

## 1. VERIETIES IN RASASINDURA – A KUPIPAKVA RASAYANA

**Rajesh Kundlikrao Ingole**

**B.A.M.S., M.D., Ph.D. (Asso. Prof.)**

DEPARTMENT OF RASASHASTRA AND BHAISHAJYA KALPANA  
 YASHWANT AYURVEDIC COLLEGE AND POST GRADUATE TRAINING &  
 RESEARCH CENTRE, KODOLI TAL. PANHALA DIST. KOLHAPUR (M. S.)  
 Mob.9423277610 email- [r2511@rediffmail.com](mailto:r2511@rediffmail.com), [rajesh.ingole9@gmail.com](mailto:rajesh.ingole9@gmail.com)

### Abstract:

Rasasindura is a Kupi Pakvarasa preparation hence it is prepared in a Kupi. According to references the use of Kachakupi has started since 10<sup>th</sup> century A.D. Before this Rasa Acharyas have made such preparation in 'Andha Musha' made of clay with the help of Tushagni. There are many methods described in texts, mainly Parad (Hg) and Gandhak(S) are used to make this preparation, but there other some ingredients and the duration are different. Near about 33 references are found of Rasasindura.

**Key words:** Rasasindura, Parad, Gandhaka, navsagara, valuka yantra, Kachkupi.

### Introduction:

Rasasindura is a popular kupipakva rasayana kalpa which is made in valuka yantra. There are many references of this kalpa and many varieties are seen in Rasashastriya texts according to their ingredients, proportion of ingredients, duration etc. so here an attempt is made and all important Rasa grantha were screened for collecting comprehensive information of Rasasindura.

'Govinda Bhagvatpada' has described in his text **Rasahridayatantra**<sup>1</sup> a procedure in connection of Jarana which closely resembles with the preparation of Rasasindura<sup>1</sup>. In this reference Loha Samputa has been used for heating. Somdev, the author of Rasendra Chudamani (12th century A.D.) has not mentioned about Rasasindura or Rasasindura like preparation. He has mentioned about the Pusti of Gandhaka and Parada (1/40) and also about Kajjali (2/6) and Valuka Yantra (5/77).

Rasa Vagbhata, in **Rasa Ratna Samucchaya**<sup>2</sup> has mentioned very clearly about Valuka Yantra and Kachakupi (9/33 – 34) but he has not mentioned anything specified about Rasasindura. Besides, he has mentioned one preparation of Parada Bhasma (unspecified colour) which is very similar to Rasa Sinudra (11/120). Only commentator Dr. Kulkarni had mentioned one preparation of Rasasindura. (chap. 11, page – 229)

Acharya Yashodhar the author of Rasa Prakash Sudhakara, has mentioned some preparations with different names and colours which are similar to the preparation of the Rasasindura viz. Udaybhaskara Rasa (3/10 – 12)

In **Rasendra Sara Sangraha**<sup>3</sup> three preparations of Rasasindura have been mentioned with different ingredients other than Parada and Gandhaka (1-66-76). The methods, apparatuses and Yantras are same in every Preparation.

In **Rasa Paddhati** text one preparation of Rasasindura has been mentioned by author .

In **Rasa Kaumudi** text also only preparation of Rasasindura has been mentioned with the name of “Nayanananda Sindura” (3/36-37)

In **Rasendra Purana** text total three methods have been described to prepare Rasasindura – Samaguna (3/157), Dviguna (3/158-162) and Shadguna (3/163-168)

In **Ayurveda Prakash**<sup>4</sup>, the author Madhava has mentioned about four preparations of Rasasindura in chapter 1st. In these preparations he has mentioned different proportions of ingredients though the procedure and Yantra are the same . He has further suggested that if during heating the mouth of Kachakupi is blocked by accumulation of fumes of Gandhaka and Nausadara, it should be cleared by Tapta Salaka (1/399-400).

In **Bhava Prakash**, Shri Bhava Mishra has described one preparation of Rasa Sindura in 5th chapter of 1st part (5/44-46). In this connection, the commentator has mentioned that the author has not clearly mentioned about artificial Gandhaka, so the Amalasar Gandhaka should be used.

In **Rasa Sanketa Kalika** text the author has also mentioned a few resembling preparations of Rasasindura with different names even though the procedure and ingredients are the same (see Table). - Dhatu Ksaya Haragauri Rasa 1st (4/90-92) - Dhatu Ksaya Haragauri Rasa 2nd (4/93) - Dhatu Ksaya Haragauri Rasa 3rd (4/94)

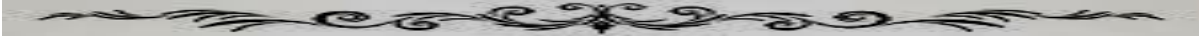
The Rasa Yoga Sagara is a comprehensive compilation of Rasa Shastra. In this text, there is a mention of 10 preparations of Rasasindura in the 2nd volume (page 251/110-119). But the author has not contributed anything special to his credit expect the collection of the preparations of therapeutic importance from different Rasa-Shastra text.

Sri Harisharnananda, the author of Bhasma Vignana has mentioned several preparations, out of these 17 preparations are either of Rasasindura or resembling with Rasasindura.


In **Rasa Tarangini**<sup>5</sup>, 7 preparations of Gandhaka Jarita Rasasindura have been mentioned in chapter 6 (6/168-188). All these 7 preparations are prepared with mercury and sulphur indifferent proportions starting with the ratio of 1:1/2 and going to the ratio of 1:6 of Hg:S, i.e. with Ardhguna to Shadaguna Gandhaka .

### Summery & Conclusion

- 1) There are many preparations by the name of Rasasindura which all are kupipakva rasayana.
- 2) In all preparation Mostly Parada and Ghandhaka are used in different proportionate i.e. 1:1/2, 1:1,1:2, 1:6
- 3) The critical literary review reveals that the Kupipakva Rasayana came into light since 10th century onwards.

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- 4) Acharya Yashodhara Bhatt (Rasa Prakash Sudhakara, 13th century) was the first person who has introduced the named Kupipakva Rasayana of Udaya Bhaskar Rasa which was a Rasasindura preparation itself in real sense.
  - 5) The word Rasasindura appeared firstly in Rasendra Sara Sangraha (13/14th century). Mercury and sulphur have been used to prepare Rasasindura through Kupipakva method.
  - 6) There is difference of opinion regarding the time duration of preparation of Rasasindura. It varies from 12 hours to 7 days (Rasa Tarangini).
  - 7) Rasasindura has been called by synonyms like Udaya Bhaskar Rasa (R.P.S.), Sindura Paka (R.Chi.), Nayanand Sindura (Ra.Kou.), Kamdeo Rasa (R.Chi.), etc.

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## 2. A brief review of “Botanical” and “Pharmacognostical” aspect in Ayurveda

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**Dr Khandare Meghnandini M.,**

Associate professor Department of Dravyaguna,  
Dr D. Y. Patil College of Ayurveda and Research Institute, Nerul, Navimumbai,  
Maharashtra . 400706. E-mail-[drmeghna8@gmail.com](mailto:drmeghna8@gmail.com).

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### **Abstract:**

Ayurveda is a science which deals with medicinal plants since hundreds of years. A complete understanding of plants involves number of disciplines including commerce, botany, horticulture, chemistry, quality control and pharmacology<sup>1</sup>.

Atharvaveda is the oldest text that describes morphology to some extent<sup>2</sup>. Ayurveda a traditional science has its own and unique way of study of botany and identification (pharmacognosy) of plants. As in those times plant were the only source of medicine botanical and pharmacognostical studies were well developed. Charak and Sushrut describe various terms based on salient morphological traits of the plants.

A classical text called ‘Vrukshayurved’ has vivid description of botanical aspect and various nighnatu have contributed to this aspect in different ways. This paper discusses about description of botany and pharmacognosy in various text of Ayurveda .

**Key words :** Botany , Pharmacognosy, synonyms , morphology.

### **Introduction:**

Pharmacognosy is the study of natural substances principally plants , that find use primarily in medicine. The word was coined in 19<sup>th</sup> century to designate the discipline related to medicinal plants. The word is derived from Greek ‘pharmakon’ means a drug and ‘gignosco’ meaning to acquire knowledge. It was first coined by Johann Adam, in his hand written manuscript “Lehrbuch der Materia Medica”<sup>1</sup>. pharmacognosy and pharmacology of Ayurveda in India was at its peak in Ayurveda even before 19<sup>th</sup> century. This can be clearly understood from one of the verses in Charaksamhita Sutra sthana 1<sup>st</sup> chapter where he says “the person who is well acquainted with the names and the external features of the plant as well as the proper use of the plant according to their properties, should only be considered as a physician”<sup>3</sup>. Such a stress was laid on identification of the plants that shows how developed the science was.

### **Botanical aspect in Vrukshayurved.**<sup>2</sup>

The text named Vrukshayurvedis of immense importance, the name itself is self explanatory, Vruksha is tree Ayurved is science , it deals with science of trees.

There are two different persons who have authored Vrukshayurved one is Vrukshayurved by Parashar other is Vrukshayurved by Surpal. Of these Vrukshayurved by Parashar contains extensive information regarding botany, whereas Vrukshayurved of Surpal discusses the agricultural methods.

Parashar has divided his text into six parts 1<sup>st</sup> part being “Bijotpattikaanda” which again is divided into various chapters viz

1. Vanavargasutriyaadhaya( deals with forest regions)
2. Vrukshangasutriyaadhaya( parts of tree are discussed in detail )
3. Pushpangasutriyaadhaya (Various parts of flower are described in detail)
4. Phalanga sutriyaadhaya (various parts of fruit are described in detail)
5. Ashtangasutriyaadhaya. (eight parts of plants viz roots , bark , stem, heart wood , the sap, the exudate, oleoresins, spines and thorns, are again elaborately discussed here).

In all these chapters the botany is vigorously described, each part of the plant is thoroughly studied e.g. Parts of leaf – Vrinta- petiole ,Paksha-lamina, patrasira- leaf veins. The term Vallari is used for inflorescence in “pushpangasutriyaadhaya” the types of inflorescence, parts of flower, and so much so internal structure of ovary is also described. Classification of plants in this text is based upon the habits and some other morphological characteristics, similarities and dissimilarities, which is again a scientific approach of classifying the plants.

Classification is as follows:

1. Vanaspati -plants where flowers are hidden.
2. Vanaspatya- plants which bear visible flowers and fruits.
3. Virudhvalli- creepers having tendrils.
4. Gulmakhupa- - have short branches and roots.

All these have been again described separately in various chapters.

Plants are classified into different groups called as ‘Ganas’ on the basis of their morphological characteristics of various organs such as leaf, flower, fruit, stem, heartwood, like Puplikpushpagana, (ieRutaceae family ) all citrus fruits are included in this gana, description of this gana is as follows , these have spines and leaves are aromatic, bear stipules, etc

### **Vrukshayurved of Surapaal<sup>4</sup>**

Surpaal in his text Vrukshayurvedpredominantly mentions agricultural procedures. Procedures that increase the life span of plants , yield , shape of fruit , eg fumigation of Haridrachoorna ,Vidangachoorna, shashakmansa, Arjun pushpa , madhu,etc given to keep the plants flowering for all the seasons. There are some tactics given in this text which claim to increase the size and the taste of some fruits egNarangi when treated with meat, jaggery, and milk improves the quality of fruit. He in ‘Vichitraadhaya’ mentions about procedures for obtaining seedless fruits, changing the color of flowers, etc. In ‘Padapvivaksha’ propagation of plants by different parts like seeds, stems, tubers etc.

### **CharakSamhita<sup>3</sup>.**

A systematic study of plants includes scientific classification which is elaborately given in CharakSamhita sutra sthana 1<sup>st</sup> chapter, as Vanaspati , Vanaspatya , Oushadhi, Virudh .The medicinal plants are classified into groups called as ‘Gana’ based on their pharmacological

actions, the ganas are name after the activity egjwaraghna (drugs useful infever), krumighna (drugs acting on worm infestation) balya (promoting strength) vayasthapana (anti-aging) etc, thereby making the study of plants and their usage easier. There is detailed mention as to which part of the plant should be used for medicinal purpose, eg root, bark, heartwood, gum, juice, leaves, latex, oils is seen.

Collection of medicinal plants is an important issue which has been mentioned elaborately by all the samhitas. Which drugs or parts should be collected in which seasons is of greater importance this shows they had knowledge of active principle's maturation period.

In Vimanasthana chapter 8<sup>th</sup> under the heading of "Dravya Parikshan" (examination of drug) Charak has mentioned the aspects of drug standardization. The drugs used for treatment should be thoroughly examined for its nature, attributes, effects, special effects if any, its habitat, its time of collection should be given importance, what are the conditions it is stored in, if any processing is required then one should see its standard procedures, in what dose should be the drug given, and its pharmacology (effect of the drug on the body) should be properly examined. Parameters of drug standardization<sup>9</sup> i.e Authentication, organoleptic evaluation, are almost taken care of by Charak.

### Synonyms the first rate tools

As there was need of precise identification of plants, the well-developed system of nomenclature with basonym and synonym came into existence. Each drug has a 'legitimate name' and synonyms<sup>5</sup>. These proved to be first rate tools for identification as these names were given on some external characteristics, internal structures, place where the drugs are indigenous to, and the pharmacological properties. Rajnighantu<sup>6</sup> gives a vivid description on the basis of coining of the names. They are:

1. Rudhi (traditional usage)<sup>7</sup>
2. Prabhav (special effect)
3. Deshyokti (habitat)
4. Lanchana (peculiar morphological characters)
5. Virya (potency)
6. Upama (simile)
7. Itarahvaya (names prevalent in other regions or due to other factors).

Dhanvantari Nighantu<sup>8</sup> too mentions names one or many are assigned to plants according to habitat, form, colour, potency, taste, and effect etc. important aspect of pharmacognosy is identification and nomenclature which was sufficed by these synonyms.

### Synonyms based on morphology<sup>7</sup>

Sr. No.	Name of the drug	Synonyms	Meaning	Latin name
1	Agasthya	1. Dirgha phala 2. Raktapushpa	1. Long fruits 2. Red flowers	<i>Sesbeniagrandidiflora Linn.</i>

		3.Vakrapushpa	3.Curvedflowers	
2	Ajamoda	1.Lo Chamastaka	Having a stylopod at the apex	<i>Trachyspermum roxburghianum DC Craib.</i>
3	Atibala	1.Petarika	Fruits are box like	<i>Abutilon indicum Linn.</i>
4	Arka	1.Vikiran	Seeds are dispersed (dehiscent fruits)	<i>Calotropis procera R.Br.</i>
5	Arjun	Dhaval	Having white bark	<i>Terminalia arjuna W. &amp; A.</i>
6	Ashoka	1.Pinda pushpa	Corymbose inflorescence	<i>Saraca indica Roxb, De Wilde.</i>
7	Jyotishmati	1.Paravatpadi	Having shiny spots on the stem	<i>Ficus religiosa Linn.</i>
8	Asthishrinkhala	Chaturahasira	Having quadrangular stem	<i>Cissus quadrangularis Linn.</i>
9	Araghvadha	1.Dirgha phala 2. Swarnaanga	1.long fruits 2.yellow inflorescence	<i>Cassia fistula Linn.</i>
10	Eranda	1.Panchangula	1. palmate leaves	<i>Ricinus communis Linn.</i>

**Synonyms based on habitat<sup>7</sup>**

Sr. No.	Name of the drug	Synonyms	Meaning	Latin name
1	Kumkum	Kashmiraka	Habitant of Kashmir	<i>Crocus sativa Linn.</i>
2	Kirattikta	Kairat	Habitant of Kairatdesha (temperate Himalayas)	<i>Swertia chirayta Buch-Ham.</i>
3	Ela	Dravidi	Native of Kerela & Karnataka	<i>Elettaria cardamom</i>
4	Karpas	Marudbhava	Grows in dry region	<i>Gossypium herbaceum</i>
5	Krishnajirak	Kashmir jirak	Grows on high altitude (Kashmir)	<i>Carum carvi Linn.</i>
6	Guggulu	Marudeshya	Grows in arid zone.	<i>Commiphora mukul Hook.</i>
7	Chandana	Malayaja	Grows in Malaya region (part of western ghats)	<i>Santalum album Linn.</i>
8	Jirak	Auttarayana	Cultivated abundantly in northern region	<i>Cuminum cyminum Linn.</i>
9	Pippali	Magadhi	Growing in mostly damp region of Magadha	<i>Piper longum Linn.</i>
10	Indravaruni	Marusambhava	Grown in desert area .	<i>Citrullus colocynthis Schrad.</i>

**Synonyms based on pharmacological actions<sup>7</sup>**

Sr. No.	Name of the drug	Synonyms	Meaning	Latin name
1	Asthisamhari	1.Asthi samyojaka	Promotes union of fractured bones	<i>Cissusquadrangularis Linn.</i>
2	Erand	1.Shool shatru	Good remedy for pain	<i>Ricinuscommunis Linn.</i>
3	Kantakari	Kasaghna	Alleviates cough.	<i>SolanumsurattenseBurm.f.</i>
4	Kakodumbara	Kushthaghni	Potent drug for vitiligo .	<i>Ficushispida Linn.</i>
5	Kutaja	Sangrahi	Efficacious in dysentery & diarrhoea	<i>Holarrhenaantidysenterica Linn Wall.</i>
6	Kokilaksha	Plihashatru	Useful in splenomegaly.	<i>AstercanthalongifoliaNees.</i>
7	Guduchi	Jwaranashini	Potent in fever	<i>TinosporacordifoliaWilld.</i>
8	Chakramarda	Dadrughni	Useful in skin diseases specially ring worm &itching	<i>Cassia tora Linn.</i>
9	Trivritta	Nihshootha	Useful in oedema	<i>Operculinaturpethum Linn.</i>
10	Daruharidra	Krumihara	It is a potent anthelmntic.	<i>Berberisaristata DC.</i>

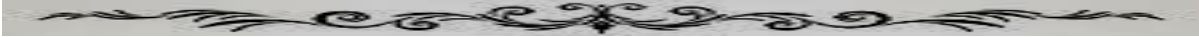
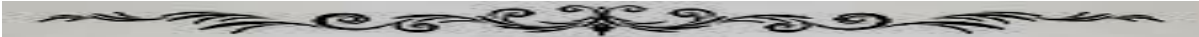
**Summary and Conclusion:**

Herbal drugs constitute a major part of all traditional systems of medicine, Ayurveda is independent and self-sufficient medical system, which was very developed in its botanical and pharmacognostical studies, it also fulfils the present day criterion of drug standardization to a greater extent. Synonyms provided the utmost scientific information of the drugs. The seasonal. Naamroopavidnyana is a distinct branch of dravyaguna, which deals with names and forms and proper correlation of names and forms are given so that the entity can be identified correctly. Naam (mukhyanaam) roopa (specific characters) Ancient scholars were keen observers of nature hence they coined exact synonyms to designate specific characters and aid the exact identification of medicinal plants. Some synonyms even indicate the use of drugs in other sciences. Eg 'Goharitaki' name for Bilva suggests its use in veterinary science. Few synonyms give the information about the seasons in which the flowers bloom, eg Varshapushpika (Atibala) blossoms in rainy season, also the time of the life span of the plants eg. Ikshu (mrutyupushpa) means the plant shall perish after it blooms, etc. synonyms were the only means for identification of plants, so much was the importance, that Nighantus initially contained only list of synonyms of various drugs. Hence we can conclude that Ayurveda has its own scientific method of identification (botany and pharmacognosy) and the science was self-sufficient medical science which stood the test of time.

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3. “To assess the importance of *Nidan parivarjan* in the treatment of *Mukha-dushika* by *Aarogya vardhini vati*.”

Patil Abhimanyu : Asst Professor-Rognidan, Wankhede Arun: Associate Professor-Rognidan, Giram Nayana, Associate Professor-Agadtantra.  
Yashwant Ayurvedic college, Kodoli, Tah-Panhala, Dist-Kolhapur

**ABSTRACTS:-**

Skin is one of the ‘*Gyanindriya*’ as described in *Ayurvedic* texts. It is responsible for ‘*Sparsha Gyan*’ or touch sensation. In *Ayurveda*, ‘*Mukha-Dushika*’, i.e Elevations on the skin of the face containing pus, blood, and also having pain redness and it regresses with the black spot on the face. That’s why this disease has great cosmetic value. As all the three *doshas & raktadushti* is the cause of *mukha dushika*, it is helpful to study which *rasa, aahar guna & viharaj* factors are more causative for the disease. As *Ayurvedic* medicines, and *Nidan-parivarjana* are helpful in such diseases the study is being made on this disease. After the study it is revealed that, *Mukha-dushika* or *Yuvan pidaka* i.e. Acne vulgaris is one of the skin disease which occurs in almost 80% in adolescent age. It affects the skin of the face. It has great cosmetic value so it plays role in physical and mental condition of individual. After analyzing all the data and the observations, concluded that treatment with *nidan parivarjan* has earlier, better and permanent relief than treatment alone. i.e. *nidan parivarjan* is very effective in the *Mukha dushika*.

**KEY WORDS:**

Mukh dushika, Acne Vulgaris, Nidan Parivarjan, Pitika, Dah, Shoth Yuvan pidika

**INTRODUCTION**

Skin is one of the *gyanendriyaas* described in *Ayurvedic* texts. It is responsible for ‘*Sparsha Gyan*’ or touch sensation; therefore it plays a great role in physical and mental well being of any individual. [Su.Sharir Sth-7/9]

From the number of various diseases explained in *Ayurveda*, ‘*Mukha-Dushika*’, i.e Elevations on the skin of the face containing pus, blood, and also having pain redness and it regresses with the black spot on the face.[Su.Nid-13/36]. That’s why this disease has great cosmetic value. This is a very common disease in young age, so it is also called as ‘*Yuvan-Pidaka*’.

शाल्मलीकंटकप्रख्यां कफमारुतरक्तजा । युवानपिडका यूनां विज्ञेया मुखदुषिका ॥ (मा. नि. क्षुद्ररोग ३३)

As all the three *doshas & raktadushti* is the cause of *mukha dushika*, it is helpful to study which *rasa, aahar guna & viharaj* factors are more causative for the disease.[Asht Hr.Ut-31/6]The clean and clear face plays important role in the individuals personality. While observing in the mirror, the most concentration of any person is towards face only. So it has got a great cosmetic value. But due to changing life style, there is increasing number of patients suffering from ‘*Mukha-Dushika*’.

As *Ayurvedic* medicines, and *Nidan-parivarjana* are helpful in such diseases the study is being made on this disease, so the subject has been chosen.

## 2. Aim and objectives

Aim :-

- 1) To assess the importance of '*Nidan parivarjan*' in the treatment of disease.

Objectives:-

- 1) To study the *viharaj* etiological factors which are responsible for '*Mukha-Dushika*'.
- 2) Study of '*Shadrasa*' to find out which *rasa* is responsible for '*Mukha-Dushika*'
- 3) To study the *Aahar Guna* (ie. *Ruksha*, *Shita*, *laghu* etc.) which are responsible for '*Mukha-Dushika*'.
- 4) To observe the role of different *prakritis* in the pathogenesis of this disease.

## MATERIAL AND METHODS

### A) Material :-

- 1) Selection of Patients
- 2) Selection of drug

### B) Methodology :-

- 1) Method of Preparation of drug
- 2) Details about drug
- 3) *Nidan parivarjana*

### A) Material:-

#### 1) Selection of patients :-

Selection of patients is done randomly as per rule of sampling technique in statistic.

All patients are selected from hospital and from health camps organised by college hospital. I.E.C.36/2012.

Study of total 100 patients out after appropriate counseling and with the written consent for participation in the project.

Selected patients of *Mukhadushika* having *Pitika* on face, *Shohta*, *Raktima/lalima* (Redness), *Paka*, *Shool* (pain) and *Daha*.

### Assessment of the sign and symptoms :-

#### For signs :

Grade	<b>Pitika</b>	<b>Shohta</b>	<b>Raktima/lalima (redness)</b>	<b>Paka/Strava</b>
0	Pitika rahit. (Absence of eruption)	Shohta rahit	Raktima rahit	Paka rahit

1	Alpa pidaka (0 to5)	Alpa Shotha on face (mild)	Alpa lesions of raktima on face (mild)	Kwachit paka yukta (Mild)
2	Mdhyam pidaka (6 to 15)	Madhyam shotha/almost half of the face with shoth	Madhyam raktima (Moderate)	Madhyam paka yukta (Moderate)
3	Pravar pidaka (16 to 25)	Full face with shoth (Severe)	Full face with raktima (Severe)	Gambhir paka yukta (severe)
4	Atyadhik pidaka (25 & above)	-	-	-

**For Symptoms :-**

Grade	Shool (Pain) :	Daha :
0	Shool rahit (no pain)	Daha rahit
1	Kwachit shool (mild)	Kwachit sahanogyaha daha (Mild)
2	Aniyamit shool (moderate)	Aniyamit daha (Moderate)
3	Akhand niyamit shool (Severe)	Satat, akhand, tivra daha (Severe)

These patients examined up to 42 days and asked to give feedback of required information for filling observation forms in the regular interval of 1 week.

**Selection criteria:-**

The study will be carried out by forming 2 groups of 50 patients as shown below,

**Group I :-** Patients suffering from '*Mukha-Dushika*' selected for *Nidana parivarjana* and treatment.(Nidanparivarjan + Treatment).

**Group II :-** Patients suffering from '*Mukha-Dushika*' selected for treatment only. (Treatment only).

**Inclusion Criteria**

1. Patients having age from 12 years to 35 years are included.
2. Patients having chronic history of '*Mukha-Dushika*' since more than 3 month are included.
3. No discrimination of Sex, Cast, Religion and economic status.
4. Patients who are using cosmetics and not using cosmetics both are included.
5. Patients having hereditary history are included.

**Exclusion criteria**

1. Patients having age below 12 years and above 35 years are excluded.
2. Patients having acute history of '*Mukha-Dushika*'.

3. Patients having another chronic skin diseases are excluded.
4. Patients with long term medication like oral contraceptive pills are excluded from the project.

2) Selection of drug :- (Aarogyavardhini vati)

**B) Methodology :-**

1) Methods of preparation of drug :

Aarogyavardhini vati used for the work was prepared by the reference from the *Rasa yoga sagar* 325 and *Bharat Bhaishajya ratnakar* 448; page no. 154; part-1.

**Nidan parivarjana :**

As stated in the *Ayurvedic samhita* texts.

<b>Aharaj Hetu</b> [Su.Su-21/19]	<b>Viharaj Hetu</b> [Su.Su.21/20]	<b>Manas Hetu</b>
Dry, cold, light food, spicy food, fasting for longer duration, diet in less quantity, <i>madhur; lavan; katu; tikta rasa sevan</i>	Sleeping late night, <i>vishamopchar, divaswap, ativyavay</i> , excessive blood loss, excessive <i>dosha stravan</i> , swimming, excessive exercise, <i>vegadharan</i> , fall from height, sleeping and sitting in improper posture, <i>atiadhyayan</i>	Stress, sadness, anger, fear

**Observation Tables & Results**

Observation and statistical analysis:

**Group I** : Patients suffering from 'Mukha-Dushika' selected for *Nidana parivarjana* and treatment.

**Group II** : Patients suffering from 'Mukha-Dushika' selected for treatment only.

These patients from both group are examined up to 42 days and ask to give feedback of required information for filling observation forms in the regular interval of one week. Mostly we have studied relief of the symptoms.

**A) Distribution according to age, sex, prakruti :-**

1) **Distribution According to Sex** -

<b>Group I</b>				<b>Group II</b>			
S.N.	Sex	No.	Percentage	S.N.	Sex	No.	Percentage
1	Male	37	74%	1	Male	32	64%
2	Female	13	26%	2	Female	18	36%
Total		50	100%	Total		50	100%

**2) Distribution According to Age -**

Group I				Group II			
S.N.	Age (yrs)	No.	Percentage	S.N.	Age (yrs)	No.	Percentage
1	12-20	15	30%	1	12-20	14	28%
2	21-28	25	50%	2	21-28	24	48%
3	29-35	10	20%	3	29-35	12	24%
Total		50	100%	Total		50	100%

From the above observations more no of the patients suffering from the mukha dushika in the age 21 yrs to 28 yrs. In more deep observation it is found that it is almost 60-65% in the age 17yrs to 25 yrs.

**3) Distribution According to Prakruti -**

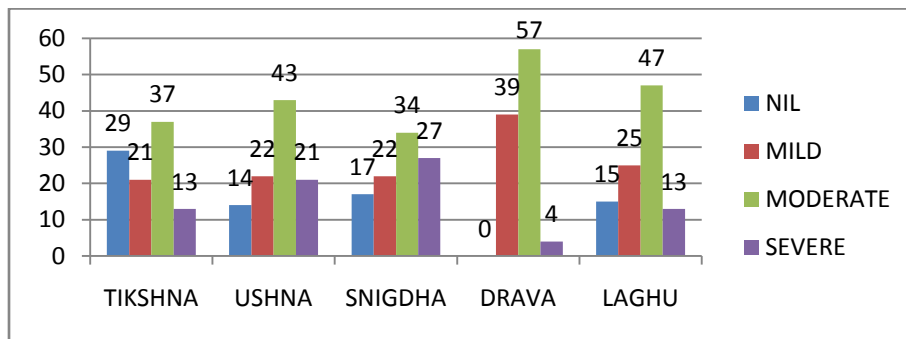
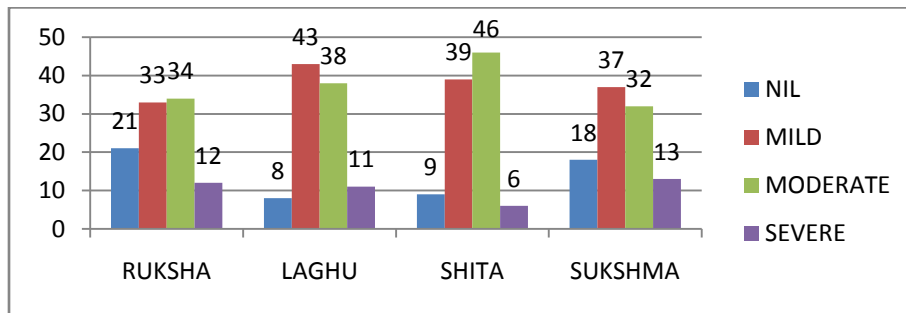
Group I				Group II			
S.N.	Prakruti	No.	Percentage	S.N.	Prakruti	No.	Percentage
1	VP	18	36%	1	VP	15	30%
2	VK	19	38%	2	VK	18	36%
3	KP	13	26%	3	KP	17	34%
Total		50	100%	Total		50	100%

From the above observation in both groups more no of patients are belonging to the *vat-kapha prakruti* (37%). But percentage of the occurrence of *prakruti* belonging to *vat-kapha* is not significantly more than other *prakruties*.

From the above observation it is found that *mukha dushika* are more in *vatpradhan kapha prakruti*, then in *vatpradhan pitta prakruti* and then in *kapha pradhan pitta prakruti*.

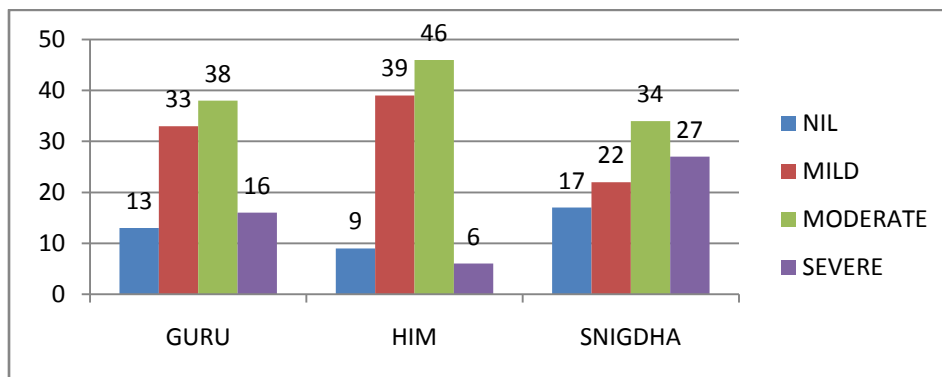
**Observation according to aahar guna sevan grades :**

*Vata Prakopak aahar Guna sevan* in 100 Patients



*Pitta (rakta) Prakopak aahar Guna sevan in 100 Patients*

*Kapha Prakopak aahar Guna sevan in 100 Patient*



**General features of the disease observed in the study :**

Sr. No.	Symptoms & Signs	Group-I	Group-II	Total	Percentage
1	<i>Shool</i>	50	50	100	100%
2	<i>Daha</i>	32	35	67	67%

<b>3</b>	<i>Paka</i>	34	32	66	66%
<b>4</b>	<i>Raktima</i>	33	37	70	70%
<b>5</b>	<i>Shoth</i>	38	35	73	73%
<b>6</b>	Pidaka	50	50	100	100%

**For total relief of the Sign and Symptoms**

F/U	GROUP	CURED	UNCURED	$\chi^2$ Value at 0.05 L. Of S. , D.F.-1	$\chi^2$ value in table	Inference 'p'
7 <sup>th</sup> day	I	06	44	0.1021	3.84	Insignificant p>0.05
	II	05	45			
14 <sup>th</sup> day	I	11	39	0.7130	3.84	Insignificant p>0.05
	II	07	43			
21 <sup>st</sup> day	I	15	35	1.9736	3.84	Insignificant p>0.05
	II	09	41			
28 <sup>th</sup> day	I	19	31	3.0476	3.84	Insignificant p>0.05
	II	11	39			
35 <sup>th</sup> day	I	26	24	6.0000	3.84	Significant P<0.05
	II	14	36			
42 <sup>nd</sup> day	I	31	19	7.8525	3.84	Significant P<0.05
	II	17	33			

**Discussion:**

*Mukha-dushika* or *Yuvan pidaka* ie. Acne vulgaris is one of the skin disease which occurs in almost 80% in adolescent age. It affects the skin of the face. It has great cosmetic value so it plays role in physical and mental condition of individual.

The present Clinical Study was planned in two randomized Parallel groups to manage the problem. Each group with 50 patients are selected.

Group- I = *Nidan parivarjan* + Treatment (50 patients)

Group- II= Treatment only. (50 patients)



Percentage of occurrence in age groups :

12 – 20 years = 29%,                      21 – 28 years = 48%,                      29 – 35 years = 24%

More number of the patients suffering from the *mukha dushika* in the age 21 yrs to 28 yrs. In more deep observation it is found that it is almost 60-65% in the age 17yrs to 25 yrs.

Distribution according to sex :                      Male : 69%,                      Female : 31%

Males are more affected by *Mukha dushika* compared to females. Modern life style, particular *Hetu Sevan* such as *aatapsevan*, *Dhumsevan* etc and more awareness of cosmetic purpose in females, may be responsible for this and should be studied in detail.

Distribution according to prakruti :

*Vat-pitta* :    33% ,    *Vat-Kapha* : 37% ,    *Kapha-pitta* :30%

*Vata-kapha prakruti* more affected by *mukha dushika* in compare with other *prakruties*. But occurrence of disease in *vata-kapha prakruti* is not significantly more as compare with other *prakruties*.

**Distribution of all 100 patients according to various *Aaharaj hetu* consumption :**

*Madhur Rasa sevan*:- *Madhur rasa sevan* in all individuals, shows 34% percent of the individuals had taken *madhur rasa* in moderate and severe grade. It may be responsible for vitiation of *kapha* resulting into *agnimandya*, *srotodushti- sanga* in *swedvaha strotas* and *raktavaha strotas*.

1. *Amla Rasa sevan*:- *Amla rasa sevan* was 52% in moderate and severe grade. And 31% individuals were taken this *rasa* in mild quantity.
2. *Lavana Rasa sevan*:- *Lavana rasa sevan* in all individual, shows 92% of individual had taken in moderate and severe grade. Many individuals among them have an habit to take additional salt during meals and habit to eat wafers, chinese food, aerated drinks this exceeds the *lavan rasa* consumption in individuals.
3. *Katu Rasa sevan*:- *Katu rasa sevan* in all individuals, shows 64% of individuals had taken *katu rasa* in moderate and severe grade. Consumption of *katu rasa* is responsible for vitiation of *pitta dosha*, and it results in *rakta dushti*.
4. *Tikta Rasa sevan*:- *Tikta rasa sevan* in all individuals, shows 93% of individuals does not taken *tikta rasa* in their diet.
5. *Kashaya Rasa sevan*:- *Kashaya rasa sevan* in all individuals, shows 84% of individuals had taken *kashaya rasa* in nil and mild consumption grade, whereas only 16% of individuals had taken *kashaya rasa* in moderate and severe grade. Individuals daily chewing *Supari*, *Gutkha*, tobacco comes in the moderate and severe grade.
6. Consumption of Non-vegetarian diet, Fast food etc. :- Excessive consumption of non-vegetarian and spicy food, fast food, chinese food was found in the individuals. It was 51% in moderate and severe grade. And total 82% of individuals were non-vegetarian, such spicy food responsible for pathogenesis of disease.
7. Consumption of tea-coffee, aerated drinks :- Consumption of tea-coffee and aerated drinks was 63% in moderate and severe grade.

8. *Viruddhashan* :- 100% individuals had taken *viruddhashan*. 46% of individuals in the moderate and severe grade and 54% of individuals had taken *viruddhashan* in mild grade. Thus it is clear that *viruddhashan* has a great role in the pathogenesis of disease.
9. *Adhyashan* :- *Adhyashan* had taken by 79% of individuals in various grade. In which 41% in mild grade and 38% in moderate and severe grade. Thus, *adhyashan* also responsible for *dosha dushti* and responsible part of pathogenesis of disease.

**Distribution of all 100 patients according to various Viharaj hetu consumption :**

1. *Aatapsevan* :- Among this *viharaj hetu* maximum number of patients in study had exposure to sunlight i.e. 78%. Out of them 45% individuals had moderate and severe grade exposure to sunlight. Thus *aatapsevan* being an important causative factor. There were also some patient in the case study exposed to *dhoom sevan* i.e. 41%.
2. *Ratrijagaran* :- *Ratrijagaran* also being an important causative factor. 62% of individuals had done *ratrijagaran* in the various grades. And only 38% individuals had normal sleep.
3. *Vegvidharan* :- *Vegvidharan* is also considered as causative factor Of the disease. But in present case study done it did not show much number of individuals doing *vegvidharan*. Thus *vegvidharan* has no role in the pathogenesis of *mukha dushika*.
4. *Shrama* :- *Shrama* also considered as an causative factor but as par study results it did not show the contribution in pathogenesis.
5. *Manasik hetu* :- *Manasik hetu* such as *krodha*, *shoka*, *chinta* being An important factors in the pathogenesis of *mukhadushika*. According to clinical anger scale (C.A.S.) and Depression, anxiety, stress scale (DASS) 76% of individuals had done *manasik hetu sevan*.

**General features of the disease :-**

In the study percentage of the sign and symptoms observed are as follows.

The symptom *shool* is observed in 100% individuals. *Daha* observed in 67% individuals. Sign *paka* is observed in 66% of individuals. *Raktima* is observed in 70% of individuals. *Shohta* is observed in 73% of individuals. And the main sign *pidaka* is observed in all 100% of individuals. Only symptom *shool* and *sign pidaka* observed in 100% of individuals.

**According to occupation :-**

Distribution according to occupation shows 48% of the Individuals were student, 15% were house wife, 27% of individuals were service mans and only 10% of those were self employed. It shows occurrence of *mukha dushika* is more in students, in both groups.

**According to aahar guna sevan :-**

*Vata prakopak aahar guna* : *Laghu*, *ruksha*, *shita* and *sukshma* are the *aahar guna* for vitiation of *vata*. Diet increasing these *guna* leads to *vata prakopa*.

After assessment of data *Laghu*, *shita*, *tikshna*, *ushna*, *snigdha* and *guru* are the *aahar gunas* which are more responsible for the pathogenesis of *mukha dushika*.

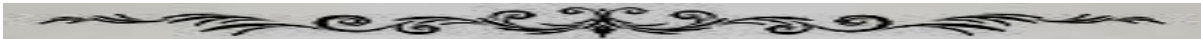
### Conclusion:

- After analyzing all the data and the observations, I concluded that treatment with nidan parivarjan has earlier, better and permanent relief than treatment alone. i.e. nidan parivarjan is very effective in the Mukha dushika.
- In Ayurvedic texts, Mukha dushika is included in Kshudra roga and western system of medicine it is called as Acne vulgaris.
- The present study shows, the mukha dushika are predominant in males as well as in the student life (Adolescent age). The study also shows that the disease is more seen in the persons taking mixed diet.
- In the present study nidan parivarjan was tested and had seen clinically effective in decreasing the number of pitika, kandu, paka and shoola. Nidan parivarjana had shown quick results in shoola, paka and kandu within one week of treatment. Statistically also, nidan parivarjan is more effective in mukha dushika for total effect of relief.
- In group-I, 62% of patients shown excellent total relief of sign and symptoms with treatment and nidan parivarjan.
- In group-II, only 34% of patients shown total relief of sign and symptoms with only treatment at the end of the course.
- After considering statistical analysis and observations I conclude that treatment and nidan parivarjan when used simultaneously gives more efficacy than when used only treatment.
- Long term nidan parivarjan gives the persistent significant relief for every sign and symptom of the mukha dushika.
- The present study shows that Aatapsevan, dhoom sevan, ratrijagaran, chinta, krodha, shoka are the viharaj etiologial factors responsible for pathogenesis of mukha dushika.
- In the present study, the predominant taste consumption in the individuals and relief of disease after the nidan parivarjan shows amla rasa, lavan rasa and katu rasa are mainly responsible for pathogenesis of mukha dushika.
- From present study, also conclude that excessive consumption of laghu, shita, tikshna, ushna, snigdha and guru are the aahar gunas more responsible for the pathogenesis of the mukha dushika.
- In the present study done, the predominance of the disease is more in the Kapha-vataj and vata-pittaj prakruti.

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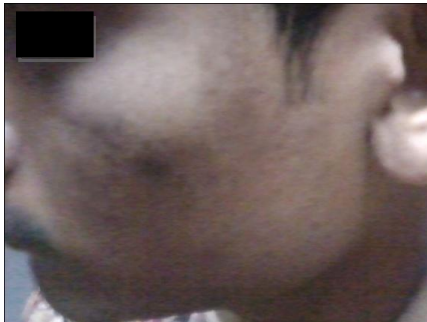
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**Before Treatment**

**After Treatment**



#### 4. Comparative Clinical Study of Gairik with Mandur in (Pandu) Iron Deficiency Anemia

Vd. S. P. Sonone, Vd. S. R. Gudade, P.G. Scholar, Govt. Ayurved College, Nanded

Vd. Dilip Wadodkar, Guide & Head Dept. of RSBK, Govt. Ayurved College, Nanded

#### INTRODUCTION:

Iron Deficiency Anaemia (IDA) i.e Pandu in Ayurveda is one of the most common diseases occurring in the population not only in India but also throughout the world. Iron deficiency anaemia (IDA) is the most common type of anaemia treated within clinical practice. Statistical reports show that approximately 30% of woman, 56% of pregnant women and 3% of men are iron deficient.

Iron deficiency anaemia occurs at any age and is an important cause of chronic ill health and fatigue. The mortality rate in the community due to anaemia is also high, so anaemia is today's burning problem. It is also included in National Health Programme.

In the Ayurvedic samhitas, Pandu vyadhi is mentioned under different clinical manifestations which occur due to Rasavaha Strotas Dushti characterized by panduta, daurbalya, aruchi, hridspandanam, jwar, etc.

According to modern science, sign pallor is primarily accounted for decreased Hb% level which is defined "anemia". Considering above fact, one casually co-relates pandu with anemia.

According to Acharya Chakrapani, the pathogenesis of this disease is due to '*Raktaposhak sarabhag-anutpadat*' Acharya Vagbhatta has given first priority to '*Ayas*' i.e. iron as the drug of choice in Pandu. Obviously, all the iron containing compounds used in the Rasashastra occur as dark horse among the drugs used for Pandu.

Mandoor having the chemical formula  $Fe_2O_3$  is a proven drug in this perspective. Many researches have proved its efficacy in Pandu. Gairik is also an iron compound with similar chemical formula i.e.  $Fe_2O_3$ . But unfortunately its action in IDA (Pandu) is not described in the texts. Both being iron compounds and having similar chemical formulae, a comparative study was planned to see their efficacy in the patients of Pandu.

#### AIMS & OBJECTS:

- 1) To provide a cheap and effective remedy to solve the problem of I.D.A. i.e. Pandu as National Health Programme.
- 2) To see whether the Shuddha Gairik can be effective in Pandu or not.
- 3) To compare the efficacy of Mandoor Bhasma and Shuddha Gairik with respect to Pandu.

#### MATERIALS & METHODS:

- 1) Preparation of Mandoor Bhasma was carried out as per the reference from Sharagdhara Samhita Madhyam Khand 11/10
- 2) Shodhan of Suvarna-Gairik was performed as per the reference from Rasatarangini 22/115.

#### CLINICAL STUDY:

Patients of Pandu (IDA), registered at OPD / IPD of Government Ayurvedic College, Nanded were selected for this study.

#### GROUP OF PATIENTS:

1. 60 patients were selected randomly, irrespective of age, sex and chronicity.
2. Patients were divided in two groups named Group A and Group B, of 30 patients each.
3. Special clinical case paper was prepared for this study and systemic examination of patients in both the groups was done.
4. Follow ups were taken on 10<sup>th</sup>, 20<sup>th</sup> and 30<sup>th</sup> day of treatment.
5. **Mandoor Bhasma** was administered to the patients of **Group A** and **Shuddha Gairik** to that of **Group B**.

#### SELECTION CRITERIA:

1. Patients between age-group of 15-70 years.
2. Patients having Hemoglobin percentage below 10 gm% .
3. Patients having symptoms like Panduta, Agnimandya, Dourbalya, Akshikootashotha etc.

#### REJECTION CRITERIA:

1. Patients below 15years & above 70 years of age.
2. Patients having Pandu, but requiring emergency treatment.
3. Patients with other diseases having bleeding tendencies like Piles, Fissure, Ulcerative Colitis etc.
4. Patients with other diseases like malignancies and other major illness.
5. Patients having any complications during treatment.

#### INVESTIGATIONS:

Following investigations were carried out before and after the treatment.

- i) Hemoglobin percentage was tested on 0<sup>th</sup>, 10<sup>th</sup> 20<sup>th</sup> and 30<sup>th</sup> day.
- ii) RBC count
- iii) PS for the type of anaemia.

#### DOSE SCHEDULE:

In both the groups, the drug was administered in a dose of 250 mg B.D. along with drinking water after meals. The duration of the treatment was kept for 30 days.

#### PATHYA-APATHYA:

Simple regular diet was advised. Spicy food, Diwaswana, Chinta, Krodha, Upvas, and Irregular diet habits etc. were suggested to be avoided. Over exercise and work should be avoided.

#### PARAMETRES ASSESSED:

<ul style="list-style-type: none"> <li>• Panduta</li> <li>• Dourbalya</li> <li>• Shwasa (Shrama-Shwasa)</li> <li>• Akshikoothashotha</li> <li>• Bhrama</li> <li>• Krishata</li> <li>• Agnimandya</li> </ul>	<ul style="list-style-type: none"> <li>• Jwarabhasata</li> <li>• Nidradhikya</li> <li>• Gatrashula</li> <li>• Pindikodweshtan</li> <li>• Aruchi</li> <li>• Kantinash etc.</li> </ul>
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Gradation of these parameters was kept as follows:-

Severe	+++
Moderate	++
Mild	+
Nil	-

### RESULTS:

The results were obtained on the basis of the changes observed in the symptoms of Pandu before and after treatment and also the changes observed in the pathological investigations.

**Table-1**

Symptomatic Relief Observed in Both the Groups –

Sr. No.	Groups	S.E. of (X-X)	t	p
1	A & B	0.14	2.14	< 0.05

n=60

The calculated value is greater than the t value from table at p=0.05, which shows that efficacy of treatment in both the groups is significant.

**Table -2**

Changes observed in Hemoglobin Percentage of Patients of Group A and Group B

Sr. No.	Group	X± S.D.	S.E.	t	p
1	A	1.98 ± 0.75	0.13	15.23	<0.05
2	B	2.28 ± 0.64	0.11	20.72	<0.05

n=30

It is clear from the above table that the changes in the Hemoglobin percentage are highly significant in both the groups. However, patients treated with Gairik (Group B) show better results.

### CONCLUSION :

Iron deficiency anaemia is a National Health Programme. The problem is more in villages particularly in pregnant women. Many remedies available in the market are found to be effective in this condition. Still about more than 60% of the population in India is Anaemic. It is because remedies in the market are not cheap and they have their own limitations. The present study was meant to search the cheapest and effective remedy for IDA.

All the symptoms assessed as parameters were improved significantly in both the groups. The increase in hemoglobin percentage was also significant in both the groups. No any side-effect was recorded in any case. Both *Mandoora Bhasma* & *Shuddha Gairik* are safe & effective in the treatment of Pandu.



However the results obtained in the group treated with Shuddha Gairik were more encouraging. Being slightly more effective, economically cheap, and very easy to process, Shuddha Gairik can be used widely in the management of Pandu.

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**5. Ayurveda and Infectious Diseases w. s. r. to Kupipakva Rasayan**

Dr. Bakare S.C.\*,Dr.Ingole R.K.\*\* ,Dr.Kulkarni G.P.\*\*\*

\*H.O.D. &amp; Prof Rasa B.K. Dept, Yashwant Ayurvedic College, Kodoli

\*\*Reader, Rasa B.K. Dept, Yashwant Ayurvedic College, Kodoli

\*\*\*P.G. Student, Rasa B.K. Dept, Yashwant Ayurvedic College, Kodoli

**Abstract :**

The concept of micro -organisms is there since the very existence of Ayurveda. The concept is called krimi . Here they have explained about various organisms, there types and there existence at particular site. The treatment for the same was discussed in detail. Ancient people were known to the concept of contagious diseases, sexual contact, contact through air; using cloth of other people, sharing the food items can produce immunity deficiency diseases, which can manifest from person to person. Rasashastra plays a vital part in the management of infectious diseases. Small dosages, quicker action are important attributes of rasakalpas and hence are popular. Kupipakva rasayan are a jewel in the crown among rasa yogas. There are some rasa formulations like Arogyavardhini Rasa, Ichchabhedi Rasa etc

**Key words :**

Ayurveda, Infectious diseases, Kupipakva rasayanya, Janapadodhwamsa Vyadhi.

Ayurveda is generating protective, curative as well as palliative flora among the human race. When we look around, we find number of infective materials. We are prone to such dangerous infections. The organisms like bacteria and viruses invade through different media into the body. Only few of them are enough to invade, multiply and manifest diseases in human beings. When these organisms enter the body, they usually occupy a particular site called resident flora. Our body has inbuilt mechanism that fight against such infections; but sometimes it may fail or infectious organisms may be of greater power that may damage the tissue and cause for the diseases. Nature of the organisms and state of immunity or the natural defense mechanism of individual person, decide whether that organism is going to manifest a problem.

Our resident flora protects body against disease causing organism. There are many factors that influence this flora such as diet, hygiene, pollution, sanitary awareness, factors from environment, etc. Some factors are from medicine itself like long term use of antibiotics. It disturbs the flora causing weaken up the immune system. Also such immunity related cases are seen in the people suffering with AIDS, cancer. People taking chemotherapy for longer time are prone to lose their immunity. As we put earlier, micro-organisms invade the body and multiply eg. C. tetani, in an infected wound produces a toxin that further causes tetanus, food poisoning caused by staphylococci. Once micro- organism enters the body, they interfere with the production of antibodies or T cells directly. Then our immune system and physical barriers defend the body against infection. These defending physical barriers are skin that is the largest

organ of the body, mucous membrane, ear wax, gas, tear and other excretions like urine washes out the organisms daily, acid in the stomach is also a type of barrier only, W.B.C. and antibodies also the fighters against micro organisms.

While coming to the Ayurveda point of view, the concept of micro -organisms is there since the very existence of Ayurveda. The concept is called krimi<sup>1</sup> which is mentioned specially as a separate chapter. Here they have explained about various organisms, there types and there existence at particular site. The treatment for the same was discussed in detail. Ancient people were known to the concept of contagious diseases, sexual contact, contact through air; using cloth of other people, sharing the food items can produce immunity deficiency diseases, which can manifest from person to person.

Also there is a concept explained as Agantuja vyadhis<sup>2</sup>. These spread by visha, bhoota<sup>3</sup>, etc., like the micro- organisms target the immunity of the body. Also the concept of Aamavisha can be correlated with the toxins released by various organisms is mentioned in the texts of Ayurveda. The concept of Vyadhikshamatva<sup>4</sup> is important phenomenon. It is nothing but the immunity of the body. The Bala of Sharir decides the level of immunity. If the Bala is strong, then vyadhikshamatva will be potent. Charaka says that the natural immunity is controlled by the Bala of the person<sup>5</sup>.

We find another class of diseases from ancient Ayurvedic texts called as Janapadodhwamsa<sup>6</sup> that originate from a common source of polluted air, water, land and disturbed seasons. There is another group of diseases known as Graha<sup>7</sup> roga, these are Sporadic cases of infections due to Grahabhishanga.

### 1. Janapadodhwamsa Vyadhi

Prakruti, Aahar, Saatmya, Dehabala, Satva and Vaya changes person to person. Hence their response to the infection is also more or less. People do not fall ill at the same time. When a person follows Pradnyaparadh means Kayik, Vaachik and Manasik misconducts alone with air, water and soil get polluted; a variety of diseases manifest in the community destructing people in mass. Such diseases are known by the name of Janapadodhwamsa rogas. No specific disease of this nature is described but depending on the situation, a number of diseases can be produced say from simple Conjunctivitis to a much severe Small pox, etc.

Management of people includes expulsion of the vitiated doshas by Panchakarma and Rasayana Chikitsa to rebuilt, refresh and replenishes the tissues and increasing Vyadhikshamatva of the body.

### 2. Sansargaj Vyadhi<sup>8</sup>

Samsargaj vyadhis like Kushta, Jwara, Netrabhishyand, etc spread from one person to the other. The mode of contact can be a simple association, inhalation of polluted infectious air, use of utensils used by the infected person, sharing of cloths. Also sexual contact and failure to clean the genitals after unsafe sexual act with an infected partner leads to Upadamsha roga. Various parasitic infections may take place by eating contaminated food and water, mud eating, etc.

### Ayurvedic Management of Infectious diseases

Here comes the importance of Ayurvedic alchemy where Rasashastra<sup>9</sup> plays a vital part in the management of infectious diseases. Small dosages, quicker action are important attributes of rasakalpas and hence are popular. Kupipakva rasayan<sup>10</sup> are a jewel in the crown among rasa yogas. There are some rasa formulations like Arogyavardhini Rasa, Ichchabhedi Rasa etc in which the mode of action is limited to that particular system but the concept of Rasayan gives broader sense as mentioned 'Labhopayo hi Shastanam Rasadinam Rasayanam'. Because Rasayan acts through all the dhatus till Shukra. Hence Rasayan ultimately not only cure but also care the dushyas. The results are dependent on the potency of the formulation.

Kupipakva Rasayanas are potent and fast in action. Some of the Kupipakva are effective in the management of infectious diseases. Few of the important one are discussed below in this article.

### **Kalagnirudra Rasa:**<sup>11</sup>

In Visarpa Chikitsa:

Ingredients: Visha, Sindoor, Abhrak, Kantaloha, Gandhak, Makshik. Dose: 62-124 mg/day

Anupan: Pippali churna added with madhu.

### **Svarnavang:**<sup>12</sup>

### **Suvarnaraj vangeshtar:**<sup>13</sup>

In Upadamsh, Puyameha (Gonococcus infection)

Ingredients: Vanga, Parad, Gandhak, Navasadar, Kalmisora Dose: 2-3 ratti (250-375 mg/day)

Anupan: Madhu.

### **Talsindoor:**<sup>14</sup>

In Kushta, Upadamsh, Kasa, Kshaya

Ingredients: Hartal, Parad, Gandhak Dose: 1-2 ratti (125-250 mg/day)

Anupan: Ardrak svaras, Madhu or Ghrita.

### **Rasa sindoor:**<sup>15</sup>

**Samagandhak jarit Rasasindoor:** in Gulma, Rajayakshma, Visphota.

**Shadguna balijarita Rasasindoor:** in Visphota, kasa, Urastoya, kaphapradhan phuphusa sannipata. (Pneumonia, Influenza, Tuberculosis)

In Urastoya ie Pleurisy should be used with Arogyavardhini, Shringa bhasma, Laghumalinivasant.

Ingredients: Parad, Gandhak Dose; 1-2 ratti.(125-250 mg/day)

Anupan: Madhu, trikatu, Bharangi.

### **Vyadhiharan Rasa:**<sup>16</sup>

In Upadamsh

Ingredients: Parad, Gandhak, Rasakarpoor; Dose: 1-4 Gunja (125-500 mg/day)

Anupan: Nagavallidal

**Ashtamurti Rasayan:** <sup>17</sup>

In Jeerna Upadamsh, Jeerna Phirang, Kshaya

Ingredients: Parad, Gandhak, Hingula, Manashil, Somal, Hartal, Rasakarpoor, Mriddarshrung, Kankshi, Suvarna vark, Rajat vark; Dose: 1-2 ratt (125-250 mg/day)

Anupan: Ardrak svaras and Madhu.

**Malla sindoor:** <sup>18</sup>

In Upadamsh, kasa, Visuchika, Visham jvar and (Pneumonia, Influenza)

Ingredients: Parad, Gandhak, Somal; Dose: 32.5-64 mg/day

Anupan: Pippali and Madhu or Ardrak svaras and Madhu.

**Svarnabhupati Rasa:** <sup>19</sup>

In Kshaya, Udar rog, Kushtha, Kasa, Kamala

Ingredients: Parad, Gandhak, Tamra bhasma, Abhrak bhasma, Loha bhasma, Svarna bhasma, Rajat bhasma, Vatsanabh.

Dose: ½ - 1 ratti.....62 – 125 mg/day

Anupan: Madhu, Ardrak svaras, Pippali churna.

**Panchasuta Rasa:** <sup>20</sup>

In Urastoya (Phuphusavaran Shoth), Kasa

Ingredients: Parad, Hingul, Somal, Gandhak, Rasasindoor, Rasakarpoor

Dose: ½ - 1 ratti.....62 – 125 mg/day

Anupan: Ardrak svaras, Tulasipatra svaras, Madhu.

**Manikya Rasa:** <sup>21</sup>

In Rajayakshma

Ingredients: Parad, Nag, Manashil; Dose: 1-2 ratti (125-250 mg/day)

Anupan: Madhu

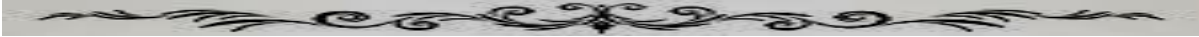

**CONCLUSION-**

The concept of infectious disease is as old as ayurveda. In ayurveda it is called Janapadodhwamsa Vyadhi. Kupipakva Rasayanas are potent and fast in action. Some of the

Kupipakva are effective in the management of infectious diseases. According to disease ,prakrati,bal, vaya(Age) ,and selection of proper drug we can fight to infectious disease.

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## 6. Lead Poisoning: A Review of Literature- In the way of Social Awareness

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**Dr. Savita R. Gudade**, Assistant Professor,

Dept. of Rasashastra & Bhaishajya Kalpana, Aryangla Vaidyak Mahavidyalaya, Satara

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### ABSTRACT

Childhood lead poisoning is one of the most common pediatric health problems in the United States today, and it is entirely preventable. Enough is now known about the Sources and Pathways of Lead Exposure and about ways of preventing this exposure to begin the efforts to eradicate permanently this disease. The persistence of lead poisoning in the United States, in light of all that is known, presents a singular and direct challenge to public health authorities, clinicians, regulatory agencies, and society. Lead poisoning is one of the most common and preventable pediatric health problems.

#### What is it and who is affected?

Lead is a highly toxic substance, exposure to which can produce a wide range of adverse health effects. Both adults and children can suffer from the effects of lead poisoning, but childhood lead poisoning is much more frequent. Over the many years since we have known about the hazards of lead, tens of millions of children have suffered its health effects. Even today, there are still at maximum children under the age of six who have too much lead in their blood.

#### Where is it found?

There are many ways in which humans are exposed to lead: through deteriorating paint, household dust, bare soil, air, drinking water, food, ceramics, home remedies, hair dyes and other cosmetics. Much of this lead is of microscopic size, invisible to the naked eye.

By far the biggest source of concern is the lead paint that is found in much of US nation's older housing. Until 1978, lead paint was commonly used on the interiors and exteriors of US houses. lead paint that is allowed to deteriorate creates a **lead-based paint** hazard. It can contaminate household dust as well as bare soil around the house, where children may play. In either situation, a child who comes into contact with lead-contaminated dust or soil is easily poisoned. All it takes is hand-to-mouth activity, which is perfectly normal for young children to engage in. All it takes is the lead dust equivalent of a single grain of salt for a child to register an elevated blood lead level.

**Children and adults too can get seriously lead poisoned when renovation and remodeling activities take place in a home that contains lead paint.** Anytime a surface containing lead paint is worked on, the debris and the dust created by the work must be contained and thoroughly cleaned up, and those doing the work must have adequate personal protection to prevent them from breathing in any lead dust generated by the work. It is therefore of critical importance that lead painted surfaces be identified prior to the commencement of any renovation or remodeling



work, and that lead-safe work practices are used during such activities. Of course, steps must also be taken to ensure that children, pets, and personal belongings including furniture are protected from exposure to lead while work is ongoing, as well.

The lead produced by vehicle emissions continues even today to present a hazard, as much of that lead now remains in soil where it was deposited over the years, especially near well-traveled roads and highways. Children who play in dirt contaminated by lead (whether that lead is from **gasoline emissions** or from **deteriorated house paint**) can end up with lead-contaminated soil under their fingernails or on their toys, or they can track it into their homes. Even pets can come into contact with lead-contaminated soil and cause human exposure to lead. In each such case, an elevated blood lead level can easily result.

Drinking water can also sometimes contribute to elevated blood lead levels. Lead can leach into drinking water from certain types of **plumbing materials** (lead pipes, copper pipes with lead solder, and brass faucets). While water is usually not the primary source of exposure to lead for children with elevated blood lead levels, it is nevertheless important to note that formula-fed infants are at special risk of lead poisoning, if their formula is made with lead-contaminated water.

### **What are the health effects?**

There are many different health effects associated with elevated blood lead levels. **Young children under the age of six** are especially vulnerable to lead's harmful health effects, because their brains and central nervous system are still being formed. For them, even very low levels of exposure can result in **reduced IQ, learning disabilities, attention deficit disorders, behavioral problems, stunted growth, impaired hearing, and kidney damage**. At high levels of exposure, a child may become mentally retarded, fall into a coma, and even die from lead poisoning. Within the last ten years, children have died from lead poisoning in New Hampshire and in Alabama.

In **adults**, lead can increase blood pressure and cause **fertility problems, nerve disorders, muscle and joint pain, irritability, and memory or concentration problems**. It takes a significantly greater level of exposure to lead for adults than it does for kids to sustain adverse health effects. Most adults who are lead poisoned get exposed to lead at work. Occupations related to house painting, welding, renovation and remodeling activities, smelters, firing ranges, the manufacture and disposal of car batteries, and the maintenance and repair of bridges and water towers, are particularly at risk for lead exposure. Workers in these occupations must also take care not to leave their work site with potentially contaminated clothing, tools, and facial hair, or with unwashed hands. Otherwise, they can spread the lead to their family vehicles and ultimately to other family members.

When a **pregnant woman** has an elevated blood lead level, that lead can easily be transferred to the fetus, as lead crosses the placenta. In fact, pregnancy itself can cause lead to be released from the bone, where lead is stored—often for decades—after it first enters the blood stream. (The same process can occur with the onset of menopause.) Once the lead is released from the

mother's bones, it re-enters the blood stream and can end up in the fetus. In other words, if a woman had been exposed to enough lead as a child for some of the lead to have been stored in her bones, the mere fact of pregnancy can trigger the release of that lead and can cause the fetus to be exposed. In such cases, the baby is born with an elevated blood lead level.

Exposure to lead is estimated by measuring levels of lead in the blood (in micrograms of lead per deciliter of blood). The US Centers for Disease Control and Prevention (CDC) has set a "level of concern" for children at 10 micrograms per deciliter. At this level, it is generally accepted that adverse health effects can begin to set in. However, recent research published in the New England Journal of Medicine provides new evidence that there could well be very harmful effects occurring at even lower levels of exposure, even as low as 5 micrograms of lead per deciliter of blood. In other words, science is now telling us that there is in fact no level of lead exposure that can be considered safe.

### **How can I check my home to see if it contains lead-based paint hazards?**

In 1978, the Consumer Product Safety Commission in US finally issued its ban against lead-based paint. To find out if your home contains lead paint or a lead-based paint hazard, you should hire a professional. If all you want to do is find out if there is lead paint in your home, you should hire a lead inspector to test all the paint. The inspector will be able to tell you whether or not there is lead paint in the home, where it is, and the concentration of lead in the paint. (Older homes contain higher concentrations of lead in paint than homes built after the early 1950s. The higher the concentration, the greater the hazard once the paint deteriorates.)

If you also want to find out if your home contains any lead-contaminated dust, which is the most dangerous of all lead-based paint hazards, you should hire either a risk assessor or a sampling technician. They will take samples of dust throughout your home and then send them to a laboratory for analysis. You will learn whether there is any lead-contaminated dust in your home and where it was found. A risk assessor can also tell you what you should do next to take care of the problem. Alternatively, you can buy a dust sampling kit and carefully do the sampling yourself, send the samples to an appropriate laboratory for analysis, and get the results directly from the lab. This is a less expensive way to find out about lead-contaminated dust in your home.

The National Safety Council offers a lead dust test kit that includes everything a consumer needs to determine the presence of lead dust in their home, including detailed instructions and a pre-stamped, pre-addressed envelope to the lab for sample analysis.

Various manufacturers also offer what is called a "spot test kit," basically a sampling tool that uses a chemical process to help consumers figure out if there is lead present in household paint, or even on ceramic ware or on toys. However, spot test kits are not considered completely reliable tools in terms of their accuracy, and they should not be relied upon for definitive answers regarding the presence of lead paint.

### What are some simple steps to take to prevent or reduce lead exposure?

Maintain the paint in your home and clean up any lead dust. If you live in a home built before 1978, the most important step to take to reduce the risk of exposure to lead is to make sure that the paint is well maintained. Whenever repainting, renovation, or other work is undertaken that may end up disturbing a painted surface, it is critical to moisten the surface first, in order to prevent the work from generating dust. Similarly, all painted debris from the work should be contained, in other words prevented from spreading beyond the area where the debris can be carefully gathered and then safely disposed of.

If you think you may have a lead dust problem, you can clean up lead-contaminated dust yourself by carefully and thoroughly washing the area, using soapy water and a mop. A three-bucket system is ideal, with one bucket holding the soapy water (a general all-purpose cleaner is adequate, but dishwasher soap containing phosphates or a lead-specific detergent may be more effective), a second bucket serving as the rinse bucket, and the third containing only clean water. After you wash a section of floor with the soapy water, rinse the mop in the rinse bucket, then dunk it in the clean water bucket, and finally dip it back in the soapy water bucket before cleaning the next area. For smaller areas such as window sills, a rag should be used instead of a mop. Once done, throw the mop or rag away. **Whenever cleaning lead-contaminated dust, vigorous wiping is most effective in removing the lead. However, wiping should never be done in a back-and-forth manner, but rather from left to right (or vice-versa), or from the top of a wall downwards.**

Once cleaning has been completed for a given room, it is time to rinse, using only clean water and preferably a new mop head.

Remember that if you do have a lead dust problem, you will also need to address the source of the lead dust. In many instances, lead dust particles are generated by friction caused by the opening and shutting of old windows. With old, deteriorating windows, outright window replacement may be the best option. In addition to solving your lead dust problem, this also typically results in significantly increased energy efficiency, higher property values, and lower heating and cooling bills.

If you have a young child in your home and you suspect there may be a lead problem, take the recommended steps to eliminate any lead-contaminated dust, and make sure the child washes his/her hands frequently. Also make sure to clean any toys that have been lying about in areas that you suspect may contain lead-contaminated dust.

**Check the water.** To ensure your drinking water does not contain a hazardous level of lead, test the water at your faucets. Kits for testing water, along with the instructions for doing so, are available from a number of providers.

**Eat right.** The amount of lead the human body retains can be reduced if you make sure your child's diet includes plenty of foods that contain **iron, calcium and zinc**. Foods rich in iron include eggs, raisins, greens, beans, peas, and other legumes. Dairy products such as milk, cheese, and yogurt are recommended for their high calcium content. Lean red meat and oysters

are examples of foods that contain zinc. Avoid giving children fried or fatty foods—although remember that a certain amount of dietary fat is vital for children under two years of age. And make sure your children always wash their hands before eating.

**Check your ceramic ware.** Some pottery may contain lead that can leach into food and drinks. Avoid eating off any colorfully painted ceramic plates, and avoid drinking from any ceramic mugs unless you know they do not leach lead. This is particularly important if the pottery was made in Mexico or another Latin America country, or in Asia. Generally, pottery made in the US, in Canada, or in Western Europe tends to be safe.

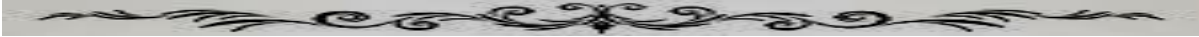
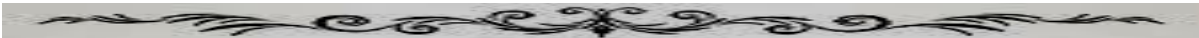
**Do not store alcohol in crystal containers.** Crystal decanters and glasses are often made with lead. When an acidic substance or alcohol is left in these containers for longer than just a few hours, there is a risk that the lead could leach into the liquid.

**Cover bare soil play areas.** You should ensure your child avoids playing in bare soil areas unless you know they are lead free. Often, bare soil will contain some lead, either deposited there by vehicle emissions from leaded gasoline days, or from deteriorated exterior paint. This is frequently the case in vacant lots, where old buildings once stood, or in a neighborhood where extensive renovation work may have occurred. If you have a bare soil problem, the easiest way to reduce the risk is to cover the soil with mulch (pebbles, shrubbery, or grass). A child who plays in lead-contaminated bare soil is likely to get some under his/her fingernails, which will eventually find their way into his/her mouth, or on toys, or on their shoes, which could track the lead into the home. Similarly, a dog that rolls around in lead-contaminated bare soil may end up transporting some of that lead into the home.

Generally, under what is called "common law," tenants have a right to live in safe housing, otherwise known as the implied warranty of habitability. Premises that contain lead-based paint hazards are inherently unsafe places to live. If you can demonstrate that your rented home contains a lead-based paint hazard, you should immediately contact your landlord or property manager and notify them of the presence of a lead hazard. Do it in writing and keep a dated copy for your records. If they fail to respond in a timely and effective manner to this notification, you may have legal recourse against them. Consult an attorney for further information-and **take your own precautions.**

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## 7. ROLE OF NAVAK GUGGUL & LEKHAN BASTI IN Medoroga

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**DR. RITU WADHWA ( M.D. KAYACHIKITSA), PROFESSOR IN PANCHKARMA,  
DR. D.Y.PATIL COLLEGE OF AYURVEDA & RESEARCH INSTITUTE, NERUL,  
NAVI MUMBAI MOBILE NO. - 9869258812 E-MAIL: [wadhwa\\_s@rediffmail.com](mailto:wadhwa_s@rediffmail.com)**

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### ABSTRACT

According to Ayurveda general principle of management of any disorder is divided in three parts.-<sup>1</sup> (C.VI.7/30).

1. **Nidan Parivarjan** (Preventive therapy).
2. **Samshodhan** (Purification therapy)
3. **Samshaman** (Curative therapy).

During this trial yoga & diet chart is given as preventiva therapy, Lekhan basti as samsodhan chikitsa and Navak guggul as. Samshaman chikitsa. Weight loss with help of shaman and shodan chikitsa is not a difficult task but to maintain that reduced weight is difficult. So we have given diet chart and yoga regime to all the patients This study was conducted to evaluate the role of Navak guggul and Lekhan basti in medaroga. Highly significant result was found in Group B (treated with Navak guggule & Lekan basti and marked improvement was seen in Group A treated with Navak guggul .

### KEY WORDS

Navak guggu, Lekhan basti, Medoroga, Nidan Parivarjan.

### INTRODUCTION

In Ayurveda, Medoroga is considered as excess fat deposition & in modern parlance it is correlated to over weight/ obesity. Acharya Carak had described Atisthula person as most undesirable constitution in sutra sthan chapter 21. According to Carak, apart from the genetic factors, diet (like shleshmakar, abhishayandi) & lifestyle (like avyayam, divaswapna) are the main contributing factors in the aetio pathogenesis of Medoroga.<sup>2</sup>

The 21<sup>st</sup> century , with its continuous changing life styles, environment & dietary habits have made man the victim of many diseases. Obesity (sthaulya ) is one of them. As per new research, it is a precursor to coronary heart disease, high blood pressure, diabetes mellitus & osteoarthritis ,which have been recognized as the leading killer diseases of the millennium. Obesity is described under metabolic disorders, which occurs when calorie intake exceeds the metabolic expenditure. So, the aim of the treatment is to decrease calorie intake and increase the expenditure.

## AIMS AND OBJECTS

The management of obesity with modern drugs is quite unsatisfactory as most of the modern drugs employed in the treatment of obesity possess serious side and toxic effects including precipitation of certain other metabolic disorders therefore it is decided to launch a clinical trial on a grade of herbal medicines which could be safe' effective' cheap and readily available for the management of Medoroga.

Shodan chikitsa in the form of Lekhan vasti is also described in different ayurvedic text which could be administered in the management of Medoroga effectively. The aim is to assess and compare the role of Navak guggule and Lekhan basti in medoroga.

The main aim of this trial is to reduce weight of patient & maintain that reduced weight without any side effects as well as complications (i.e. OA, CAD, and HT).

## MATERIAL AND METHODS

For this study 20 patients were selected from the Panchakarma O.P.D. of Dr .D.Y. Patil college of Ayurved & Hospital Nerul Navi Mumbai. Duration of this trial was three months. Most of the patients were female in the age group of 25-50 years. These patients were divided in to Two groups Containing 10 patients each.

Group A:

Navak guggul (**ref. Bhasajya ratnavali**) - <sup>3</sup> tablet was given 250 mg t.d.s after meal with usnodhak,

Group B:

Navak Guggule table 250mg B.D. & **Lekhan Basti** - <sup>4</sup> (**ch.si.3/59-60**) 10 basti/ month were given . Approximate quantity of basti drug 700 m.l. was given to Group B patients for 10 days with N. G. 500m.g. B.D. per month till 3 months. Both the groups were advised to do yoga & follow the diet chart provided by us. Navakguggul which was used for pilot study, was formulated in the Rasashastra lab & Lekhan basti packets were prepared by Panchakarma Department of Dr. D.Y. Patil Ayurvedic College. Following Yoga was included as routine exercise - 1. parivartit chakrasana ( adopted wheel pose)

1. vakrasana ( spinal twist pose)
2. paschimottanasana ( posterior stretch pose)
3. naukasana( boat pose)
4. pavanmuktasana

### Assessment criteria:

The assessment of overall effect of the therapy was based on the following gradings --

- 1) Clinical symptoms of the patient as described in Ayurved grantha..(ca. su. 21/4)<sup>5</sup>

2) Weight measurement

3) BMI

SYMPTOMS	GROUP A			GROUP B		
	BT	AT	% OF RELIEF	BT	AT	% OF RELIEF
THIRST	2.4	0.4	83.3	1.8	0	100
POLYPHAGIA	1.5	0.4	73.3	0.4	0	100
EXCESSIVE SWETING	2.1	0.2	90.4	2.3	0	100
WEAKNESS	2.0	0.4	80.00	1.6	0	100
TIREDNESS	2.3	0.4	82.6	2.0	0	100
BAD SMELL	1.4	0.2	85.7	1	0	100
WT. REDUCTION	90.8Kg	81.3Kg	10.4	78.2kg	59.5kg	23.9

### OBSERVATION

Most of the patients were middle aged female. Lack of physical exercise & wrong dietary habits were observed as main reason. So, the aim of the treatment was to decrease calorie intake and increase the expenditure. We called the patients on every 15<sup>th</sup> days in the OPD to observe symptoms and weight.





### PARIVARTIT CHAKRASANA (ADOPTED WHEEL POSE)



#### DISCUSSION-

As we know exercise and diet plays an important role as nidhanparivarjan in the management of medoroga. Regular practice of yoga and correct dietary habit helps the patient to maintain their reduced weight for that purpose all the patients were advised to practice a few important techniques regularly. These asanas help to reduce fat deposition on the side of waist and abdominal wall.<sup>6</sup>

Probable mode of action of Navak guggul is Navak N.G. has all the properties which an ideal sthulaghna drug should have i.e.

- The ayurvedic character of 10 ingredients (triphala, trikatu, trimada and guggul) of the navak guggul viz. katu tikta and kashay rasas, laghu, ruksha, tikshna, ushna, sukshma gunas, ushna virya and katu vipak are suitable to work as medohar (depletion of increased medas)

Action based interpretation -

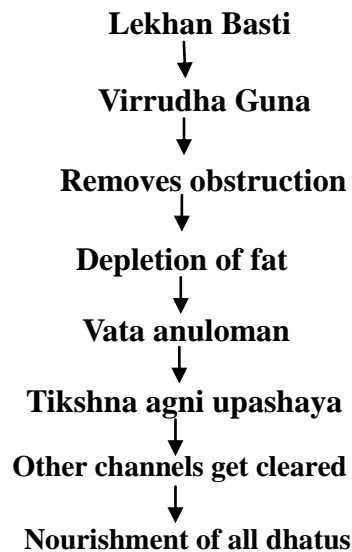
- On the basis of dosha karma- the ingredients of navak guggul have vata and alleviating properties. The tridoshahara property of haritaki and amalaki brings the vitiated doshas back to normalcy
- On the basis of karma- the ingredients chitrak<sup>7</sup> musta and guggul have lekhaniya property which helps to scrapping the medas. Marich has srotoshodhan<sup>8</sup> (channel clearing) property thereby removing the blockage of the channel by meda .

- Vidang<sup>9</sup>, haritaki, amalaki, pippali and guggul are given to have rasayan property that helps in nourishing the ras dhatu and thereby the other dhatus.

**Lekhan Basti** consist of following materials-

Drugs	Quantity
Madhu	75gm
Yavakshar	3gm
Saindhva	5gm
Til taila	100ml
Kalka (Indrayav, patha, madanphal & musta)	10gm
Gomutra	200ml
Kwath(trifala)	300ml

**Lekhan basti** plays a role in samprapti vighatan of meda roga (ch. Siddhisthan 8/15-16).



## RESULT AND CONCLUSION

- Over all result after clinical evaluation of Navak Guggul & lekhan basti on 20 patients have revealed that the patients of these two groups have shown considerable improvement in subjective, objective & lipid profile parameters. It was also observed that

the result were more enhanced to highly significant level when the patients were treated with Navak Guggul & lekhan basti i.e. group B. this group's patients were reduced wt.10-15 Kg. during 3 month course. Lekhan basti has a role in sampraptivighatan. Marked relief in symptoms like daurgandh,daurbalya,shwaskrucchata ect. Has been noted.

- In group 'A' Patients of meoroga treated with Navak Guggule, showed satisfactory improvement. But rate of improvement was highly significant when a combined therapy in the form of administration of Navak guggule & lekhan basti simultaneously was administered to the patients. Both the group followed yoga regime & diet chart provided by us.

### ACKNOWLEDGEMENTS

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## 8. ROLE OF SHIRODHARA IN HYPERTENSION

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Dr. Savita Gudade, Assistant Professor, Aryangla Vaidyak Mahavidyalaya, Satara.

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### INTRODUCTION:

In the 21<sup>st</sup> century, a scientific and technological evolution has occurred. Due to rapid modernization, People are leading more stressful lives. The present era can be described as the era of anxiety and stress. The modern man is constantly facing symbolic stress. This stress and strain of day to day life affects one's bodily organs through several psycho-physical mechanisms.

'Hypertension' (persistent raised arterial pressure) although, the handy literature is not observed in Ayurvedic classic, review of previous theoretical and clinical works on this topic point out certain mode of involvement of Dosha and Dushya in the genesis of it. Most of efforts show a prime role of Vata in association of remaining dosha Pitta and Kapha. Also, Acharya Charaka permits to treat such disease without nomenclature by judging the involvement of Dosha Dushya only [1]. The process of Rasa-vikshepa through Hridaya i.e. anudhavana by Vyan Vayu within the body has become helpful to understand the Hypertention as Rasa-Rakta (whole blood) being the main mediator of vitiation of disease. Hypertention is the most prevalent cause for cardiovascular and cerebrovascular disorders, causing high rate of mortality and morbidity.

### HYPERTENSION:

High blood pressure of hypertension is a circulatory state; arise from any cause, in which the pressure of the blood within the arteries becomes elevated beyond normal limits. In general the term includes any rise in arterial pressure whether temporary involving systolic pressure, diastolic pressure or both of renal or normal origin [2].

According to W.H.O. the blood pressure of 160/95 mm of Hg or higher should always be considered as hypertension (High blood pressure). Blood pressure in between is considered as borderline or possible hypertension. The rise of persistent systemic arterial diastolic blood pressure above 100 mm of Hg. or more, is more risky than rise of systolic blood pressure. Generally systolic and diastolic hypertension occurs together. Systolic hypertension is caused from increased cardiac output or arterial rigidity in aged. Arterial rigidity by arteriosclerosis, affecting intima of arterioles and capillary of vital functional organs is pathogenic. Diastolic hypertension develops from the increased vascular resistance to the blood flow at the level of arterioles. In capillaries the blood flow is slow; hence, there is no development of resistance [3].

### Classification of Hypertension by Etiology:

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

### ESSENTIAL HYPERTENSION:

Blood pressure is caused by various complete series of factors, controlling blood vessels caliber response, control of fluid volume within and outside the vascular bed, and resultant cardiac

output. All such factors are interrelated with each other making it difficult to determine single or sure causes for hypertension. Thus, when the definite cause can not be determined or established, the hypertension is called as essential hypertension. It was named as essential under belief that it springs up as essential for proper circulatory functions of the blood in all organs. But now it is defined as hypertension, the causes of which are not definitely known. Constant diastolic hypertension above 90 mm of Hg. or systolic above 140 mm of Hg. or both, considering age factor rise and judging transient fluctuation with due care can be termed as essential hypertension.

About EHT we may conclude that –

- a) Among all hypertensive 95% patients suffer from EHT.
- b) The constitutional (genetic) dietary and environmental factors are involved in rising arterial pressure in EHT.
- c) This is associated with impaired endothelium mediated vasodilatation.

#### **CHIKITSA / MANAGEMENT:**

The radical removal of causative factors of the disease as well as maintaining the doshic equilibrium in the body is known as Chikitsa [4]. Chikitsa comprehends following measures in Ayurveda viz: Preventive and prophylactic therapy.

The previous goal of the path of achievement and maintaining a healthy body can attain with the help of Rasayana, Vajikarana and Swasthavritta palan described in Ayurveda. The later curative therapy is comprehended generally to eliminate the disease in the ailing. The curative treatment can be divided into four sub groups [5] viz:

- Shodhana
- Shamana
- Ahara
- Achara

Ahara and Achara come under Nidana Parivarjana. The patient and the disease carefully and collectively must be in the mind of physician at the time of therapy for any ailment. Acharya Vagbhatta has vividly described the factors of consideration while treating a patient suffering from any disease [6]. Variations relating to Dushyas, Dosha, Drug, Place, Time, Strength, Body, Diet, Mind, Constitution and Agni should be minutely observed. By this proper care and stepwise journey to the disease physician never fail in the selection of medicaments and therapies.

#### **MANAGEMENT OF ESSENTIAL HYPERTENSION:**

Management of hypertension is divided into two categories:

1. General Management.
2. Management with medication.

### **General Management** (without medication):

On the basis of several researches WHO has settle some life style measure / alterations for lowering the blood pressure which are applicable for both populations and individual approach. Interventions that clearly lower the blood pressure are:

#### **a) Weight reduction-**

Weight reduction of, as little as 5 kg reduces the blood pressure in a large proportion of hypertensive individuals who are more than 10% overweight and also has beneficial effect on associated risk factors such as insulin resistance diabetes, hyperlipidaemia and left ventricular hypertrophy.

#### **b) Increased physical activity-**

Sedentary patients should be advised to take up modest levels of aerobic exercise on a regular basis, such as a brisk walk or a swim for 30-45 minutes, 3-4 times a week. Such mild exercise may be more effective in lowering the blood pressure than more strenuous forms of exercise and may lower the systolic pressure by 4-8 mm of Hg.

#### **c) Relaxation-**

The most effective way of lowering the blood pressure is to sleep. This fall in the blood pressure during sleep is largely due to relaxation therapies, e.g. biofeedback, transcendental meditation, yoga, sleep therapy and psychotherapy are very helpful to combat psycho-social stress in hypertensive patients. Dhyana (Meditation), Satvika ahara (Yogic dietary regimen) and Fasting (Langhan) are also useful to control the high blood pressure. In this way holistic approach towards hypertension is very useful to control the blood pressure as well as its complications [7].

#### **d) Reduction of alcohol-**

Not with standing the evidence that an alcohol intake up to three standard drinks a day may lower the risk of coronary heart disease. Alcohol attenuates the effect of anti-hypertensive drug therapy but, its pressure effect is, at least partially, reversible, within 1-2 weeks by moderation of drinking by around 80%. Hypertensive patients who drink alcohol should be advised to limit their consumption to not more than 20-30 ml of ethanol per day for men, 10-20 ml for women. They should be warned against the heightened risks of stroke associated with binge drinking.

#### **e) Cessation of tobacco smoking-**

Cessation of tobacco smoking is perhaps the single most powerful life style measure for the prevention of both cardiovascular and non-cardiovascular diseases in hypertensive patients.

#### **f) Reduction in salt intake-**

Salt play an important role in regulation of amount of extra cellular fluid. Daily need of salt intake among human beings estimated between 1-5 mmol studies from all over the world have now demonstrated that higher the initial level of blood pressure, greater the fall after sodium restriction and meta-analysis of several clinical trials in hypertensive subject revealed and SBP/

DBP reduction of 4.9/2.6 mm of Hg in one to two months associated with a 56-105 mmol reduction in daily sodium intake. The effects of sodium restriction may take several weeks to become evident [8].

The reason for this is that these patients have a less responsive reninangiotensin system to salt restriction and have less rise in rennin release and less rise in circulating angiotensin II. This inhibition of the normal compensatory responses allows a larger fall in the blood pressure. Therefore, patients with hypertension must be recommended the reduction of salt intake in their daily meals [9].

#### **g) Dietary fibre-**

A dietary fibre consists of complicated carbohydrate substances and is useful in the prevention of constipation by increased intestinal transit times. Increasing fibres in the daily meals give advantage with greater consumption of fruit and vegetables and dietary fibre content might lower the blood pressure.

#### **GOALS OF TREATMENT:**

The primary goal of the treatment of the patient with the high blood pressure is to achieve the maximum reduction in the total risk of cardiovascular morbidity and mortality, and to restore the blood pressure to levels defined as normal or optimal.

#### **Drug therapy for Essential Hypertension:**

The six main classes used, worldwide for lowering the blood pressure are:

Diuretics, beta-blockers, calcium antagonists, ACE-inhibitors, angiotensin II antagonists and alpha-adrenergic blockers. In some parts of the world, reserpine and methyldopa are also used frequently.

- a) Diuretics: Chlorthalidone, Indepamide, Frusemide, Bumetanide, Amiloride, Spironolactone
- b) Beta-blockers: Atenolol, Metoprolol, Propanolol, Oxprenolol, Pijdolol
- c) ACE-inhibitors: Captoril, Enalpril, Lisinopril, Quinapril, Ramipril
- d) Calcium- antagonists: Amoldipine, Nicardipine, Nifedipine, Verapamil, Diltiazem
- e) Alpha-blockers: Doxazosin, Prazocin, Terazosin

#### **Other Drugs:**

Drugs acting on central nervous system, such as reserpine are used in low income populations because of its cost effectiveness. It should be used in lower doses and used in combination with diuretics. On the other hand, methyldopa remains an important well-validated agent for the effective treatment of hypertension in pregnancy. The vasodilator agents such as hydrazine and minoxidil are also widely used in some regions of the world.

Now a day, combination drug therapy has been popularized as it minimizes side effects due to their usage in low doses.

In Ayurveda, herbs like Serpagandha (*Rauwolfia serpentine*), Bramhi (*Centella asiatica*), Jatamansi (*Nardostachys jatamansi*), Ashwagandha (*Withania somnifera*) are frequently used.

### **SHIRODHARA:**

The etymology of Shirodhara is from Shir=head and Dhara=a steady flow. Acharya Charaka has defined as the treatment, which produces viscosity, softness, solubility and kleda in the body [10]. Snehana is one among the shadvidhopakramas. There are two routes to administer the sneha viz. external and internal. External by Abhyanga, Murdha taila etc. and internal by Pana, Basti, Nasya etc. The Murdha Taila is having four varieties namely- Abhyanga, Seka, Pichu, Basti. They are told uttottara gunaprada. [11]. But as Murdha Taila is concerned, Abhyanga is used in day to day life routinely and Seka or Dhara in most of the diseases. Dhara is not only used in psychic diseases but, also used in psychosomatic diseases like psoriasis. Dhara is done by different medicaments like taila, takra, kshira, kwatha etc. In the southern Dhara therapy is most commonly practiced.

### **Indications :**

Ardhavabhedaka, Suryavarta, Ardita, Pakshagata, Hanugraha, Akshisula, Nidranasha, Shirogatavata, Shirahkampa [12].

### **Contra-indications of Shirodhara:**

Kaphajavikaras-Shirodhara further increases kapha, which makes the diseases difficult to cure.

### **Method of pouring of Dhara :**

The procedure of Dhara may be divided into three stages for the descriptive purpose.

- 1) Purvakarma
- 2) Pradhanakarma
- 3) Paschatkarma

### **1] Purvakarma :**

Purvakarma is related with the preparation of the patient. First, it should be confirmed that the patient is fit for shiordhara or not. Patients who are suffering from headache, sinus, sankhaka, suryavarta, arunshika, pratishayaya, shirodaha, shiropaka, shirovrana, anidra, timira, karnaroga, akshiroga, valita, palita, murchha etc. diseases are fit for shirodhara. It is advisable for the better results that the hairs of the patient on the scalp should be removed, if the patient permits. The patient should pass stool and urine. Then patient's pulse, temperature, blood pressure should be recorded.

Proper posture of the patient is the supine position and dharapatra should be brought 4 inches above his head. The eyes and ears should be covered with cotton so that, liquid may not enter in



the eyes. His head rests in slightly elevated position, preferably on wooden piece. The anointing (snehan) of oil generally done at first by the physician and then by attendants all over the body of the patient.

**Aushadha (Drugs):**

The drug should be selected according to the disease. The quantity required is above 1-2 kg or 2-3 litre approximately.

**2] Pradhankarma :**

The selected liquid should be kept in the vessel and be poured continuously and slowly on the forehead of the patient. A mild oscillation should be given so, as to maintain the flow all over the forehead. This liquid gets collected in the vessel, which is kept below the table, which the liquid in the vessel gets emptied, then it is replaced from the lower vessel.

**Temperature of the Sneha /Liquid:**

It should be Sukhoshna near about to the body temperature.

**3] Paschatkarma :**

After completing shirodhara the oil/ liquid from the head should be removed by a piece of cloth. Then the patient may be advised to drink ghee or medicated ghee according to the disease. His eyes should be washed with cold water, he should removed cough. He should take mild wind. He should rest for sometime. Then he should take bath with hot water. Then he should take light Diet and he should drink water, which is sidha with vatanashaka aushadi. He should take the meal. He should take pathya upto 7 days. He should not worry about his physical and mental condition.

For drinking purpose warm water boiled with dhanyajirka, ginger and cumine seeds may used. For washing and ablating purpose only warm water should be used (Dharakalpa-24).

**Pariharyani :**

The patient should abstain from sexual intercourse as well as from any thought or deed that may excite sexual desire, avoid physical exertions, mental excitement such as anger, grief etc. and exposure to cold, sun, dew, wind, smoke and dust should be avoided. Riding on elephants or horses, walking, speaking too long or too loud and such other acting that may give any strain to the system must be avoided. Sleeping during daytime and standing continuously for long period must also be avoided. It is also advisable to use a pillow, which is neither very high nor very low, during sleep at night (Dharakalpa-26)

**Pariharakala :**

He should take pathya and remain as jitendriya up to the period which is taken for the completion of dharakarma (Dharakalpa-25).

**Dhara-Dosha :**

If dhara is done from more height, very nearly or very slowly then it may produce burning in the body, pain in the all joints, bleeding tendency, jvara, kotha etc. (Dharakalpa-19, 20).

For the treatment of dhara-dosha following measures may be adopted:

- 1) Gandusha
- 2) Nasya
- 3) Kashayapana with Sunthi and Nagarmotha.
- 4) Light diet at evening, Yusha with black pepper.
- 5) On the third day, Basti should be given in which saindhava is mixed.

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## 9. Impact of Buddhism on Ayurveda.

**Dr.Rajesh Shivajirao kolarkar**, Professor and HOD in Samhita  
 Dept. YMT Ayurvedic Medical College Kharghar Navi Mumbai.

**Dr.Rajashree Rajesh Kolarkar**, Associate professor  
 Shalya Tantra Dept. Smt. K.G. Mittal Ayurvedic Medical College Mumbai.

### Introduction:

Dhamma is a healthy, harmonious wholesome way of life. It is a life of morality of ethics. Dhamma is an art of living. It tells us how to live peacefully. Dhamma is the universal law of nature applicable to everyone. Dhamma is the essence of truth. Dhamma is same for all religious. It is the science of mind.

Ayurveda is the oldest science of life, the traditional healing system of India. It is the medical side of the Yogic system of India sub continent that have included Buddhism, Yoga, Vedanta and Tantra. Ayurveda is at the force front of mind body medicine today.

### Aims and objectives:

To see the impact of Buddhism on Ayurveda. To see the why the Buddhist period is called as golden era of Ayurveda.

All human beings are suffering from psychosomatic disorders 'Ragadi ....bad emotions like lust, anger, greed, arrogance, jealousy, hatred diseases and that Apurva Vaidyak lord Buddha conquered it, the author Vagbhatacharya has obeisance him and started writing the treatise. In modern developed world our main problems are psychological. We have adequate food clothing and shelter; still we suffer from psychological unrest. This unrest may manifest as feeling of loneliness, anger, stress or anxiety. It can be lead to the weakening of our physical energy and prevent us from doing what we really want to do.

All are mentally ill now a day because emotionally, psychologically we are too involved in objects attachment that an unhealthy mind. The truth is the pleasure and joy actually comes from the mind not from external phenomena. Six basic emotions that frustrate the human mind disturbing peace making it restlessness the urges of greed, envy, hatred, jealousy, desire etc. should be held up by the wise. These urges should be controlled (Vagbhat Sootrasthan 3/25). Greed, envy, jealousy, hatred, criticism, fear, anger, revenge, stress, laziness are come in negative thoughts, they pollute our mind excessive greediness is a cause of all sorrow.

Knowledge with contentment is real wealth. People today are very much aware of the fact of psychological stability is still too often downplayed.

Vagbhatacharya described ten sinful activities that is himsa (violence), steya (stealing), parush (abusive words or scolding), anrutha (untruth), sambhinalap (causing separation), Vyapada (quarrel), drugviparya (misunderstanding), matsarya (jealousy) these are the 10 sinful activities. It should be given up by body, speech and mind. These are moral conduct; it provides concentration of mind and purification of mind.

Lord Buddha explained five code of discipline (Panchsheel). To abstain from killing any human being, to abstain from stealing, to abstain from telling lies, to abstain from all sexual activities, to abstain from all intoxication (Wine, brown sugar, smoking etc.) these are five precepts, true moral conducts. Vagbhatacharya said that one should not sell or prepare wine (A.h.2/39). Vagbhatacharya described best regimen of right conduct which is totally according to Dhammapath of Lord Buddha. Life without good conduct means travelling without a compass. Charakacharya says If you practiced good conduct it fulfils two objectives simultaneously health and control over sense organ (Ch.Su.8/17). The person who speak the truth, who does not become angry, who engages his senses organs and mind is the pursuit of knowledge of spiritual, who is calm and who always undergoes in good activities only should be considered as receiving nitya (Daily) Rasayan rejuvenation therapy. There is no need to eat Chavanprash if you are practicing good conduct. Lord Buddha explained sadachar (Good conduct) in buddha vagga, Sinhanad sutta, Sugolvad sutta, sabbasav sutta, Vatha sutta, Akkheya sutta, Mahadukkha kkhanda sutta, vittak santhan sutta etc. in this way sheel (sadachar – good conduct) is the first foundation of Dhamma path.

Pradnyaparadh means derangement of wisdom the unwholesome actions performed by person are responsible for vitiation of doshas. Lord Buddha explained the Kshanbhangurvad in detail. Ayurveda accepted it in a same way. The dhatus of the body get into disequilibrium due to imbalance of the cause of they enjoy equilibrium when the cause is in balance. There dhatu termination is always natural. No one can stop natural destruction. This is the theory of natural destruction (Ch.Su.16/27). This is the Buddha's law of impermanence. Everything change within a seconds.

Ayurveda accepted Buddha's rebirth theory. Allurement is the greatest cause of misery. Buddha explained four noble truths in Tanha vagga, Satva Samyutta etc.

Charakacharya said that cause of insanity is self. Intellectual error is the cause of diseases. Lord Buddha says you are your own master; you make your own future therefore discipline yourself (Atta vagga).

All human activities are meant for the happiness of all living beings. Such happiness is based on right moral conduct hence every one should follow right conduct always. All human wants happiness. No one wants misery. We should do always good work to attain happiness. Dhi (discrimination), Dhairya (courage) and Atmadividnyan (Knowledge of self) are the ideal therapies of mind (A.H 1/20). Lord Buddha was taught Vipassana meditation in India more than 2500 years ago as a universal remedy for universal illness. He discovered the cause of sorrow and remedy on it. Vipassana meditation is the process of self purification by self observation. One being by observing the natural breath to concentration the mind then sharpened awareness, one proceeds to observe the changing nature of body and mind and experiences the universal truth of impermanence, suffering and egoless ness. This truth realization by direct experience result in mental purification hence Vagbhatacharya said that Atma Vidnyan that means knowledge of self (Mind and body) is the best remedy for the mind.

The person who speaks the truth ,who does not become angry, who engages his sense organs and mind in the pursuit of knowledge of self, who is calm and following good conduct means he is taking Nitya Rasayana (rejuvenation therapy). There is no need to take Chavanprash or other rejuvenation therapy. (AH. U.-40)

The physician who follow good conduct, scientist physician & who wishes well for all human beings such physician succeed in his life. (AH-40) Lord Buddha explained Metta Bhava (Mangal maitri) love for all human being. compassion with all living beings, donating of gifts, controlling the actions of the body, speech and mind, feeling of selfishness in others work these are sufficient rules of good conduct. When once you find the path keep working step by step and reach the final goal of full libration from the bondages of impurities and negativities, which make you miserable, so that you can enjoy real peace, real harmony and real happiness.

Conclusion: There is a great impact of Buddhism on Ayurveda. Buddha has often been called the Great Physician or *MAHABHESAJJAGURU* because He gave us the powerful medicine to cure the deeper dissatisfaction that afflicts us all. Buddha's period is called as golden era of Ayurveda. There is great contribution of eminent scholars like Jivaka, Nagarjuna, Vagbhat and Chandranandan etc.for the development of Ayurveda. We can disprove the misconception that Ayurveda was declined during Buddhist period. King Kalashoka, King Bimbisar, King AjatShatru, King Samrat Ashoka, King Milind, king Harshavardhan etc. all have given royal patronage to Ayurveda. Various Universities like Takshashila, Nalanda, Banaras etc. were in full

swing to distribute knowledge of all faculties and especially of medical science to worldwide in Buddhist period.

**Result:**

There is a great impact of Buddhism on Ayurveda. Dhamma and Ayurveda are just like nectar.

*Sabbe satta Sukhi hontu, Sabbe hontu ch khemino,*

*Sabbe bhaddanu passantu, ma kinchi dukhanagama I*

*Bhavatu sabba Mangalam....All being be happy.*

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## 10. Study of *Nadivrana* in pulmonary tuberculosis

Dr. Jai Keni, Associate Professor, Rognidan Dept. Y.M.T.Ayu.MedicalCollege, Kharghar,  
 NaviMumbai – (M. S.) ,Email : [vd.jaikini@gmail.com](mailto:vd.jaikini@gmail.com); Mob. No. : 09869046901

### Abstract-

The tuberculosis of anorectal region is caused by *Mycobacterium tuberculli* bacilli, is one of the causes of granulomatous disease in the anorectal region commonly occurs as the secondary involvement in pulmonary tuberculosis, clinical presentation is chronic inflammatory process with swelling, caseation, abscess, sinuses and fistula formation as well as itching, localized pain, painful defecation and presence of purulent discharge. They are not characteristically distinct from other anal lesions but difficult to distinguish it from other granulomatous diseases involving the same area. In text and in practice also the symptoms of tuberculosis in modern science are related with the classical symptoms of RAJYAKSHMA given by Ayurvedic text.

**Keywords :** Nadivrana, Rajyakshma, Tuberculosis, *Mycobacterium tuberculli*, MDR, HIV

### Introduction

As per Ayurvedic text, upadrava is the stage or diseases which are followed by etiopathology by the main dosha of primary disease.

In patients of Nadivrana with history of primary tuberculosis., when Ksharasootra therapy gives temporary relief, punch biopsy of the lesion is needed. The discharge of the lesion should be examined well for the diagnosis point of view,

Our classical text shows (Vangasena and bhelsamhita) the nadivrana as the upadrava of Rajyakshma. Clinically, pulmonary tuberculosis shows the correlation with Rajyakshma at particular level. In present scenario, when there is rapid noticeable growth in pulmonary tuberculosis and MDR patient, the exact percentage of nadivrana patients in pulmonary tuberculosis is the need of control programme of MDR. As the granulomatous growth and caseation in Nadivrana with history of pulmonary tuberculosis leads to possibilities of anorectal tuberculosis, it should be diagnosed at early stage as the measure of control of MDR tuberculosis

### Aims and objects-

1. To diagnose the patients of nadivrana with the history of pulmonary tuberculosis
2. To observe the percentage of the nadivrana ( with history of pulmonary tuberculosis) in males and females
3. To study the type of nadivrana with the help of histological investigations like punch biopsy and culture

### Inclusion criteria-

1. Patients age group 25-70 ( Males and females)

2. History of pulmonary tuberculosis ( Should completed or to be on cat-I treatment under DOTS project of Government of India)

#### **Exclusion criteria-**

1. MDR patients
2. Known cases of HIV infections in tuberculosis

Number of sample- 30 Patients

Study centre- DOTS OPD Dr. G.D. Pol Foundation's YMT Ayurvedic Medical College, Kharghar, Navi Mumbai , Sector-4

#### **Materials and methods**

1. With the help of ayurvedic text, designed the special proforma to diagnose the patients of nadivrana (at anorectal region) with history of pulmonary tuberculosis.
2. Diagnosed the patients of nadivrana.
3. Collection of the discharge of nadivrana for culture examination
4. Collection of sample for punch biopsy of the lesion
5. Keep sincere record of reports of punch biopsy and culture
6. Study the percentage of nadivrana at anorectal region with the history of pulmonary tuberculosis in males and females

#### **Results**

In 30 patients, there are 19 male patients and remaining were female patients

Male were from mainly age group 45-65 years

09 male patients shown the presence of mycobacterium tuberculli in culture reports and punch biopsy Out of 11 females 4 females shown the presence of micbactrium tuberculi in the reports of punch biopsy and culture.

#### **Observation**

In Indian male, tobacco chewing, alcohol consumption and smoking percentage is noticeable in causative factors.

Female with hetu like paan eating and undernutrition are mainly suffering from nadivrana after primary tuberculosis

#### **Conclusion**

In classical Ayurvedic text, Upadrava is considered as a secondary disease by primary one. Explaining Rajayakshma, SHUSHRUTA ( U.S.41-23) AND VANGASENA (Rajayakshma 79 pg no.232-233) both shows *Arsha*, *Bhagandara* and Nadivrana are in practice Upadravas (secondary diseases). The variations in these diseases present on the basis of DOSHANUBANDHA and causative factors. In present scenario, the percentage of Anorectal in



India is more in male than females; the main causative factors in men are tobacco chewing, smoking and swallowing of tobacco mixed saliva.

The presentation of the nadivrana in tuberculosis patients is chronic inflammatory process with swelling, caseation, abscess, sinuses and fistula formation as well as itching, localized pain, and presence of purulent discharge.

They are not characteristically distinct from other anal lesions but difficult to distinguish it from other granulomatous diseases involving the same area.

The history of severe constipation is seen in females than males.

The hetu of Painful defecation was common in both genders.

In males, deglutition of infected sputum causes the nadivrana

### **Discussion**

Nadivrana at anorectal region with history of pulmonary tuberculosis ( Anorectal tuberculosis) is not very uncommon in India. But it is difficult to diagnose, mainly seen in men from 45-65 age group. Punch biopsy and culture investigations are needed for repeated nadivrana for diagnosis. The lesion not responding conventional therapy so surgical treatment is required with treatment of tuberculosis. Symptoms are seen as UPADRAVA of RAJAYAKSHMA told by VANGASENA and SUSHRUTA.

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## 11. Case presentation of deep venous thrombosis

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Vd. Joglekar Nikhil Hemant, R.A.Podar Medical College (ayu), Worli, Mumbai-18

Email address: [drnikhiljoglekar@gmail.com](mailto:drnikhiljoglekar@gmail.com); Mobile no. : 08767772865

**Guided by** Vd. Rewadkar-Kole Meenakshi, Asst. Professor,  
R.A.Podar Medical College (ayu) Worli Mumbai

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### Abstract

Deep venous thrombosis is one of the complicated disease which most commonly occurs in patients who are bed ridden .it can also occur as a complication of the some diseases like nephrotic syndrome in which blood is in hypercoagulable status. Treatment of D.V.T. is administration of fibrinolytic drugs like heparin and warfarin. Though these medicines are very much ideal for the treatment of D.V.T they have potential risk of developing bleeding. So these medicines are given with high precaution preferably in the intensive care unit. Most common complication of D.V.T. is pulmonary embolism which is life threatening. So no one can think about treating D.V.T. by ayurvedic principles. But this is the case of D.V.T. which was successfully treated by using ayurvedic medicines and principles

### Key words

Deep Venous Thrombosis, unilateral limb swelling, Hoaman'sign Kaphaj shoth, Apatarpan chikitsa, Jaloukavacharan,

### INTRODUCTION

DVT is the presence of coagulated blood, a thrombus, in one of the deep venous conduits that return blood to the heart. The clinical feature is that symptoms like pain and swelling are often nonspecific or absent. However, if left untreated, the thrombus may become fragmented or dislodged and migrate to obstruct the arterial supply to the lungs causing potentially life threatening pulmonary embolism. Early recognition and appropriate treatment of DVT and its complication can save many lives.

Rudolf Virchow described 3 factors that are important in the development of venous thrombosis. They are as follows-

- (1) Venous stasis
- (2) Activation of blood coagulation
- (3) Vein damage

No single physical finding or combination of symptoms and signs is sufficiently accurate to establish the diagnosis of DVT. The classical finding of calf pain and medial thigh pain on

dorsiflexion of the foot i.e. Hoamans' sign is specific but insensitive. This sign may be present in 50% of patients without DVT (Ref.no.1). Discomfort in calf region on forced dorsiflexion of the foot with the knee straight has been time honoured sign of DVT. Patient may present with complains of oedema which can be pitting or nonpitting in nature. It may have variable discolouration of lower extremities. Most common abnormal hue is reddish purple from venous engorgement and obstruction. (Ref.no.1)

### Case reports

Case history:

- Pt name: A.B.C.
- Age : 35 years sex : Female
- Residence : Mumbai Native: south Indian
- Occupation : Tailor
- D.O.A : 16/09/2011 D.O.D : 24/10/2011

C/O:

- Edema over left lower limb. . . Since two years
- Pain in left leg . . . Since two years
- pain worsens on walking and climbing the steps
- Tingling numbness in b/ l lower limbs
- Aruchi hrullas

#### History of present illness:

Patient was apparently all right 2 years back. Then she developed fever with chills followed by pain and swelling in left lower limb. No history of trauma to left leg, patient has taken allopathic and ayurvedic treatment in Hyderabad. But couldn't get relief and hence she approached the hospital for treatment

**History of the past illness:** P/H/O jaundice 3 years back,

H/O appendicectomy 10 years back

H/o T.L. done

Menstrual history unremarkable

**L/E:**

	Lt leg	Rt leg
Edema	: Present on dorsum of the foot	Absent

	Calf region and just above the knee	
Pain	: Present increases on walking and relieves by rest	Absent
Tenderness	: Present on calf region	Absent

## INVESTIGATION

### Colour Doppler:-

- There is thrombosis of anterior tibial vein in the left leg, No evidence of flow .Sub cutaneous edema is seen in the left leg and foot.
- CBC : Hb : 10.5 gm % , RBC  $3.7 \times 10^5/\text{mm}^3$ , WBC :  $7200/\text{mm}^3$  LFT and RFT : WNL, PT : 13.2 INR : 1.02, Smear for filariasis : negative

### Nidan panchak:

**Hetu: Aharaj:** nitya dosa idali sewan – guru, abhishyandi, madhura lawana rasatmak ahar  
amla wipaki ahar

**Viharaj** – tailor occupation, H/O abdominal sugery appendicectomy

**Poorwaroop:** awyakta

**Roop:** Sira koutilya, waam adhoshakha pradeshi chirakari shotha, snigdha sawarna  
shotha, chankramanottar paadpradeshi shool, wruddhi

**Nidaan:** Ekanga Shotha (waam paad) kaphapradhaan ekang shotha

Diagnosis according to modern medicine:-DEEP VENOUS THROMBOSIS

- Differential diagnosis:

Unilateral lower limb edema: - (1) Filariasis (2) DVT (3) arthritis  
(4) Cellulites (5) insect bite allergy

Bilateral lower limb oedema: - (1) hypoalbuminia (2) impaired renal function  
(3) Cardiac failure (4) drug induced (Amlodipine)

Pathophysiology of shotha as mentioned in ayurvedic samhitas says that because of hetu sewan, vitiated waayu enters in baahya sira. It causes dushti of kapha pitta as well as rakta. All this dosh dushya sammurchana cause obstruction to normal movements of waat dosha .Hence circulation of rasarakta dhaatu hampered in that area, cusing oozing of ab dhaatu out of sira in the region before obstruction. It overt as utsedha in that region and is called as shotha. (ref no2.)

चिकित्सा सूत्र :-

(१) उपाचरेत स्नेहभवं विरुक्षणैः। कफोत्थितम क्षारकटुष्णसंयुतैः।

समुत्र तक्रासवयुक्तिभिर्जयेत॥ च.चि. १२/१९ (ref no3.)

(२) यथादोषं यथासन्नं शुद्धिःरक्तावसेचनम्। कुर्वीत मिश्रदोषे तु दोषोद्रेकबलाश्रितम् ॥

### Treatment Given

#### Aabhyanter :

- 1) Aarogyawardhini wati 500 mg vyaan kali
- 2) Punarnawashtak + Mustaadi Apararpan Kwaath 30 ml bid before meal.
- 3) Kumbha jatu vati 500 mg vyaan kali

#### Bahya :

lepa : Lepa Goli

Jalaukavacharan :- in the course of Anterior Tibial Vein

5 sittings at interval of 10 to 12 days

#### Observation:

Symptoms	Before	After	Left lower limb dimensions in cm		
			Area of lower limb	before treatment	After treatment
Shohta	+++	+	Thigh region	39.5 cm	38 cm
Chankramanottar shool	+++++	+	Knee jt region	35 cm	31 cm
Aruchi	++	Absent	Calf region	29 cm	27 cm
Anannaabhilasha	++	Absent	Ankle region	23 cm	22 cm
Hrullas	++	Absent	Foot region	22 cm	20.5 cm

Date wise changes in venous colour Doppler of lower limb

16/9/11 :- There is thrombosis of Anterior Tibial Vein in left leg. Impression – Deep Vein

Thrombosis seen in left leg. Subcutaneous edema seen in left leg & foot

12/10/11:- Proximal anterior tibial vein is patent. Distal Anterior Tibial Vein shows no flow

Even on augmentation. As compared to previous colour doppler there is

Recanalisation in the proximal anterior tibial vein.

28/12/11:- anterior tibial vein in its mid and distal part shows wall thickening with normal

Colour flow augmentation is present. Features suggestive of complete  
Left anterior tibial vein.

## DISCUSSION

As the patient was diagnosed as having santarpanjanya wikaar the line of treatment was decided as apatarpan chikitsa because

सन्तर्पणानाम् व्याधीनम् अपतर्पणम् एव औषधम् ।

Kalpa	Contents	Pradhaan guna	Pradhaan karma karma
1.Aarogyawardhini	Kajjali, Loha, Taamra, Triphala, Shilajatu, Guggul, Kutaki Nimba bhavana	Katu, Tikta, Kashaya Rasatmak .Katu Vipaki, Ushna Veerya, Laghu Gunatmak Ruksha	Deepan, Paachan, Kledashoshan, Bhedan Kaphapittahar, Raktashodhak
2.Kumbhajatu	Kumbhi, SHILAJATU, Taamra Bhasma, Loha Bhasma	Ushna, Teekshna,	Kaphhar ,Sanghaat Nashak. Granthibhedan
3.Punarnawashtak (ref.no.4) + Mustadi Apatarpan Kwaath(Ref no.5)	Punarnavashtak + Musta, Aaragwadha , Patha, Karanja, Gokshur, Haridra, Daruharidra ,	Tikta Rasapradhan , Katu Veerya, Anushna Veerya Laghu, Ruksha	Kledashoshan, Mootral, Shothanashak Improve circulation
4. Lep goli for lopen	Punarnava , Lodhra, Chitrak,Shunthi, Guggul, Haridra, Triphala, Gomutra	Baahya Lapan : Katu Tikta Kashaya, Ruksha, Ushna Teekshna Sukshma	Paachak , Kledshoshak Shothahar,

Drugs used in this patient were Aarogyawardhini, Kumbhajatu, Punarnavashtak & Mustadi Apatarpan Kwath along with Lepa goli for external application and Leech application.

Aarogyawardhini contains drugs like Loha Bhasma, Taamra Bhasma, Shilajatu, Guggul and all fortified with Kutaki to increase its potency. Thus all these drugs in combination with each other cause lekhan of granthi, .also they are Srotoshodhan drawyas.

The other compound used was kumbhajatu wati which is a proprietary market preparation which mainly contain herbal drug Kumbhi, Taamra bhasma, Shilajatu , lohabhasma it is again kaphagna and lekhan.

The ace in the treatment is SHILAJATU. It has Kaphhar, Sanghaat nashak Granthibhedan properties.

Drugs used in Punarnawashtak kwath and Mustadi Apatarpan kwaath also have Rukshan and Kaphagna property, it is well known that Punarnawa is Shothahar and improve blood circulation, so while removing the Granthi it helps to make the blood flow properly through the affected vein.

Lepa goli is used as local application for bahya lepan, they at locally as kledashoshan and hence help to reduce edema, and relieve pain.

Jaloukawacharan also played important role in the whole treatment .because raktamokshan has to be done in ekang shotha chikitsa. Leech secretes Hirudin in their saliva at the site of bite that actually acts as anticoagulant and helps to dissolve the blood clot.

### Conclusion

Thus in combination with these simple ayurvedic principles and kalpas which were administered both internally and externally, a challenging disease like D.V.T can be successfully treated. Treatment of D.V.T. itself is very much complicated. When patient is on treatment with heparin and warfarin he has to be closely monitored with prothrombin time level and I.N.R. (i.e. international normalized ratio calculated by dividing patients prothrombin time by control prothrombin time). many a times serious complication occurs such as the hemorrhage, development of patachae, deranged creatinine profile due to the medicine overdose. So alternatives like above regimen should be tried out. Though this study was done only on one patient, many patients should be tried out to get the final firm conclusion.

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**12. Study the efficacy of ‘Kantakari Japa Kusum SiddhaTail’ as a external application in the management of ‘Darunaka’**

Vd. Shailesh M. Kinge, PG Scholar, Prof. Vd. M.V. Mokashi, Guide & HOD,  
Vd.S. G. Girbide, Professor, Department of Rognidan Yashwant Ayurved College,  
Post Graduate Training & Research Centre, Kodoli,

**Introduction:**

Today is the era of advertisement. While watching any TV channel we come across many advertises of personal care products. These products mainly include remedies for hair, skin, nail & eye care.

Healthy black hairs are dream of everyone. Women and also men from ancient era to 21st century are fond of thick black hairs and Ayurveda has got a specific answer to all problems related to hairs.

India being tropical country hair problems like Dandruff (Darunaka), hair loss, grey hair, split hairs etc are quite common. So India is an ideal market for those products. But consistent use of anti dandruff products may lead to dry and split hairs.

Ayurveda has described ‘Darunaka’ in the chapter of Kshudraroga. Sushrutsamhita describes signs and symptoms of ‘Darunaka’ as follows:

दारुणा कण्डुरा रुक्षा केशभूमिः प्रपाच्यते ।

कफवातप्रकोपेण विद्याहारुणकं तु तम् ॥ (सुश्रुत निदानस्थान १३)

Also many remedies are described in Ayurveda in many texts for ‘Darunaka’. ‘KantakariJapa kusum siddha tail’ is one of the drugs used in management of ‘Darunaka’. It is described in Yogaratnakara.

कण्टकारीफलरसैस्तुल्यं तैलं विपाचयेत् ।

जपापुष्पद्रवैर्वाऽथ तल्लेपो दारुणप्रणुत् ॥ (योगरत्नाकर क्षुद्ररोगचिकित्सा)

Side effects from ‘Kantakari Japa kusum siddha tail’ are not yet noted anywhere. To check the efficacy of the same, proposed study is taken.

**Aim:**

To study the efficacy of ‘Kantakari Japa kusum siddha tail’ as a external application in the management of ‘Darunaka’.

**Materials:**

- 1) Til tail



- 2) Japa kusum swaras
- 3) Kantakari phal swaras

'*Kantakari Japa kusum siddha tail*'. was prepared by tail siddhi kalpana as described in Sharangdhar Samhita.

### **Methodology:**

#### **Selection of patient:**

60 patients selected randomly. Patients will be treated in outpatient department.

#### **Group A:**

30 patients treated with external application of '*Kantakari japa kusum siddha tail*'.

#### **Group B :**

30 patients treated with external application of '*Til tail*'.

#### **Inclusive Criteria:**

1. Age: 18 to 40 yrs
2. Sex: both ,male -female
3. Any economical class
4. Patients having following signs & symptoms will be included in study:
  - a) Twaksphutan (scaling of scalp)
  - b) Kandu (itching)
  - c) Keshchuti (Loss of hairs)
  - d) Pitika on scalp

#### **Exclusive Criteria:**

1. Age below 18 yrs and above 40 yrs
2. Secondary infected scalp
3. Psoriasis of scalp
4. Any other skin disease related to scalp
5. Chemotherapy & radiation therapy of CA patients

#### **Restrictions of Aahar & Vihar:**

- Patient was allowed to take his/her own normal diet.
- Patient was advised to wash the hairs with lukewarm water daily during the course of treatment and avoid use of any other anti-dandruff remedy.
- Patients was advised to wash their hands before application of '*Kantakari japa kusum siddha tail*'

- Nails of hand should be removed & local hygiene should be maintained.

**Parameters:**

Subjective:- Kandu

Objective: - Pitika on scalp

-Keshchuti

-Twaksphutan

**Follow ups:**

- Follow up was taken on day 7, 14, 21, 30.
- A special proforma was prepared for collection of data on successive follow ups.

**CONCLUSION:**

Following conclusions was drawn from the present clinical study.

**Conceptual:**

Application of External application (*Shiro Abhyanga*) has been prevalent since samhita period. Darunaka of Ayurvedic classics can be correlated to dry variety of pytriasis capitis of contemporary science. Darunaka is a complex phenomenon and various factors are involved in its pathogenesis. Hence various treatment aspects have been mentioned in the Samhitas.

Among the different treatment procedures, *Shiro Abhyanga* is of importance as it is easy to practice, adaptable, cheaper and widely accepted. Considering mode of action of abhyanga on Shiras, it causes stimulation of circulation by which drug exhibits its action to counteract Darunaka.

**Clinical:**

In the present clinical study, 60 patients presenting with the features of Darunaka were studied in two different groups containing ten in each. Katakari japapushpa taila Shiro Abhyanga group was named as Group A and Tila taila Shiro Abhyanga group was named as Group B. The incidence of Darunaka showed that, 100% (60 pt's) of patients had Rookshata, kandu, and Twaksphutana and 85% (51 pt) had Keshachyuti. Since Darunaka is characterized by the presence of *rookshata*, *kandu* and *twak sphutana* all the patients had these complaints.

Consideration of overall effect of therapy after one month of treatment showed that in A group complete remission was found in 30% , marked improvement was found in 30%, moderate 30% and 10% mild relief. In patients of B group only 30% moderate relief and 10% mild relief from the Darunaka was noticed and 60% of the patients found no relief.

*Kantakari japapushpa taila shiro abhyanga* has higher significant effect in pacifying the symptoms of Darunaka and marked reduction in clinical symptoms was well appreciated within one month duration.

Overall effect of therapy showed supremacy of *Kantakari japa pushpa taila shiro abhyanga* as treatment regimen than *Tila taila Shiro abhyanga*.

As the preparation of *Kantakari japa pushpa tail* had only three ingredients which are easily available and also easy to prepare. Hence *Kantakari japapushpa taila* can be used in daily practice.

There was no topical and systemic adverse drug effects noted at the end of the study and this preparation was definitely had the potential effect to treat Darunaka.

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### 13. MUSCULAR DYSTROPHY IN CHILDREN AN AYURVEDIC VIEW

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**Ujjwala D.More, M. D. (Sch.),** Department of sharirkriya Y.M.T.Ayu.Medical College,  
Kharghar, Navi Mumbai, [E-Mail.ujmore@gmail.com](mailto:E-Mail.ujmore@gmail.com) Mob no.8879348160

**Guide: C.Y. Bangarwar (M.D)** H.O.D. Dept. of Sharirkriya,  
Y.M.T.Ayu. Medical College, kharghar, Navi Mumbai.

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#### **Abstract:**

The term dystrophy is derived from Greek word Dys (Faulty), Trophy (Nourishment). Any disorder caused by faulty nutrition is called as dystrophy. Muscular dystrophy means abnormal growth or nourishment of muscle fibers.

Muscular dystrophies are a group of genetic disorders that causes weakness & muscle wasting, primarily in the skeletal muscle. It is a genetic disorder with X-linked recessive inheritance. The disease has high mutation frequency (1 in 3500 live male births).

Most forms of muscular dystrophies are progressive in nature & tend to worsen the condition with time. As per as the treatment concerned modern science is nothing to do with such an affected child. Modern drug have no significant influence on the course of the disease. The physiotherapy & very rarely surgical measures are helpful to keep the child ambulatory & delay the process of weakness of muscles. All these causes increased number of patients approaching towards the Ayurveda as a ray of light.

**Key words:** Muscular dystrophy, children, Ayurvedic view

#### **Muscular dystrophies are having four criteria:**

1. Primary myopathy,
2. It has genetic base,
3. The course is progressive,
4. At some stage of disease degeneration & death of muscle fibers occurs.

Muscular dystrophies are a group of unrelated diseases, each dystrophy having different genetic trait & each differing in its clinical course & expression. Some are severe diseases at birth or lead to early death, other follow very slow progressive course over many decades.

### Types of muscular dystrophy:

1. **Duchenne's muscular dystrophy:** DMD is sex linked recessive disease & most common of the muscular dystrophies.
2. **Becker muscular dystrophy:** It is same fundamental disease as DMD with genetic defect at the same locus but clinically follows a milder course.
3. **Emery – Dreifuss muscular dystrophy:** It is X linked receive disease & very rare. Muscle weakness starting in the shoulder, upper arm & lower legs. Life threatening heart problems are common part of this disorder.
4. **Myotonic muscular dystrophy:** It is most adult form of muscular dystrophy. Resulting from defect in production of enzyme myotin protein kinase.
5. **Limb – Girdle muscular dystrophy:** Inherited as either autosomal dominant or receive & most often seen in the adolescent or early childhood. The weakness starts in the hips & moves to the shoulders.
6. **Facio – Scapulo – Humeral muscular dystrophy:** Autosomal dominant muscular dystrophy. Common early signs are slopping of shoulder as well as difficulty in raising the arms over the head & closing the eyes.
7. **Congenital muscular dystrophy:** Autosomal receive muscular dystrophy & symptoms can be noted from the birth.

### Diagnosis:

#### 1. Blood test:

To estimate serum creatininephospho kinase level (CPK), SGOT, SGPT, lactatedehydrogenase, aldolase are elevated. CPK is elevated in most of the carrier females and in the patients especially in the early stages even before the clinical manifestations become obvious.

#### 2. Electro myography (EMG):

EMG shows characteristic myopathic features. It can give the dystrophy diagnosis but can't distinguish the specific type of muscular dystrophy.

#### 3. Hystopathology studies:

Muscle biopsy shows diffuse changes of degeneration ,variation in size and central nuclei of the muscle fibers.

**Management:**

- There is neither medical cure for this disease nor a method of showing its progression.
- Patient should be treated for cardiac myopathy & pulmonary infections.
- Preservation of good nutritional state is important.
- Adequate calcium intake is important to minimize osteoporosis in boys confined to wheelchair.
- Physiotherapy delays but does not always prevent Contractures.
- Protein dystrophin mini gene therapy is under trail in animals.

**Ayurvedic view:**

It is necessary to identify the cause, classification, symptoms & treatment of the Muscular dystrophy in the terms of Ayurveda to treat the patients in better way. As the very name indicates the disease presents clinically with manifestation of muscle wasting it can be considered as Mamsasosha.

**Classification of disease according to Ayurveda:**

Because of their genetic origin they can be included under AdibalapravruttaVyadhis.

**Nidan:**

**Three main factors can be considered as a cause of Muscular dystrophies these are**

1. Partly vitiated shukra or Shonita,
2. Specific beejabhaga or beejabhagavayav vitiation,
3. Defect in matrujabhava as mamsa derived from maternal factors.

**Samprapti:**

Due to above mentioned nidana the concerned beejabhagavayav (Specific gene) required for synthesis of specific datvagni (Enzymes like CK) may be defective which affects the Dhatuprinama resulting in muscle degeneration.

Since the Rakta Dhatu is deficient in enzymes, proper conversion of Rakta Sara bhaga into Mamsa does not occur which leads to accumulation of Rakta Sara bhaga producing ama. The part of Rakta Sara bhaga is necessary for the proper development of other succeeding dhatus, some of the features like pseudohypertrophy of the muscle with fat & other connective tissues infiltration associated in some of dystrophies are seen because of improper development of Rakta Sara bhaga.

The clinical manifestation with respect to doshas reveals that there is predominance of pitta dusti from initial stage, which is marked by defective Dhatuprinama. The genetic involvement at the level of non-production of concern enzymes results into Raktadusti & vitiation of pitta that results in kaphakshaya. The gradual involvement of vata is indicated by progressive impairment in chesta & gati. The main reason for the vitiation for vata is Dhatukshaya especially that of Mamsa Dhatu emptying the respective srotasaj.

### **Roopa:**

As vata gets vitiated, roopas like progressive impairment in chesta & gati, sankocha, sthamba are seen in muscles. As a vitiation of pitta, impairment in the metabolism is seen. As vitiation of kapha, the quality like sthiraatwa is impaired.

### **Sampraptighataka:**

- Dosha: Tri dosha.
- Dushya: Mamsa, Rakta, Rasa.
- Agni: Jatharagni, Rakta & mamsa dhatvagni.
- Adhithan: Mamsa.

### **Sadhyasadyatva:**

Due to inherent defect, the disease becomes asadya but it can be made yapy by early detection & necessary at a proper time.

### **Management:**

### **Aim of the treatment:**

- To arrest or slow down the progress of the diseases so as to maintenance of independent walking for as long as possible.
- To assist the child to lead a normal life as possible physically, socially, emotionally & intellectually.

#### **Treatment plan according to Ayurveda:**

- Considering the genetic origin, sannipatic nature and yapya prognosis of the disease, the management should be aimed at bringing back the equilibrium of the vitiated doshas by proper, timely and continuous langhana and brumhana procedures.
- The etiopathogenesis of the disease is mainly concerned with Sannipatic with pitta predominance and dhatvagnimandya in initial stage and hence management should be deepana, pachana followed by pittaharaghratapana and virechana with madhura, Tikta and sheetadravyas.
- In the second stage, the vitiation of pitta results in kaphakshaya and consequent mamsakshaya. Hence the treatment should be timely use of brumhana and rasayana drugs.
- Vattik complications in the third stage are caused by kaphakshaya and consequent Dhatukshaya. Hence these complications should be managed by snehana, swedana and mridusweda.
- Hence general line of treatment in muscular dystrophy should be deepana, pachana and snehana with madhura, Tikta, sheeta drugs followed by mridushodhana, brumhana and rasayana.

#### **Drug generally used for the treatment of muscular dystrophies:**

- Trikatuchurna: For Deepana, Pachana.
- Indukanta ghrita, Panchatikta ghrita: For Snehana.
- Mahamashataila: For Abhyanga.
- Sashtishalipindisweda: For swedana.
- Trivritaleha: For mriduVirechana.
- Mustadiyanbasti: For brumhana.
- Ashwagandhaghrita: For rasayana.

#### **CONCLUSION :-**

Ayurvedic treatment is very effective in muscular dystrophies of children.



Ayurveda as a ray of light for muscular dystrophies of children.

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## 14. ROLE OF AHARA VIDHI VIDHANA IN TODAYS LIFE

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**Jyoti Jangale;** Final Year P.G.Scholar, Department of sharirkriya  
 Y.M.T.Ayu.MedicalCollege, Kharghar, Navi Mumbai.  
 E-Mail address:-dr.jyotijangale@gmail.com

**GAUIDE : C.Y.Bangarwar (M.D)** H.O.D. Dept. of Sharirkriya,  
 Y.M.T.Ayu. Medical College, kharghar, Navi Mumbai

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### ABSTRACT

The main aim of Ayurveda is to maintain the health in a healthy person and to cure the disease. To attain this Ayurveda mainly concentrates on various rules and regulations. Aharavidhividhana is one among that. If the Aharavidhividhana is followed properly, it helps to increase health and enhance the life span.

Whatever is ingested or eaten with mouth is called, Aahara which includes solid as well as liquid food items.

Ayurveda has equated the human body with the building. Pillars are required to make the building stable. Similarly the need of three pillars (Stambha) and three supporting pillars (Upastambha) have been emphasized for the human body. The three pillars are three doshasvata, pitta and kapha. The three supporting pillars are Aahara (diet), Nidra (sleep) and Brahmacharya (celibacy).

The time, place, quantity and manner of Aahara intake are also necessary. Aahara taken in proper manner helps in the proper growth of the body on contrary if taken in improper manner leads to various diseases. Thus Aharavidhividhana plays a significant task in both causation and curing of the disease. Nidanaparivarjana (avoiding the causative factors) is considered to be the main line of treatment. Properly followed Aharavidhividhana keeps the body healthy and prevents the diseases.

**Key words:** Ahara; Aharavidhividhana

### IMPORTANCE OF AAHARA

Regarding the importance of food, Ayurveda quotes various references in each and every step.

Acharya Charak has mentioned the importance of Aahara in formation of foetus up to treatment of diseases. It is one of the factors of Sharir Vruddhikar Bhava and Bal Vruddhikar Bhava.

Aahara Vidhi Vidhana are that should be methodically accomplished while eating. It should be followed by healthy as well as sick persons. According to Acharya Lolimbaraj, If one adamantly follows pathya then he doesn't require any medicine but if one doesn't follow pathya then the medicine is of no use. It clearly implicates the importance of pathya, which mainly includes Aahara.

According to Acharya Sushruta, So important is aahara, that it is considered responsible for origin, maintenance and destruction of not only this world but also Bramhadiloka.

According to Taittiriya Upanishada, Man is originated from food.

According to Acharya Charaka, Man disciplined to remain on diet, lives for 36,000 nights or hundred years without getting ill.

According to Acharya Kashyapa, The qualities endowed to aahara is only seen when rules and regulations regarding Aaharasevana is followed. He has referred Aahara as Mahabhaishajya

### **AAHRARA VIDHI VIDHANA**

As wholesome diet plays a crucial task in growth and development of the body, person has to patiently know which is wholesome and which is unwholesome to him. Wholesome varies from person to person. The Aahara which is Saatmya (wholesome) to one person may be Asatmya (unwholesome) to other. Regarding the Saatmya-Asatmya qualities of food, Ayurvedic classics have laid down some rules and regulations. A man taking wholesome food, but without pursuing the rules may become a victim of various discomforts. Unwholesome food if taken also bestows the same effect. On the other hand the wholesome food taken with proper rules aid to restore the dynamism in sick. Thus one should observe the Aaharavidhividhana, to achieve proper digestion, assimilation and health of the body. Both healthy persons as well as patients should follow the Aaharavidhividhana. Following are the Aaharavidhividhana which are to be considered while taking food:

**USHNAM (HOT) :** One should eat warm food. This is because such food is pleasant to eat, it increases appetite and secretions of digestive juices, gets easily digested, facilitates passing of flatus and decreases kaphadosha. Therefore warm food should be consumed.

**SNIGDHAM (UNCTUOUS) :** One should eat unctuous food. This is because it is pleasant to eat, enhances weak agni, easily digested, passes flatus, nourishes body, strengthens special senses, increases body strength and provide colour and lustre to body.

**MATRAVAT (PROPER QUANTITY) :** One should eat proper quantity of food. This type of food without vitiating the three types of Doshasvata, pitta and kapha, only nourishes the body. Faeces are excreted smoothly. It does not affect agni. It brings about proper digestion. For this reason, calculated amount of food should be consumed.

According to Acharya Charaka symptoms of Matravat Aahara for an individual are stomach should be divided into three parts. One part should be filled with solid foods. One should be filled with liquid food and one should be kept empty for the movements of three doshas.

**JIRNE ASHNIYAT (INTAKE OF FOOD AFTER PROPER DIGESTION OF PREVIOUS FOOD) :** Food should be taken only when previous meal is digested. If eaten before digestion of previous meal, the food gets mixed with previous semi digested food. This leads to instant provocation of all three Doshas.

After the proper digestion of previous food, all the three Doshas remain in their physiological limits, agni is enhanced, the strotasa gets widened; one feels hungry, belching without any odour, no pressure on heart is felt and flatus, urine and faeces are passed smoothly.

When the food is ingested after seeing the above signs, the food nourishes all dhatus without vitiating them and increases lifespan.

**VIRYA AVIRUDHHA (COMPATIBILITY) :** While eating, food items possessing contradictory potencies should be avoided together. Consumption of such food items generates various diseases like kushtha, visarpa, impotency, hereditary disorders, etc and even death.

The viruddhaaaharasevana results in the formation of dushitaaahararasa which starts the vicious cycle of vikrutdhatuutpatti, leading to above mentioned diseases. The one who doesn't eat such combination of food item is protected from such diseases.

**ISHTA DESHE AND ISHTA SARVOPAKARANA (DESIRED PLACE AND VESSELES)**

The dining place should be appropriate and the utensils or cutlery should be proper. Dining in improper or unhygienic place and using wrong cutlery has bad psychological effects.

Proper dining place and use of proper cutlery prevents one from these bad psychological effects.

**NA ATI DRUTAM (NOT IN HURRY) :** One should not eat very fast. If eaten very fast, the food may go into trachea, lungs ect or other cavities instead of digestive tract or may cause choking. One may unknowingly ingest the grit or hairs present in the food. Thus one should avoid eating very fast.

Acharya Chakrapani has explained in his commentary that since one doesn't realize the dosha i.e. grit / hairs in the food and unknowingly ingest the food therefore the benefits offered by the food is not received by the person.

**NA ATI VILAMBITAM (NOT TOO LATE) :** One should not eat very slowly. Due to eating slow, satiety is not reached even after ingestion of excess food, the food gets cold and it is digested disproportionately.

**AJALPAN, AHASAN, TANMANA BHUNJITA (WITHOUT TALKING, LAUGHING AND WITH DUE CONCENTRATION) :** One should not indulge in talking or laughing but concentrate on the food while eating meals. If one talk, laugh or indulge in some other activities while taking meals, he suffers from same drawbacks as that of eating fast.

**ATMANA ABHISAMIKSHYA BHUNJITA (TAKEN AFTER PAYING DUE REGARD TO ONESELF) :** One should always eat according to one's own requirement i.e. whether the food is beneficial or not to the person.

## CONCLUSION

Aharavidhi Vidhana is one of the most important rules and regulations put forth by Ayurvedic classics for the attainment of the main aim i.e. maintenance of health in healthy person and curing the disease in diseased.

These Aharavidhi Vidhana should be applied along with proper diet. Wholesome diet if taken in improper way can lead to diseases. In the same way improper diet taken in proper manner leads to disorders. Hence, the equal importance of Ahara along with Ahara Vidhi Vidhana should always be considered, in maintenance of health and prevention of diseases.

Diet or Ahara can be considered as Samavayi Karana where as Ahara Vidhi Vidhana being a kind of Karma or method is considered as Asamavayi Karana for the life entity. Both Ahara and

AharaVidhividhana are helpful in getting good health and prevention of diseases. Thus Ahara is the DravyabhutaChikitsa where asAharavidhividhana is the Adravyabhutachikitsa.

All these Aharavidhividhana are dependent on each other and they should be considered

collectively. By following of only one of these rules one cannot achieve the expected results. E.g. Ushna, Snigdhaetc food articles should be used by considering the Matra, Both Atimatra and Hinamatra lead to ill health. Similarly Matravat Ahara if taken without concentration, with incompatibility etc does not give desired result. Thus importance of each statement should be considered, along with the collective effect, of all the statements.

Thus both Ahara (Diet) and AharaVidhiVidhana (Dietetic rules) are equally important. Proper utilization of both maintains healthy condition on contrary improper utilization leads to various diseases.

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## 15. BODY DONATION NEED OF TODAY'S SCIENCES

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Gaglani Meha Kishor M. D. (Sch.) Sharir Rachana Dept., G.A.C. Nanded

Email- [drmeahagaglani@gmail.com](mailto:drmeahagaglani@gmail.com)

Guided: Muley S. K Associate professor, Sharir Rachana Dept., G.A.C. Nanded

[Email-drskmuley1960@rediffmail.com](mailto:Email-drskmuley1960@rediffmail.com)

Shelke D. S, Assistant professor, Sharir Rachana Dept, R.A. Poddar Medical College (Ayu)  
 Worli Mumbai.18, Email –[sdinbandhu@gmail.com](mailto:sdinbandhu@gmail.com)

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### INTRODUCTION :-

Anatomy, the study of the structure of the human body is one of the first, most basic and yet one of the most important subjects studied by medical students when they begin their medical career. Teaching and research in anatomy is mainly based on cadaver dissection. A sound knowledge of anatomy is essential from the beginning of a medical education. With the mushrooming of Medical Institutions in the country, there is ever increasing demand of cadavers for anatomy dissection. Unclaimed bodies are no more the origin of cadavers, but the bodies are coming from body donation programs.

Body donation provides students and researchers with unparalleled opportunities to study the human body. Books and computer programs can't replicate the hands-on method of teaching human anatomy. There is no substitute for the human body in the teaching of human anatomy. The experience and education gained through the use of human cadaver through dissection is far superior and very different than the learning provided by artificial substitutes and textbooks.

Body donation is defined as the act of giving one's body after death for medical research and education. The terms Anatomical Donation, Body Donation or Body Bequest are commonly used as synonymous.

### AIM :-

Dehdan (body donation) need of medical education.

### OBJECT :-

To collect literature regarding body donation.

To collect Ayurvedic literature regarding dehdan.

### MATERIAL AND METHODS :-

Literature regarding Body Donation and literature regarding Dehdan.

It is a Literary study design.

### **DISSCUSSION :-**

Cadavers and donated bodies are principal teaching tool (for anatomists and medical educators) for teaching gross anatomy. Thus a person can give back to society and give a student a chance to learn something that can influence generations to come. According to Delmas (2001): donation is a clear would be made by people free and informed. Donation is most often by altruism, conferring life on another. Body donation is regulated by various acts according to each country and is considered one of the modern expressions of solidarity.

### **Historical view :-**

Donation of body to science was unheard of up till 1832. Utilitarian Philosopher Jeremy Bentham's body was donated in 1832. It was according to Bentham's will. India first experienced of donation of body in the year 1956, Panduranga Sridhar Apte's body was donated at B J Medical College, Pune. Organised donation was made by Ganadarpan on 18 January, 1990 at RG Kar Medical College, Kolkata. The body was of Sukumar Home Chowdhury. Late Shri Shantanu Kirloskar An Industrialist, Dadasaheb gujar founder of Hadapsar Ayurved Mahavidyalaya.

### **Religious & cultural attitude about body donations :-**

There are ten Niyamas (or virtuous acts) in the Hindu scriptures, Daan (or selfless giving) is third, and is held as being very significance within the Hindu faith.

Dehdan in Hinduism is done at a different level. It is called Pinddan (Pind means body). The rationale behind it that, after death, the departed spirit misses its body. So it wanders around restlessly. This causes problems in the life of the family also. But if the body is donated back to the Nature through symbolic pinddan, by the descendants, then the soul is liberated and gets salvation. Also one gets the blessings of the ancestors and all obstacles in life are smoothed once Pind Dan ritual has been performed.

In Hindu mythology there are also traditions which support the use of body parts to benefit other. Great Hindu saint Maharishi " Dadhichi " is the frequent icons of body donations. He had liberated his soul using yogic power and handed over his body to the king of God Lord Indra who took all bones from dead body of Late Dadhichi and made a weapon to kill the Giant Vruttrasur who was Brahmins by Birth. This is the most rational and virtual example of Body donation answering all religious questions.

Buddhism honors those people who donate their bodies and organs to advance medical science and to save lives. Donation is an individual decision, but "dharma" ("good duty") suggests that



doing good for others is desirable. The Hindu religion is based on the “Law of Karma” and reincarnation. The soul lives forever and is immortal and gets reborn in a new physical form. There is nothing in the Hindu religion indicating that part of the dead human body cannot be used to alleviate the suffering of other human.

### **Purpose of body Donation :-**

Organ in living body can be donated for "therapeutic purposes and transatlantion".

Tissue donation is a more common option for people wishing to be donors, as there are very few medical reasons (other than having a communicable disease, such as HIV or hepatitis) a person would not be eligible to donate tissue.

Corneas or eyes, bone, skin, saphenous and femoral veins, and heart valves are tissues that can be transplanted. Great care is taken in the removal of tissues to ensure acceptable presentation of the body for funeral purposes. Generally, donation will not delay funeral arrangements, and tissue donation does not interfere with an open casket funeral for the donor.

### **Suitability of Donation :-**

There are various factors that may render the body unacceptable for an anatomical donation and some of these may not be obvious until the time of death. Since donated bodies are used to study the normal structure of the whole human body, normally all donated bodies are not accepted. Some of the reasons for rejection are:

1) autopsied body, 2) decomposition, 3) obesity, 4) extreme emaciation, 5) death from a contagious or communicable disease. 6) suicide or homicide (Medico-legal cause)7) removal of organs and tissues (except for eyes).

Acceptance or rejection of a donated body is a decision, the medical school makes at the time of donation. Under the law, the institution has the right to reject a body donation for any reason.

Suitability of body acc. to ayurveda:

Sushrut has mentioned norms for suitability of body donation in Sharirsthan chapter 5/61

Donors attitude :

There has been lots of resistance towards body donation. Some of main reasons are:

- 1) lack of awareness
- 2) Religious uncertainties
- 3) Distrust of medicine

#### 4) Hostility to new ideas and misinformation.

Society should accept that “using” body parts is moral. Mass media has played an important role such as Television, the Press and Radio, Magazines, Hoardings and Posters, Campaign about donation, Information given by Health Professionals etc. towards body donation.

It was observed that the medium with the greatest impact on the population is television. First launch special drive to encourage the movement of dehdan i. e. body donation and organ donation like blood donation, eye donation etc on large scale to create awareness among people, they should be assured that full respect will be given to their body after death.

The second factor is the press and radio

The third is magazines and talks with friends/family;

The fourth is hoardings and posters, and campaigns about organ donation;

The last factor is information given by health professionals.

#### **Precautions:**

Test the blood of diseased to make sure that there is no contagious disease. Tissue analysis should be done and send it to medical research facilities depending on field of research.

Inject formaldehyde to preserve body.

#### **Body donation precaution and Anatomy Act:**

The Anatomy Act, enacted by various states in India provides for the supply of unclaimed bodies to medical and teaching institutions for the purpose of anatomical examination and dissection and other similar purposes. Cadavers used by these institutions are usually unclaimed bodies obtained by the police. Occasionally they are donated by relatives of the deceased to teaching institutions according to the dead person’s wishes. An unclaimed cadaver can be obtained legally for purpose of dissection.

Anatomy Act is a State Act promulgated by the legislature and published in the State Government Gazette. The Act regulates the use of dead bodies for medical purposes. Almost anyone can donate for medical research and education. Age, disease, or state of health does not necessarily eliminate an individual from being a donor, but may affect which organs or tissues are actually used. All donors are screened for infectious diseases including HIV/AIDS, hepatitis B & C, active tuberculosis, syphilis, spore bearing organisms like C. Tetani etc. Donors who are known infected with any of these diseases are declined for donation.

#### **Anatomy Act in Indian context:**

In India, the Anatomy Act was enacted in 1949, which has been uniformly adopted in all states of the republic of India. It provides for the collection of a dead body for teaching purpose, only if death occurs in a state hospital or in a public place within the prescribed zone of medical institution, provided the police have declared a lapse of 48 hours that there are no claimants for the body and it could be used for medical purpose.

The Delhi Anatomy Act provides for supply of unclaimed bodies of deceased persons. It also provides for procedure for the disposal of unclaimed bodies in hospitals, prisons and public places.

The Mysore Anatomy Act, 1957, later amended as the Karnataka Anatomy (Amendment) Act, 1998 and enacted by Karnataka State ,

Defines ‘unclaimed body’ as “the body of a person who dies in a hospital, prison or public place or a place to which members of the public have access, and which has not been claimed by any person interested within such time as may be prescribed.”

Similar type of Law is available in Maharashtra and it is known as ‘BOMBAY ANATOMY ACT-1949’.

“ An Act to provide for the supply of unclaimed bodies of deceased persons [and for donation before death by a person of his body or any part thereof after his death] to hospitals and medical and teaching institutions H [for therapeutic purposes or] for the purpose of 4 [medical education or research including]’ anatomical examination and dissection.”

### **Conclusion:**

The execution of an anatomical gift is a gift of life. It can be the ultimate fulfilment of one’s own life. Body donation is a generous and unselfish act for those who wish to be useful to the living after death. Patnaik (2002) suggested that one should inculcate the habit of donation voluntarily the body after the death. Voluntary donation of body is not much different from donation of organs including eyes, kidney, liver, heart or simply blood; only a bent of mind is needed. It is seen that the decision of an individual to donate his/her body for anatomical examination is a vital contribution towards the understanding and advancement of medical science.

People should be motivated to donate their bodies. The decision to donate one’s body should not be made hastily but rather should be based upon sound reasons and convictions. Indeed body donation plays a critical role in helping medical students to master the complex anatomy of the human body and will provide researchers with the essential tools to help our patients of tomorrow. The Government should encourage and promote voluntary donation of dead bodies

and the public should be educated and maximum awareness of the importance of body donation would be given to ensure that there is no shortage of human bodies in medical institutions.

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**16. Study of Retinitis Pigmentosa with TriphalaGhrit Tarpana**  
**TYPICAL RETINITIS PIGMENTOSA**

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**Dr. Mayuri Subhash Dhokane, M. D. (Sch.)**, Dept. of shalakyatantra, Y.M.T.Ayu.MedicalCollege,  
 Kharghar, Navi Mumbai. ([drmayuridhokane@gmail.com](mailto:drmayuridhokane@gmail.com)) Mob.No.-8275201313/ 9930791262

**Guided : Dr.Pramod G. Garge (Ph.D)**, Prof & H.O.D. of. shalakyatantra Dept.,  
 Y.M.T. Ayu. Medical College, kharghar, Navi Mumbai.

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### **Introduction**

#### **Clinical Features**

##### *Inheritance*

*Autosomal recessive:* This is the most common mode of inheritance. Sporadic cases which do not have a family history also belong to this group. In these cases there is an early and severe form of retinitis Pigmentosa.

*Autosomal dominant:* This is the next common mode of inheritance. In these cases there is a benign course of retinitis Pigmentosa thereby the loss of vision and field is late.

*X-linked recessive:* This is the least common mode of inheritance. There is a severe form of retinitis Pigmentosa with early development of symptoms. Female carriers may have a normal fundus. Some cases may show involvement of a sector of fundus.

#### **Visual Symptoms**

*Nightblindness:* Nightblindness is the characteristic feature that manifests several years before the visible fundus changes. It is due to degeneration of rods.

Visual loss is usually gradual as many patients may maintain 6/60 vision even after 50 years of age.

#### **Visual Field Changes**

##### *Ring scotoma*

It is due to involvement of the equatorial region in early stage.

##### *Tubular field of vision*

Later the ring scotoma spreads anteriorly and posteriorly presenting peripheral constriction of visual field resulting in a narrow tubular field of vision.

#### **Ophthalmoscopy**

Optic disk is pale and waxy with blurred margins and ultimately evolves as consecutive optic atrophy.

Arteries are extremely attenuated and appear thread like in later stage.

Small irregular clumps of pigment scattered throughout the fundus mostly seen along the retinal veins or over the veins. Pigments resemble bone corpuscles in shape. Initially the pigmentary changes affect the equatorial region only projecting a ring scotoma. Later the pigmentary changes spread anteriorly and posteriorly projecting only a small tubular field of vision.

Some cases may show cystoid macular edema which is the cause for early visual loss.

### **Other Features**

Posterior capsular cataract which also results in loss of vision.

Open-angle glaucoma.

Patients are usually myopic.

Keratoconus.

Posterior vitreous detachment.

### **Management**

There is no effective treatment for retinitis Pigmentosa.

It is treatable but not curable.

Many measures have been adopted such as; vasodilators, placental extracts, transplantation of rectus muscles / omentum and vitamins but without any result.

**Stem cells injection** from bone marrow is under trial and showing encouraging results. Stem cells have capacity for self renewal and differentiation into mature cell type.

Low vision aids are helpful.

Rehabilitation as per his socio-economic status.

Counseling general, family and genetic counseling is needed.

### **ATYPICAL RETINITIS PIGMENTOSA**

Some cases may not show typical pigmentary manifestation though fundus shows attenuation of arteries, waxy pale disk and flat ERG.

#### **Retinitis Pigmentosa Sine Pigmentosa**

It is characterized by all the clinical features of typical retinitis Pigmentosa except the absence of pigmentary changes in fundus.

#### **Retinitis Punctata Albescens**

It is characterized by presence of innumerable discrete white dots scattered between posterior pole and equator without pigmentary changes. There is subsequent development of pigmentary changes, waxy pale disk and attenuation of arteriols the characteristic features.

### **Sectorial Retinitis Pigmentosa**

There is involvement of only one quadrant of the fundus. The progress of the disease is very slow.

### **Pericentric Retinitis Pigmentosa**

All the fundus finding are like that of typical retinitis Pigmentosa but the fundus changes are confined to central fundus sparing the periphery.

### **Clinical Examination**

#### **Visual Acuity**

About 25% patients retain good vision through the field of vision may be very narrow. Visual loss is gradual and most of them maintain 6/60 vision even after the age of 50.

#### **Field Of Vision**

There is ring scotoma in early stage

There is progressive contraction of peripheral field leaving ultimately only a tubular central field of 2 or 3°.

#### **Ophthalmoscopy**

Examine the fundus and media.

#### **Slit Lamp Biomicroscopy with Fundus Contact Lens**

It is required if there is a lesion at macula.

#### **Tonometry**

Glaucoma may be associated with retinitis Pigmentosa, A record of intraocular pressure shall be helpful to exclude or diagnose and treat.

#### **Dark Adaptation (Adaptometry)**

The test is clinically useful in the cases who complain of night blindness due to disorder of the retina as in case of retinitis Pigmentosa.

#### **Electroretinogram (ERG)**

Electroretinogram demonstrates the responses of the retina to full field stimulation by a flash of light.

The electroretinogram is the record of an action produced by the retina when it is stimulated by light of adequate intensity.

**Pattern Electroretinogram (PERG)** helps to assess the function of macula and to differentiate between macular and optic nerve dysfunction as a cause for delayed visual evoked potential response. An abnormal VEP with normal PREG suggests optic nerve dysfunction.

**Multifocal Electroretinogram (mfERG)** helps to assess the central macular cone function.

#### **Electrooculogram (EOG)**

The electrooculogram measures the standing action potential which exists between the cornea which is electrically positive and the back of the eye which is electrically negative . It is based on the activity of the retinal pigment epithelium and the photoreceptors. This means that an eye blinded by any lesion proximal to photoreceptors will show a normal electrooculogram. An advanced disease of the retinal pigment epithelium will show a significant electrooculogram response.

EOG helps in the diagnosis of Best macular dystrophy in which the EOG light rise is abolished in the presence of normal ERG.

#### **Visual Evoked Potential (VEP)**

The visual evoked potential test assesses the functional integrity of the visual pathways. The visual evoked potential gets affected by a lesion anywhere in the visual pathway from ganglion cells to visual cortex.

#### **तर्पणयोग्यनेत्र :-**

तकम्यत्यतिविशुष्कंयद्रुक्षंयच्चातिदारुणं । शीर्णपक्षमाविलजिहनरोगक्लिष्टञ्चयदभृशम् ॥

तदक्षितर्पणादेवलभेतोर्जामसंशयम् ॥ १७ ॥ सु. उ. १८/४४

Eyes which have become very inactive, dry, rough, hard, eyelashes fallen off, dirty, irregular and afflicted greatly by diseases, will derive strength without doubt from tarpana therapy.

#### **Duration Of Therapy-**

Tarpan should be given continues for 7 days & 7day rest.This is one cycle.This three cycles should be done for therapeutic use.

#### **Follow up-After 7 days.**

TRIPHALA GHRIT acts by its netrahitkarguna&provides nourishment to retina through bulbar conjunctiva.In this way, it avoids the degeneration of retina & provides strength.



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**17. A Comprehensive Study On Effect Of Surya Namaskar  
 On Cardio-respiratory Endurance**

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**Dr. Vikas C. Kathane**, Asso. Professor, HOD, Department of Swasthavritta  
 Mob. 9766619610, Email: vckathane@gmail.com

**Dr. Lalit V. Vithalani**, Asst. Professor, Kriya Sharir Department,  
 Mob. 8983715661, Email: drlalit.vithalani@gmail.com

**Dr. Sanjay A. Dalvi**, Asst. Professor, Rachana Sharir Department  
 Mob. 9420739139, Email: drsanjudalvi77@gmail.com

B.S. Ayurved College, Sawantwadi, Dist. Sindhudurg, Maharashtra.

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**Abstract: -**

Surya Namaskar The basic translation of Surya Namaskar is salutations to the sun. It is a very ancient tradition which has been in existence since the Vedic age. Surya Namaskar was first developed thousands of years ago by the ancient Hindus who worshipped the sun (Surya), as the creator of all things. Known variously as Surya Namaskar or Sun Salutation, is one of the best exercises that people can perform.

Scientific research has shown that yogic techniques produce consistent and beneficial physiological changes in human body. This research paper is dealing with the effect of Surya Namaskar on physical fitness of normal person especially cardio-respiratory endurance.

**Introduction: -**

Man has entered the 21st century with a lot of problems. In this modern age of advanced technology the level of facilities available for our convenience has increased, but it has somehow also lead to an increase in our problems related to health and emotions. Human life today is more stressful and unhealthy due to lack of physical exercise and sedentary lifestyle. Now a day people are searching for solution in Ayurveda and Yoga for the problems related to health.

The Surya Namaskar is performed usually early in the morning facing the morning rising Sun. The Namaskar is done in twelve steps, each step having its own posture (including position and form) with its own breathing pattern (inhalation or exhalation), and its own mantra. Surya Namaskar is a well-known unique method within the yogic practices, as it is the combination of Aasana and Pranayam. Its versatility and application make it one of the most useful methods to induce a healthy, vigorous and active life.

Surya Namaskar is a series of twelve physical postures. These alternating backward and forward bending asanas flex and stretch the spinal column and limbs through their maximum range.

**Aims and objectives-**

Surya Namaskar is well known for its role in improving physical fitness. This study is mainly performed to access the effect of Surya Namaskara on cardiorespiratory endurance on a healthy individual.

**Material and methods:-****Selection of Surya Namaskar as an exercise:-**

- Surya Namaskar gives more benefits with less expenditure of time.
- It is claimed that Surya Namaskar practice improves general health and fitness. Hence, the present study was undertaken to study the effects of Surya Namaskar practice on cardio-respiratory fitness parameters in young persons.

**Criteria for selection:-**

Healthy male participants aged 18-25 years were selected for the present study.

**Criteria for rejection:-**

- Participants with Congenital heart disease, Respiratory disease, Epilepsy, Recent injury or immobilization, Mentally challenged, Physically challenged, Spinal deformity
- Patients of hernia and high blood pressure.
- People suffering from back pain/disease.

**Withdrawal criteria: –**

- Participants with Acute illness,
- Lack of interest, and Absenteeism during the training period.
- Prior to the study the base line data were collected from all the participants. For that purpose a special pro-forma was prepared, which includes the following parameters - name, age, sex, resting pulse, blood pressure, fatigue index(As found by HST).

**Procedure:-****Steps in Surya Namaskar-**

Initially for two to three days, the participants were trained to perform Surya Namaskar in a slow manner so that each of the 12 poses was held for duration of 30 seconds. Thus each round took about 6 minutes to complete and 5 rounds were performed in 30-40 minutes. Then speed is increased as well as the number of rounds so that fifteen to twenty rounds should be completed within 45 minutes. Surya Namaskar training was given for one month by an expert faculty and the performance of Surya Namaskar was analyzed by calculating fatigue index as found in HST(Harward Step Test). Daily practice was started at 7 am, on an empty stomach on open ground using a soft rubber mat.

The 12 postures are:

1. Stand facing the Sun with palms folded and both the thumbs touching the chest. Breathing: Inhale while raising the hands and exhale as hands are brought down to chest level.
2. Raise hands upward, with feet firmly on the ground; bend backwards, stretch arms fully. Breathing: Inhale
3. Slowly bend forward, hands touching the earth with respect, head touching the knees. Breathing: Exhale
4. Set both hands with the palms down firmly on the ground, pull the left leg backward, raise the head looking at the Sun, full weight resting on the two palm and ten fingers. Breathing: Inhale.
5. Bring right leg back close to left leg, keeping hands and legs straight, bend the body at the hip forming an arch, just like a mountain, known as 'parvathasan or mountain pose'. Breathing: Exhale.
6. Stretch yourself fully on the ground in the Saashtanga Namaskar pose (all eight 'anga' or parts of the body on the ground – head, thigh, eyes (sight), mind, word, feet, hands and ears (hearing)). In reality, feet, knees, thighs, chest, forehead touch the ground with the hands stretched out and in folded position, with your mind and thoughts on the full namaskar, then slowly turn the head to the sides first to left and then to right so that each ear touches the ground. Breathing: Inhale first and then Exhale fully.

Surya Namaskar 4

7. Slowly raise the head, bend backward as much as possible, hands straight, in the cobra pose. Breathing: Inhale
8. Parvathasan – same as Step 5. Breathing: Exhale.
9. Same as Step 4 with the difference that the right leg is brought forward. Breathing: Inhale

Surya Namaskar 5

10. Same as Step 3 – Breathing: Exhale.
11. Same as Step 2 – Breathing: Inhale.
12. Same as Step 1 – Breathing: Exhale, Inhale and Exhale.

These Aasanas are ordered so that they alternately stretch the spine backwards and forwards. When performed in the usual way, each asana is moved into with alternate inhalation and exhalation. A full round of Surya Namaskar is considered to be two sets of the twelve poses with a change in the second set to moving the opposite leg first through the series.

The ideal time to practice Surya Namaskar is at sunrise, the most peaceful time of the day, when the atmosphere is full of the sun's ultraviolet rays, so important for the body. If any volunteer is not able to perform the assigned one breathing during a pose, he is advised to do more breaths per pose, in initial phase of study. Over a period of time, they are able to do it in one breath.

**Criteria for assessment: -**

Harward Step Test is the easiest and best step to access the fitness of an individual, especially cardiorespiratory endurance. So Fatigue index was calculated with the help of this Test, before and after Surya Namaskar practice and results were evaluated statistically.

Table 1:- Showing Fitness According To Fatigue Index-

Classification Of Fitness According To Fatigue Index	
Fatigue Index	Fitness
Below 55	Poor
55-64	Low average
65-79	Average
80-89	Good
90 and above	Excellent

**Observations:-**

Table 2:- Showing Fitness According To Fatigue Index Of Thirty Volunteers BT and AT Of One Month Surya Namaskar Practice.

S.No	Fitness According To Fatigue Index	NO. of persons		Percentage (%)	
		B.T	A.T	B.T	A.T
1	Poor (Index below 55)	15	10	50	33.33
2	Low average	07	09	23.33	30
3	Average	08	11	26.66	36.66
4	Good	00	00	00	00
5	Excellent	00	00	00	00

Table 3:- Showing Statistical Evaluation of Fitness According To Fatigue Index By Paired t-test, Of Thirty Volunteers BT and AT.

S.No.	Parameter	Mean± S.D		Mean of difference ± S.D	SEd	‘t’	P
		BT	AT				
1	Fatigue Index	57.122 ± 9.518	60.226 ± 9.475	3.103 ± 1.579	0.2932	10.58	<0.001

**Discussion:-**

Surya Namaskar practice interacts with the organs of the body directly, by applying pressure, massaging, stretching and overall toning up the muscles. This aids the eliminative functions as well as stimulating nervous energy. It also enhances our wellbeing.

In Surya Namaskar a deep rhythmic breathing process is synchronized with each movement, which empties the lungs more vigorously and refills them with fresh, clean, oxygenated air. All the alveoli of the lungs are expanded, stimulated and then cleaned. The oxygen content of the blood is increased, which improves the overall vitality and oxygenation of whole body especially heart and brain. The cardiac muscles are also strengthened. Microcirculation to the heart is increased which reduces the chances of heart attack, blood vessel disorders and general fatigue can also be eliminated. Hence sluggishness and lethargy are greatly reduced.

**Scientific Aspects of Surya Namaskar:-**

Sun rays and its Effect - Sun rays affect human body by following methods:-

- Photo Chemical Reaction.
- Thermal or Heating Effect.
- Photo Synthesis.

The following reactions take place in the human body when ultraviolet energy strikes skin:-

- (i) Calcium metabolism is profoundly improved by increased blood content towards skin.
- (ii) Harmful Bacteria in the body are killed by the direct action of the Ultraviolet rays and indirectly by increased local and systemic resistance.
- (iii) Toxins in the body are rendered inert.
- (iv) Normal Chemical balances in the body are restored.

The present study showed that the cardio respiratory parameters significantly change after the practice of Surya Namaskar.

**Effect of therapy on fatigue index:-**

Evaluating statistically fatigue index of the persons before was  $57.122 \pm 9.518$ . It was increased to  $60.226 \pm 9.475$  (Table 3). This increase in fatigue index was statistically analyzed by paired 't' test in which  $t = 10.58$ ,  $p < 0.001$  which was found to be highly significant.

**Conclusion:-**

Scientific research has shown that yogic techniques produce consistent and beneficial physiological changes. A few weeks of disciplined yoga practice can lead to improvement in many physiological and psychological functions. It is stated that Surya Namaskar practice improves general health and fitness. It improves pulmonary, cardiovascular function. Surya Namaskar is the combination of asana and Pranayama and it is simple to practice, consumes only less time so that everyone can practice it every day .Yoga develops many wonderful qualities,

and makes human being healthy. It also sharpens the ability to focus, self-confidence, and helps to develop self-discipline

Surya Namaskar is a complete practice itself because it is a combination of asana, pranayama and mantra. Surya Namaskar is an integral part of the yogic approach and can be easily integrated into our daily life and can obtain remarkably fast and beneficial results. We therefore conclude that Surya Namaskar should be practised by everyone, every day to get these beneficial effects.

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## 18. Comparative study between the Shatadhout Ghrita and Wrightia tinctoria oil local application in psoriasis

**Dr. Vishwajit G. Mehetre**, M.D; Ph.D. (Kayachikitsa), Associate Professor and Head,  
Kayachikitsa Department, V.P.A .Medical College & Institute of Yoga, Sangli, Maharashtra.

### ABSTRACT

In this clinical study the patients having psoriasis about more than 4 lesions were selected by randomized sampling methods and distributed in following two groups.

- A) Group A.
- B) Group B.

30 patients were studied in every group. Group A was given the local application of Shatadhout Ghrita twice a day. Group B was given the local application of Wrightia tinctoria (Stri Kutaja) oil twice a day.

Both the groups were given with the Takradhara treatment for 30 minutes for three weeks. In each group patients were fully evaluated after seven days for four weeks.

From this clinical study, the final conclusion was drawn from the deductive reasoning of the relevant information and non deceiving data comprehended in the present study.

The data was evaluated scientifically and statistically to compare between the Shatadhout ghrita and Wrightia tinctoria oil application in psoriasis with the Takradhara treatment as a relieving measure is common in both groups.

**एककुष्ठ** : अस्वेदनं महावास्तु यन्मत्स्य शकलोपम् | तदेककुष्ठम् || च .चि .७/२१

- स्वरूप : मत्स्यशकलोपम् .

In the symptoms of Eka-Kushtha feature as-Matsya Shakalopama-is mentioned this can be correlated with Psoriasis. It is a result of psychological and mental strains like anxiety stress etc; opines modern science. Vitiated kapha, vata, are responsible for Psoriasis or Eka-Kushta (Ch.Chi.7/21). Charaka has mentioned it under Kshudra Kushta, Rakta is considered as dushya.

Psoriasis is one of the Kshudra vyadhis. In psoriasis there is a predominance of kapha & vata found. Rakta is dushya.

In skin diseases, local treatment plays key role so such drugs which act locally are preferred for study.

- Group A was given the local application of Shatadhout Ghrita twice a day for three weeks.
- Group B was given the local application of Wrightia tinctoria oil twice a day for three weeks.
- Both the groups were given with the Takradhara treatment for 30 minutes for three weeks.

In each group patients were fully evaluated after seven days for four weeks.

Regarding the nidana factors mainly genetic, autoimmune, psychological and environmental factors were observed practically, it may be asserted, though it is known as multifactorial disease, predominantly stress/ manas santap is major nidana of Psoriasis. Stress induces production of catecholamine secretions that is one of the causes of Psoriasis, Takra when poured locally as Takradhara is showing to pacify the same and stress is relieved.

The excessive stress causes rise in blood levels catecholamine secretions this may be reduced due to the relaxation effect of Takradhara and there was decrease in lesions of Psoriasis. Takradhara group showed significant decrease in stress in both groups.

Local application of Wrightia tinctoria compared with Shatadhout Ghrita was found better as degree of scaling, plaque thickness reduced faster. But pigmentation after the recovery from plaque was same in both groups. About relapse of the disease study period of the trial should be longer.

#### **Key words**

Psoriasis; Ekakushtha, Takradhara; Wrightia tinctoria-Stri Kutaja; Shatadhouta Ghrita.

#### **Introduction**

In the day today life many people are suffering from skin diseases due to many causes like stress which may be familial, social, economical, work, job and or physical stress etc.

A tribal folk medicine derived from the plant Wrightia tinctoria which was being used traditionally for the treatment of Alopecia as a local treatment. It can be taken internally also, that could be used locally in Psoriasis. As well as a soothing non expensive home made remedy like shatadhouta ghrita can be applied locally.

Existing allopathic medicines are immunosuppressant and having hazardous side effects also cost of the treatment is more. As the patients of psoriasis need treatment promise with no side effects and minimal recurrence, the study undertaken for clinical evaluation of Wrightia tinctoria and Shatdhouta ghrita using scientific guidelines and safety.



त्वचः कुर्वन्ति वैवर्ण्यं दुष्टाः कुष्ठमुशन्ति तत् | कालेनोपेक्षितं यस्मात्सर्वं कुष्णाति तद्वपु || अ.सं.नि.

- व्याधीमार्गः : बाहय
- स्थानः : सर्व शरिर
- दोषः : वात,पित्त व कफ
- दुष्यः : त्वचा ,रक्त ,मांस व लसिका .
- स्वरूपः : संक्रामक
- अधिष्ठानः : त्वचा

चिकित्सा :

वातोत्तरेषु सर्पिवमनं श्लेष्मोत्तरेषु कुष्ठेषु | पित्तोत्तरेषु मोक्षो रक्तस्य विरेचनं चाग्रे ||  
च.चि.७ /३९ .  
बहुदोषः संशोध्य कुष्ठी बहुशोअनुरक्षता प्राणान् | च.चि.७ |

स्वरूपः :

अस्वेदनं महावास्तु यन्मत्स्य शकलोपम् | तदेककुष्ठम् || च.चि.७/२१

- व्याधीः : क्षुद्रकुष्ठ .
- स्थानः : सर्वशरिर .
- दोषः : कफ वात
- दुष्यः : रक्त .
- स्वरूपः : मत्स्यशकलोपम .
- स्थानसंश्रयः : त्वचा

This is the picture found in Eka-Kushtha as-Matsya Shakalopama-is mentioned this can be correlated with Psoriasis. Irrespective of any controversy, we assume white silvery scales-psoriasis as Eka-Kushtha.

### Aims and Objectives

The present research work has been undertaken with the two main objectives.

- a) To see the effect of local treatment (sthanik chikitsa) in psoriasis.
- b) The comparative study between the Shatadhout ghrita and Wrightia tinctoria oil local application in psoriasis.

### Materials & Methods

30 patients (24 Male and 6 Female) from Vasantdada Patil Ayurvedic Medical College's Hospital, Sangli, with chronic plaque type's psoriasis were inducted for study to evaluate the efficacy of Shatadhout ghrita in the management of Psoriasis. As well as 30 patients (22 Male and 8 Female) with chronic plaque type's psoriasis were inducted for study to evaluate the efficacy of Wrightia Tinctoria oil. The patients having psoriasis about more than 4 lesions were selected.

Both the groups were given with the Takradhara treatment for 30 minutes for three weeks which will work as stress reliever in both cases. In each group patients were fully evaluated after seven days for four weeks.

Four criteria as degree of scaling, plaque thickness, itching and erythema were considered for assessment of the improvement. Each of the criteria was considered 100% for each participant at the beginning of the trial.

Patients were advised to apply the oil or ghrita over the lesions twice daily (once in the evening and once in the morning after a shower or bath). Patients were assessed weekly; total duration was 4 weeks for each patient.

The slightest reduction of any of the parameters was taken as 25% improvement (+3);

Moderate reduction as 50% improvement (+2);

Nearly complete remission as 75% improvement (+1);

And complete clearance of all lesions with no itching as 100% improvement (0).

The lowest score amongst the four criteria was taken as the mean score for improvement for a given patient. A thorough physical and local examination, routine blood and urine examinations were done before and after the trial.

### **1. Selection of Drug**

For the local application of Wrightia tinctoria oil prepared in pure coconut oil. As wrightia tinctoria/stri kutaj was described as Kushtahara property so it was used.

Ghrita was prepared from grahya fresh cow ghee and shadhouta method 100 times washed in water as described in text. Fresh Takra was used for Takra (shiro) dhara.

### **2. Selection of Patients**

White silvery scales- Eka-Kushtha considering as Psoriasis. The patients having psoriasis about more than 4 lesions were selected. Four criteria as degree of scaling, plaque thickness, itching and erythema were considered for assessment of the improvement.

## Diagnostic Criteria

Each of the criteria was considered 100% for each participant at the beginning of the trial.

### a. Criteria for Selection of Patients

- i) Male and female patients of age group 13 to 70 years.
- ii) Specially Stress induced chronic Psoriasis. (Vishishta Kushtha kara Hetu i.e. Manas/Stress)
- iii) Willing to give informed consent and regular follow up and medicine.

### b. Criteria for Exclusion of Patients

1. Patients having contagious diseases.
2. Patients dependent on drugs.
3. Patients having major organic complications and diseases.
4. Male and female patients below age 12 and above 70 years.
5. Psychiatric patients on treatment.
6. Patients on allopathic medicines like immunosuppressants.
7. Patients in pain as complication of psoriasis like psoriatic arthritis.
8. Patients with complication like psoriatic nails.
9. Associated with other skin disease.
10. Patients in emergency condition.
11. Patients having major organic complications and diseases like Heart diseases, Pulmonary Tuberculosis, Malignancy in Lung, Pneumonia, Pleural Effusion, Hypertension, Diabetes, STD etc.
12. Pregnant womens and childs.

## 3. Grouping of Patients

- Group A was given the local application of Shatadhout Ghrita twice a day for three weeks.
- Group B was given the local application of Wrightia tinctoria oil twice a day for three weeks.

- Both the groups were given with the Takradhara treatment for 30 minutes for three weeks.
- In each group patients were fully evaluated after seven days for four weeks.
- Assessment of disease was done based on skin lesion size and subjective parameters mentioned for Eka Kushtha (Psoriasis) in Samhita felt by patient.
- In both groups patients were advised pathya and apathya and given with the Takradhara treatment for 30 minutes for three weeks.

#### **Advise to patient given in both groups.**

- The patient is advised to remove nails as *Itch-scratch-itch* reaction occurs.
- Advised to wear cotton gloves at night if possible.
- Advised to avoid soap as it contains alkali causing dry skin and itching may occurs.

#### **Follow up**

Every patient was taken follow up after 7 days for 28 days.

#### **4. Criteria for the Assessment**

##### **Parameters of Assesment -Subjective Improvement & Clinical Improvement.**

Absence of dry white silvery scale was the main clinical recovery parameter.

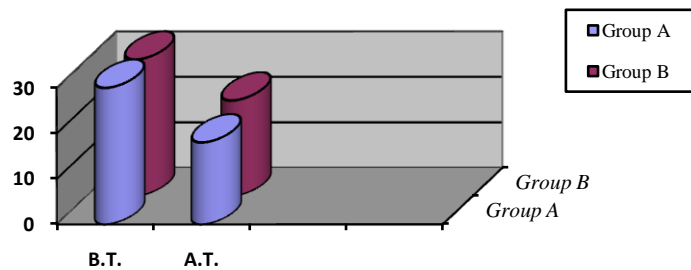
Patients were assessed weekly; total duration was 4 weeks for each patient. The slightest reduction of any of the parameters was taken as 25% improvement (+3); moderate reduction as 50% improvement (+2); nearly complete remission as 75% improvement (+1); and complete clearance of all lesions with no itching as 100% improvement (0).

The lowest score amongst the four criteria was taken as the mean score for improvement for a given patient.

#### **5. Analysis by Statistics / Effect of therapy.**

##### **Skin Lesions count**

Paired and unpaired test 't' test were applied to the both group. Both the groups were compared statistically and the results of trial group with *Wrightia tinctoria* oil application provided significant reduction in lesion count than that of shatdhout ghrita and related symptoms degree of scaling, plaque thickness, itching and erythema decreased compared to group A ie. Shatdhout ghrita.



Examination	Group A Average ( $\chi$ )	S.D.( $\delta$ )	Group B Average ( $\chi$ )	S.D.( $\delta$ )
Before T/t	6.53	0.62	6.61	0.63
After T/t	4	-0.46	6.3	0.97

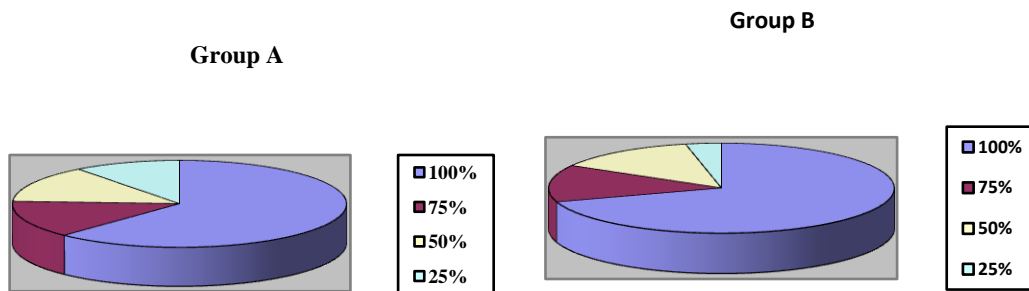
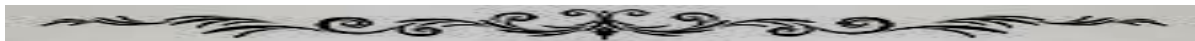
Paired 't' test			Unpaired 't' test		
Group	Difference of symptoms	't' value	P	Mean difference	't' value
Group A	-0.46	4.258	p< 0.0001	-2.23	13.607
Group B	-2.69	22.165	p< 0.0001		

## 6. Observations & Results

Out of 73 total, 13 patients dropped out of the trial in the first 2 to 3 weeks for unknown reasons of the 60 that completed the trial (46 male, 14 females) grouped into Group A & Group B.

In Group A 18 (60%) had 100% improvement, 4 (13.33%) had 75% improvement and 5 (16.66%) had 50% improvement. Follow up of the patients revealed only 3(10%) patient with relapse and that also only of 25% (slight scaling)

In Group B 21 (70%) had 100% improvement, 4 (13.33%) had 75% improvement and 4 (13.33%) had 50% improvement. Follow up of the patients revealed only 1(3.33%) patient with relapse and that also only of 25% (slight scaling)



This indicates the result obtained by *Wrightia tinctora* oil in psoriasis is more significant than Shatadhout Ghrita.

### Clinical Recovery

After the course of treatment for 28 days plaque shown reduction (As patient with scale lesion in group A after treatment 21; In group B after for 28 days plaque shown remarkable reduction 18) As average when compared to Group A shown reduction in all other related symptoms degree of scaling, plaque thickness, itching and erythema decreased compared to group A ie. Shatdhout ghrita. No any other clinical side effects were seen by giving treatment. Hence efficacy proved.

### Discussion

Even though the mode of action of *Wrightia tinctora* is not known, review of literature revealed that one of the substances contained in the extract of the leaf is B- sitosterol, which has a structure similar to calcitriol or Vitamin D3. This may be the active compound responsible for the improvement of symptoms. Vitamin D analogues is locally used in modern medicine like calcipotriol ointment as well as PUVA therapy which inhibits cell proliferation and encourages cell differentiation. As we know shatadhouta ghrita is the best for parakeratosis, it is soothing and containing fat soluble vitamins.

The principle in psoriatic treatment at present lies in treating it only during exacerbation. As stress exacerbates psoriasis by increased catecholamines secretions. Takradhara treatment given symptoms which will work as stress reliever in both cases the ideal remedy for the sufferers has to be cheap, effective, relatively non-toxic and easy to administer as penetration of the drug is local, no chance of systemic absorption and adverse effects. Although the results are encouraging and no side effects were observed within a short observation period, long -term follow up is necessary to prove the efficacy of *Wrightia tinctora* compare with shatadhouta ghrita in maintaining remission and follow up with biochemical and hematological tests are required to establish its safety.

## Conclusion

The pilot study appears to suggest that *Wrightia tinctoria* may be of therapeutic value for psoriasis. It is safe, effective and inexpensive. Further studies should be carried out to confirm these findings.

In the day today life many people are suffering from skin diseases like psoriasis due to many causes like mental, social, familial, office, work target related and financial stress.

Again diet and life style of we peoples is not so proper. All these factors lead to various skin diseases, allergic conditions like this. The stress or other factors are unavoidable but one can improve immunity, by taking proper diet, improving lifestyle and by avoiding the causes.

Both Shatadhout ghrita and *Wrightia tinctoria* oil easily available, cheap and easily applicable with good absorption very useful in hyper/parakeratotic skin. The shatadhouta ghrita is found effective after lesion disappears and only black pigmentation remains.

## Scope for future study

- Virechana on regular basis reduces itching. (↓ histamin secretion)  
 Mahatikta Ghrita internally. Fat soluble vitamins are present in ghrita.

## Prevent complications

To prevent complications give- Vamana in proper vidhi,  
 It also prolongs the relapse of disease as no complete cure.

## A.Psoriatic arthritis

- Panchatikta Guggulu.
- Rasnasaptak Kwath.
- Vaitarana Basti.

Pancha Tikta Ksheerbasti as

अस्थ्याश्रयाणां व्याधीणां पंचकर्माणि भेषजम् | वस्तयः क्षीर सर्पि तिकोपहितानि च || च.सू.२८/१३.

## B.Psoriatic nails

- Panchatikta Ghrita.  
 Sahastradhout Ghrita  
 Pancha Tikta Ksheerbasti as nail is supposed to be mala of Asthi Dhatu.

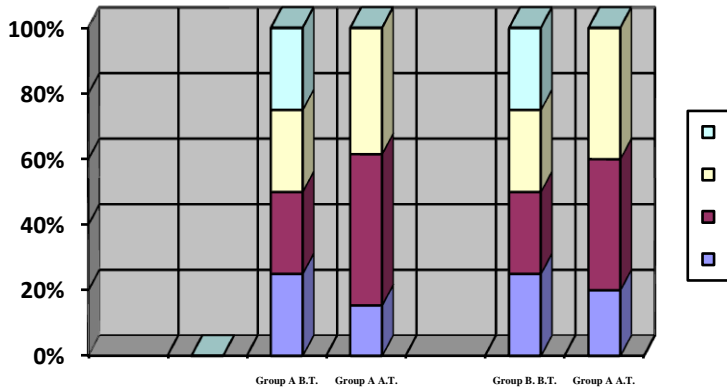
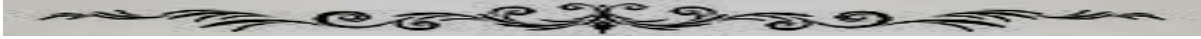


Table showing the pattern of clinical recovery in patients of psoriasis treated i.e. in comparison with Group A and Group B.

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**19. Randomised open uncontrolled study of  
MATRUSTANY KSHEER BASTI IN MANAGEMENT OF L.B.W.**

**Dr. Jyoti Anand Joshi M. D. (Sch.)** Guide- Dr.Narayan Sabu (HOD Samhita Dept), Study Guidance – Dr. Usha Deshmukh (R.A.Podar Ayu. Medical College , Woril Mumbai)

**Introduction:**

Lbw defined as birth weight of live born infant is less than 2.500 gms (5.5pounds) regardless of gestational age. There are mainly two causes of lbw as preterm birth i.e <37 wks and infant being small for gestational age or both causes may present. In both developed and developing country like us birth Wt. is probably the single most important factor that affects neonatal mortality. More than 20 million infants are born each year in developing county like us accounting for 17% of all birth weight in developing world. In ayurveda it is truely said that

*मातुरेव पिबेस्तन्यं तद् हि अलं देहवृद्धये। (अ.ह्र.उ १/१५)*

That is breast milk is the primary source of nutrition for newborn. WHO Recommends exclusive breast milk feeding for six months of life. In kashyup samhita it is advocated that

*शिशुनामाशिशुनाम् च् बस्तिकर्म अमृतं यथा । का. सि. १/२९*

It clears the efficacy and safety of bastikarma in newborns.

As well as in charak samhita siddhisthana it is mentioned that

*बस्तिवय स्थापयिता सुखायुबर्लाग्नि मेधा स्वर वर्ण कृच्च ॥*

*सर्वार्थकारी शिशुवृद्धायुनां निरत्यः सर्वगदापहाश्च ॥ च.सि. २/२७*

Above shloka explains usefulness of basti karma in pediatric to geriatric age group. So administration of oro-rectal route babies can help to overcome this burning issue of today's world. Because lbw is major determinant of mortality morbidity and disability in infancy and childhood and also has long term impact on health outcomes in the adult life. Lbw also results in substantial costs to the health sector and imposes a significant burden on society as a whole.

**Aim**

To study the efficacy of matrustanya ksheer basti in LBW babies.

**Materials and methods**

Type of study-randomised open uncontrolled.

The clinical study was conducted at R.A. PODAR AYU MEDICAL COLLEGE AND HOSPITAL WORLI MUMBAI.

On IPD basis 30 low birth weight babies less than 1.5kg included with written informed consent.

Randomized of patient from all socio economic class in age group between 0-30 days from hospital ipd was done.

### **Material-**

1. matrastanza I.e breast milk
2. infant feeding tube no.5
3. disposable syringe 5,10,20 cc

### **Preparation method:-**

breast milk of healthy mother was expressed and collected in sterile container just before the basti karma; local cleaning of breast was done to avoid any contamination.

Infant feeding tube no.5 inserted gently into the anal canal measuring four angul praman of baby;without causing any trauma.

Then breast milk stir well and taken into sterile syringe ;and piston of syringe is removed and connected on proximal end of infant feeding tube with female luer mount.

This allows injection of matrastanza into the anal canal with gravitational force.

### **Dose-**

Initially 5ml of matrastanza in form of basti and can be increased upto 15ml as tolerated by infants for 21 days.

Quantity of matrastanza can be decided by anuman and yukti praman.

### **Inclusion criteria-**

1. full term lbw weighing >1kg<2.5kg
2. premature lbw weighing >1kg<2.5kg
3. age-0-30days
4. both sexes included

### **Exclusion criteria:-**

1. Gross premature baby.
2. Presence of any congenital anomaly.
3. Presence of any systemic diseases.

**INVESTIGATIONS:-**

CBC, CRP, BLOOD GROUP, SERUM CALCIUM, B.S.L.( RANDOM)

**BASTI KALA:-**

- Matrusteritya kheer basti was given twice a day
- Morning-between 9-10am
- Evening-between 4-5pm

**FOLLOW UP:-**

1. Daily examination of babies to record the weight gain and basti pratyagaman kala was done.
2. If proper matra of matrusteritya was given then there is complete absorption of matrusteritya takes place.
3. Clinical parameter for assessment of results:-

Weight gain

Gradation of weight gain was done.

<b>Weight gain</b>	<b>interpretation</b>
<20gms/day	poor
20-30gms/day	Moderate
>30gms/day	good

Statistical analysis was done on the basis of this parameter.

**Results:-**

After applying “students pair T”

**Test:**

The two-tailed P value is < 0.0001, considered extremely significant.

Hence efficacy of matrusteritya ksheer basti in LBW proved.

### **Conclusion:-**

There is significant effect of matrusteritya ksheer basti in LBW.

It is also observed that immunity power of baby increases and lower incidences of infective diseases like respiratory and GIT.

There is marked improvement in Activity and reflexes of babies.

Incidences of neonatal pathological jaundice

Is Significantly reduced.

It proves to be an alternative, cost effective, easily available treatment of LBW.

From this study I am able to give efficacy of matrusteritya ksheer basti in LBW with breast feeding.

This study is open to the eminent scholars for further studies.

### **Discussion:-**

In parashar samhita there is one reference about mechanism of action of basti karma.

गुदमूलं शिरस्य् सिरास्तत्र प्रतिष्ठिताः ॥ सर्वशरीरं पुष्यंति मुर्धान्ऽपि तदाश्रिताः ॥ पाराशर

This means drug administration through rectal route able to nourish whole body.

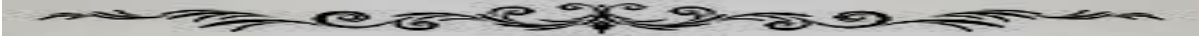
In modern science also there is concept of nutrient enema.

Rectal route by passes around 2/3<sup>rd</sup> of the first pass metabolism as the rectums venous drainage is 2/3<sup>rd</sup> systemic (middle and inferior rectal vein) 1/3<sup>rd</sup> portal(superior rectal vein) this means the drug will reach the circulatory system with significantly less alteration and greater concentration.

Rectal route by passes around 2/3<sup>rd</sup> of the first pass metabolism as the rectums venous drainage is 2/3<sup>rd</sup> systemic (middle and inferior rectal vein) 1/3<sup>rd</sup> portal(superior rectal vein) this means the drug will reach the circulatory system with significantly less alteration and greater concentration.

pH of the rectal vault in children ranges from 7.2 to 12.2 this pH range favours absorption of drug.

A newborn weight may initially decreases upto 10% below birth wt. in first week and one of the important cause of it is limited nutritional intake because of weak sucking reflex.



So administration of breast milk by oro-rectal route compensate this and by rectal route we can avoid chances of aspiration.

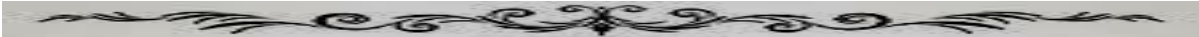
Thus in first week of life newborn wt.loss can be avoided with matrustanya ksheer basti.

And there after also administration of matrustanya by both oral as well as rectal route helps to gain wt. significantly; compare with only one route.

So this study is helpful To avoid health, social and economic consequences for individual, family, society which are caused by LBW as it is the significant public health problem today's world!!!!!!!!!!!!!!!!!!!!!!

#### **Acknowledgement:-**

I sincerely thank to my guide Dr. Narayan R.Sabu Sir. I thank to Dr. U.P. Deshmukh mam for their guidance Special thanks to Dr. Pachghare mam and I am grateful to all my teachers and colleagues who directly or indirectly helped me.



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## 20. A Case Study Of Hepatitis Induced Joint Pain And Its Management With Ayurveda

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Vd. Datye Arati Anand. M.D. (Sch.) , R.A.Podar Medical College (ayu). Worli, Mumbai-18

Email address: [aratidatye@gmail.com](mailto:aratidatye@gmail.com) Mob no.: 09405924153

Guide: Vd. Rewadkar-Kole Meenakshi., R.A.Podar Medical College (ayu) Worli Mumbai

Email address: [drmrevadkar@yahoo.com](mailto:drmrevadkar@yahoo.com), Mob no.: 09757476325

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### Abstract:

Whenever a patient comes in our OPD with typical symptoms of small joint pain, wrist pain, swelling over the joints, anorexia, we provisionally diagnose it as Aamwaat or R.A. and treat accordingly. But in some cases when we don't get any improvement in patient's symptoms, we have to think some other way round.

So here one such case report is presented of a patient who presented with symptoms of R.A. but during further investigations she was diagnosed as hepatitis induced joint pain and was then treated accordingly with which the patient got complete relief.

### Keywords:

Aamwaat, Rheumatoid arthritis, Joint pain, Prodromal sign of Hepatitis, Ruddhapatha kamala, Ashayapakarsha Gati

### Introduction:

Now a day in most of the clinics Joint pain is the commonest complain that patients come with. It is bothersome to the patient and to the physician as well.

Joint pain is a symptom that may present as simple overuse pain or it may represent a severe systemic disorder. Joint pain can be induced by various causes like trauma, inflammation, infection, cartilage degeneration, and crystal deposition. The initial aim of the evaluation is to localize the source of the joint symptoms and to determine the type of pathophysiologic process responsible for their presence. A Doctor should be smart enough to recognize this underlying illness and treat the underlying cause rather than just giving a symptomatic pain killer.

The differential diagnoses of joint pain is made mainly from the history, physical examination and Screening with laboratory tests. The spectrum of the diagnosis include Autoimmune diseases such as rheumatoid arthritis and lupus Chondromalacia patellae ,Gout (especially found in the big toe) Infections caused by a virus, including Epstein-Barr viral syndrome, Hepatitis, Influenza (flu), Rheumatic fever, Injury, such as a fracture, Osteoarthritis, Osteomyelitis (bone infection),

Septic arthritis (joint infection), Tendinitis, Unusual exertion or overuse, including strains or sprains.(Ref. no.1)

**Case report:**

Patient name: A.B.C, Age :35 year Sex : female

C/o	Durations
Proximal interphalangeal joint pain	1 month
Neck, Back and Knee joint pain	1 month
Swelling on knee and interphalangeal joints	1 month
Morning stiffness and facial puffiness for around 1 and half hour	20 days
Anorexia and Udaradhmaan	20 to 25 days
Manda jwara prachiti	on and off

History of present illness: patient had taken pain killer and calcium supplement from some other private clinic, but couldn't get any relief hence approached our OPD.

After examining the patient, the provisional diagnosis was made Aamwaat or (?) Rheumatoid arthritis, and hence was started empirically with the treatment

Yograaj Guggul 250 mg TDS, Tribhuwankirti Ras 250 mg BD, Mahawaatwidhwamsa 125 mg tds and Punarnawashtak Kwatha 30 ml bid.

Then patient was followed after 10 days in OPD. It was found that the patient didn't get any relief and developed Fever with chills and pain in epigastrium and Right upper quadrant, so patient was admitted to IPD. Her joint related complaints were same, but with that she developed anannabilasha, hrullas, and pale coloured stool,

On clinical examination it was found that –

There was no history of similar episode of joint pain.

There was no history of jaundice or any major medical and surgical illness.

Samanya parikshan showed: General condition fair, mild febrile 100<sup>0</sup> F

Naadi 90 / min regular, BP: 140 /80 mm Hg kshudha : alpa, anannabilasha

Mala: pale yellow, sticky motion, Mootra: samyak,

Systemic examination showed: RS: AEBE clear, CVS: NAD, CNS: normal

P/A: pain and tenderness over Rt upper Quadrant of abdomen and epigastrium.  
no guarding/ rigidity

L/E: of joints:

Joint involved	Pain	Tenderness	Local temp	swelling	Stiffness
1) B/L proximal interphalangeal joints	+++	+++	+++	++	more in morning
2) Lt knee joint	+++	++	++	+++	+++
3) Rt Knee joint	++	++	++	+++	+++
4) Cervical spine	+++	No	No	no	+++
5) Lumbar spine	+++	Mild	No	no	+++

Here she underwent all routine blood investigations which showed :( 6/11/12)

Hb -12.2 gm/dl, WBC – 16,000/cc, ESR: 27 mm at the end of one hour, RA – negative, VDRL – negative, Widal test: negative, Malaria parasite: negative, LFT - SGOT – 30 IU/ML, SGPT – 637 IU/ML, T.Bilirubin: 1.7 mg/dl in which direct: 0.7mg/dl, protein: 7.6 g/dl

RFT and Lipid profile were within normal limits, All viral markers for hepatitis were negative

USG ABDO PELVIS: (7/11/12):

Thickened gall bladder wall, no calculus or pericholecystic collection seen

Mildly diffuse Hypo echoic exotexture of liver seen with Rt lobe span measuring 11.5 cm.

Features suggestive of mild hepatomegaly

So the diagnosis was confirmed that, Patient's joint pain related complaints were not related to RA but she had Joint pain which was a prodromal sign mentioned in acute hepatitis. (Ref no. 2)

So all previous treatment as mentioned above was discontinued and was started on treatment on 7/11/2012

- 1) Aarogywardhini wati 250 mg tds
- 2) Trikatu choorna 3gm+ saindhaw 1 gm with nimbu swaras on prak bhakta kaal
- 3) Punarnawashtak kwath + Phalatrikaadi kwath 30 ml on abhakta and prak bhakta kaala



4) Samshamani Wati 125 mg 6 -- 6 – 6 tabs

5) dashanga Shunthi Lepa for local application on knee and wrist joint

The treatment was continued for 5 days, when patient developed symptoms of ura- udaradaha and peet mala pravrutti Trikatu Saindhav Choorna was discontinued and

From 12/ 11/12 in the treatment was added Aaragwadh Kapila vati 2 HS .Patient was discharged with this treatment continued and was then followed weekly on OPD basis.

### Observations and discussion:

Clinical improvement:

	Clinical symptoms	6/11/12	09/11/12	12/11/12	19/11/12	6/12/12	13/12/12
1.	Fever	Upto100 <sup>0</sup> F	Upto 99 <sup>0</sup> F	No	No	No	No
2.	Nausea	++	++	+	Mild	No	No
3.	Anorexia	+++	++	+	+	No	No
4.	Abdomen pain	++	++	+	+	No	No
5.	Facial puffiness	++	++	+	No	No	No
6.	Knee joint pain	+++	+++	+++	++	+	No
7.	Knee joint swelling	+++	+++	++	++	+	No
8.	Interphalangeal jt pain	+++	++	++	+	+	No
9.	Back pain and neck pain	++	++	+	+	+	No
10.	Morning stiffness	Lasting for more than 1 hr	Lasting for more than 1 hr	Lasting for more than 1 hr	Lasting for upto ½ hr	Lasting for less than ½ hr	No morning stiffness

### Improvement in LFT during treatment

No.	Investigation	6/11/12	09/11/12	19/11/12	6/12/12	13/12/12
1.	SGOT	30	30	24	12	20
2.	SGPT	637	702	644	101	48
3.	T.BILLIRUBIN	1.7	1.6	1.6	1.2	1.0
4.	D.BILLIRUBIN	0.7	0.6	0.6	0.5	0.4

From above tables we can see that as the liver function of the patient improved, her joint pain related symptoms also diminished automatically without using a single Guggul Kalp or pain killer.

### **Discussion:**

Patient had main symptom of Joint pain, when her allied symptoms were not that much striking, a diagnosis could go wrong towards Aamwaat but associated symptoms like Shwetabh Warcha, Anannabhilasha, Aruchi, Hrullas, Jwara, Udarashool Adhmaan along with laboratorial investigations were pointing towards diagnosis of Ruddhapath kamala ,

The main pathophysiology in Rudhdhapathakamala is well known. Because of Margawarodh by Kapha, Waat prakopa takes place. Prakupita waat takes the pitta out of its aashay and circulates it all over body along with Rasa and Rakta (Ref no. 3)

Here Pitta is not wruddha, but because it is out of its own aashaya, it becomes pathogenic. While circulating all over body because of its own Ushna Tikshnatwa, Pitta causes Jwara laxan. When wimargaga pitta would have got residence in sandhi sthaan, it became antigenic over there causing inflammation at joint i.e. Sanrambha and hence sandhi shoth, sandhi shool

So when initial treatment was started with more Ushna Tikshna drawya like Yograaj Guggul, Mahawatwidhwansa and Tribhuvankirti Ras they aggravated symptom of Jwara, for which pt was admitted and her treatment was reviewed.

While deciding the treatment the initial drugs were chosen to take pitta from Shakha towards Koshtha. Trikatu Choorna, Saindhava, Aarogyawardhini along with Nimbu swaras Anupana were given on Abhakta kaala. (ref.no.3)

These entire drugs act in combination to cause Wruddhi, Abhishyanda, Paaka and Srotomukha Wishodhana, thus help to take Wimargaga Pitta from Shakha to Koshtha (Ref no. 4). All these drugs caused waatanuloman kaphashaman and pitta wardhan.

As Pitta left Shakha and started coming in Koshtha, the Jwara symptom was reduced and pt started getting symptom of peetabh malaprawrutti. At this stage the above combination of Trikatu was discontinued and started with Aarogyawardhini, Punarnawashtak + Phalatrikaadi kwaath (Ref no. 5). This combination caused Pitta Anuloman. As vimargag Pitta reduced in quantity the shoth sanrambha laxanas disappeared over a time.

Contents of Phalatrikadi and Punarnawashtak kwath like Triphala, Haridra, Daruharidra Kirattikta, Guduchi, Punarnawa, Nimba along with Arogyawardhini exhibit hepatoprotective activity. Hence we could see improvement in successive Liver function tests.

Samshamani wati contains Guduchi in concentrated form, which is indicated in inflammatory conditions, it reduces Ushna Teekshnatwa of Pitta, and hence it caused shaman of shesh Pitta. Guduchi is well known antipyretic and anti inflammatory drug. Hence Guduchi helped in giving symptomatic relief.

Warm Dashanga Shunthi lepa applied locally over the joints, helped to resolve inflammation locally and helped to relieve pain

**Result:**

With this treatment for kamala only, and without using a single painkiller or guggul kalpa joint pain was completely relieved.

**Conclusion:**

It is very rightly said by our acharyas that, the first effort of vaidya should be towards correct diagnosis of disease. Treatment should be started only after proper diagnosing the disease, because only symptomatic treatment doesn't give a complete relief from disease. (ref.no.6)

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Author: Alan N Baer, MD; Chief Editor: Herbert S Diamond, MD

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## 21. A HETUPRATYANIK CHIKITSA OF KOTHA (URTICARIA)

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PAWAR MITHUN RAMESH, M. D. (Sch.), Rognidan Vikrutivigyan, R.A.Podar Medical  
 (Ayu.) College, R.A.Podar Medical (Ayu.) College, Worli, Mumbai-400018  
 Email ID-dr.mithunpawar.com@gmail.com

Guide : Anuradha P.Reddy.(M.D), Asst. Professor, Rognidan Vikrutivigyan, R.A.Podar Medical  
 (Ayu.) College, R.A.Podar Medical (Ayu.) College, Worli, Mumbai-400018

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### ABSTRACT

Kotha (urticaria) is a disease in which macules or patches (mandal) with erythema (raga), excessive pruritus (atikandu) are present. Any part of the body may be affected.

In our Ayurveda Science, there are some typical hetus (etiological factors) are mentioned like asamyak vamana, pitta, shleshma, annanigrah. If we can be able to understand these etiological factors and pathogenesis of the disease, then chikitsa of kotha becomes very easy.

A case study was done of kotha and treated the patient with nimba ghana, arogyavardhini, amalaki ghana and mahatikta ghrut.

### KEY WORDS

Kotha, Hetupratyanik chikitsa, Nimba Ghana, Arogyavardhini ras, Amalaki Ghana

**AIM:-** To study the role of Etiological factors (hetu) in kotha (urticaria).

To study the effect of Hetupratyanik chikitsa (Nimba Ghana, Arogyavardhini ras) in kotha (urticaria).

### MATERIAL:-

Nimba Ghana, Arogyavardhini ras, Amalaki Ghana, Mahatika ghruta.

### METHOD:-

A single case study was done on a patient having sign & symptoms of Kotha (Urticaria) with detail history. Exact etiological factors (Hetu) were identified & stopped. Treatment given in order to pacify the dosha's created by etological factors (Hetuprotyanik chikitsa). Rasayan chikitsa given at last.

**RESULT:-**

- 1) causative factors of the disease were identified & exact Etiopathogenesis of the disease was understood .
- 2) By giving Hetupratyanik chikitsa, signs & symptoms of Kotha disease were relieved.

**CONCLUSION:**

Kotha (Urticaria) can be treated according to Etiopathogenesis & Hetupratyanik chikitsa (Nimba Ghana, Arogyavardhini ras) can be given.

**A HETUPRATYANIK CHIKITSA OF KOTHA (URTICARTA)**

Ayurveda is a great ancient science came into existence with two major cause ie.maintainance of wellbeing & treatment of disease. Any disease in ayurveda is explained by '5' stages.ie. Hetu (Etiological factor),Purvarupa (prodormal symptoms), Rupa (sign & symptoms), Upashaya (relief with medicines),Samprapti (Etiopathogenesis).Out of these'5',Hetu is extremely important Sushruta has emphasized that the simple baseline of treatment is to exclude the Nidana factor. Knowledge about etiological factors is useful to provide proper guidance for treatment as well as prevention of disease.so, a case study was conducted on patient of kotha [Urticaria].

Name : XYZ

Age : 42 Years

Sex: Female

Occupation: Housewife

Religion: Hindu (Gujarathi)

**Present complaints :****Duration**

• Twakvaivarnya (erythema)	On & off	6 months
• Sthanik shoha (Dermal edema)	On & off	6 months
• Sthanik kandu (pruritus)	On & off	6 months
• Sthanik mandalotpatti (papular rash)	On & off	6 months
• Amlogdar		2 years
• Malvibandha	On & off	2 years

**Past history:** NAD

**Diet History: Curd (3times/week) [Guru,abhishyandi]**

**Fermented food (almost everyday) [kapha pittaprapakopa]**

**Personal history : NAD**

**Vyadhivinischiya: Kotha [Santarpanjanya]**

**Dosha – Kapha, Pitta , Dushya – Rasa , Sthana – Amashaya, Rasa Dhatu**

**SAMPRAPTI:**

Hetu (curd , Fermented food) → Amashay dusti → **Kapha pitta prakop** → Amlapitta →

Kapha pitta Rasagami → Twakpradeshi Mandalotpatti ,Rakta vaivarnya ,Kandu → Kotha vyadhi.

**Kotha & Amlapitta** both are diseases of Kapha, Pitta Predominance About Amlapitta acharya kashyapa mentioned that Amiapitta is due to Kapha, Pitta Predominance.(kashyap samhita written & commentary by pandit hemraj Sharma,published by chaukhamba sanskrut sanstan,khilastana,page no.336,verse no.18,2004).Difference between Amlapitta & Kotha is,amlapitta manifests in amashaya & kotha manifests on skin. Amashaya & Rasa Dhatu are common site for kapha & pitta.Disease from amashaya can manifest on skin.it is clear from references given below.

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### Treatment given

- Nimba Ghana            500mg tds    Bhojanottar
- Arogyavardhini vati    500mg tds    Bhojanottar

### Nimba

Ras: Tikta, Virya: Sheeta , Vipak: Katu, Doshagnata: Kaphapittaghna

Nimba is good drug of choice in kotha disease if etiological factors of kotha are concerned. It can be stated by references given below.

**Arogyavardhini vati:** It contains maximum amount of Kutki (50%).

### Kutki

Ras: Tikta , Virya: Sheeta , Vipak: Katu, Doshagnata: **Kaphapittaghna** , Karya: **Bhedana**.

Kutki is good drug of choice in kotha disease if etiological factors of kotha are concerned. As the patient was constipated & kutki has bhedana property. The references are given below.

- Bhavaprakash nighantu, written by acharya Bhavamishra & commentary by krushnachandra chunekar, chapter1, verse no152, page no 67, published by chaukhamba bharati academy, Varanasi, 2010)

This treatment is given for one month till all symptoms of kotha were resolved. These two drugs Nimba Ghana, Arogyavardhini ras have exactly opposite properties to the hetu of kotha. These two drugs were laghu, kaphapittaghna & have amlapitta & kotha as common indications. So, I choose these two drugs.

### RASAYANA TREATMENT.

**Amalaki Ghana & Mahatikta ghrut** were given upto 2 months as Apunarbhav chikitsa. **Amalaki** is also very good **Kaphapittaghna, Rasayan** drug. (5) & (6)

It is very clear from above case study that Etiological factors (hetu) carry very important role in Etiopathogenesis of kotha (urticaria).Hetupratyanik chikitsa given in kotha (urticaria) gives very good results to patient.

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