

# **Conceptual Study of Yojana Chatushka**

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## **Abstract :**

Each Catuska is very important in its place but the Yojana Catuska offers uniqueness in conjoining all of them, though placed at 6th place. It presents draft of Yuktivyapasraya Cikitsa and states the Roga Bhesaja Yojana and hence acquaints the superior position as in context with Carakastu Cikitsa. This aspect of revealing the significance of Dusya along with other miscellaneous factors which are necessary parts of Cikitsa are dealt in the Vidhisonitiya Adhyaya so it gain a special attention.

**Keywords** - Yuktivyapasraya Cikitsa, Carakastu Cikitsa, Vidhisonitiya etc.

## **Introduction :**

The application is nothing but Yojana Chatuska fulfils this meaning as it comprehences and deals with the different aspects of Cikitsa. The Yojana Catuska implying Yukti includes the four chapters

- 1) Astauninditiya
- 2) Langhanabrmhaniya
- 3) Santarpaniya
- 4) Vidhisonitiya

This whole Catuska reveals the two types of etiopathogenesis and the treatment Santarpana and Apatarpana possessing the footings in the nativity of Agnisomiya Siddhanata, which is the Sarvatantra Siddhanata of Ayurveda Sastra. The Sadupakramas are also included under the umbrella of these two Upakramas and all the Dosaja Vyadhi could be explained and treated on this basis, but still one group of diseases remain which needs special elaboration and those are Raktasrita Vikara.

**Aims :**

To Study Yojana Chatushka as per Ayurveda classical

**Objectives :**

- 1) To study of Conceptual study Yojana Chatushka.
- 2) Focus on Ayurveda Review Yojana Chatushka.

**Materials :****Source of Data -**

- a) Sushruta Samhita
- b) Charaka Samhita
- c) Vaghbhata Samhita
- d) Dhallan Commentary
- e) Sharangadhara Samhita
- f) Madhava Nidana

**Methods -****1) To compile available literature on Yojana Chatushka.**

To compile the literature of Yojana Chatushka appearance of Conceptual. This is literary research study. In this articles all the references from Ayurveda Samhita and respective commentaries regarding “Conceptual Study Of Yojana Chatushka”

**2) Review of Literature -**

The synonyms applied for Catuska in the text itself are-

- a) Catuspada
- b) Adhikara
- c) Adhyaya

**Dasa Prakarana And Catuska :**

**Prakarana CatuskaSarira** – an amalgamation of pancamahabutait is dealt in Annapana (Yajjapurusiya) Yojana (Astauninditiya)

**Vritti** - Nutritional and behavioural pattern. it is dealt in Nirdesa, Annapana, Swastha, Catuska

**Hetu** - Aetiological factors of diseases, mainly dealt in Roga, Yojana.

**Vyadhi** - Imbalance in the dhatu paralence, mainly dealt in Roga, Yojana.

**Karma** - A curative procedure, mainly dealt in Kalpana Yojana

**Kala** - Kriyakala and in goveal the 6 seasons, mainly dealt in Swastha (Matrasitiya)

**Karyam** - Regarding health and robustness of patient, mainly dealt all over the sutrasthana.

**Karta** - The vaidya himself, mainly in Nirdesa and Yojana.

**Karana** - The medicine, mainly in Bhesaja.

**Vidhi** - The dictation regarding stepwise preperation and application of medicine, mainly in Yojana.

#### **Definition :**

The Roga Bhesaja Yojana is stated in Yojana Catuska. The utilization and application of Bhesaja (drug) on disease with respect to Kala

Prakrti etc. factors is Yojana. So one can pick the quotation of Cakra Ca. Su. 4 as the definition. Thus the word Yojana has much more broader aspect as it is used as the synonym of Cikitsa. Thus Yojana possesses Adhikara to all over the science.

#### **Trikala Sadhakatva of Yojana Catuska :**

In Ca. Sa. 1/8612 the 'Yukti' used to state the broader scope of 'treatment' covering all the 3 stages of time (Past, Present, Future) can be utilized in proving the 'Trikalatva' of

#### **Yojana Catuska :**

The treatment of future coming disease is the prevention aspect which is maintained by Swasthavrtta. The topics dealt are

- i) Swapna Varnana - Nidra which is amongst one of the Upastambha is elaborated here.
- ii) The importance of Visuddha Rakta13 and need of maintaining its state as Visuddha is explained in Vidhisonitiya thus covering the preventive aspect regarding Dusyas also.
- iii) The 'Pathya' is explained for eg. Will prevent the recurrence of disease.
- iv) The Yogas and Kalpas explained here are also having the action of increasing 'Bala'

**Roga Yojana :**

Regarding diagnosis of disease, the 3 things which are ought to be known are emphasized by Granthakara.

- 1) Prakrti
- 2) Adhisthana
- 3) Samutthana

**The different Shades of Yojana :**

Thus the Yojana is a complicated process having many multifaceted studies embodied in it. Yojana can be of various types and can be based on various siddhantas.

- 1) Drug - Disease Yojana as stated in previous pages
- 2) Drug - Anupana Yojana
- 3) The Catuspada Yojana
- 4) Sarira - Ahara Vihara Yojana
- 5) The Astartika and Yojana Catuska

**Result & Discussion :**

If we are able to understand the Yojana Chatushka properly. Thus the proper knowledge of Yojana Chatushka helps in understand the process of manifestation of Concept. Also the knowledge of Yojana Chatushka is helpful for getting the knowledge of Yukti in everything.

**Conclusion :**

To conclude the following are the points derived from the above data

- 1) The proper knowledge of the Yojana Chatushka helps in understanding the process of manifestation of Concept.
- 2) The knowledge of Yojana Chatushka is helpful for getting the knowledge of Yukti in everything.

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**Review Article**

***Sushruta's concept of Marma : A review***

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**ABSTRACT:**

Acharya *Sushrut* is called "Father of Surgery" as his contribution towards the *Sharir* and Surgery is commendable. *Marma sharir* is one of the best unique concepts given by *Ayurveda* to the world of medicine. *Marma* are defined as the seats of *Prana* or Life; and are meeting points of *Mamsa, Sira, Snayu, Asthi and Sandhi*. All the *Acharyas* are enumerated the 107 *Marma* points in their *Samhitas* but detail description and classification is given by Acharya *Sushrut* in the section *Sharir Sthana*. *Sushruta* mentioned *Marma* knowledge is half knowledge of *shalya*. It indicates the importance of *Marma* knowledge to good surgeon. It also clears need of detail and comprehensive knowledge about every *Marma* for every physician and surgeon.

As the *Marma* concept is very important for our day to day life or day to day activities, it is necessary to study it in detail for the beneficiary of our life.

Detail *Ayurvedic* review of literature regarding the *Marma* concept is studied. Classification of *Marma* with detail study of *Marma* from the *Samhita Granthas* espacially *Sushrut Samhita* are carried out & arranged in systemic manner.

Discussion is done on *Sushruta's* concept of *Marma*. Conclusions are drawn with the help of entire study.

**KEY WORDS:** Marma, Ayurved, Marma sharir

**INTRODUCTION:**

The word 'Ayurveda' is made up of two terms, such as, 'Ayu' and 'Veda'. The term 'Ayu' means 'life' whereas 'Veda' means 'Science or Knowledge'. Thus the meaning of *Ayurveda* is "Science of Life". *Ayurveda* is the oldest healing science, originated more than 5000 years ago, and is often called the "Mother of all Healings"; and is regarded as the upaveda of Atharva Veda.

Among the many unique concepts of *Ayurveda*, *Marma* is one of the best concept explained in detail by Acharya *Sushrut*, is the earliest or first reference which explains the surgical or applied anatomy. Acharya *Charak* and *Vagbhat*, also enumerated *Marma sharir*, but detail explanation is found in *Sushrut Samhita* with 107 *Marma sthana*, and there classification according to structure and effect of trauma. Injuries on these vital points can cause one or more deformity, severe pain, loss of function, gradual death or even almost

immediate death. Knowledge of these vital points helps the surgeon while conducting surgery, without harming these points or area of the body.

*Marmas* are the seats of *Prana* or *Chetana* or Life; and are the meeting points of five elements like *Mamsa, Sira, Snayu, Asthi and Sandhi*. Out of 107 *Marmas*, Trauma is one of the main sources of mortality and morbidity in India. *Marma Vidnyan* may be taken as synonym for Traumatology. The *Marma abhighat*, in ancient time were commonly caused by stabs with sword, arrow, spear etc. and these are low velocity weapons. But in this modern era, they are replaced by gunshot pellets, club, iron bar, stone, ball, fist, knife, chopper, axe, sports injuries, accidents etc.

*Marma Chikitsa* is an important aspect of *Ayurvedic* treatment with the help of *Panchkarma* and application of proper pressure on these vital points.

Common disease like headache, body ache, cervical spondilitis, lumber spondilitis, pain in the joints, frozen shoulder, paralysis etc. can be treated successfully with the help of *Marma chikitsa*. *Marma*-point massage is used in southern India by masters of *Kalari*, an ancient martial art, for the treatment. Now a day, Ayurvedic practitioners also used these points to stimulate healing in areas that corresponded to injuries.

The knowledge of *Marma* constitute half of the knowledge of *Shalya*, as stated by *Acharya Sushrut*, makes it clear that, detail and comprehensive knowledge about every *Marma* is must for a physician and surgeon to excel in the field of medicine and surgery.

Looking into the importance of the *Marma*, in day to day life for every person and physician, which is almost an untouched area of study, With the help of this work, knowledge regarding *Marma* will be obtained, which is need of today's lifestyle. This work will definitely helpful for the scholars and physicians of the *Ayurveda*.

### Aims and Objectives

- To study the concept of *Marma* explained by *Ayurveda* especially by *Acharya Sushrut* with its full perspective.
- To understand the importance of *Marma* concept in clinical practice.

### MATERIAL AND METHODS

The data for this work is collected from the *Samhitas* especially from the *Sushrut Samhita*, the text books of some respected authors, scientific research journals and internet. The obtained data is arranged in a systemic manner.

### Review of Literature

#### (*Vyutpatti*) -

The term *Marma* is etymologically derived from Sanskrit root word ' *Mri*' which represents the sense of vital part of the body.

मारयन्तीति मर्माणि । (सु.शा.६ - डल्हणटीका)<sup>01</sup>

Injuries to *Marmas* are likely to result fatal.

### Definitions of the *Marma*

मर्माणि नाम मांससिरास्त्रायुअस्थिसन्धिसन्निपाताः

तेषु स्वभावतः एव विशेषेण प्राणाः तिष्ठन्ति ॥ (सु.शा. ६/१५)<sup>02</sup>

The *Marma* are juncture (meeting) place of *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*. The *Pranas* are specifically situated in these *Marmas* by the virtue of their nature; hence a trauma to any of these *Marmas* invariably causes physical disturbances in accordance with their particular types.

सोममारुततेजांसि रजःसत्वतमांसि च ।

मर्मसु प्रायशः पुंसां भूतात्मा चावतिष्ठते ॥

मर्मस्वभिहृतास्तस्मान्न जीवन्ति शरीरिणः । (सु.शा.६/३७)<sup>03</sup>

*Marmas* are the seats of three *tatvas* i.e. *Soma* (*Jal* *tatva*), *Maruta* (*Vayu* *tatva*), and *Tejas* (*Agni* *tatva*) - ( representing the three *doshas* of the body i.e. *Shleshma*, *Vata* and *Pitta* accordingly ) and three *Gunas* i.e. *Raja*, *Satva* and *Tama*, and the *Bhutatma* (supreme power or force controlling the body and mind or life principle). Therefore any trauma on these *Marmas* can cause death.

### TOTAL NUMBER OF MARMA-

सप्तोत्तरं मर्मशतम् । (सु.शा.६/१२ ; )<sup>04</sup>

As per all *Acharyas*, the total number of *Marma* is 107. Some of these *Marmas* are situated in *Skandha* i.e. central part of the body and some are situated in *Shakha* i.e. on four limbs 9 ( two upper limbs and two lower limbs ).

### CLASSIFICATION OF MARMA -

*Marmas* are classified on different basis -

- Classification of *Marma* according to *Rachana* or Structure or Body organs involved and their number.
- Classification of *Marma* according to *Shadanga* or Sites & Location and their number.
- Classification of *Marma* according to *Parinama* or Consequences of trauma over the *Marma* area and their number.
- Classification of *Marma* on the basis of Measurement or Size or Area or *Pramana* or *parivistara* and their number.

These are explained in detail as follows -

## I. Classification of *Marma* according to Rachana or Structure or Body organs involved and their number -

सप्तोत्तरं मर्मशतम् । तानि मर्माणि पञ्चात्मकानि भवन्ति, तद्यथा-मांसमर्माणि सिरामर्माणि स्नायुमर्माणि अस्थिमर्माणि सन्धिमर्माणि चेति; न खलु मांससिरास्नायुस्थिसन्धिव्यतिरेकेणान्यानि मर्माणि भवन्ति, यस्मान्नोपलभ्यन्ते ।  
(सु.शा.६/१२)<sup>०५</sup>

*Marma* (fatal spots) are one hundred seven in number, these are of five kinds such as *Mamsa Marma*, *Sira Marma*, *Snayu Marma*, *Asthi Marma* and *Sandhi Marma*. There are no other kinds of *Marma* apart from these of *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*, since no such different kind of *Marma* is found.

The term *Marma* is defined as that spot which when injured, kill the person. This is a broad general definition. All such *Marma* do not cause death, some cause deformities and severe pain. These are classified on the basis of the structure predominant in that area such as *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*. The statement 'that apart from these no other kinds of *Marma* is found' is intended to discard the view of some other who include *Sroto Marma* also, which is untenable because *Srotas* are present within the *Dhatus* only.

तत्रैकादश मांसमर्माणि, एकचत्वारिंशत् सिरामर्माणि, सप्तविंशतिः स्नायुमर्माणि, अष्टावस्थिमर्माणि, विंशतिः सन्धिमर्माणि चेति, तदेतत् सप्तोत्तरं मर्मशतम् ॥ (सु.शा.६/४)<sup>०६</sup>

*Mamsa Marma* are Eleven in number, *Sira Marma* are Fortyone, *Snayu Marma* are Twenty seven, *Asthi Marma* are Eight and *Sandhi Marma* are Twenty; thus one hundred & seven all together.

More details of all these *Marma* are available as follows -

### 1. *Mamsa Marma* -

तत्र तलहृदयेन्द्रवस्तिगुदस्तनरोहितानि मांसमर्माणि ।  
(सु.शा.६/७)<sup>०७</sup>

According to *Sushrut*, *Mamsa Marma* are 11 in number these are - *Talhrdaya*, (4) *Indrabasti*, (4) *Guda* (1) and *Stanarohit* (2).

### 2. *Sira Marma* -

नीलधर्मनीमातृकाश्रृंगाटकापाइगस्थपनीकणस्तनमूलापलापस्त

म्भृदयनाभिपार्श्व-सन्धिबृहतीलोहिताक्षोर्व्यः सिरामर्माणि ।  
(सु.शा.६/७)<sup>०८</sup>

*Sira Marma* are- *Nila-dhamani*(4), *Matruka*(8), *Shringataka*(4), *Apanga*(2), *Sthapani*(1), *Phana*(2), *Stanamula*(2), *Apalapa*(2), *Apasthambha*(2), *Hridaya*(1), *Nabhi*(1), *ParshwaSandhi*(2), *Brihati*(2), *Lohitaksha*(4) and *Urvi*(4) are 41 *Sira Marma*.

### 3. *Snayu Marma* -

आणीविटपकक्षधरकूर्चकूर्चशिरोबस्तिक्षिप्रांसविधुरोत्क्षेपाः स्नायुमर्माणि । (सु.शा.६/११)<sup>०९</sup>

*Acharya Sushrut* explained 27 *Snayu Marma*. - *Aani*(4), *Vitap*(2), *Kakshadvara*(2), *Kurcha*(4), *Kurchashira*(4), *Basti*(1), *Kshipra*(4), *Amsa*(2), *Vidhura*(2) and *Utkshepa*(2).

### 4. *Asthi Marma* -

कटीकतरुणनितम्बांसफलकशङ्खास्तु अस्थिमर्माणि ।  
(सु.शा.६/१२)<sup>१०</sup>

According to *Acharya Sushrut* - *KatikataruNa*(2), *Nitamba*(2), *Amsaphalaka*(2) and *Shankha*(2) are *Asthi Marma*.

### 5. *Sandhi Marma* -

जानुकूर्परसीमन्ताधिपतिगुल्फमणिबन्धकुकुन्दरावर्तकृकाटिकाश्वेति सन्धिमर्माणि । (सु.शा.६/१३)<sup>११</sup>

*Acharya Sushrut* explained - *Janu*(2), *Kurpar*(2), *Simanta*(5), *Adhipati*(1), *Gulpha*(2), *Manibandha*(2), *Kukundara*(2), *Avarta*(2) and *Krukati*(2) total 20 as *Sandhi Marma*.

## II. Classification of *Marma* according to Sha-danga or Sites & Location and their number -

तेषामेकादशैकस्मिन् सक्षिन्भवन्ति, एतेनेतरसक्षिं बाहू च व्याख्यातौ, उदरोरसौर्वदादिश, चतुर्दश पृष्ठे, ग्रीवां प्रत्यूर्ध्वं सप्तविंशत् ॥ (सु.शा.६/४)<sup>१२</sup>

Out of these 107 *Marma*, Eleven(11) are present in one Leg, the same number in other leg and the two Arms thus there are 44 *Shakhat Marma*; there are Twelve(12) in *Udara* (3) and *Ura*(9) i.e. Abdomen and Chest; Fourteen(14) in the *Prushthapradesh* i.e. Back and Thirty Seven(37) in *Urdhwa-jatrugata pradesha* i.e. Neck and above it.

More details of these *Marmas* are as follows -

#### 1. Shakhagata Marma -

तत्र सक्थि मर्माणि, क्षिप्रतलहृदयकूर्चकूर्चिशिरोगुल्फेन्द्र बस्तिजान्वान्यूर्वीलोहिताक्षाणि विटपं चेति, एतेनेतरसक्थि व्याख्यातम् । (सु.शा.६/५)<sup>13</sup>

There are 22 *Marma* in Adho-shakha. These are - *Kshipra*(2), *Talahridaya*(2), *Kurcha*(2), *Kurchashira*(2), *Gulpha*(2), *Indrabasti*(2), *Janu*(2), *Aani*(2), *Urvi*(2), *Lohitaksha*(2) and *Vitapa*(2). Similar number should be taken in other Shakha i.e. Urdhwa shakha these are-

#### 2. Urdhwa Shakhagata Marma -

बाहुमर्माणि तु क्षिप्रतलहृदयकूर्चकूर्चिशिरोमणिबन्धेद्र बस्तिकूर्पराण्यूर्वीलोहिताक्षाणि कक्षधरं चेति, एतेनेतर बाहुव्याख्यातः । (सु.शा.६/७)<sup>14</sup>

The *Marma* in Urdhwa-Shakha are - *Kshipra*(2), *Talahridaya*(2), *Kurcha*(2), *Kurchashira*(2), *Manibandha*(2), *Indrabasti*(2), *Kurpara*(2), *Aani*(2), *Urvi*(2), *Lohitaksha*(2) and *Kakshadhara*(2). In this way there are 22 *Marma* in Urdhwa-Shakha.

#### 3. Udara-Uras Marma -

उदरोरसोस्तु गुदवस्तिनाभिहृदयस्तनमूलस्तनरोहितापलापा- न्यपस्तम्भौ चेति । (सु.शा.६/६)<sup>15</sup>

There are total 12 *Marma* present in the Abdomen and Chest these are - *Guda*(1), *Basti*(1), *Nabhi*(1), *Hridaya*(1), *Stanamula*(2), *Stanarohit*(2), *Apalapa*(2) and *Apasthambha*(2).

#### 4. Prushthagata Marma -

पृष्ठमर्माणि तु कटीकतरुणकुन्दरनितम्बपार्श्वसन्धि- बृहत्यंसफलकान्यंसौ चेति । (सु.शा.६/६)<sup>16</sup>

*Marma* present in the *Prushtha-pradesha* i.e. Back are - *Katikataruna*(2), *Kukundara*(2), *Nitamba*(2), *ParshwaSandhi*(2), *Bhrihati*(2), *Amsaphalaka*(2) and *Amsa*(2). Total are 14 in number.

#### 5. Urdhwa-jatrugata Marma -

जत्रुण ऊर्ध्वं चतस्रो धमन्योऽष्टौ मातृका व्वे कुकाटिके व्वे विधुरे व्वे फणे व्वावपाङ्गौ व्वावावर्तौ व्वावुक्षेपौ व्वौ शङ्खावेका स्थपनी पञ्च सीमन्ताश्वत्वारि श्रृङ्गाटकान्येकोऽधिपतिरिति । (सु.शा.६/८)<sup>17</sup>

There are 37 *Marma* present in *Urdhwa-jatrugata pradesha* i.e. above Shoulder. These are - four *Dhamani*, eight *Matruka*, two *Krukati*, two *Vidhura*, two *Phana*, two *Apanga*, two *Avarta*, two *Utshepa*, two *Shanskha*, one *Sthapani*, five *Simanta*, four *Shringataka* and one *Adhipati*.

This is the classification of *Marma* according to *Shadanga* i.e. Site of Location.

#### Classification of Marma according to Parinama or Consequences of trauma over the Marma area and their number -

तान्येतानि पञ्चविकल्पानि भवन्ति, तद्यथा - सद्यःप्राणहराणि, कालान्तरप्राणहराणि, विशल्यग्नानि, वैकल्यकराणि, रुजाकराणि चेति।

तत्र सद्यःप्राणहराण्येकोनविंशतिः, कालान्तरप्राणहराणि त्रयविंशत्, त्रीणि विशल्यग्नानि, चतुश्चत्वारिंशत् वैकल्यकराणि, अष्टौ रुजाकराणीति । (सु.शा.६/१४)<sup>18</sup>

These *Marmas* are of Five types, such as - *Sadya Pranahara* ( causing death quickly ), *Kalantara Pranahara* ( causing death after some time ), *ViShalyaghna* ( causing death after removal of foreign body ), *Vaikalyakara* (causing deformity), and *Rujakara* (causing severe pain).

*Sadya Pranahara Marmas* are Nineteen in number, *Kalantara Pranahara* are Thirty Three, *ViShalyaghna* are Three, *Vaikalyakara* are Forty Four and *Rujakara* are Eight in number.

After identifying various types of *Marma* based on their prognosis, *Acharya Sushrut* has made further observations that, what are the exact anatomical sites where if trauma occurs, what will be the final result.

Thus result based list of these *Marma* is given below -

#### 1. Sadya Pranahara Marma -

श्रृङ्गाटकान्यधिपतिः शङ्खौ कण्ठसिरा गुदम् ।

हृदयं बस्तिनाभ्यौ च न्यन्ति सद्योहतानि तु ॥ (सु.शा.६/१५)<sup>19</sup>

*Sadya Pranahara Marma* are 19 in number. These are *Shringataka*(4), *Adhipati*(1), *Shankha*(2), *KanthaSira* ( *Matruka* ) (8), *Guda*(1), *Hridaya*(1), *Basti*(1) and *Nabhi*(1) kill the person quickly when injured (i.e. *Sadyapranahara*).

#### 2. Kalantara Pranahara Marma -

वक्षोमर्माणि सीमन्ततलक्षिप्रेन्द्रवस्तयः ।

कटीकतरुणे सन्धी पार्श्वजौ बृहती च या ॥  
नितम्बाविति चैतानि कालान्तरहराणि तु । (सु.शा.६/१६)<sup>20</sup>

*Vaksha Marma* i.e. *Stanamula*(2), *Stanarohita*(2), *Apalapa*(2) and *Apastambha*(2) ; *Simanta*(5), *Talahridaya*(4), *Indrabasti*(4), *Kshipra*(4), *Katikataruna*(2), *ParshwaSandhi*(2), *Brihati*(2), *Nitamba*(2) all together Thirty Three are *Kalantara Pranahara Marma* (Kill the person after some time).

### 3. *ViShalyaghna Marma* -

उत्क्षेपौ स्थपनी चैव विशल्यन्नानि निर्दिशेत् । (सु.शा.६/१७)<sup>21</sup>

*Utkshepa*(2) and *Sthapani*(1), total three are *ViShalyaghna Marma* (Kills the person when foreign body is removed).

### 4. *Vaikalyakara Marma* -

लोहिताक्षाणि जानूर्वीकूर्चविटपूर्परा: । कुकुन्दरे कक्षधरे विधुरे  
सकृकाटिके ॥

अंसांसफलकापाङ्गानीलेमन्येफणेतथा। वैकल्यकराण्याहुरावर्तैन्दौ  
तथैव च ॥ (सु.शा.६/१८, १९)<sup>22</sup>

*Lohitaksha*(4), *Aani*(4), *Janu*(2), *Urvi*(4), *Kurcha*(4),  
*Vitapa*(2), *Kurpara*(2), *Kukundara*(2), *Kakshadhara*(2),  
*Vidhura*(2), *Krukatika*(2), *Amsa*(2), *Amsaphalaka*(2),  
*Apanga*(2), *Nila*(2), *Manya*(2), *Phana*(2) and  
*Avarta*(2) - all together Forty Four are *Vaikalyakara Marma* (causes deformities).

### 5. *Rujakara Marma* -

गुल्फौ व्वौ मणिबन्धौ व्वै व्वै कूर्चशिरांसि च ।  
रुजाकराणि जानीयादष्टावेतानि बुद्धिमान् ॥ (सु.शा.६/२०)<sup>23</sup>

*Two Gulpha, two Manibandha and four Kurchashira -* these eight are *Rujakara Marma* (causes severe pain).

### Nature of *Marma* (*Marma Swabhava*) -

तत्र सद्यःप्राणहराण्याग्नेयानि, अग्निगुणेष्वाशु क्षीणेषु क्षपयन्ति,  
कालान्तरप्राणहराणि सौम्याग्नेयानि, अग्निगुणेष्वाशु क्षीणेषु क्रमेण  
च सोमगुणेषु कालान्तरेण क्षपयन्ति, विशल्यप्राणहराणि  
वायव्यानि, शल्यमुखावरुद्धो यावदन्तरवायुस्तिष्ठति तावज्जीवति,  
उद्धृतमात्रे तु शल्ये मर्मस्थानाश्रितो वायुनिष्क्रामति, तस्मात्  
सशल्यो जीवत्युद्धृतशल्यो मियते, पाकात्पतितशल्यो वा जीवति,

वैकल्यकराणि सौम्यानि, सोमो हि स्थिरत्वाच्छैत्याङ्ग  
प्राणावलम्बनं करोति, रुजाकराण्याग्निवायुगुणभूयिष्ठानि,  
विशेषतश्च तौ रुजाकरौ, पाञ्चभौतिकीं च रुजामाहुरेके ॥  
(सु.शा.६/२३)<sup>24</sup>

*Sadyapranahara Marma* are *Agneya* (have quality of Fire), hence by this *Agneya* nature these kill debilitated persons quickly.

*Kalanatara Pranahara Marma* are *Saumya Agneya* (have qualities of Water and Fire mixed together, hence with their *Agneya* quality these may kill debilitated person quickly but by their *Saumya* quality they prolong the time of death.

*ViShalyaghna Marma* are *Vayavya* (have qualities of Air), as long as air remains inside obstructed from coming out by the mass of the *Shalya* (i.e. foreign body) the person survives, as soon as the foreign body is pulled out, the air residing in the *Marma sthana* gets out; so the person survives when the foreign body is present inside and dies when it is pulled out. He survives if the foreign body comes out as a result of suppuration at the *Marma sthana*.

*Vaikalyakara Marma* are *Saumya* (possess qualities of the moon or water), because of his stability and cold in nature the *Saumya Guna* helps sustenance of life.

*Rujakara Marma* have properties of *Agni* and *Vayu* (i.e. Fire and Air) predominantly, both these are producers of Pain. Some say that, pain is *Panchabhautik* in nature i.e. produced by the combination of all five *Bhutas*.

### Parinama Kala (Time of Effect) -

तत्र सद्यःप्राणहराणि सप्तरात्राभ्यन्तरान्मारयन्ति,  
कालान्तरप्राणहराणि पक्षान्मासाब्दा, तेष्वपि क्षिप्राणि  
कदाचिदाशु मारयन्ति, विशल्यप्राणहराणि वैकल्यकराणि च  
कदाचिदत्यभिहतानि मारयन्ति ॥ (सु.शा.६/३०)<sup>25</sup>

*Sadyapranahara Marma* when injured, kill the person within seven days; *Kalanatara Pranahara Marma* kill within a fortnight or a month, even among there injury to *Kshipra Marma* sometime kills the person quickly; *ViShalyaghna* and *Vaikalyakara Marma* sometime causes even death when these are greatly injured.

### Marma and their Bhautik Constitution and Consequences -

Table No. 1: Showing *Marma* and their *Bhautik Constitution and Consequences* -

Sr. No.	Categories of <i>Marma</i>	Bhautic Constitution	Consequences	Period of Fatality
1	<i>Sadya Pranahara</i>	<i>Agni</i>	Loss of <i>Agni</i> Tatva leads to death	Within one week
2	<i>Kalanatara Pranahara</i>	<i>Agni &amp; Soma</i>	Gradual loss of <i>Soma</i> Tatva & immediate loss of <i>Agni</i> Tatva precipitates death.	15 days to 1 month
3	<i>ViShalyaghna</i>	<i>Vayu</i>	Death due to escape of <i>Vayu</i> resulting out of extraction of <i>Shalya</i> .	May kill due to escape of <i>Vayu</i> due to extraction of <i>Shalya</i> .
4	<i>Vaikalyakara</i>	<i>Soma</i>	Extreme restlessness of involvement of <i>Soma</i> Tatva.	Disability or may kill due to severe trauma
5	<i>Rujakara</i>	<i>Agni, &amp; Vayu or all mahabhutas</i>	Severe agonizing pain due to involvement of <i>Agni</i> & <i>Vayu</i> .	No fatality occurs. Causes acute pain.

### Different Opinion on *Marma* -

केचिदाहुर्मासादीनां पञ्चानामपि समस्तानां विवृद्धानां समवायात् सद्यःप्राणहराणि, एकहीनानामल्पानां वा कालान्तरप्राणहराणि, द्विहीनानां विशल्यप्राणहराणि, त्रिहीनानां वैकल्यकराणि, एकस्मिन्नेव रुजाकराणीति । नैव, यतोऽस्थिमर्मस्वप्यभिहतेषु शोणितागमनं भवति । (सु.शा.६/२४)<sup>26</sup>

Some scholars says - presence of all the five components such as *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*, greatly increased and intimately mixed together is found in *Sadyaprannahara Marma* ; presence of any one less ( i.e. with four components only ) or of less quantity is found in *Kalantar prannahara Marma* ; presence of any two less ( i.e. with three components only ) is found in *Vishalyaghna Marma* ; presence of less by three ( i. e. with two components only ) is found in *Vaikalyakara Marma* ; and presence of any one component only is found in *Rujakara Marma*.

is not so, because even when *Asthi Marma* are injured there will be flow of blood.

*Acharya Sushrut* refuses the opinion of others, who give different number of components in different kinds of *Marma* and substantiate his opinion that all five components i.e. *Mamsa*, *Sira*, *Snayu*, *Asthi*, *Sandhi* are present in all varieties of *Marma*.

### Consequences of Trauma nearby *Marma* -

तत्र सद्यःप्राणहरमन्ते विद्धं कालान्तरेण मारयति, कालान्तरप्राणहरमन्ते विद्धं वैकल्यमापादयति, विशल्यम् वैकल्यकरं च भवति, वैकल्यकरं कालान्तरेण क्लेशयति रुजां च करोति, रुजाकरमतीत्रवेदनं भवति । (सु.शा.६/२९)<sup>27</sup>

*Sadyaprannahara Marma* if injured at their nearby area causes death after sometime like *Kalanatara Prannahara Marma*; *Kalanatara Prannahara Marma* if injured at their nearby area produces deformities like *Vaikalyakara Marma*; *ViShalyaghna Marma* when injured in their nearby area also gives rise to deformities ; *Vaikalyakara Marma* when injured at their nearby area, harms the body after some time and also produces pain ; *Rujakara Marma* when injured at their nearby area rise to severe pain.

### Classification of *Marma* on the basis of Measurement or Size or Area or *Pramana* or *Parivistara* and their number -

#### 1. Ek *Angula Pramana Marma* -

उर्वः शिरांसि विटपे च सक्षपार्वे एकैकमङ्गुलमितं ..... । (सु.शा.६/३८)<sup>28</sup>

*Urvi*(4), *Kurchashira*(4), *Vitapa*(2) and *Kakshadhara* (2) - each are one *Angula* in extant.

Total 12 *Marma* are of Ekamgula praman.

#### 2. Dway *Angula Pramana Marma* -

स्तनपूर्वमूलम् । विद्धङ्गुलव्ययमितं मणिबन्धगुल्फम् ॥ (सु.शा.६/३८)<sup>29</sup>

*Stanamula*(2), *Manibandha*(2) and *Gulpha*(2) these six *Marma* are two *Angula* in extent.

#### 3. Tray *Angula Pramana Marma* -

त्रीण्येव जानु सपरं सह कूर्पराम्याम् । (सु.शा.४/३८)<sup>30</sup>

Total four *Marma* in which *Janu*(2) and *Kurpara* (2) are each three *Angula* in *Pramana*.

#### 4. Swapanitala Pramana Marma ( ChaturAngula Pramana ) -

हद्वस्तिकूर्चगुदनाभि वदन्ति मूर्धि चत्वारि पञ्च च गले दश यानि च व्ये ।

तानि स्वपाणितलकुञ्जितसंमितानि..... ॥ (सु.शा.६/३९)<sup>31</sup>

स्वपाणितलकुञ्जितसंमितानि - चतुरङ्गुलप्रमाणानीत्यर्थः ।  
(डल्हणटीका)

Hridaya(1), Basti(1), Kurcha(4), Guda(1), Nabhi(1), Nila(2), Manya(2), Matruka(8), Simanta(5) and Shringataka (4)- all these 29 *Marma* are of the size of one's own folded palm.

Acharya Dalhan explained - Swapanitala means ChaturAngula Pramana.

#### 5. Ardh Angula Pramana Marma -

शेषाण्यवेहि परिविस्तरतोऽङ्गुलार्धम् । (सु.शा.६/३९)<sup>32</sup>

All the remaining 56 *Marma* are ArdhAngula Pramana. In which *Kshipra*(4), *Talahridaya*(04), *Tndabasti*(4) *Aani*(4), *Lohitaksha*(4), *Stanarohit*(2), *Apalapa*(02), *Apastambha*(02), *Katikatarun*(02), *Kukundara*(02), *Nitamba*(02), *ParshwaSandhi*(02), *Bruhati*(02), *Apalapa*(02), *Apastambha*(02), *Katikatarun*(02), *Kukundara*(02), *Nitamba*(02), *ParshwaSandhi*(02), *Bruhati*(02), *Amsaphalaka*(02), *Amsa*(02), *Krukati*(02), *Vidhura*(02), *Phana*(02), *Apanga*(02), *Avarta*(02), *Utkshepa*(02), *Shankha*(02), *Sthapani*(01) and *Adhipati*(01) are included.

This is the classification of *Marma*.

Acharya Sushrut explained Dwadashaprana in Sharir sthana -

अग्निः सोमो वायुः सत्वं रजस्तमः पञ्चेन्द्रियाणि भूतात्मेति प्राणाः ॥ (सु.शा.४)<sup>33</sup>

*Agni*, *Soma*, *Vayu*; *Satva*, *Rajas*, *Tamas*; *Panchendriya* i.e. *Sparshanendriya*, *Rasanendriya*, *Ghranendriya*, *Shrotrendriya* & *Chakshurendriya* and *Bhutatma* are the 12 *Pranas*.

Above explained structures are the seats of the *Prana* and out of these many structures are explained as *Marmas*.

#### Importance of Knowledge of Marmas -

मर्माणि शल्यविषयार्धमुदाहरन्ति यस्मात्त्र मर्मसु हता न भवन्ति सद्यः ।

जीवन्ति तत्र यदि वैद्यगुणेन केचित् ते प्राप्नुवन्ति विकलत्वमसंशयं हि ॥ (सु.शा.६/३४)<sup>34</sup>

*Marmas* are considered as the half of the Surgery subject as any injury to *Marmas* can prove to be fatal so if patient is promptly treated by a skilled doctor even though the patient will suffer from excessive pain.

सभिन्नजर्जरितकोष्ठशिरःकपाला जीवन्ति शस्त्रविनि)हतैश्च शरीरदेशैः ।

छिन्नैश्च सक्षिथभुजपादकरैरशेषैः येषां न मर्मपतिता विविधाः प्रहाराः ॥ (सु.शा.६/४३)<sup>35</sup>

Acharya also state that, person encountering injury leading to damage to its Head, Viscera, or leading to losing his limb or even trauma to whole body may survive if the *Marmas* of the body escapes the injury.

मर्माभिन्नातस्तु न कञ्चिदस्ति योऽप्यात्ययो वाऽपि निरत्ययो वा ।

प्रायेण मर्मस्वभिताडितस्तु वैकल्यमृच्छन्त्यथवा मियन्ते ॥

मर्माण्यधिष्ठाय हि ये विकारा मूर्च्छन्ति काये विविधा नराणाम् ।

प्रायेण ते कृच्छ्रतमा भवन्ति नरस्य यन्त्रैरपि साध्यमानाः ॥

(सु.शा. ६/५३,५४)<sup>36</sup>

Any trauma to *Marma* will surely produce pain or can cause death and if any disease occurs involving the *Marma* and will always difficult to treat.

#### General Signs and Symptoms of Marma Abhighata -

भ्रमः प्रलापः पतनं प्रमोहो विचेष्टनं संलयनोष्णते च ।

स्रस्ताङ्गता मूर्च्छन्तमूर्धवातस्तीव्रा रुजो वातकृताश्च तास्ता: ॥

मांसोदकाभं रुधिरं च गच्छेत् सर्वन्द्रियार्थोपरमस्तथैव ।

दशार्थसंख्येष्वपि हि क्षतेषु सामान्यतो मर्मसु लिङ्गमुक्तम् ॥

(सु.सू. २५/३४,३५)<sup>37</sup>

These are -

1. *Ruja* ( pain and abnormal throbbing pulsation, tremor, movement )
2. *Dehaprasupti* ( loss of sensation )
3. *Dehaguruta* ( heaviness of body )
4. *Sammoha* ( delusion )
5. *Sheeta kamita* ( desire to cold )

6. *Sveda* ( perspiration )
7. *Mueccha* ( syncope )
8. *Vami* ( vomiting )
9. *Shwasa* ( dyspnoea )
10. Person rolls in bed with severe pain
11. Feeling of emptiness
12. Giddiness
13. Restlessness
14. Body organ drops because of debility
15. Burning sensation in heart
16. Injured person cannot stay in any posture for long time.

#### **Comparison of *Marma* with *shalya tantra* :**

*Acharya Sushruta* has explained that detailed knowledge of *Marma vidnyan* is equal to half knowledge of *Shalyatantra* i.e. Surgery, since person injured at *Marma Sthan* die quickly. If anyone survived by the efficiency of *Vaidya* he or she is sure to suffer deformities.

*Explaining the importance of Marma Sthan Acharya also stated that those whose internal organs are punctured or injured, skull bones broken to pieces, other parts of the body cut by sharp weapons, legs shoulders feet and hands are cut off completely; do not die if the Marma Sthan are not injured by many kinds of assault.*

*The day to day life is very fast and furious, which causes so many injuries due to RTA, sports and may be during daily activities, which leads to severe pain, injuries, deformity or even death. To avoid these situations, we must know the Marma Sthan of our bodies, so that we can take proper care to protect them from external injuries. Marma points are also helpful for surgeons during any surgical procedures, by avoiding injuries to Marma Sthan and as well as to the adjacent area of Marma .*

*Marma is not only structural parts of the body but also a part of applied anatomy; we can say that it is physio anatomical concept described by Ayurveda. Marma is explained as anatomical points where five principle structures Mansa, Sira, Snayu, Asthi and Sandhi are collectively present. It is the seat of Prana or Chetana, which gives its vitality.*

*Marma is also a part of surface anatomy where we get information regarding the internal structures and pathological conditions of our body due to trauma. With the help of site of particular Marma and its region we can understand the internal structure and severity*

*of trauma on that point. This knowledge is very much important to any surgeon, for avoiding the Marma area during surgery, because injury to Marma causes deformity or death.*

*Thus the knowledge of Marma can be considered as the first and comprehensive explanation of the applied aspects of surgery, applied anatomy and surface anatomy.*

#### **CONCLUSION**

1. After a close observation, we can say that, the knowledge regarding *Marma Vidnyan* was very well known since Vedic Era (5000BC). Later on the progression of knowledge, *Marma vidnyan* is explained in detail in *Samhita Granthas* especially *Sushrut Samhita*, *Ashtang Sangraha* and *Ashtand Hridaya* in *sharir sthana*.
2. *Marma Chikitsa* is an important aspect of *Ayurvedic* treatment with the help of *Panchkarma* and application of proper pressure on these vital points. Common disease like headache, body ache, cervical spondilitis, lumbar spondilitis, pain in the joints, frozen shoulder, paralysis etc. can be treated successfully with the help of *Marma chikitsa*. *Marma-point* massage is used in southern India by masters of *Kalari*, an ancient martial art, for the treatment. Now a day, *Ayurvedic* practitioners also used these points to stimulate healing in areas that corresponded to injuries.
3. Various *Ayurvedic Samhitas* have defined *Marma* as, juncture place of *Mamsa*, *Sira*, *Snayu*, *Asthi* and *Sandhi*; is the seat of *Prana* or *Chetana* as well as seat of *Tridosha* and *Trigunas*. Therefore any trauma on these *Marmas* can cause death.
4. Trauma is one of the main sources of mortality and morbidity in India. *Marma Vidnyan* may be taken as synonym for *Traumatology*. The *Marma abhighat*, in ancient time were commonly caused by stabs with sword, arrow, spear etc. and these are low velocity weapons. But in this modern era, they are replaced by gunshot pellets, club, iron bar, stone, ball, knife, chopper, axe, sports injuries, accidents etc.
5. Symptoms produced after aaghat on *Marma* are traumatic complications, such as, shock, tetanus, cellulitis, functional deformity, coma if not treated properly may leads to death.

6. So the study of *Marma sharir* is very much important to surgeons, who are dealing with surgical procedures and removal of foreign bodies or *shalya* from the body. They have to manage their surgical procedure with taking proper precautions of *Marma* otherwise it should go in complications like deformity (*vaikalya*) or even death.
7. The knowledge of *Marma* constitute half of the knowledge of *Shalya*, as stated by *Acharya Sushrut*, makes it clear that, detail and comprehensive knowledge about every *Marma* is must for surgeon to excel in the field of surgery.

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Indexed in  
IndMED

Ceruloplasmin

Antioxidants and Epilepsy

17

Cell Attacked by  
Free Radicals

Normal Cell

Cell with  
Oxidative  
stress

C  
A  
E

Antioxidant Complex

Antioxidants and Epilepsy

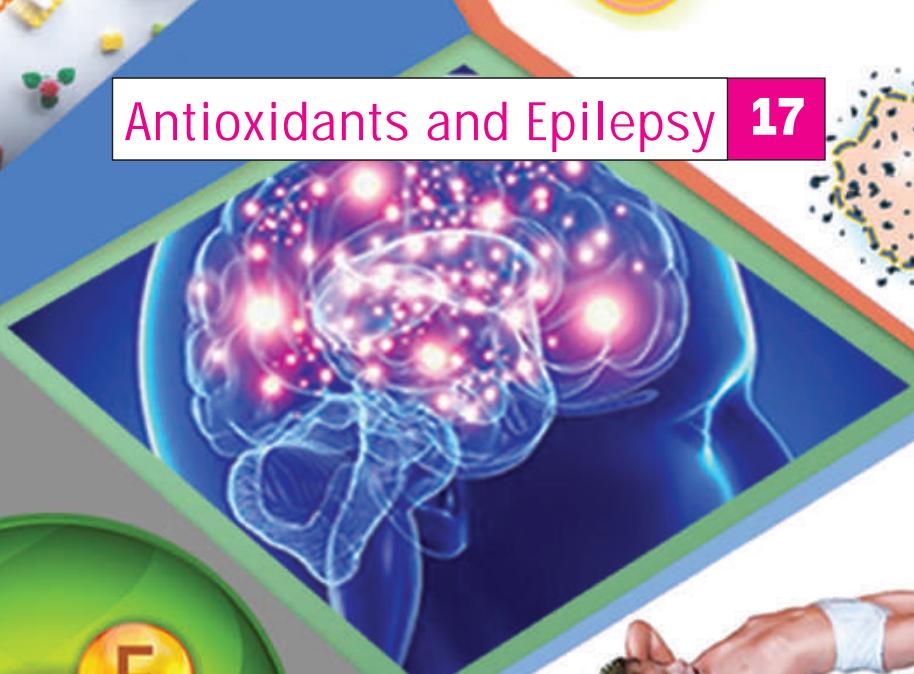
17



Tonic phase



Clonic phase



(Pages : 1-52)

**EDITORIAL**

<b>Non Alcoholic Fatty Liver Disease (NAFLD)</b>	.....	<b>06</b>
--	-------	-----------

**GENERAL****The micro viruses hold the macro humans to ransom**

<i>Lodangi Nagakrishna, Vijay Thawani</i> .....	.....	<b>07</b>
---	-------	-----------

**Nucleotides in infantile nutrition: a review**

<i>Pralhad S. Patki</i> .....	.....	<b>10</b>
-------------------------------	-------	-----------

**Recent advances in the Indian gut microbiome, gene catalogue and faecal metabolome**

<i>Ankita Goswami, Vijay Thawani</i> .....	.....	<b>13</b>
--	-------	-----------

<b>Antioxidants and Epilepsy</b>	<i>Sanjay Agrawal</i> .....	<b>17</b>
----------------------------------	-----------------------------	-----------

<b>Monsoon is here, so is Leptospirosis</b>	<i>Rishi Kant Gupta, Vijay Thawani</i> .....	<b>20</b>
---	--	-----------

**Biomarkers of Alzheimer's Disease : An Overview**

<i>Thamizh Selvam Natarajan, Sanjaya Kumar Y.R.</i> .....	.....	<b>23</b>
---	-------	-----------

**ALTERNATIVE MEDICINE****Fissure - In - Ano**

<i>Shubham P. Hajari, Annasaheb A. Bhujbal, Gadve B.N.</i> .....	.....	<b>27</b>
--	-------	-----------

**A Review Article On Sharad Ritucharya**

<i>Hemalata Shrishail Kore</i> .....	.....	<b>29</b>
--------------------------------------	-------	-----------

<b>Liver Cirrhosis</b>	<i>Kiran B. Patil</i> .....	<b>33</b>
------------------------	-----------------------------	-----------

<b>Conceptual review of Vyayam</b>	<i>Sachin S. Waghmare</i> .....	<b>35</b>
------------------------------------	---------------------------------	-----------

<b>Nigella sativa (black cumin seeds) boosts immune system functioning and effective treatment for cold and flu</b>	<i>Nita Sharma Das</i> .....	<b>38</b>
---	------------------------------	-----------

<b>Concept of Allergy in Ayurveda</b>	<i>Abhijeet Manmath Morale</i> .....	<b>40</b>
---------------------------------------	--------------------------------------	-----------

**Prevention of Workplace Stress**

<i>Abhijeet A. Mane Patil, Manoj Desai</i> .....	.....	<b>43</b>
--	-------	-----------

<b>Occasional Review.</b>	.....	<b>46</b>
---------------------------	-------	-----------

<b>Gleanings</b>	.....	<b>47</b>
------------------	-------	-----------

<b>Glimpse into history</b>	.....	<b>48</b>
-----------------------------	-------	-----------

<b>Case of the month</b>	.....	<b>49</b>
--------------------------	-------	-----------

<b>Medi Quiz</b>	.....	<b>50</b>
------------------	-------	-----------

# Conceptual review of Vyayam

SACHIN S. WAGHMARE

## ABSTRACT

*Vyayam is one of the basic concepts in ayurveda which is explained to practice in daily regimen. All ayurvedic texts explained the complete description of Vyayam. It improves the strength of body and maintains health of body. It is most required concept to maintain health of the body. However there are some rules and regulations to practice the Vyayam. There are some conditions in which Vyayam cannot practice; there are some signs which indicate the quantity of Vyayam where one can stop his Vyayam. Ayurveda has explained all this explanation regarding the Vyayam. By practicing Vyayam every day one can achieve pleasant freshness and activeness in daily activities thus he can maintain his health and keep away the disease.*

**Keywords:** Ayurved, Vyayam, health etc.

### Introduction:

The first aim of ayurveda is to maintain the health of healthy person that's why every text of Ayurveda has described swasthvrutta and sadvrutta. For that these all texts have described Dinacharya i.e. daily regimen, Rutucharya i.e. the regimen according to season, Dharniya and Adharniya veg, Aharmatra etc. Vyayam is one of the concepts which are mainly practiced in daily regimen. The effort made by body to perform specific action is called as Vyayam. Vyayam is exercise which improves the strength of body, which maintains health of body. These all the texts have same description that Vyayam is much needed in daily regimen. However in daily life most of people are aware with the exercise but they all practicing unknowingly the rules and regulations of Vyayam. These all people do not aware with Vyayam have also side effects. They don't know where and when to stop the exercise.

Through this review article the attempt has been made to aware them with the complete concept of Vyayam according to Ayurveda. To explain them proper method of Vyayam. To aware them regarding indications, contraindications of Vyayam. To narrate them the signs and symptoms of body where they have to stop Vyayam, so that they can practice it properly and achieve its benefits and maintain their health

Vyayam gives body pleasant freshness. Ayurveda has explained also ManoVyayam with physical Vyayam. This Mano Vyayam is useful to maintain the health of mana i.e. mind.

### Aims and Objectives:

To review and understand the concept of Vyayam from Brihat trayee.

Incorporation of Vyayam as daily regimen i.e. Dinacharya to maintain the health so that first aim of ayurveda can be achieved

### Material and Methods :

All available literature on Vyayam is thoroughly collected from Brihat trayee.

All collected literature is arranged in specific manner so that complete concept of Vyayam can be elaborated.

### Review of Literature :

While defining the Vyayam, Sushrutacharya says that "The action that gives specific efforts to the body is called as Vyayam".<sup>1</sup> Charakacharya explained as "The specific action of body which gives stability to body, which increases the strength of body which is practiced only in normal quantity so that it can't be harmful to the body, is called as Vyayam".<sup>2</sup>

Vagbhatacharaya explained the definition of Vyayam as "The action of body that results to the body in special efforts is called as Vyayam". It stretches the part of body.<sup>3</sup>

There is one reference in Dhanurved also which explains Vyayam. It explains as Tula means Gada i.e. bludgeon; to waving the tula like heavy material around the head of body. To pull the heavy; to tight the Pratyancha i.e. cross on Dhanushya i.e. bow such type of actions which stretches the specific parts of body Vyayam.<sup>4</sup>

### Vyayam Aharta i.e. eligibility for Vyayam:

Sushrutacharya explains the conditions in which the Vyayam is much needed. He says Vidagdha and Avidagdha ahar (any type of indigestion) can be cured by Vyayam only. The person who

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Specially Contributed to "The Antiseptic"  
Vol. 117 No. 9 & P : 35 - 37

is very strong and always takes snigdha ahar i.e. oily diet must have to practice Vyayam every day. It is very useful for him.<sup>5</sup> Sushrut further says that the strong and healthy person and who takes snigdha i.e. oily diet every time the Vyayam is strongly recommended to him especially in Sheet Kaal i.e. cold season and in Vasant rutu i.e. in summer.<sup>6</sup> The person who expects self wellness must practice Vyayam everyday and each season.

#### **Vyayam Anaharta i.e. contraindications for Vyayam:**

However Vyayam is important one to maintain the health, but each and every person and also every condition is not suitable for Vyayam. So there are also contraindications for Vyayam.

Charakacharya says that the person who perform excessive Vyavaya i.e. excessive sexual act, excessive weight lifting, Excessive margakraman i.e. journey, the person who is ksheen i.e. more weak, the person suffering from krodh (anger), Shok (sorrow), bhaya (fear), and Aayas (weak due to more work) these all cannot perform Vyayam. The Bal (children), Vruddha (aged persons), and person having vata prakruti can not practice Vyayam. The person who speaks loudly or who is continues speaker, the person who suffering from Trishna (thirst), Kshuda (hunger) cannot perform Vyayam. These all peoples and conditions are contraindicated for Vyayam.<sup>7</sup>

Sushrutacharya also explained some conditions in which Vyayam cannot be practiced these are the person suffering from Raktapitta (bleeding disorder), Krish (weak people), Shosh ksheen (weak due to excessive weight loss), Shwas (asthama), Kasa (cough), these all cannot perform Vyayam. It is totally

contraindicated immediately after food, after excessive sexual act (Atimaithun). The person who suffering from Trishna (thirst), Bhram (giddiness) cannot perform Vyayam.<sup>8</sup>

Vagbhatacharya explained as the person suffering from vatavikar and pittavikar. The Bal (children), Vruddha (aged persons) are not eligible for Vyayam. The person suffering from Ajirna (indigestion) is also contraindicated for Vyayam.<sup>9</sup>

#### **Matra (quantity) of Vyayam :**

Sweating, increase in the rate of respiration rate, lightness in parts of body, heaviness in the heart or increase in heart rate are some symptoms which indicates the sufficient Vyayam is completed.<sup>10</sup>

Vagbhatacharya explained regarding the quantity of Vyayam as, the person who is strong and takes snigdha i.e. oily food everyday must have to practice Vyayam every day. In sheet kal and vasant rutu (in cold season and in summer) the Vyayam should be Ardhshakti i.e. half of our total body power and in remaining season the Vyayam should be Alpa i.e. very less.<sup>11</sup>

Sushrutacharya also explained same description regarding the quantity of Vyayam. Furthermore he describes how to identify Ardhshakti i.e. half of our total body power. He says when the Vayu situated in hridaya i.e. heart started to come out through mouth then we can say it is ardhshakti Vyayam.<sup>12</sup> Thus we have to practice ardhshakti Vyayam, otherwise it can be harmful for our health.<sup>13</sup>

#### **Effects of excessive Vyayam :**

Our texts also explain the side effects of excessive Vyayam. If we practice excessive Vyayam then we feel Shram i.e. excessive weakness Klam i.e. all our body

parts and also mana gets loosen badly. The quantity and quality of our Ras, rakt etc. dhatus get affected and it increases excessive thirst. Excessive Vyayam results in to Raktapitta (bleeding disorders), Pratamak shwas (Asthama), Kasa (Cough) Chardi (vomiting).<sup>14</sup>

Sushrutacharya also explained in his texts Sushrutsamhita the side effects of excessive Vyayam. He says excessive Vyayam may cause kshaya (excessive loss of body weight), trishna (thirst), aruchi (Anorexia), vaman (vomiting), raktapitta (bleeding disorders), bhram (giddiness), klam (looseness in the body), kasa (cough), shosh (all body gets weakened and getting to lose its stability) jwar (fever) and shwas (asthama).<sup>15</sup>

Charakcharya mentioned Vyayam is one of main cause of the penetration of dosha from koshtha to shakha.<sup>16</sup> Therefore he mentioned ativayayam must not be practiced because excessive exercise (Vyayam), excessive laughter (Atihasya), excessive speech (atibhashya), excessive journey (atiadhwa), excessive sexual act (atigamyadharma) and excessive sleeplessness (atijagaran) these all things are unhealthy for body because it kills the man like that lion which tries to attack on the elephant and get killed himself.<sup>17</sup>

#### **Benefits of Vyayam :**

Charakacharya explained that due to Vyayam we can achieve laghavata (lightness in body), Karmasamarthya (can perform any type of work more easily), sthairya (settlement of body), dukha sahishnuta (can tolerate any type of pain & sorrow), dosha kshaya (the quantity of dosha especially kapha dosha get reduced), agnivrudhi (increase in appetite as the digestion gets

improved due to Vyayam). These all benefits can be achieved by practicing proper Vyayam.<sup>18</sup>

Vagbhatacharya says that due to practice of Vyayam we can get laghuta (lightness in body), Karmasamarthya (can perform any type of work more easily), and excess meda (fat) is reduced from the body. The body becomes strong and each and every muscle of body develops properly i.e. Vibhakti ghantaratva.<sup>19</sup>

Sushrutacharya explained the benefits of Vyayam as follows. He says after Vyayam we have to rub our whole body, it improves growth and complexion of body. The spasm of specific body parts get relaxed. Vyayam increases jatharagni of body and it cures all diseases. Whole body becomes strong. All body parts get lightened, impurities removed from the body due to which total body get purified. Body can bear any type of hard work. Also body can bear kram (working capacity), trishna (thirst), ushnata (hotness or hot climate), shaitya (coldness or cold climate) and all that gives healthy life. These all benefits can be achieved by practicing regular and proper Vyayam.<sup>20</sup> Sushrut further mentioned that the individual who don't have rupa i.e. beautiful face, Vaya i.e. young age in all good personality can be achieved by practicing proper Vyayam. Even he can digest asatmya and viruddha ahar also.<sup>21</sup>

Sthaulya can be treated more easily by Vyayam. No enemy can frighten the man who practices Vyayam regularly. His aging process becomes slow. His muscles become very strong and strengthfull.<sup>22</sup>

#### Conclusion:

Thus above all references of ayurvedic texts we can understand that Vyayam is one of important

concept in Dinacharya (daily regimen) and swasthvrutta.

By following proper method of Vyayam we can achieve bala, prasannata, Utsah, ayu and vardhakya hani.

After the complete study of Vyayam i.e. benefits, indication, contraindication of Vyayam we can follow the proper method of Vyayam and practice it daily as dinacharya.

Thus by practicing Vyayam regularly we can maintain our health properly and no any disease can trouble us. Thus we can achieve first aim of ayurveda i.e. Swasthasya swasthya rakshanam.

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पोस्टात टाकण्याची

तारीख: १० सप्टेंबर २०२०

एकूण पाने १ ते ६०

वर्ष ७४ वे

“ यशस्वी चिकित्सेचा राजमार्ग ”

# ॥ आयुर्वेद पत्रिका ॥

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ओजस्तु तेजो धातूनां शुक्रान्तानां परं स्मृतम् !

(अ.ह.सू.११/३७)

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## \* अनुक्रमणिका \*

१. संपादकीय	५
२. आयुर्वेद तरंग पुरवणी	६
हितोपदेश बोधकथा वनौषधी विश्व	
अनुभविक चिकित्सा आरोग्यरूचिरा वैद्यिकविधी विनियोग	
स्वयंपाक घरातील औषधी द्रव्ये मुख्यपृष्ठ संकल्पना नवा अभ्यास नवे संशोधन	
औषधी भवनचे विशेष औषध.	
३. कै. वैद्य मो. य. लेले स्मृती लेख	
रुग्णानुभव : बलम् ही अलम् निग्रहाय दोषाणाम्.....।- वैद्य नितीन पांडव	१२
४. चिकित्सा: वर्षा ऋतुचर्या आणि कोरोना संसर्ग : एक विचार -	१४
वैद्य आरती बुद्धदेव	
५. चिकित्सा : विरेचन स्नेहपानम् । - वैद्य महेश ठाकुर	१६
६. कल्प : आरोग्यवर्धिनी - वैद्य नीलिमा शिसोदे	१८
७. कौशल्यविकास: वैद्यकीय व्यवसायाच्या यशाची गुरुकिल्ली (भाग २)	२१
वैद्य रामदास आव्हाड	
८. संशोधन : A Review on Concept of Brahma Muhurta in Ayurved- Vd. Swapna Zerikunthe	२५
९. चिकित्सा : निद्रानाश व त्यावरील मूर्ध तैल चिकित्सा	३३
एक अवलोकनात्मक अध्ययन- डॉ. सचिन सदाशिव वाघमारे	
१०. स्वस्थवृत्त : Use of Dinacharya In Lifestyle Disorder -	३७
वैद्य पल्लवी डोंगरे	
११. डॉ. सुनंदा व सुभाष रानडे फाउंडेशन तर्फे पारितोषिक प्राप्त लेख	
पंचकर्म :Panchakarma Practice During COVID Crisis	४०
: An Overview-Vd. Sachin V Utpat,Vd. Shamsundar D Bhakare	
१२. स्मृतिसुंगंध : डांग्या खोकला चिकित्सा - कै. वैद्य बिंदुमाधव पंडित	४४
१३. बालरोग : Asthavidha Sweda In Children - Vd. Shobha Maindad	४६
१४. योग : The Effect of Yoga On Infertility: A Review -	४९
Dr. Prashant S. Patil,Dr. Kalpana Goley	
१५. इतर: प्राचीन भारतीय सामान्य विज्ञान - एक नव कटाक्ष	५२
डॉ. शिवाजी ईश्वरराव नेळगे	
१६. पुस्तक परिचय :Studies on medicinal plants & drugs in	५५
Bhavaprakasha Nighantu - Dr. S.D. Kamat-	
वैद्य देवदत्त अरुण देशमुख	
१७. आयुर्वेद वार्ता	५७
तळटीपा- वैद्य अभिजित सराफ	

या अंकातील विचारांशी संपादक सहमत असतीलच असे नाही, ती मते लेखकांची समजावीत.



# निद्रानाश व त्यावरील मूर्ध तैल चिकित्सा

## एक अवलोकनात्मक अध्ययन

डॉ. सचिन सदाशिव वाघमारे



**प्रस्तावना:** निद्रानाश आजच्या धकाधकीच्या जीवनात सर्वत्र चर्चिला जाणारा विषय. अनेक महिने सलग निद्रानाशाने त्रस्त असणारे लोक आपल्याला दिसतात. आजच्या काळात मानवी मनावर व शरीरावर असणारा ताण व्यायामाचा अभाव, फास्टफूड दिवास्वाप (दिवसा झोपणे) रात्री उशीरा मोबाईल अथवा टी.व्ही.पाहणे, सतत कॉम्प्युटर वरील काम या सर्व कारणांचा विचार निद्रानाशाच्य बाबतीत विचार करताना करावा लगतो. आपली स्वस्थावस्था टिकवण्यासाठी निद्रेला अत्यंत महत्व आहे. म्हणून तर आयुर्वेदाने निद्रेचा समावेश त्रयोपस्तंभात केला आहे. आहार निद्रा. ब्रह्मचर्य हे त्रयोपस्तंभ आहेत यावरच मानवी शरीर स्थित असते. यापैकी एकामध्येही विकृती निर्माण झाली तर शरीर व्याधीग्रस्त बनते.

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Jeevanti	0.14gm
Mudgaparni	0.14gm
Maashparni	0.14gm
Sugar	q.s.

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Bruhati	0.4gm
Gambhari	0.4gm
Vata	0.4gm
Shatavari Swarasa	2.08gm
Jeevanti	0.14gm
Mudgaparni	0.14gm
Maashparni	0.14gm
Sugar	q.s.

**JEEVAN  
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Traditional Name	Quantity
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Bala	0.33gm
Shigru	0.33gm
Gokshur	0.33gm
Gambhari	0.33gm
Shatavari Swarasa	2.08gm
Jeevanti	0.14gm
Mudgaparni	0.14gm
Maashparni	0.14gm
Sugar	q.s.

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त्रयोपस्तम्भापैकी निद्रा ही महत्वाची होय.

॥ आयुर्वेद पत्रिका ॥

सप्टेंबर २०२०। ३३

याचा आधार घेवून निद्रानाश नेमका कशाने होतो? त्याची लक्षणे कोणती? व त्यावर चिकित्सा कशा पद्धतीने करता येवू शकते? याचा आयुर्वेदीय ग्रंथात आलेल्या संदर्भाचे अवलोकन केले गेले आहे. जेणेकरून निद्रानाशाने ग्रस्त लोकांमध्ये या विषयी जागरूकता निर्माण होवून त्यांची स्वस्थावस्था टिकवू ठेवता येईल.

**निद्रा:** आयुर्वेदाने निद्रेचे वर्णन करताना निद्रा ही विष्णूचे मायारूप असून यालाच पाप्मा असे म्हटले आहे कारण निद्रा ही सर्व प्रकारच्या शुभ कर्माचा नाश करते.<sup>१</sup>

**निद्रेचे प्रकार:** चरकाचार्यानी निद्रेचे प्रकार वर्णन करताना ही सहा प्रकारची असते असे म्हटले आहे. जसे

१.तमोभवा निद्रा २.श्लेष्मसमुद्रवा निद्रा ३.मनशरीर श्रमसंभवा निद्रा ४.आगंतुकी निद्रा ५.व्याधीअनुवर्तिनी निद्रा ६.रात्रीस्वभाव प्रभवा निद्रा.<sup>२</sup>

यापैकी तमोभवा निद्रा ही तम गुणाचे अधिक्य झाले असता येते तर श्लेष्मसमुद्रवा निद्रा ही कफाचे अधिक्य झाले असता येते. मनशरीर श्रमसंभवा निद्रा शरीर व मन थकले असता येते. यालाच पूर्ण निद्रा असेही म्हणतात. ही निद्रा स्वास्थ्यकर व सुखकर असते. आगंतुकी निद्रा ही कोणत्या ना कोणत्या व्याधीच्या अनुबंधाने येत असते यातही तम गुणाचे अधिक्य असते. ही निद्रा अरिष्टसूचक असते. व्याधीअनुवर्तिनी निद्रा ही व्याधीचे अनुसरण करणारी असते सन्निपातज ज्वर अथवा कफ प्रधान व्याधीचा परिणाम म्हणून या प्रकारची निद्रा येते. रात्रीस्वभाव प्रभवा निद्रा ही रात्रीच्या वेळी येणारी निद्रा असते यालाच भूतधात्री निद्रा असेही म्हणतात. सुश्रुताचार्यानी निद्रेचे प्रकार वर्णन करताना तीन प्रकार वर्णन केले आहेत. जसे

१.तामसी निद्रा २.स्वाभाविक निद्रा ३.वैकारिक निद्रा.<sup>३</sup> या पैकी तामसी निद्रा ही तम गुणाचे अधिक्य असलेला कफ जेव्हा संज्ञावह स्रोतसांना व्याप्त करतो तेव्हा येते. ही निद्रा ज्ञान करून देत नाही ती प्रलय काळात येते. स्वाभाविक निद्रा ही प्रकृतीनुसार येते. तमोप्रधान व्यक्ती मध्ये ती दिवसा व रात्री येते तर रजोगुण प्रधान प्रकृतीमध्ये ती अनियमित काळी येते कारण रज गुण हा चंचल प्रवृत्तीचा असतो. सत्वगुण प्रधान प्रकृती मध्ये ती अर्धरात्री येते. सुश्रुतांनी तिसरा प्रकार सांगितला आहे. वैकारिकी निद्रा या प्रकारात ज्यांच्या शरीरात कफ क्षीण झाला आहे ज्यांच्या मन व शरीरात पीडा आहे त्याला निद्रा येत नाही हीच ती वैकारीक निद्रा होय.

**निद्रा फायदे:** योग्य पद्धतीने निद्रेचे सेवन केले असता शारीरिक व मानसिक सुख, शरीराची पुष्टी, बलवृद्धी,

वीर्यवृद्धी, इन्द्रिय संपन्नता म्हणजेच इन्द्रिय चांगल्या रीतीने कार्य करतात आणि दीर्घायुष्य प्राप्त होते. याच निद्रेचे अयोग्य पद्धतीने सेवन केले असता दुःख कृशता दुर्बलता नपुंसकता. ज्ञानेन्द्रियांची अकार्यक्षमता व मृत्यू इ.गोष्टीची प्राप्ती होते.<sup>४</sup>

**निद्रा योग्य पद्धतीने कशी व अयोग्य पद्धतीने कशी** याचे वर्णन करताना आचार्य म्हणतात की अवेळी निद्रा सेवन करू नये म्हणजेच दिवसा निद्रा सेवन करू नये. तसेच रात्री जागारण करू नये. तसेच अधिक वेळ व अधिक वेळा निद्रा घेवू नये. कारण या सर्वा मुळे दोष प्रकोप होतो म्हणून योग्य वेळी व योग्य मात्रेत निद्रा घ्यावी. योग्य निद्रेमुळे तो व्यक्ती निरोगी व प्रसन्न बनतो. त्याचे बल वर्ण चांगले होतात. तो न अति स्थूल व न अति कृश असा बनतो. तो श्रीमान म्हणजेच धनवान बनतो व शतायुषी होतो.<sup>५</sup> योग्य पद्धतीने निद्रा सेवन केली असता मनुष्य अशा प्रकारे सुखकर होतो ज्या प्रकारे सत्य बुद्धी प्राप्त झाल्याने योगी व्यक्तीला सिद्धी प्राप्त होते.<sup>६</sup>

**निद्रा कधी येते:** जेव्हा शरीर व मन थकते तसेच स्वकार्यात मग झालेली इन्द्रिये थकतात व ती आपल्या कार्यातून निवृत्त होतात तेव्हा मनुष्याला निद्रा येते.<sup>६</sup> याबाबत सुश्रुताचार्य म्हणतात की संपूर्ण शरीराचे चेतना स्थान असलेले हृदय जेव्हा तमोगुणाने व्याप्त होते तेव्हा मनुष्याला निद्रा येते.<sup>७</sup>

**निद्रा महत्त्व:** ज्या प्रकारे योग्य पद्धतीने सेवन केलेला आहार शरीराच्या सुरक्षेसाठी कारणीभूत असतो त्याच प्रमाणे योग्य पद्धतीने सेवन केलेल्या निद्रेमुळे सुख प्राप्त होते. शरीराची स्थूलता व कृशता या साठी निद्रा आणि आहार कारणीभूत ठरतात.<sup>८</sup>

**निद्रा नाश:** निद्रानाश म्हणजे योग्य त्या प्रमाणात निद्रा न येणे होय. या व्याधीने ग्रस्त व्यक्ती किंतीतरी वेळ पडून असते पण त्यास निद्रा येत नाही. त्यामुळे पुढच्या दिवसाच्या संपूर्ण कामावर त्याचा परिणाम होतो. पुढच्या संपूर्ण दिवस तो कोणतेही काम नीट करू शकत नाही. संपूर्ण दिवस हा आळसामध्ये जातो. या निद्रा न येण्याचे कारण सांगताना चरकाचार्य म्हणतात की खाद्याचा कार्यात मग राहील्याने. किंवा अयोग्य अशावेळी निद्रा सेवन केल्याने. किंवा ज्या काळी निद्रा सेवन करण्याची सवय नाही त्या वेळी निद्रा सेवन केल्याने. तसेच वृद्धावस्थेचा परिणाम म्हणून शरीरात खाद्यादा विकार झालेला आहे त्याचा परिणाम म्हणून निद्रानाश होतो. तसेच वात पित्त कफ यांच्या विकृतीचा परिणाम म्हणून सुदधा निद्रानाश होतो.<sup>९</sup> सुश्रुताचार्य निद्रानाशाची कारणे सांगताना म्हणतात की मानसिक ताण, चिंता, भय, क्रोध इ. चा परिणाम अवेळी झोप

घेणे. वातपित्त दुष्टी. तम गुणाचा नाश आणि रज गुणाची वृद्धी इत्यादिमुळे निद्रानाश होतो. <sup>१०</sup>

**निद्रानाश चिकित्सा :** निद्रानाश चिकित्सा सांगताना चरकाचार्य म्हणतात अशा व्यक्तीने अभ्यंग, उत्सादन, स्नान करावे. त्याला ग्राम्य आनुप व ओदक पशुपक्ष्यांचे मांस रस सेवनास द्यावे. त्याच्या आहारात शाली अन्न, दही, क्षीर, स्नेह द्रव्ये मद्य किंवा मनाला आवडणारे आहारीय घटक असावेत. मनाला आवडणारे गंध सेवन करायला लावावे. आवडत्या व्यक्तीचे शब्द श्रवण करायला लावावे. संवहन म्हणजेच अंग मर्दन करणे, नेत्रतर्पण, शिरोलेप, मुखलेप करावे. त्याला सुखकर प्रसन्न व विस्तीर्ण अशा शयनगृहात निद्रा घेण्यास सांगावे. त्या व्यक्तीस ज्या काळात निद्रा घेण्याची सवय आहे त्याला त्याच काळात निद्रा घेण्यास सांगावे. हे सर्व उपाय शीघ्रतेने निद्रा आणणारे आहेत. <sup>११</sup>

या बाबत सुश्रुताचार्य म्हणतात की निद्रानाश झाला असता अभ्यंग, मूर्धतैल, उद्वर्तन, संवहन या क्रिया कराव्या. आहारात शाली, गोधूम, पिष्टान्न, इक्षुविकार, मधुर, स्निग्ध घटक क्षीर मांसरस इ. गोष्टी असाव्या. बिलेशय विष्क्रिर प्राण्यांचे मांस रस यांचे सेवन करावे. रात्री झोपताना द्राक्षा. सिता. इक्षु यांचे सेवन करावे. शयन जेथे करायचे ती जागा मनोनुकूल व मृदू असावी. बुद्धिमान व्यक्तीने अशा सर्व गोष्टींचा उपयोग निद्रानाशासाठी चिकित्सा म्हणून करावा. <sup>१२</sup>

निद्रानाशाच्या चिकित्सेबाबत अष्टांगहृदयकार म्हणतात की ज्यांना निद्रानाशाचा त्रास होत आहे त्यांनी क्षीर, मद्य, मांसरस, दधी, अभ्यंग, उद्वर्तन, स्नान, मूर्धतर्पण, कर्णतर्पण, अक्षितर्पण, कांतेच्या बाहुलतेचे अलिंगन व सर्व मनोनुकूल कार्य करावे. सुखी समाधानी रहावे. हे सर्व निद्रा सुख देतात. ब्रह्मचर्यात सुख मानणारा स्त्रीसंगाविषयी निःस्पृह वृत्ती बाळगणारा आणि नेहमी संतोषवृत्ती ठेवणारा व्यक्ती नियमित वेळी सुखकर अशा निद्रेस प्राप्त होतो. <sup>१३</sup>

निद्रानाशामुळे अंगमर्द, शिरोगौरव, जृम्भा, जाड्यता, ग्लानी, भ्रम, अपचन, तंद्रा व अन्य वातज व्याधी निर्माण होतात. <sup>१४</sup> म्हणून निद्रानाशाची त्वरित चिकित्सा करणे आवश्यक असते.

निद्रानाशाच्या चिकित्सेत चरकाचार्य अभ्यंग व शिरोलेप सांगतात तर सुश्रुत मूर्धतैल सांगतात. अष्टांगहृदयकार मूर्धतर्पण वर्णन करतात. या सर्वांचा भावार्थ एकच की शिरप्रदेशावर चिकित्सा करणे आवश्यक आहे. त्यातही मूर्धतैल ही चिकित्सा वाताचे त्वरेने शमन करून साक्षात उत्तमांगाचे

पोषण करून निद्रा उत्पन्न करण्याचे कार्य करते. मूर्धतैल ही चिकित्सा अधिक फायदेशीर ठरते.

**मूर्धतैल:** मूर्धतैल ही संकल्पना चरक व सुश्रुतापेक्षा वाग्भटाचार्य अधिक सोप्या व अधिक विस्तृतपणे वर्णन करतात. ते म्हणतात मूर्धतैल जिरवण्याचे चार प्रकार आहेत. जसे: १. शिरोअभ्यंग २. शिरोपरिषेक ३. शिरोपिचु ४. शिरोबस्ती. हे उपक्रम उत्तरोत्तर अधिक गुणकारी आहेत. <sup>१५</sup> या चार उपक्रमा पैकी अभ्यंग हा मूर्धतैलाचा प्रकार रुक्षता. कण्ठू व मल घालवण्याकरिता सांगतात तर शिरोपरिषेक हा उपक्रम अरुंषिका, शिरःशूल, दाह पाक व ब्रण यासाठी करावा. केस गळणे, दुखणे, नेत्रस्तम्भ असताना शिरोपिचु हा उपक्रम करावा आणि शिरोबस्तीचा उपयोग शिरप्रदेशी प्रसुस्ति, निद्रानाश, अर्दित, नासा व मुख शुष्कता तिमिर व अन्य दारूण शिरोरोग असताना करावा. <sup>१६</sup> त्याचमुळे निद्रानाशावर मूर्धतैलाचा शिरोबस्ती या उपक्रमाचा उपयोग करावा.

**शिरोबस्ती:** यामध्ये शिरःप्रदेशावर एक चर्मपट्टु ठेवून त्यात औषधी सिद्ध तैल ओतून त्याचे ठराविक मात्रेत धारण करणे ही प्रक्रिया येते. याचा विधी अष्टांगहृदयकार वर्णन करतात. योग्य पद्धतीने शोधन केलेल्या रुग्णाला स्नेहन स्वेदन देवून जानुसम उंच व मृदू अशा आसनावर बसायला सांगावे. रुग्णाच्या शिराच्या आकाराचे अथवा बारा अंगुले विस्तीर्ण असे एक चर्मपट्टु घेवून (हे चर्मपट्टु गाय अथवा म्हैशीच्या चर्माचे असावे) ते रुग्णाच्या शिरावर कानाच्या समान रेषेत बांधावे. बंधनस्थानी माषकल्काचा म्हणजेच उडीदाच्या डाळीच्या पिठाचा कल्क लावावा जेणेकरून औषधी तेल खाली झिरपणार नाही. चर्मपट्टाच्या खाली कपाळावर वस्त्र गुंडाळावे. नंतर हा जो शिरोप्रदेशी चर्मपट्टाचा टोप झाला आहे त्यात औषधी सिद्ध तेल ओतावे ते ओतताना कोण असावे. केसाच्या पातळीच्या वर दोन अंगुले येईपर्यंत ओतावे या तेलाचे शिरोप्रदेशावर धारण तोपर्यंत करावे जो पर्यंत मुख नासा यातून स्त्राव सुरु होत नाही. स्त्राव सुरु न झाल्यास दोषानुसार पुढीलप्रमाणे त्याचे धारण करावे. जसे वात दोषासाठी दश सहस्र मात्रा म्हणजेच साधारण अडीच तास. तर पित्त दोषासाठी अष्ट सहस्र मात्रा म्हणजेच साधारण दोन तास. तर कफ दोषासाठी षट सहस्र मात्रा म्हणजेच साधारण दीड तास धारण करावे. स्वस्थ व्यक्तीने शिरोबस्तीसाठी एक सहस्र मात्रा म्हणजेच साधारणतः पंधरा मिनिटे पर्यंत तेल धारण करावे. या कालावधी नंतर तेल काढून घ्यावे व स्कंध, ग्रीवा, पृष्ठ इ. प्रदेशी मर्दन करावे. या प्रमाणे तीन पाच किंवा सात दिवसापर्यंत शिरोबस्ती घ्यावा.

तालुप्रदेशी, नाभीप्रदेशी व पादतलप्रदेशी नित्य अभ्यंग  
हा निद्रानाश दूर करणारा सोपा उपाय आहे.

जास्तीत जास्त सात दिवस पर्यंत शिरोबस्ती घेता येतो.

अशा प्रकारे शिरोबस्तीचे सेवन केले असता संपूर्ण शरीराला पूर्ण आराम मिळतो. याचा परिणाम साक्षात बुद्धी इन्द्रियावर होतो त्यामुळे मानसिक ताणतणाव कमी झाल्याने मन व बुद्धी शांत करण्याचे कार्य होते. मानसिक ताण कमी झाल्याने शरीरात निर्माण होणारे विषारी घटक बाहेर काढण्याचे कार्य होते. केसाच्या मुळावर शिरोबस्तीचे कार्य होवून त्यांचे पोषण होते. त्यामुळे केस गळणे, केस पिकणे थांबते याबरोबरच प्रसुति, अर्दित, नासामुख शुष्कता, निद्रानाश, शिरोरोग यावर याचा उपयोग होतो. अशा प्रकारे मानसिक ताण दूर करून विकृत दोषांना प्राकृत करून निद्रा निर्माण करण्याचे कार्य शिरोबस्ती मुळे होते. त्यामुळे निद्रानाशावर शिरोबस्ती चांगले कार्य करते.

**निष्कर्ष :** निद्रा ही सर्व प्रकारच्या मनुष्यासाठी आवश्यक आहे. निद्रेमुळे शरीराचे स्वास्थ्य टिकवून ठेवले जाते म्हणूनच याचा समावेश त्रयोपस्तंभात केला आहे.

निद्रेच्या अनुषंगाने येणारा निद्रानाश हा व्याधी आजच्या धकाधकीच्या काळात अधिक्याने आढळतो. निद्रानाशमुळे मनुष्याचे मानसिक शारीरिक व सामाजिक स्वास्थ्य बिघडते. आधुनिक शास्त्रात केवळ निद्रा आणणारी औषधे या सदरात येणारी औषधेच उपयोगी पडतात. मात्र गुंगी येण्याशिवाय या औषधांचा उपयोग होत नाही. मात्र आयुर्वेद शास्त्राच्या आधारे निद्रा ही संकल्पना व्यवस्थित समजून घेवून निद्रानाश हा व्याधी आपण पूर्णपणे बरा करू शकतो. विशेषत्वाने मूर्धतैल या संकल्पनेतील शिरोबस्तीसारख्या उपक्रमांनी निद्रानाश निर्माण करणारे दोष नाहीसे करून त्यावर पूर्णपणे उपशय मिळवता येतो. व मनुष्याला शारीरिक, मानसिक व सामाजिक स्वास्थ्य मिळवून देता येते.

**संदर्भग्रंथ :** १. सुश्रुत- सुश्रुतसंहिता, डल्हणटीका, संपादन कर्म वै. यादवजी त्रिकमजी आचार्य चौखम्भा ओरियन्टालिया प्रकाशन वाराणसी - शारीरस्थान - अध्याय क्र. ४ सूत्र क्र. ३२. २. अग्निवेश चरकसंहिता, प्रतिसंस्करण - चरक व दृढबल, चक्रपाणि दत्त - आयुर्वेदीपिका टीका. संपादन कर्म - वै. यादवजी त्रिकमजी आचार्य, चौखम्भा संस्कृत संस्थान प्रकाशन वाराणसी सूत्रस्थान अध्याय क्र. २१ सूत्र क्र. ०५.

३. सुश्रुत- सुश्रुतसंहिता, डल्हणटीका, संपादन कर्म वै. यादवजी त्रिकमजी आचार्य चौखम्भा ओरियन्टालिया प्रकाशन वाराणसी शारीरस्थान अध्याय क्र. ४ सूत्र क्र. ३३. ४. अग्निवेश - चरकसंहिता, प्रतिसंस्करण चरक व दृढबल चक्रपाणि दत्त आयुर्वेदीपिका टीका. संपादन कर्म वै. यादवजी त्रिकमजी आचार्य चौखम्भा संस्कृत संस्थान प्रकाशन वाराणसी सूत्रस्थान अध्याय क्र. २१

सूत्र क्र. ३७.

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१६. वाग्भट - अष्टांग हृदय संपादन कविराज अत्रिदेव गुप्त चौखंभा प्रकाशन वाराणसी सूत्रस्थान अ. २२ सूत्र. क्र २६.

१७. वाग्भट - अष्टांग हृदय संपादन कविराज अत्रिदेव गुप्त चौखंभा प्रकाशन वाराणसी सूत्रस्थान अ. २२ सूत्र. क्र २७ ते ३१.

**डॉ. सचिन सदाशिव वाघमारे**

प्राध्यापक, संहिता विभाग  
यशवंत आयुर्वेदिक कॉलेज व  
पदव्युत्तर शिक्षण व संशोधन केंद्र, कोडोली  
मोबाईल नं. ९८२२४७२०९०

निद्राधिक्य हा कफाचा नानात्मज विकार आहे.

॥ आयुर्वेद पत्रिका ॥

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## Assessment of relation between *Dhatusarata* and *Dehabala* w.s.r. to Harvard Step Test

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### ABSTRACT

The growth and existence of the human body is dependent on these seven *Dhatus*. These seven *Dhatus* are composed of five elements or *Pandmabhutas*. *Dhatu Sarata* or Tissue excellence is a quality assessment of seven *Dhatu*. Examination of *Dhatu Sarata* is done at physical and psychological level. For determining the *Dhatu Sarata*, when the positive features are present above 75 %, it will be considered as best tissue quality (*Uttam Sarata*). When the positive features are present between 75 % and 25 %, it will be considered as moderate tissue quality (*Madhyam Sarata*). When positive features are present below 25 %, it will be labeled as poor tissue quality (*Heen Sarata*). The bodily movements which are meant for producing firmness and strength in the body are known as *Vyayama* or physical exercises. 'Dehabala' (Physical fitness) of subjects will be determined by Harvard step test. "Harvard Step Test" is a practical application of Ayurvedic Principal that "*Bala*" should be measured by *Vyamshakti*" (*Balam Vyayamshakty Parikshet*). The person should be examined with reference to his capacity for exercise which is determined by one's ability to perform work. Therefore this study will estimate *Dehabala* and study the *Dhatusarata* and their association between them.

**Key words:** *Dhatusarata*, *Dehabala*, *Tissue excellence*, *Harvard Step Test*.

### INTRODUCTION

*Sushruta* says the supreme essence of all the *Dhatus* beginning with *Rasa* and ending with *Shukra* is known as *Ojas* and the same is also called *Bala* (strength). And strength is not depending only on physical build up but it depends on the *Sara* means the excellence quality of *Dhatu*. In the text, this *Dhatusarata* is described with respect to *Sapta Dhatu*; viz. *Rasa* (skin), *Rakta* (Blood), *Mamsa* (muscle tissue), *Medas*

(adipose tissue), *Asthi* (bone tissue), *Majja* (marrow), *Shukra* (semen) and *Sattva* (mind) i.e. *Ashtavidhsarata*. *Dhatu Sarata* or Tissue excellence is a quality assessment of seven *Dhatu*. Examination of *Dhatu Sarata* is done at physical and psychological level. The bodily movements which are meant for producing firmness and strength in the body are known as *Vyayama* or physical exercises. The person should be examined with reference to his capacity for exercise which is determined by one's ability to perform work. Therefore this study will estimate *Bala* in the subjects and study the *Dhatusarata* and their association between them.

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### AIM

To study the *Dhatu Sarata* (Tissue quality) with the subjective parameters mentioned in the text in Subjects

### OBJECTIVES

- To assess relation between *Dhatu Sarata* (Tissue quality) and *Dehabala* (physical strength).

- To study the *Dehabala* (Physical fitness) by using "Harvard Step Test" in Subjects.

## MATERIALS AND METHODS

This assessment study was conducted among 50 healthy subjects (volunteers) between 20 to 35 year age group selected for the study. This study was conducted at Shrushti Clinic & Hospital, Shahapur for six month duration. Subjects were interviewed by pre designed questionnaire that contains the information about *Dhatu Sarata* (Tissue Quality) and *Bala Parikshan* examination was done by Harvard step test. The allied required information of the volunteers were collected like diet (Veg / Non veg), exercise etc.

### Assessment Criteria

When the positive features recommended by *Acharaya Charak* are present above 75 %, it will be considered as best tissue quality (*Uttam Sarata*). When the positive features are present between 75% and 25%, it will be considered as moderate tissue quality (*Madhyam Sarata*). When positive features are present below 25%, it will be labeled as poor tissue quality (*Heen Sarata*).

### Harvard step test

*Dehabala* or physical fitness of each subject was determined by Harvard step test. "Harvard Step Test" is a Practical application of Ayurvedic Principal that "*Bala* should be measured by *Vyamshakti*" (*Bala* *Vyayamshakty Parikshet*). The subject steps up and down on the bench of having height 20 inches (For male) and 18 inches (For Females). Stepping at rate of 30 steps / min will be performed for period of 5 minutes (Males) or 4 minutes (females) or until exhaustion. Physical efficiency Index was calculated with the following Formula.

PEI = Duration of exercise in seconds X 100

2 X (A+B+C)

Where, A = Pulse of 1 to 1.5 minutes during recovery.

B = Pulse of 2 to 2.5 minutes during recovery.

C = Pulse of 3 to 3.5 minutes during recovery

## Classification of Fitness according to index:

Physical efficiency index	Fitness
Below 55	Poor
55-64	Low average
65-79	Average
80-89	Good
90 and above	Excellent

## RESULTS

For determining *Dhatusarata* and *Dehabala* total 50 subjects of age between 20 to 35 years were assessed. *Dhatusarata* (Tissue Quality) was found as per positive features recommended by *Acharaya Charak* (Table 1). *Uttam Sarata* was found in 13 (26%) Subjects, *Madhyam Sarata* was found in 25 (50%) subjects and *Heen Sarata* was found in 12 (24%) subjects.

**Table 1: Sex wise distribution of subjects according to Dhatusarata.**

Dhatusarata	Male	Female	Total
<i>Uttam Sarata</i>	7	6	13
<i>Madhyam Sarata</i>	13	12	25
<i>Heen Sarata</i>	6	6	12
Total	26	24	50

**Table 2: Classification of physical fitness as per physical efficiency index.**

PEI	Male	Female	Total
Excellent	9	7	16
Good	7	5	12
Average	5	3	8
Low average	2	4	6

Poor	3	5	8
Total	26	24	50

Table 2 shows physical efficiency index of all the subjects. Most of the subjects i.e. 56 % were excellent & good physical efficiency index. Whereas 44% of subjects having average, low average & poor physical efficiency index.

**Table 3: Association between *Datusarata* and physical efficiency index.**

PEI	<i>Datusarata</i>			Total
	<i>Uttam Sarata</i>	<i>Madhyam Sarata</i>	<i>Heen Sarata</i>	
Excellent	6	0	0	6
Good	7	0	0	7
Average	0	13	0	13
Low average	0	12	0	12
Poor	0	0	12	12
Total	13	25	12	50

It has been observed that those subjects having *Uttam Sarata* (13) were excellent with good physical efficiency index, while subjects having *Madhyam Sarata* (25) were average with low average physical efficiency index. Subjects having *Heen Sarata* (12) were poor physical efficiency index (Table 3). No significant difference was found among Male and female subjects. There is association between *Dhatu Sarata* and physical fitness (P value is less than 0.05).

## DISCUSSION

*Dehabala* or Physical Aerobic fitness by 'Harvard Step Test' has also significant correlation with *Rasa*, *Asthi*, *Majja* and to some extent with *Shukra*, *Mansa Sarata*. 'Harvard Step Test' is very good, universally accepted 'Objective parameter' to access 'Yuktija' and 'Kalaja Bala' i.e. fitness acquired through practice of exercise,

proper diet and healthy season etc. 'Harvard Step Test' showed significant correlation with *Dhatusarata*. Fitness, determined by Harvard step test is not sufficient to access the fitness related with *Dhatu Sarata*. Fitness may be the combined effect of genetically inherent physical, psychological, spiritual and social health. *Saratah Pariksha* is the second important factor of *Dasavidha Pariksha*. It can be said that *Sara Pariksha* itself is also competent for assessment of *Bala*. *Acharya Charaka* and *Vagbhata* during description of *Sara Pariksha* frequently mentioned that the main purpose of *Sara Pariksha* is to measure the strength of individual (CS.Vi. 8/118, A.H.Su. 3/117) *Charaka*, *Sushruta* and *Vagbhata* stated the number of *Sara* as eight i.e. *Tvak Sara*, *Rakta Sara*, *Mamsa Sara*, *Meda Sara*, *Asthi Sara*, *Majja Sara* and *Sukra Sara* and *Sattva Sara*. Presence of all the *Sara* is known as *Sarva Sara* and the individual possess maximum *Bala*. This assessment study also shows the association between *Dehabala* (physical fitness) and *Dhatusarata*.

## CONCLUSION

*Dehabala* or physical Aerobic fitness by 'Harvard Step Test' has significant co-relation with *Dhatusarata* i.e. *Asthi*, *Majja* and to some extent with *Shukra*, *Mansa Sarata*. Majority (50%) subjects were having *Madhyam Sarata*. Most of the subjects i.e. 56% were excellent & good physical efficiency index. Statistically significant association was found between *Dhatu Sarata* and physical fitness.

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**Cancer four times more lethal to children in developing economies**

Page No. 14

Cancer Type	Percentage
Acute Lymphocytic Leukemia	23%
Brain Tumors	21%
Non Hodgkin Lymphoma	6%
Hodgkin Lymphoma	5%
Acute Myelogenous Leukemia	4%
Wilms Tumor	6%
Neuroblastoma	7%
Rhabdomyosarcoma	4%
Retinoblastoma	3%
Osteosarcoma	3%
Ewing Sarcoma	2%
All other	16%

(Pages : 1-52)

**EDITORIAL**

<b>Vasculitides</b> .....	<b>07</b>
---------------------------	-----------

**GENERAL**

**Nutraceuticals is in Need**

<i>Sanjay Agrawal, Hemani Rashmi</i> .....	<b>08</b>
--	-----------

**Association between Stroke and Metabolic Syndrome**

<i>Mohammad Shagil, Lakhan Singh</i> .....	<b>11</b>
--	-----------

**Cancer four times more lethal to children in developing economies**

<i>Vikas Choubey, Rimjhim Sahu, Vijay Thawani</i> .....	<b>14</b>
---	-----------

**ALTERNATIVE MEDICINE**

**Documentation of Ancient Siddha Surgical Instruments Mentioned in Agaththiar Nayana Vidhi and Agaththiar 2000**

<i>Jeyavenkatesh J., Sridhar S., Roja Ramani S.</i> .....	<b>17</b>
---	-----------

**Role of Herbs in Female Genital Disorder w. s. r. to Atyartava (Menorrhagia)**

<i>Sonali P, Divya Malge</i> .....	<b>23</b>
------------------------------------	-----------

**Efficacy of Trina Panchamula Ksheera in Pittaja Mutrakrucchra**

<i>Rajendrakumar Rajage, Sachin Waghmare</i> .....	<b>25</b>
--	-----------

**Pandu Roga**

<i>Rohit Tulshiram Dalavi, Vivek Anandrao Shirke</i> .....	<b>35</b>
--	-----------

**Vishnutaila Nasya and Ekangaveeraras in Arditavata**

<i>Sangameshwar N. Doddagoudar, Roy K.B., Prasannakumar S. Patil</i> .....	<b>37</b>
--	-----------

**Role of Ayurvedic Principles in Prevention of Non - Communicable Diseases**

<i>Divya Badwal, Ruby Rani Agarwal</i> .....	<b>42</b>
--	-----------

<b>Occasional Review</b> .....	<b>46</b>
--------------------------------	-----------

<b>Gleanings</b> .....	<b>47</b>
------------------------	-----------

<b>Glimpse into history</b> .....	<b>48</b>
-----------------------------------	-----------

<b>Medi Quiz</b> .....	<b>49</b>
------------------------	-----------

<b>Case of the month</b> .....	<b>50</b>
--------------------------------	-----------

# Efficacy of Trina Panchamula Ksheera in Pittaja Mutrakrucchra

RAJENDRAKUMAR RAJAGE, SACHIN WAGHMARE

## ABSTRACT

Urinary tract infections are the most commonly found bacterial infections, accounting for nearly seven million OPD visits and one million emergency department visits, resulting in 1,00,000 hospitalizations of women, the elderly, and also diabetic patients all over world per year. Women (47.9%) have significantly higher prevalence of UTI than men (34.1%). Mutrakrucchra disease is explained all Bruhatrayi (big trio of Ayurveda) with its causes, types, symptoms, treatment and prognosis. It can be concurrent to cystic (UTI) where Dushya, burning micturition and increased frequency of urination etc. are most regular complaint. Symptoms of PittajaMutrakricchra is more related with UTI. In this disease efficacy of Trina PanchamoolaKsheera preparation is used for clinical trial in PittajaMutrakrucchra affected patients.

**Key words:** PittajaMutrakricchra, Trina PnchamulaKsheera, urinary tract infection

## Introduction

Ayurveda is Indian medicine system of Vedic period. In which many of diseases are explained by name, symptoms, treatments, prognosis and causes. In present era many more diseases are introduced per year and it is added in the list of medicine books but in Ayurvedic Samhita no edition is seen. More than 67 principles are explained in Ayurveda which helps to find out treatment of all diseases mentioned in Ayurveda and new introduced diseases too. Tridosha concept is one of them. According to this Dosha, Dhatus and Mala explained as fundamental component of Shareer.

These three are important for fulfill definition of health according to Ayurveda. In another word these are responsible in maintaining the structural and

functional integrity of body. Balancing these three in the body called Arogya and misbalancing of the same is called Roga. After digestion of Ahara Dravya, Murtas and Purisha formation is takes place. These are Mala and they has to be throughout from the body.

Among these three constituents of our body Mala are specially meant for elimination of waste products out of the body. When there is any impairment or disturbance in their normal function or impairment in Kledvahana by Mutra due to vitiation by vitiated dosha, they turn vitiate their Marga or Strotasa which is called as MutravahaStrotodushti. Pittaj Mutrakricchra is subject complaining the Shoolayukta, Raktayukta, Dahayukta and Muhurmuhu MutraPravrutti etc. in present era Pittaj Mutrakricchra is common feature.

### Aim:

To study the efficacy Trunapanchamool Ksheer in PitajMutraKrucchra.

### Objectives:

- To study and assess the conceptual aspects of

Mutrakrucchra from Bruhatrayi and all Ayurvedic texts.

- To evaluate the efficacy of TrunapanchamoolKsheer in PittajMutrakrucchra.

## Materials and Methods:

### Materials-

- Conceptual study about Nidana Panchaka of Pittaja Mutrakrucchra along with Murakrucchra is done form Bruhatrayi with Laghutrayi too.
- All the references about Trunapancha Moola Ksheerapaka and Ushirasava mode of actions and effects are study form various Ayurvedic Samhita. Collectively its action and separate drug action of these formulations are also collectively studied and evaluated.
- Modern vision about U.T.I. is also studied in detailed from various modern texts and journals available on internet.

### Methods-

This research work is divided into two parts. One is conceptual and another is clinical part.

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**1. Conceptual part -**

- In this part all the data about Pittaja Mutrakrucchra along with Mutrakrucchra is collected and served here with its Nidana Panchaka and treatment too.
- Drugs which are mentioned for this study is conceptually served from various Ayurvedic texts with its rasa, Virya, Vipaka, Guna and mode of action with its standardization and authentication certificate.

**2. Clinical part-**

- Already diagnosed Pittaja Mutrakrucchra patient is taken having sample size 60, which is again divided into two groups, one is for trial group and another is for control group. Both gender patients having age group between 16yrs to 50yrs should not be affected more than 7 days and has not to be taken any antibiotics.
- Special case proforma is prepared according to present study pattern and distributed to both group of patients for symptoms of Pittaja Mutrakrucchra. Consent form are signed by patients.
- Preparation of Trunapancha Moola Ksheera is taught to every patients of trial group that they can consume easily at their home. Dose of medicine is decided 60ml before both meal.
- Patients are called for 2 follow-up on 7th day and 14th day with all the instructions about this study.

**Statistical method:** Wilcoxon sign rank test and Mann Whitney 'U' test is used for statistical data presentation.

**Result:**

**Table No. 1 Distribution of patients according to age in group A and group B**

Sr. no.	Age group	Group A		Group B		Total	
		No. of pts.	%	No. of pts.	%	No. of pts.	%
1	16-22	1	3.33	1	3.33	2	3.33
2	23-29	5	16.67	7	23.33	12	20
3	30-36	11	36.67	7	23.33	18	30
4	37-43	7	23.33	10	33.33	17	28.33
5	44-50	6	20	5	16.67	11	18.33

**Table No. 2 Distribution of patients according to gender in group A and group B**

Sr. no.	Gender	Group A		Group B		Total	
		No. of pts.	%	No. of pts.	%	No. of pts.	%
1	Male	14	46.67	15	50	29	48.33
2	Female	16	53.33	15	50	31	51.67

**Table No. 3 Distribution of patients according to religion in group A and group B**

Sr. no.	Religion	Group A		Group B		Total	
		No. of pts.	%	No. of pts.	%	No. of pts.	%
1	Hindu	27	90	25	83.33	52	86.67
2	Muslim	3	10	5	16.67	8	13.33

**Table No. 4 Distribution of patients according to marital status in group A and group B**

Sr. no.	Marital status	Group A		Group B		Total	
		No. of pts.	%	No. of pts.	%	No. of pts.	%
1	Married	24	80	21	70	45	75
2	Unmarried	6	20	9	30	15	25

**Table No. 5 Distribution of patients according to socio-economic status in group A and group B**

Sr. no.	Socio-economic status	Group A		Group B		Total	
		No. of pts.	%	No. of pts.	%	No. of pts.	%
1	Upper class	4	13.33	2	6.67	6	10
2	Middle class	15	50	20	66.67	35	58.33
3	Lower class	11	36.67	8	26.67	19	31.67

**Table No. 6 Distribution of patients according to occupation in group A and group B**

Sr. no.	Occupation	Group A		Group B		Total	
		No. of pts.	%	No. of pts.	%	No. of pts.	%
1	Business	2	6.67	3	10	5	8.33
2	Farmer	4	13.33	6	20	10	16.67
3	House-worker	8	26.67	10	33.33	18	30
4	Labour	5	16.67	4	13.33	9	15
5	Service	5	16.67	3	10	8	13.33
6	Student	6	20	4	13.33	10	16.67

**Table No. 7 Distribution of patients according to prakruti in group A and group B**

Sr. no.	Prakruti	Group A		Group B		Total	
		No. of pts.	%	No. of pts.	%	No. of pts.	%
1	Vata-pitta	12	40	6	20	14	23.33
2	Pitta-kapha	10	33.33	14	46.67	24	40
3	Kapha-vata	8	26.67	10	33.33	22	36.67

**Table No. 8 Distribution of patients according to diet in group A and group B**

Sr. no.	Diet	Group A		Group B		Total	
		No. of pts.	%	No. of pts.	%	No. of pts.	%
1	Mixed	16	53.33	14	46.67	30	50
2	Vegetarian	14	46.67	16	53.33	30	50

**Table No. 9 Distribution of patients according to addiction in group A and group B**

Sr. no.	Addiction	Group A		Group B		Total	
		No. of pts.	%	No. of pts.	%	No. of pts.	%
1	No addiction	15	50	17	56.67	32	53.33
2	Alcohol	4	13.33	5	16.67	9	15
3	Tabacco	6	20	4	13.33	10	16.67
4	Both	5	16.67	4	13.33	9	15

**Statistical analysis of different parameters:**

For the analysis of quantitative parameters I have used T-test on other hand for intra-group comparisionn “Pair T-test” is used and fro inter-group collation study “two simple T-test” is followed.

In this study some readings are analysed in grading form which are ordinal in natute so that “Wilcoxon signed rank test” is followed for intra-group collation (before and after treatment group A) and for inter-group collation study (comparision of two group each other) “Mann-Whitney test” followed to find statistical data. The lavel of significance is kept at 0.05.

**Table No. 10 Effect of Peetamutrata in group A and group B**

Colour of urine		Mean score	% reduction	Sample size	Wilcoxon signed rank test (T+)	P-value
Group A	Before treatment	1.67	42.00	30	213	< 0.05
	After treatment	0.97				
Group B	Before treatment	1.57	76.59	30	396.5	< 0.05
	After treatment	0.37				

Using one tailed Wilcoxon signed rank test, to test the hypothesis-

H0- median reduction in Peetamutrata after treatment is zero.

H1- median reduction in Peetamutrata after treatment is greater than zero.

For group A, the median reduction in the Peetamutrata after treatment is significant (P-value < 0.05) at 5% level of significance i.e. can say that there is significant reduction in Peetamutrata for group A. for group B, the median reduction in Peetamutrata after treatment is significant (P-value < 0.05) at 5% level of significant (i.e. can say that there is significant reduction in Peetamutrata for group B).

#### **Comparative analysis of groups-**

Using Mann-witney U test to test the hypothesis-

H0- reduction in Peetamutrata scores for group A and group B are equal (equally distributed)

H1- reduction in Peetamutrata scores for group A and group B are not equal (not equally distributed)

**Table No. 11 effect on Peetamutrata in between the both groups**

Group	Mean of difference (before-after)	S.D. of difference (before-after)	Mann-witney U statistic	P-value
A	0.70	0.794	388.5	0.314
B	1.2	0.714		

Distribution of “reduction in frequency” for group A and group B is not significantly different (P-value > 0.05). Thus trial group drug and control group drug can be considered as equally effective in reducing colour of urine at 5% level significance.

**Table No. 12 Effect on Dahamutrata in group A and group B**

Daha		Mean score	% reduction	Sample Size	Wilcoxon Signed Rank test (T+)	P-value
Group A	Before treatment	1.90	47.37	30	407	< 0.05
	After treatment	1.00				
Group B	Before treatment	1.87	57.14	30	287	< 0.05
	After treatment	0.80				

Using one tailed Wilcoxon signed rank test, to test the hypothesis-

H0- median reduction in Dahamutrata after treatment is zero

H1- median reduction in Dahamutrata after treatment is greater than zero

For group A, the median reduction in Dahamutrata (burning micturition) after treatment is significant (P-value < 0.05) at 5% level of significance (i.e. can say that there is significant reduction in burning for Group A). For group B, the median reduction in bruing after significance (i.e. can say that there is significant reduction in burning for group B).

#### **Comparative analysis of groups**

Using Mann-whitney U test, to test the hypothesis-

H0- reduction in burning scores for group A and group B are equal (equally distributed)

H1- reduction in buring scores for group A and group B are not equal (not equally distributed)

**Table No. 13 Effect on Dahamutrata in between the groups**

Groups	Mean of difference (before-after)	S.D. of difference (before-after)	Mann-Witney U statistic	P-value
A	0.90	0.607	380	0.243
B	1.07	0.944		

Distribution of “reduction in Dahamutrata” for group A and group B is significantly different (P-value = 0.243). Thus trial drug and control drug can be considered as equally effective in reducing Dahamutrata (during micturition) at 5% level of significance.

**Table No. 14 Effect on Saruja in group A and group B**

Saruja		Mean score	% Reduction	Sample Size	Wilcoxon Signed Rank test (T+)	P-value
Group A	Before Treatment	1.37	41.46	30	302	< 0.05
	After treatment	0.80				
Group B	Before treatment	1.17	60.00	30	200.5	< 0.05
	After treatment	0.47				

Using one tailed Wilcoxon signed rank test, to test the hypothesis-

H0- median reduction in scores of Saruja (paiful micturition) after treatment is zero.

H1- median reduction in scores of Saruja (painful micturition) after treatment is greater than zero.

For group A, the median reduction in scores of Saruja (painful micturition) after treatment is significant (P-value < 0.05) at 5% level of significance. (i.e. can say that there is significant improvement in painful micturition for group A). For group B, the median reduction in scores of Saruja (painful micturition) after treatment is significant (P-value < 0.001) at 5% level of significance. (i.e. can say that there is significant improvement in pain in urination for group B).

#### **Comparative analysis of groups**

Using Mann-Witney U test, to test the hypothesis-

H0- reduction in scores of pain in urination for group A and group B are equal (equally distributed)

H1- reduction in scores of pain in urination for group A and group B are not eqal (not equally distributed)

**Table No. 15 Effect on pain in between the groups**

Group	Mean of difference (before-after)	S.D. of difference (before-after)	Mann-Whitney U statistic	P-value
A	0.57	0.679	392	0.322
B	0.70	0.794		

Distribution of “reduction in painful urination” for group A and group B is not significantly different (P-value = 0.322). Thus trial drug and control drug can be considered as equally effective in improvement of pain in urination.

**Table No. 16 Effect on Muhurmuhu Mutrata in group A and group B**

Muhurmuhu Mutrata		Mean score	% Reduction	Sample Size	Wilcoxon Signed Rank test (T+)	P-value
Group A	Before treatment	1.33	50.00	30	200.5	< 0.05
	After Treatment	0.67				
Group B	Before Treatment	1.47	54.54	30	302	< 0.05
	After treatment	0.67				

Using one tailed Wilcoxon signed rank test, to test the hypothesis-

H0- median reduction in MuhurmuhuMutrata after treatment is greater than zero.

H1- median reduction in MuhurmuhuMutrata after treatment is greater than zero.

For group A, the median reduction in MuhurmuhuMutrata after treatment is significant (P-Value < 0.05) at 5% level of significance (i.e. can say that there is significant reduction in Muhurmuhu Mutrata

for group A). For group B, the median reduction in Muhurmuhu after treatment is significant (P-Value <0.05) at 5% level of significance (i.e. can say that there is significant reduction in Muhurmuhu for group B).

#### Comparative analysis of groups-

Using Mann-whitney U test, to test the hypothesis-

H0- reduction in pain scores for group A and group B are equal (equally distributed).

**Table No. 17 Effect on Muhurmuhu in between the groups**

Groups	Mean of difference (before-after)	S.D. of difference (before-after)	Mann-whitney U statistic	P-value
A	0.67	0.661	291.5	0.01
B	0.80	0.714		

Distribution of “reduction in MuhurmuhuMutrata” for group A and group B is significantly different (P-Value = 0.01). Thus trial drug can be considered as less effective in reducing Muhurmuhu consistency in urination as compared to control drug at 5% level of significance.

**Table No. 18 Effect on pH in group A and group B**

Group	Mean Score A.T.	Neutral	Diff.	N	d.f.	One sample “t”	“P”
A	7.25	7.00	0.25	30	29	6.33	<0.05
B	7.34		0.34			8.96	

H0- mean pH after treatment is equal to 7

H1- mean pH after treatment is greater than 7.

Using one sample “t” test, the difference between mean pH after treatment and neutral pH is significant at 5% level of significance (P-value < 0.05) (i.e. can say that, for group A and group B, the pH after treatment is significantly higher than neutral pH of 7).

#### Comparative analysis of groups-

**Table No. 19 Effect on pH in between the groups.**

Group	Mean pH	S.D.	N	d.f.	Two sample “t”	P-value
A	7.25	0.219	30	58	3.148	0.003
B	7.34	0.206	30			

Difference between mean pH for group A and mean pH of group B is significant (P-value = 0.003) at 5% level of significance. Thus trial group is considered better than group B as effect on alkanity of urine.

**Table No. 20 Effect on pus cells in group A**

Parameter	Mean score			n	S.D.	S.E. (±)	Paired “t”	“P”
	B.T.	A.T.	Diff.					
Pus cells	0.67	0.27	0.40	30	0.855	0.156	2.562	0.016

Using paired “t” test, for pus cells, P-value is 0.016 i.e. the difference between mean Pus cells before and after treatment is significant at 5% level of significance (i.e. can say that there is reduction in Pus cells for group A).

**Table No. 21 Effect on Pus cells in group B**

Parameter	Mean score			n	S.D.	S.E. (±)	Paired “t”	“P”
	B.T.	A.T.	Diff.					
Pus Cells	0.60	0.13	0.47	30	0.819	0.149	3.119	0.004

Using paired “t” test, for pus cells, P-value is 0.004 i.e. the difference between mean RBC before and after treatment is significant at 5 % level of significance (i.e. can say that there is reduction in Pus cells for group B).

#### Comparative analysis of groups-

**Table No. 22 Effect on pus cells in between the groups.**

Group	Mean Difference	S.D. difference	N	d.f.	Two sample “t”	P-value
Trial	0.40	0.855	30	58	-1.751	0.085
Control	0.47	0.819	30			

Difference between mean reduction in pus cells for group A and mean reduction of group B is not significant (P-value = 0.085) at 5% level of significance. Thus both the trial group and control group drug can be considered a equally effective in reduction of pus cells.

**Table No. 23 Effect on epithelial cells in group A**

Parameter	Mean score			n	S.D.	S.E. ( $\pm$ )	Paired “t”	“P”
	B.T.	A.T.	Diff.					
Pus cells	1.47	0.67	0.80	30	0.761	0.139	5.757	< 0.05

Using paired “t” test, for epithelial cells, P-value is less than 0.001 i.e. the difference between mean epithelial cells before and after treatment is significant at 5% level of significance (i.e. can say that there is reduction in epithelial cells for group A).

**Table No. 24 Effect on epithelial cells in group B**

Parameter	Mean score			n	S.D.	S.E. ( $\pm$ )	Paired “t”	“P”
	B.T.	A.T.	Diff.					
Epithelial Cells	1.93	0.80	1.13	30	0.629	0.115	9.872	< 0.05

Using paired “t” test, for epithelial cells, P-Value is less than 0.001 i.e. the difference between mean epithelial cells before and after treatment is significant at 5% level of significance (i.e. can say that there is reduction in epithelial cells for group B).

#### Comparative analysis of group

**Table No. 25 Effect on epithelial cells in between the group**

Group	Mean difference	S.D. difference	n	d.f.	Two Sample “t”	P-value
Trial	0.80	0.761	30	58	-3.120	0.004
Control	1.13	0.629	30			

Difference between mean reduction in epithelial for group A and mean reduction of group B is significant (P-value = 0.004) at 5% level of significance. Thus, trial drug is considered better than control drug effective in reducing epithelial cells.

**Table No. 26 Effect on RBCs in group A**

Parameter	Mean score			n	S.D.	S.E. ( $\pm$ )	Paired “t”	“P”
	B.T.	A.T.	Diff.					
RBCs	1.2	0.6	0.6	30	0.77	0.141	4.267	< 0.05

Using paired “t” test, for RBCs cells, P-value is less than 0.05 i.e. the difference between mean RBCs before and after treatment is significant at 5% level of significance (i.e. can say that there is reduction in RBCs for group A).

**Table No. 27 Effect on RBCs in group B**

Parameter	Mean score			n	S.D.	S.E (±)	Paired "t"	"P"
	B.T.	A.T.	Diff.					
RBCs	1.4	0.5	0.9	30	0.712	0.129	6.924	< 0.05

Using paired "t" test, for RBCs, P-value is less than 0.001 i.e. the difference between mean RBCs before and after treatment is significant at 5% level of significance (i.e. can say that there is reduction in RBCs for group B).

#### Comparative analysis of groups-

**Table No.28 Effect on RBCs in between the groups**

Group	Mean difference	S.D. of difference	n	d.f.	Two sample "t"	P-value
Trial	0.6	0.770	30	58	-1.849	0.070
Control	0.9	0.712	30			

Difference between mean reduction in RBCs for group A and mean reduction of group B is not significant (P-value = 0.070) at the level of 5% significance. Thus both trial and control group drug can be considered as equally effective in reducing RBCs.

#### Overall effect of study:

**Table No. 29 Percentage of improvement in parameters in both the groups**

Sr. no.	Parameters	% Improvement	
		Group A	Group B
1	Peetamutrata	42.00	76.59
2	Dahamutrata	47.37	57.14
3	Sarujamutrata	41.46	60.00
4	Muhurmuhumutrata	50.00	54.54
5	Pus cells	60.00	77.80
6	Epithelial cells	54.55	58.62
7	RBCs	50.00	64.29
Overall improvement %		49.13	64.14

#### Discussion on literary study-

In Ayurveda many of Acharya defined that Mutrakrucchra is a Vyadhi in which Kruchhrata (difficulty) is more and Vibandha (obstruction) is less in symptoms. Specifically PittajaMutrakrucchra is Shulayukta, Dahapradhan, PakwashayaSamuttha, SamanyajaVyadhi. There are different opinions about this Vyadhi according to all Acharya of Ayurveda due to their period of origin.

Research study is always based on observation and results with comparison or without comparison. In this study first observation of Lakshana in diseased persons is done according to modern science and Ayurvedic too. Then comparison of these Lakshana match with each other to collate both entities. Charaka says that it is not essential that all diseases to be named but treat the patient based upon the Dosha.

The Nidana and Samprapti of PittajaMutrakrucchra are not found in any AyurvedicSamhita separately but collectively Nidana

of Mutrakruchhra is mentioned so it can consider same Nidana of PittajaMutrakruchhra too. Like-wise Samprapti is also applicable as Nidana. Common causes of PittajaMutrakruchhra are considered as follows- Ruksha, MadyaPrasanga, AnupaMamsaSevana, Adhyashana, Ativyayam, etc.

Pratyatma Lakshana of Pittaja Mutrakruchhra is "Dukhena Mutra Pravrutti" means discomfort in urination. The validated point of this study is Mutrakrucchra is Pakwashaya Gata Vata (Apama Vayu). The work of apanavayu is excretion of Mutra, Purish and Garbha via Adhomarga. Vitiation of ApamaVayu causes Mutrakrucchra.

#### Discussion on study-

The present study is comparative clinic study in which the main objectives are-

1. To study the property of TrunapanchaMoola siddha Ksheera in burning and painful micturition.
2. To see the advantage of Trunapanchamoola Siddha

Ksheera in trial group of bacteriuria.

- 3. To compare the efficacy of drugs on both groups in Pittaja Mutrakrucchra with respect to urinary tract infection.

In modern science main cause of U.T.I. is micro-organisms. Micro-organisms are mentioned in Ayurvedic texts named Krumi or worms. But this is not mentioned in cause of Mutrakrucchra Vyadhi.

The modern theory of pathogenesis of U.T.I. disease suggests that bacteria gain access to urinary bladder via urethra. On other hand, in Ayurvedic text even in Agantuja reason of Doshaaggravation of main cause for the Vyadhi though pain occurs first. Kha-Vaigunya of Strotas decides whether there will be SthanaSamshraya of Dosha to manifest the Vyadhi symptoms.

The U.T.I. is second largest infection after R.T.I. so that present study trigs me to think about Ayurvedic treatment aspects for this disease. On the other hand, modern medicine of U.T.I. antibiotic acts on property of bacteriostatic. But it may put same effect on healthy renal tissues too, which may cause recurrence of disease again and again.

In Ayurveda medicine does not act on bacteria or cause it enhance the immunity of body to fight against cause of diseases. On other hand it rejuvenate body tissue too which had damaged by bacteria or other causes of diseases.

#### Conclusion-

- PittajaMutrakrucchra is PakwashayaSamutthaVyadhi (site of Vyadhi is Pakwashay) having characters of Dahayukta, MadhyamaMarga, SamanyaajaVyadhi.
- Common causes of Pittaja Mutrakrucchra are mentioned

in ayurvedic texts are- Ati-Vyayam, Tikshana Aushadhi Sevana, Ati-Madya Pana, Adhyashana and Ajirna.

- Specific causes of Pittaja Mutrakrucchra are dragged from Mutrakruchhara Nidana which is also based on Kriya-Kala-Vishesha- Samprapti.
- Pittaja Mutrakrucchrayavaydhi having somewhat same symptoms of lower urinary tract infection.
- As mentioned in modern science bacteriuria is caused by micro-organisms. But in Ayurvedic texts there were no references for Krumija cause of PittajaMurakrucchra or any type of Krumija Mutrakrucchra.
- In overall study patients are found having symptoms of Peetamutrata, Saruja, Sadaha, Muhrmuhu Mutrata. Some extra symptoms are complained like SaraktaMutrata and Krucchra Mutrata can compiled in above 4 symptoms.

• The TrunapanchaMoolaKsheera having alkaline nature which is strong diuretic. Ksheera is also MruduRechaka which helps to promote ApanaVayu in downwards. Collectively the combination of this preparation promotes the flow of urine, cools and soothes the membrane of urinary tract, stops bleeding from urinary tract and strengthens kidney functions too.

- TrunapanchaMoolaKsheera also helps in removing bacteria from urinary tract. It relieves irritation and burning sesation complained in U.T.I.
- As both the drugs having significant result in most of the Lakshana not compared to Trunapancha Moola Ksheera

Ushirasava has given better result in Pittaja Mutrakruchhara.

- The reason behind null hypothesis is observed that it may give bias due to adulterants in TrunapanchaMoolaBharana, quality of milk
- Both the drugs are simple economical for patients and did not showed any adverse effects in present study.

#### Scope for the study

- This is study has been done in small sample size. So that, overall accurate result has not conducted.
- Research work should co-ordinate involving pharmacodynamics and pharmacokinetics of the combination of drugs used, so we can get main action of formulations which acts on Pittaja Mutrakrucchra.

Culture and sensitivity test of urine also should be involved to get antimicrobial activity.

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HRS is a disease associated with rapid clinical deterioration and high mortality. Therefore early detection and treatment improves survival rates in individuals with HRS. Liver transplant, which most cannot afford, is the only treatment which could revert HRS of the alternative treatment options, LVP with vasopressors and albumin may give some temporary relief.

In a developing country like India the cost of treatment with terlipressin is prohibitive and may not be affordable to all. The prevalence of cirrhosis in the rural Indian population is 0.2- 0.5 %. Most of these patients will progress to developing refractory ascites. This large rural population belong to the low socio-economic strata, unable to afford or access Terlipressin. Nor adrenaline has been shown to be equally efficacious and is a cheaper, cost effective alternative.

No study to date has used the RRI for diagnosis, nor for follow up. While large studies have measured RRI as part of the investigation for cirrhosis with ascites, no standards have been laid down for what we should take as abnormal. The figure of  $>0.70$  RRI has been used by us as per Goyal's study but we still don't know what the RRI is in the normal population. However, using the RRI we have been able to show a significant difference in the values over a 2 month follow -up period. These differences are held also for the eGFR, Serum Creatinine and for the portal vein diameter. All three of these values indicating improvement in the kidney and liver function.

Larger studies need to be done using the RRI both for diagnosis and for follow-up. Using Noradrenalin in the protocol of LVP would benefit far more patients at a far lesser cost.

RRI is an affordable, non invasive and easily available tool which should be included as part of a routine Ultrasonographic evaluation in liver cirrhotics, for early detection of HRS and for follow up.

LVP along with Noradrenaline with Albumin infusion (5 gms/ litre of ascitic fluid removed) is as effective as other costlier options.

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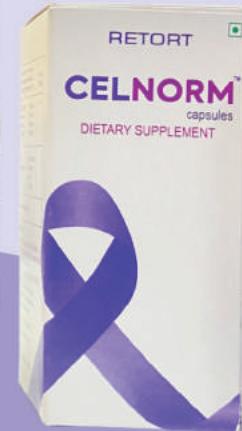
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## RUTUCHARYA AN AYURVEDOKTA REGIMEN & ITS PRESENT-DAY IMPLICATION

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### ABSTRACT

World is suffering a huge crisis because of COVID 19 pandemic. Apart from this burden of noncommunicable diseases (NCD's) is also too high. We get very good comprehensive measures in *Ayurveda*, which will protect our body from both Infective diseases & NCD's. It is recently; Modern science has come to know about disturbance in circadian rhythms (biological clock) by means of faulty diet, untimely eating & performing tasks at wrong time's causes many diseases. *Ayurveda* already knew that environmental changes in whole day have effects on our body and to synchronize with them they mentioned *Dincharya*. Apart from this they were also aware of effects of seasonal changes on human body and to synchronize with them they have mentioned *Rutucharya*. Based on seasonal changes *Aacharyas* have classified six *Rutu*'s namely *Shishira*, *Vasanta*, *Grishma*, *Varsha*, *Sharad* and *Hemant*. According to their effects on body different *Rutucharyas* are told. At present Indian calendar seems to be slightly out of phase with seasons but with help of tropical phenomena like solstices, equinoxes with respect *Uttarayan*, *Dakshinayan* & seasonal markers mentioned in *Samhitas* we can mark exact seasons. Based on *Ayurvedic Siddhantas* we can understand different *Rutucharyas* & can implicate them in our present routine.

**Keywords:** *Rutucharya*, Seasonal Regimen, Lifestyle, Diet, *Dakshinayan*, *Uttarayan*.

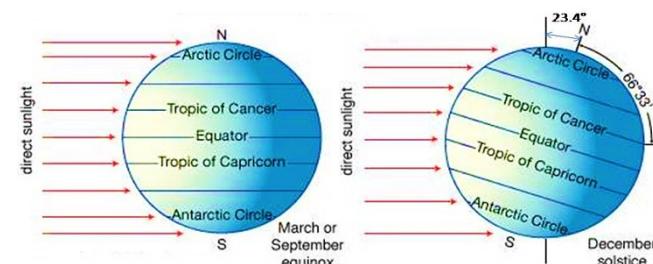
## INTRODUCTION

The whole world is suffering a huge setback because of COVID 19 pandemic. Everyone is in rush of different modalities to increase the immunity and to maintain overall wellbeing of oneself. But because of increased use of social media people are following different diet plans (Keto diet, Vegan diet etc), drastic sudden weight loss measures, Vitamin supplements which are posted on social media without knowing their actions and side effects. Apart from this, burden of non-communicable diseases is also too high. According to WHO almost 71% of all deaths take place because of non-communicable diseases each year worldwide. Most NCD deaths occur because of cardiovascular diseases (17.9 million, major contributor), followed by cancers (9 million), respiratory diseases (3.9 million) and diabetes (1.6 million). Four metabolic changes that increase risk of NCD's are raised blood pressure, overweight, hyperlipidemia & hyperglycemia. These four changes are mainly attributed to faulty diet and lack of exercises.<sup>[1]</sup>

*Ayurveda* has most holistic answers to offer in both scenarios. Till recent past modern science had emphasized only on number of calories to keep in check on weight while few years back it came to light that timing of eating too have an effect on gaining weight. The whole phenomena reveled after discovery of molecular mechanism controlling circadian rhythm by Jeffrey C. Hall et al. Like our environment has 24 hours clock, cells too have their biological clock. This cycle closely mimics with 24 hrs cycle of environment.<sup>[2]</sup>

In following years scientists discovered biological clocks based on anatomical locations. The Central clock (Master clock) is situated in suprachiasmatic nucleus of hypothalamus. Second one is peripheral (slave) clocks situated in cells of body. This Central clock gets regularly reset and adjusts with environmental clock through daylight. Peripheral clocks are sensitive to Neurohumoral modulations. Ultimately central clock and peripheral clock work in synchronization with environmental clock responsible for phys-

iology and homeostasis of body.<sup>[3]</sup> If this circadian rhythm disrupted drastically and regularly by faulty lifestyles like eating at wrong time, unhealthy diet, sleeping in day & awakening in night leads to many diseases.<sup>[4]</sup> *Aacharyas* (sages) were well aware of the fact that physiology of human body works closely in relation with environment. While explaining “*Purusho Ayam Lok Samitta*” they have told whatever entities are present there in our environment same entities are present in our body too. Keeping in mind the environmental changes in a whole day causing effect on body & physiology, they have described *Dincharya* (Day Regimen) & *Ratricharya* (Night Regimen). *Ayurveda* has already mentioned that seasonal changes in a year also have effects on body; to compensate these effects *Ayurveda* has mentioned *Rutucharya* (Seasonal Regimens). At present, dates of *Hindu* (Indian) calendar seems to be out of phase with actual tropical phenomena & *Ayurvedokta Rutu*'s. Lastly diets which were told in ancient time are not used as it is, at present. In order to resolve these issues & to implicate *Ayurvedokta Rutucharya* in present day life this topic is undertaken.

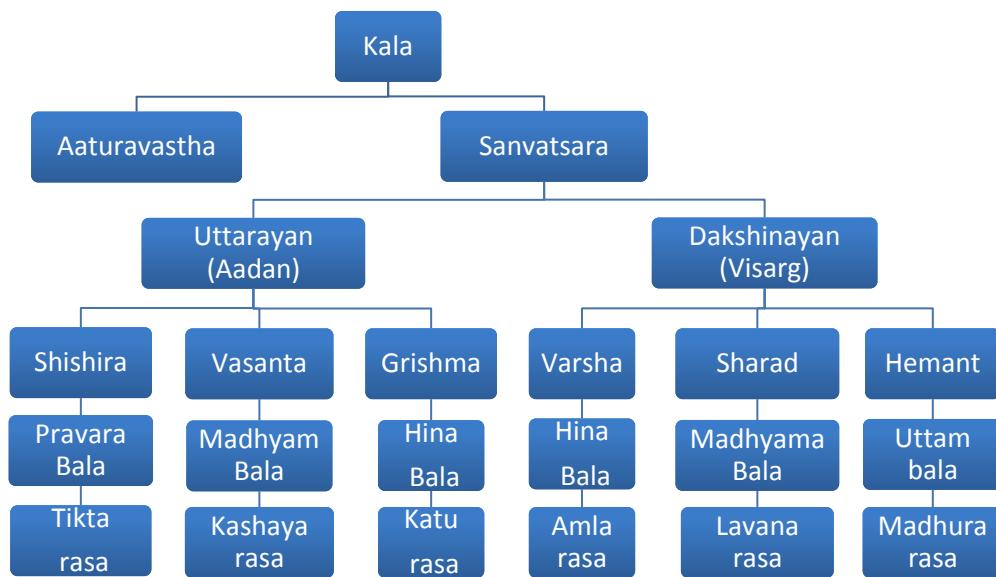


### Seasons, Solstices & Equinoxes –

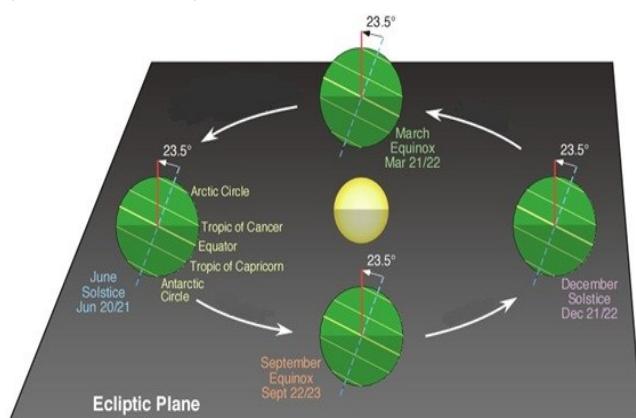
**Tilt of earth's axis** – earth's axis is inclined at an angle of 23.4° from perpendicular. This tilt of axis causes variation of sunlight exposure on earth over a year, while orbiting around the sun causes formation of seasons.<sup>[5]</sup>

There are two solstices (summer & winter), two equinoxes (vernal & autumn) for each pole.

India lies in north hemisphere of earth hence we shall discuss the solstices & equinoxes with respect to North Pole.



**Summer Solstice** – (on 20 or 21st June) in northern hemisphere, the sun rays directly fall over the Tropic of cancer; this is when North Pole is tilted closest to sun. At this time North Pole will have maximum sunlight exposure gives rise to longest day & shortest night of the year.<sup>[6]</sup> According to *Ayurveda* we can say this as start of *Dakshinayan*, but there is slight difference in date as per *Hindu* calendar & it is considered to be on July 15, when *Surya* enters in *Karka Rashi* (*Karkata Kranti*)



**Winter Solstice** – (on 21 or 22<sup>nd</sup> Dec) during this, the sunrays directly fall over the Tropic of Capricorn; this is when North Pole is tilted farthest from sun. At this time North Pole will have minimum sunlight exposure gives rise to longest night & shortest day of the year.<sup>[7]</sup> According to *Ayurveda* we can say this as start of *Uttarayan*, but there is slight difference in date as per *Hindu* calendar it is considered to be on Jan 15,

when *Surya* enters in *Makara Rashi* (*Makara Sankranti*).

**Vernal equinox** – (21st March) this is the day when sun is exactly above the equator, which makes day and night of equal lengths. It is spring or *Vasanta*.

**Autumnal equinox** – (23rd Sep) this is the day when sun is exactly above the equator, which makes day and night of equal lengths. It is autumn or *Sharad*.

**Kala classification in Ayurveda-Kala (Time)** is divided in two main components as *Sanvatsara* & *Aaturavastha*. Wherein *Sanvatsara* is a year, which is further divided in 2, 3, 6 & 12 subtypes.<sup>[8]</sup>

1. 2 = (*Uttarayan* & *Dakshinayan*)
2. 3 = (*Sheet*, *Grishma* & *Varsha*)
3. 6 = (*Shishira*, *Vasanta*, *Grishma*, *Varsha*, *Sharad* & *Hemant*)
4. 12 = (*Chaitra*, *Vaishakha*, *Jeshta*, *Aashadha*, *Shravan*, *Bhadrapada*, *Ashwin*, *Kartik*, *Margashirsha*, *Pausha*, *Magha* & *Falgun*)

A year comprises of 2 *Ayana*'s *Uttarayan* & *Dakshinayan*; they are further divided in 6 *Rutu*'s namely *Shishira*, *Vasanta*, *Grishma*, *Varsha*, *Sharad* and *Hemant*. This classification of 6 *Rutu*'s called by names as *Swasthavrittarth* or *Balavridhyarth* or *Samanya Rutu*'s or *Rutu*'s according to *Rasotpatti*. When it comes to administration of *Shodhan* or consideration of *Dosha Chaya*, *Prakop* & *Prashaman Avastha* there is a slight difference in classification. *Hemanta*, *Grishma* & *Varsha* have peculiar features of winter, summer & rainy seasons respectively. In

between of these we observe *Rutu*'s which have normal features called as *Sadharana Rutu*'s, they are *Pravrut, Sharad & Vasanta*. By this there will be 6 *Rutu*'s as *Vasanta, Grishma, Pravrut, Varsha, Sharad* and *Hemanta*.<sup>[9]</sup> *Sadharana* means that don't have too much of rain, cold or heat, hence *Sadharana Kala* is ideal for administration of *Shodhan* per se. In *Rogavastha*, when we must have to administer *Shodhan* in *Hemant, Varsha & Grishma*, we will have to do specific *Sanskaras* on *Shareera & Aushadhi*'s which will facilitate *Samyak Yoga* of *Shodhan*.

**Uttarayan (Aadana)** - Journey of sun in northern (*Uttara*) direction. *Makara Sankranti* to *Karkata Kranti* is considered as *Uttarayan* (15 Jan to 14 July) or (21 Dec to 20 June by astrology) *Aadana* is *Aagneya* (Hot) in nature.<sup>[10]</sup> Because of it *Bala* will be decreased gradually from *Shishira* to *Grishma*. It consists of 3

*Rutu*'s as *Shishira, Vasanta & Grishma*. Starting of *Uttarayan* can be taken as Winter solstice which is observed on 21 Dec. In India during winter solstice there will be already peak of winter & after it gradually summer will increase till the end of *Uttarayan*.

**Dakshinayan (Visarga)** - Journey of sun in southern (*Dakshina*) direction is called *Dakshinayan*. *Karkata Kranti* to *Makara Sankranti* is considered as *Dakshinayan* (15 July to 14 Jan) or (21 June to 20 Dec by astrology). *Visarga* is *Saumya* (cold) in nature. It consists of *Varsha, Sharad & Hemant*. Gradually *Bala* will be increase from *Varsha* to *Hemant*.<sup>[11]</sup> Starting of *Dakshinayan* can be taken as Summer solstice which is observed on 21st June. In India during summer solstice there will be about to end of summer & monsoon kicks in, after its winter will increase gradually till the end of *Dakshinayan*

**Table 1:** *Rutu* classification as per Hindu calendar:

<i>Rasotpatti Kramanusar (Swasthavrittarthartha/ Balavridh-yartha/ Samanya Rutu)</i>			<i>Dosha Chayadi Nimitta (Samshodhanarthartha)</i>		
<i>Magha</i>	Mid Jan to Mid Feb	<i>Shishira</i>	<i>Falgun (Tapasya)</i>	Mid Feb to Mid-March	* <i>Vasanta</i>
<i>Falgun</i>	Mid Feb to Mid-March		<i>Chaitra (Madhu)</i>	Mid Mar to Mid Apr	
<i>Chaitra</i>	Mid Mar to Mid Apr	<i>Vasanta</i>	<i>Vaishakha</i>	Mid Apr to Mid-May	<i>Grishma</i>
<i>Vaishakha</i>	Mid Apr to Mid-May		<i>Jeshta</i>	Mid May to Mid-June	
<i>Jeshta</i>	Mid May to Mid-June	<i>Grishma</i>	<i>Aashadha (Shuchi)</i>	Mid-June to Mid-July	* <i>Pravrut</i>
<i>Aashadha</i>	Mid-June to Mid-July		<i>Shravan (Nabha)</i>	Mid July to Mid Aug	
<i>Shravan</i>	Mid July to Mid Aug	<i>Varsha</i>	<i>Bhadrapada</i>	Mid Aug to Mid Sep	<i>Varsha</i>
<i>Bhadrapada</i>	Mid Aug to Mid Sep		<i>Ashwin</i>	Mid Sep to Mid Oct	
<i>Ashwin</i>	Mid Sep to Mid Oct	<i>Sharad</i>	<i>Kartik (Urja)</i>	Mid Oct to Mid Nov	* <i>Sharad</i>
<i>Kartik</i>	Mid Oct to Mid Nov		<i>Margashirsha (Saha)</i>	Mid Nov to Mid Dec	
<i>Margashirsha</i>	Mid Nov to Mid Dec	<i>Hemanta</i>	<i>Pausha</i>	Mid Dec to Mid Jan	<i>Hemanta</i>
<i>Pausha</i>	Mid Dec to Mid Jan		<i>Magha</i>	Mid Jan to Mid Feb	

\**Sadharana Rutu*'s - *Pravrut, Sharad & Vasanta*

**Rutucharya in different Rutu's** - Person who consumes food & changes his lifestyle according to *Rutu* his *Bala & Varna* will be increased with that *Aahara*.

#### ***Hemant Rutucharya***

Markers – Northern cold wind with, all directions surrounded by dust & smoke can be seen. Sun will be covered with *Tushar*, water stores will be covered with condensed ice. There will be sexual arousal in animals like *Kunjara, Khadgavha, Dhwanksha, Mahish* and *Urabhra*. Flowering will be seen in *Lodhra, Priyangu & Punnag*.<sup>[12]</sup>

Effect of *Rutu* – *Sheetal Sparsha* of *Vata* will prevent emission of heat from body, which will cause increase in *Jatharagni*. This can digest *Guru Aahara & Adhik Matra* of *Aahara*. If we don't provide adequate food, it will start digesting *Rasa Dhatus* of *Shareera* which may lead to *Vata Prakop*.

Ideal food- *Snigdha, Aamla* and *Lavan rasa*'s should be consumed. *Madhu* for *Anupana, Gorasa, Ikshurasa vikrutis, Vasa, Taila* and *Navatandul* should be taken. *Audak, Aanup, Medaswi, Bileshaya & Prasaha* animal's meat are consumed.<sup>[13]</sup>

*Peya – Madira, Sidhu & Panartha Ushna Jala* should be used which will prevent Ayukshaya.

*Vihara- Abhyanga, Utsadana, Shirotaila, Jenatak Sweda, Aatapsevan, Bhumigruga Nivas. Yaan, Shayan, Kaksha, Aasan* should be covered with cloths. *Guru, Ushna Vastra Dhara*, thick *Agaru Lepa* should be done. One can indulge in coitus according to desire.

**Contraindications**– *Vatala, Laghu Aahara, Pravata, Pramita Aahara* and *Udamantha*.

**Present day implication** – One can eat foods which are *guru* like *Paneer, Roti, meat preparations, Shreekhand, Basundi, Gulabjamun, Kheer, sweet dishes, Idly, Dosa, & Meduvada*. Fried items like *Puri, Vada-pav* etc., drink hot water & take *Madhu* as *Anupana*. Massage body with oil, wear warm clothes, expose to sunlight.

**Contraindications** - Avoid fasting during this season, eating less, eating refrigerated items, *Ice creams, Milkshakes, cold juices, cold water, Vatavardhak* food which are dry, light, gets digested too quickly, avoid cold exposure, travelling & cold-water bath.

### ***Shishira Rutucharya***

**Markers** – lowest temperature among all *Rutu*'s. Environment will as if eagerly waiting for strong wind & rain. Rest of the things will be same to *Hemant Rutu* with slight difference. *Rukshata* increases because of *Aadana*, while *Megha, Maruta & Varsha* causes increase in cold. Follow *Aahara & Vihara* similar to *Hemant Rutu*.

**Special indication**– stays in *Nivata & Ushna Gruha*.

**Contraindications** – *Katu, Tikta, Kashaya Rasa, Vatavardhak Laghu Sheet Aahara*.

**Present day implication** – similar to *Hemanta*.

### ***Vasanta Rutucharya***

**Markers** – Seducing northern breeze, Sky will be clear; flowering in plants like *Kinshuk, Ambhoj, Bakul, Chut* and *Ashoka* is seen. Pleasant humming of Cuckoo, Bumblebee can be heard. Sprouting of leaves in many plants is seen.

**Effect of Rutu** – *Kapha Dosha* got *Sanchit* in *Hemant Rutu* will get liquefied in *Vasanta Rutu* by sunrays, leads to *Agnimandhya* causes multiple diseases; hence *Vamanadi Karma* should be done in this *Rutu*.

**Ideal food-** *Yava, Godhum bhojana. Manmas of Sharabha, Shasha, Ena, Lavak, and Kapinjala* is preferred.

*Peya –Nirgad, Sidhu & Madhvik* are told.

*Vihara-* should do *Vyayama, Udwartana, Dhuma, Kavalagraha, Anjana, Sukhoshnjala snana, Chandan Agaru Lepa*. Along with *Vaman* we can also plan *Asthapan, Anuvasan, and Shirovirechan* according to *Dosha* vitiation. *Chaitra month* is preferred for *Vaman*.

One should decrease frequency of coitus in this season.

**Contraindications**– *Guru, Amla, Snigdha, Madhur Aahara, Divashayan*.

**Present day implication** –

*Vaman* is done in this *Rutu*; eat easily digestible food and eat food items made from *Yava & Godhum*.

**Contraindications** - sleeping in daytime; eating sweeter items, sour items like *Bhel, Panipuri, Pickles, Lemon juice* etc.

### ***Grishma Rutucharya***

**Markers** – Rise in temperature, soil turns hot, streams of rivers shrinks& surrounding becomes like lit up. *Chatak* will be wandering eagerly for rainwater. Deer etc. will be eager to drink water. Small plants, grasses & creepers will get dried off; leaves of many plants will be shed off.

**Effect of Rutu** – Hot sunrays will cause absorption of *Sneha Ansha* from body & environment.

**Ideal food** – food with *Madhur, Sheeta, Drava, Snigdha Guna, Jangal Pashu Pakshi Manmsa, Ghrita, Dugdha* with *Shali* will avoid *Grishmajanya Durbalata*.

*Peya – Sheetal Mantha* with *Sharkara*.

*Vihara- Diwaswapna* in *Sheetal Gruha*, in night sleep on terrace exposing to moonlight and cold air with application of *Chandanadi Lepa*. Wear *Moti, Mani* etc; take cold air with *Bamboo* fan soaked in *Chandanadak*. Roam in cool jungle, dip in *Sheet Jala* & do *Sheetal Pushpadharan*.

**Contraindications** – *Lavan, Amla, Katu, Ushna* items. Avoid alcohol if at all taken restrict it to very less quantity and mix it with plenty of water. Avoid *Vyayama, Maithun*.

Present day implication –Should avoid spicy, sour, salty food items like Misal, Panipuri, Bhel, spicy curries, Chips. Take sweet dishes like Kheer, Gulabjamun, Fruit juices, Ice creams, cold water, Mantha. Can take a nap in afternoon. Trip to hill station having greenery &waterfalls.

Contraindications – exercises, Maithun& afternoon outings.

### **Varsha Rutucharya**

Markers of *Rutu*- Rivers will be overflowing, flowering to *Kumud, Neelakamala* can be seen. Earth will be covered with green grass. Sky will be covered with clouds& continuous rain with slight noise will be there.

Effect of *Rutu* – it is starting of *Aadana*, causing *Durbalata* in *Shareera & Agnimandhya*. Because of *Bhushpashpa, Meghanisyandan, Amlavipak* of *Jala & Agnimandhya* causes *Tridosha Prakop*. Again, this *Tridosha, Agnimandhya & Durbala Shareera* will prevent *Utpatti of Rasa Dhatu*, leads to *Dhatu Kshaya & Vatavruddhi*. Hence in this *Rutu Sadharana Vidhi (Tridoshahara) & Agnideepak Aahara Vihara* is followed.

Ideal food – In *Paan & Bhojana Madhu* is used for *Sanskarakartha*. Eat food with evident *Amla, Lavan Rasa* with *Sneha Dravyas*. For *Agni Sanrakshanartha Yava, Godhum, Shali, Jangal pashu Pakshi Manmsa & Sanskarit Yusha*'s should be consumed.

*Peya* – *Jala* is taken with slight addition of *Madhu* or *Madvikarishta* to decrease *Shareeraja Kleda*. For drinking purpose rainwater, well water, boiled & cooled water or lake water can be used. *Vihara – Pragharsan, Udwartana, Snana, Gandha Dravya Prayoga, Sugandhi Mala Dharan*, and clothes should be neat and clean. Dwelling should be at place devoid of moisture.

Contraindications – *Udamantha, Diwaswapna, Avashyaya, Nadi Jala, Vyayama, Aatapsevan, Maithun*.

Present day implication –

Items like Panipuri, Bhel can be taken in this season. Diet should be easy to digest with adequate *Snehadravyas*. Chapatis of Wheat or Barley, soups made from pulses like *Mudga* should be consumed. For drinking

purpose harvested rainwater or boiled and cooled water of lake& well is used. It should be added with slight Honey. One should avoid sleeping in daytime, exercises, more cold items, water from river & *Maithun*.

### **Sharad Rutucharya**

Markers- Sun will be reddish yellow; Sky will be covered with white clouds and will be clear. Soil will be present with occasional dry & wet mud. Termite hills will be seen at some places. *Baan, Saptavha, Bandhuk, Kasha & Asana* plants will be seen at many places.

Effect of *Rutu* – *Sanchit Pitta* of *Varsha Rutu* gets *Prakupita* in *Sharad*.

Ideal food –*Madhur, Laghu, Sheeta, Tikta Aahara*, eat *Matrayukta Pitta Shamak* food items. *Lava, Kapinjala, Yen, Urabhra, Sharabha, Shashak manmsa* can be taken. *Shali, Yava, Godhum & Tikta Ghritapana* should be done.

*Peya – Hansodaka* (clean water from Sarovar etc. which gets hot by Sunrays in a day & cooled by Moonlight in night & detoxified by *Agatsya Nakshatra* is like a nectar) it should be used for *Paan, Snana & Avagahan*.

*Vihara –Virechan, Raktamokshan* should be done. Expose themselves to moonlight in *Pradosha Kala*.

Contraindications – Avoid *Aatapsevan, Vasa, Taila, Avashyaya, Audak, Aanup manmsa, Kshar, Dadhi, Diwaswapna, Pragvat*.

Present day implication – Take *Madhur, Laghu, Sheeta* and *Tikta Aahara*. *Aahara* should be *Pittashamak* and *Laghu* in *guna*. Food items prepared out of *Shali, Yava & Godhum* should be used more. *Virechan & Raktamokshan* should be done. Avoid afternoon outings, *Vasa, Taila* intake. Avoid eating curd and *Ksharyukta* items.

## **DISCUSSION**

In *Ayurveda* prevention has been given more emphasis. Sages were well aware of the fact that human beings are greatly influenced by changes in Day & night, effects of seasons, effects of food habits & effects of behavioral manners on human body. In order to counter them they have explained *Dincharya* (Daily regi-

men), *Rutucharya* (seasonal regimen), *Aharacharya* (Diet regimen) & *Sadvrutta* (Behavioral regimen).<sup>[14]</sup> Among this *Rutucharya* has great importance. We can see frogs and different creatures go in hibernation in winter,<sup>[15]</sup> plants shed their leaves in autumn & sprouting of leaves seen in spring, similarly *Aacharyas* had identified effects of seasons on human body & accordingly they had planned *Rutucharya*. Detailed explanation of such changes and different regimens for them have already explained above, e.g. *Kapha Prakop* in *Vasanta Rutu* and *Vaman* treatment to overcome the same. In modern science such detailing of events and measures are not explained. While planning a diet in modern science we see only calorie requirements are taken into account which is administered same throughout a year, unlike in *Ayurveda* where changes are made according to seasons. Similarly, while planning exercises also we see Modern science follows same exercises throughout a year whereas in *Ayurveda*, it varies according to seasons.

In order to implement *Rutucharya*, it becomes more important to identify the season's first. Because events and seasonal changes mentioned in *Ayurveda* & actual tropical phenomena, do not matches with *Hindu* calendar. In *Ayurveda* *Rutu*'s are classified based on two

starting points as *Uttarayan* & *Dakshinayan*. As per *Hindu* calendar *Uttarayan* falls on 14th or 15th Jan (Sun enters *Makar Rashi*), but actual tropical phenomenon (*Uttarayan* i.e. northern movement of sun) winter solstice is evident on 21st Dec. As per *Ayurveda Samhitas* we should get month of *Magha* during beginning of *Uttarayan* (14th Jan) but by *Hindu* calendar it comes *Pausha* month & lastly when we consider 14<sup>th</sup> Jan as starting of *Uttarayan* and plot *Rutu*'s from there the actual seasons doesn't match with expected *rutu*'s exactly. Based on these facts & article written by Rajen Barua,<sup>[16]</sup> we can say that our Indian calendar is out of phase with actual seasons. In order to remove these errors, we must reconsider marking of seasons. We can do this by help of facts mentioned in *Ayurveda* incorporating with Gregorian calendar & actual tropical phenomenon. *Uttarayan* is starting point from which northern movement of sun & gradual rise of temperature is told in *Ayurveda*. When we consider this as our reference point, the actual tropical phenomena which coincides with it is Winter solstice that comes on 21st Dec. After which actual northern journey of sun is evident & we can also observe that after this phenomenon, gradually temperature starts to

**Table 2:** New Classification with reference to Two Solstices

<b>Rasotpatti Kramanusr</b>			<b>Samshodhanarth</b>	
Dec 21 to Feb 20	Late winter	<i>Shishira</i>	Jan 21 to Mar 20	<b><i>Vasanta</i></b>
Feb 21 to April 20	Spring	<i>Vasanta</i>	March 21 to May 20	<b><i>Grishma</i></b>
April 21 to June 20	Summer	<i>Grishma</i>	May 21 to July 20	<b><i>Pravrut</i></b>
June 21 to Aug 20	Rain	<i>Varsha</i>	July 21 to Sep 20	<b><i>Varsha</i></b>
Aug 21 to Oct 20	Autumn	<i>Sharad</i>	Sep 21 to Nov 20	<b><i>Sharad</i></b>
Oct 21 to Dec 20	Early winter	<i>Hemanta</i>	Nov 21 to Jan 20	<b><i>Hemanta</i></b>

rise which is considered as *Adana Kala* that lasts for six months. Similarly, *Dakshinayan* can be considered from June 21st after which southern journey of sun begins & temperature gradually starts dropping called *Visarga kala*. In this way, when we consider above two reference points & then we plot six *Rutu*'s in between them as order mentioned in *Samhitas*. It will give rise to *Rutu*'s as mentioned in *Samhitas* & they will also match with actual seasonal changes with respect to India.

## CONCLUSION

For prevention of NCD's & infective diseases *Ayurveda* provides comprehensive preventive measures through adopting healthy diet & lifestyle through *Rutucharya*. Unlike modern medicine, *Ayurveda* takes account of required variations in diet & exercises based on effects on body, during environmental changes in different times of day & different times of season. According to these variations different *Rutu*-

*charya's* are told. Though detailed *Rutucharya* is explained in *Ayurveda* it is difficult to decide exact dates of seasons as per *Hindu* calendar, because they are out of phase with actual tropical events. With help of benchmarks told in *Ayurveda* as *Uttarayan* & *Dakshinayan*, along with the help of seasonal markers told in *Sushrut Samhitas*, we can decide exact dates of *Rutu's* & then accordingly we can plan our *Rutucharya*. Based on principles of *Ayurveda* & different *Siddhantas* we must understand *Guna*, *Karmas* of different present-day food articles because at present we don't use every food items that were in use at ancient times. By doing this we can implicate them at present times as per *Rutucharya*.

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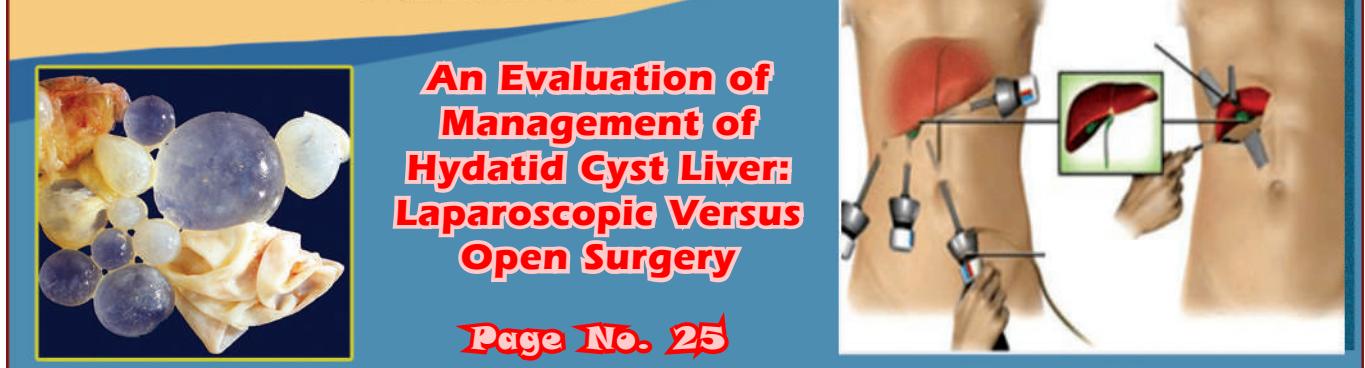
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(Pages : 1-52)

**EDITORIAL**

Omicron Variant ..... 07

**GENERAL**

**Novel Carbapenem for the treatment of Complicated urinary tract infections**

*Rimjhim Sahu, Vijay Thawani* ..... 08

**A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge and Practices of 'Aseptic Technique' Among Operation Theatre Nurses Working in Selected Hospitals, Villupuram District**

*Aruna, Vaishnavi, Malathi* ..... 10

**Ominous Omicron of COVID**

*Rama Prasad T.* ..... 15

**Brain and Behaviour**

*Srinivasan K.* ..... 23

**An Evaluation of Management of Hydatid Cyst Liver:**

**Laparoscopic Versus Open Surgery**

*Gupta S.P., Sandeep Agarwal* ..... 25

**CASE REPORT**

**Gastric Diverticula - A Case Report**

*Mayank Jain* ..... 30

**ALTERNATIVE MEDICINE**

**Applicability of Panchakarma in Vatarakta: A Literary Study**

*Ravikumar B Patil, Sachin S. Waghmare* ..... 31

**Exploring the Evidences of Periodontology (Eeru/Palladi Noigal) and its Application in Siddha Medicine**

*Jeyavenkatesh J., Sridhar S., Roja Ramani S.* ..... 39

**Sutika Paricharya in Ayurveda**

*Shubhangi Goraksha Darandale, Dilip Katare* ..... 43

Occasional Review ..... 46

Gleanings ..... 47

Glimpse into history ..... 48

Medi Quiz ..... 49

Case of the month ..... 50

# Applicability of Panchakarma in Vatarakta: A Literary Study

RAVIKUMAR B PATIL, SACHIN S. WAGHMARE

## Introduction:

Vatarakta is a disease which afflicts the normal living of human being, with occurrence of severe pain, burning sensation, and many more symptoms. The vata dosha and rakta get vitiated and leads to the formation of vatarakta.<sup>1</sup> There is another one synergistic effect occurs as vitiated rakta does the aavarana to vata dosha which in turn provoke the vata dosha and increases the severity of the disease. The removal of aavarana and pacification of dosha is the prime aim of the treatment. In Ayurvedic classics different panchakarma procedures have been described in the management of Vatarakta. Hence in the present paper the applicability of different panchakarma procedures as per the condition and stages of disease has been described.

## Aim and Objective:

To Understand the applicability of different panchakarma procedures in Vatarakta. Objective: To study the different stages of vatarakta.

To Study the treatment principles of different stages of vatarakta.

## Materials and Method:

Materials: The Ayurvedic classical text, Charaka samhita,

Sushruta Samhita, Ashtanga Hradaya Methodology: This is a literary Descriptive study.

## Observations:

### Nirukti of vatarakta

The disease caused due to vata and rakta is derived as vatarakta.<sup>2</sup>

## Paryaya:

Vatashonita Adhya vata: This affects the rich people.<sup>2</sup>

## Nidana:

The nidana described for the vatarakta can be divide as Aharaj & Viharaj nidana.<sup>3,4</sup>

Table no.:1 Nidana for Vatarakta

Aharaja nidana	Viharaja nidana
Excessive intake of Kashaya, katu, tikta, amla, lavan a and ksara rasas pradhana aahara	Mithya vihara
Snigdha, ushna, ruksha gunayukta ahar sevana in excess.	Ativyayam, vibhrama, avyavaya.
Alpabhojana, Abhojan, Adhyashana, Virudhashana, Mishtanna sukhbhojana, mithya ahara sevana	Sthula, Achankramansheelata, Divaswapna, Aswapna.
Rutu satmya viparyasat snehadi sevana	Adhva, hasti, ashva, ushtrayana, krodha, prajagarana
Klinna shushka mamsa sevana	Abhigata, ambukrida, plavana, langhana
Excessive intake of pinyaka, mulaka kulatha, masha, nishpav, shaka, palal, ikshu, dadhi, hyaranala.	Sukumaranam
Excessive use of Sauvira, Shukta, Takra, Sura and Asava preparations.	Ushnakaleatyadhwa, Veganigrahana, Sthulanam, Sukhinam.

## Samprapti:<sup>5,6</sup>

Due to above nidanas doshas get vitiate and the doshas get lodged in sandhies. The main and first site of manifestation is pada mula and then hasta and pada and from there onwards spread upwards. The process of spreading of manifestations can be understood by the similar nature to that of rat poison.

## Samprapti ghatakas:

Dosha - Vata

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Dooshya	- Rakta
Ama	- Mandagnijanya
Agni	- Mandagni
Udhhavasthana	- Amapakvashaya
Sancharasthana	- Sira
Vyakthasthana	- Sandhi
Srotas	- Raktavaha, Asthivaha, Majjavaha
Srothodushti prakaara	- Sanga
Rogamarga	- Madhyama

**Classification:**

Vatarakta classified into two kinds, based on the site of pathogenesis and again classified further based on Doshik predominance.<sup>7,8,9,10,11,12</sup>

**Depend on site of pathogenesis:**

1. ***Uttana Vatarakta*** - where twak & mamsa are involved
2. ***Gambhira Vatarakta*** - all other dhatus taking part in pathogenesis
3. ***Ubhayashrita Vatarakta*** - signs & symptoms of both the types are present.

**Classification According to Doshik predominance:****Table no.:2**

Types	Ch.sa.	Su.sa.	Ast.sa.	Ast.hr.	Ma.ni.	Ba.pra.
Vatadhika	+	+	+	+	+	+
Pittadhika	+	+	+	+	+	+
Kaphadhika	+	+	+	+	+	+
Raktadhika	+	+	+	+	+	+
Samsarga	+	+	+	+	+	+
Sannipata	+	+	+	+	+	+

**Purva rupa:**

The different Purvaroopa in Vatarakta as per different Acharyas are mentioned below.

**Table no.:3**

Purvaroopa	Ch.sa.	Su.sa.	Ast.sa	Ast.hr.	Ma.ni.	B.P.
Atisweda/Asweda	+	-	+	+	+	+
Karshnyata	+	-	-	-	+	+
Sparshagnata	+	-	-	-	+	+
Kshate atiruk	+	-	-	-	+	+
Sandhi shaithilya	+	+	+	+	+	+
Alasya	+	-	-	-	+	+
Sadana	+	-	+	+	+	+
Pidikodgama	+	-	-	-	+	+
Nistoda	+	+	+	+	+	+

Sphurana	+	-	+	+	+	+
Bheda	+	-	+	+	+	+
Gourava	+	+	+	+	+	+
Supti	+	+	+	+	+	+
Kandu	+	-	+	+	+	+
Sandhiruk	+	-	-	-	+	+
Vaivarnya	+	+	+	+	+	+
Mandalotpatti	-	+	+	+	+	+
Shitalata	-	+	-	-	-	-
Osha	-	+	-	-	-	-
Daha	-	+	+	+	+	+
Shopha	-	+	-	-	-	-
Twak parushya	-	+	-	-	-	-
Siradhamani spandana	-	+	-	-	-	-
Sakthi dourbalya	-	+	-	-	-	-
Atishlakshna khara sparsha	-	-	+	+	+	+
Shrama	-	-	+	+	+	-
Vranaadhika Shula, chira sthiti	-	-	+	+	+	-
Romaharsha	-	-	+	+	+	-
Asrija kshya	-	-	+	+	+	-

**Rupa:****Uttana vatarakta: Table no.:4**

Rupa	C.s	S.s	A.s	A.h	M.n	B.p
Kandu	+	-	+	+	-	+
Daha	+	-	+	+	-	+
Ruja	+	-	-	-	-	-
Ayama	+	-	+	+	-	+
Toda	+	-	+	+	-	+
Spurana	+	-	+	+	-	+
Kunchana	+	-	-	-	-	-

Shyavarakta / Rakta twak	+	-	+	+	-	+
Bheda	-	-	+	+	-	+
Gourava	-	-	+	+	-	+
Suptata	-	-	+	+	-	+

**Gambhira Vatarakta: Table no.: 5**

Rupa	C.s	S.s	A.s	A.h	M.n	B.p
Shvayathu stabdhata	+	-	-	-	-	+
Svayathu kathinya	+	-	-	-	-	+
Bhrisharthi	+	-	-	-	-	+
Shyavata	+	-	-	-	-	+
Tamra twak	+	-	-	-	-	+
Daha	+	-	-	-	-	+
Toda	+	-	+	+	-	+
Sphurana	+	-	-	+	+	+
Paka	+	-	-	-	-	+
Ruja	+	-	-	-	-	+
Vidaha	+	-	+	+	-	+

Vatasya Sandhi asthi majjasu	+	-	-	-	-	+
Chindaniva charanam						
Khanjatva	+	-	+	+	-	+
Pangutva	+	-	+	+	-	+
Adhika parvaruk	-	-	+	+	-	-
Svayathu gratithata	-	-	+	+	-	-
Vatasya sarva sharira charana	+	-	+	+	-	-
Angasya vakrikarana	+	-	+	+	-	-

**Vatadhika Vatarakta: Table no.: 6**

Rupa	C.s	S.s	A.s	A.h	M.n	B.p	Y.r
Sirayama	+	-	-	-	-	+	-
Shula	+	-	+	+	+	+	-
Spurana	+	-	+	+	+	+	-
Toda	+	-	+	+	+	+	-
Shothasya karshnyam	+	-	+	+	+	+	-
Shothasya roukshya	+	-	+	+	+	+	-
Shothasya shyavata	+	-	+	+	+	+	-
Shotha vriddhi/hani	+	-	+	+	+	+	-
Sandhisankocha	+	-	+	+	+	+	-
Dhamani anguli sandhi sankocha	+	-	+	+	+	+	-
Angagraha	+	-	+	+	+	+	-
Atiruk	+	-	+	+	+	+	-
Stambhana	+	-	+	+	+	+	-
Sheeta pradvesh	+	-	+	+	+	+	-

Sparshodwigna	-	+	-	-	-	-	-	+
Kunchana	+	-	-	-	-	+	-	-
Bheda	-	+	+	+	+	-	-	+
Prashosha	-	+	-	-	-	-	-	+
Swapa	-	+	+	+	+	+	-	+
Sheetanupashaya	-	-	+	+	+	-	-	-
Vepathu	-	-	+	+	+	-	-	-

**Pittadhika Vatarakta: Table no.:7**

Rupa	C.s	S.s	A.s	A.h	M.n	B.p	Y.r
Vidaha	+	-	+	+	+	+	-
Vedana	+	-	+	+	+	+	-
Murcha	+	-	+	+	+	+	-
Sweda	+	-	+	+	+	+	-
Trishna	+	-	+	+	+	+	-
Mada	+	-	+	+	+	+	-
Bhrama	+	-	+	+	+	+	-
Paka	+	-	+	+	+	+	-
Raga	+	+	+	+	+	+	+

Bheda	+	-	-	-	-	-	-	-
Shosha <sup>41</sup>	+	-	-	-	-	-	-	-
Ugradaha	-	+	-	-	-	-	-	+
Ati ushnatwam	-	+	+	+	+	+	+	+
Shophasya mrudutwam <sup>42</sup>	-	+	-	-	-	-	-	+
Sammoha	-	-	+	+	+	+	+	-
Sparsha akshamatwa <sup>43</sup>	-	-	+	+	+	+	+	-

**Kaphadhika Vatarakta: Table no.:8**

Rupa	C.s	S.s	A.s	A.h	M.n	B.p	Y.r
Staimithya	+	-	+	+	+	+	-
Gourava	+	-	+	+	+	+	-
Snehatwa	+	-	+	+	+	+	-
Supti	+	-	+	+	+	+	-
Mandaruja <sup>44</sup>	+	-	+	+	+	+	-
Kandu	-	+	+	+	+	+	+
Swetata	-	+	-	-	-	-	+
Sheetata	-	+	+	+	+	+	+
Sopha	-	+	--	-	-	-	+
Peenatwa	-	+	-	-	-	-	+

**Raktadhika vatarakta: Table no.:9**

<b>Rupa</b>	<b>C.s</b>	<b>S.s</b>	<b>A.s</b>	<b>A.h</b>	<b>M.n</b>	<b>B.p</b>	<b>Y.r</b>
Shotha	+	-	+	+	+	+	+
Ati ruk	+	-	+	+	+	+	+
Toda	+	-	+	+	+	+	+
Tamra varna	+	-	+	+	+	+	+
Chimchimayana	+	-	+	+	+	+	+
Snigdharuksha shamam nati	+	-	+	+	+	+	+
Kandu	-	-	+	+	-	-	-
Kleda	-	-	+	+	-	-	-

**Upadrava : Table no.:10**

<b>Upadrava</b>	<b>C.s</b>	<b>S.s</b>	<b>A.s</b>	<b>A.h</b>	<b>m.n</b>	<b>B.p</b>	<b>Y.r</b>
Aswana	+	-	+	+	+	-	-
Arochaka	+	+	+	+	+	+	+
Swasa	+	+	+	+	+	+	+
Mamsa kotha	+	-	+	+	+	+	-
Sirograha	+	-	+	+	+	+	-
Murcha	+	+	+	+	+	+	+
Mada	+	-	+	+	+	+	-
Ruja	+	-	+	+	+	+	-
Trishna	+	+	+	+	+	+	+
Jwara	+	+	+	+	+	+	+
Moha	+	-	+	+	+	+	-
Pravapaka	+	-	+	+	+	+	-
Hikka	+	-	+	+	+	+	-
Pangulya	+	-	+	+	+	+	-
Visarpa	+	-	+	+	+	+	-
Paka	+	-	+	+	+	+	-
Toda	+	-	+	+	+	+	-
Bhrama	+	-	+	+	+	+	-

Klama	+	-	+	+	+	+	-
Anguli vavrata	+	-	+	+	+	+	-
Spota	+	-	+	+	+	+	-
Daha	+	-	+	+	+	+	-
Marmagraha	+	-	+	+	+	+	-
Arbuda	+	-	+	+	+	+	-
Pranakshaya	-	+	+	+	+	+	+
Mamsakshaya	-	+	+	+	+	+	+
Kasa	-	+	+	+	+	+	+
Stabdhata	-	+	+	+	+	+	+
Avipaka	-	+	+	+	+	+	+
Visarana	-	+	+	+	+	+	+
Sankocha	-	+	+	+	+	+	+

#### **Sadhyaa sadhyatha:**

*Ekadosha, Nava* - Sadhya

*Dwidoshaja* - Yanya

*Tridoshaja, Upadravayuktha-*  
Asadhyaa

#### **Vatarakta chikitsa:**

Sushrutacharya describes the selection of vatarakta patient to be treated as, i.e, who is not suffering with Prana kshaya, Stambha, Mamsa kshaya, Jwara, Murcha, Swasa, Kasa, Arochaka, Avipaka, Sankocha, who is balavanta atmavanta and upakaranavanta<sup>13</sup>

#### **Shodhana chikitsa in vatarakta:**

Raktamokshana is prime line of treatment in vatarakta, in Charaka samhita as per the specific conditions different Raktamokshana measures can be adopted.<sup>14</sup>

#### **Jaloka:**

The presence of Ruja, Daha, Shula, Toda. Shringa, Tumbi: Supti, Kandu, Chimchimayana.

#### **Siravyadha, Pracchanna:**

When the manifestation occurs

from one place to another place in body.

#### **Contraindication for Raktamokshnsa:**

Muscle wasting, Ruksha, Vatapradhana, Shotha, Stambha, Kampa in these condition Raktamokshana is contraindicated in vatarakta.

After Raktamokshana Vamana, Virechana, Basti karmas should be done followed by proper Samsarjana karma.

After proper Snehana Snehayukta virechana or Ruksha virechana should be done with Mridu virechana dravyas.

Niruha and Anuvasana Basti should be administered frequently.

#### **Specific line of treatment:<sup>15</sup>**

#### **Uthana vatarakta :**

Alepana, Abhyanga, Parisheka and upanaha.

#### **Gambheera vatarakta :**

Virechana ,Basti and Snehapana.

#### **Vata pradhana vatarakta:**

Sarpi,Taila,Vasa,Majja should

be used for paana abhyanana and basti karmas. The same should be used for Upanaha also. Purana gritha pana of Aja ksheera with ardra taila. Kakolyadi gana sadhita taila prayoga. Shatapaka bala taila Gritha, Taila, Vasa,

Majja are used for preparing Pancha payasa for Upanaha purpose.

#### **Pitta pradhana vatarakta:**

Virechana, Grithapana, Ksheera pana, Pariseka, Basti, Sheetala nirvapana<sup>53</sup>. Draksha, Aragvada, Katphala, payas, madhuka, chandana, kashmarya sadhita kashaya pana, shatavari, madhuka, patola, triphala, katukarohini, sadhita kashaya pana.

Guduchi kashaya pana, chandanadi kashaya pana, madhura, tikta, kashaya dravya sadhita sarpi, parishek with kashaya prepared out of bisa, mrinala, padmaka, sharkara and ksheera, pariseka with dugdha, ikshu rasa, madhu sharkara, with kanjika. Abhyang with jivantyadi gritha kakolyadi gritha, shalyadi

drugs mixed with danyamla and applied. Sheetala dravya sadhita pralepa.

#### **Rakta pradhana vatarakta:**

Virechana, ghrita pana, kseera pana, pariseka, basti, and sheetala nirvapana. Treatment explained for pittolbana vatarakta, bahushacha shonita mokshana, sheetatma pradeha.

#### **Kapha pradhana vatarakta:**

Mridu vamana, avoid sneha, parisheka and langhana. Application of koshna lepa. Amalaka haridra kashaya with madhu. Triphala kashaya pana, madhuka, sringavera, haritaki, katukarohini kalka with honey. Guda haritaki, tila gomutra, sura, shukata, kaphagna aushadhi sadhita kwath for pariseka. Mastu, mutra, sura sariva, padmaka sadhita ghrita for abhyanga. Tila sarshapa, atasi, yavachurna mixed with shleshmataka, kapitha, madhu and shigru and ksarodaka, gomutra to use pradeha. Lepa of shalaparni, prishanaparni, brihati mixed with kseera.

#### **Upadrava chikitsa:**

In case rakta and pitta ativriddhi, the affected area will soon undergo paka and gets opened thus vidagdha rakta or puya coming out through it. In such cases Bhedana Shodhana and Ropana should be done. In case if upadravas occur they should be treated (upadrava swarupa roga) accordingly as explained in chikitsa prakarana.

#### **Pathyapathy of vatarakta:**

##### **Pathya:**

Abhyanga, seka, upanaha and pralepana in utthana vatarakta Snehapana, asthapana basti and virechana in gambheera vatarakta Rakta mokshana with suchi, jaluka, shringa, alabu, shatadhauta ghrita abhyanga, mahishee dugdha sevana in both the conditions.

Yava, shashti, neevaraka, lama, aruna shali, godhuma, chanaka, mudga, tuvarya, makustaka sevana. Kseera of aja, mahishi, gava. Lava, tittiri, sarpavit, tamrachuda etc (vishkira mamsa) Shuka kapot chatakadi pratuda mamsa Upodika, kakmachi, vetagra, sunishannaka shaka. Vastuka karvellaka, tanduliya, prasaranee, pattura, vridha kushmanda, sarpi, shampaka pallavam, patola, rubutailam, mridveeka, shweta sarkara, navaneeta, somvalli, kasturi, shweta chandana. Shimshipa, devahva, sarala sadhita sneha mardanam, tikta rasa sadhita pathya.

##### **Apathy:**

Divaswapna, agnisantapa, vyayama, atapa, maithunam. Diet prepared out of masha, kulatha, nispava, kalaya, ksara. Ambuja, anupa mamsa sevana, virudha ahara, dadhi sevana. Ikshu, mulaka, madya, pinyaka, amla rasa pradhana ahara sevana. Katu, ushna, lavana, guru abhishyandi ahara, saktu sevana.

#### **Discussion:**

Vatarakta is a disease which occurs due to the vitiation of vata and Rakta. Furthermore the vitiated Rakta does obstruction to the Vata because of which aggrivation of vata increases.

In Ayurvedic classics different aspects of vatarakta has been described. The management of vatarakta should be done as per the condition of doshas and occurrence of sign symptoms. The shodhana chikitsa is important in management of vatarakta, as virechana, raktamokshana.

As per the requirement, mrudu sneha or ruksha virechana can be applied. The blood letting is useful to remove out the obstruction of vitiated rakta to vata. As per the sign and symptoms pracchnaa, siravyadha, jaloka can be applied.

#### **Conclusion:**

Vatarakta is having different presentations as per the indulgence of dosha. The management differs accordingly the presentation of disease.

The panchakarma plays pivotal role in samprapti vightana by the application of virechana, raktamokshna.

Raktamokshna removes the obstruction of vitiated rakta to vata dosha.

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