

## Ayurlog: National Journal of Research in Ayurved Science

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### Article\_1

### Structural and descriptive study of Pittadhara Kala

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### Abstract\_1

In *sharir-sthanam*, Sushruta has described the '*sapta- kala*' which is an evidence of insight on microscopic level.<sup>(1)</sup> The *kalas* are seven in number and are situated at the extreme border of the *Dhatu* and *Ashaya*. These *kalas* are extensively constituted with "*snayus*" impregnated in '*Jarayu*' and encased in '*shleshma*'.<sup>(2)</sup> For the treatment of many diseases, we must have knowledge of *kala*. Healthy life depends upon the "*prakrut Agni*". Root cause of all diseases is "*manda-agni*". Thus being the site of *Agni*, the Pittadhara kala is related with all diseases. So, in this regard, *Pittadhara kala* has extreme importance. Hence specific site and field of action of *Pittadhara kala* has to be decided and studied anatomically. This study is beneficial to add to the knowledge regarding *sharir Rachana Shashtra* and *Kayachikitsa*.

For this purpose, a detailed cadaveric dissection was carried out. Depending upon the findings gathered during the dissection and the texts of the ayurvedic and modern sciences, following conclusions were reached- *Kalas* are said to be *Snayaviya*, *Jarayu* and *Shleshmal*. That means these are fibrous, serous or mucous in nature. *Pittadhara kala* is also called as *grahani*. Serially *Pittadhara kala* is sixth one which is *pakva-amashayamadhyasta*. That means it occupies the part of gastro-intestinal tract which extends from lower part of stomach (pyloric part) to ileocaecal junction. *Pittadhara kala* correlates with mucous membrane of the part of gastro-intestinal tract which extends from lower part of stomach to ileocaecal junction. That means it is mucous membrane of lower part of stomach and the small intestine. *Pittadhara kala* has two functions: 1) Digestion of food and 2) Absorption of digested substance.

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### *Cite this article*

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Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 1-9

#### **KEYWORDS**

*Kala, snayu, jarayu, shleshma.,* Fibrous membrane., Serous membrane., Mucous membrane., *Pakvashaya, Brihadantra., Amashaya, Grahani, Laghvantra*

#### **INTRODUCTION**

In *Sushruta Samhita*, *Sushruta* has described structures of the body which were minutely studied by him. These are the basic concepts which remain true in any condition. *Sushrutacharya* has very wisely made the suggestion that the knowledge of the anatomical structures of the body is of great value, it helps the surgeons as well as physicians to treat the related diseases.

In *sharir-sthanam*, *Sushruta* has recommended dissection on dead human bodies<sup>(3)</sup> and suggested that any one desirous of acquiring a thorough knowledge of anatomy should dissect a dead body and carefully observe and examine its different parts. In *sharir-sthanam*, *Sushruta* has described the '*sapta- kala*' which is an evidence of minute research.<sup>(1)</sup> The *kalas*

are seven in number and are situated at the extreme border of the *Dhatu and Ashaya*. These *kalas* are extensively constituted with "*snayus*" impregnated in '*Jarayu*' and encased in '*shleshma*'.

The sixth *kala* is called '*Pittadhara kala*', it holds four kinds of solid and liquid foods propelled from *amashaya* and on its way to the *pakvashaya*, for the proper action of digestive juice upon it. For the treatment of many diseases, we must have knowledge of *kala*. Healthy life depends upon the "*prakrut Agni*".

<sup>(4)</sup>Root cause of all diseases is "*manda-agni*".

<sup>(5)</sup> Thus being the site of *Agni*, the *Pittadhara kala* is related with all diseases. So, in this regard, *pittadhara kala* has extreme importance. Hence specific site of *Pittadhara kala* has to be decided and studied anatomically. This study would be beneficial to add to the knowledge regarding *sharir-rachanashashtra* and *chikitsa*. On studying Ayurvedic and modern anatomy texts and also carrying out dissection, I tried to study site of *Pittadhara kala* and to come to a conclusion.

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### AIM AND OBJECTIVES

1. To collect the references from different Ayurvedic texts regarding the concept of *kala*.
2. To collect the references from different Ayurvedic texts regarding the concept of *Pittadhara kala*.
3. To decide the site of *Pittadhara kala* according to Ayurvedic anatomy.
4. To decide the site of *Pittadhara kala* in human body with the help of cadaveric dissection.
5. To take photographs of the dissected part to make all the peculiarities clear.
6. To study the *Pittadhara kala* on the basis of Ayurvedic and modern view.
7. To come to a conclusion regarding site of the *Pittadhara kala*.

### METHODS

For the study a detailed cadaveric dissection was performed.

### RESULT

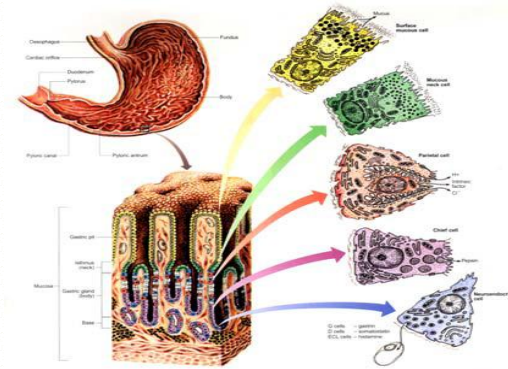


Diagram showing the principal regions of the interior of the stomach and the microstructure of tissue and cells within its wall. (Lind) (Reprinted, dividing cells are shown in white)

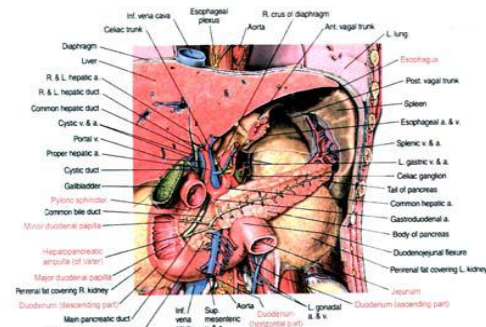
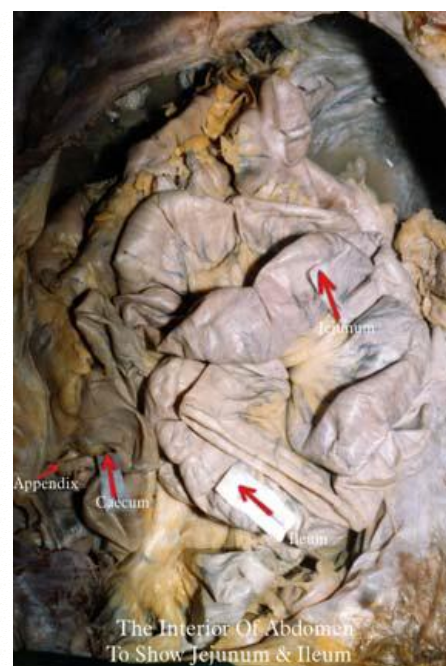
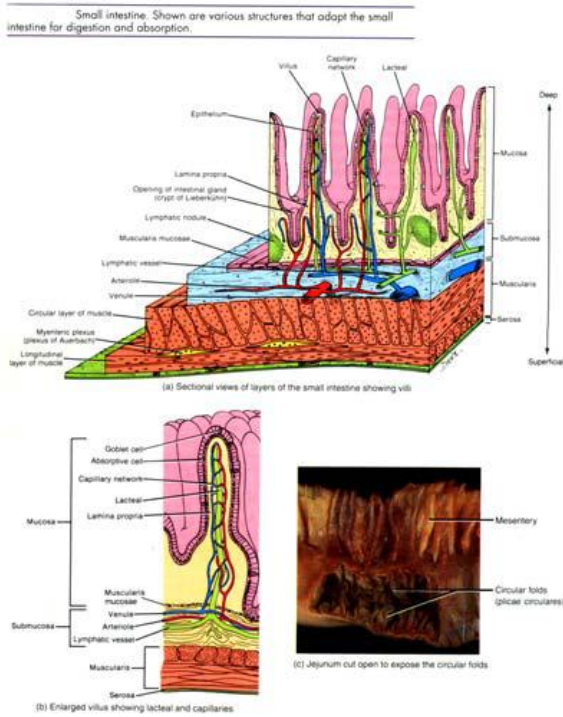


Figure of Duodenum with Stomach Removed



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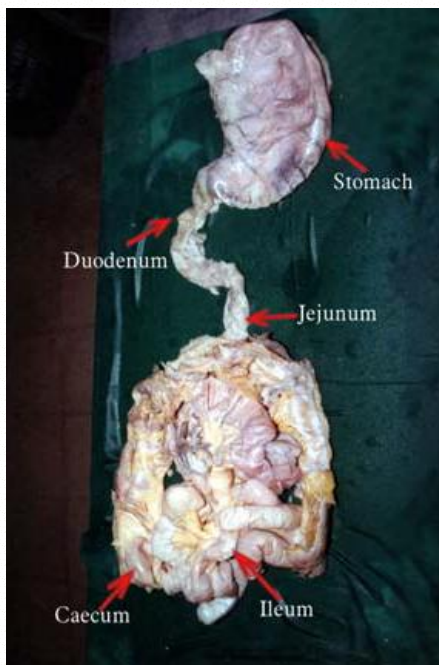
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A Part Of The Interior Of The Jejunum To Show The Numerous Circular Folds Of Its Lining



The Internal Surface Of Part Of The Ileum To Show The Small, Sparse, Circular Folds & The Solitary & Aggregated Lymph Follicles



## DISCUSSION

1. *Sushruta* has described definition of *kala* and the nature of *kala* in fourth chapter of *sharir sthanam*.<sup>(6)</sup> In this chapter in the

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fourth sutra while narrating total number of *kala* Sushruta has used the word 'khalu'. It is a preposition and used to denote decision (*Nischhanyarth*) and rule (*Niyamartha*). Accordingly it means that actually the total number of *kalas* are seven and these are not due to the total number of *twacha*. *Kala* is a part of body which separates *dhatu* and *ashaya*.<sup>(7)</sup> While describing *kala*, it is said that as the duramen of cores of a piece of wood or stem becomes exposed to view by cutting into it, so the *dhatu*s of the body may be seen by removing the successive layers. These *kalas* are extensively supplied with *snayus* bathed in *jarayu* and encased in *shleshma*. In that *sutra*, the words *praticchanna*, *santata*, *vestita* have been used. Though they are different from each other, they indicate the same meaning i.e. *Nirmiti* (production). *Snayu*, *jarayu* and *shleshma* are the three basic principles in the formation of *kala*.<sup>(8)</sup> But at a time all of them are not necessarily required for the formation of *kala*. *Kala* may be formed by *snayu*, *jaraya* and *shleshma* individually or sometimes it may be

formed by their mixing. Hence these three are called root cause of *kala*. These three structures i.e. *snayu*, *jarayu* and *shleshma* can be compared with fibre, serous layer and mucous respectively. From above discussion, the nature of *kala* becomes clear. The *pittadhara kala* and *purishdhara kala* occupy the part of *mahasrotas* between *amashya* and *guda*. *Pittadhara kala* is placed between *amashaya* and *pakvashaya* while *purishdhara kala* extends from *pakvashaya* onwards. According to modern view, if we see the nature of *mahasrotas* i.e. gastrointestinal tract, it is found to be made up of four layers 1) Mucous layer 2) Submucous layer 3) Muscular layer 4) Serous or fibrous layer. The nature of *mahasrotas* i.e. G.I. tract according to modern view and the nature of *pittadhara* and *purishdhara kala* described by *Sushruta* both are similar, Hence *pittadhara* and *purishdhara kala* can be attributed with gastro-intestinal tract.

2. In *Sushruta Samhita*, in fortieth chapter of *Uttartantra*, *pittadhara kala* is said to be *pakva-amashaya-madhystha*<sup>(9)</sup> and this same organ is called as *grahani*.<sup>(10)</sup> To define the *pakva-amashaya-madhystha*

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the part of *mahasrotas*, we have to be acquainted with the *pakvashaya* and *amashaya* first. According to *Sushrut*, *amashaya* is the part of *mahasrotasa* in which *shleshma* is formed due to *madhurya*, *paichhalydi gunas* of food and it is the part of *mahasrotasa* situated above the small intestine where food is taken by *aadankarma* of *prana*. It is said to be situated above *pittashaya*. Also site of *pitta* is said to be *pakva-amashaya-madhyastha* and this *pitta* is known as *pachaka-agni*. *Agni* has natural tendency to go upwards. Function of *pachaka-agni* is to digest the food. Same function is attributed to *pittadhara kala*. The site of *pitta* and place of *pittadhara kala* is said to be same. From above discussion, it can be concluded that *amashaya* is the part before the small intestine i.e. stomach of modern anatomy. While taking *pakvaamashaya madhyastha* part into consideration, we cannot consider its starting point from the proximal end of the small intestine. Though the site of *pachaka-agni* is *pakva-amashaya-madhyastha*, it has natural upward direction. Hence site of *pittadhara kala*

is attributed to lower part of the stomach (here stomach is used according to modern science). Also according to *Chakrapanidatta* upper part of *amashaya* is the site of *Kapham* and lower part of *amashaya* is the site of *pitta*. This opinion also supports the above discussion. When food reaches the *pakvashaya*, it has already been digested and dried by heating action of *pitta* or *agni* and it is transformed into *pindswarupa*. Due to *katu rasa vayu-vrudhi* takes place. In this way remaining part of food is converted into faecal matter in *pakvashaya*. Before the food reaches *pakvashaya*, its digestion has already been completed and all essential elements i.e. 'sara' has been absorbed. That means food reaching *pakvashaya* is totally *paripakva*. That's why *pakvashaya* is named so. Here *malavibhajana* takes place. This type of function takes place in *sthulantra* i.e. in large intestine .Hence *pakvashaya* is the part of large intestine. It is situated in right iliac fossa and start from iliocaecal junction. From above discussion we can come to the conclusion that *pittadhara kala* is part of gastrointestinal tract, which extends from lower part of stomach (pyloric part) to ileocaecal junction.

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3. In *Sushrut Samhita*, in fourth chapter of *Sharir sthanam*, the sixth *kala* is called *pittadhara kala*,<sup>(10)</sup> it holds four kinds of solid and liquid foods propelled from the *amashaya* and on its way to the *pakvashaya* and digested in proper time through the heating action of the *pittam*. From this sutra it is clear that *Sushruta* has described two functions of *pittadhara kala* 1) Digestion 2) Absorption. Digestion means the process by which food is broken down mechanically and chemically in the gastro intestinal tract and converted into absorbable form. These products of digestion are absorbed in the gastro-intestinal tract and pass into either blood or lymph. Though the digestion of various food substances commences in mouth and stomach, it is completed only in small intestine. The digestive function of small intestine is carried out by the enzymes of succus-entericus secreted in small intestine. When chyme enters the small intestine, the intestinal mucosa secretes enterocrinin, secretin and cholecystokinin. These hormones promote the secretion of succus entericus by stimulating the intestinal

glands. The presence of villi and microvilli in small intestinal mucosa increases the surface area of the mucosa. This facilitates the absorptive function of intestine. From the lumen of intestine, these digested substances pass through lacteal villi, cross mucosa and enter the blood directly or through lymphatics. From above discussion, it is concluded that *pittadhara kala* can be correlated with mucous membrane of small intestine and stomach(lower part of stomach).

4. According to modern embryological development, stomach and superior part and upper half of descending part of duodenum develop from foregut. The rest part of duodenum and jejunum and ileum develop from midgut..

5. *Charakacharya* has not described *pittadhara kala* but he has described *grahani* in detail and stated that *grahani* is the site of *pachaka-agni*. According to *Sushrutacharya* *pittadhara kala* is called *grahani*. From the co-ordination of above two opinions, *grahani* described by *Charaka* can be considered to be the same organ which is described as *pittadhara kala* by *Sushrutacharya*.

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### CONCLUSION

Considering Ayurvedic and Modern texts, cadaveric dissection following are the conclusions:

1. *Kalas* are said to be *Snayaviya*, *Jarayu* and *Shleshmal*. That means these are fibrous, serous or mucous in nature.
2. *Pittadhara kala* is also called as *grahani*.
3. Serially *Pittadhara kala* is sixth one which is *pakva-amashayamadhyasta*. That means it occupies the part of gastro-intestinal tract which extends from lower part of stomach (pyloric part) to ileocaecal junction.
4. *Pittadhara kala* correlates with mucous membrane of the part of gastro-intestinal tract which extends from lower part of stomach to ileocaecal junction. That means it is mucous membrane of lower part of stomach and the small intestine.
5. *Pittadhara kala* has two functions: 1) Digestion of food and 2) Absorption of digested substance.

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### **Article\_2**

### **Effect of Mahisa Dugdha (Buffalo milk) on nidra (sleep) in elderly people suffering from insomnia**

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### **Abstract\_2**

Sleep is considered very essential for maintenance of health. Many elderly people suffer from *anidra* (insomnia) and it is associated with multiple health problems. In Ayurvedic text beneficial effect of buffalo milk on sleep is mentioned. In the present study, thirty elderly subjects (Age > 60 yrs) having insomnia were asked to take buffalo milk at night and the effect on sleep was evaluated over next three weeks. Significant number of subjects reported positive effects on sleep like decrease in time spent in bed before falling asleep, increased duration of sleep, decreased intermittent awakening & increased day time activity.

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### ***Cite this article***

*Yeragi Vandana S., Chandrashekar Bangarwar, Kale Deepa,*

**Effect of Mahisa Dugdha (Buffalo milk) on nidra (sleep) in elderly people suffering from insomnia**

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 10- 16

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### KEY WORDS

Nidra, Milk, Elderly, Insomnia

### INTRODUCTION

Ayurveda has given a lot of importance to Nidra in our daily life for the maintenance of health. Insomnia is commonly seen in elderly people and it is associated with multiple health problems. It is mentioned in Ashtang Hruday & Charak Sanhita that Mahisa Dughda (buffalo milk) helps in improving sleep. (Ch.Su. 25/40; 27/219 & 27/234-235)<sup>1</sup>

महिषीक्षीरं स्वप्नजननानां, ..... पुष्टिः स्वप्नकराणाम् □  
अतिस्वप्नस्तन्दाकराणां ,..... श्रेष्ठः ॥ च.सू.२५/४०

Good sleep is the best outcome of Buffalo's milk and Nourishment. But excessive sleep can cause drowsiness.

महिषीणां गुरुतरं गव्याच्छीततरं पय□□ स्नेहान्यूनमनिद्राय  
हितमत्यग्नये च तत् □व.सू.२७□१९

पीयूषो मोरटं चैव किलाटा विविधाश्च ये □द्वीप्ताग्नीनामनिद्राणां  
सर्व एव सुब्रप्रदा□□.सू.२७□३४२३५

Milk of buffalo and milk products such as Colostrum, Morata & various types of Kilata are useful for persons suffering from insomnia and strong power of digestion.

Although many drugs are available for the treatment of insomnia, they can be addicting & they are associated with many side effects. As buffalo milk is affordable & easily available, this study was planned to see its beneficial effect on sleep in elderly people suffering from insomnia.

### OBJECTIVE

To study the effects of 200 ml of buffalo milk given at night on quality and duration of sleep in elderly people suffering from insomnia.

### MATERIALS AND METHOD

Thirty people of either sex & age more than 60 years suffering from insomnia were selected for the study. Those suffering from psychiatric disorders, painful conditions, diabetes mellitus, lactose intolerance, addiction or taking sleeping pills were excluded. Only vegetarian people were selected for this study, because according to Charak & Vagbhat milk is contraindicated after eating meat as they are Viruddha ahar (incompatible food) (As.Su.9).<sup>2</sup> After taking informed consent & baseline readings, they were asked to take 200 ml

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of lukewarm buffalo milk with 1 teaspoon of sugar after dinner before going to sleep for three weeks. The effect on sleep was evaluated by inquiring about time spent in bed before falling asleep, total duration of sleep, number of intermittent awakening, presence/absence of feeling of freshness after getting up in the morning & effect on daytime activity and comparing the readings with baseline.

**OBSERVATIONS & RESULTS**

Out of total thirty subjects recruited, 18 were male (5 working & 13 retired) and 12 were female (all house wives). They belonged to age group of 60 to 73 years. (60 to 65 yrs – 12 subjects, 65 to 70 yrs – 15 subjects & above 70 yrs – 3 subjects). 19 were married, 9 were married but widower & 2 were unmarried. 25 were

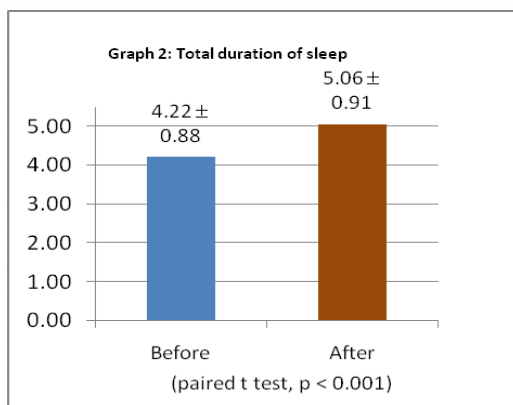
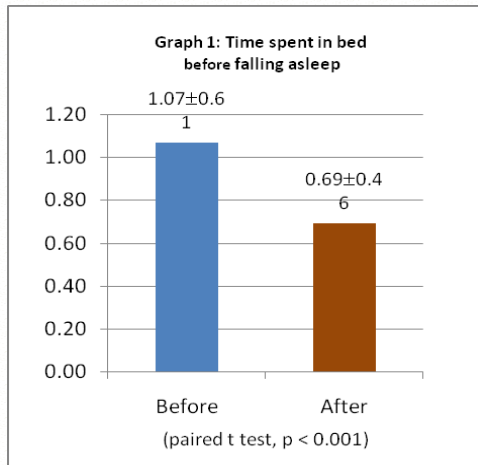
Hindu, 4 Muslims & 1 was Christian and only eight were illiterate. All participants were vegetarian, without any significant stressors or major health problems.

After taking buffalo milk every night for three weeks, it was seen that there was a significant reduction in mean time spent in bed to fall asleep to  $0.69 \pm 0.46$  hrs (mean  $\pm$  standard deviation) from  $1.07 \pm 0.61$  hrs (Table 1, Graph 1). The mean duration of sleep increased significantly from  $4.22 \pm 0.88$  hrs to  $5.06 \pm 0.91$  hrs (Table 1, Graph 2), Also improvement in quality of sleep was noted as decrease in the intermittent awakening (experienced by 70% of subjects), feeling of freshness after getting up in the morning (63.33% of subjects) & increase in daytime activities (53.33% of subjects). (Table 2)

<b>Table 1</b>			
	<b>Before</b>	<b>After</b>	
<b>Time spent in the bed before falling asleep (hrs)</b>	1.07 $\pm$ 0.61	0.69 $\pm$ 0.46	p < 0.001, paired t test
<b>Total duration of sleep (hrs)</b>	4.22 $\pm$ 0.88	5.06 $\pm$ 0.91	p < 0.001, paired t test

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Subjects experiencing -	Number (Out of 30)	Percentage (%)
decrease in the intermittent awakening	21	70
feeling of freshness after getting up in the morning	19	63.33
increase in daytime activities	16	53.33

### DISCUSSION

The three supports of life are intake of food, sleep and observance of brahmacharya. Being supported by these three well regulated factors of life, the body is endowed with strength, complexion and growth, and continues until the full span of life, provided a person does not indulge in other regimen which are detrimental to health. In Ayurveda next to Ahara, the Nidra is considered the second most important for life (Ch.Su. 11/35).<sup>1</sup> Susruta stated that sleep is enjoyment of pleasure by body and sense organs. As nidra being chief nourisher of the body, it plays an important role in promotion of health and prevention of diseases.

Several physical and psychological changes are known to occur with normal ageing; however, adjustment to changes in sleep quantity and quality can be among the most difficult. Although sleep disturbance is a common complaint among patients of all ages, research suggests that older adults are particularly vulnerable. Both subjective and objective measures of sleep quality provide support

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for age-related sleep changes. Subjectively, older adults report waking up at earlier times, increased sleep onset latency, time spent in bed, nighttime awakenings, and napping, and decreased total sleep compared to younger adults. Using objective measurement tools such as polysomnography, studies have been able to support subjective reports of such sleep disturbances.<sup>6</sup>

Milk is described as one of the most nutritionally complete foods. It provides a wide range of essential nutrients, in particular protein, and a range of vitamins and minerals. It is, however, a poor source of iron and vitamin D, and contains no starch or dietary fiber. 100 gm of Buffalo milk provides 97 Kcal energy. Its composition is as follows – water 84 %, protein 3.7 %, fat 6.9 %, lactose 5.2 % & minerals 0.79 %.<sup>7</sup>

It is a known fact that milk promotes sleep. In our study, we found that after taking buffalo milk at night for three weeks, significant number of subjects reported positive effects on sleep like decrease in time spent in bed before falling asleep & increased duration of

sleep. Majority of patients reported decreased intermittent awakening, feeling of freshness after getting up in the morning & increased day time activity.

There may be various reasons behind the improved sleep due to buffalo milk. Tryptophan is an amino acid found in milk. Tryptophan in large doses does produce sleepiness, and many people attribute tryptophan to the drowsy feeling caused by it. However, the amount of tryptophan found in a glass of milk does not contain enough of the chemical to induce drowsiness. Milk also contains very small amounts of melatonin, a hormone produced by the pineal gland in the brain which regulates the sleep-wake cycle and causes sleepiness. Sleepiness associated with a warm glass of milk may be psychological. Most people recall pleasant thoughts about their mothers. Milk is associated with mothers and a mother's love and care. Comforting feelings and remembrances can produce chemicals in the brain that actually form a sensation of well-being and relaxation. This brain chemical, serotonin, is associated with sleep. The feeling of well-being and relaxation may cause the

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sleepiness. A glass of warm milk warms the body. People sleep better when they are warm because the muscles relax more. When the body temperature is raised, the body also slows responses. The slowing of bodily responses precedes sleep. The warmth of the milk induces bodily changes that create this slowing of the body's responses and relaxation of muscles. Warm milk coats and soothes the stomach. When drinking warm milk, a person may actually be a little peptic and milk may ease the feeling and create a sense of relief. Another factor is that most people sleep better when the stomach has something in it. Babies sleep after nursing when their stomachs are full. The same is true of children and adults. A stomach with some milk in it is comforting, which helps to induce sleep.<sup>8</sup>

**CONCLUSION**

This short term intervention study indicates that buffalo milk may have a favorable effect on quality and duration of sleep in elderly people suffering from insomnia.

**ACKNOWLEDGEMENTS**

We thank Dr. D.G. Kurle, Associate Professor (Seth G.S. Medical college) for his guidance.

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### Article\_3

#### Eye Donation Need of Present Era

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### Abstract\_3

Eye sight is most important for human being to see this beautiful world. Persons who have lost their sight because of damage to cornea can hope to regain with corneal grafting. Over 90% of all corneal transplant operations performed each year successfully restore vision to people suffering from corneal blindness. So that religious leaders throughout the world have voiced their support for eye donation as an expression for highest humanitarian ideals.

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### Cite this article

*Sumedha J. Pundge, Yogesh T. Kotangale*

#### Eye Donation Need of Present Era

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#### Key wards:

Eye, cornea, blindness, keratoplasty.

#### Introduction:

The number of corneal blind people in India is 4.6 million. Of these, 90 per cent are below 45. They include 60 per cent who are below 12 years of age. Looking at the root causes, 66 per cent of the cases are preventable or

curable. Out of the 4.6 million people, at least three million can benefit from corneal transplantation. It is expected that the number of corneal blind individuals in India will increase 10.6 million by 2020 <sup>(1)</sup>

For blind people eye donation is basic need. Lost sight can be restored by the medical intervention of corneal transplantation

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through the donated eye. Almost anyone of any age can donate eyes after our death. So our eyes can live even after our death. We can light the life of two blind people by donating our eyes after death. So eye donation becomes noblest of all causes.

### Blindness:

In ophthalmology blindness strictly refers to the inability to perceive light (PL absent) WHO definition of blindness: Inability to count fingers in day light at a distance of 3 meters or visual acuity less than 3/60 (Snellen) or its equivalent is called blind <sup>(2)</sup>

### Causes of blindness:

1. Cataract
2. Refractive errors
3. Aphakic blindness
4. Glaucoma
5. Corneal opacity
6. Trachoma & some other diseases.

Among this corneal opacity is important cause of blindness which is corrected by keratoplasty after eye donation.

**Corneal blindness:** Cornea is a clear, transparent, avascular & watch-glass like structure covering anterior 1/6<sup>th</sup> of outer fibrous coat of eyeball. It acts as a major refracting medium in the optical system of

the eye .so important for the vision. Vision will be dramatically reduced or lost if the cornea becomes cloudy (opaque) from diseases, by injury or by infections.

### Causes of corneal blindness:

- Injury-physical, chemical, mechanical.
- Malnutrition e.g. keratomalacia
- Infections- bacterial, viral, fungal etc
- Chemical burns
- Congenital disorders
- Post operative complications
- Degenerations of cornea
- Dystrophies of cornea
- Depositions of cornea

### Need of Eye Donation

- 1.5% of population are unnecessarily blind.
- 25% live below poverty line.
- million are suffering & don't have correct spectacles.
- 32% are under 15.
- 60% of blind child will not make it to adulthood.

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- A cumulative economic loss to Indians GNP.
- 75% live in rural area.

### Collection of Donors eye <sup>(3)</sup>

1. Person pledges before death to donate his eyes.
2. Eye can be donated only after death.
3. Eye must be removed within 6 hrs after death.
4. It is important to know age of donor, time of death.
5. Only a registered medical practitioner can remove eyes.
6. A small quantity of blood will be drawn to rule out communicable disease.
7. Religious for eye donation. The identities of both donor & the recipient are kept confidential.

### Storage: It is of three type.

1. Short term storage: In it the eyeball is preserved up to 48hrs & at 4C in moist chamber.
2. Intermediate storage: The whole globe is preserved upto 2wks. It is done in MC Carey- Kaufman (MK) medium & various chondroitin

sulfate enriched media such as optisol medium.

3. Long term storage: It is done by organ culture method & eyeball is stored upto 35 days. Long term preservation for 1yr is done by cryopreservation. <sup>(4)</sup>
4. **Eye donor:** Following people can donate their eyes <sup>(5)</sup>
5. Glass wearers or having refractive correction.
6. Having systemic disorders like Hypertension, DM, TB, Bronchial Asthma.
7. Have undergone any eye surgery e.g. cataract surgery.

### Contraindications:

1. Infants & old persons: Corneas of infants are usually not used, being floppy & likely to result in high astigmatism. Corneas from donors over the age of 70yrs may also be inappropriate due to low endothelial cell count.
2. Death of unknown cause
3. Infectious diseases of CNS e.g. Creutzfeldt -jakob disease, systemic sclerosing panencephalitis,

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progressive multifocal  
leukoencephalopathy.

4. Certain systemic infections- AIDs or HIV seropositivity, rabies, active Hepatitis B, septicemia.
5. Leukemia & disseminated lymphoma.
6. Intrinsic eye diseases e.g. malignancy, active inflammation or previous intra ocular surgery.

### **Keratoplasty :**

**Corneal transplantation** also known as **corneal grafting**, is a surgical procedure where a damaged or diseased corneal host tissue is replaced by healthy donor corneal tissue.

Corneal graft may be full thickness (penetrating keratoplasty) or in part/partial thickness (lamellar keratoplasty). The graft is taken from a recently deceased individual with no known diseases or other factors that may affect the viability of the donated tissue or the health of the recipient.

**Indications:** Indications for corneal transplantation include the following,

**Optical:** To improve visual acuity by replacing the opaque or distorted host tissue by clear healthy donor tissue. The most common indication in this category is

pseudophakic bullous keratopathy, keratoconus, corneal degeneration, keratoglobus and dystrophy, as well as scarring due to keratitis and trauma.

**Tectonic/reconstructive:** To preserve corneal anatomy and integrity in patients with stromal thinning and descemetocelles, or to reconstruct the anatomy of the eye, e.g. after corneal perforation..

**Therapeutic:** To remove inflamed corneal tissue unresponsive to treatment by antibiotics or anti-viral.

**Cosmetic:** To improve the appearance of patients with corneal scars that has given a whitish or opaque hue to the cornea.

### **Operative procedure:**

With anesthesia induced, the surgical team prepares the eye to be operated on and drapes the face around the eye. An eyelid speculum is placed to keep the lids open, and some lubrication is placed on the eye to prevent drying. In children, a metal ring is stitched to the sclera which will provide support of the sclera during the procedure.

### **Penetrating keratoplasty**

A trephine (a circular cutting device) is used by the surgeon to cut the donor cornea, which removes a circular disc of cornea. A

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second trephine is then used to remove a similar sized portion of the patient's cornea. Ideal size of graft is 7.5mm. Grafts of diameter 8.5mm or more are prone to post operative anterior synechia formation. Smaller grafts may give rise to high astigmatism. The donor tissue is then sewn in place with sutures.

Antibiotic eyedrops placed, the eye is patched, and the patient is taken to a recovery area while the effects of the anesthesia wear off. The patient typically goes home following this and sees the doctor the following day for the first post operative appointment.

### Lamellar keratoplasty

Encompasses several techniques which selectively replace diseased layers of the cornea while leaving healthy layers in place. Advantage includes improved tectonic integrity of the eye. Disadvantages include the technically challenging nature of these procedures which replace portions of a structure only 500 µm thick, and reduced optical performance of the donor/recipient interface compared to full thickness keratoplasty.

### Deep Anterior Lamellar Keratoplasty

In this procedure, the anterior layers of the central cornea are removed and replaced with donor tissue. Endothelial cells and Descemet's membrane are left in place. This technique is used in cases of anterior corneal opacifications, scars, and ectatic diseases such as keratoconus.

### Endothelial Keratoplasty

Replaces the patient's endothelium with a transplanted disc of posterior stroma/Descemet's/endothelium (DSEK) or Descemet's/endothelium (DMEK).

This relatively new procedure has revolutionized treatment of disorders of the innermost layer of the cornea (endothelium). Unlike a full thickness corneal transplant, the surgery can be performed with one or no sutures. Patients may recover functional vision in days to weeks, as opposed to up to a year with full thickness transplants.

### Post operative management:

1. **Topical:** Steroids q. I .d. for week, then tapered depending on condition of eye. Mydriatics b.d. for two weeks.
2. **Oral;** acyclovir may be used in the context of pre-existing herpes simplex keratitis to minimize risk of recurrence.

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3. **Removal of sutures:** It is done when the graft host junction has healed. This is usually after 9-12 months although in elderly patient it may take much longer

4. **Rigid contact lenses**-may be required to optimize visual acuity in eyes with astigmatism but not until all sutures have been removed.

### **Early Postoperative complications**

1. Persistent epithelial defects
2. Irritation by protruding sutures-give rise to papillary hypertrophy.
3. Wound leak
4. Flat anterior chamber
5. Iris prolapse
6. Elevated intraocular pressure
7. Infections
8. Uveitis
9. Graft failure

### **Late Postoperative complications**

1. Astigmatism
2. Recurrence of previous disease
3. Late wound separation
4. Retrocorneal membrane formation
5. Glaucoma
6. Cystoid macular edema.
7. Graft failure

### **Summary:**

India has the largest burden of global blindness. A considerable number of Indians also suffer from significant impairment of vision that threatens their ability to be physically or financially self-sufficient. The cumulative loss to the country's gross national product consequent to this is estimated to be \$11.1 billion. While the problem is formidable, the need to take up the challenge of curtailing it is compelling. More than 90 % of corneal transplant operations successfully restore vision in people suffering from blindness due to corneal problems. Our eyes can live even after our death. More importantly, we can light the life of blind people by donating our eyes. Thus eye donation is the noblest of all causes.

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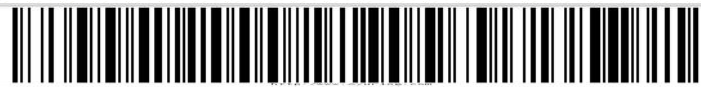
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### Article\_4

#### A Comparative study on Asava and Madyasava (Surasava)

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### Abstract\_4

In *Ayurved Science*, *aushadhi nirman* (Pharmaceutics) has its unique place. In this study preparation of *Lohasava* was done with two different procedures one as per ayurvedic classics i.e. *Asava -arista nirmana* and another as per modern pharmaceutics i.e. tincture method. Aim: The aim of study was to prepare *Lohasava* to overcome the duration without affecting standard analytical values. Materials and Methods: All drugs, equipment and procedures were followed as per ayurvedic concepts except the added alcohol method. Observations: Stepwise observations were done at regular interval for two samples of *Lohasava*. Results: There was statistically significance in the analytical values of two samples. Conclusion: After comparing the physical and chemical analytical values of the sample of classical and added alcohol method, shows not much pharmacopoeial differences but added alcohol method completes 20 days earlier than the classical method.

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### *Cite this article*

*Manjusha A. Bhujbal*

#### A Comparative study on Asava and Madyasava (Surasava)

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**Key Words:** *Ayurveda, Lohasava, alcohol.*

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### Introduction

In *Ayurved Science*, *Aushadhi Nirman Shastra* (Ayurved Pharmaceutics) has its unique place because without medicine treatment can not be possible, perhaps we can say that branches of *Ayurveda* developed later, but *Aushadhi Nirman* had developed first of all.

Among various preparations under *Aushadhi Nirman*, *Panchavidha Kashaya Kalpana* has originated first other preparations might have been developed later as per the prerequisite. *Churna kalpana*, *Guti-vati kalpana*, later on based on the fact that *Agnisamskara* increases the extraction of active principles in preparations and it depends on water solubility, fat solubility, etc. factors so the *Sneha kalpana* must have come forward.

Medicine should be highly efficacious, useful at anytime; such thoughts may lead to production of *Asava-arista Kalpana*.

Long-lasting among all, easy to administer, highly acting, quick in action are the characteristics of *Asava-arista kalpana*. As *Sharagadhara* told *Asava-arista* are gets more effective as they get older<sup>1</sup>.

It has been observed that along with their long-lasting quality they are quick in action;

this is due to the self generated alcohol. While stating qualities of *Madya*<sup>2</sup>, it has explained that *Madya* by virtue of *vyavayi guna* spread quickly in a body, also alcoholic nature may be one the reasons for its quicker action.

In modern pharmaceutics also alcohol is used in the preparation of medicine, called as 'Tincture'<sup>6</sup>.

While comparing *Asava-arista* with tincture (added alcohol), it is open fact that *Asava-arista* preparation as per classics takes much time, (more than 30 days) but if it is prepared with added alcohol method, it takes less time.

So the effect has been undertaken to see the difference (pharmaceutically and analytically) between the classically prepared and *Asava-arista* prepared by added alcohol method.

### Aims and Objectives

#### Aims

1. To prepare the *Loha-asava* as per classical method<sup>3</sup>.
2. To prepare the *Loha-asava* as per added alcohol method<sup>3</sup>.
3. To carry out the analytical study of both sample of *Loha-asava*.

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### Objectives

1. To prepare the *Loha-asava* as per classical and added alcohol method to overcome the duration.
2. To compare the analytical values.

### Review of literature

In *Vedas*, we found references of *Sandhan kalpana*. In *Atharva veda* various preparations of *Madya* and their uses has been explained under *Arista*. *Bhrihatrayi* has

introduced the definitions and preparations of *Madya* and *Asava-arista*. In *Laghutrayi Sharangadhar* has explained in detail about *Sandhan kalpana*. Besides this in *Ayurvediya Aushadhikarana*<sup>5</sup> textbook the different actions of alcohol like extraction of alcohol soluble principles from a drug, preservative base for active principles of a drug, pleasant for administration and increasing pharmacodynamic properties of drug has been described.

### Materials and Methods

#### Materials

Ingredients	Quantity
<i>Loha kitta</i> (Iron rust)	0.8 gms
<i>Shunti</i> ( <i>zinzibar officinalis</i> )	0.8 gms
<i>Maricha</i> ( <i>piper nigrum</i> )	0.8 gms
<i>Pippali</i> ( <i>piper longum</i> )	0.8 gms
<i>Haritaki</i> ( <i>terminalia chebula</i> )	0.8 gms
<i>Amalaki</i> ( <i>emblica officinalis</i> )	0.8 gms
<i>Vibhitaki</i> ( <i>terminalia belerica</i> )	0.8 gms
<i>Yavani</i> ( <i>trachyspermum ammani</i> )	0.8 gms
<i>Vidanga</i> ( <i>embelia ribes</i> )	0.8 gms
<i>Musta</i> ( <i>cyperus rotundus</i> )	0.8 gms
<i>Chitrak</i> ( <i>plumbago zeylanica</i> )	0.8 gms
Honey	50 gms

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Jaggery	80 gms
Water	400 ml
<i>Dhatakipushpa</i> (woodfordia fruticosa)	1.6 gms
Ethyl alcohol	50 ml

### Method

1. *Loha shodhan*<sup>4</sup>
2. The coarse powder of *Loha* heated till red hot and poured in *Triphala quatha*. This procedure is repeated for 7 times.
3. Preparation of *Lohasava* by classical method
4. All *dravyas* from sr. no.1 to 15 mixed well according to their proportion and kept in air tight glass bottle for fermentation.
5. Preparation of *Lohasava* by added alcohol method.
6. All *dravyas* from sr. no. 1 to 14 mixed well according to their proportion as told in classics. To this

mixture in place of *Dhataki pushpa*, ethyl alcohol is added (In classical method 12.50 v/v alcohol was generated in 100 ml of *Lohasava*. So for 400 ml of *Lohasava*, total 50 ml ethyl alcohol was added.)

### Observations

Criteria for observation

Batch A – Classical Method

Batch B – Added alcohol Method

Samples – 20 samples, 10 Samples from each group, kept separately in glass bottles for fermentation.

Table no. 1 to 13 shows the stepwise observation of samples of Batch- A and Batch- B

**Table No. 1 : *Shabda Parikshan***

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	No sound	Specific sound	Specific sound	No
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	No	No	No	No

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**Table No. 2 : Sparsha Parikshan**

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	Sheeta	Sheetoshna	Sheetoshna	Sheeta
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	Sheetoshna	Sheetoshna	Sheetoshna	Sheeta

**Table No. 3 : Rupa Parikshan**

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	Krishnabharakta	Raktabhakrishna	Raktabhakrishna	Raktabhakrishna
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	Raktabhakrishna	Raktabhakrishna	Raktabhakrishna	Raktabhakrishna

**Table No. 4 : Rasa Parikshan**

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	Madhur kashaya	Kashaya Madhur	Kashaya Madhur	Madhur kashaya
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	Madhur tikta	Madhur tikta	Madhur tikta	Madhur tikta

**Table No. 5: Gandha Parikshan**

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	Madhur	Madhur alpa alcohol	Alpa alcohol	Madhur alpa alcohol
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	alcohol	Alcohol	alcohol	Alcohol

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**Table No. 6 : Percentage of Iron** (by Iodometric Iron Titration)

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	0.805	0.921	0.949	1.089
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	1.13	1.13	1.14	1.16

**Table No. 7 : Percentage of Alcohol** (by Distillation and Specific Gravity)

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	0.0	2.02	12.55	7.75
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	10.00	10.00	10.3	11.2

**Table No. 8 : pH value** (by Digital pH meter)

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	8.2	3.5	3.75	4.16
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	5.42	3.5	3.74	4.16

**Table No. 9 : Invert sugar in mg** (by Fehling's copper-reduction method)

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	95.4	82.00	90.4	92.3
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	90.8	94.00	100	109.3

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**Table No. 10 : Specific gravity (by Sp.gravity bottle method)**

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	0.9834	1.06	1.05	1.04
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	1.01	1.06	1.05	1.04

**Table No. 11: Percentage of acid (by Magic Pitcher Titration)**

Sample	Day 1 <sup>st</sup>	Day 10 <sup>th</sup>	Day 20 <sup>th</sup>	Day 30 <sup>th</sup>
Batch A	0.06	4.5	5.28	5.56
Sample	Day 1 <sup>st</sup>	Day 4 <sup>th</sup>	Day 7 <sup>th</sup>	Day 10 <sup>th</sup>
Batch B	4.2	4.5	5.20	5.55

**Table No. 12 : Lohasava (Classical preparation)**

Sr.No.	Day	% Iron	% Alcohol	pH value	Invert sugar in mg	Sp. gravity	% acidity
1	1 <sup>st</sup>	0.805	0.00	8.02	95.4	0.9834	0.06
2	10 <sup>th</sup>	0.921	2.02	3.5	82.00	1.06	4.5
3	20 <sup>th</sup>	0.949	2.55	3.75	90.4	1.05	5.28
4	30 <sup>th</sup>	1.089	7.75	4.16	92.3	1.04	5.56

**Table No. 13 : Lohasava (Added alcohol preparation)**

Sr.No.	Day	% Iron	% Alcohol	pH value	Invertsugar in mg	Sp. gravity	% acidity
1	1 <sup>st</sup>	1.13	10.00	5.42	90.8	1.01	4.2
2	4 <sup>th</sup>	1.13	10.00	3.5	94.00	1.06	4.5
3	7 <sup>th</sup>	1.14	10.3	3.74	100	1.05	5.20
4	10 <sup>th</sup>	1.16	11.2	4.16	109.3	1.04	5.55

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### Discussion

In *Asava-arista* preparation it takes time for production of alcohol and to dissolve active ingredients in it. In *Lohasava*, water is there from starting of fermentation. The active principles not only get dissolved in water but some of them are soluble in alcohol.

In added alcohol method, water and alcohol both are available from first day. Due to this active principles get dissolved in short time. That's why process of fermentation of Batch B completes earlier, nearly 20 days before than classical method.

By use of alcohol, preparation like *Lohasava* (*Surasava*) proves useful in some of other things also.

1. Time duration: - Classical method require more time i.e. 30 days for completion while added alcohol method *Asava-arista* get prepared in 10 days only.
2. Temperature: - Classical method of fermentation depends on Temperature of surrounding and season. Because fermenting yeast

works in specific temperatures. Yeast don't works if temperature get increased, affecting the generation of alcohol. Added alcohol method does not require specific temperature and season.

3. Labour: - Classical method is more laborious than the added alcohol method.
4. Precaution: - In classical method care should be taken for the contamination of vessels used, while added alcohol method does not require such type of care.
5. Cost factor: - Due to the factors like manpower, time duration, cost of the classical method gets more than that of added alcohol method. So patient can get *Asava-arista* of similar properties as explained in classics with fewer prices.

### Conclusion

After comparing both batches (A and B) of *Lohasava*, it can be concluded that Physical and chemical analysis of the sample of classical and added alcohol

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method shows not much pharmacopoeial differences.

Added alcohol method of *Lohasava* preparation complete in less time (10 days) than the classical method of *Lohasava* preparation (30 days).

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### Article\_5

## Clinical Trials of Madhutailik Basti and Hypoglycemic Herbomineral Drug in Madhumeha

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### Abstract\_5

Ayurveda is the first medical science that identified, diagnosed and managed Madhumeha while claiming it is incurable much earlier to modern science. It can give effective solutions to this burning problem due to its special treatment methods based on highly effective and safe herbo-mineral preparations. Therefore in present study the reassessment of Madhutailik basti and herbo-mineral drug has been done to understand its efficacy in Diabetes.

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### Cite this article

*Yogesh T. Kotangale*

## Clinical Trials of Madhutailik Basti and Hypoglycemic Herbomineral Drug in Madhumeha

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 33-39

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**Key Words:** Diabetes, Madhutailik basti, Herbomineral, Rasayana.

**Introduction :** Madhumeha can be correlated with Diabetes Mellitus in modern science. Madhumeha is fast emerging as one of the major killers of

present era<sup>(1)</sup> It affects the urban population as well as the rural population equally. It is suggested that the increase in the occurrence of this disease possibly is due to changing food habits and the increased stress in the society. According to the modern science though the exact cause of diabetes is not known but there are some

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predisposing factors like age, stress, poor diet, drugs etc ,which increase the chances of occurrence of the disease<sup>(2)</sup>. Human mind can seldom be satisfied and it is unnecessarily taxed when people try to work overtime. Diabetes is chronic degenerative and single most important metabolic disease, which affect every vital organ and system of the body.

The complications of Diabetes are more dreaded than the disease itself. The common complications affecting the nerves, the heart, the eyes and the kidneys occur in almost all diabetics at some stage in their life. They become more inevitable and occur earlier in those having a poor control of their diabetes. The patient himself has to know of his diabetes to live a complication free and healthy diabetic life<sup>(3)</sup>

Every person has glucose in their blood, whether or not they have diabetes. When any person eats, the digestive process breaks down food into glucose, which is absorbed into the blood in the small intestine. People who are not diabetics rely on insulin, a hormone made in the pancreas, to move glucose from the blood into the body's cells. But people who are diabetics

either don't produce insulin or can't efficiently use the insulin they produce. Without insulin, they can't move glucose into their cells. Accumulation of glucose in the blood is known as hyperglycemia and over time, can cause very serious health problem. According to recent study, India will be Diabetes Capital of the world in the near future<sup>(4)</sup> This disease of sugar is becoming a great national catastrophe with current incidence rate of 3%.<sup>(5)</sup>

It is very clear that at the end of 2025 A.D. may find more than 75% diabetes patients in the developing countries.<sup>(6)</sup> Among them maximum in India.<sup>(7)</sup> In modern medicine oral hypoglycemic agents have been introduced around 1954 and Insulin was synthesized in laboratory in 1966. We have developed newer medicine but failed to check the rate of incidence of DM. There are certain limitation of OHPs in type II DM and problem of Insulin antibodies in type I DM. Therefore there is a need of traditional medicine for the better management of DM.

Ayurvedic texts, classics provide wide references on herbal and herbo-mineral preparations which can be safely used orally for longer period<sup>(8)</sup>

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### Aims and Objectives :

The present research work has been undertaken with the following aims and objectives,

1. To study the pathogenesis of Madhumeha and to correlated it with modern science.
2. To evolve standard ayurvedic therapy for the management of DM.
3. To assess the efficacy of Madhutailika basti
4. To introduce an easily available, economically cheap and a much effective drug for the patient of DM.

### Materials & Methods:

For the present study, 45 known patients of Madhumeha were selected. These patients were randomly selected into 3 groups 15 in each.

**Group I** - patients were given Madhutailik basti<sup>(9)</sup> for 8 days then OHA.

**Group II** - patients will be kept on OHA.

**Group III** - patients were given one shodhana basti i.e. Madhutailik basti before and after matrabasti followed by OHA.

**Selection of patients :** The patients who form the material of present clinical study will be selected from OPD and IPD of Kayachikitsa department, Ayurved Hospital and research centre, Akola.

**Criteria for Selection of Patients :** The patients who are having the following signs and symptoms <sup>(10)</sup> will be selected for the clinical trials,

1. Prabhutavil mutrata (Polyurea)
2. Kshudhavriddhi (Polyphasia)
3. Pippasavriddhi (Polydipsia)
4. Dourbalya (General Weakness)
5. Paridaha (burning sensation)
6. Kandu (Itching)
7. Bhrama (Vertigo)
8. Malabaddhata (Constipation)
9. Somatic complaints like sandhi shool (joint pain), weight loss (karshya)
10. Nakta mutra pravrutti (urination during night)
11. Suptata (Numbness)
12. Anidra (Insomnia)

### Criteria for Exclusion of Patients

The cases with complications having diabetic gangrene, carbuncles, diabetic

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coma, retinopathy, IDDM are excluded from present clinical trials.

### Objective parameters:

1. Fasting blood sugar and post prandial blood sugar
2. Lipid profile,
3. Parallel urine sugar,
4. Haemogram

**Oral Hypoglycemic Drug :** The ingredients of oral drugs are Shilajit (*mineral pitch*), Gudmar (*Gymnema sylvestre*), Haridra (*curcuma longa*), Daruharidra (*berberis aristata*), Shatavari (*asparagus racamosa*), Methika (*trigonella foenum graceum*), Amlaki (*emblica officinalis*), Jambubeej (*syzigium jambolana*) and Karvellaka (*momordica charantia*).

### 1. Table showing reduction in blood sugar level (fasting)

Sr.No.	Treatment	Mean Reduction	Difference	C.D.
1	G-I	79.20	36.09	
2	G-II	43.11	0.63	29.71
3	G-III	42.48		

As mean reduction in scores related to treatment group I is maximum, so it most

**Madhutailika Basti :** The ingredients of Madhutailika basti are Erandmool (*ricinus communis*), Madanphal (*randia spinosa*), Shatapushpa (*anethum sowa*), Saindhava (*sodium chloride*), til tail (*sesamum indicum*) and Madhu.(*mel*).

**Drug dose :** 500 mg tablet Three times per day.

**Duration of Study – 3 months**

**Anupana-** luke warm water.

### Observations-

There is reduction in symptoms after the 6<sup>th</sup> follow up in Group I patients compare to other two Groups. At the end of 3 months the patient of Group I shows significant improvement in the blood sugar level, urine sugar level and serum cholesterol . (P<0.005).

effective for reducing BSL fasting as compare to other groups.

### 2. Table showing reduction in blood sugar level (post prandial)

Sr.No	Treatment	Mean Reduction	Difference	C.D.
1	G-I	98.48	35.48	
2	G-II	63	6.06	9.002
3	G-III	57.94		

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As mean reduction in scores related to treatment group I is maximum, so it most effective for reducing BSL fasting as compare to other groups.

### 3. Table showing reduction in serum cholesterol

Sr.No.	Treatment	Mean Reduction	Difference	C.D.
1	G-I	45.92	23.66	
2	G-II	22.26	1.33	21.61
3	G-III	20.93		

As mean reduction in scores related to treatment group I is maximum, so it most effective for reducing BSL fasting as compare to other groups.

### 4. The effect of the 3 groups for increasing hemoglobin is seen as follows

Sr.No.	Treatment	Mean Reduction	Difference	C.D.
1	G-I	1.013	0.173	
2	G-II	0.84	0.34	0.3946
3	G-III	0.5		

As mean reduction in scores related to treatment group I is maximum, so it most effective for reducing BSL fasting as compare to other groups.

### Discussion:

Madhtailik basti has been administered in Madhmeha patients might have got the results by virtue of its Rasayana properties and its shodhana qualities might have stimulated the B cells and enhanced the insulin properties.

It might have improved the specific immunity in the body and stopped the degeneration of B cells and given strength to the existing B cells to enhance the secretion of insulin production because Madhumeha is said to be the results of absence of vikar vighat abhava<sup>(11)</sup> in the body.

Hence, when it improves the immunity in the body it gives the resistance power to the whole body.

### Conclusion:

The clinical trials of Madhutailika basti & hypoglycemic herbomineral drug in Madhumeha (A comparative study) can be concluded that individually all the three treatment groups have shown encouraging

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results in reducing almost all the symptoms & blood investigations.

1. From the study it can be concluded that Group-I, i.e. Madhutailika basti 8 days with oral drug has highly effective in reducing the symptoms as well as blood sugar FF, Blood sugar PP, LDL, S-cholesterol & S-triglyceride.
2. It has been concluded that Group-II, i.e. oral drug has effective in reducing the blood sugar, LDL, S-cholesterol & S-triglyceride.
3. The patients who are treated in Group-III, i.e. Madhutailika basti 3days with oral drug which got significant reduction in blood sugar levels, S-cholesterol & S-triglycerides.

Finally from the present clinical trials it can be concluded that Madhutailika basti with oral drug (Group-I) has got most significant results than other two groups.

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### Article\_6

### Yoga- an alternative remedy for back pain

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### Abstract\_6

Now a day back pain is become common problem and causing general discomfort, back pain may interfere with activities of daily living and negatively impacting self-care. Hence, it was thought that yoga therapy can be used for controlling / managing back pain, it will also help in spreading awareness about the yoga therapy and back problems in general people. 30 Participants from age group 25 to 60 yrs were randomly selected for the present month long study. The consent and detailed history was obtained from each of them and recorded. All participants were advised yoga as per the given schedule. Anthropometric parameters were also measured before and after the *yoga* therapy along with specially made Feedback form with questionnaire were used. Before initiation of *yoga* therapy, out of 30 participants enrolled, 8 had back pain with normal work, 15 had moderate pain and 7 had severe pain, and at the end of the study, Out of 30 participated, 12 had no back pain, whereas 15 had back pain with normal work, 2 had moderate pain and 1 had with severe pain. This data suggests significant decline in back pain after *yoga* therapy as  $t' = -7.3$ ,  $P < 0.05$ , along with improvement in sleeping pattern. Thus it can be said that, *Yoga* can be effectively used for managing back pain along with other proven drugs/ therapy. It can also delay the use of surgical intervention, which is not yet fully

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satisfactory and non - affording to many general people. *Yoga* enhances the physical and mental harmony by which back pain affected people gets benefitted.

### Cite this article

*Deshmukh Swati H<sup>1</sup> Kale Deepa R.<sup>2</sup> Tathed Pankaj P.<sup>3</sup>*

### Yoga- an alternative remedy for back pain

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 40- 47

**Keywords** - Back pain, *Yoga*, *Kapalabhati*, *Tratak* and *Omkar*

#### Introduction-

The greatest requirement for a happy and a healthy life is the presence of a healthy spine. A strong, flexible vertebral column is the necessary base on which the whole life revolves. The human spine consists of thirty-three vertebrae, the various muscles, ligament and spinal nerves are interconnected with it. Our routine life, hard work, good nature requires a strong, efficient vertebral column. A weak spine resembles a bridge depending on a weak pillar, ready to fall down any time. The age of human being is calculated using the flexibility of the spinal cord. An old man with young, healthy spine is medically considered as a young man, while a young man with a stiff spine is termed as a man with an old spine. The

normal curves in a spine absorb all the jerks and shock while running, walking, standing etc. The stressful modern lifestyle causes the tensions to accumulate in the spine making it stiff. This cause neck, back ache and the restriction of movements, pain. Out of 10 every 8 people in the world has been suffered from severe attack of back pain during their life time. What compounds this bad news is the fact that nearly 70% of those who suffer will have a recurrence within one year of the initial episode. It also drains the economy since it is responsible for the highest number of man hours lost in the industry. Back pain is a symptoms rather than disease. There are many causes of back pain. Getting an accurate diagnosis of the cause of back pain is critical, because different diagnoses will

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require very different treatment approaches. And the sooner an accurate back pain diagnosis is made, the sooner the patient can find an appropriate treatment for pain relief and to improve his or her ability to enjoy everyday activities. The most common diagnostic tests include: X-rays MRI scans Blood Test .Today a large population of the modern world faces the back pain in its variant forms. Many of these ailments are getting neglected as minor complaints and do not even require a visit to the Medical Doctor, whereas many others will stretch the affected to the extent of crippling him. The search for an answer in this regard usually leads one to take many medications which relieve the pain, but does not provide any sort of cure for the problem as such. Otherwise he will have to opt for surgical options, which may in turn open up a overabundance of complications. Adding to these are the mental strain and the financial burden bothered on him, especially when surgical interventions are required. All these direct us to the need for a serious approach towards a treatment protocol which gives relief and that too, if possible, in a non-surgical way, which will then become the greatest boon to the ailing humanity.

Back pain, one of the common problems of present day, is caused due to stress and tension in lumber region of spine. Sedentary lifestyles, stress, overuses or under use of the back, postural mistakes etc. are unconsciously triggers the spread pain in back region. Practice of *yoga*, helps in making the spine fit, flexible and it's the best solution available to the mankind now. *yoga* is form of complementary and alternative medicine that includes a variety of practices, including *asanas*, *pranayama*, and meditation. It has proven to be a safe and effective way to alleviate many forms of back pain and prevent its recurring bouts. Recent studies believed that *yoga* – a widely practiced physical/mental discipline – may relieve back pain and reduce functional disability. Thus, this study was undertaken to view the effects of *yoga* on back pain

### Aims and Objective-

It is well observed that each and every person experiences back pain at some point in their lives, and recurrence rates can be as high as 85%. (Hides JA, et.al.2001) In addition to causing general discomfort, back pain may interfere with activities of daily living by reducing mobility, hindering work duties, and negatively impacting self-care. Hence, it

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was thought that yoga therapy can be used for controlling / managing back pain, it will also help in spreading awareness about the yoga therapy and back problems in general people.

### Observations-

30 Participants from age group 25 to 60 yrs of different socioeconomic background were randomly selected for the present month long study. The consent and detailed history was obtained from each of them and recorded. All participants were advised yoga as per the given schedule (i.e. *Kapalabhati*, *Tratak* and *Omkar* chanting for 10 minutes, followed by *Sukshma Vyayam* for 20 min. and then *Yogasanas* and *Yognidra* for 30 min. daily, the entire course lasted for 30 days). Anthropometric parameters were also measured before and after the *yoga* therapy along with specially made Feedback form with questionnaire were used. Before initiation of *yoga* therapy, out of 30 participants enrolled, 8 had back pain with normal work, 15 had moderate pain and 7 had severe pain, and at the end of the study, Out of 30 participated, 12 had no back pain, whereas 15 had back pain with normal work, 2 had moderate pain and 1 had with severe pain. This data suggests significant decline in

back pain after *yoga* therapy as  $t' = -7.3$ ,  $P < 0.05$ , along with improvement in sleeping pattern.

### Material and Method-

The permission from head of the institute was taken for this study. 35 participants with back pain more than 3 months were voluntarily registered for the month long open random study, at YMT Ayurved Medical College & Hospital Kharghar Navi Mumbai. Present complaints and Past histories was recorded along with anthropometric parameters i.e. height in centimeters, Weights in kilograms. pulse rate, respiratory rate, blood pressure, were also recorded. Participants having back pain due to surgical intervention diabetes, hypertension, cancer, pregnancy, blood disorders were excluded. Participants were given proper instructions regarding the schedule of the study and counseling was carried out. All participants were given a specially made questionnaire to find the severity of back pain. Participants were called for *yoga* on all five days a week (Monday- Friday) for one hour, in that period of time, *Kapalabhati*, *Tratak* and *Omkar* chanting were done for 10 minutes, followed by *Sukshma Vyayam* for 20 min. and then

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*Yogasanas* and *Yognidra* for 30 min. daily, the entire course lasted for 30 days. *sukshma vyayam* includes loosening of fingers, loosening of wrist, loosening of elbows, shoulder rotation, neck bending and loosening of ankle, knee bending, knee rotation, half butterfly , full butterfly movements and *Naukachalan*. *Yogasanasa* advised were *vakrasana* , *majarasana* , *uttith ekpadasana* , *dwi padasana* , *uttan vakrasana* , *pawan muktasana* , *bhujangasanas*, *shalbhasan* , *naukasanas* , *dronasanas* , *ardh*

*kati chakrasanas*, *baddha hastasanas* , *pari vrutta trikonasana* , *hasta padasanas* They were also advised to continue the *yoga* practice at home on Saturday and Sunday. Out of 35 participants 5 were unable to continue due to their domestic problems; hence they were dropped from the study. After 30 days of *yoga* practice feedback form with questionnaire was again given to the participants and data thus recorded were analyzed.

### 1) Gradation of - KATISHOOL (BACK PAIN):-

GRADE	SCORE	DESCRIPTION
0	0	No Pain
I	1	Dull aching pain which is tolerable
II	2	Moderate pain which requires analgesics or fomentation.
III	3	Severe pain not relieved with analgesics and fomentation

Time Period -1 June to 30 June 2007

Place of study - YMT Ayurved College & Hospital, Kharghar Navi Mumbai-410210

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### Observation and result-

Participants were from age group 25 to 60 yrs from different socioeconomic background (Male-10; Female-20) were selected for the study. Before the *yoga* therapy, out of 30 participants, 8 had back pain with normal work, 15 had moderate

pain and 7 had severe back pain. At the end of the study, The data suggest significant decline in back pain as, Out of 30, 12 have no back pain, whereas 15 have back pain with normal work, 2 have moderate pain and 1 have severe back pain. This data statistically analyzed shows significant improvement in the back pain

Before treatment	After Treatment	S.D.	S.E.	t	T
2.1	0.9	0.7	0.1	7.3	<0.05

In sleeping pattern, it was realized that, there was significant positive change after *yoga* therapy.

The anthropometric parameters i.e. height in centimeters, weight in kilograms remains the same, although pulse rate, respiratory rate, blood pressure, Showed positive changes which were in subnormal range shifted towards normal range, this change were found to be statistically insignificant.

### Discussion-

*Yoga* is form of complementary and alternative medicine that encompasses a

variety of practices, including physical postures (*asanas*), breathing exercises (*pranayama*), and meditation<sup>1</sup>. The popularity of *yoga* has increased steadily over the past decade, the main finding of this study suggests that the practice of *yoga* can decrease pain and increase functional ability in patients with back pain. Given these findings, *yoga* may be considered an effective treatment for individuals with back pain. Many postures in *yoga* strengthen the back and abdominal muscles and help the body to maintain a proper upright posture and movement. Stretching and relaxation

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techniques reduce tension in stressed muscles, when these muscles are well conditioned; it helps to offset back pain. *Yoga* eases lower back pain, by stretching and strengthening the muscles of the lower back. It also increases blood circulation, which brings healing nutrients to the injured tissues, which helps in regeneration. *Yoga* also helps maintain a natural curvature of the spine that is crucial in avoiding lower back pain. Thus, *Yoga* is an excellent therapy for healing injured and sore back muscles, speeding time to recover from an injury and preventing re injury. It also reduces the risk of disability due to back pain. In short, *Yoga* increases general condition of the body along with mind and keeps the body healthy and flexible. In addition to stretching and strengthening the muscles of the back and lower extremities through physical postures, *yoga* may have the additional benefit of reducing stress through meditation and breathing exercises, contributing to an overall reduction in symptoms for individuals with low back pain.<sup>2-4</sup>

**Conclusion-** Thus it can be said that, *Yoga* can be effectively used for managing back pain along with other proven drugs/ therapy. It can also delays the use of surgical intervention, which are not yet fully satisfactory and non -affording to many general people. *Yoga* enhances the physical and mental harmony by which back pain affected people gets benefitted

**Note** - This study was conducted as a camp suggested, approved and guided by the Principal and Chairman of YMT Ayurved College & Hospital, Kharghar Navi Mumbai, hence ethical committee clearance was not taken or required

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### **Article\_7**

### **Open Controlled randomized Study to evaluate efficacy of Ayurvedic medication in management of fissure in Ano**

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### **Abstract\_7**

Upcoming Era is an Era of Hurry, Worry, & curry. In this fast moving life Irregular food habits, fast food, sedentary life style & mental stress all this factors leads to Ano-rectal diseases like Fissure in Ano is one of them found in community mostly. In this Fast life everyone expects easily available, fast relief, better result, safe, cost effective & less time consuming treatment. In this condition it fits to description that Ayurvedic medication might be fruitful in treating Fissure in Ano.

So far as modern medicinal treatment is concerned it has lot of drawbacks, such as – patients gets accustomed to stool softener & increasing doses of it required for relieving constipation. Also, when fissure heals, if stool softener are stopped fissure reoccurs. Use of local ointments causes dermatitis & systemic complications like giddiness, Hypotension etc. There is also a fear of sepsis & infection causing abscesses & fistulae.

Medicinal treatment can't break the pathology of formation of fissure as sphincter spasm is not relieved so recurrence is very much common. Due to all this, chronicity of fissure goes on increasing making it more complicated.

Present study comprises of two groups of patients, each having 30, giving Group A- Ayurvedic medication & Group B – Modern Medicinal treatment. Ayurvedic treatment has better efficacy in relieving symptoms. This could be act as a sphincter gets relaxed by yashtimadhu taila gudapuran & other ayurvedic treatment, so ayurvedic medication is very effective, without complication & side effects.

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### *Cite this article*

**K. Rajeshwar Reddy**

### **Open Controlled randomized Study to evaluate efficacy of Ayurvedic medication in management of fissure in Ano**

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 48-56

### **Key Words:**

Fissure in Ano, medicinal treatment, sphincter spasm, yashtimadhu taila gudapuran.

### **Introduction:**

Anal fissure is most common cause of severe anal pain. It is equally one of the most common reasons of bleeding per anus in infants and young children. The pain of anal ulcer is intolerable and always disproportionate to severity of the physical lesion. It may be so severe that patients may avoid defecation for days together until it becomes inevitable. This leads hardening of stools which further tear the anoderm during defecation, setting a vicious cycle. It is the most painful & agonizing condition, because of which patients physical & mental state of well being is hampered.

### **Etiology:**

In almost all cases trauma to the anal canal during passage of large hard motion is suspected the cause of forming fissure in ano.

Constipation: repeatedly traumatizing the lining of the anal canal

- Passage of hard stool
- Chronic Diarrhea
- Habitual use of cathartics
- Anal trauma (like due to rectal examination using speculum and digit, Anal intercourse)
- It is most commonly seen in young and middle-aged adults who has usually present with Constipation.

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- Low intake of dietary fiber may be a risk factor for the development of acute anal fissure. Patients with anal fissure often have raised resting anal canal pressures with anal spasm, which may give rise to ischemia.

### Pathophysiology:

In anal fissures, anus distal to dentate line is involved. About 90% of anal fissures occur in the posterior midline where skeletal muscle fibers that circle the anus are weakest. The remaining 10% are found in the anterior midline.

**Sex:** Anal fissures affect both sexes equally; however, an anterior fissure is more likely to develop in women (25%) than in men (8%)

- Anal fissures are a complication of anorectal abscesses, which are more common in men than in women (male to female ratio of 2:1 to 3:1)
- Only 8% of anal fissures are anterior in men; 75-90% of

fissures in women are posteriorly located.

- **Age:** Although anal fissures are the most common cause of rectal bleeding in infants, they are primarily seen in young adults.
- 87% percent of people with a chronic anal fissure are between the age of 20 and 60 years old.

### Aims & Objective :

1. To find efficacy of Ayurvedic medication in relieving pain & other symptoms of fissure & curing it.
2. To compare effectiveness of Ayurvedic medication and Modern medicine.

This study was conducted in 2004 on fissure in ano. The Surgical procedure like Lateral Internal sphincterotomy & Manual dilatation of anus keep in idea intension that before thinking of surgical procedure one should think about medicinal treatment. Therefore in this research work I have taken medicinal treatment to treat fissure in Ano.

### Materials and Methods:

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A Open controlled randomized study on 60 patients Acute or Chronic fissure in Ano satisfying the inclusion criteria as described below were diagnosed, selected for study & scrutinized very well before & after investigation over a period of 5 years with the approval of Institutional Ethical Committee. These patients will be allocated into two groups randomly, Group A (30) will receive *Ayurvedic* medication & Group B (30) will receive Modern medicinal treatment. The randomization will be done using a block randomization list generated by computer.

### Ethical clearance

An understanding of the procedure was given to the patients about the study & a written consent was taken from the patients prior to participation in the trial. Ethical clearance

was sought from the ethical committee of the hospital & **Reference no 8055.**

### Drugs & Doses

Group A	Group B :
Avagaha sweda	Sitz bath
<i>Gandharva haritaki</i> 3 gm Hs. for 21 days	Syp Cremaffin plus 2-3 tsf Hs for 21 days.
<i>Yashtimadhu Taila gudapuran</i> 20 cc for 7 days	Local application of diltiazem for 21 days.

### Inclusion Criteria

- The patients (all age groups, both male and female) having chronic fissure in ano with inflamed, indurated margins and base consisting of scar tissue with a sentinel pile at its extremity.
- A diagnosed case of Acute as well as Chronic fissure in Ano.

### Exclusion Criteria

The patients with inflammatory bowel diseases, previous ano-rectal surgery, granulomatous and neoplastic diseases Fistula in Ano, Internal or External piles, Chronn's disease, Anal tuberculosis, Congenital anomalies of Anus

Ulcerative colitis, were excluded from study. Also AIDS, pregnancy, Syphilis, Diabetes were excluded from study.

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In Group A -*Yashtimadhu Taila* is prepared according to *snehapak vidhi of Sharangdhar Samhita* & given as *gudapuran* in dose of 20 ml for 7 days daily. *Gandharva haritaki* is *bhurjit haritaki* with *errand tail*, given in the dose of 3 gm H.S.with *koshna jala*. *Avagaha sweda* given 3-4 times a day with *koshna jala*.

In Group B – Diltiazem ointment 2-3 times a day before & after defecation. Syp Cremaffin plus is given as stool softener & Sitz bath is given 3-4 times with mild hot water.

**Follow up** has taken every week up to 1 months.

### Observation & Results:

#### Table showing Statical analysis

No	Signs & Symptoms	Mean of difference	SD of diff	SE of diff	W	N	P
1	Pain	2.43	0.62	0.11	465	30	<0.0001
2	PR Bleeding	2.63	0.55	0.10	465	30	<0.0001
3	Size of Ulcer	2.46	0.57	0.10	465	30	<0.0001

1. Male patients suffer more than females.% of male patients in study was 61.66%.

The clinical parameter of diagnosis are pain during defecation, constipation, Per Rectum bleeding & size of ulcer. Follow up is strictly as per CRF.

Modern medicines & other market preparation used will be directly purchased from market & *Ayurvedic* medicines are prepared according to *Ayurvedic* principle of *Sharangadhar Samhita*.

The data collected from CRF is subjected to statistical analysis, Tests were applied to the data generated & significance of the improvement is studied & comparative evaluation is done.

2. 51.66 % of patients who suffer from Fissure in Ano belong to age group 30-50 yrs.

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3. The persons who have sedentary type of occupation suffer more from Fissure in Ano.
4. Ayurvedic treatment has better efficacy in relieving pain during defecation, which is most important symptom. It is relieved in all patients after 7 days. Modern treatment has persists after 14 days.
5. Relieving constipation, statistically modern treatment has slight edge over ayurvedic treatment but as the laxatives(stool softener) stopped constipation recurs & Recurring fissure also.
6. Relieving P.R. bleeding as statistical data shows modern treatment works better than ayurvedic treatment. This could be because of relieved constipation in better way. If constipation reoccurs per rectum bleeding will also reoccur.
7. Ulcer of fissure shows significant reduction in size by Ayurvedic treatment than modern treatment, this could be because, sphincter

gets relaxed by basti & other ayurvedic treatment.

8. Ayurvedic treatment is very effective, without complication & side effects and is well tolerated.
9. Relaxations of sphincters can be observed by ayurvedic treatment & fissure in ano can be completely cured.

### Discussion:

Fissure in Ano is very painful condition among all ano-rectal diseases & is considered due to trauma because of hard stool.

### Discussion about pain

Modern medicinal treatment uses local Diltiazem ointment to treat the pain hence pain is relieved for some time. Then it has to apply after that & regularly tills fissure heals. It is proved that these applications hampers blood circulation & fissure heals slowly. Also they are irritating to skin so causes pruritus, dermatitis & increasing dose of it are also required. Some causes systemic complications like headache, giddiness, hypotension etc. So Ayurvedic treatment proved very much better here as pain is relieved faster than modern one. Also there are no side effects.

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### Discussion about P.R. bleeding

Modern medicinal treatment proved better in stopping P.R.bleeding. This could be because, constipation is relieved quickly by syp.cremaffin plus. But recurrence would have been there if it stopped.

### Discussion about Size of ulcer

Ayurvedic treatment act is on systemic & local also, it relaxes sphincters, thus fissure heals more quickly than modern treatment.

Relieves pain as vata is responsible for pain. Improves blood circulation as vata in natural state is responsible for 'vega & Vikshepan' karma. Relaxes sphincter as their Akunchanam is relieved by vata shaman. Also in relieving P.R.bleeding as statistical data shows Ayurvedic treatment works better than modern treatment.

According to ayurvedic view Treatment of fissure is mainly deepan, pachan & anuloman, thus it not only symptomatic treatment but it as a act on systemic, regularizing whole body mechanism, & treating disease totally.

Ayurvedic treatment proved very much better here as a pain is relieved more faster than diltiazem, also there are no side effects & is well tolerated.

So far as concern modern medicinal treatment it has a lot of drawbacks such as,

- Patients get accustomed to purgatives & increasing doses of it are required for relieving constipation. Also, when fissure heals purgatives are stopped & fissure recurs.
- Use of local ointments causes dermatitis & increasing dose of it are also required. These are irritating to local tissue, causing more complication. There is also fear of sepsis & infection causing abscesses & fistulae. They also has some systemic complications like headache, giddiness, hypotension etc.
- This medicinal treatment can't break the pathology of formation of fissure as sphincter spasm is not relieved so recurrence is very much common thing to happen.

### Conclusion

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Ayurveda consider the disease formation by a whole body mechanism, just not a local defect. But in modern medicine local defect has been given much more importance, that's why their treatment mainly constitutes local defect abolishing treatment.

Ayurvedic treatment proved to be better than modern medicinal treatment. Diltiazem and laxative used to relieve sphincter spasm and constipation for some time upto fissure heals, if stool softener are stopped fissure reoccurs. Also they are irritating to skin so causes pruritus. So finally can be concluded that Ayurvedic medication proved that it has better efficacy and to be more beneficial than Modern medicinal treatment in fissure in ano.

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### Article\_8

### Effect of Vaman on Hyperlipidemia

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### Abstract\_8

we had selected 20 patients from Vasantik Vaman camp organized in Dr.D.Y Patil college of Ayurved for observe effect of Vaman on Hyperlipidemia. Out of 50 patients we found that 20 patients lipid profiles were dearranged. So we carried out this pilot study on them. Internal oleation was done by Panchtikta Ghruta for 5-7 days according to patient's *kostha*, *agni* and *prakruti*. After the appearance of sneha satmya symptoms 1 days rest was given. Next day after the sarvang snehana, swedana patient was given milk to drink then after chanting, vama yoga (Madan phala 4: vacha 2 : saindhav 1 with honey) with yastimadhu phant as Anupana was given . after sansarjan karma of 5-7 days (accordingly the suddhi symptoms ) again lipid profile of patient was done. We observed significant change in reducing the LDL & Triglyceride level.

### Cite this article

Ritu Wadhwa<sup>1</sup>, Ashok Londhe<sup>2</sup>

### Effect of Vaman on Hyperlipidemia

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 57-61

**Key Words:-** Vaman, Hyperlipidemia, Samsarjan karma, Internal oleation .

**Introduction:** For Kapha predominant disorder vaman is the main panch karma

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procedure. Vaman is usefull in various skin disorders, acidity, Hyperlipidemia urticaria, psoriasis, eczema etc.

Every year in Vasant Ritu panch karma dept conducts “Vasantik Vaman Camp” and getting very good result. Last year we have observed the efficacy of vaman in Hyperlipidemia and got quite good results.

Ayurved considered Hyperlipidemia as Kapha dusti and improper functioning of fire (agni) principle. this cause impairment of conversion of one dhatu to the next for this vaman is the ultimate solution.

Vaman can be given according to the dosha predominant stage in any season but if it is given in vasant Ritu ( Kapha prakop kal ) it gives wonderful result as Acharya Charak has stated that best time to eliminate dosha is “Doshabahulya<sup>1</sup> “ stage. So we have carried out this study on “Hyperlipidemia” in Vasant ritu during Vasantik Vaman Camp.

### Aims and Objective:

To know the efficacy of Vaman karma in Hyperlipidemia. To relieve the patient from the threat of cardiac disorder because H.L. is regarded as the modifiable cardiovascular disease due to their influence on atherosclerosis.

### Materials and Methods:

Twenty patients were taken from Vasantik Vaman camp organized in Dr. D. Y. Patil college of Ayurved. Age ranging from 30-55, irrespective of sex (male & female). Ayurved Dashwidh Pariksha was done to each patient<sup>2</sup>. After parikshan patient was advice to take Aampachak Vati for 7 days according to the condition of the patients. Later on patient was adviced to take internal oleation with Panchtikta Ghruta for 7 days according to the agni and kostha of patients.

Lipid profile was carried out before taking ghrutpan and after completion of Samsarjan karma.

After the appearance the symptoms of samyak snehan symptoms<sup>3</sup> patient was adviced to take rest for 1 day. On the day of rest throughout the day patient may have normal diet but for the dinner he should consume Kapha utkleshak ahar like curd- rice, dahi vada, sweets etc. on the day of vaman, external loeation and kuti sweda /peti sweda was done after that 1lit of milk was given to drink then swastika vachan( chanting of mantra for 5 minute was perform by the patient.

Patient was adviced to take vamak yoga (Madan phala 4 : vacha 2 : saindhav 1 with

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honey) as avleha and yastimadhu phant was used as vamanopag drug.

Main ingredient for vama yoga was Madan phala as Charak has stated Madan phal is the best drug for the emesis as it doesn't create any complication<sup>4</sup>.

Instruction which were given to the patient during the procedure was:

1. Patient should drink vamanopag dravya in one gulp.
2. After consuming a no. of glasses of vamanopag dravya one gets a vega of vomiting the features of which should be noted<sup>5</sup>.
  - a. **Perspiration** : liquefaction of doshas.
  - b. **Horripilation**: movement of doshas from their place of stagnation.
  - c. **Abdominal distention**: when doshas reach the stomach.
  - d. **Nausea and salivation**: upward movement of doshas that comes out as 1 vega.
3. After every vega attendant should check the vital parameters eg pulse and Bp

4. After every vega patient should start consuming the vamanopag dravya without taking much time gap.

5. Dhumapana was done as post procedure of vaman and on the basis of Shodhan, samsarjan karma (dietary regimen) was explained for 5-7 days<sup>6</sup>. After completion of Samsarjan karma Lipid profile was carried out.

### Discussion:

During vaman karma initially Aam pachak vati was given then internal oleation was done to bring doshas from sakha to kostha and finally expulsion of all the toxins through oral route.

In Ayurved Hyperlipidemia is caused by improper functioning of the fire (agni) principle. Especially the fire principle of fat dhatu start malfunctioning & conversion of next dhatu i.e bone dhatu fails. This causes accumulation of unhealthy and partly digested fat (medas) all along the channels which transport it.

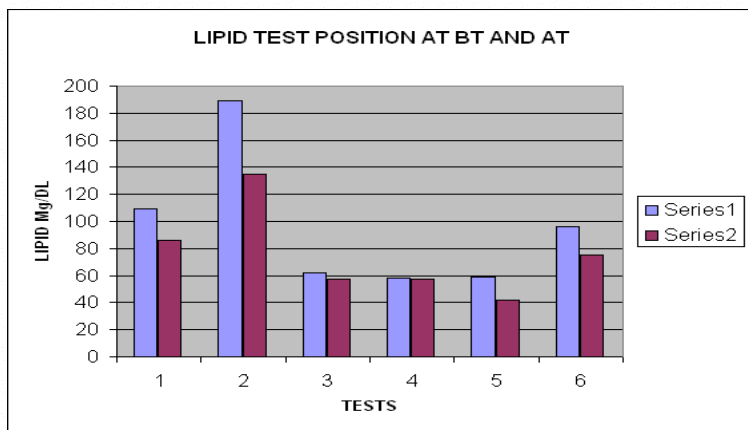
Correction of fire principle is the basic treatment for increase lipid levels. Proper management with vaman was triggered fire principle thus it helps proper conversion of fat dhatu.

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### STATISTICAL ANALYSIS OF LIPID PROFILE TESTS:

Sr. No.	TEST	No. of pts	Mean Value		% Relief	Difference	D bar	S. D.	t-cal	t-tab
			BT	AT						
1	Sr.Cholesterol	20	109	86	82.456	23	20.17	28.9862	1.7	1.729
2	Sr. Triglyceride	20	189	135	71.717	54				
3	HDL Cholesterol	20	62	57	93.5484	5				
4	LDL Cholesterol	20	58	57	100	1				
5	VLDL Cholesterol	20	59	42	75.862	17				
6	HDL Ratio	20	96	75	83.333	21				
i.e ( P < 0.05) relief in lipid tests.						<b>121</b>				



### Result:

Comparative study was carried out with the help of lipid profile value particularly for LDL, Triglyceride level.

Statistical analysis was carried out it shows significant result at 5 % ratio of significance (i. e. P < 0.05) relief in lipid tests. Result were modified significant in 90% cases

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### Acknowledgement:

Special thanks Dr Abhijeet Ahire for the statistical analysis .

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## Article\_9

### **Anant Vat (Trigeminal Neuralgia) and Ayurvedic management – A case report**

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#### Abstract\_9

Generally, It is observed that, the view of an Ayurvedic physician towards diagnosis of disease is based on modern concept by using various types of investigations e.g. Radiology, laboratory, E. C. G. etc. Hetu, Purvaroop, Roop, Upashayanupshay and Samprapti these are the five folds Ayurvedic method of diagnosis of disease. This case is a diagnosed patient of Trigeminal neuralgia. She had taken long term allopathic treatment from various expert doctors. When we have seen the all reports of investigations and treatment, we diagnosed this patient as per Nidan panchak with reference to sign and symptoms of Anantvata. Sushruta has described Anantvata under Shirogat vyadhi. We correlated the Nidan panchak of Anantvaat with neuralgic disorder of trigeminal nerve which causes sudden occurrence of severe pain on touching cheeks or chewing or eating. In this case study we noticed significant results.

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#### *Cite this article*

*DR. R. W. More, Dr. Veena H. Sharma*

### **Anant Vat (Trigeminal Neuralgia) and Ayurvedic management – A case report**

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 62-65

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#### **KEY WORDS:**

Anantvaat, Basti, Nasya, Shirodhara, Nidan Panchak, Trigeminal neuralgia,

## INTRODUCTION:

Trigeminal neuralgia is present with sudden occurrence of severe pain to the region supplied by the trigeminal nerve with or without any stimulus to the trigeminal nerve or its branches. It can be well managed by Ayurvedic treatment. This paper highlights a case of trigeminal neuralgia co-related with Anantvata.

## Clinical Features:

A 44 years old female patient having recurrent attack of hemi-facial pain spreading to teeth cheeks and head, watering from eyes and nose. She was diagnosed by E. N. T. surgeon as a case of trigeminal neuralgia in 2007 in K. E. M. hospital Mumbai. She was investigated properly including CT scan report showing bilateral maxillary and ethmoidal sinusitis. She has undergone septoplasty with limited Functional Endoscopic Sinus Surgery (F.E.S.S.) for right maxillary and ethmoidal sinusitis. She was operated for infra-orbital trigeminal neurotomy on 9/8/2007. Later on in 2008, she had recurrence of headache Rt. Hemi-facial pain including teeth cheek and ear. She has undergone Hysterectomy, appendicectomy and T. L. surgeries in 2010.

## On Examination:

Right ear tympanic membrane: Perforation

Left ear: N. A. D.

Nose: bilateral inferior turbinate hypertrophy

Throat N. A. D.

## History of present illness:

Patient has given h/o trauma after trigeminal neurotomy. She has felled down from the height of 7 feet. Later on she developed the same symptoms of Trigeminal neuralgia post neurotomy.

She was admitted in hospital for the above symptoms in 2011. After considering all the symptoms patient was diagnosed as *Anantavata*. *Sushruta* has described the same symptoms in *Anantavata*. It is a *Shirogat* disease in which patient feels severe pain and fasciculation in temporal region, eyes, eyebrows, posterior site of neck.

As per the pathogenesis it is caused by vitiation of *Tridosha* i. e. Vata, Pitta and Kapha. She had not given the classical treatment of *Anantvata* described in *Sushruta*.

## Ayurvedic Management:

Treatment given to patient is as follows:

After giving *Yoga basti (Shodhan)* daily for 08 Days, We introduced following treatment.

Sr. No.	Chikitsa Karma	Durations
1	<i>Shirodhara of Tila Taila</i>	1 litre Til Tail Daily in Morning for 20 Minutes 10 days
2	<i>Nasya of Panchendryavardan taila (Pratimarsh)</i> (Ayurved Sevasang, Nashik, M.S.)	B. D. 8 days
1	Internal Treatment:	
	<i>Maharasnadi kwath</i> (Sandu Pharma)	20ml B.D. for one month
	<i>Ghrutapana</i> (cow ghee)	20ml H.S. for one month
	<i>Dashmularista</i> (Sandu Pharma)	20ml B.D. for one month
	<i>Jatamansi</i> powder (own O.P.D.)	250mg H.S. for one month
	<i>Ashwagandharista</i> (Sandu Pharma)	20ml B. D. for one month
	Tab.Bruhatvata Chintamani (Dhutpapeswar Pharma ltd.)	O. D. for one month

## DISCUSSION:

Trigeminal neuralgia is a neurological condition which can be correlated with *Vat* dominance. *Vat* vitiations may be relieved by *Yog bastikram*. *Bruhatvat chintamani* is having soothing effect on the nerve. Stimulation of trigeminal nerve may be relieved by *Bruhatvat chintamani*, *Dashmoolarisht* and *Maharashnadi Kadha*. *Shirodhara* and *Nasya* might have affected the stimulation of trigeminal nerve by calm and cool effect. *Ashwagandha* is having

neurogenic property which strengthen the nerve.

## Conclusions:

With above mentioned treatment, patient relieved from all the symptoms after one month.

Six months follow up of the patient showed no recurrence.

*Anantavata* described by *Sushruta* is similar to that of trigeminal neuralgia and can be well treated.

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### **Article\_10**

#### **Effect of Panchtikta Ghrita Matra Basti in anal fissure**

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### **Abstract\_10**

Fissure-in-ano is a disease which reoccurs or is apt to additional trouble after conventional surgery. It is a small longitudinal ulcer in long axis of lower anal canal producing too much of pain when compared to its size. The common causes are constipation, spasm of internal sphincter, or secondary due to systemic conditions like ulcerative colitis etc. and also when too much of skin is removed in haemorrhoidectomy or surgeries of fistula-in ano. It is more common in youngsters and in reproductive age of females. This makes it even more necessary to find out an easily accessible and result-oriented remedy to improve the condition of young individuals for better outcome on their part. Also fissure-in-ano is a condition occurring during pregnancy and during ante partum due to injury by foetal head, making pregnancy a dreadful experience. Also during pregnancy no surgical intervention can be carried out and very less purgatives are prescribable. This again leaves a pit hole in the management techniques of fissure in- ano, demanding for a conservative therapy even during pregnancy.

Considering the treatment according to modern science, the one for acute fissure is most likely of conservative nature with oral pain killers, stool softeners, soothing ointments or injection of long acting anaesthetizing drug. In chronic cases usually surgical management is called for. Procedures like anal dilatation, posterior or lateral sphincterotomy or fissurectomy are in vague but unyielding in terms that the complication of these procedures like recurrence, incontinence and pruritus are even more agonizing than the actual pathology. Thus a proper line of treatment is still lacking. A humble effort to understand the condition in *Ayurvedic* aspect

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was done and “*Parikartika*” was one condition found to be similar to fissure-in-ano on basis of symptoms. *Acharya Sushruta* has described the term “*Parikartika*” as a condition of *Guda* in which there is cutting and burning pain. Similarly *Dalhana*, *Jejjata* have also clearly described *Parikartika* as a condition which causes cutting pain in anus. Thus a clinical study has been conducted with *Panchtikta Ghrita Matra Basti* on 30 patients for duration of 21 days. This *Basti* was found to be significantly effective on anal fissure.

### *Cite this article*

*Nehal P. Patel*<sup>1</sup>, *Sanjeev R. Yadav*<sup>2</sup>

### **Effect of Panchtikta Ghrita Matra Basti in anal fissure**

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 66- 73

#### **Keywords:**

Anal Fissure, *Panchtikta Ghrita, Matra Basti*

#### **Introduction:**

An anal fissure is the result of the stretching of the anal mucosa beyond its normal capacity. Once the tear occurs, it begins a cycle leading to repeated injury. The exposed internal sphincter muscle beneath the tear goes into spasm. In addition to causing severe pain, the spasm pulls the edges of the fissure apart, which impairs healing of the wound. The spasm also leads to further tearing of the mucosa with the passage of subsequent bowel movements. This cycle leads to

the development of a chronic anal fissure in approximately 40 percent of patients.

It has been proposed that ischemia may contribute to the development of an anal fissure. Blood flow in the anoderm at the posterior midline, the site of most fissures, is less than one-half that in other quadrants in the anal canal. Furthermore, the rate of perfusion is inversely related to anal pressure and patients with chronic anal fissure had higher anal pressures than those with fecal incontinence, hemorrhoids, or other colorectal disorders, or controls.

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

#### **Materials:-**

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- Equal quantity of each-  
*Patola Churna, Kantkari  
Churna, Vasa Churna,  
Guduchi Churna* and  
*Nimba Churna.*

- *Goghrita.*

### Methods:-

#### Method of preparation of formulation:-

*Panchtikta Ghrita* was prepared as described in *Sharangdhara Samhita.*

**Method of administration:-** *Matra Basti* for 21 days.

**NUMBER OF PATIENT** : 30 patients.

#### **Study Design:**

Open labeled study



Identification of patient  
from OPD, IPD



Selection of patient for screening



Screening of patient for inclusion  
(informed consent)



Baseline examination



Administration of drug

Assessment at intervals

of 7,14,21,30 days



Final assessment at the  
end of treatment i.e. 30 days



Statistical assessment



Conclusion

#### **Selection of patients:**

#### **Inclusion criteria:**

1. Patients having signs and symptoms of shool, daha and kandu were taken under this study. Patients between 18-70 years from both the sex.
2. Patients having anal fissure as determined by P/R examination were selected.

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3. Patients having pain and burning sensation during and after defecation were included.

**Exclusion criteria:**

1. Age below 18 and above 70 years from both sexes.
2. Infected fissures.
3. Patients having anal fissure with thrombosed piles or prolapsed piles.
4. Patients having major illness since long time and systemic pathogenesis like cardiac, renal, autoimmune diseases were excluded.

**Dropout criteria:**

1. Patient that has discontinued the treatment or have not given regular follow-up for 2 days.
2. Patients hypersensitive to the treatment were discontinued.

**Criteria for assessment:****Objective criteria:**

Since *Shool*, *Daha*, *Kandu*, etc are subjective parameter, to convert it into

objective parameter following methods were applied-

**Oxford pain chart:**

Grade	Symptom
0	No pain
++	Moderate pain (Requires some analgesics)
+	Mild pain (Tolerable)
+++	Severe pain (No response to analgesics)

**Burning sensation chart (During Defaecation)**

0	No burning sensation
++	Moderate burning sensation
+	Mild burning sensation
+++	Severe burning sensation

**Burning sensation chart (After Defaecation)**

+	Upto 1-2 hours
+++	Upto 8-10 hours
++	Upto 4-6 hours
++++	More than 10 hours.

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**Pruritus ani chart**

0	No itching
++	Moderate itching
+	Mild itching
+++	Severe itching

**Anal Spasm**

0	No spasm
++	Moderate spasm
+	Mild spasm
+++	Severe spasm

**P/R Bleeding:**

0	No bleeding
++	Blood in drops during defaecation
+	Blood streaks with stool
+++	Blood splash in pan

**Hard stools**

A	Absent
P	Present

The above observation is recorded on 1<sup>st</sup>, 7th, 14th and 21<sup>st</sup> day visit of the patient. A special proforma was prepared for

collection of data on successive follow ups.

**Statistical Analysis:** Paired 't' test.

**Observations:**

**General observations:**

- According to sex: Female patients were more in number than male patients.
- According to age: Maximum patients were belonging to young and middle age group.
- According to occupation: Young adults, patients having irregular diet, patients who have to stand for a longer time, having more of junk foods, having sedentary lifestyle. Patients having more of non-veg diet.
- According to prakriti: Patients having vatapittaj prakriti were found to be more prone to anal fissure.

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### Clinical observations:

- Common etiological factors were consumption of ushna-tikshna, ruksha-abhishyandi ahara, heavy work, less intake of water, constipation.
- The treatment is found to be more effective or showed earlier effect in pittaj prakriti.
- Most of the patients i.e. 20 among 30 patients got relief from symptoms like burning sensation, pain and hard stools from 3<sup>rd</sup> day of treatment. 6 patients got relief after 5<sup>th</sup> day of treatment and 4 patients had mild relief. Also 22 patients got relief from pruritus ani from 4<sup>th</sup> day of treatment.
- Dropouts: In this study it is found that percentage of dropout of patient is less than 5% and is found to be acceptable. This

dropout rate may be due to-

- a. Inconvenience to the patient as he has to come daily.
- b. Long duration of treatment i.e. 21 days.

- Side effects: No major adverse side effects were observed.

### Discussion:

*Panchtikta Ghrita Matra Basti* was given daily in morning for 21 days.

*Pradhan Rasa of Yoga* - *Tikta*

*Vipaka* - *Katu*

*Virya* - *Sheeta*

Being *Sheeta Viryatmaka*, the *Yoga* is *Pittashamaka* and thus reduces the burning sensation. As the formulation is prepared in *Ghrita* and *Ghrita* is *Pittashamaka*, the *Yoga* proves to be very effective. The pain occurring during defaecation is due to *Vata Pradhanya*. We can relate *Guda* with *Purishdhara Kala* and *Purishdhara Kala* is *Asthidhara Kala*. As we know that *Tikta*

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*Rasa* is the best treatment for *Asthidhara Kala*, hence in turn it helps in relieving pain. Also main treatment for *Vata* is *Basti*. Thus *Matra Basti* helps in *Vatashaman*.

As in today's hectic life, it is not possible for the patient to adhere to the strict rules of *Panchkarma*, hence *Matra Basti* is used, so that the patient can treat the ailment without hindering his routine life. Thus all constituents of formulation effectively work on *Samprapti Bhanga* of anal fissure.

### Conclusion:

1. After analyzing the data and the observations, we have come to conclusion that '*Panchtikta Ghrita Matra Basti* in morning for 21 days' is found to be effective in anal fissure.
2. The formulation did not have any adverse effect or toxic effect or any side effect and was found to be significantly effective in anal fissure.
3. The formulation is easily available and is cost effective.

4. This study is a small scale trial including sample size of 30 only. To get more specific results study should be carried on large sample size.

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### Article\_11

### Clinical efficacy of Agnikarma in Sandhigata Vata w.s.r. to Osteoarthritis of Knee Joint-A pilot study

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- 

### Abstract\_11

Osteoarthritis (O. A.) is degenerative joint disorder in which primary O. A. is the most common form in old age. Osteoarthritis of knee joint is a disease comes under inflammatory group which is similar to Sandhigata Vata described in Ayurveda, in respect to etiology, pathology and clinical features. *Agnikarma* (Therapeutic heat burn) is para-surgical procedure which gives instant relief from pain by balancing local *Vata* and *Kapha Dosha* without any untoward effects. This study was planned with an aim to evaluate role of *Agnikarma* in management of osteoarthritis of knee joint. Total 14 patients of *Sandhigata Vata* were selected and *Agnikarma* was done with *Rajat Shalaka* in which maximum 12 and minimum 9 *Ashtapad Dagdha* produced at painful site of knee joint. This procedure was performed four times in weekly interval and assessed the relief in sign and symptoms as per gradation adopted. The observed findings were recorded in research pro-forma and follow up was done fortnightly up to one month. Paired t test was applied for statistical calculation. Finally it was concluded that *Agnikarma* is effective in pain relief without any side effect.

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### Cite this article

Dudhamal TS, Gupta SK, Jethava N.

### Clinical efficacy of Agnikarma in Sandhigata Vata w.s.r. to Osteoarthritis of Knee Joint-A pilot study

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 74-84

#### Key Words:

*Agnikarma* , Osteoarthritis, *Rajat Shalaka*, *Sandhigata Vata*, Therapeutic heat burn.

#### Introduction:

Pain is an unfavorable sensation which brings an individual to the physician particularly is more painful when mobile joints like *Janusandhi* (knee joint) of the body is involved. The disease *Sandhigata Vata* is more prone to be affected the knee joint because it is most frequently involved joint in daily routine work as well weight bearing joint. In pathogenesis of *Sandhigata Vata* it is found dominance of Vata Dosha. In Shalya Tantra different modalities of treatments are described like Bshajakarma, Ksharakarma, Agnikarma , Raktamokshana and Shastrakarma. Sushruta as well as Vagbhata mentioned Agnikarma is superior than other modalities due to Agnikarma cures the disease completely with less recurrence and there is no fear of

complications like putrefaction, infection and bleeding. <sup>(1)</sup> The symptoms of Sandhigata Vata described in Samhita are Vedana (joint pain during flexion and extension), Sotha (swelling), stiffness and crepitus which can be co-related with osteoarthritis in modern parlance. <sup>(2)</sup> Agnikarma is non-pharmacological and para-surgical procedure which can be done when severe pain occurs in Twaka, Mamsa, Sira, Snayu, Sandhi and Asthi due to vitiation of Vata Dosha. <sup>(3)</sup>

“Osteoarthritis” is derived from the Greek word ‘osteo’ means of the bone ‘arthro’ means ‘joint’ and ‘itis’ means inflammation of the joints. Hence an inflammatory change in the joints of bone is called as osteoarthritis. There are two types of O.A. i.e. Primary O.A. (no underlying cause) and secondary O.A. (having underlying causes). Osteoarthritis is also known as degenerative arthritis, a clinical syndrome in which low-grade inflammation of joints is caused by abnormal wearing of the cartilage that

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covers and act as a cushion inside the joints. The decreased movement because of joint pain, regional muscles of joint may change to atrophy and ligament may become more lax. Further O.A. is an articular abnormality of synovial joints usually accompanied by sub-chondral sclerosis, bony cyst, joints space narrowing and bony overgrowth at joints.<sup>(4)</sup>

Osteoarthritis is second most common rheumatologic problem and is most frequent joint disease with prevalence 22% to 39% in India. Among them 29.8% persons between 45-64 years age, report diagnosed arthritis, and osteoarthritis of knee joint is seen most common in clinical practice of geriatric. Worldwide O.A. is the most common articular disease of people of 65 years and above.<sup>(5)</sup> The patients of O.A. need to take analgesics for daily and lifelong. In O.A. surgical therapy like knee joint replacement is very costly and after surgery patient has to continue analgesics for long duration. These analgesics and steroids in old age may produce adverse effects like gastritis, hyperacidity and some time renal failure. Previous research on Agnikarma in musculoskeletal disorders also has shown encouraging results.<sup>(6, 7)</sup> So this study has been planned with an aim to evaluate the

efficacy of Agnikarma with Rajat Shalaka in management of Osteoarthritis of knee joint.

### Materials and Methods:

#### Materials:

1. 14 patients of Janugata Sandhivata (O.A.) were selected.
2. Rajat (Silver) Shalaka specially designed having Ashtapad of weight 51 gm, Circumference 1.8 cm and length 12 cm (**Fig.-1**).
3. Triphala (Haritak, Bibhitaki, Amalaki) Kwatha was used for cleaning before procedure.
4. Pulp of Aloe Vera used to apply during Agnikarma .
5. After the procedure Madhu (honey), Sarpi (Ghrita) was applied up to 2 days.



**Fig.-1:** Rajat (silver) Shalaka

#### Inclusion criteria:

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The patients suffering from Janugata Sandhivata (O.A. of knee joint) of 45-70 years of either sex were included in this study.

### Exclusion criteria:

The patients suffering from systemic diseases like Diabetes mellitus, Rheumatoid Arthritis, Paralysis, Parkinson's disease, severe Anemia and Cancer were excluded. Secondary joint pain due to T.B., Syphilis, AIDS, and Leprosy were excluded from study. The pregnant patients were also excluded because it is contraindicated for Agnikarma .

### Investigations:

TLC, DLC, Hb%, Blood sugar (FBS, PPBS), Uric acid, RA factor, routine urine analysis and X-ray knee joints were carried out at base line and after treatment.

### Ethical clearance: Institutional Ethic

Committee, vide reference no.

PGT/7/A/Ethics/2010 -11/858; dated:

01/09/2010.

### Procedure of Agnikarma :

The procedure was done as per Sushruta's guidelines adopting trividha karma. Informed written consent has been taken and

information sheet about procedure has been provided to all patients. The Triphala Kwatha and Kumari pulp was kept ready. The part (knee joint) was washed with Triphala Kwatha and wiped with dry sterilized gauze and covered this area with a cut sheet. Rajat Shalaka heated up to red hot time approximately 3 to 4 minute.

The patient was laid in supine position and Agnikarma has been done at the maximum painful site at affected knee joint and Ghritakumari (*Aloe vera*) was applied simultaneously. The minimum space was kept between two points and care was taken to produce Samyaka Dagdha Varna (**Fig.-2**).

After wiping of Ghritakumari, dusting of Haridra powder was done on Samyaka Dagdha Varna. Patients were advised to apply Madhu (honey) and Sarpi (Ghee) from next day. Patients strictly advised to avoid contamination of water at Agnikarma site for 24 hours. This procedure was performed under all asptic precautions every week in four sitting and case were followed up after one month.

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**Fig.-2:** Samyaka Dagdha Varna

### Assessment Criteria:

#### Pain:

0: No Pain

1: Mild Pain (Exaggerated by movement and subside by rest of joint)

2: Moderate Pain (Not relieved by rest but not disturbing sleep or other routine activities)

3: Severe Pain (Disturbing sleep and other routine activities and relieved by analgesic)

#### Tenderness:

0: No Tenderness

1: Mild Tenderness (Patients complains of pain with swelling at knee)

2: Moderate Tenderness (Patient complains of pain & on touch withdraw of knee joint)

3: Severe Tenderness (Patient does not allow to touch the knee joint)

#### Crepitus:

0: No Crepitus

1: Palpable Crepitus

2: Audible Crepitus

#### Overall Assessment of Result:

1. After completion of treatment overall result of therapy was calculated as follow.
2. Cured : 91% to 100% improvement in subjective & objective parameters.
3. Marked Improvement : 70% to 90% improvement in subjective & objective parameter.
4. Moderate Improvement : 50% to 69% improvement in subjective & objective parameters.
5. Mild Improvement : 25% to 49% improvement in subjective & objective parameters.
6. Unchanged : < 25% improvement in subjective & objective parameters.

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**Table -1: Chief Complaints:**

Chief Complaints	No. of patients	Percentage
Vedana (Knee Joint Pain)	14	100.00%
Sotha (Knee Joint Swelling)	06	42.85%
Stambha (Stiffness)	02	14.28%
Sandhi Sphutana (Crepitus)	14	100.00%

In X-ray findings maximum patients 50% had shown early O.A. changes followed by O.A. changes in 35.71%, and space reduced 21.42%. The osteophyte changes and knee effusion and normal x-ray finding was observed in 14.28% patients (Table-2).

**Table-2: X-Ray Findings:**

X-ray Findings	No. of Patients	Percentage
Early O.A. Changes	07	50.00%
O.A. Changes	05	35.71%
Space Reduce	03	21.42%
Osteophyte	02	14.28%
Effusion	02	14.28%

In osteoarthritis of knee joint Agnikarma with Rajat Shalaka provided highly significant results ( $p < 0.001$ ) in the features of pain, crepitus and goniometric reading-angle of extension and flexion. The

**Table -3: Effect of Therapy on Signs and Symptoms:**

Signs & Symptoms	n	Mean	% of Relief	S.D $\pm$	S.E. $\pm$	't'	P	
Pain	14	2.07	76.31	0.47	0.12	16.33	<0.001**	
Crepitus	14	0.86	57.13	0.53	0.14	6.00	<0.001**	
Swelling	Mid Patella	05	1.70	4.21	0.84	0.37	4.54	<0.05*
	2" Above	05	1.80	4.31	1.04	0.46	3.88	<0.05*
	2" Below	05	1.60	4.17	0.89	0.40	4.00	<0.05*
Goniometric Reading	Ext. Angle	14	16.78	10.40	7.74	2.07	8.10	<0.001**
	Flx. Angle	14	32.50	33.70	10.14	2.71	11.98	<0.001**

\* Significant \*\* highly significant

↑ increased ↓ decreased

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significant results ( $p < 0.05$ ) were seen in swelling of the knee joint (at midpoint of patella, 2 inches above patella and 2 inches below patella) after completion of the therapy (Table -3).

**Table-4: Overall result of Agnikarma :**

Overall result	No. of Patients	Percentage
Cured	05	35.71%
Marked Improvement	01	07.14%
Moderate Improvement	05	35.71%
Mild Improvement	02	14.29%
Unchanged	01	07.14%

After 4 weeks of treatment it was observed that, 5 (35.71 %) patients got cured and moderate improvement. The marked improvement was seen in 01(07.14%) patients and mild improvement was observed in 02 (14.29%) while 01 (07.14 %) patient remained unchanged (Table -4).

### Observations and Results:

Total 14 patients studied in this work out of them maximum i.e. 8 (57.14%) patients

belonged to 45-55 years of age group; Male 8 (57.14%); Hindu religion 11 (78.57%); literate 10 (71.42%); Middleclass 9 (64.28%). Housewives 7 (50%); Urban habitat 12 (85.71%); Madhyama built 10 (71.42%); Madhyama type of Koshtha 11 (78.57%) patients were observed. The maximum patients in this study were observed having Vatanubandhi Prakriti 9 (64.28%); vegetarian 11 (78.57%); sedentary work 12 (85.71%). The history of chronicity up to 1 year 10 (71.42%); and overweight patient found 8 (657.14%); pain during walking 14 (100%); gradual onset disease 13 (92.85%) was reported. In female patients menopausal history 6 (42.85%) was noted by maximum patients. As chief complaints, Vedana (knee joint pain) and Sandhi Sphutana (crepitus) was present in entire (100%) patients, while Sotha (knee joint swelling) (42.85%); and Stambha (stiffness) (14.28%) of patients were observed (Table-1).

Among total 14 registered patients; many patients were reported that they were advised for knee replacement surgery by orthopedic surgeons. But due to lack of assurance for complete relief after surgery and costly affairs of the treatment patients consulted for *Ayurvedic* treatment in the

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OPD of Shalya Tantra and maximum patients were got relief. In this study after Agnikarma wounds which were superficial burn were healed within 5 to 7 days without any extra efforts. The scar was disappeared and come to normal skin colour by 6 weeks maximum, in all patients. Highly significant relief in pain was observed after 1<sup>st</sup> sitting of *Agnikarma*. After 1<sup>st</sup> sitting of *Agnikarma* there was no need of analgesics. After completion of treatment, changes in x-ray findings were insignificant due to anatomical defect. During treatment and follow-up period no any adverse effect was noticed.

### Discussion:

From Nidana point of view, all Vataprakopakara Nidanas and Dhatu Kshaya in old age are responsible for Sandhigata Vata.<sup>(8)</sup> Various physical activities such as Pradhavana and Abhighatas due to *Prapatana, Marma Abhighata, Dukha Shayya and Dukha Asana* are considered as Vataprakopakara Nidanas for Sandhigata Vata. In Samprapti vitiated Vata Dosha reduces the Kapha, thereby resulting in *Karma Hani* (restricted movements) of the *Sandhi*. In this study the most of patients were observed above age of 45 years which

is predominated by Vataprakopa and joint disorders, also supports the classical incidences of joint disorders found in these age groups.<sup>(9)</sup>

### Probable Mode of Action of *Agnikarma* in Pain relief:

*Agnikarma* was done with *Rajat Shalaka* provided 76.31% relief in pain, which was statistically highly significant ( $p < 0.001$ ) after completion of four sittings of *Agnikarma*.

In the classic *Agnikarma* is indicated in all *Vatavyadhi* i.e. *Vata* predominant disorders. Pain is predominant symptoms in Sandhigata Vata. There are many factors related to Ahara and Vihar which may vitiate and aggravate *Vata Dosha* and one of the important factors is *Shita Guna* which can vitiate Vata Dosha predominantly. After *Agnikarma*, the *Ushna Guna* of Agni pacifies the Shita Guna of Vayu and reduces the joint pain in Sandhigata Vata. When Kupita Vayu located at Asthi and Sandhi, produce unbearable pain which can be cured by *Agnikarma*. In Yajjapurushiya Adhaya Acharya Charaka has described that Agni is best treatment for Shoola (pain).<sup>(10)</sup> There is a concept of *Avarana* in *Ayurvedic* pathophysiology to produce diseases where

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the main Dosha is Avruta by any other Dosha. In Vata and Vata-Kapha disorders there may be Kapha or Meda Avruta Vata. These *Avarana* may hampered the proper Gati of Vata and create Shoola. Ushna Guna of Agni helps to removes the *Avarana* effectively and stabilizes the movement of Vata which provide relief from Shoola.

In modern parlance, it can be said that by application of therapeutic heat blood circulation increases at knee joint leading to proper nutrition of the tissue. This excess circulation may leads to flushing away pain producing substances from that place and ultimately reduces the local inflammation from the site of application of Agni. <sup>(11)</sup> Due to increased local metabolism by increasing the blood circulation with the help of Agni karma, the waste products (metabolites) which are get accumulated and responsible for producing pain, excreted out through the circulation and normalize the intensity of pain. <sup>(12)</sup>

### Probable Mode of Action of Agnikarma in Reliving Crepitus:

The crepitus was relieved in 57.13% of patients, which was statistically analyzed and found highly significant ( $p < 0.001$ ) in 4<sup>th</sup> week.

The feature of crepitus is a sound produced due to the friction occurred in a joint between two articular surfaces and lack of synovial fluids in osteoarthritis. After Agnikarma, though the friction was relieved in few patients, suggested that it would have been occurred due to increase in the level of lubrication which reduced the friction and provided relief from the pain as well. This relief was observed due to Agnikarma whereas osteophytes were recorded unchanged because it is structural defect so difficult to correlate the direct impact of Agnikarma on osteophyte. The Ashukari property of Agni also provided improvement in the movement of joints resulted in relief of the symptoms by reducing the friction. <sup>(13)</sup>

### Probable Mode of action of Agnikarma in Swelling:

As per recent data available it is known fact that heat application is indicated in the chronic inflammation and in case of O.A. of knee joint, there is chronic inflammatory changes which might be subsided by Agnikarma. <sup>(15)</sup> Application of heat increases blood circulation to locally affected area so as to flush away inflammatory substance and reduced the

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swelling. These inflammatory substances may be co-related with Aama, and for removing local Aama, Agnikarma is best therapy. Inflammation is the normal response of the tissue to any type of injury in which features are vasodilatation, exudation of fluid into the tissue & increased WBC & antibodies in affected area. The response obtained on heating the tissues are augmentation of these changes & so reinforces the body normal mechanism to deal with the injury hence swelling may be reduced.

### Conclusion:

After vivid discussion it can be said that Agnikarma had definite role in pain relief in patients of Sandhigata Vata. Agnikarma is a non-pharmacological, O.P.D. procedure, required minimum equipments so it can be used for pain management in osteoarthritis. In x-ray knee joint there was no any changes in osteophytes and space reduction before and after Agnikarma, due to structural defect. During treatment and follow-up period no any adverse effect was found. As this is the pilot study and conducted in less number of cases so for concrete conclusion Agnikarma should be tried in more number of patients.

### Acknowledgement:

Author acknowledges Prof. M. S. Baghel, Director, IPGT&RA for providing all facilities including silver Shalaka during the study.

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### Article\_12

#### Bahir-Parimarjan : Review of Lepa Chikitsa

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### Abstract\_12

Lepa effectively means, “A medicinal plaster that is applied to the physical body.” Ayurveda has for centuries recognized the benefits of applying lepa to help draw impurities out through the skin.

Lepa helps to maintain a balance between 3 doshas – Vata, Pitta and Kapha such that they can best carry out their regular functions of movement, chemical change and structural support. Additionally, superficially prepared lepa can be used to apply locally in case of inflammation, or clearing a specific skin condition.

Hence an attempt is made in this direction to bring fourth the benefits of lepa.

### Cite this article

*Sunil Tukaram Dhavale<sup>1</sup> Vidya Dattatray Dharne<sup>2</sup>*

#### Bahir-Parimarjan : Review of Lepa Chikitsa.

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3):85-89

**Key Words:** Bahir-Parimarjan , Lepa ,  
Shotha.

### Introduction

Ayurveda is an Indian Science of life which advocates dietary and life style changes in

the form of food regimen, daily regimen, and seasonal regimen to maintain health and to correct the pathological changes in the body. The emphasis is given on the dietary and life style changes in the disease state and to

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correct it through external managements on the body rather than internal medications and invasive techniques. These external managements are termed as “ Bahir-Parimarjan” which includes Alep(External Application), Oleation, Sprinkling (Parishek), Fomentation, Poultice, Vimlapan(Softening by fingers). Amongst these external modalities “Aalep” is of prime importance as its action is fast and it relieves symptoms immediately hence it can be used for all types of Shothas. {Su. Sutra18/3 (DalhanTika)}

Acharya Sharangdhar defines the Lepa as follows:

Paste of parts of wet herbal medicinal plant or powder of dry plant mixed in water to form a paste is used to cover the affected body part. This procedure is called as Alepa. (DalhanTika)

As Sushrutacharya claims that it is “Aashupida- hara” i.e. it relieves pain immediately. (DalhanTika). Shalyatantra is known for its fast action. (Su. Sutra1/18).

Lepa is one of the Shalya chikitsa which acts as fast as other Shalya Chikitsa. Acharya Sushruta also explained about its action giving example as water acts against fire.

Lepa acts against local pain pathology. Lepa can reduce localized pain immediately.

### Types of Lepa :

According to Sushrutacharya Lepa is of three types :

1. Pralep
2. Pradeha
3. Aalep

#### 1. Pralep : (Su. Sutra18/6)

Acharya Sushruta has described following properties of Pralep - Sheet (Cool ), Tanu (Thin), Avishoshi/ Vishoshi.

#### 2. Pradeha : (Su. Sutra18/6)

Pradeha is thick and possesses warm as well as cooling properties. Depending on doshas ushna Pradeha can be used on Vata and Kapha Dosha and sheeta Pradeha can be used in Pitta-Rakta dosha.

Pradeha Posseses the following properties :- Vata Shleshma Prashaman, Shodhan, Ropan, Shophaham, Vedanapaham. (Su. Sutra18/6)

### Role of Pradeha according to Stages of Shotha :

#### A) In 1<sup>st</sup> Stage of Pacchamanavastha :

- Sheeta gunayukta Pradeha application,

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- Sheeta guna – Stambhan – Prevents doshas to enter into next stage.
- Due to Contraction of micro openings over skin, body heat get trapped under the skin, increase in body temperature, increases digestion of elevated doshas, ultimately reduces inflammation and swelling.

### B) In Later stage of Pacchamanavastha :

- Ushana guna yukta pradeha application, increases body temperature (Dehoshma).
- It causes liquification of doshas and early pus formation and thus results into Pakvaavastha.

### 3. Aalep : (Su. Sutra18/6)

Alepa comes in between Pradeha and Pralepa. Aalepa acts as a blood purifier and is called as 'Rakta pitta Prasadak'. It can digest impurities from blood, hence is also called as 'Dosha pachan'. It improves circulation by reducing obstructions called as 'Strotorodha'.

### Guna of Lepa :

### 1. According to Sushruta Samhita :

Varnya (Improves complexion and skin Colour), Daha prashamana (Reduces burning pain), Rakta Prasadak (Blood Purifier), Prinan (Hydrating agent).

### 2. According to Ashtang Sangraha :

Snehika(Oleation), Nirvapana(Cooling), Prasadana(to improve quality), Stambhana, Vilayan(Liquification), Pachan(digestion of doshas), Pidan (to squeeze), Shodhan (Purification), Shoshan(drying), Savarnikaran(Colouration).

### 3. According to Sharangadhar :

Doshaghna, Vishaghna, Varnya.

### Benefits of Lepa : (Su. Sutra18/7,8)

Lepa is beneficial in initial stage of shotha. If the shotha is not treated in initial stage then it may go into pakvaavastha. The lepa improves flow of Rasa and Rakta and thus causes alleviation of shotha. 'Daha' is produced due to toxins found in shotha. Due to soothing nature of Aalep it causes dilatation of Strotomarg and thus reduces daha. Kandu is produced due to Kapha. Aalep causes pachan of Aam and thus destroys Kapha and reduces Kandu. Pain is produced due to Vata dosha. Aalep causes Pachan and dilatation of Strotas thus reduces

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pain by reducing margavarodha. Aalep also improves quality of rasa and rakta thus return helps in Vranaprasadan.

### Sneha Praman in Lepa and its importance

: (Su. Sutra18/10)

Dry lepa can be painful and less effective. To avoid this, Ghrita and taila should be added in lepa according to Acharya Sushruta. Quantity of sneha dravya is estimated on the basis of doshas involved and its proportion.

For, Vataj Vyadhi - 1/4<sup>th</sup> Part Sneha. Pittaj Vyadhi - 1/6<sup>th</sup> Part Sneha. and Kaphaj Vyadhi - 1/8<sup>th</sup> Part Sneha.

Acharya Sushtuta has described types of lepa according to their thickness and its action . Lepa which is neither thick as Pralepa, nor thin as pradeha is called as Aalepa. It is applied with water at normal temperature. It should not be too hot nor too cold.

### Thickness of Lepa : (Su. Sutra18/12)

Aalep :- Mahisha aadra charma vat.

Pradeha :- Thicker than Aalep.

Pralep :- Thinner than Aalep.

### In Practical Parameters :

Aalep :- 2-3 mm thick.

Pradeha :- 3-4 mm thick.

Pralep :- 1-2 mm thick.

### Lepa Kal : (Su. Sutra18/12,13)

Aalep should be avoided at night as it causes obstruction of micropores of skin thus prevents body heat from escaping out. Thus increases the inflammation process and disease.

Pradeha should be applied in day time. As in Pitta- Rakta pradhan shotha body temperature remains above normal hence to avoid further increase in temperature at night time, pradeha is applied in day time.

### Lepa Vidhi :

Lepa preparation :-

Dravya + Sneha (According to Doshadhikya)

### Direction of lepa application :-

Lepa should be applied in Pratilom way (In direction opposite to the skin hairs) , so that drugs can reach in skin pores-Swedavaha Srotas , to give probable result.

### Bandhan :-

After application of lepa , thin gauze dressing is kept over it.

### After drying :-

After drying lepa should be washed or wiped out immediately.

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### General considerations about lepa :-

1. Use of dried or previously prepared lepa should be avoided as it loses its potency.
2. Also reuse of the same lepa should be avoided as its potency decreases after one use.
3. Overlapping of multiple layer of lepa should be avoided, as another layer of lepa cannot reach to skin for its proper action.
4. Thick lepa can increase body temperature and can aggravates pain.

Therefore lepa should be applied according to the rules explained in Sushrut Samhita.

**Discussion:** Numerous cutaneous and peripheral vessels are indirectly concerned with external skin pores. So the medicine absorbed through skin pores, get entered in circulation. When drugs in the form of Abhyanga, Parisheka, Avagaha, Lepa is applied over skin its nutrients and active principles gets absorbed through skin pores in the circulation. Sthanik agni is said to be

responsible for its digestion and absorption according to Sushrutaacharya.

### Conclusion:

Thus it can be concluded that external application of lepa can be used in condition like inflammation, skin diseases as it causes early liquification of doshas, removes the obstruction of channels, causes digestion of doshas and thus improves the blood circulation.

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### **Article\_13**

#### **Role of Anguli Praman in clinical evaluation**

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### **Abstract\_13**

Ayurveda has dynamic and creative view of health. Maintaining good health of individual is the motto of Ayurveda. No two individuals are completely alike physically, physiologically, psychologically or in vital reactions. Hence we can say that, Ayurveda has individualized the concept of health. The word 'swastha' has denoted by the term 'swa' which means one's own peculiar constitution and this concept remains as sound as ever in its logic and practical efficacy. Even today for measuring the maan of doshas and dhatus various systems of measurement like Anjali pramaan, anguli pramaan are been described.

आयामविस्तारसमं इष्टशरीरलक्षणम् आयामोदेर्घ्यं । विस्तारस्तिर्यक्परिमाणंसमंयस्यतत्शरीरम् ॥ आ. शब्दकोश

Numerically equal aayaam (height) and vistaar (arm span) is the sign of healthy, anatomically proportionate body. This numerical calculation is done by Anguli pramaan. In this Body parts are measured with the help of Anguli (finger). It helps us to measure length, breadth and height of particular region of body. Bruhatrayii's has given the brief description about Anguli pramaan.

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### ***Cite this article***

**Milind Ramji Raut<sup>1</sup>, C. D. Vaikos<sup>2</sup>**

#### **Role of Anguli Praman in clinical evaluation**

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 90-96

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### AIM:-

Study the importance of Anguli pramaan in medical education.

### OBJECTIVES:-

Collect ayurvedic literature regarding Anguli pramaan.

Collect literature regarding anthropometry.

### MATERIAL AND METHODS:-

Literature regarding anguli pramaan and literature regarding Anthropometry.

### DISCUSSION:-

Praamaan or maan is considered as-

मीयते अनेनइतिमानम् । अमरकोश

A means with the help of which measurement is done is called as maan. It is of three types-

त्रिविधं मानं तु लामानं, प्रस्थमानं, अंगुलिमानं चेति ।

आ. शब्दकोश

1. Pautavmaan- for weight of solid substances.
2. Taral/druvyamaan- for liquid substances.
3. Paayamaan- for length, breadth, height, circumferences of solid Substances.

In ancient times, paayamaan was measured with the help of angul or yava. Acharya Sharangdhar has described the importance of the maan as-

नमानेनविनायुक्तिर्द्रव्याणां जायते क्वचित् । अथः  
प्रयोगकार्यार्थं मानं अत्रोच्यते मया ॥ शा.सं.प्र.खंड  
१/१४

### Definition of Anguli pramaan:-

अंगुल्यादिभिर्रुत्सेधविस्तारायामदृष्ट्यायन्मीयते,  
तन्मानम् । आ.शब्दकोश

Measurement of length, breadth etc. of the body parts with the help of nodes of anguli to obtain the true knowledge is called as Anguli pramaan.

Anguli pramaan is done with persons own anguli as pramaan of anguli varies from person to person. Here aacharya has asked to take width of the finger which is approximately '2cm' in length. Anguli pramaan is measure in the terms of aayaam, vistaar.

### Aayaam:-

आयामदेर्घ्यम् । आ.शब्दकोश

Aayaam means deerghata i.e. height or vertical length of the body.

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Shri jyotishchandra sarsawati, in charakpradipika has described aayaam as-

केवलंकृत्सनंशरीरेपादतलात्शीर्षपर्यन्तम्।

च.वि.८/११७

Measurement from padatala (foot) up to shira (vertex of body).

### Vistaar:-

परिणामवर्तुलाङ्गारस्यव्यासः । आ. शब्दकोश

Vistaar is the length of the body, when both the hands are extended laterally and horizontally.

Shri jyotishchandra saraswati has described vistaar as-

-----विस्तारस्तुसंप्रसारितयोर्हस्तयोः ।

मध्यमांगुलाग्रादपरमध्येमांगुलाग्रंयावत्व्याससममित्यथ

र्ः॥ च.वि.८/११७

Measurement from tip of middle finger of one hand to the tip of middle finger of another hand when both hand extended laterally.

Aacharya's has described Anguli pramaan in their respective samhitas.

### Anguli pramaan According to Acharya Sushruta:-

Pratyange	Aayaam (length)	Vistaar (breadth)	Circumference
Padangushtha	2 angul		
Pradeshini	2 angul		
Padatala	4 angul		5 angul
Parshni	5 angul		4 angul
Pada	14 angul		
Padamadhya			14 angul
Gulphamadhya			14 angul
Janghamadhya			14 angul
Janumadhya			14 angul
Jangha	18 angul		

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Uru	18 angul	32 angul
Vrushana	2 angul	
Chibuka	2 angul	
Danta	2 angul	
Penis(nonerect)	4 angul	
Mouth		4 angul
Open mouth	4 angul	
Karna	4 angul	
Lalat		
Manibandha		12 angul
Prakoshtha	16 angul	12 angul
Hasta	6 angul	4 angul
Griva		20 angul
Indrabasti		16 angul
Bahu	16 angul	
Strivaksha		18 angul
Purushkati		18 angul
Yoni vistaar	12 angul	
Distance between penis & umbilicus	12 angul	
Distance between heart & umbilicus	12 angul	
Distance between heart		

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& grivamura 12 angul

Distance between both stana 12 angul

Distance between

both ear (backside) 14 angul

Distance between

ear & lateral canthus of eye 5 angul

### Importance of Anguli Pramaan:-

तद् आयामविस्तारसममितितच्चतुरशीतिपर्वमिति --।

The commentary given in gangadhar tika-jalpapakalpataru says that person having equal height and horizontal length has pramaan of 84 angul. Almost all acharya's has equal description. According to Sushruta Anguli pramaan of a person is 120 angul. Sushruta has described anguli pramaan for assessing life span and economic status of an individual.

देहः स्वैरङ्गुलैरेषयथावदनुकीर्तितः ।

युक्तः प्रमाणेमानेनपुमान्वायदिवाऽङ्गुना ॥

दीर्घमायुरवाप्नोतिवित्तंचमहदृच्छति ।

मध्यममध्यमेरायुर्वित्तंहीनेस्तथाऽवरम् ॥

सु.सु. ३५/१५-१६

Person having appropriate sharir pramaan possess long life, wealth while one has Madhyam sharir pramaan possess moderate

life span, wealth and health. If a person's sharir pramaan has short life span and poor economic status.

विशेषतोऽङ्गप्रत्यङ्गप्रमाणाद्य सारतः । परिक्ष्यासुः सुनिपुणोभिषक्स्थितिकर्मसु ॥

After knowing the relationship between aayam, vistaar and swasthya it could be easy to know the sadhyasadhyatwa (prognosis) of the disease. Disease cured easily in persons having good helth with good immunity and vice versa. Anguli pramaan thus helps to judge the swasthya and to know the prognosis of the disease in that person.

Anguli pramaan also helps to describes marma of the body. Sushrutacharya has describes Anguli pramaan of each marma and advised surgeons to avoid taking incision at that points of marma.

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An incision should be made at the spot, a finger width remote from the urvi, kurchashira, vitapa, kaksha and parshvamarma where as a clear space of 2 fingers should be avoided from its situation while making any incision about stanamula, manibandha or gulphamarma. Space of 3 fingers should be avoided from hridaya, basti, kurcha, guda or nabhimarma. Space of 4 fingers should be avoided in respect of 4 shringataka, 5 simantas and 10 marma in the neck. Space of ½ finger breadth is the rule in respect of remaining 56 marma.

तत्रायुर्बलमोजः सुखमेश्वर्यं वित्तमिष्टाश्वापरे  
भावाभवन्त्यायत्ताः प्रमाणवतिशरीरेः,  
विपर्ययस्त्वतोहीनेऽधिकेवा ।

च.वि.८/११७

Samapurusha will have good immunity, longevity, vital energy, happiness, richness and wealth while person having been or adhik pramaan have all these things less or moderate.

Aoushadhiyojana with the help of Anguli pramaan can be assessing by immunity power.

**Modern concept of Anguli Pramaan:-**

**Anthropometry:-**

The science of measurement of human body in anthropology is called as anthropometry. Biometrics is a system of anthropometric identification. It consists of various techniques of verifying a person's identity from physical characteristics like finger print, signature recognition, hand geometry, retinal scanning and speech recognition.

Hand geometry consists of hand shape, length and width of the fingers, interphalangeal joints and the overall size of the palm. This technique is simple, relatively easy to use and inexpensive. Anguli pramaan can be considered as the part of hand geometry.

**CONCLUSION:-**

As per Aacharya study of Anguli pramaan is more important to known life span of a patient. It also helps to conclude the disease prognosis and economic status of a patient.

Anguli pramaan is used from samhita kala and also in today's life it is used for different purposes. Therapeutic uses of Anguli pramaan are as follows-

1. In obstetrics, umbilical cord is cut 4 angul away from nabhi.

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2. Sites for siravedh, agnikarma are measured and determined in Anguli pramaan in relation to body parts.
3. According to age Bastinetra with appropriate Angul pramaan is used.
4. Size and location of surgical incision is determined with the help of angul.
5. In snake poisoning, tourniquet is tight 4 angul above the site.

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### Article\_14

#### Sharangdharokta Lekhaniya dravya: Review of literature

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### Abstract\_14

Ayurveda is a traditional and holistic system of medicine practicing in India since long time. Change in life style give rise to many disorders mainly obesity, which is again a main cause of many diseases like diabetes and high cholesterol, hypertension .Ayurveda suggests so many remedies to combat these diseases. The line of treatment and the usage of different drugs as per Ayurvedic classics (by different scholars) were different. Individual definitions for therapeutic actions (karma) of dravyas like dipana and pachana has been described by Sharngadhara. Here, an attempt is made to put forward the lekhan action (scrapping) as referred to in Sharangadhra samhita

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### Cite this article

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#### Sharangdharokta Lekhaniya dravya: Review of literature

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 97- 103

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**Key Words:** Sharangdhar samhita, lekhan karma,

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### Introduction:

Classification of drugs in Ayurveda is mainly based on the actions(karma)of the drugs.In charaksamhita (Sutrasthan),based upon the action like dipaniya,chedaniya,lekhaniya etc.the drugs are classified into dashamaniya kashay varga.In sushruta,the classification can be seen based on their clinical efficacy like medohar,vranhara,vranropan,jwarhara etc.

In Sharangdhar samhita definition of actions of drug is clearly and accurately highlighted.The lekhana (scrapping) action and clinical efficacy of honey, hot water, **Vacha** (*Acorus calamus*) and **Yava** (*Hordeum vulgare*)are discussed.

### Lekhana: definition

Lekhana means scrapping. The drug which removes/scrapes away all the unwanted tissues (dhatus) and metabolic wastes (malas) is known as 'lekhana' drugs. A lekhana drug is habitually vayu and agni mhabhuta predominant<sup>2</sup>.

Dalhana defines lekahan drugs as one that removes the khapas and medas, whereas Gangadhara explains that the drug that causes cracks in the skin while rubbing on

the skin<sup>4</sup>. Scrapping with an instrument or alkali is called lekhana in the Shalyatantra.

Acharya Charaka has mentioned a lekhaniya group of ten drugs(charak samhita sutrasthan4/9). Sushruta indicates Salasaradi gana as khapa, medo vishosan (Sushruta samhita sutrasthan 38/10)The unwanted tissue /material in this context can be correlated with the undigested which in turn is the root cause for the life style diseases.

High Cholesterol levels of the body/excessive Kapha is an important factor in producing these diseases.

### Madhu (honey)

Charaka has included honey in the substances that are to be used regularly as hitahara dravyas. (Charak samhita sutrasthan5/2) t is common practice since long to use honey as a vehicle (anupana) with many medications and as a medicine itself. While describing the treatment modalities for sthula (obese), Acharya Charaka mentions madhu udaka (honey-water) to be used as anupan along with certain dravyas as ahara<sup>6</sup>. Charaka describes 4 types of honey:

1. Makshikam. It is the best in quality. It is from the reddish variety of

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honeybees and looks like tila oil in colour

2. Bhramaram is from the bhramara type of honeybees and is white in colour;
3. Ksaudram from small type of honeybees and is brown in colour;
4. Pauttikam is from puttikam type of honeybees and has a colour of ghee.

Sushruta describes honey as a sweet astringent (anurasa), ununctous, cool; enlightens fire, improves colour of skin, improves voice, light, reduces obesity (as lekhana), good for heart (hrudya), helps in union of broken parts (sandhana), healing of wounds (ropana), aphrodisiac, good for eyes, alleviates vitiated pitta, kapha, meda, hiccough, dyspnoea, cough, diarrhoea, worms, poisons and pacifies all three dosas<sup>7</sup>.

Acharya Susruta has mentioned eight varieties:-) pauttika, b) bhramara, c) ksaudra, d) maksika, e) chatra, f) ardhya, g) auddalaka and h) dala.(Sushruta samhita sutrasthan 45/133)

Fresh honey nourishes, does not alleviate kapha, and is a purgative in nature. After it is old it reduces obesity, causes constipation

(sangrahi), scraps of unwanted tissue (lekhana) and pacify tridoshas. Honey should not be heated or used along with hot substances except to produce emesis.

Honeybees produce honey from the nector of flowers. Most micro-organisms don't grow in honey because of its low water content of 0.6. It is created by the bees as the source of food. It is a mixture of sugar and other compounds. Honey is easily absorbed and utilized by the body. It contains 70-80% sugar; the rest is water, minerals and traces of protein, acids, and other substances. Experimental evidence suggests that consumption of honey compared to other sweeteners may improve blood sugar control and insulin sensitivity. Fructose found in honey may play an important role in mediating this benefit.

### Niramusnam (hot water)

The exact definition of ushna jala (hot water) is the quantity of water halved after boiling. Even though its therapeutic efficacy has been mentioned by earlier Acharyas, the exact definition is seen in the later Samhitas like Bhavaprakasa, Sharngadhara samhita and Yogaratnakara. Water boiled and reduced to 1/8<sup>th</sup>, 1/4<sup>th</sup> or 1/2<sup>th</sup> of the original quantity or

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simply boiled are called ushnodaka (warm water).

While dealing with jvarachikitsa (Chikitsasthana), Charaka gives the benefit of hot water (Charak chikitsasthan3/143) when a patient is suffering from jvara (fever) caused by vayu or kapha or both and feel thirsty, then hot water should be given. If the thirst occurs because of pittika jvara or as a result of intake of alcohol, then cold water should be given. This cold water should however, be boiled with bitter (tikta) drugs and allowed to cool. Both the hot water and the cold water (the latter boiled with bitter drugs) are dipana (digestive stimulant), pachana (carminative) and alleviate jvara. They help in cleansing the channels of circulation.

Dosha involved in pathogenesis of fever is pitta and by nature it is hot. Physicians advise the Patient is suffering from fever take hot water so that the immaturely formed doshas, which are responsible for the disease, may get matured .

The site of origin of fever in Amashay (Stomach) usually the treatment of disease originating from the amashaya is pachak karma (drug which bring about ripeness is a immature products) hot water produces the pachaka property and is advise

to the patient who is suffering from the fever. It causes downward movement of vata (flatus) stimulation of agni ,easy digestion and drying up of kapha .Administering cold things (drug) to cure diseases caused by hot things is one of the principle of Ayurveda. This is applicable to the other disease also.

Acharya Sushruta while dealing various dravadravya (liquid substance) in 45<sup>th</sup> chapter of sutrasthan states that hot water destroys kapha ,meda (fat), ama (immatured dosha formation because of indigestion) and enlighten the fire (Agnidipak), cleans the bladder basti shodhak and frees a person from a dyspnoea ,kapha and fever .it always wholesome (pathya)

The uses of hot water during cold and fever diarrhoea and in certain physiological condition like post natal fever, post operative period is followed traditionally in India .the regular practice of hot water in kerala state is the practice example for it uses in the kapha predominant areas (Jangal deasha) in kapha predominant disease.

The basic pathological fact of disease in Ayurveda is Ama. In treating the ama stage no drug were advocated and the patient is ask to follow the langhna principle with only intake of ushna jala till his natural appetite is

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restored that is up to the complete ama paka.ushna jala consume at night will mitigate disease of kaphadosha, Rheumatism.Obesity it cleanses the urinary bladder stimulate digestive fire cures cough,dyspnea and fever .

**Vacha(Acorus Calamus)** Vacha is extensively useful medicine in Ayurveda.



**Fig. 1: Vacha (Acorus calamus)**

Part use: Rhizome

Rasa- Katu ,Tikta

Vipak- Katu

Virya- Ushana

Guna- Laghu.Tikshan

Karma- Lekhaniya

### Physical constituents: API

Moisture 10.26%

Dried Matter-89.74%

Total Ash-6.481%

Acid insoluble Ash-0.878%

Water soluble extract-28.15%

Ethanol-80%

Alcohol Soluble extract

Soluble extract-42.02%

Bhavamishra: classified vach into five varieties : Bhavpraksh samhita haritkyadi varga-Vacha.

1. Vacha (Acorus calamus Linn)
2. Parasika vacha/haimavati(iris germanica Linn)
3. Kulanjana/mahabhari vacha(Alpinga galangal willd)
4. Sthalagranthi/mahabhari (Zingiber zerumbet Rosc.ex.smith) and
5. Dvipantar vacha(Smilax china Linn.)

Bapalaji has pointed out shweta vacha and its synonym ,as haimavati ,which indicates the origin of this plant i.e.Himalayan species .Haimavati is found in charak lekhaneya mahakashay,Sushruta has mentioned vachadi gana in the 38<sup>th</sup> chapter of sutrasthan.

### Yava (Barley)

Yava (*Hordeum vulgare*)is indicated in medoroga

The physical content are (API)

total ash –not more than 4%,

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Acid insoluble ash-not more than 4%

Acid insoluble ash-not more than 1.5%

Water soluble ash- not more than 4%

Alcohol soluble extractive-not less than 2.5%

Water soluble extractive-not less than 5.55



**Fig. 2: Yava (Barley)**

Pharmacological action – Hypocholesteremic.

In charak samhita (sutrasthan 5<sup>th</sup> chapter ) yava is included in the list of nitya sevana dravyas

(to be taken regularly)and while describing treatment of diabetes charak stresses the importance of yava.Barley should represent the principal ingredient of food of the patient suffering from prameha.

The patient suffering from prameha given the Manthas(flour of different types of corn )mixed with water ,kashaya(decoction)of barley powder and linctus prepared of barley.Variouse food recipes of barley like odana ,which is prepare by boiling dried and

crushed barley grains and removing the excess water is retained ,saktu (roasted flour),apupa(pan cake),dhana (fried barley)shouldbe taken by the patient suffering from prameha regularly to overcome the disease.

Therapeutic evaluation:

Barley contains approximately 10% dietary fiber and is easily cooked with rice, the dominant cereal to increase the intake of dietary fibre.

**Conclusion:**

Lekhan karma is mainly useful in kapha and meda predominant disorders like obesity, prameha, kushta.

Acharya sharangdhar explains about four important drvaya useful in lekhan karma with their indication and contraindication .with knowing the fact about drugs uses one can treat the lifestyle disorders easily.

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### Article\_15

#### Heart how it made? Elaboration of Hrudaya Utapatti

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### Abstract\_15

Now the symptomatic treatment shown its own limitation and era come for researchers to think and study the disease retrospectively. Modern medical science studied organ's developmental anatomy very keenly. But one more concept of organ development, basic components of human body organs and its process of development have been stated in Ayurvedia *samhita*. If we come to know the basic components and process of organ formation in to uterus during development then it will improve our knowledge about organs genesis. The developmental process can help us to understand the pathogenesis of organ as well as it can suggest how to reverse the pathogenesis.

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### Cite this article

*Prashant G. Sali*

#### Heart how it made? Elaboration of Hrudaya Utapatti

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 104-111

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### KEYWORDS

Heart, *Hrudaya*, *Shonit*, *Kapha*, *Avayav utapatti*, *Panchamahabhut*

### INTRODUCTION

Ayurved has given prime importance to healthy life. By this angle, disease preventive

and disease curative management have been explained in Ayurved. *Ashtang* Ayurved is developed through this dwell policy.

*Sharir-Rachana* i.e. Anatomy is the basic branch of any medical pathy. In Ayurved *Sharir-Rachana* (anatomy) was keenly get

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studied. Forefather of Ayurved understand the importance of *Sharir-Rachana* (anatomy) knowledge, hence they have given optimum weightage to it by developing separate *Shan* in their *Samhitas*.

Any science is developed on the basis of some considerations and assumptions. As the time passes these considerations and assumptions may changed or it is very heard to draw a meaning of that considerations. In such situation one can draw the meaning of these scientific principles as per his knowledge and mind considerations. It can spread misconcepts and dilemma in the society and that is harmful to the development and authenticity of the science. For this purpose, before to draw a meaning of any ancient science, it is very important to make detailed and multidimensional study of it.

To understand the effect of disease on *Sharir-Rachana*, it is better to study the prime Ayurved anatomical concept through Ayurvedic approach. As per that point of view; to elaborate the *avayav utapatti siddhant* of that *hrudaya* (Heart) *utapatti*, hence given the title *hrudaya* (heart) how it is made?

In today's lifestyle, the percentage of heart disease is increased due to that our life span gets reduced. The modern medical science have achieved lots of progress, it has changed curative methods of number of diseases, still the occurrence of heart disease and other organic disease are increasing day by day. Moreover, the occurrence age of heart disease is also reduced.

Human body is developed from millions of cells, group of similar functioning cells are called as tissue and similar functioning tissues come together to form an organ. *Mithya-ahar-vihar, pradnyaparadha* and *parinam* creates *vyadhi* i.e. diseases in that organ. Increased prevalence of disease and limitations of symptomatic treatment a weak modern medical science, make them to study the pathology of disease with retrospective study of anatomy. The fundamental cause for cell regeneration is the 'Genes'. Hereditary cause is also common finding in diabetes mellitus and certain conditions related to hypertension. Modern Science is intensely searching the cause of hereditary disease in genes. They are in a path to tackle such problems during organic development in womb & human genome project is the best example of it. Ayurvedic Science just not studied the developmental anatomy (*Garbha*

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*Vikas & Masanumasik garbha vrudhi*) but also stated the basic composition of human body organs.

If we come to know the basic components and process of *hrudaya* (heart) formation in to *Garbhashaya* (uterus) during development then it will improve our knowledge about heart. Its developmental process can help us to understand the pathogenesis (*vyadhi samprapti*) as well as it can suggest how to reverse the *vyadhi samprapti* (pathogenesis). The components i.e. *Shonit* and *Kapha* are *utapadak bhav*, as per *Sharir-kriyatamak dhatu poshan nyaya* (principal) <sup>1</sup> i.e. *Khalekapot nyaya, avayav utapadak bhav* are also *poshak bhav* of that organ. It means *Shonit* and *Kapha* are *utapadak* as well as *poshak bhav* of *hrudaya*. According to *samanya-Vishesh siddhant*, <sup>2</sup> disease causative factors i.e. *hetu* are initiator of *samprapti* in that organ. *Vishesh* i.e. opposite components (*vyadhi hetu*) of *Shonit* and *Kapha* causes *hruda-rog vyadhi* (heart diseases). In *hruda-rog vyadhi*, disturbance occurs in composition and function of *Shonit* and *Kapha*. It hampers normal *poshan* of *hrudaya* and disturbs *prakrut Sharir-Rachna* of *hrudaya*. To reverse *hruda-rog vyadhi samprapti*, as per *samanya- Vishesh siddhant*

<sup>3</sup>; it is scientific to create normal *Shonit* and *Kapha nirman* in *hruda-rog vyadhi*.

### MATERIALS AND METHODS

As this is a literary or conceptual type of research. *Samhitas* (text books) of *Charaka*, *Sushruta*, *Vagbhat*, *Asthang-sanghra*, *Kashap*, *commentaries of bruhatrai* and *Amarkosh*, text book of *Dravyaguna*, text books of modern medical science are used to the proper conclusion.

### REVIEW OF LITERATURE

There are about 3 ancient Ayurvedic scientists *Sushruta* <sup>4</sup>, *Asthang-sangrahaakar* <sup>5</sup>, and, they have mentioned *avayav utapatti siddhant* (principal). In that principal they have mentioned components of development of human body organs and its process of development. If we keenly analyze *avayav utapatti siddhant* (principle) of them, then we come to conclusion that there are only 6 *avayav utapadak bhav* i.e. *Rakta*, *Mansa*, *Meda*, *Vat*, *Pitta* and *Kapha*. Out of them first three are *dhatu* and last three are *dosha*. These 6 are developmental components of human body organs.

*Shonit-Kaph-prasadajam-hrudayam* means *hrudaya* (heart) is developed from *prasadbhag* (*poshak* or nutritive creamy part)

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of *Shonit* and *Kapha*. The similar opinion is given by *Sushruta* and *Asthang-sangrahaakar* about *hrudaya utapatti*. One controversial opinion is given by *Kashap* that he has stated ‘*Shonitad-hruta*<sup>6</sup>’ means *hrudaya* (heart) is developed from only *Shonit* i.e. *Rakta* (blood). But this opinion of *Kashap* is not convenient due to following two reasons.

1. Except *Kashap* other two scientists have unique opinion.
2. Before to write *samhita*, *Kashap* has not taken the basic principal Ayurved in mind i.e. *Vat-Pitta-Sleshamna eva deha-sambhava-hetavaha*.<sup>7</sup>

*Vat*, *Pitta* and *Kapha* these are *deha-sambhav hetu*. *Deha-sambhav* means not *garbha utapadak* because *garbha utapadak hetu* are *Shukra* (sperm) and *Shonit* (ovum),<sup>8</sup> it is clearly stated in Ayurved. *Deha-sambhav* means developmental components of organs of body. Physiologically means functionally they took part in *avayav utapatti*.

*Shonit* is synonymous term of *Rakta*<sup>9</sup> i.e. blood, means who have colour and velocity. Its looks like or its colour is like *Indragop*-insect, red hot gold, flower of red lotus or like *Gunjafal* (seed of *Abrus pricatorius*)<sup>10</sup>. The taste of *Rakta* is *Madhur* (sweet), *Lavan*

(salty) and property is *shito-ushna* (cold-hot)<sup>11</sup>. The basic functions of *Rakta* (blood) are *Varnaprasadan* (keeps body colour normal), *Mansa-pusthi* (provides nourishment to muscles), and *Sparshadnyam* (improves sensory function)<sup>12-13</sup>. The *Panchabhautic* composition of *Rakta* is *Visrata* i.e. *pittagandha* (*Pruthvi*), *Dravata* (*Aapa*), *Rag* (*Teja*), *Spandan* (*Vayu*) and *Laghu* (*Akash*)<sup>14</sup>.

*Kapha*, which grows in water (*Aapa*) or by water, is called as *Kapha*<sup>15</sup>. The synonymous of it is *Sleshma* and *Bala*. Its looks like *Manda* (dull)<sup>16</sup>. The functions of *kaph* are *Sandhi-sanleshan* (provide nourishment to joint), *Snhan* (oliation), *Ropan* (regranulation of wound), *Puran* (provide supplement), *Balakrut* (improves muscle tone), *Stayirakrut* (improves durability) and *Kshama-shilata* (calming effect on mind)<sup>17</sup>. The *Panchabhautic* composition of *kaph* is *Abha* (*Aapa*) and *Pruthvi* in majority<sup>18</sup>.

*Mansa* is *Sharir-pusthikar* (provide girth to body), *Avayav-achhadak* (covers body parts and organs), *Peshi-snayavadi-rupena* (represent with muscle, tendons), *Sandibandhan-akunchan-prasaranadikar* (causes contraction and relaxation of joint)<sup>19</sup>.

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It looks like *Pichhilam* (like jelly), *Ghan* (like solid), *Slakshana* (soft) and *Eeshat-rakatamiti* (slight red in colour) <sup>20</sup>. The *Panchabhautic* composition of *Mansa* is that, it is *Partivam* <sup>21</sup>, though it is *Panchabhautic* but *Pruthvi mahabhut* in majority.

### DISCUSSION

*Hrudaya* (heart) *utapadak bhav* i.e. *Shonit* (blood) and *Kapha* both are *Sharir-kriyatamak* (physiological) functional units. Both are liquid and semisolid in consistency, in spite they are developing components of solid muscular *hrudaya* (heart).

The physical and micro-anatomical appearance of *hrudaya* (heart) is that, the heart is conical, hollow muscular organ <sup>22</sup>. Heart is a hollow muscular cone-shaped organ. Its wall consists largely of cardiac muscle (myocardium) <sup>23</sup>. In Ayurvedia *samhita*, physical appearance is stated as; *Mansa-peshi-upachyo* means muscular, *Rakta-padmakar-adhomukham* means it looks like flower of inverted red lotus <sup>24</sup>.

Behind *hrudaya* (heart) *utapatti* there are two theories,

1. *Panchabhautic* theory
2. *Mansotapatti* theory

*Panchabhautic* theory-

Ayurved science has explained that entire universe and each particle of universe is *Panchabhautic*. It is developed from union of *panchamahabhut* and destroyed due to un-union of *panchamahabhut*. The difference in each particle of universe is due to different-different composition of *panchamahabhut* in each particle <sup>25</sup>.

*Panchabhautikata* of *Mansamaya hrudaya* is '*Pruthvi*' *pradhanena* (majority). While its developmental components i.e. *Shonit* (blood) is '*Pruthvi + Aapa + Teja + Vayu*' *pradhan* and that of *Kapha* are '*Aapa + Pruthvi*' *pradhan*. In the process of *hrudaya utapatti*, *Shonit + Kapha*'s combined *panchamahabhautic* composition is "*(Pruthvi)<sup>2</sup> + (Aapa)<sup>2</sup> + Teja + Vayu*." In this combined composition there are "*Pruthvi*" *mahabhut pradhanya* and developed organ *Mansamaya hrudaya* (heart) from that is also having "*Pruthvi*" *mahabhut pradhanya*. The basic principle of Ayurved, *Samanya- Vishesh siddhant* <sup>26</sup> supports above *Panchabhautic* theory of *hrudaya utapatti* (heart development).

*Mansotapatti* theory-

According to *Sharir-kriyatamak dhatu utapatti siddhant* "*purva-dhatu* is *utapadak* of the next coming *dhatu* <sup>27</sup>." After the

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process of *raktagni*, the *rakta* is divided in 3 parts, *Mala*-part i.e. *Pitta*, Gross-macro part i.e. *Rakta* and micro part i.e. *Mansa-dhatu poshak bhag*<sup>28</sup>.

In *Grahani adhaya* (chapter) of *Chikichsa-sthan*, Acharya *Charka* has stated the *Mansa-nirmiti-prakiya* (process of muscle development). As per that process, “*Aapa mahabhut*” of “*Kapha*,” “*Pruthvi mahabhut*” of *Mansa-poshak*-micro part of “*Shonit*” (*Rakta*-blood) these two components are processed by *Teja mahabhut* i.e. *Mansa-dhatvagni* with the help of *Vayu mahabhut* means *gati* of *vayu* (velocity) to produce *Stira-Ghana mausa* (solid muscle)<sup>29</sup>.

### CONCLUSION-

Above theories and literature it is definitely proves that, *Mansamaya* (muscular) *Hrudaya* (heart) is developed from two components that is *Shonit* (*Rakta*-blood) and *Kapha*. Another research project is possible over this *Hrudaya* (heart) *utapatti siddhant* with clinical angle.

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### Article\_16

### Efficacy of Madhughrutadi Basti in Trikprushth Shool

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### Abstract\_16

Though *Trikaprushthashool* is not described separately as disease in Ayurvedic text's we find this complaint growing day by day in society. This is painful condition restricting movements of the patient. These symptoms are seen in all age groups. This condition is described under *Nanatmaja* type of *Vataja* disorders. Hence Vata is responsible factor of pathogenesis of *Trikaprushthashool*. Madhughrutadi basti performs *vatanuloman* and *malashodan* action. It reduces *Trikaprushthashool* by nourishing *sleshaka kapha* and local *vata*. It also improves appetite and *Udaralaghavata*.

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### Cite this article

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### Efficacy of Madhughrutadi Basti in Trikprushth Shool

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 112-119

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### KEY WORDS:

*Madhughrutadi Basti, Trikaprushthashool, Trikagraha, Osteomalacia, Ankyloingspondylitis, Low back pain.*

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### INTRODUCTION:

It is observed that Marmasthigat Sandhi Vyadhai is complicated in nature *Trikprusthashool* is one of them, now a day Number of Patients suffering from *Trikprusthashool* is quite high. Though, *Trikprusthashool* is not described separately as a disease in Ayurvedic texts. We find this complaints growing day by day in society. This painful condition restricting movement of the patients. These symptoms are seen in all age groups. *Vata aggravating* factors are on increase in this modern Era. Due to increased health awareness in the society, majority of people are trying different types of exercise without considering one's *Prakruti*, such as weight lifting, aerobics etc. Night meals, fast food, spicy food, as well as vehicle driving such acts as causative factors vitiating *Vata dosha*, and thereby, manifesting in *Trikprusthashool*.

Most common treatment carried out for this condition is use of Analgesic, Non steroidal anti-inflammatory drug (NASID) and local application but there are some shot comings in this treatment. Though, their effect in pain management is quick it remains for shorter duration.

In this study we found some encouraging results in the patients of *Trikprusthashool* with Panchakarma during clinical practice with *Basti Chikitsa*. In addition, the treatment also Improve the general condition of Patients.

### AIMS AND OBJECTIVES:

1. To study the efficacy of *Madhughrutadi Basti* in *Trikprusthashool* by using Clinical and Objective parameters.
2. To study the mode of action of *Madhughrutadi Basti* in *Trikprusthashool*.

### MATERIALS AND METHODS:

- a. Literature Review : Extensive literary review was taken from standard Ayurvedic Texts about *Madhughrutadi Basti* ref Charak siddhi sthan 12/15. and Extensive literary review were taken from standard Ayurvedic Texts and also Modern texts about *Trikprusthashool*.
- b. Clinical study : Clinical trial was carried out on 30 Patients of *Trikprusthashool*. In the OPD & IPD of Seth Tarachand Ramnath Charitable Hospital, Pune-11.

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Patients under trial were in one group.

- c. Group - 1 – Patients is to be treated only by *Madhughrutadi Basti*.

### Study Design :

#### 1. Criteria for Inclusion –

Patients represented with textual Signs & Symptoms of *Trikprusthashool*, *Trikshool*, *Prusthashool*, *Trikgraha*, *Prusthagraha*, Osteomalacia, Ankyloingspondylitis, and Low Back pain.

#### 2. Criteria for Exclusion –

- The disease described as *Basti anarha*.
- Patients are with ano-rectal disease.

### MANAGEMENT:

- The Patients were being treated in OPD as well as IPD.
- Total 30 Patients of *Trikprusthashool* has been registered for the study.
- Patients were treated with *Madhughrutadi Basti*.

- Preparation of medicine (Basti) –
- Composition of Basti –Honey (*Madhu*) and Ghee (*Ghruta*) is added with equal quantity

of *Mamsarasa* and about 1 aksha (i.e.10 gms.)Of *Musta* i.e. *Cyprus rotundas*. It cures *Vatabalasa*, *Padaharsha*, *Gulma*, Contraction of Lumbar region Thigh and Knee joint, and Pain in the region of Urinary bladder, Scrotum, Phallus, Black, and the Lumber region.<sup>1</sup>

- *Madhu & Ghruta* should be added with equal quantity of *Mamsarasa* and about 1 aksha (i.e.10gms) of *Musta kalka* has been added and this whole preparation is called as *Madhughrutadi Basti*.
- Duration & Doses – *Basti* was given once a day for 7 days. Dose -250 ml.
- Methods of Administration – *Basti* was administered by standard textual methods. Glycerin Syringe catheter was used for *Basti* purpose.
- Follow up of Patients –Each Patient was following up thoroughly on the basis of Sign & Symptoms and *Basti Pratyagam* each day.

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### ASSESSMENT OF THE RESULTS:

1. All the Patients were clinically assessed before and after treatment and recorded in case paper specially designing for the study.
2. Each Sign & Symptom were observed and scored according to severity. Pain severity was scored with 'Oxford Pain Chart' and 'Visual Analog Scale'.
3. Result was analyzed statistically.

### OBSERVATION:

Total No of Patients – 30.

- In this study, all Patients were Female (100%).
- In this study, maximum 21 Patients were middle aged 69.93%. Young age Patients were 26.64% and minimum Patients were of the old age.
- In this study, maximum Patients were seen in rainy season (*Varsha Rutu*) 43.29%. In winter season (*Hemant*) and autumn season (*Sharad Rutu*), Patients were 33.3% and 16.65% respectively. Minimum no of

Patients 2 i.e. 6.66% were seen in cold season *Shishira Rutu*.

- In this study, maximum Patients were belonging to Housewife category 56.61%, from Worker and Domestic businessmen, 16.65% each and minimum Patients were seen in service category 3.33% and Household job 6.66%.
- In this study, maximum Patients were 59.99%, having 0 to 1 yr. duration of disease. 36.63% Patients were having 1 to 5 yr. duration. While there were minimum Patients of 5 to 10 yrs. Duration i.e. 3.33%.
- In this study, maximum Patients were 49.95% from *Vatapradhana Prakruti* and 33.3 % from *Kaphapradhan* and least Patients from *Pittapradhan* 16.65%
- In this study, we observed 30 Patients out of which, 28 Patients complaining of only *Prusthashool* i.e.93.24%,

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while 5 Patients 16.65% complained of *Trikprusthashool* and remaining 2 of *Trikshool*.

- In this study, maximum 12 Patients were of *Ekastanyata* hetu 39.96%. 4 Patients 13.32% of *Sheetjalavihar*. 3 each 9.99% of *Ayasa* and *Atiyayama*, 2 patients 6.66% of *Marmaghata* and Spinal anaesthesia each. There were minimum Patients 3.33% of H/O Fracture, *Sutika upachara* and Menopause as well as *Yanayana*.

- In this study, maximum related symptoms were *Janusandhishool* observed in 12 Patients 39.96%. And *Manyashool* in 11 Patients 35.63%. *Padashool* was seen in 9 Patients 29.97%. 4 Patients 13.32% in *Anasadhishool* were seen Giddiness was observe in 4 i.e. 13.32% Patients and Tingling sensation in 3 Patients i.e. 9.99%. where as minimum related symptoms

was *Sandhishool* (all major joints) in 1 Patients 3.33%.

- In this study, maximum Patients were 10(33.33%) belonging to *Sandhigata Vata*, *Katishool* and *Prusthashool* observed in 6 Patients 19.98% each. Minimum 4 Patients 13.32% were observed as of *Grudhrasi*, 1 Patients 3.33% of *Pakvashayagata Vata* .2 Patients 6.66% of *Astimajjagata Vata*, and 1 Patients 3.33% of *Trikshool* was observed.

### STATISTICALLY ANALYSIS:

#### 1) RELIEF IN PAIN ON 3<sup>rd</sup> DAY

Sr. No.	Relief in %	OXFORD		VAS	
		No	%	No	%
1	00	13	43.33	02	06.66
2	1-10			04	13.33
3	11-20			06	19.98
4	21-30			12	39.96
5	31-40	17	56.66	06	19.98

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**2) RELIEF IN PAIN ON 5<sup>TH</sup> DAY**

Sr. No	Relief in %	OXFORD		VAS	
		NO	%	NO	%
1	00				
2	1-10				
3	11-20			04	13.32
4	21-30	29	96.63	05	16.65
5	31-40			09	29.97
6	41-50			11	36.63
7	51-60	01	33.33	01	3.33

**3) RELIEF IN PAIN ON 7<sup>TH</sup> DAY**

Sr. No.	Relief in %	OXFORD		VAS	
		NO	%	NO	%
1	00				
2	1-10				
3	11-20			01	3.33
4	21-30			02	6.66
5	31-40	07	23.33		
6	41-50			09	29.97
7	51-60			04	13.32
8	61-70	22	73.33	09	29.97
9	71-80			02	6.66
10	81-90			02	6.66
11	91-100	01	3.33	01	3.33

**4) RELIEF IN PAIN ON 14<sup>TH</sup> DAY.**

Sr. No.	Relief in%	OXFORD		VAS	
		NO	%	NO	%
1	00				
2	1-10				
3	11-20			01	3.33
4	21-30			01	3.33
5	31-40	04	13.33	01	6.66
6	41-50			10	33.3
7	51-60			05	16.65
8	61-70	25	83.33	05	16.65
9	71-80			03	9.99
10	81-90	01	3.33	02	6.66
11	91-100			01	3.33

**5) RELIEF IN PAIN ON 21<sup>ST</sup> DAY.**

Sr. No.	Relief in %	OXFORD		VAS	
		NO	%	NO	%
1	00				
2	1-10				
3	11-20			01	3.33
4	21-30			01	3.33
5	31-40	04	13.33		
6	41-50			12	39.96
7	51-60			05	16.65
8	61-70	25	83.33	05	16.65
9	71-80			02	6.66
10	81-90	01	3.33	03	9.99
11	91-100			01	3.33

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### DISCUSSION:

All the Patients in this study were female. This may be coincidence because, we find *Trikprusthashool* in both genders.

Maximum Patients i.e. 69.93% were belonging to middle-age group. This may be due to idle lifestyle or major inactivity and lack of exercise in this age group. Maximum Patients i.e. 43.29% were observed in rainy season (*Varsharutu*). This strengthens *Rutu-Dosha* theory. Maximum i.e. 56.61% subjects in this were housewives. It may be due to lack of exercise, more exertion, exposure to cold water etc.

Pain symptom is measured on 'Oxford Pain Chart' and 'Visual Analog Scale'. Both these scale show different value of relief in pain after treatment. This is because, both scale depend on different criteria. In Oxford Pain Chart, we measured *shool* from 0-3. In VAS pain intensity is measured from 0-10. In both scales no pain is measured as 0, so we can count 100% pain relief by using this scale. We can measure intensity of pain and relief in pain after treatment is very clear.

By statistical analysis in both scales, we get 99% relief and P-value is almost same in both scales. But, T-value of VAS is larger

than that of Oxford Pain Chart, as we measured *shool* from 0-10 in VAS.

*Trikprusthashool* is observed in *Vatavyadhi*. It is a *Madhyma marga* especially of *Asthi* and *Majjadhatu*. It cannot be treated easily. Vitiation of *Purishavaha srotas* is seen Patients, that is *Apana Pratilomana* and *Malavibandhan* in *Apana kshetra*. We get more relief in this symptom, *Adhmana*, *Gaurava*, *Shotha* these symptoms are seen due to vitiation of *Agni* and *Samana vayu*. *Basti* acts on *Samana vayu* and stimulated *Agni* and reveals the above mentioned symptoms. *Apana anulomana* and *Pakvashaya gata vatasanchitee* and vitiation of *Asthidhara* and *Majjadhara Kala* are due to *Hetusevena* like *Eksthanatva* and *Avyayama*. *Asthi* and *Vata* both are related to each other. *Jaghana* is *Moolasthan* of *Asthivaha srotas*. *Trikprusthashool* is symptom of *Asthidhatu vikruti*.

So, by implementing *Madhughrutadi Basti*, treatment we get rid of the *shoola Samprapti* by achieving *Vatanulomana* and *Malashodhana*. *Trikprusthashool* and symptom like *Graha* and *stambha* is due to vitiation of *Sthanika Vata* and *saama shleshaka kapha* is decreased due to *Basti* treatment. We get maximum relief in this

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*Doshadushti* and in *Asthidhatu* and *Srotas Vikruti*. We get maximum relief in middle-age group as chronicity is less as compared to Old-age group. After *Madhughrutadi Basti* treatment, *shool* is relieved quickly. There is increase in appetite, *udaralaghavata*. These symptoms observed have been mentioned in *samhitas*. After giving *Madhughrutadi Basti* treatment, Patients is followed up to 15 days. It is observed that intensity of *shool* is very low and bearable.

### CONCLUSION:

- Effect of *Madhughrutadi Basti* in the management of *Trikprusthashool* is statistically significant, as P is  $P < 0.001$ .

- Relief is also seen in *Vata* and *Kapha* dominant related symptoms.
- No deterioration in signs and symptoms was found after *Bastichikitsa* in this study.
- Patients were observed for 15 day after completion of *Basti Chikitsa*. There was no aggravation of pain during this period.

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### **Article\_17**

### **A Contribution of Kriya Sharir in Pakshaghat**

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### **Abstract\_17**

Ayurvedic texts considered paralysis as pakshaghata which is one of the vataja nanatmaja vyadhi. The cause of pakshaghata is kupita vayu. Basti karma is advised for vata vyadhi. In pakshaghata, dushti of sira and snayu is seen, which are the upadhatus of raktadhatu. To cure rakta dusthi; raktamokshan is advised. Whereas in pakshaghata; virechan is advised instead of basti or raktamokshan, then one must have had pause and think why is it so?

To cure diseases; one must consider involvement of factors like dosha, dushya, upadhatu in pathogenesis. Hence there is need to study dosha, dushya, and doshadushyasamurchhana of diseases in terms of doshadhatumalavidnyan (Kriyasharir) from Ayurvedic compendia.

It has been observed that as there is aashray- aashrayee bhav between pitta dosha and raktadhatu, virechan which is the upakrama of pitta dosha is helpful in pakshaghat to cure dushti of raktadhatu. Once rakta dhatu dusthi is cured; dushti of sira and snayu (upadhatu of rakta) also gets cured. Therefore in pakshaghata virechan is advised.

It is concluded that knowledge of kriyasharir is helpful to diagnose, to prevent, to treat, and to control mortality & morbidity of paralysis (pakshaghata).

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### Cite this article

*Ohol Sarita vilas<sup>1</sup>, Waghulade Hemangini Sanjay<sup>2</sup>*

### A Contribution of Kriya Sharir in Pakshaghat

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 120-126

**Keywords:** *Doshadhatumalavidnyan, Kriya Sharir, Pakshaghata, virechan*

#### Introduction

As the civilization grows advanced, man has become more vulnerable for neurological conditions; due to life style, high expectation, unwanted stress, competition and pseudo society status. He adopted many new habits like alcohol consumption, smoking, tobacco and drug abuse. All these lead to many “Life style diseases”. Among which, Paralysis is a common presentation, leading to high incidence of morbidity and mortality.

According to statistical data, 7, 00,000 Indians are suffering with paralysis every year. Out of which 10% recover completely, 25% live with minor impairment, 40% moderate to severe impairment, 10% require care in hospital, and 15% die shortly after the stroke.

Paralysis is characterized by more or less sudden loss of mobility, affecting one side of

the body as well as sensory, motor, visual and speech functions. Paralysis has three types of mode of onset i.e. sudden, recurrent and gradual. There are lots of causes of paralysis such as C. V. A., carotid insufficiency, thrombosis, hypertensive encephalopathy, hematoma, contusion, growth, etc.

In modern medicine after complete stroke, management is aimed at minimizing the volume of brain that is irreversibly infarcted, thus preventing complications and reducing the patient’s disability through rehabilitation and preventing recurrent episodes. Patient with sub-arachnoid hemorrhage are referred to neurological surgical centers.

Pakshaghata can be correlated with paralysis of modern medicine. According to Ayurvedic Classics, the cause of pakshaghata is kupita vayu. It is characterized by loss of function and mobility of half of the body either right or left side, associated with pain and disturbed speech<sup>1</sup>.

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In Ayurvedic Classics, dhatukshayajanya vatavyadhi and margavarodhajanya vatavyadhi are categorized. The lakshanas of dhatukshayajanya or margavarodhajanya are manifested and identified accordingly. Acharya Sushruta describes lakshanas of pakshaghata and lakshanas of ardita as separate entity. Whereas according to Acharya Charaka, lakshana of pakshaghata and ardita can coexist together.

In vatavyadhi, depending upon the involved anubandha dosha or dushya, treatment is advised. For vata dosha, snehana, swedana, mridu samshodhana are selective therapies. Basti karma is the ultimate treatment modality advised for vata vyadhi. Nasya karma do have a role in vata vyadhi, as there is vikruti in the mastishka, which is one of the marma sthana, hence nasya karma is generally advisable. In pakshaghata, virechan is advised. Then one must have had pause and think why is it so?

In pakshaghata, dushti of sira and snayu is seen<sup>2</sup>, which are upadhatus of raktadhatu<sup>3</sup>. While discussing about basic principles of roga-arogyasya lakshana in Ashatang Hruday & Charak Samhita, it is quoted that imbalance of dosha means disease, balance of dosha means health<sup>4</sup>. This clarifies that, in

any disease, imbalance (mainly aggravation) of dosha is an important event. Due to faulty diet and life style, dosha get vitiated and then these disturbed doshas attack other body elements like dhatu and mala, and thus disease is developed. This process has been described in terms of dosha dushya samurchhana<sup>5</sup>, it means amalgamation of aggravated dosha and weak dushya causes disease.

To explain this concept, Charak says, in disease, there is dhatu vaishmya (imbalance in dhatu), here dhatu word is used not only for seven tissues (dhatu) but also describes other elements like dosha and mala because in normal physiological conditions, they also carry out important functions. To cure diseases, one must consider involvement of factors like dosha, dushya, upadhatu in pathogenesis. So there is need to study dosha, dushya, and doshadushyasamurchhana of Pakshaghata in terms of Doshadhatumalavidnyan (Kriyasharir) from Ayurvedic compendia to find an effective, affordable, easily available, economical method of diagnosis, and to achieve targeted treatment.

**Need of topic**

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Students as well as faculty have had to pause and seriously consider,? “How, where, and which dosha, dushya, dosha duushya samurchhana is occurred in pakshaghata.

### Aim & objectives

- To focus on dosha, dushya, upadhatu and dosha duushya samurchhana with respect to pakshaghata.
- To explore the knowledge of pakshaghata in terms of Kriyasharir.
- To put forth importance of virechan therapy to medicos of modern era.

### Material and Methods

- Review of literature regarding pakshaghata from Ayurvedic compendia will be taken.
- Review the research work carried out so far on pakshaghata.

### Conceptual study Of Pakshaghata:

Pakshaghata has been discussed in vata vyadhi adhyay. It is known to be complicated, as prana vayu, udan vayu & marma (Pressure Points) are involved. Involvement of vata dosha is a major factor

for its complications. The general pathology described for vatavyadhi are dhatukshaya (Nutritional Deficiencies) and margavarodha (Obstruction in the Pathways). In pakshaghata both the factors have a definite role in the pathogenesis and to advice treatment accordingly.

**Hetu (Causes):** Old age, (Predominance of vata), vata kara ahara vihara, rakta dustikara ahara vihara, pitta kara ahara vihara, manodwega.

### Samprapti (Pathogenesis):

When aggravated vayu paralyzing one side of the body, either right or left, causes immobility of that side in association with pain and loss of speech, then element is called as pakshawadh or pakshaghata. By affecting half of the body; aggravated vayu may cause constriction of the vessels and ligaments as a result of which there will be contracture, either of one leg or one hand along with aching or piercing pain. This ailment is called as ekang rog (monoplegia). If the above mentioned morbidity pervades the entire body; then ailment is called as sarvang rog (paralysis of the entire body).<sup>6</sup>

### Treatment:

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Swedan (Sudation), Snehan (Oleation) and Virecan (Purgation) are the main modalities of treating pakshaghata patient<sup>7</sup>. Other panchakarma procedures like nasya, (Nasal Effusion), basthi karma (Medicated Enema), shirobasti, shirodhara (Pouring of Oil on the Head) etc are done according to the patient's requirement and severity. Brumhana Chikitsa, Vata hara Chikitsa and Marma Chikitsa are indicated.

### Discussion:

Involvements of dosha, dushya in pathogenesis of pakshaghata are discussed briefly. To prevent, to find affordable, easily available and economical method for diagnosis of pakshaghata, and to achieve targeted & an effective treatment; one must understand basic principles of Kriyasharir from Ayurved compendia.

While accessing causes of pakshaghat, modern life style, injudicious ways of physical activities, late night work which may lead to hypertension is due to vata vrudhhi, in Ayurvedic perspective. Lack of exercise, dietary habits which are causes of atherosclerotic changes which may lead to avarodh, which is one of the reasons of pakshaghata. Excessive mental stress, strain,

huge competition in surrounding is nothing but the manodveg.

To plan accurate treatment of pakshaghata, one must understand samprapti in terms of dosha, dushya, upadhatu in detail. According to Ayurvedic pathogenesis of pakshaghata; it is seen that there is vata dusthi; because vata; in its normal state of functioning sustains all organs of the body. It promotes all types of actions. It restrains and impels mental activity; it promotes speech and so on. These functions get hampered in pakshaghata due to aggravation of vata dosha.

According to samprapti, aggravated vayu paralyzing one side of the body either right or left causes immobility of that side associated with pain and loss of speech. It means there is dushti of udan vayu because efforts of movements, speech etc. are the functions of udan vayu.<sup>8</sup>

Site of udan vayu is mainly chest, umbilicus (abdominal organs) and pharynx<sup>9</sup>. Its direction is from umbilicus to chest, pharynx, nose and head<sup>10</sup>. One must understand site and direction of vatadosha to regulate gati of kupit and vimargag vatadosha. Along with these factors of pathogenesis; there is vikruti in mastishka, which is one of the marma

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sthan, so one can understand the role of nasya karma in pakshaghata.

Involvement of dushya (body tissue) in pathogenesis of pakshaghata, is rakta dhatu. As mentioned in samprati; aggravated vayu causes constriction of vessels and ligaments (sira and snayu) which are upadhatus of rakta dhatu. If rakta dhatu is treated then ultimately snayu, sira will also get treated. Hence to cure rakta dusthi; raktamokshan can be given. Is it helpful and effective treatment for pakshaghata?

According to Ayurvedic literature, fomentation accompanied with oleation and purgation therapies are mentioned instead of raktamokshan. Here controversy may arise. One must have had pause and think why is it so?

In Sushrut Samhita; raktamokshan is contraindicated in pakshaghata<sup>11</sup> because raktamokshan can create aggravation of vata dosha, which is already there in pakshaghata. Raktamokshan may result in bad prognosis of pakshaghata instead of breaking pathogenesis (*doshadushyasammurchhna*).

However effective therapy in pakshaghata is virechan because it is upakram of pitta dosha. In pitta dosha and raktadhatu: there is aashray- aashrayee bhav<sup>12</sup>. Treatment of

virechan on pitta dosha is helpful to cure dushti of raktadhatu. Once rakta dhatu dusthi is cured; dushti of sira and snayu (upadhatu of rakta) also get cured.

Now a days panchakarma, a unique method of purification, is getting worldwide attention as a therapeutic measure, especially in chronic clinical conditions for which no complete cure is available in modern medical system. Internal Medicines are usually prescribed along with diet and life style Modifications.

To prevent occurrence of pakshaghata and its complications, vata pacifying diet and proper dietary habit are essential for long-term success. Additional vata pacifying regimens including daily oil massage and sudation therapies may complete the treatment. By following this regimen, one can regulate vata dosha in normal state.

Meditations, yogic practices, pranayama, are to be done on a regular and daily basis to overcome the (stress) manodwega which is one of the causes of pakshaghata. Achara Rasayana (The Art of being the Best of Soul) i.e. by following elders advise, keeping and controlling the hard feelings, controlling the mental urges are to be followed regularly

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to pacify vatadosh as it is the controller and activator of mind<sup>13</sup>.

All these observations suggest that knowledge of kriyasharir is helpful to diagnose, to prevent, to treat, and to control mortality & morbidity of paralysis (pakshaghata).

### Conclusion:

Knowledge of kriya sharir is essential to diagnose, to prevent, to treat, and to control mortality & morbidity of paralysis (pakshaghata).

### Scope for further study:

In chronic clinical conditions, no complete cure is available in modern medical system. These chronic clinical conditions could be put forward in terms of kriyasharir to diagnose to prevent, to find effective treatment by which one can achieve sound health of body and mind.

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### **Article\_18**

#### **Role of Aasana in day to day life**

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### **Abstract\_18**

In Ayurveda we get abundant collection of knowledge from Darshanas such as Nyaya, Sankhya, Yoga, Vedanta etc. The aim of Ayurveda is to ensure Arogya. The prajoyana of Ayurveda is Vyadhi mukti i.e. Rujha mukti and Swastha rakshana. According to Yogashastra, the Yogin gets rid of Rujha by means of Asana. Yoga, as founded in ancient times primarily a system of philosophy centered around the practical approach to the mental and spiritual development of man enabling him to realize the ultimate truth. But today, few experts plead Yoga to be a great value as a method of preservation of health and treatment of various diseases so as to use Yoga a system of medicine.

According to Hatyoga Pradipika, in all diseases, a patient should carefully take treatment according to the methods prescribed by the ancient Indian medicine and Yogic chikitsa. Thus Ayurveda and Yoga sciences are not only similar but they both complement each other in their discipline. If along with Ayurvedic principles, basic yogic practices are followed results will be very encouraging and motivating. Therefore to accelerate the idea of collaboration of Ayurveda and Yoga and their adoption in the main stream of medical practice, I have selected this topic.

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### ***Cite this article***

Mahesh V. Sanghavi , M.D. / M.S. (Scholar),

#### **Role of Aasana in day to day life**

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 127- 130

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## Ayurlog: National Journal of Research in Ayurved Science

A Web based quarterly online published peer reviewed National E-journal of Ayurveda.

**Keywords :** Aasan , Katishul

### Introduction:

Tridosha, Saptadhatu and Trimala are the main constituents of sharir. Among tridosha, Vatadosha is pradhan. It is Ruksha, Laghu, Sukshma, Chala and responsible for various changes in the body which ultimately leads to either Swasthavashtha or Vyadhiavastha. (According to Ashtang Hriday / 11 Chapter/Shlok1,2)

According to Acharya Vagbhat, Because of the properties like Vibhu( prevailing in all the parts of body), Ashukari ( quick acting), Bala( powerful), Anya-kopanat( tendency to aggravate others), Swatantra(acting independently) and Bahu Rogawat ( producing many diseases), Vata is powerful among all doshas.

Among Saptadhtu, Asthi dhatu serves main part in Sharir Dharana. According to Acharya Sushrut, As the tress are supported by the hard core inside their trunks, body is supported by the firm bones inside. Since these bones form the skeleton of human organism, they are not destroyed at all. Thus it helps in Sharira dharana i.e. supporting the body. According to Acharya Vagbhat (Ashtang Hriday/ 11 Chapter/Shlok 26/27), Vata dosha and Asthi dhat

2013u are inter related as “Ashrayashrayee Sambandha”.

Factors causing Vataprakopa leads to Asthi dhatu kshaya laxanas and vice –versa. Like the same, Vata dosha and Manas are also inter related. (According to Hatayog Pradipika 4.21), Whatever controls Pavana, controls the Mana, and whatever controls mind, controls Pavana. Centrally situated vertebral column is the main support to human body. Any force get ultimately transferred to vertebral column and that’s why the vertebrae are stressed heavily.

Common causes of aggravation of Vata dosha are mentioned Charak Samhita (Charaka Chikitsa Sthan-28Chapter,15-18) are Intake of ruksha, cold, scanty, and light food, excessive sexual indulgence, Aati jagarana, inappropriate therapeutic measures, excessive elimination of doshas, keeping fast in excess, excessive swimming, Aati vyayama, loss of Dhatus, excessive emaciation due to worries, grief and affliction by diseases, uncomfortable sitting and sleeping habbit, Diwaswapa, fear and suppression of natural urges, formation of Ama, suffering from trauma trauma and abstention from food, marmaghata, riding over elephant, camel, horse or fast moving

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vehicles and falling down from seats of these animals and vehicles.

These causes lead to Vataprakopa which then gives rise to Nanatmaja Vata Vyadhi (differential Vata diseases) such as Grudhrasi (Sciatica), Katishula (Backache) etc. Asana, the first component of Hata Yoga brings (mental as well as physical ) steadiness, health and feeling of lightness.

### Discussion:-

Asanas and Physical activities are the two faces of the same coin which will differ in some of their objectives and aims. Physical exercises usually involve vigorous and strenuous movements, which may be good for developing muscles, strength, speed, endurance etc. Whereas, Asanas are to be practiced without any exertion so that they can cool down body and pacify the mind.

### Conclusion :

Asanas are scientific postural patterns, which are easily practicable, cost effective, maintain the healthy without having any side effects.

Some positive effects of Asanas on low back pain include:

#### A) Physical :

1. Asanas initially focus on increasing and maintaining flexibility of the

spine, toning and rejuvenating the nervous system.

2. Keep the spine young and flexible.

#### B) Mental :

Steady postures free the mind from disturbances caused by physical movement, promoting steadiness of mind, balancing the emotions and improving your outlook on life.

#### C) Pranic:

The different poses put pressure on various points, purifying and strengthening the Nadis.

Thus , Asanas are more multidimensional in sense that it advocate on integrated approach to the body, mind emotions and spirit.

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<http://www.ayurlog.com> Vol. 1. Issue- III September- 2013



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### Article\_19

### The role of Yashtimadhu Malhar in Management of Parikartika (Acute Fissure in Ano)

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### Abstract\_19

Constipation leads to all types of ano-rectal diseases, anal fissure (*Parikartika*) is commonest among all. Anal fissure is most painful condition caused by stretching of anal mucosa beyond its capability. However this is assumed that strenuous evacuation in constipation causes longitudinal ulceration in the lower part of the anal canal which refuses to heal.

In acute fissure, patients has to bear agonizing pain and burning at anal region with per rectal bleeding which is very annoying for the patient. The suggested conservative treatment by modern science is purgatives and local application of analgesic ointments. This nearly takes at least a month to heal a fissure or if severe symptoms persists then patient has to undergo the surgical treatment which includes anal dilatation and spincterotomy<sup>(11)</sup>. Which has its own complications and limitations

Application of *Yashtimadhu Malhar*<sup>(5)</sup> locally can be used in management of fissure in ano and gives relief in pain and burning simultaneously which heals the fissure wound in eight days.

Keeping in view the limitations of modern science and to provide cost effective medical management the present study has taken.

A Single blind clinical study was conducted on 30 patients of *parikartika* (acute fissure in ano) and analysis revealed a significant relief to the patient.

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### Cite this article

*Pallavi V. Rajput<sup>1</sup>, C.D.Jagdhane<sup>2</sup>*

### The role of Yashtimadhu Malhar in Management of Parikartika (Acute Fissure in Ano)

Ayurlog: National Journal of Research in Ayurved Science-2013; 1(3): 132-136

#### Keywords:

*Fissure-in-ano, Parikartika, Yashtimadhu malhar.*

#### INTRODUCTION:-

In the era of fast food, there is change or irregularity in diet and diet timings and also sedentary life style. In addition to change in diet and life style, one is always in tremendous mental stress, all these causes disturb in digestive system which result into many diseases amongst them ano-rectal disorder constitute an important group.

Anal fissure (*Parikartika*) is the most painful and most common among all ano-rectal diseases<sup>(1)</sup>. In ayurvedic literature *Parikartika* has been mentioned as one of the complication of therapeutic enema (*virechana vyapat*) in charaka samhita<sup>(1)</sup>, in pregnancy (*Garbhini vyapat*) in kashyapa samhita<sup>(4)</sup> and also in diarrhea (*vataja atisara*) in vagbhat<sup>(3)</sup>. It is a longitudinal ulcer in the lower part of the anal canal. Pain, burning sensation with or without bleeding

during defecation are indication of fissure in ano.

Application of local anaesthetics, anal dilatation, fissurectomy and sphincterotomy<sup>(11)</sup> are generally in practice, laxatives are prescribed to ensure that the motion is soft. However these treatment procedures have their own limitations and also have complications like post operative anal stenosis, sphincter incontinence etc. keeping in view such problems and to provide cost effective, simple, ambulatory and effective medical management the present study has been taken

#### MATERIALS AND METHODS:

**Type** – Open non-comparative clinical study.

**Place of study**- M.A.Podar Hospital Shalya-Tantra OPD, Worli Mumbai.

**Sample size**- 30 patients.

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**Duration of treatment-** 15 days.

**Follow-up-** 3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup> and 15<sup>th</sup> day.

**Criteria of selection** – Clinically diagnosed case of acute anal fissures between the age group of 15-60yrs irrespective of sex, were taken for the study.

**Criteria of exclusion-** Chronic fissure, Fissures associated with Malignancy, HIV, HBsAg, Diabetes, Tuberculosis, Ulcerative Colitis, Crohn's Disease, Carcinoma Rectum.

**Trial Drug-** *Yashtimadhu Malhara*<sup>(5)</sup> for local application 3 times a day with clean finger.

**Diet-** Advised to reduce spicy food, coffee, oily beverages, constipating food such as maida, pasta, potato, white bread, non-veg diet, and to have sufficient dietary roughage like fruits, vegetables, plenty of water, daily milk with ghee at bed time.

**Assessment criteria of pain:**

0	No Pain
1	Mild
2	Moderate.
3	Severe.

**PAIN :**

**Gudagata Rakta Srava (Bleeding)**

0	No bleeding
1	Mild(<5 drops)
2	Moderate( 5-10drops)
3	Severe(>10drops)

**Criteria of burning:**

0	No burning
1	Mild burning
2	Moderate burning
3	Severe burning

Relief of symptoms after treatment was categorized as:-

Complete Relief: 100%

Marked Improvement: Above 75%

Moderate Relief: 50-75% improvement.

Mild Relief: 25-50% improvement

No Relief: <25%

%	83.82	
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MEAN	2.267	0.3667
S.D	0.6915	0.6149
S.E	0.1262	0.1123
W	435	

**BLEEDING:**

%	78.57	
MEAN	1.900	0.4000
S.D	0.7120	0.6125
S.E	0.1300	0.1135
W	391	

**P value is < 0.0001, considered extremely significant Total effect of therapy:**

Complete relief	10	33.33%
Marked relief	15	50%
Moderate relief	5	16.67%

**BURNING:** %- 73.44

MEAN	2.133	0.5667
S.D	0.6814	0.7739
S.E	0.1244	0.1413
W	435	

**Observation and results:**

1. The incidence is ranging from 30-45yrs of age is more.
2. Males were more affected than females.
3. Non-vegetarian patients with irregular bowel habits were more affected.
4. In regards to clinical symptoms all most all patients were having pain, bleeding, and ulceration.
5. In regards to progress of the treatment response of each clinical symptom is concerned,

**Discussion:-**

**Relief from symptoms at the end of the study:**

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**Pain:** The initial mean score of the symptom pain was 2.267 which was reduced to 0.3667 shows statistically significant result at  $<0.01$ .

**Bleeding:** The initial mean score of symptom bleeding was 1.900 which was reduced to 0.4000 shows statistical significant relief at  $<0.01$ .

**Burning:** The initial score of the symptom burning was 2.133 which was reduced to 0.5667 shows statistically significant relief at  $<0.01$ .

From above statistical data it was observed that 83.82% of patient relieved from pain, 78.57% patient relieved from bleeding and 73.44% relieved from burning.

Acute anal fissure is the most painful and commonest condition among all ano-rectal diseases, the application of *Yashtimadhu Malhara*<sup>(9)</sup> relieves burning sensation acts as a anti-inflammatory (*shothagnha*), also helps in healing of the wound (*Vrana ropan*) which helps in relieving pain, ulceration and burning sensation<sup>(7)</sup>. So the trial drug *Yashtimadhu Malhara* locally on acute anal fissures will help in significant reduction in clinical symptoms to give

relief to the patient proved by above statistical data.

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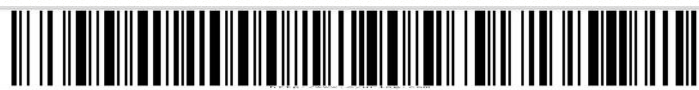
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Vol. 1. Issue- III

September- 2013



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