

DEERGHAYU INTERNATIONAL

ISSN 0970 - 3381

VOL. TWENTYNINE - 04

ISSUE NO. 116

Oct. - Dec. - 2013

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Experimental evaluation of Pisti of Rakta Praval (Corallium rubrum) On Anaemia

Dr. Mehra Raakhi*, Kabir.H**

Abstract :

It is noticed that Ayurveda medical science has reported significant and effective in case of Rasavaha srotas particularly to Pandu or Anaemia which is further elaborated by modern science with special reference to haematinic property of red coral (Corallium rubrum) an animal origin cardiotoxic drug. Keeping this view in mind it was decided to prove significant efficacy of Praval Pisti an attempt has been made experimentally. The present paper is outcome of the research in this regard.

Albino rats of wistar strain weighing between 140-200gms of either sex were used for Haematimimic effects of the trial drugs. The experimental study was planned under two methods;

(A) Phenyl hydrazine induced anemia

(B) Iron deficient diet induced anaemia.

These groups were divided into control, -ve control, and test groups of 100mg / kg, b/w. Results were significant except ESR. In Phenyl hydrazine induced anemia protection was observed in 94.13% Hb, 61.76% PVC, 89.66 % RBC, 157.76% MCV, 111.94 % MCH, 185.95 % MCHC, 100.% ESR, TLC 33.45% and 82.40 % spleen weight.. At the same time Iron deficient diet induced anaemia protection was also observed significant.

This study suggests that the role of Praval in case of Pandu or anaemia further opens the steps towards the study clinically.

Introduction :

Anemia constitutes a public health problem of considerable importance in whole world. In India high rates of maternal mortality are influenced by the prevalence of anemia. Globally nearly 2 billion people are estimated to be anemic and 3.6 billion iron deficient. (WHO, 97). In addition to nutritional anemia there are deficiencies of folic acid, riboflavin, ascorbic acid and various minerals can contribute to anemia. Iron deficiency is usually due to inadequate iron intake or mal-absorption. Concurrent factor which may often play a role, particularly in developing countries, includes blood loss (menstruation, child birth, hookworms disease, malaria). 1

Over the ages, our ancient texts both related to the Ayurveda and Unani physicians have been successfully treating Pandu 2 / anemia. In Susruta Samhita 123, herbal, 15 animal included Praval and 10 mineral drugs are mentioned in Pandu. Praval is an animal origin drug which is important as a cardiogenic, styptic, anti-Coagulant and aphrodisiac. It exhibits Tridoshagnana mainly Kaphavataghna, Dipana, Pacana and having Laghu- Ruksha Guna, Madhura- Amla Rasa, Madhura Vipaka and Sita Virya . It contains iron in FeO 4.5%, Calcium carbonate (CaCO_3) 83%, Magnesium carbonate (MgCO_3) 2-3.5%, Zinc (Zn), Copper (Cu), Phosphorus (P) and animal organic matter 8%. 3. Iron is essential to higher forms of life because it's central role in haem molecules permits oxygen and electron transport. Copper plays an important role in iron absorption. Copper deficiency in humans causes anaemia. Zinc is a trace element necessary for the cellular growth, division and differentiation. Erythropoietin factor contains Calcium and Praval is the good source of calcium.

Keeping in view of the above facts, it was decided to study the efficacy of Praval Pusti against phenyl hydrazine induced haemolytic anaemia and iron deficient diet induced Iron deficiency anaemia in albino rats in dose of 100 mg/ kg body weight.

Materials and methods :

Albino rats of wistar strain weighing between 140-200 gms were used in study. They were kept on standard pellet diet.

Group of Study -

The animals were divided into 6 groups of 6 rats each-

Group A- Served as control was given gum acacia in distilled water

Group B - Served as negative control was administered a single intra peritoneal injection of phenyl hydrazine (75 mg/Kg).

Group C - A test group dose of Praval Pusti was given in 100-mg/kg P.o daily for 10 days (after 5 days of induction of anaemia).

Group D- In iron deficient diet induced group, anaemia was induced by giving iron deficient diets (and was continued through out the experiment).

Group E- trial drug was given to iron deficient diet induced group for two week.

Group F- Trial drug was given to test group (in iron deficient diet induced group) for four week. Haematological changes were estimated from collected samples.

Induction Method of Anaemia -

Anaemia was induced by a single intra peritoneal injection of freshly dissolved phenyl hydrazine (PZ) in normal saline in a dose of 75 mg/Kg and by giving iron deficient diet orally to phenyl hydrazine and iron deficient diet induced anaemic group respectively of albino rats. 4

Hematological study -

Blood samples were collected from the tail vein at the '0' day and on 16th day the blood was withdrawn for estimation of haematological changes and following Haematological parameters were estimated: -

1. Estimation of Haemoglobin (Hb)
2. Determination of Packed Cell Volume / Haematocrit (PCV)
3. Estimation of Erythrocyte Sedimentation Rate (ESR)
4. Total leukocyte count (TLC)
5. Red blood cells count (RBC count)
6. Calculation of Mean Cell Volume (MCV)
7. Calculation of Mean cell Hb (MCH)
8. Calculation of Mean Cell Haemoglobin Concentration (MCHC).

Histo pathological study -

After the estimation of haematological parameters, the rats were anaesthetized under light ether anesthesia and their spleens removed, weighed and washed with normal saline. Small pieces of spleen tissue were collected in 10% formaline saline for proper fixation. Sections were cut of 5-6 mm and staining was done with eosin and haematoxylin solution. Fixed tissues were then subjected to staining.

Observation and Results : Statistical evaluation was done to compare each group with control group & -ve control group by students' t' test.

Effect on Phenyl hydrazine induced anaemic group (Treatment 10 days) *see figures on page no. 105*

Table. 1. Effect of Praval Pisti in Phenyl hydrazine induced anaemic group

Parameters	Control	-Ve control	Test drug	Protection %
Hb	15.16±0.59	9.53±0.45	15.01±0.12*	94.13
PCV	53.23±1.11	38.4±0.42	47.56±0.55*	61.76
RBC	8.86±0.29	6.15±0.15	8.58±0.04*	89.66
MCV	58.63±1.15	60.69±0.87	53.32±0.62*	157.76
MCH	17.02±0.22	15.43±0.42	17.21±0.13*	111.94
MCHC	27.76±0.60	24.13±0.89	30.88±0.28*	185.95
ESR	2.83±0.53	4±1.14	2.83±1.15	100.00
WBC	11467.33±577.74	10047.33±677.90	10522.33±458.21	33.45
spleen weight	1394±37.17	2322.33±47.54	1557.33±69.90*	82.40

*P<0.001 Compared with -ve control

Table 1 (dose 100 mg / kg) shows that result were significant at 94.13%, 61.76 %, 89.66 %, 157.76 %, 111.94 %, and 185.95% in Hb, PCV, RBC, MCV, MCH and MCHC respectively. Results were insignificant in ESR and WBC. Weight of spleen was significant and reduced (82.40%).

Table. 2. Effect of *Praval Pisti* in Iron deficient diet induced anemia (Two Weeks)

Parameters	Control	-Ve control	Test drug	Protection %
Hb	15.16±0.59	13.64±0.23	15.57±0.17*	93.57
PCV	53.23±1.11	42.5±0.56	53.17±1.89*	87.09
RBC	8.86±0.29	7.82±0.10	8.53±0.08*	90.98
MCV	58.63±1.15	54.53±0.42	62.61±1.99*	80.9
MCH	17.02±0.22	16.55±0.11	17.14±0.11*	97.6
MCHC	27.76±0.60	27.98±0.21	29.04±0.77*	76.85
ESR	2.83±0.53	3.15±0.74	2.4±0.56	178.57
WBC	11467.33 577.74	11034.83 294.65	9670.67 749.96	453.88

*P<0.001 Compared with -ve control

The results produced in table 2 (dose 100 mg / kg) were significant. Protection was 93.57%, 87.09 %, 90.98 %, 80.9%, 97.6 %, and 76.85 % in Hb, PCV, RBC, MCV, MCH and MCHC respectively. Results were insignificant in ESR and WBC

Table. 3. Effect of *Praval Pisti* in Iron deficient diet induced anemia (Four Weeks)

Parameters	Control	-Ve control	Test drug	Protection %
Hb	15.4 0.25	13.64 0.23	16.62 0.30*	101.7
PCV	53 1.61	42.5 0.56	58.66 1.80*	102.42
RBC	8.52 0.18	7.82 0.10	9.05 0.17*	100.00
MCV	62.80 1.16	54.53 0.42	64.74 0.78*	104.64
MCH	17.12 0.12	16.55 0.11	17.34 0.04*	107.1
MCHC	28.84 0.40	27.98 0.21	32.43 1.15*	109.76
ESR	3 0.85	3.15 0.74	3.15 0.70	0
WBC	9273 803.96	11034.83 294.65	10398.83 746.82	36.09

*P<0.001 Compared with -ve control

The results produced in table 3 (dose 100 mg / kg) were significant. Protection was 101.7%,

102.42 %, 100.00 %, 104.64 %, 107.1 %, and 105.81 % in Hb, PCV, RBC, MCV, MCH and MCHC respectively. Results were insignificant in ESR and WBC.

Discussion and Conclusion :

Hydrazine derivatives are highly reactive compounds widely used as therapeutic agents. Phenyl hydrazine (PZ) is mostly used as a haemolytic agent and its mechanism of action has been extensively studied. The interaction of PZ with hemoglobin generates hydrogen peroxide (H₂O₂) and destroys the hemoglobin through the formation of oxidized derivatives (Heinz bodies) and free radical of hydrazine where PZ radicals appear to be involved⁵. Red cell haemolysis induced by PZ is accompanied by increased membrane lipid per oxidation⁶, accelerated formation of hydrogen peroxide⁷ and superoxide radicals⁸ and alteration of hemoprotein chromophore⁹.

In our study the rats were given single intraperitoneal injection of PZ (75 mg/kg) to induce haemolytic anaemia and iron deficient diet in place of normal diet to induce iron deficiency anaemia . It is evident by decreased Hb gm %, PCV, RBC count, TLC, MCV and MCH level. Histopathological alteration like hemosiderosis, pigmentation and lymphoid hyperplasia in spleen are further support to the evidence of haemolytic anaemia in rats. This mode of action of the Praval Pisti on Spleen in particular to anaemia can be well explained by its pharmacodynamic properties and action.

Laghu, Ruksha, Madhura, Amla Rasa of Praval leads Rakta Prasadana.. It is also Tridoshagna especially Vata Kaphaghna and act as Pittavardhaka in particular to Ranjak and Pacaka Pitta especially with Raktavardhan and Dipan-Pacana action. Pliha is the mula of Rakta Vaha Srotas¹⁰. Pitta is also stated in the Rasa and Rakta. Ragakrit (imparting colour to the Rasadhatu and also normal colour to the skin) is one of the functions of Pitta. In the formation of Raktadhatu, Ranjakapitta assists the Raktagni, which synthesizes the cellular structure from Rasadhatu. In modern science Spleen is considered as blood reservoir or haemal gland. Haemolysis, deposition of Lauh element, coloration of blood, and new RBCs manufacturing are the functions performed by the spleen. It is noticed that spleeno- megaly may be a sign of Anemia. Praval is useful in case of enlargement of spleen. Ayurveda has given Rakta a special place of importance in the physiological and pathological processes.¹¹ Rakta is very important for transporting and supplying a Visista Vayu known as Prana through the Raktamsa.¹² In view of important function of Rakta, a separate pitta is necessarily required for the production of it. Pandu is the Rasavaha (Rasksaya) and Raktavaha Srotas gata Roga. Praval acts wonderfully and effectively in spleen functioning and ultimately in anaemia.

The whole significancy of Praval on spleen in particular to anaemia can be understand by the simple hypothesis of Ayurveda that Rasa Dhatu gets Ranjan in the Yakrta/ Pleeha and turns into the Rakta. The Ksaya of Rakta Dhatu, which is due to Rasa Ksaya Janya and simply exhibits with the above said features with specific Pliha Vridhi leads to Pandu. By owing to the property of Ranjak and Alochak Pitta Pasadana,, Rakta Vardhana, Praval proves to be significant effective in Pandu or Anaemia experimentally.

It may be concluded that anti anemic activity of the drug Praval Pisti may be due to the presence of essential and non essential trace elements viz, cobalt (Co), copper (Cu), Iron

(Fe), nickel (Ni) etc, which are essential constituent of enzymes like catalase, cytochrome, reductase oxidase. These enzymes are needed for inhibition of oxidants and help in anemia. Experimental study on efficacy of Rakta Praval in anemia is suggested to put further research in this regard clinically.

Reference :

1. Raktaksayopadrava Pidotatvat-Pandurbhavet Soarbudapiditastu. Su. Ni. 11-17, Tad (Raktam) Atipravritam ----Pandurogam Maranam Capadayati. Su. Su. 14-30
2. Shamsuddin, 1301; A.H; Khan, 1940
3. Anonymous, 1950; Nadkarni; 1976
4. O'riordian,et. al., 1995.
5. Misra, H. & Fridovich, I., 1976; Itano, H. & Mannen, S., 1976
6. Valenzuela et al,1977; Rice-Evans, C. & Hochstein, P., 1981
7. Cohen, G. & Hochstein, P., 1964
8. Goldberg et al, 1976
9. Peisach et al, 1975
10. Ca. Vi. 5
11. Ca. Su. 20-8, Su. Su 21-6, As.Su.20-3, AH Su. 12-2)
12. Jeevanakriya Jivanam Pranadharam Raktsya Hemadri on AH.Sutra 11-3. Raktam -- ----- Jivayati Ca. Su. Sutra 15-6

Bibliography :

- Anonymous (1950) The Wealth of India, publication & Information Directorate, CSIR, N. Delhi, p. 323-326.
- Anonymous, (1997)The World Health Report, WHO Geneva,p.53, 54
- Chopra, R.N., Chopra, IC, Handa, K.W. & Kapoor, L.D. (1958) Indige Drugs of Ind, Dhar & d son Pvt. Ltd. Cal. p. 255- 258.
- Ghani 1921 Khazainul Advia V.3, Mu Nawal Kishore press Lucknow.879-882.
- Hassan, B. (1303 A.H.) Jame-ul-Mufradat, Matba Asna Ashri, p. 63.
- Joshi, Y.K. & Goindi, G. (1997) Obs. & Gynae. Today, p. 101-102.
- Kabeeruddin, M.1931 Kitab-ut-Taklees 2nd ed.Darulkutub Al Maseeh,
- Khan, MA (1940) Aqseer-e-Azam (Al Aqseer) Vol. 2, trans. by Kabeeruddin, Tibbi comp Jame Masjid Rd. Rawalpindi P 872-876
- Momin, M. 1272 Tohfat-ul-Mominen, Nawal Kishore press Lucknow, p.50
- Nadk K.M.1976The Ind Mat MedicaVol.I Popr Prakashan Mumbai P 1308 - 1315
- Nazim HM NM Makhzan-ul-Mufradat, Edara Traqi Ur pub Lucknow.149.
- O'riordan DK, Sharp, P, Sykes, RM, Srail, SK, Epstein, O & Debnam ES 1995 European Journal of Clinical Inves 25: 723 p. 63
- Shamsud 1301AH Makhzan-e-Sulaiman Nawal Kishore Luck.335-337. Souvenir,National Seminar on Hepatobiliary, RAV, New Delhi, March 2004.

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CONCEPT OF BUDDHI

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Absract :

As this article was aimed to study the concept of Buddhi. Ayurveda agrees with the opinion of Nyaya and Vaisheshika regarding Buddhi, that it is a Guna of Atma. According to Samkhya karika Buddhi is nothing but Adhyavasaya. Acharya Charaka has followed the view of Samkhya only, implied the term Nischayatmika Buddhi in this context (Ch.Sha.1/22-23). Charaka also opines Buddhi is primary factor (Prakriti not Vikriti) of evolution. The primary definition of Buddhi given in the classics indicates this meaning of decisive capacity. These the different conceptual views regarding the Buddhi.

ETYMOLOGY

The word "Buddhi" has originated from the root word "Buddh" by applying suffix "kthin"- "Budh Grahane". It can be defined as a phenomenon by which knowledge is gained '*Budhyate Anena Iti Buddhi*'

SYNONYMS

The various synonyms of Buddhi are *Buddhi*, Manisha, Dhishana, Dhi, Prajna, Semushi, Mati, Preksha, Upalabdh, Chitta, Samvit, Pratipat, Jnapti, Chetana, (Amarakosha-1/5).

INDIAN PHILOSOPHICAL THOUGHT

The ancient Indian philosophy is abound with a rich treasure of spiritual knowledge and was practiced by its followers for the ultimate aim of salvation. Most of the Acharyas used regulation and control of senses and manipulation of their mental activities to enrich their Buddhi (the principle of consciousness), a divine evolutionary principle from the primordial infinity (Avyakta). While describing the genesis of universe they believed that matter is originating from an infinite pool of energy (Avyakta) and different combinations of its derivatives will give rise to different basic elements for an organism. So the Buddhi become a connective link between the pure self (abstract) and the object (concrete). Ayurveda agrees with the opinion of Nyaya and Vaisheshika regarding Buddhi, that it is a Guna of Atma.

Sarva vyvahara hetu Buddhir njanam (T.S.P.P)

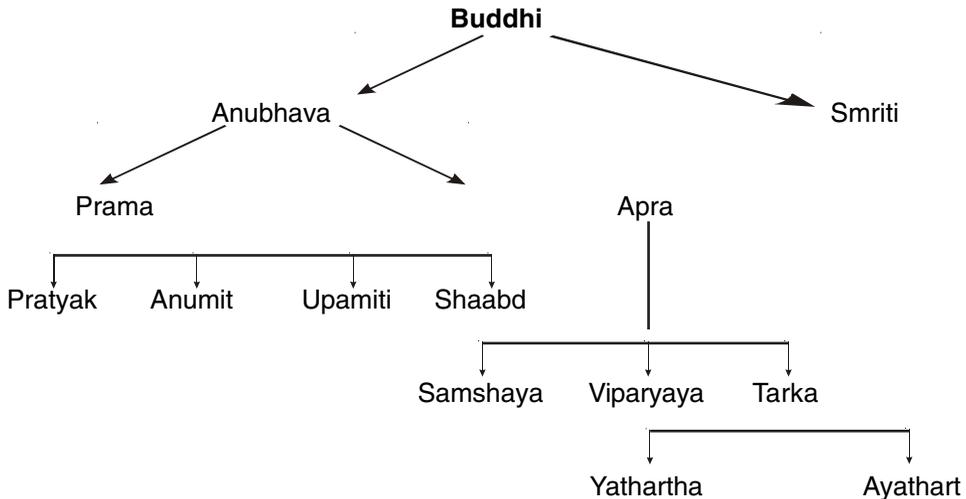
Here the term Vyavahara implies all the transactions with definite aim. This is produced

when Atma interact with the Indriyārtha. According to Samkhya karika Buddhi is nothing but Adhyavasaya. Adhyavasaya is the term applied to all activities carried out by inanimate Buddhi (Achetana) by the activation of animate (Sachetana) Atma. Here one interesting feature is that Tarka followers consider Buddhi as AtmaGuna while Samkhya followers consider it as transactions (functional). Acharya Charaka has followed the view of Samkhya only as he was basically a physician. Charaka implied the term Nischayatmika Buddhi in this context (Ch.Sha.1/22-23).

The Buddhi (perception) in Darshana is of two types.

1. Perception from memory.
2. Perception from senses and logics.

On examining these faculties of Buddhi we can see that all the higher mental functions of the human being are included in it. But Darshanikas' matter of concern was not on physiology but they studied these factors to know the principles of universe and its phenomena.



The term Buddhism itself is derived from the word Buddhi. According to this the perception (Samjna) or notion and consciousness (Vijnana) or the faculty which discerns and discriminates are the prime cause of sufferings. Out of these, Vijnana is the most important and subtle factor. It is the basis of all sensations, perceptions, conceptions and voluntary actions. In true sense it bears the whole concept of Atma under the heading of Vijnana.

According to Samkhya neither self (Purusha) nor the Buddhi can independently be the subject in knowing. Knowledge is possible only by blending of both and a mistaking of the two for a single subject. Thus non discrimination (Aviveka) between self and intellect remains the essential precondition of all individual experiences. Error can be eliminated by a proper discrimination between the two through an act of transcendence; which is to say that valid

knowledge is possible only when the self is capable of seeing itself as different from the intellect. Accordingly, a liberated individual is one who is aware of such discrimination and yet is qualified enough to attain valid knowledge by transcending such discrimination.

The term Buddhi (intelligence) is used in Gita in a sense which is larger than just “mental power of understanding”. It refers to “ the whole action of the discriminating and deciding mind which determines both the direction and use of our thoughts and the direction and use of our acts; thought, intelligence, judgment, perceptive choice and aim are all included in its functioning: for the characteristic of the unified intelligence is not only concentration of the mind that knows, but especially concentration of mind that decides and persists in the decision, Vyavasaya, while the sign of dissipated intelligence [Shri. Aurobindo nearly equates scientific intelligence with dissipated intelligence”] is not so much even discursiveness of ideas and perceptions as discursiveness of the aims and desires, therefore of the will”. (Sri Aurobindo, Gita 88,89)

AYURVEDIC CONCEPT OF BUDDHI

All Ayurveda Acharyas even surgery expert Sushruta explain Buddhi in two parlances.

- Darshanika(Metaphysical) level.
- Clinical point of view.

The Darshanika concept of Buddhi has been mentioned in the classics due to their inevitability of the scholars as well as for the acceptability of their work in that society. Inevitability, in the sense Ayurveda developed from the contemporary sciences of that era. In that time explanation regarding Buddhi and Mana were only available from those schools i.e. Darshanas, Upanishads etc. The Darshanika thoughts are almost same as those described in the previous pages. Mostly Brihatrayee adapted the thoughts of Samkhya and Vaisheshika as they are very much near to medical school of thought.

AYURVEDIC METAPHYSICS

Similar to the thought of ancient philosophy Charaka also opines Buddhi is primary factor (Prakriti not Vikriti) of evolution. In the beginning of the texts Acharyas had taken only the spiritual aspect of Buddhi. So in these contexts Acharyas are narrating Buddhi for the description of Sargaprakriya and Pralaya, Buddhi is said to be Nitya, Prasavadharmi(n) (can produce next evolutionary principle). Especially in Sharirasthana of Charaka Samhita (*Rajasthamobhyam yukthasya samyogoyamananthavan tabhyam.....*) all the facets of mind and emotions are said to be obstacles to the liberation and those who are capable of avoiding these normal emotions of a being are said to be intellect or intelligent. On this philosophical point of view Acharya also tells that if one fails to get rid of these emotions of Raja and Tama he will be forced to take birth again and again (*Chetana dhatunam samyoga naso nisseshena nivartate na punaravartate*). Probably this school of thought might have forced to say Acharyas that aim of Ayurveda Shastra is salvation even though management of health and diseases are of chief concern. For the affirmation of these philosophical thoughts Acharya Charaka has quoted certain questions from materialists and clarified them from spiritual point of view.

APPLIED VIEW

While describing the pathogenesis of different diseases, treatments, Nidanapanchakas- all Acharyas are unique in skipping the spiritual aspect of the Buddhi, Mana and even Atma in Toto. This indicates the two aspects of our Shastra that it has an applicability and palatability in philosophy as well as in medicine. Let us analyze different descriptions of Buddhi given in the Shastra on clinical parlance.

Buddhi as a capacity of solid determination of mind - The primary definition of Buddhi given in the classics indicates this meaning of decisive capacity.

Buddi nischayAtmaketi sthira swaroota adhyavasaya rupetyartha(Chakr.Cha.Sha.1/23)

Avasthanam sthira matitwam iti Buddhi(Ch.Vi.4/8-chakr.)

This capacity mainly reveals the personality of man in normalcy. These definitions of Buddhi cover its two faculties i.e. Dhee and Dhriti. If one person is in healthy condition he can discriminate the good and bad and can decide what to do and what not to do. The personalities like Brahmya, Arsha are having this power in excess and their mode of living will also be ideal (Ch.Sha.). They are less prone to any disease due to their living style with good discrimination.

It will be wise to think this concept on developmental parlance of a child. In a child's developmental stage this capacity is developing at 7-11 years of age and according to **Piaget** this stage is known as **concrete- operational stage**. This stage is characterized by following features.

Hierarchical-classification- discriminates and arrange a single vehicle (bike) according to its company.

- Reversibility-can play games backwards and forward
- Conservation - loss of two rupees, can look for the same
- Decentration - worry about minor details
- Spatial operations - likes models for directions
- Transitive inference - syllogisms; compare everything

Nischayatmakatwa is actually a product of thinking. In every day life we are forced to take several judgments or decisions. For this process there involves three steps that we will discuss in the context of logical reasoning capacity of Buddhi.

References :

1. Charaka Samhita-Chaukhamba Bharati Academy-16th edition, 1989-by Pt.Kashinath Shastri, Dr Gorakhnath Chaturvedi.
2. Sushruta samhita- Chaukhamba Sanskrita Sansthana- 11th edition, 1997-by Kaviraj Ambikadatta Shastri.
3. Amar-kosha by Amarsingh-Oriental book agency, Pune-Bhattarkrishna Swamy, 1941.
4. Ayurvedeeya Sharir Kriya (Hindi)- Chaukhamba Surbharati Prakashan, Varanasi- by Acharya Priyavrat Sharma,1986.
5. Sankhyakarika- Chaukhamba Prakashan, Varanasi.

Breast Feeding In Infant And Young Children

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Abstract:

One of the eight branches of Ayurveda, known as Kaumarabhritya, deals with pediatrics and includes aspects such as the care of the newborn, infant feeding, clinical examination, dentition, management of childhood diseases, and principles of treatment and therapies, as well as childhood samskaras (religious rites and ceremonies to purify body, mind, and spirit). According to ayurveda Breastfeeding is very important to infant as well as mother. Childhood is a tender but wonderful stage of human life. To know some fact about Infant and child feeding is very important to the feeding mother.

Introduction :

Optimal infant and young children feeding practice are critical for child nutrition and survival. Breast feeding is vital component for IYCF. Global strategy for feeding states that breast feeding is an unequalled way that providing ideal food for the healthy growth and development of infant. It is also integral part of the reproductive process with important implication for the health of mother.

As the global public health recommendation infant should be exclusively breast feed for the first six months of life to achieve optimal growth and development of health.

Definition Related to Breast feeding -

1. Exclusive Breast feeding - Giving a baby no other food or drink, including water in addition to breastfeeding with the exception of syrup/drop of vitamin, minerals, and medicine.
2. Predominant Breastfeeding - Giving Small amount of water or water-based drinks such as tea in addition to breast feed.
3. Partial Feeding - Giving a baby some breast feed and some artificial feed either milk or cereal or other food.
4. Bottle Feeding - Feeding a baby from a bottle whatever is in the bottle including expressed breast milk.
5. Cup Feeding - Feeding a bay from cup (katori,pallad ect.) whatever is in the cupe including expressed breast milk.
6. Complementary Feeding - Giving other food and liquid in addition to breast-milk or nonhuman milk.
7. Replacement Feeding - Process of feeding a child who is receiving on breast milk with a diet that provides all nutrients that infant need until age at which they can be fully fed on family foods.

Initiation of Breast Feed

As stated by acharya,s initiation of Breast feeding immediately after birth, Preferably within

one Hour. Early initiation has been documented to improve neonatal survival and protection against infection. Important fact is that early initiation of breast feed helps to develop a bond between a mother and her baby and also to establish successful and sustain lactation and expulsion of placenta. According to Ayurveda and modern scientific evidence suggest that early is the initiation of breast feeding, more are the chances of survival of neonate.

Benefits of Breastfeeding

- Breastfeeding provides all the nutrients a baby needs for the first 6 months of life, after which it continues to provide a major portion of the infants nutrition along with appropriate family foods.
- Breastfeeding provides almost half of the nutritional requirements between 6 months and 12 months of age, and up to the one-third between 12 months and 24 months of age.
- Breast milk is easily digested by babe.
- Breast contain antibody and other factor which protect the baby against diarrhea and other infection.
- Breast milk contain enough water which is sufficient even for a very dry and hot climate.
- Breast milk is clean safe and chief.
- It helps to mother also by reducing the post delivery bleeding and thus preventing anemia.
- Breastfeed has less prone to develop diabetes, heart disease, eczema, asthma, rheumatoid arthritis and other allergic disorders later on in life.
- Breastfeeding enhance brain development, visual development and visual acuity leading to learning readiness.
- Breastfeeding has contraceptive effect for the mother if she exclusively breast feeds her infant for the first 6monts.
- Mother have lower risk of breast and ovarian cancer.
- Breastfeeding costs less in term of health care expenses as breastfed infant get ill less often.

References

- Ashtanga sangraha of Vriddha Vagabhatta with Shashilekha Sanskrita commentary by Indu, Prologue in sanskrita & English by Prof. Jyotir Mitra, Edited by Shivaprashada sharma, Chaukhambha sanskrita series Varanasi, First edition 2006, Uttar sthan 1/11
- Charaka Samhita, Ayurveda dipika Ayushi Hindi commentary First part by Vd. Harisha Chandra kushawaha, Chaukhambha orientalia publisher Varanasi, First edition 2005, Sutras than 27
- IAP-Textbook of paediatrics, A Parthasarathy, 4th edition, published by Jaypee Brothers medical publishers (P) LTD. New Delhi. Reprinted in India 2009
- Kashyapa Samhita, with Vidyotini Hindi commentary and Hindi translation of Sanskrit introduction by Ayurvedalankar shri Satyapal Bhisagacharya Chukhambha Sanskrit samsthana Varanasi, Charu printers, Tenth edition, year 2009, Khill Sthan 22/9-10
- Madhavanidanama of Shri Madhukosha Part – II with Vidyitini Hindi commentary by Shri Sudarshana Shastri, edited by Pro. Yadunandana Upadhyaya, Chaukhambha Sanskrita samsathana Varanasi, Thirtyoneth edition 2002, Purva Dugdha 24

Panchakarma for maintenance of normal health

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Abstract :

According to general peoples Ayurveda is a traditional pathy which act only on chronic disease as its action is late but this is not so. In Ayurveda dignostic and treatment methods are different according to different disease. Ayurvedic chikitsta (treatment) is chiefly divided in to 2 types ; - 1. Shodhan chikitsta 2. Shaman chikitsta Panchakarma is Ayurveda's primary purification and Detoxification treatment. This article discusses the use of Panchakarma for maintenance of health. i.e. for "Swasthasya Swasthya Rakshanam". In Ayurveda Swastha is one who enjoys Normal Health. All the action which carried out for maintaining this state is called "vrutta". Swasthya Rakshan means maintenance of health. Aim of Swasthavrutta is to maintain the health of a healthy individual.

Panchakarma related the "five therapies". These five therapeutic help to remove deep rooted stress and illness causing toxins from the body while balancing the tridoshas (i.e. Vata, Pitta, Kapha). this five therapies are –

1. Vamana
2. Virechana
3. Basti
4. Raktamokshan
5. Nasya

Review :

The Tridoshas are the elements of life, because they give the body a definite form which can not be changed afterwards. Vitiation of these doshas causes illness, disease, disharmony in the normal physiology of the body. Vitiation of these doshas is caused naturally and also due to specific causative factor. These are Seasonal, Diurnal & digestion related natural vitiations of the tridoshas. There is also an age related dominance of the tridoshas.

The following table describes this vitiations.

Dosha	Age Dominance	Diurnal	Seasonal Dominance
Kapha	Up to 16 yrs	6 am to 10 am	Vasant rutu (March – April)
Pitta	16 up to 60 yrs	10 am to 2 pm	Sharad rutu (Sept – Oct)
Vata	Above 60 yrs	2 pm to 6 pm	Varsha rutu (Jul – Aug)

**The months mentioned for the rutus are not hard and fast. The months are decided as per the climatic condition. For e.g. fall of leave etc.

Due to unhealthy life style and food habits there is a lot of vitiation of the tridoshas. The Vitiated doshas accumulate in their respective parts of the body.

These accumulated doshas need to be eliminated by the seasonal panchakarma procedure as follows

Vitiated Doshas	Panchakarma Procedure	Procedure to be performed in	Rutu for the procedure
Kapha	Vaman	March – April	Vasant rutu
Pitta	Virechan	Sept – Oct	Sharad rutu
Vata	Basti	July – August	Vasant rutu
Raktdushti	Raktmokshan	Sept – Oct	Sharad rutu
Head and neck disease	Nassya	During the whole year	All rutus

Panchakarma are for the elimination of the excessively accumulated doshas (atayartha sanchita dosha ref. ashatangahridaya sutrasthana 5/25) in a healthy person. Seasonal panchakarma as said in the above table must be performed to eliminate doshas. Keeping this principle in mind, a normal healthy adult can be selected for panchakarma. Vitiating of the dosha i.e. excessive accumulation (atyarthasanchita) of the dosha does not mean a person is in a diseased state. But, if the excessively accumulated doshas are eliminated by panchakarma procedure they help to prevent disease in a healthy individual which may otherwise occur if neglected.

Respiratory diseases viz. eczema, psoriasis, etc.; gastrointestinal diseases viz. hyperacidity, irritable bowel syndrome, etc.; are some common examples of diseases which occur if the excessive accumulation of the dosha is neglected in a healthy person.

The doshas which are eliminated by panchakarma procedures have the least possibility of causing diseases. But, the doshas which are suppressed by the langhana, pachana treatment have a tendency to accumulate again and again and cause diseases.

To have long lasting effect of panchakarma, the individual who has undergone the procedure like vamana, virechana etc. must be subjected to "rasayana" therapy as per the prakruti (constitution) of the person. Rasayana will rebuild and boost the immunity of the person.

Along with rasayana a suitable diet (pathya) must be advised. The common diet which is suitable for every individual should include recipes prepared from shasthishil (rice growing in 60 days), or brown rice or white rice, godhuma (wheat), mudga (green gram), Go-grhita (cow's ghee), go dugdha (cow's milk), mamsa (goat's meat – for non vegetarian persons). The recipes should be easily digestible persons). The receipts should be easily digestible, having a good taste, odour, and should act as a digestive stimulant.

In addition to the pathyakara ahara (suitable diet) pathyakara vihara (suitable methods other

than diet)which include the following must be adopted for maintainance of health.

- 1) Abhyanga (application of oil) followed by warm water bath with the application of medicated bathing powder(udvartana).
- 2) Medicated enema (i.e.anuvasana and niruha basti).

To sum up,after following the above mentioned regimen the power of agni increases to great extent, the power of the sense organs improve and longevity is achieved.

The panchakarma procedure are performed in three stage-

1) Pretreatment procedures :-

- i) Snehana - Oral administration of sesame oil or cows's ghee for 3 to 7 days in specific manner.This helps to resolve the doshas accumulated in the whole body.
- ii) Swedana - Medicated steam bath after sesame oil application on the body for 3to7 days.This helps to suppress the vata dosha and removes the doshas from the various systems of the body and bring them to the alimentary track,so that it becomes easy to remove them through emesis or purgatives.

2) Main procedure :-

Either vamana or virechana or basti or raktamoshna or nasya whatever is planned.Oral administration of oil or ghee is done prior to vamana(emesis), virechana(purgation) ,and raktamokhshana (blood letting),Snehana and swedana prior to basti and nasya is done,but only externally and that too local.

3) Post treatment procedures :-

- i) Dhumapana - (inhalation of medicatd smoke)
 - only after vamana(emesis).
- ii) Sansarjanakrama-specific diet for a period of 3 to7 days.
- iii) Rasayana treatment
- iv) Pathya-ahara and vihara.

Including of seasonal panchakarma in ones life style would certainly help to maintain health & refrain from diseases.

References :

1. Charak samhita edited by viadya yadavji trikamji aacharya , published by Chowkhmba surbharti prakashan , Varanasi ,edition-2011.
2. Ashtanga Hridaya With ArundattaTika.Editor-Pandit Hari Paradkar. Published by- Choukhamba publication (2002).

Rogamarga and importance of Rogamarga

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Abstract :

The understanding of Patho physiology and Pathogenesis of the disease is necessary before undertaking the management for which Ayurveda is having its unique approach in terms of Roga Marga, which is unique in comparison with the systemic consideration of classification in the modern science, Further, before undertaking the treatment, the consideration of prognosis is also essential, and Chakrapani specifically mentioned that Roga Marga is explained for the knowledge of Sadhyasadhya.

Introduction :

In Nirdesha Chatuska, there is a special Nirdesha of Roga-Marga. The concept of Roga-Marga is a unique contribution of Ayurveda in the field of clinical medicine. After narrating this concept in Nirdesha Chatuska, no where the clear cut and direct role of Roga Marga has been given but all the indirect scattered references show its application all over the Samhita. Acharya Charaka explained this concept with due emphasis in context of Tisraisaniya in Nirdesha Chatuska, which itself indicates its importance.

Literally, the Rogamarga refers to the path of disease. As we give due importance to the Srotas while considering the distribution of the flowing material through them, similarly, one is bounded to understand the path of disease itself before knowing the disease and its management and this may be reason that the explanation of Trini Ayatanani and Trayo Roga is followed by Trayo Rogamarga.

There are three Rogamarga mainly as Shakhagata, Marmastisandhigata and Koshtagata. In which Shakhagata Rogamarga includes Raktadi Dhatu Twacha it also called Bahyarogamarga. Basti, Hrudya and Murdha these are called Marma, Asthi Sandhi and the Snayu which attach to them are called Kandara they are considered Madhyamarogamarga. Mahasrotas middle part of Shareer and Mahanimna Aamashaya and Pakvashaya are called Kostha and these are called Abhyantar Rogamarga.

1) Shakhagata Rogamarga :-

The disease come in Shakhagata Rogamarga are Ganda(Goiter), Pidika(Boils), Apachi(Chronic Lymphadenitis), Alagi, Charmkeel(Warts), Adhimansa, Mahaska(Elevated Mole), Kushta(Skin Disease), Vyanga, Visarpa(Erysipelas), Shwayathu(Sneezing), Vidhradi(Abscess).

2) Koshtagata Rogamarga :-

The disease comes in Koshtagata Rogamarga are Jwara(Fever), Atisara(Diahorea), Alaska(Cholera Sicca), Visuchika(Cholera), Kasa(Cough), Shwasa(Asthma), Hikka(Hikkups), Anaha(Pyloric Obstruction), Udara(Acitis), Pleha(Spleenomegaly) and diseases from Antarmarga as Visarpa(Erysipelas), Shwayathu(Sneezing), Gulma(Tumour), Vidradi(Abscess), these comes under Koshtagata Rogamarga.

3) Madhyam Rogamarga :-

The Madhyam Rogamarga includes Pakshavadha (Paralysis), Apatanaka (Convulsion Disorder), Ardit (Facial Paralysis), Shosh (Pulmonary Tuberculosis), Rajyakshama (Pulmonary Tuberculosis), Asthisandhishool (Joint Disorder), Gudabransh (Prolapsed Rectum) and the diseases of Shira (Head), Hruday (Heart) and Basti (Bladder).

Importance of Rogamarga :-

- The disease which are not produced and to cure the disease which are already there in the body, the knowledge of Rogamarga is very important it reflects the sthan of Samprapti.
- Though Acharya Charaka makes use of this concept applying in therapeutics and prognosis, its importance to a greater extent is vanished.
- Roga Marga is the place of Kha-Vaigunya and if the Samprapti is hit at the place of Kha-Vaigunya, disease can be removed permanently. Today the recurrence of almost all the diseases it seen. If, one makes use of the knowledge of Roga-Marga, this deficit of recurrence can be solved.
- Many Vaidya in India make use of very few drugs. Some utilizes hardly 10 drugs knowing or unknowingly, they put Rogamarga into practice.
- For the disease to take place, Dosh has to do Visarpa after getting vitiated. But what through do they do this Visarpa. The answer is through Roga Marga. Thus, the concept of Roga-Marga is very essential to understand the disease and its management.
- An appreciation of the pathological processes of disease aids the doctor in the correct interpretation of the clinical features of the patient's illness
- Further, the terms like pathology, pathogenesis used in the modern science also indicate towards the importance of path of the disease. Apart from this, the Trividha Gati of the Dosa is also explained by Acharya Charaka in terms of Kostha, Shakha and Marmasthi Sandhi, may be physiological or pathological. Hence, from both, physiological and pathological point of view, it is essential to understand the concept of Roga Marga.

References :-

- Charaka Samhita, vol 1, Chaukhamba Sanskrit Prakashan, Edition-2006
- Nidan Chikitsa Hastamlaka pratham Khanda, Vd Ranjitray Desai, Shree Baidyanath Ayurved Bhavan Pvt Ltd. Edition-2010
- Chakradatta, Dr.Indrdev Tripathi, Chaukhambha Sanskrit Bhavan, Edition-2010
- Vikriti - Vigyan, Acharya Vidyadhar Shukla, Chaukhamba Sanskrit Prathishthan Edition-2001
- Roganidan Vikritividyan, Dr. Subhash Ranade, Dr. Go. Ra. Paranjape, Anmol Prakashan Edition-2009.

“APPLIED USES OF PANCHAKARMA IN SHWAS-A CASE STUDY ”

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ABSTRACT :

Lungs are the integral organ of the respiratory system of human body. The pollution different type of Allergin , dust particle, smoking such factor leads to the Tamak Shwas(bronchial asthma) which is fatal to life. Modern medicine don't have much modality of treatment other than bronchodilators, steroids etc.

A male patient of age 28 yrs having Tamak Shwas (bronchial asthma) since three years who doesn't got result with allopathy . this case is treated with vaman and matra basti and got good result so I presenting as a case study.

KEY WORD: TAMAK SHWAS(BRONCHIAL ASTHAMA), VAMAN(induced medicated vomiting),

MATRA BASTI (medicated enema)

INTRODUCTION:

Tamak shwas (bronchial asthma) it is a very common disease manifestation in the today's modern era due to industrialization, pollution. Dust particle and diff types of allergens. Acc to ayurveda the disease caused due to hetu like *raja(pollen)*, *dhoom(dust)*, *sheetsevan(coldfood)*, *sheetvihar(cold atmosphere)* etc. due to these causative factor the pranavaha srotas get affected and the disease get manifested[1]. It very commonly seen in today's developing world.

The disease can be correlated with the bronchial asthma due to the similarities in the signs and symptoms as well as manifestations.

Asthama is defined as a disorder characterized by chronic airway inflammation and increased airway responsiveness resulting in symptoms of wheeze, cough, chest tightness and dyspnoea. [2]

PREVALENCE :

Nearly 6 to 17 % of Indian population suffering from bronchial asthma. (API)

TREATMENT:

Now coming to the treatment part the modern science don't have much modalities of treatment rather than bronchodilators, corticosteroids. Acc. To ayurveda the disease is told as kastsadhya(difficult to treat) but still different modalities of treatments are available such as snehan(oil massage), swedan(steam). Virechan(purgation), basti(medicated enema) and vaman(medicated induced vomiting).

The chikitsa sutra for tamak shwas(bronchial asthma) is TAMAKETU VIRECHAN. Though the virechan is indicated as main treatment for tamakshwas the other treatment also given by aacharya is for tamakshwas only, cause maha; urdwa; and chinna shwas are asadhya, kshudra shwas is sukhasadhya(easily curable).

Only tamakshwas left, in that vaman and vatanuloman is described, so practically in avegavastha the vaman and basti are more beneficial. As it is told as TAMAKASTU KAPHODBHWVA mean the dominancy of kapha dosh and vyadhi sthan also pranavaha srotas and aamashya so the vaman remove the utkleshit kapha dosha by nearest way.[3]

So I would like to focus on the use of vaman and basti in tamak shwas with a case study.

AIM :

- To treat patients of Shwas with Vaman and Basti.

MATERIAL AND METHOD**INCLUSION CRITERIA :**

- The Patient having jeerna Tamak Shwas & family history of Tamak shwas.

EXCLUSION CRITERIA:

- The patients of acute condition & Vaman anarha.

CASE STUDY:

This is my one of the case amongst 10 cases I have studied which gave excellent result.

A male patient of 28 yrs old came in my OPD in February 2010 with following complaints since last three years.

Ayasan shwas pravritti (exertional dyspnea) Hrutpada in vegavastha(chestpain) Sakapha kasa prvarutti(cough) *Lalaten swidyata* (sweating on forehead)[4].in vegavastha Aruchi (anorexia) Hrutspondan (palpitations)

On chest auscultation wheezing sound and Rhonchii were found on expiration. The respiratory rate was 22/ min. mild tachycardia was there.

HISTORY :

Patient having maternal family history of bronchial asthma but till the age of 24yrs patient was asymptomatic. The triggering factor was occupation of patient. Patient was working in his own floor mill since 4 yrs. And so daily contact with dust particles was there and that leads to inflammation of alveoli, difficulty in breathing and finally bronchial asthma.

Previous medication: Inj deriphyllin 2ccIV once in 15 days, steroids, nebulization

Investigation: Increased lymphocytes, Absolute eosinophil count 12%.

Treatment given:-

- 1) Nidanparivarjan (avoidance of causative factor) :- Use of mask during work, local application of goghрут (cow ghee) in nasal mucosa it prevent entry of pollutant inside the lungs.
- 2) The patient *ba l(power)* was good and patient was ready to take the vaman so I planed for vaman. 1st three days trikatu churna and aampachak vati is given in tid dose.

Abhyang & swedan purvak Snehanan (internal oilyness) with vasa ghrit(medicated ghee

1st day 30ml

2nd day 60ml

3rd day 90 ml

Already doshotklesh was there so samyaklakshanas seen after 3 days snehanan. On 4th day kaphavardhak aahar is given to the patient at night. On 5th day, Abhyang and swedan purvak 960 ml niruh with triphala kwath is given to the patient for pakwashayshodhan. After this niruh basti(medicated enema), vaman is given with madanphal pippali churna, pippali churn with madhu and saindhav.[5]. Yastimadhu kwath and dhugdhanan is used as vamanopag dravya.

Antiki parikshana : pittantik vaman On 6th days followup, Patient told that he is feeling very better but after exertion slight difficulty in breathing was there so we give daily matra basti with 60ml mahanarayan tail after lunch for 8days for vatanulomana. (Matrabasti after 9 days of Vaman) And advice patient to come after 15 days for next follow up.

That time patient was very happy as he is feeling very good and comfort . there is no any Rhonchi or wheezing sound , on investigation of absolute eosinophil count it was 6 which

before treatment was 12.

In that month patient didn't require inhaler or any bronchodilator.

On 3rd follow up after one month

No any episode of shwas, agnidipti was there,

The kushmand avaleha is givan as a rasayan chikitsa.

ASSESSMENT :

Before treatment :

3 vegas was there per month

After treatment :

One exertional veg was there during sansarjan karma.

Respiratory rate was normal, no abnormality on auscultation. Lungs were clear.

CONCLUSION:

Vaman and matra basti is very much beneficial in this case study then virechan. In this case study we found that the vaman is very much beneficial to the patient as there is kapha dosha dominance. And the vaman is the best shodhan(detoxification) procedure for the kapha dosha. After the vaman the matrasthi is given as there was need of vatanuloman(to bring vata dosha to downward direction). By this treatment the patient has got very good result as said above. Because of vaman the kapha dosha from the lungs and aamashay(stomach) get expelled out of body . So we can say that in tamak shwas the kapha is most dominant dosha so the Vaman give best result in the disease. So with the help of vaman and basti we can give best relief to the patient than virechan.

ACKNOWLEDGEMENT:

I thanks to my guide Dr.Santosh Mahadik for their valuable guidance throughout my postgraduation. I also very much thankful to Dr.Kulkarni and the Deerghayu magazine for giving me the opportunity to publish my article in this magazine.

REFERENCES:

1. Charak samhita chikitsa sthan17/44 edited by viadya yadavji trikamji aacharya , published by Chowkhmba surbharti prakashan , Varanasi , edition-2011.

2. Madhav nidan purva khand Hikkashwaskas Nidan 12/27-30, with Vidyanoti Hindi tika by shree Sudarshan Shastri ,edited by prof.Yadunanandan Upadhyaya, published by Choukhambha Sanskrit bhavan ,Varanasi ,edition -2004.
3. Charak samhita chikitsa sthan1717/71-72 edited by viadya yadavji trikamji aacharya , published by Chowkhmba surbharti prakashan , Varanasi ,edition-2011.
4. Madhav nidan purva khand Hikkashwaskas Nidan 12/33-34(ch.chi21), with Vidyanoti Hindi tika by shree Sudarshan Shastri ,edited by prof.Yadunanandan Upadhyaya, published by Choukhambha Sanskrit bhavan ,Varanasi ,edition -2004.
5. Charak samhita chikitsa sthan 17/75 edited by viadya yadavji trikamji aacharya , published by Chowkhmba surbharti prakashan , Varanasi ,edition-2011.

Febrile seizures In Children

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Abstract

Febrile seizure are the commonest provoked seizures and Two or four percent of all children below the age of 5 years suffer from febrile seizure.

Twenty five to fifty percent children with febrile seizure have a family history of febrile seizure.

Febrile seizures are of two types' .Simple febrile seizure less than 15 minutes & complex febrile seizure more than 15 minutes with focal feature

According to Ayurveda Aakshepak is not disease only symptoms .Charak describe in chikistasthan & Sushrut also describe in Nidansthan.

Definition

These are seizure, which occur between 3 month to 5 year of age, associated with fever but without evidence of intracranial infection or defined caused for the seizure & without any history of seizure earlier

Epidemiology :

- Two or four percent of all children below the age of 5 years suffer from febrile seizure
- Incidence in equal in both sexes
- Twenty five to fifty percent children with febrile seizure have a family history of febrile seizure
- Any infection that causes fever can cause febrile seizure
- In view of the high incidence of family history, children with febrile seizure are said to have genetic predisposition to febrile seizure

According to Charaka

When prakupit Vata Dosha whole body parts contracted its knows as Aakshepak

According to Sushrut

The cause of Aakashepak is only prakupit Vata dosha

Type's febrile seizure

Febrile seizures are of two types

A) Simple febrile seizure

Less than 15 minutes duration and no focal features .Only one attack in one febrile episode of fever

B) Complex febrile seizure

More than 15 minutes duration and focal features present including Todd's paralysis. More than one attack in one febrile episode.

Investigation

- 1) EEG is not required for the diagnosis or management of febrile seizure whether simple or complex even they are recurrent .An abnormal EEG does not change the management of febrile seizure.
- 2) Neuroimaging is not required in simple febrile seizure but may be done.
 - Microcephaly or Macrocephaly, Neurocutagenous syndrome or pre existing neurological deficit.
 - Persistent postictal neurological deficit.
 - Recurrent complex febrile seizure.
- 3) Blood studies serum electrolyte, calcium phosphorus, magnesium and complete blood count are not routinely recommended in the work up of children with a first simple febrile seizure.

Blood glucose should be determined only in children with prolonged postictal obtundation or those with poor oral intake
- 4) Lumber puncture is recommended in children < 12 month of the age after their first febrile seizures to rule out meningitis.

Management

Management of attack of febrile seizure & subsequent long term management of febrile seizure

Observe

Seizure activity, diagnose seizure assess patients condition control fever

Airway

Suction secretion, Administer oxygen, Insert nasal airway

Breathing

Provide ventilator support

Circulation

Starts intravenous line, draw sample, for blood sugar and biochemistry. Glucose may be estimated by glucometer.

No IV Access

Diazepam rectally 0.5 mg/kg

Midazolam intranasal /buccal 0.2 /0.4 mg/kg or Intramuscular 0.1-0.2 mg/kg

Lorazepam sublingual 0.1 mg/kg

IV Line Access

Lorazepam 0.1mg/kg [max 5mg] at 2mg/min

Midazolam 0.1-0.2mg/kg at 2mg/ min

No response seizure recurrent or initial seizure more than 10 minutes Phenytoin [PHT] 20 mg/kg 1mg/kg min IV infusion

According to Ayurveda

- 1) Nidan Parivarjan
- 2) Panchya gavaya Ghrut ¼ tsp twice a day with warm water
- 3) Bruhatvat chitamani 30mg twice a day with Honey

Risk of febrile seizure

- 1] Risk of recurrence

Thirty five percent of all children will have recurrence after the first seizure

- 2] Risk of Epilepsy

Overall risk of epilepsy following febrile seizure is 2.5% Preventing febrile seizure does not decrease the risk of epilepsy

Mental and neurological development remains normal if it was normal before onset of febrile seizures.

References

- Charaka Samhita, Ayurveda dipika Ayushi Hindi commentary First part by Vd. Harisha Chandra kushawaha, Chaukhambha orientalia publisher Varanasi, First edition 2005, Sutrasthan 27, Chikitsa Sthan 28/28
- Sushruta Samhita of Maharshi Sushruta edited with Ayurveda Tatva Sandipika by Kaviraja Ambikadatta Shastri Part – I Chaukhambha Sanskrita Samsthana, Charu printers, Reprint edition year 2005, Nidan Sthan 1/50-51

Prevalence of Prameha with respect to Prakruti

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Introduction

Prakruti is the unique concept of Ayurveda. It is the first Parikshya Bhava mentioned in Charaksamhita¹. This highlights the importance of Prakruti in Chikitsa. Now days Prameha has become a major threat to the health of society. In India the prevalence rate of Prameha is 12 to 19 %. Prakruti of individual has prime role in the management of Prameha. So here is small survey of Prameha in relation to the Prakruti.

Methodology

This study was carried out at the hospital of our institute. As it was specifically in Prameha patients, the sampling was purposive.

Type of study: Survey study

Sample size: 30

Sampling method: Purposive

Inclusion criteria : Known cases of Prameha

Gender : Either

Age group: 30 - 60 years

Exclusion criteria : Benign prostatic hypertrophy

Urinary tract infection

Patient suffering from major illnesses viz. cancer, Tuberculosis, HIV etc.

Steps in the study :

Selection of the Sample



Informed written consent



Assessment of Prakruti



Data analysis

Observations:

Prakruti	Male	Female	Total
Kaphapradhan	16	9	25
Pittapradhan	1	1	2
Vatapradhan	2	1	3
Total	19	11	30

After the analysis of data it is observed that maximum number of patients i.e. 25 out of 30, belonged to Kaphapradhan Prakruti. Only 3 of them were Vatapradhan & 2 were Pittapradhan.

Also, the number of males was more i.e. 19 than females which were 11.

Discussion :

From the above observations it is clear that the maximum Prameha patients were of Kaphapradhan Prakruti as Kapha is the main Dosha in Prameha Samprapti². The criteria of Prameha hetu is 'Shlema-Medo-Mutra Samjanana', i.e. whatever causes the formation of Kapha, Meda & Mutra will ultimately cause Prameha³. This occurs due to aggravation of Apya Bhavas in Sharira & initiates the Shaithilya in Dosha & Dhatu. The Guna of Kapha are Madhura, Guru, Manda, Sheeta, Sthira, Shlakshna, Snigdha⁴. In Prameha Bahu-Drava Shleshma is the main Dosha. This shows two characteristics of vitiated Kapha in Prameha i.e. Bahutva means excess quantity & Dravatva means excess liquidity.

The Dushya in Prameha is Bahu-Abaddha Meda, Mamsa, Kleda, Vasa, all Dhatus except Asthi⁵. The occurrence of disease is decided by three factors; Nidan-Dosha-Dushya, Rugnabala & Kulaja Itihas. After the Sannipata of Nidan-Dosha-Dushya, Shleshmaprakopa occurs immediately. It vitiates Meda which has Guna same as Kapha. Kapha then vitiates Kleda. This kleda is carried away by Mootra outside the body. This result in Prabhuta Mootrata. Avilatva is due to the presence of Aparipakva Sharira Bhava in Mootra⁶. In Short the Prime role of Kapha in Prameha Samprapti can be shown as follows⁷:

Shlema-Medo-Mutra Samjanan Hetu



Bahu-Drava Shleshma -Dosha, Bahu Abaddha Meda, Mamsa etc- Dushya

.....Chaya



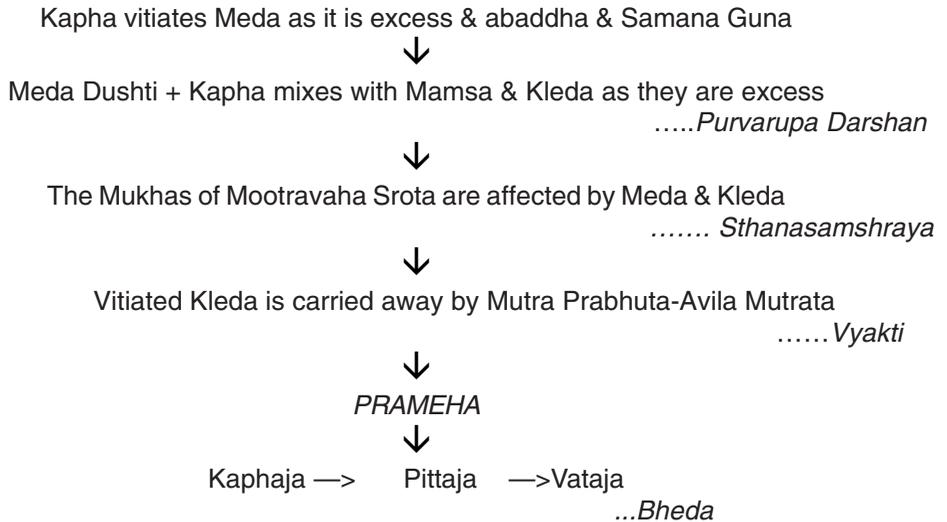
Due to proper combination of Nidanadi Vishesh Shlemaprakopa occurs immediately

.....Prakopa



It occupies the whole body as there is Doshashaithilya

.....Prasar



One can note the role of Kapha at every stage of Samprapti. In Pittaja & Vataja Prameha Charaka Clearly states 'Tathavidha Sharirasya⁸', means the Sharira is already vitiated by Bahu-Drava Kapha & Dushya are Bahu-Abaddha. In such condition if the Pittaprakopaka hetusevana occurs, leads to Pittaja Prameha. Same is the case of Vataja Prameha.

The males were found more because of sedentary lifestyle. Females keep themselves busy either in household or outside work. Also classical reference says that menstrual flow carries the vitiated Dosh outside the body. Actually this thought was criticized by Dalhanacharya⁹.

Prakruti is important aspect for Chikitsa. In the Chikitsa of Kaphaja Vikar Charakacharya states all Kaphahara Upakramas which are applicable to Prameha.

Conclusion :

1. Prevalence of Prameha is found more in Kaphapradhan Prakruti.
2. Males are more prone to Prameha.

Bibliography :

1. Charaksamhita, *Acharya Y T*, Chaukhamba Surabharati, Varanasi, (reprint:2000 AD)
2. Sushrutsamhita, *Acharya Y T*, Chaukhamba Surabharati, Varanasi, (reprint:2000 AD)
3. Textbook of Research methodology, *Dr.Kulkarni P H*.
4. Statistics in medicine, *Dr. Syamalan*

References :

- 1 Charaksamhita Vimansthana Adhyay 8 Sutra 94
- 2 Charaksamhita Nidansthana Adhyay 4 Sutra 6
- 3 Charaksamhita Nidansthana Adhyay 4 Sutra 5
- 4 Charaksamhita Vimansthana Adhyay 8 Sutra 96
- 5 Charaksamhita Nidansthana Adhyay 4 Sutra 7
- 6 Sushrutsamhita Nidansthana Adhyay 6 Sutra 6- Gayadasa commentary.
- 7 Charaksamhita Nidansthana Adhyay 4 Sutra 8
- 8 Charaksamhita Nidansthana Adhyay 4 Sutra 24
- 9 Sushrutsamhita Chikitsasthana adhyay 3 sutra 3- Dalhana commentary

Dictionary meanings of Ayurved terminologies :

- i. Abaddha = unorganized
- ii. Aparipakva = indigested
- iii. Apya = liquidiv. Asthi = bone tissue
- v. Avilatva = turbidity
- vi. Bahu = plentiful, abundant, much
- vii. Bala = strength
- viii. Bhava = entity
- ix. Bhed = type, division, advanced stage
- x. Chikitsa = medical care, medical treatment
- xi. Dhatu = constituent element or essential ingredient of the body
- xii. Drava = liquid formxiii. Dushti = vitiation
- xiv. Dushya = Corruptible
- xv. Guna = properties, characteristics
- xvi. Guru = heavy
- xvii. Hetu = cause of
- xviii. Kapha = Shleshma = Phlegm, one of the three humours of the body
- xix. Kleda = moisture
- xx. Kulaja itihasa = family history of disease
- xxi. Madhura = sweet
- xxii. Manda = inactive, lazy, dull
- xxiii. Mansa = muscle tissue

- xxiv. Meda = fat
xxv. Mootra = urine, fluid secreted by kidneys
xxvi. Mukha = origin, entrance
xxvii. Nidan = cause of
xxviii. Parikshya Bhava = that which is to be examined
xxix. Pitta = bile
xxx. Prabhoota = much
xxxi. Pradhan = prime, chief, major
xxxii. Prakopa = vitiation
xxxiii. Prakruti = nature, original form of anything, predominance of one of the humours at the time of generation
xxxiv. Prasara = movement to other place
xxxv. Rugna = patient
xxxvi. Samana = similar
xxxvii. Samchaya = accumutulation
xxxviii. Samjanana = producing, creation
xxxix. Samprapti = etiopathogenesis
xl. Sannipata = combination
xli. Shaithilya = looseness
xlii. Sharira = pertaining to body
xliii. Shlakshna = smooth, slippery
xliv. Srotas = channel
xlv. Sthanasamshraya = engulfing the other place
xlvi. Sthira = stable
xlvii. Vasa = viscous fluid in the body
xlviii. Vata = one of the major humours
xlix. Vikar = disease
l. Vyakti = manifestation
li. Upakrama = medical treatment

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