

ISSN 0976- 8300

विश्व आयुर्वेद परिषद पत्रिका

वर्ष - 17

अंक - 9-10, सम्वत् 2077

भाद्रपद-आश्विन

सितम्बर-अक्टूबर 2020



दालचीनी

www.vishwaayurveda.org

शरद ऋतु

A Reviewed

Journal of Vishwa Ayurved Parishad

₹50/-



COVID-19 Crisis



Ministry of AYUSH recommendations, based on Ayurvedic literature and scientific publications, for preventive health measures and boosting immunity with special reference to respiratory health.

Measures for Enhancing Immunity

- Drink warm water throughout the day.
- Daily practice of Yogasana, Pranayama and Meditation for at least 30 minutes.
- Spices like Haldi (Turmeric), Jeera (Cumin), Dhaniya (Coriander) and Lahsun (Garlic) recommended in cooking.

Simple Ayurvedic Procedures

- **Nasal Application**– Apply Sesame Oil/Coconut oil or Ghee in both the nostrils (Pratimarsh Nasya) in morning and evening.
- **Oil Pulling Therapy**– Take 1 table spoon Sesame or Coconut Oil in mouth. Do not drink, swish in the mouth for 2 to 3 minutes and spit it off followed by warm water rinse. This can be done once or twice a day.

Immunity Boosting Measures for Self-Care

Ayurvedic Immunity Enhancing Tips

- Take Chyavanprash 10gm (1tsf) in the morning. Diabetics should take sugar free Chyavanprash.
- Drink Herbal Tea/Decoction (Kadha) made from Tulsi (Basil), Dalchini (Cinnamon), Kalimirch (Black Pepper), Shunthi (Dry Ginger) and Munakka (Raisin) - once or twice a day. Add jaggery (Natural Sugar) and/or fresh Lemon Juice to your taste, if needed.
- Golden Milk- half tea spoon Haldi (Turmeric) powder in 150 ml Hot Milk - once or twice a day.

Actions During Dry Cough/Sore Throat

- Steam inhalation with fresh Pudina (Mint) leaves or Ajwain (Caraway Seeds) can be practiced once in a day.
- Lavang (Clove) powder mixed with Natural Sugar/Honey can be taken 2-3 times a day in case of cough or throat irritation.
- These measures generally treat normal dry cough and sore throat. However, it is best to consult doctors if these symptoms persist.

Instruction to Author's

- The Journal of Vishwa Ayurveda Parishad (JVAP) is the official reviewed journal of Vishwa Ayurveda Parishad having ISSN Number 0976-8300. The journal accepts original work in the field of Ayurveda and related topics. Now the journal is available online at www.vishwaayurveda.org
- Only original contribution in various areas of study related to Ayurveda such as literary, fundamental drug, research, review articles, clinical research and book review etc. are accepted.
- The script should be computerized typewritten, double spaced, only one side of the sheet.
- The sheets should be of A4 size. The medium of articles may be in English, Sanskrit and Hindi.
- All pages (except the title page) should be numbered consecutively in Arabic numerals (such as 2, 3, 4,.....) at the center top of each page.
- The paper should be submitted in hard and soft copy (Microsoft Word & PDF) both.
- Author should use Krutidev 010 for Hindi, Sanskrit and TimesNewRoman for English articles.
- Author should send one copy of paper by e-mail.
- Each article should preferably be divided into following broad sections (i) Abstract, (ii) Key words, (iii) Introduction (iv) Methods and Materials, (v) Result, (vi) Discussion, (vii) Conclusion, (viii) Acknowledgment and Reference/bibliography.
- The article/paper should be of minimum 800 words and maximum 2500 words.
- The authors are advised to mention their names, in the form in which they want them to appear in print just after the title along with e-mail.
- The authors must write their full name, designation, official address, permanent address, with pin code, phone/mobile number and email address in last of paper.
- Received articles will be evaluated by three referees before publication.
- The name of the authors mentioned in references or bibliography are to be put in following way surname then first and second name.
- Photograph, illustration, table, maps, graphs, should be given only when they are necessary. They should be numbered in Arabic numerals
- Maximum THREE name will be included in one article as author.'

Correspondence Address :

Dr. Ajai Kumar Pandey

Deptt. of Kaya Chikitsa
Faculty of Ayurveda B.H.U.,
Varanasi-221005
Contact : 9452827885

E-mail -

drajaipandey@gmail.com
dwivedikk@rediffmail.com
vapjournal@rediffmail.com
rebellionashu@gmail.com
manish.arnav@gmail.com



प्रकाशन तिथि - 15-10-2020
पंजीकरण संख्या - LW/NP507/2009/11
ISSN 0976- 8300
आर. एन.आई. नं. : यू.पी.बिल./2002-9388

Enhance your
Immunity
with...

AYUSH KWATH



Kali Marich



Sunthi



Tulsi Leaves



Dalchini

AYUSH KWATH (Kadha)

विश्व आयुर्वेद परिषद् के लिए प्रोफेसर सत्येन्द्र प्रसाद मिश्र, संरक्षक, विश्व आयुर्वेद परिषद् द्वारा नूतन ऑफसेट मुद्रण केन्द्र, संस्कृति भवन, राजेन्द्र नगर, लखनऊ से मुद्रित कराकर, 1/231 विराम खण्ड, गोमती नगर, लखनऊ-226010 से प्रकाशित।

प्रधान सम्पादक - प्रोफेसर सत्येन्द्र प्रसाद मिश्र



विश्व आयुर्वेद परिषद् पत्रिका

Journal of Vishwa Ayurved Parishad

वर्ष - 17, अंक - 9-10

भाद्रपद-आश्विन

सितम्बर-अक्टूबर 2020

संरक्षक :

- डॉ० रमन सिंह
(पूर्व मुख्यमंत्री, छत्तीसगढ़)
- प्रो० योगेश चन्द्र मिश्र
(राष्ट्रीय संगठन सचिव)

प्रधान सम्पादक :

- प्रो० सत्येन्द्र प्रसाद मिश्र

सम्पादक :

- डॉ० अजय कुमार पाण्डेय

सम्पादक मण्डल :

- डॉ० ब्रजेश गुप्ता
- डॉ० मनीष मिश्र
- डॉ० आशुतोष कुमार पाठक

अक्षर संयोजन :

- बृजेश पटेल

प्रबन्ध सम्पादक :

- डॉ० कमलेश कुमार द्विवेदी

सम्पादकीय कार्यालय :

विश्व आयुर्वेद परिषद् पत्रिका
1/231, विरामखण्ड, गोमतीनगर
लखनऊ - 226010 (उत्तर प्रदेश)

लेख सम्पर्क- 09452827885, 09336913142

E-mail - drajaipandey@gmail.com

dwivedikk@rediffmail.com

vapjournal@rediffmail.com

manish.arnav@gmail.com

rebellionashu@gmail.com

सम्पादक मण्डल के सभी सदस्य मानद एवं अवैतनिक हैं। पत्रिका के लेखों में व्यक्त विचार लेखकों के हैं। सम्पादक एवं प्रकाशक का उससे सहमत होना आवश्यक नहीं है। आपके सुझावों का सदैव स्वागत है।

Contents

1- EDITORIAL	2
2- CLINICAL SIGNIFICANCE OF AGNI (BIO-FIRE) IN DIATHESIS, DIAGNOSIS AND MANAGEMENT OF DISEASES - Meenu, Pratyush Sharma, Deepika Dwivedi, A. K. Pandey	3
3- PRINCIPLES AND PRACTICES OF YOGA NIDRA FOR HOLISTIC MENTAL HEALTH CARE - Priyanka Kumari, J. S. Tripathi	14
4- ROLE OF MEDITATION IN POST-COVID-19 RECOVERY PHASE; AN ONLINE LITERAL REVIEW - Gaurav Soni, Neelam	19
5- REVIEW ON AMAVATA: A COMMONEST PROBLEM IN THE SOCIETY - Jaya Singh, Manish Mishra	23
6- BACTERIAL INFECTION AND LOW BACKACHE - Abha Sharma	32
7- अष्टमहादोषकर भाव -मोनिषा रघुवंशी, प्रवीण कुमार मिश्र	35
8- कुम्भकामला (एक शास्त्रीय विमर्श) -प्रेमशंकर पाण्डेय, नरेन्द्र कुमार पाण्डेय	40
9- आयुर्वेद सिद्धान्त के अनुसार शरद ऋतुचर्या -किरण शर्मा, शम्भू दयाल शर्मा, काशीनाथ समगंडी	44
10- समाचार	47



Guest Editorial

Ayurveda, the traditional system of healthcare that is native to India, has continuously contributed as a major system in maintaining and fulfilling the health related needs of Indian society. This had been possible because of strong, universal, unchanged principles of *Ayurveda*. The epitome of *Ayurveda* science and utility is firmly standing on fundamental principles of *Ayurveda*. The outbreak of COVID-19 is creating a havoc worldwide due to inadequate risk assessment regarding the urgency of the situation. Now the world is looking towards *Ayurveda* for cure of Covid 19. However Covid-19 is not described in ayurvedic classical literatures but after examining the *doshas* (humour) and other indigenous factors involved in their manifestation of disease it may be considered as an *Aupasargika Roga* (contagious disease) which is pandemic in nature. *Ayurveda* renders to serve as preventive as well as curative effect in treatment of Covid-19. The *Ayurveda* doctrine relies that if *vyadhikshamatva* (immunity) of a person is strong then even after exposure to viruses, one will not be affected. During a pandemic *Ayurveda* emphasizes on increasing the immunity of people by promoting the intake of traditional herbs or decoctions. Many herbal products are found to have immune-modulatory and antiviral property, so their discovery can be a milestone in the prevention and control of COVID-19. In this context, the Government of India has also recommended to take 'Ayush Kwath' and Yoga in daily routine in order to boost the immunity. Vishwa *Ayurveda* Parishad is playing a strong role by awaring society about preventive and curative aspects of Covid-19 through *Ayurveda*. The organization of various public awareness programs as well as webinars on Covid- 19 as well as distribution of Kwath & organisation of health camp has served the society to deal with this pandemic. I wish all the best wishes to this esteemed organization for its persistent efforts for *Ayurveda*.



- Dr. K. P. Singh

Ex. Deputy Medical Superintendent,
S. S. Hospital, BHU, Varanasi-221005



CLINICAL SIGNIFICANCE OF AGNI (BIO-FIRE) IN DIATHESIS, DIAGNOSIS AND MANAGEMENT OF DISEASES

- Meenu¹, Pratyush Sharma², Deepika Dwivedi³, A. K. Pandey⁴
e-mail : drajaipandey@gmail.com

ABSTRACT:

In Ayurveda, Agni has been described an important factor in our body that play a significant role to maintain homeostasis, functioning, metabolism and catabolism of body. Agni with its thirteen attributes converts food in the form of biological energy, which is responsible for all the vital functions of our body. According to Acharya Charaka, Dehagni is the cause of life, complexion, lustre, nourishment, health, Oja, Teja and Prana. Healthy life of a person depends upon proper functioning of Agni. In the body, when Agni becomes weak, a number of unwanted unripe by-products of digestion and metabolism start and accumulating in the body at different levels from gross to molecular level. Such products are called Ama, which renders an Ama state in the body and in due course of time it hampers the permeability of body channels and imparts sluggishness of the body channels. This state in the body

channels allows Sanchaya of Doshas, which is the beginning stage of genesis of disease. Therefore, Vagbhata rightly pointed out that the root cause of all diseases is Mandagni i.e. hypo-functioning of bio-fire. Agni is basically divided in the three types (Jatharagni, Bhutagni and Dhatvagni), they work together to maintain the homeostasis of tissues in the body. So, understanding of Agni concept is important for diagnosis of diseases and treatment. In this concern during prescribing drugs, drug dosages and Pathya-Apathya it is require to restore and strengthen the Agni i.e. Bio-fire.

Keywords: Ayurveda, Ama, Bhutagni, Dhatvagni, Jatharagni, Digestion & Metabolism.

INTRODUCTION

In today era, the luxurious life and faulty lifestyle and food habits (Viruddha Aahar Vihara) may lead to interruption of Dinacharya (daily regimen), Ritucharya (Seasonal regimen) and Ratriacharya (nocturnal regimen) that lead to variety of

¹JR-I, ²JR-II, ³SR, ⁴Assistant Professor; Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, 221005, U.P.



disorders specially confined to disorders of Annavahsrotas i.e. GI tract. These causative factors may hamper the functioning of Agnis in the body; specially Jatharagni get vitiated, which may lead to improper digestion & metabolism and produces Ama like reactive species in body. In Ayurveda Ama is considered as the primary initiator of all diseases and had ability to vitiate bio-humors.

Agni has been considered as an important entity in Ayurveda for the maintenance of good health and longevity. The entire basic physics and biology of Ayurveda are greatly different from the modern basic sciences. Ayurveda disagree the target or organ oriented approach of biomedical science. The entire orchestra of diathesis, diagnosis and management of Ayurveda is based on function oriented approach through its own theories of Lokapurusha samya, Triguna (Sattva- Raja-Tama), Panchamahabhuta, Tridosha (Vata-Pitta-Kapha), Samanya-vishesha, Ojas, Srotas & srotovyapara, Agni & Agnivyapara. Besides this, the concept of Prakriti-Vikriti, clinical sense Tridoshika diagnosis in terms of Rogi-roga pariksha and Pulse examination are important tools and techniques for the diagnosis, prognosis and management of diseases. In Ayurveda, the Jatharagni had positive correlation with Kaya because in human body Agni provides the necessary energy for all types of bodily activities, which is derived from the food we eat and air we breathe. The biological

system of the body transforms this energy with the help of Agnis to one, which is utilized by the cells for further growth and development.

Consumption of food may be of various forms (i.e. eatables, beverages, linctus (licked) and masticable), which is wholesome in nature, if it is consumed in suitable quantity and free from contamination. These substances undergo metabolic biotransformation with help of Jatharagni, Bhutagni and Dhatvagni. Initially Jatharagni gives stimulation to Bhutagni because consumed food is Panchabhautika, it has to undergo transformation by the respective Bhutagnis then only it becomes easy for tissue metabolism by Dhatvagnis. The whole processed metabolic products get circulated inside the body channels continuously with the help of Vyana vayu. The nutrient part is taken up by respective tissues with the help of three mode of transportation of nutrients, which are called as Nyayas (i.e. Ksheeradadhi, Khalekapota and Kedarikulya nayaya) in Ayurveda. This is required for the development, strength, complexion and happiness as well as growth of tissues. Jatharagni is the main principal substance responsible for disease and health. Its normalcy imparts longevity, complexion, strength, health, enthusiasm, well built; lustre, immunity (ojas) and temperature. Besides, it also empowers other Agnis (bhutagni and dhatvagni) and sustains the



vital functions of the body. Therefore, Agni is an important component in Ayurvedic diseases diathesis, diagnostic and management.

Aims and Objective

1. To discuss the Concept of Agni in Ayurvedic lexicons.
2. To explore the role of Agni in disease diathesis, diagnosis and management.

Material and methods

The Charaka samhita, Shushruta Samhita, Ashtanga Hridaya, Bhava Prakasha, Sharangdhara Samhita etc and contemporary books of Ayurvedic scholars were used to impart significant input on the topic. The related web sources were also assessed to interpret the ancient concept pertaining to Agni, disease diathesis, diagnosis and management.

The concept of Agni

The complete range of digestive and metabolic activity of the body takes place with the help of Agni i.e. bio-fire; of the body. Agni converts food in the form of energy, which is responsible for all the vital functions of our body. Bala (strength), varna (colour), svasthya (health), utsaha (enthusiasm), upachaya (development of the body), prabha (complexion), ojas (immune strength), tejas (valour), vaya (age), and even ayu (life) - all depend on Agni and its function. Foods containing the nutrient materials of the dhatus can be of help to the dhatus, only after they are

cooked (digested) well by the Agni. It is a question of debate to say Pitta and Agni are one and the same. For this Sushruta said no separate Agni is found other than Pitta in the body. It is due to the properties of hotness in Pitta leading to burning cooking and such similar functions performed by pitta are considered as Agni itself & it is called Antaragni. During diminished state, use of similar properties of drugs advised & during increased state resorting to cold treatments has been advocated.

About the importance of Agni, Acharya Charaka has mentioned that after stoppage of the function of Agni, the individual dies, and when the Agni of an individual is Sama, then that person would be absolutely healthy and would lead a long, happy, healthy life. But, if the Agni of a person is vitiated, the whole metabolism in his body would be disturbed, resulting in ill health and disease. Hence, Agni is said to be the base (mool) of life⁵. Agni means it is a substance responsible for digestion, metabolism and assimilation activity in the body.

Types of Agni

Agni is innumerable because of its presence in each and every cell of the body. But, enumeration of the number of Agnis varies in various classical Ayurvedic texts, as shown below.

As per Charaka-13 Agnis such as Jatharagni-1, Bhutagni-5 and Dhatvagni-7.

According to Sushruta- five types of Agnis are illustrated as Pachakagni,



Ranjakagni, Alochakagni, Sadhakagni and Bhrajakagni. Besides, there is an indirect reference of Five Bhutagnis underlying in the brief description made to the transformation of food stuff.

Vagbhata has described different types of Agni, viz. – Audaryagni-1, Bhutagnis-5, Dhatvagnis -7, Dhoshagni -3 and Malagni-3. Pitta -5.

Sharangadhara has mentioned five pittas only (Pachaka, Bhrajaka, Ranjaka, Alochaka and Sadhaka).

Bhavamishra has followed Acharya Charaka and Vagbhata.

Ayurveda has laid down an emphasis of the following 20 component of Agni at different levels in the body.

1. **Jatharagni/Pachakagni** - one- Located at GIT and performs digestion of food.
2. **Bhutagni - Five-** Located at five Mahabhutas and responsible for finer molecular metabolism and assimilation.
3. **Dhatvagni- Seven-** Located in seven Dhatus and responsible for tissue metabolism
4. **Pachakansha - Seven-** Generated in GIT as part of Pachakagni and established to function in seven Dhatus/tissues.

Further on the basis of physiological and pathological state the Agni is again categorised into four subtypes.

- a) **Samagni:** Samagni is the physiological state of Agni and is not associated with dosha vikriti. The person with Samagni state digests and assimilates food properly at the proper time and thus has good health and better nourishment.
- b) **Vishamagni:** Vishamagni is the state in which improper digestion and metabolism takes place i.e. sometimes performs normal functions followed by abnormal one and manifest disorders associated with GIT. When this Agni is afflicted by the Vata Dosha, it creates different types of Vatika disorders.
- c) **Tikshnagni:** Tikshnagni is a state of very quick digestion of food, regardless of the type of food. Acharya Shushrut states that when the power of digestion is increased from normal to above normal, food digests very quickly and produces hunger or the desire for food. When food is digested, the throat, the mouth cavity and the lips become dry with a burning sensation. This condition is known as “Bhasmak Roga” according to Ayurveda.
- d) **Mandagni:** The meaning of the Mandagni is slow digestive power or digestive capacity. Those who are having Mandagni eat very little and are



unable to digest the smallest amount of food. Mandagni state gives rise to manifestation of variety of Kaphaja disorders.

Discussion

Among all types of Agnis, Jatharagni represents all the digestive chemicals and enzymes produced in or poured in the GIT, which are responsible for digestion of different components of ingested food. It is considered as the master Agni and is claimed to govern the function of all other Agnis besides its own function. All the Agnis are totally dependent on the status of Jatharagni. If the function of jatharagni is weak or diminished it may leads to indigestion of food i.e. Ajirna and formation of Ama-anna and Ama-rasa, which if retained in the body act as autotoxins. If it persist for prolong period it may lead to produced variety of GIT and system related disorders. In the modern physiological perspective, the action of Jatharagni can be correlated with the digestion in the stomach and duodenum under the influence of respective enzymes and hormones.

There are finer and subtler Agnis located in the five Mahabhutas viz- Parthiva (earth), Apya (water), Tejas (Agni), Vayavya (vayu) and Nabhasa (akash), which digest the respective bhutas of ahara, after it has been broken down by Jatharagni. These Bhutagnis are responsible for the molecular metabolism.

They also help in the process of assimilation by converting each of the bhuta in the respective bhuta of the body tissues. In the modern physiological perspective, liver is considered as master gland of the body. The action of Bhutagni can be equated with the conversion of digested materials in the liver under the influence groups of enzymes and hormones.

The Dhatvagnis located in the respective dhatus and participate in the specific tissue metabolism. There are seven dhatvagnis, one for each of the seven dhatus namely:

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

These Dhatvagnis are responsible for processing the respective Poshaka components in preceding dhatus to transform them into subsequent dhatu. It is with the help of the respective Dhatvagni that a dhatu assimilates its precursor materials. Acharya Charaka has mentioned the fact that that the seven dhatus that are a support of the body contain their own Agni, and by their own Agni they digest and transform the materials supplied to them to make the substances alike to them for assimilation and nourishment. In the



modern physiological perspective, the Dhatvagnis represent the entire range of enzymes and hormones functioning in the respective tissues taking part in tissue metabolism and assimilation.

Besides, Acharya Vagbhata conceives the concept of Pachakanshas, which are the part and parcel of the Pachakagni but their seat of location and activity are the seven dhatus. The concept of Pachakansha is relatively less developed in Ayurveda. However, they can be compared with such enzymes and hormones which originate from GIT but get into the systemic circulation to settle for their function in certain body tissues simulating dhatvagnis. The hormones gastrin can be considered as an example in this context.

The lowering of Agnis at Jatharagni, bhutagni and dhatvagni level not only impairs the function of the system at those level, but also leads to the development of some unwanted by products of the category of Ama of systemic nature, which precipitate antigenic reaction in the body and block the micro-channels. This systemic Ama sate gives rise to different kinds of systemic ama diseases like Amavata, Diabetes mellitus, skin disorders etc.

Role of Agni in diagnosis and management of diseases

Knowledge of normal status and impaired status of Agni are very helpful in the diagnosis and management of diseases.

Impaired Agni does not digest even light food. This undigested food becomes sour in taste and it works like poison and it gives rise to several diseases.

Importance of Agni in diagnosis

On the basis of pathological state the Agni abnormalities is visualised the three level, viz-

- ♦ Mandagni- hypo-functioning of Agni may lead to develop Kaphja and Amaja disorders.
- ♦ Vishamagni- irregular function of Agni may lead to develop Vatika disorders.
- ♦ Tikshnagni- hypofunctioning of Agni may lead to develop Paittika disorders.

Following are the physiological factors that affect the functioning of Agni

- ♦ **Prakriti-** The status of Agni is differing from constitution to constitution of individual. Hence, any dietary and therapeutic intervention needs to assess the functioning of Agni.
- ♦ **Diurnal variation-** Agni is rhythmic increase and decrease during whole day and night. Its maximum strength is present in second Prahara of day and first Prahara of night. Keeping this fact in mind ancient seers have been advocated specific dietary and life style intervention in this context of Dinacharya and Ratricharya to maintain the normalcy of Agni.



- ♦ **Ritu-** Agni is at peak in Hemanta and Shishira ritu, medium in Basanta and Sharad ritu, lowest in Varsha and Grishma ritu. Hence, disease out comes are more observed in Varsha and Grishama ritu.
- ♦ **Aahara-** Balanced & healthy diet maintains the Agni, light diet improves the Agni status and heavy and unhealthy diet reduced the Agni status. In Ayurveda, incompatible food items are considered as main initiating factors of disease, which is directly linked with functioning of Agni. If Agni is power it can metabolise the non-congenial food.
- ♦ **Vyayama-** Normal exercise increases Agni and excessive or no physical activity alters the Agni status.
- ♦ **Age-** In adult, it is on the peak and in old age gradually diminished. So, quantity of diet and dosing schedule of drug should be plan keeping the Agni status as per age group.

Agni status of an individual can be assessed by utilizing fourteen point grading scale as mentioned by Acharya Charaka in Vimanasthana chapter 8/89 of given features based on (zero to two grading score) Agni bala hani. (Singh R.H. 2015)

कार्यं धातुसाम्यं, तस्य लक्षणं विकारोपषमः। परीक्षा त्वस्य—रुगुपषमनं, स्वरवर्णयोगः, षरीरोपचयः, बलवृद्धिः, अभ्यवहार्याभिलाशः, रुचिराहाराकाले, अभ्यवहृतस्यचा—हारस्य काले सम्यग्जरणं, निद्रालाभो यथाकालं, वैकारिकाणां च स्वप्नानामदर्शनं, सुखेन च प्रतिबोधनं, वातमूत्रपुरीशरेतसां मुक्तिः, सर्वाकारैर्मनो— बुद्धीन्द्रियाणां चाव्यापत्तिरिति। —(च०वि० ८/८९)

S.N.	Clinical Features	Grade Scores			
		0	1	2	
1.	Normal voice	Normal	Average	Poor	
2.	Normal complexion	Normal	Average	Poor	
3.	Nourishment of the body	Normal	Average	Poor	
4.	Physical strength	Normal	Average	Poor	
5.	Desire for taking food	Normal	Slightly Reduced	Slightly Increased	Reduced/ Increased
6.	Appetite for food during meal time	Normal	Slightly Reduced	Slightly Increased	Reduced/ Increased
7.	Proper digestion of food	Timely digested	Takes long time	Not properly digested	
8.	Normal and regular sleep	Normal	Slightly impaired	Grossly impaired	



9.	Feeling of well being	Always	Occasionally	Never
10.	Proper & timely evacuation of <i>Vata</i> (Flatus)	Normal without any problem	Slightly & Occasionally	Impaired frequency
11.	Proper & timely evacuation of Urine	Normal without any problem	Slightly impaired	Grossly altered frequency
12.	Proper & timely evacuation of stool	Normal without any problem	Slightly impaired	Grossly frequency
13.	Libido	Normal	Slightly impaired	Grossly frequency
14.	Status of mind and intellect	Balanced	Occasionally disturbed	Frequently disturbed

On this basis we can assess the overall Agni status of an individual to assess its role to the genesis of particular disease and plan appropriate therapeutic intervention. Besides, the features of *Samagni*, *vishamagni*, *tikshnagni* and *mandagni* should also be kept mind to assess its degree of depletion to the afflicted individual.

Importance of Agni in Management

Prakopa and *Prashamana* of *Dosha*, *Dhatu* and *Mala* depends on the status of Agni. Hence, assessment of Agni Bala is essential for proper choice of *Aahara*, *Aushdha*, *Sanshamana Chikitsa* and *Sanshodhan* procedures. A person should consume type and quantity of food based

on strength of the Agni. A physician must advice diet and medicines as per the strength of Agni of patient. In Ayurvedic therapeutics due importance is given to the care of Agni because majority of pacificatory drugs are intervene through oral route. In this situation if the Agni is not function properly, it will never metabolize the drug/s and the desired effect of the drug/s is/are not possible, which further potentiate the disease process and complications. Also, before *Samshodhana* procedure, Agni assessment is essential to achieve desired results. So, Agni is an important factor while prescribing treatment. On the basis of Agni and *Ama* strength, treatment is categorised into three types (Ch. Vi. 3/43).



1. *Langhana*- Lightening therapy- It is indicated in patients having mild depletion of Agni and mild *Ama* strength. For this purpose light diet, fasting and hot water intake are specially advocated to digest the *Ama* and improve the strength of bio-fire.
2. *Langhana-Pachana*- Lightening and digestant therapy- It is indicated in patients having moderate depletion of Agni and moderate strength of *Ama*. This stage can be checked by prescribing *Trikatu churna*, *Panchakola churna*, *Sanjeevani vati*, *Chitrakadi vati*, *Hingvashtaka churna*, *Yavanikshadava churna*, *Shadangapaniya* etc.
3. *Doshavasechana*- Biopurificatory therapy- It is indicated in patients having severe depletion of Agni and severe *Ama* strength in the body. This can be achieved by *Panchakarma* measures such as- *Vamana* (emesis), *Virechana* (purgation), *Asthapana* (decoction based enema), *Anuvasana* (oil based enema) and *Sirovirechana* (nasal insufflation).

Besides, dietary factors such as principles of balanced diet, *ashta-aharavidhivisheshayatana*, and rules of taking food; are moving around status and strength of Agni of an individual.

CONCLUSION

Agni plays a pivotal role in maintaining good health of human being. Among all types of Agni, *Jatharagni* is important because it facilitates secretion of various chemicals, enzymes etc leading to proper digestion of food. Further *Dhatvagni* and *Bhutagni* help for the digestion absorption and assimilation of food substances into the body. The impaired Agni strength may lead to more *Ama* production, which is directly responsible for genesis of variety of acute and chronic nutritional deficiency to auto-immune disorder and indirectly responsible for precipitating number of diseases. Vagbhata rightly pointed out that all diseases are caused by lowering of Agni i.e. *Rogah sarve-api mande-agnau. Agni pariksha* of an individual is important for intervene appropriate therapeutics. Importance of Agni has been seen in both the healthy and diseased condition. In healthy condition it is necessary for maintenance of health while in diseased condition it is important for diagnosis as well as treatment of the particular disease. Therefore, preservation and promotion of Agni is the first and foremost step to be taken in diagnosis of disease and every therapeutic intervention & management of patient.



References

1. Agnivesha. Charaka Samhita. Rajeshwar Datt Shastri editor. Varanasi: Chaukhamba Bharti academy; 1992. Ed.18.
2. Agnivesha. Charaka Samhita. Yadavji Trikamji Acharya editor. Varanasi: Chaukhamba Sanskrit Pratisthan; 2000.
3. Sushruta, Sushruta Samhita. Nibandhasamgraha commentary by Dalhana. Yadavji Trikamji Acharya, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2009.
4. Vagbhata. Ashtanga Hridayam. Nirmala Hindi commentary by Brahmananad Tripathi. Varanasi: Chaukhamba Sanskrit Pratisthan; 1999.
5. Ashtanga Samgraha, edited by K.R. Srikantha Murty, Chaukhamba Orientalia, Varanasi, IInd edi., 2000.
6. Shabdakalpadruma, Radhakantdev R, editors. Amar Publication Varanasi: Chaukhamba Samskrit Series. 1967:8.
7. Tripathi B, editor. Sharngadhara – Samhita of Pandit Sharngadhara Charya ‘Dipika’ hindi. Varanasi: Chaukhamba Sanskrit Sansthan; 1994. p. 41.
8. Shastri BS, Vishya RL, editors. Bhavaprakasha of Shri Bhava Mishra, The ‘Vidyotini’ Hindi Commentary, Notes and Appendix. Varanasi: Chaukhamba Sanskrit Sansthan; 1999. p; p. 37.
9. Madhavkara, Madhavnidan, Madhukosh Tika by Upadhyaya Yadunandan published by chaukhambha prakashana, Varanasi, Eddition, 19th.
10. Pandey, A.K. and Singh, R.H. (2012). A Clinical study on certain diabetic complications under the influence of Naimittika Rasayana Therapy (with special Reference to Nishamalaki & Shilajatu), Ph.D., Kayachikitsa thesis, IMS, BHU, Varanasi.
11. Singh R. H. (2015). Ayurvediya Nidanchikitsa- Siddhanta evam prayoga. 5th Ed. Varanasi, India: Chaukhamba Amarabharati Prakashan.
12. Singh R. H. (1998). The Holistic Principles of Ayurvedic Medicine. 1st Ed. Varanasi, India: Chaukhamba Surabharati Prakashana.
13. Pandey A K. 2020. A Text book of Kaya- Chikitsa” Vol-IV in Hindi, 1st Edition. New Delhi, India: Chaukhamba Publications.
14. Pandey AK, Byadgi PS. 2013. A Text book of Kayachikitsa, Vol-1, Ed-1. New Delhi, India: Chaukhamba Publication.
15. Jaspreet Singh, Pandey, A.K. & Singh, R.H. (2014). Prevention-Potential in Type 2 Diabetes Mellitus. Annals of Ayurvedic Medicine, 3 (1): 62-63.
16. Pandey Ajai Kumar. (2013-14). ‘Conceptual background of Obesity



- (Sthaulya/ Medoroga) & an approach for its management through Ayurveda' (pp.47-60); "Integrative Approach to Metabolic disorders (IAMD)", Published by MRF & SW, 1st ED., Varanasi, India p. 47-60.
16. Pandey A K. 2019. A Text book of Kaya- Chikitsa, Vol-I in Hindi, 1st Edition. New Delhi, India: Chaukhamba Publications.
17. Vd. Dash Bhagwan (1993). Concept of Agni in Ayurveda with Special Reference to Agnibala Pariksha. 2nd Ed. Varanasi, India: Chaukhambha Amarabharati Prakashan.
18. Dwarkanath C (1997). Digestion and Metabolism in Ayurveda. 2nd Ed. Varanasi, India. Krishnadas Academy.
19. Chatterjee and Shinde (1998). Text Book of Medical Biochemistry. Third Ed. New Delhi, India: Jaypee Brothers Medical Publishers (P) Ltd.
20. Pandey A. K. (2019). A Text book of Kaya- Chikitsa, Vol-II in Hindi. 1st Ed. New Delhi, India: Chaukhamba Publications, 4262/3, Ansari Road, Darya Ganja.
21. Pandey A. K. (2019). A Text book of Kaya- Chikitsa, Vol-III in Hindi. 1st Ed. New Delhi, India: Chaukhamba Publications, 4262/3, Ansari Road, Darya Ganja.
22. Pandey A. K. (2020). A Text book of Kaya- Chikitsa, Vol-IV in Hindi. 1st Ed. 1st Ed. New Delhi, India: Chaukhamba Publications, 4262/3, Ansari Road, Darya Ganja.



PRINCIPLES AND PRACTICES OF YOGA NIDRA FOR HOLISTIC MENTAL HEALTH CARE

- Priyanka Kumari¹, J. S. Tripathi²
e-mail : anajitu@gmail.com

ABSTRACT:

The world is facing a challenge in the form of mental illness, such as stress, depression, anxiety, substance abuse, and psychosis or dementia in old age, or any pandemic. This article highlights the holistic mental health care through Yoga Nidra Procedure . This article also describes the historical background of Yoga Nidra and its effectiveness in different diseases.

Key words: Stress, Anxiety , Depression , mind , Yoga Nidra.

INTRODUCTION

Mental health is one of the most neglected areas of public health. Close to 1 billion people are living with a mental disorder, approx. 3 million people die every year from the harmful use of alcohol and one person dies every 40 seconds by suicide . Presently more than 35 million people around the world have been affected by the COVID-19 pandemic, which has great impact on an individual's mental health.

Yet, relatively few people around the world have access to quality mental health services. In low- and middle-income countries, more than 75% of people with mental, neurological and substance use disorders receive no treatment for their condition at all. Furthermore, stigma, discrimination, punitive legislation and human rights abuses are still widespread. In this situation Yogic Nidra procedure is a very helpful and affordable adjuvant for Preventive , promotive and curative mental health care of whole global community without any untoward effect.

Yoga Nidra:

Swami Satyanand Saraswati has conceptualized the concept of Yoga Nidra in the modern era. He studied Tantric scriptures and constructed a system of relaxation. Yoga Nidra is such a Yogic procedure in which a person remains in a state of dream while staying alert. This condition brings about deep relaxation as the Stress is an important factor in mental illness. It has been observed that psychiatric patients suffer from lack of

¹Research Scholar, ²Prof., Department of Kaya Chikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi (U.P.)



confidence which can be improved by resolving in Yoga Nidra .

Historical and metaphysical background of Yoga Nidra

Yoga Nidra is an old practice and it has been discussed in Vedas and Puranas such as Devi Mahatmya, Bhagavata Purana. Lord Vishnu (the sleeping lord) reclines on the shesha naga in Yoga nidra. It has been practiced by sadhus and rishis from the millennia. Of the three states of consciousness of waking, dreaming and deep sleep, as expounded in the Upanishads, particularly the Mandukya Upanishad, yoga nidra refers specifically to the conscious awareness of the deep sleep state, referred to as "prajna" in Mandukya Upanishad . Bhagavata purana refers yoga nidra to yoga maya . Maharsi Patanjali and the authors of Hatha Yoga texts and other literatures might be influenced by Vedas , Upanishads and Puranas. It has been found that in certain texts like Patanjala Yoga Sutra and Hatha Pradipika there are some indication and discussion of yoga nidra practice.

According to the Mandukyopanishad, there are four aspect of the mind. The four states of the mind are the manifest, the dream, the sleeping and Turiya state.

Awake state (Jagriti Awastha)

When a person has the knowledge of an external body directly through the senses, that state is called awakening stage.

In this state of person, the person himself is a knower and he is aware of the subject's knowledge.

From psychological perspective, this stage is called animate surface. Mandukyopnishad has said that:-

"Sarvam hyetad.....Prathamah Padah"

(Mandukyopnishad -3)

Dream state (Swapana Awastha)

When a person is not fully awake or is in a strong sleep, then that state is called a dream state, here the expression of consciousness is related to mental activities, unless a person is in a dream state, then mentally obtained by consciousness The knowledge made seems like the real knowledge of a person, after waking, the person has the knowledge that in reality the knowledge of the dream state Was of Psychologically, the dream state is called the subconscious ground.

"Swapna sthanonantah..... Dwitiyah Padah"

(Mandukyopnishad- 4)

Sleeping state (Nidra Awastha)

Deep sleeping or dreamless sleep is called sleep state. In this state, the person lacks knowledge, the consciousness remains both knowledge and knower. The expression of consciousness can be on three level - externalism, interpersonal and



unintended. The expression of consciousness which cannot be expressed lies in the same level but prohibitively.

Psychologically, Sleeping is called the unconscious planet.

“*Yatra supto.....pragyastritiya*”

(*Mandukyopnishad- 5*)

Turya State (Turya Awastha)

The state of being is the state in which the soul realizes its true nature in the living body, i.e. what is its relation with the reality of this world and its substances and the soul, it acquires all knowledge, in this state, beyond consciousness is done. There is no effect of happiness, misery, loss, victory, loss, etc., on the person who has attained the state of the moment. He is satisfied only by himself, such a person acquires the wisdom based, this state becomes a state of modest consciousness. At this stage, the person acquires the experience of “*Aham brahamasmi*”. In this state, the sense of ego also ends in that person.

“*Esha sarveshwar.....bhutana*”

(*Mandukyopnishad -6*)

The Word Yoga Nidra firstly mentioned in Devi Mahatmya one of the great part of Markandeya Purana as:

// Utpanneti Tada Loke
Sanityapybhidhiyate //

//Yoganidram Yada
Vishnurjagatyekarnavikrite //

According to the visualizations of Maharshi Markandeya “at the end of Kalpa when the entire universe was in a deep relaxation, Lord Vishnu was lying on the bed of serpent in the state of total awareness”. He further states in his Purana that: Lordess Yoga Nidra lives in the eyes of Lord Vishnu.

// Drastwa Tavsurau Chograu prasuptam
Cha Janardanam //

//Tustav Yoganidram
Tamekagrahridyasthitih //

Meaning

When Lord Brahma observed Lord Vishnu in the grip of Yoga Nidra, to make him awake, he (Lord Brahma) started praying the Lordess Yoga Nidra. This was the first time in this Universe when Yoga Nidra came into the form and due to her effect Lord Vishnu became able to get the victory over two evils named Madhu and Kaitabh.

Practice of Yoga Nidra

For the practice of Yoga Nidra, one should lie flat on his back and follow the spoken instruction of yoga instructor. During the practice there should be no movement by the practitioner, as well as he should try to remain awake and aware of every given instruction. In Yoga Nidra, it is not necessary to concentrate. One



should just keep the mind moving from point to point and be aware of every experience. Yoga Nidra means sleep with a trace of awareness.

Practice of Yoga Nidra is the simplest method of relaxation which is being practiced in the flat lying position of shavasana and follows the spoken instruction of Yoga instructor. It includes eight stages: Physical Relaxation, Sankalpa, Rotation of consciousness, Breath awareness, feeling of Opposite emotions, Creative visualizations, Sankalpa, Externalization.

The practice includes the resolve, body part awareness, breath awareness and visualization. Scientists are taking advantage of new technologies to see exactly what goes on inside the brains of Yoga nidra practitioners. The neuroscientists hypothesize that regular meditation actually alters the way the brain is wired, and that these changes could be at the heart of claims that meditation can improve health and well-being. But the rigors of the scientific method might never have been applied to studying the practice of meditation.

A study found that a reduction in blood pressure and anxiety levels in hypertensive patients continued for 12 months after Yoga nidra practice.

Another study states the future role of Yoga nidra in coronary care and

management regimes appears to be a major one. The value of the practice of yogic relaxation in prevention of cardiovascular disease has been fairly well recognized and accepted.

Another study demonstrates that the drop in blood pressure induced by daily Yoga nidra practice has a far reaching effect, extending throughout the day, and is not merely a transient effect coincident with the practice session. Another study found that a reduction in blood pressure and anxiety levels in hypertensive patients continued for 12 months after Yoga nidra practice.

Technique of Yoga nidra has preventive, promotive and curative value. It prevents stress and stress-related disorders by inducing deep physical, emotional and mental relaxation, by training the mind to remain calm and quiet and by rooting out the repressed desires and thoughts from the deeper realms of the mind. As a promotive science, Yoga nidra awakens the inherent creativity and promotes the learning and memory abilities of the practitioner. Researches also indicate that yoga nidra can be used as a therapeutic technique to cure psychological disorders like anxiety, hostility, insomnia, etc. and psychosomatic diseases like asthma, coronary heart disease, cancer, hypertension, etc. In the present modern lifestyle, where psychological and psychosomatic problems are on the rise,



the technique of yoga nidra may serve as a real boon for mankind. In another study on 30 students, 15 days practice of Yoga nidra had a positive effect in enhancing the memory of children.

Discussion & Conclusion:

Yoga Nidra helps harmonizing two hemispheres of the brain and the two aspects of autonomous nervous system viz. sympathetic and parasympathetic. The rotation of body awareness stimulates different parts of the brain that control each and every body nerve. When he person are aware of each part of their body, they are actually massaging the corresponding part in the brain as well. Thus they establish the connection between the body and their mind. The impressions in the subconscious are brought to surface, experienced and removed. Thus, the fixation of awareness to the body is replaced with the awareness linked to subtler aspects of prana and spiritual dimensions. Thus, Yoga Nidra plays very important role in taking concrete actions in support of mental health in the patients who are coping with mental health problems.

References :

1. <https://www.who.int/news-room/detail/27-08-2020-world-mental-health-day-an-opportunity-to-kick-start-a-massive-scale-up-in-investment-in-mental-health>.
2. Swami.S.S, "Hatha Yoga Pradipika" (1998) Yoga Publication Trust, Munger, Bihar, India.
3. Sivananda (2003). Upanishad - Digdarshan, Chapter - Mandukyopanishad, page-141. All Services Team Rajghat Varanasi
4. Sivananda (2003). Upanishad - Digdarshan , Chapter - Mandukyopanishad, page-149. All Services Team Rajghat Varanasi
5. Dwarkashastra, Swami. (2014) Siddhividdhantapaddhti, First Sermon: The Junk's Five Points, Page-19 Chaukhama Vidya Bhawan, Varanasi
6. Saraswati, Swami Satyanand (1974). Tantra-yoga tantrum International Yoga Fellowship Movement.
7. Saraswati, Swami Satyanand (2013). In the light of meditation technique, Yoganida, page-177. Yoga Publication Trust, Munger, Bihar
8. InduBhushan, and Jha, Mukesh, and Bhushan, Siddhartha (2002). Textual Materials- Postgraduate Diploma in Yogic Study, Third Paper, Yoga and Mind, Chapter- Yogic Medicines of Mental Illness, Yoga nidra, Page-224-226. Nalanda Open University, Patna.
9. Saraswati, Swami Satyanand (2004). Yoga and Kriya, Yogini, page-944. Yoga Publication Trust, Munger, Bihar, India
10. https://www.researchgate.net/publication/281783577-Origin_and_application_of_Yoga_Nidra
11. Kumar, K. A study on the impact on stress and anxiety through Yoga nidra. Indian Journal of Traditional Knowledge 7, (2008).
12. Kumari, Priyanka and tripathi, J.S., (july-sep2020) Eastern Scientist- Issue-11/12-vol 2/3



ROLE OF MEDITATION IN POST-COVID-19 RECOVERY PHASE : AN ONLINE LITERAL REVIEW

- Gaurav Soni¹, Neelam²
e-mail : gauravsonilko@gmail.com;

ABSTRACT:

Novel COVID-19 pandemic is shifting the outlook of the world on every materialistic thing. After each departing day, there are some points for optimism and agony both. Researchers are doing their best to slow down this contagious disease. Slowly the recovery rate is also boosting up. Now a new challenge is approaching up as post-recovery phase symptoms or follows up symptoms. Among the recovered individuals the mental symptoms like depression or stress are the most striking ones. The different modalities available for inner peace or reducing the depression, the meditation is most reliable and through different studies done on various parameters most evidence-based also. The practice of meditation in post recovered persons will not only bring inner solace reducing the physiological symptoms but will also reduce spending on health.

Keywords- COVID-19, post-recovery phase, meditation, depression

INTRODUCTION

In the current scenario of a pandemic the center of interest of every person is changed or at least is modified. COVID-19 pandemic has proved a comma if not a full stop in the progress whether at a personal level, economical front, or any other. In such a situation where social aloofness is taking a hard toll on the mental ability of humans, everyone wants some relief and eyeing towards medical fraternity for some magical remedy.

Person, who has suffered from this pandemic, has undergone a great commotion including economic setbacks, health and especially on the physic level, after the isolation, undergoing unconfirmed protocol of treatments and thereafter also facing social stigma on discharge. The recovered persons have to revive their life, which goes round like attaining the milestones of life just like a developing toddler. The experiences of most COVID-19 recovered patients include psychophysical symptoms like

¹Lecturer, Department of Rachana Sharir, ²Lecturer, Department of Dravya Guna, North Eastern Institute of Ayurveda & Homoeopathy (NEIAH), Shillong-18.



depression, fear, and anxiety that may persist for a longer time.

Dhyana (Meditation) is one of the most sort-out modus operandi for inner calmness or peace. From time immortal the chase of humans about self improvisation has taken him towards the path of meditation as a sole reliever. Meditation is one of the components of Astanga (Eight limbed) Yoga of Patanjali, which explains it as, non-judgmental, non-presumptuous, sequential movement of thoughts, and flow of awareness.

METHOD

In order to examine the role of meditation in Post COVID-19 recovered patients as a measure either as an individual or an adjunct therapy with conventional treatment at different setups; a search on relevant available, validated scientific literature, several systematic reviews, meta-analysis, randomized controlled trials from Med-line/Pub-Med, Google Scholar on the practice of meditations were consulted.

REVIEW

Any disease even after the recovery leaves behind certain symptoms that remain persistent. A study reported as a research letter mentions the continuation of one or more symptoms like fatigue, headache, etc even after the recovery as per standard protocols. The study mainly

aimed at physical symptoms and suggested the importance of post-COVID-19 recovery OPD in hospitals.¹

A separate study especially focused on the recovery of the elderly population from pandemic reveals the greater emotional effect due to increased social isolation and anxiety symptoms and increased risk of hypertension, cardiovascular disease, obesity, cognitive decline, and death.²

A review follows up a detailed study that shows the effect on the multi-organ system post-COVID-19 scenario especially the effect on lungs, CNS, ocular infection, GIT infections, and renal injuries. The same study also discusses the challenges faced by COVID-19 recovered patients giving special mention to the feeling of paranoid, and the aftermath of the disease would be persistent in the back of their minds. During the quarantine period, patients are devoid of human contact, which might increase the chances of psychological symptoms. In the same article certain recommendations are also mentioned for the recovered patient to overcome psychological symptoms like practicing Yoga and Meditation.³

Meditation is practiced since the time immortal and is described in different Vedic texts. The term “meditation” is nowadays freely used to refer to



diversified manners including deliberation, concentration, and meditative movement exercises such as Yoga and breathing exercises as Pranayama. These techniques work at diverse levels such as the mind, intellect, and emotions. According to classics, the true intention of meditation is to unite oneself to one's deep inner Self.

DISCUSSION

A paper published in the Irish Journal of Psychological Medicine gives a great view on the role of meditation in times of crisis like the current pandemic. Here the evidence-based meditation techniques like mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) have shown reduced anxiety depression and post-traumatic stress disorder stress blood pressure, cortisol levels, and other physiologic markers of stress. Paper also mentions that after the long term practice of meditation shows changes in areas of the brain concerned with stress and anxiety. The prefrontal cortex, the cingulate cortex, and the hippocampus i.e. limbic system of the brain show activity consistent with improved emotional regulation.⁴

An article published before the outcome of pandemic mentions the role of Meditation on health. This paper depicts the role of Meditative practices in general well-being as well as on different types of

ailments both on physical and mental levels. This study was a literal review of different randomized study which took place prior to it with different types of meditations either singly or as adjuvant therapy with a different schedule of durations. In concluding remarks the author mentions the growing scientific interest in meditation showing that this practice has lasting changes in cognition and emotion.⁵

A separate article also mentions the effect of meditation on different organ systems of the body especially effect on the brain, breathing physiology, and even on gene expression. Here they mention that the process of meditation goes beyond the mind to the deepest level of the inner Self.⁶

CONCLUSION

As going through review and discussion of aftereffect of post-COVID-19, we can see that the symptoms include both the physical and physiological, depending basically on certain factors like age, viral load, etc. somatic trauma can be dealt by medicines but for mental calmness what should be the remedy. Here comes the role of meditation, which is now evidence proved healer of mind and not only lowers the physiologic markers of stress but also creates an optimistic feeling and well-being.



REFERENCE

1. Carfi A, Bernabei R, Landi F, for the Gemelli Against COVID-19 Post-Acute Care Study Group. Persistent Symptoms in Patients After Acute COVID-19. *JAMA*. 2020; 324(6): 603–605. doi:10.1001/jama. 2020. 12603
2. Nancy Morrow-Howell , Natalie Galucia & Emma Swinford (2020) Recovering from the COVID-19 Pandemic: A Focus on Older Adults, *Journal of Aging & Social Policy*, 32:4-5,526-535, DOI: 10.1080/08959420.2020.1759758
3. Balachandar, V., Iyer Mahalaxmi, Mohandevi Subramaniam, Jayaramayya Kaavya , Nachimuthu Senthil Kumar, Gracy Laldinmawii, Arul Narayanasamy, Patur Janardhana Kumar Reddy, Palanisamy Sivaprakash, Sivaprakash Kanchana, Govindasamy Vivekanandhan, Ssang-Goo Cho; Follow-up studies in COVID-19 recovered patients - is it mandatory?. *Sci. Total Environ*. Volume 729, 10 August 2020, 139021 <https://doi.org/10.1016/j.scitotenv.2020.139021>
4. Behan, C. (2020). The benefits of meditation and mindfulness practices during times of crisis such as COVID-19. *Irish Journal of Psychological Medicine*, 1-3. doi:10.1017/ipm.2020.38
5. Sampaio, C.V.S., Lima, M.G. & Ladeia, A.M. Meditation, Health and Scientific Investigations: Review of the Literature. *J Relig Health* 56, 411–427 (2017). <https://doi.org/10.1007/s10943-016-0211-1>
6. Sharma H. Meditation: Process and effects. *Ayu*. 2015;36(3):233-237. doi:10.4103/0974-8520.182756



REVIEW ON AMAVATA: A COMMONEST PROBLEM IN THE SOCIETY

- Jaya Singh¹, Manish Mishra²
e-mail : manish.arnav@gmail.com

ABSTRACT:

Amavata is commonest and most crippling type of joint disorder. It is disease of Rasavaha srotasa. Due to hetu sevan when Ama combines with aggravated Vata, pathogenesis of Amavata occurs. The clinical features of Amavata are pain, swelling and stiffness of joints, fever and general debility. These symptoms are closely related to Rheumatological arthritis. It is chronic degenerative disease of the connective tissue mainly involving the joints. In the disease of Amavata due to Agnimandya, Amotpatti, and Sandhivikriti occurs. So treatment of Amavata aims at correction of Agni and regulation of Vata thus maintain healthy sandhi and sandhista shleshma will be the supreme one for this disease. Due to lack of awareness in the society about disease and its complication people suffer from lifelong joint deformity. In present scenario with the globalization of Ayurveda everybody is looking with the hope towards us to overcome this challenge. There are vari-

ous herbal as well as Rasa preparations mentioned in our classics which are effective remedy in Amavata.

Keywords: *Amavata, Rasavaha srotas, Vata, Ama, Rheumatoid arthritis, Sandhivikriti*

INTRODUCTION

Amavata develops when dushit Ama combines with prakupit Vata.¹ The concept of Ama is unique in Ayurvedic science and this Ama is main cause of various disorders. There is no equivalent term of Ama in modern science. Amavata can be compared with Rheumatoid Arthritis. The sign and symptoms of both diseases are nearly same. Rheumatoid Arthritis is a chronic autoimmune joint disease associated with deforming symmetrical poly-arthritis and systemic involvement. When disease becomes chronic and the patient develops deformity in the joints such as Sandhisankoch (Joint stiffness), Akarmanyata (Limited movements) etc. cannot be corrected with medicines alone.

Many herbal as well as Ayurvedic preparations are mentioned in the classics

¹P. G. Scholar, ²Assistant Professor, Department of Kaya Chikitsa and Panchkarma, Govt. P. G. Ayurvedic College & Hospital, Choukaghat, Varanasi, India



which are very effective remedy in Amavata. Guggul is the drug of choice in Amavata as well as various metallic preparations like Suvarna Bhasma, Tamra Bhasma, Loha Bhasma, Parada and Gandhaka are proved to effective drugs on Amavata. Ama is the main cause of the various disorders. There is no equivalent term of Ama in modern science.

Historical review:-

Though description about Amavata is available since the period of Charaka as a reference in the context of various treatments², Amavata as a separate disease entity was described for the first time in detail by Madhavakara (900 AD) who devoted a full chapter (25th) of Amavata in his famous treatise Madhava Nidanam. In this chapter he has mentioned etiopathogenesis of the disease in a systematic manner besides the signs, symptoms, complications and prognosis.

Aims and Objectives:-

- 1) To understand Amavata in detail in comparison with Rheumatoid Arthritis.
- 2) To understand The Pathophysiology & Symptomatology of Amavata.
- 3) To be aware of its deformity & complications.
- 4) To have knowledge for diagnostic criteria of Amavata according to Ayurveda as well as Modern perspective.

- 5) To understand treatment and its efficacy in Amavata.

Materials and Methods:-

As this study is a review type of study, we have collected information from the available Ayurvedic samhitas and few elementary text books to get comprehensive knowledge about the disease Amavata as well its line of management.

Etymology of Amavata :-

The two words Ama and Vata form the word Amavata, which denotes the involvement of these two factors in the manifestation of Amavata. So far as Amavata is concerned as the term itself denotes, it is formed by the union of two word Ama & Vata which are the two predominant pathological factor acting in the disease process. Acharya Madhava adds other dosha also.

Definition :

Acharya Madhav was the first scholar to give the appropriate definition of Amavata. Vitiated Vata and Ama simultaneously enters in the kostha trika and sandhi pradesha leading to gatra stabdhat and trika samdivendana. This condition is known as Amavata. The term 'yugapat' means simultaneous vitiation of Vata and Kapha dosha, as main pathogenic factor of the disease³. According to

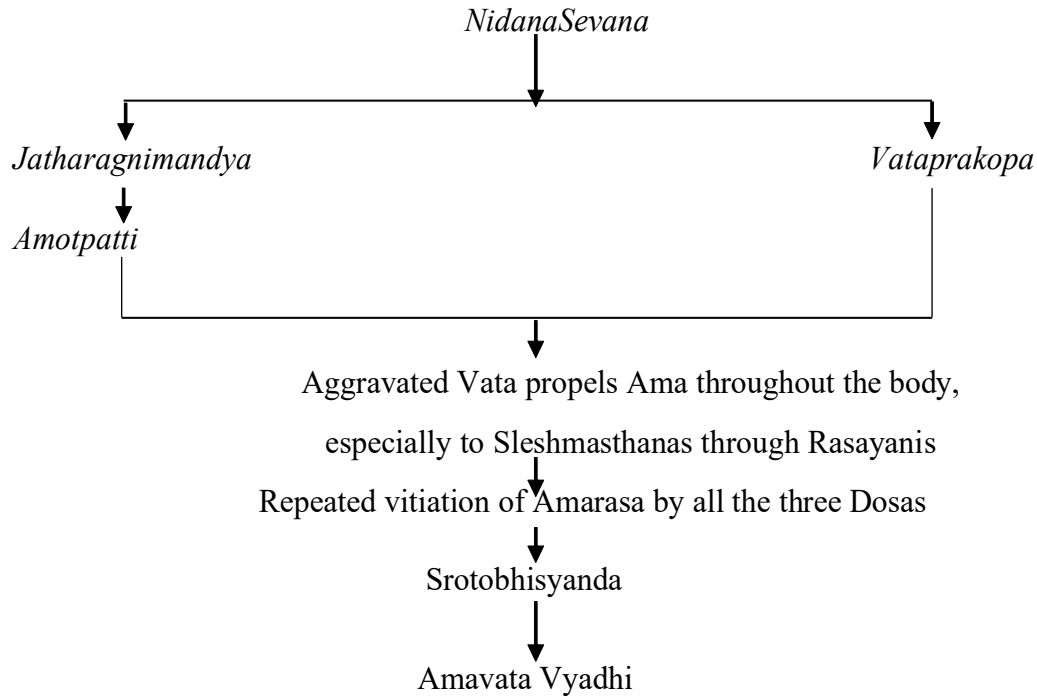


‘Atanka darpana’ commentary- Both Vata & Ama are responsible (simultaneously) for the pathogenesis of the disease. As per Chakrapani in Ch.Chi – 22/5. Ama can be taken as ‘Vitiated Kapha’ because lakshna and Chikitsa of Ama or Vitiated Kapha are alike, this can be interchanged

Hetu/ Etiology of Amavata⁴

- 1) Viruddha Ahara (Incompatible food) - Viruddha Ahara plays important role in causing Ama.
- 2) Viruddha Cheshta (Improper physical activity) - Amavata is produced due to Mandagni.
- 4) Nischalata (Lack of physical activity)- Lack of physical activity or sedentary life style is the main cause of accumulation of Ama in the body.
- 5) Snigdham bhuktavato Annam vyayaamam:- Performing physical exercise soon after intake of heavy food causes Ama in the body.

Samprapti of Amavata (Schematic representation)





Samprapti Ghatakas :

A vast number of factors invariably take part in the manifestation of a disease and are collectively known as *SampraptiGhatakas*. The *Sampraptighatakas* of *Amavata* are:

- | | | |
|-------|-----------------------|---|
| i) | <i>Udbhavasthana</i> | <i>Amasaya and Pakvasaya</i> |
| ii) | <i>Sancarasthana</i> | Throughout the body - <i>Rasavahini</i> |
| iii) | <i>Adhithana</i> | <i>Sleshmasthan, Sandhi</i> |
| iv) | <i>Rogamarga</i> | <i>Madhyama</i> |
| v) | <i>Agni</i> | <i>Jatharagni, Dhatvagni</i> |
| vi) | <i>Ama</i> | <i>Jatharagni mandyajanya</i> |
| vii) | <i>Dosa</i> | <i>Tridosha; Vyana and Samanavayu,</i>
<i>Pacaka Pitta, Kledaka and Sleshaka Kapha</i> |
| viii) | <i>Dusya</i> | <i>Rasa, Majja, Asthi, Sandhi, Snayu,</i>
<i>Purisha, Mutra</i> |
| ix) | <i>Srotas</i> | <i>Rasavaha, Majjavaha, Asthivaha,</i>
<i>Purishavaha, Mutravaha, Annavaha</i> |
| x) | <i>Srotodusti</i> | <i>Sanga</i> |
| xi) | <i>Vyadhisvabhava</i> | <i>Asukari, Kastatama, Punah Punah</i>
<i>Akramanasila</i> |

Classification:-

Acharya Madhavakara, Sharagdhar and Harita has mentioned according to dosha which are as follows^{5, 6, 7-}

Madhava	Sharandhar	Harita
Vataj	Vataj	Vishtambhi
Pittaj	Pittaj	Gulmi
Kaphaj	Kaphaj	Snehi
Vata pitta	Sannipataj	Srvangi
Vata Kapha		
Pitta kapha		



As Ama and Vata are the major factors in the pathology of Amavata, the symptoms related to Ama and Vata can be seen as prodromal symptoms of Amavata. The symptoms such as Aruci, Utsahahani, Alasya, Apaka, Angasunyata and jvara are also considered as a purvarupa of Amavata. In addition:

1. Daurbalya
2. Hrid Gaurava and
3. Gatrastabdhatata

Rupa (Sign and symptoms) ⁸

Madhavakara, Bhavamishra and other have described the *Rupa* of *Amavata*. These can be categorized as follows –

- *Pratyatma Rupa*
- *Samanya Rupa*
- *Doshanubandha Rupa*
- *Pravridhdha Rupa*

Pratyatma	Samanya	Pravridhdha	Doshanubandha		
Sandhishoola	Angmard	Vrischikvat vedana	Vata	Pitta	Kapha
Sandhishotha	Aruchi	Agnidaurbalya	Shoola	Daha	Staimitya
Stabdhatata	Trishna	Praseka		Raga	Guruta
Sparshasahatva	Alasya	Nidra viparyaya			Kandu
	Gourava	Vidvibaddhata			
	Jwara	Vairasya			
	Apaka	Daha			
	Shunata anganam	Bahumutrata			



Upadrav⁹ :

Upadravas are those Lakshanas/Rogas either Sthula or Anu which develops after the manifestation of Pradhana roga with some doshic involvement. The deformities like Angavaikalya (Harita), Khanja, Sankoca (Vijayaraksita and M. Ni. 25/10) explained Vatavyadhis if seen in Amavata patients and / or the symptoms seen at the advanced stage of Amavata (Vachaspati) are said to be upadravas of Amavata. Whereas Vijayavarsita in M. Ni. 25/10 differentiated the symptoms of advanced stage with that of upadravas.

Sandhyasadhya (Prognosis):

The Amavata with Anubandha of solitary dosha, short course of the disease, presence of the symptoms in the wilder form, affliction of fewer joints and absence of upadrava is said to be sadhya. Involvement of two Doshas suggest krcchrasadhya, tridoshic Anubandha, affliction of almost all the joints, chronic course of the disease and presence of upadrava points towards the yapyata of the disease. (Ma.Ni.25/12)

Sapeksha Nidana (Differential Diagnosis) :

The diseases such as Vatarakta, Sadhigatavata, Krostukasirsa, Sandhikasannipataja jvara, Phirangaja Sandhisotha which look similar to Amavata are to be differentiated from it.

Upashayanupashaya:

The factors which provocative for Ama and Vata such as Snigdha Sweda, Santarpana, Sitakala, Ruksa sevana, Pratalikala etc. are considered as Anupasaya (unfavourable) for Amavata. On contrary, Ruksasveda, langhana, Ushnakala, Ushnopachara, Pathyahara and the factors which bring vitiated Vata and diminished Agni back to the normal state are considered as Upasaya.

Chikitsa of Amavata⁹:

Treatment principles of Amavata was first described by *Chakradatta*, which are *langhana*, *Swedana*, drugs having *Katu*, *Tikta Rasa* and *Deepana* action, *virechana*, *snehapana* and *Auvasana* as well as *ksharabasti*. Whereas *Yogaratanakara* have added *Ruksh upanaha i.e.* without *Sneha*, to these therapeutic measures. These are as follows:

- 1) Langhana:** - 1st line of treatment in Amavata is Langhana which helps in digestion of Ama. Here Langhana means not complete fasting but, intake of light food. The duration of Langhana varies from person to person depending upon individual capacity.
- 2) Swedana:** - Usually in Amavata Ruksha sweda is recommended i.e. Sudation without oil/fat. It's done locally on affected joints. For the procedure of



Ruksha sweda Valuka (sand) is used without prior use of Snehana.

3) Katu, Tikta & Pachak Aahar & Aushadhi: - The drug which possess Katu (pungent), Tikta (bitter) and which act as deepana, pachana are recommended in Amavata. These drugs, by virtue of their qualities does Apachana, hence may help in relieving shotha & shoola.

4) Virechana: - For virechana karma Eranda taila and Haritaki can be used. Virechana can be given without any preoperative procedure in Amavata. Eranda acts as srotoshodhaka, shothahara, shoolahara and Haritaki acts as vatanulomana.

5) Basti chikitsa: - Chakradatta recommends ksharabasti and anuvasanabasti in Amavata. Following tailas are used in anuvasana and niruha basti –

- ◆ Prasarani taila/Akalkmidam tailam (Bh. R. 29/208)¹⁰
- ◆ Bruhat saindhavadi taila (Bh.R 29/222-226), (Vangsen 27/109-114), (C.D.25/48-51)
- ◆ Dwipanchmooladi taila (Bha.pra),(Bh.R 29/227-228),(Vangsen 27/107-108)

Eranda taila is used as base in preparation of these tailas (Bh.R.29/20), (C.D.25/6)

Commonly prescribed medicine in Amavata¹¹

Medicine for digesting Ama-

1. Rasnadi kwath
2. Dashmula kwath
3. Guduchyadi churna
4. Dhanya nagar kwath
5. Eranda taila

Upashamana (Palliative treatment)

1. Ajmodadi churna
2. Simhanad guggul
3. Amavatari rasa

DISCUSSION AND CONCLUSION:

The disease Amavata is difficult to cure because of its chronicity, complication and morbidity. The description about Amavata seems to be not found in vedic and samhita period. After medieval period it started dominating and nowadays it is very common dreadful disease. Chakrapani introduced the effective drugs and treatment first time for the Amavata. Amavata is a disease caused due to two pathological factors viz. Ama and Vata. Due to Agnimandya (low digestive fire), unripe, uncooked, immature and undigested material is formed which is nothing but Ama. Drugs like Vatsanabha¹² and Ahiphena¹³relieve pain by inducing sleep



and relaxing muscles. Drugs like Guduchi, Nagara, Rasna, Musta, Pippali and chitraka help in improving Agni thus helps in digestion of Ama. Guggulu due to its property of bhagnasandhankara prevents the erosion of bone, osteoporosis and deformity of joints.¹⁴ It also reduces the inflammation of synovial membrane, connective tissue and ligaments of affected joints due to its shothhara property. Drugs like Nirgundi and Shatapushpa act as pain reliever. Some drugs simply by their virtue of Prabhava act as Amavataghna.

Amavata is a debilitating disease in view of its chronicity and complication. Presently NSAIDS and Corticosteroids are the mainstay of treatment in this condition. However they have severe adverse effect and have limitations for long term therapy. So to overcome these challenge there is need to adopt Ayurvedic system of Medicine which are easily available and cost effective.

REFERENCES:

1. Madhavakara, Madhava Nidana. Uttaradha with madhukosha vyakhya by vijay rakshita and srikantadutta, vidyotini tika by Ayurvedacharya sri sudarshana shastri 27th edition chaukhambha Sanskrit sanathana, Varanasi, Uttar Pradesh, 1998.
2. Agnivesha, Charaka Samhita. Redacted by Charaka and Dridabala with Ayurveda Dipika Commentary by Chakrapanidutta, Edited by Vaidya Yadavji Trikamji Acharya, Published by Chaukhambha surabharati Prakashana varanasi, Uttar Pradesh, 2005.
3. Bhavamishra, Bhavaprakasha. Edited with the vidyotini Hindi commentary, by Pandi Sri Brahma sankara mishra, 9th Edition, Published by Chaukhambha publication.
4. Sushruta Samhita. Hindi commentary by Kaviraja Ambika Dutt Shastri, 11th Edition, Chaukhambha Sanskrit sansthan, Varanasi, 1997.
5. Madhav Nidana commented by Vijay Rakshit, Madhukosh teeka by Madhavkara chapter 25/12 Amavata nidana pg no. 512/2009.
6. Sharangdhara Samhita Purvakhand 7/41 jeevanaprada Hindi commentary pg no. 80.
7. Harita Samhita. Edited with Asha Hindi Commentary by Ramavatar shastri, prachya prakashan, Varanasi, 1st Edition, 1985.
8. Madhav nidana commented by vijay rakshit, madhukosh teeka by



- madhavkara chapter 25/7-10Amavata nidana.
9. Chakradutta with Ratnaprabha commentary edited by Priyavat Sharma, Swami Jayaram das Prakashana Jaipur, Reprint 2000, Amavata chi.25/1 pg no.423 and Bhaishajya Ratnavali, Edited with Siddhiprada Hindi Commentary by Siddhinandan Mishra, Published by Caukhambha Surbharati Prakashana, 29/13 Varanasi, Edition-2007 pg no 198.
 - 10.. Bhaishajya Ratnavali. Gobind Das Sen with vidhyotini Hindi commentary by Ambika Datta Shastri.
 11. www.easyayurveda.com
 12. Anjali Sheokand et. al., Vatsanabh from Visha to Amrita, *IJAHM*2:3(2012),423-426
 13. <http://www.britannica.com/science/opium>.
 14. *The Ayurvedic Pharmacopoeia of India (Formulations)* 1st. New Delhi, India: Department of Indian Systems of Medicine and Homeopathy, Ministry of Health and Family Welfare, Government of India; 2007.[[Google Scholar](#)]
 15. Patil et al, Amavata: A review of literature, *International Journal of Research -Granthalayah*, 5(12), 128-134.



BACTERIAL INFECTION AND LOW BACKACHE

- Abha Sharma¹

e-mail : druksm27@gmail.com

INTRODUCTION

Back pain is a common reason for absence from work and doctor visits. Although back pain may be painful and uncomfortable, it is not usually serious. There are many causes of back pain that are not musculoskeletal in nature such as infection. Even though back pain can affect people of any age, it is significantly more common among adults aged between 35 and 55 years. Experts say that back pain is associated with the way our bones, muscles and ligaments in our back work and connect together. Spinal infections are rare infections that involve the inter vertebral disc space, vertebral bones, spinal canal or adjacent soft tissues. Low back pain may be linked to bacterial infection. About 40% of chronic lower back pain could be caused by bacteria. The result of this research indicate that chronic low back pain associated with bone marrow edema in vertebral endplates that are adjacent to herniated inter vertebral disc may be caused by infection with anaerobic bacteria of low virulence. Generally infections are bacterial and spread to the spine through the blood stream. Bacteria

may spread through the blood stream into the vertebral disc and cause low backache.

Role of Bacteria

Recent research however has suggested that low grade infection within the inter vertebral disc by anaerobic bacteria may be responsible. Some of them are described as under.

- 1. Propionibacterium acens-** Propionibacterium acens was found in 40% of the total cohort and in 86% of these with positive microbiology. These bacteria typically line in human skin and hair follicles and gums
- 2. Staphylococcus aureus-** This is the most common organism responsible for spinal infection. Staphylococcus aureus typically exist on human skin followed by Escherichia coli.
- 3. Tuberculosis-** Tuberculosis is an infection that can attack any part of the body. A tuberculosis infection can travel to other parts of the body and can cause a variety of symptoms including back pain. Spinal tuberculosis is a destructive form of tuberculosis. It

¹Microbiologist, Dept of Roga & Vikriti vigyan, Uttarakhand Ayurveda University, Gurukul Campus, Haridwar (U.K.)



account for approximately half of all cases of musculoskeletal tuberculosis. The incidence of spinal tuberculosis is increasing in developed nations.

Spinal tuberculosis is a frequently encountered as an extra pulmonary form of the disease. In developed nations most cases of spinal tuberculosis are seen primarily in immigrants from endemic countries. Because the epidemic of human.

Bacteria like *Propionibacterium acens* get into our blood stream all the time. Particularly when we brush our teeth or squeeze spots. *Propionibacterium acene* and other similar bacteria do not like oxygen rich environment and so don't normally grow inside us. The spinal column tiny blood vessels sprout into it, letting the bacteria move in and settle down.

Testing whether simple antibiotics could get rid of these bacteria and therefore used to treat chronic lower back pain. Patients that already had the characteristic signs of bone inflammation (tiny fractures and swelling) were given a 10 day course of antibiotics.

It can range from aching to stabbing and tingling to sharp. It can be short term or long term symptom. All women experience vaginal discharge but the amount and type of discharge may be different. Normally discharge is usually clear and cloudy white. It may also appear yellow when it dries of clothing. Women

may experience change in discharge due to menstruation or hormonal birth control.

There are following possible causes of low back pain and vaginal discharge.

- (i) Urinary tract infection
- (ii) Urethritis
- (iii) Pelvic inflammatory disease (PID)
- (iv) Vaginitis
- (v) Pregnancy

Conditions which weaken the immune system may predispose patients to spinal infection, these condition include diabetes, immunosuppressant medication, cancer, malnutrition, history of organ transplant and use of intravenous drug abuse. The most common organism responsible for spinal infection is the bacteria *Staphylococcus aureus*, which typically exists on human skin followed by *Escherichia coli*. Most spine infection occur in the lumbar spine because of the blood supply to the region of the spine . Most commonly back pain is associated with muscle strains, herniated discs, osteoarthritis and poor posture.

Conclusion

There are many direct or indirect causes of low back pain but bacterial infection is important due to different form of underlying pathology. The pain usually arise gradually with or without other associated symptoms like fever,



malaise, loss of appetite etc. A patient of low backache not getting much relief of different interventions must be get investigated at the line of infection.

in patients with chronic low back pain and vertebral bone edema a double-blind randomized clinical controlled trial of efficacy . Eur Spine J. 2013

References

1. Pauline Anderson; low back pain linked to bacterial infection
2. Fisher TJ, et al. ANZ J Surg 2015: do bacteria play an important role in pathogenesis of low back pain?
3. Dudlis S, et al. Eur Spine J. 2016 : Pathobiology of Modic Changes
4. Stirling A, Worthington T, Rafiq M, Lambert PA, Elliott TS. Association Between sciatica and Propionibacterium acens. Lancet 2001
5. RC Noble, Overman SB. Propionibacterium acens osteomyelitis: case report and review of the literature. J Clin Microbiol 1987
6. ANZ journal of Surgery 2015: Do bacteria play an important role in the pathogenesis of low back pain?: Pathogenesis of low back pain
7. Aebi M. is low back pain after disc herniation with Modic Type 1 changes a low grade infection? Eur Spine J. 2013
8. Albert HB, Sorensen JS, Christensen BS, Manniche C. Antibiotic treatment



अष्टमहादोषकर भाव

– मोनिषा रघुवंशी¹, प्रवीण कुमार मिश्र²

e-mail : raghuwanshi-monisha@gmail.com

प्रस्तावना

जब रोगी का वमन, विरेचन, निरुहबस्ति तथा शिरोविरेचन आदि के द्वारा शोधन कर दिया गया हो तो वैध का यह उत्तरदायित्व है कि वह रोगी की सभी तरह के हानिप्रद आचरणों से रक्षा करे क्योंकि शोधन के बाद वह दुर्बल, कृशशरीर, मंदग्नियुक्त, अपानवायु-मल-मूत्र-कफ-पित्त के अवरोध से मुक्त एवं अन्य चिकित्सकर्मों को सहन करने में असमर्थ होता है

एतां प्रकृतिम्प्राप्तः सर्ववर्ज्यानि वर्जयेत् ।

महादोषकराण्यष्टाविमानि तु विशेषतः ।।

(च.सि.12/10)

उच्चोर्भाष्यं रथक्षोभमतिचङ्क्रमणासने ।

अजीर्णाहितभोज्ये च दिवास्वप्नं समै थुनम् ।।

(च. सि.12/11)

संशोधन और संसर्जनक्रम सेवन के बाद भी जो व्यक्ति सभी रसों से युक्त आहार का सेवन करने में कष्ट का अनुभव नहीं करता हो, जिसके मल मूत्रादि वेगों को निकलने में अवरोध का अनुभव नहीं करता हो, जो अपने कर्तव्य को मन लगाकर पूर्ण करता हो जिसकी इन्द्रिय निर्बाध रूप से अपने अपने विषयों को ग्रहण करने में समर्थ हो, जिसकी आत्मा प्रसन्न हो और जो सभी प्रकार की

चेष्टायें करने में समर्थ हो, उसे स्वाभाविक स्वास्थ्य सम्पन्न जानना चाहिए यदि व्यक्ति उपरोक्त वर्णित स्वास्थ्यलक्षण सम्पन्न न हो, वह सभी प्रकार के अपथ्य आहार-विहार का त्याग कर दे और विशेषकर निम्न आठ महादोषकर भावों का त्याग करना आवश्यक है।

अष्ट महादोषकर भाव –

- ♦ ऊँची आवाज में बोलना।
- ♦ रथ, तांगा आदि क्षोभ करने वाली सवारी पर चढ़ना।
- ♦ अधिक पैदल चलना।
- ♦ एक ही आसान में अधिक देर तक बैठना।
- ♦ अजीर्ण रहने पर भोजन करना।
- ♦ अहितकर भोजन करना।
- ♦ दिन में सोना।
- ♦ मैथुन करना।

अष्ट महादोषकर भावों के सेवन से रोग–

अष्टमहादोषकर भावों के सेवन से क्रमशः

- ♦ उच्च भाषण से शरीर के उर्ध्व भाग में रोग होते हैं।
- ♦ रथक्षोभ से सर्व शरीर में पीड़ा होती है।

¹व्याख्याता, संहिता सिद्धांत विभाग, वीणा वादिनी आयुर्वेद महाविद्यालय एवं चिकित्सालय, भोपाल (म.प्र.)
²रीडर, संहिता सिद्धांत विभाग शासकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय, बिलासपुर (छ.ग)



- ♦ अति चंक्रमण से अधःशरीर में पीड़ा होती है।
- ♦ अधिक देर तक एक ही आसन से बैठने से मध्य शरीर में पीड़ा होती है।
- ♦ अजीर्ण में भोजन करने से आमज विकार होते हैं।
- ♦ अपथ्य आहार से वातादि दोषज रोग होते हैं।
- ♦ दिन में सोने से कफज रोग होते हैं।
- ♦ अति मैथुन करने से क्षयज रोग होते हैं।

1. उच्च भाषण से होने वाले रोग –

तंत्रोच्चौर्भाष्यातिभाष्याभ्यां शिरस्तापशङ्खकर्ण-
निस्तोदश्रोत्रापरोध मुखतालुकण्ठ शोषतैमिर्यपिपासा
ज्वर तमक हनुग्रहमान्यस्तम्भनिष्ठीवनोरः पश्वशूल-
स्वरभेद हिक्का श्वासादयरु स्युः ॥

(च.सि.12/13/1)

ऊँची आवाज में बोलने या अधिक समय तक बोलते रहने से शिर में संताप, शंखप्रदेश और कान में सुई चुभाने जैसी पीड़ा, कानो में बहरापन, मुख-तालु और कण्ठ का सुखना आँखों से धुन्ध दिखना, प्यास अधिक लगना, ज्वर, तमकश्वास, हनुग्रह, मन्यास्तम्भ, उरःशूल, पार्श्वशूल, स्वरभेद हिक्का और श्वास आदि रोग हो जाते हैं।

2. रथक्षोभ से होने वाले रोग –

रथ आदि सवारियों पर चलने से संधियों और पोरों में शिथिलता, हनु-नासिका-कान और शिर में दर्द तथा सुई चुभने जैसी वेदना, कुक्षिप्रदेश में क्षोभ, आँतों में आवाज और आध्यमान, हृदय की गति में बाधा, इन्द्रियों में निष्क्रियता, श्रोणिमण्डल, पसली, वंक्षण, अण्डकोष, कटिभाग और पीठ में दर्द

होना, संधि, कंधे, और ग्रीवा में दुर्बलता, अंगो में जलन, पैरों में सूजन या सूनापन या झिनझिनी होना ये लक्षण उत्पन्न होते हैं।

3. अधिक चलने से होने वाले रोग –

अधिक पैदल चलने से पैरो में, जंघाओं में, उरुओ में, वंक्षणो में, श्रोणिप्रदेश में और पीठ में शूल होता है। पैरो की रगों में थकान और सुई चुभाने जैसी पीड़ा होती है, पिंडलियों में ऐठन होती है, अंगो में दर्द, कन्धों में दर्द, खॉंसी आना ये अधिक चलने के लक्षण होते हैं।

4. अधिक बैठने से होने वाले रोग-

अधिक बैठने से रथक्षोभ से उत्पन्न होने वाले लक्षण एवं श्रोणी में, पार्श्व में, वंक्षण में, कटी और पीठ में दर्द होना आदि लक्षण होते हैं।

5. अजीर्ण में भोजन तथा अध्यशन से होने वाले रोग-

अजीर्ण होने पर भोजन करने से तथा अध्यशन करने से, मुखशोष, उदर में वायु भरना, शूल होना, सुई चुभने जैसी वेदना होना, प्यास लगना अंगो में थकान होना, वमन, अतिसार, मूर्छा, प्रवाहिका, और आमविष के लक्षण होना आदि उपद्रव या रोग होते हैं।

6. विषम तथा अहित भोजन से होने वाले रोग-

विषम भोजन और अपथ्य के सेवन से भोजन में अरुचि, दुर्बलता, विवर्णता, खुजली, पामा, अंगो की शिथिलता तथा वात आदि दोषों के प्रकोप से होने वाले ग्रहणी एवं अर्श आदि रोग होते हैं



7. दिन में सोने से होने वाले रोग –

दिन में सोने से अरुचि, भोजन का परिपाक न होना, जठराग्नि ह्रास, पाण्डु रोग, खुजली, पामा, दाह, वमन, अंगमर्द, हृदय की गति में व्यवधान, जड़ता, तन्द्रा, निद्राधिक्य, ग्रंथिरोग, दुर्बलता, मूत्र एवं नेत्र का लाल होना तथा तालुप्रदेश में कफ लिप्ति की प्रतीति होना ये विकार उत्पन्न हो जाते हैं।

8. मैथुन से होने वाले रोग –

मैथुन करने से शीघ्र बल नाश, जाँघों में शिथिलता, शिर-मूत्राशय-गुदा-लिङ्ग-जानु-जाँघ और पैरों में दर्द, हृदय की धड़कन का बढ़ना, नेत्र में पीढ़ा, अंगों में शिथिलता, मूत्रेन्द्रिय से खून निकलना, कास, श्वास, थूक में खून आना, गला बैठना, कटि दुर्बलता, एकांग या सर्वांग में रोगोत्पत्ति, अंडकोष में सूजन, अपान वायु-मल और मूत्र की रुकावट, अनैच्छिक शुक्रस्राव, जड़ता, कम्प, बहरापन, और मन का खिन्न रहना आदि रोग होते हैं।

अष्टमहा दोषों से उत्पन्न रोगों की चिकित्सा

1. उच्चभाषणजन्य रोगों की चिकित्सासूत्र–

तेत्रोच्चौर्भाष्या ति भाष्यजाम भ्यङ्ग स्वेदोपनाह धूमनस्योपरिभक्तस्नेहपानरसक्षीरादिर्वातहरः सर्वो विधिर्मोचनं च ॥

(च.सि.12/14/1)

उच्च स्वर में बोलने और अधिक बोलने से होने वाले रोगों में स्नेह के लिए वातनाशक तैलो का प्रयोग, वातघ्न द्रव्यों से स्वेदन, धूमपान नस्य भोज के बाद घृतपान, मांसरस, दूध आदि वातनाशक

द्रव्यों का सेवन और मौन रहना लाभ दायक होता है।

2. रथक्षोभ, अतिचक्रमण जन्य तथा अत्यासन जन्य रोगों का चिकित्सासूत्र–

रथक्षोभज, अतिचक्रमणात्यासनजानां स्नेहस्वेदादि वातहरं कर्म सर्वं निदं वर्जनं च ॥

(च.सि.12/14/2)

इन रोगों में वातनाशक तैलो का प्रयोग, वातघ्न द्रव्यों से स्वेदन तथा अन्य वातनाशक चिकित्सा करनी चाहिए एवं रथ आदि की क्षोभ जन्य सवारी, अति चक्रमण, अत्यासन आदि निदान परिवर्जन करना चाहिए।

3. अजीर्ण भोजन जन्य तथा अध्यशन जन्य रोगों का चिकित्सासूत्र–

अजीर्णाध्यशनजानां निरवशेषतश्चर्दनं रुक्षः स्वेदो लंघनीयपाचनीयदीपनीयौषधवचरणं च ॥

(च.सि. 12/14/3)

इस अवस्था में रोगी को वमन कराने का विधान है तथा रुक्ष स्वेदन कराये एवं लंघन-पाचन तथा दीपन औषध का प्रयोग कराने का विधान है।

4. विषम एवं अहित भोजन जन्य रोगों का चिकित्सासूत्र–

विषमाहिताशनजानां यथास्वयं दोषहरां क्रियाः ॥

(च.सि.12/14/4)

विषम भोजन तथा अहित भोजन से होने वाले रोगों में दोषों की समीक्षा कर दोषों के अनुसार दोष नाशक चिकित्सा करने का विधान है।



5. दिवाशयनजन्य रोगों का चिकित्सासूत्र—

दिवास्वप्नजानां धूमपानलंघनवमनशिरोविरेचन—
व्यायामरुक्षाशनारिष्ट दीपनीयौषधोपयोगः प्रघर्षणो—
मर्दानपरिषेचनादिश्च श्लेषमहरः सर्वो विधिः ॥

(च.सि.13 / 14 ध5)

दिन में सोने से होने वाले रोगों में धूमपान, उपवास, वमन, नस्य, व्यायाम, रुक्ष आहार का सेवन, अरिष्टों का पान करना, दीपनीय औषधों का सेवन, कफघ्न चूर्णों का देह में घर्षण, कफघ्न तैलों का मर्दन, कफनाशक क्वाथ से शरीर का परिसेचन तथा अन्य सभी कफनाशक उपचार करने का विधान है।

6. मैथुनजन्य रोगों का चिकित्सासूत्र—

मैथुनजानां जीवनीयसिद्धयोः क्षीरसर्पिषोरुपयोगः,
तथा वातहराः स्वेदभ्यङ्गोपनाहा वृश्याश्चाहाराः
स्नेहाः स्नेहविधयो यापनाबस्तयोऽनुवासनं च, मूत्रवैकृ
तबस्तिशुलेषु चोत्तरबस्तिर्विदारीगंधादिगण
जीवनीयक्षीरसंसिद्धतैलं स्यात् ॥

(च.सि.12 / 14 / 6)

मैथुनजन्य रोगों की चिकित्सा के लिए जीवनीय गण की औषध से सिद्ध दूध, घी का प्रयोग करना चाहिए और वातनाशक स्वेदन, पुल्टिस बाँधना, वृष्य आहार का सेवन, स्नेहपान, स्नेहन की विधियों का पालन, यापना वस्तियों का प्रयोग और अनुवासन बस्ति का विधान आचार्यों ने दिया है।

यदि मूत्र सम्बंधित कोई विकार हो या मूत्राशय में शूल हो तो विदारीगंधादि गण (लघुपंचमूल) की औषध के क्वाथ एवं कल्क से दूध डालकर सिद्ध तथा जीवनीय गण की औषध के क्वाथ, कल्क एवं

दूध से सिद्ध तैल की उत्तर बस्ति देनी चाहिए।

यापनाश्च बस्तयः सर्वकालं देयाः।

(च.सि.12 / 15)

यापन बस्ति सभी कालों में दी जाती हैं।

मुस्तादि यापन बस्ति—

यह यापनाबस्ति शुक्रवर्धक, मांसवर्धक, और बलवर्धक है। क्षतक्षीण, कास, गुल्म, शूल, विषम ज्वर, ब्रन्धरोग, बस्तिकुण्डल रोग, उदावर्त, कुक्षिशूल, मूत्रक्रच्छ, रक्तविकार, रजोविकार, विसर्प, प्रवाहिका, शिरःशूल, जानुशूल, ऊरुशूल, जंघाशूल, बस्तिग्रह, अश्मरी, उन्माद, अर्श, प्रमेह, आध्मान, वातरक्त, पित्तज रोग एवं कफज रोगों के नष्ट करती है। यह अति शीघ्र बलकारक है तथा रसायन के गुणों से सम्पन्न है।

एरण्डमुलादि यापनबस्ति—

यह बस्ति सभी प्रकार के व्यक्तियों के लिए लाभप्रद है, विशेषकर मृदु स्वभाव वाले, कोमल प्रकृति के, स्त्री-सम्भोग से क्षीण, क्षतग्रस्त, वृद्ध, चिरकाली अर्श रोग से पीड़ित तथा सन्तान की कामना करने वाले रोगियों के लिए हितकर है।

उपसंहार—

शोधन एवं संसर्जन कर्म के पश्चात् जब व्यक्तिका शरीर दुर्बल होता है तब यदि व्यक्ति अपथ्य आहार विहार का सेवन करता है और साथ ही अष्ट महादोषकर भावों का परित्याग नहीं करता तो वह शीघ्र ही रोगों से ग्रस्त हो जाता है तब रोग का निवारण करना कष्टप्रद हो जाता है, तब रोगी के लक्षणानुसार उसकी चिकित्सा शीघ्रता



से करनी चाहिए जिसके लिए लंघन-पाचन, दीपन औषध तथा रोगों के लक्षणानुसार चिकित्सा करनी चाहिए।

संदर्भ ग्रंथ

1. चरक संहिता डॉ. ब्रह्मानंद त्रिपाठी चौखम्बा सुरभारती प्रकाशन वाराणसी चतुर्थ संस्करण १९९६
2. चरक संहिता पं. काशीनाथ पाण्डेय, विद्योतिनी व्याख्या चौखम्बा भारती अकादमी वाराणसी संस्करण २००५
3. चरक संहिता डॉ. हरिश्चंद्र सिंह कुशवाहा चौखम्बा ओरियंटलिया वाराणसी प्रथम संस्करण २००५
4. चरक संहिता डॉ. लक्ष्मीधर द्विवेदी चौखम्बा कृष्णदास अकादमी, वाराणसी प्रथम संस्करण 2013
5. चरक संहिता आचार्य विद्याधर शुक्ल ,प्रो. रविदत्त त्रिपाठी ,चौखम्बा संस्कृत प्रतिष्ठान दिल्ली संस्करण 2013
6. संस्कृत- हिन्दी कोष वामन शिवराम आप्टे, रचना प्रकाशन, जयपुर प्रथम संस्करण २००६



कुम्भकामला (एक शास्त्रीय विमर्श)

– प्रेमशंकर पाण्डेय¹, नरेन्द्र कुमार पाण्डेय²

e-mail : narendrapd5@gmail.com

कामला:–

व्युत्पत्ति:–

काम + ल + टाप् = कामला ।

निरुक्ति:–

कामम् – पर्याप्तता, तस्याः भावं लाति इति कामला ।

“कामशब्दोऽयं साधारणशब्दः विशेषात्स्वल्पे भक्ताद्यभिलाषे प्रवर्तते, तं लाति इति कामला” ।

(सु0उ044 / 6 हाराणचन्द्र)

कामम् शब्द पर्याप्तता का बोध कराता है। खाली रहने पर भी पेट में पर्याप्त भोजन है या पेट भरा हुआ है, थोड़ा सा भी भोजन करने की इच्छा नहीं है, ऐसा भाव उत्पन्न करने वाला रोग ।

पर्याय :-

आचार्य हाराणचंद्र ने कामला का एक पर्याय अपानकि पाण्डुरोग भी दिया है ।

“स कामलापानकिपाण्डुरोगः” के भाष्य में कामला + अपानकि पाण्डुरोगः ऐसा विच्छेद करते हुए लिखा है कि:– “दुष्टत्वेन कुत्सितोऽपानो अपानकः, सोऽस्यास्तीति अपानकी, कामलाख्यो अपानकिपाण्डुरोगः कामलापानकिपाण्डुरोगः” ।

(सु0उ044 / 6 पर हाराणचन्द्र)

अर्थात् दूषित होने से कुत्सित अपान वायु अपानक, इस स्थिति वाला अपानकी, कामला नामक अपानकिपाण्डुरोग = कामलापानकिपाण्डुरोग ।

वर्गीकरण :-

आयुर्वेदिक वाङ्मय में कामला को कई प्रकार से वर्गीकृत किया गया है, जैसे :-

1. रागोत्पत्ति के अनुसार –

(क) स्वतंत्रकामला (पाण्डुरोग के बिना उत्पन्न होती है जो प्रायः बहुपित्ता कोष्ठशाखाश्रया एवं यकृद्विकारजन्या या अल्पपित्ता शाखाश्रया एवं अवरोधजन्या होती है)

(ख) औपद्रविकीकामला/पैत्तिक पाण्डु – पाण्डुरोग के साथ, अनेक रोगों के उपद्रव के रूप में रक्तकणों के टूटने के परिणामस्वरूप उत्पन्न होती है । यह बहुपित्ता एवं कोष्ठशाखाश्रया होती है ।

2. आश्रय के अनुसार –

(क) कोष्ठशाखाश्रया

(बहुपित्ता, स्वतन्त्रा, यकृद्विकारजन्या)

(ख) शाखाश्रया

(अल्पपित्ता, स्वतन्त्रा, अवरोधजन्या)

¹अध्यक्ष, विश्व आयुर्वेद परिषद (काशीप्रान्त) ²कायाकल्प आयुर्वेदिक चिकित्सा एवं अनुसंधान केन्द्र 11/6 तासकंद मार्ग, सिविल लाइन, प्रयागराज उत्तर प्रदेश।

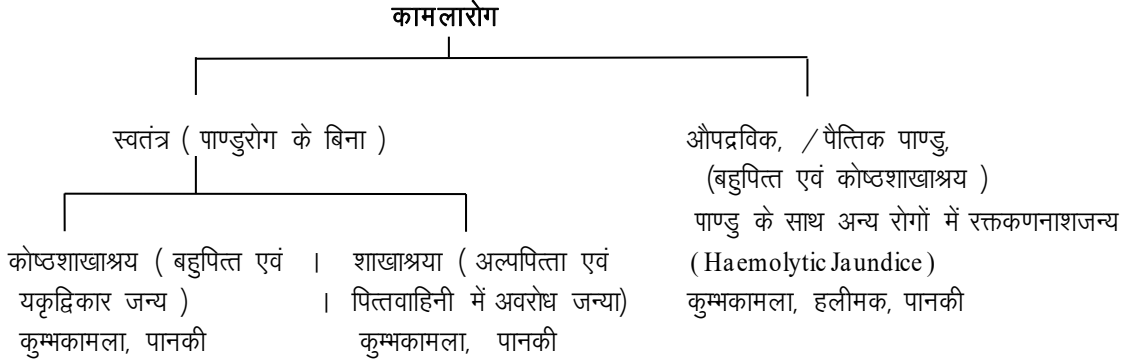


3. पित्त की मात्रा के अनुसार –

(क) बहुपित्ता (औषद्रविकी/पैत्तिक पाण्डु, कोष्ठशाखाश्रया, स्वतन्त्रा, यकृद्विकारजन्या)

(ख) अल्पपित्ता (शाखाश्रया, स्वतन्त्रा, अवरोधजन्या)

इसे निम्न रेखाचित्र द्वारा अधिक सरलता से समझा जा सकता है :-



निरुक्ति –

कुम्भवत् शूनः शरीरः कुम्भः, कुम्भस्था कामला कुम्भकामला ।

अर्थात् घड़े के समान शोथ युक्त शरीर –कुम्भ, कुम्भ में स्थित कामला कुम्भकामला ।

कामला रोग जब समुचित चिकित्सा के अभाव में अधिक दिनों तक बना रह जाता है तो यह कृच्छ्रसाध्य हो जाता है, यही अवस्था कुम्भकामला कहलाती है जो कोष्ठशाखाश्रित होती है ।

“कालान्तरात् खरीभूता कृच्छ्रा स्यात् कुम्भकामला ” । च.चि.16/37

भेदस्तु तस्याः खलु कुम्भसाह्वः । सु.उ.44/11 ।

उपेक्षया च शोफाढ्या सा कृच्छ्रा कुम्भकामला । अ.ह.नि.13/18 ।

विशेष विचारणीय बिन्दु :-

कुछ टीकाकारों ने इसे कोष्ठगत कामला के रूप में प्रतिपादित किया है –

कुम्भकामलेति अवस्थभेदेन कोष्ठगतकामलायाः संज्ञा, कुम्भः कोष्ठः तदाश्रया कामला कुम्भ कामला । च.चि.16/37 पर चक्रपाणि ।

कुम्भः कोष्ठः, अन्तःसुषिरसाधर्म्यात्, तद्गता कामला कुम्भकामला कोष्ठाश्रयेत्यर्थः । मा.नि. 8/19 पर मधुकोश टीका ।

यहां **विचारणीय बिंदु** यह है कि, पित्त के शाखा में प्रवेश करने पर ही नेत्र एवं नख में पीलापन दिखाई पड़ता है जो कामला का मुख्य चिह्न है ।

“हारिद्रनेत्रः स भ्रशं हारिद्रत्वङ्गनखाननः ।

रक्तपीतशकुन्मूत्रो भेकवर्णे हतेन्द्रियः ” ।। च.चि.16/35 ।



यहां ध्यान देने योग्य तथ्य यह है कि, कोष्ठ में कामला केवल प्रारम्भिक स्तर पर ही आश्रित हो सकती है जिसमें केवल मूत्र में स्वल्प पीताभता दिखाई देती है, जबकि, कुम्भकामला की अवस्था तो कामला के अधिक दिनों तक बने रहने पर उत्पन्न होती है और नख नेत्र मूत्र अत्यधिक पीले या कृष्णाभ हो जाते हैं, इसलिए इसे **कोष्ठाश्रित** कहना संगत नहीं प्रतीत होता ।

अष्टांगहृदय नि.13/15 की टीका में आचार्य अरुणदत्त ने भी कामला को कोष्ठशाखा उभयाश्रया ही स्वीकार किया है –

.....पित्तं कर्तृ कामलामावहेत् । कीदृशीम् ? कोष्ठशाखाश्रयाम् । कोष्ठो – महास्रोतः, शाखा – रक्तादयस्तवक् च, इति तदुभयमाश्रयो यस्यास्ताम् ,.... ।

विद्वज्जनों को इसपर विचार करना चाहिए ।

वस्तुतः यह अतिप्रवृद्ध पाण्डु एवं अतिप्रवृद्ध कामला की एक संयुक्त अवस्था है जो कोष्ठशाखाश्रित ही होती है। रोगी को ऐसा प्रतीत होता है कि उसके कुम्भ/घड़ा रूपी शरीर में बहुत गाढ़ा पित्त (**Bilirubin**) भर दिया गया हो ।

लक्षण –

लक्षण के संदर्भ में मधुकोश टीका द्वारा उत्पन्न भ्रम और उसका निवारण –

मधुकोश टीका में माधवनिदान में उद्धृत चरक संहिता चि.16/37 की आधी कारिका “कालान्तरात् खरीभूता कृच्छ्रा स्यात् कुम्भकामला” तक ही इसका लक्षण सीमित कर दिया गया है; इस कारिका की अगली पंक्ति में वर्णित इसके लक्षणों को कामला की असाध्यता के लक्षणों के रूप में प्रतिपादित किया गया है—

कृष्णपीतशकृन्मूत्रो भ्रशं शूनश्च मानवः । मा.नि.8/19

माधव निदान में उद्धृत इस चरक सूत्र की टीका में मधुकोशकार लिखते हैं –

कामलायाः असाध्यलक्षणमाह – कृष्णेत्यादि ।

वस्तुतः यह समीचीन नहीं प्रतीत होता, क्योंकि,

1.सभी संहिताओं में शोफ को कुम्भकामला का प्रमुख लक्षण बताया गया है

उपेक्षया च शोफाढ्या सा कृच्छ्रा कुम्भकामला । (अ.ह.नि.13/18) ।

.....शोफो महास्तत्र च पर्वभेदः । (सु.उ.44/11)

“कालान्तरात् खरीभूता कृच्छ्रा स्यात् कुम्भकामला ।

कृष्णपीतशकृन्मूत्रो भ्रशं शूनश्च मानवः” ॥ (च.चि.16/37)

रोगी व्यक्ति का पुरीष एवं मूत्र कृष्णपीत तथा शरीर अत्यधिक शोथ युक्त हो जाता है ।

2. यह कल्पना ही नहीं की जा सकती कि चरक संहिता में कुम्भकामला के लक्षणप्रसंग के बीच में कामला के असाध्यता का वर्णन कर दिया गया हो ।
3. अगली ही कारिका से स्पष्ट हो जाता है कि, चरकसंहिता को पुरीष एवं मूत्र का रक्तवर्ण होना ही असाध्यता का लक्षण अभीष्ट है न कि कृष्णपीत होना ।



“सरक्ताक्षिमुखच्छर्दिविण्मूत्रो यश्च ताम्यति ।

.....कामलावान् विपद्यते ” ॥ च.चि.16/38-39 ।

उक्त उद्धरणों से स्पष्ट है कि चरक संहिता में शोथ के साथ पुरीष एवं मूत्र में कृष्णपीतता को कुम्भकामला के लक्षण के रूप में ही प्रतिपादित किया गया है न कि कामला के असाध्यता के लक्षणों के रूप में ।

कुम्भकामला की अवस्था में रक्त की मात्रा अत्यल्प होने तथा रक्त में पित्त (Bilirubin) की मात्रा अत्यधिक होने के परिणामस्वरूप निम्न लक्षण दिखाई पड़ते हैं –

- कोष्ठशाखाश्रित कामला में पुरीष एवं मूत्र का वर्ण अत्यधिक पीला हो जाता है ।
- शाखाश्रितकामला में मूत्र का वर्ण अत्यधिक पीला रहता है जबकि पुरीष श्याव या कृष्ण हो जाता है । मूत्र में पीलापन अत्यधिक होनेपर उसमें हरीतिमा या श्यावता का आभास होने लगता है ।
- रक्ताल्पता के कारण अक्षिकूट कपोल तथा पैरों में शोथ उत्पन्न हो जाता है ।
- यकृद्धिकार के कारण उदर में शोथ हो जाता है ।
- सन्धियों में भेदनवत् पीड़ा होती है ।

असाध्यता :-

कुम्भकामला के साथ यदि, वमन, अरुचि, हल्लास, ज्वर, क्लम, श्वास, कास तथा अतिसार में से कुछ या सभी उपद्रव दिखाई दें तो उसे असाध्य समझना चाहिए ।

छर्द्यरोचकहल्लासज्वरक्लमनिपीडितः ।

नश्यति श्वासकासार्तो विड्भेदी कुम्भकामली ॥ मा.नि.8/21-22 ।

चिकित्सा :-

जैसा कि पूर्व विमर्शों से स्पष्ट है कि यह कोई स्वतंत्र रोग नहीं है, अपितु, कामला की प्रवृद्धावस्था है । इसीलिए चरक या सुश्रुत संहिता में इसके लिए अलग से कोई चिकित्सा नहीं बताई गयी ।

अतः मूल रोगों के अनुसार ही इसकी चिकित्सा की जानी चाहिए ।

आचार्य वाग्भट्ट ने मूल रोग की चिकित्सा के साथ –

- गोमूत्र के साथ शिलाजीत
- गोमूत्र के साथ रौप्यमाक्षिक भस्म या
- गोमूत्र के साथ स्वर्णमाक्षिक भस्म के सेवन का निर्देश दिया है । अ.ह.चि.16/52 ।

पाण्डु युक्त कुम्भकामला में अनुभूत प्रयोग –

1. मंडूर भस्म 250 मिलीग्राम

+

प्रातः सायं फलत्रिकादि क्वाथ 50मि.ली. के साथ ।

हरिद्रादि घृत 10 ग्राम

॥ आयुर्वेदो विजयतेतराम् ॥



आयुर्वेद सिद्धान्त के अनुसार शरद ऋतुचर्या

– किरण शर्मा¹, शम्भू दयाल शर्मा², काशीनाथ समगंडी³

e-mail : kiransharma10474@gmail.com

प्रस्तावना

आयुर्वेद का मूल उद्देश्य है पुरुषार्थ चतुष्टय यानि धर्म, अर्थ, काम और मोक्ष को पाना।¹ यह तभी संभव है जब व्यक्ति लंबे समय तक स्वस्थ रहेगा। आयुर्वेद का प्रथम प्रयोजन “स्वस्थस्य स्वास्थ्य रक्षणम्”² की पूर्ति हेतु दिनचर्या, ऋतुचर्या एवं सद्वृत्त का पालन अति आवश्यक है।

आयुर्वेद के अनुसार काल को दो भाग में विभाजित किया है – आदान काल एवं विसर्ग काल।^{3,4}

आदान काल में शिशिर, वसन्त, ग्रीष्म और विसर्ग काल में वर्षा, शरद और हेमन्त ऋतु आते हैं।⁵ वर्षा ऋतु के बाद शरद ऋतु आती है। शरद में चंद्रमा का बल पूर्णरूप से होने से पृथ्वी पर स्थित आहार एवं औषधी पदार्थों में बल की वृद्धि होने के साथ-साथ स्नेह एवं लवणरस की वृद्धि होती है।⁶

वर्षा ऋतु में प्राकृतिक रूप से संचित पित्तदोष का शरद ऋतु में प्रकोप हो जाता है।⁷ वायु का शमन होता है। जठराग्नि मंद हो जाती है। पररणामस्वरूप रोग उत्पन्न होते हैं। आयुर्वेद ने समस्त ऋतुओं में शरद ऋतु को रोगों की माता कहा जाता है। बुखार, ग्यास्ट्रिक, उल्टी, दस्त, मलेररया, डेन्गु ज्वर आदि ऋतुजन्य विकारों। इन

सब को नियंत्रण करने के लिये नीचे वर्णित आहार और विहार का पालन अत्यावश्यक है।

उद्देश्य:

- ♦ मौसमी बिमारियों से बचने हेतु ऋतुचर्या का महत्व
- ♦ शरद ऋतु में खान पान का वर्णन
- ♦ आयुर्वेद का मौसमी बिमारियों की रोकथाम में योगदान

शरद ऋतुचर्या:

सेवनीय आहार:⁸

पित्त के शमन के लिए मधुर (मीठे), नति (कड़वे) एवं कषाय (कसेला) रस का उपयोग विशेष रूप से करना चाहिए।

अनाज में चारवल, गेहूँ, जौ, ज्वार,

दालों में मूँग, मसूर, मोठ,

सब्जियों में पेठा, लौकी, करेले, परवल, तोरई, कंकोड़ा, पालक, चौलाई, गाजर, कच्ची ककड़ी, मक्के का भुट्टा

फलों में अनार, जामून, पके केले, जायफल, नारियल, ताजा अंजीर, पका पपीता, अंगूर,

सूखे मेवों में चारोली, नपस्ता

¹M.D.Scholar, ²M.D.Scholar, ³Associate Prof., Dept. Of Swasthviritta and Yoga, National Institute of Ayurveda, Jaipur



मसालों में जीरा, धननया, आँवला, इलायची, हल्दी, खसखस, सौंफ लिये जा सकते हैं। इसके साथ दूध, घी, मक्खन, मिश्री, नारियल का तेल तथा अरण्डी का तेल लेना बहुत लाभदायी है।

कृतान्न वर्ग/पक्वान्न:

- गन्ने का रस, नारियल का पानी और मुनक्का, सौंफ और धनिया मिलाकर बनाया गया पेय शरीर का गर्मी को कम करने के साथ सेहत के लिये लाभदायक होता है।
- खीर, रबड़ी आदि ठंडी करके खाना स्वास्थ्य के लिए लाभप्रद है।
- पके केले में घी और स्वाद के अनुरूप इलायची डालकर खाने से लाभ होता है।

सेवनीय व्यवहार: १

- मोतियों व फूलों की माला धारण
- चुने से पुते हुए घर में निवास
- स्वच्छ वस्त्र धारण
- चन्दन आदि शीतल द्रव्यों का शरीर पर धारण
- रात्रि में चन्द्रमा की शीतल किरणों का सेवन

त्याज्य आहार विहार:

- आहार और औषधी जो पित्त दोष का प्रकोप करने वाली खट्टी व तीखी वस्तुओं जैसे दही, खट्टेछाछ, अचार, निम्बू, अत्यधिक मसाले, खट्टेफल
- दालों में बाजरा, उड़द, कुलथी, अरहर
- सब्जियों में चौलाई, मिर्च, प्याज, लहसुन, अदरक, पके हुए बैंगन, टमाटर, इमली, हींग, तिल,

मूँगफली, सरसों आदि को त्याग करना चाहिए।

- विहार जैसे दिन में नींद लेना, भरपेट भोजन लेना, अधिक व्यायाम, व्यवाय नहीं करना चाहियें।

औषधि:

- आँवला चूर्ण अथवा त्रिफला का सेवन।
- आँवला और मिश्री के चूर्ण का सेवन।
- शरद पूर्णिमा के बाद ताजे आँवलों से बनाया गया च्यवंप्राश का सेवन पित्त के शमन तथा रोग प्रनत कारक शक्ति को बढ़ाने में श्रेष्ठ है।
- चिरायता, नीम के पत्ते, करेले आनद का सेवन करना चाहिए।
- पंचकमथ में— विरेचन (जुलाब), रक्तमोक्षण (दूषित रक्त निरहरण), नति घृत पान (औषधि द्रव्य से बनायी हुयी कड़वे घी का सेवन)

शारदीय नवरात्र

- साबुदाना की खिचडी
- सिंघाडें का हलवा/समोसा
- कुटवटु से बनाये हुयें पदार्थ जो पाचन में हलका हो –पूरी आदी
- मखाने से बनी खीर
- केले और अखरोट से बनी पानीय
- शोण्ट की चटनी

निष्कर्ष:

शरद ऋतु भारतीय मास आश्विन – कार्तिक (अक्टूबर–नवम्बर) में आती है। इस ऋतु में जठराग्नि मन्द रहती है अर्थात शरीर की पाचनशक्ति



कम हो जाती है। इसीलिए इस ऋतु में गुरु तथा अभिष्यन्दि आहार नहीं लेने चाहिए। इस ऋतु में वातावरण में उष्णता बढ़ जाती है, "यथा लोके तथा शरीरे के अनुसार शरीर में भी उष्णता बढ़ जाती है। इसी कारण इस ऋतु में उष्ण, गुरु आहार सेवन नहीं करने चाहिए। लघु व शीतल पदार्थों का सेवन व अच्छी भूख लगने पर ही भोजन करना चाहिए।

पित्त का इस ऋतु में प्रकोप होता है इस कारण ज्वर, दाह, खाना न पचना, भूख कम लगना, आध्मान आदि विकार उत्पन्न होते हैं। इस ऋतु में "सुबुभुकक्षतै" अर्थात् अच्छी तरह भूख लगने पर ही आहार ग्रहण करने का प्रावधान है।

शरद ऋतु में दिन – रात समान होने से मध्याह्न में भोजन करना चाहिए।

References:

1. Caraka Samhita, By Satyanarayan Shastri, Sutrasthana 1/15, Chaukhamba Bharti Academy, Varanasi, p.7
2. Ibid, Sutrasthana 30/26, p.587
3. Ibid, Sutrasthana 6/4, p.134
4. Sushruta Sa?hita, By Ambikadutta Shastri, Sutrasthana 6/7, Chaukhambha Sanskrit Samsthan, Varanasi, p.28
5. Ibid, Sutrasthana 6/7, p.28
6. Caraka Sa?hita, By Satyanarayan Shastri, Sutrasthana 6/5, Chaukhamba Bharti Academy, Varanasi, p.135

7. Ibid, Sutrasthana 6/41, p.145

8. Ibid, Sutrasthana 6/42-43, p.145

9. Ibid, Sutrasthana 6/48, p.146

10. Ibid, Sutrasthana 6/41, p.145

11. Sushruta Sa?hita, By Ambikadutta Shastri, Sutrasthana 46/476, Chaukhambha Sanskrit Samsthan, Varanasi, p.284



परिषद् समाचार

Online Activities of Parishad

1. On 5th august 2020 an online lecture was organized on topic- 'AN OVERVIEW OF ANATOMY OF UPPER LIMB WITH VIRTUAL DISSECTION' by Dr. Gaurav Soni (Assistant Professor, Department of Rachna Shareer, NEIAH, Shilong). The organizing committee consisted of Prof. K. C.Pradhan (Principal), Mr. K.N. Gangwar (manager), Dr. Garima Sachan (Assistant Professor-Rachana Shareer)- Dhanwantari Ayurvedic medical college and hospital, Bareilly(UP), Dr. Surendra Chaudhary (president VAP, UP), Dr. Vijay Rai (general secretary, VAP, UP), Dr. Nitin Sharma (Vidyarthi Prakosth Pramukh, VAP, brij prant).
2. A workshop on 19th august 2020 was organized for essay writing for undergraduate Ayurveda students. The organizing committee consisted of Dr. Surendra Chaudhary (president VAP,UP), Dr Vijay Rai (General Secretary VAP, UP) and Dr. Mandeep Jaiswal (Vidyarthi prakosth pramukh- VAP, UP)
3. An online lecture for UG students on topic 'Some Hematological Investigations and their Clinical Interpretation' was delivered by Dr. Shalini Rai (Assistant Professor in Rog Nidan Evam Vikriti Vigyan at AIIA Delhi) on 26th august 2020. The organizing committee consisted of Dr. Surendra Chaudhary (president VAP,UP), Dr Vijay Rai (General Secretary VAP, UP) and Dr. Mandeep Jaiswal (Vidyarthi prakosth pramukh- VAP, UP).
4. An online lecture on 28th august 2020 was delivered by Prof. Anoop Kumar Indoria (department of kayachikitsa, Government Ayurvedic College, Pani Gate, Vadodara) on topic 'AYURVEDIC MANAGEMENT OF DEEP VEIN THROMBOSIS'. The organizing committee consisted of Dr. Surendra Chaudhary (President, VAP, U.P.), Dr. Vijay Rai (General Secretary, VAP, U.P.) and Dr. Manish Mishra (Scientific Secretary, VAP, U.P.)
5. An online Lecture on 9th September 2020 was organised on topic- 'Importance of concept of marma in Ayurvedic & Allied Sciences by Dr. Ashutosh Kumar Pathak (Assistant Professor, Department of Rachana Sharir, Faculty of Ayurveda, I.M.S, B.H.U.). The organizing committee consisted of Dr. Surendra Chaudhary (president VAP, UP), Dr.Vijay Rai (general secretary, VAP, UP), Dr. Anurag Pandey (Vidyarthi Prakosth Pramukh, VAP, Kashi kshetra).
6. An online lecture for UG students on topic 'Common Myths & Facts Regarding Ayurvedic System Of Medicine and Ayurvedic Drugs' was delivered by Dr. Pramod Yadav (Assistant Professor in Rasshastra & Bhaishajya Kalpana at AIIA Delhi) on 16th september 2020. The organizing committee consisted of Dr. Surendra Chaudhary (president VAP,UP), Dr Vijay Rai (General Secretary VAP, UP) and Dr. Mandeep Jaiswal (Vidyarthi prakosth pramukh-VAP, UP).
7. An online Lecture on 23th September 2020 was organised by VAP & G S Ayurveda Medical College & Hospital, Hapur, Uttar Pradesh on topic- 'Virechan Karma' by Dr. Ashvini Kumar M (Professor & Head of Department of Panchkarma SDM College of Ayurveda and Hospital Hassan, Karnataka). The organizing committee consisted of Dr. Surendra



Chaudhari (president-VAP, UP), Dr. Vijay Rai (General Secretary, VAP, UP) and Dr. Divya Gupta (Vidyarthi Prakoshth Pramukh, VAP meerut prant).

8. An online Lecture on 4th October 2020 was organised by Chikitsak Prakoshtha Kashi & Goraksh Prant on topic- '*Ati Mala Pravriti- Chikitsiya paridrisya me Ayurved aur Adhunik Chikitsa Vigyan ka Tulanatmak Adyayan*' by Dr. Akash Chandra Tripathi (MD Roga Nidan, IMS-BHU, Senior Ayurveda Physician). The organizing committee consisted of Dr. Surendra Chaudhari (president-VAP, UP), Dr. Vijay Rai (General Secretary, VAP, UP), Dr. P.C Tripathi (Chikitsak Prakoshth Sah Prabhari, VAP, UP), Dr. P.S.Pandey (President Kashi Prant), Dr. M.D. Dubey (Chikitsak Prakoshth Prabhari-Kashi Prant) and Dr. Jwala Prasad Mishra (President-Goraksh Prant).
9. An online Lecture on 18th October 2020 was on topic- '*Ksharsutra Preparation and its Application*' by Dr. Kalpana Verma (Assistant Professor, Department of Shalya Tantra, Institute of AYUSH Medical Science, Lucknow). The organizing committee consisted of Dr. Surendra Chaudhari (president-VAP, UP), Dr. Vijay Rai (General Secretary, VAP, UP), Dr. Prashant Pundeer (Vidyarthi Prakoshth Pramukh, VAP, Meerut Prant) and Dr. Divya Gupta (Vidyarthi Prakoshth Pramukh, VAP Meerut prant).

श्रद्धांजलि



(श्री प्रभात शंकर पाण्डेय)

-: 1954 - 2020 :-

विश्व आयुर्वेद परिषद के सदस्य श्री प्रभात शंकर पाण्डेय जी पुत्र स्व डॉ गंगा सहाय पाण्डेय जी का कोरोना के कारण आज दिनांक 28 अगस्त को देहावसान हो गया। आई आई टी, से B-Tech, मृदुभाषी, मिलनसार, विश्व आयुर्वेद परिषद के लिये समर्पित सदस्य के असामयिक मृत्यु से विश्व आयुर्वेद परिषद परिवार मर्माहत है। बाबा विश्वनाथ उनकी आत्मा को शांति प्रदान करें एवं परिवार को इस अपार दुःख को सहन करने की शक्ति।