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## Anveshan 2019

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**Organized by**

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Maharashtra Council of Indian Medicine, Mumbai**

**Editor**

Dr. Pawar Anil R.

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



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 साहेब म्हणायचे त्यांचा ग्रामीण जनतेविषयी करुणा, जिद्दळा, दुरदृष्टी, शैक्षणिक गरजा भविष्यातील अनेक कल्पना त्यांच्या मनात असायच्या अशा दरार्शी विकासपुरुष असलेले राज्याचे माजी मुख्यमंत्री कै. विलासरावजी देशमुख साहेब यांनी मांजरा चॅरिटेबल ट्रस्टची स्थापना 1986 साली केली. याच ट्रस्टच्या माध्यमातून 2001 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 17 वर्षांपासून सुरु आहे. या महाविद्यालयात सुरवातीला 40 विद्यार्थ्यांची प्रवेश क्षमता होती ती आता 60 आहे. विद्यार्थ्यांना स्वतंत्र मुला मुलींना वसतीगृह असून अद्यावत ग्रंथालय, e-library उपलब्ध करून दिलेली आहे. नाशिक येथील महाराष्ट्र आरोग्य विज्ञान विद्यापीठ महाराष्ट्र शासन व केंद्र शासनाच्या सुचनेनुसार 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. 2001 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 साहेब यांनी आयुर्वेद वैद्यकिय महाविद्यालय व रुग्णालयाची उभारणी

केली. ती आज सक्षमपणे मांजरा ट्रस्टचे अध्यक्ष दिलीपरावजी देशमुख, विश्वस्त आमदार अमित विलासरावजी देशमुख साहेब यांच्या मार्गदर्शनाखाली सुरु आहे.

कै. बी. व्ही. काळे (मांजरा) रुग्णालयाने समाजसेवेच्या माध्यमातून गरजू लाखो लोकांना दिला आधार. आज समाजात अनेक लोकांना बदलत्या वातावरणानुसार 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 18 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 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 विलासरावजी देशमुख पुढे चालवत आहेत. ते अविस्तपणे चालू राहिल अशी अपेक्षा करून मांजरा ट्रस्टच्या वैद्यकिय व सामाजिक कार्यास सलाम ।

## प्राचार्याचे मनोगत



डॉ. सुनिलदत्त मुळजे  
प्राचार्य

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

आदरणीय लोकनेते व महाराष्ट्राचे अष्टपैलू व्यक्तिमत्व मा. विलासरावजी देशमुख साहेब यांच्या प्रेरणा दिनानिमित्त त्यांच्या पवित्र स्मृतीस माझी विनम्र आदरांजली.

आपण ज्या समाजात राहतो त्या समाचाजे आपण देणे लागतो ह्या भावनेतून मा. साहेबांनी समाजातील गरीब व गरजू रुग्णांना अत्यल्प दरात चिकित्सा सेवा उपलब्ध व्हावी यासाठी धर्मार्थ रुग्णालय व आयुर्वेद महाविद्यालयाची स्थापना केली.

साहेबांच्या त्यांच्या प्रेरणादायी विचारांना पुढे नेण्याचे कार्य वेगवेगळ्या कार्यशाळा, आरोग्य शिबीरे, मोफत रोगनिदान व चिकित्सा शिबीरे, सामान्य जनतेसाठी व्याख्यानमाला इ. माध्यमातून मागील 19 वर्षांपासून महाविद्यालय अविरीत पणे करत आहे.

याच पुष्परूपी व्याख्यानमाला व कार्यशाळेमध्ये आम्ही यावर्षी दि. 10 व 11 ऑगस्ट 2019 रोजी व्याख्यानमाला, गरजू रुग्णांसाठी मोफत उपचार शिबीर व पदव्युत्तर विद्यार्थ्यांसाठी शोध निबंध सादरीकरण इ. कार्यक्रमाचे आयोजन केले आहे. यामध्ये गरीब व गरजू रुग्णांना पाठीचे व मणक्याचे विकार यावर रक्तमोक्षणाद्वारे मोफत उपचार व निदान पदव्युत्तर विद्यार्थ्यांसाठी शोध निबंध सादरीकरण करण्यासाठी योग्य व्यासपीठाची उपलब्धता व आयुर्वेद महाविद्यालयातील विद्यार्थ्यांच्या ज्ञानामध्ये वृद्धी व्हावी यासाठी आयुर्वेद विषयातील तज्ञ व्यक्तीचे व्याख्यान व प्रात्यक्षिकांसहित मार्गदर्शन लाभणार आहे.

मागील वर्षी महाविद्यालयातर्फे घेण्यात आलेल्या कार्यशाळेमध्ये गरीब व गरजू अशा 68 रुग्णांवर गुदगत विकारांवरील शस्त्रक्रिया मोफत करण्यात आल्या. तसेच या शस्त्रक्रियेचे थेट प्रक्षेपण विद्यार्थ्यांसाठी करण्यात आले. मागील वर्षी प्रथमच 150 पदव्युत्तर विद्यार्थ्यांनी आपल्या शोध निबंधाचे सादरीकरण केले. त्यातील उत्कृष्ट सादरीकरणासाठी प्रोत्साहनपर बक्षिसांचे वाटप केले गेले.

या कार्यशाळेचा उद्देश सर्व महाविद्यालयातील विद्यार्थ्यांनी एकत्र यावेत. त्यांना तज्ञ व अनुभवी व्यक्तीचे मार्गदर्शन व्हावे त्यांच्या ज्ञानात भर पडावी व विचारांचे आदान प्रदान व्हावे हा आहे. या कार्यशाळेसोबतच रुग्णांना सुविधा मिळाव्यात यासाठी वेगवेगळे कॅम्प ही घेतले जातात. त्यांचा रुग्णांना निश्चितच फायदा होतो.

मांजरा चॅरिटेबल ट्रस्टचे अध्यक्ष मा. आ. श्री. दिलीपरावजी देशमुख साहेब व मा. आ. श्री. अमितजी देशमुख साहेब तसेच सर्व विश्वस्त यांच्या कुशल व कल्पक मार्गदर्शनानुसार आमचे महाविद्यालय प्रगतिपथावर आहे. कार्यशाळा यशस्वी करण्यासाठी महाविद्यालयाचे प्रशासकीय अधिकारी व रुग्णालय अधीक्षक, सर्व अध्यापक गण, सर्व वैद्यकीय अधिकारी व कर्मचारी आणि सर्व विद्यार्थी व आपण सर्वजन या सर्वांचे मनःपूर्वक आभार.



## **EDITORIAL**



**Dr. Anil R. Pawar**

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In sanskrit the word Ayurveda consists of two words – ayu meaning ‘life’ and veda meaning ‘knowledge’ or ‘science’ & the growth of science depends upon research. Fundamental purpose of research is to know the truth and benefit the society.

The reason that drives research includes the desire to know the truth and quest for knowledge. Since there is a strong need to explain the fundamental principles of ayurveda in modern context and addressing the growing demand for an evidence based research is the prime need. Scientific journals spread the new knowledge push forward the frontiers of current knowledge in every aspect & also allow publication of creative ideas. Scientific studies cannot make progress without the publication of research findings.

Since 2003 every year we are conducting the seminars & workshops. We have organized ANVESHAN 2019 A National Level Research Competition and Symposium In the memory of Loknete Vilasraoji Deshmukh on 10<sup>th</sup> & 11<sup>th</sup> August, organized by Manjara Charitable Trust’s Late B.V.Kale Ayurved Medical College and Hospital, Latur & approved by MUHS, Nashik & MCIM, Mumbai. The speakers for this seminar are Dr.Narendra Gujarathi, Dr. Ramakrishna V., Dr. Milind Patil, Dr. Viraj Bhandari, Dr. Maruti Narhare, Dr.Pallavi Jadhav.

We are publishing a special issue of this journal on this occasion which contains research paper/articles. Presentation by renowned researchers from ayurveda field, provide platform for post graduate students, academics, researchers and practitioners for presenting their research work.

I am thankful to Mr.Pramod Tandale publisher of Ayushi International Interdisciplinary Research Journal. I am thankful to Manjara charitable trust and respected Hon shri Dileepraoji Deshmukh President, Hon.hri Amit Vilasraoji Deshmukh MLA, also thankful to Principal of our AMC Dr.Mulje Sunil sir, Administrative officer Dr. P. P. Shah sir for giving me this opportunity, I thankful to all my teaching staff, office staff and students who supported me throughout to complete this journal, I am also thankful to Dr. Narhare Maruti, Dr. Mule Smita, Dr. Rahul Jadhav, Dr. Pallavi Khandare, Dr. Galphade Samata.

## DESK OF ORGANIZING SECRETORY



**Dr. Pallavi U. Jadhav**

Assistant Professor, Dravyaguna  
Lt. B. V. Kale Ayu. Med. Coll. & Hos. Latur

Lt. B. V. Kale Ayurved college and hospital, Latur is a leading institute in the field of education of ayurveda in the state of Maharashtra 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 seminar and workshops. This is continuous 16<sup>th</sup> year of Ayurveda fraternity.

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 application 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 pallitable 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 2019 A National Level Research Competition & Symposium.

Thanking you

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**Observational Study of Vanga Bhasma In Oligozoospermia****Dr.Sunildatta V. Mulje**

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**Introduction**

The ultimate aim of research is to find out suitable remedy for particular ailments and promote sound positive healthy life. This can be attained by enquiry in a systematic manner to give knowledge, which helps to solve the problems.

Male infertility is lack of healthy sperm. One of causes of male infertility is lack of production of adequate number of normally functioning sperms. Such as condition is called Oligozoospermia or Oligospermia. Oligozoospermia is the term used to describe the condition when the sperm count is lesser than 20 million per/ml (WHO norms). It is caused due to smoking, alcohol, pathological conditions affecting testes like Mumps, Orchitis etc. Heat can have detrimental effect on normal semen production. Also environmental conditions like stress, over working can lead to Olizoozoospermia. However exact etiology is still unknown.

Vanga bhasma is one of the kupipakwaRasayana explained by many of the Rasashastra scholars. It basically is named due to the appearance, which is bright golden yellow in colour, as similar to that of gold. It contains mainly shuddhaparada, shuddhagandhaka, shuddhavanga, and shuddhanavasagara.

Vanga bhasma is indicated in some of the major diseases like prameha, disorders of Shukra, Shwetapradara, Viryahani etc. Primarily its action is concentrated on different disorders of shukra like shukrataralya, veeryahani and dourbalya.

**Materials & Methods****Patient:**

In the present clinical study 30 male patients were selected irrespective of their religion. All patients were selected from OPD & IPD section of ManjaraAyurved Medical college& Hospital, Latur, after clinical examination and laboratory investigations, ie Semen analysis. All the patients were subjected to routine laboratory investigations to exclude the patients from other systemic diseases. Known case of Oligozoospermia and which are not been cured by other system of medicine were also been examined and reassessed for Oligozoospermia by Semen analysis

**Drug:**

The drug Vanga bhasma : (Rasatarangini 18/77- 80)

**Selection Criteria:**

30 patients of Oligozoospermia were selected randomly. The cases were selected as per the inclusion criteria and were treated as out patients.

**Inclusion Criteria:**

- Diagnosed case of Oligozoospermia.
- Married couples without any evidence of conception.
- Known case of primary infertility, secondary infertility or unknown infertility with or without sexual dysfunction.

**Exclusion Criteria:**

- Azoospermia.
- Congenital testicular disorders genetic disorders, endocrinal disorders.
- With other systemic disorders like IHD Hypertension, Nephrotic conditions, Tuberculosis.
- Traumatic or surgical conditions of genito urinary tract.
- Orchitis.

**Method of Assessment:**

The findings were recorded in special case sheet prepared. All patients were advised for routine laboratory investigations and semen analysis before and after the treatment. All the patients were informed to be away from the etiological factors

**Method:**

It was a prospective observational study. A detailed history was taken to satisfy the inclusion criteria. The patients were examined objectively.

**Dosage:**

Dosage of Vanga bhasma: 125 mg (capsule) twice daily.

**Duration** : 45 days

**Vehicle:** Milk

**Follow up:**

After commencement of treatment, patients were followed once in the middle and later on after completion of course of treatment.

**Pathyapathya:**

Patients were advised to follow regular, comfortable diet regiemen, including cows ghee, khandasharkara, shastishali rice along with the nutritional suppliments, like milk, cashew nuts, almonds, fruit juice, banana, carrot, germinated sprouts, soups etc. They were advised to avoid Amla, KatuLavana, Atyushna, Tikshna, Vidahi, Ksharadravyas, ativyavaya, ratrijagarana etc.

### Observations:

The changes obtained through clinical investigations were recorded and a honest effort was made onto interpret the effort of management. The improvement in clinical tests was recorded according to the guidelines of case record form. All the 30 patients completed the clinical trial without any dropouts.

The general demographic data with referance to Age, Religion, Occupation, Socio-Economic status, Addiction, Marrital status and Dietary habits were noted.

### Demographic data:

- The maximum number of patients was observed in the age group between 26-30 years (36.67 %).
- The maximum number of patients was observed in Hindu (66.67 %) religion.
- The maximum number of patients was observed under Business (40%) occupation.
- The maximum number of patients was observed under Middle class (63.34%) socio economic status.
- The maximum number of patients was addicted to alcohol intake (53.34%)
- The maximum number of patients was from 1-4 (46.67%) year's duration group.
- Maximum number of patients were observed in Non-veg. diet group (76.67%)

### Results:

Vanga bhasma showed p value < 0.001, proving highly significant in increasing the count of sperm.

Vanga bhasma was also higly significant with p value < 0.001 in increasing the motility of sperm and volume of semen.

Out of 30 patients, 14 showed normal value of sperm count i.e above 20 million after treatment. Hence the effect of vanga bhasma was on 46.67 % of patients.

### Discussion

Certain display in human beings are not counted as serious illness from the health point of view, since they don't have inclination to indue ill health in the body. Yet their prescenceundoubtely makes them unhappy and diseased. These diorders do not warrant the consultation of a physician immediately, but the individual ultimately feels its impact. Oligozoospermia is one of them.

Vanga a component of Vanga bhasma carries the properties of laghu, sheeta, bhrmhana, vrushya, rasayana, deepana, pachana and vajeekarana..

Parada is said to be Yogavahi, Vrushya, Balya, Snigdha, and Tridosahara. Gandhaka is having Madura rasa and is said to be a Rasayana drug. Navasagara is said to be Agni deepaka. The combination of all the above drugs concentrates on Shukradhatu. Hence Vanga bhasma is said to be Shukrakara.

Clinical studywas conducted on 30 male patients with confirmed diagnosis of oligozoospermia. Svaranavanga was advised to patients in two divided dose i.e capsule 125

mg with milk as anupana, for 45 days. The demographic data revealed that maximum no of patients (36.67%) were from age group of 26-30 years. It may be because, these were recently married couples, who were more concern of not having issues even after 2-3 years of marriage. The maximum number of patients (20 or 66.67%) was from Hindu religion. It may be because of distribution of Hindu Religion in surrounding locality. The maximum number of patients (12 or 40%) was from occupation doing business. It may be due to the fact, that stress plays vital role in the oligozoospermia. The maximum number of patients (19 or 63.34%) was observed under middle class, which may be due to locality dominated by middle class. The unaffordability may also be the factor for attending Govt. Hospital. The maximum number of patients (23 or 76.67%) was under nonvegetarian diet. It may be due to fact that spicy, salty, food usually affect the shukradhatu which has opposite qualities of above diet.

Svarnavanga was found highly significant with P value <0.001 in increasing the sperm count, motility and volume of semen. This may be due to the combination of all Rasayanadravyas like Parada, Gandhaka and Vanga. Aslovanga may be good in testicular regeneration.

### **Probable Mode of Action of Drug:**

All the ingredients of Vanga bhasma carry the properties of Rasayana, Balya, Vrushya, Agni deepana. The Parada having Yogavahiguna might act as catalyst and help in reaching the drug to its target organ. Vanga is said to be Rasayana, Vajekarana and Ojovruddhikara. It is said to have testicular regeneration property. Gandhaka is a good Rasayana having Madhura rasa and Madhuravipaka. Navasagara is having Madhuravipaka and Deepanapachana property. Hence the combined effect definitely concentrates on Shukradhatu especially on Vata and Kaphadoshas. Vatadosha might help in increasing the number of spermatozoa, while Kaphadosha might check the normal structure of the sperm. Thus Vanga bhasma having sheetaguna and Madhuravipaka targets its action on Shukradhatu and thus Oligozoospermia.

### **Conclusion**

- Clinical data of 30 patients infers that most of the patients were recently married, between age group of 26-30 years, thus proving that more and more young patients are affected by Oligozoospermia.
- Vanga bhasma is effective in improving sperm count.
- Vanga bhasma is also found effective in sperm motility as well as increasing semen volume.

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स्त्री व्यंध्यत्व व त्यावर उपयोगात येणारे रसकल्प

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1. अभ्रकभस्म उत्तम रसायन वृषय मेशजनाक व योगवही आहे एसदीधातूंना प्रशस्त करण्याचे कार्य अभ्रक करते अभ्रकाचे कार्य अपर्यत्यक्षपणे सर्वधातु सम झाल्याने वर्याप्यत्व उत्पन्न करते हे टिकाऊ व श्रेष्ठ प्रकारचे कार्य होय तसेच अभ्रकभस्म योगवही म्हणजे औषधाचे गुण वाढणारे दु सऱ्या औषधांच्या गुणास व्यत्यय न आणता दोष घालवणारे व दोष घालवून गुणही वाढवाने अशा प्रकारचे आहे
2. त्रिवंगभासम उत्तम वाजीकर आहे नपुंसकत्वावर त्रिवंगचा उपयोग होतो अतिवीर्यपत अतिस्त्रीसेवन स्वप्नवस्था इत्यादी विकारात त्रिवंगचा उत्कृष्ट उपयोग होतो हे भस्म वीर्यवर्धक असून त्रिवंगचा उत्कृष्ट उपयोग होतो हे भस्म वीर्यवर्धक असून जनानेंद्रियाच्या स्नायूंना शक्ती देणारे आहेस्त्रियांमध्ये अंडकोषाचा अशक्तपणा संकोच किंवा फळवाहिणीचा अशक्तपणा संकोच हे कारण असताना अथवा ही इंद्रिये पूर्णपणे विकसीत नसल्यास जे व्यंध्यत्व येते त्यात त्रिवंगभासम उपयोगी पडते  
भुअपत्यते वारंवार गर्भधारणा वारंवार गर्भपात यामुळे स्त्रियांच्या अत्रीहीतात अशक्तपणा येतो या अवस्थेत त्रिवंगभासमाचा उत्तम उपयोग होतो बालवयात स्त्रीत्व प्राप्त होणे अकाली प्रमाणाबाहेर संयोग यामधील वंध्यत्वयात याचा उपयोग होतो गर्भाशय अंडाशय यावर त्रिवंगभस्मचे कार्य दिसून येते.
3. पांडुरंभस्म मुलीचे वय घेवून राजोदर्शन होत नाही धातूक्षयादी विकारांच्या परिणामामुळे रासारक्त तितकेसे पोशीत होत नाही त्यामुळे अवयवांचे व्यवस्थित पोषण होत नाही अंडकोषाची वाढ होत नाही परिणामी स्त्री अवयवांचा चांगलास विकास होत नाही त्यामुळे राजोदर्शन होत नाही इतर कारणाशिवाय हे कारण असल्यास पांडुरंभस्म हे त्रिफल मध तूप या बरोबर द्यावे
4. वंगभसम शुक्रपाटाचा अतियोगाने नपुंसकत्व प्राप्त झालेले असल्यास वंगभस्म द्यावे हे उत्तेजक नसून शक्तिवर्धक आहे वंगभस्म हे शुक्रास्थान व शुक्रधातू याला शक्ती व पुष्टी देणारे असल्याने शुक्रास्थान सशक्त करणे व शुक्रधातू सम व यथायोग्य उत्पन्न करतेस्त्रियांच्या जनार्णीसंबनदी विकारात वंग उपयोगी पडते अंडकोश फळवाहिन्या यांच्या अशक्तपणामुळे स्त्रीजननेंद्रिय कमकुवत होऊन स्त्रियांना ऋतुप्राप्ती होत नसल्यास वंगचा उपयोग चांगला होतो  
वंध्यत्व अनेक कारणांनी येऊ शकते जसे की स्त्रियांच्या अंडकोषातून उत्पन्न घेणाऱ्या स्त्रीजत कमकुवतपणा असणे अंडकोश अशक्त होणे त्यामुळे स्त्रीबीज उत्पन्न होण्याची ताकत नसते स्त्रियांची मनोकृती विकृत होते प्रसाराचा विकार वाढून अशक्तपणा आला असल्याने प्रमेहामुळे येऊन व्यंध्यत्व

- येणे गर्मीच्या संसर्गाने आतील इंद्रियांना शैथिल्य व्रण यामुळे व्ब्यत्व आले असल्यास या सर्वांवर वंगभस्मचा चांगला उपयोग होतो
5. सुवर्णभस्म उत्तम प्रकारे वृषय आहे म्हणजे नासपुंसकत्व नाशक आहे याचा परिणाम अंडकोशग्रंथावर होतो त्यामुळे त्या ग्रंथी शाश्वत बनतात व नपुंसकत्व नष्ट होते
  6. कंटलोहभस्म अंडकोशांना शक्ती देणारे आहे त्यामुळे नपुंसकत्व किंवा हिंवीर्यटव याच्या योगाने नाहीसे होते.
  7. गर्भपातरस गर्भाशयाच्या असगक्ततेमुळे पूर्ण दिवस जात नसल्यास व त्याकर्णाने वारंवार गर्भपात होत असल्याने गर्भपात रसाचा उपयोग करावा गर्भपात होऊ नये म्हणून ही याचा उपयोग होतो स्त्रियांच्या अंडकोशकेची पूर्ण वाढ न झाल्याने स्त्रीबीजवाहिनी व्यवस्तीत विकसित न झाल्यामुळे गर्भधारणा होत नाही झाल्यास टिकत नाही अशा स्थितीत त्रिवंग व इतर गर्भाशय बाल्य औषधांबरोबर गर्भपात रस दिलायस व्यवस्तीत गर्भधारणा घेण्यास मदत होते.
  8. चांद्रप्रभावती गर्भस्त्राव पात परमा उपदंश लवकर लवकर प्रसूती बहुअल्पता अतिव्यवाय इत्यादी कारणांनी गर्भाशयात अशक्तपणा येतो सर्वच शरीर अशक्त होते 3-4 महिनेपर्यंत राजोदर्शन होत नाही परिणामी गर्भधारणा होत नाही या अवस्थेत चंद्रप्रभा तूप व साखर याबरोबर द्यावी गर्भाशयाच्याया अवस्थेमुळे बीजाचे ग्रहण न होणे गर्भ न राहणे किंवा राहिल्यास3-4-5 महिनेपर्यंत काशीतरी गर्भधारणा होऊन गर्भपात होणे यामध्ये चंद्रप्रभा चांगली उपयोगी पडते तसेच पुयशुकामुळे व्यंध्यत्व येणे अंडकोश व गर्भाशय सम्यक पोषणभावी व्यंध्यत्व व गर्भधारणेत अडचणी येणे या अवस्थेत चांद्रप्रभेचा चांगला उपयोग होतो रकांदर्शन चंद्रप्रभा मूत्रइंद्रिय जननेंद्रिय व शुक्रारतावोत्पादक इंद्रिये यांना शक्ती देऊन त्यातील शैथिल्य नाहीसे करून शमन कार्य करून या इंद्रियातील कर्म सुव्यवस्थित करणारे रसायन बल्यय व शपक औषध आहे
  9. पुवपधानवारस अंडकोश फळवाहिन्या शुक्रवाहिन्या यांची वाढ बरोबर न होणे किंवा त्यात वैगुण्य उत्पन्न होणे या कारणामुळे नपुंसकत्व याचा उपयोग होतो अंडकोषाचा विकास पूर्ण न झाल्यास वाढ पूर्ण होऊन विकास होतो जननेंद्रियाचा पूर्ण विकास न होणे अंडकोश व्यवस्तीत न होणे यातील वणधत्वात याचा उपयोग होतो. अंडकोश फळवाहिन्या शुक्रवाहिन्या यास शक्तीदायक उत्तेजक म्हणून कार्य करते शैथिलयानाशक अंडकोशातील अंतस्त्राव वाढणारे किंचित स्तंभक शक्तिवर्धक व वृषय आहे
  10. मकध्वज पूर्णचंद्रोदय कोणत्याही कारणाने आलेल्या इंद्रिय शैथिल्यात मकध्वज उत्तमप्रकारे कार्य करतो यामुळे इंद्रियशैथिल्य नाहीसे होऊन मनाला उभारी येतो व त्रास नाहीसा होतो यातील समुद्रशोक जायफळ व करपूर यामुळे व्रष्यत्व हा गुण वाढलेला दिसून येतो
  11. फलक्ष्मीविलासरस अंडकोशातील स्त्रीबीज बनवणाऱ्या घटकांची व ओज बनवणाऱ्या घटकांची अशक्तता यामुळे व्यंध्यत्व येते याअवस्थेत पहालक्ष्मीविलासरस देण्याने अंडकोशास शक्ती प्राप्त होऊन स्त्रीबीज व्यवस्थित तयार होते व ओज प्रवृत्तीस ही साहाय्य करते.

12. लघुमालिनीवसंत वारंवार घेणारे गर्भस्त्राव व पात यामुळे गर्भाशयाची अशक्तता व मानसिक अश्वस्थ्य येते या अवष्टेत द्यावा.
13. लक्ष्मीविलासगुटी अंडकीषांमुळे रक्तदाब पुरवठा व्यवस्थेत न झाल्याने येणाऱ्या व्यंघत्वामध्ये याचा उपयोग होतो.
14. सुवर्णराज वांगेश्वर परमा घेऊन गेल्यानंतर येणाऱ्या व्यंघत्वामध्ये याचा चांगला उपयोग होतो
15. सुवर्णमालिनी वसंत अतिव्यवाय यामुळे शुक्रानाश परिणामीओजक्षिणता येऊन बालक्षय होतो. यात उपयोगी पडतो तसेच कापेचेच्या अति लालसेमुळे वातवाहिन्या व वाटव्ह केंद्रे यात शापाक म्हणून ब्राम्ही जटामांसी या बरोबर देतात

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## A Review on Retinopathy and its *Marm Chikitsa*

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### **Abstract-**

*Ayurveda represents a very effective alternative system of medicine with its effective therapies like Yoga, Mud Therapy, Ahara Chikitsa and many others. Among which Marma Chikitsa is developing and gaining importance. This therapy related to body surface points is Marma chikitsa which are used in various diseases*

*To cure & prevent. On the other hand these Marma are considered as healing points. One of such lifestyle related disorders is diabetes mellitus which if not controlled later on leads to neuropathy, nephropathy and retinopathy. Today diabetic retinopathy affects about 5 million people and retinopathy of prematurity affects about 50,000 premature infants each year worldwide. It has become one of the leading causes of blindness worldwide. So, attracting researchers to find out ways to control its progression and treating it well. Treatment involves laser, photocoagulation, vitrectomy etc. Here hidden treasures of Ayurveda. One of such hidden asset is Marma Chikitsa can be explored to help mankind. Marma Chikitsa provide Tridosha- Trigunasamnya (Equilibrium) as these points are seat of Prana. In Marma Chikitsa Marma points get stimulation that are related to eyes and some that helps in better metabolism like Apanga, Avarta, Sthapni, Vidhura, Kurcha, Kurchshira, Indravasti and Nabhi can play a good role in checking progression of retinopathy with Pathya Ahara, healthy lifestyle, exercises and proper medication. Marma Chikitsa can be a safe, convenient, cost-effective adjuvant remedy in dealing retinopathy.*

**Keywords:** Retinopathy, Marma Chikitsa, Marma, Prana

### **Introduction-**

Ayurveda literally means traditional science of life. Ayurveda believes complete normal state of health. *Marma* (Vital points) is one of the important aspects described in various ancient texts of Ayurveda Knowledge of *Marma*. *Marma Chikitsa* involves pressing Marma points which causes release of blockage of energy, removes excess *Ama*, facilitates easy flow of energy, nourishes the tissues, produces endorphins and cortisol like hormones in-turn induces calm shut off response and improves blood circulation. All these activities cause better functioning of that particular area.

Retinopathy is any damage to the retina of the eyes which may cause vision impairment. Retinopathy or retinal vascular disease can be broadly categorized in to proliferative and non proliferative type. Generally, retinopathy is an ocular manifestation of systemic disease as seen in diabetes or hypertension. Diabetes mellitus is a syndrome with disordered metabolism and inappropriate hyperglycemia due to either deficiency of insulin or a combination of insulin resistance and inadequate insulin secretion.

Uncontrolled diabetes mellitus eventually gives rise to a lot of micro vascular and macro vascular complications–Neuropathy, Nephropathy, Retinopathies, cerebrovascular diseases, Ischemic heart diseases and peripheral heart diseases. Diabetic Retinopathy is one of the most common chronic complications seen in patients with diabetes mellitus. It is the leading cause of new onset blindness in industrialized countries and more frequent cause of blindness in middle income countries. WHO estimated that diabetic retinopathy is responsible for 4.8% of the 37 million cases of blindness. The severity of diabetic retinopathy depends upon the duration of diseases. The longer the patient has diabetes; higher is their inclination towards developing diabetic retinopathy. Incidence of diabetic Retinopathy after 10 years is 50% and after 30 years 90%. According to a Study prevalence of diabetic retinopathy in India. The All India Ophthalmological Society Diabetic Retinopathy Eye Screening Study 2014, entire data showed 21.18 % patients with diabetic Retinopathy had a vision of 6/18 or worse.

### Path physiology

The development of retinopathy can be broken down into proliferative and non proliferative types. Both types cause disease by altering the normal blood flow to the retina through different mechanisms. The retina is supplied by small vessel branches from the central retinal artery. Proliferative retinopathy refers to damaged caused by abnormal blood vessels growth. Normally, angiogenesis is a natural part of tissue growth and formation. When there is an unusually high or fast rate of angiogenesis, there is an overgrowth of blood vessels called revascularization. In the non-proliferative type , abnormal blood flow to the retina occurs due to direct damage of the blood vessels.

### Non – proliferative retinopathy

Non proliferative retinopathy is often caused by direct damage or remodeling of the small blood vessels supplying the retina. Many common cause of non proliferative damage include hypertensive retinopathy, retinopathy of prematurity, radiation retinopathy, solar retinopathy and related with sickle cell disease.

There are three main mechanisms of damage in non proliferative retinopathy. The first mechanism is indirect damage by altering the blood vessels that supply the retina, in the case of hypertension, high pressure in the system causes the wall of the artery to thicken, and then effectively reduce the amount of blood flow to the retina. This reduction in flow causes tissue ischemia leading to damage. Atherosclerosis, or hardening and narrowing of blood vessels, also reduce flow to the retina.

The second mechanism is direct damage to retina usually caused by free radicals that causes oxidative damage to the retina itself. Radiation solar retinopathy and retinopathy of prematurity fall under this category.

The third common mechanism is occlusion of blood flow. This can be caused by either physically blocking the vessels of the retinal artery branches or causing the arteries to

narrow. Again the end result is reduced blood flow to the retina causing tissue damage. Sickle cell disease compromises blood flow by causing blood to sludge, or thickens and flow slowly, through the retinal arteries. Other disorders that cause hyper viscosity syndrome may also cause blood slugging. Lastly, clots or central artery thrombosis directly blocks flow to the retina causing the cells to die

### **Proliferative retinopathy**

Proliferative retinopathy is the result of aberrant blood flow to the retina due to blood vessel overgrowth, or revascularization. These pathologically overgrown blood vessels are often fragile, weak, and ineffective at per fusing the retinal tissues. Such weak, fragile vessels are also often leaky, allowing fluids, portions, and other debris to leech out into the retina. They are also prone to hemorrhage due to their poor strength. This makes proliferative type of retinopathy more risky since vessel hemorrhaging often lead to vision loss and blindness. Many of the causes mentioned in non proliferative retinopathy may also cause proliferative retinopathy at later stages. Angiogenesis and neovascularization tend to be a later manifestation of non proliferative retinopathies result in tissue ischemia or direct retinal damage. The blood responds by try to increase blood flow to damage retinal tissue. Diabetes mellitus, which causes diabetic retinopathy, is the most common cause of proliferative retinopathy in the world.

### **Management**

As prevention is better than cure this principle is well applicable over here such that prevention of retinopathy is best. There are certain medical aids like photocoagulation, vitrectomy, laser treatment commonly used in allopath units. It cannot be cured completely, but its occurrence can be delayed by tight glycemic control through proper diet, physical exercise and managed therapeutics.

### **Ayurvedic Review**

There is no such description of diabetic retinopathy in our texts. But Acharyas have mentioned effect of diabetes on eyes in *Poorva Roopa* of *Premeha* as “*Netra Updaha*” and also *Premeha Janya Netra Rogas* are mentioned by *Pujyapada Mahamuni* in their text *Netra Prakashika*. *Samprapti* of Diabetes on modern parameters can be well understood by *Agnimandha* or weak *Chayapchaya Kriya* causing improper metabolism that leads to increased glucose level. Uncontrolled diabetes than steps out to cause complications like diabetic retinopathy. *Samprapti* of diabetic retinopathy can be understood hypothetically by these *Srotodushti* types as. *Kleda (Kapha Dosha)* which is the main causative factor in *Premeha* and *Netras* which are seat of *Pitta Dosha* having fear of *Kapha Dosha*. Increased *Kleda* and *Kapha Dosha* along with *Pratiloma Gati* of *Vyan Vayu* reach eyes travelling through *Rasayanis* (micro capillaries) and causes *Srotorodha* there, which can be understood with micro vascular occlusion. Due to prolonged *Srotorodha* there occurs

*Vimargagamna* and *Atipravrati* of the *Doshas* in later stages that can be indicative of hemorrhages and neovascularisation respectively. Also micro aneurysms that are formed first are reflective of *Siragranthi*. This is how vitiated *Doshas* cause *Srotodushti* in retinopathy. If we think about the treatment, *Ayurveda* talks about *Samprapti Vighatan* and *Nidaan Parivarjan* as treatment of every disease. In diabetic retinopathy pathology behind is micro vascular occlusion than micro vascular leakage that leads to formation of micro aneurysms, hard and soft exudates, dot and blot hemorrhages and neovascularisation. So treatment lies in either preventing retinopathy or when it occurs than trying to impede its progression. *Ayurveda* the holistic science introduces a lot of non- invasive techniques to tackle diseases. One such remedy is *Marma Chikitsa*.

### **Marma Chikitsa –**

Is an ancient non-invasive practice whose focus is the manipulation of subtle energy (*Prana*) in the body for the purpose of supporting the healing process. It is based on the utilization of 107 points in the body which are considered to be access points to body, mind and consciousness. It is the art of touching an individual at exactly the same point so that energy blocked over there can be released. It is being proved scientifically that in acupuncture and acupressure on pressing the vital energy points there is stimulation of the nerve fibers there and causes Hypothalamic-pituitary-adrenocortical axis that releases endorphins, cortisol and serotonin like hormone which in turn release anxiety, reduces pain, improves blood circulation and causes a relaxation response. So, *Marma Chikitsa* can be helpful to deal with diabetic retinopathy. *Marma* points that can be used will work in two ways - firstly, control diabetes and maintain metabolic process. Secondly, maintain vision. *Acharya sushruta* and David Frawley have mention certain *Marma* points that work on both of these postulates. *Kurchashira*, *Indrabasti* and *Nabhi Marmas* of upper extremity and trunk are the points that control metabolism and action of *Pachaka Pitta* which will in turn help to maintain glucose level and prevent individual to face complication soon. *Apanga*, *Avarta*, *Sthapni*, *Vidhura* and *Kurcha* are the *Marma* points that enhance working of *Alochaka Pitta* and are directly related to vision which in turn maintain visual status of eye having retinopathy. On applying pressure on these points also there is release of *Srotorodha* and easy flow of blood resulting in proper nourishment of eyes. These marma points can be stimulated by pressing each point 20 times in one shift and twice a day. These can be done by a specialist and even self *Marma* therapy is also popular such that individual can self stimulate these points at home.

### **Conclusion**

Retinopathy which is now a day's a current topic as it is being counted in one of the cause of avoidable blindness. In modern sciences, the only ways are laser, photocoagulation

and surgery. In fact they too recommend prevention through diet, exercise and tight glycemic control through medicines. Here *Ayurveda* can hunt their hidden non invasive techniques like *Marma Chikitsa* that is so easy to do, consume no time and is not having any fallouts.

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## A Conceptual study of Agni W.S.R. to Human Physiology

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### Abstract-

*Ayurveda is the ancient Indian system of life science and medicine, its historicity going back to the Vedas. Its classical knowledge and practice is based on its own physics and biology, its unique pronature , holistic health and disease concepts and diagnostic as well as its own material. Agni is the invariable agent in the process of Paka i.e. digestion transformation. Ingested food is to be digested, absorbed and assimilated, which is unavoidable for the maintenance of life, and is formed by the Agni about the importance of Agni, Aacharya Charak has mentioned that after stoppage of the function of Agni, the individual dies, and when the Agni of an individual is Sama, then that person would be absolutely healthy and would lead a long, happy, healthy life. But, if the Agni of a person is vitiated, the whole metabolism in his body would be disturbed, resulting in ill health and disease. Hence, Agni is said to be the base Mool of life.*

**Key words** – Agni, Healthy, Digestetion, Mool.

### Introduction-

The ancient classical knowledge base of Ayurveda is available today in the form of an ancient classical literature, the literature are from *Brihattrya* and *Laghutrya*. Ayurveda is the ancient indian system of life sciences and medicine, it's historicity going back to the Vedas. It's classical knowledge and practice is based on its own physics and biology, the entire basic physics and biology of Ayurveda are greatly different from the modern basics science and the understanding of the structure and function of human body, the pathology and diagnostic are based on its own theories of original, *Guna*, *Panchamahabhuta*, *Tridosha* and *Agni*.

The food which comes from the external world to the body is to be broken up, absorbed and assimilated. The Factors responsible for these activities in the body is known as *Agni* they represent various types of enzymes in the gastrointestinal track, in the liver and in the tissue cells themselves. *Deha dhatu* is one responsible for maintenance, protection and construction of body. *Agni* is involved in the formation of various tissue and remains the first created. This *Agni* is called the *Jatharagni* is responsible for digestion of food.

According to modern medicine, metabolic processes, division and multiplication are going on in all cells of our body from birth till death. The cell is the functional unit of the body. According to Charak the constituent parts of the body , if further divided in to the atoms, are sure to become innumerable, as such cells or atoms are exceedingly numerous, very minute and ultrasensory. In the conjunction and disjunction of cells, the activating

factors are *Vata* and the nature of the action (cha. Sha.7/17.) In Sushruta, we can see how the *Avayavaas* are formed from various *dhatus* (su.sha.4/25-30.)

Thus, based on Charak and Sushruta, the above cells can be considered as *Dhatu paramanus*. For these constant processes in all cells, a biological energy is constantly essential, without survival of our body will be quite impossible. The same biological energy is provided by *Agni* in Ayurveda. This *Agni* provided biological energy in the cells *Dhatu Paramanu* of our body is of two types potential and kinetic.

### Material and method

This concept is based on a review of Ayurvedic texts, material related to *Agni* have been collected and compiled from different Samhitas, Granth, Published journals and modern textbook.

After understanding concept of *Agni* from different aspect as well as modern theories then discussion was carried out.

### Review and discussion

- The study was carried out according to the following points-
- General description on *Agni* in various Ayurvedic texts.
- Normal physiological function of different types of *Agni*.

In Shabdakalpadrums, 61 synonyms of *Agni* have been compiled. These synonyms help in explaining the nature and functions of the *Agni* e.g. *vishvanath*, *sarvapaka*, *tanoonpata*, *amivachatana*, *damunasa*, *shuchi*, *vishwanath*, *rudra* etc. In Brahmasutra, *Agni* has been meant to be a sign of life in the body. Great value of *Agni* has been compiled in classical literature. That illustrates *Agni* carries everything in it. It moves everywhere and metamorphoses substances, burns, assimilates, glitters and grows. *Agni* is a pivot around which the remaining factors responsible for the maintenance of health and causation of disease as well as decay revolve.

### Agni as Pitta?

The origin of *Pitta* is from *Aapa* which means digestion to give nourishment to the body by digestion of ingested food, to maintain heat, it maintains the color, luster, etc. of the body. Now, there is a question as to whether *Pitta* and *Agni* are both the same or are different? Does any area exist of *Agni* without *Pitta*, or is it that *Pitta* is *Agni*? This should be clearly understood. Different views have been suggested regarding *Pitta* and *Agni* by different Acharya. Some aacharyas consider *Pitta* to be *Agni* while others speak differently.

According to Acharya Sushruta there is no existence of any other *Agni* in the body without *Pitta*, because when there is increased digestion and combustion in the body due to *Ushna Guna* of *Pitta*, the treatment is like *Agni*. Acharya Marichi has also emphasized that the *Agni* present in the *Pitta* gives good or bad result when it is normal or vitiated.

Chatrapati has commented on *Pittantargatta*, that the function of *Pitta* inside the body is not combustion but it's work is to provide heat of *Agni*. Besides this, Acharya Sushruta has described five types of *Agni* as the variety of *Pitta*. Acharya Bhoj also considered *Pitta* as *Agni*, digestive fire is included within *Agni*, which is specially meant for different enzymatic activities of the body, i.e. *Pachana*, *Deepan*, *Bhedana*, etc.

According to Hemadri, *Pitta* is of five divisions, which are located in the interior of the *Pakvashaya* and *Amashaya*, although it is composed of an increase of predominance qualities of *Tejasbhuta*, it is devoid of liquidity although it is a liquid. Also, because it does not possess *snigdha* (viscosity), *Sita* and such other properties of *Apabhuta*, it is called by the term anal because of its function of *Paka*, it cooks the food, dividing it into essence and waste separately. Being localized there, it bestows grace help to the other *Pitta* present there and also the other *Dhatvagni* present in the *Dhatu*s by giving them strength power of functioning, which is known as *Pachakapitta*. Different example are available in our classics to indicate that *Pitta* is the same as *Agni*, but some doubts arise behind the concept of whether *Pitta* is *Agni*, e.g.

Why aggravating factors like *Katu*, *Vidahi*, etc. Reduces the strength of *Agni* instead of enhancing it. This is the appropriate example to highlight the above concept that ghee all vitates *Pitta* but enhances *Agni*.

The quotation of Acharya sushruta, *samadoshah samagnishcha*.... Has clearly indicated that *Pitta* and *Agni* are not the same.

### Type of *Agni*

*Agni* is innumerable because of its presence in each and every *Dhatu para manu*(cell) of the body. but, enumeration of the number of *Agni* varies in various classical Ayurvedic texts, as shown below

Charak has mentioned about 13 *Agnis*. *Jatharagni* \_1, *Bhutagni* \_5, *Dhatvagni* \_7. According to Acharya Sushruta, five type of *Agni* are illustrated, viz. *Pachakagni*, *Ranjakagni*, *Alochakagni*, *Sadhakagni* and *Bhrajakagni*. However, there is an indirect reference of five *Bhutagnis* underlying in the brief description made to the transformation of food stuff.

Vagbhata has described different types *Agni*, *Bhutagnis*-5, *Dhatvagni* 7, *Doshagni* 3, and *Malagni*. Sharangadhara has recognized five *Pitta*'s only *Pachak*, *Bhrajak*, *Ranjak*, *Alochak*, *Sadhak* Bhava mishra has followed Acharya Charaka and Vagbhata *Agni* has been divided into 13 types according to the function and site of action. These are

1. *Jatharagni* \_ one *Agni* present in the stomach and duodenum.
2. *Bhutagni* \_ five *Agni* from five basic elements.
3. *Dhatvagni* \_ seven *Agni* present, one in each of the seven *Dhatu*s.

## Jatharagni

*Jatharagni* is the *Agni* or bioenergy present in the *Jathara* (Stomach and duodenum). According to Ashtangahrudaya, *Jatharagni*, the seat is *Grahani* (duodenum,) so called because it withholds the food for a certain time inside the *Amasaya* (stomach) to facilitate of *Dhanvantari* is the *Kala* known as *Pittadhara*, situated at the entrance of the *Pakvashaya* (intestine) and acting as a bolt to the door of the pathway/ channel of food . It is responsible for the duration of life, health, valour, ojas essence of the *Dhatus*, strength of all the *Bhutagni* and *Dhatvagni*. The strength of *Agni* is from *Grahani*. When the *Agni* undergoes vitiated and produces diseases. *Jatharagni* is considered to be the most important because each and every nutrient that one ingests first comes to the *Jathara* and is subjected to the action of *Jatharagni*. *Jatharagni* digests the food materials that consist of the five basic elements and transform it for utilization by the respective *Dhatusparamanus* (tissues.)

*Jatharagni* is also responsible for separation of the food material into the essence portion *Prasad* and the waste products *Kitta* in our body.

*Jatharagni* is directly related to *Dhatvagni* or bioenergy in the cell and their metabolic processes, with ultimate tissue metabolism or *Dhatupaka* Process. All the *Dhatvagni* depends on the normal, healthy state of *Jatharagni* is hyperactive *tikshna* or hypoactive *Manda*, it will cause an excessive or retarded action of the *Dhatvagni*. This disturbed action ultimately leads to various disorders. *Jatharagni* is the main important *Agni* that controls the function of all other 12 *Agni*'s. All *Agnis* are totally depends on the status of *Jatharagni* . *Jatharagni* is also classified into four category according to its performance of digestion in the human being namely *Vishmagni*, *Tikshanagni*, *Mandaniand Samagni*.

According to Hareet samhita, *samaagni* depends on whether the *doshas vata*, *Pitta*, *Kapha* are in normal stage. When the *Pitta* is higher than normal, the condition is known as *Tikshanagni*. When *Vata* and *Kapha* are higher than normal, the condition is known as *Mandgni*.

*Samagni*- The *Samagni* digests and assimilates food properly at the proper time. Thus increases the quality of the *Dhatus* supportive tissues of the body. Persons having *samagni* are always healthy.

*Vishmagni*- this type of *Agni* changes between digesting food quickly and slowly. When this *Agni* is affected by the *Vatadosha*, it creates different types of *Udargataroga*.

*Tikshanagni* \_ *Tikshanagni* means very fast/ sharp. *Tikshanagni* is a state of very quick digestion of food, regardless of the type of food. Acharya sushruta states that when the power of digestion is increased from normal to above normal, food digests very quickly and produces hunger or the desire for food. When food is digested, the throat, the mouth cavity and the lips become dry with a burning sensation. This condition is known as *Bhasmak roga* according to Ayurveda.

**Mandagni-**

*Mand*, means slow. The meaning of the *Mandagni*- is slow digestive power or digestive capacity. Those who are having *Mandagni* eat very little and are unable to digest the smallest amount of food. Dhanvantari says that *Agni* digests the least amount of food in the greatest amount of time.

**Bhutagni-**

*Bhutagni* is the one that is present in a basic element *Bhutas*. There are five *Agnis* in each of the five basic elements, namely *Parthiva* (earth), *Apya* (water), *Tejasagni*, *Vayavya* (*vayu*) and *Nabhas* (*Aakash*.)

Each and every cell in our body is composed of the five *Mahabhutas* or five basic elements. Naturally, each (cell) *Dhatuparamanu* consists of these five *Bhutagni* also. All the nutrients in this world that we eat also consist of the same five basic elements with their respective *Agni* or Bioenergies. Thus, they are completely similar with respect to the five basic elements with their *Bhutagni* in our body cells as well in all the outside nutrients that we ingest for the nutrition of our body. Acharya Charak has mentioned that the five *Bhutagni* digest their own part of the element present in the food materials. After the digestion of food by the *Bhutagni*, digested materials containing the elements and qualities similar to each *Bhutas* nourish their own specific *Bhautikagni* elements of the body. These *Bhutagnis* act after the *Jatharagni* present in the stomach and duodenum, acting on the food and causing their disintegration. In the modern physiological perspective, the action of *Jatharagni* can be equated with the digestion in the stomach and duodenum, and the action of the *Bhutagni* can be equated with the conversation of digested materials in the liver.

*Dhatvagni*- All the seven *Dhatus* (seven element tissue of the body) contain their own *Agni* to metabolize the nutrient materials supplied to them through their own *srotas*.

1. *Rasagni* present in the *Rasa Dhatu*
2. *Raktagni* present in the *Rakta Dhatu*
3. *Mamsagni* present in the *Mansa Dhatu*
4. *Medagni* present in the *Meda Dhatu*
5. *Asthyagni* present in the *Asthi Dhatu*
6. *Majjagni* present in the *Majja Dhatu*
7. *Shukragni* present in the *Shukra Dhatu*.

Each *Dhatvagni* or the Bioenergy present in each *Dhatu* synthesize and transforms the essential *Rasa Dhatu* required for the particular *Dhatu* or cell from the basic nutrients presents in the *Annarsa* or essence of the diet that we consume. Each *Dhatvagni* has got a speciality to synthesize and transform the constituents suitable to be particular *Dhatu*. This action is a sort of selective action. Acharya Charaka has mentioned the fact that the seven *Dhatus* that are a support of the body contain their own *Agni*, and by their own *Agni* they

digest and transform the materials supplied to them to make the substances a like to them for assimilation and nourishment.

## Conclusion

After a detail discussion on *Pitta* and *Agni*, it is concluded that all theories in their regard have their own importance, and it is very difficult to conclude which theory is more appropriate. But , one conclusion that can be drawn after going through the details is that in regard of treatment, *Pitta* and *Agni* are the same, where as in accordance to their, build they differ from each other.

Explaining briefly the digestive and metabolic function of *Agni*, Acharya Charaka has mentioned that various type of dieted materials are digested by their own *Agni* (*Bhutagni*), encouraged and enhanced by *Antaragni* (*Jatharagni*), which is further digested and metabolized by *Dhatvagni* to associat the body with the nutritional strength, complexion and happy life along with providing energy to the seven *Dhatu*s.

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## A Comparative Study- The Role Of Nirgundipatrapottali Sweda And Siravedh In The Management Of Gridhrasi

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### Abstract:

*In present scenario musculoskeletal disorders are becoming more and more prevalent and hard to treat, sciatica become relatively common condition with a life time incidence varying from 13% to 40%. Annual incidence of an episode of sciatica ranges from 1% to 6%. Sedentary lifestyle, long sitting work hours, jerky movements, lack of exercise and degenerative changes causes low back pain and sciatica. Our ancient acharyas had identified this problem long back and named it 'Gridhrasi'. The word 'Gridhrasi' itself suggests the gait of the patient which is similar to Gridhra (vulture) due to pain. All the Ayurvedic classics including those written in medieval period have described the aetiopathogenesis and symptomatology of Gridhrasi in concise form. Surprisingly, the description narrated in these classics exactly coincides to the description of 'Sciatica' including the important diagnostic test SLR which is described as 'Sakthinkshepanigraha' by our acharyas. Modern science describes 'Sciatica' as a benign syndrome characterized especially by pain beginning in the lumbar region and spreading down the back of one lower limb to the ankle and sometimes the foot. The disorder apparently seems to be non-serious but it cripples the patient and results in apprehension of social responsibilities of the patient. It has been mentioned that 'Though Sciatica and lumbago carry little threat to life, they interfere greatly with living'. In present study emphasis given more to the understanding of Gridhrasi from Ayurved and modern point of view. Its etiology, pathogenesis and treatment management from Ayurveda point of view, in present work comparative study of two therapeutic procedures mainly Nirgundipatra pottali sweda and Siravedh has been done and result has been summarized.*

**Key words :** Gridhrasi, Vatvyadhi, Nirgundipatrapottali sweda, Siravedh.

### Introduction:

The science of Ayurveda is based on the fundamental of tridosha. Vata, pitta and kapha are considered as chief factors responsible for health and disease. Vata dosha has the chief dominance among these three vital factors of the body. The prime cause of Gridhrasi is the vitiated vata. Hence it is included in vata nanatmaja vyadhi. Sometimes kapha may be associated with vitiated vata. Various aetiological factors for the derangement of vata have been mentioned such as excessive walking, exercise, sleeping on an uncomfortable bed, withholding of natural urges, trauma to vital organs, excessive riding on fast moving, jerky vehicles, unwholesome dietary habits etc. All these factors are so easily accessible to today's man that almost everybody is sized in their flow, leading to increasing incidence of diseases like Gridhrasi. The localization of the vitiated doshas in Gridhrasi is described in a

particular order in which pain starts from sphik and then radiates to pada along with stambha, toda etc. Despite of the technological and pharmacological advancement in modern system of medicine, the management of Sciatica is still a medical problem where no permanent medical treatment is available except some palliative measures. Chances of recurrence are high even after surgery. To fulfill the expectations from the Ayurvedic field and to find out more effective and safe therapy for Gridhrasi, we selected the problem for the research study.

Ayurveda has description of various therapies for the treatment of Gridhrasi. The present study entitled 'An Insight to Gridhrasi Roga (Sciatica) and its comparative management with nirgundipatra potali and siravedh was carried out with following Aims and objectives.

#### **Aims and objectives:**

- 1) To study etiopathogenesis , symptomatology and progress of Gridhrasi with special reference to 'Sciatica'.
- 2) To assess the efficacy of Nirgunipatrapottali sweda and Siravedh
- 3) To compare the effects of both therapies clinically.
- 4) The find out quick, cheap, effective and safe remedy for this disease.

#### **Materials and Methods:**

The present study was carried out in two parts : Literary and clinical. For literary part, textbooks of both fraternities of medicine were employed. The disease was visualized on the basis of Ayurvedic authentic texts and for modern aspect various textbooks on Neurology, back pain, reference books and various journals were referred. We also took the help of Internet for latest information regarding the disease. For the clinical part of the present study, 30 patients suffering from Gridhrasi were randomly selected from OPD and IPD patients of late b.v.kale manjra Ayurved medical college, latur. These 30 patients were divided into two groups and were subjected to following therapeutic regimen.

Group A : In this group, course of Nirgundipatrapotali is given. The total course was completed in 4 weeks. With 2 weeks duration in two sessions

Group B : In this group patients were gone for Siravedh 4 times ,once in a week.

'An Insight to Gridhrasi Roga (Sciatica) and its comparative management with Nirgunipatrapotali and Siravedh is designed by these points Literal Review, therapy review, Clinical Contrive, Discussion and Conclusions with Summary. The Bibliography has been adjunct as the post script.

#### **Literary study:**

##### **Etymology: Gridhrasi**

In Ayurveda, diseases are named by different ways e.g. according to dosha-dushya involved, according to symptoms etc. Here the word Gridhrasi is suggestive of the typical

character of pain and also the gait of the patient. 'Gridhu' is the dhatu which makes the word 'Gridhra' from which the word 'Gridhrasi' is derived. The Gridhu dhatu means to desire, to covet, strive after greedily. 'Karan' pratyaya is added to this by 'Susudhangridhibhyaha Kran' & then by the lope of K & N the word 'Gridhra' is derived. Further, the derivation of the word Gridhrasi from Gridhra is as follows : by the rule 'Atonupasarge Kah', kah pratyaya is added to Gridhra + Sho. Hence forming Gridhrat + Sho + ka .By lopa of 'O' and 'K', 'Sh' is replaced by rule 'Dhatvadeh Shah Sah' & in Female gender 'Angish' pratyaya is added to form the word 'Gridhrasi.'

Gridhra means vulture. Vulture is fond of meat & has a particular fashion of eating meat. It pierces its beak deeply in the flesh & then draws it forcefully, causing severe pain. The pain in Gridhrasi is also of the same kind, hence the name. Secondly, Gridhra also means the man who is greedily striving after meat like that of vulture. Such a person is more prone to this disease 'Gridhrasi', hence named so. Also, because of the persisting severe pain the patient has a typical gait i.e. slightly tilted towards the affected side & affected leg in flexed position & another leg is extended. This gait resembles with that of vulture. So the disease is named as Gridhrasi

#### **Causative factors of Gridhrasi in classics:**

NIDAN: Causative factors of Gridhrasi are not mentioned in the classics

The general causes of vatavyadhi are considered as the causes of Gridhrasi since it is considered under eighty nanatmaja vatavyadhis (Ch. Su. 20/11). These vata disorders are caused by almost the same vata prakopaka nidanas, but the different diseases are due to the samprapti vishesh of the vitiated vayu. The vataprakopaka hetus found in different samhitas Now days etiology can be abnormal postures,excessive traveling,long sittings ,abnormal excercises ,jerky movements ,injuries to low back,table work ,long standing,heavy weight lifting ,uncomfortable beds ,suppressing natural urges along with vata vitiating food articles such as fast foods ,excessive use of cold and stored foods ,excessive use of dry,biter foods, Stambhana is the karma of sheeta guna. (Su.Su.46/515). Excessive sheeta ahara causes stambhana in srotas, snayu, kandara etc. This is manifested by the restricted movements, stiffness in the lower extremities in Gridhrasi , etc

SAMPRAPTI : in classics samprapti of Gradhrasi not mentioned as such one should have to understand it by general samprapti of vatavyadhi .vitiated vata get resides either side of the kati ,parshwa and uru pradesh and causes severe pain, stiffness and difficult walking. In classical ayurveda two types of samprapti mentioned regarding Gridhrasi vataj and vatakaphaj

POORVARUPA: Gridhrasi being a vatavyadhi, the samanya poorvarupa of vatavyadhi are the poorvarupa of Gridhrasi. Charak has mentioned that Avyakta lakshana are the poorvarupa of vatavyadhi (Ch. Chi. 28/9). Thus, the symptoms of Gridhrasi such as ruk,

toda, spandana, stabdhata, tandra, arochaka etc. when manifested slightly can be called as poorvarupa of Gridhrasi.

RUPA: While describing Gridhrasi, Acharya Charak has listed ruk, toda, stambha and muhuspandana as the cardinal symptoms (Ch. Chi 28/ 56). To be more precise about the track of pain, Chakrapani says that the pain starts at sphik and then radiates to kati, prishtha, uru, janu, jangha and pada in order. Also Sakthikshepanigraha is added to the list of (Su.Ni.1/74,AH.Ni. 15/54)cardinal signs by Acharya Sushrut and Vagbhat. Tandra, gaurav, aruchi, bhaktadwesa, mukhapraseka etc. are the lakshanas of vatakaphaj Gridhrari. Some signs and symptoms like dehasyapravakrata, janu, uru sandhi spurana etc. have been defined as vatic lakshanas by Bhavaprakash, Madhavnidan and Yogaratnakar. Vangasena has also added pain in payu as one of the symptoms

#### CHIKITSA: SPECIFIC TREATMENT OF GRIDHRASI:

While describing the specific treatment for Gridhrasi, Acharyas have given importance to karmas but at the same time different shaman yogas are also mentioned in the texts.various therapeutic procedures has been explained and advised in the management of Gradhrasi like **Snehana , Swedana, Vamana, Virechana, Niruha Basti, Anuvasana Basti , Siravedha, Raktamokshana , Agnikarma, Shastrakarma.**

#### Sciatica: Modern review

Sciatica refers to pain that radiate along the path of the sciatic nerve along with weakness and numbness of affected leg.

#### Causes: True sciatic neuritis:

**Mechanical** - Trauma, **Degenerative Diseases** -Spondylosis , Spondylolisthesis, Disc Herniation, Spinal Stenosis

**Muscle strain**- ligament sprain, Post surgical back pain e.g. Arachnoiditis,

**Inflammatory (non-infectious)** - Spondyloarthropathy e.g. ankylosing spondylitis, osteoarthritis, sacroilitis •

**Malignant - Metastatic Disease ,Multiple Myeloma, Primary Tumour of Bone, spinal cord or nerve root**

**Infection** - Osteomyelitis Paravertebral abscess ,Discitis

**Bone disorders** - Osteoporotic Vertebral Collapse Paget's disease

**Referred pain** e.g. Genitourinary and Gynaecological disorders, Pregnancy

**Vascular causes** e.g. Abdominal aortic aneurysm ,Psychogenic pain.

**Symptoms and signs:** Pain, Tenderness, Numbness and sensory impairment, Weakness and atrophy of muscles, Scoliosis

**Management:** Patient Education, Occupational Therapy and Physiotherapy, Bed Rest, Manipulation Techniques,

**Drug treatment:** Injection Therapy, Chemonucleolysis. Surgery:

Clinical study:

**Nirgundipatra Pottali** : freshly collected Nirgundipatra cut into small pieces and friend in sahachar oil and a collected into the cloth piece by making bolus .these warm boluses called patra pottali .patients massaged with sahachar oil and these warm boluses by Deeping them into warm oil, massage has been done on affected leg for around 45 minutes .

**Siravedh** : it has been done at the site of four Angul above and below the Janusandhi for four times, once in a week.

#### Criteria for assessment:

**Ruk** : Distribution of pain for Gridhrasi. 6 sites where pain is present are mentioned in Ayurvedic texts. They are kati, sphik, uru, janu, jangha and pada. The presence of pain at each site was given score as one and thus total score before treatment was noted. Similarly, after treatment, depending upon the presence of pain in number of sites, total score was calculated.

**Severity of pain** : On the basis of severity, score of each site having the pain was noted and mean was calculated.

**No pain**- 0 ,Mild pain- 1 ,Moderate pain -2 ,Severe pain -3

**Stambha (Stiffness)** :No stiffness or stiffness lasting for 5 Min.- 0 ,5 min. to one hour -1 ,One hour to two hours- 2

Two hour to four hours- 3 ,More than four hours -4

**Toda** :Absent- 0 ,Mild occasional -1 ,Moderate after movement ,frequent but not persistent- 2 Severe, persistent- 3

**Muhuspandana** :Absent- 0 ,Occasional- 1 ,Continuous after movements -2 ,Spontaneous and frequent- 3

**Sakthikshepanigraha** This sign can be assessed by the straight leg raising test given in modern clinical medicine. The patient lying in supine position was asked to raise his leg while straight and the ability of the patient to raise the leg up to the extent without pain was recorded in terms of approximate degree made in the supine sleeping position. This was measured in degree using Goniometer. The following scoring was fixed according to the angle.

More than 90o- 0 ,71o – 90o- 1,51o – 70o- 2 ,31o – 50o- 3,Upto 30o -4

**Tenderness: No Tenderness** -0 ,Subjective Experience of tenderness- 1 ,Wincing of face on pressure - 2

Wincing of face and withdrawal of the affected part on touch -3, Resists touch- 4

#### Observations:

##### AGE WISE OBSERVATIONS:

Age (Yrs)	A	B	Total	Percentage
25-35	5	2	7	23.33 %
36-45	5	5	10	33.33 %
46-55	3	5	8	26.66 %
56-65	2	3	5	16.68 %

SEX WISE DISTRIBUTION:

SEX	A	B	TOTAL	PERCENTAE
MALE	6	7	13	43.33 %
FEMALE	9	8	17	56.66 %

SYMPTOMS FOUND IN 30 PATIENTS OF GRIDHRASI:

SYMPTOMS	A	B	TOTAL	PERCENTAGE
RUK	15	15	30	100%
MUHUSPANDAN	13	9	22	73.33%
SAKTHISHEPNIGRAHA	15	15	30	100%
STAMBH	14	15	29	96.66%
TODA	10	12	22	73.33%
GAURAV	11	8	19	63.33%
AROCHAKA	6	5	11	36.66%
TANDRA	9	10	19	63.33%

DISTRIBUTION OF PATIENTS ACCORDING TO THEIR LEG AFFECTED :

LEG AFECTED	A	B	TOTAL	PERCENTAGE
RIGHT	9	8	17	56.66%
LEFT	6	7	13	43.33%

RESULTS :

EFFECT OF NIRGUNDI PATRA POTALI SWEDA :

CARDINAL SYMPTOMS	MEAN SCORE		% OF RELIEF
	BT	AT	
RUK : DISTRIBUTION	5.6	1.6	71.42%
RUK -SEVERITY	2.93	0.86	70.64%
STAMBH	1.85	0.64	65.40%
TODA	2.2	0.6	72.72%
MUHUSPANDAN	2.35	0.85	63.82%

EFFECT OF SIRAVEDH :

CARDINAL SYMPTOMS	MEAN SCORE		% OF RELIEF
	BT	AT	
RUK DISTRIBUTION	2.06	0.8	61.16%
RUK -SEVERITY	2.0	0.66	67%
STAMBH	1.46	0.73	50%
TODA	2.6	1.06	59.23%
MUHUSPANDAN	5.33	2.66	50.09%

## OVERAL EFFECT OF NIRGUNDIPATRA POTALI:

TREATMENT EFFECT	NO OF PATIENTS	% OF RELIEF
CURED	6	40%
MARKED IMPROVEMENT	4	26.66%
MODERATE IMPROVEMENT	3	20%
MILD IMPROVEMENT	2	13.33%
NO IMPROVEMENT - -	-	-

## EFFECT OF SIRAVEDH :

TREATMENT EFFECT	NO OF PATIENTS	% OF RELIEF
CURED	3	20%
MARKED IMPROVEMENT	5	33.33%
MODERATE IMPROVEMENT	4	26.66%
MILD IMPROVEMENT	3	20%
NO IMPROVEMENT - -	-	-

**Observation and discussion:**

Sciatica became a common problem now days due to various etiological factors and sedentary life style

Maximum patients observed in the age group 36-55 suggestive of more hard work and stress, more female seen affected than men may be due to the work and stress related to lumber region, lack of exercise ,long term sitting and standing postures. Right leg is more affected than left leg. Its observed that sedentary life style, jerky movements ,long sitting postures and degenerative changes seen to be main etiological factors.in associated symptoms mainly Gaurav , Aruchi and supti has een observed more ,maximum patients are housewives . Diet, Season and posture were the chief aggravating factors. Posture was the factor responsible for aggravation in 90 % patients, followed by 46.66% showing seasonal aggravation and 33.33% showing diet as the factor. As the lower limb is affected in Gridhrasi, posture is the main aggravating factors. The chronicity varied in the range of 1 month to 10 years. Maximum patients i.e. 76.66 % showed aggravation of pain on walking followed by 50% showing pain on standing.

## EFFECT OF THERAPY:

Bothe therapies shown very encouraging effects specially Nirgundipatra pottali which cured 40% of patients completely as compared to siravedh .

Diet: Patients of both groups were advised to stick to the dietary regimen.

**Summery and conclusion:** The whole work was carried out in following steps:

1) The preliminary step for this clinical study was of planning and compilation. In this phase, the study was planned and therapy was selected. References from different texts

were compiled in favor of the therapeutic regimen. These were analyzed after careful evaluation.

2) In second phase, interpretation, explanation and correlation of the references was done on the basis of literary study.

3) The third step was the clinical study, which included study design and selection of patients. An elaborate proforma for each patient was filled and they were subjected to various examinations, follow up and assessment of the effect of therapy on signs and symptoms was done.

4) In the fourth and final step, the results of entire study were subjected to analytical statistical techniques and finally summarized. Conclusions were drawn by critical evaluation of the results as a whole.

At the end of the study, following conclusions can be drawn on the basis of observations made, results achieved and thorough discussions in the present context

Historical glimpses reveal that though the knowledge of Sciatica is just two centuries old for the modern medicine, Ayurveda has concise but exact description of the disease in the samhitas. The anatomical, pathological, clinical and even diagnostic aspect of the disease are well covered in our text. As most of the patients hailed from parihnikala, degenerative changes occur at this stage. It is the main aetiological factor of sciatica. On the basis of Ayurvedic fundamentals we can explain it as dhatukshaya leading to vataprakopa and Gridhrasi. In the present study both the therapies were effective in combating the disease. Major improvement was observed on all signs and symptoms as well as on SLR in both the groups. Overall Nirgundipatra pottali proved more beneficial than Siravedh in the present study. No major adverse or side effects were encountered during this treatment period. Preventive aspect and patient's education plays an important role in the management of Gridhrasi. Proper guidelines about posture etc along with exercises strengthening the spine are helpful for effective management.

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**A Review on Vatsanabh (Aconitum Ferox)****Dr. Sangeeta S. Deshmukh**

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**Abstract**

*Ayurveda is the science of life that is widely practiced in India. It uses medicines prepared from plants, animals, metals. All the sources of drugs are divided into poisonous & non-poisonous groups. Vatsanabh is a plant which is considered in Visha & Maha visha in Ayurved Samhitas. It is the only drug of Maha visha which is still available. But if administered after proper shodhana acts as Rasayana. Shodhana is the process, so as to eliminate unwanted harmful effects & increase the expected medicinal properties. The present review is designed to discuss & study the plant, its toxic effect, treatment, medicolegal aspect, formulations involved.*

**Keywords:** Vatsanabh, Shodhan, Poison, Mahavisha, Ayurveda

**Introduction:**

The Indian knowledge of herbal medicine is gaining widespread acceptance globally. In Ayurveda, almost all preparations are derived from plants, whether in the simple form of raw plant material or in refined form of crude extracts.

Aconitum ferox is a plant well known for its medicinal value after shodhan process only in Ayurveda. The root of this plant is extremely poisonous but useful in the treatment of various diseases such as fever, rheumatoid arthritis, sciatica, hypertension acts as Rasayana after Shodhan. Charaka has categorized Vatsanabh under Sthavar – visha, Sushruta under Kandavisha & Rasatarangini under ‘Visha’ (Mahavisha).

The objective of this study is to review the state of knowledge of the drug as such along with its toxic effects on body, its shodhan, various formulations & medicolegal aspects.

**Review of Literature:****Latin Name – Aconitum Ferox****Vernaculars –**

- a) Sanskrit –
  - i) Vatsanabh – shape of root id like umbilicus of calf
  - ii) Visha – Extremely poisonous

- iii) Amrut – Gives very effective result for various diseases if used with intelligence & proper knowledge.
  - iv) Pranharak – As soon as it takes, immediately death occurs.
  - v) Mahaoushdh – Very useful in many diseases.
  - vi) Madhur – Sweet in taste.
- b) Marathi – Bachanaag
  - c) Hindi – Mitha Vish
  - d) English – Aconite/Monk's hood

**Family** – Ranunculaceae

**Classification** –

Ayurved – Sthavar Vanaspatija Visha  
Moolavisha (Sushrut)  
Mahavisha(Rasatarangini)  
Modern – Cardiac poison

**Taxonomical Classification** –

- Kingdom – Plantae – plants
- Subkingdom – Tracheobionta – Vascular plants
- SuperDivision – Spermatophyta – seed plants
- Class – Magnoliopsidiae - Dicotledons
- Subclass – Magnoliidae
- Order – Ranunculales
- Family – Ranunculaceae
- Genus – Aconitum – Monk's hood

**Features** –

It is a shrub of height 2 to 6 ft. This shrub is annual or perennial.

Leaves – Dark green in colour & digitate leaves looks like leaf of vitex nigundo (Nirgundi).

Flowers – These are blue coloured with erect terminal spike of helmet shape. Because of this it is called as Monk's hood.

Root – Dry root is conical, tapering, shriveled with longitudinal wrinkles. It is 5-10 cm long, 1-2 cm thick at upper extremity. Its colour is dark brown externally when it is freshly cut, the colour is whitish & with the exposure to air it turns pink. The taste of root is sweet so name Mitha visha. However, horseradish root is cylindrical pungent. Acharya Bhavprakash (Chap – 7) had described some guidelines for recognition of vatsanabh plant.

- Shape of leaves is like sinduvaar (Vitex nigundo).
- Shape of root is like umbilicus of calf.
- Other plants do not grow around or near this plant.

**Uses** – Aconite is used in various folk remedies including Ayurveda.

**Toxic Parts** - Root (more toxic), Seeds & foliage

**Toxic Principles –**

- i) Aconitine
  - ii) Mesoaconitine
  - iii) Picroaconitine
  - iv) Ind – aconitine
  - v) Pseudoaconitine
  - vi) Aconine
- Properties of Aconitine –  
Colourless, transparent, rhombic crystals.  
Insoluble in water, but readily soluble in benzene & chloroform.

**Mechanism of Action** – It stimulates & then depresses myocardium, smooth muscles, skeletal muscles, CNS & peripheral nerves.

It stimulates vagal medullar center.

**Fatal Dose –**

- Root – 1gm
- Aconitine – 4mg
- Juice of leaves & flowers – 250ml
- Extract of root – 5ml

**Fatal Period** – 6 hours.

**Signs & Symptoms –**

- Tingling & numbness initially at the area of contact & later on whole body.
- Feeling of constriction in the throat.
- Tenderness in the abdomen.
- Nausea & vomiting.
- Tingling & numbness & weakness appear in the limbs & other muscles.
- There is ringing in the ears with impairment of the hearing capacity.
- There is impairment of vision, giddiness, indistinct articulation with ultimate loss of speech.
- Pupils show alternate constriction & dilatation called Hippus reaction.
- There are signs of circulatory collapse, unconsciousness & convulsion.
- Multiple ectopic beats, ventricular fibrillation & bundle branch block.

**Differential Diagnosis:**Paralysis, Cardiac diseases

**Treatment:**

- a) Ayurved -
  - Tankan is antidote of Aconite due to its Hrdaya (cardiac) effect. For this, tankan lahi should be given along with Goghruta.

- Use of Ajjadugdha (Goat milk) –

According to Ayurved Prakash,

Emetics should be given to induce vomiting then use ajjadugdha until the vomiting stops. When the ajjadugdha is retained in the stomach it indicates that the toxic effect of aconite is abolished.

- Use of Arjun Twak churna with Honey or Goghruta.
- Tandulja Swaras should be given,
- Godugdha + Sugar.

b) Modern –

- Milk or activated charcoal should be given, which delays absorption.
- Stomach is washed first with warm water & then with KMnO<sub>4</sub> or mixture of Iodine & Potassium Iodide.
- Inj. Digitalin is given to counter the depressive action on heart.
- Inj. Atropin is given to avoid vagal inhibition of the heart.
- Artificial respiration & oxygen inhalation to combat respiratory embarrassment.
- Benzodiazepines for convulsions.
- Symptomatic.

**Post mortem Appearances –**

- There are pallor of the mucus membrane of the mouth, congestion & engorgement of brain & lungs.
- Mucus membrane of the stomach is inflamed.
- Liver & kidneys are congested.
- When crushed root is taken, remains of root maybe present in the stomach.

**Medicolegal Aspects –**

- It is popular homicidal poison. Because
  - Easily available.
  - Cheap.
  - Death seems like heart attack
  - No specific antidote
  - Decomposes very quickly in the body
  - Easily mix with drinks
  - The sweet taste of poison can be masked when given with food.
  - No definite detectable chemical test available
- Its advantages of being used as a homicide agent are
  - It cause tingling & numbness of mouth & tongue
  - Signs & symptoms start quite early & death also occurs quite quickly.
- It is not usually used as suicidal poison as it causes painful death.
- Accidental poisoning may occur due to quackery medicinal use by mistake it may be taken for horseradish which is used as condiment

- v) It is used as an arrow poison
- vi) It is also used as an abortifacient agent & may in that way also cause accidental poisoning
- vii) It is used as cattle poison
- viii) Aconite gets easily destroyed by decomposition & may not be detected in chemical analysis.

**Method of Purification:**

- ii) Aconitum roots are tied in a piece of cloth, kept dipped in cow urine & exposed to sunlight for 3 days. Cow urine is replaced daily with a fresh one & after the third day, dried & preserved. (R.T. 24 – 22).
- iii) Aconite root should be crushed tied in a piece of cloth in form of pottali. It should be cooked in Dolayantra by adding cow's milk (Godugdha) for 6 hours. Then root should be washed with warm water & dried (R.T. 24 – 23/24).
- iv) Aconite root should be crushed & tied in a piece of cloth in form of pottali. It should be cooked in Dolayantra by adding Ajjadugdha (goat milk) for 3 hours. Then root should be washed with warm water & dried (R.T. 24 – 25).

**Formulations:**

- i) Mrutyunjay Rasa
- ii) Hinguleshwara Rasa
- iii) Anandbhairav Rasa
- iv) Panchaamrut Rasa
- v) Tribhuvankirti Rasa
- vi) Soothshekar Rasa
- vii) Sanjivani Vati

**Difference:**

The root of aconite may be confused with horse radish.

- Horse Radish – *Armoracia Rusticana*.  
It is a root vegetable used as spice & prepared as condiment.  
It can be distinguished from horse radish by following points:

Sr.No		Root of Aconite	Horse Radish
1.	Shape	More conical	Less conical
2.	Taste	When tasted causes tingling, numbness of tongue, mouth & lips	Taste is pungent
3.	Colour	When cut whitish surface can be seen which slowly turns pinkish red	-

**Therapeutic Uses:**

- Tamraparpati – Used in Pandu, Skin diseases.
- Sanjivanivati – Used in treatment of dyspepsia, indigestion & gastroenteritis, diarrhea
- Tribhuvankirti Ras – Acute & Chronic fever
- Kaphaketu Ras – Used in the treatment of Rhinitis, cough & tamakshwara
- Agnitundi vati – Used in treatment of Agnimandya, Ajirna, Vatavyadhi
- Ekangveer Rasa – Used in the treatment of Vatavyadhi, Pakshaghat (Paralysis)

**Discussion & Conclusion:**

Acharya Charaka has clearly mentioned that a strong poison can become an excellent medicine if administered properly & even the most useful medicine act as a poison if not used properly. Vatsanabh is highly toxic but after purification. It is used in therapeutic with minimal dose & precautions. It is pungent, bitter & astringent in taste & Ushnavirya balances tridosha, especially vata & kapha. It act as Yogvahi, Rasayana, Deepang & relieves coldness. It exhibits anti oxidants, anti microbial, anti pyretic, anti inflammatory, analgesic activities. It has been used in treatment of pyrexia, indigestion, anorexia, spleen disorders, sciatica & joint disorders. It is also used as an antidote inn rats, rodents, scorpion & snake bite poisoning.

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## Management Of Gridhrisi W.S.R. Sciatica Based On Principles Of Ayurveda – A Case Report

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### Abstract:

*Gridhrasi is one of Vata dosha Pradhan vyadhi, which is also labelled as Vataj Nanatmaj vikara. Improper sitting posture, sedentary life style, jerkin movements during travelling produces structural abnormality in spine. Among tridosha 'Vata Dosha' is prime dosha in the causation of Gridhrasi. The aggravated Vata Dosha resides in kati and sphik region. Some times Vata Dosha is associated with Kapha Dosha produces VataKaphaj Gridhrasi.*

*In Gridhrasi, patient is having severe pain and discomfort which starts primarily in sphik and kati region and radiates through posterior aspect of uru, janu, jangha and pada.*

*Gridhrasi is cured by shaman chikitsa. In this case report female patient of age 50 years presented with cardinal clinical signs and symptoms of Gridhrasi are Toda, Ruka, Muhuspandana and stambha in spik, kati, uru, janu jangha and pad in order and restricted lifting of leg.*

**Key words:** *Gridhrasi, Sciatica, Vata Dosha, Ayurveda Treatment.*

### Introduction:

The way that somebody walks is called as gait. In Gridhrasi gait of the patient is resemble with gait of vulture. The symptoms of Gridhrasi initially affect buttocks as well as posterior aspects of lumbar region and gradually radiates to posterior aspect of thigh, knee, calf and foot<sup>1</sup>. Acarya Sushruta views, when one or two kandaras in the B/L or unilateral lower limb gets affected with aggravated Vata Dosha, it restricts the extension of legs resulting in Gridhrasi<sup>2</sup>. The symptoms are Ruka (pain), stambha (stiffness), muhuspandan (tingling). In Vatakaphaj Gridhrasi along with above symptoms patient is having tandra (drowsiness), Gaurav (heaviness), and arochaka<sup>3</sup>.

Sciatica is common type of pain affects the sciatic nerve having symptoms of low backache, pain in rear or leg that is worse while sitting, numbness and difficulty moving the leg or foot<sup>4</sup>. SLRT is positive<sup>5</sup>. In general 6-12% of patients with low back pain have sciatica. The annual prevalence of disc related sciatica in general population is 2-3%.<sup>6</sup>

### Case Report:

A female patient aged 50 years presented with the complaints of left sided low backache which radiate to posterior aspects of uru (thigh), janu(knee), jangha(calf) and foot, tingling numbness (pada chimchimayan padasupti) and chankraman kastata (difficulty in

standing and sitting) since last 3 months. The present case report is successful Ayurved management of a case of Gridhrasi (sciatica).

## 2. Chief Complaints with Duration:

- 1) Vaamkati to padatal shool (radiating pain from lumber, thigh, knee, calf, foot region)-- since 3 months.
- 2) Ubhay pad chimchimaya (tingling sensation) --since 8 months.
- 3) Chakraman-kashatata (difficulty in walking)-- since 3 months.
- 4) Difficulty in sitting & standing-- since 4 months.
- 5) Padsuptata (tingling numbness) since 2 months.

## 3. AstavidhaPariksha

- Nadi (pulse) = 86/min. vatadoshapradhan, laghu.
- Mutra (urine) = 3-4 times in a day, 1 time at night.
- Mala (stool) = awastambha daily, 2 times sometimes hard stool.
- Jeeva (tounge) = Eshatsaam.
- Agni = vishamagni.
- Shabda (speech) = Normal.
- Akrti = Madhyama.
- Bala = Madhyama.
- B.P.—124/76 mm of Hg.

On observation the gait of patient was like vulture and his walk very much frustrating and embracing to the patient. On examinations his straight leg raising test was positive in both legs (L>R) at 60° in right and 50° in left. The MRI findings showed straightening vertebral Colum, desiccative disc changes at L5-S1 level, mild diffuse disc bulge at L4-5 level causing thecal sac indentation, nerve compression.

## 4. Materials and Methods

Centre of study: Late B. V. Kale Ayurved Medical College & Hospital, Latur (MH)  
Method of sampling & study design: Simple randomized single case study.

### Materials

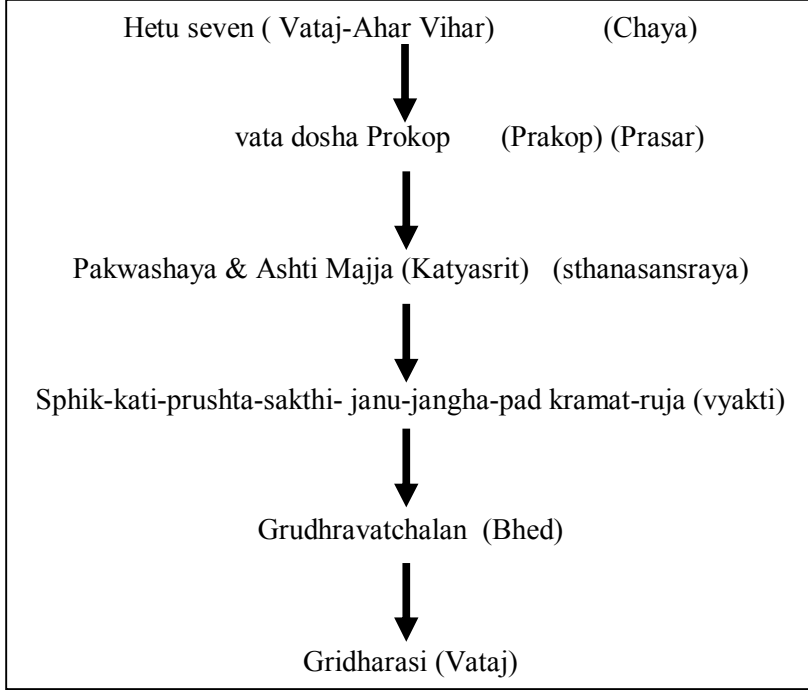
Sahacharadi tail 21 times capsules 600 mg vyankala two times per day. For 21 days.  
Sahacharadi kashyam 15 ml vyankala with 50 ml Luke warm water. For 21 days.

### Discussion

#### Hetu seven

- Ahar- katu-tikta rasatamak diet, ruksha, shit (cold), atisnidghaahar, Ushahpaan.
- Vihar- Two whiller driving daily 21 km, over exertions, improper seating posture, jerking movement during travelling, improper sleep, vegadharana.
- Occupation- Teacher (Travelling, Long Standing)

Patient is a teacher by profession, daily travelling, Excessive Talking etc are vata prakopak hetus are responcible factors to vitiate vata dosha.

**Samprapti:****Samprati-Ghatak**

- Dosha– vatadosha
- Dushya – Majja, Asthi
- Srotas – Asthivaha, majjavaha, Pakwashay
- Srotodusti – Sanchayavrutti
- Rogamarga- Abhyantar & Madhyam
- Udhbhavasthana – Asthi, Sandhi, Pakwashay
- Vyaktasthana – Sphik-kati-prushta-sakthi- janu-jangha-pad kramat-ruja

**Pharmacodynamics**

Acharya Vagbhat in Astanghridy mentioned Sahacharadi kashyam and sahacharadi tailam in Vatavyadhi chikitsa adhaya<sup>7</sup>. Sahacharadi kashyam contains Sahachar, Surdaru, Nagar in equal quantity. All having property of Vatakaphagna with rasa- katu veerya – ushna vipak-Madhur Katu. Sahachara (Which works together) name itself indicates the action on both lower limb. This drug having action on kati & ubhaya paad. Suradaru is also acting as a good vatashamana. Nagara also known as Vishwabheshaja – which acts as a deepan, pachana, anulomana with vatashamana. This drug increases the bioavailability of the medicine by its above mentioned properties. As in this patient the vataprakopa occurs in pakwashaya & Asthi majja dhatu which pacified by this Medicine.

Sahacharadi tailam contains Sahachar, Dashmool, Abhiru, sevyā, naksha, kustha, hima, ela, sprukka, pringu, nalika, ambu, silajeet, lohita, nalada, loha, surahwa, kopana, misi, natha, thrushka, kseera and sneha teiltailam. As these all drugs together having property of vatashamana by anulomana. Sahacharadi 21 paaki (times prepared in same taila in same method) provides better penetration at the site of samprapti i.e. Ashthi, Majja, Kati; & effective with low dose.

### Observation and Result

The results observed after the treatment: Improvement was found in signs and symptoms of the patient. Relief was found in low back pain, numbness and tingling sensation. Gait has improved. The patient has complete relief so he can sit and walk comfortably.

✓ Walking distance

Before treatment: -Patient had severe pain after walking 30 meters.

After treatment: - Patient could easily walk without pain about 500 meters.

✓ Walking time

Before treatment: Patient took around 9 min. to walk 30 meters.

After treatment: Patient took around 10 min. to walk 500 meters.

✓ SLR test

Before treatment: Rt. --60° and Lt. 50°

After treatment: Rt. 70° and Lt. 70°

### Conclusion

Sahacharadi Kashyam and Sahacharadi Tailam shows highly significant results in gridhrasi. From all this discussion it is cleared that Sahacharadi Kashyam and Sahacharadi Tailam is significantly effective in Gridhrasi. The entire treatment was accepted easily by the patients. There were no side effects observed in the patient. The medicines are economical. Still to avoid the reoccurrence of the disease and to break the Samprapti the patient may need to maintain her lifestyle.

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## Kala – A Structural Co-relation with Dravya (Plant cross Section)

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### Introduction :

Ayurveda is one of the most ancient medical Sciences of the world. It is considered the Upaveda of Atharva Veda.

Rachanna Sharir is a branch of an Ayurved which encloses an anatomy of human body. Our ancient Compendia has many specific terminologies related to Rachana Sharir.

"Kala – Sharir" it's also a specific term labeled by Aacharya Sushrut in Sharir sthana.

The word Kala stands for Property or quality so these are some special membranes in the body which are having important role in performing body Physiology. They Provide Support and protections to the organs. The cell membranes separating each and every cell can be considered as 'Kala'.<sup>1</sup>

In the classical text while explaining Kala Sharir our Acharya use to give an example of plant cross section.

So in thrust of knowledge through this review article authors want to explain Kala Sharir according to Ayurved and Co-relation between plant cross section with Kala.

### Aims and Objectives :

- i) To Study Kala Sharir.
- ii) To reveal the intuit of Acharya Sushrut behind correlation between Kala sharer with Plant cross section.

### Materials and Methods :

- i) Ayurvedic Literature.
- ii) Allied Literature like botany.

### Discussion :

#### 1) Definition of Kala :

“Kalaaha Khalu api Sapta bhavauti dhatu  
Aashaya antara maryaadaha” (Ref. Su.Sha 4/5)<sup>2</sup>

By definition it is clear that the Kalas are the layers or membranes present at the junction of the dhatu and their aashayas.

They form a screen or partition between the tissue and the organ which is made by that tissue.

**2) Types of Kala Sharir :** There are Seven Kalas in our ody.

“Kalah Khalvapi Sapta Sambhavanti” (Su.Sa.)

- 1) Mansadhara Kala –
- 2) Rakta Dhara Kala –
- 3) Medo Dhara Kala –
- 4) Sleshma Dhara Kala –
- 5) Purisha Dhara Kala –
- 6) Pitta Dhara Kala –
- 7) Sukra Dhara Kala –

**1) Mansadhara Kala :**

“Taasam Pradhanaa Maamsa dhara yasyaam Maamse Sira snayu dhamanee Srotasam Prataanaah bhavanti” (Su.Sa.418)

- The first of the seven Kalas is the ‘Mansa dhara Kala’. The Kala Possesses the branches and expansions of siras, Snayus, dhamanis and Srotases.

**2) Rakta Dhara Kala –**

“Dwiteeyaa Raktadhara Maamsasya Aabhyanaratah. Tasyaam Sonitam Viseshatascha Siraasu Yakrit pleehnos Cha bhavati”. Su.Sa 419.

- Second Kala is the Rakta dhara present in the Substance of Mamsa. This Kala is Particularly Present in yakrit and Pleeha.

**3) Medo Dhara Kala –**

“Meda hi Sarva Bhutaanaam udarastham An vasthishu Cha Mahatsu. Cha majja bhavati”.

- Third Kala is Medodhara. It is mainly seen in Udara (Abdomen) and Anu asthis (Small bone).

**4) Sleshma Dhara Kala –**

“Chaturdhee sleshma Dharaa yaa Sarva Sandhishu Praana Bhritaam Bhavati”.

- Fourth kala is Called ‘Sleshma dhara kala’. The Kala is present in all the sahthis and in all the living beings.

**5) Purisha Dhara Kala –**

“Panchamee Pureesha dhara nama yaantah Koshte malam Abhi Vibhajate Pakwaasayasthaa”.

- The fifth Kala is Called ‘Pureesh Dhara kala. Being located in Pakwaasaya of Antah Koshta. Separates the faeces from the absorbable part of the food.

**6) Pitta Dhara Kala –**

“Shastee pitta dhara naama yaa Chatturvidha mannpanam upayuktan Aaamaa Sayaat Prachyutam Pakwaasayo pari stistam dhaarayati” Su.Sa.

- The sixth Kala is ‘Pitta dhara Kala’. This Kala holds the food that has passed down from Amasaya and above the pakwasaya till it is completely digested by the Paachka Pitta located in this Kala. The Kala holds all four types of food i.e. Bhakshya, Bhojya, Lehya, Chushya and other drinks and water.

**7) Sukra Dhara Kala –**

“Saptamee Sukra dhara naama yaa Sarva Praaninaam Sarva Sharira Vyaapinee”.  
- The Seventh Kala is ‘Sukra dhara’. This Kala extends throughout the body.<sup>3</sup>

**3) The Seven Kala can be correlated with the following manner :**

- i) Mansadhara Kala :** Connective tissue layer inside muscle Such as, intramuscular septa, aponeurosis, ligaments etc. This is Snayuprati channa Kala.
- ii) Raktadhara Kala :** Thin mucous membrane inside arteries, veins, spleen formed by epithelial tissue. This is Shleshmadhara Kala.
- iii) Medodhara Kala :** Membranes Composed of adipose tissue (fat) such as, Subcutaneous facia, omentum etc.
- iv) Shleshmadhara Kala :** Synovial membranes Present in joint of bones, it is serous membrane formed from epithelial tissue.
- v) Purishdhara Kala :** Mucous membranes present. Inside the large intestine formed from epithelial tissue.
- vi) Pittadhara Kala :** Mucous Membranes present inside the stomach, duodenum and small intestine.
- vii) Sukradhara Kala :** It is the mucous membrane the testes, Semeifrons tubules, Epididymus, vas deferens and prostate in male and Vagina, Uterus, uterine tubes, and ovaries in female.<sup>4</sup>

**4) Kala Swarupa (Structure and appearance of Kala) :**

*“yathaa hi Saaraha Kaashteshu  
Chidhya maaneshu drushyate  
Tathaa hi dhaatuhu maanseshu  
Chidhya maaneshu drushyate  
Snaayubhihi ch Pratich channaan  
Santataam Cha jaraayunaa  
Shehmaa Veshtitaam Cha api Kalaa  
Bhaagaaha tu taan Viduhu” ( Su.Sh. 4/6, 7)*

By definition it is clear Kalas are layers or membranes Present at junction of dhatu and aashays.

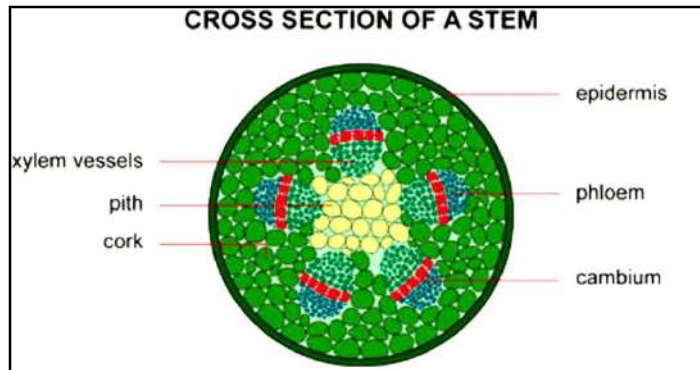
When we cut a wood. Some Liquid flows out of it This can be considered as the essence of the tree or wood.

Similarly, When we cut a muscle, we can see the tissues flowing through it or oozing through it in the form of Rasa (Plasma) & Rakta (blood).

The Portions of the body which are covered by Snayus (Ligaments and tendons) enveloped by Jarayu (Membrane) and Smearred with Kapha (Mucous) are Called Kalas.

This appearance of Kala explained above fits into the category of mucous membranes and epithelium. Thus the membranes which secrete mucous and Protected by the Snayus are Called Kalas.

### 5) Plant Cross Section :



The stem of a plant is one of the structural parts of a vascular plant. It is a part above ground which provides Support for leaves and buds. And also have several jobs like help plant to reach for light, transport water and minerals, store nutrients, produce new plant tissue too.

If look carefully at the cross section of a stem, as above mentioned by Acharya Sushrut. We would find several layers inside, each of which has different job. From outside to inside the layers are bank or epidermis, Phloem, Cambium, Xylem, and pith.

- 1) **Epidermis** :- Outer layer
  - Add Stability and protect Plant
  - Cells are war coated
- 2) **Phloem** : - One of the transport tube.
  - It's job to distribute food which is essential for plant.
- 3) **Cambium** : - An area of high cell growth.
  - It has phloem on outer side & xylem on inner side.
  - Cambium Provides Cells for both layers on eighter side inversing the width of the stem.
- 4) **Xylem** : - It is also a transport tube.
  - But instead of transporting food. It transports water and minerals from roots.
  - It also provides support system and more wordy part of plant.
- 5) **Pith** : - It is Composed of soft, spongy Parenchyma cells
  - It store nutrients throughout plants.<sup>5</sup>

**6) Modern View of Kala :**

Membrane are formed during the embryonic period itself, mainly from three kinds of primary tissues – epithelial, Connective, and adipose.

**1) Epithelial Tissue :**

- It makes two kinds of secreting membranes vis. Mucus & serous.
- They secretes thick jell like fluid.
- This is may be relating to Epidermis as the cells of epidermis are covered with wax like jelly fluid.

**2) Connective Tissue :**

- It Provides transport system within our body for oxygen and other important substances.
- This may resemble with phloem and xylem. Of plant as they are also transport tube.

**3) Adipose Tissue :**

- It is a storage tissue.
- It forms membranes or layers.
- It may be resemble in function with pith. As it is also a storage tissue of plant.

Hence, This type of Co-relation may help to reveal the intent of our Achary's example. (1, 4)

**7) Conclusion :**

Considering the above Co-relation. We have a scientific support to that example given by Acharya Sushruta while explaining Kala Sharir.

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## Novel Drug Delivery Systems (NDDS) Of Ayurveda Medicine

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### Introduction

- Ayurveda is one of the leading and popular traditional Indian systems of medicine.
- Ayurvedic medicines are given in the form of bhasma, vati, dravya, churna etc.
- Many Ayurvedic medicines are available over the counter, which can result in side effects in people who self medicate without fully understanding the risk and recommendations.
- There may be a problem with toxicity in some Ayurvedic preparations. Because they are classified as dietary supplements and not medications and manufacturers are not subject to rigorous testing and standards.

Dosage forms are the way by which drug molecules or APIs are delivered to sites of action within the body to produce optimum desired effects and minimum adverse effect.

### Aims & Objectives

- To give safe and suitable delivery of accurate dosage.
- For the protection of a drug substance from the critical influence of atmospheric oxygen or moisture and gastric acid after oral administration.
- To give liquid preparations of drug which are insoluble in the desired vehicle.
- To provide extended drug action and provide optional drug action from topical administration n sites
- To give some bitter, obnoxious drug in suitable dosage form.

### Materials & Methods

Ayurvedic preparation have low acceptance by the patient not only due to side effects or toxicological effects but also due to their appearance. So Ayurvedic medicines are converted to suitable dosage form such as

1. Kukudant twak bhasma was converted in to lozenges form.
2. Durva was converted to floating tablets.
3. Methika extract was converted in to gel.

## Methodology

### 1.Kukudant twak Bhasma Lozenges

Kukudant twakbhasma lozenges are used for the treatment of diseases

- Shwet and rakta pradara,
- Prameha and mutraraga,
- manasika durbalaya.
- immunomodulation and balya.
- Bone related diseases like osteoporosis,
- promoting hair growth and delays hair fall.



### Need of Kukudant twak bhasma Lozenges

Kukudant twakbhasma in the form of lozenges using different excipients for safety, efficacy and better patient compliance as an alternative to synthetic calcium source.

- Kukudant twak bhasma is great source of natural calcium and has positive effects on bone mineral density.
- To make Kukudant twaka bhasma an excellent alternative for calcium supplement.
- It contains 95% calcium and has negligible side effects.
- For improving bioavailability and therapeutic effect of drug.
- Lozenges containing eggshell calcium desire to provide more conventional medication, compliance over other conventional dosage form.

Kukudant twak bhasma provide matrix protein which enhances calcium absorption

### Advantages of Kukudant twak Bhasma Lozenges

- Easy to administer to both pediatric and geriatric patients.
- Shows systemic effect through oral cavity.
- Better patient compliance.

- Easy to prepare, with minimum amount of equipment and time.
- Production cost is less.
- Do not require water for intake.
- Has pleasant taste.
- Avoid first pass metabolism.
- There is no any special skills is essential for the administration of lozenges.
- Drug having large dose can be given by this concept.

## 2. Floating tablets

- FDDs have bulk density is less than gastric fluids and so remain buoyant in the stomach without affecting the gastric emptying rate for a prolonged period of time.
- The system is floating on the gastric contents, the drug is released slowly at the desired rate. After release of drug, the system is eliminated from the stomach.
- This result in an increased GRT and a better control of fluctuations in plasma drug concentrations.
- Biological half life of Durva is less so there is need of sustained release floating tablets act on targeted site and protect from *H. pylori* infection.

### Durva Floating tablets

- Durva is the rich source of flavonoids which are very useful for the treatment of gastro intestinal disorders, peptic ulcer etc.
- Durva floating tablets floats on the surface of gastric content and shows prolong release of drug more than 15 hours.
- So there is frequency of drug administration was reduced also contact of drug release in local area was also increases.

This new formulation was developed to give better therapeutic effects.

### Need of study

- FDDs system in which the gastric residence time is prolonged there by targeting the site specific drug release, Eradication of *H. pylori* infection
  - Durva extract floating tablets is not available in the market.
  - Durva floating tablets desire to provide more patient, compliance over other conventional dosage form.
  - Biological half life of Durva is 1-3 hrs so there is need of sustained release floating formulation of Durva extract
- No side effects as compared synthetic drugs

### Advantages of Durva floating tablets

- Improved drug absorption
- Delivery of drugs for local action in stomach
- Minimizing the mucosal irritation
- Treatment of gastrointestinal disorder

- Simple and conventional equipment for manufacture
- Site specific drug delivery
- Ease of administration and better patient compliance

### 3. Herbal gel containing Methika extract

- Methika is one of the medicines which contain some chemical constituents Alkaloid, Flavonoids, Triterpenoid, Tannin etc
- It has Anti-inflammatory, Anti-diabetic, Anti-fungal and Anti-oxidant property.
- These chemical constituents show better effect for the hair growth, hair nourishment by providing proper blood circulation to the hairs.
- It also increases the testosterone and androgen secretion so ultimately it was beneficial for hair growth and nourishment.
- Gel is the formulation which is applied topically, gives local effect, increase contact time etc.



### Need of Methika extract gel

- Now a day's hair loss is a common problem and it is a dermatological disease.
- This problem can be avoided by using Methika drug that has no side effect as compared to synthetic drug. Methika is effectively treating the hair loss, or enhance hair growth.
- Hair loss due to some hormonal imbalance in the body that is androgens and synthetic hormonal supplements has also so many side effects.
- Methika seed extract is useful to reduce the hormone deficiency. It's boost hormone level.

- Hair fall due to the dandruff and dandruff comes from the bacterial growth Methika has antibacterial activity.
- Methika herbal drug treated on the androgenic alopecia.

### Discussion

- Kukudant twakbhasma in the form of lozenges is the Most effective, ideal, novel, natural and beneficial calcium source with low cost and no side effects is by using eggshell bhasma.
- Kukudant twakLozenges release drug in oral cavity in prolong manner and reduces chances of dose dumping and toxicity.
- Durva is the rich source of flavonoids which are very useful for the treatment of gastro intestinal disorders, peptic ulcer etc.
- Durva floating tablets floats on the surface of gastric content and shows prolong release of drug more than 15 hours.
- So there is frequency of drug administration was reduced also contact of drug release in local area was also increases.
- Methika is one of the medicine which contain some chemical constituents Alkaloid, Flavonoids, Triterpenoid, Tannin etc
- These chemical constituents shows better effect for the hair growth, hair nourishment by providing proper blood circulation to the hairs.
- It also increases the testosterone and androgen secretion so ultimately it was beneficial for hair growth and nourishment.
- Gel is the formulation which is applied topically, gives local effect, increase contact time etc.
- These new formulations were developed to give better therapeutic effects

### Conclusion

1. Kukudant twakBhasma Lozenges are easy to administer to both pediatric and geriatric patients.
2. Kukudant twakBhasma Lozenges Shows systemic effect through oral cavity.
3. Kukudant twakBhasma Lozenges has Better patient compliance.
4. Durva floating tablets Improves drug absorption
5. Durva floating tablets delivers drugs for local action in stomach
6. Durva floating tablets minimizes the mucosal irritation
7. Durva floating tablets is useful in treatment of gastrointestinal disorder
8. Methika extract gel increases the testosterone and androgen secretion so ultimately it was beneficial for hair growth and nourishment.
9. Methikaextract gel is the formulation which is applied topically, gives local effect, increase contact time etc.

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## A Critical Review on Guggulu Kalpana

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### Introduction

Guggulu is a gum resin, produced by the stem of a small shrub(commiphora mukul), which is native to India. A Niryas which is used as a major ingredient in Guggul kalpas.This Niryas is a secretion that oozes out from the Guggul plant twice in a year. Once in the winter and the second time in the summer. “ **Guk rog tasmāt gudati Rakshati eti** ” **one that protects against diseases.**This word stands for Guggulu as well as for all the preparations that contain it as the chief ingredient

**Keywords:** Guggulu , Niryas , Kalpana

### Aims And Objectives:

To explore Guggulu and Guggulu kalpana .

### Materials and methods

#### COLLECTION OF GUGGULU

- Guggulu is a oleo-resinous secretion of a herb.
- It is found inside the bark of stem and with a thick covering.
- During cold, the covering constricts and it comes out. During summer this secretion melts and come out.

#### SYNONYMS

- Devdhup , Kausikh , Pura ,Kumbha ,Jatayu, Rukshgandha, Palankasa

#### TYPES

#### Bhava Prakasha's A/c color.

1. Mahisaksa - Black color.
2. Mahanil - Blue color.
3. Kumud - Lotus like color.
4. Padma - Red color like Ruby.
5. Kanak - Golden color. – useful for human's

#### AS PER MEDICINAL PROPERTY

- **Bhava Prakasha**
- **Nav Guggulu:** ब्रह्म व्रष. This is smooth, golden in color, fragrant, sticky and like ripe Jamun fruit.

- **Puran Guggulu:** अति लेखन, विर्य वर्जित This has **greater tendency to reduce weight and burn fat**. This form is dry, with unpleasant odor, and without much medicinal property. It should only be used for reducing weight.

#### HABITATE

The Guggulu(Commiphora mukul) shrub is a small, thorny plant distributed throughout India .

#### COMPOSITION

- Guggul contains Essential oils, myrcene, Z and E guggulsterones, alpha-camphorene, various other guggulsterones, and makulol.
- The Z and E guggulsterones are the major contents that appear to be responsible for lowering blood lipids

#### GRAHYA LAKSHANA

- Agni pariksha – should get burnt.
- Ushna jala – should get dissolved.

#### RASPANCHAK

- Ras - Tikta ,katu, madhur,kashaya.
- Virya – Ushna
- Vipak – Katu
- Prabhava – Tridoshghnya
- Guna – Snigdha,picchila , Laghu,tikshna,ruksha,sukshma, sar,sughandi

#### DOSHGNATA

- Vatashaman - Madhur ras,ushana virya.
- Pittashman - Kashya ras.
- Kaphgan - Tikta ras,tikshan,ushan gun

#### ROGHAGNATA

- Medohar Vatahar Rasayana Agnimandiyahar
- Bhagnasandhakar Varanropan Paramehagan Ashmaribhedan.

#### SAMANYA SHODHANA

- Guggul + koshan jala (4part) mandagni reduce to half filter & dry in shade.

#### VISHESH SHODHANA

- Aam pachan - Gomutra/triphala kawath
- Rasayan - Guduchi kawath /triphala kawath/dugdha.
- Balya - Four part milk
- Vatashaman - Dashmud kawath

## MATRA VICHAR

- Sharangdhar samhita
  1. Heen matra - 4 masha
  2. Madhyam matra - 8 masha
  3. Uttam matra - 12 masha
- Harit sanhita
  - 1-4 tola ,rugaan bal,age,agni vichar

## ANUPAN VICHAR

- General - Koshan jala
- Rutunusar - Varsha,grishma - Ghrita
  - Sharad,vasant - Triphala kawath.
  - Hemant,shisher - Gomutra
- Dosha – Vata – Sura , amla dravya  
Pitta – Amalaki, mrudvika,kshar dravya  
Kapha – Madhu, gomutra,kashayas

## PATHYA APATHYA

- Mugdha yusha, mamsa ras, dugdha, sashti Sali ,Amla ras, krodha, madhya, maithun, Atap sevan , Shram

## GUGGULU KALPANA

- In Guggulu kalpana Major ingredient is Guggulu .It's a vati- Guti kalpana .
- Guggulu kalpana contains 50% Guggulu as an ingredient.

## METHODOLOGY

- ❖ Has three parts
  - 1.Aadhar dravya - Guggulu
  - 2.Prekshap dravya – as per Guggulu kalpana
  - 3.Drav dravya - as per Guggulu kalpana

Aadhar dravya should be mixed with Drav dravya then Prekshap dravya should be added.

TRIVIDHA PAKA methods were adopted for preparation of Guggulu kalpana

1. Soma paka - Mardana & kuttan
2. Surya paka - Aatap
3. Agni paka - Agni

## EXAMPALLES

- **Amrutadi Guggul** - Bhavprakash – Vatarakta
- **Kanchanar Guggul** - Bhaishajya Ratnavali – Galaganda
- **Gokshuradi Guggul** - sharangdhar s.- prameha
- **Kaishor Guggul** - Bhaishajya Ratnavali – vatrakta
- **Lakshadi Guggul** - Bhavprakash – Bhagna
- **Mahayogaraj Guggul** - Bharat Bhaishajya Ratnakar-Aamvat

- **Punarnavadi Guggul** - Bhaishajya Ratnavali – Shotha
- **Swayambhuva Guggul** - Bhavaprakash – Kushtha
- **Trayodashang Guggul** - Bhaishajya Ratnavali – Vatavyadhi
- **Panchamrut Loha Guggul** - Bhaishajya Ratnavali –Mastishkaroga
- **Panchatikta Ghruta Guggul** - Rasatantrasar Siddhaprayog Sangraha – 2 kustha

## Discussion

- According to the study , Z-Guggulsterone and E-Guggulsterone present in **GUGGULU** helps to reduce cholesterol and triglyceride levels.
- Gugulipid lowers VLDL and LDL (Low Density Lipid) cholesterol and triglycerides and at the same time raise HDL (High Density Lipid) cholesterol.
- Also Guggulu stimulates liver to metabolize LDL cholesterol thereby lowering the cholesterol in the bloodstream. In this manner Guggulu acts on liver and thyroid and protects against Atherosclerosis.
- **GUGGULU** does not allow the platelets to coagulate and breaks up the blood clots if any, thus prevents heart stroke.  
Resin of Commiphora Mukul contains hypocholesterolemia property and digestive properties which help in Obesity.

## Conclusion

Guggulu is a oleo-resinous secretion of a herb superior among all regions.

- **PURANA GUGGUL** is helpful in losing weight and **NAVA GUGGULU** increases the weight.
- **GUGGUL** increases the activity of white blood cells and increases immunity of the body.
- **GUGGUL** 's lipid takes out the dead tissues, wastes and toxins from the body.
- **GUGGUL** reduces inflammation of the joints.
- **Guggulu** stimulates thyroid thereby increasing body's metabolic rate.

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## A Study of Samanya,Vishesha,Dravya,Guna,Karma,Samvaya

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### Abstract—

*Ayurveda is an applied aspect of Darshana, there are some variations in these concepts.Knowledge of basic principles of Ayurveda and knowledge of philosophy is essential for having a good effect .Here explaining the Charakacharyas view and padarthas in Darshan.In Ayurveda padarthas are explained as means of effect (Karya) and logical terms*

*Key Words- Karana, Karya, Padarthas*

### Introduction—

Health and Disease are described as pleasure and pain respectively .Scholars of ages have presented the paths to overcome pain and achieve pleasure.

Padarthas with its applied background were utilized in Ayurveda. The aim of Ayurveda is to maintain Dhatusamya , for this purpose Charakacharya explained means in the form of karana which are the Padarthas in darshanas.

These are also described in the logical terms to be acquainted by debater.

### Literary study—

In Tarkasangraha Saptapadarthas are described Dravya,Guna,Karma, Samanya,Vishesha ,Samavaya , Abhava.

In Charaksamhita Sutrasthana Deerghajivitiya Adhyaya Charakacharya described Karana and Karya. Samanya , vishesha, Guna, Dravya , Karma ,Samvaya constitute the means(Karana) ,the effect is the Dhatusamya(Karya) .

The object of this science is the maintenance of Dhatusamya .(ch.su.1/53).

Any disturbance in the equilibrium of Dhatu (Dhatuvaishmya)is known as disease (vikara) and on the other hand the state of their equilibrium (dhatusamya) is health (prakruti). Sukha (Aarogya) and Dukha (Vikara) are also defined as pleasure (sukha) and pain (dukha).(ch. su .9/4)

The utility of this science is to maintain the health of healthy individual and Cure of diseases of patient .(ch.su.30/26)

The sages visualized samanya , vishesha , dravya , guna , karma ,samvaya.

Samanya (Generic concomitance) is always the cause of the augmentation of all the beings whereas

The vishesha (Variant factor) of their diminution---

samanya brings about (the sense of )oneness while vishesha about (the sense of )separation . Again, samanya carries a sense of similitude while the variant factor of dissimilitude. (ch.su.1/44, 45).

Samavaya is the inseparable concomitance of pruthi etc., with their qualities. This is eternal because where there is matter; its distinctive quality is always there. (ch.su.1/50). The one which is a substratum of the qualities and actions and which is a concomitant cause is the matter (dravya). (ch.su.1/51).

Guna possesses inseparable concomitance; it is the cause devoid of efforts. (ch.su.1/51).

Karma (action) present in the matter is the cause of combination and separation. Karma is the action relating to something to be achieved. It does not require any other factor for its action. (ch.su.1/52).

This is about the cause (karan), the effect is equilibrium of dhatu(Karya) .The object of this science is the maintenance of the equilibrium of dhatu. (ch.su.1/53).

samanya , vishesha , dravya , guna , karma ,samvaya described in logical terms to be acquainted with by debators.(ch.vi.8/27)

### Discussion –

In Charaksamhita Samanya , vishesha, Guna, Dravya , Karma ,Samvaya constitute the means(Karana), The effect is the Dhatusamyā (Karya) .

Samanya , vishesha , dravya , guna , karma ,samvaya described in logical terms to be acquainted with by debators.

In Tarkasangraha Saptapadarthas are described Dravya, Guna,Karma, Samanya,Vishesha ,Samavaya , Abhava.

More study need to be done.

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## A Review On Bhagandara

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### Abstract

*Bhagandara is one of the common diseases occurring in anal region. Bhagandara (Fistula in ano) explained as one among the eight (Vatavyadhi, Kustha, Arsha, Bhagandara, Ashmari, Mudha Garbha and Udara Roga) Major disease in ayurvedic texts i.e. Mahagada. In ancient Ayurvedic literature, the description of Bhagandara is found in different Samhitas but it is scattered in various Samhitas, so in this review an attempts has been made to highlight the concepts of Bhagandara in ancient time according to different acharyas of ayurveda collectively in different heading given below, litature review, Hetu of Bhagandara, pathogenesis (Samprapti) types, Purvarupa, Rupa, classification and management of Bhagandara.*

**Keywords:** Bhagandara, Fistula-in-Ano, Astamahagada, Ano.

### Introduction –

*Bhagandara is a chronic disease usually affect Bhaga (pelvic and perianal region around anus). It proceeds initially with an abscess. The word Bhagandara is a composite word i.e. Bhaga (perineal and its area) and Darana (tearing sensation with massive tissue destruction). Hence the derivation leads to draw an impression about a typical pathological lesion at the perineal and perianal area. It is a typical saririkavrana. An eruption initially manifested at the perineal & its area and subsequently leads to suppuration leading to the condition termed Bhagandara. Hence Bhagandara can be defined as a suppurative secondary ulcerative manifestation to an eruption at perianal region which can be simulated with Fistula-in-Ano.*

### Litature Review

*The Daran of Bhag, Guda and Vasti with surrounding skin surface called Bhagandara. Further aacharyas has described that a deep rooted Apakvapidika within two Angula circumference of Guda Pradesh associated with pain and fever is called Bhagandarapidika after bursting of Bhagandara pidika is called Bhagandara*

### Classification

*Bhagandar can be classify on the basis of*

1. Aetiology
2. Prognosis

**Etiology** – Involvement of vitiated *Dosha* clinical presentations, Presence and absence of external opening.

1. *Antara mukha or Aravachina* (Blind External).
2. *Bahira mukha or Parachina* (Blind internal).

According to Acharya Sushruta there are five types of *Bhagandara*

1. *Shatponaka – Dosha –Vata*,  
Feature- *Toda, Tadana, Chedana, Vyadhana, Gudadarana*  
Discharge - Continous Phenila discharge  
Appearance-Water can or sieve like, multiple fistula
2. *Ustragreva – Dosha –Pitta*  
Features- *Chosha* pain like *kshara* or *Agni* being applied to a wound.  
Discharge- *Ushna & Durgandhita* smelling.  
Appearance- Camel's neck.
3. *Parisravi -Dosha- Kapha*  
Feature- *Kandu*, less pain full  
Discharge- Continous and slimy  
Appearance- Whitish
4. *Shabukavarta –Dosha- Vata* along with *Pitta Kapha*  
Features- *Toda, Daha Kandu* migratory pain around the Anal canal.  
Discharge- Multi colour.  
Appearance – Tip of great toe, turns of conch.
5. *Unmargi/Agantuj –Dosha– Trauma* to Rectum or Anal canal.  
Features- *Kotha of Mamsa* and *Rakta* manifestation with *Krimi*.  
Discharge- Pus, faces, flatus, urine, semen.  
Appearance- No specific course of track.

According to Asthanga Sangra 8 types of *Bhagandara* are described among these five types are same that of Sushruta and other there types are.

*Parikshepi- Dosha- Vatta & Pitta.*

Feature- curved track is formed all around the Anal canal.

Discharge-Pus & blood.

Appearance- Horse shoe shaped fistula.

*Ruja –Dosha–Vatta & kapha*

Feature – Linear track associated with pain

Discharge- Pus

Appearance- Short straight track

*Arshobhagandara- Dosha- Kapha & Pitta.*

Feature- Located at the base of the *Arsha*, burning pain and itching sensation.

Discharge- continuous discharge, moist.

Appearance- fistula arises following infection of fissure bed with sentinel tag.

*Anatramukha* – The track open inside the anal canal or Rectum with no external opening its called *Antarmukha*.

*Bahirmukha*- the track has got on external opening in the perianal skin but the internal opening is blocked or abscent.

**Prognosis** –(Difficult to cure and incurable.)

In Ayurveda the disease has been described as *Mahagada* disease which are difficult to cure on the basis of prognosis, it can be categorized as curable and incurable. According to Acharya Sushruta all types of *Bhagandara* are curable with difficulty except *Tridoshaja* and traumatic those are incurable.

According to Acharya Vaghabhitta the *Nadi* (track) of *Bhagandara* which cross *Pravahinivali* and *Sevani* are incurable. If *Apan Vayu*, *Mutra*, *Purisha*, *Krimi* and *Shukra* are expelled through *Bhagandara* it should be considered as incurable.

**Diagnosis**

*Bhagandara* can be diagnosed by Goodsalls rules

**Goodsalls Rules**

1. In general fistula with an external opening anteriorly but with in 1.5 inches from Anus connects to internal opening by a short radial track.
2. Fistula with an external opening posterior to transverse line track in curvilinear fashion in the posterior midline and often this is a Horse shoe fistula.

**Etiological Factor of *Bhagandara* According To Different Acharya**

*Aharaj* Factor -*kshya rassevan*, *Ruksha Annasevan*, *Mithyaahara* (apathyasevan) *Asthiyukta Aharasevan*.

*Viharaj* factor –horse and elephant riding force fully defecation excessive sexual activity sitting by awkward position

*Agantuj-* As cause of haemorrhoids, Trauma by *Krimi*, Trauma by *Asthi*, Improper use of *Vastinetra*

*Mansik-* Paap karma

**Modern view** – The fistula-in-Ano usually as a sequel to some perennial abscess which has either been allowed to rupture spontaneously or has been incised late or in an inadequate or incorrect manner.

Non-specific-caused by cryptoglandular infection and perianous Ano-rectal abscess.

Specific Etiological factor- T.B. IBS, Ulcerative colitis, fistula in ano due to infected fissure bed, chronic disease malignancy foreign body other abdominal condition producing a pelvic abscess.

*Purvarupa* – The *Purvarupa* of *Bhagandara* includes pain in katikapal region itching burning sensation and swelling in Guda these feature become more aggravated during riding and defecation.

*Rupa*– (sign & symptoms) The most typical sign and symptoms of *Bhagandara* are a discharging vrana with in two finger periphery of perianal region with a history of *Bhagandara-pidika* which bursts many time heals and recurs repeatedly and is pain full specific types of *Bhagandara* according to Doshaja involvement.

The management of Bhgandara can be categorized of as preventive and curative measure as give below-

Management of Bhagndara

Preventive- Avoidance of causative factor

Diet- Guru Madhya, Asatmya food, Virudha Annapana.

Life style – Strenuous excersise, excessive coitus, riding or driving, Vagavarodha, Atisahas

Management of Bhagandara pidika (Apakvaawastha)-

### 1. Perventaion of suppuration of *Bhagandarapidika*–

**Local measures-** *Alepa Parisekha Vimlapana, Upnaha, Abhyanga, Pachan*

**Systemic measures-** *Aptarpan, Sevedan, Visravana, Snehan, Shodhan, (Vaman & Virechan)*

### Management of supputrative *Bhangandrapidika*

**Medical management** – Application of *Vartee, Kalka, Kwatha, Tail, Ghrita.*

**Drugs-** *Triphlagugglu, Saptavinsatigugglu, Nvavkarshi kaguggulu.*

**2. Surgical Process-** According to Acharya Sushruta excision (*Chedan*) and incision (*Behedan*) over the track should be different type which is depends up on the type of the fistula.

The general principles of management of *Bhagandara* by Acharya Charaka are mentioned below

*Virechana*-preparation of bowel

*Eshana*- Probing

*Chhedan/Patana* (Laying open of the track) *Margavisodhana*- Cleaning of track

*Dahana*- Cauterization

*Vranachikitsa*- Wound management (post-operative)

*Ksharsutra* therapy –It is indicate specially for those who are unsuitable for surgical procedures.

### By Acharya Sushruta-

*Shatponak- Langlaka, Ardhalanglaka, Sarvatobhadra, Goteerthaka.*

*Ushragreeva- Eshana - bhedana - kshara lepana.*

*Parisravi- Kharjurapatraka, Ardachandra, Chandrakara, Suchimukha, Awangmukha.*

*Unmargi*- Its arises due to impaction of foreign body in *Guda* and requires removal of foreign body followed by *Bhedana* and *Agnikarma* by *Jambu shalaka*.

**Arsho Bhagandara** – It is advisable to excise the tag and fissure bed prior to *Ksharsutra* therapy.

### Parasurgical Process

**1. Raktamokshan (Bloodletting)** - *Jalaukavacharana* is one of the commonest method of *Raktamokshana* and prevention of suppuration of *Bhagandara-pidika*.

**2. Agnikarma (Thermal cauterization)** - *Agnikakarma* has been adopted in the management of all type of *Bhagandara* except *Ushragreeva Bhagandara* it is also useful for haemostasis during operative procedure.

**3. Kshara karma (Kshara & ksharsutra)- (chemical cauterization)-** Ksharsutra is a kind of Kshara-therapy, which is applied with the help of kshara sutra which removes the unhealthy tissue from fistulous track and helps in wound healing.

### Pathaya

*Shalidhanya, mudga, patola, shigru, balamulaka, tiktavarga, tilataila, sarshaptaila, vilepi, jangalamamsa and madhu etc.*

### Apathya-

*Vyayama, Gurvahara, Maithuna, Sahasakarma, Krodha, Asatmya, Aswaprishthayaa, Vegavarodh, Ajirna, Madya. These are avoided upto one year.*

### Management of fistula-in-Ano-

The treatment of fistula-in-Ano still remains a surgical challenge the ideal treatment of a fistula would effectively close the track with the lowest recurrence rate and fewest complication.

- 1. Fistulotomy-** Fistulotomy can be done in a very low anal fistula without any risk of functional compromise.
- 2. Seton-** It is particularly for treatment of extrasphincteric fistula. A seton is a thread of foreign material that is placed in the fistulous track the seton is used for the management of high or complicated anal fistula the function of seton is to provide drainage, to induce fibrosis and to cut the fistulous track with preservation of the sphincter mechanism.
- 3. Fibrin glue-** Fistulous track is closed by injection of fibrin glue, which results in formation of a clot within the fistula, helps to promote healing of the track. One component content a solution of fibrinogen and the second contains thrombin and calcium.
- 4. Anal fistula plug-**The newest modality therapy for the treatment of fistula-in Ano is use of Anal fistula plug. The Surgisis AFP plug is conical device made from porcine small intestine submucosa .the principal effect of the fixing the plug from inside of anus with suture. It also stimulates native tissue remodeling to eventually close fistulous track.
- 5. Endorectal advancement flap-** Mucosal advancement flap are used particularly for fistula in Ano such as high level fistula high trans sphincteric, supra sphincteric and extra sphincteric fistula. The principle of the technique is to cover the internal opening by internal sphincter and rectal mucosa is advanced from above at the Same time.
- 6. Fistulectomy-** It is a technique for excising the fistulous track It causes very wide wound. It heals from top causing a tunnel formation and recurrence. The technique preserves anal sphincter function.
- 7. LIFT (Ligation of inter sphincteric fistulous track)**—This procedure aims at total anal sphincter preservation and is applicable especially in fistula of intersphincteric variety. LIFT procedure is based on secure closure of the internal opening and removal of infected cryptoglandular tissues through the intersphincteric approach.

**8. VAAFT-** VAAFT is video assisted anal fistula treatment. This technique involves use of an endoscope i.e. fistuloscope the main advantage of this technique is localization of internal opening. There is also no surgical wound postoperatively.

## Discussion

*Bhagandara* which is related to Fistula in Ano a communicating tract between two epithelial surfaces, commonly between a hollow viscous and the skin (external fistula) or between two hollow viscera (internal fistula). It is a typical *Saririkavrana*. The main cause or *Nidana* of *Bhagandara* is infective in nature. The source of infection to these spaces mainly involves the infected and inflamed condition of a infection from a hair-follicle or a sebaceous gland. Prolonged negligence leads to formation of fistula. The main symptom is pus discharge in the peril anal region. Pain and tenderness are present. The classification according to Ayurveda is mainly based on the doshas involvement. And the modern classification is based on the area affected. The main principle of treatment in modern science is fistulectomy (complete opening of the tract). Ayurvedic treatment principle involves *Bhesaja*, *Agni karma* and *Kshara Karma*.

## Conclusion

From the above literary study and discussion of both *Bhagandara* and fistula, it can be concluded that *Bhagandar* is a common problem in today's life style and it is very difficult to treat even by modern methods also because of its high rate of recurrence and delay in wound healing due to frequent chance of infection by sweat, fecal matter, soiling, discharges etc. The basic principle of management runs through –*Vedanashamaka*, *vranshodhaka*, *vransaropaka*, *lekhana karma*, *Shothahara*, *ausadhiprayog*. *Vransaropana* by the local application of various medicated oils described in Ayurveda can help in accelerating the wound healing giving fast results in treatment. Further studies can be done in this aspect.

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## Critical Review Of Dincharya As A Lifestyle Management Tool In Geriatric Health Care.

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### Abstract

*Ayurveda is science of life. It's the study of human life with holistic approach; whenever the aim of Ayurveda is mentioned more emphasis is always given to the maintenance of health "Swasthya rakshanam" of a healthy person and curing the disease of an ill comes next. One of the most intriguing aspects about healthcare in India is its pluralistic nature. In addition to the modern Western conception of medicine, Ayurveda is used throughout India as a system of healthcare. To maintain the health some activities are mentioned in Ayurveda under the concept of dinacharya. Dincharya is an ideal life style; this idea is not just a philosophy of an ideal lifestyle but rather a carefully designed stepwise protocol. Dincharya even though mentioned in age old classical ayurvedic texts, it's still applicable in modern life. Dincharya as a lifestyle management tool can play a vital role in health care. If these principles of Ayurved are applied in context of ageing with a practical approach keeping in view status of current scenario, ageing can be comfortable and related diseases can be prevented. So following simple procedure like Anjana, kavala, Abhyanga, Nasya etc. which is told in Dincharya can reduce and prevent the different manifestations of old age and contribute to the holistic geriatric health care.*

### Introduction

*Ayurveda is science of life. It's the study of human life with holistic approach; whenever the aim of Ayurveda is mentioned more emphasis is always given to the maintenance of health "Swasthya rakshanam" of a healthy person and curing the disease of an ill comes next.[1] To maintain the health some activities are mentioned in Ayurveda under the concept of dinacharya. Dincharya is an ideal life style; this idea is not just a philosophy of an ideal lifestyle but rather a carefully designed stepwise protocol. Dincharya even though mentioned in age old classical ayurvedic texts, it's still applicable in modern life because certain aspects of human life haven't changed significantly. Basic principles of ayurved offer a range of flexibility in this stepwise protocol so that people of all ages and different geographical regions can follow it. By following daily regimen (Dinacharya) one will be able to follow a healthy lifestyle thereby maintaining health and achieve longevity.*

*Health is a state of complete physical, mental, social and spiritual well being and not merely the absence of disease. (Acc.to WHO).[2] According to Ayurveda man is said to be healthy (Swastha) whose humors (Doshas), tissues (Dhatus), excretory products (Malas), and digestive capacity (Agni) are in the state of equilibrium along with mental sensory and spiritual pleasantness and happiness.[3] Maintenance of healthy body and healthy mind is very essential in old age.*

*Ageing is an irreversible consequence of the human body. The old age is frequently associated with set of illness as well as discomfort in healthy life style. Old age also creates different life style disorders like diabetes, hypertension, cardio-vascular disease, dyslipidaemia etc. Ageing requires special attention in diagnosis of disease, their treatment and prevention. The biggest challenge with geriatric health care is that in most of the cases*

the condition cannot be attributed to a single cause or in certain conditions of neuropsychiatric disorders like, Senile dementia, Alzheimer's disease, depression, the structural cause is unknown. Multi dimensional causation plays an important role in the geriatric etiology. Hence it's difficult to for the conventional system of medicine to come out with effective preventive measures. *Ayurveda* can play a vital role in the management and prevention of different geriatric ailments and life style disorders.

*Dincharya* as a lifestyle management tool can play a vital role in geriatric health care. One of the most intriguing aspects about healthcare in India is its pluralistic nature. In addition to the modern Western conception of medicine, *Ayurveda* and other traditional medicines are used throughout India as a system of primary healthcare.[4] Especially in recent years, there has been a push towards scientific affirmation for the cultural belief in *Ayurveda* through experiments and case studies.[5] For the special needs of geriatric age group; adaptation of *Dinacharya* upkrama as life style is not much explored. This article is an effort to do the critically analysis of *Dinacharya* on the basis of classical text and contemporary sources in geriatric health care in modern world.

## Literary review

### Dinacharya

A person who wishes to have good health should wake up, for protecting his life in *Brahma muhurta*. After considering the position of digestion or indigestion [6] one should excrete the urine and faeces only after getting the urge, facing the north during daytime and should south during night [7]. One should do *achamana* (clean) after the following acts- touching excreta, tears, fat, hair, and nails separated from the body, after taking bath, before and after taking the food and getting up from the sleep and after sneezing [8].

After this one should chew the *dantha dawana* (Brush) sticks meant for cleaning the teeth. Sticks used for brushing teeth should be of *Arka, Khadira, Karaveera, Arimeda, Apamarga*. They should be astringent, bitter [9]. *Jihva nirlekhana* should be done with the help of gold, silver, or iron. It will benefit in bad odor of mouth, cure edema, and gives taste.

*Gandusha and Kavalagives* strength to mandible, clarity of mouth, lightness and clarity of sense organs and also gives good taste [11].

One should daily apply the collyrium called *Sauviram*, which is beneficial to the eyes; by this eyes become beautiful, sharp to see even minute objects [10]. Then *Anutaila* is to be dropped into the nose. Head is considered as the most important part of the body. So nose is the entry way for the head. It causes benefits like lightness of the head, proper sleep, and awakening, cure of diseases, clarity of organs, and pleasant mind. One should next undertake use of smoke i.e, inhalation of smoke. It gives benefits like lightness of the chest, throat, head, and liquefaction of the *Kapha*. [12].

Actions which produce weariness to the body are called exercise or *Vyayama*. By exercise, feeling of lightness of the body, ability to do work, intensity of fire, reduction of fat can be achieved. It lowers the body fats, reduces the risk of heart disease. And lowers LDL and raises HDL. It helps for the controlling the blood sugar, reduces the risk of osteoporosis and cancer, helps for giving energy, reducing the stress, improves the sleep, to

enhance mode of work and the self- esteem [13]. *Abhynga* i.e. Massage of the body subsides, *Kapha*, dissolves the fat produces firmness to the limbs and gives good appearance to the skin. By taking proper massage it delays aging, cures tiredness and *vata* disorders, and improves vision, complexion, nourishment, life, sleep. And by doing *padaabyanga*, it provides strength and stability to feet, improves the vision and pacifies the *vata*. By doing *Shiroabyanga* it prevents the balding, graying, hair fall, strengthens the hair root, and makes the hair long and black. And it also nourishes the sense organs, softens the skin, [14].

*Udvardana* is done next so that the complexion in the skin is enhanced by removal of excess of *kleda*. Cures rashes, *vata* diseases, enhances the strength of thighs, and provides the lightness. *Snana* i.e. Bath stimulates digestive fire; increases span of life *Ojus* and strength. It also removes itching, dirtiness, fatigue, sweat, lassitude, thirst [15] etc.

One should start *Ahara* with *Madhura rasa* then *amla*, *lavana*, *tikta*, *katu*, *Kashayaa*. Like this one should take *Ahara* in this order. And one should take *anupana* as *jala*. *Ahara rasa* gives strength, *bala*, *varna*, *pushti*, *dhatu poshana*, *indriya prasadata* etc. After taking the food one should take *Tambula* (betel leaves and nut) because it will give oral hygiene, improve digestion of food, gives good smell and improve functions of *Indriyas*.

## Geriatrics

Geriatrics differs from standard adult medicine because it focuses on the unique needs of the elderly person. The aged body is different physiologically from the younger adult body, and during old age, the decline of various organ systems start to manifest. Previous health issues and lifestyle choices produce a different constellation of diseases and symptoms in different people. The appearance of symptoms depends on the overall health. Geriatricians distinguish between diseases and the effects of normal aging. For example, renal impairment may be a part of aging, but renal failure and urinary incontinence are not. Geriatricians aim to treat diseases that are present and achieve healthy aging. Prevention of disease remains the most cost effective long term strategy to counteract the geriatric health problems.

## Geriatrics In Ayurved

*Ayurveda* quotes Human body (*Sharira*) — '*Shiryateitishariram*' Human body is bound to destroy, it is continuously destroying. *Ayurveda* has given the description of some diseases which are irreversible and related with nature and considered as *swabhavaja vyadhies* [16]. *Jara* viz. aging process is one among them. Such changes start right from the birth and advances with chronological age. *Ayurveda* divides life cycle of a person into 3 phases-*Baala*, *madhyama*, *jeerna* [17]. Every person has to pass through these decaying changes. During these *jeernavastha* or *vridhdhavastha*, there is predominance of *vatadosha* in the body. Aging can be timely or untimely. As it is fact, *Ayurvedic* concepts believe in prevention of disease as well as cure of disease. It does not aim at creating only the health of the individual but simultaneously provide the preservation of health. It has a focused branch termed *Rasayana* or *Jarachikitsa* in *Ayurveda*. According to *Shrangdhara* which destroys *Jara* (aging) and *vyadhies* (disease) [18] is called *Rasayana*.

*Ayurveda* opines about maintenance of homeostasis of *Doshas*, *Dhatus*, *malas*, *agni* to retain a healthy life [19]. Various principles have been elaborately described for the maintenance of health in *Ayurveda*. Hence, if these principles are applied in context of ageing with a practical approach keeping in view status of current scenario, ageing can be comfortable and related diseases can be prevented.

## Discussion

### Prevention of old age disorders with the help of *Dincharya Upakrama*.

It's not the aging but the consequences of ageing that has to be managed. By studying and adapting some basic principles of *Ayurveda*; a healthy aging can be attained. Broadly all types of conduct in *Ayurveda* are described as *Aahara* (Diet), *Vihaara* (activities). These wholesome set of rules are the *Ayurvedic* concept of ideal lifestyle and are mentioned in *Ayurved*. These wholesome set of rules can retard premature ageing as well as troubles associated with it. Maintenance of healthy life by proper and acceptable actions in physical and mental level is *Swathavritta*. By adaptation of *Swasthviritta*, one can achieve a healthy life.

Various activities mentioned in *Dincharya* can be adapted in old age without any drastic changes in life or any economic burden. Different *Dincharya* activities and their possible benefits in old age are discussed below.

**Brahma muhurtha:** It is considered as the apt time for waking up which is the fourteenth Muhurtha of Ratri (night). The exact time of *Brahma muhurtha* varies from region to region as the time of sunrise is not uniform throughout the world. It is approximately two muhurtas i.e. 96 minutes (almost 1.5 hrs) before sunrise in that region. Period of Brahma Muhurta is an intermittent duration between respiration and photosynthesis in plant kingdom. There will be Abundance of nascent oxygen which easily mixes with hemoglobin forming oxy- hemoglobin reaching to the remote tissues and also boosts the immune system as oxygen deficient bodies are highly prone to diseases. Also it is the right time for adhyayana (study) and the time when melatonin synthesis in the body will be optimum. Late rise from bed induces lethargic mood throughout the day causing inactivity.

Waking up at this time can improve the functionality of lung hence can be help in geriatric respiratory problems. *Apana vayu* is active in this time which will help in proper evacuation of *mala and mutra*. Many seniors suffer from constipation so waking up early can improve the digestion and proper bowel movement. Also waking early improves confidence, brings energy to the remaining day and can help to fight the depression in geriatric age group. However many seniors suffer from insomnia; in such condition it will not be easy to adapt this life style change.

**Shauch Vidhi:** proper evacuation of bowels and bladder is very important for optimum functioning of gastrointestinal track. Morning or early morning is the ideal time for the bowel evacuation but *ayurved* advice not to forcefully induce the evacuation under any

condition. With proper digestion; the urge of defecation will come normally. Geriatric age group has impaired digestive system and bowel movements. Even if the defecation urge is not there; with routine practice of ayurvedic *Ahara and Vihara*; bowel movements will improve in the long term.

**Danta dhavana:** Ayurveda emphasizes the importance of Oral hygiene for which Danta dhavana (Brushing), Jihwa nirlekhana (tongue scraping) are mentioned. Geriatric age group face many issues regarding the oral cavity and specially the teeth. Proper teeth brushing with ayurvedic method can improve dental strength and prevent tooth decay, infections, bleeding gums etc.

**Dantadhavana Dravya and Tooth paste:** A typical toothpaste contains an abrasive (calcium phoshate dihydrate, chalk, alumina), humectant, binder, detergent, flavor (Cellulose), preservative and therapeutic agent. Flavors, coloring and preservative agents may give rise to allergic reactions. The detergent or essential oil flavors may produce localized mucosal irritation. Ingestion of excessive amounts of fluoride toothpastes has been implicated in dental flurosis, degeneration of bones and teeth.<sup>20</sup> Fluoride has a cumulative effect, once consumed it cannot be excreted. Population subjected to excess fluorine in drinking water over a period of time will suffer from flurosis. (Ayurwave-Nov.2002) Bone health is very essential for healthy old age hence anything which might affect the bone density and integrity should be avoided. This is the logic behind indicating twigs of plants possessing katu (pungent), tikta (bitter), kashaya (astringent) rasas (tastes) for the purpose of danta dhavana as it poses minimum risk of allergic reactions or mucosal irritation. It is a known fact that astringent drugs possess analgesic and antiseptic properties which can not only help to manage dental degeneration, sensitive tooth or infection etc but also prevent them from happening in the future. In modern world and urban areas where contemporary oral hygiene products are popular it's hard to find the twigs of herbs and its hard to convince the elderly to choose *dhantadhavan kashta* over toothbrush.

**Jihwa nirlekhana:** Bad breath is a common complaint in old age and many times it can demoralize old people and hamper their social skills. Many of the microbes that contribute to bad breath live on the tongue. Because the surface of this muscle is pebbled with tiny ridges and taste buds, which provides a deceptively large area for bacteria to live on, particularly since the root of the tongue extends far back into the throat. Tongue scrapping is effective in eliminating the microbes that contribute to bad breath. It also stimulates taste perception and increases the salivation (saliva contains Ptyalin, lysosomes, which acts as bactericidal). It also results in an increased threshold level of the basic taste perception, Increased Stimulation levels of unconditioned reflex in cephalic phase for gastric secretion hence increased appetite and also proper digestion.

A cross – over study to evaluate the effect of tongue scrapping in combating bad breath revealed that tongue scrapping appears to be the most important hygienic procedure to reduce morning bad breath in periodontally healthy subjects.[21]

**Gandusha and kavala:** As mentioned before maintaining the oral health is a major concern in geriatrics because it can hamper their ability to maintain proper voice and enjoy food. They are intended to tone up jaw and facial muscles along with maintaining oral hygiene. The oral mucous membrane has the capacity to absorb lipid soluble drugs especially the buccal mucosal cell membrane which is lipophilic in nature permitting considerable absorption of lipid substances across the mucosa.<sup>[22]</sup> Hence the lipid soluble constituents present in kavala and gandusha gets absorbed. It enhances the sensory and motor functions of tongue, stimulate blood flow, relieve tension, and improve overall appearance of the face. It can even help to diminish the signs of ageing on the face.

**Dhumapana:** Respiratory infections are very frequent in old age but the practice of *Dhoompana* can help in prevention of the recurrent infections. It promotes strength and prevents diseases of urdhwajatu gata angas. It has a stimulant effect on the respiratory center in brain stem. Disinfective action on the nasal mucosa and nasopharynx. Maintains the patency of nasopharynx and oropharynx as it clears excess secretions. However it's not clear how *dhumpana* would impact the patients of allergic conditions like asthma.

**Nasya:** Disorders of head and neck are common in old age like balding, gray hairs, headaches, migraine, pain in cervical area etc. and *ayurved* treatment modality like nasya can be effectively used to treat these conditions. Introducing nasya in daily routine; especially *parimarsha nasya* can help prevent diseases of head and neck in old age. Nasya is a unique method of delivering drug via transnasal route. It promotes strength and prevents diseases of urdhwajatu gata angas (head and neck) in old age. One distinct advantage of transnasal drug delivery is that drug uptake into the blood by absorption through the nasal mucosa can be quite rapid.[23][24] This is due to the large surface area, porous endothelial membrane, high total blood flow, the avoidance of first-pass metabolism, and ready accessibility.

Transnasal drug delivery may be the route of choice for diseases such as migraine headaches, since there may be direct access from the nasal cavity to the central nervous system (CNS) via the olfactory neurons, thus avoiding the problems with the blood-brain barrier observed for drugs administered intravenously; however, this remains to be confirmed and quantified. Another distinct advantage of transnasal drug delivery over conventional oral drug administration in the form of drug-containing tablets and liquids is the avoidance of low pH, associated chemical degradation, enzymatic inactivation and hepatic elimination of the drug. [25] It can be a very distinctive drug delivery system for geriatric patients.

The logic behind advocating medicated oils for the purpose of nasya is evident from the fact that the nasal mucosa presents an ideal site for bioadhesive drug delivery systems. Drug delivery systems, such as microspheres, liposomes and gels have been demonstrated to have good bioadhesive characteristics and that swell easily when in contact

with the nasal mucosa. These drug delivery systems have the ability to control the rate of drug clearance from the nasal cavity as well as protect the drug from enzymatic degradation in nasal secretions.[26]

**Vyayama (Exercise):** Physical health is not only central to geriatric health care but also in some extent influences the social and mental health. Good physical strength in old age can only be achieved by physical exercise. Half of one's capacity (*Ardha shakti*) is considered as beneficial in *Ayurveda* as it increases the digestive power, makes body light and able to withstand exhaustion. It helps in maintaining a healthy state of body and mind, and aids in maintaining ideal body weight, lypolysis of accumulated excess adipose tissue, metabolize carbohydrate, increases oxygen supply to all tissues, increases BMR (Basal Metabolic Rate).

In addition, studies that followed large groups of individuals for many years have documented the protective effects of physical activity for a number of non cardiovascular chronic diseases, such as non-insulin- dependent diabetes, hypertension, osteoporosis, and colon cancer. In contrast, one can observe a higher rate of cardiovascular events and a higher death rate within geriatric population with low levels of physical fitness.[27] [28] Despite all the benefits of *Vyayama* mentioned in the *dincharya* and known from the contemporary sources; what type of exercise has to be done is not clear many times and not mentioned at all in *dincharya*. So old age people should take professional help for at least the initial training of *vyayama*.

**Abhyanga (Massage with medicated oils):** The first and most predominant signs of ageing manifest on the skin. So skin care another important aspect of geriatric health care. Routine *Abhyanga* in *Dincharya* can pacify the *Vata Dosha* present in the skin and removes dryness and wrinkles. Everyday practice of *Abhynga* will increase blood circulation locally providing better transportation of oxygen and nutrients in body. It increases nerve stimulation (sensitivity) depending on the area on which it is done (foot, head, ear and whole body). Relaxes and softens injured and overused muscles. Other benefits include Nourishment to hair roots and eyes, tones up muscles, increases skin complexion.[29] *Abhyanga* can be when done on soles of foot *padaabyanga*, it provides strength and stability to feet, improves the vision and pacifies the *vata*. By doing *Shiroabyanga* it prevents the balding, graying, hair fall, strengthens the hair root, and makes the hair long and black. And it also nourishes the sense organs, softens the skin,

**Udvardana:** Udvardana helps to remove excess of *Kleda*, *Kapha* and *meda* (body fat). *Kahsay rasa pradhan dravya* are used for the udvardana. *Kleda janya vyadhi* like *prameha*, *sthaulya* are predominant in old age and can be managed by udvardana.

**Snana:** Benefits of *snana* are that it increases the appetite, improves sex drive, enhances the life span, improves body strength and remove itching, dirt, exertion, sweat, fatigue, thirst, burning sensation etc. [30]

**Ahara sevana:** Concept of balanced diet in Ayurveda is considered under the heading of Ashta Ahara Vidhi Vishesha Ayathana (Eight dietetic measures) and Dwadasha ashana pravichara (twelve factors to be considered while planning a meal). Diet in old age should fulfill the physiological need of body. In general food must be pleasant to taste and should be pure, fresh and warm. The influence of psychology over food consumption is well appreciated nowadays as the nutritionists and dieticians recommend not to eat in front of the TV or while busy with other activities, pay attention to what you are eating, chew your food well, and fully enjoy the smell and taste of your foods.[31] These concepts are explained in Ayurveda under Ashta Ahara Vidhi Vishesha Ayathana which states that the food consumed should be fresh and warm, unctuous, balanced and one should not take any food unless there is proper digestion of previous meal and good appetite. Food should be consumed in a pleasant place, neither too fast nor too slow, should restrain from laughing, engaging in talks, enjoy the meal with due consideration to quality and quantity of food, concentrate on the food which is being consumed thus ensuring a mindful eating.

**Tambula sevana:** It is told as mukha vaishadyakara (cleanses oral cavity). Tambula Guna – Teekshna, Ushna Veerya, Ruchikaraka, Kashayarasa, Saraguna Asyavairasya Nashak. Besides the aforesaid benefits betel leaves has many proven medicinal uses.[32]

#### **Nutritional composition of fresh betel leaf**

Constituents' with approximate composition –

- Water 85-90%
- Protein 3-3.5%
- Fat 0.4-1.0%
- Minerals 2.3-3.3%
- Fibre 2.3%
- Chlorophyll 0.01-0.25%
- Carbohydrate 0.5-6.10%
- Nicotinic acid 0.63-0.89 mg/100g
- Vitamin C 0.005-0.01%
- Vitamin A 1.9-2.9 mg/100g
- Thiamine 10-70 g/100g
- Riboflavin 1.9-30 g/100g
- Tannin 0.1-1.3%
- Nitrogen 2.0-7.0%
- Phosphorus 0.05-0.6%
- Potassium 1.1-4.6%
- Calcium 0.2-0.5%
- Iron 0.005-0.007%
- Iodine 3.4 g/100g
- Essential Oil 0.08 - 0.2%
- Energy 44 kcal/100 g

The essential oil contained in the leaves possesses antibacterial, antiprotozoan and antifungal properties. Therefore, the oil kills or inhibits growth of dreadful bacteria causing typhoid, cholera, tuberculosis etc that needs proper evaluation and exploitation.

The leaves are very nutritive and contain substantial amount of vitamins and minerals and therefore, six leaves with a little bit of slaked lime is said to be comparable to about 300 ml of cow milk particularly for the vitamin and mineral nutrition. The leaves also contain the enzymes like diastase and catalase besides a significant amount of all the essential amino acids except lysine, histidine and arginine, which are found only in traces. [33][34]

## Conclusion

Concepts related to lifestyle told in Ayurveda are very unique; evidence based and aims at physical, mental, social and spiritual wellbeing which are practical even in the present era. Ageing can be prevented or retarded by a holistic approach to combat geriatric concerns in a winning approach. Various principles have been elaborately described for the maintenance of health in *Ayurveda*. Hence, if these principles are applied in context of ageing with a practical approach keeping in view status of current scenario, ageing can be comfortable and related diseases can be prevented. So following simple procedure like *Anjana, kavala, Abhyanga, Nasya* etc. which is told in *Dincharya* can reduce and prevent the different manifestations of old age and contribute to the holistic geriatric health care.

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## Adulteration And Substitution Of Herbal Drugs: A Review

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### Abstract

*The adulteration and substitution of the herbal drugs is the current issue in Ayurveda which has caused a major treat in efficacy of Ayurveda medicine. Deforestation, extinction and unavailability of many species has resulted in adulteration and substitution of raw drugs. Many drugs get adulterated and substituted which results in degradation of efficacy and also affect the trust of the people in Ayurveda traditional healthcare system. Substitution is the choice for many unavailable drugs which was already given by our Acharyas Bhavprakash and Yogratnakar. This article reviews the adulteration, types of adulteration, criteria for substitution and list of substitutes given by Acharyas.*

**Keywords:** Adulteration, Substitution, Efficacy, Bhavprakash.

### Introduction

*Ayurveda* is a system of Indian traditional form of alternative medicine. Many times heard that herbal drugs are natural, safe and don't have side effects. But unfortunately that was not always true because of many causes and one of them is adulteration.

In olden days, *Vaidyas* used to treat patients on individual basis and prepare drugs according to requirement of the patients but now herbal, medicines are being manufactured on large scale. There is very high demand for all forms and preparations of medicinal plants worldwide. So that many raw materials/ drugs facing the threat of becoming extinct or endangered. Many of drugs are getting adulterated due to unavailability, deforestation and extinction. In recent, many of crude drugs are substituted with the inferior commercial varieties and are used as adulterant which may or may not be have any therapeutic potential as that of original drug.<sup>5</sup> Due to adulteration, faith in herbal drugs has declined. So there is need to study adulteration and substitution of herbal drugs.

### Aim and Objectives

**Aim:** To study adulteration and substitution of herbal drugs

**Objectives:** To study adulteration and substitution according to *Ayurveda*

To study adulteration and substitution according to modern aspect

### Definition of adulteration

Adulteration is a practice of substituting original crude drug partial or whole with other similar looking substances but later is either free from or inferior in chemical and therapeutic properties<sup>5</sup>.

**Types of adulteration<sup>5</sup>**

1. Adulteration with inferior commercial varieties  
e.g. *Maricha* (*Pipernigrum* Linn.) adulterated by Papaya seed
2. Adulteration by superficially similar inferior drugs  
e.g. Indian senna by *Arabicansenna*
3. Adulteration by artificially manufactured substance  
e.g. Artificial invert sugar for honey
4. Adulteration by synthetic chemicals to enhance natural character  
e. g. Citral added to citrus oils like orange and lemon oil
5. Adulteration by vegetative matter of same plant
6. Harmful adulterants  
e.g. Pieces of limestone in *Asafoetida*

**Reasons of adulteration<sup>5</sup>**

1. Confusion in vernacular names
2. Lack of knowledge about authentic sources
3. Similarity in morphology, colour
4. Lack of authentic plant
5. Careless collection
6. For market benefit purpose

**Need for substitution<sup>5,2,3</sup>**

1. Non availability of drugs  
e. g. Substitution for *Ashtavarga* *Dravyas*
2. Uncertain identity of the drugs  
e.g. for the herb *Lakshmana* different species such as *Arliquinquefolia*, *Ipomeasepiaria* etc are considered
3. Cost of drug  
*Kumkum* being costly herb is substituted by *Kusumbha*
4. Geographical distribution of the drug  
e.g. *Rasna* as *Pluchialancieolata* is used in Northern India while in Southern parts *Alpiniagalanga* is considered as the source.
5. The adverse reaction of the drug  
e.g. *Vasa* is known as *Raktapittahara* drug, but due to its abortifacient activity its utility in pregnant women is limited, instead drugs such as *Laksha*, *Ashoka* etc substituted.

**Criteria for substitution<sup>2</sup>**

“*Kadachitdravyamekamvaayogeyatranalabhyate* |

*Tat tadgunayutamdravyamparivartenagrihyate* ||” – *Oushadavignana*

A drug to be considered as substitute must fulfill following criteria-

**Similarity in Ras-panchakas and therapeutic effects-**

e.g. *Ativisha (Aconitum heterophyllum)* and *Musta (Cyperus rotundus Linn.)*

**Substitution with totally different drug**

e. g. *Bharangi (Clerodendron indicum)* and *Kantakari (Solanum xanthocarpum)* both are totally different drugs employed in respiratory disorders, which are commonly associated with release of Histamines and other autacoids.

**Substitution of different species**

*Gokshur* is of two types- 1. *Tribulus terrestris (Zygophyllaceae)* and 2. *Pedaliium murex (Pedaliaceae)*. These both species are proved for nephroprotective, lithotriptic, diuretic and hepatoprotective activities.

**Substitution of species belonging to same family**

e. g. *Datura metel* and *Datura stramonium*

The alkaloid present in both the species are well proven bronchodilators and inhibit the secretion of mucous membrane of respiratory tract. So when considering respiratory disorders both the species are useful.

**Substitution of different parts of the plant**

e.g. Root of *Sidacordifolia* and whole plant of *Sidacordifolia*.

**List of Some Substitutes according to Yogratnakar and Bhavprakash**

<i>Chitraka (Plumbago zeylanica)</i>	<i>Danti (Baliospermum montanum)</i>
<i>Meda-Mahameda</i>	<i>Ashwagandha (Withania somnifera)</i>
<i>Lakshmana (Ipomea sepiaria)</i>	<i>Mayurshikha (Elephantopus scaber)</i>
<i>Kakolodwaya</i>	<i>Shatavari (Asperagous recemosus)</i>
<i>Pushkarmool (Iris germanica)</i>	<i>Kushta (Saussurea lappa)</i>
<i>Murva (Marsdenia tenacissima)</i>	<i>Manjishtatwak (bark of Rubiacordifolia)</i>
<i>Nagakesara (messua ferrea)</i>	<i>Padmakeshar (Crocus sativus Linn)</i>
<i>Saindhav Lavan</i>	<i>Saamudra Lavana</i>

**Discussion**

Our ancient *Acharyas* were able to identify the substitute which are context specific and such condition rather than giving importance to *Gunas, Karma* were taken into consideration. *Acharya Yogaratnakar, Bhavprakash* etc provided substitute for various plants. In the recent period to conserve the flora of endangered species many pharmacological and phytochemical researches are conducted to find out the substitutes. Drugs may be appeared different phytochemically but their actions are similar. According to sutra “*Karmastu Anumiyate*” drugs having similar actions are considered as substitutes.

## Conclusion

Substitution of herbal drug is the need of recent era. More than 300 plants are considered as endangered species or red listed. The most essential criteria for substitution is pharmacological action than morphology or phytoconstituents. It provide a greater scope for physician to utilize herbs that are easily available, cost effective and most appropriate for the clinical condition.

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## Panchkarma in Balrog

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### Abstract

*Ayurveda consider Dhatri Stanya Dushti as causative factor of diseases in Ksheerada Avastha. The physiological participation of Dosh, mala and Dushysa are different in children as compared to adult therefore the type and prevalence of diseases are also different in children and thus pediatric care needed utilization of various approaches for the management of BalPanchkarma. This However use of Rasayan and Panchkarma in Bal Rog such as herbal remedies, discipline life style, Rasayan and article described role of Rasayna and Panchkarma in the management of some Bal-- Rog.*

**Keywords:** Ayurveda, Bal Rog, Rasayana and Panchkarma.

### Introduction

The literature suggested that Bala Panchakarma play significant role in the management of cerebral palsy, Pranavaha Srotasta and Tamaka Shwasa Panchakarma basically is a type of Shodhana Chikista. The basic principle of Kaumarabhritya involves Panchakarma in late stage of development of ayurveda science; however fixation of drug dose in and intensity of Bala Panchakarma is very important to prevent any side effect. It is believed that Panchakarma being Shodhana Chikista remove vitiated Doshas. The various steps of Panchakarma such as, Vamana, Virechana Basti, Niruha or Yapana Bastis and Anuvasana Basti recommended in early childhood for the management of different abnormal physiological conditions. The herbo mineral formulation including such as, Rasayana prepared using metals and minerals along with herbs for the treatment of various disorders. The concept of size reduction involves improving potency of herbo mineral formulation. The ancient literature of ayurveda reported use of herbo-mineral formulations for the treatment of various childhood diseases. The use of Rasayana therapy in Bal Rog needs great attention towards the dosing and frequency to prevent any chances of adverse reactions. to enhance longevity, intelligence and immunity. The Rasayana Shashtra also involves use of metallic formulation along with herbs. Guduchi, Shankhpushpi, Jyotishmati, Mandookparni. etc are considered Rasayana. Rasayana boost functioning of Dhatus, Agin Srotasas and Ojus and therefore act as rejuventator. Ayurveda described Rasayana also for Bal-Rog ..

### Panchakarma For Bal-Rog

Many childhood diseases occur due to the vitiation of Doshas and Panchkarma therapy help to pacify these Doshas vitiation and thus relief many

disorders. It is believed that purification of body thought Panchkarma and Yoga pacifies Dosha and clear harmful toxins from the body and thus help to relive many diseases in children. Panchkarama utilizes various approaches of Shodhana such as; Vamana, Virechan, Nasya: Vamana in children help to eliminate Kapha Dosha and thus opens pranavaha srotastha which may block due to the accumulation of Kapha in Kapha Vyadhi. Virechana may help in Pranavaha Sroto Vyadhi; Swasa Kasa where pitta dosha is predominate. Nasya Karma is useful for diseases associated with Kapha and Vata predominance. Cerebral palsy is common paediatric disorder in children. Seizures, hearing impairments and mental retardation are common features od diseases Ayurveda emphasized various treatment options for diseases including Panchkarama and yoga. It is Vata Vyadhi which involves Pankshaghat, Ekangvata, Sarvagavata, Pangu etc.

### **Conclusion**

This article mentioned importances of Rasayana and Panchakarma in the management of some Bal-Rog; although use of Rasayan and Panchkarma in Bal-Rog must be carried out with care. Panchkarama may be done from the age of seven years and as per requirement while Rsayan therapy may be used in early age but with great precautionary measurement.

### **Acknowledgement**

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## A Literary Review On The Ayurvedic Line Of Management Of Avbahuk (Frozen Shoulder)

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### Abstract

*Frozen shoulder, also known as Periarthritis or Adhesive capsulitis causes a significant loss of motion this typically occurs in cycle of 3 stages, painful phase, stiff phase and thawing phase. Intextual references of Ayurveda Frozen Shoulder is closely related to Avabahuka. In this condition, Vata is localized in the shoulder region, getting aggravated, dries up the bindings (ligaments) of the shoulders, constricts the siras there and causes Avabahuka. In other sciences its line of management is very symptomatic and prognosis is not satisfactory. In this study an effort is made on the Ayurvedic principles of line of management of avabahukaby thorough studying of its nidana, rupa, sampraptighata etc*

**Keywords:** avabahuka, vatadosha, Ayurvedic principles etc.

### Introduction-

In the sedentary and restless lifestyle of people both *aharajand viharajhetu* and least importance to physical exercises affects the body and produce disease. Human shoulder is the most mobile joint in the body. It is a synovial joint of the ball and socket variety. The shoulder joint enjoys a great freedom of mobility at the cost of stability. There is no other joint in the body which is more mobile than the shoulder. *Avabahuka* as an ailment was first introduced by *Susruta* (500 B.C.) where pain and stiffness of shoulder joint leads to severely restricted movement of the hand. This problem puts a huge amount of strain on patients interfering productivity of the life. *Avabahuka* is a condition caused by vitiated *vatadosha*, localizes in *ansapradesh* (shoulder region) that results in the *sankocha* of *siras* leads to restricted movements of shoulder joint.

### Nirukti (Derivative significance) of Avabahuka / Apabahuka

*Avabahuka* is composed of two words “*Ava*” and “*Bahuka*”

The very word *Ava* means ‘*Vikrut*’ which means separation or dysfunction and the very word ‘*Bahu*’ meaning the upper limb which is one among the *shadangas*.

### References Of Avabahuka

**Charak Samhita (1000 BC)** – A detailed description about *Vata* is explained in

*Sutra sthana* and *chikitsasthana* of *Charaksamhita* In the eighty different *nanatmajavatavyadhi Avabahukais* not mentioned but in the *sutra sthanacitation* of *bahusais* available. In *chikitsasthanabahusirsagatavata* treatment is mentioned.

### **Susruta Samhita (500 BC)**

*Avabahukais* mentioned in *Susrutasamhita* along with the *samprapti* and *rupain nidanasthana*.

*Raktamokshana* and *rukshasweda* are cited as treatment of choice for *avabahuka*.

### **AshtangaHridaya (400 AD -600 AD)**

In the *nidanasthana* of *Astangahridaya* description of *Avabahuka* is available.

### **Madhava Nidan (900 AD)**

Description of *vataja* and *vatakaphaja* types of *avabahuka* is found in *Madhavakara Madhukoshavyakhya*.

### **Adhunik Kala (900 AD to till date)**

**Chakrapanidutta (1100 AD)** -Different effective formulae are mentioned for the disease *Avabahuka*.

**Sharangdhara Samhita (1300 AD)** -*Avabahukais* mentioned as one of the eighty *nanatmajavatavyadhis*.

**Vangasena (1300 AD)** -Description of *Avabahuka* is available. *Vedana* has been portrayed as a major *symptom*.

**Bhavaprakash (1600 AD)** *Avabahukais* mentioned as one of the eighty *nanatmajavatavyadhis*.

**Bhaisajyaratnavali (1800 AD)** Some effective treatment regarding *Avabahuka* is available. *Arunadutta, Dalhana* and *Gayadasacharya* have commented on *samprapti, lakshana* and *chikitsa* of *Avabahuka* in their works.

### **Aim And Objectives:**

1. To study and understand the pathology of the disease.
2. To analyse the *Ayurvedic* line of management of the disease.

### **Materials And Methods:**

Classical texts and commentaries were studied to understand the underlying pathology of *avabahuka* and the treatment principle of *avabahuka*.

**Nidana** (etiology):

**The causes (*hetu*)** of *Avabahuka* may be classified into two groups.

- 1) *Bahyahetu*- causing injury to the vital parts of the body (*marma*) or the region surrounding the *amsasandhi*, which is also known as *bahyaabhogatajathat* manifests the *vyadhior* disease first

2) *Abhyantrahetu*—indulging in the etiologi-cal factors that *aggravate Vata*Leading to the *vitiatio of Vata*in that region and is also known as *doshaprakopajan-ya(samshraya)*, which in turn leads to *Karmahani of bahu*.

The descriptions of *Nidana*are:

- Aharaja- katu, tikta , kashayarasas, laghusukshama and sheetaguna*cause vitiatio of the *vata*
- Viharaja-* The exercises directly or indirectly influencing the shoulder or *amsadesha* should be considered
- Plavana-* Results in *Vatakopadue* to over exertion in the joint
- Bharavahana-* carrying heavy loads over the shoulders will cause *VataPrakopa*and deformity in the joint capsule. This leads to disease formation
- DukkhaShayya-*Improper posture that creates a great amount of more pressure on the *amsasandhi*will disturb the muscular integrity and provokes *vata*. This manifests the disease.

Other *viharajanidanas* reported in *Vatavyadhimay* influence the condition by provoking*vatadosha*

To summarise the above mentioned *nidanas*, under *vihara*, especially involving the *amsasandhi*and *marmabhighata to amsa*, lead to the development of *Avabahuka*.

Poorva Roopa Mild or vague shoulder pain, movement restriction, occasional stiffness of the upper extremities might be taken into consideration as the poorvaroopa of *Apabahuka*. Rupa: *Bahuspanditahara*(restricted movement), pain (*ruka*), and stiffness(*Stambha*) *Samprapti*: In case of *Avabahuka*, two ways of vitiatio of the *vata* can be considered. The etiological factors like *ruksha*, *laghu* and so on and *atibharavhana* like cause vitiatio of the *vata* directly. In the other way, *Kaphaprakopakanidanas* like taking of *atisnigdha*, *atigurudravya* and so on cause an increase in the *vikrutakapha*, which produces the *kaphavritavata* condition. *Sthanasamsrayaavastha* of the *vyadhi* occurs with the localization of the aggravated *Vata* in the specific *dhatu*, that is *doshadushya sammurachana*, which occurs in the specific organ of the body where *khavaigunyahas* previously taken place by the specific part of the *nidanas*, simultaneously with the *doshavikruti*. As *Avabahuka* is considered as *Vatavyadhi* and *Vata* has the *Ashukariguna*, the poorvarupas like *bahuspanditahara* and *shoola* may manifests mildly or are totally absent. However, the above-mentioned symptoms are clearly manifested in the *roopaavastha* of the *vyadhi* in the *vyaktasthanai.eamsapradesha*. Even though *Madhukosha* commentary of *Madhav* *Nidana* is mentioned that *amsashosha* is produced by *dhatukshaya*, that is *shuddhavatajanya* and *Avabahuka* is *VatakaphaJanya*. Any external trauma to *amsapradesha* may also cause *bahyamarmabhighata* to *amsamarma* present in *amsapradesha*. As *amsamarma* is a *snayu* and *vaikalyakaramarma*, afflicting *snayu* will manifest *bahuspanditahara*.

**Upashaya And Anupashaya:** *Upashaya* is an important diagnostic tool especially when all other methods fail to establish the diagnosis of the diseases. Therapeutic trial with *ausadha*, *Anna*, *viharaca* can be termed as *upashaya*. Administration of medicines when produces a negative effect or aggravates the illness is known as *Anupashaya*. **Upadrava:** Not mentioned in the texts but from practical point of view there may be muscle atrophy around the shoulder, upper part of the arm and severe movement restriction.

**Sadhya Asadhya:** *Acharya Susruta* accounted *vatavyadhi* as *mahavyadhi* / *mahagada*. According to *Susruta*, if *vatavyadhi* affected patient develops complication like *shotham* (edema), *suptatva* (tactile senselessness), *Bhagna* (fracture) *kampa* (tremor) *Adhmana* (Distension of abdomen with tenderness) and pain in internal organs then the patient, does not survive.

According to *Ashtangahridaya*, if *vatavyadhi* is connected with *shosha* (emaciation), *akshepaka*, *samkoca*, *stambha*, *swapana*, *kampana*, *ardita*, *khanja*, *panguta*, *khuddavata*, *sandhichyuti*, *pakshaghata*, *medamajjaasthigataavataroga*, then these are usually cured with difficulty or are incurable. Though no specific prognosis is being told about *Avabahuka*, based upon these if *Avabahuka* develops *shosha* (emaciation), *samkocha* (stiffness of the hand) then it is cured with difficulty. Thus, *Apabahuka* in the initial stage will become *sadhya* and *kricchrasadhya* or *asadhya* after certain time or period.

#### Principles Of Treatment In Ayurveda (Chikitsa Sutra):

1. *Charaka – Nasya & uttarbhaktikasnehapana*

2. *Ashtangasangraha* mentions *Navana Nasya & snehapana*

3. *Susruta* advises *vatavyadhi* except *sirav*

4. *Chikitsasarasamgraha* advises *Nasya, uttarbhaktikasnehapana* and *sweda*.

5. *Brimhana Nasya* is indicated in *Apabanukaby Vagbhata*.

So, from the above mentioned treatment schedules it can be concluded that the line of treatment might be like following :

i) *Nidana Parivarjana*

ii) *Abhyanga*

iii) *Swedana*

iv) *Uttarbhaktika Snehapana*

v) *Nasya*

vi) *Samsamanaushadhiyadha*

#### Discussion:

*Apabahuka* is a disease caused by *kupitavatadosa* localizing around the *amsapradeshaca* using the *ssoshana* of a mass and his, there by leading to *akunchana* of *siraat* that site and giving rise to *bahupraspandanaharatwam*. In consideration to the *ayurvedicetiopathogenesis* of the disease it reveals that the *vataprakopaka* etiology in general are mainly responsible for the genesis of the disease. The specific etiology like

weight lifting, excessive movements of the hands, *Dukkhashaya* (mal sleeping posture) particularly hand under the head during sleeping are the main causative factors. Aggravate *vatas* spreads all over the body (*prasara*) but specially at the area of *amsasandhi* (*sthanasamsraya*) due to the prior '*khavaigunya*' and leads to *dosadusyasammurchanaat* the said place caused by *abhighata* or other etiologies mentioned earlier.

In *Ayurveda* there are several medications as well as purificatory therapy (*shodhana*) and *rasayan* therapy are indicated in *vata* predominant diseases in general. As the disease is purely caused by affliction of *vayu* and the symptoms come due to the aggravation of *vayu*, so *vatanasak* therapy may be advocated as a remedy of the same. The reduction of flexion, extension, internal rotation, external rotation and abduction are the usual findings and as pain and stiffness are the intensive features, so aims and objective of the treatment is to provide relief to the patient by reducing the complaints. The line of management in the *ayurvedic* therapy is *Brumhananasya*, *paschadbhaktaghurutapana*, *swedana*, *abhyanga* etc.

*Snehadravya* and *bruhaniyadravya* having guru, *snigdha*, *sara*, *manda*, *Drava* properties which are called as *posakaguna*, may pacify *vata* by its *poshaka* and *snehanaguna*. As *Avabahuka* takes place in shoulder region (*ansasandhi*) so *vyanavayuis* mainly responsible for the genesis of the disease. So *nasyakarma* has been taken into consideration. Aggravated *vayu* dried up the *slesmakkapha* of *amsandhi* and leads to *avabahuka*. In consideration *gunakarmayogsnehanaguna* and *nasyakarma* could pacify *vata* by reducing *rukshaguna*. So, *brumhaniyavatanasakdravya* can cure the disease *apavahuka* in its application through nasal route

### Conclusion:

Aggravated *vatas* spreads all over the body (*prasara*), but it takes place specially at the area of *Amsasandhi* (*sthanasamsraya*) due to the prior "*khavaigunya*" and leads to the *dosadusyasammurchanaat* the said place caused by *abhighata* or other etiologies.

□ Any *snehaikataila* is a potent *vatanashaka* and *rasayanadravya* that have the property of pacifying *vatika* disorders.

□ *Nasya karma* especially *pratimarsanasya* with *snehaikataila* could cure *avabahuka* in a dose of 2 drops twice into each nostril.

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**A Conceptual Study of *Marma Sharir* W.S.R. To *Kanthsira* Marma****Author-****Dr.Pallavi B. Khandare**Assi. Proff. Dept. RachanaSharir  
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Latur.**Abstract**

*Marma Sharir is an ancient traumatological anatomy presented by both Sushruta and Vagbhata. Though the presentations are very remarkable. Sushrutahas presented five type of Marmas on structural basis, whereas vagbhata by adding an extra Dhamni Marma has submitted the same into six types. The Marmas are said to be vital part of our body and any injury or trauma to these vital points leads to instant death, severe pain or enduring disability according to site and type of injury. Among nineteen Sadyapranhar Marmas Kanthsira is selected for the study because it has clinical as well medicolegal importance. So site of Kanthsira is decided by doing dissection of cadaver. Any severe injury to Kanthsira results in sudden death. The structures present at the site of the Kanthsira can be understood as common carotid artery with its bifurcation i.e. internal carotid artery and external carotid artery, jugular veins i.e. internal and external jugular veins. So, bilateral eight vessels can correlate with kanthsira.*

**Key Words-***Kanthsira, Sadyapranhar, Marma, Carotid artery, Jugular vein.*

**Introduction –**

Sharirasthanof SushrutSamhita is the unique part because of specification of *Marma Sharir*. The *Marmas* are said to be vital part of our body and any injury or trauma to these vital points leads to instant death, severe pain or enduring disability according to site and type of injury were injuries belonging to the cut, puncture or blunt injuries involving various type of the structures in the body like arteries, muscles, nerves, bones and the visceral organs in general and when in combination specifying *Marma*. As it has been said that *Marma Sharir* is *Shalyavishyarth* i.e. half knowledge of surgery so one should give importance to this ancient traumatological anatomy to prevent from injuries as well to treat injuries.

Aacharyasushruta has referred 107 vital points as *Marmas*. He also has classified *Marmas* into categories like regional *Marma*, structural dominance wise *Marma* and the most important classification is *Marmatype* according to injury effects e.g. *Sadyopranhar*, *KalantarPranhara*, *Vishalyaghana*, *Vaikalyakar* and *RujakarMarma*, among all above *SadyopranharaMarmas* are said to be very important and injury to these structure leads in sudden death, but when injury is in peripheral region of those *Marma* site, they will act like *KalantarPranharaMarma*.

*SadyopranharaMarmas* are nineteen in number four *Shrungatak*, eight *Kanthsira*, two *Shankh*, *Guda*, *Hridya*, *Basti*, *Nabhi*, *Adhipati*.

### Aim –

- 1) To study *KanthsiraMarma* with structural involment at site.
- 2) To study *SadyapranharMarma*.

### Objective-

- 1) Study the *KanthsiraMarma* from different Samhitas as well as modern text.
- 2) Study the *Sadyapranharmarma* and understand its significance.
- 3) Study the cadaveric dissection.

### LiteratureReview-

Among above eight *Kanthsira* is selected for study because it is easily approachable site for accidents. Acharya Sushruta has explained *Kanthsira* as *SadyopranharaMarma* which is *Urdhwajatrugat* and structural dominance wise it is *Sira* so it also has the name *Siramatruka*. The site of *KanthsiraMarma* is given *GreevayaUbhayath* i.e. bilateraly of *Kanthi*. e.larynx and *Viddhalakshans* are given sudden death as well as critical illness.

Blunt trauma injury to the neck may occur due to accident or a fall or from hyperextension of the neck in sports or any physical activity. Now a day most incidents of homicidal death due to hanging or strangulations are seen. In those acts the pressure on the blood vessels of the neck region causes cerebral hypoxia or anoxia. Stimulation of the carotid sinus causes vagal cardiac arrest which leads into neurocardiac death.

### Material and Method-

Review of literature regarding *Kanthsira*, *SdyapranharMarma* with special reference to *MarmaShariris* collected from different Ayurvedic Samhitas & modern text. After performing the cadaveric dissection, understand the anatomical structural enrolment at the site of *KanthsiraMarma*.

### Observation and results-

As mentioned the Acharya Sushruta site of *KanthsiraMarma* is *GreevayaUbhayath* and Dalhanacharya says *Chaturangul* is the *Praman* of it. Acharya Vagbhata has mentioned the place *Kanthanadiubhayath* so that means front of neck especially lateral side of larynx and trachea. A region was marked on cadaver and first incision was taken from chin to the suprasternal notch in the midline while reflecting the flaps of skin, simultaneously platysma with external jugular vein was observed near posterior border of sternocleidomastoid. We remove deep fascia and separated infrahyoid muscles, which were crossed by a pair of anterior jugular vein.

Following structures were observed lateral to the trachea and larynx.

Carotid sheath was observed in the carotid triangle containing common carotid artery, internal jugular vein and vagus nerve from inner to outer side.

Hypoglossal nerve was anterior to the carotid sheath, the common carotid artery was the separated by blunt dissection up to the upper margin of thyroid cartilage, where it divides into internal and external carotid arteries. We observed the facial vein lingual vein, which drains in to internal jugular vein. External jugular vein is observed superficially below and inferolateral to mandible and lateral to posterior border of sternocleido mastoid which comes downward to form jugular arch. Carotid sinus and body both structures were confirmed at the bifurcation of common carotid artery and at the commencement of common carotid artery and internal carotid artery respectively. The vagus nerve was observed deeply between common carotid artery and internal jugular vein bilaterally.

### Discussion –

Literature study- *Kanthsira* is *SadyopranharMarma* as *Agni Mahabhuta* is dominant here, if injury occurs sudden death is expected according to viddhalakshana. According to regional classification it comes under *SiraMarma* 4 on each side of *Kanth*, measuring *4Anguli*. In abnormality significance shows injury occurs to *Kanthsira* leads to sudden death or critical illness.

Cadaveric dissection –it is carried out at *Greevayaubhayath* of *KanthenadiUbhayath* as it has been mentioned in *SushrutSamhita* and in *AshtangHriday* respectively. So the area was considered to dissect both lateral of trachea and larynx the structures were observed like common carotid artery, internal jugular vein, vagus nerve in the carotid sheath. Bifurcation of common carotid into external carotid and internal carotid artery observed and carotid sinus like bulging were seen. Internal jugular vein and its tributaries like facial vein, lingual vein were seen within carotid triangle. Hypoglossal nerve was observed anterior to carotid sheath. External jugular vein running downwards to reach jugular arch was observed.

Above study shows the same structure like external and internal carotid artery, internal and external jugular vein in the lateral part of neck region with *Kanthsira*. The word *Sira* is used here for both arteries and veins. Acharya Sushruta has mentioned *Sira* as *Asrugvaha* the word for blood vessel and lymphatics. *TikakarArundatta* of *AshtangHridaya* has referred *Arunsira* as arteries having *Praspanadan*.

The clinical and medico legal importance of above structures explains how they are vital and injury or trauma will definitely cause death. Clinical importance presence of a carotid pulse has been estimated to indicate a systolic blood pressure of more than 40 mmhg. Carotid sinus and carotid body are the important structures and performs press receptors as well chemo receptor respectively, for central venous catheterization internal jugular vein is ideal to measure pressure within the right atrium.

Whenever pressure is applied to the neck region at that time arterial occlusion, venous obstruction, reflex mechanism, airway collapse and mechanical neck injuries these mechanisms may occurs. Out of which reflex mechanism and airway collapse are related to midline structures in the neck and remaining three are related to lateral part of the neck. In hanging, death is caused by a compression of the arterial vessels of the neck, while survived cases of hanging sows infarcts in the brain due to common carotid artery injury. In homicidal death acts like Mugging, Garroting weather strangulation pressure is given such compression of common carotid artery results in loss of consciousness within 7-10 sec due to cerebral hypoxia or anoxia. Autopsy finding shows brain swelling, brain edema or brain congestion. The carotid artery injuries caused by blunt trauma often cause thrombosis and delayed neurological deficits.

### Conclusion-

After compiling the various ancient and modern text, also on detail discussion of the cadaver, the structures present at the site of *Kanthsira* can be understood as common carotid artery with its bifurcation i.e. internal carotid artery, external carotid artery and internal and external jugular vein these 4 blood vessels on both side of trachea-larynx, so bilateral eight vessels can correlate with *Kanthsira*. If we think of *Viddha Lakshana* of *Kanthsira* it has been mentioned injury or trauma to *Kanthsira* results in death or critical illness, which is enumerated in modern science also causes like common carotid artery injury, venous obstruction results in death. Hence *Kanthsira* is *Sadyapranhar Marma* which is clinically and medico legally very important structure.

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## Effect Of Jalaukavacharana In Vicharchika With A Case Study

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### Abstract:

*Vicharchika is one of the common skin problems in the day to day practice. Vicharchika is considered under kshudrakusta with lakshan as sakandubpidaka, srava by Charaka. While telling the treatment Charaka told if Bahu dosha Lakshanas are there then one can go for Shodhana Chikitsa, if Patient is not fit for Shodhana the Sthanika Chikitsa like Shringa, Alabu, Jalouka and lepa can be done. so here an attempt is made to understand the role of Jaloukavacharana in Vicharchika with a case study. A female patient suffering from severe itching and skin lesion in the flexor region of left leg with hisotry of 3 years has been treated with two sittings of jaloukavacharana with 10 days interval and with oral medication Kaishor guggulu with Ushna jala Anupana.*

**Keywords:** Vicharchika, Jaloukavacharana, Kshudrakusta, Eczema.

### Introduction:

Ayurveda describes a skin disease called *Vicharchika* which can be correlated with eczema (Dermatitis) which comes under Non-Infectious inflammatory dermatoses, clinically characterised by itching, erythema, oozing and scaling.<sup>[1]</sup> In Ayurveda both Shodhana and local treatment has been explained like Virechana, Jaloukavacharana and various lepa. If the Lakshanas are more, then Shodhana has to be administered & if unable to administer then local treatments like Jalouka, lepa is sufficient to treat the Vicharchika.<sup>[2]</sup> *Vicharchika* caused by *Raktadushti* & it can be treated with *Jalaukavacharana*.

### Aim And Objectives:

- To assess clinical effect of *Jalaukavacharana* in *Vicharchika* with a case study

### Case History:

- A 31 years old female came with the chief complaints of Severe kandu in the flexor surface of left ankle region with reddish discoloration of skin since last 3 years. It was gradual in onset, associated complaint was bleeding after scratching the area. Patient was not a known case of Hypertension, Diabetic mellitus or Asthama.
- O/E - Patient was lean, Vatapittaja Prakruti, Blood pressure: 130/74 mm of Hg, Pulse rate: 74/ min.
- Skin Examination: Discolouration + reddish, Srava: at present there is no srava, but earlier it was there
- Pidaka: absent, Raji: present, Rukshata+

- After taking proper history and examination the patient was diagnosed suffering from Vicharchika (Eczema) and local treatment Jaloukavacharana was planned as area of skin involvement was very less and as it was a chronic case.

### Materials And Method

Jaloukavacharana in two sittings with 10 days interval by classical method. In each sitting 2 new fresh medium sized jaloukas were used. In each sitting of Jaloukavacharana around 50- 60 ml blood was removed. Oral medicine Kaishoraguggulu 2 tab in the morning and 2 tab in the night after food with ushnajala anupan was given for 30days.

### Results:

The itching and redness were reduced. The skin started to become soft and gained normal colour. Patient got moderate relief in *Twak Kandu, Strav, rukshata*.

### Discussion:

*Vicharchika* caused by *Tridosha* and *Raktadosha dusti*. Mainly due to *Jalaukavacharana RaktaDoshdushti* and *Kapha doshdushti* cured and *Samprapti bhang* occurs & patient got relief in above case.

### Conclusion:

1. *Jaloukavacharan* is effective in *Vicharchika*.
2. *RaktaDoshdushti* is effectively treated by *Raktamokshana*.

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**Jalauka (Leech) –Ayurved and Modern Perspective****Dr. Sumol M.Bhosale**MD (Rachna Shareer)  
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Late B.V.Kale M.A.M.C. and H. Latur**Abstract :**

*“The clinician who knows all about the leeches, habitat, their method of collection, varieties, storage and method of application is successful in treating the diseases amenable to them” - [Sushruta Su. 13/24].*

*In present conceptual study main emphasis is given to one of the most important panchakarma procedure called Raktamokshana, this study mainly concentrate on the conceptual aspects of Jalauka (leech), its Habitat, Classification, Identification and uses.*

**Key words :** Jalauka ,Raktamokshan ,Rakta ,Panchakarm ,Shodhan

**Introduction:**

“That’s the ideal medicine, which relieves from all kinds of miseries,” says Charaka. Drug, is not necessarily be given orally. Ayurveda speaks about many modes of healing art, even surgery and para-surgical techniques. Among the para-surgical measures, *Raktamokshana* or bloodletting enjoys a pride of place from the dawn of medical history. Earliest references of bloodletting are found in the basic works of all systems of medicine. The oldest civilization of the world too used this method to bestow health on its subjects from time immemorial. All the major classics of Ayurveda have dealt the topic with minute details of a scientist.

*Raktamokshana* is a technical term employed to denote a para-surgical procedure to expel out the vitiated blood from selected areas of the body, by specific methods. Sushruta Samhita, the oldest available manual on surgery has devoted an entire chapter for the description of *Jalaukas*, and a chapter on *Jalaukavacharaniya* for the purpose of blood letting. *Jalaukavacharana* is claimed to be the supreme therapy because of its safety and high efficacy in the disorders involving the vitiation of blood. It is safely indicated even for the king, rich, old, fearful, weak, women and the people of tender nature. A brief description of *Jalaukas* is provided in the forth-coming pages on the ancient considerations followed by modern views.

**Aims And Objectives:**

- 1-To study the importance of Raktamokshana by Jalauka
- 2- To study the Jalauka from Ayurved point of view
- 3- To study leech and its uses according to modern science.

**Conceptual Review:****JALAUKA –**

**Etymology:**The word *Jalauka* is a compound word with two components *Jala* + *Ayu*; i.e. the animals having water as the life. The term *Jalauka* can be split into *Jala* + *Oka*; i.e. water dwelling animals.

**Definition:**Shabdakalpadruma has considered *Jalauka* in feminine gender and defined it as an aquatic creature employed to expel out the vitiated blood. Bhagavadgomandal defines *Jalauka* as an animal living either in water or in mud with distended abdomen.

**Synonyms:***Jalauka* is called by different names, which are as below – *Jalayuka*, *Jalaua*, *Jaluka*, *Jalaluka*, *Jaalalauka*, *Jalita*, *Jaloka*, *Jalauga*, *Jalatani*, *Jalaukas*, *Jalasuchi*, *Jalaukasu*, *Jalasaripini*, *Raktapata*, *Ruktapa*, *Raktapayini*, *Vanini*, *Vedhini*, *Venika*.

**Types Of *Jalauka*:** In Ayurvedic literature, *Jalauka* have been classified into two main groups:

1. *Savisha* (Venomous)
2. *Nirvisha* (Non-venomous)

Each group containing six in number.

**1. *Savisha Jalauka*:**1-krishna: 2-karbura:3-alagarda:4-indrayudha:5-samudrika: 6-go Chandana:

The *Savisha Jalauka* originates in the decomposed urine and fecal matter of toads and poisonous fishes in ponds of stagnant and turbid water.

**General characters of *Savisha Jalauka*:**Such types of *Jalauka* are having the following characters according to the Ayurvedic texts:Thick ,Slow locomotion ,Fatigues ,Middle part elongated, Delay in sucking ,Not commandable type, Sucks little quantity of blood.

**features of *savisha jalauka* bite:**

If *Savisha Jalauka* is applied then a person suffers from following clinical symptoms: (Ref: Su. Su. 13/11) Burning, Itching, Swelling, Drowsiness, Fever, Delirium, Unconsciousness, Irresistible inclination to scratch the seat of bite.

**2-*Nirvisha jalauka* :**

1-kapila:2-pingala:3-sankumukhi:4-mushika:5-pundarikamukhi:6-savarika:

*Nirvisha Jalauka* originates in decomposed vegetable matter, as the purified stems of the several aquatic plants known as *Padma*, *Utpala*, *Nalina*, *Kumuda*, *Pundarika* and common zoophytes, which live in clear water. **General characters of *Nirvisha Jalauka*:**Strong and large bodied.,Ready suckers,Greedy

**Geographical distribution:**According to Sushruta, the leeches are found in *Yavana* (*Turkestana*, *Pandya*, *Sahya*, *Pautana* etc.)

**Habitat:**Such leeches swim about in sweet scented water, live on, non-poisonous weeds, lie on the leaves of flowering water plants inspite of on the dark and oozy beds of pools and

suck blood from the affected part of a human being without causing any discomfort. The leeches are further classified according to sex by Acharya Vagbhata. Those which are delicate, having thin skin, small sized head, the lower body being large are female leeches and the ones with opposite characters along with being semi lunar in look with large front portion are male.

**Indications of leech application:** Only Vagbhata has mentioned diseases where leech application is indicated, they are given here – *Gulma, Arsha, Vidradhi, Kushtha, Vatarakta, Galaroga, Netra Roga, Visha Dvashta* and *Visarpa*.

### **Historical aspects of Jalaukavacharana:**

#### **As surgical agents -**

Leeches extract the blood of their victims in a painless manner. For this reason, leeches were extensively used, in the past, in surgery for bloodletting (Phlebotomy) under the mistaken belief that removal of bad blood may cure the disease. From the time of early Greek medicine there are records of leeches for bloodletting. They were also used to reduce swellings and discolorations from bruises. In fact they were employed for the partial exsanguination of patients suffering from every variety of ailments from common cold to cancer. *Hirudo medicinalis*, was commonly used for phlebotomy in Europe in olden times and the practice, at one time spoken as “leechery”, was so common that doctors themselves were often called “Leeches”. Besides *Hirudo medicinalis*, other species were used in various parts of the world. The medicinal leech of America is *Macrobdella decoraso*, great was the demand for leeches for medicinal use that suitable species were even cultured. Nachtrieb (1912) states that about 1850, one American leech farm disposed of as many as 1000 or more leeches daily. About 7 million leeches were used in London hospitals and 5 to 6 million in Paris hospitals in 1863. The famous English poet, Wordsworth, wrote a poem - “*The leech Gatherer*”, based on the medicinal use of leech. The use of leeches in Ayurvedic medicinal practice in India is very ancient. Even now, some native medical men employ them. They are used as a drug to prevent loss or graying of hair and other symptoms of old age. Leeches are also said to be used as *materia medica* in the treatment of piles, tonsillitis and baldness. *Hirudin*, extracted from the leeches was employed a few years ago as a haemolytic agent or anti-coagulant in the modern hospitals and was sometimes administered to patients whose blood had a tendency to clot inside the blood vessels. New and better anticoagulants have now taken the place of this formerly useful secretion.

Unani medicine aims at restoring the equilibrium of the various elements and faculties of the human body. It also presumes the presence of “*medicatrix naturae*” (the body’s self healing capacity) in the human system and attempts to call it into action to restore normal health. Unani medicine has also described the surgery – *Ilaj-bil-Yad*. In this, they had mentioned leeching as a *Taleeq*. According to them, leech application is a unique method for removal of toxic matter from the blood. It is useful in *Slun* diseases i.e. is

baldness and ring worm & certain conditions have been laid down by the physicians for applying this method i.e. the kinds of leeches to be applied, water from where they are to be obtained etc.

Bloodletting tools have been dated to the Stone Age. There is evidence of therapeutic bloodletting among Ancient Egyptians, Aztecs, Babylonians and Hindus, although the first written record of the practice is found in the *Corpus Hippocraticum*. Hippocrates believed that disease was caused by imbalance of the four humors (blood, phlegm, black bile and yellow bile) and that bloodletting played a central part in restoring balance.

*Hirudo medicinalis* may have first entered the formulary in the Second Century B.C. A significant biomedical advance, leeches not only inflicted less pain than lancets or sacrificers, but removed a more predictable quantity of blood. They were in such extensive use in the 19<sup>th</sup> century that in 1833 France alone imported over 42 million. The leeches came mostly from Central Europe and Asia Minor. Leech harvesting was a popular and lucrative activity and involved wading into infested waters and removing the attached leeches from feet and legs.

According to “*Guinness World Records – 2002* [pp 23]” the lifespan of 27 years has been reliably recorded for the species *Hirudo medicinalis*.

### Medicinal leech - *Hirudo medicinalis*:

Phylum - *Annelida*

Class -*Hirudinea*

Order -*H. Limnoddella*

Family -*Hirudinae*

Species -*H. medicinalis*

General-*Hirudinaria*

### Hirudinaria:

#### External features:

The genus *Hirudinaria* comprises fresh water leeches, which are sanguivorous (Blood sucking) in habit and attack domestic animals and man. Four species of these are found in India, namely *H. javanica*, *H. manillensis*, *H. granulosa* and *H. viridis* occurring in the ponds and ditches. The account given here refers to *Hirudinaria granulosa*. *Hirudinaria* on maturity measures about twelve inches in length. It is like leeches in general, greatly elongated, and appears more or less cylindrical in a state of contraction, but is found to be dorso-ventrally flattened in stretched condition. The dorsal surface, more or less plane, so that a transverse section of the body, is elliptical in shape. The dorsal surface is green and ventral orange, besides, there occurs black spots and orange and black stripes, arranged into well defined patterns.

The external surface of the body is segmented into about one hundred rings or annuli by a series of well-marked grooves, which are striking enough in natural condition,

but can disappear from view, if the worm is forcefully stretched. All these grooves do not have internal counterparts and the annuli do not correspond to internal segments of the body, which are considerably fewer, numbering only thirty-three. However, these thirty-three segments of the body can also be recognized on the external surface by the regular occurrence of certain superficial structures. On this basis, it is established that in the middle of the body, five annuli constitute one segment or somite but anteriorly and posteriorly, there are fewer segments to each somite, and in some regions, a somite may contain a single annulus only (see below). The first annulus of each segment possesses a number of sensory structures called segmental receptor organs or sensillae. In addition to these, there occur smaller sensory bodies on every annulus on both surfaces, the dorsal and ventral. These are referred to as the annular receptors. Besides the segmental receptor organs, there exists another set of structures, which can be used to define the limits of quite a large number of segments, though not all. These are the nephridiopores, or the external openings of nephridia. These occur as paired openings on the ventral surface of the last annulus in each segment from the sixteenth to the twenty-second. Altogether there are seventeen pairs of nephridiopores.

The external segments of the body fall into several regions, each region being composed of a number of segments. These are the cephalic, preclitellar, middle and posterior sucker regions. The clitellar or cephalic region is composed of the anterior most five segments. The first three segments and the part anterior to the first segments, which is recognized as the prostomium, are involved in the formation of the anterior sucker. This sucker, which is considerably smaller than the posterior one is situated on the ventral side and has a deep depression, into a series with these latter. The second segment also has a single annulus and bears dorsally a pair of eyes. The third segment is composed of two annuli, the first of which bears the paired eyes. The following two segments, that is to say, the fourth and the fifth, have each three annuli, the first of each bearing the paired eyes. Thus altogether there are five pairs of eyes. The first three segments and the prostomium constitute the upper lip, which is very mobile and is rich in sensory organs and contains the prostomial glands.

The next three segments – sixth, seventh and eighth constitute the preclitellar region; of these; the sixth consists of three annuli, while the remaining two consist each of five annuli. *Hirudinaria* does not bear a permanent clitellum, but it develops, one in the breeding season, affecting segments ninth, tenth and eleventh. Even when it is fully developed, the clitellum does not conceal the division of the external surface into distinct annuli. Segments twelve to twenty-two constitute the middle region. Each segment consists of five annuli. The caudal region consists of four segments, the twenty-third to twenty-sixth of these, the twenty-third segment contains three annuli, where as the remaining three segments contain two annuli each. These segments are incomplete owing to the

encroachment of the huge disc of the posterior sucker on the dorsal surface of the twenty-sixth segment in the mid-region occurs the anal aperture.

The posterior sucker is a disc like formation, much bigger than the anterior sucker, and is composed of the last seven segments, the twenty-sixth to twenty-third. Each of the segments is uniannulate (contains a single annulus), all the annuli bearing their segmental receptor organs on the dorsal surface only. The grooves separating the annuli are poorly developed. On the ventral surface in the clitellar region, occur two openings, besides the usual paired nephriodipores. These are unpaired apertures of which, the male genital aperture is situated in the tenth segment, in the groove between the second and third annuli, while the female genital aperture is situated in the eleventh segment in the groove between the second and third annulus.

#### **Action and uses:**

K. M. Nadakarni in his work 'Indian Materia Medica' has dealt the action and uses of leeches in great details. According to him leeches are antiphlogistic, used for the local abstraction of blood and are also anticoagulants. Depletion by leeches is analogous to the abstraction of blood by venesection, by lancing or by moist cupping. The quantity of blood drawn off by each Indian leech is about 1 to 1½ drachms. The anti-phlogistic action is slow. They make a limited or gradual local impression. They are used in acute inflammation of the glands, as mammae, parotid etc; also in incipient abscesses boils, in bruises, sprains and blows, in inflammations of the serous membranes and in inflammation affecting the skin or bones. This is generally followed by hot fomentations to relieve the pain and the inflammation.

To stop the bleeding continuing after the removal of the leeches, various haemostatics are used, such as burnt cotton, desiccated alum, copper sulphate, tannin, turmeric, burnt rags, cobweb, scrapped lint etc. pressure with the finger over the bite may be useful. In obstinate cases, solution of the per-chloride of iron is used with benefit. Even a very fine point of caustic nitrate of silver is inserted into the wound with benefit. Touching the bite with the point of a red-hot needle or applying a ligature or pressure by lint and bandage has also been tried with success. For application, morning is the best time. It should not be put on in the evening, lest there be serious consequences from haemorrhage and want of proper attendance.

#### **Specific indications of leeches:**

Manifestations of ear and nose., Headache. Whooping cough, thrombosis, clotting, Brain tumour, congestion, Tonsillitis, Tumors, Skin diseases, Swelling and local inflammations, Bruises, Acute abdominal pain. In fact, the leeches were employed for the partial *exsanguinations* of patients suffering from every variety of ailments from common cold to cancer.

Failure of adequate venous return from a graft reduces blood supply, causing tissue necrosis. Placing a leech on the congested skin flap, finger or other compromised area removes the congested blood and enables the graft to be salvaged. Leeches are currently used during post-operative care of re-implanted fingers, skin grafts and breast reconstructions.

Each leech will feed for 30 minutes to an hour, removing around 20 ml of blood before falling off, although bleeding from the wound afterwards can result in a blood loss of ten times this amount. Fresh leeches are applied as required for several days or weeks until the venous congestion is relieved and normal venous drainage of the graft has had time to develop. As the benefits of judicious treatment with leeches are recognized, the range of conditions that can be treated extends. There are case reports of effective leech treatment for haematomas, purpura fulminans, paronychia, and even vascular congestion of the penis. And leech saliva may provide a host of new drugs.

**The Leech therapy is mainly practised in case of:** Venous illness, acute phlebitis and varicose veins (thrombophlebitis, varicose syndrome, post thrombotic syndrome, phlebotrombosis), acute gout attacks, infections, facial boil and infected insect bites.

**Further indications:** Acute and chronic inflammation of the middle ear (Otitis media), mastoiditis, glaucoma, angina pectoris with thoroughbred patients, acute inflammation of the gall bladder and infections of the bile ducts and condition after removal of the gall bladder, high blood pressure and 'praeapoplex'. Haemorrhoids and disorders within the wound healing process in case of a post operational lymph build-up (hand surgery) or infected wounds, acute and chronic periostitis and much more.

#### **Effects of the therapy with leeches:**

The loss of blood by sucking of the leech (approx. 10 ml) and the secondary haemorrhage (approx. 20 – 40 ml) correspond to a very gentle and slow blood-letting with a reduction of the red blood haemoglobin according to the loss of proteins and a local endodermisation. This loss of blood is replaced by a breakthrough lymph whereby it comes to a clear reduction of the viscosity and improvement of the flow characteristics of the blood (blood dilution) especially in the final path. This effect is strengthened by the emitted anticoagulants *hirudin* of the leech.

It comes to a local effect due to several active leech substances, which the leech emits, into the wound.

- **Hirudin** restrains the clotting of the blood, works diuretic and antibiotic. It keeps the wound open for the approx. 30 minutes sucking act and keeps the blood fluid.
- **Calin** also restrains the blood clotting. But however, compared with *hirudin* it has a substantially longer time of period within which it is defective and takes care of the 12 hours cleansing of the wound by a secondary haemorrhage.

- **Hyaluronidase** is a spreading factor that ensures that the other active substances which are effective at the bitten areas can spread.
- **Eglin** restrains digestive proteases. **Bdellin** is a plasma hindrance. They both have effects on the coagulation hindrance having different effective mechanisms together with a pyrase and collagenase. Furthermore some of these substances have antiphlogistic, antibiotic and further characteristics.
- An anaesthetic substance heads to pain insensitivity (**analgesy**) when sucking.
- **Haemetin** and **orgelase** which were proved within a related type of leeches (haementeria gheliani) have a hyperaemistic effect. The active leech substances totally block the enzymic processes activated and often exceeding within inflammation and trauma.

The salivary glands of leeches also produce a cornucopia of other pharmacologically active substances, including an antihistaminic, proteases and possibly an anaesthetic and an antibiotic. The therapeutic effect is not only released by a loss of blood but also by the secretions, which the leech emits into the wound.

#### Complications:

- The histamine emitted by the leech can lead to an allergic reaction, which may immediately occur, or within four days.
- A soreness after the bite rarely appears.
- A small scar at the bitten area may remain for weeks.
- A plaster allergy is more often found after a treatment with leeches, therefore it is advisable to use skin preserving, hypoallergene plasters.)

#### Summery and Conclusion:

The perfect 19<sup>th</sup> century solution for many surgical conditions is leeches says Ruth Sordle, in his special report on leeches in surgery published in the science and medicine section of Houston Chronicle quoting the miraculous events that attracted the Huston plastic surgery he is hopeful of getting solutions for many modern medical problems from them.

The long history of the medical utilities of leeches has revealed its much applauded therapeutic effects and even its risks. It is also said that leeches grow bacteria in their gut. In the April 1987 issue of *British Medical Journal*, researchers at Frenchay Hospital in Bristol, England noted that they had diagnosed six cases of infections caused by *Aeromonas hydrophilia*. Despite these findings, leeches will remain useful in plastic and reconstructive surgery to treat venous congestion according to latest reports from the west.

In the words of Prof. Charles Lent, leading biologist of United States, leeches are useful in removing the blood from areas where tissue has been transplanted or reattached. Because when blood accumulates, tissue can die before it heals. Applying leeches to the

area once or twice a day for a week gives capillaries time to grow across sutures and restore blood circulation.

Though, we are able to supplement better coagulants than *Hirudin*, in the peak of medical innovations the importance of leeches are not faded. Leech farms of medical times are still under progress, growing millions of medicinal leeches from the developed ones like United States of America. The Carolina Biological Supply Co. in Burlington, N.C. is getting increased demand for the supply of leeches day by day from physicians all over the world indicating newer horizons of its utility in the coming days. Thus words of Sushruta, are becoming a reality even after 2000 years of change of events that the physician having the art of leech application will be a successful one crossing the boundaries of time and space.

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**Important aspect of Mutrapariksha (Tail Bindu) as per Ayurvedic Perspective****Dr. Samata Pandurang Galphade**

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**Abstract:**

*Examination plays an main role in diagnosis and prognosis of diseases. Since samhita kala various methods of examination is explained like Dwividha Pariksha, Trividha Pariksha, Dashavidha Pariksha, Ashtasthana Pariksha and Dwadasa Pariksha. The ashtavidha (Ashtasthan) parikshan AcharayaYogaratanakar has described the methods of examination of mutrapariksha after the explanation of Nadi Pariksha and mala pariksha. He also described the important technique of mutrapariksha known as Tail-Bindu Pariksha which is used for prognosis of the disease.Hense an attempt is made to understand both diagnostic and prognostic importance of mutrapariksha in various diseases as explained in Ayurvedic literature.*

**Key words:** Mutra Pariksha, Tail Bindu Pariksha, Ayurved, Prognosis.

**Introduction:**

Prognosis plays an important role in diagnosis and treatment of disease. Proper diagnosis it is important for the base of treatment. In Ayurvedic texts we will find that art of prognosis was well developed in ancient times. Ashtavidha Pariksha was described by Acharya Yogaratanakar. It includes the examination of Nadi (Pulse), Mutra (Urine), mala (bowel), jiwha (tongue), shabd (speech), sparsh (temp/touch), drik (eyes), and aakriti (built). Examination of these parameters enables to have a fine assessment of patient's condition and help in diagnosis. Among *Ashta Sthana Pariksha*, *MutraPariksha* is an important aid in diagnosis as well as assessing the prognosis of a disease of *MutravahaSrotas* and other *Srotas* as well. Tail Bindu Pariksha, a method of urine examination has been described in no. of Ayurvedic texts of medieval period like Vangasena samhita, Yoga taragani, Yogaratanakar, etc.Tail Bindu mutra pariksha can be used as tool for assessing the prognosis and severity of diseases for plan of the treatment.

**Aim:** To study mutrapariksha with an ayurvedic perspective.

**Objective:**

- 1) To evaluate the methods of mutrapariksha with an ayurvedic perspectives.
- 2) To elaborate tail bindu pariksha explained byYogaratanakar.
- 3) To evaluating the mutrapariksha as a diagnostic and prognostic tool.

**Material and Method:** Different Ayurvedic texts, journals, research papers articles were used for fulfilling the part. After the studying the related concepts the efforts has been made for conclusions.

**Literature Review:**

Mutra is the aharamala which is produced as a result of Ahara Parinama (digestion and metabolism). Function attributed to Mutra is Kledavahana that is to remove the excess of Annakledata. Mutra is considered as Mala as it has got the property of Maleenikarana. Both healthy as well as diseased state of the body is reflected by Prakruta and Vaikruta Mutra. Hence examination of Mutra reveals various diseases of multiple systems.

**Properties of Normal urine:**

*Mutra* has *Kshara* (alkaline), *tikshna* and *Lavana* (salt) *Rasa* and resembles *Kupa Jala* (well water) when *Dhatus* are in equilibrium. Further while explaining *Prameha Nivrutti Lakshana Sushruta* mentions *Anavilata* (devoid of turbidity), *Apicchilata* (non unctuous), *Visada* (thin/not dense), *Tikta* (bitter) and *Katu* (pungent) of *Mutra* reflects *Arogya*.

**Mutra Pramana** is mentioned as 4 *Anjali*. *Prabhuta Mutrata* is mentioned in *Prameha samanya Lakshana* indicates polyuria which has got diagnostic importance in *Prameha*. *Alpa Mutrata* is mentioned in the context of *Ashmari* and *Mutrakruchra* which indicates presence of oliguria in these diseases. *Mutra Apravrutti* is mentioned in the context of *Mutraghata* and *Mutravruta Vata* reflecting anuria. *Shukla Varna* of *Mutra* is mentioned in the context of *Udaka Meha*, *Pista Meha* and *Kaphaja Pandu*. *Krishna Varnata* of *Mutra* is found in the explanation of *Kala Meha* and *Khumba Kamala Lakshana*. In *Haridra Meha*, *Pittaja Mutrakruchra*, *Kamala* and *Pittaja Pandu Peetavarnata* of *mutra* aids in diagnosis. *Neela Varna* of *Mutra* is diagnostic symptom in *Neela Meha*. *Rakta Varna* of *Mutra* is encountered in *Ashmari*, *Mutra Sanga* and *Raktas Meha*.

**Mutra Roopa:** Appearance of *Mutra* also provides diagnostic and prognostic aid in the assessment of different diseases. For instance *Avilata* of *Mutra* (turbidity) in *Prameha* aids in diagnosis. *Anavilata* of *Mutra* in *Prameha* indicates *Prameha Nivrutti* which is of prognostic value. The word *Accham* is used in *Udaka Meha* (transparency of urine) helps in diagnosis. Presence of *Sikta* (gravel) and *Sandrata* (sedimentation) is of diagnostic importance in *Sikta* and *Sandra Meha* respectively.

**Rasa and Gandha of Mutra:**

*Rasa* and *Gandha* of *Mutra* aids in diagnosis of different *Prameha*. *Amla* (acidic), *Kshara* (alkaline *rasa* and *Gandha* (acidic) of *Mutra* is mentioned in the context of *Amla Prameha* and *Kshara Meha* aids in diagnosis of respective *Prameha*. *Madura Rasa* and *Madhu Gandha* are of diagnostic value in the assessment of *Prameha*. *Nirghanda* of *Mutra* in *Udaka Meha* and *Vittulya Gandha* in *Vitvighataja Mutrakruchra* serves important role in diagnosis

**Concept of Tail Bindu Mutra Pariksha:** Tail Bindu Mutra Pariksha is based on movement of tail bindu in different direction and different Shapes attained on spreading over the urine.

**Time of Urine Collection:** All texts have stated that the urine collection should be done in the morning while *Yogaratanakara* and *Vangasena* have specified that the time should be when 4 *ghatikas* are left in the lastyama.4 This period, on calculation comes to be about 1 hour 36 minute before sunrise

**Patra for urine collection:** Various *Patras* have been described for urine collection by the texts as – Glass or Bronze *Supatra* and *Shveta Kachamaye Patra*.

The urine after collection has been told to be properly covered with a cloth.

**Collection of mid stream urine:** Mid stream urine has to be collected for examination discarding the first and last part.

**The oil:** *Yogaratanakara* and *Vasavarajiyam* have specifically described the use of *tila taila* for *Taila bindu parkish* while other authors have merely mentioned the term ‘*taila*’. Out of two types of Tila i.e. Black and white type, the black variety is more suitable to be used as this variety is used for tail bindu pariksha.

**Time of performance of Taila bindu pariksha:**

The various texts as *Yogaratanakara*, *Vangase na samhita*, *Hansaraja Nidan*, *Vasavarajiyam* etc. have described the early morning time for the performance of *Taila bindu parkisha* describing it by various names as – *Suryodaye*, *Prabhate*, *Suryatape*, *Bhaskaro udaye bela* etc. *Yama* is a period equivalent to 8th part of a day i.e. 3 hrs. So, last *yama* of night refers to last 3 hrs before sunrise. *Ghatika* is equivalent to 24 minutes as described in Monier Williams dictionary and adopted by Ayurvedic *Pharmacopoeia Committee*. 4 *ghatikas* on calculation comes around 1 hour 36 minutes. From the calculation, it is clear that time of collection is 1 hr 36 min before sunrise.

**Observation and Results**

*Acharya Yogratnakar* has described various parameters regarding prognosis and diagnosis by examining urine and behavior of oil drop on urine surface.

**Prognosis of disease by the examination of oil drop on the urine surface**

**By spreading nature of the oil**

If oil spreads quickly over the surface of urines, the disease is *Sadhya* (curable or manageable).

- If the oil does not spread it is considered as *Kashta sadhya* or difficult to treat.
- If the dropped oil sinks to bottom of the vessel, then it is regarded as *Asadhya* or incurable. In another text it is mentioned that if the oil does not spread and remains as a droplet in the middle of the urine the disease is considered incurable.

**By direction of the oil drop**

- If the oil spreads in the direction of east, the patient gets relief.
- If the oil spreads in the direction of south, the individual will suffer from *Jwara* (fever) and gradually recovers.

- c. If the oil spreads in the direction of northern, the patient will definitely be cured and will become healthy.
- d. If the oil spreads towards the direction of west, he will attain *Sukha* and *Arogya* i.e. happy and healthy.
- e. If the oil spreads towards the *Ishanya* (Northeast), the patient is expected to die in a month's time
- f. If the oil spreads into *Agneya* (Southeast) or *Nairutya* (Southwest) directions, or when the instilled oil drop splits, the patient is bound to die.
- g. If the oil spre

### By shape of the oil drop

- a. Prognosis is good if the oil creates the images of *Hansa* (swan), lotus, *Chamara* (*chowri* composed of the tail of Yak), *Torana* (arch), *Parvata* (mountain) elephant, camel, tree, umbrella and house.
- b. If the drop of *taila* attains the shape of a fish, then the patient is free of dosha and the disease can be treated easily.
- c. If the drop of the *taila* attains the shape of *Valli* (creeper), *Mrdanga* (a kind of drum), *Manushya* (human being), *Bhanda* (pot), *Chakra* (wheel) or *Mriga* (deer) then the disease is considered as the *Kashtasadhya* (difficultly curable).
- d. If the spreading oil creates the shapes of tortoise, buffalo, honey-bee, bird, headless human body, *astra* (instrument used in surgery, like knife etc.), *Khanda* (piece of body material) physician should not treat that patient as disease will be incurable
- e. If the shape of the drop of *taila* is seen as four-legged, three-legged, two-legged, it means that patient will die soon.
- f. If the shape of the drop of *taila* is seen in the shape of *Shasta* (sharp instruments), *Khadga* (sword), *Dhanus* (bow), *Trishulam* (type of weapon with three sharp edges) *Musalayudham* (pestle), *Shrugala* (jackal), *Sarpa* (snake), *Vrishchika* (scorpion), *Mushika* (rat), *Marjara* (crow) *Vyaghra* (tiger) *Markata* (monkey) or *Simha* (lion), the patient will die soon.

## Diagnosis of the disease by the examination of urine and oil drop on the urine surface

### By appearance of urine

#### 1. Diagnosis of *Dosha* involved

- a. In "*Vata*" aggravated diseases, urine of the patient appears as *Pandu varna* (whitish) or slightly '*Nilam*' (Bluish)
- b. In "*Kapha*" dominated conditions urine becomes "*Phenayukta*", i.e., frothy or *Snigdha* (cloudy).
- c. In "*Pitta*" aggravation urine appears yellowish or *Rakta varna* (reddish).
- d. In case of *rakta*-aggravation urine become *Snigdha*, *Ushna* (hot) and resembles blood.

e. In *Dwandaja*, i.e., a state of combined *Dosha* aggravation, mixed colours are seen in the appearance of the urine as per the *Dosha* involved in the causation off. In *Sannipata* state, urine becomes *Krishna Varna* (blackish).

## 2. Diagnosis of disease involvement

- In the case of diseases related to *Ajirna* (in digestion), urine appears like *Tandulodaka* (rice water).
- In *Navina Jwara* (acute fever) urine appears “Smoky” and the affected person passes more urine (*Bahu Mutrata*).
- In *Vata-Pitta jwara* - urine is smoky, watery and hot.
- In *Vata- Shlesma jwara* - urine is whitish with air bubbles.
- In *Shlesma-Pitta jwara* - urine is polluted and is mixed with blood.
- In *Jirna* (Chronic) *jwara* - urine becomes Yellowish and red.
- In *Sannipata jwara* - urine appears in mixed shades depending on the *Dosha* involvement.

## By shape of the oil drop on urine surface

Diagnosis of *Dosha* involvement

- If *taila bindu* takes a snake like image in the urine, it is *Vata roga*.
- If urine takes an “Umbrella” shape it is *Pittaja roga*.
- If urine spreads like Pearl (*Mukta*) it is *Kaphaja roga* Also, it is said that if the *Vata* is predominant, then the *Taila* attains *Mandala* (circular shape); in *Pitta* diseases it attains *Budbuda*(bubbles) shape; in *Kapha* diseases it becomes *Bindu* (globule or droplet) and in the *Sannipataj Taila* sinks in the urine.

## Discussion:

Tail Bindu Pariksha mentioned in the ayurvedic texts by Yogaratanakra. Tail Bindu Pariksha was developed to diagnose the condition of disease and prognosis should be find out. In this method one drop of taila is slowly dropped on surface of urine and this diagnostic method having low cost of the diagnostic tools and it is old age methods. Tail Bindu Pariksha and mutra Pariksha seems to be crude method and it is importance in prognosis of the patient condition and proper diagnosis of diseases. This method is based on color, appearance, consistency, thickness and density of urine. In ayurveda, normal physiological function of the body's changes or disturbances when the vitiation or imbalance of vata , pitta and kapha dosha and produce the various type of vikara that in mutraj in *pittaj vikara* changes the color, consistency, appearance and chemical composition of urine and this abnormal condition assessed by the pattern's formed by the oil drop during *Tailbindu pariksha*. Eg. In *Madhumehas*, the oil spread in the shape of bird

owl which indicates a poor prognosis. In Jeerna Jwara appearance of urine become yellowish and red colour

### Conclusion:

From the above discussion it is concluded that, Mutrapariksha it is one of the asthasthana pariksha, which helps in Rogi parikshana in which vaidya have to be done before start the treatment to the patient.

Mutrapariksha it shows-

- 1) vitiated dosha
  - 2) Curableness of disease(in which sadhaasadhayatva)
  - 3) Diseased condition
  - 4) It is very easy to perform
  - 5) Cost effective
  - 6) Require less time and equipment
  - 7) Give instant result.
- Mutra pariksha(tail bindu pariksha)it is important in the diseases of premeha,ajjerna etc. Mutra parikshana according to its colour, appearance and consistency of the urine.(mutra).
  - In vata dosha- aggravated the colour of urine appears pandu varna.
  - In pitta dosha- aggravated the colour of urine appears the rakta varna.
  - In kapha dosha-aggravated the colour of urine appears phenayuka.
  - Tail Bindu Paikshana according to its appearance in which-
  - Vataj vikara –aggravated tail bindu appearance becomes snake shape.
  - Pittaj vikara-aggravated tail bindu appearance becomes umbrella shape.
  - Kaphaj vikara- aggravated tail bindu appearance becomes pearl shape.

The position of oil in different condition of diseases.

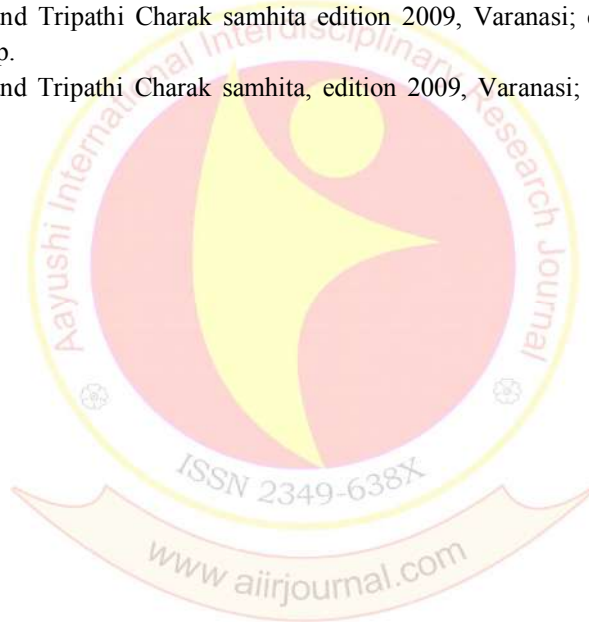
If the oil does not spread the condition become kashtasadhya(difficult to treat), if the oil touches the bottom of vessel oil sinks the condition of disease become kashtasadhya(difficult to treat),if the oil spreads quickly over the surface of urine the disease condition becomes sadhya(curable).According to direction of spread of one drop can assess the curability and non curability.

If the oil spreads in the purwa (east) direction the prognosis become patient get relief and cure. If the oil spreads on vayava direction the prognosis become the patient going to die anytime or anyway. If the oil spreads in the south direction the prognosis become patient will suffer from jwara and gradually recovers. appearance of urine appears smoky and excessive urine [*bahu mutrata*], in vata –*pittaj jwara* appearance of urine

become smoky, hot and watery, in *pitta – shlesmaj vikara* [diseases] appearance of urine become polluted and mixed with blood.

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**Intervention Of Uterine Fibroid In Ayurveda - A Prospective Study****Dr. Sonali R Survase (Pachange)**

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**Abstract:-**

*The Physiological enlargement of Uterus is most commonly seen during reproductive life i.e., in pregnancy of a female. Pathologically, it's seen in Uterine fibroid (Leiomyoma) condition. Leiomyoma are Benign smooth muscle Neoplasm which commonly originates from Myometrium & due to its Fibrous consistency its known as Fibroid. Diagnosis may be accidental or may be due to symptoms. Confirm diagnosis is done by USG. Symptoms like pain, Dysmenorrhoea, AUB, etc. Treatment is conservative medical therapy and surgery in urgent cases.*

*In Ayurveda, uterine fibroid can be correlated with Granthi Roga i.e.,Gratanath Granthi (localized nodular swelling or growth).Kanchanara Guggula, Shigru Guggula and Varunadi Ghrita, Kshara taila Uttar Basti are useful in the chikitsa of Garbhashya granthi (fibroid).*

**Keywords=** Uterine Fibroid, Leiomyoma, Granthi, Kanchanara Guggula, Shigru Guggula and Varunadi Grita, Kshara taila for Uttar Basti.

**Introduction:-**

Uterine Fibroid are also known as Leiomyoma, Myomas i.e., Benign growth of uterine muscles,they are composed of smooth muscle layer accompanying fibrous connective tissue of uterus<sup>1</sup>. Rarely in reproductive age we find fibroid but at the end of reproductive age number increases. Multiple Leiomyomas are referred as Uterine Leiomyomatosis<sup>2</sup>. Though origin is unknown, commonly found in genetic determinant, obese women, smokers, etc.

In Ayurveda, *Gratanath Granthi*=> localized nodular swelling/growth refers *Granthi* that develops due to localization of morbid body tissue<sup>3</sup>. It protrudes like joint of bamboo/joint between two parts of plant or kernel of fruit of *Amalaki* (*Embllica officinalis*), relatively hard and tough in consistency, knotty, hard and rough appearance with grandular or nodular swelling<sup>3</sup>.

**Pathology:-****ORIGIN=>**

Initiation of Leiomyoma remain unknown; but evidence points strong Inherited component/ chromosomal abnormality(40%).Basically fibroid is overgrowth of muscle and fibrous connective tissue.

Role of polypeptides, Growth factors like EGF,IGF-1,TGF originates fibroid.

Family history of fibroid is also one of the cause.

**GROWTH=>**

Predominantly estrogen dependent Tumour leads to growth.

Rate of growth is also slow, takes 3-5 yrs to feel per abdomen.

According to *Ayurveda - Granthi* Is propounded as when morbid *Tridoshas* vitiate *Rakta* (blood), *Mamsa* (fleshy muscle) & *Meda* (fat/adipose tissue) that are admixed with *Kapha* produce rounded protuberant, knotty or glandular and hard swelling called *Granthi*<sup>4</sup>. Though there is vitiation of *Rakta*, *Mamsa*, *Meda* but initiation event is of *Vata*. *Granthi* in overall body part have same etiopathogenesis, symptoms but *Granthi* in *Yoni/ Garbhashaya* will lead to disturb Menstrual cycle (Dysmenorrhoea, Menorrhagia, etc). *Vata Dosha* is predominant factor as its location is in *Basti Pradesha*<sup>5</sup>.

**Types Of Uterine Fibroid:-**

According to location of fibroid in uterine body its of 3 types<sup>6</sup>=>

1. Intramural/ Interstitial fibroid- Its located intramurally in cavity which pushes inward or outwards.
2. Subserous/ Subperitoneal fibroid- Intramural fibroid pushed outward towards peritoneal cavity. Fibroid completely covered by peritoneum gets pedicle so known as Pedunculated fibroid. Pedicle torn gets nourish from omental/ mesentery so called as Wandering/ Parasitic fibroid.
3. Submucous fibroid- Intramural fibroid when pushed inwards to endometrium its known as submucous fibroid. Pedunculated submucous fibroid come out through cervix.

*Ayurveda Acharyas* explained different types of *Granthi*=>

1. *Vataja*- Elongated & painful –Subserosal type
2. *Pittaja*- Prone for suppuration, inflammation- Submucosal type
3. *Kaphaja*- Mild pain, localized mass- Intramural type
4. *Medoja*- Broad and mild pain
5. *Siraja*- Quick onset with multiple symptoms and complication
6. *Mamsaja and Siraja*- Degenerative changes of fibroid.

**Symptoms:-**

According to Modern Science<sup>7</sup>-

Majority are Asymptomatic (75%) but below symptoms are seen as-

Menstrual abnormality (Menorrhagia, metrorrhagia), Dysmenorrhoea, Dyspareunia, Infertility, Pressure Symptoms, Recurrent pregnancy loss, Lower Abdominal pain, Abdominal enlargement/ lump / swelling.

According to *Ayurveda*-

*Granthi* present in *Garbhashaya, Yoni Pradesha* will lead to symptoms of *Sthanik Vata Dosha pradhan lakshana* i.e., Pain, Disturbed menstrual cycle (Menorrhagia, metrorrhagia) along with Infertility.

**Treatment:-**

According to Modern science<sup>8</sup> treatment is as follows-

- a) Symptomatic fibroids-
- b) Asymptomatic fibroids-

## a) Symptomatic fibroids-

1. Medical management= Antiprogesterones, Danazol, GnRH Agonist, Prostaglandin synthetase inhibitors.
2. Levonorgestrel Releasing Intrauterine System (LNG-IUS).
3. Surgical management= Myomectomy by Hysteroscopy or Laparoscopy, Embolotherapy, Hysterectomy.

## b) Asymptomatic fibroids-

These type needs observation and then conventional surgery.

According to *Ayurveda* –

Principle for Granthi are described as follows=

1. Manage according to principle of *Samprapti Vighatana*
2. Choice of *Kapha Vatahara* Drugs
3. *Vata Anulomana chikitsa*
4. *Lekhana* and *Rakta Prasadana*
5. *Chedana* and *Visravana karma*

But *Garbhashaya Granthi* requires some of the above principles-

- *Vata Kapha* dominating *Tridosha* involved in pathogenesis of Granthi roga hence *Vatakaphahara* medications are required.
- *Dushya* are *Rakta*, *Mamsa* and *Meda* hence *Raktashodhaka*, *Lekhana* properties medicine are used.
- *Srotodushti* is type of *Sanga*, *Vimargagamana*, *Atipravritti* so by *Amapachana* and *Vatanulomana* drugs it can be cured.

Medications are available in *Ayurveda* which have above said all properties and some of them routinely used in treatment of Uterine Fibroid are as below=

1. *Kanchanara Guggulu* 500mg twice a day after meals
2. *Shigru Guggulu* 500mg twice a day after meals

Above medication is given for 7 weeks and usg is done after that to rule out size of fibroid.

**Role of Panchkarma in Uterine fibroid –**

*Uttar Basti* is Important and most useful therapy used. *Uttar Basti* is given after routine *Snehan-Swedana karma*. Widely used medication for *Uttar Basti* are as follows-

1. *Varunadi Ghrita*
2. *Kshara Taila*

**Conclusion:-**

From above data we can conclude that Role of *Kanchanar Guggulu* and *Shigru Guggulu* orally and *Varunadi Ghrita* and *Kshara Taila Uttar Basti* locally is very effective in the Intervention (treatment) of Uterine Fibroid in *Ayurveda*.

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## Study Of *Twacha Sharir* W.S.R. To Corelation Of *Kitibha Kushtha* And Psoriasis

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### Abstract:

*Ayurveda describe the organization of the body in terms of Doshas ,Dhatus, and Malas.Twacha is one among the Updhatus which provide protective layer over the body that protect from the heat, cold & external infection .*

*The union of sukra [spermatozoa] & sonita [ovum] while being cooked [processed by heat] gives rise to seven Twaka just like formation of cream when milk is boiled. Acharya sushruta and other Acharyas are described Twaka Shareeram in detail .Acharya Sushruta defined Twacha as Updhatu of Mansa Dhatu. Twacha is one among the Pancheaindriy, which carry sensation of touch and it covers external part as well as internal part of the body. Human being often suffered from many types of diseases, out of them skin disease is one of the major problem for the community .*

*'Kitibha ' is one among type of Kshudra Kushtha which is common and chronic disorder of Twacha .now a day's Kitibha Kushtha disease is largely spread in the human being. while diagnosing the patients of Kitibha Kushtha, there is difficulty regarding the identification of structural deformity, hence need is felt to study the Kitibha & Twaka shareer .*

**Key Words :** *Twacha Shareer ,Kitibha ,Kshudra kushtha ,Twacha varna ,*

### Introduction :

Among the various diseases skin disease is one of the major problem for the community , because there is a change in the structural appearance of the skin & it makes entire body ugly. There are different theories among the *Acharyas* regarding the number of layers some

Acharyas told as six layers while other as seven layers , in this layers of *Twacha* , different type of disease observe in different layers ,out of this very commonly seen '*kushtha*' disease is found in one of the *Twacha .Kushtha* is a skin disease.'*Kitibha*' is the type of *kshudra kushtha*. *Acharya* describe symptom of *Kitibha* like red, with dry & silvery white scale which may be obvious only after scrapping the surface , skin is not sweating , resemble the scale of fish ,producing sound (while scratching ) rough ,itching course and black in colour .Although *Twacha* has been explained in our classic , we get vague and very less description about the disease related to *Twacha Shareer* . and it is outermost layer of the body, so it becomes essential to know the structural and anatomical changes occur in the *kitibha Kushatha* .

**Aims & Objectives :**

- 1) To make comprehensive literary study on *Twak Shareer* .
- 2) Comparative study of *Twak Shareer* with modern & ayurvedic view .
- 3) To give appropriate & elaborate description on *Kitibha* & its relation with the 4<sup>th</sup> layer of skin .
- 4) To study regarding *Kitibha Kushtha* with modern correlation.

**Review Of Literature :**

Acharya Charak has described skin as a structure covering the entire body. Acharya Sushruta described that after fertilization of sperm and ovum (i.e., foetus), development take place and consequently seven layers of *Twak* come into existence like those of cream in milk . Vagbhata described *Twacha* formed due to the *Paka of Rakta Dhatu* by its *Dhatvagni* in the foetus. After *paka*, it dries up to form *twacha*, just like the deposition of cream over the surface of boiled milk.

In different texts of Ayurveda, there is little bit controversy regarding number of layers of *Twacha*. The variation is as follows (Table 1):

1.	Charak Samhita	6
2.	Sushrutasamhita	7
3.	Ashtanghridaya	7
4.	Ashtangsangrah	6
5.	Sharangdharsamhita	7
6.	Bhavaprakash	7
7.	Kashyapsamhita	6
8.	Modern Science	7

In the body, seven layers of skin are produced during the cooking (metabolic heat activity) of blood just as the layer of scum, during the cooking of milk.

According to *Acharya sushruta* there are seven types of *Twacha* .*Kitibha* occurs in 4<sup>th</sup> & 5<sup>th</sup> layer of *Twacha*. *Sushruta* seems to be more accurate in telling thickness of *Twacha*

Out of seven layers of skin, the first layer is known as *Avabhasini*, which illuminates all sorts of complexion and also brightens five type of shade. It measures eighteenth part of a barley grain and is seat of *Sidhma* and *Padmakantaka*.

The second layer is known as *Lohita*, which measures sixteenth part of a barley grain and is the seat of *Tilakalaka*, *Nyaccha* and *Vyanga*.

The third layer is known as *shweta*, measuring one twelfth of a barley grain and is the seat of *charamadala*, *ajagalli* and *masaka*.

The fourth layer is *Tamra*, measuring one eighth of a barley grain and is the seat of various types of vitiligo and leprosy.

Fifth layer is *Vedini*, measuring one fifth of a barley grain and is the seat of leprosy and erysipelas.

The sixth layer is *Rohini*, measuring one barley grain and seat of cyst, scrofula, tumor, elephantiasis and goiter.

The seventh layer is *Mansadhara*, measuring two barley grains and seat of fistula in ano, abscess and piles.

There are six layers of skin in the body, outermost layer of skin is known as *Udakadhara*. The second one is that which holds up blood. The third one is the seat of the origin of *Sidhma* and *Kilasa*. The fourth one is the seat of the origin of ringworm and leprosy.

The fifth one is the seat of the origin of *Alaji* and *Vidradhi*. The sixth layer is that which, if cut, causes loss of consciousness and is the seat of the origin of boils being manifested as blackish red and deep rooted on joints and are hardly curable. In Susruta Samhita we find reference of thickness of skin that is already explained. The total depth of all the seven layer of skin is equal to breadth of the middle of thumb, which measures six barley grains less one twentieth part. Other than this, we did not find any reference.

According to modern science, skin is the largest organ of the body.

- Seat of *Panchendriya* (*Chakshuendriya*, *Shrotendriya* *Grhanendriya*, *Rasanendriya* and *Sparshendriya*) are eye, ear, nose, tongue and skin, respectively.
- The *Pitta* situated in skin is known as *Bhrajak*, which absorbs drugs applied externally in forms of massage bath, dipping, paste etc, and also illumines various shade of complexion.

*Mansavaha srotas* have their root in *Snayu* and *Twacha*.

Skin covers the entire body with six parts. Tactile perception is perceived by *Sparshendriya* which is situated in the skin

### By modern review:

Skin can be defined as anatomically and physiologically specialised boundary lamina which is essential for life. Skin is the largest organ of the body. It forms 8% of the total mass of the body.

### Structure:

Structurally it is very complex and highly vascularised tissue. Skin is made up of two layers.

- a) Epidermis;
- b) Dermis.

**Epidermis:**

The epidermis is the outer layer of skin. It is formed by stratified epithelium, which consists of five layers .

- 1.Stratum corneum;
- 2.Stratum lucidum;
- 3.Stratum granulosum;
- 4.Stratum spinosum;
- 5.Stratum germinativum

The important feature of epidermis is that, it does not have blood vessels. The nutrition is provided to epidermis by the capillaries of dermis.

**Dermis**

Dermis is the inner layer of the skin. It is a connective tissue made up of dense and stout collagen fibers, fibroblasts and histiocytes. Dermis is made up of two layers:

- 1.Superficial papillary layer.
2. Deeper reticular layer

**Methodology:** It includes 1. Literary study 2. Clinical study 3. diagnostic study

- 1.**Literary study** is undertaken by data compilation from *Brihatrayis*, *laghutrayis* & other classical texts including journal ,presented papers ,previous work done & correla Acharya Charak has described skin as a structure covering the entire body, analyse with the knowledge of contemporary science on the subject .
- 2)**clinical study** : a special case proforma is prepared with all the points of *Kitibha* and structural abnormality observed with the help of skin biopsy of selected patients for study .
- 3) **Diagnostic study** : in this study various lab investigations including CBC, BLOOD SMEAR, SKIN BIOPSY is done .

**Discussion :**

*Kitibha* is a type of *Kushtha* which occurs in '*Tamra*' Twacha according to *Sushruta*. psoriasis [*Kitibha*] is affects mainly stratum spinosum and basale. It is observed in any age of the patient. it is characterized by white ,coppery and yellowish patches on the skin of all parts of the body ex. Knees , palms, soles, genitals, scalp, hands etc these patches gives dust like silvery scales after rubbing .the Lakshanas *Kitibha Kushtha* mentioned by *Charaka*, *Vagbhata*, and *Sushruta* are described here in detail in comparison with psoriasis .

**Conclusion:**

From the observation based on literary and histopathological study and discussion the following conclusion can be drawn

- 1) According to *Acharya Sushruta* there are seven types of *Twacha*. *Kitibha* occurs in 4<sup>th</sup> & 5<sup>th</sup> layer of *Twacha*. *Sushruta* seems to be more accurate in telling thickness of *Twacha*. His measurements of thickness of all the layers of *Twacha* expressed in modern units is very much similar to the thickness of skin given in modern textbook of anatomy.
- 2) *Kitibha Vyadhi* is a type of *Kushtha* and psoriasis is a type of disease have most of the same symptoms which are correlated on the basis of literary, histopathological and clinical study of both ayurveda and modern science.
- 3) *Kitibha* is mostly related with plaque type of psoriasis.

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## Study Of Marma In Lower Limbs W.S.R. To Janu Marma Using Cadaveric Dissection

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### Abstract

*Marmas ( Vital Points ), is one of the most and important element of our body which is mentioned only in Ayurved Science . In Modern Science there is no any specific reference according the Marmas. Marmas are vital points on body surface having importance regarding traumatic conditions, where injury occurred can lead to disability, disfunctioning of that body organ or even it may lead to life threatening incidence.*

*Each and every aspect of Marma, like definition, position, identification, and sign symptoms of marma injury was thoroughly explained by Acharya Shusrut in Shusrut Sanhita. These lakshanas explained by Shusrut shows similarity with the sign and symptoms occurred due to trauma or injury at that specific body part. It is a need of an hour to find out exact structure present at marma location. So as to prevent disability or deformity effect after injury here we are studying Janu Marma, which lies at the junction of Jangha (Leg) and Uru (Thigh). As given in samhita granthas the location of Janu marma is the same at both right and left lower limbs.*

*As per modern science the knee joint is formed by the junction of the femur and tibia bones . There is a structure of ligaments of the knee joint, popliteal artery, popliteal vein and tibial nerve. Ligament, patellae, patellar bone, lateral and medial meniscus which will be considered as Janu Marma . Janu marma which has been described as Sandhi Marma ( vital energy point of joint ) and Vaikalyakar Marma ( causing deformity ) by Acharyas. This present study has been done to trace the exact location of Janu Marma according to modern science so that the actual structure present at that location can be indentified, which will help to elaborate the widha lakshana ( injury effect ) at Janu Marma.*

**Key Words** - Marma, Popliteal Artery, Veins, Janu Marma, Widha lakshnas

### Introduction -

In Ayurveda, Marma is one of the basic aspect in human body. Total number of marmas in human body are 107. Shusrutacharya mentioned this concept in shareer sthan sixth adhyaya. He defines marma as the site in which there is presence of Mansa (Muscles) , Sira( vessels), Snayu ( ligaments / tendons), Asthi (bones) Sandhi (joint). The union of these 5 structures constitutes the Marmasthan. These points are seats of life in each marma one of the components is predominantly present and other present in traces. Classification of marma is mentioned under certain categories. such types of marma according to shadang (location), Rachana (structure), praman or pariman (measurement) and parinam (injury effect) out of these as per rachana above mentioned 5 types are presents .

**Table No. 1 - Information of Janu Marma**

Name of Marma	Janu Marma
Location	Adhoshaka (lower limb) between leg and thigh.
Number	Two
Rachanatmak	Sandhi Marma
Parinam	Vaiklayakara Marma (structural+functional distortion)
Pariman	3 Anguli (finger breadth)
Marmavidhya lakshan	Khanjata(structural+functional deformity of knee joint)

Marmas are called half part of Shalyatantra (surgery).It is because while doing any surgical procedure, a surgeon must have the basic understanding of the structures which are present at the operational site. For this, the knowledge of marma is indispensable. Janu Marma (Knee joint) is one of the major joint in the human body for various movements of the lower extremities. So it is crucial to see the 5 basic structures present in it with the help of modern anatomy by using cadaveric dissection.

#### **Aims And Objectives Of Study -**

- To determine the location of Janu Marma
- To determine the structural composition and traumatic effect on the Janu Marma

#### **Materials and Methodology -**

Materials - literary study with available literature regarding Marmas from Ayurveda texts, modern textbooks

#### **For Cadaveric Dissection Study -**

- 1 One cadaver
- 2 Dissection kit

#### **Methodology - Literary Study**

All the information regarding Janu Marma is collected from Ayurveda text, modern text, previous work done, research paper, internet sources, all the literary material mentioned was thoroughly reviewed.

Cadaveric dissection was done in the dissection hall of dept. of Shareer Rachana of Late. B.V.Kale Manjra Ayurveda college Latur. Cadaver is selected based on inclusion and exclusion criteria.

Concerned interpretation was co-related with the hypothesis about the Ayurvedic Rachana of Janu Marma under the headings of Mamsa, Sira, Snayu, Asthi and Sandhi.

**Results and discussion -**

**Results -**

Table No.2 - Structures seen at the Janu Marma during the dissection

Sr. No.	Ayurvedic View	Modern correlation
1	Mamsa	Medial and lateral head of gastrocnemius and plantaris muscles
2	Sira	Popliteal artery with its branches and popliteal vein with its tributaries.
3	Snayu	Capsular ligaments, ligamentum patellae, cruciate ligaments. Lateral and medial menisci.
4	Asthi	Lower ends of femur and tibia, patella.
5	Sandhi	Knee joints



**Photo 1: Knee Joint (Janu Marma).**



**Photo 2: Dissected Knee Region showing Patella.**



**Photo 3: Medial and Lateral head of Gastrocnemius muscle.**

**Discussion -**

Several references are accessible about the marma by various acharyas. But Sushrutacharya have given more elaborative information about the different Marmas. He has given the crucial definition of marma as it is the blending of mamsa (Muscle), sira (vessels) Snayu (Ligaments/Tendons), Asthi (Bones) and Sandhi (Joints). All above five structures are present in each marma. The high portion of each structure varies in individual marma. Out of the five elements, one is chiefly present and others are present in traces.

Cataloging of Marmas is explained as Shadang (Location),Rachan(structure), Praman or Pariman (measurement) and Parinam (Injury Effect). In this study, more stress is given on the organization of marma as per Rachana (structure). Janu marma is present in lower extremity in between leg and thigh. It is vaikalyakar marma means injury to this marma will produce structural and functional malformation. The location of Janu marma is at the Knee joint.

The five comparative structures seen during the dissection are as Mansa –Medial and lateral head of gastrocnemius and Plantaris muscles,Sira-Popliteal artery with its branches and popliteal vein with its tributaries, Snayu – Capsules ligament, Ligamentum patellae, cruciate ligaments, lateral and medial menisci, Asthi – Lower ends of Femur and Tibia, Patella and Sandhi –knee joint. Along with Janu marma there are other Marmas which are called as vaikalyakar Marmas in the lower extremity.

So, entirely knee joint and the structures associated with it can be corelated with the Janu marma.

**Conclusion -**

Acharya Sushrut has given the information and significance of Marmas according to Shalyatantra (Surgery). So, Acharyas has given characteristic arrangement of Marmas. Out of 107 marmas, 44 marmas are vaikalyakara marmas. 6 Vaikalyakara Marmas are present in the lower extremity.

Janu Marma represents the knee joint area along with its related structures as, Medical and lateral head of gastrocnemius and Plantaris muscles,popliteal artery with its branches and popliteal vein with its tributaries, capsular ligament, ligamentum patellae,cruciate ligaments, lateral and medial menisci, lower end of femur and tibia and patella and knee joint.

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**Study Of Pranavaha Strotas With W.S.R to It's Modern Applied Aspects****VD. Abdul Rahim shaikh Ajam Shaikh**

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**Abstract**

*Sharir Rachana is basic subject of medical science. Hence concepts of Sharir should be cleared. Ayurveda gives various ideas of sharir, which should be explained on the modern basis. Strotas is one of Ayurvedic terminology & basic thing of Ayurveda, but it should be cleared to ayurvedic students. Charak had explained strotas as medicinal view while sushrut had explained strotas according to surgical aspect. Pranavaha strotas is first & important strotas, which carry pran all over body. By studying this strotas mulasthana, vidha laxanas & vahana, also by studying concern reference regarding prahvaha strotas, respiration, etc. idea of this strotas is explained, how it is related to respiratory system & internal & external respiration is elaborated in this article. It will be helpful to ayurvedic students to clear ideas regarding strotas as well as pranvaha strotas. How Pranavaha strotas related to heart, lungs and other structures like pulmonary artery and pulmonary vein is elaborated in this article.*

**Key Words:** pranavaha strotas, prana, respiration, strotas, lungs, oxygen

**Introduction**

*Sharir Rachana and Sharir Kriya are two sides of coin. These two departments are now different made by ccim but should work hand to hand. Ayurveda never given separate Sharir Rachana or Anatomy and Physiology or Sharir Kriya. Anatomy is well mentioned with physiology, pathology, surgery or medicine. We must to know basic things or anatomical concepts. Now in glob- alization world these concepts should be clear on the modern basis. Strotas is one of the major anatomical concept of Ayurveda. It is said that 'stroto aiim purusha' that means human body is made up of so many standing various functions of strotas are mentioned by Sushrut and Charak. Charak gives 14 numbers of strotas while Sushrut gives 11 numbers of strotas. First and most important strotas given by both acharyas is pranavaha strotas. It is very important hence we must know details of this strotas in relation with modern science. The concept of strotas is not detail mentioned by ancient scholars hence so we are elaborating this concept of pranavaha strotas. Charak first clears concept of strotas as ,Yavant purushe murtimanto, Bhavavisheshanto avasmin strotasam prakar vishesh*

*Charak says that number of matters or bhava present in the body, same number of strotas present in the body, hence he says that infinite number of strotas present in the body. These strotas has individual work according to separate bhavas, that is which*

matter stored or conducted through it. There are mainly 16 *murtimant bhav* present in the body and these are *prana*, *anna* or food, *udak* or water, *rasadisapatdhatu*, and *trimala* and *tridosha*. Individual each *bhav* suggest its own *strotas*. All these *strotas* come together to form body. *Charaka* has given example of cloth. If we separate all fibers of the cloth then we can't say it as a cloth but when all fibers are collectively arranged then it is said to be cloth, same way separate *strotas* is not constitute body but all *strotas* collectively indicates body.

*Strotavansi khalu parinam, Prapadhema- nanam dahtunam vahini, bhavatyayanar- thena* |

This gives clear idea about *strotas*. *Strotas* either create matter or transfer matter form one place to another places

*Tatre pranvaha strotasan, Hrudya mulam mahastrotasam* | *Charak* told that *pranavaha strotas* has main *mulasthan* is *hridaya* and secondary is *mahastrotas*. *Charak* and *Sushrut* both give first priority to *pranavaha strotas*. *Sushrut* gives clear idea regarding *prana*, *agnisomvayu satvarajatama,pan- chendriya bhutatmethi prana* | He says that *agni*, *soma*, *vayu satwa*, *raja* and *tama* and also *panchdnyanendriya* are *pranas* because due to these vital factors signs of aliveness is seen. one more important definition is *pranaha vahantiti pranameans*:The *chaitnya* or *jivana* giving matter is *pran*. The *vahan* or transfer or conduction of this *prana* through all structures of the body is called as *pranvaha strotas*.The factor which gives life to body is called as *prana*. Oxygen is very important factor for life process which is inhaled by respiration. And the *strotas* which carry this *prana* is called as *pranvaha strotas* and the system which supplies oxygen is called as respiratory system. *Nadya panthano margaha sharir chidrani* | *Charak* has given various synonyms of *strotas* that are *sira,dhamani rasayani, rasavahini, nadi, path, sharirchidrani, niket* but he mentioned important thing is *nadi* or tube like structure, *path* or *marg* means special way for special matter,*sharirchidrani* means vacuoles of body. These structures are specially called as *strotas*.

### Materials And Methodology

Respiratory system or mammalian airway is formed by nose, nasal cavity, pharynx, larynx, trachea, bronchus, bronchioles and finally alveolar sac. This sack is surrounded by capillaries and vessels.

As air inhaled through the upper airway filtered in the nose heated to body temperature and fully saturated with water vapors, partial recovery of this heat and moisture occurs on expiration. Then air goes to glottis and glottis to trachea, major bronchus, secondary; tertiary bronchioles and alveoli |7 The acinus is gas exchange unit of the lung and comprises branching respiratory bronchioles and clusters of alveoli here filtered moistures heated air makes close contact with pulmonary capillaries and oxygen up take and carbon dioxide excretion occurs the alveoli lined with flattened epithelial cells. |8 The gas exchange of oxygen and carbon dioxide are purely passive no ATP is consumed they

depend on behavior of gases described in Dalton's law and Henry's law | 9 Transport of gases between lungs and body tissue is function of blood, when oxygen enters the blood certain physical and chemical changes occur that aid in gas transport and exchange. |10 Oxygen does not dissolve easily in the water therefore very little oxygen only 1.5 % is carried in the dissolved state in water blood plasma and remaining oxygen 98.5% is transported as chemical combination with hemoglobin inside RBC. Each 100 ml oxygenated blood contains about 20 ml of oxygen and 0.3ml dissolved. |11 The change of respiratory gases between lungs and blood takes place by diffusion across alveolar and capillary walls. Collectively the layer through which the respiratory gases diffuse are known as alveolar capillary membrane.

The heart acts as two separate pumps operating side by side. The right heart generates circulation to lungs and left heart feeds rest of body. The right atrium drains deoxygenated blood from superior and inferior vena cava and discharges blood into left atrium and into left ventricle through bicuspid valve. *Tatra pranvahanam hrudayam mullam mahastrotasam pradustanam khavisheshmedh Vishehsh bhavati charak*. When this *strotas* is not working properly then special signs and symptoms are seen more expiration rate, wheezing sounds at the time of respiration, painful breathing and tightening of chest also seen. *Sushrut* commentator *Dhalan* says that *Tatra vidhasaya kroshanavinaman mohana bramhana vepenani maranam vaa bhavati* | When this *strotas* hampers then following symptoms are seen *croshan* means to cry, *winamana* means bending forward, *bramhana* means vertigo, *mohana* means unconsciousness, *vepenani* means tremors of the body and lastly death occurs.

## Discussion

As we see that *pranvaha strotas* is first *strotas* of the body. *Strotas* concept is based on following four main qualities.

1. To produce specific *bhava* or matter that means *utpatti* of *bhav*.
2. To transfer or to carry these *bhava* from one place to another place means *vahana* of these *bhavas*.
3. To secrete these specific *bhava* means *stravanath strotanshi*.

Specific root or *marg* of these *bhava*. Some *strotas* has all four qualities but some has one quality out of four the structure used for above functions. These structures are like ducts, tubules, blood vessels, capillaries, organs and *ashaya*. *Strotas* is decided according to transfer of matter through it and it is related to its *mulsthana*. *charak* and *sushrut* give there *mulsthana* according to their function or storage of *bhava* or relay center of *bhava*. Second *mula* is considered as conducting system of these *bhava*. In case of *pranvaha strotas* air entered from external nares to pharynx, larynx, trachea and right and left bronchus and then bronchioles and finally to alveoli. This is the path of oxygen. In this way

external atmospheric oxygen reaches to lungs. In alveoli gas exchange process of oxygen and carbon dioxide takes place. This is purely passive process, hence no ATP is consumed. Transport of gases between lungs and body tissue is physical and chemical process. The exchange of respiratory gases takes place by diffusion method across alveoli and capillary walls. Oxygen does not dissolve easily in the water therefore very little oxygen only 1.5 % is carried in the dissolved state in water blood plasma. and remained oxygen 98.5% is transported as chemical combination with hemoglobin is transported in chemical combination with hemoglobin inside RBC. Each 100 ml oxygenated blood contains about 20 ml of oxygen and 0.3ml dissolved.

Hemoglobin consists of protein portion called globins and an iron pigment called heme. Each hemoglobin molecule has four heme group can combined with one molecule of oxygen. Oxygen and hemoglobin combine in an easily reversible reaction to form oxyhemoglobin since 98.5% of oxygen is bound to hemoglobin and trapped inside RBC only 1.5 can diffuse out tissue capillaries into tissue cells.

When we think *sharir rachana & sharir kriya* regarding *pranavaha strotas*. Ancient scholar never given separate *sharir rachana & sharir kriya*. Anatomy is well mentioned in the *ayurved*. We must know basic concepts of the *ayurveda*. Now in globalization world this concept of *pranavaha strotas* must be proved on the modern basis. *Stro- toaium purusha* Means body is made by so many *strotas*. But for understanding these *strotas* properly *charak & sushrut* mentioned special *strotas*, *charaka* has given 14 number of *strotas* while *sushrut* given 11 number of *strotas*.

*Pranavaha strotas* starts from nose and supply oxygen to haemoglobin through alveoli. This is clear path of *pranavaha strotas*, but next to it gases exchange occurs with the help of blood. This blood is firstly transferred to heart by pulmonary veins and poured to left atrium. From left atrium poured to left ventricles and all over body through aorta, arterioles and capillaries. Thus oxygen is supplied to every cell.

Same time carbon dioxide is absorbed by RBC. In each 100 ml of deoxygenated blood 7% of carbon dioxide is dissolved in plasma 23% combines with hemoglobin as carbonation and 70% is converted into bicarbonate ions. This carbon dioxide along with hemoglobin travels through veins, vena cava to right atrium of the heart. Then it is poured into right ventricle. This deoxygenated blood then transferred to lungs by pulmonary arteries. Exchange of carbon dioxide and oxygen occurs in alveoli by alveolar-capillary membrane,

Mainly carbon dioxide and oxygen exchange occurs in lungs and heart. Hence *Chrak* As well As *Susarut* both mentioned heart as a *mulasthan*, and path from nose to alveoli, alveoli to left ventricle, then to all body tissue and cells, body tissue to veins and right ventricle of the heart includes in the *pranavahana dhamani*. This gives clear idea about *pranavaha strotas*.

## Conclusion

*Pranavaha strotas* is important & main *strotas* of the body. It consists from nose to alveoli via external nares, nasal chambers, pharynx, larynx, trachea, bronchus & bronchioles, which carry oxygen or carbon di- oxide to lungs. From lungs these gases are transported to heart by pulmonary veins. From heart oxygen is supplied to all body cells. Then gases exchange occurs in tissue cell level. In this process heart plays very important role so heart is mentioned as *mulsthana* of the *pranavaha strotas*. The gases path and exchange occurs nose to al- veoli, alveoli to heart by pulmonary veins, heart to all cells of body by arteries, all body cells to again heart with the help of veins. This total path includes in *pranavahini dhamanya*.

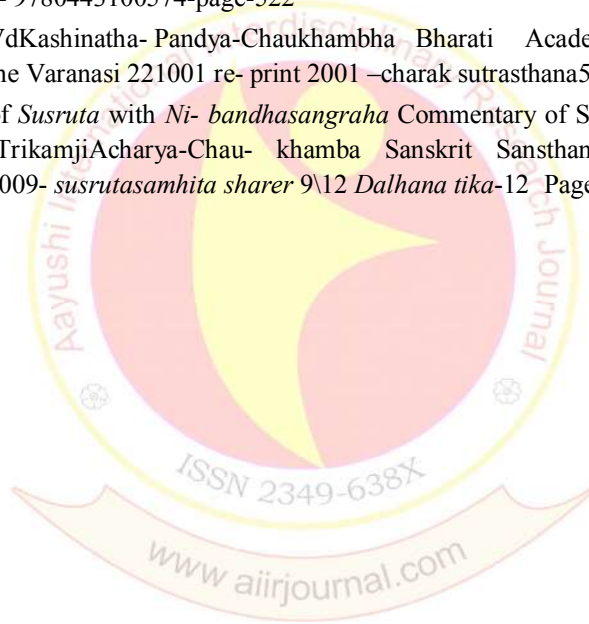
There is very less amount of gases trans- ported through plasma hence ancient schol- ars not clearly mentioned regarding *vahana* of *prana* through artery and veins This in- cludes respiration as well as pulmonary and systemic circulation hence *Charak* might be called as *mahastrotasam*, Thus *Charak* and *Susharut* both described nicely and clearly about *pranavaha strotas*.

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## Anveshan

### Study Of Twacha Sharir W.S.R. To Corelation Of Kitibha Kushtha And Psoriasis

**Dr. Bandapalle D.N.<sup>1</sup> Dr. Khandare Pallavi B.<sup>2</sup>**

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*Late.B.V. Kale Ayu. College, Latur*

#### **Abstract: -**

*Ayurveda describe the organization of the body in terms of Doshas ,Dhatus, and Malas.Twacha is one among the Updhatus which provide protective layer over the body that protect from the heat, cold & external infection .*

*The union of sukra [spermatozoa] & sonita [ovum] while being cooked [processed by heat] gives rise to seven Twaka just like formation of cream when milk is boiled. Acharya sushruta and other Acharyas are described Twaka Shareeram in detail .Acharya Sushruta defined Twacha as Updhatu of Mansa Dhātu. Twacha is one among the Pancheaindriy, which carry sensation of touch and it covers external part as well as internal part of the body. Human being often suffered from many types of diseases, out of them skin disease is one of the major problem for the community .*

*‘Kitibha ‘ is one among type of Kshudra Kushtha which is common and chronic disorder of Twacha .now a day’s Kitibha Kushtha disease is largely spread in the human being. while diagnosing the patients of Kitibha Kushtha, there is difficulty regarding the identification of structural deformity, hence need is felt to study the Kitibha & Twaka shareer .*

**Key Words :** *Twacha Shareer ,Kitibha ,Kshudra kushtha ,Twacha varna ,*

#### **A Critical Review on Guggulu Kalpana**

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*Lecturer, Dept. of Shalakyā tantra*

*Lt.b.v.kaleAyurved Medical College, Latur.*

**Dr. Narhare Maruti T.**

*Lecturer, Dept. of Rasashastra and B. K.*

*Guggulu is a gum resin, produced by the stem of a small shrub(commiphora mukul), which is native to India. A Niryas which is used as a major ingredient in Guggul kalpas. This Niryas is a secretion that oozes out from the Guggul plant twice in a year. Once in the winter and the second time in the summer. “ Guk rog tasmāt gudatī Rakshatī eti ” one that protects against diseases. This word stands for Guggulu as well as for all the preparations that contain it as the chief ingredient. In Guggulu kalpana Major ingredient is Guggulu .It’s a vati- Gutī kalpana .Guggulu kalpana contains 50% Guggulu as an ingredient.*

**Keywords -** *Guggulu , Niryas , Kalpana*

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### Critical Review Of Dincharya As A Lifestyle Management Toolin Geriatric Health Care.

**Dr. Jadhav Rahul A.**

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Late B. V. Kale Ayurved College And Hospital, Latur.

#### **Abstract**

*Ayurveda is science of life. It's the study of human life with holistic approach; whenever the aim of Ayurveda is mentioned more emphasis is always given to the maintenance of health "Swasthya rakshanam" of a healthy person and curing the disease of an ill comes next. One of the most intriguing aspects about healthcare in India is its pluralistic nature. In addition to the modern Western conception of medicine, Ayurveda is used throughout India as a system of healthcare. To maintain the health some activities are mentioned in Ayurveda under the concept of dinacharya. Dincharya is an ideal life style; this idea is not just a philosophy of an ideal lifestyle but rather a carefully designed stepwise protocol. Dincharya even though mentioned in age old classical ayurvedic texts, it's still applicable in modern life. Dincharya as a lifestyle management tool can play a vital role in health care. If these principles of Ayurved are applied in context of ageing with a practical approach keeping in view status of current scenario, ageing can be comfortable and related diseases can be prevented. So following simple procedure like Anjana, kavala, Abhyanga, Nasya etc. which is told in Dincharya can reduce and prevent the different manifestations of old age and contribute to the holistic geriatric health care.*

### A Conceptual Study Of Marmasharir W.S.R. To Kanthasiramarma

**Dr. Khandare Pallavi B. <sup>1</sup>, Dr. Bandaplle D.N. <sup>2</sup>**

Assi. Proff. Dept. RachanaSharir<sup>1</sup> Asso. Prof. Dept. RachanaSharir<sup>2</sup>  
1,2 Late. B. V. Kale Ayu. College & Hosp. Latur.

#### **Abstract:-**

*Marma Sharir is an ancient traumatological anatomy presented by both Sushruta and Vagbhata. Though the presentations are very remarkable. Sushrutahas presented five type of Marmas on structural basis, whereas vagbhata by adding an extra Dhamni Marma has submitted the same into six types. The Marmas are said to be vital part of our body and any injury or trauma to these vital points leads to instant death, severe pain or enduring disability according to site and type of injury. Among nineteen Sadyapranhar Marmas Kanthsira is selected for the study because it has clinical as well medicolegal importance. So site of Kanthsira is decided by doing dissection of cadaver. Any severe injury to Kanthsira results in sudden death. The structures present at the site of the Kanthsira can be understood as common carotid artery with its bifurcation i.e. internal carotid artery and external carotid artery, jugular veins i.e. internal and external jugular veins. So, bilateral eight vessels can correlate with kanthsira.*

**Key Words-**Kanthsira, Sadyapranhar, Marma, Carotid artery, Jugular vein.

## Anveshan

### Ayurvedic Management Of Kapha Pittaj Kushta W.S.R. Pyoderma- A Case Study

**Dr. Kore Naresh Kishanrao**

*Asso. Professor of Department of Kayachiktisa.*

*L.B.V. Ayurved Medical College & Hospital, Latur(MH)*

**Abstract:**

*As per Ayurved literature, the term Kushtha covers all skin diseases. Kushtha has been classified into Maha Kushtha and Kshudra Kushtha. All types of Kushtha have Trisodhic involvement and dushti of twak, rakta mamsa and ambu is there. The type of Kushtha depends on the predominance of preticular dosha. Pyoderma is any skin disease that is pyogenic affects more than 111 millions people worldwide making it one of the most common skin disease.*

*The present study is successful Ayurved Management of case of Pama which is Kapha Pitta predominance. A 50 years old female came with the complaints of eruptions over knee, dorsum of elbow, medial and lateral aspect of bilateral ankle. Along with severe itching , pain and exudate since 6 months. She got relief in 21 days. Ayurved management involving Nimbadi kashyam and Mahatiktak grithm.*

**Key words:** *Kapha pittaj kushtha, Nimbadi kashyam, Mahatiktak grithm, Ayurved Management.*

### Clinical Aspect Of Dosha Vriddhi In Various Diseases.

**Mahindrakar Sunil V.**

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**Abstract:**

*According to Ayurveda human body is constituted by Tridoshas i.e. Vata,Pitta and Kapha. Physiologically homeostasis of tridoshas is necessary for healthy life. Imbalance results into formation of various diseases. Various references in Ayurveda suggest that Dosha Dushya Sammurchana leads to Samprapti or formation of the disease. Though concept of diseases formation is different, clinically some symptoms of dosha vriddhi are found in some disease.*

*The present study aims to look for clinical aspect of tridosha vriddhi symptoms in various diseases.*

**Key Words:** *Dosha, Dosha vriddhi, Dushya.*

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### Novel Drug Delivery Systems (Ndds) Of Ayurveda Medicine

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Lt. B.V.Kale Ayurved Medical College, Latur.*

**Dr. Chewale Dipti J.**

*Lecturer, Dept. of Shalakya tantra*

*Ayurvedic medicines are given in the form of bhasma, vati, dravya, churna etc. Dosage forms are the way by which drug molecules or APIs are delivered to sites of action within the body to produce optimum desired effects and minimum adverse effect.*

*Ayurvedic preparation have low acceptance by the patient not only due to side effects or toxicological effects but also due to their appearance. So Ayurvedic medicines are converted to suitable dosage form such as, Kukudant twak bhasma was converted in to lozenges form, Durva was converted to floating tablets and Methika extract was converted in to gel.*

*Key words – Bhasma, vati,*

### Understanding The Applicability Of Jeerneashniyat Ahara Vidhi Vidhana With Special Reference To Vishamashanj Rajyakshma.

**Dr. Nirgude Rajendra M**

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Department  
Late B V Kale Ayurved Medical College &  
Hospital, Latur*

#### **Abstract**

*A literary study was performed through classics for Ahara vidhi Vidhan particularly about Jeerneashniyat. Also Vishamashanj Rajyakshma and its lakshanas are observed. Vishamashana means food intake in improper quantity or in improper timing which is against the code. In this study lakshana of taking food at improper time is observed. As per classics, for Jeerneashniyat the parameters are, agni udeerana, bubhuksha, srotomukha vivruta, vishuddha udgar, hrud vishuddhi, vatanulomana, vishrushta vata mutra pureesh vega. Administration of diet after observing these lakshana leads to health otherwise it may act as an etiological factor for various diseases like Rajyakshma. The study was done to find out the importance of Ahara Vidhi vidhana particularly about jeerneashniyat in maintaining the health and its adverse effect in conquering the disease. Vishamashanj Rajyakshma is an example of not following the Ahara Vidhi Vidhan specially Jeerneashniyat (Kale bhoji). Food taken at proper time leads to health or it may act as etiological factor for various diseases like Rajyakshma.*

*Jeerneashniyat Ahara vidhi vidhan is unparalleled rule of Ayurveda which states the importance of timely consumption of food.*

*Keywords: Jeerneashniyat, Ahara vidhi vidhan, Vishamashanj Rajyakshma.*

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### **NidanParivarjanas a preventative measure in a PitajVikara (GERD Gastrooesophaegal Reflux Disorder): A systematic clinical review**

**Dr.Shubhangi M Shastri**

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**Sunil V.Mahindrakar**

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#### **Abstract**

*Ayurveda is an ancient science which deals withSwasthyarakshana of the human being as well as diseases.Swasthyarakshana means the measures or efforts to prevent diseases in healthy individual. Present study is undertaken with clinical and physiologically confirmed Gastrooesophaegal Reflux Disorder or hyperacidity in layman's term.Patients were diagnosed with upper gastrointestinal endoscopy-UGI endoscopy revealed Gastrooesophaegal Reflux Disorder. All were advised advised with medicines like proton pump inhibitors and dietary regimeby surgeon were having little or temporary relief. All such patients detail history along withAaharaViharaJaHetuwere sorted and the NidanParivarjanadvice with meditation have been advised in the patient given the good clinical effect to the patient.Patient improves the normal digestion andreduce the associated symptoms like burning sensation in the chest,eructations,nausea,vomiting etc.*

*Further prevention of gastric ulcer and other complications also achieved by NidanParivarjan.A literature surrounding the important aspects of PitajVikarais presented concomitantly.*

**Keywords:***Nidan Parivarjan, Pitaj Vikara, GERD-Gastrooesophaegal Reflux Disorder, Aamlapitta, Aaharaj Hetu,Viharaj Hetu.*

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### Impact of Modern Lifestyle on Gridhrasi:- An Ayurvedic Review

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#### Abstract:

*Today people are predisposed to various diseases based on their way of living and occupational habits which called as life style diseases. In developing countries, people running behind the money with neglecting health status caused by sedentary life style, erect posture, lack of exercise results in various spinal problems which ultimately turns into one of the non- communicable diseases like Gridhrasi. According to modern Gridhrasi can be correlate with Sciatica. The prevalence of Sciatica ranges from 13% to 40%. Annual incidence of an episode of sciatica ranges from 1% to 6%. Grudhrasi word itself defines the disease i.e. "Gridhra" like walking. Gridhrasi is a Ruja Pradhan (pain) Nanatmaja Vata-Vyadhi, Gridhrasi is the most common Vata-Vyadhi explained under the heading of Nanatmaja Vata-Vyadhi. Gridhrasi shows lakshanas like Shula, Toda, Stambha, Gaurava, Padasupatata. It is most common during 40s & 50s age group and men are more frequently affected than women. Present paper aimed to highlight the detail review about Gridhrasi management mentioned in various classical texts.*

**Key words:** Lifestyle disorder, Gridhrasi, Lakshana, Ayurvedic management.

### The Management Of Indralupta With Karanja Tail Following Jalauka Avacharana

**Dr. Jain Ankita Pravin**

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Prof. and HOD of Kayachikitsa dept,  
SGR Ayurved Collage solapur

#### Abstract:

*Alopecia areata, an autoimmune disease characterized by Hair loss can be correlated with Indralupta in Ayurveda. Ayurveda has Potential to treat such autoimmune disease. Alopecia areata is the burning hair loss problem in all age groups having prevalence rate in India 0.7%. Research work on Indralupta by using Gunja, marich etc have been conducted, but no work has been done by using drug regimen Karanja tail for local Application following Jaluuka avacharana. Karanja tail Reduce the size of Patches, Percentage hair loss on Local application on regular use of Karanja tail, regeneration of hair loss on local application. Prachhanna is explained as one of the raktamokshana (Jalauka avacharana) procedure indicated in raktajavyadhi that helps in draining the vitiated rakta. In Indralupta there will be vitiation of rakta with kapha which obstructs the hair follicle due to which there will be hair loss.*

**Keywords:** Indralupta, Prachhanna, Karanj tail, Alopecia.

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### Ayurvedic Management In *Grudhrasi* (Sciatica And PIVD)- A Case Study

Name of the student

**Vd. Anurag o. Dahale**

P.G. Scholar Kayachikitsa Dept.,

S.G.R.A.Solapur

Name of the Guide

**Vd. Mukund More**

Asso. Prof., Kayachikitsa Dept,

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#### Abstract:

*Low Back pain is one of the most common medical problems that cause a significant amount of disability and incapability; Over the last decades there has been increasing evidence of links between manual therapy and its effect on lower back pain due to prolapsed intervertebral disc. Patients main complaint was pain at lower back and severe tingling sensation of the both lower limb from Lumbar region with stiffness and radiating pain of left lower limb. On Physical examination, the SLRT (Straight Leg Rising Test) was 30 degree of left leg, Sciatic notch tenderness was also seen. Patient was Diagnosed Sciatica which is correlated to Grudhrasi which comes under Vatvyadhi in Ayurveda. Panchakarma Therapies like SthanikAbhyanga, NadiSweda, Valukapottalisweda, Shashtishalipindasweda. Basti,Nasya , Siravedha, Agnikarma ,Vedhan ,Jalokacharan , Along with that Vata Shamak drugs were given orally to the patient and it found to be very effective. Panchkarma procedure along with Shaman therapy as per Ayurveda act on Vata dosha which is responsible for Grudhrasi, due to that treatment Patient becomes better than previously.*

**Keywords:-***Grudhrasi, Vatvyadhi, Sciatica, PIVD.*

### Management Of Paediatric Nephrotic Syndrome (Sarvanga Sahaja Shotha) Through An Integrated Approach – A Case Study

**Dr.Ashish Singh<sup>1\*</sup>, Dr.Anil Kale<sup>2</sup>, Dr. Tirungari Swami<sup>3</sup>, Dr.Ashish Rana<sup>4</sup>**

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<sup>2</sup> Professors and HOD of Department, Kaumarbhritya Dept. GAC Osmanabad.

<sup>3</sup> Professor, Kaumarbhritya Dept. GAC Osmanabad.

<sup>4</sup> Assistant Professor, Kaumarbhritya Dept. GAC Osmanabad.

#### Abstract:

*Nephrotic Syndrome is the most common childhood kidney disease worldwide with a reported incidence of 2-7 children per lakh children. Nephrotic Syndrome is the Clinical Manifestation of Glomerular diseases characterised by Massive Proteinuria (> 1gm/ m<sup>2</sup> per day), Hypoalbuminemia ( Sr. albumin below 2.5 gm/ dl ), Oedema and associated Hyperlipidemia. It should be immediately treated in order to prevent complications like Acute renal failure, Hypovolaemia , Thrombolytic Complications , Peritonitis , Dyspnoea etc. In Ayurveda Nephrotic Syndrome is Comparable to SarvangaSahajaShotha and Kafaja / RaktajaMutrakrucha.*

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*Here in, a case is to be presented of a 1 yr. 9 month old female patient suffering from Nephrotic Syndrome. She had Swelling all over all over body (SarvangShotha), irritability, Ascites, Hypertension, Haematuria, Diarrhoea, infection / fever. Treatment was taken in Private Hospital and Civil Hospital, but because of poor prognosis patient was referred to Higher Tertiary Care Centre. But parents admitted the patient in Govt. Ayurvedic Hospital, Osmanabad. Patient was treated with Integrated Approach of Ayurveda and excellent appreciable results were observed. By treatment Clinical status and reports of patient became normal and so he was successfully discharged. Hence Integrated Approach of Treatment Should be developed and adopted to Manage Emergency Conditions and give Radical Cure for Various Fatal diseases in Paediatrics.*

**Keywords – Nephrotic Syndrome, Sarvang Sahaj Shotha, Kafajal Raktaja Mutrakrucha.**

### A Case Study Of Tao (Buerger's Disease) - An Ayurvedic Management

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Government Ayurved College, Osmanabad Maharashtra, India.

<sup>3</sup> PG Scholar, Department of Shalyatantra,  
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#### **Abstract:**

*TAO or Buerger's disease is Progressive, Inflammatory, Segmental, Occlusive nonatherosclerotic condition involving medium sized and distal vessels affecting commonly male between 20-40years of age <sup>[1]</sup>. Its synonym is Smoker's disease as its common cause is smoking. Causes also include Hormonal influence, autonomic overactivity, poor hygiene, recurrent minor feet injuries <sup>[2]</sup>. Clinical features include intermittent claudication, discoloration of involved limb, decreased local temperature, rest pain, ulceration and gangrene, absence/ feeble distal pulses and recurrent migratory superficial thrombophlebitis <sup>[3]</sup>. In Ayurveda this disease is not mentioned but it can be correlated with vata-pittaja gambhīrvatarakta, rakta-twak-mansa dushti and strotodushti lakshanas like sanga and siranam grathi <sup>[4]</sup>. Modern conservative treatment of TAO include vasodilator drugs, anticoagulants, dextran and prostaglandin therapy while surgical include Lumbar sympathectomy, Arterial reconstruction, Omentoplasty and amputation if gangrene occurs <sup>[5]</sup>. This treatment have its own limitations, is costly and with no satisfactory prognosis.*

*This is a case study of 60 years old male patient diagnosed with TAO with arterial ulcer over lower left leg by using Arterial Doppler. Considering Ayurvedic samprapti he was managed by Jalaukavacharana, Tila taila Abhyanga and some Ayurvedic medicines. The assessment was made on the basis of relief in signs and symptoms and Arterial Doppler. A single case study shows satisfactory improvement in the disease.*

**Keywords:** TAO, samprapti, vata-rakta, jalaukavacharana, Tila taila abhyang.

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### Infertility Management Through Ayurveda

Deepa Acharya

GAC Osmanabad PG Scholar Stree Rog & Prasuti Tantra

#### Abstract:

*Infertility is a prevalent problem affecting about 10 -12 % of the couples worldwide. Infertility refers to the failure to conceive a child even after two or more years of regular and unprotected coitus or to carry a pregnancy to full term. There are many causes of infertility such as obesity, improper diet, smoking, alcohol, infections, environmental pollutants, various medications, lifestyle disorders, stress, family history, endocrinal problems etc. In men, infertility is basically because of less number or poor quality of sperms or any problem in male reproductive.*

*In Ayurveda infertility refers to vandhyatva. Treatment is available in modern science having good results but also has many side effects and very expensive. So, it is need of an hour to find out solution which having less complications and affordable. Ayurvedic management of male infertility includes panchakarma, medications such as shukra shodhana gana, shukrajanana gana and in female infertility management includes deepana , pachana, basti, pichu , dhupan, uttarbasti and dietary changes. Ayurveda panchakarma treatments help to eliminate Ama thus corrects Agni. Healthy Agni will also contribute to healthy Ojas. The main dosha involved in infertility is vata. So vatanuloman is very important in the treatment of infertility.*

#### Effect of uttarbasti and yonipichu on bilateral tubal blockage in secondary infertility” – A case study

1) Dr. Dipali Deshabhushan Sawale

P.G.student: M.S.

Prasutitantra and Streerog 2<sup>nd</sup> year

2) Dr. Veena Jawale

H.O.D. & Professor

Prasutitantra and Streerog Department

#### Abstract:

*Infertility is defined as failure to conceive within one or more years of regular unprotected coitus. In this era, Infertility is the enormous problem due to changing lifestyle. This condition may be further classified as primary infertility in which no previous pregnancy have occurred and secondary infertility in which a prior pregnancy has occurred. Acharya Sushruta pronounced four factors responsible for garbhotpatti, they are rutu, kshetra, beeja, and ambu these are needful to produce healthy offspring. Vata dosha is the prime cause of kshetravikriti leads to infertility. The frequency of tubal block in secondary infertility is 29%. The current research paper focuses on study to evaluate the effect Uttarbasti and Yonipichu on Bilateral tubal block. The data includes A 36 yrs female has previous 7yrs female child with normal delivery and suffering from secondary Infertility. she was diagnosed as Bilateral tubal blockage by HSG. she was treated with Uttarbasti & Yonipichu for a three consecutive cycles then HSG report shows patent both fallopian tubes.*

**Keywords** – HSG, secondary infertility, uttarbasti, tubal block.

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### Unusual Presentation Of Prolapsed Intervertebral Disc With Urine Retention Managed With Majja Basti- A Case Study.

**Dr. Gaurav Prakash Londhe.**

PG Scholar- Shalya Tantra Department.

GAC Osmanabad.

#### **Abstract:**

*Prolapse of intervertebral discs is commonly noticed in the cervical & lumbar spine. Discs act as shock absorber for vertebral column. 80% cases of PID are traumatic in origin, 15% cases are degenerative & remaining at due to increased tension in discs. Lumbar disc prolapse is common problem in young & middle aged persons doing strenuous work. The symptoms seen are low backache, referred sciatic pain, parasthesia, tingling numbness in lower limbs. Neurological signs like muscle wasting, motor weakness, sensory impairment, bladder & bowel involvement **causing retention of urine**, constipation, are also noticed depending on compression of various nerve roots. The modern line of treatment is mainly surgical consisting of laminectomy and discectomy; which is expensive & has chances of recurrence. So Ayurvedic treatment with Majjabasti was tried.*

**Keywords:** Majjabasti, Asthisoushirya, Majjadhatukshaya,, Bruhana, Prolapsed intervertebral disc, retention of urine.

#### **Dinacharya illumination on Madhumeha (DM) - An Review appraisal**

**Vd.Hinaben Harshadkumar Shah<sup>1</sup> Vd.V.S.Chandurkar<sup>2</sup>**

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2 H.O.D and Professor Kayachikitsa dept.SGR Ayurved College Solapur.

#### **Abstract:**

*Diabetes is a leading cause of mortality, morbidity, and health-system costs. The 2011 UN High-Level Meeting on Non-Communicable Diseases (NCDs) set a global target to halt the rise in the age-standardized adult prevalence of diabetes at its 2010 levels, by 2025. There were 69.1 million cases of diabetes in India in 2015. In Ayurveda, the diabetes has been explained in detail under the broad umbrella of Prameha. Ayurveda has unique strength in prevention and control in diabetes due to its lipo-centric and individualized approach to the disease. Therefore, it was decided to select the "Prevention and Control of Diabetes through Ayurveda" as the theme for the year 2016-17. The Ministry of AYUSH has decided to celebrate National Ayurveda Day on Dhanvantri jayanti every year. The "Mission Madhumeha" will be launched on the occasion of first National Ayurveda Day to be celebrated on 28th October, 2016. DM mainly resulting due to comfortable but unfavorable modification of life style so it should be need to correct the life style for overcomes the burden of DM, which can be done by following Dincharya as per Ayurveda. Principle of Dincharya is*

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*basically related with time management from Brahmamuhurta-jagarana (Wake-up before sun-rise) up to sleeping at night including Vyayam (exercise), Ahar (diet regimen), Vihar (way of living) and Jivikoparjan Upaya (occupation) etc. In Ayurvedic Samhitas for prevention and control of any disease the concept of Dincharya, Rutucharya, Sadvritta, Achar-Rasayan, Dharniya Adharniya Vega etc, are mentioned in detail. This article only analyzes the role of Dincharya in prevention and control of diabetes.*

*Key word: Diabetes mellitus, Madhumeha, Dincharya, Brahmamuhurta, Vyayam, Ahar- Vihar.*

### **A Case Study On Post Operative Care Of Drained Ischiorectal Abscess By Ayurvedic Regimen.**

**Dr. Jagannath Shivaji Kharat**

Department of Shalyatantra

Government Ayurved College, Osmanabad.

#### **Abstract:**

*An abscess is a collection of pus in a cavity formed by disintegrating tissue and surrounded by inflamed tissue. A collection of pus in the tissue around the anus and rectum caused due to infection of anal glands is known as anorectal abscess. Ischiorectal abscess means collection of pus in the space between the external anal sphincter and the pelvic bone. Acharya Sushruta explained that if vidradhi attains the pakvaavastha, the first line of treatment is to drain the pus through bhedana and later, it should be treated as vrana. In the present context, a 38 year old male patient suffering from left sided ischiorectal abscess was admitted and treated with surgical incision and drainage and one month post operative care was taken by ayurvedic regimen without antibiotics.*

*Keywords- ischiorectal abscess, vidradhi, pakvaavastha.*

### **Role Of Ayurveda In Cosmetology**

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P.G. Scholar,

Streerog Ani Prasutitantra,

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**Guided By**

**Dr. Veena Ajay Patil**

M.S. Ph.D

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#### **Abstract:**

*Cosmetics as external beauty has gained a lot of attention & demand in today's world. Every one wants to look beautiful & attractive. But this urge has not developed today in completely safe manner. In Ayurvedic texts there are lot of aahar, aushad & vihar which were mentioned to enhance external beauty, such as varnya varga told by acharya Charak and rhinoplasty, romsanjanana etc. told by acharya Susruta. Apart from these there are many drugs and life style modifications told in text to which are related to cosmetics.*

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*According to Ayurveda, Human body functions through various channels system called 'strotas', containing both microscopic and macroscopic structures. These channels function as innumerable psycho-biological processes suprocesses and responsible for wellness and beauty.*

*Health promotion, beauty manangement and healing in Ayurveda rely on freeing the body of aama (toxins),restoring health.The use of cosmetics was not only directed towards developing an attractive external appearance, but towards achieving merit( Punya),longevity with good health (Aayush and aarogyam) and Happiness.*

*Consumer trends suggest a gradual shift from chemical-based products to Ayurvedic beauty products. India could emerge as major contributor to the global cosmetic industry. This will possible ,as one of the strengths of India in Ayurvedic tradition.*

### **A Review Of Gynecological Emergencies And Its Management Through Ayurveda.**

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#### **Abtract:**

*Emergency is nothing but a serious, unexpected, and often dangerous situation requiring immediate action. In our society many people have a false belief that Ayurveda is not good in curing such emergencies and ayurvedic medicine has limited role, to play in chronic conditions only. But the thing is they are totally unaware about the wonderful management of Ayurveda in such life threatening conditions.*

*Emergencies are categorised as a medical emergencies managed by medicines only, surgical emergencies which required surgery only, Medicolegal like burns, poisoning etc. and Gynecological emergencies like missed abortion, p/v bleeding, diseases in pregnancy etc. Thus in this, an attempt has been made to understand the gynecological emergencies and to elaborate the role of Ayurveda in management of such life threatening conditions.*

**Keywords-** *Gynecological emergencies, Garbhastrava or Garbhapata, Mudhagarbha, Garbhini rogas, Pushpadarshan, p/v bleeding.*

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### Management Of Frozen Shoulder By Suchivedha And Agnikarma (Therapeutic Cauterization) - A Case Study

**D.Nikhil Kamdi**

Pg Student (Shalyatantra)

Guide Name - Dr. S. R.Giri (Professor,Shalyatantra Department)

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#### Abstract:

*Frozen shoulder also known as adhesive capsulitis is disabling disease of shoulder joint characterized by pain, stiffness and limited function of the glenohumeral joint which adversely affect the shoulder joint. It is disease of idiopathic aetiology, however prolong immobilization, diabetic patients, middle age group peoples (40 -60) or may be associated with another condition such as rotator cuff injury, thyroid disease. Pain and restricted movement of shoulder joint is the most suggestive symptoms of frozen shoulder. It is found more in female than male. There is several treatments in modern science in the form of drugs and surgical intervention. In ayurveda the disease frozen shoulder can be correlated with Avabahuka. In this condition vata and kapha doshas dries up the ligament and constrict snayu and causes frozen shoulder. In ayurveda various para surgical procedure were mentioned for vata and kapha doshas. Suchivedha and agnikarma (Therapeutic Cauterization) may release vatavarodha and kaphanubandha which ultimately relieves pain. So that has been recommended in various musculoskeletal disorders. Hence a case study was conducted to evaluate the efficacy of suchivedha with agnikarma in frozen shoulder.*

#### Ayurvedic Management in Vipadika:- A Case Study

**Vd. Brahmadande Pallavi R<sup>1</sup>. Vd. Chandurkar V.S.<sup>2</sup>**

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<sup>2</sup>Prof. and HOD of Kayachikitsa Department of SGR Ayurved College,  
Samrat Chowk, Solapur-4132002, Maharashtra, India.

#### Abstract:

*The skin reflect any unhealthy state of Physique and the Psyche, as beauty manifest through the appearance of complexion of the skin. The skin disorders origin are intrinsic in nature, all skin diseases are described under the heading of Kushtha. Vipadika is one of such disease which has been included under the heading of Kshudra Kushtha. It is characterised by Cracks (Sphutan), Itching (Kandu) in palms and sole with Severe pain. Due to severe pain daily routine of patient get hampered. A 70yrs old female subject came to S.S.N.J.Hospital.154/2019 c/o Cracked heels on B/L sole of feet and palms of hand. Also complaining about Itching and Burning sensation on both hands and feet. The above complaints was since 6 months. Patient got relieved by Shaman Aushadhi, PatolPatra Avagah and by applying oil.*

**Key Words:** Vipadika, Kshudra Kushtha, Shaman Aushadhi, Avagah

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### A Case Study Of Superficial Thrombophlebitis- An Ayurvedic Management

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<sup>2</sup>Professor & HOD, Dept. of Shalyatantra,  
Govt. Ayurved College, Osmanabad, Maharashtra, India

#### Abstract:

*Thrombophlebitis means the inflammation of veins. According to Ayurveda its comes under the siragatavyadhi which leads to kutilsira. It is the commonest problems in medicinal and surgical practice. This disease is most present in people which are long stay in hospitals. This disease has so many other names over the 100 years to describe venous thrombosis. Thrombophlebitis, phlebothrombosis, superficial venous thrombosis are the common terms use until 30 years ago, the former was used to describe a thrombus which is adherent to inflamed venous wall. And then latter was used to define the fresh thrombus free from or just loosely attached to a normal non-inflamed venous wall. So, all terms are used for thrombosis of any vein.*

*In thrombophlebitis both inflammatory and thrombotic condition is occurred. So that Thrombophlebitis is made of two words i.e. thrombus means blood clot and phlebitis means inflammation of wall of vein. The symptoms of thrombophlebitis are pain, redness, swelling, oedema, palpable venous cord like structure*

*In Ayurveda, pain is due to vatprakopa. Thrombophlebitis is due to vata and raktaprakopa. So, we were used vatashamaka and raktaprasadak dravya. We were used guduchi, sariva, manjistha, yastimdhru and dhamasa which prepared in goghrita. So according to Ayurveda this drug with goghrita acts as on dosha and reduces the symptoms. In some research work it is also proved that these five drugs have thrombolytic activity.*

*This is a case study of 28 yrs old male patient diagnosed as superficial thrombophlebitis by clinical diagnosis. For this she was managed by Guduchyadi Ghrita local application which have 5 contain as per above. Patient got excellent result in 5 days only.*

*Keywords- superficial thrombophlebitis, siragata vyadhi, guduchyadi ghrita*

### Ayurvedic Management In MDR Tuberculosis

Dr.Prachi Ingale<sup>1\*</sup>, Dr. Aashish Rana<sup>2</sup>,Dr.Tirungari Swami<sup>3</sup>, Dr. Anil Kale<sup>4</sup>.

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<sup>3</sup>Associate Professor, Kaumarbhritya Dept.GAC Osmanabad.

<sup>4</sup>Professor and Head of the Department, Kaumarbhritya Dept.GAC Osmanabad.

#### Abstract:

*Tuberculosis (TB) is a disease caused by bacteria that spreads from person to person through the air. TB usually affects the lungs, but it can also affect brain, the kidneys, or the spine. In most cases, TB is treatable and curable; however, persons with TB can die if they do not get proper treatment. Multidrug-resistant TB (MDR TB) is caused by an organism that is resistant to at least isoniazid and rifampin, the two most potent TB drugs. These drugs are used to treat all persons with*

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*TB disease. Patients with multidrug-resistant tuberculosis (MDR-TB) require treatment with secondline treatment regimens, which are more complex than those used to treat patients without drug-resistant TB. According to Ayurveda it is closely related with Rajayakshma. Due to extreme vitiation of saptadhatu and dhatwagninasana, ojakshaya occur. Our aim is to correct vitiated saptadhu daurbalya by poshak aushadhi and systemic aggravated tridosh shaman. This case study is all about the treatment of rajayakshma given to a multiple drug resistant tuberculosis patient and its positive relief.*

**Key Words:**MDR Tuberculosis, Rajayakshma

### Emergency Medical Care Of Biliary Atresia In Ayurveda: A Case Study

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#### **Abstract:**

*Biliary atresia (BA) is a cholangiodestructive disease characterised by a biliary obstruction of unknown origin that presents in the neonatal period. It is the most frequent surgical cause of cholestatic jaundice in this age group. In the world, the reported incidence varies from 5/100,000 to 32/100,000 live births, and is highest in Asia. The common histopathological picture is one of inflammatory damage to the intra and extrahepatic bile ducts with sclerosis and narrowing or even obliteration of the biliary tree. Untreated, this condition leads to cirrhosis and death within the first years of life. Once BA suspected, surgical intervention (Kasai portoenterostomy) should be performed as soon as possible as operations performed early in life is more likely to be successful. Liver transplantation may be needed later if the operation fails to restore the biliary flow or if cirrhotic complications occur. BA remains the most common indication for paediatric liver transplantation.*

*Pitta is the predominant humor of the liver. Most liver disorders are aggravated conditions of Pitta. Excessive bile production or a blockage in the flow of bile usually indicates high pitta, which in turn affects the agni or enzyme activities responsible for absorption, digestion and metabolism.*

*Ayurvedic treatment involves Shodana chikitsa , Shamana chikitsa and Kayakalpa .It is useful in improving the liver health and preventing further damage. Diet restrictions and life style modifications are also the essential factors practiced for the best possible results.*

*Keywords-Biliary atresia, Paediatric, Ayurveda.*

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### An Ayurvedic Management Of Sciatica (*Gridhrasi*) By *Panchtikta Ksheer Basti And Majja Basti* – A Case Study

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PG Student (Shalyatantra)

Guide Name- **Dr. Suryakant Waghmare**

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College – Govt. Ayurvedic College, Osmanabad

#### Abstract-

Sciatica is a condition in which the patient has back pain and is unable to straighten up. Pain radiates to the buttock and lower limbs and is associated with paraesthesia or numbness in the legs or foot. There is often history of lifting of heavy objects, trauma, prolonged working in forward bending position etc. About 90% of the time sciatica is due to spinal disc herniation pressing one of the lumbar or sacral nerve roots. Some other causes are Piriformis syndrome, Spinal Stenosis, Spondylolisthesis etc. According to ayurvedic literature the signs and symptoms of sciatica resembles with *Gridhrasi*. *Gridhrasi* is discussed in ayurvedic literature under the heading of *vata vyadhi*. The cardinal signs and symptoms of *gridhrasi* are pain arises from lower back and radiates to lumbar region, buttock, calf region, then foot and even toes. Here in this case study the patient is suffering from sciatic pain due to herniation of L4/L5 and L5/S1 levels. Patient was treated with one course of *panchatikta ksheer basti* and *Majja Basti* for 16 days each along with *sarvanga snehana*, *sarvanga swedana*, *kati basti* and internal medicines like *ashwagandha*, *guduchi*, *shatavari churna* and Triphala guggulu. Patient was admitted for 38 days in Male *shalya* ward and completely recovered from sciatic pain.

#### Management Of Vyang With *Manjishtha Lepa*

Name Of the student-

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Name of the Guide-

**Vd. Chandurkar V.S.**

Prof. and HOD of Kayachikitsa Department,  
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#### Abstract:

*Skin is the largest organ of the body. The beauty and attraction of individual is reflected through the skin. The color of skin is important biologically, cosmetically and socially. Hyperpigmentation is associated with stigma leading to a sense of inferiority complex which leads to lack of confidence. Due to this, patient will get psychologically disturbed. Today in this corporate world, public are attracting towards the Ayurvedic cosmetics products.*

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*In this developing era, along with brain, beauty is also atmost important. So, to cope up with it, Ayurveda plays an important role in cosmetology. So describing Vyanga as a skin disorder (Kshudraroga). Change in the colour of face (Vaivarnyata) is the main symptom of Vyanga. It is characterized by the presence of Niruja (painless) and ShavavarnaMandalas (bluish-black patches) on face. The prevalence of Melasma varies between 1.5% and 33.3% of the total population of India.*

*Manjishtha have property of Rakta Prasadaka, Twak Prasadaka and Varnyakara properties are helpful in the management of Vyanga, that pacifies aggregated Doshas and help in Raktashodhana (blood purification). The ManjishthaLepa helps in removing the Doshas locally and give rise to normal colour. So Lepa is selected for the management of Vyanga to make the treatment simple, effective and convenient to the patients. The clinical study shown improvement in signs and symptoms.*

**Key words:** Kshudraroga, Vyanga, ManjishthaChurna, Lepa

### A Review Of Various Method For Pain Management In Gridhrasi (Sciatica).

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**Guide- Vd. Babasaheb N. Gadve**

Asso. Prof. Shalyatantra Dept  
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#### Abstract:

*Gridhrasi is one of the Vataj nanatmaj Vyadhi mentioned by Acharya Charaka. In Gridhrasi intense shooting pain start from Sphik Pradesh and radiates downwards to Kati,Prusta,Uru,Janu,Jangha and pad.*

*On the basis of symptoms of Gridhrasi,it can be equated with the Sciatica in modern medical science.*

*In Ayurveda,various methods used for pain management of Gridhrasi are Bheshaja, Snehana, Swedana, Bastikarma, Raktamokshana, Viddhakarma and Agnikarma is discussed.*

**Keywords :** Gridhrasi, Vata vyadhi, Bheshaja, Snehana, Swedana, Bastikarma, Raktamokshana, Viddhakarma and Agnikarma

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### Lifestyle Disorder: PCOD

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2]Dr.M.J.Quadri M.D. Shalyatantra

3]Dr.Waghmare M.D. Shalyatantra

#### Abstract:

*In today's modern era there is increase in no. of PCOD patients. It is an common health problem nowadays. In spite of thinking only about hormonal changes we have to think about abnormal lifestyle habits and indiscipline way of regiment during Menstrual cycle i.e. Rajaswala Charya. We can correlate PCOD with Aartav Vikruti and Yonivyapad In Ayurveda text with comparison of symptoms. It means that the causes which are responsible for Aartav Vikruti and Yonivyapad are also responsible for PCOD. Undisciplined way of lifestyle i.e. Mithya aahar-vihar is responsible for Yonivyapad and Aartav Vikruti and ultimately it will cause PCOD. Another thing is that because busy and stressful work load most of women are not following ideal regiment indicated for Menstrual Phase. Women are doing stressful work, excessive physical activities, eating junk food, sleeping during day, Awakening at late night, these all factors are contraindicated in Menstrual phase acc to Ayurveda otherwise happening of this things will cause Yonivyapad .Also things which are responsible for Vatprakop (Abnormal increase in Vat Dosha) are contributing to Yonivyapad which will lead to PCOD. In this review we have tried to find causes of PCOD in improper way of lifestyle and ignorance of Rajswala Paricharya .*

*Keywords: Yonivyapad, Rajswala Paricharya, vatprakop*

### Ayurveda Management Of Dadru Kushtha : A Case Report

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<sup>2</sup>Ph.D(Ayurved) Associate professor Kayachikitsa department S.G.R. Ayurved college Solapur.

#### Abstract:

*Dadru is one of the kaphapittapradahana Kushtha having clinical features like Kandu (Itching), Raga (Erythema), Pidika (Eruptions) and Utsanna Mandala (Elevated circular skin lesion). It resembles one of the Aupsargika vyadhi mentioned by Sushruta. Clinically it may analogous to Tinea infection. According to WHO prevalence rate of superficial mycotic infection is 20-25% worldwide. Tinea corporis is a superficial fungal skin infection of arms and legs. However it may occur on any part of the body. In recent years, there has been a considerable increase in the incidence of skin diseases in the tropical and developing countries like India. Due to changing lifestyle and food habits there is increased incidence of Dadru in practice and other system fails to find a permanent solution for it. Therefore it is necessary to find a solution for it through Ayurveda. In present case study 47 year normotensive and non-diabetic female subject was came to Kayachikitsa OPD with C/O Raktavarni Utsanna Mandala at Manya Pradesh, Kandu at site since 2*

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months. Subject was treated with *Laghumanjishthadi kwatha* and *Durvadi Lepa* for 1 month. After completion of treatment subject showed marvelous results in all sign and symptoms.

Keywords :*Dadru kushtha, Laghumanjishthadi Kwatha, Lepa, Tinea carposis.*

### Role Of Jalukavacharan And Mahamanjishtadi Kwath In The Management Of Mukhadushika W.S.R To Acne Vulgaris- A Case Study.

1] **Dr. Dhalpe Suchita Jayant.**

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SGR Ayurved college solapur.

2) **Dr. Vivek S. Chandurkar.**

Prof & HOD of kayachikitsa dept.

SGR Ayurved college solapur

#### Abstract:

*Acne vulgaris is a disease of the pilosebaceous follicle characterized by noninflammatory (open and closed comedowns) and inflammatory lesions (papules, pustules, and nodules). There are four major factors involved in the disease production viz. increased sebum production, cornification of pilosebaceous ducts, microbial involvement and inflammation. This condition is found commonly in puberty.*

*In Ayurveda, it is termed as Mukhadushika. In Ayurveda Mukhadushika is described under the heading of Kshudrarogas. The Shalmali thorn like eruption on the face due to vitiation of Kapha, Vata and Rakta which are found on the face of adolescent are called as Mukhadushika or YuwanPidika. Although vata, kapha and rakta are mentioned as dosha-dusya involved in the pathogenesis of the disease, pittaja symptoms are also found in the disease like daha and paka. Patient was suffering from Acne over face (Pidika), Burning sensation over face (Daha), Itching over face (Kandu), and Discolouration of skin (Vaivarnya) since 6 months. Patient was treated with jalukavacharan and mahamanjishtadi kwath.*

### Efficacy Of Vasakadi Kalpa In Hypertension Induced Cystoid Macular Edema (CME) : A Case Report

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Guided by- **Dr Amrut salunke**

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#### Abstract :

*Cystoid Macular Edema (CME) often seen as a complication of many retinal and / or systemic pathologies. Hypertension (HTN) is one of them, manifested with Hypertensive Retinopathy (HR) as one of the Target Organ Damage (T.O.D.). Both leading to profound impairment of vision, affecting person's life. CME & HR indicates progressive micro- & macro-vascular changes along with hypoxia or anoxia of related retina caused by HTN. It reflects vascular status of other vital organs like Heart, Kidney & Brain further affecting life expectancy of patient. Hypertension is one of the metabolic disease caused by faulty lifestyle especially stress & sedentary work. As with modernisation & digitalization, these factors are increasing tremendously & hence worldwide prevalence of hypertension of 26% (2000) will rise to 29% by 2025. This will lead to increasing incidences of T.O.D. caused by HTN.*

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Hence there is need of more satisfactory treatment for HTN & especially for ocular T.O.D caused by it. Currently available treatment of CME & HR is limited upto use of Anti-hypertensive , Anti-oxidants & laser photocoagulation ; which is insufficient & unsatisfactory. Vasakadi Kalpa , from Chakradatta , drug used in this case shows mild Anti-Hypertensive , Antioxidant , Anti-lipidemic effects & Raktastrava & Kapha-hara nature. Thus this poly-herbal formulation relieves macular edema associated with HTN,

**Keywords :** Cystoid Macular Edema(CME) , Hypertensive Retinopathy(HR) , Hypertension(HTN) , Retina , Macula , Vasakadi Kalpa

### An Ayurvedic Management Of Intra Uterine Growth Restriction (W.S.R) To Upavishtaka – A Case Study

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H.O.D & Professor, Dept. of Prasutitantra & Streerog. S.G.R.Ayurved College, Solapur.

#### Abstract:

Antenatal care is most precious to maintain good health for both mother and developing foetus during pregnancy. The ultimate goal of antenatal care is to achieve healthy mother and baby. Normal delivery of a baby depends upon various factors. Neonate's birth weight is one of the most important factor. IUGR causes many antepartum, intrapartum and postpartum complications in foetus such as chronic fetal distress, fetal death, respiratory distress syndrome, acidosis, hyper viscosity syndrome, intraventricular haemorrhage. Also causes long term complications like learning disabilities, speech defects.

In developing countries like India this problem is very common due to inadequate intake of nutritious food by mother during pregnancy. In Ayurveda there are diseases described under the heading of garbhavyapada such as upavishtaka, nagodara, garbhashosha in which we can correlate the IUGR with upavishtaka. Along with these diseases their management is also emphasized in samhitas. In this case study we have used an anubhuta yoga named as vidaryadi ksheerpaka for the management of upavishtaka. The contents in this yoga are having brihan, shita virya, madhura rasa, and vrishya properties. With the help of these ayurvedic medicines we can manage the IUGR in an affordable and healthy way.

**Keywords:** IUGR, antenatal care, low birth weight, garbhavyapada, upavishtaka,

### Ohtara Syndrome .....Early Infantile Epileptic Encephalopathy WSR To Skandapsmar

\*Vd. Ashwini M.patil<sup>1</sup> Vd.T.Y. SWAMY<sup>2</sup> Vd. Anil. B. Kale<sup>3</sup> Vd. Ashish p. Rana<sup>4</sup>

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#### Abstract :

Ohtara Syndrome early infantile epileptic encephalopathy with suppression bursts is the earliest developing form of epileptic encephalopathy .In ayurveda it described under heading of mansic vyadhi skandapsmara .

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*It considered as be result of static structural developing brain damage.*

*Variable seizures develops mostly within the 10 days of life , but may occur during the 1<sup>st</sup> hour delivery. The most frequently observed seizures types are epileptic spasm which may be either organized and symmetrical or lateralized. The tonic spasm may occur in clusters/singly ,while awake and sleep alike .The duration of spasm upto 10 cluster ranges from 9-15 sec.*

*In the initial stage EEG shows pattern of suppression –burst with high voltage paroxysmal discharges separated by prolonged periods of nearly last for up to 18 sec.*

*According to Acharya Charaka -*

*Apasmara punh smruti, budhi, satvasamplvana, bhibhstacheshta avastik tamh...*

*The disorder takes progressively deteriorating course with increasing frequency of seizures and severe retardation psychometric development.*

*Ayurveda has diagnosis and management of all neuromotor disorders in present era very well. While morden therapy got limitations in such diseases , but some ancient knowledge ayurveda is perfect for all diseases . Ayurveda has brief description of Apsmara which can be correlate with ohtara syndrome.*

**Key words – Apsmara , Ohtara syndrome ..**

### **Ayurvedic Management Of Common Childhood Disorders.**

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(M.D Balrog)

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#### **Abstract:**

*The effective management of pediatrics disorders basically requires Doshadooshya involvement (A.H.U.2130) The Dose of drug should be strictly in accordance with the age .so the principles of psology should be accurately kept in mind while prescribing medicine for children.It is better to use drugs of madhurrasa which are usually of mridu veerya and the most ideal therapeutic form (kalpana) is ksheerpakm. (c.s.chi 30/285) atisnigdha,Atiroksham,katuvipak,Atigurutvam these pharmacological properties of drugs are unsuitable for administration in pediatric cases.The genral guidelines of pathyapathya in each disease advocated for pediatric case.The drug should be in divided dose especially in children below 12 years (k.s.kHI3/158) The ideal bheshaj kaal for the drug administration to the kid is pragbhakta.according to Haritsamhita(H.S3/2)According to Indian Academy of pediatrics following are the steps to be kept in practice like the pediatrician can start the treatment on working Diagnosis.It might include symptomatic treatment,therapy directed toward cause of illness and even steps to prevent or treat complications,assess efficacy of a prescribed treatment has to be done continuously and protocol can be changed accordingly,childrens are not small adults.According to their physiological the drug has to be studied and evaluated specially with reference to drug absorption,Drug Distribution,Drug metabolism and drug excretion.Asav-arishta,Decoction,Drops,vati,Ghrita are usually for oral Administration.children over 8-16 years can be taught to take vati or tablet form.another consideration in choosing a drug is to know what has failed with this patient in the past.This includes questions about hypersensitivity,Adverse reaction,non-compliance and non effectivity.*

*Keywords- Drug Dose(ped),asava-arishta,Drug Metebolism,shwas –kasa,Atisar,Madhur rasa Dravya.*

## Anveshan

### Observational Study Of Tankan With Madhu Pratisaran In Management Of Mukhpak W.S.R To Stomatitis

**Ms. Sapate Mamta Jitendra**

Final year

Lt.b.v.kale ayurved college latur

**Guide : Dr.Dipti Chewale**

Dept. Shalaky tantra

#### **Abstract:**

*Prevalance of Mukhpak (Stomatitis) is very common in our area due to changedlifestyle (Apathya vihar) & faulty (Apathya Aahar) food habits.*

*Ayurveda is a science in which Shalaky tantra is a branch Which deals with the Etiology, diagnosis, prognosis, prevention and treatment of diseases that are located above the neck region such as the head, ear, nose, eye and throat. The name of the branch is shalakyatantra.*

*Sushart samhita and Ashtang Sangraha, has mentioned the method regarding the general care of the eye and ENT. In addition to this shalakyatantra has listed eight diseases of the oral cavity and Aphthous Ulcer is oe of these diseases.*

*Stomatitis is like vrana. tankan is included in kshartraya. In shalyatantra, vrana is treated by ksharlepan. Tankan acts as vranaropak i.e. heals the wound (mouth ulcers).*

*Tankan has anti-microbial activity,hence it heals the wound.Also,it increases the digestion power i.e. improper digestion is one of the main cause of stomatitis*

*Aim of the study is To study the efficacy of Tankan with Madhu Pratisaran in management of Mukhpak (stomatitis) patients of Mukhpak were available in our hospital. Tankan will be made available from pharmacy section of our college.*

### To Study The Efficacy Of Lodhrasavam In The Management Of Kaphaja Yonivyapad W.S.R. Trichomonas Vaginitis

**Sayed Shahezadi Tazeen Mukhtar Ahemad**

**Guide Dr.Smita Mule**

[Final year BAMS ]

[Dept. of Panchakarma]

Late B.V.Kale Ayurvedic Medical College & hospital, Latur

#### **Abstract:**

*All kinds of Yonivyapad are due to Vata dosha. But in Kaphaja Yonivyapad along with Vata Dosha there is dushti of Kapha dosha also due to which Kaphaprapakopa occurs & dushta Kapha is comes out through vagina which may leads to symptomslike,Sudden profuse & offensive discharge.,Irritation &Itching.,Urinary symptoms :- dysuria & frequency ofmicturation. Prevalence of kaphaj yonivyapad in marathwadaregion is 6 to 10 %*

*In Ayurveda the Kaphaja Yonivyapad can be correlated with TrichomonasVaginitis.*

## Anveshan

*Trichomonas Vaginitis is a sexually transmitted infection caused by a parasite called TrichomonasVaginilis.*

*More than 10 million cases of Trichomonas Vaginitis are diagnosed per year in India.*

*Lodhrasavam will be a drug of choice to treat Kaphaja Yonivyapad & will be a potent drug to overcome the symptoms associated with Kaphaja yonivyapad.*

*So this study is aimed To study theefficacyof Lodhrasavam in the management of Kaphaja Yonivyapad W.S.R. TrichomonasVaginitis.*

### **Uttarbasti In The Management Of Female Infertility W.S.R. To PCOD-Paper Presentation**

**Dr.Nirupa Ratan Taram**

P.G. Scholor,

Stree-roga Prasutitantra,

Government Ayurvedic College, Osmanabad

Guided By

**Dr.Veena A. Patil**

M.S. Ph.D

Prof.& HOD (Stree-rog and Prasutitantra dept).

Government Ayurvedic College, Osmanabad.

#### **Abstract-**

*Infertility is the failure to naturally conceive a child even after frequent unprotected coitus for one or two years in couples of reproductive age group. Infertility can be primary in couples who have never conceived and secondary infertility is related to couples who have conceived but not carried the pregnancy full term after previously giving birth to a baby.*

*There are many reasons could affect conception in couples such as weight,diet,smoking,other substance abuse,environmental pollutants,infections,medical conditions like pcos in female and oligospermia in men,medications and family medical history etc. Infertility can arise from either of the partners. In men,infertility is usually because of low numbers of sperm means oligospermia and the major causative factor in female infertility is determined as PCOD(Polycystic ovarian disorder) PCOD is a hormonal disorder causing enlarged ovaries with small cysts on outer edges of ovary,According to Ayurveda it is a disorder involving Tridosha. In Ayurvedic Gynecology Sthanik Chikitsa means Local therapies are the specialized treatment procedures. These procedures basically deal with the disorders of Tryavarta Yoni (Three coverings of*

*Vagina).Vitiation of Vata is mainly responsible for Yoniroga and Artava vikara. "Basti" is best Vata Shamana Chikitsa. Out of this Uttar Basti is most widely used and unique treatment.*

*The current paper presentation focuses on Sthanik chikitsa "uttarbasti" treatment with Shatpushpa Tail in the management of infertility cause due to PCOD.*

**Keywords-***Polycystic ovarian disorder,Uttarbasti, , Sthanik Chikitsa,Shatpushpa Tai*

## Anveshan

### A study on Ayurveda Education & Changing Scenario of Ayurvedic Practice, Challenges & Solution

**Dr. Pankaj Trimbakrao Ejare**  
( MD Panchakarma ), Aurangabad.

#### **Abstract :-**

*Ayurveda is one of the world's oldest medical systems pioneering the ways of healthcare, originated in ancient India and evolved over more than 5000 years. Ayurveda is an ancient science. It is in an appropriate way, called as 'science of life'. But now a day the medical education and health care systems including Ayurveda in India are facing serious challenges in regards to its merits and proficiency. The present era is advanced and competitive. In this competitive world Ayurveda is trying to establish itself as an eternal science. Major issue is about the quality and standards of Ayurveda education being pursued by undergraduate and post graduate students. It seems that students as well as faculties are not satisfied with the present education system. Another one challenge is that related to the researches that very few genuine researches are being conducted in the field by following necessary research guidelines.*

*In present scenario demand a lot of change in Ayurvedic system of medicine. There are too many Challenges In Contemporary Ayurvedic Practice. To withstand in this competition and to achieve goals many changes should be done in the present system and rejuvenation should be the main aim of this change. Due to lack of cure for chronic diseases and side effects of conventional medicines, developed countries have started looking toward Ayurveda for treatments to restore wellness of their citizens. Now a days its our duty that we all ayurvedic doctors, student, political leadership should go hand in hand to establish & return its glory back.*

*Key words :- Ayurveda, Education, Contemporary Ayurvedic Practice, Challenges & Solutions.*

#### **Physiological Effect Of Takradhara On Ekakushtha (Scalp Psoriasis) - A Review**

**Vd. Sharadkumar Maurya, Dr. R.S. Dhimdhome**

1. PG Scholar (Kriya Sharir),  
Government Ayurved College, Osmanabad, Maharashtra 413501
2. Professor and Head of Department, (Kriya Sharir), Government Ayurved College,  
Osmanabad, Maharashtra- 413501

#### **Abstract:**

*Psoriasis is a noncontagious, autoimmune condition that affects the skin and the joints. Psoriasis is involving their entire body a diagnosis of Psoriasis was made on correlated with Ekakushtha described in Ayurveda texts. Psoriasis is compared with Ekakushtha due to its extreme similarity. Areas of the body most commonly affected are the back of the forearms, shins, and scalp.*

## Anveshan

*The scalp is the most common localization in Psoriasis. Psoriasis may be localized to the scalp with no involvement elsewhere. There may be discrete plaque or there may be confluent patches covering large of the scalp or whole of the scalp may be affected. Stress and altered immunity plays a major role in the pathogenesis of different chronic diseases including Psoriasis. It is well know that psychological stress plays an important role in the pathophysiology of numerous skin disorders. The skin disease best known as stress associated and by the most intensively studied for this association is Psoriasis. In Ayurveda that connection exists between the skin and mind.*

*The term Shirodhara is derived from two Sanskrit words: Shiro and Dhara. Shiro means head and Dhara means to flow. When Takra is poured on the forehead & scalp it is called it is called Takradhara. Takradhara is a traditional Ayurvedic procedure useful in treating psychosomatic disorders, Psoriasis. Buttermilk contains large amount of lactic acid. It is scientifically proved that lactic acid is used to moisten & lessen the appearance of thickened Psoriatic scales.*

**Keywords:** Scalp Psoriasis, Ekakushtha, Stress, Takradhara.

### An Effect Of Langhana In The Treatment Of Aama – A Case Study

**Presented by -**

**Vd. JasminbegamBashirahmad Momin**

PG Scholar 2<sup>nd</sup> year (Kayachikitsa)

Dept. of Kayachikitsa

Govt. Ayu. College, Nanded.

**Guided by**

**Vd. V. E. Gogate**

Assistant Professor

Dept. of Kayachikitsa

Govt. Ayu. College, Nanded.

#### Abstract

*The changing lifestyle of dietic and behavioral way like fast – food, lack of exercise, sedentary routine work are the common hetus responsible for the Agnidushti. The ancient Acharyas have described the disease Aamavata caused due to the impaired Agni. The common signs and symptoms of Aamavata have similarities with the Rheumatoid Arthritis. As the treatment of Aama should be done firstly in case of Aamavata, the Acharyas have explained the LanghanaUpakrama and its different possible ways. In the present case study, a case previously diagnosed as Aamavata is reported. A 35years old female patient having complaints of multiple joint pain with swelling, tenderness and morning stiffness, on and off fever with anorexia was treated with LaghuAaharRupiLanghanaby SaptamushtikaYusha for 7days. The assessment of symptoms of patient was done with the help of Disease Activity Score (DAS) which was previously 61.32 and reduced to 28.88. Erythrocyte Sedimentation Rate (ESR) was also investigated which is increased in the chronic inflammatory conditions and it was reduced from 80 to 36 after the treatment. It was found that patient has marked reduction in the complaints of pain and fever. There was feeling of Laghavata, SamyakaMalaand Mutra Pravartana and SamyakaKshudhaPravartana. ThusLanghana have considerable effect in the treatment of Aama.*

**Key Words** – Lifestyle diseases, Aamavata, Rheumatoid Arthritis, Langhana, SaptamushtikaYusha, DAS, ESR

## Anveshan

### Infertility & Its Ayurvedic Management

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Gaikwad**

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Strirog&Prasutitantra Dept. ,  
Government Ayurved  
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**Guided By - Dr.Veena**

**Ajay Patil,**  
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Government Ayurved  
College, Osmanabad

**Dr.Bhagyashri  
Mahavir Khot**

M.S. Ph.D. ,  
Asso.Professor  
(Strirog&Prasutitantra Dept.)  
Government Ayurved  
College, Osmanabad.

#### Abstract –

*Ayurveda regards women and her ability to reproduce and care for children as the basis of family life. She is the foundation of society; these qualities only can have manifested if a woman is healthy.*

*Everyone has the wish of becoming a parent, but being unable to conceive is an exquisitely painful reality. Many couples spend a portion of their lives attempting to avoid unplanned pregnancies, and assume that once they are ready to have a baby, it will happen with little difficulty. Failure to conceive then, is a major life stressor, which can wreck havoc on otherwise well-adjusted couples. Infertility is common & affects 10-15% of reproductive aged couples and increasing day by day.*

*Finding the appropriate factor leads us closer to the success. Ovarian factors should be treated with Shodhan, Langhan, Pachan, Vyayam, Basti, Uttarbasti, internal medicines and Pathyapathya. Balaksharakasisadi tail Uttarbasti has good results in Tubal blockages and Asherman's Syndrome. Uterine factors like large Fibroid, polyp and septum should be excised hysteroscopically. Phalaghruta Uttarbasti makes the Endometrium favourable for implantation .It surely helps even in the cases of Low AMH values. Chronic ill health should be improvised by the apunarbhavachikitsa and further on Rasayanachikitsa. Congenital Malformations are the Asadhyakshetradosha and should be informed to the patient about its prognosis.*

**Keywords** – Infertility , Conceive , Shodhan , Langhana , Pachana , Vyayam , Basti , Uttarbasti , Pathyapathya , Phalaghruta , Balaksharakasisadi , taila , Apunarbhava , Chikitsa , Rasayana , AMH , Asadhya , Kshetradosha .

#### **Uttarbasti In The Management Of Female Infertility W.S.R . To Pcod-Paper Presentation**

**Dr.Nirupa Ratan Taram**

P.G. Scholar,  
Streerog AvumPrasutitantra,  
Government Ayurvedic College, Osmanabad.

#### Abstract-

*Infertility is the failure to naturally conceive a child even after frequent unprotected coitus for one or two years in couples of reproductive age group. Infertility can be primary in couples who have never conceived and secondary infertility is related to couples who have conceived but not carried the pregnancy full term after previously giving birth to a baby. More and more numbers of*

## Anveshan

male and female are prone to infertility due to changing life style. There are many reasons could affect conception in couples such as weight, diet, smoking, other substance abuse, environmental pollutants, infections, medical conditions like pcos in female and oligospermia in men, medications and family medical history etc.. Infertility can arise from either of the partners. In men, infertility is usually because of low numbers of sperm means oligospermia and in females when she does not produce eggs regularly or because her fallopian tubes are damaged or blocked and the sperm cannot reach her eggs. The major causative factor in female infertility is determined as PCOD (Polycystic ovarian disorder)

PCOD is a hormonal disorder causing enlarged ovaries with small cysts on outer edges of ovary, According to Ayurveda it is a disorder involving pitta, kapha and vatadoshas. Rasa and medadhatu, rasarakta and artavvahasrotas dusti. In Ayurvedic Gynecology Sthanik Chikitsa means Local therapies are the specialized treatment procedures. These procedures basically deal with the disorders of Tryavarta Yoni (Three coverings of Vagina). Vitiation of Vata is mainly responsible for Yoniroga and Artavavikara. "Basti" is best Vata Shamana Chikitsa. Out of this Uttar Basti is most widely used and unique treatment concept of Uttar Basti. The current paper presentation focuses on Sthanik chikitsa "uttar basti" treatment in the management of infertility cause due to PCOD.

**Keywords-** Polycystic ovarian disorder, Uttar basti, Infertility, Sthanik Chikitsa

### Practical Implication of Trividh Chikitsa in Kustha- A Case Study.

Presented by- **Vd. Priyanka Marotrao Thakare**

Guided by- **Vd. S.V. Suryavanshi**

PG Scholar 2<sup>nd</sup> year (Kayachikitsa) Head of Department

Dept. of Kayachikitsa Dept. of Kayachikitsa

Govt. Ayu. College, Nanded Govt. Ayu. College, Nanded

#### Abstract

Skin is the largest organ of the body and act as barrier between the internal tissue and environment. It protects the internal tissue from the various types of bacteria, fungi and viruses. Now days more importance is given to the healthy state of an individual skin care because it has cosmetic value. In the Ayurvedic text all skin diseases were included under the Kustharoga. Sidhma is Vatkaphaj type of Kustha and greater resembles with Psoriasis. Psoriasis is one of the most common clinical conditions encountered in clinical practice. Due to cosmetic disfigurement it needs a potent treatment option, which will not give symptomatic relief but cure from roots of disease. As modern medicine has many adverse reaction and cannot be given for long term so its today's need to find effective drug for psoriasis as it has negative psychological impact on patient's mindset. Selected Panchakarma procedures along with Ayurvedic drugs have been proved valuable in these manifestation. Here a case of 30 yrs. old female patient presented with symptoms of Vatkaphajkustha, which was treated for 45 days with combination of Panchakarma procedures and selected Ayurvedic drugs. The condition was diagnosed as Vatkaphajkustha (Sidhma) and was treated with Pachan, Virechan and then Shaman drugs. Patient's condition was assessed before and after treatment.

**Key words:** Sidhmakustha, Psoriasis, Panchakarma procedure, Shaman Aushadhi

## Anveshan

### A. Case Study on Ayurvedic Management of Madhumeha W.S.R. to Diabetes Mellitus type – 2

**Dr. Sonali S. Rathod<sup>1</sup>, Dr. A. K. Burley<sup>2</sup>, Dr. Yashashri. A. Vitonde<sup>3</sup>.**

PG Scholar Department of Kaychikitsa, C.S.M.S.S Ayurved Mahavidyalya Aurangabad.

Professor Dr . Department of Kaychikitsa, C.S.M.S.S Ayurved Mahavidyalya Aurangabad.

Assistant Professor, Department of Kaychikitsa, C.S.M.S.S Ayurved Mahavidyalya Aurangabad.

#### Abstract

*Acharya Charaka Mentioned Prameha in Ashtomahagada in all 20 types of Prameha, Madhumeha is subtype of Vatik Prameha. Diabetes is threatening lifestyle Disorder whose prevalence is growing rapidly throughout the world & having social mental & economical ramification.*

*The prevalence rate of Diabetes in India is 10.4%*

*The modern a medicine has many side effect such as lactic acidosis, dizziness, nausea, diarrhea etc & these medicine are very costly, keeping all these fact in mind & to reduce the sign & symptom as well as complication of Diabetes -Triphaladi kashaya is selected for the management of madhumeha in the present case study.*

*Keywords:- Madhumeha , Diabetes Mellitus, Triphaldi Kashaya , Lifestyle Disorder.*

## Anveshan

### To Study The Effect Of Kamdudha Ras In Amlapitta.

*Name of student*

**Ms.Sarwade Anuja Motiram**

*Year- Finalyear*

*Guide*

**Dr.Maruti.T.Narhare**

*Dept.Rasashatraand Bhaishjyakalpna.*

*Amlapitta is very common disease in which patients undergoes symptoms like chhardi, shirshoola, hruda-kanthdah, amlodgar etc.In Ayurveda various yogas for chikitsa of Amlapitta is described.*

*Kamdudhat ras is one of the Rasaushadhis will be effective in Amlapitta.Kamdudha ras mentioned in Ras Yoga Sagar. Assesment of efficacy of kamdudharas in amlapitta Primary-To evaluateof Kamdudharas in the management of Amlapitta. Secondary-To study the Amlapitta according to Ayurveda.Hence, further study Will be provided in presentation.*

### The Hridroghara Action Of Rasona (Allium Sativum L.Fam) With Special Reference To Its Usefulness In Cardiac Disorders: An Overview

**Dr. Bharti Sadabal<sup>1\*</sup>, Dr. T.A.Pansare<sup>2</sup>**

*1. PG Scholar (Dravyaguna)*

*2. Associate professor (Dravyaguna), Govt. Ayurved college, Osmanabad, Maharashtra*

**\*Corresponding author: email – bhartisadabal15@gmail.com**

#### **Abstract:**

*Cardiac disorders are rapidly growing, prevalence of cardiovascular disease like hypertension is a major threat for the developed as well as developing countries. Due to hypertension a common chronic complication such as stroke, renal failure and heart failure, therefore it require to control. Complementary and alternative medicines are gaining popularity among general population because of their safety, easy available, administration. Rasona (Allium sativum) belongs to family Liliaceae is a potent drug prescribed in Ayurveda. Rasona contains five rasa out of six, Katu is main ras , and posses Katu Vipaka, Ushna Virya, with predominance of Akasha and Vayu mahabhutas. Due to Katu rasa,Ushna Virya and Tiksha guna it shows Aganideepan also Strotoshodhan properties(clear channel) .The daily consumption of Rasona is excellent for general health. Garlic, in particular, is considered to be one of the best disease-preventive foods because of its potent and widespread effects Rasona, one of the best researched herbal remedies, is frequently used as food and spice. Garlic contains allinase, sulphur containing compounds, including alliin, and compounds produced enzymatically from allixin. Conventionally, it has been used as anti-hypertensive, anti-oxidant, hypolipidemic, anti-inflammatory, diabetes and many other disorders.. Antihypertensive action of garlic is related to its prostaglandin like effects, which decreases peripheral vascular resistance. Garlic reduces prostaglandin E2 and thromboxane B2 level and thereby can reduce hypertension. The gamma-glutamylcysteines are the compounds in garlic, they inhibit angiotensin-converting enzyme and for this mechanism, garlic can lower blood pressure.This paper validation the claim made in Ayurveda regarding hridroghara action of Rason.*

**Keyword:** Rason, Anti-hypertensive, allium sativum.

## Anveshan

### Pathya Apathya In Shitapitta: A Classical Review

**Dr. Bhaskar M. Perke**

*Assistant Professor, Department of Swasthivrita and Yoga,  
Government Ayurved Mahavidyalaya, Vazirabad, Nanded.*

#### **Abstract**

*Urticaria is a type I hypersensitivity reaction which is manifested because of exposure to such allergens. Epidemiology of Urticaria is increasing now days due to Industrialization and Agriculture. Vata and Kapha are two “Doshas”, which are primarily disturbed in this disease. In the combination with Pitta they create redness, swelling and itching on the skin. Acute urticaria is associated with more diffuse swelling of lips, face and throat and is spread all over the body. Urticaria is a vascular reaction of the skin characterized by a sudden general eruption of pale Sign and Symptoms of Urticaria resembles with Koth, Udarda, Sheeta-pitta. Kotha is one of the symptoms mentioned by our Acharyas when body exposed to Asatmyaj Ahara and Vihara. Eg. Contact with poisonous material and Sheeta vayu etc. Our Ancient Acharayas has mentioned several classical Ayurvedic formulations for the cure of urticaria. Ayurveda provides us with detailed information about toxins, their management and methods of purging these poisons out of the body. Ayurvedic herbo mineral preparations restores healthy skin and cure urticaria by establishing the equilibrium of Tridosha (Vata, Pitta, Kapha) and Sapt dhatus (body tissues). The present paper intends to highlight the Ayurvedic management in reducing sign-symptoms and recurrence of the disease.*

**Keywords:** *Urticaria, Sheetpita, Udard, Kotha, Doshas*

#### **Advanced Technologies Applied In Ayurvedic Formulations**

**\*Dr.BishnupriyaSethi, \*\*Dr.Shankara Gowda.**

*\*2<sup>nd</sup> year PG Scholar, Dept of RS and BK, TGAMC, Ballari.karnataka*

*\*\*Professor and HOD, Dept of RS and BK, TGAMC, Ballari.Karnataka.*

#### **Abstract:-**

**INTRODUCTION:-** *Today world is advance in many ways like inventing smart robot, smart homes, digital women, bablefish earbuds etc. In the same way Ayurveda has advance in many ways like standardization, treatment, procedures, labelling and packaging, formulations, instrumentation etc.*

**METHODS:-** *Large scale manufacturing is need of global marketing of ayurvedicmedicines,where large number of human resource is required and the cost of manufacture may rise when ancient method is adopted and manually prepared. Uniformity of finished goods may not be in ancient vati manufacturing by manual methods whereas adopting modern tablet making it can be overcome. In same waybhasma preparation by furnaces and kupa, using distillation apparatus instead of tiryakyantra, drug boiler for kwatha, bottle filling machines, containers, root washing machines, chopping machines, pulverizer etc. Coming to the formulations, we are preparing kwatha tablets, Ghana vati, capsules, sugar coated tablets, swarasa, kwatha are converting into syrups forms. Nowadays we are getting more cosmetics preparation by ayurvedic pharmacies.*

**RESULTS:-** *Suryashekara rasa prepared by using valukayantra and muffle furnace – Good analytical results compare to classical method, yield is more compare to classical , i.e classical-38.5% MF-39.5%. Simhanadaguggulu prepared by machines is better than manual method in case of hardness and disintegration time.*

**DISCUSSION:-** *In present era, there is a need to develop new formulations along with the specific modification in the older formulation to gain wider acceptance. The main aim is to retain the therapeutic efficacy, improved shelf life, increased palatability, easy dispensable etc.*

**Keywords:-** *Instruments, Formulations*

## Anveshan

### Role Of Ayurveda In Infertility

Ganesh Karad<sup>[1]</sup>, T.A. Pansare<sup>[2]</sup>, D.V.Kulkarni<sup>[3]</sup>

1<sup>st</sup> year PG Scholar Dravyaguna Department GAC Osmanabad.

2. M.D. PhD Dravyaguna

3. M.D. Kaychikitsa, PhD Dravyaguna

#### Abstract:

*In this present era number of infertility patients are increasing day by day. It is becoming a big health issue. Improper and undisciplined way of lifestyle, bad habits about food, sleep and other daily regimen are the reasons for this. Because of such a disturbed lifestyle normal function of all Dhatu get affected. As Ras Dhatu is first Dhatu in chain of Dhatu formation, once it gets affected all Dhatu upto Shukra or Streebij get disturbed which will lead to infertility and also leads to diseases like Pandu, Jwar etc. In some cases of infertility all physiological activities related to reproductive system are normal but then also there is failure in conception, in such cases we need to think beyond classical concept of infertility i.e. Vandhyatva or Klaihya. Ayurveda Acharya had mentioned word infertility in some formulations which comes under different systemic diseases Chikitsa Adhyay (Kas, Pandu) but then also infertility is indicated in its uses. These formulations are useful in treatment of infertility which developed from other systemic diseases and also helpful for treatment of those systemic diseases which will help to give a healthy progeny. In this review we have tried to accomplish the observations made by Ayurveda Acharyas in different Samhitas while describing different disease as cause of infertility.*

*Keywords : Vandhyatva, Shukra, Dhatu*

### Role of Ashwagandha (Withaniasomnifera L.) in Alzheimer's Disease. – A Review.

**Geeta Kisan Jadhav.**

Affiliation: PG Scholar, Dravyaguna Department, 1<sup>st</sup> year, GAC Osmanabad.

Guide and HOD: **Dr. D.V.Kulkarni.**

M.D. (Kayachikitsa), PhD. (Dravyaguna) .

#### Abstract:

*Alzheimer's disease is an age-associated, irreversible, progressive neurodegenerative disease, which is characterized by impairment of memory and eventually by disturbance in reasoning, planning, language and perception. In Ayurveda, this disease can be included in 'Jaravyadhi' ( Geriatric diseases). Popular Ayurvedic medicinal plants and their formulations are used to slow down brain aging and enhances memory. Although the exact mechanism of their action in Alzheimer's disease is still not clear. Phytochemical studies of the different parts of many herbs like Ashwagandha, Haridra, Brahmi, Guggulu, Shamkhapushpi, etc. have shown the presence of wide- spectrum of pharmacological activities, which induces antistress mechanism and enhances memory that helps in regeneration of neural tissues. Withaniasomnifera (L.), also known as 'Ashwagandha' in Ayurveda and as 'Indian ginseng' or 'Winter cherry' is multipurpose medicinal plant with remarkable increase in pharmacological studies in recent years. It has been shown to possess wide-spectrum of therapeutic uses such as nerve tonic, anti-stress agent, memory enhancer, immune-modulatory and anti-oxidant properties. This review summarizes information concerning the phyto-chemistry, biological, cellular activities and clinical applications of Ashwagandha plant in*

## Anveshan

order to provide sufficient baseline information; which could be used in drug discovery, thereby providing new functional leads for this disease because it crosses blood brain barrier and blocks  $\beta$ -amyloid production, which is responsible for Alzheimer's disease.

Keywords - Alzheimer's disease, Ashwagandha, Jaravyadhi, Anti-stress, Dementia.

### Obesity- A Lifestyle Disorder

**Dr. Jyoti Vishnu Meghadambar**

Assistant professor Rognidan

Govt. Ayurved College.

#### Abstract-

Diseases associated with the way a person or group of people live are Lifestyle diseases. Due to Industrialization, busy schedules and heavy work pressure, such disorders influence our day-to-day activities and hamper our health. These are commonly caused by alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy eating habits. Diseases that impact on our lifestyle are Heart disease, Stroke, Obesity, and Type II Diabetes Mellitus. Adults can develop lifestyle diseases through behavioural factors that impact on them, these can be unemployment, unsafe life, and poor social environment, poor working conditions, Stress and home life can change a person's lifestyle to increase their risk of developing one of these diseases. WHO listed Obesity as a lifestyle disorder. It is regarded as the disease of twenty-first century. The prevalence of obesity is increasing globally, with nearly half a billion of world's population now considered to be overweight or obese. The Obesity epidemic is related both to dietary factors and to increasingly sedentary lifestyle. Obesity has significant co-morbidities, particular concern is the fact that obesity is increasing among children and adolescents. Prevention is primary target and can be achieved through lifestyle changes, but it is also important to develop strategies to treat those who are already affected with obesity. Ayurveda focuses on Dincharya and Rutucharya to prevent these disorders. This paper is dedicated for Obesity a lifestyle disorder and its preventive measures through Aahar (Diet plan), Vihar (Preventing Sedentary lifestyle) and indulging in Yoga and Pranayam.

**Key words-** Obesity, Lifestyle disorder, Dincharya, Rutucharya

### Application Of Dashvidhpariksha (Ten Foldexamination)In lifestyle Disorders

**Dr. Krishna Namdeo Kadam**

Asstistant Prof., Dept. of Rog nidan, Government Ayurveda College, Nanded

The basic fundamentals of the ancient science, Ayurveda are simple and easily applicable to all eras. In fact, a majority of modern medical science principles are based on the fundamentals of Ayurveda. The primary goal of the clinical examination in Ayurveda is to locate the unbalanced doshas that caused the disease. The methods employed by the physician are all aimed at identifying the dosha disturbance.

In Ayurveda, the diagnosis and treatment of disease are based on the information derived from two areas that is RogaPariksha and RogiPariksha. Among various RogiParikshas or examinations, DashavidhaPariksha is one of the formost important tool of patient examination which includes Prakriti, Vikruti, Sara, Samhanana, Pramana, Satmya, Satwa, Ahara shakti, Vyayama shakti and Vaya. The fundamental principles of these ten fold examination of both extreme that is Ayurveda and Modern science are more or less similar. The same will be the insight of present paper and will be discussed in details at the time of scientific session of seminar.

## Anveshan

### Drug Adulteration: A Burning Problem in Ayurveda Practice

Dr. Kshitija Desai

Even though Ayurveda has gained popularity among the medicinal system there is a hindrance to its further development. One of the burning problem is the practice of adulteration which creates doubts and disbelief in curative capability of Ayurvedic drugs. Adulteration is a debasement of article intentionally for commercial purpose or accidentally due to lack of knowledge of identification and proper collection. Due to adulteration, faith in herbal drugs has declined. Drugs are adulterated intentionally or accidentally. Substituting the original crude drug partially or fully with other substances which is either free from or inferior in therapeutic and chemical properties or addition of low grade or spoiled drugs or entirely different drug similar to that of original drug substituted with an intention of enhancement of profits. So I want to throw light on the concept of adulteration at basic level in daily practices.

**Keywords:** Drug Adulteration, Substitution

### CO<sub>2</sub> Extraction: Miraculous Technique For Ayurvedic Formulations

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#### Abstract:

Extraction, the term is used pharmaceutically which involves the separation of medicinally active portions of plant by using selective solvents in standard extraction procedures. A wide range of technologies are available for the extraction of active components and essential oils from the medicinal and aromatic plants. Supercritical fluid extraction (SFE) is an alternative sample preparation method with general goals of reduced use of organic solvents and increased sample throughput. There are many advantages to the use of CO<sub>2</sub> as the extracting fluid. In addition to its favorable physical properties, carbon dioxide is inexpensive, safe and abundant. The extraction procedure possesses different advantages like the extraction of constituents at low temperature, which strictly avoids damage from heat and some organic solvents, no solvent residues and environmentally friendly extraction procedure.

SFE is used on a large scale for the extraction of some food grade and essential oils and pharmaceutical products from plants. With the newer invention of the herbal drugs and its utilization in the treatment of various disease and disorders the preparations which are mostly preferable are the herbal drugs therefore it is most important for the chemist and scientist to develop the newer and easier as well as effective extraction technique for the extraction of the chemical constituents from the various parts of the medicinal and aromatic plants. The supercritical fluids like CO<sub>2</sub> under increased pressure can be able to provide the fruit efficient, effective, and suitable technique for the extraction of the herbal drugs in the future without losing the potency and activity of a herbal drugs.

Finally, a short review of successful supercritical extraction processes of medicinal and aromatic plants is reported and a future outlook is given with important and latest application, advantages of the supercritical fluid extraction.

## Anveshan

### Preventive Aspect Of Ayurveda In A Lifestyle Disorder Medoroga

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#### Abstract

*Lifestyle disorders are those who's occurrence is based on the daily habits of people and are a result of an inappropriate relationship of people with their environment. The main factors contributing to lifestyle disorders include bad food habits, physical inactivity, wrong body posture and disturbed biological clock. Now a days due to changing lifestyle, urbanization and fascination of western culture there is noticeable change in food habits and preparatory methods between early time and in present era. WHO list of most common lifestyle disorders is as CVD's, Diabetismellitus, COPD, cancer, asthma, diseases of digestive system like peptic ulcers, GERD etc, Genitourinary conditions like Nephritis, CKD etc, Neuropsychiatric disorders like depression, anxiety, stress etc. Obesity is traced to be a major risk factor for above mentioned disorders. Ayurveda is age old, time tested and holistic science. It offers various methods to manage Medorogaas well as lifestyle disorders by following Pathyapathya, Dincharya, Ratricharya, Rituchratya, Panchakarma and also by including Rasayanatherapy. This type of ayurvedic lifestyle promotes physical, mental as well as social health and ultimately leads to symptomatic improvement also improvement in the quality of life and thus help in the prevention and management of lifestyle disorders.*

**Keywords-** Ayurveda, lifestyle disorders, Medoroga, Pathya, Apathya.

### Rasayana (Rejuvenating) Effect Of A Promising Herb Jeevanti (Leptadenia Reticulate W And A : A Review

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HOD- Dr. D.V. Kulkarni M.D. (Kayachikitsa), PhD.(Dravyaguna)

#### Abstract –

*Diseases linked with the way of people live their life are Life style diseases. These are commonly caused by alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy diet. Rasayana is one of the class of Ayurveda that improves the general health of the body. Rasayana nourishes and rejuvenates the body and increases longevity, memory enhancement and immunomodulation. Jeevanti (Leptadeniareticulata W and A) is natural herbal drug belongs to Asclepiadaceae family. Acharya Charaka mentioned this drug in Jeevniya (Vitaliser), Vayasthapan (Anti-aging) and Shwashar (Anti-asthmatic) mahakashya. It has Madhur rasa, Laghu, Snigdha, Sheet guna, Sheet virya and Madhurvipaka having Tridoshagna, Rasayan (Rejuvenating), Balya (Bulk Promoting), Chakshushya (cure eye diseases), Grahi, Raktapittahara, Vatahara and Kapha-veeryavardhak properties. It is significant rasayana as it nourishes the sapta dhatus due to its madhurrasa, sheetvirya and Madhurvipaka. Jivanti has been found to exhibit diverse pharmacological activities like Antidepressant, Antiepileptic, Antimicrobial, Anti-oxidant, Anti-inflammatory, Lactogenic, Anxiolytic, Diuretic, Hepato-protective and immunomodulatory activities. The present review draw the attention towards the Rasayana activity of Jeevanti for future aspect of life style inducing disorders.*

## Anveshan

### Lifestyle Disorders

**Dr.Prabhakar H Kannalli\* Dr. Shankara Gowda\*\***

\*1<sup>st</sup> year PG scholar RS and BK, TGAMC, Ballari, Karnataka.

\*\*HOD and Guide RS and BK, TGAMC, Ballari, Karnataka.

#### **Abstract :-**

*With rapid economic development and increasing westernization of lifestyle in the past few decades, prevalence of these diseases has reached alarming proportions among Indians in the recent years.*

*The main cause of disease is prajnaparadha examples habit of suppression of any natural urges and these improper removal of waste products formed during metabolism leading to accumulation of toxins is the basic cause of the disease hence removal of these waste product is the first line of treatment as described in our classics.*

*The incidence of lifestyle diseases like Hypertension, Diabetes mellitus, Dyslipidemia, and overweight\obesity associated with cardiovascular diseases.*

*A particular lifestyle of person is a cumulative product of his\her physical capacity coordinate with psychological functioning, displayed in the form of habits, behavior, dietary and living factors.*

*Ayurveda provides a better solution in the form of proper dietary management, lifestyle advices, panchakarma therapies.And all the discussion will be explained in the full paper.*

### **Herbal Drug Adulteration: A Hindrance To The Development Of Ayurveda Medicine**

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*1. PG Scholar (Dravyaguna)*

*2. Assistant Professor (Dravyaguna), Government Ayurvedic College, Osmanabad, Maharashtra.*

#### **Abstract:**

*Ayurveda has gained popularity in recent years. People have developed an interest in traditional medicine due to the side effects of synthetic drugs. Herbal drugs being the base of traditional medicine and are useful in medicine and cosmetics preparations. With the increase in demand of herbal preparations malpractice and problem of adulteration is also increased. Adulteration is both accidental and intentional. Accidental adulteration is due to wrong identification of drug, whereas intentional adulteration is to earn more profit. Among these intentional adulteration is more troublesome regarding the safety issue. Examples are Japanese ginger (Zingiber mioga) used to adulterate medicinal ginger (Zingiber officinale), Kampillaka powder is adulterate with brick powder etc. Extinction of many species due to deforestation and incorrect identification of plants are the main reason for adulteration. Adulteration of herbal drug has become hindrance to the further development of Ayurveda medicine. It affect the trust of people in Ayurveda medicine by reducing the efficacy of drugs. Hence this paper is an attempt to understand all the ways of adulteration and different measures to overcome these problems thereby, farmers of our country will get economic benefit by cultivating original species which will help to increase the safety of herbal preparations.*

**Keywords:** Adulteration, Ayurveda, Herbal drugs, Safety issue.

## Anveshan

### Management Of Rasaraktapradoshaj Vyadhi With Patola (Trichosanthesdioica Roxb.)- A Review.

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Guide & HOD: **Dr.D.V.Kulkarni**

M.D.(Kayachikitsa),phD. (Dravyaguna).

#### **Abstract:**

In Ayurvedic literature daily regimens are mentioned such as Dinacharya, Ritucharya, Ahara, Vihara etc. Now days due to stressful lifestyle, intake of junk food, sedentary life, and excessive workload reduces individual happiness and predispose to many diseases. While describing Rasa Rakta Dushti Hetu Acharyas have mentioned Hetus like Guru, Snigdha, Vidahi, Ushna Ahar Sevana. Which are responsible for diseases like Jwara, Kushta, Kandu and Raktavikara. Uncontrolled adoption of such etiological factors becomes the cause for formation of Ama or metabolic toxins in the body which favours the chronicity of Rasa Rakta Pradoshaj Vyadhi. This Ama enters the Dhatus like Rasa, Rakta and produces various diseases. Tiktarasa is predominantly used for Ama Pachan and Pittashaman. Since ancient times the fruits and leaves of Patola are widely consumed as a vegetable and different parts of this plant are used in traditional medicine to treat Rasa Rakta Pradoshaj Vikara. Patola possesses Tikta Rasa which acts on Kapha Pitta Dosha and Rasa Rakta Datu. It has antipyretic, laxative, cardiotoxic, antiulcer, antihelminthic property. We have specially concentrated on the above mentioned four diseases in which Patola has a very specific action due to its Tikta rasa and with the help of this it acts on Kapha Pitta Dosha and Rasa Rakta Datu. This paper elaborates the utility of Patola in management of Rasa Rakta Vikara.

**Keywords-** Ama, Patola, Rasa Raktapradoshajvikara, Tikta Rasa.

### A Review On Anti-Diabetic Effect Of Kakmachi (Solanum Nigrum Linn.)

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#### **Abstract**

Kakmachi, Solanum nigrum Linn. belongs to the family Solanaceae, also called as makoi in hindi and black night shade in English. It is an annual herb and extensively used as traditional medicine since ages in India for treating various diseases like Diabetes mellitus, fever, liver disorders, skin diseases, tuberculosis, diarrhoea, eye diseases etc. Solanum nigrum contains steroids, alkaloids, saponin and glycoprotein. The plant contains glucosides (solanine, solamargine, solanigrine, solasodine), steroidal glycoside ( $\beta$ - solamargine, solasonine and  $\alpha, \beta$ -solansodamine) steroidal saponins (diosgenin), steroidal genin (gitogenin) tannins and polyphenolic compounds. The major polyphenol is p- coumaric acid. Parts used are panchang and fruit. Bhavprakash has described kakmachi aspramehhar. It possesses laghu and snigdha guna, tikta rasa and katuvipaka with anushnaveerya. It has tridoshaghna property. Diabetes mellitus is a disorder of carbohydrate, fat and protein metabolism which leads to decreased production of insulin. Traditional medicines are used to control blood sugar level. The present article is a review done to explore the anti-diabetic potential of kakmachi.

**Keywords-** Solanum nigrum. Linn, Kakmachi, anti-diabetic potential.

## Anveshan

### An Overview On Pharmacological Action Of Sariva (Hemidesmus Indicus R.Br.) W.R.S. To Cerebral Palsy

**Dr. Renuka Devhare<sup>1\*</sup>, Dr. D V Kulkarni<sup>2</sup>**

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*2. Professor and Head of Department, (Dravyaguna), Government Ayurved College,  
Osmanabad, Maharashtra. 413501*

#### **Abstract**

*It is always said that childhood period is like a mirror, which reflects in after life the images first presented to it. When debility is considered particularly in children, near about quarter of chronic childhood disorders are neurological in origin. Cerebral Palsy is defined as a non-progressive disturbances in the developing fetal or infant brain which is accompanied by disturbances of sensation, perception, cognition, communication, behaviour as well as by epilepsy and secondary musculoskeletal problems. In modern medicine, there is only symptomatic treatment for neuro-motor disability but actually there is no effective treatment has been formulated at present which can totally cure this disorder. Hence, there is a need for the development of a well-planned ayurvedic approach in present era. So, we are proposing Sariva(Hemidesmus indicusR.Br.) as best choice in cerebral palsy. Sariva possesses madhur and tikta rasa, madhur vipaka, sheet veerya and guru, snigdha guna. Acharya Sushrutain Garbhiniyakaranasharir adhyaya has mentioned that on first day of Nalchhedana, the child should be sprinkled with cold water and then Madhuand Ghrita mixed with Ananata(Sariva) choornashould be given in small quantity three times in a day. It helps in promoting general and healthy growth, strength and intellect of children. It is alsoused in treating the conditions likePangu, Muka, Ashrutiaand Jada. In this article we have try to discussabout the pharmacokinetic of Sarivaw.s.r. to cerebral palsy in children.*

**Keywords:** Sariva, Cerebral palsy, Neuro-motor disorder.

#### **Refractive Errors and & its Ayurvedic Management**

**Rukmini Shinde<sup>[1]\*</sup>, Deepak Sawant<sup>[2]</sup>, Shivaji Panzade<sup>[3]</sup>**

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#### **Abstract**

*Emmetropia is optically normal eye & Ametropia is a condition of refractive error which includes Myopia, Hypermetropia, Astigmatism. Ametropia is the most common disorders of eye and has grown more in these recent years. These errors are treated by glasses, contact lenses, refractive surgery etc. These are only tools of management in modern science for refractive errors. WHO runs a Programme naming Vision 2020 has one of its objective to control & treat uncorrected refractive errors. Here attempt has been made to present refractive errors in respect to its management as ayurvedic aspect. By taking review of ayurvedic literature, we can claim that ayurveda is having the solution for prevention & management of refractive errors. Curvatural deformity of lens or cornea or both causes refractive errors & in ayurvedic literature curvatural size or diameter variation as per prakriti is described, while suitable diet & life style for corresponding prakriti is also suggested which prevents the disorders of any ophthalmic disease such as refractive errors. Retinal & lenticular degeneration is one of the cause of refractive errors & new generation is related to shukra dhatu, hence vajikaran & rasayana kalpas which has action on both shukra & Netra like kaishor Guggulu, chandraprabha vati, punarnava, vasant kalpas etc can be used. Tarpana, Putpak plays very important role in Ametropia as well.*

**Keywords:** Corneal curvature, prakriti, Shrukrasarta, cellular regeneration, lens, Retina

## Anveshan

### Successful Management Of Life Style Disorders By The Integrated Treatment Of Shaman And Aahar Chikitsa - A Case Report

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Centre Head MGM's AROGYAM Ayurved Naturopathy & Yoga Centre,Aurangabad

**Rationale for this case report:** World facing with many life style disorders which are raised because of unbalanced food, sedentary lifestyle and stressful mental conditions. According to global status report of WHO 70% deaths are due life style disorder which causes an estimated 300,000 deaths per year in world wide. Major life style disorders include obesity, raised triglycerides, low level of HDL (high density lipoprotein), hyperglycaemia, hypertension. These abnormalities confer increased risk of cardiovascular disease and diabetes mellitus. prevalence of life style disorder has increased in India as well as world since last couple of decades.

**Presenting concerns:** This case study report discusses the successful management by the integrated approach of shaman and aaharchikitsa along with regular physical activity and modification in life style suggestions were given in a 33 year old female diagnosed with obesity, diabetes mellitus type II, Hypertension with dyslipidaemia and hypothyroidism like life style disorders since last 1 year was treated at MGM's 'Arogyam' Ayurved kendra.

**Results:** Significant improvement in obesity (lost 30 kgs in 3 months), blood sugar levels (HbA1c 8 to 5.4), blood pressure, lipid profile and in BMI were found.

**Conclusion-** This case study suggests competency of Ayurveda medication along with aahar(diet) and life style modification in the life style disorders.

**Keywords-**obesity, life style disorders, Ayurveda treatment

### Adulteration of Herbal Drugs (Apmishrana)

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2. Associate Professor, (Dravyaguna),

Government Ayurveda College, Osmanabad, Maharashtra,

#### Abstract-

In Ayurveda various herbs have been described for various diseases. There is increasing awareness and general acceptability of the use of herbal drugs in today's medical practice although most of these applications are not scientific. The deforestation and extinction of many species and incorrect identification of many plants has resulted in adulteration and substitution of raw drugs. This rise in the use of herbal product has also given rise to various forms of abuse and adulteration of the products leading to consumers' and manufacturers' disappointment and in some instances fatal consequences. Due to unavailability of drugs where substitution is helpful on the other hand Adulteration is causing more serious problems. One of the burning problems of adulteration is, it creates doubts and disbelief in the curative capability of traditional systems. An Adulteration literally defined as mixing or substituting the original drug material with other spurious, inferior, defective, spoiled, useless other parts of same plant, including harmful substances. In Ayurveda adulteration is known as Apmishrana. In the present work, methods, reasons for adulteration along with some common adulterants are well described.

**Keywords** –Adulteration, Substitution, Apmishrana

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### Ritucharya: Answer To The Lifestyle Disorders.

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Dept. of Swasthavritta & Yoga,  
Government Ayurved College Vazirabad, Nanded, , M.S, India.

#### **Abstract:**

Ayurveda, the age old science of life, has always emphasized to maintain the health and prevent the diseases by following proper diet and lifestyle regimen rather than treatment and cure of the diseases. The basic principle followed in the Ayurvedic system of medicine is Swasthyashya Swasthya Rakshanam, which means to maintain the health of the healthy, rather than Aturashya Vikara Prashamanancha, means to cure the diseases of the diseased. For this purpose the Dinacharya (daily regimen) and Ritucharya (seasonal regimen) have been mentioned in the classics of Ayurved.

Ritu, the season, classified by different features expresses different effects on the body as well as the environment. Ayurveda has depicted various rules and regimens (Charya), regarding diet and behavior to acclimatize seasonal enforcement easily without altering body homeostasis. The prime principle of Ayurvedic system of medicine is preventive aspect, can be achieved by the change in diet and practices in response to change in climatic condition. This is a very important aspect of preventive medicine as mentioned in Ayurvedic texts. Lifestyle disorders are very common in the present era, basically originating from lack of following seasonal regimens due to lack of concentration in seasonal characteristics. A firm scientific analysis is the base, which holds true even on date. In this review, various regimens in diet and lifestyle as mentioned in the classics of Ayurveda and their importance on lifestyle disorders will be elaborated at the time of final presentation.

### Reproductive Toxicity And Its Management According To Ayurveda: A Review

**Dr.Sunilkumar S. Yadav\*<sup>1</sup>Dr.Pooja G. Nagose\*<sup>2</sup>**

1. PG Scholar, Department of Agadtantra & Vidhivaidyak, GAC, Osmanabad

2. PG Scholar, Department of Agadtantra & Vidhivaidyak, GAC, Osmanabad

#### **Abstract:-**

Reproductive toxicity is the effect of chemicals on the reproductive system and on neuroendocrine system. In today's era lots of chemicals are interacted with the general population. These chemicals have hazardous effect over human health. One such effect is the effect on reproductive system. We call such chemicals as Reprotoxic. They have adverse effects over sexual function and fertility in adult males and females. These toxins not only affects reproductive system but also have effect on developing offspring known as developmental toxicity. As we all know in today's era infertility is one of the major health issue. Some studies also proved that these environmental toxins act as endocrine disruptors that feminize the male animals and androgenize the female animals. Exposure to such chemicals have hazardous effects on both Male and Female Reproductive system. Toxicants that target the Male Reproductive System not only affect the sperm count but also change in shape of sperm, alter sexual behavior and also increase infertility. Many organic chlorine compounds like DDT, PCB have significant effect on fertility. Even many medicines just like Thalidomide, Diethyl stilbesterol have effects over the embryo development. According to ayurveda toxins which are not eliminated gets accumulated inside the body and gets converted into Dushivisha. While explaining about Dushivisha, Acharya Sushruta has mentioned destruction of

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sperm. Also; during description of Upadravas of Dushivisha Acharya Sushruta have mentioned decrease in sperm quantity. So, In such cases of Infertility we can give treatment of Dushivisha. By Sodhana Chikitsa like Swedan, Vaman, Virechan etc. we can remove toxins outside the body. After that we can use the kalpa like Dooshivishaari Agada as having Vishaghna and anti infertility properties.

**Keywords:** Reproductive Toxicity, Infertility, Toxins, Reproductive system, Pesticides

### Role Of Pathyakarvihar In Prevention Management Of Diabetes.

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#### Abstract:

Diabetes is a metabolic disorder. D.M. can be correlated with Madhumeha in Ayurveda. Present era is Full of stress and strain due to competitive lifestyle. Over the last few decades, lifestyle changes have resulted in a drastic increase in the incidence of Diabetes all over the world. Ayurveda is an ancient system of medicine which guided the mankind with various principles to be healthy and stay away from illness throughout life. Regular exercise, yoga, pathyakarvihar described in Ayurveda plays important role in preventing the diseases.

**Keywords:** Diabetes, PathyakarVihar, Life style Changes.

### Areview On Pathyapathya In Lifestyle Disorders

Vd. Suraj Virabhadra Birajdar

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#### Abstract

There are many disorders which can be prevented and controlled by only pathyaahar and vihar like madhumeha, medoroga, aamvata, vatrakta, arsha, hridroga etc. and if individual person though he is under any type of treatment of these disease he has to follow or take care about proper ahara and vihar also otherwise the disease can be uncontrolled and patient can go under any emergency condition. So, in healthy also pathyapathyapalan is as important as in the diseased person to avoid the lifestyle disorders. Here we try to conclude role of pathyapathya in various lifestyle disorders.

**KEYWORD:** Pathy-apathya, Ayurveda, lifestyle disorder, ahara, vihara.

#### Drug Adulteration

Dr. Surekha\* Dr. Shankara Gowda\*\*

\*2<sup>nd</sup> year PG scholar, RS and BK, TGAMC, Ballari, Karnataka.

\*\*HOD and GUIDE, RS and BK, TGAMC, Ballari, Karnataka.

#### Abstract:-

Adulteration of herbal drugs is the burning problem in herbal industries and it has caused a major efforts in the commercial use of natural products. Adulteration in market sample is one of the greatest drawbacks in production of herbal products. Adulteration is a practice of substituting original drug partially or whole with other similar looking substances but the latter is either free

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from or inferior in chemical and therapeutic properties. The methods of adulteration are inferiority , spoilage , deterioration , admixture etc. the reason of adulteration are scarcity of drug , high price of the drug etc. adulteration may be evaluated by following method like; morphological or organoleptical tests, microscopic evaluation ,chemical evaluation ,physical evaluation , biological evaluation and analytical methods. The advantages, disadvantages and their solution will explain in full paper.

### Study The Effect Of Jala-Neti Kriya Alongwith Dietand yoga- Nidra On Mukhadooshika

<sup>1</sup>Vd. Poonam Vikram Dound, <sup>2</sup>Vd. Shital O. Chavan, <sup>3</sup>Vd. Yeshwant R. Patil<sup>3</sup>

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<sup>2</sup>Assistant Professor, Dept. of Swasthvritta and Yoga, Government Ayurveda College, Vazirabad, Nanded, M.S., India.

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#### Abstract-

Glowing and healthy skin is the sign of physical and mental health. Everyone wants to be healthy. Each person would like to look pretty, handsome and charming. Today's lifestyle changes like irregular diet, pollution, stress, hormonal changes directly affect the skin. It causes many skin diseases and most common in them is Mukhadooshika. Mukhadooshika has an impact on patient's quality of life. Mukhdooshikais described under the heading of 'Kshudraroga' in Ayurveda and many remedies are described to cure the disease. This Disease is described as 'Mukhdooshika' or Yuva pidika. Acharya Sushruta has described Shalmali Kantak like eruption on the face due to vitiation of Kapha, Vata and Rakta which are found in adolescents are called Mukhdushika. The study is carried out in 10 subjects of Mukhadooshika presenting the classical symptoms Ruja, Kandu and Pidika of age group 14 to 30. Subjects are advised for Jala-neti kriya and diet for 15 days. On the basis of observations results are carried out.

**Key-Words:** Mukhadooshika, stress Tridosha, Jala-neti kriya, diet, Yoga-nidra.

### Role of Beetroot-Iron deficiency Anaemia

Pallavi Uttamrao Jadhav

Final year (BAMS)

Guided by-Dr. Pallavi Jadhav

Lt. B. V. Kale ayurvedic collage & Hospital, Latur

Latin name-Beta vulgaris

Family. – Chenopodioideae

Sub family-Amaranthaceae

Origin-sea beet

**History-** The root part of beet was cultivated for consumption in either Germany or Italy 1<sup>st</sup> recorded in 1542.

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### Chemical constitution –

- Goodness of Iron
- Minerals
- Vitamin C
- Fibers

**Anaemia-** The body lacks enough healthy RBCs, haemoglobin, it leads to health condition called Anaemia.

**Performance of Beetroot in Anaemic patient –** It improves the level of Haemoglobin in blood.

Beetroot can enhance muscle efficiency –

1. By reducing the oxygen cost of exercise
2. Lowering blood pressure

### Beetroot get its power from Inorganic Nitrates

- -After ingestion nitrate is converted into the nitrite by the bacteria in our saliva.
- -In stomach, some of the nitrite converts into Nitric oxide & rest is circulate & stored as nitrite in blood.
- -And this nitrite can be converted in nitric oxide, during low oxygen availability which is mostly occurs in skeletal muscle during exercise.

### Role of Nitric oxide-

- 1.It regulates blood flow
- 2 Neurotransmission
- 3.Providing immunity
- 4.muscle contraction
- 5. Mitochondrial respiration
- 6. Balancing glucose & calcium

### Uses of Beetroot-

- 1.It helps in repairing & reactivating the Rbcs in body which further increases the supply of oxygen to all parts of the body.
- Antioxidants
- 3.Anticancer
- Useful to boosting stamina.

### Conclusion –

- As per the above information & research Beetroot is rich source of Iron, vitamin C, minerals & fibers.
- which helps in repairing and reactivating the Rbcs in body which further increases the supply of oxygen to all parts of the body.
- In order to deal with such health condition it improves the level of Haemoglobin & treated 'Iron deficiency Anaemia'.

## Formulation And Evaluation Of Egg Shell Bhasma Lozenges

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2 Dr Narhare M.T.**

<sup>\*1,1-</sup> Channabasweshwar Pharmacy College (Degree), Latur  
2 Late B V Kale Ayurved College & Hospital, Latur

### Abstract

Calcium is essential mineral which helps build and maintain bone, teeth. It also plays important role in number of body processes like blood clotting, blood vessel and muscle contraction.

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*It also regulates enzyme and hormone secretion and also in central nervous system function. Many synthetic calcium supplements may shows severe side effects and has high cost. The most effective, ideal, novel and beneficial treatment for osteoporosis with low cost and negligible side effects is by using eggshell bhasma as calcium source. Eggshell is rich source of calcium up to 95%, has 60% more bioavailability than purified calcium carbonate, and increases bone mineral density in osteoporosis patient.*

*Lozenges are the flavoured medicated dosage forms proposed to be sucked and held in the mouth or pharynx containing one or more medicament usually in sweetened base. Lozenges are already broken down before entering our stomach making them easier for our body to absorb. Egg shell bhasma lozenges are prepared by using sugar, fillers, lubricants, binders, polymers, colouring and flavouring agents. Lozenges are evaluated by hardness, weight variation, thickness, drug content, in-vitro drug release study, FTIR study and stability study etc.*

**Key words:** - Egg shell bhasma, lozenges, calcium source, bone mineral densit

### Formulation And Evaluation Of Bermuda Grass Floating Tablets

**Pattewar shraddha G.\*, Dr.Sakhare R. S., Dr.Nagoba S. N. 2 Dr Narhare M T**

*1\* Department of Pharmaceutics, Channabasweshwar pharmacy college, Latur.*

*2Late B V Kale AYU College & Hospital, Latur*

#### **Abstract**

*The present research work aimed to formulate gastro retentive floating tablets of Bermuda grass extract with desired floating properties, desired drug release rate, local action in stomach , Showing other Pharmacological activities and prevention of side effect. The different formulation i. e.  $F_1 - F_{11}$  by using polymers like Guar gum, xanthan gum, Lactose, Sodium bi carbonate with citric acid and talc and magnesium stearate.  $F_1$  to  $F_{11}$  are developed by direct compression method are evaluated for physical parameters, floating lag time, floating time, swelling index, hardness, thickness, weight variation, drug content and in vitro drug release rate. Furthermore, FTIR spectroscopic studies were performed to determine drug polymer interaction. The formulation is optimized on the basis of buoyancy time and in-vitro drug release. Performing evaluation parameters like weight variation, thickness, hardness and friability. All formulations passed the USP requirements. The buoyancy time of all tablet formulations is less than 5 min and tablet remained in floating condition throughout the study. All the tablet formulations followed Zero- order kinetics and korsmeter- Peppas model in drug release. The optimized formulation is found to be  $F_9$ , which released 95.25 % of drug in 14 h in vitro, while the buoyancy time is 2 min. Formulations containing guar gum, xanthan gum, sodium bi- carbonate citric acid used in this formulations can be a promising for gastro retentive drug delivery system.*

**Keywords:** Buoyancy time, Floating tablets, Bermuda grass extract, korsemeier.

### Role Of Ayurveda For Health Care In India- Vision 2020

**Miss. Shailaja S.Mane**

*Class – 4<sup>th</sup> year*

**Guide - Dr.Rahul Jadhav**

*Asst.prof.*

*Lt.B.V.Kale ayurved college ,latur*

*‘A vision is not a project report or plan target, it is an articulation of the desired end result in broader terms.’*

*The health of population is a distinct key issue in public policy discourse in every mature society.*

## Anveshan

What makes the health care system ideal? (4 criteria suggested)

1. Universal access to an adequate level without any burden.
2. Fair distribution of Financial cost for access.
3. Effective use of the results for relevant research.
4. Special attention to vulnerable groups (children, women, disabled)

Rural public infrastructure must be in focus for wider access to health care. Side by side the public hospitals at district and sub district level must be supported by good management and adequate funding. The current PHC and CHC budget may have to be increased by 10% per year for 5 years to draw level.

Central funding of total expenditure in health.

- At present - 15%
- Expected - 25%

Thus the persistent under funding has led to collapse of primary care, adequacy of sources, underprivileged, spectacular failure in disease Control and many more.

The Union minister of health and family welfare Mr. J. P Nadda said "the funds spent by the government would further increase when the AYUSHMAN BHARAT scheme kicks in." Further the government will be increasing the state sector health spending to more than 8% of their budget by 2020.

In this era of lifestyle disorders 'Panchkarma, Dincharya, Ritucharya and Rasayan Therapy' is the only hope for health promotion. Even WHO has accepted the same 'yoga' as well is accepted to accomplish the following goals of treatment.

### To Study The Efficacy Of Papaya Fruit In The Management Of Ruddhpath Kamalaw.S.R. Obstructive Jaundice

**Ms. Suryawanshi Trupti Madhukar**

Final year

**Guide Dr.Pallavi U. Jadhav**

Asst.prof.Drauvya guna

Lt.B.V.Kale Ayurved College ,Latur

Prevalance of Ruddhpath kamala is a serious condition in our area due to changed lifestyle & faulty food habits. In this patients undergoes yellowish discolouration of skin & Sclera, Fatigue, anorexia discomfort in abdomen.

- Papaya is a katu, tikta rasatmak , ushana viryatmakaampachak.
- papaya Reduce elevated liver enzymes levels by facilitating bile flow.
- papaya is effective in oxidising the cholesterol Papaya act as a decrease obstruction of bile.

So, to provide a economically cheap & potent drug to treat Ruddhpath kamala.we thought To study the efficacy of Papaya in management of Ruddhapath Kamala.available literature of Ruddhpath kamala (onstructive jaundice) in Ayurveda& modern science were reviewed and pharmacological significance of papaya is analysed for promoting an update in current medical stream.

Literature regarding kamala were reviewed from Bhavprakashnighantu 30 Patient havingObstructive Jaundice randomly selected for study. Present study is non Comparative observant clinical study.50 ml of Papaya swaras will be given of the patient of Ruddhapth Kamala after a food twice in daily.

## Anveshan

### Randomized Observational Clinical Study Of Karanj Tail In Dadrukushta.

Ms. Kadam Vishakha Vilasrao Guide- Dr. Maruti T. Narhare

Year-Final year,Asso.prof. dept.ras and bk  
Lt.b.v.kale ayurved college ,Latur

Prevalence of Dadrukushta is very common in our area due to changed lifestyle and faulty food habits. In this patients undergoes severe Kandu, Raga, and Pidaka. Karanj tail is a drug mentioned in Sharangdhar samhita and Bhavprakash. Karanj tail shows antifungal activity.

Karanj tail is a drug of choice to treat the Dadrukushta and will be a potent drug to overcome the symptoms karanj tail ingredients are easily available and cheap, it has less ingredients, easy to prepare and economically good for humanity.

So present study is entitled

Randomized observational clinical study of Karanj tail in Dadrukushta.

30 patients having Dadrukushta randomly selected from Late B.V. Kale Ayurveda College and Hospital,Latur. As it is non- comparative study patients will be assigned in a singal group.

Karanj tail is a drug mentioned in Sharangdhar Samhita and Bhavprakash.

Study will be conducted in three part.

1. revieing the available literature of Dadrukushta in Ayurveda and Modern science.
2. highlighting pharmacological signficance of Karanj tail.
- 3.providing an update it in current medical stream.

### A Review On Pathya Apathya And Yoga For Male Infertility

Vd. Santosh B. Atmelwar

(P.G. Scholar Department of Swasthavritta & Yoga,  
Government AyurvedMahavidyalaya, Nanded).

#### Abstract

Now-a-days reproductive health problems and infertility in male is often observed. Incidences of this problem increases day by day due to the disturbed pattern of living style. Various Assisted Reproductive Technologies have been introduced to solve the problem, but common people cannot afford the cost of such procedures. Various ayurvedic and other alternative medicines, along with balanced diet and regular yoga practice are proven to be not only effective to enhance the reproductive health in men to produce a successful pregnancy, but also to regulate sexual desire in men who practice celibacy. PathyaAahar and Yoga is reported to reduce stress and anxiety, improve autonomic functions by triggering neurohormonal mechanisms by the suppression of sympathetic activity, and even today several reports suggested regular yoga practice from childhood is beneficial for reproductive health. In this regard the present review is aimed to provide all the necessary information regarding the effectiveness of yoga practice to have a better reproductive health and to prevent infertility. Ayurveda the science of Indian medical system described various terms related to male infertility such as; Kshinashukra, Kshinaretasa, Alparetasa and Shukradosha. Ayurveda also described various treatment modalities for the management of oligozoospermia such as use of herbs & formulation, conduction of balanced life style and diet control, and Yogic practices etc. This article presented a conclusive review on PathyaApathya and Yoga in Male infertility.

**Key words:** Infertility; PathyaApathya; Anxiety. sperm count; stress.

## Anveshan

### Lead Poisoning

Student

**Dr.Siraj Shaikh**

PG Scholar

Agadanttra Dept.

Guide

**S.P.Mirajkar**

Assistant Professor

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Government Ayurved College,Osmanabad

#### Abstract

*Lead toxicity is an important environmental disease and its effects on the human body are devastating. There is almost no function in the human body which is not affected by lead toxicity. Lead is highly persistent in the environment and because of its continuous use its levels rise in almost every country posing serious threats. In most of the Ayurvedic preparations lead is main content and by this way also there may be intoxication of lead in the body occurs. This article focus on toxic effects of lead on the renal, reproductive and nervous system. Finally the techniques available for treating lead toxicity are presented with some recent updates. In our country there are many sources of lead exposure, in particular paints and recycling of batteries. Lead is a persistent metal and is present in water, soil and dust. After being absorbed through the gastrointestinal tract (GIT) or respiratory system, it is stored in soft tissues as well as bones. Lead tends to affect many organ systems in the body particularly the nervous system and kidneys. There are no safe levels and data suggests that low level exposure to lead may also affect health of individuals. The diagnosis of lead toxicity can be done by measuring blood lead levels and K x ray fluorescence (KXRF) instruments which measure lead levels in bone. The treatment consists of chelating agents like BAL, EDTA & DMSA. Eliminating lead from potential sources of exposure would go a long way in preventing effects of lead toxicity.*

### Study Of Antimicrobial Activity Of Parnabeeja Bryophyllum Pinnatum W.R.T To Water & Alcohol Deficit

**Dr. Saraswati chinde (kalshetti),**

P.G.scholar, D.G.Deptt. RGEHS

Ayurvedic medical college & hospital, Ron.

**Guided By – DR. S.B. Bani,**

#### Abstract

*Bryophyllum pinnatum -One of the most important medicinal species of the family Crassulaceae, is used in medicine to treat many diseases such as cardiovascular dysfunctions, diabetes, wounds and treating inflammations. It is an indigenous and exotic plant used widely by the traditional practitioners for treating various ailments like renal calculi, hypertension, asthma, cold, abscesses, bleeding disorders. The leaves from this plant are the part most commonly used and therefore have been the focus of a variety of chemical and antimicrobial studies*

*Over the years, studies have been carried out to explore various antimicrobial activities like wound healing property.*

*Keeping in view, the medicinal properties of the plant, an attempt has been made in this review paper to explore various dimensions of the drug including; Ayurvedic aspects, antimicrobial and phytochemical studies, W.R.T. water and alcohol deficit .*

*RESULT-The study revealed that B. pinnatum leaves extracts with the dilutions, have varied antibacterial activities against the tested Gram positive & Gram negative organisms.*

## Anveshan

- Among them methanol extract showed marked antibacterial activities against Control strain of Bacteria *Staphylococcus-aureus*, and *Pseudomonas aeruginosa* with the control antibiotic -Ciprofloxacin.
- Even the water extract of leaves of *Bryophyllum pinnatum* showed significant effect on same bacteria.
- Also in fungi (*Candida albicans*) the compounds successfully inhibited with the control drug-clotrimazole. Besides, phyto-chemical investigations reveal the presence of Alkaloids, cardiac glycoside, Flavonoids in H.P.L.C.

Keywords: *Bryophyllum pinnatum*, Organisms, Antimicrobial agents.

### Evaluation Of Drug For Buring Problem Adultration And Substitution- Review

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\*PG(Sch.) \*\*Professor HOD,

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Kanchanwadi, Aurangabad, M.S

#### Abstract :

Due to excessive urbanization and industrialization deforestation of many species and incorrect identification of many plants has resulted in Adulteration of drug.

Adulteration is a practice of substituting the original drug completely or partially with other similar looking substance. Adulteration and substitution are common in malpractice in herbal raw material trade by unintentionally and intentionally. It may be due to non availability, similar morphology, careless collection and lack of knowledge about plants.

Many substituted drug are mentioned in classical text of Bhavprakash, Yogratnakar, Bhaishajyaratnavali. The principle for selection of substitute drug are based on similarity of properties like Rasa, guna, veerya, vipaka and prabhava. future development of analysis of herbs is largely depended upon reliable methodologies for correct identification, standardization and quality assurance of ayurvedic drug.

This article throws the light on adulteration, substitution their type, reason and detection of adulteration.

**Key word:** Adulteration, Substitution, Ayurveda, Evaluation of Adulteration.

### Review On Contraceptive Effect Of Soyabean (Glycine Max)

Supriya Raiithak

Affiliation: PG Scholar, Dravyaguna Department, 1st year  
GAC Osmanabad.

Guide: Dr. D.B.More M.D. (Dravyaguna)

Assistant Professor Dravyaguna Department, GAC Osmanabad.

HOD: Dr. D. V.Kulkarni M.D. (Kayachikitsa), PhD. (Dravyaguna)

#### Abstract:

Soybean (*Glycine max*) also known as "Rajshimbi", is very popular in Indian diet for its high nutritional value. Ayurveda has mentioned its properties as madhura-kashaya rasa, guru, snigdha and ushna guna. Epidemiological studies have shown its uses on several diseases like cancer, heart disease, pre and post-menopausal symptoms and osteoporosis.

## Anveshan

*Soybean is not only a cost effective source of protein, but it is very important for its isoflavones. Soybean contains higher amounts of isoflavones, than other common foods.*

*Soybean decreased significant estradiol hormone (E2), Progesterone, Follicle stimulating hormone (FSH) and luteinizing hormone (LH), so as sex hormone binding protein (SHBP). Isoflavones are unique phytonutrients that resemble the female sex hormone estrogen. Many previous studies have revealed toxic effects of isoflavones in relation to fertility. Some researchers have reported that Soybean decreases estradiol hormone significantly, which is essential for ovulation. Synthetic estrogen is widely used in India, mainly for birth control and managing the effects of menopause. Isoflavones which are found in soy are plant estrogens. Animal studies have proved that consuming large amount of those estrogenic compounds reduce fertility in women. Glycine max consists of significant amount of isoflavones which act similar to endogenous estrogens. In this review, we have discussed the role of soybean as a dietary supplement in controlling the birth rate.*

### Role Of Rasa Aushadhies In Male Infertility - A Literature Review

**Vd . Monish Shinde<sup>1\*</sup>, Dr. Shashiprabha Gupta<sup>2\*</sup>**

1. PG Scholar (Rasashastra and Bhaishajya Kalpana), Government Ayurved College, Osmanabad, Maharashtra-413501
2. Associate Professor, Department of Rasashastra and Bhaishajya Kalpana, Government Ayurved College, Osmanabad, Maharashtra-413501

#### Abstract

**Background:** Infertility can be defined as failure to conceive within one or more years of regular and unprotected coitus. As per Ayurveda, conception takes place due to healthy sperm, ovum as well as uterus. Infertility depends on the hampered fertility pattern of either male or female partner. Rasa aushadhies are more potent, readily absorbable, palatable and more effective than other medicines. In this presentation attempt has been made to study the role of rasa aushadhies in male infertility.

**Objective:** 1) To review the importance of rasa aushadhies in male infertility with special reference to various rasa granthas. 2) To explore the pharmacotherapeutic action of potent rasa kalpas in male infertility. **Methods:** A thorough review study of potent rasa aushadhies has been carried out with the help of various rasa granthas with special reference to their pharmaceutical procedures, ingredients, doses, anupanas, mode of action etc. in the management of male infertility. **Results:** The above review study helps in understanding the potency of various rasa kalpas in the management of male infertility. **Conclusion:** The rasa kalpas mentioned in various rasa granthas are potent and have a considerable action on improving the quality and quantity of sperm.

**Keywords:** Rasa aushadhies, male infertility, rasa granthas

### Depression : A Life Style Disorder

**Vd. Ujjwala V. Pawar:**

Professor , Dept of Rognidana, Govt Ayurveda college, Nanded

#### Abstract

*Ayurveda is one of the most ancient system of medicine in the world. It is a science of life, based on health and cure law of nature. Definition of health given by Acharya Sushruta is balance state of Tridosha, Sapta Dhatu , Trimala and pleasant state of Soul (Atma), Sense ( Indriya), Mind ( Mana).But due to the today's fast changing world, scientific advances, political mutation, various advertises, stress, strain and sedentary lifestyle causes various life style disorders like Diabetes, Obesity, Cardio vascular diseases, Anxiety, Depression etc.*

## Anveshan

*Depression is one of the most important and burning issue of today's modern era. Incidence rate of this disease is increasing day by day which has created major problem in society. There is no exact correlation of depression found in ayurvedic text ,but it can be considered in various Manas Vikara.It is caused due to Manas Dosha Like Rajja, and Tama along with Sharir Dosha. This dosha produce symptoms like Shoka Bhaya,Irshya,Atiraga Abhidya,Kaam, Krodha ,Lobha, Moha, Chittaadvega, Anavastit Chitta, Autsukya, Bhrama, Aarti etc.*

*Sedentary lifestyle is associated with Depression. This study investigated the association between Sedentary lifestyle and Depression.*

**Key Words :** Manas Vikara, Depression, Sedentary lifestyle.

### **Role Of Indian Millet (Panicum Miliceaum) As Preventive Diet In Lifestyle Disorders.**

**Ashwini Anand Makadi<sup>[1]</sup>**

**Dr.D.V.Kulkarni<sup>[2]</sup>**

Affiliation -1.ASHWINI ANAND MAKADI  
PG Scholar ,Dravyaguna Department , 1<sup>st</sup> year  
GAC Osmanabad

2.Dr.D.V.Kulkarni M.D (Kaychikitisa ) PhD (Dravyaguna)(Guide And H.O.D)

#### **Abstract:**

*The incidence of lifestyle diseases like hypertension, diabetes mellitus, dyslipidemia and overweight/ obesity associated with cardiovascular disease is high on risk. With rapid economic development and increasing westernization of life style in past few decades, prevalence of these diseases has reached alarming proportions amongst Indians in the recent years. Ayurveda is recognized as foremost life science and describes ways to prevent and manage lifestyle disorders, by providing better solution in form of proper dietary management and lifestyle advises. Millets have been major staple diet in Central India but after the advent of high yielding varieties of rice and wheat, millets got sidelined from our food basket. In Ayurveda, Indian millet is included in trundhyanavarga. It possesses madhura Kashaya rasa, katuvipaka,ushnavirya and is kaphavattashamak. In its constitution we can find prithvi,vayu, jal ,and tejmahabhut. Due to its bruhaniya property it can be useful in malnutrition, on contrary due to its laghu, rukshguna, vilekhana karma it can be used in obesity. In present review article the less explored,underutilized, nutrient rich,commercial available Indian millets are enlightened for its phytochemical and other activities which may benefit the people to make them overcome various lifestyle disorders.*

**Keywords-** Lifestyle disorders,Indian millet, cardiovascular disease, diabetes mellitus, obesity.

### **Adulteration And Cultivation -A Burning Problem In Ayurvedic Practices.**

**Dr Shital Thakrode**

*Ayurveda is an Indian traditional system of medicine. In present era world is looking towards Herbal medicine because of acceptability and safety.In India about 80% of rural knowledge population depends on Herbal medicines,in primary health care level. Non -availability of plants,poor understanding and parallel evolved knowledge system are some of the reasons attributed to it.*

## Anveshan

“Sandigdha” dravyas is term used for that type of medicinal plants which are mentioned ayurvedic classics but their exact botanical source is not known. At present adulteration and substitution of herbal drug is the burning problem in herbal industry.

Adulteration which creates doubts and disbeliefs in the curative capability of traditional system. The efficacies of Ayurvedic products are critically depend on an uninterrupted availability of herbs. The unethical practise of adulteration by the drug manufacturers would not only reduce the efficacy of drug but also affect the trust of people.

Adulteration may be evaluated by the methods like morphological or organoleptic tests, microscopic evaluation, chemical evaluation, chromatography, spectrophotometry.

The solution lies in ensuring the availability of crude drugs. Studies on adulteration practise will have taken along with identification of source drug. Conservation measures of their natural habitat and ex-situ medicinal plant cultivation may have to be taken up in large scale.

**Keywords:-** adulteration, chromatography, spectrophotometry.

## Anveshan

### Importance Of Ayurveda In Lifestyle Disorders

**Author: - Dr. Dattatray T. Kodape**

Asso. Professor, Kriya sharir Dept.Govt.

Ayurved College, Osmanabad

#### **Abstract:**

*Today Lifestyle disorders are a big problem for our society. Rapid economic development and increasing westernization of lifestyle is impact on the illness of an individual and community. Among lifestyle disorders following are most endangering to human beings now a day; e.g. Coronary artery disease, Diabetes, Obesity, Hyperlipidemia, Hypertension, Skeletal disorders, Cancers, Dementia, Depression and Anxiety. Those are due to changes of our lifestyle i.e. decreased physical activity, long time work without physical or mental rest, use of junk foods, packed foods, foods with saturated fats, less sugar content, less fruits and vegetables, excessive usage of mobile phones and computers, addiction of smoking, alcohol and drugs, unnecessary uses of analgesics and lack of proper sleep at night.*

*Prevention of those lifestyle disorders is with lifestyle modification. Ayurveda is a science of life and its scope fully because of its concepts of preventive measures. World is being attracted towards the Ayurveda to prevent & manage lifestyle disorders. Ayurveda is a harmony with nature. Ayurveda promotes a lifestyle by planning of Daily routine (Dinacharya) and **Seasonal** Routine (**Ritucharya**), Rathricharya, Thrayopasthambha palana, Sadvritha, Acharya rasayana and Ashtanga yoga's.*

*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. Yoga is a "Way of Life" that places great importance on a proper and healthy lifestyle whose main components are: Achar, Vichar, Ahara, Vihara and Vyavahara.*

**Keywords:-** Lifestyle Disorders, Dinacharya, **Ritucharya**, Yoga.

### Role Of Ayurveda In Cosmetology

**Dr. Madhuri Shrikrushna Ghogare**

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S.S.AM Hadapsar Pune – 411028,

#### **Abstract:-**

*Healthy means the physical, mental or emotional well being for keeping and improving the natural beauty in way of Ayurveda play important role in cosmetology the magic of Ayurvedic Cosmetics and formulated the Basic principles of Ayurveda effective in cosmetology which how impress with its simplicity and effectiveness. The power of Ayurvedic Cosmetics originates from the knowledge about Healthy lifestyle and use of hidden resources of nature the way to discover the beauty within you Ayurveda play important Role. Dietary management, Panchkarma, Dincharya, Ritucharya, Rasayan therapy, Achar rasayan, Siddvritta and the Karma told by Acharya to do daily*

## Anveshan

which explain Samhita and ayurvedic cosmetic products which contain only pure natural ingredients - like flowers, herbs, milk, fruits, vegetables as well as powders (Basma) of which explain the cosmetic approach of Ayurveda in cosmetology is related to the Healthy status of body as well as the mind. More precisely explained in this paper.

**Keywords:-**Ayurveda, Dincharya, Rutucharya, Aachara rasayana, Ayurvedic Herbs

### Lifestyle Management Of Sthaulya By Ayurveda

**Dr. Madhu Rani<sup>1</sup> Dr.M.B. Nikumbh<sup>2</sup>, Dr.M.K. Dawre<sup>3</sup>**

1.PG Scholar (Rachana Sharir),Government Ayurveda college, Osmanabad. 2.Professor and Head of Department of Rachana Sharir,Government Ayurveda college, Osmanabad, Maharashtra -413501, 3. Guide & associate professor of Department of Rachana Sharir.

#### Abstract:

In the present time the rate of lifestyle related diseases is increasing day by day. The disease like obesity, DM, HTN, depression, PCOS etc. are increasing day by day due to sedentary and stressful lifestyle. Obesity (BMI>30kg/m<sup>2</sup>) is the burning health issue worldwide because of its related comorbidities and mortality. It is one of the main medical and financial burdens for the government.The prevalence rate of obesity is 650 million globally and >135 million in India. The prevalence varies due to age, gender, geographical environment and socio-economic status. Obesity is one of the most neglected health problems which lead to diabetes, cardiovascular disease, gynaecological conditions etc.

Here, an approach is taken for the management of obesity. In Ayurveda obesity taken under heading sthauilya which can be prevented by following ayurvedic means i.e. dincharya,ritucharya and aahar-vihara. For weight reduction lifestyle or behavioural modification includes 3 primary components: diet, exercise and behaviour therapy. No single diet has proven to be superior to others in terms of weight loss. Also, exercise alone has not been shown substantial weight loss, but it helps in maintenance of weight loss.

**Keywords:** obesity, sthauilya, dincharya, ritucharya and aahar-vihara

### Mode Of Action Of Jalaukvacharanaw.S.R To Pittaj Twakagat Vikar: A Review

**Dr.Sharad Ingle<sup>1\*</sup>and Dr.S.K.Mulay<sup>2</sup>**

1.P.G.Scholar,Dept. of RachnaSharir,Govt. Ayurved college, Nanded,  
2.Professor & Guide, Dept. of RachanaSharir ,Govt. AyurvedCollege,Nanded, Maharashtra

#### Abstract:

Ayurveda is an ancient science which deals with study of various diseases treatment also healthy state of body. RachanaShariris the study of structure of body and Relationship of it's constituent part to each other. Skin is the largest organ of the body,it's important function is

## Anveshan

*protection from environmental attack, physical and chemical injures, thermal regulation,etc. Ayurveda has mentioned skin as asparshendriya of the body (sensory organ).Srotas can be considered having channels or pores which carry nutrient and give supply to respected dhatu of body as well as carries dosha,mala etc, and skin is a moolsthana of mansvahaSrotaswhere asraktavaha Srotas which carry rakt. Afflictionraktavaha and also dusti of mansavahaSrotas cause due to faulty diet regimens leads to various Raktajand pittajvyadhi of twaka.which clearly mentioned in Ayurved Samhita by allAcharyas.And for such type of disease there is a specific type of treatment is given in Ayurveda,like Raktamokshna .Under the Raktamokshana we study the Jalaukavacharanawith Respect to pittjaand Raktjatwakagatvyadhi.*

**Keywords:** *Jalaukavacharna .Srotas, twakagatvikar,*

### A Review On Marma Science And Different Aspect Of Marma Therapy

**Dr. Shaikh Juhanaaj Sk. Hasan<sup>1</sup>, Dr. M.K. Dawre<sup>2</sup>, Dr. M.B. Nikumbh<sup>3</sup>**

1.PG Scholar (Rachana Sharir), 2.Associate Professor of Department of Rachana Sharir,3.Professor and Head of Department, Rachana Sharir Department, Government Ayurved College Osmanabad, Maharashtra- 413501

#### **Abstract:**

*Ayurveda is a part of the older spiritual heritage of humanity that contains secret knowledge. The science of marma is an extra ordinary and dynamic part mentioned in Ayurvedic texts. Having importance regarding traumatic effect. These points should be protected from injury. On the other hand these marma are considered as healing points. Marma therapy provides Tridosha-Triguna samya(balance) as these points are seat of prana. Marma supplements and supports all Ayurvedic therapies increasing their effectiveness and ability to awaken the healing power of the body. Another form of therapy related to body surface point is acupressure and acupuncture. These therapy use various meridian points to cure and prevent several disease. This study aims to provide an overview on marma and marma therapy and its different aspects like its mode of action against pain mechanism , marma and its relation to yoga . Details for these study collected from ancient texts, ayush physicians, internate and personal experience.*

**Keywords:** *Marma, Marma Therapy, Pain, Acupressure, Yoga.*

### Critical Review On Polycystic Ovarian Syndrome

**Vd. Kiran Chavhan<sup>1</sup> Vd. Meena Harode<sup>2</sup>**

1.M.D. Scholar, Dept. of Rachana Sharir, GACH Nagpur.  
2.Guide & Assistant Proffesor. , Dept of Rachana Sharir, GACH Nagpur

#### **Abstract:**

*Polycystic Ovarian Syndrome (PCOS) is a multifactorial and polygenic condition. It is also called as Stein – Leventhal Syndrome. Its diagnosis is based upon the presence of three key criteria namely oligomenorrhea and anovulation, hyperandrorogenism and polycystic ovaries. PCOS is found to be the most common reason for menstrual irregularities in 4% – 12 % of women*

## Anveshan

*in reproductive age. 5%- 10% of women develop PCOS during their child bearing age or teenage. Worldwide PCOS affects up to 6%– 7 % of the population. The incidence of PCOS in India is nearly 35%. However Ayurveda texts dose not clearly mention about PCOS. With various ongoing researches, published article and its symptoms, correlation with various dosha vrudhhi and strotas dushti is done and accordingly the Ayurvedic management for it is planned. The current article thus reviews PCOS in the term of Ayurved principles.*

**Key word:** Ayurveda, Polycystic Ovarian Syndrome,

### An Ayurvedic Management In Ascites: A Case Study

**Dr. Madhuri S. Todkari<sup>1</sup> Dr. R. S. Dhindhime<sup>2</sup> Dr. S.G Tike<sup>3</sup>**

1. PG Scholar (KriyaSharir),2. Professor and Head of Department of KriyaSharir,3. Professor and Head of Department of Panchakarma, 1,2,3.Government Ayurved College, Osmanabad.

#### **Abstract:**

*Lifestyle disorders are associated with the way a person or group of people lives. It includes heart diseases, type 2 diabetes, obesity, stroke and diseases associated with smoking, alcohol and drug abuse. It kills around 40 million people per year i.e. near 70% of all death in the world.Among these due to alcohol intake near about 1.65 million death occurs per year. In the presentcase study, the patient came in the panchakarma OPD with complaints of abdominal distension (++), abdominal pain, breathlessness and bipedal oedema. He has history of chronic alcoholism since 10 years. Patient has above complaints since 2 years. In this case study the effect of ayurvedic management in ascites is evaluated.*

**Keywords:** Ascites, Chronic alcoholism, Lifestyle disorder.

### Principles Of Panchkarmain Cosmetology

**Dr.Manisha K. Dawre**

(Associate Professor Department of Rachana Sharir,  
Government Ayurveda college, Osmanabad, Maharashtra -413501)

#### **Abstract:**

In the present era with modernization in every field life has become very stressful. The effect of this stress can be seen on our body in the form of several health conditions. The pollution level is increasing day by day due to industrialization. Skin is the first organ to be exposed. That's why the skin diseases are increasing. Skin is the mirror of our body. Our physical and mental health is reflected by our skin. Everyone wants to look beautiful and smart. Cosmetology is the study and application of beauty treatment.For the treatment of skin disease in modern science there are a lot of measures but they are having a lot of

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side-effects along with high burden on pocket. In Ayurveda there are cost effective and harmless ways available to treat the skin problems from root. In panchkarma snehan, swedana, vamana, virechana, basti, shirodhara, raktamokshana like techniques are used as beauty therapy along with internal medications and external application of medicated lepas.

**Keywords:** skin disease, cosmetology, panchkarma therapy

### A Case Study Of Mukhadushika Management In Ayurveda

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(Assis.Prof of Kriya-Sharir Dept

1.2.Govt Ayurved college,Osmanabad.

#### **Abstract:**

*Beauty is the desire of every individual to give pleasure to the sense,some are beauty by birth and some are want to become beautiful.beauty is not a source of joy but it gives confidence in some extent.In Ayurveda determined beauty by Prakriti (body constitution),Twak (skin completion),Praman (measurement),Sara (structural predominance),and Sahanan (compactness of body),Dirghayu Lakshana (symptoms of long life). Ayurveda cosmetology started from mother womb, Ritucharya,Dincharya,Ratricharya with the practice of medicinal herbs.In Charak Samhita ,Varnya ,Kustanga,Kandugna drugs are classified and some medicinal plants like,Manjistha, Lodhra,Sariva,Punarnava etc. Also the important treatment in Ayurveda is Panchkarma .this is includes in Snehana ,Swedana and Shodhan Karma are belived to be inhibiting trans-epidermal water loss and restoring cellular nutrition facilitating complete elimination and re-establishing balance of the doshas .*

*This paper highlights a case study for Ayurvedic cosmetology treated with the Ayurvedic principles Shodhan and Shamana Chikitsa*

**Keywords-**Mukhadushika, Varnya Dravya,Shodhan Karma,Virechana.

### Life Style In Ayurveda: Safeguard For Obesity And Related Non-Communicable Diseases

**Dr. Pradnya R. Deshpande,**

Assi. Prof, Department of Rachana Sharir,

Govt. Ayurved College, Nanded.

#### **Abstract:**

*Burden of non communicable diseases going on increasing due to unhealthy life style. Increasing body mass index (BMI) and obesity is the condition influencing all body systems. Obesity is considered as major predisposing factor responsible for non- communicable diseases. Fatal as well as non-infectious chronic pathogenesis developed with obesity as it exacerbate phenotype i. e. glucose intolerance, dyslipidemiaetc. Cardiovascular diseases, cancer,endocrine disorders,chronic*

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*respiratory diseases put burden with increasing mortality globally. Obesity being neuroendocrine disorder with complex pathogenesis difficult to treat. So prevention is essential with awareness of obesity related health issues. Ayurveda mentioned healthy life style with acceptance of diet and behavioural patterns. i.e. aharvihar in accordance with prakruti (personality) of an individual. In Ayurveda, obesity is the condition nomenclated as medovridhhi and sthauilya. It is considered as tridosha predominantly kaphadoshaj dushti. According to Ayurveda, it can be prevented by balancing doshaj with adaptation of life style accordingly (as prakruti) quoted by Ayurveda, One can overcome overweight condition and can prevent obesity related non-communicable diseases.*

**Keywords:** Obesity, Ahar-Vihar, Ayurveda.

### Role Of Jalaukavacharana (Leech Therapy) In Cosmetology

<sup>1</sup>Dr. Roshani Yawale\*, <sup>2</sup>Dr. R. S. Nehar

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<sup>2</sup>Associate Professor, Dept of Rachana Sharir G. A. C. H, Nagpur.

**Abstract:**

*Jalaukavacharana is a boon to Ayurveda. It is one of the type of Raktamokshana (blood letting) which is a procedure of Panchakarma. It is also known as Hirudotherapy or Leech therapy. Since ancient days, therapeutic use of Jalaukavacharana is practiced. In Sushruta Samhita there is separate chapter described on Jalaukavacharana. It is a simple and para surgical process. Cosmetological use of herbs is well defined in Ayurveda. The use of Leech therapy is also emphasized in various dermatological conditions in Ayurved texts. According to Ayurveda vitiated dosha causes the disease. Leech therapy is useful to remove vitiated dosha, mostly pitta dosha and cure the various disease such as Mukhadushika, Indralupta, Twak vikara, Sandhigatavata, Netraroga, Shiraroga etc. During Jalaukavacharana jalauka imbibe the blood through the body and secrete various bioactive substance such as hirudin, antimicrobial, vasodilators, platelet aggregation inhibitors and anti-inflammatory agents; which provides nutrients and eliminate toxins. This therapy increases the blood circulation of that place and purifies the blood. Thus the current article illustrates the role of Jalaukavacharana in Cosmetology.*

**Keywords:** Jalaukavacharana, Leech therapy, Raktamokshana, Cosmetology, Indralupta, Mukhadushika.

### Study Of Siravedh With Special Reference To Vicharchika

Vd. Saber Shaikh,

<sup>1</sup>P.G. Scholar GAC, Nanded,

**Abstract:**

*Ayurveda is the science of wellbeing as well as the diseases curable. vicharchika is disease classified under kshudra kushtha. it gives a person ugly look and thus affects the persons psychological and social status. Vicharchika (eczema) is one of the raktpradosha jvikara commonly observed in society having the symptoms of rukshata, twakvaivarnya, pidka, and ruja. it is*

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*tridoshajvyadhi but mainly kapha and vatadosha are vitiated. Ayurveda mentioned siravedha in management of vicharchika and acahryasushruta mentioned siravedha as superior therapeutic procedure among others as it gives instant relief.siravedha is one of the main or one of the choice of treatment in all the raktapradoshajvikaras including kushta ,visarpa, and vicharchika.Siravedha is type of raktamokshanchikitsa (bloodletting) used for healing many disease. After siravedha vitiated dosha and rakta were removed from body.vicharchika is correlated to certain extent with eczema which is among the common chronic skin disease.*

*From this observational study it can be concluded that siravedha was quite effective and shows remarkable improvement in the sign and symptoms of vicharchika.*

**KEYWORDS:** vicharchika,kshudrakushta,raktadushiti, siravedha.

### Anatomical Study Of Twacha With Special Reference To Abhyanga As Cosmetology In Ayurveda

**Dr. Sayali S. Saoji<sup>1</sup>Dr. Gopal B. Sharma<sup>2</sup>**

1.M.D. Scholar, Dept. of RachanaSharir, 2 Guide and HOD, Dept. of RachanaSharir,1,2 Govt.  
Ayurved College and Hospital, Nagpur

#### **Abstract:**

Ayurveda the worlds ancient science of health care works on our body, breath, mind and spirit. When these are in perfect euphony a person radiates with inner and outer beauty. Twacha is the largest sensory organ and Ayurveda describes the seven layer of the skin with its own structure and function. Abhyanga is form of Ayurvedic panchkarma medicine that involves massage of the body with simple or medicated oil which is prescribed in bruhatrayi and laghutrayi text as a part of dincharya. Application of oil to the skin causing penetration of this oil in skin through minor strotas which removes toxins nourishes senses of mind ultimately gives strength, rejuvenate the skin, bring relaxation to the body and peaceful mind.

**Keyword:** Twacha, Abhyanga, Dincharya , cosmetology in Ayurveda

### Physiological Effect Of Takradhara On Ekakushtha (Scalp Psoriasis) - A Review

**Vd. Sharadkumar Maurya<sup>1\*</sup>, Dr. R.S. Dhindhime<sup>2\*</sup>**

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Ayurved College, Osmanabad, Maharashtra- 413501

#### **Abstract:**

*Psoriasis is a noncontagious, autoimmune condition that affects the skin and the joints. Psoriasis is involving their entire body a diagnosis of Psoriasis was made on correlated with Ekakushthadescrbed in Ayurveda texts. Psoriasis is compared with Ekakushtha due to its extreme similarity. Areas of the body most commonly affected are the back of the forearms,shins,and scalp. The scalp is the most common localization in Psoriasis. Psoriasis may be localized to the scalp with no involvement elsewhere. There may be discrete plaque or there may be confluent patches covering*

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large of the scalp or whole of the scalp may be affected. Stress and altered immunity plays a major role in the pathogenesis of different chronic diseases including Psoriasis. It is well know that psychological stress plays an important role in the patho-physiology of numerous skin disorders. The skin disease best known as stress associated and by for the most intensively studied for this association is Psoriasis. In Ayurveda that connection exists between the skin and mind. The term Shirodhara is derived from two Sanskrit words: Shiro and Dhara. Shiro means head and Dhara means to flow. When Takrais poured on the forehead & scalp it is called it is called Takradhara. Takradhara is a traditional Ayurvedic procedure useful in treating psychosomatic disorders, Psoriasis. Buttermilk contains large amount of lactic acid. It is scientifically proved that lactic acid is used to moisten & lessen the appearance of thickened Psoriatic scales.

**Keywords:** Scalp Psoriasis, Ekakushtha, Stress, Takradhara.

### Ayurvedic Aspect Of Dietary Management In Lifestyle Disorders

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1. PG Scholar (Kriya Sharir), 2. Prof. & HOD Kriya Sharir dept, 3. Asso. Prof. Kriya Sharir Dept  
1, 2, 3. Govt. Ayurveda College, Osmanabad .

#### **Abstract:**

*Lifestyle means the way a person or group of people lives and personal behavioural choices, which are related with Health risks. The diseases which arises from abnormal Lifestyle are called as Lifestyle Diseases. In present era prevalence of these diseases has increased in India. The aim of Ayurveda is Preservation of Health of Healthy person and to cure the disease. Basically, Ayurveda gives more importance to Promotion of health and Prevention of disease. Faulty dietary habitis an important cause of lifestyle disorders. In Ayurveda Ahara is included in three pillars of life (TrayaUpsthabha) which are Ahara(food), Swapna(sleep), and Abrahmacharya (non- celibacy) properly indulge, support the body constantly. Acharyas had given detail about Dietary guidelines, rules, discipline and process to take ahara such as Aharavidhi Vidhana, Pathya-Apathya and food articles to be consumed and not to be consumed regularly Acharya Charaka mensions food as Prana (life of healthy human being). When we take proper intake of diet as per guidelines this food (Bahyaprana) nourishes and protect Sharir (body), Indriya(senses), Mana and Atma which are Abhyantar prana. This study gives an aspect of Diet planning which can be used for the treatment of disease and to maintain the health according to Ayurveda.*

**KEYWORDS-** Lifestyle Disorders, Aharavidhi Vidhana, dietary guidelines, Dietaryrules

### Correlative Study Between Nidra And Twacha.

**Dr. Somya. O. Singh<sup>1</sup>, Dr. Suryakant. D. Rokade<sup>2</sup>.**

<sup>1</sup>PG Scholar, <sup>2</sup>HOD of Rachana Sharir Department, 1&2 Government Ayurvedic College, Vazirabad, Nanded 431601.

#### **Abstract:**

*Healthy skin is a reflection of overall wellness. A complete health is physical, mental, social and spiritual wellbeing. Aahar(food), Nidra(sleep) and Brahmacharya(celibacy/abstinence) are the Trayopsthabha(three basic pillars) of healthy living in Ayurveda. Three of these if consumed in*

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optimal limits leads to a healthy life. Excess or less consumption of any of these three may lead to consequences(disease/illness). AfterAahar, Nidra is an important factor of living. According to Charaka AcharyaSamuchitnidra(adequate sleep of 6-7hrs in an adult) showers with many benefits.Amongst these benefits Varna(complexion) is an important factor ofTwacha(skin).Sushruta Acharya says that Ratrijaagrana(late night awakening) leads to vitiation of Vataand Pitta Doshas. Since Twacha is both a sthana(seat) of Vata and Pitta, vitiation of these Doshas may also hamper the quality of skin. Early to bed and early to rise is a key to healthy living and also prevents from many lifestyle and related disorders. Our skin is our best accessory, hence it is necessary to have a sound sleep.

**Keywords:**Aahar, Nidra, Varna, Twacha.

### Reviewing The Potentials Of Ayurveda In Combating Anti-Microbial Resistance

**Dr. Shravani P. Chavan<sup>1</sup> Dr. Gopal B. Sharma<sup>2</sup>**

1. PG.Scholar, 2. Guide & HOD, Dept. of Rachana Sharir, 1,2.GACH, Nagpur.

#### **Abstract:**

The discovery of Anti-microbial drugs has proved an exceptional contribution of the 20<sup>th</sup> century to therapeutics. As one amongst the few curative drugs, their importance is intensified in the developing countries, which are more susceptible to infectious diseases. Thus as a class, they are one of the most frequently used and the most misused drugs today. Irrational and indiscriminate use of antibiotics has lead to an unprecedented challenge for mankind where more and more bacterial strains have started developing resistance to these drugs over the last few decades with severe consequences. If this scenario continues for few more years we would eventually land the future generations in a huge therapeutic mess. Thus it is time that we again turn back explore and highlight the strengths of the age old traditional science of Ayurveda to cope up with this issue. Where on one hand, Ayurveda importantly promotes preventive measures of maintaining health with the immortal principles of dinacharya, ritucharya, nidanparivarjana ,Yoga, etc; a curious search in the literature on the other hand definitely highlights references stating that certain diseases are caused by some micro-organisms (like krimi) and Acharyas have already mentioned various drugs to kill them. This indeed lays the basis of use of herbo-mineral anti-microbial drugs mentioned in the Ayurved literatures since long. Today various researches are been carried out to assess the efficacy of these herbo-mineral preparations to combat anti-microbial resistance to cure infectious diseases. And thus the present article is one such sincere effort which reviews the strengths of Ayurveda in battling anti-microbial resistance.

**Key Words-** Ayurveda , Anti-microbial resistance, herbo-mineral preparations.

### Role Of Ayurvedic Management In Myopia

**Dr. Sumitra.D.Mane Deshmukh<sup>1</sup> Dr.M.B.Nikumbh<sup>2</sup>**

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1,2.Government Ayurved College, Osmanabad ,Maharashtra-413501

#### **Abstract:**

Ayurveda the science of life deals with not only the treatment of diseases but has shown way of living and prevention of diseases. Vision is said to be a Priceless heritage greatlyinfluencing a person's personality,mentality and behavior.Refractive error is the most common nuisance to

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*humanity. It hampers day to day activities of a person unless taken care properly. Uncorrected refractive error is the most frequently encountered reason for visual impairment. Myopia is the most common refractive error of the eye and it has become more prevalent in recent years. Near sightedness can be corrected with glasses, contact lenses or refractive surgery. All these treatments are not much patient friendly and also not the actual solution to the pathology occurring in eye. Hence varieties of the researches are being carried out in alternative system of medicines thus in Ayurveda too. The researches carried out in Ayurveda in management of myopia which is considered as Timira. The therapies like Tarpana, Anjana, Nasya, Trataka yoga kriya, Snehapana were evaluated.*

**Keywords:** Refractive error, Myopia, Ayurvedic management.

### Role Of Lifestyle In Obesity

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1.P.G Scholar (Kriya Sharir), 2. Asso. Prof. of Department, Kriya Sharir. 3. Prof. & Head of Department, Kriya Sharir Department, 1,2,3.Government Ayurvedic College, Osmanabad.

#### Abstract :

*Ayurveda is a holistic science. Improper changes in lifestyle leads to chronic diseases. In today's era people are very busy and have lots of work pressure which causes changes in dietary habits, sleeping habits which leads to diseases called as life style disorders. One of them is obesity. In Ayurveda Obesity regarded as medoroga, a disorder of Medadhatu which has improper fat metabolism and fat tissue accumulation. By the eyes of Ayurveda, the key cause of obesity is found in lifestyle and diet choices that disrupt doshadhatumalas balance. Therefore Ayurveda views weight imbalance and obesity as something which we should be corrected before it can contribute to other health problems. Obesity results from an energy imbalance which involves eating too many calories and not getting enough physical activity. Maintaining a healthy weight is all about balancing the number of calories you take in with the number you burn off through exercise. One should make exercise a part of daily life. Exercising regularly like walking jogging running and other physical activity which can help to lose weight safely and keep it up. Modification in life style can help the obese person to overcome the complications which are arising due to obesity. Following the rules given by Ayurveda also contribute in curing the obesity.*

**Keywords:** Obesity, Fat metabolism, Meda dhatu, Physical activity etc.

### Role Of Yogasanas In Management Of Infertility

**Dr. Tabassum Kauser Iqbal Ahmed Khan<sup>1</sup>, Dr. D.T. Kodape<sup>2</sup>, Dr. R.S. Dhindhime<sup>3</sup>**

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#### Abstract:

*Recent trends suggest that more women are finding it harder to conceive due to stress, as it affects both physical as well as psychological health. According to statistics published by the World Health Organization, about 15 percent of couples worldwide seek help for fertility issues. Of the many options available to couples, one which is fast gaining popularity, is fertility yoga. Yoga is a 5000-year-old Indian practice that can bring revolutionary changes in mind, body and soul. Fertility*

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*yoga is not a separate type of yoga that boost chances of pregnancy, but rather a set of certain yoga poses and Asanas that help reduce stress levels and cleanse the body of toxins. A combination of these yoga poses is ideal for women looking to get pregnant, as they help strengthen the body and boost chances of conceiving. Yoga is a form of alternative medicine that improves person's health by reducing stress and regulating hormonal secretions. Ovarian dysfunction is one of the leading causes of infertility among women. Apart from medical treatment, yoga is an excellent way to treat ovary related issues. Thus, Yogasanas a part of yoga therapy plays significant role in management of infertility with a very healthy and soothing manner.*

**Keywords:** Infertility, Yoga, Asanas, Stress, Hormonal balance.

### **An Observational Descriptive Case Study On Anatomical Changes In Twak Sharir With Special Reference To Pemphigus Vulgaris**

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<sup>2</sup>Professor, Rachana Sharir Dept. Govt. Ayurved College, Nagpur

#### **Abstract-**

*Twacha is dominant Dnyanendriya which occupies all other Indriyas and whole body. Twak sharir has its great importance regarding various vyadhis and their etiopathogenesis, hence studying the anatomy of Twak sharir and its applied aspect is important. Twak layers had been described by our Acharyas. Each layer has its importance for specific vyadhi.*

#### **Aim-**

1. To study anatomical changes in Twak Sharir with special reference to Pemphigus Vulgaris.
2. To study the microanatomy of Twak Sharir with the help of histopathological study.
3. It will help Ayurvedic physician to diagnose and treat Pemphigus Vulgaris by Ayurvedic view.

#### **Material and Method**

*A 50 yr old female patient was observed at IPD of Dermatology department of Government Medical college, Nagpur having complaints of multiple fluid filled vesico-bullous lesions over chest, back, face, scalp and upper limb, Burning sensation, Fever, pain, oral ulcer, mild itching and difficulty in swallowing since last 8-10 days. Clinical Diagnosis of Pemphigus vulgaris had been made after history of skin lesions that had progressed from erosions in the patient's oral cavity to multiple bullae and crusted erosions on face, scalp and other parts of body. Nikolskys sign was positive. Histopathological examination(Punch Biopsy)showed Epidermis with supra-basal intra-epidermal cleavage with acantholytic cells in it, dermis showed lymphocytic inflammatory infiltrate, these histological features were consistent with the clinical diagnosis of Pemphigus vulgaris.*

#### **Conclusion**

*From our observational descriptive study we concluded that the Pemphigus vulgaris can be compared with Visphotaka vyadhi, a Kshudrarog. Changes found in skin layer were in stratum basale layer, indicating that Visphotaka lies in Tamra twacha Star. Addiction of Tea has association with the prevalence of the disease but for statistical positive results, study should be conducted on larger sample size.*

**Key words :** Twak sharir, Pemphigus vulgaris, Punch biopsy, Visphotak .

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### Distribution Of Number Of Marma On Body Part According To Different Type

1. Dr.Hanuman R.Kadam 2. Dr.Mulje S.V

1.BAMS,MD (scholar) 2.HOD of Rachana sharir Dept Late.B.V.Kale Ayurved college,latur

#### Abstract-

*Acharya sushruta is a father of surgery they described all body parts and vital weak spot on body in detail. The vital weak spot on body is called as Marma in ayurveda.the injury to these vital weak spot may caus severe pain, disability of respective body part or it may become a cause of death. So that Acharya sushruta described this body part as marma in detail. According to them there are 107 no.of marma present in body and they are of different type that is mansadi marma, parinama nusar, kossthadi nusar etc and, having a knowledge of these vital weak spot that is marma is very important in daily practice.*

*In this review with the help of literature we review the no. of marma distributed on body part according to different type.*

**Keyword-**Marma, Mansa, Parinam, Kosstha

#### Literary Research Study On Vital Aspects Of Strotas

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<sup>2</sup>Dr. Deepak Kesharao Dobade, Ph.D(Scholar), Asst. Professor,  
Rachana Sharir Dept., Siddhakala Ayurved Mahavidyalaya ,Sangamner

#### Abstract:

*Ancient Ayurvedic classics had described that “ Srotomayam hi shariram” means that living body is channel system or consisting of innumerable channels which are designed as inner transport system for various biological functions. “Yavantah purushe murtimanto bhavavisheshah tavantevasmin srotasam prakara visheshah” means number of Strotas in our body is equal to number of Murtiman padartha in our body. ‘Strotas’ are all the macro and micro channels of transport system which provide the way for activities of other vital biofactors like Tridosha, Saptadhatu, Mala ,Agni, Oja etc. Diffusion and filtration are the processes utilized by various Strotas. Charak has described thirteen Srotas, seven for seven dhatus, three for the malas and three for the intake of nutrient substances like food, water, air. Eleven pairs of Srotas had been described by Sushruta like Charak but he has left Asthivaha, Majjavaha and Swedavaha and included Artavavaha Srotas. Srotomulam has been described by Chakrapani as – “Mulamiti Prabhava Sthanam” means Mula of the Srotas is the Anatomical seat of the respective Srotas the main seat of the pathology of that Srotas, the principal seat of expression of disease. The present literary study is planned to study the fundamental and applied aspect of Strotas in order to understand the Ayurvedic pathogenesis and disease progression. Also to understand Strawana Kriya with special reference to biophysical phenomenon and to establish relation between Srotasas and Srotomula.*

**Keywords** – Srotas, transport system, Srotomula, micro and macro channels.

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### A Case Study Of Infertility In Woman With Polycystic Ovarian Syndrome And Its Management Through Ayurveda.

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Professor & H.O.D<sup>2</sup>, Department of kriyasharir,1,2, Government Ayurved College, Nanded.

#### Abstract-

According to Ayurveda, there are four manhood which are- dharma(religion), artha(money), kama(desire), and moksha(salvation) of which kama is important for lineage of humans. In trayopstambha of Ayurveda, with ahara and nidra, bramhacharya is also included. But, to continue lineage, kama is important factor. Due to changing lifestyle and faulty diet methods and also stressful daily life, problems like infertility are increasing day by day. Principal causes of female infertility are- fallopian tubal block, P.C.O.S., TORCH infection, hormonal imbalance( changes in AMH values) etc and behind these causes- improper behaviour during menstrual periods, mental stress, lack of nutritious diet, not following ritucharya and dinacharya properly etc responsible factors.

Now a days, P.C.O.D. is the leading cause of infertility as well as common female endocrine disorder with prevalence ranging from 2.2 to 26% among many cases. It is a hormonal disorder causing enlarged ovaries with small cysts on the outer edges. Conditions associated with pcos includes diabetes, obesity, high blood pressure, high cholesterol, infertility (major consequences of pcos).

**Keyword:** infertility, PCOD, ayurvedic management.

### Role Of Tridosha In Maintaining Health

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Vd .S.S. Sant

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1,2Government Ayurved college ,Nanded

#### Abstract :

The Ayurveda is the ancient science whose main moto is to not only treat the disease but also maintain the health of the person. Like other pathy it also has its own sidhantas (principles ). various basic principles are described by Ayurveda ,one of them is "TRIDOSHA SIDHANTA". These three vital bioenergies (vata,pitta and kapha ) forms the constitution of the physical body .It maintains the personality of person at physical as well as mental level .Each dosha has their own specific qualities .their function in the body is depends on these qualities .Doshas works since from the embryonic stage .eg,The meiosis and mitotic divisions in zygote are governed by the vatadoshas. As they maintain the health of the person like wise also disturb the physiology of individual .The vata represents movements (physiological as well as psychological),pitta represents digestion ,metabolism and transformation . Kapha represents structure and fluid balance in the body.

**Keywords :** tridoshas ,sidhantas ,