidiabetic, anti-malarial, anti-lipidaemic, hepatoprotective, anticancer activity accompanied by water purification property. Shigru is more useful and well known vegetable as well as nutrient supplement amongst tribal areas like Melghat. It is rich in calcium, vitamins, antioxidants, beta-carotene, minerals and is freely available. In these article we have discussed the pharmacological action of Shigru with the help of properties explained in Ayurveda.

Keywords :Shigru, Malnutrition, MORINGA OLEIFERA

ASANAS, BANDHA, MUDRA FOR THYROID : A REVIEW

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ABSTRACT:

The body's metabolism is controlled by endocrine system, mainly by the thyroid gland. Yoga for Hypothyroidism is deliberated to be active as it has a optimistic effect on the endocrine system, particularly by stimulating the thyroid gland. During yoga poses body twisted, stretched and compressed due to functioning of thyroid increases.

Cells get nourishment by yoga and it improves blood circulation. Asanas like Sarvangasana, Viparitkarni, Halasana, Matsyasana, Ustrasana, Simhasana, Suryanamaskar, Bhujangasana, Dhanurasana from yogsamhitas like Hathyogpradipika, Gherandsamhita, Patanjalyog sutra may helpful in Thyroid Pranayama Practicing for Hypothyroidism also very helpful in balancing metabolism, Pranayamas like ujjai, Anulomvilom and shuddhikriya like kapalbhati may help. Mudras like Suryamudra and Jalandhar bandh is also useful to improve metabolism Medication directly improves hypothyroidism, yoga does stimulus on the thyroid gland to start working better way, practicing these position of yoga over months will improves thyroid gland ,it will have long term benefits. These poses stimulate blood to flow in thyroid region of the body help them to work better for long time. yoga increases healing energy in side the body.

Keywords: *Asanas, Bandha, Mudras, Thyroid*

THERAPEUTIC IMPORTANCE OF LEAVES OF PATOL (TRICHOSANTHESDIOICAROXB) IN GASTRIC ULCER

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ABSTRACT:

Ulcer is tissue erosion, either on skin or inside the body, for e.g. lining of gastrointestinal tract. The diverse causes for ulcer development range from, Genetic factors to Physiological/ Environmental factors. Gastric ulcer disease is extremely common in developing and developed countries. Due to side effects from conventional drug therapy and non-specificity of therapeutic choices, there is inclination towards traditional

medicines with low cost and low adverse effect incidences. The leaves of Trichosanthes dioica Roxb i.e. Patol selected for present work is purely herbal in origin, easily available and economic which offers added advantage for present study. Pathogenesis of gastric ulcer involves three important factors Agnimandya, Ama, and annavahasrotodusti along with vitiation of Pitta and Kapha leading to qualitative and quantitative changes in pachaka pitta. Increase in ama and dravaguna of pachaka pitta gives rise to Amlapitta and it leads to ulceration. Patol mainly possesses tikta in rasa, ruksha and laghu in guna. It helps in pacifying pitta dosha which is main pathological reason for ulcer formation. Patol reduces gastric secretion may be attributed to its anti-secretory property. The phytochemical tests of the Trichosanthes dioica extract showed the presence of tannins, saponins, flavonoids, triterpenoids vitamin A and vitamin C. Many research work proved the anti ulcer activity of saponin and tannin. Thus it can be suggested that presence of saponins and flavonoids may be responsible for patol's antiulcer activity. Thus the present study confirms the use of Trichosanthes dioica Roxb leaves in the traditional management of peptic ulcer disease.

Keywords: Trichosanthes dioica, Gastric Ulcer Diseases.

SCREENING OF HERBAL CONTRACEPTIVES

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ABSTRACT:

Population explosion is a very serious problem in the current era. Various methods of contraception play a major role in this regard. The contraceptives, prevent pregnancy either by preventing fertilization of egg by sperm or by preventing implantation of fertilized ovum in the uterus. These measures can be used before, during or after the unprotected coitus. Though many contraceptive measures exist in modern system of medicine, they have drawbacks like failure rates and side effects. Moreover, permanent sterilization includes surgical therapies.

Hence, instead of using chemical based contraceptives and polluting the entire reproductive system, Ayurvedic safe methods can be used. Ritu, Kshetra, Ambu and Beeja which are the Garbha Sambhava Samaagrees play an important role in conception. Hence, if any one among these factors is interfered, garbhanirmana does not take places.

Various Ayurvedic literatures have mentioned a number of contraceptive formulations and herbs. Some are temporary methods of contraception and some are permanent. These drugs act both on Artava and Shukra. These methods have less/ no side

effects and are cost effective. Hence, a large number of plant species with anti-fertility effects have been screened in India and China to study and prove their efficacy.

Key words : Contraceptives, Ayurvedic contraceptive methods, Herbs.

ADOPTION OF HEALTHY DIET AND YOGA FOR PREVENTION AND CURE OF CONSTIPATION: A REVIEW

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ABSTRACT:

Constipation is a symptom rather than disease of lifestyle. Nearly everyone becomes constipated at one point or another. A person called constipated when his bowel movements are lower than normal. It is caused by lack of dietary fiber in the diet and inactivity. Dietary fiber may play an important role in the etiology of constipation. Good sources of fiber are whole grains such as wheat, Legumes such as kidney beans, fruits such as apples with skin, oranges, vegetables such as carrot, etc. Staying hydrated i.e. drinking enough water and other liquids is good for overall health and can help to avoid getting constipated. Avoid foods with little to no fiber such as chips, frozen meals, fast food. Asanas like Matsyasana, Pavanmuktasana, etc. is useful in Constipation to normalize the bowel movements. Lifestyle changes i.e. proper healthy and fibrous diet also some yogic techniques play important role in prevention and treatment of Constipation.

Details of specific diet and yogic postures in Constipation will be elaborated in full paper and at the time of presentation.

Keywords: Constipation, diet, fiber, yogic techniques.

AYURVEDIC MANAGEMENT OF EKAKUSHTHA (PSORIASIS) : A CASE STUDY

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ABSTRACT:

Psoriasis is a chronic inflammatory genetically determined multisystem disease affecting 0.44% to 2.8% of the Indian population. Psoriasis has been found to be associated with obesity, metabolic syndrome and cardiovascular system. The disease occurs equally in both sex. Indian male however is affected twice as female and prevalence from 0.44% to 2.5% psoriasis is the hyperproliferativekeratinocytic disease. Psoriasis is the inflammatory skin disease which most commonly affects extensor surface of elbow knee scalp, nails and the sacral region. Psoriasis is an autoimmune disease in which scaling and itching in the papulo-squamuse lesion of skin disturb the Dincharya (daily routine). The Ayurvedic diagnosis is considered as Ekakushtha which is VataKapha predominant Kshudrakushtha. The unique type of treatment in psoriasis is Panchkarma i.e. Shodhana. Here an effort was made to treat 38-year patients diagnosed case of plaque psoriasis. Having symptoms like scaly plaques, redness, and itching. In this study the assessment was done with PASI score. As the principle of the treatment of all type of Kushtha is Sanshodhana along with Sanshaman drug. For the assessment parameter of improvement PASI (psoriasis severity index) score was taken.

Keyword: - Psoriasis, Ekakushtha, Sanshodhana, Sanshaman, PASI score.

HERBAL DRUG STANDARDIZATION AND APPLICATION OF DNA FINGERPRINTING

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ABSTRACT:

Ayurvedic herbal medicines played an important role in maintaining health and treating the disease worldwide since ancient times. A commercialization and increased demand safety, quality and assurance of Ayurvedic herbal medicines are biggest lacuna.

The adulteration of herbal materials usually occurs as a result of materials not having readily distinguishable morphological features, materials sharing similar common names and the substitution of economically valuable materials with inexpensive herbs. Proper authentication process is necessary to prevent the adulteration. Since the standardization of botanical preparations most of the regulatory authorities suggest macroscopic, microscopic and chemical evaluation like TLC, HPTLC and HPLC. However, these methods have limitations because the composition and relative amount of chemicals in a particular species of plant varies with growing conditions harvesting period, post harvesting period and storage conditions. The present review mainly focuses on authentication of Ayurvedic herbal medicines by DNA based fingerprinting methods to prevent intentional and inadvertent adulteration or substitution of targeted Ayurvedic medicinal herbs.

Keywords : Herbal Drug Standardization , Authentication, DNA fingerprinting.

ROLE OF DIET IN LIFE STYLE DISORDER

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ABSTRACT:

It's undeniable that a well-balanced diet goes hand in hand with a healthy lifestyle. What you choose to eat and what you choose not to eat are the factors in wording off many leading chronic illness and diseases. Food choicer make a huge impact on how you feel today, tomorrow and what the future holds in terms of promoting and maintaining good health. The right diet can help fight conditions and illness like heart diseases, diabetes, osteoporosis, cancer and obesity among many others. The scary truth is that obesity is becoming very prevalent in adolescences. Dietary habits that are established in childhood more often than not carry over into adulthood. This is why it's critical to instill good diet and nutrition precautions in today's youth. Making sure children have correct amount of nutrients and fords from major food groups is the key to prevent obesity. Keeping BP and Cholesterol and weight under control are main components to preventing heart diseases. Healthy eating habits are way to keep these numbers balanced. Focusing a diet on whole grains, fruits, veggies and proteins as well as limiting sodium and food that are high in calories are good rules to thumb. The best way to prevent type-2 diabetes is to eat a low fat, well-balanced diet. Other diet tips include decreasing fat consumption to less than 30% of calories and saturated fat consumption to less that 10% of calories. Adding high -fiber

foods to diet regimen is also important to prevent this lifelong condition. Obesity increases the odds of developing cancer and likely there are many foods that can aid in prevention. Leafy vegetable, berries, whole grains and black tea. All help to protect against various types of cancer. A diet lacking in vit. D and calcium can contribute osteoporosis. In order to keep bones healthy and strong, a diet containing specific types of food is recommended. This includes low fat versions of food that are high in calcium, those fortified with vit.D.

Keywords: Diet, Yoga, Osteoporosis.

MEDICINAL BENEFITS OF KUCHALA

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ABSTRACT:

Kuchala(Nux Vomica) is a famous but poisonous ayurvedic herb. It has many health benefits but should only be used after purification. It is used in ayurvedic treatment since the time of sushtra. The information provided in this work is only for the purpose of education. Usage of nux vomica without doctor's advice may lead to poisoning and death. It has got following vernacular names such as Kachila(Bengali), Ma QianZi (Chinise), Noxivomique(French), Brechnus(German).

Strychnosnux vomica the strychnine tree also known as nux vomica, poison nut, semen strychnos and quaker buttons. It is a deciduous tree native to India and southeast Asia. It is a medium sized tree in the family longaniaceae that grows in open habitats. Its leaves are ovate and 2-3.5 inches (5.1-8.9cm)in size.

It is a major source of the highly poisonous, intensely bitter alkaloids strychnine and brucine, derived from the seeds inside the trees round, green to orange fruit. The seeds contain approximately 1.5% strychnine and the dried blossoms contain 1.0%. However the trees bark also contains brucine and other poisonous compounds.

Strychnous is promoted within alternative medicine as a treatment for many condition but the claims are not supported by medical evidence.

The use of strychnine is highly regulated in many countries and is mostly used in baits to kill fetal mammals, including wild dogs, foxes and rodents. Most accidental poisoning is by breathing in the powder or by absorption through the skin.

Ayurvedic medicines with kuchala ingredients.

- *Sulaharana Yoga – used in abdominal and neurological disorder.*
- *Ekang Veer Rasa –used in neurological disorder.*
- *VishtindukaTaila –Useful in gout and skin diseases.*

Keywords: Kuchala, Strychnosnux vomica

CURRY LEAVES –A SPICY MIRACLE HERB AS AN ANTIOXIDANT

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ABSTRACT:

Murrayakoenigii Linn. Sprengal, a herb of family Rutaceae is commonly known as curry leaves, karipatta in Indian dialects and kaidarya in Sanskrit. Raj Nighantu has mentioned this herb and stated its Raspanchak as katu, tikta, kashaya rasa; katuvipaka and sheetavirya. It is an inevitable part in spicing up dishes, garnishing as well as rich in medicinal nutraceutical properties and even have cosmetic uses. Indian and almost all south Indian dishes are incomplete without this miracle spice. Though Indian ladies include curry leaf in our daily diet we are unaware of its health benefits. The effects of natural compounds obtained showed that it possess important properties like anti-oxidant and many other useful properties which provide it such medicinal value. Leaves contain koenimbine, koenine, koenigine, mahanimbine, carotene, tocopherol, lutein, mahanine, bismurayafoline E., euchrestine, bismahanine which show anti-oxidant property and helps in delay aging. Dehydrated curry leaves have following valuable nutrients in 100g, protein 12g, calcium 2040mg, iron 12mg, β carotene 5292 etc. It also contains vitamin A, vitamin B, vitamin B12, vitamin C. The positive glycation inhibition and anti-oxidative activity of *Murrayakoenigii* suggest a possible role in targeting ageing and oxidative stress related problems.

Keywords: curry leaves, antioxidant, health benefits, nutraceutical properties.

**WOUND HEALING PROPERTY OF GHRITKUMARI (ALOE VERA LINN.)
FROM AYURVEDIC AND MODERN POINT OF VIEW: A REVIEW**

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Abstract:

Medicinal plants are the local heritage with worldwide importance. Such medicinal plants are cheap source of distinctive phytoconstituents which are used on a large scale in the development of drugs against various ailments. In Ayurvedic classics the plant Kumari [Aloe vera(L.)] is documented to possess many valuable and multi-dimensional therapeutic effects. Its wound healing potential is stated by various Nighantus therefore the present attempt is made to highlight the data regarding its Ayurvedic aspect and phytochemical and relevant pharmacological studies for justification of its wound healing property.

Ghritkumari helps in wound healing by Kledashoshan (absorbing kleda), Dahaprashman (cooling), Rasayana(rejuvenating), Vishaghna (anti-toxic), Balya (strength providing) actions. This review gives a bird's eye view on the phytoconstituents and pharmacological properties of Aloe verato enrich our knowledge about wound healing action of this plant. The application of Aloe vera to a wound increases both the rate of wound closure and the tensile strength of the wound through the proliferation of cells. The observations of phytochemical and pharmacological studies of this herb rationalise its claim of wound healing made in the Ayurvedicclassics. The future exploration of Ghritkumari by researchers to know the action of this wonder drug at the molecular level may bring about the development of novel product by pharmaceutical industries and can open new avenue for the treatment of wound.

Keywords: Ghritkumari, Aloe, Wound, Vrana

UNDERSTANDING PHARMACOKINETICS OF BHALLATAKA (SEMICARPUSANACARDIUM LINN.) IN THE MANAGEMENT OF RESPIRATORY TRACT DISORDERS

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Abstract:

Respiratory tract disorders are the leading problem of recent era. It is due to increased pollution, smoking habits, dust, poor digestion etc. There are several traditional remedies used since ancient times to manage acute episodes of respiratory disorders but most of them are with maximum adverse effects. So we have to use ayurvedic herbs which has significant potential in respiratory tract disorders and minimum side effects. Bhallataka is one of them which is widely used by traditional healers in disorders like common cold, cough, asthma etc. In ayurvedic literature use of bhallataka oil with milk has been elaborated to cure respiratory disorders, as it is said that there is no any kaphadoshavikruti which cannot be cure by bhallataka. This plant is also known as geerubeeja, marking nut etc. It is easily available, cost effective and has many ethno-medicinal uses. Semicarpusanacardium Linn. is a botanical name of Bhallataka belongs to Family anacardeaceae. It contains phytoconstituents like bhilawanol, bioflavonoids, phenolic compounds etc. There are several studies, which have been conducted for anti-inflammatory, antimicrobial, anti-oxidant, anti-reproductive and anticancerous activities of bhallataka. Current review aims to study the anti-inflammatory and antimicrobial

action of bhallatakaw.s.r. to respiratory tract disorders as well as its ayurvedic aspect to cure kaphadoshavikruti.

Keywords: *Bhallataka, respiratory tract disorders, Ayurveda, phytoconstituents*

REVIEW OF KASEESA BHASMA

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ABSTRACT:

Rasashastra popularly known as Indian alchemy or Iatrochemistry deals with use of certain minerals, metals and other organic & inorganic substances in the therapeutics.

Kaseesa an important drug of Rasashastra grouped under Uparasavarga widely used in the form of bhasma. It is called green vitriol based on its appearance and chemically contains ferrous sulphate.

According to Ayurveda, Kaseesa having properties like ateevanetrya, grahi, raktasanjanana, kesharanjanaetc..It should be administered after proper shodhana and bhasmeekarana. Different medias are mentioned in classics on shodhana and marana of Kaseesa. It can be used in different conditions such as pandu, shwithra, pleeha, mutrakruhraetc..As it is given in the form of bhasma, there will be increased bioavailability by reducing the particle size and become easier to get absorbed into the systemic circulation.

Several research works are done on Kaseesabhasma in pharmaceutical, analytical, toxicological, and clinical in different fields. Sound theoretical knowledge is required to get a good practical exposure.

Key words: *Kaseesa, Shodhana, Marana, Bhasma, Netrya*

CRITICAL STUDY OF VISHANARAYANEYAM

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ABSTRACT:

Keraliya toxicologist accustomed to practice Agadnatra traditionally from centuries ago by using the books other than renowned Ayurvedic Samhitas among them Vishanarayaneeyam, a tramtrika work is very ancient and more common one, but critical study of this book is not available yet. As this book is written by Narayana, the name is Vishanarayaneeyam. Tantrasaarasagngraha is another title of this work, which we

recognized as most comprehensive and authentic one. The Period of Vishanaaayaneeyam is after the period of AshtangaSangraha and just before or same period of the AshtangaHrudya. This book contains two parts – Poorvardha and Uttaradha, 32 Chapter and about 2100 verses. The inclusion of qualitative study in systemic reviews posse separation of portion related to Agadtantra, comparative study with AyurvedicSamhitas and find out important features regarding Vishachikitsa Critical study of the book includes verification from manuscripts, accurate translation, comparison, word concordance study and survey reading utility of the book. A systemic review laid perspectives of tremendous knowledge of Agadtantra. Author provides us variety of herbo-mineral preparations near about 450 for treatment of poisoning (327) as well as many diseases (127). He also emphases specific treatment modalities like Mantra, Dhyana, Mudra, ect., which were used in a case of poisoning in ancient time. On the basis of the work reported here and survey of traditional triad of Kerala, concluded that the book is most useful basic text among all ancient books of Ayurved toxicology and it lays a foundation for further research in field of Agadtantra.

Keywords: Vishanarayaneeyam, Agadtantra, AyurvedicSamhitas, Vishachikitsa, etc.

A REVIEW ON GANDHAKAKALPA W.R.S. TO VICHARCHIKA

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ABSTRACT:

Changes in life style like excessive pollution ,use of synthetic chemicals and also improper diet due to hectic schedule have increased number of patients with skin disease. In Ayurveda all types of skin disorders were explained under common heading called kushtha and the description given for vicharchika a type of kshudraKushtha with specific characters like kandu, Pidaka ,Syava ,Rukshata and srava. For this many herbal mineral and herbomineral drug combinations were explained.

Among these Rasoushadis are said to be highly potent even in smaller dosage, with fast action and capable of alleviating dreadful and incurable diseases. GandhakaKalpa is one such herbo Mineral formulation described in RasaYogaSagara were ShuddhaGandhaka is the main ingredient which have an ability to cure almost all skin disorders when given with suitable anupana.

Keyword: Nidana ,Vicharchika ,GandhakaKalpa.

**PANCHBHOUTIKATVA OF RASONA (GARLIC) W.S.R. TO
HYPERTENTION****Sneha Shinde¹*, Dr D. V. Kulkarni²***1. PG Scholar (Dravyaguna) 2. Professor and Head of Department, (Dravyaguna), Government
Ayurveda College, Osmanabad, Maharashtra. 413501*** Corresponding author: email – snehashinde872@gmail.com***ABSTRACT:**

Hypertension is an unvoiced slayer, since it exists with no apparent symptoms and it is reported to be the seventh most frequent contributor to premature death in developing countries. One of primary management of hypertension include dietary changes which could incorporate dietary supplementation, also use of non pharmacological treatment options are high in patients with high blood pressure. Rasona (Garlic) has played an important dietary as well as medicinal role in human history. Apart from its medical use, it is commonly used as a condiment in the kitchens of Indian houses. Accumulation of vitiated meda and kapha in the vascular walls which is due to presence of pruthvi and JalaMahabhuta, is cleared by teeshna, ushna and sara properties of Rasona and thus, it reduces blood pressure by reducing peripheral resistance. Several human and animal clinical trials have suggested that garlic has beneficial effect in controlling blood pressure. Garlic preparations activate nitric oxide to relax smooth muscle and vasodilate blood vessels also causes reduction in angiotensin converting enzyme (ACE) and angiotensin II activity. Garlic also changes the membrane potential of vascular smooth muscle cells by opening potassium channels, causing hyperpolarisation and vasodilatation by keeping calcium channel closed for a longer period of time. Blood pressure reducing properties of garlic have been linked to its hydrogen sulphide production and allicin content, liberated from alliin and the enzyme alliinase. Garlic also helps to alleviate complex patho-physiological conditions such as pregnancy induced hypertension. So we strongly recommend that the regular use of garlic preparations in daily diet could provide a safe treatment option for hypertension. This review highlights potential role of garlic and views its promising role in Hypertension.

Key words: Rasona, *Allium sativum*, Panchbhautikatva, Hypertension.

ROLE OF YAVA (HORDEUMVULGARE LINN.) AS A SWASTAHITADRAVYA

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ABSTRACT:

SwasthyaRakshan i.e. maintaining well being of a person is the foremost aim of Ayurveda. It can be achieved by following Dincharya, Rituchrya mentioned in Ayurvedicsamhitas. Now a day's risk of lifestyle diseases like Diabetes mellitus, Obesity, Heart disease, Hypertension, Cancer etc. is increasing day by day. It is the commonest problem world population is facing right now which is a result of unhealthy diet and lack of physical activity. To control these; healthy changes in lifestyle and food habits is the need of time.

Yava (*Hordeumvulgare* Linn.) is herbal drug belonging to Gramineae/ Poaceae family mentioned as Swastahita Dravya in Samhitas. It is also used as a dietary supplement specifically in Vasant, Varsha and Sharad Ritu. Yava is in possession of Kashay, Madhur Rasa, Katu Vipaka, Sheet Veerya and Ruksha Guna. It is mentioned as Lekhaniya Dravya. Yava which is also known as Barley is rich with essential nutrients like protein, dietary fiber and other micronutrients. It is having low amount of fat which is beneficial to decrease chances of lifestyle diseases. Use of Yava in daily diet would be beneficial to maintain good health. It is cost effective and easily available worldwide. This review shows the role of Yava in daily food habits for healthy life.

Keywords- SwasthyaRakshan, Lifestyle diseases, Yava, Dietary supplement

EFFICACY OF SARIVA AS MEDHYADRAVYA

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ABSTRACT:

In Ayurveda, Medhya is described in a broad way. Medhya comprises of all three mental faculties -Dhee, Dhriti and Smriti and these are interrelated with each other. Memory is combination of power of grasping (Graham), retention (Dharan) and recollection (Smaran). Neurologic and psychiatric disorders are generally associated with loss of memory. Psychiatric disorders have become a major public health problem today. Alzheimer's disease, Parkinson's disease are associated with impaired neurological

functions. AcharyaSushruta has described Anantmoolchurna with madhu and ghrutaforLehan in children. Acharyakashyapahasmentioned that lehanhasmedhavardhak property in lehanadhyaya.Hemidesmusindicus R .Br, also commonly Known as “Anantmool“ in Marathi , “Sariva” in Sanskrit and Indian sarsaparilla in English. It is a very useful plant in the Indian system of medicine.Sariva is in possession of Madhur-tiktarasa, MadhurVipaka and sheetVirya.Regular use of Madhurrasa from birth promotes the growth of all the dhatus and it helps in achieving goodness and clearness in sense organs.Anantmool can act as a good brain tonic as well. It can be given to children with psychiatric disorders. The present study assesses the potential of an ayurvedicrasayana drug ‘Hemidesmusindicus’ roots as a memory enhancer. Anantmoolchurna is easily available throughout India and being cost effective, it can be affordable to people. This review shows that it improves learning and memory process.

Keywords –Anantmool, Medhya, Lehan.

REVIEW ON MEDHYA (INTELLECT PROMOTING) ACTION OF GUDUCHI [TINOSPORA CORDIFOLIA (WILD) MIERS]

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ABSTRACT:

Even though enormous development has occurred in the field of psychiatry, the difficulties with management of a certain mental problems such as cognitive dysfunction, memory disorder, anxiety, mental retardation etc. have yet remained unsolved. Moreover adverse effects of anti-psychotic drugs are generating substantial amount of discomfort to the patients. Hence there is a need to discover suitable, safe and effective drug from plant origin. Ayurveda has the potential to tackle the problem of neurodegeneration and its effects on cognition and to improve the quality of life of a person. Medhya drugs are mentioned in Ayurvedic classical texts for enhancement of cognition and they act on psychological co-morbidities like agitation, stress and depression. Guduchi(Tinosporacordifolia(Willd.) Hook. f. & Thomson) is one of the medhyaRasayanapossessing multi-dimensional actions and having an influence on mental health. ItsUshnaViryaand Tikta Rasa promotes SadhakPitta and enhances Grahana (grasping power) and Smarana (Memory). It encourages the organic metabolism by Agnideepanand Dhatwagnideepanaction resulting in improved structural and functional form of Majja Dhatu. Furthermore its MadhurVipak promotes nourishment of the brain.

The analysis of literature in this regard exposed distinguished pharmacological activities of Guduchi like nootropic, antioxidant, anti-aging, free radical scavenging, anti-inflammatory, anti-stress, and cognition, CNS depressant, anti-convulsant and anti-toxic activities. The present endeavour is to highlight data about Ayurvedic aspect and phytochemical and relevant pharmacological study for justification of Medhya activity of Guduchi.

Keywords: *Guduchi, Tinosporacordifolia, Medhya, intellect promoting*

STANDARDIZATION OF APAMARGA KSHARA SUTRA

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ABSTRACT:

'Ksharasutra' can be defined as an Ayurvedic medicated thread coated with herbal alkaline drugs and it has evolved over age and has been successfully practiced by the ano-rectal speciality of Ayurveda. Kshara Sutra has been an unparalleled remedy for those suffering from ano-rectal diseases. It has been successfully applied in treatment and eradication of haemorrhoids, fistula, fissure tags, anal warts, anal papilloma, neoplastic pedunculated growths and other ano-rectal conditions. Such a wide range of kshara sutra usage is going on in the field of ayurvedic medicine. So the standardization of kshara sutra is most needed in the present scenario. Research is still going on in many reputed institutions in and out of India in terms of usage of different combinations in the preparation of kshara sutra. The blend of ancient wisdom and modern technology has made Kshara Sutra one of the sought out remedies in ano-rectal diseases.

'Ksharasutra therapy' has been described as a treatment of choice for the treatment of fistula-in-ano due to low recurrence rate. However, Ksharasutra procedure is not yet globally accepted basically due to lack of standardization and poor acceptability by modern surgeons. Standardization of 'Ksharasutra' requires standardization in preparation process and quality standards including its packaging, storage, labeling and developing scientific parameters for maintaining its uniform coating, pH, microbial check etc.

Key words: *Ksharasutra, Apamarga, Bhagandhara,*

**STUDY THE EFFECT OF JALNETI WITH PRADHAMANA NASYA ON
SINUSITIS DUE TO AIR POLLUTION.****Vd. Suhas Uttamrao Sakhare** (PG Scholar)

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ABSTRACT

Sinusitis is a common problem of modern era due to increased exposure to environmental pollution and unhealthy lifestyle. Sinusitis patients experience emotional burdens, like feeling tired and miserable and are less productive when their nasal congestion are at their worst, limiting them from doing well at work. Jalneti & pradhamananasya of marich and haridrachurna are the ideal solution for the prevention of sinusitis. Jalneti & pradhamananasya are the special methods mentioned in ayurveda and yoga science and were practiced during its glorious period. Today this is an only solution without any modern medicine.

Keywords: Sinusitis, Jalneti, Pradhamananasya, Marich, Haridra.

**A CLINICAL STUDY ON EFFECT OF CASSIA TORA LINN. AND OCIMUM
SANCTUM LINN. IN DRUG RESISTANCE CASE OF TINEA CORPORIS****Abhijeet Pachpor^{1*}, D V Kulkarni²**

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ABSTRACT:

Tineacorporis is a superficial dermatophyte infection characterized by either inflammatory or non-inflammatory lesions on the glabrous skin (i.e. skin regions other than the scalp, groin, palms, and soles). [1] Dermatophytosis or ringworm is a clinical condition caused by fungal infection of the skin in humans, popularly called as tinea or ring worm. [2] Tineacorporis shows clinical manifestations like erythematous lesions with scaly plaque that may rapidly worsen large into erythematous, scaly plaque. In tinea topical therapy is recommended for a localized infection because dermatophytes rarely invade living tissues. Topical azoles and allylamines show high rates of clinical efficacy; these agents inhibit the synthesis of ergosterol, a major fungal cell membrane sterol. The topical azoles inhibit the enzyme lanosterol that converts lanosterol to ergosterol. Inhibition of this enzyme results in unstable fungal cell membranes and causes membrane leakage as a result fungus cell gets destroyed. Also the azoles are cytotoxic if taken orally

for long duration. Beside this recurrence and resistance to these drugs is very common and the conditions worsen when these azoles and allylamines are combined with steroids. Acharya Bhavprakash has mentioned two commonly available herbs viz. Cassia tora as Dadrughna (चक्रंदद्ररोगमदयदतिङ्गिति) and Ocimum sanctum as Kushthaghna (ददपनीकुण्ठकृच्छ्रास्त्र...।) respectively. The present work has been under taken to study efficacy of Patraswaras, Beejachoorna of Cassia tora Linn. And Ocimum sanctum Linn. In management of tineacorporis. A case report of 28-year-old male presented with erythematous and scaly lesions of tineacorporis with purities, which remained recurrent and resistant to azole and allylamines drugs will be presented in the paper.

Keywords-Tineacorporis, Cassia tora Linn, Ocimum sanctum Linn, दद्ररोग

CONCEPT OF VYADHIKSHAMATWA IN AYURVEDA W.S.R. TO IMMUNITY

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ABSTRACT:

Immunity is the capacity of the body to resist the pathogenic agents. It represents the capacity of an individual to defend their health against physical, mental & environmental challenges. In Ayurveda the concept of immunity is very wide. Immunity or vyadhikshamatwa means not only the defense from the disease, but Ayurveda considers the equilibrium state of dosha, saptadhatus, agni, mana. There are many factors involved in body's resistance power to a disease. These factors are mentioned in Ayurvedic classical texts. By strengthening these factors, we can enhance the disease resistance power of a body as well as can maintain the equilibrium state of doshadibhavas. Oja, shukra, bala, shleshma are the important contributing factors for building vyadhikshamatwa. Oja is responsible for good health, better immunity, longevity, intelligence. Ayurveda explains many ways to boost up healthy state of body and mind and to increase the resistance power of body to any disease. One of those ways is the rasayana therapy. It is best for health promoting and rejuvenating. This article is a review on the things explained in Ayurveda about vyadhikshamatwa.

Keywords :immunity, vyadhikshamatwa, oja, shukra, bala, shleshma.

ACUTE MEDICINAL CARE IN AYURVEDA

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ABSTRACT:

The belief in society and Ayurvedic physicians is that emergency treatment in Ayurveda is not present and one need to take only allopathic medicines. This misapprehension has arrested development of Ayurveda and limited its role as alternative or adjuvant therapy. But acute medicinal care has already been described in Ayurveda, which needs only to be enlightened. Emergency diseases like Jwara, Raktapitta, Hridroga, Gulma, Atisara, Murcha, Sanyas were very well treated by Ayurveda. Complications are more troublesome than main disease itself. Hence complications also should be promptly treated. Charakacharya has classified the diseases mainly Mrudu & Daruna (emergency).

Every branch of medical science has limitations. Ayurveda medicine for emergency management is not so established but it described potential basic concepts to treat emergency conditions. It is assuredly said that Ayurveda has not only limited role to play in chronic ailments but also in emergency.

Keywords: *Darunavyadhi, Emergency, complications, Emergency medicine*

A REVIEW ON UNDERSTANDING PHARMACOKINETICS OF SHRUNGATAKA (TRAPA NATAN LINN.) AS A DIETARY SUPPLEMENT

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ABSTRACT

Good nutrition is fundamental key for good health and prevention of diseases. Food, nutrition and health relationship is very complex and it is difficult to maintain in contemporary demanding and luxurious life. Nutrition is an important part of leading healthy lifestyle. physical activity and diet both combinedly help to maintain a healthy weight, reduce the risk of chronic diseases and promote overall health. This is the right time to search for an alternative to overcome the changed food habits of young India. Therefore, changes in lifestyle along with nutritional diet play an important role in malnutrition. We are proposing Shrungataka (Trapanatans Linn.) which have remarkable nutritional composition making them an excellent food source .The plant's seeds are

enclosed in a thick, dark brown hard core and are delicious to eat possessing high protein, carbohydrate, starch, magnesium, sodium, potassium, phosphate, iron, copper, manganese, calcium, vitamins, amylase, flavonoids and glycosides. Water chestnut considered as antidiarrheal, refrigerant, nutritive and tonic used in bilious affections.

Shrungataka is an important drug mentioned in Ayurveda, discussing about its different properties and actions, possess MadhurKashaya rasa, ruksha guru guna and sheet veerya. So we can use Shrungataka as dietary supplement due to rich in nutrients, easily available and cost effective.

Keywords: Dietary supplement, Shrungataka

EVALUATING CLINICAL EFFICACY OF PARINATAKERI KSHEERADI TAILA NASYA AND RASONADI GUGGULU IN THE MANAGEMENT OF AVABAHUKA.

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ABSTRACT

The disease Avabahuka is one among vataja Nanatmajavyadhi which hampers the day to day activity of an individual. Vata among three Dosha is considered to be superior most in all aspects. Vata which is motivating factor of other two doshas get easily aggravated in this fast life and affects Amsamoola, Avabahuka affecting the AmsaMoola exhibits the symptoms in Bahu. It exhibits various symptoms like Bahupraspandanahara, Amsabandhanashosha, Amsa Sthabdatha, Amsasandhishoola. In the management of Avabahuka, Nasya karma is one of the modality of treatment principle, as the properly administered Nasya karma not only cures disorders of jatrurdhwabut also imparts strenght to Twak, Skandha, Greeva, Mukha and Vaksha Pradesha. Parinatakeriksheeraditaila one among Tailakalpna explained in Sahasrayoga containing drugs Parinatakeriksheera (narikelaksheera), Jambeeraphalodaka, Tilataila, Kshanada (Haridra), Suradhuma (Sarja) is having phalashruti in Avabahuka.

Rasonadiguggulu explained in vatavyadhiadhikara of Rasatantrasaraevam siddha prayogasangraha containing Shuddhaguggulu, Lashuna, Trikatu, Rasna and Erandabeejamajjaindicated in Pains of the hand and legs. An attempt is made to know the clinical efficacy of Parinatakeriksheeraditaila Nasyakarma and Rasonadiguggulu as Shamanaoushadhi in the management of Avabahuka.

Key words: Avabahuka, Nasya karma, Parinatakeriksheeraditaila, Rasonadiguggulu, Shamanaoushadhi.

AYURVEDA'S APPROACH OF DIET AND LIFESTYLE MANAGEMENT BASED ON DOSHAJ PRAKRUTI.

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ABSTRACT:

Ayurveda is a science of life. Prevention and cure of disease is an aim of Ayurveda. Prakruti is the unique concept of Ayurveda. It is the constitutional behaviour of an individual, which incorporates both physical and psychological traits referred under the caption of doshaprakruti. Qualitative, quantitative and avayabhichari (unchangeable) dosha predominance from birth to death is called as prakriti. In Ayurvedic texts different Acharyas have described different features of doshaj, manasa, bhautika&jatyadiprakruti. Knowledge of prakruti is very useful for maintaining the healthy life, diagnosis and treatment of disease. The basic prakruti of a person can change temporarily due to surrounding environment, diet, lifestyle and also in case of illness. Treatment according to Ayurveda depends upon samanyavisheshasiddhant. Balance of doshas and dhatushelp in prevention of diseases and maintainsamyaavastha. Hence diet and lifestyle of person should be followed according to the prakruti. Therefore in this article effort is made to present the concept of diet and lifestyle which should be adopted by the person to maintain healthy life based on prakruti. From this review article it can be concluded that, to maintain the equilibrium of doshas one should follow the diet and lifestyle which is suitable to the prakruti.

Keywords: Prakruti, dosha, samanyavisheshasiddhanta, diet and lifestyle.

EVALUATION OF ANTIMICROBIAL ACTIVITY OF PARNABEEJ PATRA-AN IN VITRO STUDY

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ABSTRACT

Ayurveda is the system of medicine in indigenous to India basically defined as the science deals with the factors of life style in prevention as well as curation of the disease. Infectious diseases are the world's leading cause of premature death killing almost 50,000 people per day. Currently number of antimicrobial and antifungal agents are discovered, effective in various infections. Even though physician face much hindrance while treating such infections due to resistance. Resistant to the conventional anti microbials is a serious

problem , other than the adverse effect like Nephrotoxicity, Hepatotoxicity Bone Marrow depression³ etc. and the patient affordability is also difficult task for a physician.

Over the years WHO advocated traditional medicines as safe remedies for ailment of both microbial & nonmicrobial origins. PARNABEEJ [*Bryophyllum pinnatum*] is well known drug which can be used in various diseases, especially in the ashmari [renal calculus] raktasrava [bleeding disorder], vrana [ulcers], atisara [diarrhea], hypertension skin disorders asthma cold & insect stings.

Hence this study has been undertaken to evaluate the antimicrobial activity of parnabeejpatra against the microbe's candida albicans- fungus & gram positive & gram negative staphylococcus aureus & pseudomonas aeruginosa respectively.

Keywords: Antimicrobial ,Parnabeeja, In vitro.

STUDIES ON ACUTE TOXICITY OF TAMRA BHASMA IN ALBINO RATS

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ABSTRACT

Now days worldwide debate is on for use of ayurvedic metallic preparations. Proper documentation is the demand of the time to validate claims about these Ayurvedic metallic preparations. Animal Experimentation and safety- toxicity study is the way through which is assessment and documentation can be executed. In the present study, tamrabhasma preparation, assessment of physicochemical properties and the study of acute oral toxicity of tamra was studied. Sample of tamrabhasma was administered to 5 groups of animal each having 3 animals for 14 days at the doses of 300mg/kg, 300mg/kg, 2000mg/kg, and 5000mg/kg body wt. The effects of doses were assessed by clinical observations, body weight changes and necropsy. Tamrabhasma does not caused mortality and clinical signs of intoxication after dosing till the end of study. There is no abnormality detected in liver, kidney, stomach and spleen which reveals that no adverse effects or signs of acute toxicity after single oral dosing of tamrabhasma. From the present study tamrabhasma does not cause any harmful effects up to the single oral dose of 5000mg/kg body weight in rats.

Keywords: Acute toxicity, TamraBhasma, Albino rats

**ANTIMICROBIAL STUDY OF SORAKAMALIYA RAJATA WITH
SPECIAL REFERENCE TO RASATARANGINI****Dr.Pravin Kaddappa Koparde***PG Scholar, Department of Rasashashtra and Bhaishhajalpna,
Yashawant Ayurvedic College and PGT and RCKodoli, Dist. - Kolhapur, Maharashtra.***ABSTRACT**

PranacharyaSadananda Sharma, the Author of Rasatarangini has described SorakamliyaRajat (Silver nitrate), related to modern chemistry in Sanskritized pattern on Ayurvedic parlance, is very first and last time. The SorakamliyaRajata was prepared by using ingredients as – ShuddhaRajatapatra (45g), Sorakadrava (60ml), Lavanadrava (30ml), ShuddhaYashadachurna (3 g.), Navasadara-bashpadrava (15 ml) in three subsequent batches, as SR-A Batch, SR-B Batch, SR-C Batch. The final product was obtained as - SR-A Batch – 09 g., SR-B Batch - 10 g., SR-C Batch -10 g. The total time required for complete preparation of SorakamliyaRajata was 9 days. During antimicrobial study, which was done by disc method on five types of organisms as - StaphylococcusSpp. (Staphylococcus aureus), StreptococcusSpp., Escherichiacoli, Candidaalbicans and Pseudomonas Spp., was showing a clear zone of inhibition. The antimicrobial activity of SorakamliyaRajata was apparent from the zone of inhibition at concentration 500 µg/ml to 2000 µg/ml. After whole study it is concluded that the antimicrobial study of the SorakamliyaRajata is a similar effective to that of Silver nitrate. At a concentration of 2000 µg/ml (near 0.2%), it shows more zone of inhibition in case of Staphylococcus spp. (Gram +ve) and Pseudomonas spp. (Gram -ve) 38 mm. and 33 mm respectively. These both species are causative factors for the production of various skin diseases. Thus, SorakamliyaRajata is beneficial in the treatment of a variety of skin diseases such as – Pimples, Impetigo, Bolis, Carbuncles, Abscesses, etc. and all types of infected wounds.

Keywords: Rasatarangini, SorakamliyaRajat, Silver nitrate, Antimicrobial study, etc.

**EVALUATION OF “IN VITRO & EX VIVO PERMEATION STUDY” OF MARICH
(PIPERINE) MICRO-EMULSION COMPARING WITH MARICH CHURNA.”****Dr.Sampada V. Bende* , Dr.Arati Dubewar** ,****PG student, **HOD of Rasashastra and Bhaishhajalpna department,
Dr. D. Y. Patil college of ayurved and research center, Pimpri, Pune.***ABSTRACT**

Barriers of brain has major obstacle in the successful management of CNS disorder because of poor drug delivery system, which has therefore led to the development

of various approaches to overcome these barriers. Nasal delivery is an approach that may increase the brain targeting efficiency. However, CNS delivery of highly hydrophilic drug still remains difficult because of their poor permeability characteristics. Microemulsions are clear, thermodynamically stable, isotropic liquid mixtures of oil, water and surfactant, frequently in combination with a co-surfactant. The aqueous phase may contain salts and /or other ingredients, and the oil may actually be a complex mixture of different hydrocarbons and olefins. In contrast to ordinary emulsions, micro-emulsions form upon simple mixing of the components and do not require the high shear conditions generally used in the formation of ordinary emulsion.

The present study contain aim to develop piperine (marich) micro-emulsion for the nose to brain targeting. The preparation will evaluate in terms of clarity, dispersibility, pH, in vitro drug release, ex vivo permeation study and stability study. Conclusion will be drawn after final result.

Keywords:*Microemulsion, piperine, in vitro drug release, ex vivo permeation study*

TO ELABORATE THE ANTIDOTE PROPERTY OF TANKANA AGAINST VATSANABHA - A POTENT VISHA DRAVYA

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ABSTRACT

Antidote is a substance which counteract the effect of poison. Vatsanabha is a very potent drug which can act as poison or medicine depending upon method of use. It has highly therapeutic index so being used in many medicinal compounds to treat many ailments. It is deadly poisonous plant which is also categorised under Mahavisha, so can be fatal if it is not used properly. It is misconception among people that Ayurvedic medicines are completely safe without side effects, but many poisonous plants are used in Ayurvedic medicines especially Vatsanabha used in many formulations. Many poisonous substances have specific antidotes but there is no specific antidote for Vatsanabha in Ayurveda and modern science also, though In Ayurveda Tankana is considered as antidote of Vatsanabha, so it is used in management of Vatsanabha poisoning and used along with Vatsanabha in many medicines. So a planned animal study was carried out to evaluate and elaborate the antidote property of Tankana against Vatsanabha. In this study Hinguleshwara Rasa a herbo mineral formulation is chosen as test article. Three samples of Hinguleshwara Rasa was prepared in such way that first sample by using pure

Vatsanabha, second sample by using impure Vatsanabha and third sample by using impure Vatsanabha with Tankana, and given to three groups of albino mice T1, T2 & T3 respectively. Analysis is done by comparing with normal control (NC) group with respect to parameters such as body weight, organ weight, biochemistry and histopathology. It is found that its adverse effects are minimised by adding Tankana as in third sample.

Keywords: Vatsanabha, Antidote, Tankana, Visha, Mahavisha, Hinguleshwara rasa etc.

ROLE OF PUSHAKARMOOL (INULA RACEMOSA HOOK.F.) AND KUSHTA (SAUSSUREA LAPPA C.B.) IN HRUDROG.

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ABSTRACT

Hrudroga (heart diseases) has become a serious medical issue all over the world. In India, it has become the leading cause of mortality. Improper diet and stressful life styles are the main factors which are responsible for heart diseases. Ayurveda treats heart diseases at two different levels, first is to prevent heart disease and second is to treat heart diseases with different plants and their formulation. In Ayurvedic classic texts like CharakSamhita, Bhaishajyaratnawali Pushakarmool (Inularacemosa Hook.f.) is mentioned in Hrudrogachikitsa (i.e. for treatment of heart diseases). As decade passes, Pushakarmool plant has turned into endangered species and unavailable due to deforestation and loss of habitat. Acharya Bhavmishra mentioned Kushta (Saussurealappa C.B.) as pratinidhidravya of Pushakarmool. Pratinidhidravya is a unique concept about usage of substitute drug in the absence of an original drug. The substitution is based on the principles that both original and substitute should possess similar properties and therapeutic activities. Pushakarmool and Kushta both have katu, tiktarasa, katu vipaka and ushna Veerya. This review shows the role of Kushta in Hrudrogachikitsa in absence of Pushakarmool.

Keywords: Hrudrog, Pushakarmool, Kushta, Abhavdravya, Pratinidhidravya.

UNDERSTANDING PHARMACOKINETICS OF RUKSHA AND LAGHU QUALITIES WHILE USING AS HERBAL CONTRACEPTIVES.

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ABSTRACT

Rapid increase in population is a serious problem throughout the world. Nowadays birth control become necessity in India because many socio-economic conditions of people

have been adversely affected by increasing crimes, illiteracy, diseases, improper food and shelter. As women plays a pivotal role in the family, she is also responsible for the wellbeing of the family so, women's healthcare need to be safe and effective. Modern contraceptives / synthetic antifertility agents have various side effects like weight gain, nausea, headache, carcinoma of cervix, carcinoma of breast etc. So it is necessary to use biologically active substance as fertility regulating agents. In Bhavprakasha and Yogratnakara, there are some herbal contraceptive were described. Pippali (Piper longum), Vidanga (Embeliaribes), Japakusum (Hibiscus rosasinensis) are considered as potent contraceptives. These drugs acts as uterine constrictor in order to act as contraceptives. They mainly possess Laghu and RukshaGuna and katu vipaka which increase Vatadosha that helps in Garbhashayasankocha causing expulsion of unimplanted fertilized ovum. Several studies on the above mentioned herbs were reported that they contain some active ingredients like saponins, steroids, etc. which are responsible for the antifertility effect like anti-ovulation, anti-implantation and shown minimal side effects in comparison to the chemically synthesized contraceptive which usually contain various combinations of hormones. Here we have concluded that some of the herbs possessing ruksha and laghu qualities can be used as contraceptives. These herbal contraceptives can provide an opportunity for affordable, potential and efficient replacement with having lesser side effects, particularly to the women living in the rural areas.

Keywords: Contraceptives, Piper longum, Embeliaribes, Hibiscus rosa-sinensis

DETERMINATION OF SUB-ACUTE TOXICITY OF KAJJALI IN ALBINO RATS.

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ABSTRACT:

Sanskar like Shodhan,Marana ,Murchana etc. incorporates certain medicinal values in the Mercury and Metals which makes it theurapeutically effective and safer. Modern scientist lacks this view, hence disapproves its usage. To generate safety data there is need to conduct toxicity studies of Ayurvedic metallic and mercurial preparation. Kajjali is Niragni and KharaliyaMurchana of Parad which is a content of many Aurvedic formulations. Oral toxicity of kajjali would provide the much needed data of maximum toxicity,which might cause by any marcurials. Aim of this study is to determine sub-acute toxicity,safe and proven dose of kajjali, also to see the effect on haematological parameter and effect on histostructural changes. Toxicity study is done following the OECD guideline.Firstly acute toxicity is done to determine LD-50 value, which came around 2000mg/kg body weight. 3 Groups comprising 6 rats (3 males and 3 female) were selected

as Control group and two Theurapeuticdose groups of Kajjali for subacute toxicity. Test dose of 500mg& 2500mg/kg bdwt human dose is selected and Human dose is converted to Animal dose by using formula.Animals were dosed with test solution of kajjali for 28 days. On the basis of results Kajjali was detected safe at theurapeutic dose level in males while in females it showed some primary sensitivity to drug when administerd for 28 days dailyat dose of 45mg/kg of rats.

DRUG STANDARDIZATION

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ABSTRACT

Due to increased awareness,demand of Ayurvedic treatment and formulations has also increased.hence Standardization of ayurvedic formulation has became need of the time.Standardization of drugs means confirmation of its identity and determination of its quality and purity. In previous time,vaidyas used to prescribe their own preparations for their patients.but it is not possible all the time because of shortage of many drugs,unavailability,adulteration,lack of knowledge of drug identification and adverse effects. Standardization is essential for establishing authenticity,quality,efficacy of finished product throughout all phases of its cycle by various parameters. Inayurveda,standardization has been well defined and documented in the classical as well as contemporary texts.Along with that, WHO specific guidelines for assessment of safety,efficacy and quality of herbal medicine as a prerequisite to bring uniformity are important. It is the process resulting from scientific findings at various stages like manufacturing process,analytical tests,operational procedures,instrument calibration. Newer techniques like TLC,HPTLC,GC,fingerprinting technique,UV visible, recent advances in techniques of extraction of herbals,pharmacosomes,SFC,Thermal analysis of herbal drugs etc are being used to standardize.Clinical studies like controlled trials can assess drug efficacy.Unlike modern drugs,ayurvedic drug standardization is complicated issue due to complex manufacturing procedures,compound formulations.Thus it is drawing more attention by researchers.

Keywords: Drug, Authentification, approach,parameters,techniques, limitations.

UNDERSTANDING PHARMACOKINETICS OF ANTI-CANCEROUS ACTIVITY OF ASHWAGANDHA (WITHANIASOMNIFERA DUNAL): A REVIEW.**Dr Pranita Mali^{1*}, Dr D. V. Kulkarni²***1 P.G. Scholar, 2 Professor, Dravyaguna Dept.**, Government Ayurveda College, Osmanabad 413501, India.****Corresponding Author: email – pranitamali2050@gmail.com (8446806302)****ABSTRACT**

WithaniasomniferaDunal is a botanical name of Ashwagandha and traditionally used ayurvedic medicinal herb. To date cancer is the most fatal disease in all over the world and in India number of cancer cases increasing every year rapidly. There are so many cancer therapies applied as single or in group gives a lot of side effects. Therefore it is necessary to study and apply the more significant herbs which give minimum adverse effects. Ashwagandha is one of them having Tikta-katu rasa, katuvipaka, ushanaveerya and laghu-rukshaguna. It contains phytoconstituents like alkaloids, lactones, flavonoids, withanolides etc. in different levels in different parts of plant like leaves, roots and stems. Out of this, withanolides have been bringing into being cytotoxic to cancer cells, immunomodulatory, and neuroprotective in function. Potential mechanisms of action of withanolides as anti-carcinogenic to cancer cells can be categorized in 5 groups on the basis of previous work done, 1) Apoptosis via. Inhibition of survivin, 2) cytotoxicity by activation of P^{S3} and P^{RB}, 3) cell cycle arrest by accumulation of cancer cells in G-2 M phase, 4) inhibition of cancer cells through destruction of Beta-catenin and 5) direct inhibition of angiogenesis and metastasis of cancer cells. Thus Ashwagandha was proved significant against breast cancer, prostate cancer, neuroblastomas and cancer of myeloid cells. Current review aims to illuminate the anti-cancerous activity of Ashwagandhaas an alternative long-term therapy.

Keywords: *Ashwagandha, cancer, phytoconstituents, withanolides, anti-cancerous activity.***EFFICACY OF VACHA (Acoruscalamus) AND MARICHA (Piper nigrum) PASTE IN COMMON KRAIT VENOM POISONING IN ALBINO MICE****Vd. Sarita S. Warpe.***MD Scho. Agadtantra, TilakAyurved College, Pune***Abstract**

Snakebite, mortality & morbidity contributes a lot in national statistics. Medical emergency & an important problem in rural areas. Kraits are one of the common kinds of snake found on land, only dangerously poisonous land snake. Are not large in size the poison fangs are small and short compared with those of other poisonous snake. Hence the poison injected by the krait is not large in amount though enough to kill the man.

Antisnakevenom (ASV) along with supportive care is the only specific treatment around the world. Hence, there urgent need to find & prove remedy. The aim of this study was to evaluate the efficacy of 'vacha&maricha paste' in common krait (Bungaruscaeruleus) venom poisoning. and isthere any adverse drug reaction between vacha&maricha paste and pvasvs (poly valente anti snake venom serum). In the present study the effect of vacha (acoruscalamus) &maricha(piper nigrum) was investigated against (asv) total 42 animal were taken and divided in to 5 groups. group 1: normal control .group 2: disease control (krait venom)group 3: krait venom (i.m.) + pvasvs (i.v.)group 4: krait venom (i.m.) + vacha and maricha paste group 5: krait venom (i.m.) + pvasvs (i.v.) + vacha and maricha paste (1560 mg/kg) in each group, weight of animal was taken first, accordingly route venom dose was given by im route, after 5 min, drug dose was given by orally route and then pvasvs was given after 5 min by iv route. After dosing animals were observed for 24 hrs.up to 7 days.

Keywords : *Efficacy, Vacha, Marich, Krait venom, Poisoning*

CRITICAL REVIEW OF HERBAL CONTRACEPTIVES DRUGS DESCRIBED IN AYURVEDIC LITERATURE

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ABSTRACT

Contraception is the prevention of conception by methods other than abstinence from coitus. It is useful to limit the size and structure of the family. Contraception provides a better quality of life by helping families to use their resources for food clothing, housing, schooling and medical care.

The world population is increasing much faster. Many socio-economic conditions of people have also been adversely affected. Population control is the need of the hour to stabilise the world population growth and to decrease economic burden for almost all the nations on this globe. There are well established contraceptive drugs and measures have been evaluated in existing modern system of medicine. But hormonal contraceptives cannot be used for long duration due to their severe side effects. Available local contraceptive measures do not give 100% surety of prevention of conception. Permanent measures are surgical therapies only. Hence, there is a need to evaluate alternate and safe formulations from indigenous systems of medicine for temporary as well as permanent sterilization. Hence in this present article, an attempt has been made to review formulations described in Ayurvedic classics and to throw light on scientific validity of the same.

Keywords: *Herbal contraceptives, contraception, Ayurvedic contraception.*

DRUG STANDARDISATION

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ABSTRACT

Quality, safety and efficacy are the ground pillars for all kinds of medicinal drugs. In order to maintain the above, standardisation of drugs, operating procedures and final product testing is an inevitable part of manufacturing. To identify and avoid any adulteration, low quality & less efficient, toxic substances, a drug must be well tested.

In Ayurveda, we have a wide range of mineral/metallic, herbal and herbo mineral preparations, for the national as well as universal establishment of these drugs standardisation of each of them is a must.

This paper aims to collect and represent the drug standardisation methods of different Ayurvedic dosage forms and their need & applications. The authentic references by WHO and API are mentioned.

An overall study of drug standardisation w.r.t. Ayurvedic dosage forms is elaborated.

Keywords: *Drug, Standardisation, Quality, Safety, Efficacy.*

UNDERSTANDING THE PHARMACOKINETICS OF IISM PROTOCOL IN DUCHENNE MUSCULAR DYSTROPHY

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ABSTRACT

Muscular Dystrophy (MD) belongs to a group of inherited diseases in which the voluntary muscles gradually deteriorate and the major drawback is that heart and other organs can also be affected. Defect in dystrophin genes, is responsible for the development of Duchenne MD (DMD). Last 20 years, Dr TY Swami and his team, with a particular IISM protocol, are successfully treating DMD patients attending the Government Ayurveda Hospital at Osmanabad, by prolonging their life-span with better quality-life.

In this review, we have established a certain relationship in between the pharmacokinetics of IISM protocol and the dystrophin genes. Actually dystrophin is responsible for the linkage of the sub -sarcolemma membrane cytoskeleton to an extracellular glycoprotein which binds laminin. So dystrophin-deficient muscle fibres lack the normal interaction between the sarcolemma and the extracellular matrix. This

disruption in the linkage causes an increased osmotic fragility of dystrophic muscle. It also causes alteration of specific Ca²⁺ regulatory mechanisms. These both can result in an excessive influx of Ca²⁺ ions in dystrophic muscles. This breakdown of the sarcolemma membrane leads to muscle necrosis and the basal lamina seems to separate from the sarcolemma in early stage of DMD.

We have elaborated that this pathology in DMD, is the result of the defective combination of Pruthvi and jala mahabhuta. These both mahabhuta, are actually responsible for the proper binding of two entities, but the deranged combination of these two, causes deviation from the binding function, which can be observed as muscle cell necrosis and ultimately muscle weakness in DMD.

In this review, we have illuminated the pharmacokinetics of the IISM protocol used by Dr TY Swami and his team as a successful remedy in the treatment of DMD.

Key words: - DMD, dystrophin, IISM protocol, Ayurveda

AYURVEDIC MANAGEMENT OF GRAHANI (IBS): A CASE STUDY

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ABSTRACT

In present era Grahani Roga is common GIT disorder affecting the normal life style of approx. Every individual at one time in their life suffered from symptoms like abdominal pain, altered bowel habits, nausea, rectal mucus, feeling of incomplete defecation, In modern science above symptoms correlated with IBS (Irritable Bowel Syndrome). In this case an effort was made to treat a 27 years old male patient having symptoms Muhurbaddha Muhurshithil (altered bowel habit), Apakwa Malapravritti (Stool with mucus), Udarshool (abdominal pain) with Pichhabasti (medicated enema), Shirodhara (pouring oil on head) and oral medications. At the end of 60 days of treatment patient got significant improvement in symptoms.

Key words- Grahani, IBS (Irritable Bowel Syndrome), Pichhabasti, Oral medication

UNDERSTANDING IMPORTANCE OF AYURVEDIC DIET IN YOGA WITH W.S.R.DRAVYAGUNVIGYANA

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ABSTRACT:

Yoga is blend of physical, mental and spiritual practices done for well-being of person. The concept of yoga is given by patanjali which is consist of eight limbs as yama,

niyama, aasana, pranayama, pratyahara, dhyana, dharana, samadhi. In Ayurveda, Acharya sushruta defines swastha (healthy) as balancing state of aatma, indriya and mann. In the same way yoga also gives healthy life by balancing physical and mental state. Diet (aahar) is one of the pillars (upstambha) of ayurveda and is essential for the smooth running of life. In charaka, anna is agryadravya and considered as sustainer of life. All dietary articles are composed of panchmahabhutas. Healthy life is maintained by balancing the tridoshas which are derivatives of panchmahabhuta, According to dravyagunavigyana each element including ahara consists of saptadartha as dravya(drug), rasa(taste), guna(physical properties), veerya(potency), Vipaka(drug metabolism), prabhav(nonspecific activity) and karma(pharmacological action). In ayurveda different types of aahardravyas are explained in bruhatrayee. Ayurvedic classics also explain swasthahitkar dravya, agryadravya, aharkalpana, dincharya, rutucharya, aharvidhividhan, pathya-apathya dravya that means it clarifies healthy life style with healthy diet. Yogic literature had not specified any diet regime for maintaining physical, mental and spiritual health. But they had summarized it in sattvic ahara. So it is necessary in present era to bring about awareness towards ayurvedic diet and yoga.

Keywords- Aharadravya, health, lifestyle

ACUTE PAIN MANAGEMENT IN GRUDHRASI BY AGNIKARM W.S.R. SCIATICA

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Abstract

Today people are predisposed to various disease based on their way of the living and occupation. Orthopaedic disorder are common disease due to occupation posture, long standing or sitting job work. One of the most common is grudhrasi which is correlated to sciatica in contemporary science. Grudhrasi is a ruja pradhan nanatmaja vata vyadhi. It cripple the life of patient by continuous radiating pain (spikh-kati-prushta-uru-janujangha-pad kramgat vedana) in leg while walking or rest as well. This symptoms can be correlated with sciatica .sciatica is very painful condition in which pain begins in lumbosacral region and radiating along the path of sciatic nerve.

Here in this study we are going to present a case study on grudhrasi and its acute management. Instant relief from severe pain in grudhrasi obtained by agnikarm and samprtibhang is obtained by herbomineral drug with panchkarm.

Keyword – Grudhrasi, Sciatica, agnikarm

STANDARDIZATION OF HERBAL MEDICINE

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ABSTRACT

Ayurvedic Medicine implies knowledge of prevention, diagnosis and elimination of physical, mental And social imbalance. Nowadays Increased demand of Herbal Medicine and its low production causing adulteration,substitution which is harmful to human being .Therefore Standardization of herbal medicine is necessary. Standardization is an essential measurement for ensuring quality control of herbal drug. Herbal product studies cannot be considered scientifically valid if the product tested has not been Authenticated and characterized in order to ensure reproducibility. This paper includes need of standardization of herbal medicine and methods used to standardize the Herbal medicines.

Keywords:Standardization, Herbal, Medicine

COMPARATIVE CLINICAL EVALUATION OF AYURVEDIC DIET PLAN AND STANDARD DIET PLAN IN CHILDHOOD STHAULYA (OBESITY)

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ABSTRACT

Childhood obesity has reached epidemic levels in developed as well as in developing countries. Overweight and obesity in childhood are known to have significant impact on both physical and psychological health. Overweight and obese children are likely to stay obese into adulthood and more likely to develop non-communicable diseases like diabetes and cardiovascular diseases at young age. Foods which are mentioned in Ayurvedic textbooks for the management of obesity are aimed to pacify kapha Dosha and Medodhatu, cause downward movement of vata, are rich in dietary fibre and have low glycaemic index. Aim of these studies to evaluate the efficacy of Diet which is mentioned in Ayurvedic textbook in the management of obesity. 40 subjects with features of obesity as per classics and BMI (body mass index) more than 25 kg/m² were included into study. In Ayurveda diet group, diet which contains horse gram, barley, green gram etc. was advised. In standard diet group, the standard diet menu was followed according to ICMR

guidelines. Both groups were given 1100 kcal diet for 1-month, Brisk walking 20 minutes, 25 sit ups, cycling 15 minutes, jogging 20 minutes. All participants were assessed before and after Parameters were used to asses is BMI and weight /height ratio.

Keywords: *Sthaulya, obesity, diet, exercise, Ayurveda.*

CONCEPTUAL AND PHARMCEUTICAL STUDY OF TAMRA PARPATI

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ABSTRACT

Success of every pharmaceutical work depends on literature search as well as practical experiences. Parapatikalpana is one of the most important sagandha sagni parad murchana. It is also called as Pot bandha of Parad. There are different types of parpati described in literature. The references as per rogadhikar varies in different texts. Tamra parpati is mentioned for kushta, kasa and shwasa rog chikitsa. The ingredients and quantity of ingredients also varies from text to text. So the proper literature search is very important during research work. In Rasashastra the siddhilakshana of every formulation is mentioned but it should be tested as per modern parameters of pharmaceutical procedures. The madhyampaki parpati is said to be good quality parpati but at which temperature madhyam paka of parpati occurs it is not mentioned in the text. So the research work is to be undertaken to study the literature of Tamra parpati as well as to observe the important steps of pharmaceutical work of Tamra parpati with Ayurvedic and modern parameters.

Keywords: *Pharmaceutical, Tamra, Parpati*

RASAYANA PLAY IMPORTANT ROLE IN HYPOTHYROIDISM

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ABSTRACT

Rasayana Chikitsa is a unique branch of Ayurveda. Rasayanaconcept is useful to overcome challenging diseases to modern medicine. Hypothyroidism is a commonly prevailing disorder in adult Indian population. It is second only diabetes mellitus as the most common endocrine disorder. It is a clinical syndrome resulting from deficiency of thyroid hormones due to their insufficient synthesis which in turn result in a generalized slowing down of metabolic process. Hypothyroidism is a common condition with various

cause autoimmune, iatrogenic, transient thyroiditis, iodine deficiency congenital, secondary hypothyroidism, but autoimmune disease and thyroid failure following surgical treatment for over 90%, expect in areas where iodine deficiency is endemic. Women are affected approximately six times more frequently than men. This review focuses on Ayurvedic drugs like plants, minerals in single or compound form in various research institutes and articles. A list of Ayurvedic drugs related beneficial in treatment of Hypothyroidism is compiled. These include Lahsuna, Shilajita, Bhallataka, Chitraka, Punarnava etc.

Keywords: Rasayana, Hypothyroidism, endocrine disorder, Ayurveda.

EFFECT OF JATAMANSI (NORDOSTACHYS JATAMANSI) ON BLOOD PRESSURE IN RAJONIVRITTI KALA (MENOPAUSE)

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ABSTRACT:

As Men and women became older, they go through different prospects of age. So as far as women is concerned, the phase of 'Rajah Pravritti' and 'Rajonivritti' i.e. menopause have great importance and influence on their physical, psychological, social as well as emotional existence. After Rajonivritti, the blood pressure may raise because of many reasons like anxiety, depression, hot flushes, etc. It has been observed that normally blood pressure is on lower side in premenopausal women than in men. However, after menopause, the prevalence of hypertension in women is higher than men. The present study was carried out on 30 post menopausal female patients having slightly increased blood pressure with Jatamansi Churna for a period of 28 days with lukewarm water as a Anupana. Follow up was taken on 7th, 14th, 21st and 28th day of treatment. Observation was done before treatment i.e. on 0 day and after treatment i.e. on 28th day. The present study mainly highlighted on the effect of Jatamansi churna on blood pressure in Rajonivritti Kala (Menopause).

Keywords: Rajah Pravritti, Rajonivritti, Jatamansi Churna

HRUDYA – SHONIT KAPH PRASADAJ BHAV

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ABSTRACT:-

Hrudaya is most important marma and pranayatana. It is also moolsthana of rasa and raktavaha srotas. Hrudaya is Chaitanyasangraha and site for mana, budhi, oja, chetana. Hrudaya is described as "pundarika sadrusham" just like the bud of lotus, which is directed downwards, by Acharya Sushruta (su/sharirsthana-4/31).

Hrudaya is made up of specilised tissue called myocardium with four chambers of valves in between them and working in rhythmic manner continuously. In ayurveda myocardium can be correlated with mamsa dhatu and those rhythmic contractions are due

to vayu specially prana and vyana vayu. Hrudaya is sthana of sadhak pitta,avalambaka kapha and oja.

Role of dosha's has mentioned in development of various organs but the role of shonita and kapha in development of Hrudaya has to be clarified and the statement "shonita kapha prasadjam hrudayam" has to be supported authentically.

Key Words :- hrudaya, kapha, shonita,dosha.

A STUDY OF SHATKRIYAKALA AND ITS IMPORTANCE IN AYURVEDIC TREATMENT

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ABSTRACT:

An important goal of Ayurveda is identify a person's ideal state of balance determine where they are out of balance. In Ayurveda prevention of all type of diseases is most important than treatment. Hence for prevention of disease Ayurveda gives us more preventive options as dinacharya, rutucharya, aahara, vihara etc. which are applied properly at initial stages of disease is more important. For proper diagnosis of disease Sushruta gives an idea about different phases of diseases formation in the form of Shatkriyakala. In modern medicine same concept explained under the heading of Natural history of Disease. Through the knowledge of shatkriyakala (natural history of disease) the object of Ayurveda i.e. positive and holistic health can be achieved by maintenance of the equilibium of dhatus with various factors. By knowing shatkriyakala and natural history of disease the physician can gives the treatment to the pre-defectinve sites i.e. kha vaigunya. The principle of shatkriyakala could be of immense help to physician who is interested to stop the process of disease progress of an individual and in the community also. So through this paper we have made an attempt to highlight its importance in clinical practice. This paper is focus on the physiological concept of Shatkriyakala.

Keywords: Ayurveda, Shatkriyakala, natural history of disease, sanchaya, prakopa, prasra.

EFFICACY OF HERBAL DRUGS IN UROLITHIASIS

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ABSTRACT:

Recent years have seen dramatic advances in phytotherapy for urolithiasis. An unavoidable interest in this, results in an expense of more than \$1.5 billion annually in the United States. Although phytotherapeutic extracts are popular in folk culture, review of

literature suggests that very few studies have been done on the exact clinical role, efficacy and side effects of these herbs after long-term consumption. Correspondingly potential acceptance of this herbal therapy as an alternative or an adjunct to classic medical therapy remains to be determined. An increased excretion of urinary citrate, decreased excretion of urinary calcium and oxalate, and diuretic and antiseptic features are only some of the known mechanisms of these extracts.

Keywords: Folk culture, clinical role, efficacy, side effects, classical medical therapy, innovative study.

CRITICAL REVIEW OF AHAR IN DIFFERENT RUTUS FOR MAINTAINCE OF HEALTHY LIFE STYLE

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ABSTRACT:

Main objectives of Ayurveda have been divided into two aspects namely swasthya swasthya rakshanam- To protect and maintain the health of healthy person(preventive and social medicine) Aturasya vikar prashamanam-To treat the disease and giving relief to sick persons (therapeutics). Ritu means season and charya means following or discipline. Ritucharya in simple words means seasonal routine. Ayurveda divides the whole year into 2 kalas on the basis of position of sun; A) Aadaan kaal (uttaraayan) B) Viserga kaal (Dakshinayana). A year consists of six seasons namely Shishir (winter),Vasanta(spring),and Grishma(summer) in utarayana. Varsha (monsoon),Sharata (autumn) Hemanta (late autumn) in Dakshinayana . Ahar plays important role for maintaing to good physical and mental health. If we follow rules for compumption of food during six rutus it act as Amruta . In this review various regimens in diet in different rutu as mentioned in the classics of ayurveda and their importance has been discussed. This study was done to converse on proper way of compumption of food in different Rutus as it is one of the most important pillar of human life.

KeywordsRutu, kaala, charya,uttaraayana,Dakshinayana.

**A CRITICAL REVIEW OF AYURVEDIC CONCEPT
OF BALANCED DIET****Dr.Payal.D.Gaikwad***PG Scholar, Department of Kriya Sharir, Government Ayurved College, Nanded.***Dr.Sampada.S.Sant***H.O.D of Kriya Sharir Department, Government Ayurved College, Nanded***ABSTRACT:**

Ayurveda is ancient science of life. There is given a lot of importance to healthy diet in ayurveda. According to Ayurveda. One should consume diet in proper quantity and according to Agni bala. Balanced diet is necessary for body and all of its systems to function properly. It will help to maintain healthy weight and reduce body fat. It will provide energy and good sleep. Good nutrition is an important part of a leading healthy lifestyle. According to modern science, a balanced diet that contains the proper proportions of Carbohydrates, Fats, Proteins, Minerals and Water necessary to maintain good health. However in Ayurveda, they have mentioned earlier about balanced diet which is similar to modern science. Acharya Charak has explained Nitya Sevaniya Dravyas in Matrashitiya Adhyaya. Nitya Sevaniya Dravyas includes Sathesali (Rice) which contains Carbohydrates. Mugdala (Green Lentils) which is rich in Proteins, Saindhav (Salt) which contains Minerals, Avala contains Vitamins, Java Pitha contains Carbohydrates, Antariksha jala (Water), Godugdha (Milk) contains fats, vitamins. Sarpi(Oil) contains Fats, Jangal mansa (Meat) contains Proteins, Madhu (Honey) contains Carbohydrates. Nitya Sevaniya Dravyas means the materials which we should daily consume. This is how ayurveda has mentioned the balanced diet thousand years ago which is rich in all the constituents which are mentioned in balanced diet as per modern science.

Keywords - *Nitya Sevaniya Dravyas, Agni bala, Matrashitiya Adhyay.*

**AYURVEDIC MANAGEMENT OF ANKYLOSING SPONDYLITIS W.S.R. TO
ASTHIMAJJAGAT VATA: A CASE STUDY****Vd. Vishranti Sambhaji Jumna,***PG Scholar, Kriya Sharir Department, Government Ayurvedic College, Osmanabad.***Guide Dr. V.S. Shinde,***Department of Panchakarma, Government Ayurvedic College, Osmanabad.***Dr.R.S. Dhimdhime,***Head of Kriya Sharir Department, Government Ayurvedic College, Osmanabad.***ABSTRACT :**

Ankylosing spondylitis (AS) is a type of arthritis which predilection for the sacro-iliac joints and spine. It is characterized by progressive stiffening and fusion of axial skeleton so, known as Spondyloarthropathies (SpA), which shows a strong association with

the genetic marker HLAB27. Prevalence estimates vary between 0.1% and 2% in different populations. The male:female ratio is around 5:1, and the peak age of onset is at 15-35 years. Because of its insidious nature, the diagnosis is sometimes delayed until late stages of the disease. Till today, there is no satisfactory management of the disorder is available in modern medical science. From the Ayurvedic perspective, the disease can fall under the 'Asthimajjagat vata'. Various Panchakarma procedures like 'Katibati and Manyabasti' (with Mahavishgarbha tail), Majjabasti (with bone marrow of billy goat) and Nasya (nasal drops with Anutail) combined by Shaman Chikitsa (conservative treatment) with Bhodhivruksha kashaya, Asthimajjapachak kwath, Kaishor guggul, Erand tail with shunthi kwath and Rasnasaptak kwath etc. have been found effective in reducing the progression of the disease. Patient's condition was assessed for the symptoms of Asthimajjagat vata. Asthi-majjagata vata forms asthi-majja kshaya. Dhatukshayatmak samprapti is done with nirupsthambhit vata in Asthi-majjagata vata and line of treatment was followed accordingly. The drugs and procedure mentioned in Asthimajjagata vata were followed and showed significant results. This study presents a single case report in which Ankylosing spondylitis (AS) may be successfully managed with Ayurvedic treatment.

Keywords : Ankylosing spondylitis, Asthimajjagat vata, Majjabasti, Bhodhivruksha Kashaya.

VAKSHA MARMA

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Marma sharir is one of the important subjects in Ayurveda. Acharya Sushruta mentioned Marma in Sharir Sthan chapter no. 6. Acharya considers the Marma as a vital part of our body. Which when injured can lead to the termination of life, disability or pain. The detail of Marma presents not only in Samhitas but also present in Vedas, Upnishads, Purans.

Marma is defined as anatomical site where five structure i.e. Mamsa, Sira, Snayu, Asthi and Sandhi meet together (S.Sh.6/2). Acharya Vagbhata says that those sites which are painful on application of pressure and shows abnormal pulsation should be considered as Marmas (A.H.Sh.4/2)

If the Marma are injured, they either can result into death or can cause various diseases or deformities which are difficult to cure.

There are 107 such vital points in our body. Distribution of marmas in body

- *Shakha-11 in each = 44*
- *Madhya sharir = 26*
- *Urdhvjatru = 37*

Acharya sushruta mentioned 9 vaksha marmas in vaksha. Their names are shtanmula(2), shtanrohit(2), aplan(2), apstambh(2) and Hridaya(1)

Marma are the vital part of our body. In vaksha 9 Marmas are present. Injury to these Marmas can causes thereafter death after few days provided injury to hridaya marma can cause death immediately.

Keywords: *Vaksha marma*

ROLE OF YOGA AND DIET THERAPY IN POLYCYSTIC OVARY SYNDROME (PCOS)

Dr. Priyanka Salunkhe

ABSTRACT :

Yoga is a group of physical, mental and spiritual practices originated in ancient India. It is considered as part of rejuvenation practice of Ayurveda. It is very useful to control over mind and body. Stress is an important causative factor which leads to hormonal disorders. Yoga poses help to enhance blood supply to brain which in turn aids to restore hormonal balance. Polycystic ovary syndrome (PCOS) is a hormonal disorder common among women of reproductive age group. It is believed that genetic predisposition and lifestyle factors contribute to etiology of PCOS. Characteristic features of PCOS are obesity, multiple ovarian cyst, elevated level of androgen and absent or irregular menses. It is accompanied by different health issues many of which directly impact on fertility. The relaxing and rejuvenating power of yoga helps a lot in dealing with PCOS symptoms. Insulin resistance is a contributing factor in PCOS. Diet low in carbohydrate, high dietary fiber and low in glycemic index help in reducing insulin resistance and improving quality of life. Healthy lifestyle which has equal balance of diet and exercise essential for maintenance of PCOS effectively.

Keywords : *Yoga, PCOS, Ayurveda, Diet, Hormonal disorder.*

A CORELLATIVE STUDY OF DEHAPRAKRUTI AND GLUCOSE TOLERANCE

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ABSTRACT:

Ayurveda, states that the basic constitution of human being is determined at the time of conception, this constitution is called “Prakruti”. Prakruti is physical and psychological constitution of the individual which is determined on the basis of three Doshas. According to Ayurveda some diseases are prone to specific Prakruti. Now a days diabetes has been recognized among a large number of people. In the present era due to stress, hormonal changes, bad dietary, regimen habits, change in life style, number of young individual suffering from very challenging condition like Pre-diabetic condition.

Oral Glucose Tolerance Test is one of the reliable test to diagnose the patient in prediabetes phase. One in three individuals with IGT will develop type 2 diabetes within 10 years, if left untreated. The main and first aim of Ayurveda is to maintain the health of an individual rather than to treat the diseased one. Prameha is Tridoshaj Vikara but dominantly involves KaphaDosh. AS it involves all three doshas in formation of disease, it is interesting to see is there is any relation of prakruti and prediabetes, because in the formation of prakruti dosha plays an important role.

In this study it is attempt to find out the prakruti which is at risk of prediabetes (impaired Glucose Tolerance) to rule out basic principle working behind it. AS well as effect of optimal exercise in impaired glucose tolerance to prevent diabetes in very early stage.

Key Words- Prakruti, Prediabetes, Impaired Glucose Tolerance.

A FOCUS ON FUNDAMENTAL CONCEPT OF TRIDOSH AND MANOVAHI SROTAS WITH RELATIONS TO PSYCHOLOGICAL DISEASES

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ABSTRACT-

Ayurveda, the ancient science of life, health and cure originating from India adopts its own holistic biology based on the theory of Triguna, Tanmatra, Tridosh,

Saptadhatu, Ojas, Agni, Ama, Srotas and Marma. It is distinctly different than the conventional modern biology which is largely based on reductionistic approach of classical Newtonian physics, in contrast to Ayurvedic biology- seems to be based on an integrative vision resembling quantum logic of modern science.

Research is the prime need of contemporary Ayurveda. Ayurveda needs research designed to test and validate its fundamental concepts as well as its treatments. In this context, if Ayurveda is to be truly explored and validate in all its aspects, scientific inputs should conform to Ayurveda's principles and philosophy. Such research will require teamwork between scientists and Vaidyas based on truth and trust.

In present research methodology is attached with Ayurveda so that we can validate the basic principles and fundamentals of this precious medical system. Hence evidence based research is highly needed for global recognition and acceptance of Ayurveda. This paper will focus a light on Tridosh and Manovahi srotas and its relation with psychological diseases.

Keywords; *Triguna, Tridosh, Manovahi srotas.*

A REVIEW ON CONCEPT OF SROTAS

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ABSTRACT-

Ayurveda is made up of two basic terms viz, 'Ayu' and 'Veda' wherein 'Ayu' stands for life and 'Veda' means science or knowledge, thus Ayurveda means 'the science of life'. Ayurveda is an ancient Indian medical science that focuses on the equilibrium of body, mind and soul. Our human body is made up of Srotas (macro and micro channels). Channels of circulation or tracts within the body are called Srotas. They are named so because of their tendency of trickling or oozing (sru: 'to flow') of secretions through them. They are the pathways (Ayana), for the nutrient products; waste-products and Doshas during the process of metabolism. Smooth flow of material inside srotas or channels leads to health & fitness. Srotas enable their product to reach their destination (viz. assimilation of nutrient substance by different parts of the body, or elimination of waste products from the body.) They transport the Dhatus which are undergoing transformation. They are physical structures (murtimantha), and specific in their functions. While the basic sites of srotas with different function are fixed depending on the biological material they are carrying, their openings are innumerable. The srotas can be compared with the unicellular end structures like capillaries or alveoli of lungs. Srotas concept is very significant from clinical point of view. Obstruction in srotas initiates the disease process intracellular to system level. Therefore in this article we focus on the concept of srotas.

Key Words –*Srotas, Ayurveda, Channels,*

CONCEPT OF OJAS AND ITS CLINICAL IMPORTANCE**Vd. Archana Uttamrao Kalyankar**

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ABSTRACT:

Ayurveda is essentially the science of life. Ayurveda has scientific background and will provide stimulus to new and original renovation from the remodelling of theories and concept. One of the basic fundamental concept or view of Ayurveda is Ojas. Oja is the essence of dhatus, which gives strength to the body, improves immunity power and takes care of well being of the body. Ojas means "vigor and in ayurvedic literature, Bala, Prakriti and Kapha these types of words are used as synonym of Ojas. It is present throughout the body like, ghee exists in the milk or honey exists in the flower. Ojas is responsible for consciousness, purity in thoughts, health, and positivity in feelings in every situation, better immunity, longevity, intelligence and memory. So according to ayurveda oja is one of the most important elements for maintains and sustenance of life. All human beings are well nourished by Ojas and its decrease leads to the cessations of life. It controls and regulates the whole working system of the body, so it has more clinical importance. It provides strength in the form of physical, mental, immunological and resistance to the body. Due to stress, depression and other etiological factors, ojas gets affected. And it leads to the condition of ojakshaya , It is difficult to define Ojas as per modern methodology. In this study attempts to create certainty of Ojas understandable in scientific way and its over all effects on human body which will be helpful for scholars in treatment of diseases and advising precautions.

Keywords: Oja, Bala, Sarvdhatusaar, Parakriti

A REVIEW ON CONCEPT OF KALA SHARIR^{1*}Vd.vikas Ashok kashikar , ²Vd.Suryakant D Rokade.¹PG Scholar, Dept.of Rachana Sharir, Government Ayurved College Vazirabad Nanded²Head Of Department and Professor, Dept.Of Rachana Sharir, Government Ayurved College Vazirabad Nanded – 431601**ABSTRACT:**

Ayurveda is the science of life. Shushruta was an ancient indian physician known as main author of the treatise and the father of surgery. At that time Ayurvedic rachana sharir is developed science. He written the various concept of rachana sharir and its brief knowledge in Sharirsthana. Kala sharir is important concept of Ayurvedic rachanasharir. Study of kala is important in study of human physiology along with the anatomy. Kala means layers or membranes of our body organ. According to sushruta, kala is dhatu aashaya antara maryaadaaha i.e the separator of dhatu and its Ashaya.

The specific kala is located at specific sites. Seven kala are mention by Acharya sushruta Mansadhara, raktadhara, medodhara, sheshmadhara, purishdhara, pittadhara, shukradhara. Hence its need to interpret and understand the concept, to clear knowledge about kala and its correlation with the modern science.

PHYSIOLOGICAL ASPECT IN THE AYURVEDIC MANAGEMENT OF HYPOTHYROIDISM: A CASE STUDY

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ABSTRACT:

Hypothyroidism is the under activity of the thyroid gland that leads to inadequate production of thyroid hormones and a slowing of vital body functions. Hypothyroidism is the most common endocrine disorder observed in 5% population, mainly females in present time. Thyroxin is the only means for combating this problem in the patients of hypothyroidism. External thyroxin supplementation is not only a burden but it leaves the patients without actually treating the underlying cause. Ayurveda plays an important role to rule out the underlying cause and treat it. As Charakacharya said that, there is no need to give name to every disease; infact Dosha-Dushya samurchhana is important to treat any disease. As physiological aspect in Ayurveda, this case can be correlated with Kapha dosha dushti, Rasavaha Strotasa dushti, Meda dushti and Manovaha Strotasa Dushti. Kapha has being vitiated by its Manda, Guru and sheeta guna. The thyroid gland is part of the Rasavasa strotas as it is mainly a hypervascular epithelial tissue. Rasa and Kapha Dushti simluteniously leads to Meda and Manovaha Strotasa Dushti. All vitiated dosha-dushya had shown their won symptoms. In this case study, the primary aim was to focus physiological aspect in the Ayurvedic management of Hypothyroidism. Patient was treated by oral medications and Panchakarma therapies like Vamana, Shirodhara, Nasya, etc. Mainly, the treatment had focused on Kapha dosha, Rasa and Meda dhatu as well as Manovaha strotasa.

Keywords: *Hypothyroidism, Kapha Dosha, Medovaha Strotasa, Manovaha Strotus, Rasavaha Strotasa.*

AYURVEDIC MANAGEMENT THROUGH DIET IN PRIMARY DYSMENORRHEA-A REVIEW

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ABSTRACT :

Dysmenorrhea is the most common gynecological problem among females and it is defined as cramping pain in the lower abdomen occurring just before or during

menstruation. Despite the high prevalence, dysmenorrhea is often poorly treated, and even disregarded, by health professionals, pain researchers, and the women themselves, who may accept it as a normal part of the menstrual cycle. This problem occurs because of luxurious life, lack of physical exercise, oily, spicy and salty constituents of food. Due to laziness, eating and timepass habits females do not take care of their personal hygiene. This subject is chosen because females are suffered by this problem commonly and it's enough to disturb the daily work, in this subject I explained that what diet must be taken in this menstrual phase to avoid other complications.

Keywords- primary dysmenorrhea, menstrual cycle.

ROLE OF DIET & YOGA THERAPY IN LIFESTYLE DISORDERS

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ABSTRACT: -

Today Lifestyle disorders are a big problem for our society. Today more than five of ten biggest killing diseases are caused by carelessness, ignorance and irregularities of humans. Among lifestyle disorders following are most endangering to human beings now a day. E.g. Obesity, Cardiovascular diseases, Diabetes, Arthritis, Spinal Problems, Carcinomas of different body parts, Dementia, Depression and Anxiety.

Ayurveda is a harmony with nature. Ayurveda promotes a lifestyle by planning of Daily and **Seasonal** Routine with proper diet and yoga. Daily routine in Ayurveda is known as **Dinacharya**. These includes all activities from wakening up to sleeping; included Wakening Bramhamuhurta, Sauchvidhi, Achamana, Dantadhavana, Anjana, Nasya, Dhumpna, Tambul sevana, Abhyanga, Vrutti, Vyayama, Anapanavadhi, Sadachara and Ratricharya. It will help to balance the Doshas of an individual, without disturbing their activities.

Seasonal Routine is known as **Ritucharya**. Ritus have great influences on human beings. To maintain health and to remain in harmony with the nature and our own Doshas, one should follow certain regimes and should avoid certain things both in Ahara and Vihara. Ayurveda has explained these regimes in details.

In the past few years, Yoga has remained a centre of attraction for therapeutic purpose for life style disorders. Studies reports of various researches also prove the beneficial effect of yoga in these conditions. All detail will be discussed in full paper.

Keywords:- Lifestyle Disorder, Dinacharya, **Ritucharya**, Diet, Yoga.

A CRITICAL APPRAISAL OF YOGA AND DIETETICS IN THE MANAGEMENT OF CLINICO-DISTURBANCE OF THE CIRCADIAN RHYTHM.

Dr. Sharvari Chavan, Rachana Sharir

ABSTRACT:

Life forms on our planet have evolved under supremacy of a daily light and dark cycle. Humans too evolved being exposed to different spectra of light in the morning, late afternoon and evening. Exposure to the appropriate spectrum of light enhances human health and wellbeing, immune response and productivity. This appropriate light exposure through the eye modifies 'The Circadian Rhythm' which is basically an ~ 24 hour internal clock that is running in the background of our brain coordinating between sleepiness and alertness at regular intervals. Nevertheless in the era of modernization humans have been facing complex health challenges. While prevention, vaccination and treatment for infectious diseases have prolonged life span on one hand; on the other a stressful and exhaustive competitive world has ruined the quality of life leading to various lifestyles, psychosomatic and metabolic disorders eventually disrupting this circadian rhythm. Treating these disturbances in the circadian rhythm has been challenging as the modern pharmacological approach to disease management is insufficient at times. Thus the present article to the possible extent briefly correlates and describes the circadian rhythm and its disturbances from the Modern and an Ayurved aspect. It peculiarly emphasizes on critical evaluation of the effect and potential benefits of Yoga and Diet therapy, including current research findings and safety concerns, and ways to integrate Yoga and Dietetics as complementary therapy to synchronize the clinical disturbances in the circadian rhythm.

Keywords: *Circadian Rhythm, Yoga, Dietetics, Ayurved.*

AYURVEDIC MUTRAPARIKSHAN – A DIAGNOSTIC METHOD AND ITS CLINICAL IMPORTANCE

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ABSTRACT

Ayurveda, the Science of life or longevity, is the holistic alternative science of medicine. It is believed to be the oldest healing science in existence. In Ayurvedic texts three malas are described - Mala, Mutra and Sweda. According to Acharya Charak "Dosh, dhatu and mala are the basic roots of Sharira. It is necessary to diagnose the disease after proper examination and treatment is to be given accordingly. There are many diagnostic tools of examination, Different methods of examination have been explained in classical texts of Ayurveda which will be helpful in diagnosis of a disease, estimating the status of Rogibala And Rogbala etc. Acharya Charak have been explained Trividh and Dashvidh Pariksha, Acharya Sushrut have been explained Shadvidh and Dashvidh Pariksha and Yogratnakar have been explained Ashtavidh or Ashtasthan Pariksha. Yogratnakar elaborates the importance of Vyadhi Vinishchaya. It is essential that physician should examine the Rugna and come to the proper diagnosis, knowing fully about the nature of diseases and should commence the Chikitsa by administering suitable Aushadha.

Yogratnakar provides a clear picture of illness and healthy condition through Tailbindu Pariksha, one among the Ashtasthan Pariksha as a diagnostic tool of urine examination. The main objective of this paper is with the help of mala and mutra pariksha, one can proceed towards confirm diagnosis. The clinical importance of mutra pariksha with tailbindu will be discussed in full paper in detail.

Keywords: Ayurved, Mutra, Pariksha, Yogratnaka, Tailbindu.

ROLE OF PRATIMARSH NASYA WITH ANU TAILAM IN STRESS EXACERBATED ACNE VULGARIS (MUKHDUSHIKA)- A CASE STUDY

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ABSTRACT

We live in a world over-run by stress. The unforgiving pace and complexity of modern life has greatly challenged our ability to live healthily and fully in the present moment. As a result, we can witness the intricate relationship between stress and skin conditions, documented since ancient times. Recent clinical observations also link psychological stress to the onset or aggravation of multiple skin diseases such as eczema, psoriasis, acne vulgaris, seborrheic dermatitis, vitiligo and so on.

In classical texts of Ayurveda, various measures of detoxification have been mentioned amongst which “The Panchkarmas” have said to be highly effective in preventing as well as curing several diseases. Nasya(nasal administration of drug) is considered as a gateway to access & cure the diseases occurring above the collar bone[5]. Also Acharya Vagbhata has mentioned Nasya therapy in the line of treatment of mukhdushika i.e. acne vulgaris[1]. Pratimarsh Nasya-a type of Nasya is indicated as a daily regimen to maintain healthy nasal passage by Acharya Charaka[4]. Anu tailam is a classical ayurvedic preparation known for its Stroto-Shodhan karya which helps to open deeper channels and as a result lower stress levels and thus stress exacerbated acne vulgaris.

Thus, a single case study will be analysed here to study the role of Pratimarsh Nasya with Anu tailam in stress exacerbated acne vulgaris.

Keywords- Stress and skin, Mukhdushika, Pratimarsh Nasya, Anu tailam.

ROLE OF SURYANAMASKARA IN POLYCYSTIC OVARIAN DISEASE- A CASE STUDY

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ABSTRACT:

The patient of Polycystic Ovarian Disease (PCOD) came at hospital, had complaint of irregular menstrual cycle, stress, obesity, hairfall. Sedentary lifestyle and Apana vayu vikruti were observed in patient which is responsible for vitiation of Tridosha and Rasa, Meda, Artava Dhatu as well as their Srotasa. In such condition Yoga posture of Suryanamaskara were advised and follow up taken for four month. Some significant results were observed. By practicing Suryanamaskara with Pranayama exercise were helpful to rejuvenation of physical and mental health by increasing the metabolic function of Agni and Satva Guna in the body. Also facilitate to regulate menstrual cycle, reduce BMI (obesity) and hairfall by removing obstruction in the Srotasa. So it is advisable in the management of PCOD.

Keywords: *Suryanamaskara, PCOD, Apana vayu, Obesity*

THE ROLE OF GOKSHUR CHURNA IN THE MANAGEMENT OF MUTRASHAMARI – A CASE STUDY

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ABSTRACT:

In Ayurveda text, Urinary calculus has been described in detail under the heading of Mutrashmari. Acharya Sushrut has described that Ashmari is a surgical condition. In India 5-7 million people are suffering from this disease, it occurs in both sexes but it is commonly found highly in men and is becoming more common in young women. Urinary calculus have peculiar tendency of recurrence, despite of their surgical removal which prove that

surgery only cannot become effective part of treatment. To avoid the incidence of recurrence of stone and in search of an effective conservative treatment, work on gokshur churna has been taken. In Ayurveda gokshura (tribulus terrestris) is used widely in the management of mutrashmari. This has vedana shamaka, mutrala and ashmari bhedaka properties in it. In the present work we have tried to study the action of gokshura with respect to disintegration / expulsion of the calculi and avoidance of recurrence .

Keywords: *Mutrashmari, Gokshura, Vedana shamaka, Mutrala , Ashmari bhedaka.*

FUNDAMENTAL RESEARCHIN KRIYA SHARIR

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ABSTRACT

Research means searching the knowledge about a suspected relationship. In Ayurveda classical texts are full of the direct and indirect references suggesting of research activity. The words synonymous with the research in Ayurveda classics are Anusandhana, Anveshana, Gaveshana, Pariksha etc. It is very essential to do the research continuously by taking the supports of the available works. Fundamental research is important in Ayurveda concept of Dosh, Dhatu, Mala, Aagni, Avaran, Aama etc. understood with the help of fundamental research. Fundamental research refers to the study that is aimed at expanding the existing base of scientific knowledge. Fundamental research is completely theoretical, that focus on basic principles and testing theories. Basic goal of fundamental research is acquisition of new knowledge, social benefits to society, economic gain. Therefore it is necessary to study fundamental research.

Keywords: *- Ayurveda, Anusandhana, Anveshana, Gaveshana, Pariksha, Dosh, Dhatu, Mala, Aagni, Avaran, Aama.*

AYURVEDIC DIET THERAPY IN CLINICAL PRACTICES

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ABSTRACT

“What we eat is what we are” is the basic principle on which our entire Ayurveda dietetics is based. Healthy diet as well as dietary habits is very important in order to maintain our human body and keep it in a disease free state. Currently many metabolic, genetic as well as other fundamental disorder result from faulty dietetics, which require correction so as to help the patient clinically. Fortunately, the ancient science of Ayurveda

has propagated various dietary principles and disease related Dietic measures, in order to combat with malicious maladies and thus restore health. Role of diet in managing these diseases with ground rules like Asta Ahara Vidhi Visheshayatan (eight fold Dietic principles of ayurveda), Rutucharya related Ahara, Dincharya related Ahara and its role to avoid \ treat clinical conditions is expounded in this paper. Ideal diet according to Ayurveda is expressed widely along with its role in managing various clinical conditions in Ayurvedic clinical branches of Panchkarma, Balroga, Striroga/prasuti tantra, Shalya tantra etc. is mentioned.

Keywords- Dietic, Asta Ahara Vidhi Visheshayatan,

ANATOMICAL STUDY OF GUDA AND STRUCTURAL CHANGES IN GUDA SHAREER IN HAEMORROID

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ABSTRACT-

Haemorhoid have been known to mankind for a long time and are one of the commonest disease to affect the human being .prime etiological factor is mithya ahaar vihaar and is unavoidable due to busy life style if arsha vyadhi is not treated in early stages it varies anatomically in grades [anatomically 4grades of arsha]in our area was observrd that percentage of patient having arsha vyadhi was high hence this problem was selected for study to give diagnostic tool and anatomical structure is the major tool for vaidyas to treat the disease

FUNDAMENTAL RESEARCH IN AYURVEDA: NEED, SCOPE & CHALLENGES

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ABSTRACT:

Ayurveda, the known traditional and conventional system of medicine has thrived since time immemorial, mainly due to its irrefutable and scientific fundamental principles. It is quite obvious that this glorious perpetuity must have some solid substantial foundation in the form of research and analysis which has to be upgraded to a level in tandem with the contemporary medical science with use of recent innovations and advancements in science and technology. Research in Ayurveda is based on various examinations or tools of

investigations signified as 'Pramana' in philosophical parlance and 'Pariksha' in Ayurvedic compendium. These methods employed in Ayurveda have to be elaborated and sufficed with the tools that augment its utility and efficacy in the contemporary medical knowledge vistas. The future prospects of Research in Ayurveda depends on the knowledge of the skills and scientific reasoning which relies on the outcome of fundamental research in Ayurveda that aims to refurbish the traditional approach still enduring in Ayurveda, in the realm of the basic principles and study them with the scientific approach based on the objective parameters. The aim of basic research in Ayurveda is to explore and develop the scientific view of the concepts and theories laid down in the classics with the necessary amendments made wherever desired keeping the fundamental principles intact. Thus, the challenge is to make Ayurveda in alliance with the contemporary progressive sciences through the systematic research activity.

Keywords: Research, Ayurveda, Pramana, Pariksha.

CRITICAL REVIEW OF OBESITY WITH SPECIAL REFERENCE TO DIET

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ABSTRACT:

Obesity is a medical condition in which excess body fat accumulated to the extent that it may have a negative effect on health. Many cause of obesity such as over eating, Hormones and lack of physical activity . India is the 3rd country in the world and having highest population of obese people in the world.

In obesity there is imbalanced state of Meddhatu, Which affect health of person it treated by losing weight. Which can be achieved through a healthy calorie controlled diet and exercise. In sutrasthanacharak best explained the roll of quantity and quality of food intake in obesity, Especially charaka has given a guidance for selection of food in health and diseases this is called Aharvidhivisheshtayana.

In obesity Diet quality can be improved by reducing the consumption of energy dense foods, such as those high in fat or sugar and by increasing the intake of dietary fibers .

Key Words: Med dhatu , Aharvidhivisheshtayana .

A CONCEPTUAL REVIEW OF AYURVEDIC PHARMACOLOGY OF HERBS USED IN INDIAN COOKING

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ABSTRACT:

Ayurveda is probably the most ancient medicine system of the world. The chief aim of Ayurveda is prevention of the disease and cure of the same if occurred. The scientists of

Ayurveda put forward various principles to be followed and adopted to acquire health, comfort, peace and finally attainment of transcendence. To be healthy, free from disease, a good diet has been given the equal importance as medicine. A famous quote “Let food be the medicine” reveals the same importance. The principles of Ayurveda also favour the importance of food in maintenance of health and prevention and cure of diseases. Indian cooking is based on the use of various herbs as spices and as adjuvant. Apart from creation of taste these spices are also useful with respect to their effects on Dosha, therapeutic effects as per Ayurveda. Various herbs like cinnamon, clove, black pepper, coriander etc. are considered as regular part of the Indian diet. The article explores a conceptual review of Ayurvedic pharmacology of herbs used in Indian Cooking.

Key-words: Ayurveda, Cooking, herbs, pharmacology

PREVALENCE OF VATAJ KASA

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Ayurveda is a well established immortal science with ageless concrete fundamentals. The human body under influence of environmental changes due to modernization resulting extensive industrialization ,population and high end social life ,improper dietary habits ,junk and fast food, over diet, environmental changes, physical stress, lack of proper sleep etc. all these factors will create Vataj kasa.

Which have become unavoidable, making kasa the most common disease to extent of 60% of total disease being recorded. Kasa classified under 5 types .Among these vataj kasa is prevalent. The prana vata along with udana vata which further gets aggravated, takes an abnormal cause through throat and month in association with other doshas and expelled out abruptly with a ‘coughing sound’ malingering the broken-bronze vessel. Signs and symptoms of vataj kasa closely resembles with Tropical pulmonary eosinophilia (TPE) of modern medicine. This affects males and females at a ratio of 4:1 often during the decade of life. India being a one the prevalence of vataj kasa is remarkably high.

Key Words: prevalence, Tropical pulmonary eosinophilia

IMPORTANCE OF MANUSCRIPTS IN OUR LITERATURE

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Abstract

Literary research means enlightens the available resources and verify the validity of previous resources with the help of study of history, culture, ancient sciences, Ayurveda, and philosophy. Most of the Ayurvedic literature is none published, non-classified so there is need of literary research today. Commentator of charaka, Sushruta and vagbhata samhita help us to know more about uncovered terms. Manuscripts is a hand written document. They are important source of traditional knowledge. The manuscript mentioned in baudha literature named as babar. Babar manuscripts includes seven manuscripts, among those three are related with Ayurveda. Three manuscripts available in kashyap samhita. On the basis of different manuscript Indian system of medicine that is Ayurveda knowledge is preserved. There is a lots of method for preservation according to national mission for manuscripts. A mission runs a network of 32 conservation units across the India. It's our duty to preserve of ancient manuscripts. Preservation is necessary for knowledge, respect, to find the truth history, historical significance, link in human progress and faith is important. So it is need of collection, publication, classification and cataloguing of ancient manuscripts for future generation and researchers.

Keywords – charaka, Sushruta, vagbhata, baudha, babar, kashyap

CONCEPT OF BUDDHI IN AYURVEDA

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ABSTRACT:

Buddhi is one of the trividha antakaranas that is Mana ,Buddhi, and Ahankara. Buddhi is derived from the vedic Sanskrit root Budh which literally means to wake ,to awake,to observe ,to attend ,to learn ,become aware of ,to know ,be conscious again. Therefore Buddhi refers to intellect ,wisdom ,and the power of Mind to understand, analyse ,discriminate and decide. Buddhi (intellectual power) of entity which retains the specific knowledge or the essence of text gained by reading, listening ,repeating it .Charaka opines buddhi as a primary factor (prakriti not vikruti) of shrutiutpatti (evolution) . The primary definition of buddhi given in the classics indicates the meaning of dicisive capacity .This capacity mainly revels the personality of man in normalacy .These definitions of Buddhi covers its two faculties that is Dhee and Dhruti. Buddhi is one of the

Guna of Atma.Acharya Dalhana given the meaning of Buddhi as Nischyatmika Buddhi which helps us in decision making.As per Ayurveda Mana(mind), Buddhi (intellect), Atma(soul), definitely plays an important role in process of memory and cognition .All the description will be discussed in full paper with the help of classics text.

Keywords:*Buddhi, Mana,Atma.*

IMPORTANCE OF AGNI CONCEPT IN TREATMENT OF ARSHADI GUD VIKAR

Dr. Ashwini Ashok Inamdar

Ayurved treatment is famous in public that an Ayurved treatment will eradicate disease from its root and it will never relaps. So to deal with Arshadi gud vikaras with Ayurved the basic causative factors are to be evaluated and to be treated. According to our Acharyas all nij vyadhi are due to vitiation of Doshas and Agni. When vitiation of Agni is corrected then disease will be corrected and it will never relapse.

Sushrutacharya in sutrasthana have stated the definition of Swasth. In this definition acharya told that Agni of swasth person must be in samavastha. Aim of ayurved is to continue the state of swasth or in other words protect the swasthavastha. So to maintain the swasthya, Agni must be in well condition.

Arsha, Atisar and grahani these three diseases are interlinked with each other by the common causative factor of vitiated Agni. To treat these condition one has to concentrate on good condition of Agni.We see in anorectal diseases after surgery patients complaints recurrence of disease is very common. To avoid it, according to acharya vgbhata if agni is properly enlighten then there is no more possibility of having Arsha or gud vikar.

A REVIEW ON IMPORTANCE OF PATHYA AND APATHYA IN HEALTH AND DISEASE.

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ABSTRACT :

The aim of Ayurveda is to maintain the health of a healthy person so that no diseases should manifest and if any disease occurs then treat it.To achieve this aim Acharyas had described various Pathya and Apathyasaklapana in various chapters such

asDinacharya (diurnal regime), ratricharya, Ritucharya (seasonal regime), sadvritta, vega dharana, Adharaniya vegas, Trividha nimitta, Panchakarma and Rasayana etc.Three important factors while dealing with the health and disease comprise first drug and therapies (Oushadha), secondly Diet (Ahara) and lastly practices (Vihara).

Ayurveda also includes Ahara as one among the tripods giving the first and foremost place to Ahara . Pathya (or a proper diet) is defined as the ahara which is congenial to the tissues of the body and relished by the person healthy, maintenance of normal body functions leads to proper functioning of the organs, nourishes the mind and intellect, prevents disease and at the same time corrects the irregularities that may occur in the body. Apathya (improper diet) is not good for health as it retard body tissues growth, increase chances of occurrence disease. If person continues to take Apathya Ahara then disease may occur in a healthy individual also. Hence this study is focused on importance on Pathya and Apathya in health and diseased condition.

Keywords- Ayurveda, Pathya, Apathaya.

ROLE OF TRIDOSHA IN MAINTAINING HEALTH -A FUNDAMENTAL STUDY

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ABSTRACT :

Ayurveda is a science of life .It is combination of two words Ayu means healthy long life and Veda means Knowledge .Vata Pitta Kapha are three fundamental bioelements of Ayurveda .Entire health resolves around these three factors. These bioelements constantly changes according to season ,age, how one drink or eat ,which may leads to disease condition .These doshas govern the function of our bodies on the physical and emotional levels .The persons said to be healthy when these doshas are perfectly balanced, Agni properly works ,wastes are properly excreted ,All the senses are blissfull that is when it is called perfect health .Tridosha siddhanta explains the physiology in Ayurveda .Imbalance between these doshas called diseased condition.The main characteristics feature of vata is that it controls all the movements in the body,Pitta controles metabolism and Kapha is watery element which gives stability to a body.To understand the diseased condition or healthy condition the concept of tridosha which already described in classical text will be reviewd and and its clinical importance will be presented .

Keywords: Tridosha ,Health.

MANAGEMENT OF PSYCHIATRIC DISORDER BY AYURVED AND YOGA

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Abstract :

Psychiatric disorders are also called mental illness. A mental health disorders characterized by persistent depressed mood or loss of interest in activities causing significant impairment in daily life. Depression is a common and serious medical illness that relatively affects how you feel the way you think and how you act. Every sixth individual needs mental help. According to WHO, Depression are most common illness worldwide and the leading cause of disability. They estimate that 350 million people are affected by depression, globally.

Depression reflects qualitative and quantitative changes in Tridosha and Triguna which create khavaigunya in Manovaha srotas. There is dushti of Manovahasrotas. The Physiological changes that occurs in psychological disorders is elaborated in this paper.

Yoga is "Chitta vrutti nirodaha" meaning that it has a stabilizing effect on mind. Yoga mainly utilizes the component of specific posture, breathing exercise and meditation. Meditation may calm and focus the mind to develop greater awareness and diminished depression. Yoga gains stability, equanimity in mental disorder. Yoga has minimal side effect and is cost effective comparison with pharmacological treatment. This study gives beneficial effects in reduction of distress, mood disorder, and metabolic regulation.

Keywords: Psychiatric disorder, Depression, Manovaha srotas, Yoga.

ROLE OF YOGA AND DIET ON OBESITY

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ABSTRACT

Obesity is a condition in which the individual has accumulated too much body fat under the belly, thigh, chin and buttocks it might have negative effect on their health. Obesity is due to an unhealthy diet and physical inactivity. According to WHO India is the third most obese country of the world, obesity shorten the life span and it also diminish the happiness and efficiency of a person. Obese peoples are prone to many other diseases like diabetes, high cholesterol, hypertension,

heart disease and the cancer. The purpose of this paper is to focus on the role of Yoga Asana in the management and control of obesity as it is a risk factor of various disease. The Yoga's practices enhance the muscular strength and flexibility of body, it also improve cardiovascular, respiratory functions, reduce depression, stress and improve quality of life as well. In present paper obesity and its treatment in view of Yoga and the diet related to it are to be discussed.

Key word – Obesity, Diet, Yoga, Asana, Medoroga

CRITICAL REVIEW OF ROLE OF DOSHA IN FORMATION OF PRAKRITI FOR MAINTAINANCE OF LIFESTYLE

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Abstract

Prakriti is Ayurveda's important concept which explains individuality of a particular person. Prakriti has an important role in prevention, diagnosis and treatment of diseases. According to Acharya Charaka, Sushrut and Vagbhata, Prakriti is formed at the time of fertilization, when sperm and ovum meets, at that time the dosha which is dominant decides the prakriti of a person. It remains constant for lifetime. It is also influenced by acquired constitution depends upon environmental factor like- climate, season, time, age, race and heredity. Synthesis of tridoshas in two stages- prakrut dosha which forms prakriti means unchanged features throughout life shows way of living i.e. lifestyle. Vaikrut dosha control metabolism also for dosha kshaya vridhhi i.e. disorder. Prakrut dosha forms 7 types of prakriti- vataj, pittaj, kaphaj, vat-pittaj, pitta-kaphaj, vat-kaphaj and sannipataj. Concept of tridosha in terms of prakrut and vaikrut dosha are related to lifestyle disorder. Samyak ahar, vihar and vichar according to doshaj praktiti and guna is helpful for personalized prevention and medication and thus to combat lifestyle disorders.

Key words: lifestyle disorders, tridosha and prakriti.

SAMANYA – VISHESHA SIDDHANT AND ITS CLINICAL IMPORTANCE – A CONCEPTUAL STUDY

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ABSTRACT :

Ayurveda is not merely the science for treating illness but also the science of life which helps to maintain health. According to Acharya Sushruta, A person is said to be

swastha only if the doshas, malas, dhatus, malas are in state of equilibrium with emotional, mental and spiritual well being. The disequilibrium of these leads to disease. Dhatu vaishmya is a stage of disease and it can be either because of vridhhi or kshina dosha, dhatu or malas. One of the basic lines of treatment for dhatu vaishmya as per ayurveda is Samanya – Vishesh Siddhanth.

Siddhanth refers to basic fundamental principles. In Ayurveda, various siddhanth are postulated. Samanya – Vishesh siddhanth is one of them which help in maintaining health as well as for treatment. Samanya is one thing that occurs in all objects and brings them into one group. A thing is same or alike to any constituent always increase that constituent in body in terms of quantity, quality or action. It causes increase in substance or padartha. Samanya theory is used in nourishment and health maintainance.

Vishesha explains about the difference between two substances in terms of quantity, quality or action. Visheshha is the root cause for specification or decrease. To manage the doshas primarily the Visheshha theory is applied. Samsodhan and Samshamana is based on Visheshha theory. Thus, Samanya – Visheshha siddhanth explains how Dravya, Guna, Karma are basic for therapeutic actions and it can be said that Samanya – Visheshha siddhanth is one of the basic line of treatment for vridhhi and kshaya of dhoshas, dhatus and malas.

Keywords: *Siddhanth, Samanya, Visheshha, Vridhhi, Kshina, Samshodhan, Samshamana.*

ROLE OF DIET IN LIFE STYLE DISORDERS.

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ABSTRACT

PCOS is largely life style disease in women of preadolescent, adolescents and adult age i. e. Reproductive age group. It is rising in India especially among young girls. Prevalence of PCOS in India was estimated to be 4% to 8% before and recently it shows 18% to 28%. Many women with PCOS demonstrate challenges to feminine identity and body image. Diet plays important role in prevention of life style disorder like PCOS. Healthy diet can also be used as treatment in PCOS. Diet can be used as Rasayana therapy. In Ayurveda female is said as origin of children and hence she should be taken care of precisely. Pradnyaparadha is the cause of all diseases. Management of PCOS is difficult and involves multispecialty approach. In ayurveda Dhatwagni specially Rasagni is important factor in PCOS. Proper diet gives Prakrut Aahararasa and all seven dhatus will remain at their normal levels which ultimately result in the formation of ‘uttam shukra’ and ‘aartava’ leading in proper ‘Beejnirmitee’. In Ayurveda diet is described as an important of three Principles i.e. Aahar, Nidra, Brahmacharya. What we eat decides how our body will be. So in life style of disorders like PCOS diet plays very important role for prevention as well as treatment and it should be precisely recommended.

Key words: *PCOS, Rasayana, Pradnyaparadha, Dhatwagni, Rasagni, Prakrut Aahararasa, Dhatus, Uttam Shukra, Aartava, Beejnirmitee, Aahar, Nidra, Brahmacharya*

PHYSIOLOGICAL EFFECT OF YOGA IN INFERTILITY AND PSORIASIS.**Vd. Sharadkumar R.Maurya¹ *****Dr. R.S. Dhimdhime²***1.PG Scholar (Kriya Sharir) 2.Professor and Head of Department, (Kriya Sharir),
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Abstract:

Yoga is a Science of Physical, Mental and Spiritual approach by which Human being can achieve harmonious development of health of the Body Mind complex. Infertility is the most common gynecological problem which may couples in 21st century are facing. Due to the limitations of the modern medicine alternative therapies i.e. Ayurveda, Naturopathy, Yoga are being practiced more and become more popular in present era. Ayurveda and Yoga to give Solution and active Conception by natural method to give healthy offspring. In Yoga Sutra, Acharya Patanjali explained various Asanas. These Asanas are very helpful in controlling the mind as well as other element of the body. By the regular practicing the Asanas, the Reproductive organs get strengthen and the neuro-muscular co-ordination improve, also normal imbalance gets corrected. The Skin disease best known as stress associated and by for the most intensively Studies for this association is Psoriasis, with 40-60% of cases triggered by stress. From Yogic perspective, the Psoriasis is considered as a result due to imbalance in root (Muladhara) Chakra and solar plexus (Manipura Chakra). Muladhara Chakra governs survival, vitality and mental stability. Stress is considered as the biggest cause of Muladhara Chakra imbalance. Yoga is a systematic methodology for all-round personality development i.e. physical, mental, intellectual, emotional and spiritual components of a human being, in this way Yoga is considered as science of life and the art of living.

Keywords: *Yoga, Infertility, Reproductive system, Psoriasis, Stress, Asanas, Muladhara Chakra, Manipura Chakra*

SHUKRA VEGA DHARANA AND SHUKRA VEGA UDEERANA: A REVIEW**1. Dr. Shivananda S. Tonde, MD****2. Mihir Gandhi, MSC****3. Dr. Yashwant R. Patil, MD**

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Abstract

Natural urge for love, affection and sexual intimacy termed as 'Shukra vega' (SV) in Ayurveda is the strongest amongst all natural urges; influences wellness, quality of life and relationships; and is a critical component of self-regulatory system that maintains 'Dhatu samya.' While the anatomy, physiology, biochemistry and pharmacology of sex and sexual desire have received significant research attention, little recent research has been directed at understanding the appropriate expression and management of SV as well as the consequences of its suppression ['Shukra Vega Dharana' (SVD)] and forceful initiation ['Shukra Vega Udeerana' (SVU)]. Related references in Ayurvedic texts are either

scattered, too brief or ambiguous. Realizing the importance of SV and consequences of its mismanagement in today's world as well as the absence of a clear diagnostic and management approach, our objective was to review Ayurvedic literature and summarize it in a succinct, pragmatic and clinician friendly manner. A detailed review of 'Brihat trayi' texts (Charaka, Sushruta and Vagbhata) was carried out to identify references related to 'Shukra' and 'Shukra vega.' Relevant and contextual references were collected and analyzed in detail. Where required, scattered references were compiled together, brief sections were made more elaborate, repetition was reduced, ambiguous concepts were made more comprehensible and simplified to generate a succinct and holistic narrative. Concepts like 'Shukra dhatu', 'Shukra stravana' (physiology of ejaculation), SV, SVD, SVU, 'panch nidaan' of SVD are described in detail. Finally, 'Chikitsa siddhant' (line of treatment) and specific management of signs and symptoms of SVD are described.

CRITICAL REVIEW OF MEDOVRIDHI (OBESITY) DUE TO SEDENTARY LIFE STYLE AND JUNK FOOD.

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Abstract

Acharya sushruta said to be swastha whoes dosha,dhatu,agni,mala are in the state of in equilibrium along with mental,sensory and spiritual happiness.

Medovridhi is a condition is of excess body fat for their height,medovridhi can affect any person from young children to older adults.there are many causes of medovridhi such as overeating,genetics,hormons,lack of physical activity,sedentary life style,junk food etc.

Among them sedentary life-a kind of life which has less or no physical activity at all e.g.desk jobs,sleeping too much,sitting for long hours without reasons.

Junk food like-like fried chicken,ice-cream,pizza,sandwiches,chips etc. is a unhealthy diet that is high in trans and saturated fats.

In obesity (medovridhi) there is imbalance state of med dhatu which affect health of a person and prevalence rate of medovridhi is very high(16.6 in maharashtra).

Medovridhi is burning issue for all the contries,it causes number of health problems.

Ayurvedic acharyas had mentioned the above condition and explained in detailed causesss,sign,symtoms nad treatment.

Key words- medovridhi,Ayurveda,Acharya.

TREATMENT PROTOCOL FOR SANDHIGATWATA

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Abstract:

Among 80 vata vyadhi Sandhigata Vata is degenerativeand and articular disease caused due to dhatukshaya in vriddhavastha, which limits everyday activities such as walking, dressing, bathing etc. Vata Dosha plays main role in the disease.sandhigata vata affecting mainly in the weight bearing joints, in advance age. Shula Pradhana vedana is the cardinal feature of the disease associated with sandhishotha with vatapurn druti sparsha., lack of movements of joints or painful movements of joints. Ayurvedic treatment for includes snehan, swedan, janu basti, Agnikarm, Raktamokshan, Sandhi pichu, sandhi lepa, Ayurvedic medicine includes yograj guggulu, Mahayograj Guggulu, Shatawari Kalp, Rasna guggulu, suwarn kalp,etc.

Key Words: Sandhigatavata, Osteoarthritis

CONCEPTUAL REVIEW OF KNEE JOINT & JANU MARMA WITH REFERENCE TO OSTEOARTHRITIS.

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Guide Dr.Bandapalle D.N.

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Abstract:

The knee joint is one of the strongest and most important joints in the human body. It allows the lower leg to move relative to the thigh while supporting the body's weight. This joint is formed between three bones: the femur, tibia, and patella. Oteoarthritis (OA) is the most common form of arthritis. It is strongly associated with ageing and is a major cause of pain and disability in older people. Janu Sandhi is included amongst the 107 Marmas in the body. The structure that binds the Jangha (forelegs) and the Ooru (thigh) is the Janu Marma. Injury oriented deformity at knee joint can be avoided by certain preventive measures.

Keywords: Knee joint, Janu Marama.,osteoarthritis

ANATOMICAL CONSIDERATION OF MOOL STAHN OF SROTAS WITH BODY ORGANS.

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Abstract

As Per ayurveda sharir that is body consist various srotas and each srotas having its own limitations and its mool sthana. Acharya Sushruta is a father of surgery they described all body parts and srotas in details. In clinical practice of view, it may difficult to understand the mool sthana of srotas. If we can correlate Mool sthana of srotas with body parts then it will be helpful for better understanding of pathophysiology of srotas and disease. In this study with the help of literary review and textbook consideration, we can corelete the mool sthana of srotas with body parts.

Keywords: *Srotas, mool sthana, organs.*

CONCEPT OF 'DIET THERAPY' WITH SPECIAL REFERENCE TO GARBHA-POSHAN

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Abstract

Today's era deals with varied life style affecting physical and mental health. One of the basic need i.e. diet is having therapeutic value in physiological as well pathological conditions. Balanced diet is vital for good health and wellbeing throughout all stages of life. Pregnancy is one of the important phase requiring wide variety of nutrients for which 'diet therapy' is applicable. Extra calories are needed not only to maintain gestational growth but also to prevent nutritional anomalies. Alteration (deficit) in nutrition may result in reduction in developmental adaptations that may permanently change structure, physiology and metabolism. Proper nutritional status is achieved by ANC by modern science.

Ayurveda emphasize on nutritional need of fetus during gestation and mentioned modified diet. As Garbha (fetus) is nourished by matruj aahar rasa (maternal circulation), gestation required modified and excess diet. Masanumasik aahar for garbha poshan explained by Acharyas is nothing but 'Diet regimen'. Monthwise diet is suggested considering particular growth in that month. If we go through diet regimen, it is enriched with milk, milk products, rice, jivaniya dravya, madhur aahar. Modern science suggested

carbohydrate, proteins, fats, calcium, and folic acid, vitamins to fulfill caloric demand and to prevent nutritional anomalies. Constituents of masanumasik diet also help to promote health as they comprise of carbohydrate, proteins etc specifically throughout pregnancy 'Diet therapy' play an important role by preventing optimal nutrition which will not only ensure optimal fetal development but also reduce risk of anomalies.

ROLE OF YOGA AND DIET ON OBESITY

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Vd. M. B. Nikumbh

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Abstract:

Obesity is a condition in which the individual has accumulated too much body fat under the belly, thigh, chin and buttocks it might have negative effect on their health. Obesity is due to an unhealthy diet and physical inactivity. According to WHO India is the third most obese country of the world, obesity shorten the life span and it also diminish the happiness and efficiency of a person. Obese peoples are prone to many other diseases like diabetes, high cholesterol, hypertension, heart disease and the cancer. The purpose of this paper is to focus on the role of Yoga Asana in the management and control of obesity as it is a risk factor of various disease. The Yoga's practices enhance the muscular strength and flexibility of body, it also improve cardiovascular, respiratory functions, reduce depression, stress and improve quality of life as well. In present paper obesity and its treatment in view of Yoga and the diet related to it are to be discussed.

Key word – Obesity, Diet, Yoga, Asana, Medoroga.

A STUDY TO EVALUATE THE EFFICACY OF AYURVEDIC /HERBAL DEODORANT ON SOLE

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Abstract :

Excessive sweating (hyperhidrosis) is a common problem, eg. Palms, armpits and soles (shoes wearing). It can be distressing, affected people avoid social contact with others because of embarrassment. The study was done to develop and evaluate the result of herbal deodorant by using antiperspirant activity of Ayurvedic/ Herbal drugs from different Ayurvedic Samhitas. The study was in three stages i.e conceptual study, product

development and product evaluation. In conceptual study, the collection of herbal drugs having the antiperspirant as well as fragrant property from different Ayurvedic Samhitas and 8 drugs were selected for product development, these were Cedrus deodara (Devdar), Curcuma caesia (Kachora), Jasminum auriculatum (Jue), Cyprus rotundus (Musta), Vetiveria zizanioides (Ushir), Sesame oil, Emulsifying wax, Vasaline i.e petroleum jelly. The product evaluation was done in 50 volunteers by using 3 assessment criteria i.e bad odour, excessive sweating and itching by using Visual Analogue Scale, The volunteers which were fixed in 4-10 scale were taken for this RCT i.e. Randomized Control Trail, the result shows that 80.6% had a problem of bad odour from shoe sole and 54.8% felt embarrassed in public due to it. 95.5% were willing to use Ayurvedic deodorant on sole regularly. After using this product 96.8% feel that it is effective in counteracting bad odour and 81.1% had decreasing sweating on sole.

Keywords: Ayurvedic/Herbal deodorant, sole.
