

IMA (AYUS)

2012-13

# SOUVENIR



AYUS



## **INTEGRATED MEDICAL ASSOCIATION (Regd.) (AYUS)**

(A National Organisation of Institutionally Qualified Doctors of Indian Systems of Medicine)

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आपके बेहतरीन इलाज के लिए  
मैट्रो हृदय संस्थान अपने अनुभवी हृदय रोग विशेषज्ञों की टीम के साथ पिछले  
दस वर्षों से आपकी सेवा में कार्यरत .....

## सुविधाएं

- कार्डियोलोजी तथा हृदय शल्य चिकित्सा
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- गठ्द तथा पथरी रोग विभाग
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- डायबीटिज एवं एन्डोक्रोनोलोजी विभाग
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IMA (AYUS) - 2013





**Dr. Prasanna N. Rao**

CHIEF EDITOR

### *Chief Editor's Words*

Dear Readers,

Learning is a treasure that will follow its owner everywhere"

We are happy to bring a vivid new Journal on Integrated medicine by Integrated Medical Association, New Delhi to the inquisitive minds with the aim of stimulating new thoughts in the minds of the researchers.

Integrated medicine is gaining momentum and reaching pinnacles. It is a unique holistic approach to the entire science of life, health and cure and this Journal is a platform to propagate the wisdom of integrated medicine to the World. In this edition, academicians, practitioners and researchers have shared their experiences of clinical success. In the present scenario, it would be worth to amalgamate the traditional system with scientific approach to reach global standards and acceptance.

Propagation of integrated medicine is the need of the hour and there remains great potential for its growth. Only through a combined approach of sciences will we be able to make it the medicine of the millennium. Documentation is necessary for validation of Science & hence the academicians, practitioners, researchers & students are welcomed to share their views & ideas through this Journal.

"Education is the kindling of a flame, not the filling of a vessel"

The deliberations by eminent scholars, researchers and academicians will pave a new direction to the medicine to rekindle the flame of research.

**Dr. Prasanna N Rao**

Principal SDM College Ayurveda, Hassan  
Executive Member, CCIM, New Delhi



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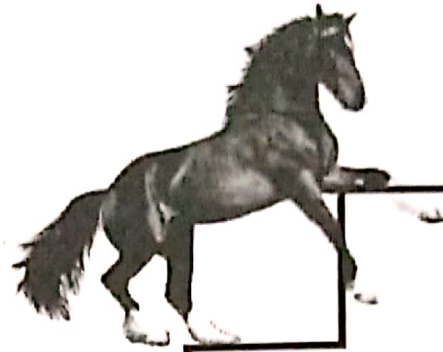


# Contents

S.No.	Article Name	Author Name	Pg. No.
1.	Editorial Board		2
2.	संदेश		5-8
3.	Gen. Secretary Message	Dr. R.P. Parasher	9-12
4.	IMA Governing Body		14-16
5.	Delhi State IMA		18-20
6.	Dhanwantari & IMA Awards		21-25
7-	Longer and Healthier Life Through Weight Control	Dr. Ramen Santra	27-31
8.	Upashayatmaka Effect of Rason (Allium Sativum Linn.) In Madhumeha w.s.r to Blood Sugar Level (BSAL)	Dr. Ragini R. Patil & Dr. Yogesh D. Yelmar	32-34
9.	Sattva-An Important Factor in Health	Dr. Partap Chauhan	35-36
10.	Controversial Drugs In Rasa Shastra	Dr. Prasanna. S. Mathad	37-39
11.	एड्स-दूसरा पहलू	Dr. Jinesh Kumar Jain	43-44
12.	Aging W.S.R. To Alzheimer	Dr. Yuvraj Kumar Tyagi	45-47
13.	स्वास्थ्य रक्षण में योग का महत्व	Dr. G.R. Chaturvedi	49-52
14.	Good Nutrition for Children	Dr. Arif Zaidi	53-55
15.	Diagnosis And Management of Madhumeha in Short	Dr. Roopa Bhat	56-57
16.	Shirodhara-A Blissful Experience For Mind Body And Spirit	Dr. Snehalatha J.	58-62
17.	Agnikarma-A Unique Concept of Ayurveda	Dr. Preeti Chhabra	63-65
18.	A Comparative Clinical Study on Jara W.r.t Ageing Process with Amalaki & Ashwagandha Churna	Dr. Ankur Singhal	66-70
19.	संक्रमण का आयुर्वेदीय सिद्धान्त	Dr. S.D. Khichariya	71-74
20.	Effect of Guduchyadi Yoga in Madatyayaja Yakrit	Dr. Niranjana Hegde.	77-83
21.	Preventive & Curative Aspects of Various Disorders Through (Surya Namaskar)	Dr. Sushil Dwivedi	84-87
22.	Determination Of In Vitro Intifungal Susceptibility Testing of Cassia tora Linn	Dr. V.P. Aralikatti.	88-96
23.	A Glimpse of Thyroid Disorders & Ayurveda	Dr. D.V. Gupta	97-98
24.	Importance of Dincharya and Ritucharya In Management Of Various Diseases.	Dr. Renuka Dwivedi	100-102
25.	Membership Form		103



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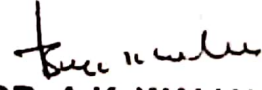
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## MESSAGE

It gives me immense pleasure to know that Integrated Medical Association (AYUS) is going to publish a Souvenir on the occasion of new Samvat.

I convey my best wishes for the successful publication of the souvenir.

  
(DR. A.K. WALIA)

Dr. P.N. Rao  
Chief Editor  
ED-27-A, Madhuban Chowk  
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**MESSAGE**

It is a matter of great pleasure that the Integrated Medical Association (Ayus) is going to publish a Souvenir in new Samvat. The role of Indian system of medicine still plays a pivotal role in this age of modern medical technology and are able to attract youngsters to acquire degrees in this field. I congratulate the organizers and the members behind this publication success in their venture.

  
(RAMAKANT GOSWAMI)

Dr. P.N. Rao  
Chief Editor  
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डा. राशिदउल्लाह खाँ  
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Ministry of Health & Family Welfare, Government of India  
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Dear Dr. Rao,

Being a patron of Integrated Medical Association (AYUS) I am glad to know that the association is publishing a souvenir.

IMA (AYUS) is working for the upliftment of Indian System of Medicine, Ayurved, Unani and Siddha. Association is raising its voice time to time for standardization of medicines, quality education and problems of practitioners as well as students.

I convey my best wishes for successful publication of the souvenir.

(Dr. Rashidullah Khan)

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I.M.A (AYUS) / F.P / 28 / 13



### MESSAGE

It is a matter of great pleasure that the Integrated Medical Association (AYUS) is going to publish a Souvenir. I.M.A (AYUS) is working to popularize Ayurved, Unani & Siddha by organizing free medical camps & health education camps.

I.M.A. (AYUS) has started a movement to bring together all the institutionally trained doctor's of Indian Medicine and Integrated medicine.

I.M.A (AYUS) discovered the voice of revolution having "NEW DIMENSION WITH FAR VISION"

I convey my best wishes for the successful publication of the souvenir

*Dr. Yuvraj Kumar Tyagi*

Dr. Yuvraj Kumar Tyagi  
Founder Patron I.M.A (AYUS)



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**ANIL BHARDWAJ**  
Parliamentary Secretary  
to Chief Minister, Delhi



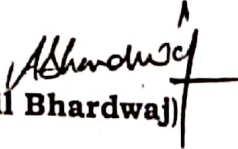
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### MESSAGE

I am glad to know that the Intergrated Medical Association (AYUS) is releasing a colourful "SOUVENIR" on the occasion of new "Samvat". Such activities are very important in today's environment and I am sure that such publication would spread message of social harmony among the people.

I do hope that the association has been contributing substantially in the field of Indian System of Medicine.

I wish I.M.A. (Ayus) all succeeds for its forth coming events and publication.

  
(Anil Bhardwaj)

**Dr. P.N.Rao**  
Chief Editor  
Integrated Medical Association  
B-1, Sector-2, Dr.Ambedkar Nagar,  
New Delhi-110062.





*Dr. Rajbir Singh Chauhan*  
President

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## Message

*I am happy to know that Integrated Medical Association (AYUS) is releasing its first souvenir this year.*

*Such activities are very important to popularise and promote the principles of Indian system of Medicine.*

*I appreciate and wish Integrated Medical Association (AYUS) all the success for all its forthcoming events and publications.*

*RSC*

**(DR. R.S. CHAUHAN)**

## From The Secretary's Desk

It was a historical moment in the history of Indian System of Medicines in early 2011 when a bright dawn accompanied with the emergence of the Integrated Medical Association. The previous night was equally bright when the shining moon and the twinkling stars became witness of the merger of the All India Doctors Association of ISM (AIDA) and the All India Indian Medicine Graduates Association (AIIMGA) in their Silver Jubilee year. Both the legendary associations of practitioners of ISM had been representing the ancient heritage and wheel of progress of Ayurveda , Unani & Siddha system of Medicine at national level since 1987 like radiant twin towers. Although having similar aims and objects, zeal and spirit, both the organizations were running like parallel streams fidgeting and wriggling to get united. Sentiments of most of the members of both the organizations were ignited like volcanoes for a unity in the larger interest and welfare of the Indian system of medicines. Both the Associations felt the need of the hour and merged to form the new outfit which is the future of ISM with unbounded prospective. Since their establishment, both the associations had got the recognition and status to influence the Government in planning, deciding and implementing policies for all round development of ISM, safeguarding the interests of the ISM practitioners and providing medical facilities in the age old systems to the distant and rural areas where primary health centers are deserted and devastated due to the unwillingness of practitioners of Allopathy, the so called Modern Scientific System of Medicine, to serve the rural population.

Leaders of both these organizations have come out of the ordeal after trying themselves in the furnace. They started struggle for upliftment of ISM in their student life. They faced their first acid test in the Janta Party regime in late seventies for closure of the commercial shops of ISM education and for upgradation status of the ISM practitioners. Commitment and determination of the agitational student leaders compelled the government not only to close down the commercial shops of education but also to declare a status to ISM practitioners in the Govt. sector at par with their counter parts in Allopathy. After completing their education when the dynamic leaders joined medical practice, they found the scenario quite desperate. There was no separate department with a competent officer who could think , plan and implement the policies & strategies for development of ISM with the changing time and challenges in the field of medicine and health. Both the associations had to struggle for a long time for issues like establishment of a separate department of ISM in the Union Ministry as well as in the states, increasing the budget allocation for ISM from a meager 2%, standardization in the educational and medical fields, participation of ISM practitioners in the national health programmes, improvement in the quality of drugs, etc. It is clear that the decision of merger of both the national organizations of ISM was taken by their leaders and members with a vision for all round development of ISM , for meeting challenges with the changing trends and for safeguarding the rights of practitioners of



**Dr. R.P. Parasher**  
National General Secretary



ISM. It is even more clear that the future journey is not so easy. But the leadership of the unified Integrated Medical Association is ready to face all the challenges coupled with a second line of younger generation of leaders and thousands of its members all over the country.

If the roots are firm, the tree will grow and stand to give quality fruits and seeds. Therefore the IMA stressed on the utmost need of standardization of education. It was on the demand of the Association that the Government of India notified minimum standards and requirement for ISM institutions. The Department of AYUSH is firm on its stand in this issue and not compromising or bothering any pressure from any lobby. The association is supporting the Government not only morally but also ready to neutralize any political pressure which may weaken the Government's move. Further members of the Association in the Central Council of Indian Medicine (CCIM) have been visiting the academic institutions and revealing the real picture about facilities and infrastructure in the institutions denying any type of pressure or avarice. Improvement in the medical field is another issue which is being taken on priority by the association. The association has been working hard to persuade the government for setting up of separate directorates /departments of ISM in the states, opening of new institutions, hospitals and dispensaries and providing quality medicines to the patients. As a result of the endeavours of the association positive action has been taken by the authorities in this regard. Informing the patients of the basic principles of

Ayurveda, Unani & Siddha systems of medicines propagation of ISM as better option in the health care delivery system as they are free of any side effects, promoting ISM as a complete life science to aware the public of the benefits of these systems over allopathy are some of the steps taken by the members of the association in order to popularize the ancient systems of medicines. Organizing free medical camps, seminars, conferences, workshops, etc. by the association regularly show its commitment to update and upgrade the knowledge of its members so that they can be equipped fully with the changing trends in occurrence and recurrence of different diseases

The associations have been quite vigilant about misuse of patent laws, herbal wealth, intellectual property rights, Indian heritage and related issues in the changing scenario of world trade and patent acts. The associations cautioned and co-operated the Govt of India since the constitution of the World Trade Organization which is clearly inclined to the developed nations from the very beginning. The associations provided useful and accurate information to the Government of India in its battle against the cases of illogical patents in respect of turmeric, *Neem*, *Go-mutra* etc. in the United States and other countries. The association will continue its battle against the various provisions of world trade and intellectual property rights which are against the developing and poor nations. View of association in this regard is very clear that any new innovation be given due regard and financial return, but not at the cost of health and humanity. The poor must not be deprived of their rights of getting medicine at affordable prices. Constitution of the Traditional Knowledge Digital Library and digitalization of the traditional knowledge in Ayurveda and other streams of medicines was another step taken by the Govt. on the association's demand to avoid consideration of illegal and illogical applications for patents all over the world. The Govt. of India has considered the suggestions of the association positively to form alliance /s for direct trade with individual countries or groups of countries in the larger interest of the developing and poor nations if the World Trade Organization is not ready to listen to the sufferings of the ailing poor masses through out the world. Shorn of legalese and rhetoric, the



Hon'ble Supreme Court of India in the Novartis drug Glivec case upheld in its April 1, 2013 judgment the enhanced –efficacy test for granting fresh patents on old drugs that have been tweaked. This deceptively simple notion of going by efficacy – or rather therapeutic efficacy, as interpreted by the Apex court – was a legislative breakthrough to help keeping life saving drugs accessible to the poor. The historic verdict of April 1, 2013 is a blessing for cancer patients all over the world as the generic Indian version of the chemical imetineb costs only about Rs 1,36,000/- per year as compared to the Novartis Glivec which costs more than Rs 38,00,000/- per year. Most of the credit for the historic verdict goes to the Association as the innovative amendment made eight years ago to the “evergreening” clause, section 3(d) of the patent’s Act 1970 which was the basis of the Supreme Court judgment was a result of the Association’s demand and persuasion of the same with the ruling party, its allies as well as the opposition parties.

Standardization of drugs, manufacturing practices and medical services are other challenges in view of the changing trends in the Health Care Delivery System at the national and international level. Restrictions are being imposed on the drugs of ISM, especially in the U.S. and other European countries on one pretext or the other. But no such restriction can prevent the emergence of Ayurveda and other streams of ISM as leader of the Health Care Delivery system at international level. We always stress on the need of standardization with reference to quality of drugs where no compromise is possible if we have to lead the international market for herbal medicines and other drugs of various origins. The Govt. of India has set up strict norms for manufacturers as per the suggestions of the Association. The manufacturers should come forward with latest technology and latest manufacturing practices. They will have to invest liberally and willingly on research and development so that they can compete with the multinational giants. Their today’s investment on R&D will certainly and eventually multiply their business manifolds. The manufacturers should not hesitate to invest directly or indirectly in latest and advanced techniques in cultivation, storage, procurement and production to produce quality drugs conforming to international parameters on safety and efficacy. Pharmacovigilance is another aspect to focus on issues like incompatibility, rational use of drugs and safety tests for individual drugs so that the lobbies and groups working against Ayurveda and other traditional medical systems all over the world can not defame the whole system on petty issues. The latest attack on herbal medicine by publishing the report of Kings College, London scientist’s report on Birthwort (Aristolochia) by leading news papers in a sensational way on 19.3.13 should be seen in the same context.

Revolutionary reforms in the curriculum and syllabus of the Central Council of Indian Medicine (CCIM) which is being taught in the ISM institutions all over the country, are urgently needed. Post Graduate courses in all the branches of Ayurveda, Siddha, and Unani System should be started in all the institutions. Different courses should also be started in ISM which are non medicinal and are being taught in the medical colleges exclusively. These courses include Radiology, Ultrasonography, Nuclear Medicine, Bio technology, etc. P.G courses in all other branches of Medicine including Ophthalmology, Dentistry, ENT, Orthopedics, Neurology, Psychiatry, etc should also be started with application of drugs of ISM. The association has been pursuing the issue of granting the right of conducting normal delivery and MTP to the practitioners of ISM. CCIM should make formal recommendations to the Department of AYUSH in this regard. A special conference was organized by the Association on 20<sup>th</sup> October 2012 in New Delhi to focus on such issues and the topic of conference “ISM: Today & Tomorrow” was self explanatory. President, Vice Presidents



and many senior members of CCIM not only attended the conference, but were also convinced with the views of the association.

The meager allocation of about 2% of the total Health Budget to the Indian System of Medicine for long time blocked the way of research and development in these systems. Out of the meager allocation, most of the allocated budget has been spent on salaries, infrastructure, purchase of drugs and maintenance, etc. No budget is left for R&D which has compelled the practitioners of ISM to be dependent on newer drugs formulation in allopathy to treat communicable diseases and life style disorders. The issue of using allopathic drugs by ISM practitioners has been raised a number of times in different courts of law by the associations representing Allopathic doctors. Although the issue has been settled by the Hon'ble Supreme Court of India in 1998 in the case of Dr. Mukhtiyar Chand, the Indian Medical Association and its state branches have been regularly raising the issue in the Supreme Court of India and other State High Courts. The only reason behind raising this issue in the courts or in the press is only the professional rivalry and an effort to gain cheap popularity by its leaders who target the votes of their fellow doctors in the elections of the Indian Medical Association, State Medical Association, Medical Council of India or the State Medical Councils. The Integrated Medical Association is quite vigilant of the rights and privileges of the practitioners of ISM and is either directly pleading the case on behalf on ISM practitioners in the courts or providing support and guidance to other groups / associations working for the cause of ISM practitioners. The association is committed to fight for safeguarding the interests of ISM practitioners.

There is acute shortage of quality journals in the field of AYUSH. The association has included in its aims and objects the issue of publication of journals. Work will be started in this regard as soon as resources for the same become available. Other main issues for which the association is initiating action include inclusion of ISM in the WHO programmes, inclusion of ISM treatment by the insurance sector, allowing Ayurvedic treatment under the panels of different departments /agencies, establishment of herbal gardens at district level to make the herbal wealth richer and to save the endangered species, etc. The association will certainly achieve all its aims and objects with endeavors of its steady, dedicated and sincere workers.

*With best compliments,*

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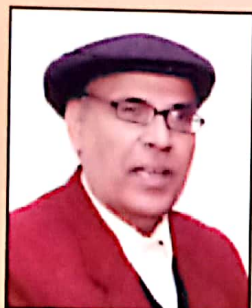


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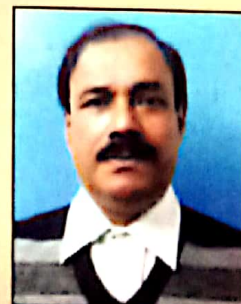
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Hon'ble Health Minister Dr. A.K. Walia & Hon'ble Transport Minister Sh. Ramakant Goswami with other dignitaries of ISM



Dr. R.S. Chauhan Presenting the Shawl & Memento to Hon'ble Health Minister Dr. A.K. Walia



Dr. R.P. Parasher, National Gen. Secy presenting the memento to Hon'ble Transport Minister Sh. Ramakant Goswami



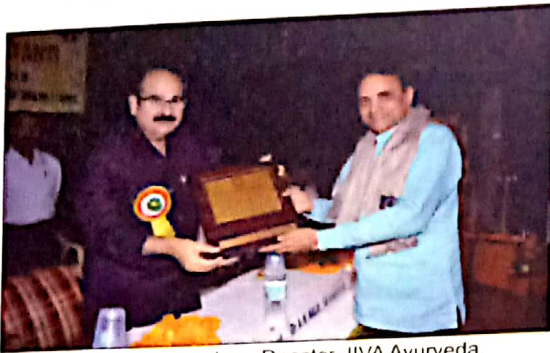
Dr. Narhari Sharma National Vice President, welcoming Sh. Ramakant Goswami



Dr. Madan Lal (Mani) Haryana welcoming Sh. Ramakant Goswami



# Cherished Moments of Dhanwantri Day Celebration 2012



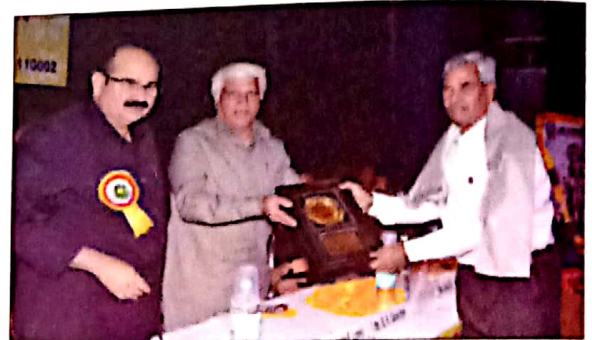
Dr Partap Chauhan, Director JIVA Ayurveda, receiving the Award for International Activities in Ayurveda from Hon'ble Health Minister Dr A K Walia



Dr Yuvraj Tyagi receiving life time acheivement award from Hon'ble Health Minister Dr A K Walia



Vaid Gopal Dutt Sharma, Director Y D S A College, U P, receiving the Dhanwantri Award from Dr A K Walia



Dr V Prashad Director Ayurved Vidya Peeth receiving the Dhanwantri Award from Hon'ble Transport Minister Sh Ramakant Goswami



Dr B S Banerjee Project Director Ch Brahm Prakash Ayurvedic Institute receiving the Dhanwantri Award from Dr A K Walia



Prof Dr Rais-ur-rehman, A. & U Tibbia College receiving the Dhanwantri Award from Dr A K Walia



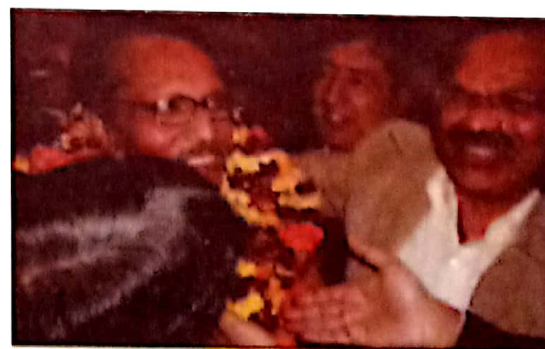
Dr A K Walia giving the memento to Dr (Mrs ) Santosh Sahi, Founder Delhi Laughter Club



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**Welcome Ceremony of DR. R.S. CHAUHAN**  
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# Joy Full Moments of Award Ceremony for the Contribution rendered for the Association





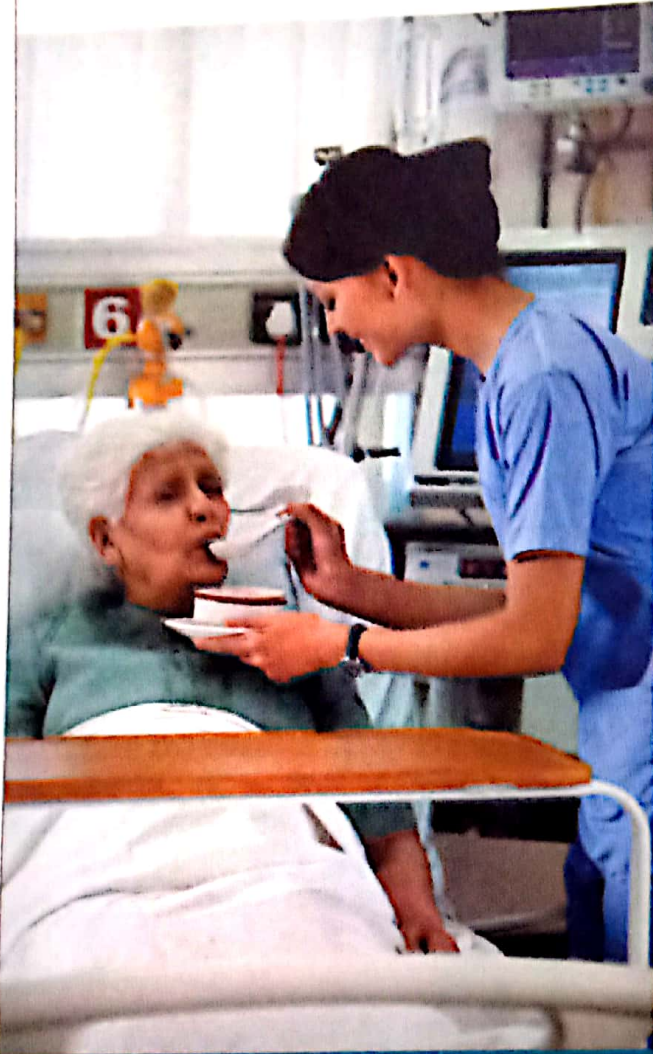
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**Welcome Cermony of Dr. Rashidullah Khan**  
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# Longer and Healthier Life Through Weight Control

Ramen santra<sup>1</sup>, Tapas Brata Tripathy<sup>2</sup>, Shivakumar<sup>3</sup>, Kavita<sup>4</sup>, Gurubasavaraj Yalagachin<sup>5</sup>

<sup>1</sup>Post Graduate Scholar, Dept of Swasthavritta SDM College of Ayurveda, Hassan

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<sup>3</sup>Head and Associate Professor, Dept of Swasthavritta SDM College of Ayurveda, Hassan

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<sup>5</sup>Assistant Professor, Dept of Swasthavritta SDM College of Ayurveda, Hassan

**Corresponding Author**

**Dr. Ramen Santra**

## **Abstract:**

This is the era of technology, speed and globalization. Even though these have made our life easy and comfortable, it has also contributed to series of life style disorder or non communicable disease across the globe. Obesity is emerging as the leading non communicable disease affecting the major proportion of population in their productive period. Even though there are thousand of treatment modalities to manage obesity, the food and life style which have major role in combating the problem of obesity. Hence an effort has been done in this review article to summarize the valuable suggestion given by the ancient Ayurvedic scholars along with glimpses of modern dietetics with special reference to obesity.

Key words: Obesity, Diet, Exercise, Ayurveda.

## **Introduction:**

Lack of physical exercise, unhealthy food habits, defective life style, addictions, decreased intimacy in relations and competitive life for materialistic life has lead to plethora of morbidity in health. Most leading among them is Obesity. It has become a major challenge and need for the health authorities across the globe to create an awareness for the control of obesity and to avert the high risk condition like dyslipedemia, hypertension, coronary artery disease, type 2 diabetes mellitus, osteoarthritis, infertility, impotency, as well as psychological disorders like stress, anxiety, depression, etc. Most adolescents fail to meet the five health recommendations regarding diet and physical activity (having breakfast, eating fruit and vegetables, consumption of milk/yoghurt, performing moderate to vigorous physical activity and limiting television watching). Male gender and excessive television watching were associated with abdominal obesity<sup>1</sup>.

Ayurveda explains sthauilya (obesity) is caused due to the absence of physical activity, sleeping during day, ingestion of more quantity fatty and sweet food.<sup>2</sup> An obese always lands up in one or the other of the following which are termed as "Ashta Doshas" in Ayurvedic literatures<sup>3</sup>. *Ayushohrasha* (shortening of life span) is the major complication. The statistics of metropolitan life insurance USA, shows that for a man aged 45, an increase of 12 kg above standard weight reduces his life expectancy by 25 per cent<sup>4</sup>. *Javoparodha* (hampered movement), *Krichravayava* (difficulty in sexual intercourse), *Daurbalya* (debility), *Daugandhya* (foul smell), *Atisweda* (excessive sweating), *Atikshuda* (excessive hungry), *Atirishna* (excessive thirst).



Complication of obesity are *Prameha pidaka* (~ Carbuncles due to Diabetes), *kotha* (~ Rashes), *Kandu* (~ Itching), *Pandu* (~ Anemia), *Amaja jwara* (~ Fever), *Kustha* (~ different type of skin disorder), *Mutrakrechra* (~ dysuria), *Arochaka* (~ anorexia), *Tandra* (~ stupor), *Klaihya* (~ impotency), *Matisthaua* (~ profound obesity), *Alasya* (~ laziness), *Gurugatrata* (~ heaviness of body), *Indriya srotamsalepa* (~ coating of sense organ and body channel), *Budhimoha* (~ delusion of mind), *Pramilika* (~ dropsy)<sup>5</sup>.

The basic principles of management of *sthoulya* mentioned in various Ayurvedic texts are mainly aimed at adoption of ideal food habits. One should take food after proper digestion of the previous meal<sup>6</sup>. The consumer of food should make room for the food in the belly in three portions such as one portion of the space for solid food items, one for liquid and one for Vata, Pita, Kapha<sup>7</sup>. While taking food in such quantity, one is not inflicted with any harmful effect caused by food taken in inappropriate quantity. Food should be taken after the sunrise and before the sunset at two times<sup>8</sup>.

**Nidana Parivarjana:** The most important determinants of good health are what we eat and how active we are. Eating a plant based diet rich in fruits, vegetables and whole grains, choosing foods with healthy fats, reducing red meat and foods that are high in saturated fat and trans fat would be ideal. Calories intake can be monitored to avoid weight gain. Exercise makes a key partner for healthy living.

**Langhana Chikitsa:** Langhana is that which make the body light. Sodhana (purification therapy) is that which expels the dosas out of the body; it is applicable for those persons who have great accumulation of slesma, pitta, rakta, mala and obstruction of movement of vata, who are very stout and very strong. Those who have diseases of poor strength can be given only diet therapy. Moderate strength person should do exercise regularly.

**Vyayama(Exercise)-** Exercise helps to maintain lean tissue and promote loss of fat tissue (such as abdominal fat stores). Assists in better control of appetite and increases energy expenditure. Helps prevent or reverse development of diseases associated with obesity, including type 2 diabetes, hypertension, and cardiovascular disease, even if one doesn't attain a healthier weight<sup>9</sup>. Exercise lasting more than a few minutes, greater amounts and used at lower exercise intensities e.g., long distance running, long distance cycling and much of the fuel used in brisk walk are fat<sup>10</sup>. The more trained a muscle, the greater its ability to use fat as a fuel. After a period of aerobic training, muscle cells contain more and larger mitochondria<sup>11</sup>. The more fatty acids that are released from adipose tissue store in the blood stream, the more fat will be used by the muscle.

**Atapa sevana(sun bath)-** Vitamin D is synthesized by the body by the action of UV rays of sunlight on 7-dehydrocholesterol, which is large abundance in the skin. Vitamin D promotes intestinal absorption of calcium. Calcium may depress certain hormones which consequently improve the body's ability to break down fat in cells and slow fat production<sup>12</sup>.

Any weight loss plan should have the following characteristics:

- The plan should meet nutritional needs except for energy. To do that, it should follow the food guide pyramid emphasizing a wide variety of low fat and high fiber choices and adequate fluids (about 1 liter/20 kg body weight). Meeting calcium needs may also help.
- Expect slow weight loss, resulting in proper weight control. Once about 10% of excessive weight is lost, maintenance of the same for about 6 months is recommended before further weight loss is attempted. Then careful evaluation should be made to determine whether further weight loss is needed, based on current health state.



- The plan should improve overall health. It should emphasize regular physical activity, proper rest and stress reduction through yoga and pranayama.

### **Diet therapy :**

Although weight is initially lost on very low calorie diets (<800 kcal), more is usually regained. Rapid weight reduction does not teach behavior changes. The weight that is lost consists of combination of lean body mass and adipose tissue. Lean body mass includes organs such as brain, muscles, liver, as well as blood and other body fluids. Patients on very low calorie diets have increased risk for developing gallstones. Very low calorie diets (400 to 800 kcal/day) can be used safely in extremely obese individuals (greater than 50% overweight) when under the care of physician and registered dietitian<sup>13</sup>.

Reducing diet i.e. Low calorie diet significantly improved anthropometric and body composition measurements<sup>14</sup>.

**Cereals and millets:** Wheat, maize, sawa millet and barley which are mention in ayurvedic classic for weight reduction are less in carbohydrate and rich in dietary fiber. Low carbohydrate diet helps to regulate insulin production and decrease circulating insulin, less insulin may results in less fat storage and fewer food cravings<sup>15</sup>. Dietary fiber prevents absorption of glucose from intestine and help increase peristalsis movement.

**Pulses :** Green gram, horse gram, bengal gram and other pulses can be taken as a source of protein. Pulse-derived fibre and resistant starch have been shown to alter energy expenditure, substrate trafficking and fat oxidation as well as visceral adipose deposition. Evidence suggests that pulse-derived fibres, trypsin inhibitors and lectins may reduce food intake by inducing satiety via facilitating and prolonging cholecystokinin secretion. Pulses could be useful as functional foods and food ingredients that combat obesity<sup>16</sup>

**Fruits and Vegetables :** Some nutrients have antioxidant properties. These likely reduce LDL oxidation in the blood stream and thus slow LDL uptake into scavenger cells. Fruits and vegetables are rich in such antioxidants as the various carotinoids and vitamin C and vitamin E. Eating fruits and vegetables regularly is one positive step we can take to reduce cholesterol build up and slow the progression of cardiovascular disease<sup>17</sup>. Fruits and vegetables that are rich sources of antioxidants include orange, grapes, musk milon, guava, mango, spinach, carrot, and pumpkin. Green leaves are rich sources of calcium, and iron. They are also fairly good sources of riboflavin, folic acid, and many other micronutrients. Leaf proteins are good source of lysine<sup>18</sup>. Leafy vegetable are high water content and dietary fiber. Other vegetable brinjal, bitter gourd, tomato etc are fairly good sources of mineral and vitamin. Salad, salad dressing, and raw vegetable consumption can be an effective strategy for enhancing nutritional adequacy and increasing vegetable consumption in the population at large<sup>19</sup>.

**Milk:** milk is a good source of proteins, vitamin, and mineral. For vegetarian diet milk is the good source of vitaminB<sub>12</sub>. Skimmed milk should be the choice to reduce saturated fat. After milk is boiled and allow to cool, a thick layer of fat and coagulate proteins collects at the surface and can be skimmed off; by repeating the process twice, most of the fat removed<sup>20</sup>. Those who have lactose intolerance, they can take Takra (~butter milk). Takra rasa is kasaya and amla. Kasaya rasa reduces vitiation of Kapha and amla rasa reduces the vitiation of Vata<sup>21</sup>.

**Oil:** The findings are suggestive of a small but potentially important reduction in cardiovascular risk on modification of dietary fat, but not reduction of total fat, in longer trials. Lifestyle advice to all those at risk of cardiovascular disease and to lower risk population groups, should continue to include permanent reduction of dietary saturated fat and partial replacement by unsaturates<sup>22</sup>. Vanaspati should be totally avoided. Reheating



of oil used for frying is harmful and should be avoided. Foods rich in fat-like nuts and oil seeds should avoid<sup>23</sup>.

### Conclusion :

Less meals during weight reduction plan results energy deficiency as well as other nutrient deficiency. Diet should contain minimum nutrient to maintain lean body mass and to fulfill vitamins and minerals requirement in the body. Fresh food which is rich in protein and other nutrients is required as food quantity is less. Rather than worrying about weight loss, individuals should be focusing on a healthy lifestyle that allow for weight maintenance. Incorporating necessary life style changes and learning to accept one's particular body characteristics should be the overriding goal.

### References

1. Iaccarino Idelson P, Scalfi L, Vaino N, Mobilia S, Montagnese C, Franzese A, Valerio G. Healthy behaviours and abdominal adiposity in adolescents from southern Italy. *Public Health Nutrition*. 2013;1(1):1-8
2. Madhavakar. Madhavnidana. [KRS Murthy,trans]. Varanasi:ChaukhambaOrientalia; 1995.p.121
3. Charaka. Charaka Samhita. [KRS Murthy,trans]. Varanasi:Chaukhamba Orientalia; 2004. P.328
4. Swaminathan M. Advanced text book on food and nutrition. 2<sup>nd</sup> ed. Bangalore: the Bangalore printing and publishing co.ltd; 1985. P.305
5. Charaka. Charaka Samhita. [KRS Murthy,trans]. Varanasi: Chaukhamba Orientalia;2004.
6. Charaka. Charaka Samhita. [Brahmananda Tripathi,trans]. Varanasi: Chaukhamba surbharati prakasana; 2005.
7. Charaka. Charaka Samhita. [PV Sharma,trans]. Varanasi: Chaukhamba Orientalia;2000.
8. Shastri VL. Yogaratnakara with vaidyatini hindi commentary. Varanasi: Chaukhamba Sanskrit sasthan; 1999. P.65
9. Wardlaw GM, Hample JS, Disilvestro RA. Prospective in nutrition. 6<sup>th</sup> ed. New York: Mc Graw hill; 2004. P.506
10. Wardlaw GM, Hample JS, Disilvestro RA. Prospective in nutrition. 6<sup>th</sup> ed. New York: Mc Graw hill; 2004. P.507
11. Wardlaw GM, Hample JS, Disilvestro RA. Prospective in nutrition. 6<sup>th</sup> ed. New York: Mc Graw hill; 2004. P.513
12. Srilakshmi B. Dietetics. 5<sup>th</sup> Ed. New delhi: new age international limited; 2005. p.182
13. Srilakshmi B. Dietetics. 5<sup>th</sup> Ed. New delhi: new age international limited; 2005. p.180
14. Papadaki A, Linardakis M, Plada M, Larsen TM, van Baak MA, Lindroos AK, Pfeiffer AF. A multicentre weight loss study using a low-calorie diet over 8 weeks: regional differences in efficacy across eight European cities. *SwissMedWkly*.2013; 13721 (i0.4414): 143
15. Srilakshmi B. Dietetics. 5<sup>th</sup> Ed. New delhi: new age international limited; 2005. p.182
16. Marinangeli CP, Jones PJ. Pulse grain consumption and obesity: effects on energy expenditure, substrate oxidation, body composition, fat deposition and satiety. *British Journal of Nutrition*.2012;108(Supplement S1):S46-S51





17. Wardlaw GM, Hampl JS, Disilvestro RA. Prospective in nutrition. 6<sup>th</sup> ed. New York: Mc Grawhill; 2004. P.196
18. Park K. Preventive and social medicine. 21<sup>st</sup> ed. Jabalpur: Banarsidas bhanot; 2011.p.580
19. L. Joseph Su, Lenore Arab. Salad and Raw Vegetable Consumption and Nutritional Status in the Adult US Population: Results from the Third National Health and Nutrition Examination Survey. *Journal of the American Dietetic Association*. September 2006;106(9):1394-1404
20. AntiaFP, Abraham Philip. Clinical dietetics and nutrition. 4<sup>th</sup>Ed. New Delhi: oxford university press; 2010. p.205
21. Kunte AM, Navre KRS. Astanga Hridaya with commentery Sarvanga Sundara of Arunadatta and Ayurveda Rasayana of Hemadri. 1st ed. Varanasi. Krishnadas acedemy oriental publisher; 1995 p.72
22. Hooper L, Summerbell CD, Thompson R, Sills D, Roberts FG, Moore HJ, Davey Smith G. Reduced or modified dietary fat for preventing cardiovascular disease. *Cochrane Database of Systematic Reviews* 2012, Issue 5.
23. Srilakshmi B. Dietetics. 5<sup>th</sup> Ed. New delhi: new age international limited; 2005. p.182



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पुरानी से पुरानी बीमारी के आयुर्वेदिक इलाज के लिए मिलें : डॉ. हरियाणा वाले (स्थापित)



# Upashayatmaka Effect of Rason (*Allium Sativum Linn.*) In Madhumeha w.s.r to Blood Sugar Level (BSL)

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## INTRODUCTION :

Currently, India is the diabetes capital of the world. The prevalence of diabetes is closely associated with industrialization and socio-economic development. It is estimated that over 40 million of those with diabetes are currently in India and by 2025 that number will grow to 70 million. In other words, 1 in every 5 diabetics in the world will live in India. Diabetes is the number one cause of kidney failure, is responsible for 5% of blindness in adults and 1 million limb amputations every year.

It will soon become the first non communicable disease whose severity will be endorsed by the United Nation. According to data released by the International Diabetes Federation, 41 million of the 659 million people in the age group of 20-79 years in India have diabetes. Currently the number of cases of Diabetes world wide is estimated to be around 150 million. Although the prevalence of Type I and Type II D.M. is increasing world wide, the prevalence of Type II D.M. is expected to rise more rapidly in future because of increasing obesity and reduced physical activity<sup>1</sup>.

In spite of tremendous advancement of modern medicine i.e. oral hypoglycaemic agent and insulin till date, an ideal drug which can cure diabetes is not yet available and still scientists are struggling to search an effective and harmless therapy. So effort has been made here, to search the safe and effective medicine in Ayurved.

In Ayurved Prameha is described under one of the eight major illnesses (Mahagad). Acharya Charak has given 20 types of Prameha according to vitiation of various Doshas. Madhumeha (D.M) is one of the subtypes of Vataja Prameha<sup>2</sup>. It can be co-relate with Diabetes mellitus in which there is a hyperglycaemia.

In Ayurvedic texts Rason (*Allium sativum linn.*) has 'Mehaghna' property described in Ashtang Hridhay sutrasthan<sup>3</sup> having Tikshna (highly penetrating deep in to the tissues), Ushna (hot in potency), & Snigdha property. It is a rejuvenator of the body<sup>4</sup>. Rason is easily available in market, less expensive and internally administered as a single drug or as a major ingredient of several formulations useful in a number of diseases. Rason is a major Rasayana drug used in geriatrics.

## PLAN OF STUDY:

- **Selection of patients** - Patients of Madhumeha (Known Diabetic) were selected randomly in 2 groups i.e. study group (Group A) and control group (Group B).  
**Group A** - 20 patients were given Rason capsule along with previously prescribed antidiabetic drug (Metformin 500 mg BD.)  
**Group B** - 20 patients were given only previously prescribed antidiabetic drug (Metformin 500mg BD).
- **Criteria for inclusion** – For this Study we have taken age group between 30 to 60 yrs. & Patient will be known case of Diabetes i.e. NIDDM<sup>5-6</sup>



- **Criteria for exclusion** – For this Study we have excluded patients suffering from Hyperacidity or any Gastro-intestinal disorders, Diabetic complications like - Retinopathy, peripheral neuropathy, diabetic foot, ketoacidosis, Random BSL is more than 300 mg% and doesn't responding to Oral Hypoglycemic Agents & also any major illness like, malignancy hypertension, IHD, MI.
- **Action of Rason (*Allium sativum linn.*)** - In Madhumeha Bahumutrata, Alasya, Hast-pad-tal daha, Mukha madhurya, Ati nidra symptoms are seen due to Kled formation and dravguna of Kapha increases. Rason with its Ushana, tikshna guna & Kapha-vata shamak property, act as Kleadnashak and Kaphavata shamak. Agnidipana and pachan properties causes aampachan and stops further aam nirmiti.
- **Method of Drug Administration** – For group A - Rason capsule of 500 mg given orally along with antidiabetic drug twice a day with luke worm water for 1 month of period whereas for Group B – only the antidiabetic drug is given as per prescription.

#### OBSERVATIONS & RESULTS:

- The patients of Madhumeha which were included in the trial had to undergo clinical examinations at every follow up of 10 days up to one month for clinical assessment of signs and symptoms.
- The upashayatmaka effect of Rason capsule on the Group A and anti diabetic drug on Group B was assessed on basis of criteria designed for assessment. The observations were recorded in case record form on day 1 and every 10<sup>th</sup> day for 1 month.

#### ACTION OF RASON ON BLOOD SUGAR LEVEL:

##### Blood Sugar Level reduced by - Group- A Fasting & Post Prandial

Sr. No.	BSL Level	Fasting		Post Prandial	
		No. of patients	Percentage %	No. of patients	Percentage %
1	0 – 20 mg%	11	55%	7	35%
2	21- 40 mg%	7	35%	10	50%
3	41-60 mg%	2	10%	3	15%

For Fasting; the above table shows that, 11 patients out of 20 patients (55%) are reduced BSL level by 0 to 20 mg%; 7 patients (35%) is reduced BSL level 21 to 40 mg% & 2 patients (10%) shows reduced BSL level 41 to 60 mg%.

For Post Prandial; the above table shows that, 7 patients out of 20 patients (35%) are reduced BSL level by 0 to 20 mg%; 10 patients (50%) is reduced BSL level 21 to 40 mg% & 3 patients (15%) shows reduced BSL level 41 to 60 mg%.

##### Blood Sugar Level reduced by - Group- B Fasting & Post Prandial

Sr. No.	BSL Level	Fasting		Post Prandial	
		No. of patients	Percentage %	No. of patients	Percentage %
1	0 – 20 mg%	17	85%	16	80%
2	21- 40 mg%	03	15%	04	20%
3	41-60 mg%	00	00%	00	00%



The above table shows that, 17 patients out of 20 patients (85%) are reduced BSL level by 0 to 20 mg%; 3 patients (15%) is reduced BSL level 21 to 40 mg%.

The above table shows that, 16 patients out of 20 patients (80%) are reduced BSL level by 0 to 20 mg%; 4 patients (20%) is reduced BSL level 21 to 40 mg%.

#### **ACTION OF RASON ON SYMPTOMS OF MADHUMEHA (D.M):**

1. In this study, 6 symptoms were assessed in which 3 symptoms Bahumutrata (68.25%), Hasta-Pad-Tal daha (61.01%), Trushna (61.01%) were having highly significant results. Remaining 3 symptoms, Alaysa (46.26%), Ati Nidra (48.67%), & Mukha madhurya (46.80%) were having significant results.
2. The group which was taking Rason capsule along with Antidiabetic drug, Fasting BSL was lowered by 32.35% on an average & post prandial BSL was lowered by 26.41% on an average whereas the group which was taking Antidiabetic drug only, Fasting BSL was lowered by 17.64% on an average & post prandial BSL was lowered by 12.5% on an average.
3. In the study group out of 20 patients no adverse effects have been observed during and after the study.

#### **CONCLUSION -**

Out of 6 cardinal symptoms, Rason capsule along with antidiabetic drug shows Uttam upashaya in reliving the Bahumutrata, Hasta-Pad-Tal daha, Trushna as well as madhayam upashaya in other 3 symptoms Alaysa, Ati Nidra, & Mukha madhurya & also in reducing the Blood Sugar Level. Madhumeha is Vataj type of Prameha; & Rason has good Vatashaman property. Rason has Kledanashana property by its Guna, Rasa & Virya; due to these properties main symptom of Madhumeha i.e. Bahumutrata is reduced, as main function of mutra is kledvahana. Atinidra & Alaysa symptoms are reduced due to Kaphashamak property. Snigdha & Pichhil guna of Rason has vatashamak property hence it shows good results in relieving the symptom Trishna, which is due to vataprakop in Udakavaha srotas. No adverse effect of Rason was noted in this study. It was cost effective & easily available supplementary drug for Madhumeha.

#### **REFERENCES**

1. Websites: [www.google.co.in](http://www.google.co.in)  
[www.wikipedia.org](http://www.wikipedia.org)
2. Acharya Vd. Trikamji Yadavji, Charaka Samhita: Ayurved Dipika commentary by chakrapani, Chaukhamba Prakashan, Varanasi, 2000, Prameha nidan 4, page no. 212.
3. Paradkar Harishastri, Ashtanga Hridaya: Sarvangasundara and Ayurved Rasayana commentary, Chaukhamba Surbharti prakashan, Varanasi, 6<sup>th</sup> edition, 2000, Sutrasthan 6/108,109.
4. Shri Shastri Ambika Datta, Bhaishajya Ratnavali:, Chaukhamba Sanskrit Sansthan, Varanasi, 11<sup>th</sup> edition, 1993, Anahachikitsa 31/14, page 663
5. Davidson's Principles and practice of medicine: Churchill living stone, 17<sup>th</sup> edition, Page no. 815.
6. Janet E. Hall, Harrison's Principals of Internal Medicine: Mc Graw Hill- Medical Publishing Division, 16<sup>th</sup> edition, Vol - 2, Part 7, Infectious Diseases, Section 14, RNA Viruses , Chap. 200, page no.2275



# SATTVA- AN IMPORTANT FACTOR IN HEALTH

By Dr. Partap Chauhan  
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In the modern age, it is evident that most diseases even physical in nature, have a root in the mind. It has been proved through many clinical studies that mind plays an important role in both manifestation and treatment of diseases. Some experts even go on to say that all diseases originate in mind or sub conscious mind and body is just a manifesting area for the diseases. All this said, it is important for us to understand the practical application of the above information. That means how do I put this information into my everyday practice, so that I can stay healthy.

Ayurveda helps us to understand the practical meaning of the above theory. According to Ayurveda, mind has three different characteristics, which are also called as the three *gunas* namely - *Sattva*, *Rajas* and *Tamas*. A mind dominant in *Sattva* indicates a peaceful, relaxed and strong mind. In this state, the intelligence is active and one can discriminate what is good and what is destructive for us. *Rajas* is responsible for an active mind but when *sattva* is low and *rajas* is dominant, the mind is negatively active and will come up with ideas to eat foods and do activities that will be harmful for the body. *Tamas* indicates inert or dull state of mind and when dominant will generate confusion in the mind.

Our modern foods and lifestyle generally enhance *rajas* and *tamas*, which lead to an active and confused mind. The intelligence is not working in this state. As a result we are eating foods and following activities which are causing imbalance in our normal functions of body and mind. You might have seen people often jogging with walkman, exercising while

watching TV or in loud music (in gyms), or wearing torn and dirty jeans, and so on. These are some examples of confused actions, which are caused due to high *rajas* and *tamas* in the mind.

*Rajas* and *Tamas* are called '*mansik dosha*' and are responsible for causing disturbance or imbalance not only in the mental functions but also in physical systems. Research has proved that some of the most common diseases like diabetes, heart diseases, stroke, high blood pressure, obesity and auto immune disorders have a link with mental stress or unhealthy mind. Needless to mention diseases like Depression, Anxiety, Neurosis, ADD, Bi-polar disease, Schizophrenia, Insomnia, mental stress, and other mind related problems are caused due to high *rajas* and *tamas* in the mind.

What can we do? The solution is simple- Increase *Sattva*. *Sattva*- refers to peaceful or relaxed state of mind. *Sattva* also means pure, clean and fresh. According to Ayurveda we apply the rule 'like increases and opposite decreases', which means foods, things, activities which have similar qualities as that of *Sattva* will increase it and those with opposite will decrease it. Fresh, natural, organic, and vegetarian foods increase *sattva*, so try to include these types of foods in your diet. Fresh fruits and vegetables, cooked/boiled or steamed vegetables, vegetable soups, grains, cereals, porridge, chapatti, whole grain breads, salads, pure fruit juices, herbal teas, water, fresh milk, fresh home made butter, ghee, buttermilk, nuts, dry fruits, seeds and honey increase *sattva*. Food should be eaten freshly prepared and cooked.



Canned foods, old kept foods items (left overs), processed foods, foods containing chemicals/ preservatives, deep fried and heavily spiced foods, junk foods and meat should be avoided as they will increase *rajas* and *tamas*. In addition, stimulants like caffeine (coffee, *chai*/black tea), alcohol, smoking, fizzy drinks and drugs should not be taken.

In Ayurveda food (*ahar*) is defined as that which goes in. So food is not only limited to what goes into our mouth but also includes things that go in through our eyes, nose, ears or thoughts. We should be careful about what we watch, hear, smell and think. All these

should be '*sattvic*' which means should make the mind relaxed and peaceful and NOT disturb or make the mind dull and inert. So be careful what kind of music you hear, what kind of television shows you watch, and what thoughts are going on in your mind. Choose music that is soothing (classical, spiritual), watch programs, which relax you (history, culture, humor), use soothing aromas and think positive. These will also increase *sattva*.

Start from today- *Sattvic* food (*ahar*), *sattvic* life style (*vihar*), *sattvic* thoughts (*vichar*) and see the difference in yourself in one month.

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# CONTROVERSIAL DRUGS IN RASA SHASTRA

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## Introduction :

In Ayurveda drugs are classified as Sthavara, Jangama & Audbhida.<sup>1</sup> In each group of dravya's there were controversial aspect regarding their origin, types, synonyms, different vernacular names, structure and therapeutical property. The word controversy refers to the confusion or an unauthenticated or un justified versions of subjects. Ayurveda is older and practiced in the form of parampara since 5000 years. As the time advances some relative aspect of drugs which were found in those days are compared with present available sources. The controversies are the unexplored aspect of science. These are mainly depended on factors like

- 1) Non-availability
- 2) Rare-occurrence
- 3) Lack of Research work
- 4) Miss-interpretation
- 5) Lack of popularity and practice
- 6) Gap of knowledge between past & present.

### 1) Non-availability :

The drugs that were explained by Rasacharyas regarding their properties and grahyagrahya laxanas cannot be assessed in present mineral drugs e.g.?

It is because of non-availability or scarcity of native forms of mineral or ore-mineral.

### Puspanjana :

It is a controversial mineral, some scholar say that it is a zinc oxide mineral, which is white in colour & useful in eye diseases just like puspanjana, others mentioned that is Antimony oxide i.e.  $Sb_2O_3$ . But actually what it is? Is not clear so far<sup>2</sup>. \* Lecturer, Dept of Rasashatra, Dhanwantari Ayurveda college and hospital, Siddapur (UK)

### 2) Rare occurrence :

Some of the drugs are rarely found in their native form e.g.?

Ex. Giri Sindhura, Shilajatu, Chapala.

#### a) Girisindhoora:

According to acharyas it is the drug, which is collected from the cracks of mountain rock. Now a days we are not having detail description about its use, availability etc.

#### b) Shilajatu:

The source of shilajatu is mainly from furrows of mountain, so it is called as mineral resin. But now a day instead of mineral resin we are getting exudates of plant *Asphaltum punjabinum* along with lots of adulteration<sup>3</sup>.

#### c) Chapala:

Chapala is the drug, which is mentioned in the ashta group of maharasa made controversy because of



lack of identification & scarcity of drug. The present day scholars or Rasashastra have different opinions regarding Chapala some of them try to specify Bismuth (*Bi*) as Chapala other opines Selenium (*Se*) should be considered as Chapala.

As maharasa group contains the drugs which are in mineral or are of any metal. According to this scholars also mentioned it must be a mineral or metal are for this reason metal selenium or bismuth cannot be considered as Chapala.

Although metal bismuth has many similar properties as Chapala like it is easily fusible, heavy & bright. But bismuth is mainly used in digestive troubles. Metal selenium has many amorphous forms and found admixture with Chalcopyrite & mainly used in sexual disorder and also as best anti-oxidant. It can be considered as Chapala<sup>4</sup>.

### 3) Lack of research work :

There are some areas concerned to drug establishment, which requires thorough knowledge regarding characterization of mineral drug. Ex. Rasaka, Karpura shilajatu. Rasanjana.

#### Karpura shilajatu :

It is said to be white colored exudates of mineral resin (Shilajatu). But now a day it is compared with Sora. Where as the origin and occurrence of sora is entirely different when compared with Karpura shilajatu.

#### Rasaka :

In present day Rasaka, which is the ore mineral of Yashada is also out of use. Its because of difficulty in selection of drug. In classics acharyas mentioned 3 varieties of Rasaka. But in present day it is very difficult compare the available sources with the verses of acharya.

#### Rasanjana

Since ancient times Rasanjana is considered to be a controversial material. Acharayas have mentioned that it is two types, one is shailaja i.e. obtained from hills are mines hence it must be a mineral & on this basis prof. D.A. Kulkarni has mentioned that Rasanjana is yellow oxide of mercury, which is a mineral obtained in nature in small quantity. But present day vaidyas are using the kritrima variety of rasanjana, which is prepared by ghanakriya of darvikwath & Ajadugdha. It is also used in netra rogas since ancient times.

### 4) Miss interpretation:

Different scholars interpreted some of the drugs and their properties differently. That created much confusion with respect to use of that drug.

#### Kankushta:

Since ancient times Kankushta is also a controversial drug. According to Bhaluki it is an ore of Tin metal, i.e. It is probably Cassiterite. According to Rasamava it is bright red in colour just like Vidruma (coral). According to Rasaratna Samuchchaya it is found in the base of high peaks of Himalayan Mountains.

Some scholars say that it is a faecal matter of newly born elephant child, which is yellowish black in colour. Other mentioned it is a part of umbilicus of a newly born horse child, which is yellowish white in colour.

### 5) Lack of popularity and practice:

It is the major problem what we are observing now a day. It is because of lack of sufficient experimental data and also fewer descriptions of drugs and their utility.

e.g. Rasaka bhasma, Vimala bhasma, Chapala bhasma, Haratala bhasma, etc



## 6) Gap of knowledge:

Confusion persists & all this mixed patriotic pride adds fuel to the fire of controversy. Every body thinks that there plant or drug is the real one because, it's being used since time of immemorial & cannot be set a side even though it may not tally the scriptural reference.

## Conclusion:

"Controversy can not be set aside at once. It will take more time. It requires constant hammering. It requires an open mind to give up our expected meaning whenever the right thing is shown & grasp what is sensible of course tentatively, when some other proofs are available".<sup>6</sup> We must be ready to let it go & accept the new one by applying standards of pharmaceutical, analytical, pharmacological and experimental trials.

## References:

- 1) Sharma P V, Dravyaguna viganan, Varanasi, Choukhambha Bharati Academy, UP, 2004 edtn, Pp no.24.
- 2) Joshi Damodar, Rasashastra, Varanasi, Choukhambha Orientalia, UP, 1<sup>st</sup> edtn 2006, Pp no.227
- 3) Satpute D Ashok, Rasendra sara sangraha, Varanasi, Choukhambha Bharati Academy, UP, 1<sup>st</sup> edtn, 2003, Pp no.152.
- 4) Madhava Upadhyaya, Ayurveda Prakash, Varanasi, Choukhambha Bharati Academy, UP, 1999 edtn, 4/139-140.
- 5) Mishra Guluraj Sharma, Ayurveda prakash, New Delhi, Choukhambha publication, New Delhi, 1999 edtn, 2<sup>nd</sup> ch.316 -317.
- 6) Trikamji Yadavaji, Charaka Samhita with Chakrapani commentary, Varanasi, Choukhambha Bharati Academy, UP, 2<sup>nd</sup> edtn, 2003, Pp no.735.

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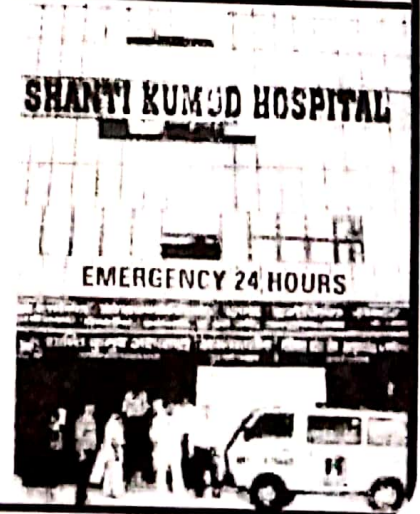


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# एड्स-दूसरा पहलू

DR. JINESH KUMAR JAIN

READER & HEAD, DEPT. OF PANCHKARMA  
GOVT. AYURVED COLLEGE, REEWA (M.P.)

अस्सी के दशक में पाश्चात्य देशों द्वारा यह दावा किया गया कि एड्स खतरनाक एवं नई बीमारी के रूप में दुनिया में फैल रहा है। इसकी कोई चिकित्सा नहीं है वस्तुतः एड्स 1952 से ही दुनिया में किसी न किसी रूप में उपस्थिति दर्ज कराता रहा है उस समय तक इसका भयंकर स्वरूप सामने नहीं आया था। मेडिकल जर्नल आफ साउथ आस्ट्रेलिया में एड्स के दो मुख्य कारण बताये ये पहला कुपोषण और दूसरा अंग्रजी दवाइयों का अधिक एवं अनावश्यक प्रयोग विशेषतः एण्टिबायोटिक्स, स्टेराइड एवं ए.जेड.टी.। इसी प्रकार 1960 की मेडिकल जर्नल आफ साउथ आस्ट्रेलिया में प्रकाशित किया कि इस समय अंग्रजी दवाइयों बहुत कम मात्रा में प्रयोग किया जा रहा है उस समय स्वास्थ्य संगठनों ने इसकी उपेक्षा की और आज उन्हीं की शोध पत्रिकाएं इस सत्य को धीरे-धीरे सामने ला रही है। आज जरूरत इस बात की है, कि एड्स की परिकल्पना की पुर्नविचिन्ना की जानी चाहिए। आज जो वैज्ञानिक माइक्रोबायोलॉजी व जेनेटिक इंजीनियरिंग पर कार्य कर रहे हैं। उन्हें शोध की सोच को इस दिशा से देखने का प्रयत्न करना चाहिए।

आज विश्व के जाने माने रिटोवायरोलॉजिस्ट डॉ. कार्लस ए थामस एवं प्रो. हरबर्ट एड्स की पुर्नविचिन्ना की दिशा में अपने कार्य कर रहे हैं। सैक्स एड्स का एक माध्यम है। यह शुरू कहां से हुआ इसके पीछे क्या कारण है इसके बारे में वैज्ञानिकों के अपने तर्क हैं जो आपस में मेल नहीं खाते हैं। इस प्रकार एड्स के लक्षणों की उत्पत्ति के बारे में देखा जाए तो वस्तुतः एड्स के अपने कोई लक्षण नहीं होते। कार्लहोस्ट में 1996 में अपनी रिपोर्ट में स्पष्ट लिखा है कि कहीं ज्वर के रूप में कहीं अतिसार के रूप में भारत में टी.बी. के रूप में एड्स प्रकट होता है। साउथ आस्ट्रेलिया के ही एक डॉक्टर ने एड्स की वास्तविकता बताते हुए वर्तमान में प्रचार माध्यमों से प्रचार किए जाने वाले एड्स एवं हमारी

परिकल्पनाओं को मिथ्या दिखाते हुए अपनी रिपोर्ट में लिखा है। कि वास्तव में एड्स की हाइपोथीसिस का पुर्न मुल्यांकन किया जाना चाहिए। क्योंकि हम बिना कारण जाने एक अंधी दिशा की ओर बढ़ते जा रहे हैं। और आज सारी रिसर्चेस प्रभावहीन साबित हो रही है। एक लेबोरेट्रीकल रेट से हमारी प्रतिरक्षा शक्ति घटती गई और एड्स के रूप ये सामने आई। अपनी रिपोर्ट में उन्होंने यह भी बताया कि अफ्रीका में एड्स 100 प्रतिशत अतिसार व वास्टिंग में रूप में सामने आया जबकि यू.एस. में विभिन्न एड्स रोगियों में देखा गया कि 25-30 प्रतिशत रोगियों में उनकी कोई वर्तमान में प्रसारित की जाने वाली हिस्ट्री नहीं थी। एक अन्य रिपोर्ट में यू.एस.ए. में 90 प्रतिशत एड्स महिलाओं में पाया गया। ऐसे ही एक शोध में सामने आया कि एड्स से मरने वालों में अधिकांश प्रतिशत ऐसे रोगियों का था जिनमें एचआइवी पॉजीटिव नहीं था। कार्ल होस्ट ने अपने शोध रिपोर्ट में स्पष्ट लिखा है कि एचआइवी पॉजीटिव का अर्थ यह नहीं है कि एड्स है और न ही एचआइवी नेगेटिव का अर्थ है कि एड्स नहीं है। विश्व स्वास्थ्य संगठन द्वारा प्रकाशित होने वाली वार्षिक रिपोर्ट में लिखा है कि जिनमें एचआइवी पॉजीटिव है ये यदि यूरोप एवं यूएसए छोड़कर कहीं और रहने लगे तो उनमें जीने के अवसर 300 गुना हो जाते हैं। अमेरिका और अफ्रीका के एड्स रोगियों के लक्षणों में कोई अंतर नहीं है जबकि अमेरिका में एचआइवी पॉजीटिव रोगी अधिक है, अफ्रीका में एचआइवी नेगेटिव। यूएस जोव कोप एवं यूएस आर्मी द्वारा मिलियन लोगों पर रिसर्च के बाद बताया कि एड्स के कारण कुपोषण, लम्बे समय तक भूखा रखना, एवं एण्टिबायोटिक्स, कार्टिजोन जैसी दवाइयों है। ये दवाइयों प्रतिरक्षा शक्ति को इस हद तक कम कर देती है कि रोगी किसी भी रोग से पीड़ित हो सकता है। यहाँ तक कि कामन कोल्ड(सर्दी-जुकाम)



में एचआइवी पॉजीटिव हो सकता है इसलिए एचआइवी पॉजीटिव का कोई अर्थ नहीं है।

राबर्ट ई बिलिनर ने अपनी पुस्तक 'अल्टीमेट डिसेप्शन' में अपने शोध द्वारा बताया है कि वर्तमान हाइपोथिसिस की सत्यता केवल 1/5 है क्योंकि एड्स एचआइवी पॉजीटिव हिमोफीलिस में दुगुना पाया गया। वहाँ आफिशियल स्टेक्टिस के आधार पर उन्होंने ऐसी पाँच बीमारियों के नाम बताए जो एड्स के नाम से जाने जाती हैं। आगे उन्होंने लिखा है कि वेनेरल डिजीज एवं अनचाहे गर्भ के पात वाले रोगियों में पिछले 8-10 वर्षों से एड्स इंसिडेंस बढ़ रहा है डॉ.बिलिनर ने एक बात और कही कि एक सर्वे में 10 प्रतिशत गुद मैथुन व 90 प्रतिशत यौनी मैथुन करने वाले एड्स रोगियों को लिया गया, जिनमें पुरुषों में 90 प्रतिशत एड्स रोगी थे जबकि महिलाओं में समान रूप से एड्स रोग था। चिकित्सा जगत से सम्बंधित एक अन्य पुस्तक 'द मर्क मेनुअल' में एड्स के 3 कारण बताए हैं :-

1. कुपोषण
2. अंग्रेजी दवाईयाँ
3. रेडियेशन

दवाइयों के नाम वही हैं जो पहले बताई है। इस पुस्तक में प्रकाशित अन्य बातें हैं :-

1. अफ्रीका में 100 प्रतिशत एड्स, कुपोषण के कारण होने वाले लक्षणों के समान पाया जाता है।
2. यूरोप एवं यू.एस. में उस समय यह बीमारी किसी नाम से नहीं जानी गई।
3. एक अध्ययन से पता चला कि यूरोप एवं यूएस में 90 प्रतिशत एड्स रोगी वे थे जो नाइट्रिट इन्हेलर मारीजुआना तथा चिकित्सकों द्वारा उस समय लिखे जाने वाले इन्स का उपयोग करते थे।
4. एक अन्य अध्ययन के अनुसार मेनहट्टन की एक कम्युनिटी में वैक्सीनेशन करने से एड्स हो गया क्योंकि जब वैक्सीनेशन के बाद एक बीमारी उत्पन्न हुई तब उसके रोगी को आइसोलेशन में भर्ती करके विधिवत् जाँच करने पर उसमें एड्स रोग पाया गया। उन्होंने यह भी लिखा है कि सभी वैक्सीन प्रतिरक्षा शक्ति के साथ-साथ

हमारे जेनेटिक सिस्टम पर भी प्रभाव डालते हैं।

5. गैलो नामक एक वैज्ञानिक ने एड्स पर हुई एक शोध पर व्यंग्य करते हुए लिखा है कि एचआइवी पॉजीटिव टी सेल को नष्ट करता है। वही उनके शिष्य ने पुनः शोध कर दावे को झूठा साबित किया ये दोनों पेपर 1984 में प्रकाशित हुए थे। कार्लहोस्ट लिखते हैं कि वास्तव में वायरस जैसी कोई चीज होती ही नहीं है। यह तो हमारी प्रतिरक्षा शक्ति के उपर पड़ने वाले प्रभाव है और तीक्ष्ण विषैले प्रभाव हमारी प्रतिरक्षा शक्ति को तोड़कर एड्स जैसे रोग उत्पन्न करते हैं।

वास्तव में लक्षणों में विविधता इसलिये देखी जा रही है कि जहाँ जिस स्थान पर जैसा विषैला प्रभाव पड़ता है वहाँ उस स्थान के मनुष्यों पर वैसे लक्षण उत्पन्न करता है।

## CONCLUSION :-

वस्तुतः आज एड्स हाइपोथिसिस की पुनर्विवेचन की आवश्यकता है कि कहीं ऐसा तो नहीं कि हम अपनी कमजोरी छिपाने के लिये भ्रामक प्रचार कर रहे हैं हमें इस बारे में नये दृष्टिकोण से पुनः सोचने की आवश्यकता आ पड़ी है एड्स जैसी घातक बीमारियों को हमें अपने पैरामीटर से पुनः देखना होगा। वर्तमान प्रदूषित वातावरण एवं मलेरिया एवं टी.बी. जैसे घातक रोग तथा साथ ही अंग्रेजी दवाइयों का विषैला प्रभाव हमारी प्रतिरक्षा शक्ति पर लगातार हमला करता रहा है। साग-सब्जियों एवं कुछ पेय पदार्थों के माध्यम से कीटनाशक दवायें हमारे शरीर में प्रवेश कर रही हैं। ऐसी स्थिति में केवल सेक्स जैसी बात को लेकर हमारे प्रचार माध्यम तथा स्वास्थ्य संगठन अपने पूर्वाग्रह पर अडिग जैसे लगते हैं। इसलिये मेरी अपील है इस बारे में स्वयं निर्णय लेकर भले-बुरे की पहचान करें। अन्यथा एड्स होने पर लोग चरित्रहीन समझकर एड्स रोगी से घृणा कर सकते हैं। जबकि वस्तुतः स्थिति कुछ और है जिसे आज नहीं तो कल स्वीकार करना पड़ेगा। अतः चिकित्सकों से भी अपेक्षा की जाती है वे अपनी सोच को इस दिशा में बदलकर पुनर्विवेचना करें।





# AGING W.S.R. TO ALZHEIMER

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An aging – associated disease is a disease that is seen with increasing frequency with increasing senescence. Essentially aging associated disease are complications arising from senescence.

The following sloka from devi bhagavad mentioned about “ Jara “

as slow process of degeneration of rasadi dhatu is called Jara.

जरेति क्षयमाहुर्ष्वै दारुणं कारुसंज्ञितम् ।

शरीरं कारु तस्यासीतत् सधीमाछनैः

षनैः जरत् कारुरिति दाह्यान् ॥”

In Shrimad Bhagvad Gita also said that due to effect of kal slow degeneration of rasadi dhatu is called Jara.

Aging associated disease do not refer to age – specific disease such as the childhood disease – example of aging associated disease are cardiovascular disease, cancer, arthritis, cataracts, osteoporosis , type -2 diabetes hypertension and Alzheimer disease.

The incidence of all these diseases increases rapidly with aging. The term geriatrics is derived from Greek ward –

Geri means – old age

iatrics means – care

It is a branch of medicine concerned with the care and treatment of elderly. In ayurveda this is called “vridhopacharaneeyam”.

Aging is continuous process which begins with conception and ends with death. Charaka has mentioned the growth period that is upto 30 yrs after that the growth of individual stops and aging start to continue (ch. Vi. 8/122)

Sushruta mentions jara in group of naturally occurring disease named svabhava bala roga , which included kshudha, pipasa, nidra, jara and mrityu (su.su.1/133).

In this stage dhatu, virya, indriya, bala and utsaha decrease day by day.

Alopecia, wrinkling of whole body, cough and breathlessness are general symptoms and ultimately with the failure of all activities. (su.su.35/36) ayurveda describe much about the science of gerontology and rasayana therapy. Rasayana tantra is one of the 8 major clinical disciplines of Astang Ayurveda , which exclusively devoted to study of aging and its prevention.

Stress is most common factor that create premature aging . Medications may boost levels of melatonin a hormone that helps regulate sleep and reduce hormones which create premature aging.



According to Ayurveda point of view, kala (time factor) play an important role in the production of aging.(ch.sa.6/13).

Kala causes daily changes, which are responsible for the kshaya (ch.su.16/32-33). Thus these are the etiological factors which may be responsible for initiating aging process. Time is an important cause of aging and after obtaining a specific age , the process of aging start which may be slow or fast depending upon environmental habits and other dietary factor of individuals.

Aging increases vulnerability to age associated disease, whereas genetics determines vulnerability or resistance between species and individuals within species. Some consequences of aging are age related changes in vision, hearing muscular strength ,bone strength, immunity and nerve functions. Glaucoma and cataract are ocular problem associated with aging that can be treated to restore falling vision in older people, hearing loss is often noticeable by age 50 and the range of the sounds heard decreases. Muscle mass and nervous system efficiency decreases, causing slower reflex times and less physical strength and immune system weakness making older people more susceptible to infection.

**PATHOPHYSIOLOGY OF AGING -:** Telomeres present on the end of our chromosomes , the stands of DNA stored in nucleus of cells. The telomeres shorten each times a cell divide to make new cell until they reach a critical short length and the cell enter an inactive state and die. Therefore telomeres shorten as an individuals get older , but individuals are born with different telomeres length and the rate which they subsequently shorten can also vary. The speed with which telomeres shorten down is called biological aging.

As DNA cannot be change by lifestyle or environmental factors an associated with these genetic variants, which affect telomere length with a disease would suggest a causal link between telomeres length and that disease?

#### **Anti aging agents -:**

- Statins are useful in heart disease and also appear to have an anti cancer effect.
- Aspirin appears to beneficially affect several symptoms of aging.
- Caloric restriction.
- Exercise apparently delays incidence of many aging symptoms.
- RESVERATROL, a constituent of red wine and grape skins has been found to extend life span and many beneficial in heart disease , cancer and diabetics.

#### **ALZHEIMER DISEASE**

It most common age associated disease usually develops between ages of 40 and 60.

Alzheimer's disease is a progressive cerebral degeneration with the pathological picture of senility occurring in middle life.

**LESION -:** Diffuse degeneration of the cerebral cortex involving all it's layers and most marked in the frontal lobes. The basal ganglia and the cerebellum escape. Atrophic changes are more marked.

**HISTOLOGY -:** besides degeneration of the ganglionic cells of the cortex there is a profusion of senile plaques in the cortex. There is a silver staining masses' often ring or star shaped and probably of neuroglial origin. Intra-neuronal fibrillary tangles presents.

These changes are regarded as characteristic of senile degeneration of cortex. Woodard [1962] has shown that granulo-vascular degeneration in the nerve cells of hippocampus pyramidal layer more closely correlated with dementia than senile plaque in the cortex.



## SYMPTOMS:-

- Progressive dementia with apraxia and speech disturbance.
- Onset is insidious.
- In the early stages the patient suffer from loss of memory and become careless in dress and conduct.
- Epileptiform attacks may occur.
- Speech becomes slurred and there is difficulty in recalling words.
- The patient recognizes none of his friends, become restless.
- A progressive deterioration takes place in the faculty of speech which from paraphasic talk activness become reduces to isolated words and phrases. So called logoconia.
- Movements becomes stereotype and sucking reflex is often electable in the late stages..
- Spastic contractures usually develop.

**Duration -:** from one and a half to 13 yrs.

**MANAGEMENT -:** uses medhya rasayan.

**WITHANIA SOMNIFERA (अश्वगंधा)** -: The active constituents withaferin A and several other steroidal lactones withanolides and saponines are responsible for effect on central nervous system .Shtia receptors reduce degenerative changes on brain. It is mood elevator agent. It has been shown beneficial effect as an anti stress agent.

**BACOPA MONNIERI (ब्राह्मी)** -: It is indicated that neuro degeneration caused by neuro toxin free radicals is supposed to be the causative factor in Alzheimer disease, Parkinson's disease and aging. This damage results due to decreased function of free radical scavenging enzyme primarily SOD, CAT ,GPX. Bacopa monnieri found to increase SOD , CAT and GPX activities significantly throughout all the brain regions. It possible anti aging benefits owing to its ability to alleviate oxidative stress in the striatal area of brain, which has good benefits in Alzheimer and Parkinson's disease.

Acetylcholine is a chemical messenger in brain is important for function of brain cells involved in memory , thoughts and judgments.. Bacopa monnieri break down acetyl cholinesterase to acetylcholine. It can be used for treating Alzheimer's disease.

**TINOSPORA CARDIFOLIA (गुडुची)** -: Significant anti stress activity, marked action in brain necrosis.

**CENTELLA ASIATICA (मण्डुकपर्णी)** -: Mandukaparni have anti convulsive activity, so it is used in Alzheimer disease when epilepsy occurs. The exact dose of 100mg/kg reduces the degenerative changes in cortex region in brain.

The alcoholic extract of centella asiatica reduces acetylcholine content and increase histamine catecolamines in the brain, which suggest the psychotropic and anti anxiety effect.

**THESPESIA POPULNEA (पारीष पीपल)** -: [MALVACAE] was administered orally in 3 doses [100 , 200 and 400mg/kg ] for 7 suggestive day. 200 and 400 mg/kg showed significant in memory in Alzheimer disease [in middle age person] anticholinesterase and anti inflammatory action.





*With Best Compliments from*

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- Vaccinations



# स्वास्थ्य रक्षण में योग का महत्व

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योग शब्द संस्कृत भाषा का प्राचीन काल से एक प्रचलित शब्द है। योग: योगं योगे योगेन योग: आदि इस शब्द के अनेक रूप वेदों की संहिताओं में पाये जाते हैं।

योग शब्द की उत्पत्ति संस्कृत भाषा की युज् धातु से होती है। जिसका अर्थ है सम्मिलित होना या एक होना। पाणिनी में योग शब्द की व्युत्पत्ति युजीर योगे एवं युज समाधौ का इन शब्दों से की है। इस एकीकरण का अर्थ तीन प्रकार से लिया जा सकता है।

1. जीवात्मा एवं परमात्मा का एकीकरण।
2. मनुष्य के व्यक्तित्व के शारीरिक, मानसिक, बौद्धिक एवं आध्यात्मिक पक्षों का एकीकरण।
3. व्यक्ति तथा समाज के एकीकरण या समन्वय से लिया जा सकता है।

योग शब्द की व्याख्या : योग शब्द की व्याख्याओं को दो प्रमुख भागों में बांटा जा सकता है-

1. योग को एक अवस्था या स्थिति के रूप में वर्णित करने वाली व्याख्याएं।
2. योग के साधना पक्ष को स्पष्ट करने वाली विचार धाराएं।

मैत्रायणी उपनिषद:-

एकत्वं प्राणमनसेरिद्रियाणां तथैव च।

सर्वं भाव परित्यागो योग इत्यभिधीयते ॥ (6/25)

योग वह अवस्था है जिसमें मन विचारों से रहित होकर इन्द्रियों मन और प्राणों की एकता हो जाती है।

महोपनिषद:-

मनः प्रशमनोपायो योग इत्यभिधीयते ॥ (5/42)

अर्थात् मन को शान्त करने के लिए जो भी अन्यान्य

उपाय किये जाते हैं। उन सब का अंतर्भाव योग में किया जा सकता है।

पातंजलि -: योगश्चितवृत्ति निरोधः ॥ (9/2)

पुरुष की शारीरिक, मानसिक, आध्यात्मिक तथा सामाजिक दृष्टि से सुखावह अवस्था ही स्वास्थ्य है। अनेक स्वास्थ्य कर भावों में योग का विशेष महत्व है। योग की विविध हठयोगिक क्रियाएं, आसन, प्राणायाम, शरीर के लिए तो स्पष्ट रूप से स्वास्थ्यकर है ही इनका मानस स्वास्थ्य पर भी प्रभाव होता है। यम नियमादि का पालन व्यक्तिगत स्वास्थ्य के अतिरिक्त सामाजिक स्वास्थ्य के लिए हितकर है। दूसरी ओर प्रत्याहार धारणा, ध्यान तथा समाधि का अभ्यास मानस तथा आध्यात्मिक स्वास्थ्य के लिए हितकर है।

विगत कुछ वर्षों में किए गए अनुसंधान से स्पष्ट हो चुका है कि योग के अभ्यास से मानसिक तनाव कम होता है। मन तथा शरीर का संतुलन बना रहता है। विभिन्न आसनों तथा प्राणायाम बंध मुद्रा तथा षट्कर्म के अभ्यास से शरीर शुद्ध होकर अधिक जीवनीय शक्तियुक्त हो जाता है। भिन्न-भिन्न आसनों तथा प्राणायाम की विशिष्ट अवस्थाओं में शरीर के उन-उन अंग विशेषों में रक्त संचार की प्रक्रिया तीव्र हो जाती है। जिससे उन-उन अंगों का पुनर्वास होता है उदाहरणार्थ, सर्वांगासन की अवस्था में थायराइड अंतःस्रावी ग्रंथी में अधिकाधिक रक्तप्रवाह होने लगता है। परिणामस्वरूप थायराइड ग्रंथि की कार्यक्षमता बढ़ जाती है। कुछ योग के आसन तथा मुद्राएं आदि ऐसे होते हैं जिनसे शरीर के आमालिश, आंत्र, यकृत, अग्नाशय, वृक्क आदि कोष्ठांगों की आंतरिक मालिश हो जाती है इस प्रत्यक्ष पुनर्वास के अतिरिक्त कई प्रकार के प्रत्यावर्तन क्रियाएं [reflex action & feedback प्रभाव भी संपन्न होते हैं जिससे उन-उन अंगों की कार्यक्षमता प्रभावित होती है।



इस प्रकार योगाभ्यास का शरीर के विभिन्न क्रियाकलापों पर दो प्रकार का प्रभाव हाता है:-

1. अंगों पर प्रत्यक्ष प्रभाव [massage, blood flow, reflex, and feedback mechanism]
2. योग का मानस प्रभाव होकर मानसिक तनाव का कम होना।

इस प्रकार योगाभ्यास के शरीर पर होने वाले प्रभावों में किसी प्रकार की गूढ़ता नहीं है। इनके प्रभाव का आकलन भी वैज्ञानिक मापदंडों से शरीर की क्रिया तथा द्रव्यगुणकर्मों अध्ययनों के सिद्धांतों के अनुसार किया जा सकता है। वस्तुतः आवश्यकता इस बात की है प्रत्येक योगाभ्यास की प्रक्रिया के प्रभाव को अलग-अलग मनुष्य व मन पर उसी प्रकार से देखे जैसे हम औषधियों के मूल्यांकन हेतु करते हैं। ऐसा करके योग की क्रिया के वास्तविक प्रभाव जान पाएंगे और इस ज्ञान के माध्यम से हम इनका उपयोग स्वास्थ्य परीक्षण के अतिरिक्त विभिन्न प्रकार के रोगों की चिकित्सा में चिकित्सीय सिद्धांतों पर कर सकेंगे।

**योग का स्वास्थ्य उन्नयक प्रभाव:-**

योग मनुष्य तथा पर्यावरण में सामंजस्य बनाएं रखने में सहायक होता है यह मनुष्य को पर्यावरण जन्य विकारों से बचाता है। हम जानते हैं कि आधुनिक समय में होने वाले अधिकांश रोग मनुष्य तथा पर्यावरण के बीच सामंजस्य ना बना पाने के कारण ही उत्पन्न होते हैं। योगाभ्यास मनुष्य के मनोदैहिक व्यवस्था में समन्वय स्थापित करके उसे तामस रोगों से बचाता है।

योगाभ्यास के कई मूलभूत प्रभाव होते हैं। जो इसकी स्वास्थ्यकर कार्मुकता का पोषण करते हैं। इन स्थूल प्रभावों का अधिक महत्व यौगिक चिकित्सा में है यौगिक चिकित्सा मुख्यतः निम्नांकित प्रकार की भूमिका में प्रभावी होती हुई मनुष्य के स्वास्थ्य लाभ तथा रोग निवारण में सहायक होती है।

1. मनोविजय तथा तनाव शैथिल्य (psychotherapeutic and relaxation effect)
2. पुनर्स्थापन [rehabilitative effect]
3. संशोधन [cleaning effect]

1. मनोविजय एवं तनाव शैथिल्य

**psychotherapeutic and relaxation effect**

आधुनिक जीवनशैली में इन्द्रियजन्य सुख को प्राप्त करने के लिए मनुष्य विभिन्न प्रकार के शक्तिवादी उपकरणों तथा

कार्यकलापों के द्वारा कई मानसिक व्याधियों से ग्रसित हो रहा है जैसे अवसाद [depression], सरदर्द [migraine] इन व्याधियों में मुख्यतः मस्तिष्क के उपर अनावश्यक दबाव पड़ता है जिसका आधुनिक चिकित्सा विज्ञान के अनुसार मुख्य कारण brain में oxygenated blood का पर्याप्त मात्रा में न पहुँचना है, जो मुख्यतः काम की अधिकता और आस पास के वातावरणीय प्रदूषण के कारण उत्पन्न होता है इस प्रकार के असंतुलन को दूर करने में निम्न यौगिक क्रियाएँ लाभदायक सिद्ध हो सकती हैं।

(क) आसन:-

**सर्वांगसन :-** इस आसन से थायराइड ग्रंथि तथा चार छोटी ग्रंथियां प्रभावित होती हैं इनसे उत्पन्न साव muscles tone बनाएं रखने में सहायक होते हैं इसके अतिरिक्त एक विष उत्पन्न होता है जो शरीर में उत्पन्न विष को निष्क्रिय करता है। इस रस का निर्माण कम होता है। तो मिर्गी या दौरे पड़ने लगते हैं। इस आसन में venous blood सरलता से हृदय की ओर पहुँचता है। क्योंकि गुरुत्वाकर्षण इसमें सहायक होता है शिराओं में स्थान-स्थान पर स्थित valve इस आसन द्वारा विश्राम का अनुभव करते हैं। जिससे उनकी कार्यक्षमता बढ़ जाती है।

**शीर्षासन :-** यह मस्तिष्क एवं पीयूष ग्रंथि में रक्त संचार बढ़ाता है। पैरों में एवं उदर प्रदेश में एकत्रित रक्त का विपरीत प्रवाह कोषों के नवनिर्माण में सहायता करता है।

**शवासन:-** समस्त शारीरिक एवं मानसिक प्रणालियों को शिथिल करके विश्राम देता है, जिससे वे सक्रिय हो जाती हैं समस्त नाड़ी मंडल पर बहुत ही शांत प्रभाव पड़ता है।

(ख) प्राणायाम :-

**भस्त्रिका :-** इस प्राणायाम का अभ्यास करने से मन को स्थिरता एवं शांति प्राप्त होती है शीघ्र ही कुण्डलिनी शक्ति जागृत करने में सहायक है।

**भ्रामरी :-** इसके अभ्यास से सिर का भारीपन दूर होता है, मस्तिष्क की नाड़ी शुद्धि होती है जिससे मानसिक तनाव क्रोध चिन्ता आदि से मुक्ति मिलती है।



**मूर्च्छा -:** इससे मन की चंचलता दूर होती है तथा मानसिक तनावों से मुक्ति मिलती है तथा एकाग्रता बढ़ती है।

**(ग) षट्कर्म -:** त्राटक -: इससे दृष्टि स्थिर होकर मन की चंचलता दूर होती है और मन एकाग्र होता है तथा मानसिक तनाव से मुक्ति मिलती है।

**2. पुनर्स्थापन-:** शरीर में क्षय एवं पुनर्निर्माण की प्रक्रिया चलती रहती है। जब इस प्रक्रिया में असंतुलन होता है तब मनुष्य की जीवनीय क्षमता कम होने लगती है। आधुनिक चिकित्सा विज्ञान के अनुसार इसके लिए मनुष्य में cell degeneration का होना मुख्य कारण माना जाता है। इन समस्याओं का मुख्य कारण आधुनिक जीवनशैली में प्रयुक्त होने वाली चीजों में पौष्टिक तत्वों की घटती मात्रा, श्रम न करना तथा अत्यधिक आरामदायक जीवन जीना है। इस प्रकार की समस्या से निजात पाने में निम्न क्रियाएं लाभदायक सिद्ध हो सकती हैं।

**आसन -:**

**पश्चिमोत्तासन -:** कमर एवं नितम्ब के मांसपेशियों को स्वस्थ करता है। मोटापे तथा कोष्ठबद्धता आदि से मुक्ति दिलाता है।

**अर्द्धमत्स्येन्द्रासन -:** पीठ के मांसपेशियों की मालिश करता है तथा मेरूदण्ड को लचीला बनाता है तथा संपूर्ण शरीर में फैली हुई मस्तिष्क से संबंधित नाडियों को शक्तिशाली और स्वस्थ बनाता है इसी प्रकार भुजंगासन, शलभासन, पवनमुक्तासन, शवासन से भी यही कार्य होता है।

**प्राणायाम :-**

**उज्जायी -:** इसके अभ्यास से कफ आदि दोष दूर होते हैं, जठराग्नि प्रदीप्त होती है एवं रक्त संचार सुधरता है जिससे शरीर का भारीपन दूर होता है।

**3. संशोधन - : [cleaning effect]**

शरीर के विभिन्न मार्गों द्वारा शरीर में उत्पन्न होने वाले मलों का निकलना अत्यंत आवश्यक है इनका निर्हरण वायु द्वारा संपन्न होता है किन्तु आधुनिक व्यस्त जीवनशैली तथा समयभाव के कारण मनुष्य में अत्यधिक वायु विकार उत्पन्न होते हैं। मलों का शरीर से निर्हरण होने से इनसे मनुष्य को मनोदैहिक लाभ होता है। शरीर के विभिन्न अंगों द्वारा उत्पन्न मलों को निम्न यौगिक क्रियाएं बाहर निकालने में सहायक हो सकती हैं।

**आसन -:**

**पवन मुक्तासन -:** इस आसन के अभ्यास से आमाशय की अच्छी मालिश होती है। जिससे वायु और कब्ज दूर होते हैं तथा पेट की मांसपेशियां शक्तिशाली होती हैं। अग्नाशय पर हल्का दबाव उसे सक्रिय बनाता है।

**सुप्त वज्रासन -:** अमाशयगत रोगों के लिए लाभदायक तथा आंतों को शक्ति के साथ फैलाता व संकुचित करता है। इसी प्रकार हलासन, मत्स्यासन, भुजंगासन इनको करने से लाभ प्राप्त किया जा सकता है।

**षट्कर्म -:**

**धौति क्रिया -:** इसके अंतर्गत तीन प्रकार की धौति क्रियाएं होती हैं -:

1. वमन धौति 2. दण्ड धौति 3. वस्त्र धौति

इन क्रियाओं द्वारा आमाशय में स्थित पित्त, अपक्व आहार, श्लेष्मा को बाहर निकाला जाता है, जिससे आमाशय की शुद्धि होती है। उदर विकारों का नाश होता है। वस्त्र धौति आमाशय की भित्तियों पर आये हुए श्लेष्मा के आवरण को हटा देती है जिससे पाचक रस का निर्माण होता है।

**वस्ति क्रिया -:** इस क्रिया द्वारा आंतों की सफाई होती है तथा आंत्रगत सभी विकार दूर होते हैं।

**नेति क्रिया -:** 1. जल नेति 2. सूत्र नेति

इनके अभ्यास से कपाल का शोधन, नेत्र ज्योति का बढना तथा उर्ध्वजन्तुगत रोगों को दूर करने में सहायता मिलती है कफज विकार दूर होते हैं। तथा श्लेष्मा झिल्ली की संवेदनशीलता कम होती है।

**चिकित्सकीय प्रभाव -:** उपरोक्त सभी प्रकार की विसंगतियों के कारण मनुष्य के स्वास्थ्य पर प्रतिकूल प्रभाव पड़ रहा है जिसके कारण मनुष्य कई प्रकार की शारीरिक एवं मानसिक व्याधियों से ग्रसित होता जा रहा है। जैसे अवसाद, मधुमेह रक्तचाप, हृदयरोग, तमकश्वास आदि। इन बीमारियों का प्रमुख कारण वातावरणीय प्रदूषण तथा आरामदायक जिंदगी जीने की चाहत और स्वास्थ्य के प्रति लापरवाही मुख्य कारण है। निम्न यौगिक क्रियाओं को अभ्यास में लाकर उपरोक्त व्याधियों से मुक्त होने में सहायता मिल सकती है।



क्र	व्याधियो का नाम	प्रभावी आसन प्रणायाम व योगमुद्राए
1	अनिद्रा व चित्तोद्वेग	योनिमुद्रा, बजासन में 5 मिनट, योग मुद्रा 1-2 मिनट, पवन मुक्तासन 1-2 मिनट, भुजंगासन एव शलभासन 1-2 मिनट, सर्वांगासन 1 मिनट, शवासन 15 मिनट
2	चित्तावसाद	सुखासन, श्वास-प्रश्वास 5 मिनट, ताडासन 1-2 मिनट, चक्रासन 1-2 मिनट, पवन मुक्तासन 1-2 मिनट, भुजंगासन/शलभासन 1-2 मिनट, सर्वांगासन 1-2 मिनट, शवासन 5 मिनट
3	अवशिष्टोन्माद	योनिमुद्रा बजासन में 5 मिनट, भद्रासन 1 मिनट, अर्द्धमत्स्येन्द्रासन 2 मिनट, भुजंगासन/शलभासन 2 मिनट, सर्वांगासन 1-2 मिनट, शवासन 15 मिनट
4	सन्धिवात- आमवात	सूक्ष्म हस्तपादादि व्यायाम 10 मिनट, ताडासन या चक्रासन 2-3 मिनट, पश्चिमोत्तासन 1 मिनट, भद्रासन 1 मिनट, भुजंगासन/अर्द्धशलभासन 2-3 मिनट, करासन/शवासन 10 मिनट
5	शिरःशूल	नेतिक्रिया योनिमुद्रा बजासन में 5 मिनट, ग्रीवा व्यायाम 2-3 मिनट, भुजंगासन/अर्द्धशलभासन 2-3 मिनट, सर्वांगासन 1 मिनट, शवासन 15 मिनट, ध्यानाभ्यास सुखासन में 10 मिनट
6	जीर्ण प्रतिश्याय पीनस, उर्द्धश्वास श्वासन संस्थान एलर्जी	नेतिक्रिया, धौतिक्रिया, कपालभाँति, भस्त्रिका सभी को सप्ताह में 3 दिन ग्रीवा व्यायाम 2-3 मिनट, पवन मुक्तासन 1 मिनट, शवासन 5 मिनट
7	तमक श्वास	नेति क्रिया, धौति क्रिया, कपाल भाँति सभी को सप्ताह में 3 दिन, प्राणायाम 5 मिनट, शवासन 10 मिनट, ध्यान सुखासन 10 मिनट
8	हृदरोग	सूक्ष्म व्यायाम 10 मिनट, शवासन योगमुद्रा 10 मिनट, प्राणायाम 10 मिनट, ध्यान सुखासन 10 मिनट
9	मधुमेह	सूक्ष्म व्यायाम 15 मिनट, योगमुद्रा, भद्रासन, पश्चिमोत्तासन, पवन मुक्तासन, भुजंगासन, शलभासन, मयूरासन, हलासन, शवासन, प्रत्येक 15 मिनट, शंखप्रच्छालन माह में 2 बार
10	परिणामशूल peptic ulcer अम्लपित्त hyperacidity ulcerative colitis	सूक्ष्म व्यायाम 10 मिनट, योनिमुद्रा बजासन में 5 मिनट, प्राणायाम 5 मिनट, शवासन 15 मिनट
11	मंदाग्नि, अरुचि, विबंधादि	धौति क्रिया 10 मिनट, वस्तिक्रिया 15 दिन पर, आसन - योगमुद्रा, पवनमुक्तासन, मयूरासन, मकरासन, सप्ताह में 3 दिन ध्यान, बजासन 10 मिनट
12	अर्श, भगंदर	योनिमुद्रा बजासन में 5 मिनट, मूलबंध गणेशक्रिया वस्ति क्रिया यथोचित शवासन/ ध्यानाभ्यास 15 मिनट

उपसंहार —: अतः धर्म, अर्थ, काम, और मोक्ष का साधन आयु है। और आयु का मूल कारण आरोग्य है और आरोग्य को बनाएं रखने में योग ही लाभदायक है।



# GOOD NUTRITION FOR CHILDREN

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Nutrition guidelines recommended for adults are inappropriate for most children under the age of five. This is because young children only have small tummies and so need plenty of calories and nutrients in a small amount of food to ensure they grow properly.

**Start in Infancy :** Breast-feeding is ideal nutrition and sufficient to support optimal growth and development for about the first 4–6 months after birth. Try to maintain breast-feeding for 12 months. Transition to other sources of nutrients should begin at about 4–6 months of age to ensure sufficient micronutrients in the diet.

Do not over feed infants and young children — they can usually self-regulate the amount of calories they need each day. Introduce healthy foods and keep offering them if they're initially refused. Don't introduce foods without overall nutritional value simply to provide calories. While low fat diets are recommended for older children and adults, under-fives need diets that contain good amounts of fat. This fat should come from foods that contain plenty of other nutrients like meat, oily fish and full-fat milk (semi-skimmed milk is unsuitable for children under the age of two, and skimmed unsuitable for under-fives), rather than from high-fat foods that contain few vitamins and minerals like cakes, biscuits and chocolate from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts and vegetable oils. Keep total fat intake between 30 to 35 percent of calories for children 2 to 3 years of age and between 25 to 35 percent of calories for children and adolescents 4 to 18 years of age, with most fats coming. However, as kids approach school age, they should gradually move towards a diet that's lower in fat and higher in fibre. And by the age of five, their diet should be low in fat, sugar and salt and high in fibre with five fruit and vegetables a day – just like adults. Meanwhile, young children shouldn't eat too many fibre rich foods, either, as these may fill them up so much they can't eat enough to provide them with adequate calories and nutrients. Choose a variety of foods to get enough carbohydrates, protein and other nutrients. Serve a variety of fruits and vegetables daily, while limiting juice intake. Each meal should contain at least 1 fruit or vegetable. Children's recommended fruit intake ranges from 1 cup/day, between ages 1 and 3, to 2 cups for a 14–18-year-old boy. Recommended vegetable intake ranges from ¼ cup a day at age one to 3 cups for a 14–18-year-old boy.

## Salt Intake for Children

It is important to ensure that children don't have too much salt. While adults should have no more than 6g of salt a day, children need even less as they have smaller bodies. So don't add salt to cooking or meals and check information on labels when you buy processed foods such as crisps, ready meals and sauces – even if they're aimed at children. Opt for those with the least sodium – it's the sodium in salt that's linked to health problems like high blood pressure. Bacon, ham, sausages and cheese are also high in salt so limit these, too.

The maximum amounts of salt children should have at different ages are...

- 1–3 years – 2g a day (0.8g sodium)
- 4–6 years – 3g a day (1.2g sodium)
- 7–10 years – 5g a day (2g sodium)



- 11 years upward – 6g a day (2.5g sodium)

### Having plenty to drink

Children need plenty of water to keep their bodies working. They need to drink more when they are active and when it is hot. Children need lots of small drinks through the day. Keep offering drinks, as they may forget to drink when they are active and become dehydrated (lose too much water), which can be serious for young children.

### Give more of these

Water is best – it is cheap and easy to get. Keep a jug of cold water in the fridge. Milk is also a good drink for children because it contains energy, protein and many vitamins and minerals. Serve milk after meals or as part of a healthy snack between meals.

### Nutrition Chart

Daily Estimated Calories and Recommended Servings for Grains, Fruits, Vegetables, and Milk/Dairy by Age and Gender

Age	1 Year	2-3 Years	4-8 Years	9-13 Years	14-18 Years
<b>Calories†</b>	900 kcal	1000 kcal			
Female			1200 kcal	1600 kcal	1800 kcal
Male			1400 kcal	1800 kcal	2200 kcal
<b>Fat</b>	30- 40% kcal	30- 35% kcal	25-35% kcal	25-35% kcal	25-35% kcal
<b>Milk/Dairy‡</b>	2 cups¶	2 cups	2 cups	3 cups	3 cups
<b>Lean Meat/Bean:</b>	1.5 oz	55 gm		140gm	
Female			80gm	140gm	
Male			110gm	170gm	







# DIAGNOSIS AND MANAGEMENT OF MADHUMEHA IN SHORT

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**Madhumeha** is a disease known to mankind since Vedic period. Ayurvedic classics consider Madhumeha among the twenty obstinate urinary disorders. It has become the disease of the masses. 347 million people worldwide have diabetes. World diabetes foundation estimates that number will increase by nearly 27% by 2030. More than 80% of diabetes deaths occur in low and middle income countries.

This disease is long been a clinical model for general medicine. The primary defect in fuel metabolism results in widespread multi-organ complications that ultimately encompass virtually every system of the body and consequently every speciality of medicine. Thus it is said that "to know diabetes is to know medicine and healthcare".

Early detection and treatment of Madhumeha is important in preventing chronic and acute complications of this disease. Poor control of diabetes accelerate its progression.

If the patients have the following symptoms, I probably think that they may have Madhumeha and I will confirm it by advising them to undergo HbA<sub>1C</sub> test. The symptoms are –

1. **Danteshu malotpatthihi<sup>1</sup>**

One of the poorva roopa mentioned in classical textbooks which is also accepted by American Diabetes association<sup>2</sup> Emerging research also suggests that relationship between serious gum disease and diabetes is two ways. Not only are people with diabetes is more susceptible to serious gum disease but serious gum disease may have the potential to affect blood glucose control and contributes to the progression of diabetes,

2. **Mukha talu kanta shosha<sup>3</sup>**

Mentioned as one of the poorva roopa of Madhumeha.

3. **Pipasa (Polydypsia)<sup>3</sup>**

Mentioned as one of the poorva roopa of Madhumeha & even it is mentioned as one of the diagnostic feature of diabetes mellitus in modern medicine.

4. **Visra shareera gandha<sup>3</sup>**

Mentioned as one of the poorva roopa of Madhumeha. It is a typical diabetic odour which can not be explained in words but it can be experienced and in many cases I have diagnosed by this lakshana.

5. **Prabhoota avila mootrata<sup>3</sup>**

It is a pratyathma lakshana of Prameha.

6. **Vranaha kruchrena sidyanti<sup>4</sup>**



7. Tanumadhuryata<sup>5</sup>

8. Bahuashi<sup>6</sup>

9. Klama<sup>7</sup>

Sushruta explains the nature and the extent of Klama of a madhumehi by the following version. He says that madhumehi prefers to stand instead of walking, likes to sit instead of standing, desire to lay down instead of sitting and he prefers more to sleep than all the above.

10. Sthoulya<sup>6</sup> (Obesity)

Obesity is considered to be a probable diagnostic factor for diabetes mellitus. In fact ayurveda considers sthoulya as a nidanrthakar roga of Prameha.

#### Assessment by HbA1C

<6% - not diabetic

>6.5% - diabetic

6% to 6.5% - Prediabetic or at risk of diabetes

#### Treatment by considering the above assessment:

- If they are prediabetic or at risk of diabetes then advice to follow pathya ahara viharas. Pathya aharas (Cha.chi 6) are yava, godhuma, chanaka, tikta shakhas, purana shali, mudga etc. Pathya viharas are vyayama (different physical exercises).

Apathya viharas and sedentary habits.

Mandotsaha atisthoola atisnigdha mahashanam

Mrutyu prameharoopena kshipram adhaya gacchati.

- If they are diabetic then treat by giving shamanoushadas along with pathyaapathya. If they are obese diabetics then treat them by shodana shaman and pathyaapathya.

#### References :

1. Madhava nidana 13/5
2. www.diabetes.org
3. Charaka nidana 4/47
4. Sushruta sutra 23/7
5. Astanga Hridaya Nidana 10/21
6. Sushruta chikitsa 11/3
7. Sushruta nidana 6/25





# SHIRODHARA – A BLISSFUL EXPERIENCE FOR MIND BODY AND SPIRIT

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**Abstract :** *Shirodhara, the queen of all Ayurvedic treatments, is the pouring of warm herbal oil over the forehead. This treatment rejuvenates the nervous system, releases emotions, opens the subtle channels and unfolds bliss throughout the mind and body. 'You are neither asleep nor hypnotised, but it's like having a deep and penetrating massage on the mind.' Shirodhara is the icon of Ayurveda in Global scenario.*

**Introduction :** Acharya Susruta narrates human body as a tree with roots upward and branches down, further adds that as its necessary to irrigate tree in its roots in order to flourish it completely, similarly human body needs to be irrigated in its roots i.e., head, in order to keep it moist and to enhance its functions. As a general understanding, brain is one of the most functional organ of body and is home for all the senses, which almost doubles the function of brain, apart from all this, it has its own functions of thinking, evaluating, deciding and controlling the body as well, due to excessive load of work this organ is most prone to fall prey to the increased Vata which causes dryness inside the cavity. Over a long period of time it starts showing up in form of various diseases and commonest of them is from dryness of skull leading to dandruff to insomnia. And in day to day life style we keep fighting with these common diseases unknowingly. Above everything we never apply oil on our skull for once and all. Shirodhara soothes the senses and decreases disturbance in the mind (stress, agitation, too many thoughts). It improves sleep

patterns, migraine, ringing in the ears, and helps in mental problems, speech disorders, facial paralysis, hair loss and controlling blood pressure. Over-use and misuse of the senses is one of the main causes of today's illness. With today's overstimulation of the senses, Shirodhara is a vital and effective treatment for many people. It's an absolute antidote to modern life.

The benefits of Ayurveda are known to many. Ayurvedic treatments have helped many people not only in India, but also across the globe, to experience an alternative form of healing. Ayurveda is one of the oldest kinds of treatments that originated in India. In fact, many people from all around the world prefer to opt for Ayurveda for their issues related to health rather than popping pills for every problem. With the increasing work pressures, many people are subjected to stress related problems. This is when Ayurveda steps in to cure and also heal the person effectively. Ayurveda helps to cleanse the body, which in turns promotes good health. There are many such treatments that are available in Ayurveda to cure a person from any problems that arise due to disorder in the body. Here is a look at Shirodhara and how it can benefit a person in various ways.

**About Shirodhara :** In Sanskrit language Shirodhara is composed of two words shiro + dhara. Shiro means head and Dhara means flow. The patient lies supine on a flat surface with head back wards and a rolled towel or pillow beneath the neck. A stream of warm oil is drizzled very slowly onto the center of the forehead (the location of the "third eye")



for 60 minutes approx followed by gentle scalp massage. The effect is indescribable. It is a great rejuvenating therapy that gives a healthy face and body glow. In Ayurveda, rejuvenating therapy is the golden path to attain longevity as it is aimed at the preservation of health. Shirodhara helps to heal the body at the root level of disease, by calming imbalances in our mind and disturbances in our emotions it leaves you feeling in a heavenly state for the rest of your day.

It is this steady, rhythmic pouring of oil that induces a deeply relaxing and blissful state of consciousness called 'Turiya' ~ the state of awareness that is neither fully conscious nor deep sleep. While in this Turiya state, we are able to witness and/or release impressions in our conscious and subconscious mind. The brow and third eye center are associated with the fundamental endocrine glands (pituitary, pineal & hypothalamus), which regulate all hormonal secretions. These hormonal secretions are responsible not only for the autonomic responses which control digestion, breath, elimination, etc., but are also responsible for our moods and emotional states. Shirodhara is meant to establish a state of parasympathetic repose, an ego-less state, during which the innate intelligence of our body is revealed. During the session, we lovingly weave in sounds, aromas and colors to delight your senses. You will emerge from your Shirodhara Bliss Therapy feeling so refreshed, as if you have just completed a long, deep and blissful meditation.

**Benefits of Shirodhara :** Regular shirodhara enhances blood circulation to the brain, improves memory, nourishes hair and scalp, assists in providing sound sleep and calms the body and mind. Shirodhara is one of the most effective treatments for reducing stress and nervous tension.

1. A rejuvenating and nurturing treatment creating a pool of stillness in the mind.

2. Ultimate mental and emotional relaxation therapy.
3. Beneficial for many diseases connected with the head, neck, eyes, ears, nose and throat
4. Beneficial for many diseases of the nervous system like nerve disorders, facial palsy, paralysis and ptosis (drooping) of the eyelids.
5. Beneficial for curing long standing insomnia and schizophrenia.
6. Beneficial for fits in epilepsy when used in conjunction with other medicines.
7. Prevents hair lose, premature graying and cracking of hair.
8. Relieves headache and burning sensation of the head.
9. Improves digestion and thereby Nourishes and rejuvenates the body.
10. Stimulates the nervous system giving sturdiness to the body.
11. Sharpens the sense organs and improves the quality of voice.
12. Gives strength to the neck and head.
13. Improves the health of the skin, Cools the body and relieves pain.
14. Invigorates the body and mind and stimulate cognitive memories.
15. Helps relieve fatigue, tension, anxiety, anger, chronic headaches, rheumatism, hypertension, asthma, hair problems and stress.
16. Disperses negative electrical impulses that accumulate at the skull and hairline from stress.
17. Rejuvenates the entire face and softens worry lines



18. Opens the third eye means activates the pituitary gland
19. Increases spiritual awareness and Regulates mood and depression disorders
20. Activates the memory & stimulates the 6 & 7<sup>th</sup> chakra which regulates our breathing patterns.
21. Increases intuition and improves concentration, intelligence, confidence and self-esteem

#### Whom it is compulsory –

- Computer professionals
- Lawyers
- Doctors
- BPO workers
- Night shift employees
- Frequent flyers
- Writers
- Thinkers
- Singers etc.

#### Contraindications for Shirodhara therapy

- Full stomach and Indigestion
- Severe Vata disorder
- People with severe anxiety and combined control issues
- Low Blood pressure
- Pregnancy
- Recent neck injury
- Alcoholism
- Brain tumor
- Abrasions or cuts on head

- Rashes on forehead or scalp
- Aversion to oil
- High and Low blood sugar
- Diarrhoea
- Cerebral hemorrhage

#### Kinds of Shirodhara

There are different kinds of shirodhara based on the liquid we use for the therapy and accordingly they were given different names. For example if we take oil for the therapy then it is called Taildhara, for Takra – Takradhara, Ksheera – Ksheeradhara, Water – Jaladhara etc.,

#### Method of Execution

##### Step 1:

- Patient's preparation is the part of this step. Once you explained the whole procedure before the execution of the same, your patient is assured of his safety and acknowledges your professional approach towards the procedure.
- Then he should be given a dress for the change and after making sure that he/she is free from all natural urges should be taken for the treatment.
- A through head massage should be given keeping in view all major vital spot stimulation over the head region.

##### Step 2:

- Head gear in form of cotton cloth which should be tied around the forehead region just above the eye brows to avoid spilling of liquid into the eyes during the process.
- Patient should be asked to lie comfortably on the Dhara bed in supine position and

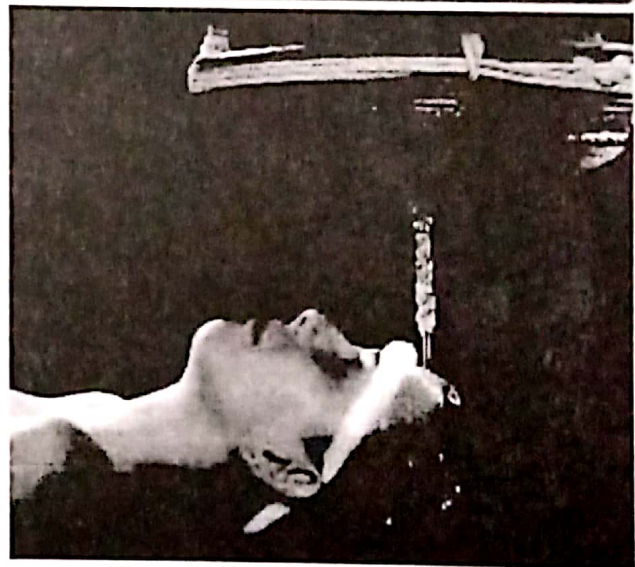
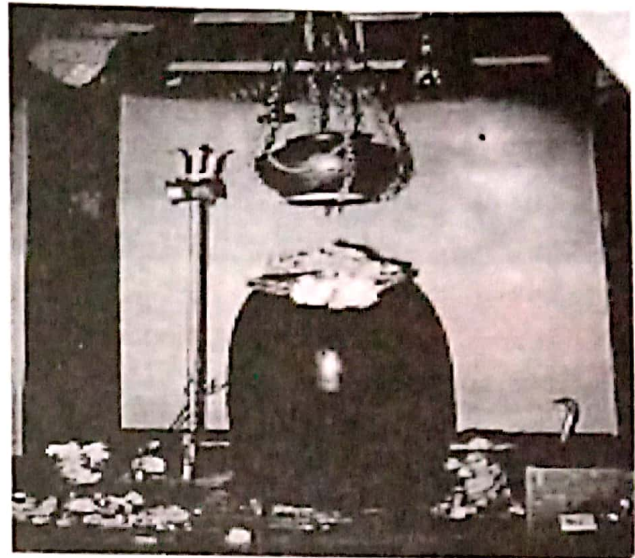


shoulders should be just below the raised area of the bed near to the head.

- An empty vessel should be kept under the collector aperture of the bed near to the head.
- Liquid should be kept in separate vessel in heated water so as to make sure that heating is just in control and temperature should be pleasantly warm. Neither too hot nor too cold.
- Warm liquid should be poured in the Dhara vessel, keeping a finger under the aperture to avoid sudden pouring over the head of client.
- Take the vessel carefully over the forehead of the client and inform him that you are starting the treatment and start pouring the liquid on the forehead in the manner said earlier.
- Continue the procedure for the period as prescribed.
- A Shirodhara session can last up to an hour, and it is usually carried out in a calm room with neutral music, diffused natural light, candles, flowers, and other decorations which are intended to promote relaxation.

Step 3:

- Clean the head thoroughly and reassure the client.
- Cover the head with towel or cloth so as to avoid any further exposure to the air.
- Serve the milk treated with the ginger, so as to avoid any further complication.
- Give him/ her, the chart of instructions to be followed on by the client.



**Shirodhara – Higher consciousness :** In Ayurvedic Medicine, Shirodhara is considered an important tool in the pursuit of higher states of consciousness. Higher consciousness is generally regarded as a developed state of consciousness in which aspects of the mind, such as thought, perception and attention, are improved, refined and enhanced. It is considered thus to be a *higher* level of consciousness relative to ordinary consciousness, in the sense that a greater awareness of reality is achieved. In a secular context, higher consciousness is usually associated with exceptional control over one's mind and will, intellectual and moral



enlightenment, and profound personal growth. In a spiritual context, it may also be associated with transcendence, spiritual enlightenment, and union with the divine.

**Shirodhara – Third eye treatment :** In the Upanishads, a human being is linked to surroundings with ten gates. Nine gates (eyes, nostrils, ears, mouth, urethra, anus) lead outside to the sensory world. The third eye is the tenth gate and leads to inner realms housing myriad spaces of consciousness. In Hinduism and Buddhism, the third eye is a symbol of enlightenment. In the Indian tradition, it is referred to as the *gyanachakshu*, the eye of knowledge, which is the seat of the ‘teacher inside’ or *antar-guru*. The third eye is the ajna chakra (sixth chakra) also known as brow chakra or brow centre. This is commonly denoted in Indian and East Asian iconography with a dot, eye or mark on the forehead of deities or enlightened beings, such as Shiva, the Buddha, or any number of yogis, sages and bodhisattvas. This symbol is called the “Third Eye” or “Eye of Wisdom”, or, in Buddhism, the urna. In Hinduism, it is believed that the opening of Shiva’s third eye causes the eventual destruction of the physical universe. Many Hindus wear a tilak between the eyebrows to represent the third eye.

**Shirodhara -Passive Meditation :** During pouring of oil onto the forehead, individual starts concentrating on Ajna chakra. With or without the involvement, individual starts meditation on centre of the forehead. Meditation can have a calming influence on practitioners, as well as changing the state of consciousness. Wikipedia defines meditation as a, mental discipline by which one attempts to get beyond the reflexive, “thinking” mind into a deeper state of relaxation or awareness. Meditation often involves turning attention to a single point of reference. It is recognized as a component of many religions, and has been practiced since antiquity. It is also

practiced outside religious traditions. Different meditative disciplines encompass a wide range of spiritual and/or psychophysical practices which may emphasize different goals — from achievement of a higher state of consciousness, to greater focus, creativity or self-awareness, or simply a more relaxed and peaceful frame of mind.

**Shirodhara - Researches :** Researchers have conducted two human clinical trials on the psychoneuroimmunologic effects of shirodhara. In the first study a group of healthy females were randomly assigned to receive a shirodhara treatment (with plain sesame oil) or remain in a supine position (control group), while being monitored for numerous physiologic, biochemical, immunologic and psychometric parameters. The second study had a similar design, with the addition of a third group that received shirodhara with a medicated sesame oil containing essential oil of lavender. Both shirodhara treatments resulted in decreased anxiety and promoted ASC (altered state of consciousness). After the plain sesame oil treatment there was a significant decrease in plasma noradrenaline and urinary serotonin excretion vs. the control group. A correlation with natural killer cell (NK cell) activity and anxiolytic effect within the shirodhara group was also observed.

**Conclusion -** Shirodhara is an ancient Ayurvedic healing practice performed in India for over 5,000 years. It is an easy and enjoyable therapy that everyone should experience to really comprehend the power and depth of Ayurvedic treatments. It brings one to a deep state of relaxation as it soothes and invigorates the senses and the mind. A state of deep bliss is produced. It has to be done minimum for a week every year in every individual though he/she is healthy. It is an invaluable healing tool and a gift from the ancient sages of India.



# AGNIKARMA —A UNIQUE CONCEPT OF AYURVEDA

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Man gets afflicted with a variety of ailments and diseases during his lifetime. The sufferings are varied and variable. Amongst these PAIN is the most distressing symptom of most underlying pathologies; causing utmost agony. In Ayurveda, two main procedures viz. Agnikarma & Raktamokshan have been identified and practiced since ages to relieve pain instantaneously.

Agnikarma is one of the parasurgical procedures of Shalya Tantra. As the literal meaning goes AGNI + KARMA, it is a treatment modality conducted with the aid of Agni (Fire). This has an edge above the other therapies – as it has the potential to bestow rapid relief in acute conditions such as colic, lumbago, sciatica, muscular pain etc. Although it offers fast relief from the distressing symptom of pain, it may not be regarded as the wholesome treatment. It is a complimentary procedure to the ongoing or planned shaman therapy and as an adjuvant to the medicaments. Agnikarma enhances the efficacy of the overall treatment.

Agnikarma is regarded as the ace treatment for Vataj Shoola. Vitiated vayu, when traverses through twacha, mamsa, sira, snayu, sandhi and asthi, produces unbearable pain and distress. Snehana, swedana, agnikarma, bandaging, mardana (massage) are the sequential therapeutic regimens of treating painful conditions of snayu, sandhi and asthi. There are clear textual references of repeating these procedures till the patients get absolute relief from the agonizing pain. There is a strong recommendation, that if relief is not bestowed by Raktamokshana, Agnikarma should be done without hesitation.

## Domains of Agnikarma (Moxibustion) -

- Ayurveda advocates Agnikarma for non recurrence of tumours.
- Almost instant relief in pain due to calcaneal spur, sciatica, kati graha, manya stambh, etc.

**Prerequisites for Agnikarma** - The clinician should have precise and perfect knowledge of surface anatomy. The choice of the patient should be done very carefully. He should essentially be well versed with the concept of marma, as they are used as markers for fixing the points and also to avoid injury to the marmas.

## Contraindications -

- Avar satva patients with history of neurogenic shock on the very sight of blood / simple needle prick or trauma
- Localised skin infections / large vranas (ulcers)



- Agnikarma should not be performed in sharad ritu, grishma ritu, on a rainy day, a cloudy day and at night.
- It is contraindicated in patients of pitta prakriti, children below 10 years of age, older age group, pregnant subjects, constitutionally weak and emaciated patients.

#### **Material / equipment-**

- Blunt shalaka of gold tip, length 7-8 cm (14 carat)
- Loha shalaka 25 cm long
- Panchdhatu shalaka (Tamra+ Loha+ Naag +Yashad + Vang )
- Pippali / Aja shakrit (goat's faeces)/Godanta (cow tooth)/Jamba vaushtha (stone shalaka).
- Spirit lamp / match box
- Ghrit, Madhu, Gur (Jaggery), Yashtimadhu churna, Haridra churna
- Probe holder / measure tape / digital thermometer / foot rule

#### **Types of Agnikarma-**

- Bindu (dot)
- Vilekha (line)
- Valaya (circle)
- Pratisarana

It may be snidha or ruksha.

#### **AGNIKARMA IS COMMONLY USED IN -**

##### **Calcaneal Spur**

Agnikarma is done at the most tender spot on the calcaneum on the plantar aspect with the aid of a mrittika shalaka.

##### **Katishoola**

(Lumbar pain / spondilitis / spondylolisthesis/ sciatica/ back ache )

Point – muscular prominence in the lumbar region lateral to lumbar vertebrae in between L1-L2, L2-L3, L4- L5, L5- S1.

##### **Manya shoola / Manyay stambh / Vishwachi**

(Spasm of cervical muscles / cervical spondilitis/ spondylolisthesis/ brachial neuritis)



Prior to agnikarma, pradhama nasya is given in non hypertensive patients.

Point – Prominence of muscles on both sides of cervical vertebrae and shoulder / intervertebral space on lateral side.

### **Janu shoola**

(Knee joint pain / osteoarthritis of knee joint)

Points-

1. Articular surface of the knee joint on medial and lateral sides.
2. Four fingers above and below the knee crease on the lateral aspect.

### **Manya granthi / Apachi**

(Cervical lymphadenitis- scrofula) Agnikarma is done on the plantar aspect of the wrist joint; three lekhas at 1 finger distance.

### **Yakrit pleeha vridhhi**

(Jaundice/ liver- spleen enlargement)

Anatomical snuff box of wrist in yakrit vridhhi and jaundice.

Same point on the left side for splenic enlargement.

### **Gridhrasi (Sciatica)**

Point – 4 fingers above knee joint on lateral aspect of the thigh.

Other indications are – Kaphaj granthi (not situated in marma sthan), arbudha, corn (kadara), pada daha, bahu shoosha, arsha, arbudha, fistula, warts, moles, nadi vrana, to arrest bleeding from vessels etc.

### **Probable mode of pain relief by Agnikarma -**

Regional vasodilatation takes place, on application of heat in moderation. This causes mobilization and subsequent flushing out of the accumulated toxic metabolic products (viz. blood clots, lactic acid, urate crystals) into the circulation; resulting in pain relief.

It is of utmost importance here to mention that Agnikarma should be executed with well calibrated devices, calculated risk factors and only after developing required expertise.



# A Comparative Clinical Study on Jara w.r.t. Ageing Process with Amalaki and Ashwagandha Churna

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**Introduction** With improving health care, our average life expectancy has risen from 57 in 1990 to 65 today. In the next two decades, India will also be home to the world's second citizens is expected to touch 198 millions in 2030. There are eight millions aged over 80, 29 millions 70 plus and 77 millions above 60. Census shows that one out of every two elderly suffers from at least alone chronic disease that requires lifelong medication. Nearly 50% report arthritis, 40% hypertension, 30% hearing impairment, 40% defective vision, 10% diabetes, 89 out of every 1000 are mentally ill.

Ayurveda has considered Jara as one of the branch among eight branches of Ayurveda, but detailed description as a disease has not been mentioned anywhere. Classics have mentioned different categories of drugs including Vayasthapana, Jeevneeya, and Rasayana drugs. Amalaki and Ashwagandha are among them, which are known for their peculiar qualities. The present study was taken to achieve the goal of healthy aging in coming years.

**Objective of Study** 1) To study Jara awastha with respect to ageing process. 2) To evaluate the efficacy of Amalaki and Ashwagandha in elderly persons. 3) To compare the efficacy of both the drugs in elderly persons.

**Materials and Methods** It includes the drugs Amalaki and Ashwagandha Choorna 10gm in divided dose for sixty days. The study taken was clinical comparative single blind control study. Parameters of study have been the signs and symptoms of Jara selected for study. Minimum of 30 elderly persons were selected excluding drop outs according to inclusion criteria with classical signs and symptoms of Jara and were divided into two groups of 15 persons each. Total study period was ninety days; 60 days treatment and 30 days post treatment follow up. Clinical data was collected according to the case performa specially prepared for this study before treatment after treatment and at follow up. Statistical analysis was done by 'Student's t-test'.

**Subjective Parameters** 1. Agni mandya 2. Malabadhata 3. Indriyakshaya 4. Nidra Nasha 5. Grahana Kshaya 6. Shwasa 7. Sarvakriya aswasamarth.

**Objective Parameters**

- 1) Systolic Blood Pressure
- 2) Diastolic Blood Pressure
- 3) Weight
- 4) Haemoglobin
- 5) Visual Acuity

## Observations

THE RESPONSE OF THE TREATMENT FOR INDIVIDUAL GROUP (%) AFTER TREATMENT



### Subjective Parameters

VARIABLE	GROUP	CI-3	CI-2	CI-1	CS	CD
Agni mandya	A	0 %	0 %	73.3%	26.6%	0 %
	B	0 %	0 %	53.3%	46.6 %	0 %
Mala Baddhata	A	0 %	0 %	66.6%	33.3%	0 %
	B	0 %	0 %	46.6%	53.3 %	0 %
Indriyakshaya	A	0 %	0 %	33.3 %	66.6%	0 %
	B	0 %	20 %	60 %	20%	0 %
Nidra Nasha	A	0 %	0 %	53.3%	46.6%	0 %
	B	0 %	6.6 %	73.3%	20 %	0 %
Bala Kshaya	A	0 %	0 %	20%	80 %	0 %
	B	0 %	0 %	73.3%	26.6 %	0 %
Grahana Kshaya	A	0 %	0 %	20%	80%	0 %
	B	0 %	26.6%	66.6%	6.6%	0 %
Shwasa	A	0 %	0%	33.3 %	66.6%	0 %
	B	0 %	0%	73.3 %	26.6 %	0 %
Sarvakriya aswasamarth	A	0%	0%	20%	80%	0%
	B	0%	0%	80%	20%	0%

### Objective Parameters

VARIABLE	GROUP	CI-3	CI-2	CI-1	CS	CD
Systolic B.P.	A	0 %	0 %	40%	60%	0 %
	B	0 %	20%	40%	40 %	0 %
Diastolic B.P	A	0 %	0 %	26.6%	73.3%	0 %
	B	0 %	13.33 %	46.6%	40 %	0 %
Weight	A	0 %	0 %	6.66 %	93.33%	0 %
	B	0 %	0 %	20 %	80%	0 %
Hb%	A	0 %	0 %	6.6%	86.6%	6.66 %
	B	0 %	0 %	46.6%	53.3 %	0 %
Visual Acuity (Rt)	A	0 %	0 %	33.3%	66.6 %	0 %
	B	0 %	0 %	13.3%	86.6 %	0 %
Visual Acuity(It)	A	0 %	0%	26.6%	73.3%	0 %
	B	0 %	0%	13.3%	80%	6.6 %

**Results** The overall results in the trial Group B was significantly better than the trial Group A. Group A showed significant results for Agnimandya and Malabaddhata. Both the groups have not shown any significant results for objective and observational parameters.

### DISCUSSION ON OBSERVATIONS

**Age** - As per our Ayurvedic literature Jara awastha is usually seen in age after 60 years, accordingly the inclusive criteria was fixed between 60-70-yrs of age.

In the present study it was observed maximum persons were found between the age 61-65 yrs of age i.e. 18 (60%) and between the age 66-70 yrs age were 12(40%).

Hence from the following observations it can be stated that population of old persons is more in the age group



61-65yrs than in the age group 66-70yrs and as the age advances severity of symptoms increases.

**Sex** In the present study it was observed that Male persons were more i.e.20 (66.6%), where as female persons not too less i.e. 10 (33.4%). According to this study predominancy of old male persons over female old persons can be hyothised.

**Religion** The distribution of persons according to religion showed that, the 24 persons i.e.80% were Hindus and 6 persons i.e. 20% were of Muslim religion. This data shows the predominancy of Hindus over Muslims in the study area, but there are no specific variations in signs and symptoms of Jara awastha according to religion.

**Occupation** The persons from various occupations were observed for the study. Among them majority were Farmers i.e.11 persons (36.6%), Housewife 09 persons (30%), Business 03 (10%), persons with retired life 07(23.4%). This shows that the main occupation of the persons in this area is agriculture. Particular occupation may be contributing factors for Akalaj Jara.

**Socioeconomic status** In the present study maximum persons observed were of Poor class i.e. 18 persons (60%) while, middle class persons were 12 (40%) each. There are no such variations in Jara awastha related to socioeconomic status according to classics. But sometimes according to type of life style, area of residence and work may affect the Jara stage.

**Food Habit** Among the persons observed for study vegetarians were 20 persons (66.7%) and those who took mixed diet were 10 persons (33.3%). There is no such effects seen on Jara awastha according to types of food habits because they differ from person to person and depends on their Prakruti also. But it is commonly seen that non veg. food is rich in vitamins, proteins and minerals.

**Habits** Almost all the 30 persons were found to have one or the other habit. Among them maximum were in the group of tea consumption and tabacoo chewing. These habits are responsible to achieve premature aging and also responsible for aggravating the symptom as the age advances.

**Prakruti pradhanata** Majority of the observed persons were of Vata pradhana Prakruti i.e. 14 persons (46.6%), with Pitta and Kapha 08 persons each i.e. (26.7%) each. As Jara awastha is vata predominant stage, signs and symptoms of Jara awastha are seen earlier or are more define in Vata pradhana Prakruti persons as compare to other Prakruti persons.

**Systolic Blood Pressure** It was observed that the systolic B.P. of majority of old persons was between 122-140 mm. of Hg. i.e. 16 persons (53.4%) and least in the group of 100-120mm of Hg. i.e. 02 (6.6%) and in the group of 142-160 mm. of Hg., there were 12 persons (40%). i.e. majority of persons reported with Blood Pressure reading more than the normal. There is increase in systolic blood pressure as the age advances.

**Diastolic Blood Pressure** It was observed that the Diastolic B.P. of majority of old persons was between 91-100 mm. of Hg. i.e.16 persons(53.3%) and least in the group of 82-90mm of Hg. i.e. 04 (13.3%) and in the group of 101-110 mm. of Hg. there were 10 persons (33.4%). Slight increase was found in diastolic blood pressure also. This may be explained on the basis of physiological changes taking place as the age advances e.g. Atherosclerosis.

**Weight** Weight of persons depends on many physiological, pathological, and environmental factors. It was observed that the Weight of majority of old persons was between 40-50kg. i.e.16 persons (53.3%) and moderate in the group of 50-60kg i.e. 12(40%) and least in the group of less than 40kg. i.e. 02(6.6%). In this



study maximum persons were found below normal weight. This may be due to the type of land, environment they are living. And many other general factors such as socioeconomic status may be responsible for above fact.

**Haemoglobin** Among the 30 persons majority of the persons 18(60%) were having Hb% between 10-12gm%. Between 12-14gm% there were 08(26.7%) persons and between 08- 10gm% there were least no. of persons i.e. 04(13.3%). Hemoglobin depends upon many factors e.g. Food habits, physiological factors and environmental factors. In this study maximum persons were from rural area i.e. they are mainly dependent on unprocessed food, this may be the reason that much low level of hemoglobin was not found in any persons.

**Visual Acuity** This parameter was taken as an observational in my study. Very few persons were having normal visual acuity and most of them have undergone Intra Ocular Lens transplantation surgery.

## **PROBABLE ACTION OF DRUGS**

### **PROBABLE MODE OF ACTION OF ASHWAGANDHA**

Ashwagandha by virtue of its rasa, guna, veerya, vipaka and prabhava, promotes, digestion, metabolism, maintains homeostasis of doshas, enriches nourishment and promotes body and mental functions thus becomes effective in aging.

**Agni** Its tikta, katu – rasa + laghu – guna + ushna \_veerya and vatashamaka karma promotes digestion and metabolism their by production of rasa and elimination of toxic metabolites and pollutants is achieved.

**Dosha** Snigdha guna + ushna veerya + madhurvipaka + vataghana + rasayan property.— Vata dosha shamana

**Dhatu** Snigdha guna + madhura vipaka (snigdha +guru) + rasayana + balya + vrushya – dhatu and bala vardhan

**Mana** Correcting Vata + Rasayana (prabhava)+ Medhya property > Does mano Prasannata

**Modern concept** Several types of alkaloids are found in the plant of which withenia, somnifera and withasomnine are important in traditional preparations. The alkaloid withaferin is responsible for the bacteriostatic and anti tumour properties. Recently steroidal factors have been isolated from leaves. The withanoloids are believed to account for the multiple applications of Ashwagandha. These molecules are steroidal and bear a resemblance, both in their action and appearance to the active constituents of Asian ginseng (panax ginseng) known as ginsenosides and are called as Indian ginseng. These serve as important hormones precursors, which the body is then able, as needed to convert into human physiological hormones. If there is an excess of certain hormones, the plant based hormones precursor occupied the so called hormone receptors sites without converting to human hormones to block absorption. In this way Ashwagandha like other adoptogenic tonic herbs is amphoteric and can serve to regulate important physiological processes, increasing or decreasing as needed. Generally Ashwagandha stimulates the immune system. It has also been shown to inhibit inflammation and improve memory. It counteracts the effects of stress and promotes wellness.

### **PROBABLE MODE OF ACTION OF AMALAKI**

Amla and Madhur rasa act as Vata dosha shamak. Amla rasa does the Vata anuloman, helps to relieve the Vibhand and sarvanga marda. Katu rasa acts Jatharagni Deepak, Ama pachak and Kapha dosha shamak, as it has the sroto mukhavishodhana guna. It destroys the sangh of Rasavaha srotas caused due to the Ama



kapha. Tikta rasa act as kapha dosha shamaka . As it is one of the nitya sevana Rasayana dravya, it does the dhatu pushti, increases the bala, act as daurbalya nashak.

During this study Amalaki has shown good results on the subjective parameters Agnimandya and Malabaddhata.

**On Agnimandya :** Amlapradhana Panch Rasa + Rasayana Property + Vayasthapana gana + Yakruta uttajaka –Agnideepan, vata anuloman.

**On Mala baddhata:** Amla pradhana Panch rasa + Madhura Vipaka + Rasayana Property+Virechanopaga gana(Ch.) – Agni deepan, Vata anuloman , Prakruta mala.

**Modern Concept** Amalaki consists of rich amount of Vit. C. Both ascorbic acid and its oxidized product dehydroascorbic acid are biological active. Vit. C precipitates in oxidation reduction reaction and hydrogen ion transfer reaction. As an anti oxidant, Vit. C donates electrons to Quench reactive free radicals and oxygen species. It also acts to regenerate other anti oxidants such as Vit. E, Flavonoids and Glutathione. Other actions of Vit.C include promotion of non heme iron absorption,carnitine biosynthesis and conversion of dopamine to norepinepharine. Vitamin C is also important for connective tissue metabolism and cross linking and is a component of many drugs metabolizing enzymes systems, particularly the mixed functions oxidase systems. As such vitamin participates in the synthesis of corticosteroids, aldosterone and the metabolism of cholesterol. Vit C also participates in enzymatic reactions requiring a reduced metal, although exact molecular basis for this role has not been delineated.

**Interpretation** Ashwagandha Choorna showed good results for all the subjective parameters and helped to increase the well being of the old age person. While Amalaki showed results on GIT problems such as Agnimandya and Malabaddhata.

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# संक्रमण का आयुर्वेदीय सिद्धांत

DR. S.D. KHICHARIYA

M.D.(AY), LECTURER,  
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सूक्ष्म जीवाणुओं के कारण उत्पन्न होने वाली व्याधियों एवं जीवाणु नाशक औषधियों की पुनः पुनः विवेचना होती दिखती है। क्योंकि देश, काल और परिस्थिति के अनुसार संक्रमण में सहायक दैनिक चर्चा के तौर तरीके तुलनात्मक दृष्टिकोण से परिवर्तनशील है। यहाँ पर तुलना से आशय वैदिक काल से लेकर आज तक होने वाले सांस्कृतिक, राजनैतिक तथा अन्य क्षेत्रों से होने वाले परिवर्तनों से है।

औषधि शास्त्र की दृष्टि से इस काल खण्ड को जीवाणु नाशक औषधि युग कहा जाता है। आशय यह है कि हम यह दर्शाना चाहते हैं कि हमने बहुत सारी संक्रामक बीमारियों पर विजय पा ली है और सत्य भी है। किन्तु स्वास्थ्य की समस्या का यक्ष प्रश्न आज भी हमारे सामने ज्यों का त्यों खड़ा दिखाई देता है।

आयुर्वेद ग्रन्थों में संक्रमण विषय पर विभिन्न संदर्भों से माध्यम से संक्रमण एवं संक्रामक बीमारियों की विवेचना के साथ साथ उनके प्रतिषेधात्मक उपायों एवं चिकित्सा के बारे में वर्णन एवं चिकित्सा देखने को मिलती है। सभ्यता के विकास क्रम में जैसे जैसे इस क्षेत्र में प्रगति हुई वैसे वैसे जीवाणुओं के नूतन सिद्धांत उनसे उत्पन्न होने वाली बहुत सारी व्याधियों एवं उनकी चिकित्सा के विकास के क्रम में नये आयाम जुड़ते रहे हैं। वस्तुतः संक्रमण की चर्चा उनसे उत्पन्न होने वाली व्याधि समूह एवं उनके प्रतिषेधात्मक उपायों का वर्णन वेदों से लेकर संहिता ग्रन्थों के साथ साथ उनके बाद के ग्रन्थों में भी देखने को मिलती है।

**वेद-** भारतीय वाङ्मय में वेद सबसे प्राचीनतम ग्रन्थ कहे जाते हैं। ऋग्वेद में वायु के महत्त्व को प्रदर्शित करते उसके प्रदूषित अथवा संक्रमित होने से बचाने का उल्लेख किया है। ऋग्वेद में 10/86/1 में वायु को

अमूल्य औषधि बताते हुए हृदय को उपयोगी शरीर को प्राण देने वाली, आयु को बढ़ाने वाली तथा शुद्ध वायु के मूल्यों का वर्णन किया गया है। इसी तरह से ऋग्वेद 10/137/4 में वायु के महत्त्व को बताते हुये लिखा है कि -

“वात आ वातु भेषजं शंभु मयोभु नो हुदे।

प्राण आयँशि तारिशात्” ऋग्वेद 10/186/1)

अथर्ववेद काण्ड-2 सूक्त-31 एवं मण्डल-2 में क्रिमय कि चर्चा करते हुये लिखा है इमे कश्मयः पर्वतेशु वनेशु अप्सु औषधिसु पशुषु, चाभ्यन्तरेनिवसन्ति यथावसरम दुग्ध धान्य, तक्रैः एवं बहुविध भोज्य पदार्थः पुशपाघातैः।

अर्न्यरूपायैह्य शरीरे प्रविष्य विविधकश्टम् उत्पादयति।

ये क्रिमयः पर्वतेशु वनेश्वौषधीशु पशुष्वप्सवन्तः।

ये अस्माकं तन्वमाविषुः सर्वं ताद्धिन्मिदनिम क्रिमीणाम्।।  
(अथर्ववेद 2/31/5)

अथर्ववेद के अनुसार ये कृमि अथवा संक्रमण करने वाले जीवाणु दृश्य और अदृश्य अर्थात् कुछ न दिखाई देने वाले किन्तु ये अपना गमनागमन निरन्तर बनाये रखने वाले होते हैं तथा यह शरीर का घात करने वाले, गर्भ का पात कराने वाले तथा मांस भोजी होते हैं। इनका प्रसरण ऊँचे स्थानों से वनस्पतियों और पशुओं के माध्यम से तथा अन्य माध्यम से होता है। इसी तरह से संक्रमण कृमियों के संदर्भ में अन्य विवेचन निम्नानुसार है। इसी संदर्भ में अथर्ववेद मे 1/28/1 मे -

उपप्रगादेतो अग्निरक्षोहा अमीवचातनः।

दहत्रपद्दयविनो यातुधानान् क्रिमीदिनः।।

अथर्ववेद मे तो 2/31/5 में उद्यत्रादित्यः क्रिमीन् हन्तु निम्रोचन हन्तिरश्मिभिः।

क्षीरे मा मन्ये यतमो ददम्भाकृष्टपच्ये अशने धान्ये च ।

तदात्मन प्रजयापिशाचा

वियातयन्तामगदोश्ष्यमस्तु ।।

(अथर्ववेद काण्ड 5 सूत्र 29 मण्डल 7)

यः कश्णोति मशत्वत्सामवतो कामिमां स्त्रियम् !

तमौषधेत्वम् नाशयास्याः कमलमत्रिजवम् !!

(अथर्ववेद काण्ड 8 सूत्र 6 मण्डल 9)

अल्पाण्डून् हन्मिमहता बधेन दूना अदूना अरस अभूकम्,

शिष्टान् शिष्टात्रितिरामि वाचा यथा कृमीणान् किरूच्छिषाषतैः !!

कृमि के स्वरूप का वर्णन करते हुए अथर्ववेद के 8वें काण्ड के 6वें सूत्र के 13वें मण्डल में लिखा है ।

खलजाः शकधूमजाः उरुण्डा ये च मट्मटाः

कुम्भमुष्काः अयासवः ।

तानस्या ब्रह्मणस्ते प्रतिबोधने नाशय ।।

## चरक संहिता

संहिता ग्रन्थों में यह सबसे प्राचीन ग्रंथ है तथा काय चिकित्सा प्रधान होने के बावजूद अन्य सब अंगों के बारे में भी वर्णन देखने को मिलता है। इस ग्रंथ में संक्रामक रोगों का वर्णन इसके मूल नाम से तो नहीं मिलता किन्तु दूसरे शब्दों में अथवा यह कह सकते हैं कि दूसरे रूपों में इनका वर्णन आचार्य अग्निवेश ने ज्वर निदान के संदर्भ में निदान 1/17 में आठ प्रकार के ज्वर में एक आगन्तुज ज्वर का कारण अभिसंग बताया है। यहाँ अभिसंग से आशय भूताभिसंग से है।

आचार्य गणनाथ सेन इस भूताभिसंग के बारे में कहते हैं कि -

“भूताभिङ्गो नाम भूतानां सूक्ष्मप्राणिनां जीवाणूनामभिषङ्गं”  
चरक चिकित्सा 3/68-69 में इसी बात को और स्पष्ट करते हुए लिखा है कि:-

अधिशेते यथा भूमि बीज काले च रोहति !

अधिशेते यथा धातुं दोषः काले च कुप्यति !!

स वर्षद्धिं बलकालं च प्राप्य दोषस्तृतीयकम्

इसी तरह से चरक संहिता में राजयक्ष्मा प्रकरण में चरक चिकित्सा 8/5 में लिखा है

देवर्षिगन्धर्वपिशचयक्ष रक्षः पितृशणामभिघर्षाणानि ।

आगन्तुहेतुर्नियमव्रतादि मिथ्याकृतं कर्म च पूर्वदेहे ।।  
(9/16)

योनिव्यापद के संदर्भ में आचार्य ने चिकित्सा स्थान अध्याय 30 में कुछ योनिव्यापदों को संक्रमण जन्य माना है जो निम्नानुसार है -

1. **अचरणा** - चरक चिकित्सा 30/18 यह रोग योनि मार्ग की सफाई न करने से, दूषित जल का प्रयोग करने से तथा कृमि उत्पन्न होने से होता है।

2. **अतिचरणा** - चरक चिकित्सा 30/19 यह रोग अत्यधिक मैथून करने से होता है। आचार्य भावप्रकाश ने इस तरह के रोगों को रतिज रोग कहा है।

इसी तरह से प्राक्चरणा, उपप्लुता, परिप्लुता, पुत्रजि, वामनी, षण्डी और महायोनिव्यापद रोगों का अध्ययन करने के बाद ऐसा देखा गया है कि इन रोगों में प्रत्यक्ष या अप्रत्यक्ष रूप से संक्रमण की बात परिलक्षित होती है। अपस्मार के संदर्भ में महर्षि अग्निवेश ने कहा है -

तेशामागन्तुरनुबन्धो भवत्येव कदाचित्,

तमुत्तरकालयुपदेक्ष्यामः ।

तस्य विशेष विज्ञानं यथोक्तलिं

गधिक्यमदोषालिङ्गानुरूपं न किञ्चित् ।।

इसी संदर्भ में ज्वर राजयक्ष्मा जैसे संक्रामक व्याधियों की चर्चा करते हुए निदान स्थान 8 के 31वें सूत्र में तस्मिन् हि दक्षाध्वरध्वंसेकृराजयक्ष्मेति ।

इससे यह स्पष्ट होता है कि ज्वर, राजयक्ष्मा के समान ही आगन्तुज एवं आगन्तुजजन्य अन्य भावों के कारण होता है। इसी अध्याय के 22वें सूत्र में रोग के कारण रोग होने एवं “व्याधि संकर” जैसी परिस्थिति में जब एक रोग दूसरे रोग को उत्पन्न करता है, वहाँ पर सूत्र के मूल भाव को ग्रहण करने के साथ साथ यह भी स्वीकार किया जाना चाहिये की जो द्वितीय व्याधि



उत्पन्न हो रही है वह किसी **Secondary Infection** के कारण भी हो सकती है।

इसी तरह से इसी अध्याय में जहाँ पर ओज क्षय की बात कही गई है एवं जहाँ पर क्षय के सामान्य कारण बताये गये हैं वहाँ पर

भुतोपघातष्व ज्ञातव्याः क्षयहेतवः !!  
संक्षिप्त में जहाँ पर बहुत सारी

व्याधियों को बताने की बात कही है।

विकारानामाकुशलो न जिहीयात् कदाचन् !

न हि सर्वविकाराणां नामताऽस्ति ध्रुवास्थितिः !!

(सूत्र स्थान 18/44)

स्व धातु वैषम्यनिमित्तजा ये विकारसंघा वहवः शरीरे !

न ते पृथक् पित्तकफानिलेभ्य अगन्तवस्त्वेव ततो विशिष्टाः !!

(चरक सूत्र 19/6)

आगन्तुरन्वेति निजं विकारं निजस्तथाऽगन्तुमपि प्रवृद्धः।

तत्रानुबन्धं प्रकृतिं च सम्यग् ज्ञात्वा ततः कर्म समारभेतः।।

(च. सू. 19/7)

इसी तरह से सूत्र स्थान के महारोग अध्याय में लिखा है -

आगन्तुर्हि व्यथापूर्वं समुत्पन्नो जघन्यं वातपित्तऽलेशमणां  
वैशम्यमापादयतिः।

निजे तु वातपित्तश्लेष्मणां पूर्वं वैषम्याप

घन्ते,जघन्यं व्यथामभिनिर्वर्तयन्ति।।

(चरक सूत्र 20/7)

“मलिनैर्भुक्तैरपाकाददोश संघयः”

### सुश्रुत संहिता

आचार्य सुश्रुत ने न केवल संक्रमण जन्य

व्याधियों का उल्लेख किया है अपितु संक्रमण के प्रकार संक्रमण के तरीके संक्रमण के सहायक कारणों की विषय व्याख्या करते हुए लिखा है कि -

प्रसङ्गादंगात्र संस्पर्शात्रिश्वासात् सहभोजनात् !

सहशय्यासनाधापि वस्त्रमात्यानुलेपनात् !!

कुशुं ज्वरश्च शोषश्च नेत्राभिष्यन्द एव च !

औपसर्गिकरोगाश्च संक्रामन्ति नरानरम् !!

यहाँ पर mode of transmission की

व्याख्या करते हुए आचार्य लिखते हैं कि कुष्ठ आदि संक्रामक व्याधियों जिनका सम्बन्ध प्रत्यक्ष या अप्रत्यक्ष रूप से संक्रमण से है उनका संक्रमण उपरोक्त प्रकारों से होता है।

आचार्य सुश्रुत ने सूत्र स्थान के 45वें अध्याय में जल का संक्रमण बताते हुए लिखा है कि -

कीटमूत्रपुरीशाण्डशवकोथप्रदूषितम् !

तशापर्शोत्करयुतं कलुषं विषसंयुतम् !!

योऽवगाहेत वर्षासु पिवेदाऽपि नवं जलम् !

स बाह्याभ्यांतरान् रोगान् प्राप्नुयात् क्षिप्रमेव तु !! (8-9)

### अष्टांग हृदय

अष्टांग हृदय के विमान स्थान के दूसरे अध्याय में 38-39 वे सूत्र में जहाँ आगन्तुज ज्वर की व्याख्या की गई है। वहाँ अभिसंग से होने वाले ज्वर का प्रकार बताया गया है यह अभिसंग भूताभिसंग है तथा संक्रमण जन्य होता है।

इसी तरह से 5वें अध्याय के 43वें सूत्र में हृदय रोग निदान में कृमिज हृदय रोग की बात कही गई है यह कृमिज हृदय रोग संक्रमण जन्य हो सकता है।

निदान स्थान के 8 वें अध्याय में अतिसार में एक कारण कृमि माना गया है।(निदान स्थान 8/3)

कुष्ठ के वर्णन में 14 वें अध्याय में कृमि निदान बताया गया है। इसी अध्याय में संक्रामक रोग तथा उनके प्रसरण की प्रक्रिया का वर्णन करते हुए आचार्य ने लिखा है।

स्पर्शकाहारशय्यादि सेवनात्त्दायशो गदाः।

सर्वे संचारिणो नेत्रत्वग्विकारा विशेषतः

(अ.ह.निदान स्थान 14/41)

## अष्टांग संग्रह

अष्टांग हृदय के समकालीन तथा आचार्य वाग्भट्ट द्वारा रचित यह ग्रंथ इससे संबंधित संदर्भों को प्रकट करता है। आचार्य वाग्भट्ट ने ग्रंथ के सूत्र स्थान के 5 वे अध्याय में आगन्तुज रोगों का वर्णन करते हुए लिखा है कि -

ये भूतविषवाय्वग्निक्षत भंडगादि सम्भवाः।

कामक्रोध भयाद्याश्च ते स्युरागन्तवो गदाः॥

(अ.संग्रह 5/41)

सूत्र स्थान के ही 6 वे अध्याय में जहाँ पर जल का वर्णन किया है। वहाँ पर दूषित एवं सक्रमित जल की व्याख्या करते हुए लिखा है।

कीटाहिमूत्रविट्कोथ तण्जालोत्कटाविलम्.....  
तोयस्यान्यस्य शस्यतं॥ (अ.स. 6/21-25)

कीट (कृमि) तथा अहि (सर्प) आदि के मूत्र विट् (पुरीष) कोय (मृत शरीर की सडन), तृण समूह तथा उत्कट (कूड़ा करकट) से मलिन जल पंक (कीचड) जलकमल (nucifera) शैवाल हट (जलकुम्भी) के पत्तों आदि से आच्छादित जल,सूर्य, चन्द्र की किरणों तथा वायु के स्पर्श से रहित जल क्षुद्र जन्तुओं तथा मेंढक मछली आदि से दुष्ट (सेवित,युक्त) जल, अभिवऽट, तत्काल बरसी हुआ (अभिनव वृष्ट) जल, विवर्ण (विकृत वर्ण) जल,कलुष (मलिन), स्थूलफेनिल (वृहत् झाग युक्त) जल, विरस ( दुर्गन्धयुक्त ) जल, गन्धवतः तप्त- जिसमें गर्म करने पर गंध आती हो दन्तगषह्यति शैव्यतः- अति शीतल होने से दांतों के लिए अग्रह्य हो, अर्नातव ( बिना ऋतु के वर्षा जल ), वर्षा काल में भी प्रथम वर्षा का जल एवं लूता ( मकड़ी ) आदि के तंतु ( जाल ) पुरीष मूत्र विष के संपर्क के कारण दूषित जल से स्नान करने से तृषा, आघ्मान ,उदररोग, ज्वर, कास, अग्निमांद्य, कण्डु,

गलगण्ड आदि रोग हो सकते हैं, इसलिए ऐसे जल का परित्याग करना चाहिए।

## माधव निदान

इस ग्रंथ के द्वितीय अध्याय में जहां उन्होंने आगन्तुज ज्वर का वर्णन किया है, वहां पर इसका एक कारण भूताभिसंद्ग भी माना है। भूताभिसंद्ग जीवाणु संक्रमण को संकेत करता है।

अभिद्याताभिचाराभ्यामभिशापाभिषतः।

आगन्तुर्जायते दोषैर्यथास्वं तं विमाणयेत्॥

( मा. नि. 2/ 26 )

इसी तरह आचार्यमाधवकर ने विसूचिका के कारणों में-

“ लमन्ते अशनलोलुपाः ” का वर्णन किया है।

## भाव प्रकाश

आचार्य भावप्रकाश ने अपने इस ग्रंथ में अन्य संहिताओं की भांति ही संक्रमण संबंधी व्याधियों की विवेचना ज्वर के साथ की है। आचार्य ने ग्रंथ के प्रथम अधिकार में चिकित्सा के प्रकरण में ज्वर के बारे में लिखा है कि-

अभिद्याताभिषङ्गभ्यामभिचाराभिशापतः।

आगन्तंजायते दोशैर्यथास्वं तं विमावयेत्॥ ( 695 )

इसी तरह से भूताभिषङ्ग ज्वर की व्याख्या करते हुए आचार्य ने सूत्र में लिखा है-

भूताभिषङ्गोस्थो विशमज्वरो भवति ,  
कदाचिद्धेगवान् कदाचिच्छान्तवेग इत्यर्थः॥

और इसमें यह बात भी स्पष्ट की गयी है कि ऐसा ज्वर विषम होता है। ऐसी ही अवस्था विशेष में जब ज्वर जीर्ण हो जाता है ऐसा आचार्य भावप्रकाश मानते हैं।





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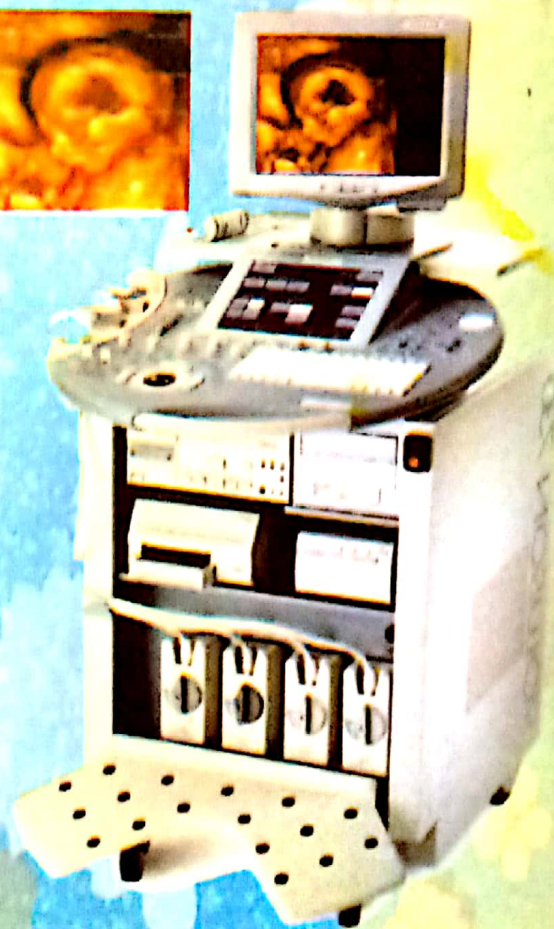


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# Effect of Guduchyadi Yoga in Madatyayaja Yakrit Vikara (Alcoholic Liver Disorder)

Dr. Niranjana Hegde.<sup>1</sup>

## Abstract:

Since the antiquity the man is using Madya (Alcohol) as a part of social and cultural life. The Madya has nectar like properties when used judiciously following all norms, otherwise it acts as poison<sup>1</sup>. Man is experiencing the ill effects of Madya since beginning and invented the modes of overcoming its ill effects. Ayurveda has many options to treat Madatyaya (Alcoholic Disorders). Ayurvedic texts mention Pittahara and Deepana Pachana Dravyas to treat Yakrit-Vikaras. Guduchyadi Yoga mentioned by Charaka comprising of Guduchi (*Tinospora cordifolia*), Musta (*Cyperus rotundus*), Patola (*Tricosanthes dioica*) and Nagara (*Ginger officinalis*) may relieve the adverse effects of Madatyaya as well as liver disorders caused by it<sup>1</sup>.

Totally 16 patients of Madatyayaja yakrit vikara (Alcoholic Liver Disorders) received Guduchyadi Yoga chikitsa, Improvements were seen in Aruchi i.e 69.06% , 54.11% in Hrillasa, 83.5% in Chardi, 56.25% in Prajagara, 57.98% in Shareera kampa, 51.17% in Mandagni, 61.25% in weakness, 77.45% in laziness, 62.5% relief in Panduta, 75.0% Mandajvara and in Total bilirubin level i.e 20.0% improvement, 27.69% in Direct bilirubin, 27.42% in SGPT , 8.3% in Total proteins, SGOT with 21.79% , Indirect bilirubin with 20.51%, Albumin with 14.83%, pus cells with 37.0% and USG Abdomen with 21.42%.

**Key words:** Madatyaya, Madatyayaja yakritvikara, Yakrit vriddi, Madya, Ateendriya, Guduchyadi Yoga.

## INTRODUCTION:

Alcoholism is the major cause for liver disease in Western countries, nowadays even in India (in Asian countries viral hepatitis is the major cause)<sup>2</sup>. It arises from the excessive ingestion of alcohol. Even though millions of individuals drink alcohol on a regular basis, only chronic heavy drinkers develop liver damage. How alcohol damages the liver is not completely yet understood. It is known that alcohol produces toxic chemicals like acetaldehyde which can damage liver cells, but why this occurs in only a few individuals is still in debate<sup>3</sup>. When alcohol damages the liver, the function of the organ is not immediately compromised as the liver has a tremendous capacity to regenerate and even when 75% of the liver is damaged, it continues to function as normal. When alcohol is consumed chronically, it eventually results in liver scarring or what is known as cirrhosis or end-stage alcoholic liver disease.

In Brihatrayi there is no direct reference of Yakrit Vikara but while explaining the diseases like Pandu, Kamala, Udara, Yakridalyodara etc , Acharyas explained some of the signs and symptoms which are manifested because of Yakrit impairment. In so many contexts they explained the symptoms of Yakrit Vikara indirectly.<sup>4</sup>

Both Charakacharya and Sushruthacharya have explained that Yakrit is the moola of Raktavaha srotas. As Rakta dhatu and Pitta doshas are Ashrayaashrayi , it can be consider that the Nidanans for Pitta or Pittakaraka Ahara Vihara leads to Rakta pradoshaja vikaras and simultaneously it affects the moola of Raktavaha srotas and thereby leads to the vitiation of Yakrit or Yakrit vikara.<sup>5</sup>

Ranjaka pitta is a type of pitta which is responsible for the rasa ranjana and gives colour to the rakta, mutra and pureesha.<sup>6</sup> In madatyayaja yakrit vikara, colour of the pureesha and mutra are deranged and rakta dhatu is one among the main dushya. As Yakrit and pleeha are the moola of rakta vaha srotas, it is very clear that ranjaka pitta is the main dosha which is responsible for the samprapti of Madatyayaja Yakrit Vikara.<sup>7</sup>



As Kamala is the Rakta pradoshaja vikara and that leads to the impairment of the functions of Yakrit. We can consider the symptoms of Kamala for understanding Yakrit Vikara. Mainly Pitta dosha is involved in the samprapti of Kamala that leads to the vitiation of Rakta Dhatu and thereby affects the Hridaya and Yakrit.<sup>8</sup>

As Madya is Abhishyandi, Vyavayi, Vikashi, Teekshna, ushna, vidahi and amlarasayukta, which leads to the vitiation of Pitta and thereby form the Raktadusti and can affect the Yakrit. So Madya can be considered as the Nidana for the Madatyayaja Yakrit Vikara and it may generate Yakrit Vikara.

As Madya is having the gunas like Vyavayi, Vikashi, Ashukari etc. it immediately affects the Ojas and Hridaya and thereby causing Uttarottara Dhatu Hrâsa and leads to many types of symptoms.

Excessive intake of madya leads to agni dusti and mandagni by its vidahi, teekshna, usna, and drava guna. Severe agni dusti leads to the samprapti of Udara (accumulation of fluid in twank-mamsantara pradesha), Kukshimadmapana and mainly Yakridalyodara and resulting in Madatyayaja Yakrit Vikara, which is similar to that of alcoholic liver cirrhosis.

There is a direct reference of Yakrit Vikara in BhavaPrakasha, he mentions Yakrit vriddhi (can be compared with hepatomegaly) is the main feature of Yakrit vikara and nidana for Yakrit vikara is vidahi, abhishyandi Âharas. Madya being the abhishyandi and vidahi, it can cause Yakrit vikara and Yakrit vriddi and thereby leads to different pathological symptoms of Yakrit.

By all these explanations we can consider that Madya leads to Madatyaya and Madatyaya leads to Yakrit vikara, therefore the study or clinical trials taken on Madatyayaja Yakrit Vikara.

Symptoms of alcoholic liver disorder and symptoms of Madatyayaja Yakrit Vikara appears to be same. Hence Madatyayaja Yakrit Vikara can be considered as Alcoholic liver disorder.<sup>9</sup>

Alcoholic liver disorder	Madatyayaja Yakrit Vikara
Fatty liver	Yakrit Vriddi
Fever	Mandajvara
Loss of Appetite	Mandagni
Nausea	Hrillasa
Weakness	Ksheenabala
Jaundice	Atipandu

## Drug Review

Many drugs have been explained in the management of complications of Madatyaya<sup>10</sup>. As Madatyayaja Yakrit Vikara is one of the complications and in this particular condition mainly Pitta dosha is affected, Agni dusti and Ama are the main causes, hence Guduchyadi Yoga is selected as the study drug because of its Deepana, Pachana and Pitta rechaka qualities.<sup>11</sup>



Guduchyadi Yoga is explained by Acharya Charaka, while stating the yogas for the management of complications of Madatyaya in the Madatyaya chikitsa. This medicine contains four drugs viz. Guduchi, Bhadramusta, Nagara and Patola in equal parts.

### Objectives :

To evaluate the efficacy of Guduchyadi yoga in Madatyayaja Yakrit Vikara (Alcoholic liver disorder).

### Materials and Methods :

16 patients of Madatyayaja Yakrit Vikara who fulfill the inclusion criteria were selected from the Out Patient Department and In Patient Department of ManasaRoga of the S D M College of Ayurveda and Hospital, Hassan.

### Administration :

Guduchyadi yoga is given for the diagnosed cases in the dose of 5 gms, before food with warm water thrice daily for 1 month.

### Statistical Analysis :

It was done by employing paired and unpaired students't test for accumulated data. A  $p < 0.05$  was considered as statistically significant.

### Gradation of the symptoms :

To give some objectivity to the symptoms for the statistical analysis grading was assigned as shown in table- Showing Gradation Index.

Subjective parameters	
Aruchi	0 – Absent 1 – occasionally present 2 – frequently present 3 – Continuous present.
Hrillasa	0 – Absent 1– Nausea 2 – Nausea with vomiting
Chardi	0 – Absent 1– Two times a day 2 – Six times a day 3 – More than six times a day
Prajagara	0 – Sleeping more than 8 hours day 1– Sleeping 6 to 8 hours a day 2– Sleeping 4 to 6 hours a day 3– Sleeping less than 4 hours a day
Manda Jvara	0 – Absent 1 – Occasionally present



	2 - Present but not disrupting in daily life 3 - Disrupting daily life
Panduta	0 - Absent 1-Mild pallor to Moderate pallor 2-Severe pallor
Bhrama	0 - Absent 1 - Getting vertigo in position change 2 - Positional Vertigo with vomiting able to sit. 3- Cannot even sit
Pralapa	0 - Normal talk 1 - Relevant talk with 5 - 10 words per minute 2 - Relevant talk with 10 - 15 words per minute 3 - Irrelevant talk.
Shareera Kampa	0 - Absent 1 - Occasionally present 2 - Present but not disrupting in daily life 3 - Disrupting daily life
Mandagni	0- Absent 1-Occasionally present 2-Regularly present 3-No appetite
Weakness	0 - Absent 1 - Occasionally present 2 - Present but not disrupting in daily life 3 - Disrupting daily life
Laziness	0 - Absent 1 - Occasionally present 2 - Present but not disrupting in daily life 3 - Disrupting daily life

### Effect of Guduchyadi Yoga on symptoms of Madatyayaja Yakrit Vikara.

In GY group, it was observed that statistically highly significant improvements were seen in Aruchi i.e 69.06% improvement, 54.11% in Hrillasa, 83.5% in Chardi, 56.25 % in Prajagara, 57.98% in Shareera kampa, 51.17% in Mandagni, 61.25% in weakness and 77.45% in laziness with  $p < 0.001$ . 62.5% ( $p < 0.02$ ). relief in Panduta. Statistically insignificant result with  $p > 0.10$  was observed in Mandajvara. Though it is insignificant, given 75% relief in Mandajvara. (Table. 1)

Table :1

Table showing the effect of Guduchyadi Yoga on symptoms of Madatyayaja Yakrit Vikara.

S No	Symptoms	Mean		Diff. Mean	% of Relief	SD	SE	T	p
		BT	AT						
1	Aruchi	2.812	0.87	1.942	69.06	0.442	0.110	17.51	<0.001
2	Hrillasa	2.31	1.06	1.25	54.11	0.68	0.17	7.31	<0.001
3	Chardi	2.00	0.33	1.67	83.5	0.89	0.23	7.17	<0.001
4	Prajagara	2.56	1.12	1.44	56.25	1.03	0.25	5.57	<0.001
5	Manda jvara	2.00	0.50	1.5	75.00	0.70	0.50	3.0	>0.10
6	Panduta	2.00	0.75	1.25	62.5	0.50	0.25	5.00	<0.02
7	Bhrama	2.00	1.00	1.00	50	0.00	0.00	5.57	<0.001
8	Pralapa	3.00	1.00	2.00	66.66	0.00	0.00	7.27	<0.001
9	Sharira Kampa	2.38	1.00	1.38	57.98	0.65	0.18	7.67	<0.001
10	Mandagni	2.56	1.25	1.31	51.17	0.60	0.15	8.72	<0.001
11	Weakness	2.40	0.93	1.47	61.25	0.83	0.21	6.81	<0.001
12	Laziness	2.44	0.55	1.89	77.45	0.78	0.26	7.24	<0.001

**Effect of Guduchyadi Yoga on Liver function test:** In GY group, it was observed that statistically highly significant improvements were seen in Total bilirubin level i.e 20.0% improvement, 27.69% in Direct bilirubin, 27.42% in SGPT and 8.3% in Total proteins with p value <0.001. Statistically significant improvements were seen in SGOT with 21.79% (p<0.05), Indirect bilirubin with 20.51%, Albumin with 14.83%, pus cells with 37.0% (p<0.01) and USG Abdomen with 21.42%. (Table.2)

Table:2

Table showing the effect of Guduchyadi on Liver function Test.

S. No	Test	BT	AT	Mean Diff	% of Relief	SD	SE	T	p
1	Total Bilirubin	1.05	0.84	0.21	20.0	0.13	0.03	5.94	<0.001
2	Direct	0.65	0.47	0.18	27.6	0.10	0.02	6.92	<0.001
3	Indirect	0.39	0.31	0.08	20.5	0.11	0.02	2.93	<0.01
4	SGOT	63.9	49.9	13.9	21.7	14.5	3.6	3.83	<0.05
5	SGPT	57.6	41.8	15.8	27.4	13.2	3.3	4.76	<0.001
6	Total Proteins	6.8	6.20	0.57	8.30	0.50	0.13	4.16	<0.001
7	Albumins	3.37	2.80	0.5	14.8	0.40	0.12	3.72	<0.01
8	Pus cells	1.27	0.80	0.4	37.0	0.50	0.13	3.50	<0.01
9	USG- Ab	1.12	0.88	0.2	21.4	0.40	0.1	2.23	<0.05



### Overall effect of Guduchyadi Yoga on 16 Patients of Madatyayaja Yakrit Vikara.

In this group, consideration of overall improvement showed that the maximum patients i.e 75.0% moderate improvement, 18.75% got mild improvement and 6.25% patients got marked improvement. (Table 3)

Table:3

Table showing the Overall effect of Guduchyadi Yoga on 16 Patients of Madatyayaja Yakrit Vikara.

Effect	No. of Patients	%
Complete remission	00	00
Marked Improvement	01	6.25
Moderate Improvement	12	75.0
Mild Improvement	03	18.75
Unchanged	00	00

### Discussion :

Guduchyadi Yoga acts as Deepaka- pachaka, Agni deepaka and Vatanulomaka property. Tikta rasa of Guduchyadi yoga acts as Pitta shamaka, Rasayana. These qualities of Guduchyadi Yoga may have provided relief in symptoms. As the Liver is one of the major organ related to digestion, metabolism and detoxification. Guduchyadi Yoga contains Deepana, Pachana and Srotoshodhan drugs which improves the function of liver and Tikta rasa does Pitta rechana and Pitta shamana, hence the significant improvement was seen in all the parameter of Liver Function test in GY, and the virechaka property of Guduchyadi Yoga helps in minimizing the Udara lakshanas, as that it helps in the positive improvements in USG Abdomen.

### Conclusion:

1. Guduchyadi Yoga possess Pitta Rechaka and Rasayana Property.
2. Guduchyadi Yoga can be successfully administered in mild and moderate stages of Madatyayaja Yakrit Vikara.

### Bibliographic references :

1. **Charaka:** Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with the Ayurveda - Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, Munshiram Manoharlal Publishers Pvt. Ltd. Fifth edition 1992, Chikitsa Sthana 24/59.
2. **Kaplan & Sadock:** Comprehensive textbook of psychiatry, Lippincott Williams & Wilkins publication eighth edition, 2005, 11.2 Alcohol - Related Disorders, Page No - 1168.
3. **Ibid;** Page No - 1172
4. **Charaka:** Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with the Ayurveda - Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, Munshiram Manoharlal Publishers Pvt. Ltd. Fifth edition 1992, Chikitsa Sthana 24/107

5. **Sushruta:** Sushruta Samhita with Nibanda Sangraha Commentry of Sri Dalhanacharya, edited by Vaidya Jadavji Trikamji Acharya. Chaukhambha Orientalia Varanasi, Seventh edition 2002, Uttarantra 47/17.
6. **Charaka:** Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with the Ayurveda – Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, Munshiram Manoharlal Publishers pvt. Ltd. Fifth edition 1992, Chikitsa Sthana 24/108
7. **Ibid;** Chikitsa Sthana 24/177
8. **Ibid;** Chikitsa Sthana 24/178
9. **Kaplan & Sadock:** Comprehensive textbook of psychiatry, Lippincott Williams & Wilkins publication, eighth edition, 2005, 11.2 Alcohol – Related Disorders, Page No - 1176.
10. **Amarasimha:** Amarakosha with Ramasrami commentary of Bhanuji Diksita edited by Pt. Haragovinda Sastri, . Chaukhambha Sanskrit Sansthan Varanasi, Fourth edition 2001, 3/2/12 page no. – 530.
11. **Charaka:** Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala with the Ayurveda – Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavji Trikamji Acharya, Munshiram Manoharlal Publishers pvt. Ltd. Fifth edition 1992, Sutra Sthana 15/15

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# Preventive & Curative Aspects of Various Disorders Through SURYA NAMASKAR

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Yog therapy is a practical & natural process, cure is permanent, through this process, it may sometimes be slow and time consuming.

Generally, the approach of Yoga is curative as well as preventive. Regular practice of Yoga ensures sound health throughout life for an individual and also provides insurance against the onslaughts of chronic diseases in the later part of one's life.

If there is not much time to practice Asanas, Pranayam & meditation. Surya Namaskar alone can ensure the benefits of all types of Yogic Practices.

## The Best Time To Practice

- In order to derive maximum benefit, Surya Namaskar should be practiced early in the morning before sunrise i.e. Brahmamuhurt.
- During this time mind is fresh and meditation can be taken up first. Atmosphere is calm, peace and filled with fresh Oxygen.

## The Best Place To Practice

- It should be practiced in well-ventilated, clean & airy room, free from insect and noise. Floor of the room must be even. The room should be spacious enough for free movement of all limbs.
- In order to derive greater benefit it should be practiced on the sands of rivers, in open place or by sea side.
- When Surya Namaskar is practiced in open & high places then during synchronized

breath each and every organ of the body is supplied with fresh oxygen, sluggish glands are activated & detoxification of the organ takes place.

## The Best Direction of Practicing

- Preferably this is performed facing the rising sun, in the spirit of devotion. If due to one or other reason person is unable to watch rising sun then he practice Surya Naamaskar facing the east.
- The Sun is central source of energy in our solar system.
- Its warmth; brilliance and purity take the form on earth vital life energy.
- The series of exercise & facing the sun activates the endocrine glands and the Chakras (vortexes through which the vital life energy or prana is channeled in to us) emerging the entire body in a balanced way.

## Cloth Worn While Practicing

- One should wear comfortable and loose cotton clothes while practicing.
- Clothes should be light in colour & clean.
- If tight cloths are wore then, during practicing continuous friction in body occurs and movements of limbs are affected.

## Cold water Bath

- Before practicing Surya Namaskar one should refresh himself. Cold water bath is preferred before practicing.

- A cold water bath invigorates the nervous system & promotes effective blood circulation. According to weathers & individual requirement of temperature of the water is changed.

- It is better to take bath before practicing because early morning body is stiff enough & it is difficult to perform advance asana but after bath body gains flexibility to perform different postures. Bath is not only refreshes body it refreshes mind also.

### Synchronization of Breath

- In each postures of Surya Namaskar, breath should be properly synchronized.

- The main objective of any deep breathing is the absorption of oxygen in to the body in maximum extent.

- In synchronized breathing the lungs being filled with fresh air and thereby, the quantum of air at the residue level is considerably changed.

- In rhythmic breathing, the practitioner should imagine that with each inhalation, he is drawing in an increased supply of oxygen from the universal supply, which will be taken up by the nervous system and stored in the solar plexus & with each inhalation oxygen is distributed to all parts of the body.

- During breathing, deficiency of RBCs in the blood can be corrected and abnormal increase of eosinophills can be reduced.

- Patches in the lungs disappear, a sluggish liver and bowel can be reactivated, the vitality index rises and hormonal as well glandular imbalances rectified.

### Activate the Subconscious Mind

Since it is an excellent Asana for general improvement of health and longevity, one may make the following suggestions to oneself while performing this Asana.

### Suitability

- Suitability for all, particularly women, who can derive considerable benefit from this Asana.

- Men & women of all age group can practice it for all-round development of their personalities.

### Postures of Surya Namaskar

Stand facing the direction of the sun with both feet touching. Bring the hands together, palm - to - palm, at the heart level.

#### (1) Pranam Asana (Prayer Posture)

- In this posture bring your awareness to the heart centre by reaching mantra "Om Mitray Namah".

- Exhale in his posture & concentrate on rising Sun and imagine that energy from Sun is entering in my body & activating central sources of energy present in my body.

#### (2) Hasta Uttan Asana (Raised Arms Postures)

Inhale and raise the arms upward. Slowly bend backward, stretching arms above the head.

- Inhale deeply by reciting mantra "Om Ravaye Namah".

- Bring your awareness to the throat centre.

- In this posture Abdominal muscles are pulled & thereby strengthened when body bends backward.

- This posture also helps in strengthening of the muscles of the lower limb.

- There is stretching of abdomen, which is also helpful in reducing abdominal gut.

#### (3) Pada Hasta Asana

Exhale slowly bending forward, touching the earth with respect until the hands are in line with the feet, head touching knees.



- Exhale by reciting mantra "Om Suryay Namah".

- Bring your awareness to root of spine.

- In this posture muscles of the back and lower limb stretches fully & blood circulation increases.

- When body bends down then due to gravitational force flow of blood increases in upper limb, face & brain cells revitalizing, facial complexion increases.

#### (4) Aswasanchalalana Asana (Equestrian Posture)

Inhale and move the right leg back

away from the body in a wide backward step. Keep the hands and feet firmly on the ground, with the left foot between the hands and raise the head.

- Inhale by reciting mantra "Om Bhanve Namah".

- Concentrate on forehead centre.

- In this posture due to pressure in lower abdomen, fat is reduced which is beneficial for ladies in easy child birth.

- In this posture whole body is supported by knee joints toes, which strengthens whole joints of limbs & decreases lactic acid deposition.

- Due to bending forward back of the body is stretched which tones up vertebrae & increase blood circulations of the back.

#### (5) Parvata Asana (Mountain Posture)

While exhaling, bring the foot together with right. Keep arms straight, raise the hips and align the head with the arms, forming an upward arch.

- Exhale by reciting mantra "Om Khagay Namah".

- Bring your awareness to the neck centre.

- In this posture back stretches which cures kidney trouble by strengthening the back.

- Due to force for gravity when buttock is raised then it boosts blood supply to the entire spinal area and there by strengthens the heart, lungs, liver, stomach, kidney & bowel.

- Since whole body weight is on limbs therefore this help in strengthening of limbs.

#### (6) Astanga Namasskar Asana (Salute With Total Surrender Posture)

Exhale and lower the body to the floor until the feet, hands, chest and forehead are touching the ground.

- Don't breath & recite mantra "Om Pushne Namah".

- Bring your awareness to the Navel.

- In this posture 8 prts of the body is in dissent contact with gravity, which provides massaging effect to all the internal organs & invigorate their functions.

#### (7) Bhujanga Asana (Cobra Posture)

Inhale and slowly raise the head and bend backward as much as possible, bending the spine to the maximum.

- Inhale by the reciting mantra "Om Hiranya Garbhaya Namah".

- Bring your awareness to root of spine.

- In this posture abdominal muscles are pulled and thereby strengthened.

- Due to extension of abdomen & chest, it helps in reducing abdominal fat & chest; it helps in reducing abdominal fat & expansion of chest.

- Due to flexion of back helps in toning of muscle of spine, tendons, ligaments, nerves & blood vessels of spinal region are also toned up.

- In this posture thoracic cavity widens

& full expansion of lungs occur which increases breathing power.

- This posture is more beneficial for females in sexual disorders like leucorrhoea, dysmenorrhoea and also tones up ovaries and uterus and organs of abdominal region.

### (8) Parvat Asana

While exhaling, bring the left foot together with the right. Keep arms straight, raise the hips and align the head with arms, forming an upward arch.

- Exhale by reciting mantra "Om Marichaye Namah".
- Bring your awareness of the neck centre.

### (9) Ashwasanchalana Asana

Inhale and move the right leg back away from the body in a wide backward step. Keep the hands and feet firmly on the ground with the left foot between the hands and raised the head.

- Inhale by reciting mantra "Om Aadityay Namah".
- Bring your awareness to root of spinal column.

### (10) Pada Hasta Asana

Exhale slowly bending forward

, touching the earth with respect until the hands are in line with the feet, head touching knees.

- Exhale by reciting mantra "Om Savitre Namah".
- Bring your awareness to root of spinal column.

### (11) Hasta Uttan Asana

Inhale and raise the arms upward. Slowly bend backward, stretching arms above the head.

- Inhale by reciting mantra "Om Arkay Namah".
- Bring your awareness to neck centre.

### (12) Pranamasana

Stand facing the direction of the sun with both feet touching. Bring the hands together, palm-to-palm, at the heart.

- Exhale by reciting mantra "Om Bhaskaraye Namah".
- Bring your awareness to heart centre.

This concludes one round of Surya Namaskar. After performing this Asana it is necessary to relax by doing shava Asana.

This Asana includes calmness of mind. It is best antidote for stresses of modern life.



# "DETERMINATION OF IN VITRO ANTIFUNGAL SUSCEPTIBILITY TESTING OF *Cassia tora* Linn"

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The pattern of skin disease affecting both the sexes and all age groups, demonstrates its occurrence between 20-30 % of the total population in developing countries like India, China etc. due to poverty, unhygienic conditions, contaminated food, water and soil etc. skin disease show higher incidences of occurrence like Scabies, Pyodermas, Superficial fungal infection, Pediculosis, Parasitic and Viral infections e.t.c are disease of a poor economy. Among their skin diseases, fungal infection, which are contagious in nature. Shows more privilege of affection to mankind. Factors like education, improved hygiene and sanitation, eradication of vectors disease, improved economic conditions whose role in determining the pattern of skin diseases can be observed.

Fungal infection is also one among the skin disorder. It is of 3 types, superficial, subcutaneous and systemic. There are many drugs used as antifungal in modern medicine like miconazole, clotrimazole, fluconazole etc. but have many adverse effects such as local irritation, nausea, headache, pruritis, GI disturbances etc.

Until recently the incidence of life threatening fungal infections was considered to be too low to warrant extensive research, however over the last two decades infections caused by the fungi have emerged as a growing threat to human health, and there are studies indicating that the situation will become worse in the near future.

There is strong need to study the anti fungal activity of herbal plants, due to increased resistance to existing modern drugs and significant rise in fungal infections.

In Ayurveda all the skin diseases are mentioned under Kusta chapter having vast description about causative factor, manifestation and management. Many medicines are explained for Kusta, even many formulations for different kusta contains *Cassia tora* Linn as one of the ingredient.

This *Cassia tora* Linn is annual herb, grows widely and abundantly, throughout India. So it becomes easy for procurement and even it is economical compared to modern medicines. It has been claimed in charaka samhita and few nighantu's that leaves of *Cassia tora* Linn cures the Kusta, Dadru and Kandugnata. As disease is born with human there is always a research for safest and curative drugs.

## MATERIALS AND METHODS:

*Cassia tora* Linn ( Family: Leguminosae & Sub family : Caesalpiaceae) was collected and identified from local area. The *Cassia tora* Linn is weed available all over the roadside collected and used for the experiment work.

### Preparation of plant extract:

*Cassia tora* Linn leaves sample was collected and dried in shade and powdered with hand (crude powder). The powder is used for the Ethanol extract in Soxhelt apparatus at 60° C. The solvent was completely removed by rotary vacuum evaporator. The extract was freeze- dried and stored in vacuum desiccators.

**Chemicals:** All chemicals used were of analytical grade. The pharmacognostical & phytochemical experiment as well as in vitro study were carried in the ICMR Belgaum, Karnataka.

**A) Drugs:**

- 1) Chakramarda Extract of new and old (1 year old).
- 2) Freshly prepared juice
- 3) Freshly prepared kashaya and
- 3) Fluconazole

**B) Micro organisms**

- a) *Candida albicans*
- b) *Aspergillus Niger*.

**C) Chemicals**

Potato Dextrose agar media, Soya bean casein digest medium Twin 80 suspending agent. Distilled water and Surgical Spirit.

**D) Equipments:**

Distillation apparatus, Water bath, Petri dish, Loops and loop holder, Borer, Hot air oven, Autoclave, Incubator, Spirit lamp, Cotton, Digital balance and Test tubes,

**METHODS:**

**Antifungal analysis was carried by cup-plate method. The anti-fungal activity study was conducted with the following procedures at REGIONAL MEDICAL RESEARCH CENTRE (Indian Council of Medical Research) Neharu Nagar, Belgaum.**

**In Vitro Antifungal activity of *Cassia tora* Linn**

**Procedure:**

The antifungal activity of *Cassia tora* Linn leaf extracts of new and old, fresh juice and kashayas were tested against

- 1) *Candida albicans*.
- 2) *Aspergillus Niger*

By cup and plate method

Identification of cultures was tested by microscopical examination.

**A. Preparation of test Solutions:**

The ethanol extract of *Cassia tora* Linn is partially soluble in distilled water, so the extract was dissolved in distilled water and the remnant substance is made suspending with the help of Twin – 80 suspending agent. Even standard drug, fresh swarasa and kashaya were also suspended in same suspending agent.



**B. Preparation of Medium (Growth)** Soya bean casein digest medium 15gm was dissolved in 500ml of distilled water Boiled for 15mins and allowed to cool. Then 100ml was then transferred to each conical flask and sterilized in autoclave at 15 lbs pressure for 20mins.

**C. Preparation of agar media**

Potato dextrose agar 40gm is dissolved in 1000ml of distilled water then it is boiled for 20mins then allowed to cool. And Sterilized in autoclave at 15lbs pressure for 20 minutes.

**D. Preparation of Inoculums:**

A Loopful of the organisms were emulsified in 100ml sterile growth media and incubated for 72 hrs at 37°C.

**E. Preparation of Agar Plates:**

- The inoculums prepared above was added to flask containing potato dextrose agar medium at a temperature of 37°C
- Poured immediately this medium into sterile dry Petri dishes on a level surface to a depth of 5mm (approximately 50ml)
- Plates are allowed to solidify at room temperature for 12 hours.
- Incubated some plate at 35°C for 24hours to check sterility.
- With the help of sterile borer (5mm diameter) Cylinder were made in agar plates with centre at least 24mm apart.
- A uniform volume of test solutions, new extract and old extract of 20mg, 15mg, 10mg, fresh juice and fresh kashaya of 100% and standard Fluconazole (0.5mg and 1mg) of 0.5ml were added in each cylinder under strict aseptic condition.
- After 30mins agar plates were incubated at 37°C for 72hrs.
- Zone of inhibition was measured after 24 hrs and 48 hrs. Inhibition from one edge to other edge of zone. Using millimeter scale. The end point of inhibition was where growth starts.

**Interpretation of results:**

**A) In General:**

Results were reported by the type of reaction shown by samples on test organism.

- a) Sensitive (S) Zone diameter wider than 8mm
- b) Inter mediator (I) zone diameter wider than 6mm to within 8mm
- c) Resistant (R) No zone of inhibition or smaller than 6mm.

**B) With control Group:**

According to the measurements of zone size three categories of sensitivity can be recognized

- 1) Sensitive – the zone of size of the test strain measured as described above is larger than equal to or not more than 3mm smaller than that of control strain.

- 2) Resistant – the zone size of the test strain is smaller than 3mm.
- 3) Intermediate – The zone size of the test strain is at least 3mm but also 3mm smaller than that of the control strain.

## **OBSERVATION ANTI FUNGAL EFFECT OF Cassia tora Linn LEAF**

### **I. Observation of New Extracts:**

New and Old extract of Cassia tora Linn has shown 96.79% solubility in distil water solution. The remaining 3.21% of the extract which is undissolved in the distil water is made suspended with the help of Twin-80 suspending agent. In this study 6.66% of Twin-80 suspending agent was used as vehicle. Each test drug of 0.3ml contains Twin-80 suspending agent of 6.66% and 20 mg of New and Old extract. The different volumes of the test soln. like 0.3ml, 0.25ml and 0.125ml of were used for the study as 0.3ml was the maximum filled quantity in the bore made during the antifungal activity. 0.3ml of soln. contain 20mg of Cassia tora new extract and 0.25ml contain 15mg of Cassia tora new extract and 0.125ml contains 10mg of the test drug in it. 0.3ml 0.25ml and 0.125ml were subjected for anti-fungal activity along with plain 6.66% Twin-80 suspending agent solution as control group.

0.3ml of plain 6.66% Twin-80 suspending agent has shown average of 12.33mm of zone of inhibition against *Candida albicans*, average of 12.33mm of zone of inhibition against *Aspergillus niger*.

Flucanazole was used as standard drug in the study. 0.3ml of Flucanazole solution was used which contains 500µg and 1000µg.

10mg of New extract has shown average of 20.33mm of zone of inhibition against *Candida albicans* and 19.33mm of zone of inhibition against *Aspergillus niger*.

15mg of New extract has shown average of 20.33mm of zone of inhibition against *Candida albicans* and 21 mm of zone of inhibition against *Aspergillus niger*.

20mg of New extract has shown average of 23mm of zone of inhibition against *Candida albicans* and 22.66 mm of zone of inhibition against *Aspergillus niger*.

### **II. Observation of Old Extract:**

10mg of Old extract has shown average of 19.67mm of zone of inhibition against *Candida albicans* and 21.66mm of zone of inhibition against *Aspergillus niger*.

15mg of Old extract has shown average of 20.67mm of zone of inhibition against *Candida albicans* and 21.33 mm of zone of inhibition against *Aspergillus niger*.

20mg of Old extract has shown average of 21.33mm of zone of inhibition against *Candida albicans* and 24 mm of zone of inhibition against *Aspergillus niger*.

### **III. Observation of Fresh Swarasa:**

The freshly extracted swarasa has made suspended in 6.66% of Twin-80 suspending agent, the 0.3ml of this 100% fresh juice has shown average of 22.67mm of zone of inhibition against *Candida albicans* and 21 mm of zone of inhibition against *Aspergillus niger*.



**IV. Observation of Fresh Kashaya:** The freshly prepared Kashaya has made suspended in 6.66% of Twin-80 suspending agent, the 0.3ml of this 100% freshly prepared Kashaya has shown average of 26mm of zone of inhibition against *Candida albicans* and 22 mm of zone of inhibition against *Aspergillus niger*.

**V. Observation of Standard drug:**

Fluconazole was taken as standard drug for all types of test drugs. 500µg and 1000µg of Fluconazole has shown average 23.33 mm and 23.67mm of zone of inhibition against *Candida albicans* respectively, 23.66mm and 23mm of zone of inhibition against *Aspergillus niger* respectively.

**IV. Observation of Control group:**

0.125ml of control drug has shown average of 11.33mm of zone of inhibition against both *Candida albicans* and *Aspergillus niger*.

0.25ml of control drug has shown average of 12mm of zone of inhibition against *Candida albicans* and 11.33 mm of zone of inhibition against *Aspergillus niger*.

0.3ml of control drug has shown average of 12.33mm of zone of inhibition against both *Candida albicans* and *Aspergillus niger*.

**DISCUSSION ON EXPERIMENTAL STUDY:**

**Antifungal Activity:-**

This study was carried out on fungi species of *Candida albicans* and *Aspergillus niger*. It was carried out by cup and plate method.

The trial drug is used in the form of crude extracts of new and old, fresh Swarasa and kashaya of Cassia tora and the same has been compared with well known Fluconazole as Standard drug and 6.66% of Twin 80 as a control group. In the present study, an attempt was made to find out better efficacy of trial drug in Antifungal activity.

The zones of inhibition were recorded on 24 hours and 48 hours of incubation. But the results were compared after 48 hours total incubation. Their means are directly compared with known standard and control groups. While comparing with the 24 and 48 hours of incubation of organisms, the fresh Swarasa and kashaya were good on 24 hours but they are not much inhibiting on the 48 hours with comparing to both new, old extracts and standard drug. But the new, old extract and standard drugs are potent on second day too.

The interesting thing about the new and old extract, was that the old extract was more potent for *Aspergillus niger* with compared to *Candida albicans*. But the one year stored extract was having the same active ingredient with compare to new one.

In our study, the ethanol extract of new and old as well as fresh Swarasa and fresh kashaya were sensitive to both the organisms with comparing to modern standard drugs and the control group.

**CONCLUSION:**

- This trial drug is easily available and it does not possess any sort of side effects or toxic effects by external and internal use. So it is found to be a safe remedy.
- In the Phytochemical study, the trial drug indicates the presence of Sterols and Glycosides as main

Phytoconstituents.

➤ The *Cassia tora* Linn either in extract form, fresh Swarasa or Kashaya form showed significant effect as Antifungal activity against both *Candida albicans* and *Aspergillus niger*. Hence, the official part of *Cassia tora* Linn i.e. patra is having Antifungal property.

Antifungal sensitivity testing of different concentrations of New extract, Old extract, fresh juice, fresh kashaya ,Standard drug and Control (3 reading has been taken and mean was taken as reading for the study)		
Test drugs	Test Organisms	
	C.A	A.N
<b>I1. New Extract</b>		
i). 10mg	20.33 +_ 0.67	19.33+_ 0.33
ii) 15mg	20.33+_ 0.69	21.33+_ 1.12
iii) 20 mg	22.00+_ 1.12	22.66+_ 1.59
<b>I1. Old Extract</b>		
i). 10mg	19.67 +_1.02	21.67 +_1.11
ii) 15mg	20.67 +_1.21	21.33 +_1.02
iii) 20 mg	21.33 +_0.98	24.00 +_1.48
<b>II. Fresh Swarasa</b>		
i). 100%	22.67 +_ 1.23	21.00 +_1.23
<b>II. Fresh Kashaya</b>		
i). 100%	26.00 +_0.78	22.00 +_1.10
<b>I1. Standard drug</b>		
i). 500µg	23.33 +_1.02	21.00 +_1.21
ii) 1000µg	23.67 +_1.21	23.00 +_1.24
iii) 20 mg	26.66 +_1.33	25.00 +_1.23
<b>II. Control Group</b>		
i). 0.125ml	11.33 +_0.12	11.33 +_0.10
ii) 0.25ml	12.00 +_0.13	11.33 +_0.11
iii) 0.3ml	12.33 +_0.12	12.33 +_0.11

## RECOMMENDATIONS

1. Study on isolation of phytoconstituents of *Cassia tora* can be carried out.
2. Clinical study on fungal diseases can be studied by using *Cassia tora* extract.
3. Experiment can be carried out for different stains of organisms.

## ACKNOWLEDGEMENT:

The author is grateful to the Director and all staff of REGIONAL MEDICAL RESEARCH CENTRE (Indian Council of Medical Research) Neharu Nagar, Belgaum.

Those who helped me in whole experiment work in there premissis.

**KEY WORDS:** *Cassia tora*, Antifungal activity, *Candida albicans*., *Aspergillus Niger*

## ABSTRACT:

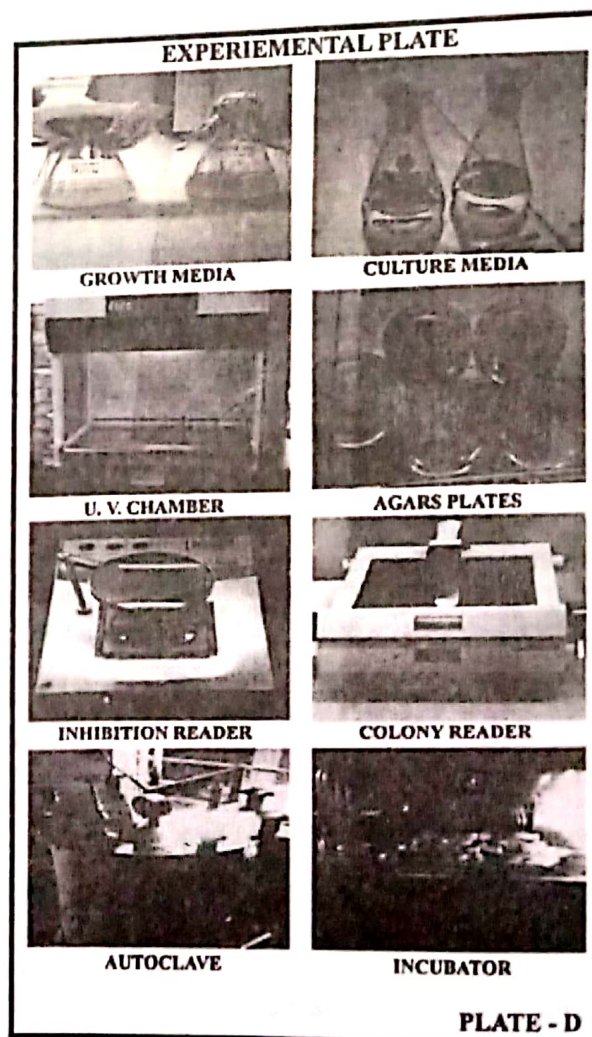
The pattern of skin disease affecting both the sexes and all age groups, demonstrates its occurrence between 20-



30 % of the total population in developing countries like India, China etc. due to poverty, unhygienic conditions contaminated food, water and soil etc. skin disease show higher incidences of occurrence like Scabies, Pyoderma, Superficial fungal infection, Pediculosis, Parasitic and Viral infections e.t.c are disease of a poor economy. Among their skin diseases, fungal infection, which are contagious in nature. Shows more privilege of affection to mankind.

In present antifungal activity of Cassia tora was studied and evaluated by cup and plate (Mueller and Hinton Agar) method.

This study was carried out on fungi species of *Candida albicans* and *Aspergillus niger*. In methodology covering detailed description of materials and methods used for carrying out experimental study. Experimental protocol, mode of usage of drug form, etc has been described under respective headings. Observation from the experimental study its statistical analysis and obtained results were mentioned in separate headings. Under heading results were suitably tabulated and statistically analyzed in comparison with standard, control and between old extract, new extract, Swarasa and Kashaya. Mean of Zone of inhibition were compared with standard and control group.



## REFERENCES:

1. Umapati Mishra, Dravya Guna Samgrah, Varanasi: Choukambha Surabharati Prakashan, 1998:
2. Acharya Y.T. Dravya Guna Vijnanam, (II Vol), IVth ed, Varanasi: Shree Sharma Ayurveda Mandira, 182 pp.
3. Kirthikar and Basu's, Indian medicinal plants, (vol-IV), 3<sup>rd</sup> ed., Delhi: Sathaguru publications, 1935:1227pp.
4. Vasistha P.C. Taxonomy of Angiosperms, 2<sup>nd</sup> ed., New Delhi: G.S. Sharma proprietor and co1974:pp
5. Pharmacognosy of Indigenous Drugs, (Vol I), NewDelhi: CCRS, 1999:199pp.
6. Kirthikar and Basu's, Indian medicinal plants, (vol-IV), 3<sup>rd</sup> ed., Delhi: Sathaguru publications, 1935:1227pp.
7. Priti Shukla & Shital P Mishra, An Introduction to Taxonomy of Angiosperms, Vikas Publising House, 2003: 242pp.
8. Shastri S. N. Charaka Samhita of Agnivesha. (part-I), 5<sup>th</sup> ed., Varanasi: Choukambha Bharti Academy, 1989:59 pp
9. Gogate V.M, Ayurvedic Pharmacology & Therapeutic uses of Medicinal plants, English version, 1<sup>st</sup> ed., Mumbai: Bharati Vidhya Bhavan, 2000: pp.
10. Pharmacognosy of Indigenous Drugs, (Vol I), NewDelhi: CCRS, 1999:199pp.
11. Gogate V.M, Ayurvedic Pharmacology & Therapeutic uses of Medicinal plants, English version, 1<sup>st</sup> ed., Mumbai: Bharati Vidhya Bhavan, 2000: pp.
12. Kirthikar and Basu's, Indian medicinal plants, (vol-IV). 3<sup>rd</sup> ed., Delhi: Sathaguru publications, 1935:1227pp.
13. Kurian J.C. Plant That Heal,
14. Shastri S. N. Charaka Samhita of Agnivesha, (part-I), 5<sup>th</sup> ed., Varanasi: Choukambha Bharti Academy, 1989:59 pp.
15. Shastri Ambhikadatta, Sushruta Samhita, (vol-I), 1<sup>st</sup> ed., Varanasi: Choukambha Sanskrit Samsthan 1995: 50pp.
16. Pharmacognosy of Indigenous Drugs, (Vol I), NewDelhi: CCRS, 1999:199pp.
17. Priti Shukla & Shital P Mishra, An Introduction to Taxonomy of Angiosperms, Vikas Publising House, 2003: 242pp.
18. Shrikanth Murthy. K.R.Madhava nidana.Choukhambha Orientalia, Varanasi. 1<sup>st</sup> edition: 1993:159-162.
19. R.G.Valia, Textbook and atlas of Dermatology.Bhalani Publishing house Mumbai. 2<sup>nd</sup> edi: 2001: I: 246- 247pp.
20. A.C.Ritchie, Boyd's Textbook of Pathology, Lea and Febiger, London. 9<sup>th</sup> edi: 1990: I: 461-490pp.
21. R.G.Valia, Textbook and atlas of Dermatology.Bhalani Publishing house Mumbai. 2<sup>nd</sup> edi: 2001: I: 246- 247pp.



22. R. Anantanarayan, Medical Microbiology, Orient C.K. Jayaram Panikar Longman Ltd. Chennai, 5<sup>th</sup> edi :1997: 561-577pp.
23. Satoskar R.S. Fungisides Pharmacology and Bhandarkar S.D. Pharmacotherapeutics. Popular Prakashan. Bombay. 8<sup>th</sup> edi, :1983:II:692-696.
24. R.G. Valia, Textbook and atlas of Dermatology. Bhalani Publishing house Mumbai. 2<sup>nd</sup> edi: 2001: I: 246- 247pp.
25. K.D. Tripathi, Essentials of Medical Pharmacology. Jaypee brothers medical publishers, 3<sup>rd</sup> edi, 1995:714-715pp.
26. WHO Model prescribing, Information skin diseases, Pub: World Health Organization, Geneva. Academic publishers, 1<sup>st</sup> edi:1998:78-79pp.
27. K.D. Tripathi, Essentials of Medical Pharmacology. Jaypee brothers medical publishers, 3<sup>rd</sup> edi, 1995:714-715pp.
28. C.K. Kokate and et. Al. Analytical Pharmacognosy. Publication : Nirali Prakashan Pune. 1<sup>st</sup> Edition:1990: 122-124:111,112,120pp.
29. Rastagi R.P, compendium of Indian medicinal plants By Rastagi R.P, Mehrotra B.N, (vol-II), 1<sup>st</sup> ed., New Delhi: National Institute of Science Communication New Delhi:1998:395pp.

**Websites:**

- 1) <http://www.herbs.org>. 2) <http://www.google.com>.  
 3) <http://www.ayurveda.com>. 4) <http://www.ask.com>. 5) <http://www.herbs.com>.

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# **A Glimpse of** **THYROID DISORDERS and AYURVEDA**

**By Dr D.V. Gupta**

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Thyroid problems especially hypothyroidism has become a global problem and the incidence is spreading like diabetes mellitus. Iodine deficiency in food is considered as the main causative factor (though there are so many other factors also) in inducing hypothyroidism. Intake of iodinated salt has been advised to the consumers in the iodine deficient areas. Delhi has been declared as an iodine deficient area. The use of iodinated salt has been made mandatory in this region by an act passed by Parliament, Government of India.

Thyroid is one of the endocrine glands located in the neck on both side of trachea near Adam's apple. It is a butter fly shaped, blobbed, highly vascular structure, and is the largest gland in the neck. It secretes three types of hormones i.e. T3 (tri-iodo-thyronin), T4 (tetra iodo-thyronin, Thyroxine) and calcitonin. Underactive or overactive state of this gland is called as hypothyroidism and hyperthyroidism respectively. The treatment modality in modern medicine in both the cases is to administer pro thyroid or anti thyroid drugs like thyroxine in the former and neomercazole in the later. Undoubtedly the present day drug regimen in both cases is quite safe and effective. But it has been observed that some of the patients population, does not feel symptoms free (though their thyroid profile is with in the normal range after hormone replacement therapy in hypothyroid patients) and seek some other option to allay these symptom and consider ayurveda as the next option. These patients approach specialists from other school of medicine. Some of them take the opinion from ayurvedic specialists for a better treatment.

During the process of a intensive research in Ayurvedic literature, it has been concluded that by balancing the Dhatu-agnis, (especially the medaj agni) Doshas, Malas and Buddhi (mental status) the problem seemed to be solved. Agni or the energy produced in the body in a natural way by consuming digestible, eco friendly food and by modifying the life style, hypometabolic activity can be brought to a balanced state. The digestive fire thus produced will trigger all agnis in all the tissues of the body in a stabilized way and a state of euthyroidism is produced. According to Ashtang Hridya Nidan 12/1, "Roga: sarve-api Mandagnow", the root cause of all the diseases is low digestive fire. The same theory in treating hypothyroidism has been applied in this study.

The problem of hypothyroidism can be tackled easily with the help of ayurvedic preparations and its philosophy without administering thyroxine. The depletion of calcium from bones which is the after effect of thyroxine replacement therapy and is the causative factor of early osteoporosis can be avoided, if Ayurvedic philosophy is followed judiciously. In a study conducted by the medical scientists it has also been observed that the prolonged use of thyroxine may induce mood disorder in some of the patients. After searching this problem in CHARAK, SUSHURT and ASHTANG HRIDAYA, it was assessed that the treatment modality in ayurvedic literature as mentioned with the categorization of galgand( goiter) as VATAJ, PITTAJ, MEDAJ and TIRDOSHAI with their symptoms is quite easy. Unfortunately this treatment is not fully followed by the practitioners of ayurveda now a days and sometimes feel frustrated while handling such patients due to lack of documentary proof and guidance. It might be practiced by some of the senior ayurvedic specialist in their day to day practice. Keeping the present



demand and situation in mind, a care full study was done and the terminology mentioned in the ancient books of ayurveda was compared with those of modern medicine. The use of Guggal preparations in such conditions definitely proves that the inflammatory process is continuing in the thyroid gland and there is a disturbance in the synthesis of thyroxine depict the symptoms of hypothyroidism or hyperthyroidism with or without goiter.

As per Ayurvedic text books the agnis (digestive fire) have been classified according to their intensities and a possible nomenclature was assigned to thyroid disorders as Samagni, Mandagni, Atyagni and Visham-agni. These metabolic states with low or high digestive fire were described as mentioned below for the sake of diagnosis and treatment.

Hypothyroidism - Mandagni ( low metabolism or low digestive fire), resultant effect is the feeling of hypothermia, constipation, increase in weight, Lethargy, Fatigability, Irritability, Solid Oedema of Feet,

Amnesia, Rough skin and loss of Hair etc). In this condition the thyroid profile is deranged i.e. T3, T4, are lowered and TSH is raised, anti thyroid anti bodies may or may not be raised.

Hyperthyroidism - Atyagni ( the symptoms are just opposite to hypothyroidism

Euthyroid - Samagni ( a balanced metabolism or the normal digestive fire in all

The sapt dhatus i.e. ras, rakt, .,mans, meda, Asthi, Majja and Shukra, Panch mahabhootas, prithvi, jal, tej, vayu and akash. Jather(digestive juice in stomach, jatheragni). The OJA is the resultant smartness and glory, indicative of the Euthyroid State of person.

Thyroid crisis - Vishamagni ( it is an emergency problem in which all the doshas are Vitiated and the patients needs hospitalization)

Treatment modalities were searched accordingly. The patient may suffer from simple goiter, nodular goiter, multi nodular and toxic goiter with or without hyper or hypothyroidism or thyroiditis and euthyroid. It is a very large topic and cannot be discussed in this bulletin, only preliminary ideas about thyroid disorders have been narrated to focus the attention of the readers that Hypothyroidism can be treated without administering Thyroxine (Eltroxine or thyronorm) with 40% to 50% curable rate, provided the anti bodies are not present in such hypothyroid patients. Anti thyroid anti bodies has also been nullified or minimized in many such patients with Ayurvedic preparations which are otherwise not done by the modern medicine and the patient has to take thyroxine through out his life. Thyroxine (T3, T4) secreted by the thyroid gland maintains the body temperature and helps the utilization of Oxygen by the tissues for metabolism. Maintenance of production of these precious hormones depends upon the thirteen agnis, the proper dietary habits, a healthy life style and also on the proper functioning of GI Tract, Liver and Kidneys.





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# IMPORTANCE OF DINCHARYA AND RITUCHARYA IN MANAGEMENT OF VARIOUS DISEASES.

DR. RENUKA DWIVEDI  
R.M.O. RAJIV LOCHAN AYURVEDIC COLLEGE  
& HOSPITAL, DURG (C.G.)

Today in this fast going world, people are suffering from so many diseases, which don't have any specific cause but arises just because of an irregular daily routine.

In Ayurveda, it is given that the first & foremost aim is to safeguard & to maintain the state of health so that a person will not be in a diseased condition & it is well known that prevention is better than cure, so for prevention of any disease first of all a person should have a discipline routine in Ayurveda which is known as Dincharya and when it is modified all to regimen, Ritucharya a very well developed & scientific form of dietary & conductory regimen of daily as well as seasonal code of conduct has been given, this daily discipline routine is called Dincharya & seasonal discipline routine is called Ritucharya. Therefore specified Dincharya & Ritucharya regimen given in Ayurveda shows its specified role in preventing diseases.

## I. Physiological Action of Dincharya on Human Body: -

### 1. To wake up in Brahmamuhurta:-

- ◆ At this time Panch Mahabhoot i.e. the environmental surroundings remain pure, so it's best time for meditation & learning.
- ◆ In Atharvaveda it is defined as - उद्यनादित्यः रश्मिभिः शीर्ष्णौ रोगमनिनशिल  
i.e. at this sun rays has a power to destroy so many diseases.

- ◆ Synthesis of vit. D & E occurs maximum at this time.

- ◆ Foul smell of mouth, constipation, indigestion, laziness & so many types of eye diseases arise just because of not waking up in Brahmamuhurta.

2. **Procedure of defecation:** - Defecation with procedure whatever is prescribed in our texts helps in preventing, mostly all the abdominal diseases, which arise due to it. Just like - Constipation, headache, Gastric trouble, Cardiac troubles, Flatulence etc.

3. **Dant Dhavan / Brushing teeth:** - For brushing datun of khadir, babul, neem & karanj are specified which provides strength, and has germicidal, wormicidal & healing properties.

→ In Neem margosin & sulphur oil is present.

→ In babul tannin, Aravic acid, Ca, Mg are present.

→ In Karanj Karinjan is present which acts as germicide.

4. **Jivaha Nirlekhana/ Tongue scraper:**

→ It completely freshens up buccal cavity.

→ Destroys tastelessness.

→ Destroys foul smell.

→ Tongue ulcers and other problems of mouth and teeth.

Datum is restricted in – digestion, sneezing, dyspnoea, cough, fever, facial paralysis, thirst, ulceration in mouth etc.

**5. Achman / Mukh Prakchalan:-**

It is very beneficial for eyes and helps in protecting various eye disorders which arises due to unhygienic condition.

**6. Anjan:-**

- Among all anjanas souviranjan is prescribed which makes vision clear.
- It helps in preventing burning sensation, itching and pain in eyes and helps in preventing eyes against infection .e.g. conjunctivitis, ophthalmitis, panophthalmitis, glaucoma etc.

**7. Nasya :-**

- Nasal drops should be taken of anu tail.
- It delays wrinkles, grey hairs & prevents acne.
- It helps in preventing disorders of skin, shoulder, neck, buccal cavity & thorax and prevents tonsillitis, headache, facial paralysis, lockjaw, chronic coryza & hemicrania.

**8. Gandoosh and Kaval :-**

- It prevents cracking of lips, dryness of mouth, dental problems and speech problems too. Mouth ulcer, Cancer, Stomatitis, Dysphasia, Mumps, Glossitis.
- It destroys anorexia, tastelessness of mouth, foul smell and excessive salivation.

**9. Medicated Dhoompaan :-**

- It prevents the diseases which occurs due to deposition of kapha above trachea.
- It controls headache, hemicrania, foul smell of mouth, baldness, hair fall, alopecia, tastelessness.

**10. Medicated Tambul seven :-**

- It prevents anorexia and provides freshness in mouth and destroys tastelessness but it should be avoided in bleeding or hemorrhage, weakness, visual disorders which arises due to dryness, toxicity, faintness and T. B.

- It is best heart tonic.

**11. Vyayam :-**

- It provides relaxation to muscles, increases energy, capacity to do works, increases stabilization, capacity to bear problems, patience, appetite etc. overall it develops immunity and resistance in body to fight against all diseases.

**12. Chhaur karma :-**

- Hairs, nails, beard should be always clean as they provides the most hygienic condition and prevents the infectious diseases which occurs due to unhygiene.
- It also acts as stimulant.

**13. Abhyanga :-**

- Proper massaging in hairs with oil strengthen hair roots and prevents baldness, hair fall, alopecia, headache due to proper nutrition to scalp.
- It is very helpful for the patient of insomnia, migraine etc. due to effect of proper circulation.
- Proper and continuous oiling of ears prevents lockjaw, tonsillitis, headache, earache and deafness.
- Proper massaging of sole prevents numbness, weakness, stiffness, constriction, cracking of feet and strengthen legs.
- Proper massaging of whole body softens skin, delays ageing, weakness & helps in healing wounds etc. overall it completely relaxes the muscles the body fit & healthy.



➤ **Scientific Explanation :-**

Sensory nerve endings lie in skin and tactile sensation also resides in skin that's why abhyanga is very helpful in preventing skin diseases and all vaat vyadhies.

**14. Snan:-**

- It purifies body.
- Increases appetite, sperms, delays ageing, strengthen body , maintain body temperature and controls itching , sweating , yawning , thirst etc.
- Mentally it gives relaxation to body.

**15. Meal:-**

- Taking proper amount of meal at proper time makes the person healthy and balance the body.
  - Imbalance in meal is a main root cause in leading most of the diseases and disorders. So if person takes a meal in proper amount at proper time it will be a greatest help of person, himself in preventing diseases.
- ii. Role of Ritucharya in preventing seasonal disorders:

**Ritucharya :-** Normal routine activities and diet according to season is known as Ritucharya.

**1. Grishma Ritu :-** Intensity of Sun rays are at peak therefore harmful effects of UV rays are very prominent, full environment remains in dehydrated condition so dehydration of whole body occurs due to environment dryness and it is very favorable condition for bacterial infection.

- So in this ritu alcohol should be avoided.
- For defending to UV rays and bacterial infection use sandal paste over the skin.
- To prevent dehydration take flavor, sweet and cold panak and sattu orally.

**2. Varsha ritu :-** Climate remains wet and moist therefore it is a motherland of skin diseases e.g. Ringworm infection.

To prevent the fungal infection use Ushir paste over the skin.

**3. Sheet ritu :-** Environment remains dry and immoist and it is very favorable for diseases e.g. common cold kapha etc. To prevent this take Vasa juice.

So whatever routine is prescribed in ayurveda for all the different seasons helps a person himself to be suffer from disease condition. The most prominent and favorable time for attack of disease is Ritu Sandhi. So if a person follows rules and regulation of ritusandhi that is to give up the routine if current season slowly in last 7 days and to adopt the routine of forthcoming season in starting 7 days that is if person achieves success in following routine of Ritu Sandhi in those fourteen days then it will act as safe guard for a person against all seasonal disorders.

**iii) Conclusion :-** Behind each and every word of code of conduct and conductory regimen there is a scientific value.

1. If we take massage regularly by oil we are safe against skin infection because of its lipid nature and we are safe against UV rays because of its shining nature because oil reflect it.
2. If we want to cure Kapha problem we take the vasa juice because it is bronchodialatar.
3. If we want to cure foul smell of mouth, blood infection in any type of external or internal Infection we use the neem paste. Neem is well known for its pesticide & germicide properties.

Thus this is very well developed and scientific Dincharya and Ritucharya prevents root causes of diseases and if root will not be there then how a tree will stand.



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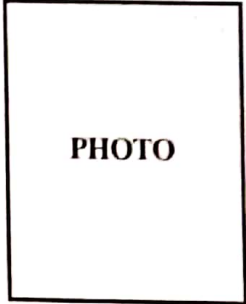
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। नवभारत टाइम्स । नई दिल्ली । सोमवार 12 नवंबर 2012

## धन्वंतरि जयंती समारोह मनाया गया

स ॥ नई दिल्ली : इंटीग्रेटेड मेडिकल असोसिएशन की ओर से धन्वंतरि जयंती समारोह मनाया गया। इस मौके पर चीफ गेस्ट हेल्थ मिनिस्टर अशोक वालिया स्पेशल गेस्ट ट्रांसपोर्ट मिनिस्टर रमाकांत गोस्वामी थे। शहरी विकास मंत्री अरविंदर सिंह लवली ने कार्यक्रम की अध्यक्षता की।



डॉ. वालिया ने इस मौके पर चौधरी ब्रह्म प्रकाश आयुर्वेदिक संस्थान में जल्दी ही पीजी कोर्स और नर्सिंग कोर्स शुरू करने की घोषणा की। ट्रांसपोर्ट मिनिस्टर गोस्वामी ने कहा कि आयुर्वेद और ज्योतिष को जोड़ने से चिकित्सा को नया आयाम मिलेगा। असोसिएशन के महासचिव डॉ. आर. पी. पराशर ने बताया कि आयुर्वेदिक दवाओं में सुधार के लिए जरूरी कदम उठाए जाने चाहिए।

पंजाब केसरी 26 जून, 2013  
दिल्ली अजलमजर 7

इंटीग्रेटेड मेडिकल असोसिएशन द्वारा आयोजित स्वस्थ हाथी मिलन समारोह में दिल्ली भारतीय चिकित्सा परिषद के नामांकित अध्यक्ष डा. हारदस चौहान को संस्था द्वारा सम्मानित किया गया। दिल्ली प्रदेश के महासचिव डा. के.के. सिंचल ने यह जानकारी दी। संस्थायी सचिव श्री अजय...



भारद्वाज ने चिकित्सकों को प्रशस्त पत्र देकर सम्मानित किया। डा. पराशर ने 'किर भी होली है' ग्रामक कविता सुनाकर सभी को हंसा-हंसाकर हौटपोट कर दिया। इस अवसर पर डा. राशिदुल्लाह खान, निरम प्रार्थद मनोज यादव, डा. सुंदरान लवागी, डा. रामफल पांचवाल, डा. आदित्य जर्पूर, डा. नोरा कुमार, डा. के.राव शर्मा आदि उपस्थित थे।

नई दिल्ली, 24 फरवरी, 02 मार्च, 2013 आईनाकीगूज

## डॉ. आर.एस. चौहान डीबीसीपी के अध्यक्ष चुने गए

डॉ. आर.एस. चौहान को स्वास्थ्य मंत्रालय, दिल्ली सरकार को अधीनस्थ दिल्ली भारतीय चिकित्सा परिषद का अध्यक्ष चुना गया है। दिल्ली प्रदेश इंटीग्रेटेड मेडिकल एसोसिएशन के महासचिव डॉ. के.के. सिंचल ने बताया कि डॉ. चौहान लगातार तीन बार से परिषद की कार्यकारिणी समिति को सदस्य हैं। उन्होंने कहा कि यह सम्मानित एक सम्मानदारी की जीत है, जिसका सम्बन्ध समय से आई एस.एस. समाज को इतराज्यर था। डॉ. चौहान ने आभारजन दिया कि मैं पूरी निष्ठा व शक्ति से स्वस्थ चिकित्सकों की समस्याओं का निवारण करूंगा।



उल्लेखनीय है कि डॉ. रामफल पांचवाल को दिल्ली सरकार के स्वास्थ्य मंत्रालय द्वारा परिषद में नामांकित का सदस्य बनाया है।

पंजाब केसरी 18 फरवरी, 2013  
दिल्ली सोमवार स्थानीय 7

## दिल्ली भारतीय चिकित्सा परिषद अध्यक्ष नियुक्त

दिल्ली राज्य इंटीग्रेटेड मेडिकल एसोसिएशन के महासचिव डा. के.के. सिंचल ने बताया कि डा. आर.एस. चौहान को स्वास्थ्य मंत्रालय, दिल्ली सरकार की अधीनस्थ दिल्ली भारतीय चिकित्सा परिषद का अध्यक्ष चुना गया है। डा. चौहान लगातार तीन बार से परिषद के नामांकित सदस्य हैं। उल्लेखनीय है कि दिल्ली सरकार द्वारा डा. रामफल पांचवाल को परिषद का सदस्य नियुक्त किया गया है।

दिल्ली, मंगलवार 16 जून 2011

## 4 सहारा

**चिकित्सक सम्मान समारोह आयोजित**  
नई दिल्ली (एनएनटी)। डॉ. विवेक मेडिकल एसोसिएशन की ओर से आयोजित डॉ. अशोक वालिया के उद्घाटन में एक कार्यक्रम का आयोजन किया गया। डॉ. अशोक वालिया, डॉ. अशोक वालिया, डॉ. अशोक वालिया के उद्घाटन में एक कार्यक्रम का आयोजन किया गया। डॉ. अशोक वालिया, डॉ. अशोक वालिया, डॉ. अशोक वालिया के उद्घाटन में एक कार्यक्रम का आयोजन किया गया।

पंजाब केसरी 12 जनवरी, 2012 स्थानीय

## धन्वंतरि जयंती मनाई

इंटीग्रेटेड मेडिकल असोसिएशन द्वारा आयोजित धन्वंतरि जयंती समारोह मनाया गया। इस अवसर पर दिल्ली की अजी... डॉ. अशोक वालिया के उद्घाटन में एक कार्यक्रम का आयोजन किया गया। डॉ. अशोक वालिया, डॉ. अशोक वालिया, डॉ. अशोक वालिया के उद्घाटन में एक कार्यक्रम का आयोजन किया गया।



## IMPORTANT FOR US

Dear Sir,

As you are aware, the Central Government has initiated a number of measures to improve the healthcare delivery system in the country. However, shortage of allopathic doctors for attachment at PHC and subcentres has been a hurdle in making the health care mechanism more effective. One of the options that has been under the consideration of the Government to mitigate such shortage is the integration of ISM (Indian System of Medicine) qualified doctors in the mainstream and pool in 7 Lakh such doctors available in the country with allopathic doctors to enhance the availability of doctors and outreach of healthcare services. In fact many PHCs in remote areas are being already run by AYUSH doctors and the states have expressed their satisfaction about the services being provided by such doctors at PHCs and under various other National Health Programmes.

Department of AYUSH has taken an in principle approval from the Hon'ble HFM to empower ISM qualified doctors to practice modern system of medicine in a limited way and constituted a Committee to examine the issue. The Committee further appointed a Sub-committee to define the scope of the practice of modern medicine to be permitted to ISM practitioners. The Sub-committee has furnished its reports outlining a road map for empowering ISM Doctors to practice modern medicine. However Committee has desired that the same be examined by Department of Health & Family Welfare.

The issue has been examined by us in the light of the judgement given on 8/10/1998 by Hon'ble Supreme Court (Bench-Justice KT Thomas and Justice Syed Shah Mohammed Quadri) in the case of Dr. Mukhityar Chand vs State of Punjab. In the said case the Apex court has held that practice of modern system of medicine by ISM qualified professionals is possible provided such professionals are enrolled in the State Medical Register for practitioners of modern medicine maintained by the State Medical Council. The Respective State Government can notify and give recognition to qualifications eligible for registration in the State Medical Register.



In view of the above it is requested that the law prevailing in your State relating to registration of practitioners of modern scientific medicine may be amended to provide an enabling provision to allow the enrollment of a ISM professionals in the State Medical Register for registration of the practitioners of modern medicine, as maintained by the respective State Medical Councils. Simultaneously we are also requesting Department of AYUSH to get draft curriculum prepared which would provide competency to a ISM professionals to practice preventive, promotive curative and rehabilitative allopathic medicine in respect to the commonly encountered health get it vetted by MCI.

Yours' sincerely

Dr. Vishwas Mehta

Shri SCL Das  
Principal Secretary (H&FW)  
Department of Health & family Welfare  
Govt. Of NCT of Delhi  
R. N., A907, A-Wing  
9th Level Delhi Secretariat  
IP Estate, New Delhi 110 002

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Dr. W Selvamurthy  
Distinguished Scientist &  
Chief Controller Research & Development



FOREWORD

The quest to cure the Leucoderma (Vitiligo) has finally ended with the development of a new herbal product with extensive studies by the scientists of Defence Agricultural Research Laboratory (DARL) now Defence Institute of Bio-Energy Research (DIBER), Haldwani, a Laboratory of Defence Research and Development Organization, Ministry of Defence, Govt of India. DIBER has transferred the technology of this herbal product to AIMIL Pharmaceuticals (India) Ltd. for launching it on a commercial scale. It has been a highly commendable effort on the part of DIBER scientists who are forever committed for the cause of humankind.

I congratulate AIMIL Pharmaceuticals (India) Ltd., the well known organization for quality products in the Pharmaceuticals Industry with a strong distribution network through out the country, for launching the product in the market, and wish them all success to effectively combat this ailment and render the much needed service to mankind.

Station : New Delhi  
Dated : 05 Sep 2011

(Dr. W Selvamurthy)

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