



ICIAML D-2018

**CONFERENCE
PROCEEDINGS**

1st International Conference On

Integrated Approach to Management of Lifestyle Disorders

Jointly Organized by :

**Department of Kayachikitsa
Faculty of Ayurveda, Institute of Medical Sciences
Banaras Hindu University, Varanasi, Uttar Pradesh.
& IConference, Ghaziabad.**



27th & 28th October 2018

Venue

K.N. UDDUPA AUDITORIUM

**Institute of Medical Sciences, Banaras Hindu University,
Varanasi, Uttar Pradesh**

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1st International Conference on Integrated Approach
to Management of Lifestyle Disorders

ICIAML D-2018

27th & 28th October, 2018

In BHU, Varanasi, India

Chief Guest

Dr. Jagdish Prasad Agrawal

Dean, Institute of Medicine
Tribhuvan University
Kathmandu, Nepal

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ABOUT BHU

Banaras Hindu University is an internationally reputed temple of learning, situated in the holy city of Varanasi. This Creative and innovative university was founded by the great nationalist leader, Pandit Madan Mohan Malviya, in 1916 with cooperation of great personalities like Dr Annie Besant, who viewed it as the University of India. Banaras Hindu University was created under the Parliamentary legislation - B.H.U. Act 1915. It played a stellar role in the independence movement and has developed into the greatest center of learning in India. It has produced many great freedom fighters and builders of modern India and has immensely contributed to the progress of the nation through a large number of renowned scholars, artists, scientists and technologists who have graced its portals. BHU is one of the most prestigious central University in the country. The university has two campus-main campus at Varanasi and Rajiv Gandhi South campus at Barkachha, Mirzapur with 5 Institutes, 16 Faculties, more than 150 Departments, 4 Advanced Centers and 4 Inter Disciplinary Schools. Pt. Madan Mohan Malviyaji himself was believer of traditional system of medicine and in the year 1922, Ayurveda was established as a unit in Faculty of Oriental Learning and Theology. In 1927, AMS Degree course was started under Faculty of Medicine and Surgery (Ayurveda). In 1963, a Postgraduate Institute of Indian Medicine was established. In 1971, College of Medical Sciences (which was established in 1960) was merged with Post graduate Institutes of Indian Medicine and Institute of Medical Sciences came into existence with joint faculty. In 1978, the joint faculty was divided into Faculty of Medicine and Faculty of Indian Medicine, which was later renamed as Faculty of Ayurveda in the year 1985. In 1999, undergraduate course was restarted as BAMS degree. The university has completed 102 years of its establishment.

ABOUT ICONFERENCE

IConference is one of the leading scientific conference organizers in National Capital Region (Ghaziabad). We organize seminars and national and international conferences in all academics and research subjects related to Medical Science, Engineering, Technology, General Science, Social Science, Humanities, and Business Management. Being one of the best conference organizers, we organize the best quality conferences all round the globe. IConference works with many partners around the globe including leading universities and journal publishers.

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3. International Journal of Research in Science & Technology (e-ISSN : 2249-0604, p-ISSN: 2454 - 180X) www.ijrst.com

4. International Journal of Transformations in Business Management (e-ISSN : 2231-6868, p-ISSN : 2454-468X) www.ijtbm.com
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पो.ब.नं.: १५२४, काठमाडौं, नेपाल।
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Tribhuvan University
Institute of Medicine
Office of the Dean
Maharajgunj, P.O. Box: 1524
Kathmandu, Nepal
Ph.# 4410911, 4412040, 4413729, 4418187

पत्र संख्या / Ref.:-

मिति / Date:-



I am pleased to know that the Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University and Iconference, Ghaziabad are jointly organizing the First International Conference on Integrated Approach to Management of Lifestyle Disorders.

Because of the materialistic approach to life along with other factors, lifestyle disorders are becoming a serious threat to the world and it is high time that we start to think firstly about preventing them, and if it has already happened then focus on keeping them under control. An isolated approach by any science may not be sufficient. We need to have a multi stakeholder, integrated approach to solve the problem. Ayurvedic approach can be amalgamated with modern medical science, spirituality, good governance, honesty and dedication in each and every sphere of life to prevent many life style disorders which in turn may help to lead a happy and healthy life.

The deliberations in the forthcoming conference on diversified thematic issues related to lifestyle disorders and their management by national and international resource faculties will definitely be beneficial to all concerned.

I would like to congratulate the organizers of the conference and wish a Grand Success of ICIAMLD -2018.

Prof. Dr. Jagdish Prasad Agrawal
Dean
15th October 2018



प्रो०सत्यनारायण सिंह

निदेशक

आयुर्वेद सेवाए,

उ०प्र० |

ई-मेल : ayurvedicdirectorate1995@gmail.com

दूरभाष : 0522-2287085

मोबाइल नं: 9565529367

आयुर्वेद निदेशालय, नवम् तल

इंदिरा भवन, अशोक मार्ग

लखनऊ |

दिनांक : 10/10/18.



Dear Prof. Rajendra Prasad,

I am glad to know that department of Kayachikitsa is in association with I conference, Ghaziabad organizing international conference on life style disorders. Life style disorders are really a big problem of today's society and any amount of discussion and researches done in this area is insufficient. Therefore I recommend and support this type of activities strongly. Further I extend my sincere best wishes for successful organization of event and congratulate the entire organizing team for organizing this important conference on burning topic of common man.

Prof. S. N. Singh



No. Dean/FAY/2018-2019/

Dated: 12-10-2018



Message

I am happy to learn that the Department of Kayachikitsa is organizing 1st International Conference on “**Integrated Approach To Management of Lifestyle Disorders (ICIAML D) -2018**” on 27-28 October, 2018. I congratulate the organizers for visualizing the need to debate on this aspect of our traditional knowledge.

Lifestyle disorders are a great problem in Medical Science. Now a days, since its pathogenesis is multi etiological, so its treatment must be multi targeted which is consistent with the Ayurvedic concepts of holistic treatment through management of Tridosha. Besides the physiological targets, the brain functions are also important for management of these life style mediated chronic diseases, as most of them are psychosomatic in nature. Since, the blood brain barrier does not allow many drugs to enter into the brain, so the behaviour therapy including, meditation and training of brain is most important. I am sure the participants will deliberate on these issues and consider the three pillars of Ayurveda i.e. *Ahar, Nidra and Bramhacharya* and also their biochemical mechanism of action.

The Department of Kayachikitsa may pay a leading role in this field, by collaborating with other departments in BHU and outside. I wish all the success to the organizers and participants.

(Prof. Yamini Bhusan Tripathi)

Dean,
Faculty of Ayurveda,
IMS, BHU



आइएम

पतंजलि योगपीठ (ट्रस्ट) Patanjali Yogpeeth (Trust)

क्रमांक
S.No. :

दिनांक
Dated :

MESSAGE

It is really glad to know that Banaras Hindu University, Varanasi is organizing "1st International Conference on Integrated Approach to Management of Lifestyle Disorder".

I am pleased to note that the International Conference on "Integrated Approach to Management of Lifestyle Disorder" will provide an opportunity to different stakeholder of the Ayurveda and Other Medical science professionals to discuss Scientific & Technical breakthroughs that are changing the landscape of Ayurveda and Medical Science. This conference will also encourage the young generations about the potential of Ayurveda and medical science. The Conference will surely help to spread awareness about Ayurveda to achieve its full potential all around the globe.

I really appreciate the extensive efforts of the Banaras Hindu University, Varanasi to organizing an International Conference on "Integrated Approach to Management of Lifestyle Disorder". The selected topic highlights innovative ways to increase the growth of Ayurveda around the globe.

I extend my warm greetings and best wishes to all participants. I wish the Grand Success of the 1st International Conference on Integrated Approach to Management of Lifestyle Disorder.

"Good Wishes for Your Generous and Innovative Initiative".

(Acharya Bal Krishna)

**Department of Kayachikitsa
Institute of Medical Sciences
Banaras Hindu University**

**Prof. J S Tripathi
MD (Ay.), Ph.D., D.Sc.(Hon.), Dip.Yoga
Prof. & Head**

**Phone: 91-542-2307546
e-mail: drjstripathi@rediffmail. com
Profjst @gmail.com**



Message

The Kayachikitsa is the most Vibrant & versatile discipline of Ayurveda and is the major clinical department of the faculty of Ayurveda ,IMS, BHU. The department is essentially concerned with undergraduate, postgraduate & doctoral education, research and patient care in the area of Ayurvedic Internal Medicine and its clinical specialties. In the pursuit of its academic excellence & to commemorate the centenary year celebrations of the Banaras Hindu University, in the recent years the Department has organized a series of National & International Seminars/Workshops in its different subspecialities - *National Seminar on Psychosomatic Disorders :Current Perspectives in the management (March'15)*, *International Conference on Recent Innovations in Ayurvedic Sciences & Technology-ICRIAST (Oct.2015)*, *National Workshop on Non- Pharmacological Management of Cardio-Respiratory Diseases (July 2016) , National Seminar on Fundamentals of Ayurvedic Research (August 2016)*, *National seminar on Role of Ayurveda in Rakta Pradoshaja Vikaras (Blood Born Diseases)-Dec.2016*, *National Workshop on clinical approaches of Charak samhita (23-30thJan2018)*, *National Workshop on Psycho-oncology, Cognitive Behaviour Therapy(CBT) & Rational Emotive Behaviour Therapy(REBT)(6-12 February2018)*, *International Seminar on Multi-disciplinary approaches to Non Communicable Diseases (NCD's)" (6th&7th April 2018)* in association with All India Association of PG Specialist

Association (AIASPGA), Varanasi Branch and National seminar on Panchgavya Chikitsa (22nd & 23rd Sept 2018).

In this series, the present conference entitled “*International conference on Integrated Approach to management of Lifestyle disorders*” is being organized in collaboration with i- Conference, Ghaziabad (27th & 28 October 2018) with focus on the recent advances in the Ayurvedic management of these disorders. Broadly, these disorders are caused by a variety of endogenous & exogenous factors including Lifestyle factors & environmental stressors etc. The present international **Conference envisages** to broadly discuss on various aspects of these disorders and recent advances & researches in their management . It aims to bring together leading academicians, scientists, researchers and research scholars to exchange and share their experiences and researches about the scientific research work done in this area. It also provides the premier interdisciplinary forum for researchers, practitioners and educators to present and discuss the most recent innovations, trends, and concerns along with the practical challenges encountered and the solutions adopted in the management of Lifestyle disorders. At this moment, I thank Prof. Rajendra Prasad, the Chairperson and Dr Ajai Kumar Pandey ,the Organizing Secretary for all their efforts . I would also like to specially thank *Ms Gunjan Bansal*, the director of IConference for her sincere and dedicated efforts in organizing the event.

I warmly welcome all the invited speakers, Delegates & participants in the seminar on behalf of the Department & hope they'll be contended with the discussions & deliberations.

With warm greetings,

Dated: 10-10-2018

(Prof. J S Tripathi)

From the Desk of Organizing Chairman



Prof. Rajendra Prasad,

Deptt. of Kayachikitsa

Faculty of Ayurveda, I M S, B H U, Varanasi (U.P.) INDIA

It gives me immense pleasure to inform you that we are organizing International Conference on **"Integrated Approach to Management of Life style Disorders"** with collaboration of 'IConference Ghaziabad'. Life style disorders are mega issues in present time mainly in the field of medical science as well as social managements. These are the ailments which are very difficult to avoid because most of the time they appears innocently or unknowingly. Someone is performing his/her daily life routine normally as per their living standard or knowledge about health, in due course of time some life style disorder gives them suffering about which he was unaware that why it happened ? Sometimes someone is aware about the etiology of disorder by which he is suffering or in the process of diseases progression but he cannot avoid the factors due to job issues or other social, financial or personal reasons. The common life style disorders like Heart diseases, Obesity, Diabetes mellitus, Hypertension, Psycho somatic disorders, Joint disorders etc are always disabling and sometimes become life threatening too. Therefore it is very important to take care of prevention as well as possible cure from these disorders by means of multiple approaches so that we can contribute a little to create a healthy people, healthy society and a healthy nation too.

In this conference experts and delegates from different parts of India as well as world having wide knowledge of their fields are expected to participate and share their views regarding the concerned issues. The discussions and conclusion drawn from this mega event will definitely open new doors of hope to tackle all issues regarding life style disorders and help mankind to bring up a healthy society. I wish all success to whole organizing team and welcome all delegates, experts as well as guests in this conference. Hope you will enjoy your stay at Varanasi, the oldest ever known city in the world and carry back nice experience along with sweet memories.

Organizing Chairman

Dr. Ajai Kumar Pandey

Organizing Secretary

Department of Kayachikitsa
Faculty of Ayurveda, Institute of Medical Sciences,
Banaras Hindu University,
Varanasi- 221005, U.P, India.
Mail id: drjaipandey@gmail.com & drjai@bhu.ac.in



MESSAGE

It gives me great Pleasure in welcoming you to the ' 1st International Conference on-Integrative Approach to Management of Lifestyle Disorders (IAMLD) ', which is jointly organized by Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University & IConference, Ghaziabad, on 27th & 28th October, 2018 at K.N. Udapa Auditorium of IMS, BHU, Varanasi. First of all the venue itself has been the oldest seat of learning particularly for the Ayurveda, Science and art of healing.

With the advancements in Science & technology, and rapid industrialization brought a lot of changes in the way of lifestyle of a person over the years, which may lead to develop many lifestyle disorders. In recent years evidences supports that lifestyle disorders are the biggest killer and emerged as huge economic burden in India. The available conventional medical facilities are not up to the mark to manage such type of disorders in totality. The Scholars and researchers are inclined to search out safe and effective measures from alternative healthcare resources including Ayurveda. Centuries old Ayurveda enjoyed unquestioned patronage for the diathesis of majority diseases in terms of faulty dietary & lifestyle errors and the proper & judicious implementation of the same are advocated for their management. In this emerging scenario the judicious use of biomedical sciences and Ayurveda may surely help to the prevention and management of lifestyle disorders and it will be profitable to individual sufferer and the Nation. With this background the theme of the conference has been aptly chosen by the members of organizing committee to update the knowledge of the Ayurvedic practicing Physician, researchers & scholars on many common problems and remedial measures of lifestyle disorders.

The conference is likely to be attended by more than 200 participants and 20 guest speakers. We sincerely hope that our guests and participants will be benefitted from the rich experience of the eminent speakers and blessings of holy abode of Kashi Vishwanath and Ma Ganga. I am sure the participants and guest speakers will have everlasting memories of IAMLD 2018.

I would like to acknowledge my highest appreciation to guest speakers, members of organizing committee and volunteers who worked hard for realizing this event.

(Dr. Ajai Kumar Pandey)



ICONFERENCE

Sanjay Nagar, Ghaziabad, India

Mob: +91-9555269393

E-mail: info@iconference.in

Web: www.iconference.in



MESSAGE

It is my great pleasure to present the proceedings of the International Conference on "Integrated Approach to Management of Lifestyle Disorder" IAMLD-2018.

I truly believe that this auspicious event is a great platform for all with the same vision and mission, get together to share, discuss about the lifestyle disorders, its management and prevention. The conference aims to bridge the researchers working in academia and other professionals through research presentations and keynote addresses in current Ayurvedic trends.

It has been our privilege to convene this conference. As the convener of the conference, I extend warm welcome to our Chief Guest Dr. Jagdish Prasad Agrawal, Dean, Institute of Medicine, Tribhuvan University, Nepal, Guest of Honour, the guest speakers, our panelists, delegates, paper presenters and the participants of this conference. The presence of other dignitaries on the dais during the two day conference is a further testimony to our sincere pursuits to achieve nothing less than the 'best', who have long trails of success behind them.

I would like to thank scientific committee, technical program committee, local organizing committee, volunteers and the staff members of BHU for their dedicated support.

I seek your support and good wishes for this two day conference to be a grand success. Finally I would like to thank all the authors, volunteers and persons who directly or indirectly contributed to the conference. Without their cooperation and full support, this conference would not have been possible.

Warm Regards

Ms. Gunjan Bansal

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A CLINICAL STUDY ON POST-STROKE DEPRESSION (PSD) AND ITS MANAGEMENT

Prof J S Tripathi,

Deptt. Of Kayachikitsa, Institute of Medical Sciences, Banaras Hindu University, Varanasi-5(India)

STATEMENT OF PROBLEM:

A stroke is referred to a cerebro-vascular accident or brain attack, which refers to loss of brain function due to disturbance in blood supply to the brain. This disturbance is either due to ischemia or hemorrhage. It is a medical emergency which can cause permanent neurological damage or death. Depression is an important consequence of stroke, and it influences stroke recovery. The occurrence of post stroke depression compounds the rehabilitation process and further reduces the chances of independent living.

METHODOLOGY

For this study we have chosen 60 patients having classical symptoms of *PS.D*. Patients who were registered were thoroughly interviewed for details of information about the patients and their disease. Those fulfilling the inclusion criteria for diagnosis were randomly categorized into the following three groups-**Group A**– 20 patients. These patients were given Sertraline 50 mg per day. **Group B** – 20 patients. These patients were given *Rasaraj Rasa* 125 mg two times a day with milk. **Group C** – 20 patients. These patients were given *Basti* therapy with *Vajigandhadi tail* for 1 week over a month for 3 consecutive months along with *Rasaraj Rasa* 125 mg twice a day.

The collected data was taken in demographic & clinical profiles. The objective study was conducted using Hamilton Depression Rating scale(HDRS) and *Barthel* scale. **Findings:** The mean value of HAM-D was found to be 3.60 and 1.10 before and after treatment in group I and 3.55 and 1.15 before and after treatment in group B, while in group C it was 3.60 and 0.80 before and after treatment respectively. The mean decrease in HAM-D after treatment was 2.050, 2.100, and 2.800 respectively and these mean changes were highly significant. Statistically. **Conclusion & significance:** The present clinical study indicate that the *Rasaraj Rasa* work as *Vatashamaka* and anti-depressant which reduces the depression and improves motor activity. This study has opened new vista for further study in the field with special reference to PSD.

AYURVEDIC MANAGEMENT OF HEART DISEASES: AN IMPORTANT LIFE STYLE DISORDER

PROF. RAJENDRA PRASAD, M.D.(AY.), Ph.D.

*Department of Kayachikitsa,
Faculty of Ayurveda, IMS, BHU, VARANASI (U.P.)*

ABSTRACT

There is no doubt that modern medical science has reached at highest altitude in managing different heart problems by certain measures like medicine, surgery, angioplasty, nuclear medicine, electronic implants etc. still many difficulties are felt by mankind. Especially in developing countries where illiteracy, poverty and population are major hurdles in development, the need for other alternates always exists. Luckily Ayurveda have some reliable and effective solutions in the form of herbal medicine, panchkarma and other measures.

Need for ayurvedic medicine felt when some cardiac patients says that they have not enough money to expend which is required for heart surgery, whereas many people are scare of surgical procedures and some unlucky cardiac patients in which surgery is not possible. Last but not the least most important patients are those, who after diagnosis prefer to take ayurvedic medicine. In all those patients we seriously tackle the condition. In surgery advised patients, definitely we cannot cure the problem but we provide them better control either by ayurvedic drugs alone or in combination with modern medicines. For medically manageable cases we have many proved beneficial drugs and these are being used with good successful rate. With all these measures we can provide better control and cure without giving them unwanted side effects. Need is to start therapy in early stage under perfect supervision. It is very important to practice these measures with rationality along with possible specifications i.e. in each cardiac patient what actual action is desired? Depending upon conditions sometimes we wish to increase or decrease cardiac output, heart rate, peripheral or coronary vasodilatation, preload or after load etc. Up to some extent these specific actions can be performed by Ayurvedic drugs.

AN OVERVIEW ON MANAGEMENT OF DIABETES MELLITUS THROUGH AYURVEDA

Dr. Ajai Kr. Pandey

*Assistant Professor in Kayachikitsa,
Faculty of Ayurveda, IMS, BHU, Varanasi-221005*

ABSTRACT:

The prevalence of diabetes is increasing rapidly worldwide and according to latest 2016 WHO data it is estimated that 422 million adults are living with diabetes. It is one of the oldest diseases as recognised by medical historians and at present world-wide experiencing pandemic of this disease which has not been adequately addressed by conventional scholar. Available evidence suggests that worldwide every 10 seconds one patient dies of diabetes and its associated complications. The overviews of ancient seers in the context of Prameha/Madhumeha are comparable to latest development in this field. The cotemporary management of diabetes brings down the cases of diabetes under control up to some extent, where as the chances of complications continued to progress. Further, the cost-impact of the disease poses a major challenge for both developed and developing countries and their economies. Thus, it is high time to reconsider the ancient knowledge of diabetes care along with ongoing modern diabetic care. The *Ayurvedic* management through drugs and lifestyle modifications, not only reduces the elevated blood sugar level but it also interferes in the breakthrough of basic matrix of disease diathesis and harmonises the deranged *Doshas*. In day to day practices it has been observed the use of *Ayurvedic* drugs in continuation with modern drugs; the dosing pattern, dosages of modern drugs and its associated complications can be minimised without any side effects. Besides, the green resources of Ayurveda boost up the *Ojas* (bio-immuno strength), *Agni* (bio-energy strength) and maintain the nutritional pool at respective *Dhatus* (tissues) by *Rasayana* effects.

Key-words: Ayurveda, Diabetes, Green pharmacy, Madhumeha, *Rasayana*.

LIFESTYLE OR NON-COMMUNICABLE DISEASES AND THEIR MANAGEMENT BY AYURVEDA WSR TO MENTAL HEALTH.

Dr. K. H. H. V. S. S. Narasimha Murthy

*Associate Professor
Department of Kayachikitsa,
Faculty of Ayurveda,
Institute of Medical Sciences
Banaras Hindu University
Varanasi- 221005*

Lifestyle diseases are defined as diseases interrelated with the way people living their life. These diseases are generally caused by abuse of alcohol, drugs and smoking in addition to lack of physical activity and unhealthy consumption of food items. These are also called as non-communicable diseases (NCDs). The major lifestyle or non-communicable diseases (NCDs) that impact on Humans are heart disease, stroke, obesity and type II diabetes¹. Due to more industrialization and scientific advancement people live longer but there is an increased disease(s) frequency like Alzheimer's disease, arthritis, atherosclerosis, asthma, cancer, chronic liver disease or cirrhosis, chronic obstructive pulmonary disease, type 2 diabetes, heart disease, metabolic syndrome, chronic renal failure, osteoporosis, stroke, depression, obesity and vascular dementia and Mental Health Problems. It is reported that in the UK the death rate is four times higher from respiratory disease caused by an unhealthy lifestyle².

MENTAL HEALTH AND PHYSICAL HEALTH

The physical health and mental health of one's are inter linked. The life style will influence directly on both of these states. One of the major life style component is stress. If one is very stressed on continuously one can get the symptom effects of 'allostatic load'. This results to disease over longer period of time because of constant stress, the body's systems, organs, tissues, hormones such as cortisol and epinephrine etc., are involved in the stress response. Thus weakened immune systems leads more likely to suffer from simple clinical conditions to more serious complaints. Further it causes disorders of sleep, abuse of alcohol and drugs. A poor diet, and not indulging into exercise, reduce mental as well as physical health further (Kiecolt-Glaser & Glaser 1988).

MENTAL HEALTH PROBLEMS

The more serious mental health problems leads to a greater risk of physical health problems and vice-versa. Research has showed depressive symptoms with some of the most common serious health problems in the UK, including: heart disease; cancer risk; risk of osteoporosis in women; and general ill-health from increasing pain and disability (Kiecolt-Glaser et al, 2002). Anxiety has

¹"Lifestyle disease". MedicineNet. Retrieved 2018-10-12. , <https://www.downtoearth.org.in/news/lifestyle-diseases-are-the-biggest-killer-in-india-59235> Retrieved 2018-10-12

²"Lifestyle diseases' lead to higher mortality rates". Mental Health Practice. 16 (6): 5–5. doi:10.7748/mhp2013.03.16.6.5.p10726 Retrieved 2018-10-12

also been linked to the development of heart disease and risk of heart attacks in some groups of people (Kiecolt-Glaser et al).

TREATMENT

According to Ayurveda Mental disorders are basically not personal behavioral or cognitive problems, but they are alterations of doshas (both sareera&manasa) and misbalance of the mind-body continuum which ultimately leading to distortion of intellect. This is due to loss of harmony amongst the forces within and around. Therefore the management approach to mental disorders, and to any disease, starts by first understanding the prakriti (constitution) of the patient, his general strength, along with the digestive strength, immune status, age, diet, habits, and other elements.

Generally, the following are the treatment modalities in Ayurveda for management of mental health problems.

a) NidanaParivarjana. This is the knowledge of by what means to avoid the known disease-causing factors with regard to a specific individual and a specific disease. These may be foods, emotions, thoughts, behaviors, habits, environments, and sensory inputs which can precipitate or aggravate diseases.

b) Samshamana or pacification. This is the method in overtime-balances the doshas by administering the ahara, vihara and aushdha.

c) Samshodhana or deep cleansing. This is the method in overtime removes excess doshas by Pancha Karma.

d) Rasayana or revitalization. This is the method of administrating the rasayana techniques by which strengthens specific weaknesses, prevents the recurrence of the disease and promotes health.

E) Sattvavajaya. The ayurvedic psychotherapy.

PANCHKARMA INTERVENTIONS FOR LIFESTYLE DISORDERS

Dr. Abhinav*

*Assistant Professor(Panchkarma),Department Of Kayachikitsa, Faculty Of Ayurveda,IMS,BHU.

ABSTRACT

Changes in lifestyle have followed the path of development in the materialistic world and so have brought many causes for development of various disorders which are related to this new world. In the modern era of globalisation and development, due to stressful lifestyle and lack of self-observation we are facing several challenging lifestyle disorders like Diabetes mellitus, Hypertension, Atherosclerosis, Heart disease, stroke and obesity to which modern medicine has no appropriate answer.

In this field, the world's oldest life science Ayurveda gives a proven, fundamental solution in the form of Panchkarma. Ayurveda is with the important motives of protecting the healthy state of a healthy person and curing the disease. Thus it serves both purposes, preventive and curative. Panchkarma is the important path to serve the purposes. Panchkarma includes five major procedures that are designed for bio purification in both healthy as well as diseased states of body. Panchkarma means 'five actions' or 'five elements'. Since it consists of five main therapies it is named so. It has been given a special place in all ancient ayurvedic texts. It includes five specific bio purification processes namely Vamana, Virechana, Basti, Nasya and Raktamokshana. In Ayurveda the balance of tridosha in the body is health and their imbalance in body is disease. So, Panchakarma is not only good for alleviating diseases but it is also useful tool in maintaining excellent health.

KEY WORDS : Panchkarma, Lifestyle disorder, Ayurveda

INTRODUCTION

The aim of *Ayurveda* is to ensure health of a healthy individual and to cure disease of a diseased person¹. In both these cases, *Panchkarma* the fivefold therapy used to sanitize and purify the body is the cornerstone to the management.

All health problems start with an imbalance in *dosha*², body's metabolic system and this reduces the state of health and vitality and prepares a base for the development of diseases.

In the present era, globally the major causes of imbalance in metabolism are-

- Lack of self observation
- Sedentary lifestyle
- An improper and irregular diet
- Absence of relaxation techniques and meditation practices.
- Tension and stress

And these factors lead to accumulation of toxins in the body and these accumulated toxins have to be expelled out in order to keep our body healthy. Through the *Panchkarma* therapy these

toxic clogs are removed to normalise the physiological process. So it may be called as Detoxification therapy.

In body if the *doshas* are vitiated beyond a particular level, they give rise to various toxins, which have a tendency to accumulate in the micro channels and these are beyond the level of pacification and hence they need to be expelled out from the body. In such cases the *samsodhana chikitsa* (*Panchkarma*) plays a vital role. *Panchkarma* is essentially designed to restore the integrity of *srotas* [channel] system in the body in health and disease. Each procedure of *Panchkarma* has a specific biopurification efficacy which cleanses the *srotas* for optimal functioning and maintains the essential balance of *Tridosha* in body. After detoxification medicines get absorbed better and are more effective. Moreover, the entire process improves the quality of life.

Clinical importance:-

- Immunopotential, biopurification and disease prevention.
- Specific disease cure (Disease curative *Panchkarma*)
- Disease suppression and rehabilitation (Palliative *Panchkarma*)

Benefits of Panchkarma³:-

- Enhances strength, energy, vitality and mental clarity.
- Slows ageing process and increases life span.
- Boosts body's immunity and energy level.
- Helps to implement healthy diet and life style.
- Balance the bodily humour *Vata*, *Pitta* and *Kapha*.
- Reduces insomnia, anxiety and mental problems.

Purificatory effect of Panchkarma:-

- Transmembrane visceral purification of body by *pradhana karma*.
- Transdermal purification by *Bahyaparimarjan-snehan, swedan, abhyanga* (included under *purva karma*)

All the disease and health problems start with an imbalance in the body's metabolic system. Each procedure has a specific biopurification efficacy which cleanses the *srotas* (channels) of the body for optimal functioning.

In *Ayurveda* there are two major categories of treatment :

- *Samshamana chikitsa* (palliative treatment)
- *Samsamshodhana chikitsa* (detoxification/biopurification measures)⁴.

Among *samsamana chikitsa* and *samsodhana chikitsa* the *samsodhana chikitsa* is superior. *Samsamana* procedure pacifies the morbid *dosha* and do not expel them hence, there is possibility of recurrence of the disease but *samsodhana chikitsa* evacuates the morbid *dosha* out of the body there by ensures complete cure⁵. *Panchkarma* comes under the *samsamshodhana* therapy. Each *Panchkarma* procedure is designed to have a capability of evacuating any morbid matter but they are more efficacious in relation to certain *dosha*. *Vamana* predominantly expels *kaphadosha* from *gastrium*. *Virechana* evacuates *pitta dosha* from the lower part of *gastrointestinal*

tract. *Basti* therapy helps in the removal of vitiated *vata dosha* accumulated in the *pakvasaya*(colon)⁶.

Samsodhana therapy is divided into three major parts:

1. *Purva Karma*(preparatory measures)
2. *Pradhana Karma*(main procedure)
3. *Paschat Karma*(postprocedure regimens)

Purva karma- It includes-

Pachan(Digestive measures)

Snehan(Internal and external oleation)

Swedan(fomentation)

Before the main procedure there is a need to prepare the body to dislodge the obstruction of the morbid matters and make it easier to be expelled out from the body. The *purva karma* helps in liquefaction and mobilization of the morbid matters present in various channels(*srotas*) of the body from the site of morbidity to the site of elimination. Thus after the *purva karma* the *dosha* become ripened to be expelled out by particular *Panchkarma* procedure according to the individual's constitution(*prakriti*) and disorders(*vikriti*) respectively.

Pradhan Karma: It includes-

VAMANA-Therapeutic emesis

VIRECHANA-Therapeutic purgation

BASTI-Medicated enema

NASYA-Elimination of morbid matters through nasal route

RAKTAMOKSHANA-Bloodletting

Paschat Karma It includes:

- *Sansarjan Karma*(specific dietics)
- *Dhumpana*(smoking of medicinal cigars)
- Rules to follow specific activities

A strict diet and lifestyle procedure has to be followed throughout the treatment. The rehabilitative procedures to bring back the body to the normal lifestyle and diet are considered as '*paschat karma*'. In this stage efforts are done to bring back the normal physical strength lost during the eliminatory procedure and to ensure the proper therapeutic outcome.

DISCUSSION

Today, even modern science estimates that longevity is determined 30% by one's genetics and 70% by lifestyle choices.

Many diseases of modern times are caused by these deep-seated toxins which lead to improper digestion, stress, lack of sleep, anxiety, loss of concentration, premature aging, heart disease, diabetes, hypertension, cancer, neurological disorders, chronic fatigue, osteoporosis, sexual disorders, allergies, and unhappiness.

In order to maintain well-being in healthy individuals to restore balance in those experiencing illness *Panchkarma* plays a very vital role. The purpose of *Panchkarma* is to extend the quality and span of life.

Panchkarma utilizes a set of therapeutic procedures which are given in a specific order to promote the elimination of toxic substances out of the body via the nearest possible route of elimination. The resulting purification results in the intrinsic up-regulation of the body's capacity to cure itself from many conditions and diseases. But *Panchkarma* has value not only as a detoxification procedure (*samsamshodhana*) in the treatment of disease but it is also administered as a palliative and nutritive treatment. It is also an essential prerequisite for *rasayana* and *vajikarana chikitsa* in *Ayurveda*. So, *Panchakaram* is having a multiplicity of action like *shaman*, *brimhana*, *stambhana* etc.

Panchkarma is a medical treatment which when properly administered has profound effects on the detoxification mechanisms and metabolism of the human physiology

Treatment in *Ayurveda* means the restoration of the order of physical as well as psychic reality rather than merely elimination of the syndromes of so called disease.

Ayurveda advises undergoing *Panchkarma* at the seasonal changes to clean the body, improve the digestion and to improve the metabolic processes.

Panchkarma therapy is also used as a purification therapy to cleanse the body before starting a treatment. A diseased body can be compared to a soiled cloth which cannot be colored as we desire. Hence to attain the maximum benefits, the body has to be purified or cleaned before starting the treatment. The cleared channels help medicines to penetrate the deeper tissues.

The channels (*srotas*) become devoid of obstructions (obstructions by vitiated *doshas*) after *samshodhana*. The medicines administered after *samshodhana* assimilates and reaches every part of the body through these clear channels. Hence the efficiency of medicines increases.

Panchkarma in daily routine like *Pratimarsha nasya* a kind of *nasya karma* which is administered twice a day which eliminates the risk of diseases related to head.

Seasonal *Panchkarma* advised in the seasons in which natural provocation of dosha occurs so as to remove the provoked dosha for the maintenance of health like in *vasnta ritu vaman karma* is most ideal to perform because liquefaction followed by provocation of *kaphadosha* takes place in *vasanta ritu* so by performing *vaman karma* we expel out the *kaphadosha* and prevent it to cause any disease.

CONCLUSION

In this way, *Ayurvedic Panchkarma* is applicable to all cases covering a wide range of preventive, curative and promotive conditions. Now a days due to multidimensional benefits of *Panchkarma* people from all over the world are being attracted towards it to get desired benefits. So, *Panchkarma* proves itself to be a holistic therapy for global health care.

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PREVENTIVE ASPECTS AND HERBAL MANAGEMENT IN CERTAIN LIFESTYLE DISORDERS

Professor V.D. Agrawal
Department of Kayachikitsa
All India Institute of Ayurveda,
Sarita Vihar, New Delhi – 110076

Survival of man with disease is an immortal truth. With the growth of civilization, every intellectual of society has always searched the means to eradicate disease. Newer inventions for the removal of ailments have generated different other new challenging diseases. We should think that emphasis on eradicating disease is not serving worthy for healthy society. New dimensions of researches should prevail in the direction of living healthy. Health & wellness is the ultimate goal of human race and medical science. Ayurveda an ancient medical science has developed certain unique & beneficial measures for modern society to remain healthy. When we live with health & wellness, diseases have no way to pollute our body system. Ayurvedic means of positive health can be answered in the direction of health & wellness. Moreover, the journey for the inner happiness is a positive step for the cheerful life.

Life is a style and everybody have its own style of living it. Rapid and dynamic changes in human life due to advanced technological interventions has rescheduled the food, routine, habits and thoughts. In the present era of time, infectious diseases are over and non-communicable diseases have become the major problem in society. Most of NCDs are Stress disorders. India is estimated to have, approximately 7 crore Diabetics, 4-5 crore Hypertensives, and 1-2 crore patients with Ischemic Heart Diseases (IHDs). Growth, Industrialization and pollutants in food and drinks have increased the incidence of cancer in Indian society. This is a serious matter of concern for everybody.

Many other disorders related to *Annavaha Strotas (Ama, Ajeerna, Grahani, Udara shula)*, *Pranavaha Strotas (Tamak shwasa, Kasa, Hridroga, Rakta pradoshaj vikara)*, Different categories of *Vatavyadhis*, and problems of fertility are another area of stress disorders.

BASIC PRINCIPLE OF AYURVEDA

The Theory of *Panchamahabhuta* is still relevant. *Saddhatwatamak Purusha* means in the envelop if universe man can survive with vitality. *Panchbhautika* environment of cosmos, human body & matter is same. Adjustment with environmental dynamicity paves the way for greater achievements.

Theory of *Tridosha* is physic-pathological presentation of happiness & misery. Modern medical science is also searching ways for perfect equilibrium of *Tridosha* set-up. At this juncture, real Ayurvedic image if medicinal plants come in picture *Yuktivyapashraya Chikitsa* is the part of Ayurvedic medicine specially designed to achieve a desired balance.

HOW TO LIVE HEALTHY

Balanced *Ahara & Vihara* is the key answer every time known to remain healthy.

नित्यम् हिताहार विहार सेवी, समीक्ष्यकारी विषयेष्वशक्त।
दाता समःसत्यपराक्षमावान् आप्तोप सेवी च भवन्त रोगः॥

(Ashthanga Hrudyam, Sutra Sthanam 4/36)

Ahara

Dietary principles of modern society are very complex. These principles are planned accordingly, physiological & biochemical need of body tissues. These principles changes from person to person & metabolic process turns its course, according to the existing environment. Principles of balanced diet, fat, sugar or salt free diet are never correct because your body & brain enjoy enormous vitality to convert fat in to glucose & glucose in to fat even protein in the glucose. Ayurvedic principles of *Asta-ahara-vidhi-vishesayatana* are still relevant.

Ahara Vidhi Vidhanam

तत्रेदमाहारविधिविधानमरोगाणामातुराणां चापि केषाञ्चित् काले प्रकृत्यैव
हिततमं भुञ्जानानां भवति-उष्णं स्निग्धं मात्रावत् जीर्णं वीर्याविरुद्धम् इष्टे देशे
इष्टसर्वोपकरणं नातिद्रुतं नातिविलम्बितम् अजल्पन् अहसन् तन्मना भुञ्जीत
आत्मानमभिसमीक्ष्य सम्यक् २४

(Charaka Samhita, Vimana Sthanam 1/24)

Mataravat Bhunjit

Diet Should be taken in a quantity according to need if the body. Over eating & low eating should be avoided. Quantity can be decided according to digestive capacity if the person (*Agni*)

मात्रावदश्नीयात् मात्रावद्धि भुक्तं वातपित्तकफानपीडयदायुरेव विवर्धयति
केवलं सुखं गुदमनुपर्येति न चोष्माणमुपहन्ति अव्यथं च परिपाकमेति त-
स्मान्मात्रावदश्नीयात् ३

(Charaka Samhita, Vimana Sthanam 1/24)

Snigdha & Guru

Diet like *Masha, Rajmasha, Payasa* & tasty & spicy food are advocated for excellent power of the digestive fire, while *Ruksha, & Laghu Ahara* like *Mugda, & Soup* for the low *agni* capacity persons. Decision of Quantity again depend on two factors, *Guru Snigdha* in low quantity & *Ruksha Laghu* in high quantity & secondary on the body need. Condition of digestive fire (*Agni*) also changes according to environment like after previous diet has been digested complete or

partially, according to the season like best in peak cold climate & worst in *varsha* or rainy season, whether we take a balanced diet or imbalanced diet principle of *agni* always supersedes.

Tanmana bhunjit

Modern Culture always stresses on healthy dietary articles while Ayurveda emphasizes more on its digestive & metabolic conversion which depends on the hormonal and other secretory factors. If you enjoy the food intake digestion will always be perfect. Enjoying the food never means taste & recipe, which are minor factors but the food can be enjoyed with mental satisfaction according to the need of the body where recipe & taste may not be highly delicious.

Atmanabhisamikshya

Not only dietary routine but total lifestyle should be planned as per the unhurled voice of your inner consciousness. Yogic personalities of India & abroad have demonstrated that man can live long on the diet of environmental air & light. Everlasting source of energy, power, psyche & intellect is the soul. In the meditative state, the soul is merged in the supreme & every cell & every atom of the body is charged with energy.

Prakruti, Karan, Samyoga, Desha, Kala etc.

Dietary principle depends upon the constitution of body & diet. The recipe, the climate, seasonal & geographical variations decide the quantity & quality of diet. Even after tremendous scientific achievements, man has not been able to search a universal diet for the human body in respect to organs & tissues.

Vihara

Dincharya, Ritucharya, Sadvirta, Achara Rasayana are the universal principles of Ayurvedic medicine to ascertain a healthy style of personal routine.

I. Dincarya - Dynamic changes of the young society, life style of Indian community is a matter of great concern for the medical community. India is going to become a hub of diabetics, hypertensive & cardiac patients. It is earnestly needed to reverse the cyclic changes for eradication of stress and enjoying the life style.

Early to bed: Early to bed and early to rise, makes a man healthy, wealthy and wise is an important English phrase which is same as Ayurvedic life style teaches us. Atmosphere silence & tranquility before sun rise to prevent stress phenomenon is highly scientific.

Vyayama: In the western world 70-80% population is engaged in different body exhausting procedures including yogic exercises. Ayurveda advocates *vyayama* necessary for daily routine. **Abhyanga** or massage should be a part of daily routine. Both are antidepressant mood elevator & physically fit keeping technique. Bathing should be part of routine life as it is mood refresher & body cleaning procedure. Many other procedures like *udavartana* i.e. applying skin beautifying natural herbs are also helping to remain fit & good looking. Mood elevator medicinal smoking, is also advised **Anjana**, i.e. eye freshener medicine,

Nasya i.e. Nasal medicine are also part of Ayurvedic routine.

Do dental hygiene, oral hygiene is being stressed in Ayurvedic medicine with excellent medical herbs still promising. Ear & Scalp oil application, idea is to pay attention to every part of the body for a long healthy life. Care for foot, protection of body from direct sun rays & rain during movements are some more *dincarya* principles. Personal safety measures & personal hygiene is also well defined in Ayurvedic routine which are nowadays converted into unhealthy procedures causing physical & mental stress.

Every individual has a different routine & different kind of work potential. What is important in Ayurvedic positive health measure is to improve the personal & social productively in a comfortable situation. The adverse situation not fit to the ideology of a person can be turned positive with a healthy life style.

2. **Ritucharya** - These measures are advised to protect body from direct sunlight in Grin, Rain water in *varsha* & environmental cold in winter season. Moreover, changes in dietary articles are also advised as per state of *agni* which differ according to different places.

3. **Sadvritta** - Practices of healthy living including personal hygiene & social adjustment measures.

AYURVEDA FOR PROMOTION OF HEALTH-

Rasayana (Including Medhya Rasayana)

यद्यथा शल्यं शालाक्यं कायचिकित्सा भूतविद्या कौमारभृत्यम् अगदतन्त्रं
रसायनतन्त्रं वाजीकरणतन्त्रमिति ७

(Sushruta Samhita, Sutra Sthanam 1/7)

Rasayana technique is extra ordinary approach of Ayurvedic specialty to promote the normal health vitality & energy. *Rasayana* therapy is again dependant of following Ayurvedic principles of diet & routine (*Ahara & Vihara*). *Amalaki* is described to be the best *Rasayana* herb can be promoted as food item and medicine both. Many *amalaki* preparations are described in *Charaka samhita* like *Chayawanprash* and *brahma rasayana*. Different researches conducted on *Amalaki* is said to be an excellent immune-protective, and antioxidant properly but the process by which is prevents ageing has yet to be identified. Researches has also proved that *amalaki* is not effective because of only rich source of vitamin C but due to its others constituents like **Amalakin I & Amalakin II**.

Other *Rasayana* & Immune-protective drugs like *Ashwagandha* (anti-stress, antioxidant), *Tulsi* (Immunomodulator & antioxidants), *Guduchi* (Immunomodulator) *Pippali*, *Bhallataka*, *Haritaki*, *Bala* & many others.

There are certain *Rasayana* drugs which are supposed to improve intellect i.e. **Medhya Rasayana** (e.g. *Brahmi*, *Shankhpuspi*, *Guduchi* & *Madhuyashti*). Certain specific drugs act on specific disorders, like *arjuna* on Ischemic heart disorder, *shilajeet* in diabetes mellitus & so on.

मशडूकपर्याः स्वरसः प्रयोज्यः क्षीरेण यष्टीमधुकस्य चूर्णम्
रसो गुडूच्यास्तु समूलपुष्प्याः कल्कः प्रयोज्यः खलु शङ्खपुष्प्याः ३०

आयुः प्रदान्यामयनाशनानि बलाग्निवर्णस्वरवर्धनानि
मेध्यानि चैतानि रसायनानि मेध्या विशेषेण च शङ्खपुष्पी ३१
इति मेध्यरसायनानि

(Charaka Samhita, Chikitsa Sthanam 1/1/30)

Acharya Rasayana

Described in Ayurveda is a code of conduct to avoid stressful situation e.g. *satyamvadina* (Truth speaker). Speaking truth means a challenging but progressive & stress free situation. It is very clear that following of good conduct itself improves the longevity & healthy life. Taking certain drugs like *Amalaki*, *Aswagandha* and *Shilajeet* according to need improves the health & prevents many diseases. Many experiments done in this regard have proved these claims to be true. It has also been observed in the society that person living healthy life after 60 year of age are mostly adopting certain *rasayana* therapy whether healthy routine, *Acharya Rasayana* or use of *Amalaki* preparations.

सत्यवादिनमक्रोधं निवृत्तं मधमैथुनात्
अहिंसकमनायासं प्रशान्तं प्रियवादिनम् ३०

जपशौचपरं धीरं दाननित्यं तपस्विनम्

देवगोब्राह्मणाचायगुरुवृद्धार्चने रतम् ३१

आनृशंस्यपरं नित्यं नित्यं करुणवेदिनम्
समजागरणस्वप्नं नित्यं क्षीरघृताशिनम् ३२

देशकालप्रमाणज्ञं युक्तिज्ञमनहङ्कृतम्
शस्ताचारमसंकीर्णमध्यात्मप्रवर्णेन्द्रियम् ३३

उपासितारं वृद्धानामास्तिकानां जितात्मनाम्
धर्मशास्त्रपरं विद्यान्नरं नित्यरसायनम् ३४

गुणैरेतैः समुदितैः प्रयुक्ते यो रसायनम्
रसायनगुणात् सर्वान् यथोक्तान् स समश्नुते ३५
इत्याचाररसायनम्

(Charaka Samhita, Chikitsa Sthanam 1/4/30-35)

Vajikarana

Another health improving measure in Ayurvedic medicine in *vajikarana* means to improve libido & fertility by the process of potentiating vigor & vitality.

सन्ति चाल्पाश्रयाः स्त्रीषु बलवन्तो बहुप्रजाः
प्रकृत्या चाबलाः सन्ति सन्ति चामयदुर्बलाः ५

(Charaka Samhita. Sutra Sthanam 2/4/5)

All the *Vajikarana* drugs are mood elevators. Many *Vajikarana* drugs are nutrients. The system of *Vajikarana* improves potency if a person in fertile life. As per *Charaka*, 16-70 years has lot of social, familial and cultural responsibilities. This is an age where a highly enthusiastic workforce is essential for progressive life. *Vajikarana* science so much practiced by Ayurvedic therapist that this therapy is recognized in society as potency improving therapy. Ayurvedic science is still leading in this part of medicine & commonly utilized by common man.

THOUGHTS AND LIFESTYLE-

How to improve productivity in a comfortable situation depends on positive thoughts. One should be acceptable in society, family and friends in behavior and social conduct for which Ayurvedic science has laid down empathetical pressure. Different emotional disturbances like ***Kama (lust)***, ***Krodha (anger)***, ***Bhaya (fear)***, ***Irshya (rage)***, ***Lobha (greed)*** etc. has been described as ***Vegas*** and their protection can lead to prevention of stress problems.

An acceptable Lifestyle-

- Early to bed & early to rise,
- Morning walk, Yogic *Asana*, Aerobics, Jogging, Running & Gym * different *Vyayama* technique.
- Stress relieving practices *abhyanga*, *Snana*, *Pranayama*, Meditation etc.
- Live comfortable & let others live in the same manner.
- Path of progress should streamline society & not against it.
- Haphazard & non-predictable routine should be avoided.
- Spare time to help other during busy schedule.

Practice of Yoga-

Follow the principle of truth as far as possible-

- *Aparigraha* should be a way of life.
- *Swadhyaya* with moral & spiritual preaching's.
- Practice of *Pranayama*
- Confidence building **yogic exercises**
- **Meditational practices**
- Relaxation with meditation including **relaxation responses**.

Consciousness improving practice-

Every individual is a part & partial of supreme deity, Soul is ever travelling in cosmos & its presentation on earth is a milestone of everlasting travel. We should be emerged with almighty always in this relationship to away consciousness to achieve a supreme state of health.

Herbs to prevent lifestyle disorders-

Tulsi : Immunomodulator & Anti-stress herb

Giloya : Immunomodulator & adaptogenic.

Aloe Vera : Liver function promotor & metabolism stimulating herb.

Brahmi : Memory improving & Brain tonic.

Triphala : GIT Cleanser. Useful in Diabetes Mellitus and Hypertension.

Trikatu : Anti-obesity drug. Useful in Atherosclerosis and Dyslipidemia.

Arjuna : Cardiotonic & Anti Diabetic.

Ashwagandha : Anti Stress & Rasayana.

Tagar : Sleep inducer & Anti stress.

Jatamansi : Anti Stress & Sleep promoter.

Kapikacchu : Anti-depressant & Vajikarana.

Punarnava : Regenerative force. Useful in Kidney, Liver disorders.

RESEARCH STUDIES

A study has been conducted taking a hundred cases of Prameha (Diabetes Mellitus). Contrary to the classical *nidanas* of Prameha,

आस्यासुखं स्वप्नसुखं दधीनि ग्राम्यौदकानूपरसाः पयांसि
नवान्नपानं गुडवैकृतं च प्रमेहहेतुः कफकृच्च सर्वम् ४

it has been observed that stress plays more important role than Kaphaja diet. Prameha was also observed in workers and farmers in the given study. The universal life style for every individual is not only difficult but also unethical to be promoted in society.

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MANAGEMENT OF LIFESTYLE DISORDERS W.S.R TO MENTAL HEALTH CARE

Chaudhary Shikha¹Yadava R. K.²

¹PG Scholar, ²Associate Professor and HOD, Department of Kayachikitsa, AIIA

ABSTRACT

Lifestyle disorders are on hype in today's world with rapid economic development and increasing westernisation in the past few decades and prevalence has reached alarming proportions among Indians in recent years. Ayurveda, The Science of Life, describes ways to prevent and manage lifestyle disorders along with their causes. Ayurveda narrated a phenomenon called Prajnapradha which is one of the three basic causes of any disease specially lifestyle disorders. Good mental health will not allow mind to do prajnapradha. In this article, one can find the way to avoid prajnapradha and as a result can save thyself from lifestyle disorders.

Keywords : Lifestyle disorders, Prajnapradha, mental health care, Ayurveda

INTRODUCTION

Lifestyle is the sum of one's living style. One living style refers the way with which people behave and respond to their environment. It is the interests, opinions, behaviours, and behavioural orientations of an individual, group, or culture. It determines one's total physical, mental, cardiovascular and metabolic profile. Lifestyle is major factor to influence susceptibility to many diseases like autoimmune disorders, Non-communicable diseases (NCDs). Broadly we can say, unhealthy lifestyle give rise to lifestyle

disorders, such as cardiovascular diseases, hypertension, type II Diabetes mellitus, Obesity, COPD etc. The technology dependent, stressful environment with physical inactivity and excess of unhealthy food practices is offering a way to these disorders for both the segments of Indian population viz urban and rural. In the recent years, the prevalence of lifestyle disorders have been reached to an alarming state and burden of lifestyle disorders is increasing exponentially. Therefore, it is essentially important to adopt healthy lifestyles to relieve ourselves from these disorders.

Lifestyle involves a pure psychological and innate control over the physical and sensory activities. When this control is disturbed, it leads to the scramble of lifestyle and results in any lifestyle disorder. Ayurveda narrated this prodigy as 'prajnapradha'. Classics of Ayurveda advocates basic three aetiological factors or causes of diseases- *Atiyoga* or excessive utilisation, *Ayoga* or non-utilisation and *Mithyayoga* or wrong utilisation of objects of senses, acts and time^[1]. The factor which we could be correlated with lifestyle is one's actions. Action is application of speech, mind and body. So three fold actions i.e. relating to speech, mind and body further divided into three categories in the form of undue utilisation, non-utilisation and wrong utilisation constitute *Pragyaparadha* (Intellectual blasphemy or error)^[2].

This is what is needed to be address in today's era of modernisation- the improper lifestyle which is nothing but thePrajnapradhawhich results from improper mental health.As we all know, mental health and physical health are fundamentally linked. There are several studies which strongly suggest that how the improper mental health are risk factorfor developing lifestyle diseases^[3].

AIM : To establish a relation between causative factor as well management implication of mental faculty in lifestyle disorders.

MATERIAL AND METHODS

All the classical ayurvedic texts and samhitas were thoroughly reviewed. Information collected from the various ayurvedic databasena articles published in distinguished journals. The search was done by the keywords lifestyle disorders, ayurvedic lifestyle, mental health care, *prajnapradha*. All the datawasreviewed and critically analysed.

RESULT

In keeping view the mind-body relationship, it is essential to adopt healthy life-styles and prevent this modern epidemic of life-style disorders by taking special care of mental health by reducing *prajnapradha*.

DISCUSSION

In Ayurvedic classics, Action is application of speech, mind and body. Too much application of these is excessive use or *atiyoga*, their total non-application or *Ayoga*and perverted use or *Mithyayoga*; these threefold action each having three subdivisions is taken as *Prajnaparadha*^[4]. Wrong understanding by the intellect and wrong actions (accordingly) should be known as *Prajnapradha*^[5]which is committed by the mind and *prajnapradha* leads to several lifestyle disorders in long term. So, here comes the relation of mental health care in lifestyle disorders as curative as well as preventive. Now question arises what action comes under *Prajnapradha*. Sheers of Ayurveda gave detailed description of action which comes under the Prajnapradha and causes various diseases. There is general as well specific details of the same. Here we will bring in knowledge those factors which leads to lifestyle disorders which are as use of unwholesome things though already known as such^[6],avoidance of the code of noble conduct^[7],envy, fear, anger, greed, ignorance, confusion and troublesome action taken under their spell is said as Prajnapradha(Intellectual error) by the nobles^[8]. The following table clearly depicts how these action could lead to lifestyle disorders:-

Action under <i>prajnapradha</i>	In today's perspective	Leading Disorders
<i>Gyatanaamaswayamarthanaamaahitanaamanishevan am</i> ^[6]	<ul style="list-style-type: none"> - Unhealthy food habits - Sedentary lifestyle 	<ul style="list-style-type: none"> ✓ Diabetes mellitus ✓ Metabolic syndrome ✓ High cholesterol ✓ Obesity ✓ Cancer
<i>Sadvritasayarjanama</i> ^[7]	<ul style="list-style-type: none"> - Technology dependent 	Occupational lifestyle diseases

	<ul style="list-style-type: none"> - Personal hygiene - Not adopting natural way - Alcohol and smoking abuse - Substance abuse 	<ul style="list-style-type: none"> ✓ Alzheimer's disease ✓ Asthma ✓ Chronic liver diseases ✓ COPD ✓ Stroke ✓ Vascular dementia ✓ Cancer
<p><i>Tat tat va karma yatklishtamklishtanyatdehakarma cha</i>^[8]</p> <ul style="list-style-type: none"> • <i>Ishrya</i> • <i>Bhaya</i> • <i>Krodha</i> • <i>Lobha</i> • <i>Moha</i> • <i>Mada&Bhrama</i> 	<p>Troublesome actions as</p> <ul style="list-style-type: none"> - Envy - Fear - Anger - Greed - Ignorance - Confusion 	<ul style="list-style-type: none"> ✓ Atherosclerosis ✓ Cancer ✓ Depression ✓ Hypertension ✓ Heart disease ✓ Osteoporosis

Prevention is remedies or activities that aim to reduce the likelihood of a disorder affecting individual. As we know lifestyle diseases are preventable if an individual set a correct path to lead his life joyfully. Lifestyle diseases can be prevented through reduction in smoking to tobacco^[9], Obesity and overweight can be prevented through healthy eating and exercise^[10], prevention of chronic diseases by means of diet and lifestyle changes^[11] and impact of lifestyle on Health^[12] which is nothing but the stop oneself from doing the above mentioned *Prajnapradha*.

Now question arises how could *prajnapradha* be abandoned. As we mentioned above, it is solely committed by the mental faculty i.e our own mind. The mind verily is restless, turbulent, strong and unyielding and it as difficult to control as to control the wind as Arjuna told/mentioned about in most holy book, a venerable scripture Srimad Bhagavad-Gita. Then Lord krishanasays, undoubtedly the mind is difficult to control and restless; but, by practice(*Abhyaas*) and by dispassion (*vairagya*), it may be restrained^[13]. Then, Classics of Ayurveda also narrate in *sutra rupafundamental* precaution to keep oneself mentally healthy i.e. *Ahitebhayarthebhyomanonigraha*^[14] (restraint of mind from the unwholesome objects).

In the management as well as prevention of lifestyle disorders, our Ancient science and literature offers an effective way i.e. by *Abyaasa* and *Vairagyato* control the mind from doing *prajnapradha*. This implication concentrates on achieving the promotion of health, prevention and management of a disease for a healthy and happy living in the society.

CONCLUSION

After reviewing all the literature it is concluded that if ones take care of his mental health can avoid lifestyle disorders to a great extent. Good mental health care have overall effects on all part of body. This article gives a direction, a way through which lifestyle disorders can be minimised effectively by taking care of mental health. Further prospective analytical studies should be done in

this regard which can further proof the how ones lifestyle modification can prevent the prevalence of lifestyle disorders with special reference to *prajnapradha*.

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CASE REPORT WITH DISCUSSION MANAGEMENT OF PAKSHAGHATA – SCOPE AND LIMITATIONS

Dr V G Huddar

Associate professor, Department of Kayachikitsa, All India Institute of Ayurveda, New Delhi

ABSTRACT:

Purpose:

To understand and plan the treatment for particular stage of cerebrovascular accident (CVA) in Ayurveda perspective with case report. Also the scope and limitations in the management approach to CVA which is akin to Pakshaghata.

Method:

Pakshaghata is a manifestation of a major culprit in causing the diseases amongst *Tridoshas* is the *Vata*. Hence categorized under the *Vatavyadhis*. Even though it is a *Vatavyadhi* there will be *besamsarga* of other *doshas* evidenced in the manifestation of different stages of CVA. One of the condition is the hemorrhagic stroke with unconscious state. However the *Karmakshayata* of one side of the body i.e hemiplegia is considered as *Pakshaghata*, the unconscious stage of hemorrhagic stroke can be taken in to consideration under *Moorcha* and *Sanyasa* with the association of *Pitta* and *Rakta* along with *Vata*. Understanding and line of the treatment also varies accordingly as compared to the ischemic stroke. There are certain limitations faced presently in practice with acute conditions of CVA. Here is case of post decompressivesurgery unconscious patient of hemorrhagic stroke discharged after the conventional standard line of care. The patient came in unconscious state with support of Ryle's tube and Folly's catheter. Patient was treated with *Nasya*, *Takradhara*, *Bahirparimarjanachikitsa* and *shamanoushadhis* at different intervals as per the plan of treatment with 21 days of admission. Patient was under follow up for next three months with another course of treatment with admission.

Result:

Patient admitted in unconscious state after discharge from allopathic hospital. After the treatment of 21 days, during discharge the patient was conscious, well oriented toward time and place. Significant improvement in strength of left lower limb was observed with no improvement in left upperlimb. Patient was able to walk with support. Able to utter words was much appreciable. After follow up of three months patient was able to walk properly with support and HMF intact. Bowel bladder control also regained.

Conclusion:

Understanding the stage wise condition of CVA in Ayurveda perspective and planning the treatment accordingly with understanding the present limitations in the approach and management of Pakshaghata will be the key for better results.

AYURVEDA TACKLES OBESITY (*STHOULA*) – A LIFE DISORDER

Dr. A.R.V. Murthy, M.D., (Ay) Ph.D.,
Dean and Medical Superintendent
Atreya Ayurvedic College Hospital and Research Centre,
DODDABALLAPURA, Bangalore, Karnataka

INTRODUCTION

The number of obese people in the world is on the rise. Obesity is a leading preventable cause of death worldwide, with increasing prevalence in adults and children, and authorities view it as one of the most serious public health problems of the 21st century. It significantly shortens the life span (*Ayushohrasa*) & is associated with increased incidences of a multitude of major & minor illnesses. If a middle aged man is 10kg over weight he is expected to die roughly 4 years earlier than one of normal weight, due to severe hazards which are associated with overweight. According to WHO 1.2 billion people worldwide are officially classified as overweight. This is probably the most sedentary generation of people in the history of the world. In the Indian scenario, even with the growing awareness about health and fitness, more than 3 percent- about 3 crores of the Indian population is obese. Obesity is from the Latin root *obesitas* which means “stout, fat, or plump.” *Esus* is the past participle of *edere* (to eat) with *ob* (over) added to it.

The balance between calorie intake and energy expenditure determines a person’s weight. The terms ‘**overweight**’ and **obesity** refer to person’s overall body weight and where the extra weight comes from. Overweight is having extra body weight from muscle, bone, fat, and/ or water. Obesity is an increase in body weight beyond the limitation of skeletal and physical requirements as a result of body fat. Obesity is defined as BMI greater than 30 kg/m². The body mass index (BMI) equals a person’s weight in kilograms (kg) divided by their height in meters (m) squared. **Waist to Hip ratio (WHR)** is the ratio of the circumference of the waist to that of the hips. It is calculated by measuring the smaller circumference of the natural waist, usually just above the belly button, and dividing by the hip circumference at its widest part of the buttocks or hip. A WHR of 0.7 for women and 0.9 for men have been shown to correlate strongly with general health and fertility. WHR larger than 1.5 results in high risk of diabetes hypertension and heart ailment.

Hyperplastic obesity is excessive weight gain in childhood, characterized by the creation of new fat cells. **Hypertrophic obesity** is the excessive weight gain in adulthood characterized by expansion of already existing fat cells. **Central obesity**, is the accumulation of abdominal fat resulting in an increase in waist size, shaped like an Apple. There is a strong correlation between central obesity and cardiovascular disease. **Diabesity** is the word blend of diabetes and obesity, which sums up the problem. Hand in glove with the obesity rates is a rocking rate of diabetes. **Bariatrics** is the branch of medicine that deals with the causes, prevention, and treatment of obesity. The field encompasses dieting, exercise and behavioral therapy approaches to weight loss, as well as pharmacotherapy and surgery. **Fletcherism** is, the practice of eating only when hungry and in small amounts, and especially chewing one’s food thoroughly, recommended as an aid to digestion. **The Glycemic index (GI)** factor is a ranking of foods based on their overall effect on blood sugar levels. **Low GI diet** is the diet based around this research. **Weight cycling**, is the

repeated loss and regain of body weight due to excessive hypocaloric dieting. Every failed attempt at losing weight by dieting results in higher weight.

Sedentary lifestyle a medical term used to denote a type of lifestyle with no or irregular physical activity and characterized by sitting, reading, watching television and computer use for much of the day with little or no vigorous physical exercise, plays a significant role in obesity. **Overeating** associated with **physical inactivity** is most common cause of obesity. **Hypothyroidism** is found in obese individuals with varying degree of significance. **Trans fats** (hydrogenated fats) are made by adding hydrogen to liquid vegetable oil under pressure. They harm by increasing the cholesterol levels in the blood. They also bring down the 'good cholesterol'.

The main treatment for Obesity consists of physical exercise and proper diet. Physical activity and exercise help burn calories. The amount of calories burned depends on the type, duration, and intensity of the activity. It also depends on the weight of the person, a 200- pounds person, because the work of carrying those extra 80 pounds must be factored in. But exercise as a treatment for Obesity is most effective when combined with a diet and weight loss program. A safe and effective long term weight reduction and maintenance diet has to contain balanced, nutritious foods to avoid vitamin deficiencies and other diseases of malnutrition.

Principles of Ayurveda have significant value ever in the life of modern man. Ayurveda has put emphasis on food, in the management of obesity & suggests improving food habits and taking diet according to Ayurvedic body type. Overeating results in food indigestion that leads to creating toxins, fat and excess weight. One should eat more nutritious foods that have 'low energy density' (*Gurucatarpanam*). Intake of medicine before meals (*Pragbhkta*) is insisted for losing weight (*Krshikarana*). It has been advised to take *Lekhana* and Medohara drugs on empty stomach in the early morning & before meals. *Guggulu* has traditionally been used in Ayurvedic medicine to treat obesity, lipid disorders, and rheumatoid arthritis. *Guggulu* increases body's metabolic rate, improves thyroid function, and increases fat-burning activity of the body, and increases thermo genesis or heat production. It helps to lower cholesterol and triglycerides.. A series of therapeutics measures in the form of Massage (Abhyanga & Udvartana) Sudation (*Sweda*) Therapeutic Emesis (Vamana) Therapeutic Purgation (*Virechana*) & Therapeutic Enemata (Basti) which are incorporated as Bio purification measures (*Panchakarma*) form the main stay of Ayurveda Therapy for Obesity. Palliative measures (*Shamana*) in the form of drug (*Aushadhi*) diet (*Aahara*) exercise (*Vihara*) coupled with avoiding etiological factors (*Nidana parivrjana*) are employed frequently and successfully by Ayurveda Physicians to tackle obesity and related disorders.

OBESITY MODERN PERSPECTIVE

Obesity is one among so called 'LIFESTYLE DISORDERS' and is the leading cause of preventable death, next to smoking. Obesity with increasing prevalence in adults and children, and authorities view it as one of the most serious public health problems of the 21st century. The World Health Organization (WHO) predicts that overweight and obesity may soon replace more traditional public health concerns such as under nutrition and infectious diseases as the most significant cause of poor health. Obesity is a public health and policy problem because of its prevalence, costs, and health effects.

DEFINITION

- **Obesity** is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. People are considered obese when their body mass index (BMI), exceeds **30 kg/m²**.
- Obesity is a state of excess adipose tissue mass. Over weight condition is not obesity.
- Over weight with adiposity may only constitute to obesity .It is more effectively be defined by assessing it's linkage to morbidity or mortality.
- Obesity is a metabolic disorder which is primarily induced and sustained by an overconsumption and underutilization of caloric substrates.
- Obesity is defined by body mass index (BMI) and further evaluated in terms of fat distribution via the waist hip ratio and total cardiovascular risk factors.

BMI is closely related to both percentage body fat and total body fat.

BMI is defined by the weight of a person in kg. divided by the square of the person's height in meters.

In 1997, the International Obesity Task Force, convened by the World Health Organization (WHO), recommended a standard classification of adult overweight and obesity

<u>BMI</u>	<u>Classification</u>
<18.5	Underweight
18.5-24.9	Normal weight
25-29.9	Overweight
30-34.9	Obesity Class I
35-39.9	Obesity Class II
40-49.9	Obesity Class III
50 and above	Super Obesity

Ideal body weight in Kg. (IBW)

-in male: weight = height in cm minus 100

-in female: weight = height in cm minus 105

CAUSES OF OBESITY

Obesity is most commonly caused by a combination of

- Excessive food energy intake,

- Lack of physical activity, and Genetic susceptibility,

Although a few cases are caused primarily by

- Endocrine disorders,
- Medications gain (e.g., atypical antipsychotics),
- Psychiatric illness, & Sedentary life style
- Decreased rates of smoking, because smoking suppresses appetite
- Pregnancy at a later age (which may cause susceptibility to obesity in children),

The study of the effect of infectious agents on metabolism is still in its early stages. Gut flora has been shown to differ between lean and obese humans. There is an indication that gut flora in obese and lean individuals can affect the metabolic potential.

An association between viruses and obesity has been found in humans and several different animal species. **AD-36 adenovirus** popularly known as fat **virus** has been observed to increase the amount of body fat on laboratory animals, an effect that has been duplicated on chickens and monkeys

Hormonal basis of obesity two hormones are found in this account **1- Leptin** **2- Ghrelin**

- **GHRELIN** is produced by the stomach, modulating short-term appetitive control (i.e. to eat when the stomach is empty and to stop when the stomach is stretched). This hormone is secreted by entero endocrines of stomach. In obese persons Ghrelin is secreted in much larger amounts, It accelerates the appetite and finally causes the obesity
- **LEPTIN** is produced by adipose tissue to signal fat storage reserves in the body, and mediates long-term appetitive controls (i.e. to eat more when fat storages are low and eat less when fat storages are high). Leptin It is produced to control the food intake and energy expenditure. It acts through hypothalamus. A defect in leptin controlling gene or its receptor may produce obesity. Some obese persons have low level of leptin in blood, defective leptin gene is one cause of obesity Leptin and ghrelin are considered to be complementary in their influence on appetite.

Evidence to support the view that some obese people eat little, yet gain weight, due to a slow metabolism; on an average obese people have a greater energy expenditure than their thin counterparts due to the energy required to maintain an increased body mass.

COMPLICATIONS OF OBESITY

- Cardio vascular disease,
- Cardiomyopathy
- Type 2 diabetes,
- Certain types of Cancer,

- Orthopedic disorders
- Liver disorders including fatty liver
- Respiratory disorders
- Eating disorders
- Obstructive sleep apnea

MANAGEMENT OF OBESITY

.The main treatment for obesity consists of dieting and physical exercise.

- Diet programs may produce weight loss over the short term, but maintaining this weight loss is frequently difficult and often requires making exercise and a lower food energy diet a permanent part of a person's lifestyle.
- Diets to promote weight loss are generally divided into four categories: Low-fat Low-carbohydrate Low-calorie & Very low calorie.
- Success rates of long-term weight loss maintenance with lifestyle changes are low, ranging from 2–20%.
- Dietary and lifestyle changes are effective in limiting excessive weight gain in pregnancy and improve outcomes for both the mother and the child.

EXERCISE

With use, muscles consume energy derived from both fat and glycogen. Due to the large size of leg muscles, walking, running, and cycling are the most effective means of exercise to reduce body fat.

Exercise affects macronutrient balance. During moderate exercise, equivalent to a brisk walk, there is a shift to greater use of fat as a fuel

MEDICATION

- Orlistat (Xenical), is widely available and approved for long term use. Weight loss however is modest with an average of 2.9 kg (6.4 lb.) at 1 to 4 years and there is little information on how these drugs affect longer-term complications of obesity. Its use is associated with high rates of gastrointestinal side effects and concerns have been raised about negative effects on the kidneys.
- Two other medications are also available - Lorcaserin (Belviq) results in an average 3.1 kg weight loss (3% of body mass) greater than placebo over a year, A combination of phentermine and topiramate (Qsymia) is also somewhat effective.

SURGERY

- The most effective treatment for obesity is **bariatric surgery**.

- Surgery for severe obesity is associated with long-term weight loss and decreased overall mortality.
- One study found a weight loss of between 14% and 25% (depending on the type of procedure performed) at 10 years, and a 29% reduction in all-cause mortality when compared to standard weight loss measures.
- However, due to its cost and the risk of complications, researchers are searching for other effective yet less invasive treatments

AYURVEDIC PERSPECTIVE OF OBESITY

- **Sthoulya term has been taken from Sthoola which means bulky.**
- **The opposite of Sthoola is Krishna which means lean**
- **Sthoulya as disease has no place in Charaka Chikitsa.**
- **Sthoulya however has been referred under Ashtanindita Adhyaya by Charaka, this is why this has gained some recognition as an unhealthy or amorbid state, hence treatable**

REFERENCES OF STHOULYA IN AYURVEDA TEXTS

इह खलु शरीरमधिकृत्याष्टौ पुरुषा निन्दता भवन्ति तद्यथा--अतिदीर्घश्च अतिह्रस्वश्च अतिलोमा च अलोमा च अतिकृष्णश्च अतिगौरश्च अतिस्थूलश्च अतिकृशश्चेति ३

Nanatmaja Vikara of Sleshma श्लेश्मविकारांश्च--अतिस्थौल्यं च।Ch.Su.20/24

Santarpana Nimittaja अतिस्थौल्यं Ch.Su.23/5

Ati Nindita इह खलु शरीरमधिकृत्याष्टौ निन्दिताः पुरुषा खवन्ति; तद्यथाCh.Su.21/- अतिस्थूलं

Brihanajanya

Bahudoshajanya स्थौल्य--तस्मै संशोधनं हतम। Ch.Su.16/13-16
Ka.Khi.7/16-18

Complication of Meda Dusha तमतिस्थूलं क्षुद्रश्वास-- Su.Su.24/13
प्राप्यं पंचत्वंमुपयाति

Medovaha Srotas

Viddha Lakshana तत्र विद्वस्य--स्थूलं--।। Su.Sa.9/12

Rasa Nimittaja disorder रसनमित्तमेव स्थौल्यं--Su.Su.15/32

Physical condition of the body कृशस्थूलात्तु पुजितःSu.Su.35/40

ATISTHULYA

The Atisthula person suffers the following eight defects

अतिस्थूलस्य तावदायुषो हासो ज्वोपरोधः कृच्छ्रव्यवायता दौर्बल्यं दौर्गन्ध्यं स्वेदाबाध क्षुदातिमात्रं पिपासातियोगश्चेति
भवन्त्यष्टौ दोषाः ॥

(Ch.su.21/4)

Decrease life span, loss of enthusiasm or encourage (debility), impotency&difficulty in intercourse, weakness of the body, foul smell of the body, foul smell of skin, excessive sweating, voracious appetite, excessive thirst.

ATISTHAULYA NIDANA SAMPRAPTI (Etiopathogenesis)

मेदसावृतमार्गत्वाद्वायुः कोष्ठे विशेषतः चरन् संधुक्षयत्यग्निमाहारं शोषयत्यपि ॥ तस्मात् स शीघ्रं जरयत्याहारं
चातिकाडक्षति विकारांश्चाश्नुते घोरान् कांश्चित्कालव्यतिक्रमात्क्रमात् । एतावुपद्रवकरौ विशेषादग्निमारूतौ । एतौ हि दहतः
स्थूलं वनदावो वनं यथा ॥ मेदस्यातीव संवृद्धे सहसैवानिलादयः । विकारान् दारूणान्
कृत्वानाशयन्त्याशुजीवितम् ॥ मेदोमांसातिवृद्धत्वाच्चलस्फिगुदरस्तनः । अयथोपचयोत्साहो नरोऽतिस्थूल उच्यते ॥

(Ch.su.21/5-9)

The increased Medas obstructs the srotas leading to pratiloma gati of vayu inside the kostha which pervades in the kostha and aggravates the kosthagni, dries the ahara inside the kostha leading to early and fast digestion of ahara, due to which the demand for ahara consumption increases. In such situation if such person does not receive food properly or he delays in intake of ahara leads to many complications and severe diseases. These both conditions are further responsible for complications of agni and vayu. The way vayu and fire burns the forest in similar way the medasvi person becomes prone for severe complications by disturbed vayu and agni.

UPADRAVA

The following complications have been mentioned

मेदस्यतीव संवृद्धे सहसैवानिलादयः ।

विकारान् दारूणान् कृत्वा नाशयन्त्याशु जीवितम् ।

आयुषोहासो ज्वोपरोधः --- (Ch.Su.21/5-8)

तमतिस्थूलं क्षुद्रश्वास (Su.Su.15/32)

प्रमेह पूर्वरूपैः स्थौल्योपद्रवान्यैरपिश्लेशमरक्तमांसविकार --- (As.Su.19/7)

अतिस्थौल्यात्पचिमेहज्वरोभगन्दरान् ।

काससंन्यासकृच्छ्रामकुष्ठादीनतिदारूणान् । । (Ah.Su.14/21)

- Prameha, Pramehapidika, Jwara, Vidradhi, Urustambha, Shwasa, Apachi
- Bhagandara, Apachi, Kasa, Sanyasa, Kustha, Visarpa

- Atisara, Arsha, Shlipada, Kamala, Mutrakricchra, Ajirna

Treatment protocol for obesity

Chikitsa Sutra:

संशोधनं संशमनं निदानस्य च परिवर्जनम् । च वि७/३०

वातघ्नान्यन्नपानानि श्लेष्ममेदोहराणि च ।

रक्षोष्णा बस्तयस्तीक्ष्णारूक्षाण्युद्वर्तनानि च ॥ च सू 21/21

गरु चापतर्पणं चेष्टं स्थूलानां कर्षणं प्रति । च सू 21/20

तत्र मेदोनिलश्लेष्मनाशनं सर्वमिष्यते । (AH.Su.14/21)

काश्यमेवं वरं स्थौल्यात् नहि स्थूलस्य भेषजम् । (A.H Su. 31)

गुडूची भद्रमुस्तानां प्रयोगस्त्रैफलस्तथा । तक्रारिष्टप्रयोगश्च प्रयोगो माक्षिकस्य च ॥ विडङ्ग नागरं क्षारः

काललोहरजो मधु ।.....(Ch. Su. 21/21-22)

शिलाजतुगुग्गुलुगोमूत्रत्रिफलालोहरजोरसाञ्जनमधुयव मुद्गकोरदूषकश्यामाकउद्दालकादीनां

विरूक्ष्णच्छेदनीयानां च द्रव्याणां विधिवदुपयोगो विरूक्ष्णच्छेदनीयानां इति विरूक्ष्णं मेदोघ्नं छेदनीयं स्रोतोविशोधनीयम् ।

अतिस्थूलः स्मृतो योज्यं तत्रान्नं मारूतापहम् । श्लेष्ममेदोहरं यच्च कुलत्था यवकाः यवाः ।

जूर्णश्यामाकमुद्गाद्याः पानेऽरिष्टे मधूदकम् ॥ मस्तु तक्रं च तीक्ष्णोष्णं रूक्षं छेदि च भेषजम् ।

चिन्ताव्यवायव्यायामशोधनास्वपनं भजेत् । देहापेक्षी तथा रूक्षं स्नानमुद्वर्तनादि च । (अ.सं.)

पाचनं दीपनं क्षुतृद्व्यायामातप मारूताः (A. S. Su. 24/9)

रूक्ष उद्वर्तन- उद्वर्तनं कफहरं मेदसः प्रविलायनम् ।

प्रजागरं व्यवायं च व्यायामं चिन्तनानि च ।

स्थौल्यमिच्छन् परित्यक्तुं क्रमेणाभिप्रवर्धयित् । च सू 21/28

The drugs, food stuffs or beverages having properties like Vataghna, Kaphaghna & Medoghna should be applied in the management of Obesity.

The use of Guru & Apatarpana drugs as well as food stuffs is advisable in the treatment of obese persons.....

Use of Ruksha, Ushna basti & herbal scrubs (Udvartanam) has also been advocated by Acharya Charaka.....

There is no treatment of Sthaulya and hence thin body is always better than obesity.

Other Medications very useful in the treatment of Obesity –

- Guduchi
- Bhadramusta
- Triphala
- Takrarishta
- Makshik (Honey or?? Suvarnamakshika)
- Vidanga
- Nagaram(Shunthi)
- Kshara
- Kalaloha (Tikshna Loha)
- Makshika (Repeated in the shloka)
- Yava & Amalaka Churna
- Bilvadi Panchamula Kwath + Honey
- Shilajatu with Agnimantha Swarasa
- ShilajitGuggulu Gomutra
- Triphala Loharaj Rasanjana

The patient who wish to get rid of Obesity should increase the following activities step by step....

- ❖ Staying up at night
- ❖ Sexual Intercourse
- ❖ Exercise
- ❖ Thinking

- ❖ **AUSHADHA SEVANA KALA:**According to Ashtanga Samgraha, Pragabhakta Kala i.e. administration of medicine before meal is insisted for Krishkarana purpose. It has been further elaborated by Sharangadhara and advised to take Lekhana drug on empty stomach in early morning and before a meal. So, for the treatment of Sthaulya medicine should be administered before meal and ideally in the morning and empty stomach.

LEKHAN BASTI Lekhan Basti is highly recommended for management of Sthaulya by ancient Ayurvedic physicians. Lekhan or Karshana Basti helps to remove abstraction of Meda, Kapha and Kleda from Srotas by its veerya and helps to alleviate vitiated Vata and normalize the function of Agni and Vayu.

ERANDPATRAKSHAR PRAYOGA -

क्षारं वातारिपत्रस्य हिंयुक्तं पिबेन्नरः।मेदोवृद्धिविनाशायं॥ Bha.Rat.39/20

Erandapatra Kshar - 1 gm.

Ghritabharjit Hingu - 500 mg

Vehicle- Warm water

Diet indicated in the treatment of Obesity –

- MudgaKulatthChakramudgaka(Wild Variety)Aadhaki
- Patol Prashatik PriyanguShyamakaYavaka(Oat)
- Yava(Barley)JurnakKodrava

Any recipe made from, any of the above ingredients should be seasoned with Amalaki.....

Also, treatment of Sthaulya is mentioned at different places in Charaka Samhita with the following drugs and preparations are advocated as Medonasaka and Lekhana.

- ❖ Karshana Yavagu of Gavedhuka
- ❖ Lekhaniya Mahakashaya
- ❖ Bibhitaka
- ❖ Venuyava &
- ❖ Madhudaka

In **SUSHRUTA SAMHITA** administration of Virukshana and Chhedaniya Dravya especially Shilajatu, Guggulu, Gomutra, Triphala, Loha Raja, Rasanjana and Madhu in proper dose and duration are advised (Sutrasthana.15/38).In 38th chapter of Sutrasthana various groups drugs of are mentioned as Medonashaka

- **Varunadi GanaSalasaradi GanaRodhradi Gana**
- **Arkadi Gan Muskadi GanaTrayushnadi Gana**

In **ASTANG HRIDAYA** the preparations added for the management of Sthaulya

- ✓ Gomutra Haritaki Rodhrasava
- ✓ Navaka Guggulu Amruta Guggulu
- ✓ Vardhamana Bhallataka Rasayana

Bhaishajyaratnavali has mentioned the remedies for Medohara purpose like...

....

- Chavyadi SaktuTriphaladya Churn Erandpatra Kshara
- Badaripatra Pey Amritadi Guggul Dashanga Guggulu
- Tryushnadyam Loha Lauha Rasayana & Lauharishta etc.

Antah parimarjana	Bahih parimarjana
Vaman :	Udavartana :
Madan phala yoga	1. Triphala
	2. Kulattha
Virechana :	3. Lodhra
Trivrita yoga, Shudha kalpa	4. Vacha
	Avagaha :
Niruha basti :	1. Dashamool kwath
Lekhana basti	2. Varunadi kwatha, etc.

Anuvasan basti :	Parisheka :
Triphala tail	1. Varunadi kwatha
Sarsava Tail	2. Takra dhara
	3. dashamoola kwatha etc.
Nasya :	
Triphala tail	Lepa kalpana (durgandha nashak)
	1. Vasapatra swarasa & shankha bhasma
	2. Bilvapatra “
	3. Chinchapatra “
	4. Dhaturapatra “
	5. Haritakyadi pralepa
	6. Haritaladi yoga
	7. Samudrafena churna & mocharasa
	8. Rukha dravya like chana, kulathi

SHAMANA CHIKITSA : (BHARAT BHAI SAJYA RATNAKARA)

Gugglu kalpana

- Amrutadi gugglu Dashanga Navaka “
- Yograj Panchtikta Triphala “
- Trayushanadi

Taila kalpana

1. Triphala taila
2. Mahasugandhi taila
3. Vrundatriphaladya taila

Arishta kalpana

1. Loharishta
2. Takrarishta

Loha kalpana

- Loha rasayan Vidangadya loha
- Trayushanadya loha
- Vadavagni loha Navayas loha
- Loha bhasma

Kwatha kalpana

- Agnimantha kwatha & shilajit Bilvadi kwatha
- Triphala “
- Varunadi Manjishtadi “
- Ushnodaka

Other sthauyahara yogas

- Arand kshar Chandraprabha vati
- Vyosadya saktu
- Bruhatpanchmol & rasanjana
- Gomutra haritaki
- Badripatra sidha peya
- Vyoshadya santarpana

Rasa drugs

1. Trimurti rasa
- Sthularajgajkesari
- Medodhwansiras
- Mohadivajrapatrasa
2. Vadvagnirasa
- Rasa bhasma
- Gandhaka yoga
- Medohararasa

PATHYA & APATHYA

Ahara :

Ahara Varga	Pathya	Apathya
1.Suka Dhanya (Cereal grain)	Puran Shali, Kodrava, Shyamak, Yava, Priyangu, Laja, Nivara, Koradushaka, Jurna, Prashatika, Kanguni	Godhum Naveen Dhanya (Shali)
2.Shami Dhanya (Pulses)	Mudga, Rajamasha, Kulatha, Chanaka, Masur, Adhaki, Makusthaka	Masha Til
3.Shaka Varga (Vegetables)	Patol, Patrashaka, Shigru, Vrutnaka, Katutikta Rasatmak etc. Vastuka, Trapusha, Vartaka, Evaruka, Adraka, Mulaka, Surasa.	Kanda Shaka, Madhura, Rasatmak
4. Phala Varga (Fruits)	Kapittha, Jambu, Amalki, Ela, Bibhitaki, Haritaki, Maricha, Pippali, Erand Karkati, Ankola, Narang, Bilvaphala.	Madhura Phala
5.Drava Varga	Honey, Takra, Ushnajala, Tila & Sarshapa Tail, Asava, Arishta, Surasava, Jeerna Madhya	Milk Preparations, (Dugdha, Dhadhi, Sarpi) Ikshuvikara
6.Mamsa Varga	Rohita Matsya	Aanupa, Audaka, Gramya Mamsa Sevana

Vihara :

Pathya	Apathya
Shrama	Sheetal Jala Sevan
Jagarana	Diwaswapa
Nitya Bhramana	Avyavaya
Ashwa Rohana	Avyayam
Hastyava Rohana	Ati Ashana
Vyavaya	Sukha Shaiya

Mansika bhava :

Pathya	Apathya
Chinta	Nitya Harsha
Shoka	Achintana
Krodha	Manso Nivrutti

LATEST RESEARCHES

MUSTA-C. rotundus

Stimulates lipolysis in 3T3-F442 adipocytes suggesting that this medicinal plant contains activators of β -adrenoreceptors (AR). The binding assay performed on the rat β 3-AR isoform,

known to induce thermogenesis, demonstrated that *C. rotundus* tubers extract can consistently and effectively bind to this receptor. These data suggest that the effect on weight gain exerted by *C. rotundus* tubers extract may be mediated, at least partially, through the activation of the β 3-AR

HONEY

Certain hormones such as leptin, ghrelin and peptide YY are recognized for their role in modulating satiety, appetite, calorie intake, and energy expenditure and body weight. At the moment, only very few studies have investigated the effect of honey on appetite-regulating hormones - leptin, ghrelin and peptide YY. In rats, a recent study reported that the levels of leptin were considerably lower in rats administered honey than in those fed sucrose. Similarly, compared with sucrose-containing diet, honey was reported to delay postprandial ghrelin release and enhance total peptide response in healthy human subjects. Even though the data are still limited, fructose in honey may contribute to the modulating effect of honey on appetite-regulating hormones.

Although the mechanisms by which honey decreases weight gain are still not fully understood, findings from some recent studies suggest that honey might reduce weight gain via modulation of appetite-regulating hormones such as leptin, ghrelin and peptide YY. Furthermore, based on findings which showed lack of significant difference in food efficiency ratio (FER) in sucrose- and honey-fed rats, reduced food intake might contribute considerably to reduce weight gain in honey-fed rats. Fructose and oligosaccharides which are present in honey might also contribute to reduced body weight and food intake in honey-fed rats. Besides, available evidence indicates that honey might reduce body weight through reduced digestion and absorption of protein and increased fecal nitrogen output. Considering the overwhelming evidence which indicates that honey increases plasma antioxidants and ameliorates oxidative stress in tissues, the antioxidant effect of honey might also contribute to reduced weight gain.

GUGGULU

Guggulsterone, the bioactive constituent of guggul, has been identified as an antagonist at the nuclear receptor farnesoid x receptor (FXR) (Urizar et al. 2002; Wu et al. 2002), a key transcriptional regulator for the maintenance of cholesterol and bile acid homeostasis (Ory 2004; Kalaany and Mangelsdorf 2006; Cai and Boyer 2006). A recent study demonstrated that guggulsterone up regulates the expression of the bile salt export pump (BSEP), a rate-limiting efflux transporter for eliminating cholesterol metabolites bile acids from the liver. Such up regulation is possibly mediated through the activating protein 1 (AP-1) signaling pathway (Deng et al. 2007). The FXR antagonism and enhanced BSEP expression have been proposed as possible mechanisms for the hypolipidemic effect of guggulsterone).

VIDANGA -*Embelia ribes*

Male Wistar rats were fed HFD for 28 days to induce obesity. ERE (*Embelia ribes* ethanol extract) (100 mg/kg) administered orally to HFD fed rats for 21 days. Changes in body weight gain, body mass index (BMI), blood pressure, serum parameters, and myocardial oxidative stress parameters were measured. ERE (*Embelia ribes* ethanol extract) showed a preventive effect on body weight gain, visceral fat accumulation and elevated blood pressure. The extract treatment elicited a significant reduction in serum levels of leptin by 45%, insulin by 37%, glucose by 28%, total cholesterol by 18%, and triglycerides by 24% while HDL-C level increased by 31%. Furthermore,

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ERE treatment decreased the myocardial lipid peroxidation and increased antioxidant levels in obese rats. These findings demonstrated the anti-obesity potential of ERE, possibly through suppression of body weight gain, lipid lowering action, improvement in insulin and leptin sensitivity and increased antioxidant defense. Anti-obesity effect of standardized ethanol extract of *Embelia ribes* in murine model of high fat diet-induced obesity

INTEGRATED APPROACH TO MANAGEMENT OF LIFESTYLE DISORDERS

Dr. Bharti,

Assistant Director (Ay.), CARICD (CCRAS), New Delhi

ABSTRACT

Changes in lifestyles, behavioural patterns, demographic profile, socio-cultural and technological advancements are leading to sharp increases in the prevalence of NCDs. These Non-communicable diseases include Cardio-vascular diseases, Diabetes, Hypertension, stroke and cancer etc. The leading causes being unhealthy food habits & change in life style pattern. The World Health Organization's World Health Report 2002 identified tobacco use, alcohol consumption, overweight, physical inactivity, stress and high fat diet as the most important risk factors for NCDs. An important way to reduce the burden of NCDs on global public health is by focusing on the importance of lessening, preventing, detecting, and correcting modifiable risk factors and hence controlling the major modifiable risk factors associated with these diseases.

Four major behaviour risk factors are:

- Tobacco use
- Physical inactivity
- Unhealthy diet including high intake of salt (sodium chloride)
- Harmful use of alcohol

The other risk factors include :

- Stress
- Lack of fiber (food and vegetable) in diet
- Intake of trans-fatty acids etc.

If the above behavioural risk factors are not being managed /modified then they may lead to following biological risk factors:

- Over weight/obesity
- High blood pressure
- Raised blood sugar
- Raised lipids

In view of this, Government of India launched "***National Programme for Prevention and Control of Cancer, Diabetes, Cardio-vascular diseases and Stroke (NPCDCS)***" in 2008 to prevent and control the projected increase in the burden of Non-Communicable Diseases. This program has been implemented in 36 States (till March 2017¹) by Directorate of Health Services.

- CCRAS, Ministry of AYUSH in collaboration with DGHs, Ministry of Health & Family Welfare has implemented and executed a programme viz. Integration of AYUSH (Ayurveda) component with NPCDCS programme in the identified districts of 3 states viz. Bhilwara (Rajasthan), Surendranagar (Gujarat) and Gaya (Bihar) with an aim to cater health care services and to reduce the burden of NCDs by combining the strength of Ayurveda and Yoga.

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- The aforesaid programme is successfully functional in 52 centres (49 CHCs and 3 District Hospitals) of the all 3 identified districts. This programme boosted the Referrals and cross referrals of patients among conventional and various AYUSH Systems.

i Directorate General of Health Services, Ministry of Health and Family Welfare. National Programme for Prevention and Control of Cancer, Diabtetes, Cardiovascular Diseases and Stroke Achievements

https://dghs.gov.in/content/1363_3_NationalProgrammerPreventionControl.aspx

CLASSICAL AND CLINICAL KNOWLEDGE OF AYURVEDA FOR THE TREATMENT OF LIFESTYLE DISEASES WITH UNDERSTANDING OF INTEGRATED APPROACH

Dr. Vijay Seth,

Consultant Physician (Ayurveda) Vivekanand Polyclinic & Institute of Medical Sciences, Lucknow

Ayurveda is the knowledge that indicates the appropriate and inappropriate, happy and sorrowful conditions of living, what is auspicious or inauspicious for longevity as well as measures of life itself. Ayurveda, which literally means 'the science of life', is the natural healing system, it involves care of diseased as well as healthy persons for longevity of life.

"Ayurveda" is known as ancient medical science but today science and technology has put Ayurveda on a different platform in terms of better manufacturing, effective and easily palatable medicines along with presentable form of medicines. This advancement is not only there in the field of manufacturing effective patent medicines but can also be seen in the manufacture of latest, more hygienic and advanced Panchkarmaequipment.

There are various ways of dealing with healthy as well as diseased persons through Ayurveda. Ayurveda classically incorporates various life style rules, home remedies, Dietary rules (Aharavidhi), seasonal rules (Ritucharya), daily rules (Dincharya), Yoga and meditation etc. Ayurveda has two ways of treating the diseased persons. One way is Shaman chikitsain which patients are treated for their diseases through use of various medicines. The other way in Ayurveda gives relief to patients through Shodhanchikitsa e.g. Panchkarma treatments. In this type of treatment, disease is eradicated from its root. Here possibility of reoccurrence of disease is rare or remote.

Lifestyle diseases are those diseases which are associated with the way people live their lives in an abnormal manner or we can say that diseases which occur due to inappropriate way of living. Bad or unhealthy habits in life often lead to stress. Which ultimately converts into various disorders and diseases, called as lifestyle diseases. Any kind of addiction, like smoking, alcohol intoxication, drugs etc. first affects a person physically and gradually starts affecting mentally. This leads to stress which finally causes various diseases like hypertension, diabetes, insomnia, obesity, heart diseases, infertility, aphrodisiac problems etc. Thus, lifestyle affects a person in two ways. One that any disease may get worse due to inappropriate life style and the other living an unhealthy life style may cause serious diseases.

While dealing with lifestyle diseases, it is important first to avoid unhealthy way of living and adopt healthy life style. Even a healthy person, not suffering with such diseases and wanting to live long and healthy life, can adopt healthy ways of living. Ayurveda has coined a term "NIDAN PARIVARJANA" for eradicating causative and aggravating factors of diseases. Integrated approach is the way for healthy survival of people. This may be either integration of Ayurveda with technology or proprietary medicines, home remedies, diet, physical activity, yoga and meditation, allopathic medicines, etc. There are limitations associated with single line of treatment so by using integrated approach in an intelligent manner one can live healthy and stress free life.

STRATEGY FOR PREVENTION OF LIFE STYLE DISORDER

***Dr. Aruna Ojha**

Associate Professor, P.G. Department of Kayachikitsa, Shri N. P. A. Govt. Ayurved College, Raipur (C.G.)

A particular lifestyle of any person is a cumulative effect of their physical and psychological functioning displayed in the form of habit, behavior, dietary and living style according to their training from childhood. Ayurved, the ancient science of life advocated holistic approaches towards various aspect of life mentioning the Samayak Aahar- Vihar, Dincharya, Ritucharya etc. for healthy life of person. But the hustle and bustle of modern life along with vitiated way of living has taken man away from the nature inviting number of life style disorders. Due to organization and influence of western life style and luxurious sedentary life, prevalence of life style diseases have reached alarming proportion among Indians in the recent years. Life style disorders sometimes called as “Diseases of longevity” are those diseases linked with the way people live their life. As compared to early 20th century infectious and vector borne diseases are reduced due to advancement of antibiotics, health alertness and improved medical services but the NCDs are increasing day by day. Unhealthy diet habits, lack of physical activity and increased stress etc. are the major factors responsible for CAD, Obesity, and Diabetes like life style diseases. The specialty of life style diseases are that, it takes years to develop and if occurred once, is not easy to cure.

There is a huge scope of implementing classical Ayurvedic knowledge into real practice. Ayurved has every possible solution which can prevent and cure easily, effectively and effortlessly to life style disorders and can improve the quality of life. So it is mandatory to develop and plan strategy to prevent and fight with life style disorder. Modification of Aahar and Vihar are important component in the management of life style disorder.

PREVENTION AND MANAGEMENT OF LIFESTYLE DISORDERS THROUGH YOGA

Dr.Sudharma Kodithuwakku

Sri Lanka

In the modern world, a man is facing pandemic of lifestyle disorders. These disorders are primarily resulted due to the faculty daily habits like unwholesome diet, smoking, alcohol consumption, day sleep & late night sleep etc. and an inappropriate relationship of people with their environment. Ayurveda offers several measures related to lifestyle which is necessary to modify lifestyle, promote psychosomatic health, reduce psychological stress and thus help in prevention & management of wide range of lifestyle disorders like Diabetes Mellitus, Hypertension, Cardiovascular diseases,

Among them, Yoga has a great potential in preventing and managing the lifestyle disorders. It helps in controlling body, mind and soul as well as to prevent & propagation of the disease and if started early & may be even possibly cure the disease condition. The main benefit of yoga for prevention and management of lifestyle disorders as its lifestyle components of healthy diet, activity, relaxation and positive attitude. Another major advantage is that it can apply easily, safe, economically cheap and easy to learn & practiced even in ill person, elderly and disabled individuals. In this way, yogic principles and their application are discussed in prevention & management of lifestyle disorders.

Key words: Lifestyle, Lifestyle disorders, Yoga,

PRESENT HEALTH CARE CHALLENGES & STRENGTH OF AYURVEDA

Prof. Girendra Singh Tomar

Adjunct Professor, Faculty of Ayurveda

Institute of Medical Sciences

Banaras Hindu University, Varanasi, India

Formerly Dean, Faculty of Ayurveda & Unani Medicine

C.S.J.M. University, Kanpur (UP)

The life style of the people in developed countries has tremendously changed due to exploitation of science and technology during twentieth century. The developing countries like ours also following these countries as their role model. Developments in medical and public health sector in the form of immunization, better maternal and child health care, advanced surgical techniques, newer generation antibiotics, nutrition, safe food and drinking water were successful to control of mortality rate and as a result there is a steep increase in the life span of the population in most of the countries of the world. In spite of such scientific and technological advancements certain health problems are still unanswered. In this scenario more hospitals equipped with well trained manpower, latest diagnostic techniques and availability of quality drugs is essential to face challenges of present health scenario.

Unfortunately today the world is spending a lot of their economic wealth in cure of diseases; less attention is being devoted towards prevention of diseases and promotion of health. As a result a different type of medical and public health challenges are appearing in twenty first century. While the world has still failed to control the diseases like tuberculosis, malaria and diarrhoeal epidemics etc, infective ailments like HIV, chickengunea, bird flu, ebola virus are posing new health challenges. Though there is regression in infection related major disorders but resurgence of non communicable ailments like Diabetes, Hypertension, Obesity, Ischemic heart disease, Cancer, Osteoarthritis, Stress related disorders, Geriatric problems, trauma, environmental pollution related diseases and Smoking related ailments are new health challenges of twenty first century.

Every system of medicine has got its own limitations. Western medicine is potent enough to control infective diseases but it gives only symptomatic relief in endogenous diseases where the relief is neither long lasting nor free from side effects. Ayurveda offers holistic approach from very beginning and is primarily highlighting maintenance of health of healthy individuals as its objective. It has vast scope in controlling these non communicable diseases. Ahara (diet), Nidra (sleep) and Brihmcharya (celibacy) are three tripods of Ayurveda which has wonderful role in prevention of diseases. Ayurveda advocates Ahara (diet), Achara (life style) and Aushadha (medicine) as its tools of treatment. Moreover it has concept of Trividha Balas (three fold strength) which has a key of successful management of immune compromised diseases. Keeping above facts in the mind it may be suggested that Ayurveda has sufficient strength to control these non communicable diseases which has become challenge of twenty first century. Details will be discussed in the seminar.

MANAGEMENT OF STRESS-MEDIATED FEMALE REPRODUCTIVE HEALTH DISORDERS: IMPACT OF SHATAVARI

Shail K. Chaube 1 and Ajai K. Pandey 2

1 Cell Physiology Laboratory, Department of Zoology, Institute of Science, Banaras Hindu
University, Varanasi-221005

2 Department of Kayachikitsa, Faculty of Ayurveda, Banaras Hindu University, Varanasi-
221005

Stress has deeply rooted in human society due to limited resources and changes in the lifestyle behaviors. Girls and women in their beginning of reproductive age are exposed to psychological physical and physiological stress that results in the generation of reactive oxygen species (ROS). Alcohol consumption and cigarette smoking have been reported to reduce fertility in possibly due to increased level of ROS that causes oxidative stress (OS). The chronic stress generates oxidative stress (OS) and exerts its negative impact at the level of ovary that deteriorates oocyte quality. Poor oocyte quality directly affects the reproductive health that pushes individual towards infertility. We observed a biphasic roles of ROS on oocyte physiology. A moderate increase of ROS under physiological range is beneficial for meiotic resumption from diplotene as well as M-II arrest, while sustained high level induces cell cycle arrest and apoptosis. We pioneered the mechanism of ROS action during meiotic cell cycle progression/arrest and apoptosis in oocytes. Studies from our laboratory suggest that increased ROS level decreases Cdc25B and increases Thr-14/Tyr-15 phosphorylated Cdk1 level. ROS trigger decrease of Thr- 161 phosphorylated Cdk1 as well as cyclin B1 levels thereby destabilize maturation promoting factor (MPF). The destabilized MPF finally triggers meiotic resumption from diplotene as well as M-II arrest. On the other hand, increase of ROS beyond physiological range causes OS that induces meiotic cell cycle arrest and apoptosis in oocytes. Based on our research studies, we propose several players and pathways involved in oocyte apoptosis. Oocyte apoptosis is one of the major causes for the depletion of germ cells from ovary and has direct negative impact on female fertility. To overcome the stress-mediated reproductive health complications, shatavari (*Asparagus racemosus*) could be used because of its antioxidant properties. Although shatavari is a queen of all Ayurvedic medicines and most popular to treat reproductive ailments of women, the underlying mechanism of shatavari action at the level of ovary and oocytes remains poorly understood. Based on the animal studies, we propose that shatavari could reduce oxidative stress by promoting antioxidant enzymes activities and thereby reproductive health of women.

Keywords: Life style factors, Stress, oxidative stress, Ovary, Oocyte, Shatavari

PRO-SEXUAL EFFECTS OF AYURVEDIC VAJIKARAK IN SEXUALLY SLUGGISH MALE MICE

Raghav Kumar Mishra & Shio Kumar Singh

Department of Zoology, Institute of Science, Banaras Hindu University, Varanasi

Male infertility by itself does not threaten the life, but it has demoralizing psycho-social consequences on infertile male. Major causes of male infertility are stress, changes in lifestyle and environmental pollution. In male reproductive health care management, Ayurveda offers a holistic approach to improve the overall health of the male reproductive system. *Withania somnifera* and Musli-pak have been claimed as an aphrodisiac and used in the treatment of male infertility in *Vajikarana* therapy of Ayurveda. However, clinicians have been hesitant to support these drugs because of a lack of quality substantiation regarding safety and efficacy of these drugs. Therefore, we have investigated whether these Ayurvedic *Vajikarak* could improve male fertility in sexually sluggish male, using Parkes (P) mice as an animal model. Effect of root powder of *Withania somnifera* (100, 200 and 400mg/kg BW) and Musli-pak (100 and 200mg/kg BW) were investigated for a single spermatogenic cycle (35 days), in mice showing sexual sluggishness in pre-experimental tests after cadmium treatment (1mg/kg BW ip; 7days before start of *Withania somnifera* and Musli-pak treatment). Both *Withania somnifera* and Musli-pak improved the weight of male reproductive organs, testicular daily sperm production, activities of testicular hydroxysteroid dehydrogenase enzymes, and serum level of testosterone in sexually sluggish male mice. Further, the treatment of *Withania somnifera* and Musli-pak reverted back the adverse effects of cadmium on motility, morphology and number of spermatozoa in the cauda epididymidis, secretory activities of epididymis and seminal vesicle, pro-sexual and sexual behavior, and number of litter per female. Taken together, the results suggest the plausible *Vajikarak* nature of both *Withania somnifera* and Musli-pak and their probable role in fertility improvement in sexually sluggish males.

MANAGEMENT OF PSYCHOSOCIAL STRESS IN OSTEOPOROTIC ELDERLY WOMEN

Punam Rani Shukla

*Department of kayachikitsa, I.M.S.,
B.H.U., Varanasi.*

ABSTRACT

Osteoporosis is the most common skeletal disease associated with ageing. Women are at an increased risk of osteoporosis in comparison to men due to the effects of menopause and subsequent estrogen deficiency. They lose around 1% of their bone mineral density each year in the years beyond their menopause and hence over time are likely to develop osteoporosis into old age. Some findings have provided compelling evidence that psychosocial stress can disturb bone homeostasis. It is well known that specific social stress situations (e.g., social evaluative or threat components) provoke the strongest physiological responses. However, individuals respond differently to these situations depending on their interpretation, resources, and adaptation strategies, which refer also to their biographical time frames and the duration of the stress exposition (short term, such as acute or long term such as chronic, traumatic stress type). Psychological stressors like depression and anxiety have been identified as additional risk factors for disturbed bone homeostasis, osteoporosis, and fractures in humans. Established osteoporosis in elderly women reduces the quality of life. Very few regain their previous level of activity and independence. The reluctant loss of confidence, social isolation and depression impact on elderly women's ability to manage their condition and in particular their pain. Hence for elderly women with osteoporosis, effective diagnosis and management is essential. The primary goal of the management of osteoporosis is to prevent osteoporosis in the first place and prevent fracture by treating it if the osteoporosis has already set in. Pharmacologic treatment increases bone strength but has no effect on muscle strengthening or balance in general. Moreover, beyond drugs, there are other interventions like supplementation of calcium and vitamin D, physical exercise, and supportive psychotherapy.

LITERARY REVIEW OF *HRID ROGA* AS A LIFE STYLE DISORDER IN THE VIEW OF AYURVEDA

Apsara S. Nishshanka*, SKP Tharanga**

*M.D. (Ayu) Kaya Chikitsa, Bandaranayake Memorial Ayurveda Research Institute, Navinna, Sri Lanka.

**PG (Ayu.Dip.) Technical division, Department of Ayurveda, Navinna, Sri Lanka.

Lifestyle diseases (LSD) are defined as diseases linked with the way people live their life. In modern era it is identified mostly as a result of unhealthy eating, physical inactivity, alcohol, drugs and smoking abuse. According to Ayurveda since ancient era diet and lifestyle are major factors thought to influence susceptibility to many diseases. Among LSDs, Cardio vascular disorders has become the leading cause of death according to the WHO, it represents 30% of all the deaths worldwide. According to the death statistics in Australia, circulatory coronary artery disease is the leading cause of death among all the age groups between 45 years to 95 years. Since the 1940s, the majority of deaths in the United States have resulted from life style related disorders (LSRD) including heart diseases. From the annual total deaths of 138,000 in Sri Lanka in 2012, 75% due to LSD and 40% of deaths were due to cardiovascular diseases. Consistent with the WHO ischemic heart disease were the major cause of death in Sri Lanka and it was 23.6 % of total, and it was constantly happen since 2000- 2012 without considerable change. As stated by health statistics 60% of annual mortality in India also due to LSRD and leading cause is heart and vascular diseases.

Ayurveda is a life science. Holistic system of medicine. When considering etiological factors of *Hrid roga* (Heart diseases) we can identify simple but deep theories that we should follow to prevent the disease. When observing basic Ayurveda compendiums; *Acharyas* say various food and life style factors as the common etiology of heart diseases. People must be persuaded to get away from those factors. In the aspect of prevention, herbs explained in Ayurveda as *hridya* (good to heart), *lekhaniya* (good to prevent lipid disorders) should not be ignored here. Responsibility of present day Ayurveda physicians' is taking those into thorough consideration, and deliver that certain, eternal knowledge to the world, in aim to reduce total annual death occurred due to heart related diseases around the world.

Key words: Lifestyle disorders, Heart diseases, Hrid Roga, etiology, prevention

TRANSLATIONAL RESEARCH IN AYURVEDA WITH SPECIAL REFERENCE TO PREVENTION OF LIFESTYLE DISORDERS WITH AN EMPHASIS ON THE CONCEPT OF EPIGENETICS

*** Dr.Sathyanarayana B, M.D. Ayu,**
** Principal and Chief Medical Officer,
Muniyal institute of Ayurveda medical Sciences,
Manipal, India*

ABSTRACT

Epigenetics is the study of the process by which genetic information is translated into the substance and behaviour of an organism: specifically, the study of the way in which the expression of heritable traits is modified by environmental influences or other mechanisms without a change to the DNA sequence. Epigenetics is the study of changing genetics without actually touching the genes. The cells of our body can behave and respond differently based on particular environmental factors. Research has shown that cells have dynamic intelligence and that the environment can turn certain genes on or off. For example, if an environmental factor that turns on a gene that is linked to a disease process is eliminated and replaced with a healthier environment, then the predisposition for that genetic disease will not be supported and is less likely to manifest. New research has revealed that cells are responsive to the internal environment of our thoughts, beliefs and feelings as well as the physical environment. This research states that, genetics are controlled by the perception of the environment rather than genes themselves. With the science of epigenetics we can begin to map out genes that keep us in a healthy state and eliminate those bad genes that have been plaguing humans over the course of time. There is real possibility to map cures for certain cancers, autoimmune disorders, and many other debilitating diseases. Ayurveda relates to the concept of epigenetics in distinct ways. The first way relates the Ayurvedic concept of Prakruti vs. Vikruti with that of genetics vs epigenetics. Role of nature and lifestyle routines in relation to epigenetic research is being understood. Not only what we eat but everything we take in through the five senses affects our health and our susceptibility to disease. Both Epigenetics and Ayurveda have shown that a person's experience at the physical, mental and cellular level can directly affect the quality of that person's life experience. This paper highlights the recent findings of research and scope of further research in the field of epigenetics translating the concepts of Swasthavritta

Keywords: Epigenetics, Swasthavritta, lifestyle, Ayurveda

INTRODUCTION

Epigenetics literally means Epi - "above" and genetic - "origin" i.e. above the origin. So epigenetics is the study of the process by which genetic information is translated into the substance and behaviour of an organism: specifically, the study of the way in which the expression of heritable traits is modified by environmental influences or other mechanisms without a change to the DNA sequence. Simply it means that the cells of our body can behave and respond differently based on particular environmental factors. Whatever the function of the cell there is a surface receptor that bonds with an extracellular molecule to trigger the cell into behaving a certain way. Here are four key things to know about Epigenetics[1]:

1. Epigenetics Controls Genes. Certain factors in life can cause genes to be turned on or off. Genes may lie dormant in the body or become altered by epigenetic factors that will cause genes to express in a certain way.
2. Epigenetics is everywhere. Everything we eat, touch, smell, hear, or feel can cause chemical modification in our body altering our genes. Even how we sleep, how we exercise and how we age will affect how our body transcribes the genes. Certain diseases are brought on by a malfunction of genes from a healthy state to a disease state.
3. Epigenetics makes us unique. Epigenetic factors can be passed down from generation to generation but also; epigenetics is responsible for the little things that make us all unique.
4. Epigenetics is reversible. With over 20,000 genes in our body the different combinations are enormous. With the science of epigenetics we can begin to map out genes that keep us in a healthy state and eliminate those bad genes that have been plaguing humans over the course of time. There is real possibility to map cures for certain cancers, autoimmune disorders, and many other debilitating diseases.

The incidence of lifestyle diseases like hypertension, diabetes mellitus, dyslipidemia, and overweight/obesity associated with cardiovascular diseases is high on the rise. Cardio vascular disorders continue to be the major cause of mortality representing about 30% of all deaths worldwide. With rapid economic development and increasing westernization of lifestyle in the past few decades, prevalence of these diseases has reached alarming proportions among Indians in the recent years[2].

Translational research applies findings from basic science to enhance human health and well-being. In the context of medical research, findings in basic research are to be translated into medical practice that will lead to meaningful health outcomes. There is a lot of scope in research translating the concept of Swasthavritta in the light of epigenetics into clinical research outcomes.

PREVENTION AND MANAGEMENT OF LIFESTYLE DISORDERS IN AYURVEDA:

In the management of lifestyle diseases, Ayurveda offers various regimens including *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Panchakarma* (five detoxification and bio-purification therapies), and *Rasayana* (rejuvenation) therapies. The Sadvritta (ideal routines) and *Aachara Rasayana* (code of conduct) are utmost important to maintain a healthy and happy psychological perspective. The inclusive utilization of all these treatment modalities has a great effect on lifestyle disorders. Moreover, the application of organ-specific *Rasayana* herbs also provides enough scope not only for prevention of disease, but also for the promotion of health and cure of disease too[3].

According to S.L. Martin, genes regulate 25% of longevity, whereas 75% is determined by lifestyle factors such as sleep habits, alcohol beverage consumption, stress levels, exercise, and diet [4]. Basically, a particular lifestyle of a person is a cumulative product of his/her physical capacity co-ordinated with psychological functioning, displayed in the form of habits, behavior, dietary and living pattern based on his own training sought from childhood, and mimics he gained from his immediate companions including parents, siblings, peers, etc. Thus, it involves a pure psychological and innate control over the physical and sensory activities. When this initiation, control, and co-ordination are disturbed, it leads to the derangement of lifestyle and results in any lifestyle disorder. Ayurveda narrated this phenomenon as '*Prajnaparadha*' [5] (intellectual blasphemy) which is one of the three basic causes of any disease. There are ample improper actions as an impact of *Prajnaparadha* which are root causes of various diseases, e.g., habit of suppression of any natural urge is a result of *Prajnaparadha* and enlisted as a cause of nearly 50% of the diseases. Reversal of any neurotransmission or improper removal of the waste products formed during metabolism leading to accumulation of toxins is the basic cause of a disease. Therefore, the habit of suppression of urge in improper lifestyle can be considered as one of the root causes of lifestyle diseases.

A lifestyle of an individual is the outcome or composed of physical traits, capacity, habits, dietary style, living condition, psychological functions, likes and dislikes, etc. Many of these traits are observed / nurtured from the parent, siblings and the surroundings. So, the physical activities are influenced by psychological feeling. The psychology controls all bodily activities. When the psychological initiation and control is disturbed, it results with lifestyle diseases and disorders. It is referred as *Prajnaparadha* in Ayurveda, one of the three major causes of diseases. Around 50 to 60 percent of lifestyle diseases are cured easily and effortlessly with Ayurvedic diet and lifestyle recommendations. Also, a few alarming diseases like osteoporosis (loss of bone density), type I diabetes – an insulin dependent condition, cardiac / cardio vascular diseases, neurological disorders, etc can be improved to a great extent. While many of the lifestyle diseases are the outcome of poor immunity, the concept of Ayurveda is solely based on eliminating diseases by building up Ojus.

Ayurveda suggests simple lifestyle routines for a healthy and disease free life. Lifestyle diseases have a unique approach in Ayurveda, called '*Swasthavritta*.' It refers to abiding naturally to one's own nature. In simple words, it is following the healthy regime for healthy life with appropriate activities. *Swasthavritta* focuses on individual hygiene and public health. The optimal health can be achieved to curb down the lifestyle diseases include *Dinacharya*, daily routine and *Ritucharya*, seasonal routine, *Panchakarma*, the detox treatment to remove the toxins and toxic effects from the body, *Rasayana* – rejuvenation therapy – Massage and spa therapy for pain relief, soothing the nerves, stress relief, rejuvenation, etc.

Aachara Rasayana – Personal hygiene, behavior, conduct, etc. A few lifestyle diseases can be effortlessly curbed down by meditation and yoga. For instance, the degenerative disorder, loss of bone density or osteoporosis can be improved with yoga. Ayurveda connects the body with mind,

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heals from internally. It helps you connect with you through spiritual health. Ayurveda for lifestyle diseases is combined of food and lifestyle modifications, herbal remedies, physical activities, rejuvenation therapies, meditation and yoga.

Increasing evidence shows that environmental and lifestyle factors may influence epigenetic mechanisms, such as DNA methylation, histone acetylation and micro RNA expression.

Several lifestyle factors have been identified that might modify epigenetic patterns, such as diet, obesity, physical activity, tobacco smoking, alcohol consumption, environmental pollutants, psychological stress, and working on night shifts. It has been stated many times throughout the medical world that 95% of disease are not inherited. This means the lifestyle choices people make everyday have a direct impact on the susceptibility to disease. For example, one study shows that mice that are predisposed genetically to cardiac and diabetic disorders can give off normal offspring when they are fed the proper diet. In short, epigenetic factors, proper use of the senses, can supersede genetic factors [6].

Foods

A possible role for nutrition in modifying epigenetic mechanisms has been examined in multiple investigations. For example, a diet rich in polyunsaturated fatty acids could generate mutagenic free radicals and oxidative stress [7] which has been directly linked to epigenetic alterations [8, 9]. Modulation of gene methylation has been observed in human endothelial cells incubated with arachidonic acid promoting up-regulation of proangiogenic mechanisms [10]. Conversely, polyunsaturated fatty acids may have a suppressive function in tumorigenic processes through dampening of inflammation and NF-kappaB pathway [11]. Moreover, diets rich in fruits and vegetables, which contain many natural antioxidants, can yield anticancer protection [12,13] have extensively reviewed the potential epigenetic effects of several nutritional components, mostly derived from vegetables. For instance, a study in healthy human subjects fed with a single serving of broccoli sprouts showed inhibition of histone deacetylase activity in circulating peripheral blood mononuclear cells 3–6 hours after consumption, with concurrent induction of histone H3 and H4 acetylation [14]. An in-vitro study on human tumor colon cell lines revealed that high doses of diallyl-disulfide from garlic increased histone H3 and H4 acetylation[15]

In epigenetic research, scientists are researching how different factors are changing the potential for disease states without changing DNA sequencing. Three main mechanisms are DNA methylation, histone modification and RNA alteration. These changes are all potentially reversible. Modern science is proving that the path of personalized therapy can affect disease screening and prevention strategies.

RNA Alteration

RNA, particularly microRNA's, has its roots at the post transcriptional level. Micro RNA's are non-coding RNA that regulates gene expression. These microRNA's are primarily responsible for normalizing cell function. They are a "blueprint" for the cell to form in a certain way. MicroRNA can also be affected by environmental factors that can alter the blueprint for the cell thus making it behave differently than intended. These RNA have the ability to turn on and off their DNA making them functional or dormant depending on the signals[16]

Prakruti vs. Vikruti and epigenetics

Our Prakruti in Ayurveda roughly resembles our DNA, or our genes, in western medicine. Each of us is born with a unique constitutional balance. Prakruti is determined by our parents' nature, as well as the circumstances of our birth. Our mother's emotional and physical state, the season, and location of our birthplace are all determining factors in our prakruti. According to Ayurveda this happens at the moment of conception and the lifestyle of our mother will play a role in the development of the offspring but the seeds of karma are also a factor in determining the tendency of the offspring [17]. So if our Prakruti is roughly related to our genes then our Vikruti is roughly related to our phenotype in Epigenetics[18]. Our Vikruti is defined as the nature of the imbalance. It is our current state. Prakruti is determined at the moment of conception and our Vikruti is the present state of the person. To get from point A (Prakruti) to point B (Vikruti) there can be any number of changes and those changes relate to epigenetic factors that include sensory input from the outside world. This includes diet, lifestyle, visual input, sensory stimulation, emotions, as well as many other environmental factors.

Western science looks at this a little differently. Western science believes that the offspring is a combination of the genes of the mother and the genes of the father. This creates a unique DNA of a child that will be different than any other person on the planet, the only exception being genetic twins. This has been the basis for Personalized Preventative Medicine (PPM) in the modern world. Ayurveda is filling the gap for personalized medicine as it relates to the individual in accordance with diet and lifestyle, season, time of life, and individual tendencies. Personalized Preventative Medicine PPM has been at the forefront of study in recent times. Modern science is realizing that epigenetic factors (i.e. diet, lifestyle, season, time of life, and individual tendencies) are directly influencing drug response. Ayurveda commonly describes its medicine in terms of its rasa, virya, vipaka, and prabhav. This will have a unique effect for each person as it relates to their prakruti or individual constitution. As modern science is learning drug reactions are found on an individual basis independent from that of any ethnic, racial or geographic grouping.

Dinacharya and epigenetics

In Sanskrit Dina means “daily” and Charya means “following or moving”. Ayurveda recommends that in order to be in an optimal state of health we should tune our bodies into the cycle of nature which in turn regulates the various other rhythms of our body. As modern society has taken hold of our lifestyle, our ability to live within the rhythms of nature has become increasingly difficult. Ayurveda suggests that we live by the light of the sun. It is best to wake up in the dawn hours (Brahma Muhurta). It is best to take this time to eliminate and cleanse the body, perform self-care including abhyanga, do physical exercise to further cleanse the body, take time for proper meditation and take nourishment of proper foods. All of these tasks shall keep a body free of disease. If these natural rhythms are allowed to fall by the wayside, change in our body chemistry can be seen. A study done on shift workers indicates their circadian rhythm disruption and its link with breast cancer. This study pointed out that as our circadian rhythms get more and more out of kilter with nature, there is an increasing likelihood that certain genes will have the ability to mutate into cancer causing cells[19].

THREE CAUSES OF DISEASE

Ayurveda believes that the three cause of disease have a direct correlation with our influence from our personal choices and our environment. These three causes – Prajnaparadha, Asatmendriyartha Samyoga, and Parinama are three factors that, when not taken into consideration, will be the cause for dis-ease in life. According to Ayurveda treatment of the disease does not treat the symptoms but brings the person back to their true nature. The body will then be able to rid itself of the disease.

The Caraka Samhita states, “So the unwholesome conjunction of the sense organs with their objects, intellectual blasphemy (prajnaparadha) and transformation (parinama) – these are the threefold cause of diseases. Proper utilization of the objects, action and time is beneficial to the maintenance of normal health.”

Prajnaparadha

Prajnaparadha is translated to mean – “intellectual blasphemy.” In short, we know that when we truly listen to our inner self, we can make decisions that reflect a state of balance. When our ego gets in the way we can potentially make choices that go against the health of our entire being. This idea of prajnaparadha (intellectual blasphemy) can be seen through the lens of epigenetics. If our choices of the present moment are carried with us as we age it’s fair to say that, epigenetically speaking, we are also passing down those choices to our offspring. Here are two studies that show how small insignificant choices can have dreadful long term results, not only for us but our offspring as well.

The first study, and probably one of the most significant studies on epigenetics, relates the choices of the mother agouti mouse directly to the health of her offspring. This study used mice that carried the particular agouti gene scientists could track to see if they could change the genetic legacy of the

offspring. When agouti mice breed the offspring are identical to the parents. These yellow fat mice look different than other mice because they carry this agouti gene that makes the rodent's appetite enormous and renders them prone to cancer and diabetes. The experiment was simple – they changed the mother's diet. In one generation – the mother's offspring were small, slender, brown, normal looking mice. All they did was change the mom's diet. The diet was rich in methyl donors which are found in many healthy foods including onions, garlic and beets. These “good” methyl clusters attached to the agouti gene essentially turning it off so that the developing embryos did not have an open methyl to activate the agouti gene. These offspring did not display susceptibility to cancer and diabetes and lived to a very old age. The DNA of the offspring was not altered and the effects of the agouti gene had virtually been eradicated¹⁹. This study is remarkable in many ways. Not only does it show that epigenetically we have a great deal of influence over our lives and the lives of our offspring, it also shows that our small, somewhat insignificant everyday choices (i.e. what we eat) have an enormous impact on our well being and the health of our progeny. These choices are all about prajnaparadha.

Our choices are not just having an effect on the physical body. Epigenetic studies have correlated their findings to that of the brain – primarily in relation to stress. Many studies have shown that stress in early life experiences can alter the neuroendocrine system. These alterations can impact the response to stress a person carries throughout life. Studies in both rats and people have shown that early life stressors to infants will cause DNA methylation thereby affecting oxytocin receptor expression as well as anxiety responsivity. “The fetal and early postnatal periods are times of dynamic physiologic change and developing organs and tissues are extraordinarily vulnerable to environmental influences. During sensitive periods of development adverse events such as stress or maltreatment can more readily trigger epigenetic alterations which can adversely affect physiological function and behaviour through adulthood²⁰. Cognitive and physiological response to stressors is highly influenced by genetics, early-life environment and trauma. Thus, resilience and susceptibility to stress are dictated by a variety of factors that ultimately determine whether neuroplastic adaptations can effectively promote coping or lead to loss of appropriate stress control and perhaps pathology [21]. The vast evidence shows that epigenetic modifications within relevant brain regions will influence behavior, physiological outcomes and disease risk.

Asatmendriyarthā Samyoga

Asatmendriyarthā Samyoga means improper use of the senses. Our five senses carry a delicate balance between delight and damage. When we repeatedly hyperstimulate our senses we can damage our senses. Epigeneticists are researching the misuse of the senses on a molecular level. They are finding that epigenetic factors are proving to be instrumental in the spread of common diseases. The increased human lifespan of centenarian individuals compared to people with average lifespan is directly related to vastly different diets. In the AstangaHridayam, it talks directly about the use of the senses in relation to disease. “He, who indulges daily in healthy food and activities, who

discriminates (the good and bad of everything and then act wisely), who is not attached (too much), to the objects of the senses, who develops the habit of charity, of considering all as equal (regarding kindness), of truthfulness, of pardoning and keeping company of good persons only, becomes free from all diseases [22]. This quote sums up the idea of Asatmendriyarthasamyoga. All good things in moderation and giving of oneself for the benefit of the greater good seems to be an everlasting truth to the endurance of humanity.

Parinama

Parinama means “evolution over time”. According to The Principles of Ayurvedic Medicine, there are two types of time – one being linear and the other being biological. Linear time is static. Biological time can be manipulated based on the movement of our bodies and our minds. Being in the present moment is the key to spiritual awakening. When our bodies are in constant motion and our mind is in constant thought, time will speed along until disease sets in. When we consciously slow down our motion (Vata) we can begin to understand the concept of parinama. Epigenetic research is studying the effect of parinama through the study of applied consciousness. The total number of altered methylation sites, where the sensor proteins latch onto, increase as we age. Methylation changes can then lead to altered gene expression which contributes to the delayed onset of age related diseases [23]. As more of the population is living longer, there has been an increase in age related diseases. Environmental variables in the epigenetic processes that involve alterations of gene expression without a change in DNA sequence can determine different aspects of aging, as well as pathogenesis of age-related diseases. Epigenetics plays a role in the aging processes and healthy life extension. The time for the body to relax is essential for repair so the body will continue to last well into the Vata time of life. As we flow into the Vata time of life, our body naturally begins to break down. If one is conscious of this we can work to alleviate the dosha with diet and lifestyle practices thereby promoting a greater likelihood of good health as we age. Parinama can then help us mindfully flow into the golden years of our lives.

CONCLUSION

It is clear that there are many similarities between Ayurveda and Epigenetics. Both Epigenetics and Ayurveda have shown that a person’s experience at the physical, mental and cellular level can directly affect the quality of that person’s life experience. We can also see that those experiences are easily transferred down from generation to generation. Epigenetics has been around 20 years. Ayurveda has been around 5000 years. Both have come to very similar conclusions. Epigenetic research confirms traditional ancient knowledge that diet, lifestyle and mindfulness can all be used to fight disease and promote health. We are here on this planet to optimize the expression of our genes in a way that supports evolution and growth both individually and collectively. If we follow Swasthavritta properly we can change the expression of our genes in a positive way there by promoting optimal health and preventing the diseases especially lifestyle disorders. There is a good

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scope for intense translational research where the principles like Dinacharya, Ritucharya, Ahara, Vihara, AcharaRasayana, Sadvritta can be clinically revalidated with the help of concept of epigenetics. Ayurveda's holistic approach to treating the mind, body and soul as a complete person has the potential to solve some of the world's most pressing health problems. Modern medicine has seen this need for personalized medicine and Ayurveda offers the path which plays a key role towards disease prevention through diet and lifestyle. By taking the knowledge of modern science and combining it with the roots of Ayurveda, there is an opportunity to change the course of some of the most plaguing disorders of the modern world today.

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AYURVEDIC INTERVENTIONS FOR LIFESTYLE DISORDERS

Dr .Punita Pandey MD, Ph.D.

*Professor, P.G.Department of Kayachikitsa
Uttarakhand Ayurveda University, Gurukul Parisar, Haridwar, U.K. (India)*

ABSTRACT

Last few decades have witnessed tremendous increase in prevalence of lifestyle disorders worldwide. And it is inferred that this trend will augment in future. Modern medicine has gained triumph over the infectious diseases simply by targeting the offending organism but the management of lifestyle disorders is not that simple and requires a broad acumen. In fact lifestyle disorders are multifactorial in origin and are outcome of violation of rules of healthy leaving, materialistic approach towards life, negative thought process, mental emotional conflicts and unresolved stress of day to day life. The cumulative effects of these factors disturb homoeostasis and results in dosha vaishmya, vitiation of agni, ama production, srotovaiguny and depletion of sattva component of man (mind). Concepts and practices of Ayurveda which are effective in lifestyle disorders viz. nidan parivarjan, deepan-pachan, srotoshodhan, shirodhara, mantra chanting, meditation and specific yogasan will be discussed at the time of paper presentation.

Key Words: Agni, Ama, Srotovaiguny, Deepan-Pachan, Srotoshodhan, Meditation

INTRODUCTION

World, Today has achieved great economic and technical development. In the field of science and medicine has attained outstanding achievement. In such a developed world logically it may be inferred that people would be healthier than before. But ironically the graph of unhealthy population is going on increasing worldwide. Earlier infectious diseases were prime threat to mankind. Scientist and doctors with their researches and efforts have gained effective control over them. But soon emerged a new set of diseases and these diseases are named 'lifestyle disorders. Lifestyle disorders are not easily amenable as infectious diseases. Sincere effort of Scientists and doctors of modern medicine yet seems ineffective in control and management of these disorders. Some of the most common lifestyle disorders include^[1]: Atherosclerosis, Alzheimer's disease, Some types of cancer, Asthma, Liver cirrhosis, Type 2 diabetes, Chronic obstructive pulmonary disease, Heart disease, Metabolic syndrome, Chronic renal failure, Stroke, Osteoporosis, Obesity, Depression etc.

Onset lifestyle disorder is insidious takes many years to manifest. In view of *Ayurveda* the root cause of lifestyle disorders are multiple. Apart from dietetic and lifestyle indiscretion, stress, interpersonal conflict, declined moral values, ethical values, as well as mechanistic and materialistic

approach toward life are major contributory factors for ever increasing prevalence of lifestyle disorders.

From *Ayurvedic* perspective besides drug therapy, effective management of lifestyle disorders needs inculcation of such measures which impart mental peace, balance emotions, enrich the inner core and enhance *sattva* attribute of mind. Principles of *Ayurveda* indicates that habit of not holding of physiological urges^[2], control over vicious mental urges^[3], Practice of *sadvritt*^[4], *achar rasayan*^[5], *pranayam*^[6], meditation^[7], *yogic asan*^[8] along with appropriate drug therapy is the right approach for effective control and management of these disorders.

MATERIAL AND METHODS

Aim and Objective

Holistic approach is essential in prevention and management of lifestyle disorders. *Ayurved* is a holistic science and should be practiced in these ailments. This paper is written to ascertain the usefulness of *Ayurved* in disorders where modern medicine is helpless. The main aim and objective of this paper are as follows:

- Find the root cause of emerging epidemic of lifestyle disorders
- Establish the relevance of *Ayurvedic* approach in lifestyle disorders
- Find a safe and effective treatment approach in management of lifestyle disorders

REVIEW OF LITERATURE

Exploration of *Ayurvedic* literature reveals that in pathogenesis of lifestyle disorders somatic factors as well as involvement of psyche is important. *Dosh vaishmy*, *agni* vitiation, *ama* production, *srovaiguny*, depletion of *sattv* component are the main events which contribute in overt manifestation of these disorders. Adoption of faulty dietary habits, physical inactivity, erratic schedule of sleep and wake, regular and excessive ingestion of unwholesome and uncongenial food articles, high sugar product, dairy products, alcohol, smoking, drug abuse, as well as stress, negative emotions, unresolved personal conflicts are some of the potential factors which participate in manifestation of these disorders. *AYURVEDIC* Measures which are effective in control and management of lifestyle disorders are being described below:

NIDAN PARIVARJAN

Nidan Parivarjan, the foremost principle of *Ayurveda* is applicable in all sorts of diseases⁹. Following measures should be used to prevent lifestyle disorders:

- As a dietary measure restriction of salt, sugar, pickles, refined carbohydrates, fried food, precooked food, junk food, dairy products, and non vegetarian food articles is essential.

- *Adhyashan, samashan, vishamashan* should not be practiced.
- As far as the lifestyle is concern under active i.e. sedentary lifestyle as well as over active turbulent lifestyle both may become conducive to manifest lifestyle disorders. Hence, it is advisable to adopt a moderately active lifestyle.
- One should avoid late night awakening and late rising and should tune sleep-wake cycle with nature.
- Stress play major role in genesis of lifestyle disorders, therefore it is essential to minimize stress and practice of measures such as *yoga*, meditation, relaxation etc. and improvement of interpersonal relationships is an integral part in management of lifestyle disorders.

Deepan Pachan

- *Deepan, pachan* measures should be applied when *ama lakshan* like *srotorodha, balabhraansh, anila mudhta*¹⁰ are seen along with hypertension.
- *Deepan* are the drugs which kindle fire i.e. activate the process of digestion, and assimilation whereas *pachan* are drugs which digest or nullify the *ama*; a by product of faulty agni having property of clogging the channels.
- It is evident that *Agnimandya* is a prime factor in production of lifestyle disorders; hence use of *deepan-pachan* drugs like *chitraka, mustaka* is advisable.
- For *srotoshodhan, ama pachan* is must. *Ama* at different tissue level requires different drugs that will augment the particular *agni*. For purpose of *ama pachan Panchakol, Saddharan Yoga, Guggulu, Shilajeet, Chitrak* are useful.

Srotoshodhan

Ayurveda asserts that the clean and competent state of the channels i.e. the *srotas* is an essential prerequisite for health. In every disease state the blockade of channels is the most important diathesis. Unless the channels get blocked, the biosphere of the body and the milieu interior remains intact and *dhatu samya* prevails. The moment the body channels lose their competence, the disease process initiates. *Panchakarm* therapy, medicated preparation like *aasav, arishth*, and drugs like *guggulu, shilajeet, vacha, haritaki* etc. are useful for this purpose. *Haritaki* is considered best among the drugs which perform this function and is known as *pathya* owing to excellent quality of *srotoshodhan*.

Rasayan

Rasayan is a specialized type of treatment that works by influencing *dhatu*s (body tissues), *agni* (the metabolic activity), and *srotansi* (micro channels). Visualizing the pathogenesis of lifestyle disorders it becomes evident that drugs which act at the level of *srotas* and *agni* as well as are

capable of warding off the ill effect of ageing and stress should be selected in lifestyle disorders. Drugs like *Rason, Bala, Rasana, Sarpagandha, Guggulu, Vaca, Jatamansi, Ashwagandha, Shankhapushpi, Brahmi, Triphala, haridra, Yeshtimadhu, Shilajeet, Abhaya, Amalaki, Mandukaparni, Pippali, Citrak, Chwanaprash, Brahma rasayan, and Abhyamalaki* are useful in lifestyle disorders.

Yogasan

Asanas aid in development of good health by stretching, massaging, and stimulating the *pranic* channels and internal organs. *Yogasanas* are not simple exercises, but techniques which place the physical body in position that cultivate awareness, relaxation, concentration, and meditation¹¹. In addition, *asanas* are designed to have specific effects on the glands and internal organs, and to alter electrochemical activity in the nervous system¹².

Asans for Cardiovascular Diseases and Hypertension:

- *Yogic Sukshma Vyayam, Tadasanasan, Katichakraasan, Konasan, Uttanapadasan, Pavanmuktasan, Shashankasan, Dhanurasan, Vakrasan, Bhujangasan, Gomukhasan, Ardhamatsyendrasan, Shavasan*

Asans for Diabetes:

- *Tadasanasan, Katichakrasan, sarvangasan, Matsyasan, Pavanmuktasan, Bhujangasan, Dhanurasan, Shalabhasan, Dhanurasan, Paschimottanasan, Gomukh Asan, Ardhamatsyendrasan, Mandukasan, Shavasan*

Asans for Arthritis:

- *Yogic Sukshma Vyayam, Tadasanasan, Katichakrasan, Hastottanasan, Uttanapadasan, Pavanmuktasan, Vakrasan, Bhujangasan, Bhadrasan, Marjari Asan, ustrasan, Makarasan, Shavasan*

Asans for Obesity:

- *Suryanamaskar, Shalabhasan, Dhanurasan, Paschimottanasan, Ardhamatsyendrasan, Ushtrasan, Mandukasan, Makarasan, Shavasan*

Pranayam

Lifestyle has a profound impact on the *pranmaya kosh* and its *pran*. Physical activities such as exercise, work, sleep, intake of food and sexual relations all affect the distribution and flow of *pran* in the body. Faculties of the mind such as emotion, thought, and imagination affect the *pranic* body even more. Irregularities in lifestyle, dietary indiscretions, and stress deplete and obstruct the *pranic* flow. Depletion of energy in particular *pran* leads to devitalisation of the organs and limbs it governs and ultimately to disease or metabolic dysfunction. The

techniques of *pranayam* reverses this process, energizes and balances the different *pran* within *pranmayakosh*¹³

Mantra Chanting

Mantra is direct method for dealing with the mind¹⁴. It is the main method of treating consciousness (*chitt*) and is helpful for healing all levels of the mind, inner and outer. It can alter or eradicate deep seated latencies and impressions. For this reason it is the main *Ayurvedic* therapy for treating psychological imbalance and thus beneficial in lifestyle disorders.

All *Mantras* are hidden in *OM*, which is the abstract, highest *Mantra* of the cosmos. *OM* is the manifest symbol of the *Sabda brahman* vibration, or God. Japa meditation on *OM* has a tremendous influence on the mind. Another important *mantra* is *Gayatri Mantra* which can be practiced by all.

Meditation

Meditation is a tool for conquering the mind. Meditation is liberation from the clutches of the sense and lower mind¹⁵. By definition it is transcendental, in which all fears, desires, longings, and negative emotions are transcended. Meditation is a state of intense, pure awareness; it brings profound changes in the psyche. It operates on super-conscious level rather on subconscious as in hypnotic state.

Observance of *yama* and *niyama* is prerequisite for meditation. During meditation there is generally a tremendous acceleration of energy to the individual cells. Just as negative thoughts can pollute them, positive thoughts rejuvenate them and retard decay. Penetrating all the cells, its vibrations can prevent and cure diseases. The soothing waves that arise also exercise a favourable effect on mind and nerves, resulting in a prolonged, positive state of mind. Thus interior world takes direction from the mind and promotes physical health, mental acuity, and tranquillity.

DISCUSSION

Lifestyle diseases are outcome of our wrong choices. Hence, the idea that one can manage these diseases with modern chemical drugs is ridiculous. Modern drugs are synthetic chemicals and only targeted to block some ongoing offending mechanism e.g. Hypertension or replenish the depleted amount of some endogenous substance e.g. Diabetes, Hypothyroidism. Besides Modern medicine totally ignore the existence of subtle component whereas *Ayurveda* not only give importance to the subtle component but also provide tools for its correction. *Ayurveda* preaches and teaches the way of right living. In this context this system encourages everyone to practice *sadvritt*, *sadachar*, *achar rasayan* in day to day life. Such practices minimize the interpersonal conflicts and enhance *sattv* component of mind and make one physically, mentally strong and emotionally well balanced and thus, help in uplifting the total health of an individual as well of the society. As a result these

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practices when practiced along with righteous eating and living minimize the occurrence of lifestyle disorders.

CONCLUSION

- Lifestyle disorders are outcome of our wrong choices and adoption uncongenial way of eating and living
- Treatment of lifestyle disorders through modern medicine is not a wise decision.
- *Ayurvedic* drugs are *panchbhautik* hence congenial to human. Hence, whenever necessary intervention in terms of *Ayurvedic* drugs is far better approach.
- Bio-purification according to season, habit of not to hold physiological urges, and hold vicious mental urges, as well as practice of *sadvritta*, *sadachar*, *achar rasayan*, mantra chanting in day to day life and surrender to God make a person's life *sukha ayu* as well as *hita ayu*. Such practices along with right way of eating and living leave no room for lifestyle disorders.

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ROLE OF AYURVEDA MEDICINE IN THE MANAGEMENT OF LIFE STYLE DISORDERS

Dr Prof Shripathi Acharya

Dean, Department of PG studies, Muniyal institute of ayurveda medical sciences, Manipal

ABSTRACT

Non communicable disorders are increasing day by day in modern India. Either due to altered life style, unwholesome dietary habits, lack of exercise and repeated mental stress the incidence of life style disorders has raised. Neurological disorders, degenerative disorders, psychosomatic diseases, and metabolic diseases are few types of non communicable disorders. Ayurveda advocates that Dinacharya, Rutucharya, Sadvritta, Achara rasayana and practice of yoga and pranayama are helpful in the prevention of life style diseases. According to Ayurveda, intake of Ayurveda medicine, following pathyapathya, Vyadhipratyanika Chikitsa, and practice of yoga and pranayama along with diet therapy have definite role in the management of the life style disorders. Ayurveda helps not only prevention of disorders but also alliviating the diseases. Diabetes mellitus, Allergic asthma, Hypertension, Osteoarthritis, Ischaemic heart disease, Hypothyroidism, Eczyma, Thyrotoxicosis, are few examples of life style disorders. These disorders are of chronic nature and require prolonged treatment. Ayurveda medicine are being safe, affordable and cost effective are most suitable in the management of the life style disorders.

The present paper highlights the role of ayurveda medicine in the management of the life style disorders in detail.

INTRODUCTION

Life style disorders are increasing in incidence in the whole world. Due to altered life style, faulty food habits and mental stress these diseases occur.

These can be classified as follows

1. Neurological disorders
2. Metabolic diseases
3. Psychosomatic diseases
4. Musculoskeletal diseases

Neurological disorders

1. Parkinson's disease
2. Dementia
3. Alzheimer s disease

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4. Gullain Barre syndrome
5. Hemiplegia

Metabolic diseases

1. Diabetes mellitus
2. Obesity
3. Metabolic syndrome
4. Gout

Psychosomatic disorders

1. Bronchial asthma
2. Hypertension
3. Hypothyroidism
4. Eczema
5. Thyrotoxicosis
6. Diabetes mellitus
7. Obesity
8. Peptic ulcer
9. Rheumatoid arthritis

Degenerative disorders

1. Osteoarthritis
2. Dementia
3. Alzheimer s disease
4. Paraplegia
5. Sciatica syndrome

Musculoskeletal diseases

1. Sciatica syndrome
2. Osteoarthritis
3. Motor neurone disease
4. Gout
5. Rheumatoid arthritis

Management of Diabetes

- Nidana parivarjana
- Practice of Pathyapathya

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- Vyadhipratyanika Christmas
- Practice of Yoga and Pranayama
- Panchakarma therapy - Virechana and Abhyanga
- Rasayana chikitsa
- Prevention of complications of DM
- Correction of complications of DM
- Dos and don't s

Management of Ischaemic heart disease

- Nidana parivarjana
- Adequate rest and precaution measures
- Following Pathyapathya
- Fat free low fat diet
- Stress Free life and life style modifications
- Antistress adaptogenic antioxidant drugs
- Vyadhipratyanika aushadhis
- Coronary vasodilators
- Blood thinners and anticoagulants
- Rasayana drugs
- Daily walking
- Meditation and Pranayama
- Practice of Yoga therapy
- Sadvritta and Achara Rasayana

Management of Hypertension

- Nidana parivarjana
- Low salt diet
- Use of Pathyapathya
- Vyadhipratyanika aushadhis
- Practice of Yoga and Pranayama
- CNS depressant drugs
- Vasodilators
- Drugs acting on blood vessels
- Diuretics
- Dos and Don't s

Management of Hypothyroidism

- Langan Chikitsa

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- Ruksha laghu Ahara
- practice of Pathyapathya
- Panchakarma therapy - Vamana Virechana
- Hypolipidaemic drugs
- Antiatherogenic drugs
- Weight reducing measures

Management of Eczema

- Nidana parivarjana
- Raktashuddhikara aushadhis
- Anurjatahara drugs
- Raktaprasadaka aushadhis
- Kandughna Kushthaghna aushadhis
- Pittakaphahara aushadhis
- Practice of Pathyapathya
- Meditation and Pranayama
- Yoga therapy and Panchakarma therapy - Virechana Raktamokshana
- Dos and don't s

Management of Thyrotoxicosis

- Indulging in Vatapittahara Ahara vihara
- Brimhama therapy
- Snehana
- CNSdepressants whenever necessary
- Poshaka - Nutritive drugs.

Management of Osteoarthritis

- Nidana parivarjana
- Rasayana Christma
- Vatahara Ahara vihara
- Practice of Pathyapathya
- Snehana Swedana Basti
- Matra Basti, Yapana Basti, Anuvasa a Basti.
- Vedana sthapana drugs
- Antistress adaptogenic antioxidant drugs
- Brimhama or Langan Christmas depending on body nourishment.
- Katibasti
- Dos and Don't s

Management of Rheumatoid arthritis

- Nidana parivarjana
- Dipana Pachana aushadhis
- Vedana sthapana drugs
- Pancha Karma Virechana Kshara Basti.
- Swedana - Ruksha valuka sweda, Patrapinda sweda.
- Rasaushadhis - Amavateshwara rasa, Amavatari rasa, Hinguleshwara rasa, Mrityunjaya rasa. Simhanada Guggulu.
- Pathyapathya prayoga
- Dos and don't s

Management of Bronchial asthma

- Nidana parivarjana
- Use of Pathyapathya
- Vatakaphahara Ahara vihara
- Vyadhipratyanika aushadhis
- Ushna and Tikshna Aushadhis
- Bronchodilators
- Decongestants
- Mucolytic and expectorants
- Antitussives
- Adrenergic drugs
- Anurjatahara and. Antiallergic drugs
- Antiinfective and antibacterials
- Immunomodulator drugs
- Rasayana drugs
- Moderate daily exercise
- Avoid cold breeze, water and rain
- Dos and Don't s

Management of Peptic ulcer

- Nidana parivarjana
- Timely intake of Ahara
 - Following Ahara vidhi visheshayatana.
 - Vyadhipratyanika aushadhis
 - Bland diet
 - Following Pathyapathya

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- Avoiding pungent and sour food
- Pittahara Ahara vihara
- Dos and don't s

Management of Hemiplegia

- Nidana parivarjana
- Vatahara Ahara vihara
- Snehana, Swedana, Basti
- Rehabilitation therapy
- Physiotherapy
- CNS stimulants, depressants, nervine tonics, Nadi balya drugs
- Brimhama therapy
- Agnilepanam
- Shashtika shall pinda sweda, Anna lepa.
- Rasayana chikitsa
- Control of DM, Hypertension, IHD.
- Dos and Don't s

Management of Sciatica syndrome

- Nidana parivarjana
- Vatahara chikitsa
- Panchakarma therapy - Swedana, Yavana Basti Matra Basti
- Vyadhipratyanika aushadhis
- Pathyapathya prayoga
- Dos and don't s

Management of Paraplegia

Treatment of causative factor

- Nidana parivarjana
- Snehana Swedana Basti.
- Nadi balya CNS stimulants nueroregenerative medicine
 - MedhyaRasayana, memory boosters
- Brimhama balya drugs
- Pathyapathya prayoga
- Dos and Don't s

Management of Motor neuron disease

- Nidana parivarjana
- Vatahara ahara vihara

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- Use of Pathyapathya
- Panchakarma - Abhyanga Swedana Yapana Basti Anuvasa na Basti
- Nadi balya Medhya Rasayana drugs CNS stimulants nervine tonics
- Brimhana balya therapy
- Rehabilitation therapy
- Dos and don't s

DISCUSSION

Life style disorders are caused due to deranged life style, altered food habits , lack of exercise and chronic mental stress. Due to hurried life style, competition in life and mental conflicts the occurrence of diseases has been raised. Ayurveda along with Yoga therapy is a useful remedy for life style diseases. Ayurveda advocates Vyadhipratyanika aushadhis , Rasayana, antistress , adaptogenic, antioxidant, and immunomodulator drugs in the management of the lifestyle disorders. Vayasthapana, medhyarasayana and buddhivardhaka drugs are used in these disorders.

The following actions are seen in the drugs used in these diseases.

1. Rasayana - Triphala, Giduchi
2. Antistress - Ashwagandha, Bala.
3. Adaptogenic - Giduchi, Jyotisati, Mandukaparni.
4. Antioxident - Haritaki, Haridrs.
5. Immunomodulator- Giduchi, Amalaki
6. Immunity boosters - Shatavari, Ashwagandha.
7. Medhyarasayana - Brahmi, Mandukaparni.
8. Buddhivardhaka - Ghrita, Brahmi.
9. Smriti vardhaka - Ghrita, Swarna.
10. Raktashuddhikara- Sariva, Chandana.
11. Vedanasthapana - Guggulu, Rasna, Eranda.
12. Poshaka - Nutritive - Shatavari, Dugdha.
13. Anti atherogenic - Guggulu, Lashuna.
14. Hypolipidaemic - Guggulu, Lashuna, Maricha.
15. Cardiotonic - Arjuna, Mriga shringa.
16. Respiratory and cardio stimulants - Makaradhwaja, Rasasindura

CONCLUSION

Ayurveda system of medicine has a better role in the management of life style disorders. Vyadhipratyanika drugs, following Pathyapathya, use of Rasayana drugs following Sadvritta and

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Achara Rasayana, practice of Pranayama and Yoga, Panchakarma and daily walking are effective in the management of life style disorders.

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ROLE OF AGNI IN LIFESTYLE DISORDER

Dr. Aakanksha Arora, Dr. Yogesh K. Pandey

Ch. Brahm Prakash Ayurved Charak Sansthan

Guru Gobind Singh Indraprastha University

Despite increasing health awareness, Lifestyle disorders are posing great threat to the global health rate. The main culprits for these disorders are unhealthy eating habits, sedentary lifestyle and competitive living leading to stress. According to Ayurveda, health is achieved primarily by the harmony in the status of Agni (digestive fire). Agni is the sole cause for existence and extinction of life and its vitiation give rise to all diseases including Lifestyle disorders. According to Acharya Charak, the strength of Agni in an individual decides the measure of food quantity to be consumed. Unfortunately, this golden rule is almost neglected by everyone in today's hustle and bustle of metropolitan cities. Agni, apart from the digestive function, is also responsible for the longevity, colour, strength, health, enthusiasm, plumpness, complexion, vitality(Ojas), Tejas (complexion), Prana,etc. Agni can be broadly divided into Jatharagni, Bhootagni and Dhatwagni; Jatharagni being the most significant one. Further Jatharagni has four different states in human body viz., Vishama(irregular), Teekshna(intense), Manda(weak) and Sama(balanced or regular). Among these states, only Samagni is considered normal, rest all are considered as abnormal. To the surprise, Samagni can be achieved swiftly by following Ashta Ahara Vidhi Vishesh Ayatanas (Eight factors determining the utility of food) and Ahara Vidhi Vidhan(Rules for taking food) as told in Charak Samhita. Agni, being the part and parcel for maintaining metabolic equilibrium has been given the simili to even 'God'(Bhagwan). Therefore, Lifestyle Disorders are preventable and its mortality and morbidity can be reduced only if status of Agni is being taken care of.

Keywords- Lifestyle disorders, Health, Agni, Jatharagni, Samagni.

POLYCYSTIC OVARY SYNDROME – THE CHRONIC LIFESTYLE DISORDERS IN WOMEN

Dr. Nikita Jaiswal¹ * Dr. Ramadevi G.²

¹ *PG Scholar, Department of Prasuti Tantra Evum Stree Roga, SDMCA, Udupi*

² *Professor, Department of Prasuti Tantra Evum Stree Roga, SDMCA, Udupi*

Polycystic ovary syndrome (PCOS) is the most common endocrine abnormality in women of reproductive age and results in metabolic consequences, including an ovulatory infertility and an increased prevalence of diabetes mellitus which disturbs her family and reproductive life. It is a lifestyle disorder where lack of exercise and indiscipline food habits is the major contributing factors for PCOS. Obesity is frequently present in patients with polycystic ovary syndrome (PCOS) and plays an important role in the pathogenesis of the metabolic, endocrine and reproductive abnormalities associated with this syndrome. Mental health disorders including depression, anxiety, bipolar disorders and binge eating disorders also occur frequently in women with PCOS. Weight loss corrects menstrual irregularities symptoms of androgen excess and infertility. So to conclude proper diagnosis and management of PCOS is essential to address patient concerns but also to prevent future metabolic, endocrine, psychiatric and cardio vascular complications. Thus lifestyle changes appear to be the first line of management for all PCOS patients.

Key Words – Polycystic Ovary Syndrome, Obesity, Infertility, Depression, Bipolar Disorder, Binge Eating Disorders.

EFFICACY OF PICCHA BASTI IN IRRITABLE BOWEL SYNDROME W.S.R TO GRAHANI DOSHA – A CASE STUDY

Dr Rohit Kashikar^{1*} Dr Niranjan Rao²

¹P.G. Scholar, ²Dean & Head, Department of Panchakarma,
Shri Dharmasthala Manjunatheshwara College of Ayurveda, Kuthpady, Udipi

IMPORTANCE OF AGNI AND त्रयोपस्थंभः

Food is considered as one of the त्रयोपस्थंभ (आहार, निद्रा, ब्रह्मचर्य), without which no one can survive, for which Agni is needed.

आयुर्वर्णो बलं स्वास्थ्यमुत्साहोपचयौ प्रभा।
ओजस्तेजोऽग्नयः प्राणाश्चोक्ता देहाग्निहेतुकाः॥
शान्तेऽग्नौ म्रियते, युक्ते चिरं जीवत्यनामयः।
रोगी स्याद्विकृते, मूलमग्निस्तस्मान्निरुच्यते॥
यदन्नं देहधात्वोजोबलवर्णादिपोषकम्।
तत्राग्निर्हेतुराहारान्न ह्यपक्वाद्रसादयः॥
च चि १५/ ३-५

The above mentioned Sloka depicts the importance of Agni in the maintenance of healthy lifestyle. Charakacharya explains that Agni is very important for having Ayu, Bala, Varna, Swastha awastha, Utsaha, Ojas, and very importantly Prana. If the Agni is hampered a person may land up into various disease conditions or if the Agni is lost, a person tends to die. The Ahara that we consume is the basic source of Deha Bala, Dhatu Bala, Ojobala.

INTRODUCTION

Grahani is a seat of अग्नि (अग्न्यधिष्ठानमन्नस्य ग्रहणात् ग्रहणी मता). It retains the food till the end of food is completely digested and then passes it into the pakwashaya (समानोऽग्नि समीपस्थः कोष्ठे चरति सर्वतः। अन्नं गृह्णाति पचति विवेचयति{विवेको विच्छेदः}मुञ्चति ।।). Functionally weak Agni causes improper digestion of ingested food and leads to Grahani Pradosha, in turn leading to Grahani roga. Grahani is a disease of great clinical relevance in the modern era, because it has a direct link with improper food habits, reduced variety and

taste in the food, long hectic working hours, nuclear families, busy schedules, stressful and fast moving lifestyle of the present time.

The pathogenesis or the Samprapti of the Grahani Dosha/ Grahani Roga revolves around the Agni dushti and its consequences. Thus impairment in the Grahani structurally or functionally will impair Agni and vice versa.

This paper highlights a single case study of a patient whose imperfect lifestyle became a cause for his impairment of the Agni and thus leading to Grahani dosha. He was treated with Piccha Basti and the details have been discussed and we have made an attempt to correlate the symptoms and the events according to the Ayurvedic parlance.

Chief complaints:

Nausea, Vomiting After Taking Food, Frequent Bowel Evacuations, Watery and Unformed Stools, Sour Eructations, Headache, Heaviness in the body with Weakness Since About 3 Months.

H/O Present Illness:

A male patient aged about 31 years, c/o vomiting after taking food, headache, irritation to bright light, nausea++, started with watery and unformed stools, frequent bowel evacuations and also associated with pain in the anal region while defecating, also developed sour eructation and pain in the abdomen. He was admitted to the ward of SDM Ayurveda Hospital, Kuthpady, Udupi, for further evaluation and better management.

Chronology of the symptoms:

He worked as an engineer in a software company having all sorts of habits, viz. Alcohol consumption, non-vegetarian food and untimely food.

Then he shifted to the Iskon movement and became a das where he left his previous lifestyle and started having the food prepared only in the temples.

The quantity of food was reduced and the quality of food also changed.

An original dweller of Bangalore now shifted to Hubali for offering his part to the Iskon movement.

He originally had inherited the symptoms many years ago which started aggravating since about 3 months.

Etiology and its Ayurvedic parlance:

- Irregular food habits, Junk food
(लवणाम्लकटुक्षारस्निग्धोष्णाजीर्णभोजनैः। विरुद्धाध्यशनक्रोधदिवास्वप्नप्रजागरैः।
उष्णोचात्यध्ववैषम्याद्यवायाद्वेगनिग्रहात्.....।। च.चि. 29/5)
- Skipping food, having street food, Disturbed bowel habits, Spicy and stale food, Alcohol consumption (अभोजनादजीर्णातिभोजनाद्विषमाशनात्।
असात्म्यगुरुशीतातिरूक्षसन्दुष्टभोजनात्)।
- Avoiding the natural urges (देशकालर्तुवैषम्याद्वेगानांचविधारणात्।। चचि. 15)
- Increased debility and irritability, Heaviness in the body and weakness
(पूर्वरूपंतुतस्येदंतृष्णाऽऽलस्यंबलक्षयः। विदाहोऽन्नस्यपाकश्चचिरात्कायस्यगौरवम्
।। चचि १५)
- Frequent evacuations and watery and foul smelling stools
(पुरीषंभृशदुर्गन्धिपिच्छिलंचामसञ्ज्ञितम्। मानि३/१२) (पूतिमुहुर्बद्धंमुहुर्द्रवम्।।)

Symptomatology and Ayurvedic parlance:

- Nausea, Vomiting After Taking Food, Tastelessness, Sour Eructations, Headache, heaviness in the body and weakness

गुर्वतिस्निग्धशीतादिभोजनदतिभोजनत् ।
भुक्तमात्रस्य च स्वप्नाद्धन्त्यग्निं कुपितः कफः ॥
तस्यान्नं पच्यते दुःखं हल्लासच्छर्द्यरोचकाः।
आस्योपदेहमाधुर्यं कासष्ठीवनपीनसाः ॥
हृदयं मन्यते स्त्यानमुदरं स्तिमितं गुरुः ।
दुष्टो मधुर उद्गारः सदनं स्त्रीष्वहर्षणम् ॥
भिन्नामश्लेष्मसंसृष्टगुरुवर्चःप्रवर्तनम् ।
अकृशस्यापि दौर्बल्यमालस्यं च कफात्मके ॥
(च. चि.१५/६७-७०)

Various causes for vata Prakopa seen in this patient:

Long hours of Parayna & Bhajans, Motivational talks, Meetings, Continuous Travelling, Inability to digest, but consumption of food due to the time tables set by the institution, and Resting during the day. These symptoms causes can be correlated with the following explained by our classical texts.

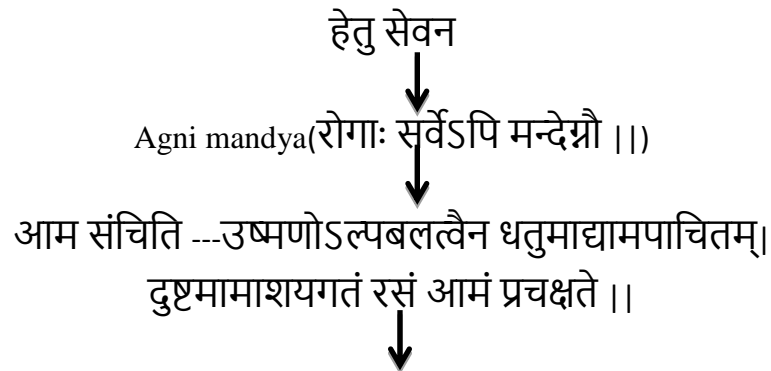
उच्चैर्भाष्यं रथक्षोभमविचङ्क्रमणासने।
अजीर्णाहितभोज्ये च दिवास्वप्नं समैथुनम् ॥११॥ च सि १२/१०-११
उच्चैर्भाष्यादूर्ध्वदेहे पीडा, रथक्षोभात् सर्वदेहपीडा, अतिचङ्क्रमणादधः पीडा,
अत्यासनाद्देहमध्यपीडा, अजीर्णभोजनेनामजाः, अहितभोजनेन दोषजाः,
दिवास्वप्नेन श्लेष्मजाः । (चक्रपाणि)
तेनाहारमात्रा पुनः पुनरग्निबलमपेक्षते ।

Ahara consumed:

And it has been observed that the ahara that is served in the Iskon temples for these devotees is commonly मधुर रस प्रधान, कटु and तिक्त रस प्रयोग is very less, making it a अवर आहार / मध्यम आहार for consumption.

सात्म्यं नाम तद् यदात्मन्युपशेते; सात्म्यार्थो ह्युपशयार्थः।
तत्त्विविधं प्रवरावरमध्यविभागेन; सप्तविधं तु रसैकैकत्वेन सर्वरसोपयोगाच्च।
तत्र सर्वरसं प्रवरम्, अवरमेकरसं, मध्यं तु प्रवरावरमध्यस्थम्।
तत्रावरमध्याभ्यां सात्म्याभ्यां क्रमेणैव प्रवरमुपपादयेत् सात्म्यम्।
सर्वरसमपि च सात्म्यमुपपन्नः प्रकृत्याद्युपयोक्त्रष्टमानि
सर्वाण्याहारविधिविशेषायतनान्यभिसमीक्ष्य हितमेवानुरुध्येत ॥२०॥

संप्राप्ति: (progress of the disease):



Causing

↓
तस्य लिङ्गमजीर्णस्य विष्टम्भः सदनं तथा।
शिरसो रुक् च मूर्च्छा च भ्रमः पृष्ठकटिग्रहः॥.....श्छर्दिः प्रवाहणम्।
अरोचकोऽविपाकश्च, घोरमन्नविषं च तत्॥।
संसृज्यमानं पित्तेन दाहं तृष्णां मुखामयान्।
जनयत्यम्लपित्तं च पित्तजांश्चापरान् गदान्॥ च चि १५



व्यायामादूष्मणस्तैक्षण्याद्धितस्यानवचारणात्।
कोष्ठाच्छाखामला यान्ति द्रुतत्वान्मारुतस्य च॥।
तत्रस्थाश्च विलम्बन्ते कदाचिन्न समीरिताः।
नादेशकाले कुप्यन्ति भूयो हेतुप्रतीक्षिणः॥।
हेतु सेवन continued...



Leading to रसप्रदोषजा रोगा

अश्रद्धा चारुचिश्चास्यवैरस्यमरसज्ञता।
हृल्लासो गौरवं तन्द्रा साङ्गमर्दो ज्वरस्तमः ॥.....नाशोऽग्नेरयथाकालं वलयः पलितानि च॥।
रसप्रदोषजा रोगा,....॥ च सू २८/९-१०



LEADING TO

पूर्वरूपं तु तस्येदं तृष्णाऽऽलस्यं बलक्षयः।
विदाहोऽन्नस्य पाकश्च चिरात् कायस्य गौरवम्॥



LEADING TO

दुर्बलो विदहत्यन्नं तद्यात्पूर्ध्वमधोऽपि वा॥ अधस्तु पक्वमामं वा प्रवृत्तं ग्रहणीगदः।
उच्यते सर्वमेवान्नं प्रायो..विदह्यते॥.....विबद्धं वा द्रवं तदुपदिश्यते।
तृष्णारोचकवैरस्यप्रसेकतमकान्वितः॥..... छर्दनं ज्वरः।
लोहामगन्धिस्तिक्ताम्ल उद्गारश्चास्य जायते॥ च चि १५/ ५१- ५४

↓
कण्ठास्यशोषः क्षुत्तृष्णा तिमिरं कर्णयोः स्वनः।हृत्पीडा काश्यदौर्बल्यं वैरस्यं परिकर्तिका।
.....सर्वरसानां च मनसः सदनं तथा॥६२॥जीर्णे जीर्यति चाध्मानं भुक्ते स्वास्थ्यमुपैति च।

↓
स वातगुल्महृद्रोगप्लीहाशङ्की च मानवः॥ चिरादुःखं द्रवं शुष्कं तन्वामं शब्दफेनवत्।
पुनः पुनः सृजेद्वर्चः कासश्चासार्दितोऽनिलात्। च चि १५

↓
ग्रहाणि दोष

TREATMENT

पित्तानिलौ प्रदूष्य - वायुविष्टम्भो भक्तारुचिश्च भवति -
पिच्छाबस्तिर्यष्टीमधुकृष्णातिलकल्कमधुघृतयुक्तः- सु चि ३४/१६
अल्पाल्पं बहुशो रक्तं सरुग्य उपवेश्यते ।
यदा वायुर्विबद्धश्च पिच्छाबस्तिस्तदा हितः ।(सु. उ.४०/ १११)
दल्हण टिका - बहुशो बहून् वारान्
सशेषान्नेऽथवा भुक्ते बहुदोषे च योजितः।..... तत्र तीक्ष्णतरो बस्तिर्हितं
चाप्यनुवासनम् । अतितीक्ष्णोतिलवणो रूक्षो बस्तिः प्रयोजितः । सपित्तं कोपयेद्वायुं
कुर्याच्च परिकर्तिकाम्। नाभिबस्तिगुदं तत्र
छिनत्तीवातिदेहिनः।पिच्छाबस्तिर्हितस्तस्य स्नेहश्च मधुरैः शृतः।।सु चि ३६/३३-३७

- Similarly on these lines Piccha basti was planned in a kaala basti course and treatment was started. He was also subjected to abhyanga and tailadhara, repeated after 30 days.

MODE OF ACTION OF BASTI

Niruha Basti is hyper osmotic solution which causes movement of solvent from cells of colon to the lumen containing Basti Dravya facilitates the absorption of endotoxin and produce detoxification during elimination. Kalka used in the Basti has got irritant property along with other ingredients which may induce colonic distention. The distention stimulates pressure which produces evacuatory reflex. The sigmoidal, rectal and anal regions of large intestine are considerably better supplied with parasympathetic fibers than other part of intestine; they are mainly stimulatory in action and function especially in defecation reflexes. A volume of about 100 cc of gas is estimated to be present in the tract which is readily expelled by Basti. Even though the Basti given is expelled out immediately as

such or mixed with faeces, the Veerya of Basti is spread throughout the body by the Vata .From this we can understand that the action of Basti is possible through nervous stimulation so that within seconds itself the action of Basti is spread. Certain mechanical or chemical stimulation is responsible for the action of Basti. Both of them cause nervous stimulation and thus produce the effect. The mode of action of *Basti* is more complicated and is very difficult to explain with the available most modern technologies. But our classics explained it in a simplified language with certain beautiful similies. Although the Rectum is not a usual site for absorption of ingested nutrients, drugs introduced by rectum may be absorbed here. Thus drugs introduced by this route may have systemic effect as well as local effect. The water soluble substances may be easily absorbed as the water moves in both the directions across the mucus membrane of small and large intestine. As short chain fatty acids are also absorbed from the colon. Colon mucosa under the effect of medication can be made to absorb the unusual substances also. As all organs related to *Basti Karma* are *Marmas*, it can be inferred as one of the reasons for the mode of action of *Basti Karma*. *Nabhi* and its relevance in Ayurveda may be another reason for the systemic action of *Bastikarma*. We can only postulate certain hypothesis about the mode of action of *Basti*. It may be some absorptive mechanism, neural stimulation, chemical or mechanical stimulation.

RESULTS

The patient felt better after 2 courses of basti karma.He was relieved of the symptoms like vomiting, excessive salivation, indigestion, his taste improved.He was able to travel to various places and give his motivational speeches.He still continues to take the treatment in our hospital. A few of his symptoms have reduced but complete change in the disease state is yet to occur. Also to avoid relapse the patient continues to be on oral medications. Madhukasavam 3tsp tds, Kankayana vati 1-1-1, Pittashekhara rasa 1-0-1, Bilagyl 1tsp tds .

DISCUSSION

Thus from the previous discussed case we can conclude that, if the past history and the chronology of the symptoms is understood and well highlighted, it is easy to understand the संप्राप्ति and संप्राप्ति विघटनं एव चिकित्सा, thus treating a disease also happens in the correct path. There are a lot of references that can be found in the classical texts owing to the diagnosis and the treatment of various disorders. We just need to find them place them correctly and those references will help us better understand the patient's condition, explained by Acharya Charaka, 5000 years ago. Grahani dosha is a lifestyle disorder commonly found in today's generation due to their derailed food habits, mechanization of work and lot of other distraction. If we are able to identify these distractions and the ill effects caused by it, we can always avoid occurrence of such diseases. Piccha Basti is one of the very effective treatments explained by Charakacharya in the Arsha Chikitsa Adhyaya but has a broad spectrum for clinical practice. Thus we can say conclude that patient's suffering with Grahani dosha also may be treated using Piccha basti as a main line of treatment.

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VARIOUS TREATMENT MODALITIES IN LIFE STYLE DISORDER

***Dr. Payal Sharma, **Dr. Alok Kumar Asthana**

**MD Scholar, Department of Kriya Sharir, CBPACS*

***Associate Professor, Department of Kriya Sharir, CBPACS*

In today's era life style disorder is most prevalent disease. These are many diseases which are included in this disorder. They are mainly cardiovascular disease, obesity, atherosclerosis, stroke and type 2 diabetes. It also includes diseases associated with smoking, alcohol and drug abuse. They can also be called as chronic diseases. One cannot ignore these deadly diseases. So, we must approach towards the disease in a proper manner. There are mainly one major cause behind these lethal diseases and that is individual's lifestyle. Ayurveda has a major scope for the treatment of these diseases. As it is written in our samhitas, one must follow rules and regulations of DINCHARYA and RITUCHARYA. One can also perform various Yoga asana for the relief. Various yoga asana like dhanurasana, bhujangasana, sarvangasana, halasana etc can be perform. Anulom vilom pranayam is also effective in chronic Respiratory diseases. Ayurveda have various herbs which do wonders in these diseases for example Aamlaki, Ashwagandha, Triphla etc they are rejuvenative herbs and shows great effect. Arjun plays important role in various heart diseases. Various panchkarma procedures also plays important role like nasya can do wonders in chronic respiratory diseases. So simply by following ayurveda and yoga, we can easily fight with these diseases. So it's high time now to accept our science and Vedas so that we can eradicate these diseases from our society.

Ayurveda is not merely a system dealing with healing techniques or curing diseases, but is indeed a codified science which provides definite norms for healthy, peaceful and happy living. It provides guidelines for the maintenance and protection of physical and psychological health, with the objective of achieving longevity. The system has been primarily developed with two basic aims: (i) protection and promotion of health and prevention of illness (ii) eradication of disease. The first objective is sought to be achieved by observance of guidelines related to healthy living and a wholesome diet, enabling the individual to have a long, healthy and happy life. The second objective, which deals with disease and the curative aspect, provides guidelines for physicians regarding the management of different diseases. It can be seen that Ayurveda is not just a curative medical science but also a way of healthy living. *Ashta ahaar vidhi visheshayetan* has major role in prevention of lifestyle disorders. Today in many ways people have greater opportunities of better life than ever before. Still it is clear that they need to evolve some new strategies or to follow the golden old rules, which are proved for millenniums, in each and every field of life. The dietetic field is one such most important field of life. The health is the supreme foundation for the achievements of life.

Therefore Ayurveda aims to maintain the condition of health i.e., *Swasthya Raksana*. Health as well as diseases are dependent on various factors. Among these, *Ahara* is the most important one. *Ahara* is not only needed for the continuity of life, but for *Bala*, *Varna*, *Upacaya* etc. also. Diet is considered as the basic most cause of life. Not only diet but also method of diet intake has important role in the continuity of healthy life. In The rules of diet intake are mentioned by *Acharya Charaka* in the first chapter of *Vimana Sthana* - '*Rasa Vimana*', the eight factors of diet responsible for health and diseases are described as "*Ahara Vidhi Visesa Ayatanani*".

Ahara Vidhi - A system, method, manner, way, arrangement, rule, law, command, conduct, condition or statement for diet intake. *Vishesha* - Speciality, special property, distinguished effect (of *Ahara Vidhi*). *Ayatana* - Cause, support, Hetu, etc. Thus, *Ahara Vidhi Vihsesha Ayatana* means, the causative factors responsible for the wholesome and unwholesome effect of the methods for diet intake. These factors explore each and every aspect of *Ahara*. The dietetic rules, i.e., *Ahara - Vidhi - Vidhana*. Thus, it can be said that, these rules are specified for 'How to eat?' This is *Swasthya* aspect. Secondly, there are many diseases, in which *Ahara Vidhi Vidhana* is mentioned as *Hetu*. So the advice of *Pathyasevana* and *Nidana Parivarjana*, in the form of *Ahara Vidhi Vidhana*, can also help for *Vikarasamana*.

The term *Ahara Vidhi Vidhana* is used first by *Charaka* in *Vimanasthana* 1st chapter. Though many other classics have elaborately mentioned the same rules, they have explained them under different headings like *Bhojana Vidhi*, *Annavidhi* etc

1. "*USNAM ASNIYAT*"
2. "*SNIGDHAM ASNIYAT*"
3. "*MATRAVAT ASNIYAT*"
4. "*JIRNE ASNIYAT*"
5. "*VIRYA AVIRUDDHAM ASNIYAT*"
6. "*ISTE DESE, ISTA SARVA UPAKARANAM ASNIYAT*"
7. "*NA ATIDRUTAM ASNIYAT*"
8. "*NA ATIVILAMBITAM*"
9. "*AJALPAN*"
10. "*AHASAN*"
11. "*TANMANA BHUNJITA*"

Ahara Vidhi Vidhana is a kind of Karma or method that is equally important as food. Hence it can be considered as *Asamavayi Karana*. *Ahara* is not only meant for maintenance of health but it is also very important part of curative aspect. So, *Ahara Dravyas* can be considered as *Dravyabhuta Ausadhi* and dietetic rules are *Adravyabhuta Ausadhi*. All the terms of *Ahara Vidhi Vidhana* are relative factors that can change from person to person. The

quantity of food is different for everyone. The statement '*Snigdha*' can differ according to the *Prakrti*, seasons and *Desha* of the person. A person with *Mandagni* should avoid excess of *Snigdha*, while *Tiksnagni* person should not eat the food in less quantity. All the rules of diet intake are dependent on each other and they should be considered collectively. By application of only one of these rules one cannot achieve the expected results. In present era, due to change in lifestyle, man is giving least importance to his diet and dietary rules. If Ayurvedic dietary guidelines are followed, many diseases can be prevented arising merely due to faulty dietary habits.

Viewing the above points it can be conclude that *ahara* should be taken according to *ahara vidhi vidhan* (dietary guidelines) which are truly scientific as mentioned by our *Acharyas*. Many diseases can be prevented arising merely due to faulty dietary habits. Healthier eating habits may help lower risk for type-2 diabetes, heart disease, stroke, cancer, infertility and man. A positive attitude and a peaceful mind are conducive to healing and happiness, whatever may be the nature of disease or illness. The evidence generated has made modern medicine accept the love, peace, joy, positive thinking, relaxation, hope, etc., as therapeutic tools. This is how yoga becomes a potent instrument for influencing the mind positively. The main aims of the therapeutic implications of yoga should be to increase parasympathetic and decrease sympathetic activities. This enables us to move from a state of ill health and sickness to one of fitness and well-being and get rid of other health problems. It is said that yoga practice will reduce the risk of lifestyle disorders including heart disease, diabetes, neurological disorder, and respiratory disease. Yoga is probably the best lifestyle ever devised in the history of humanity. It is a simple, devoted, compassionate way and view of life, upon which people across cultures and across countries have stumbled for time to time for centuries. Yoga is finding an increasing approval as a non pharmacological intervention for the prevention and treatment of diseases. Therefore, all the doctors should be well informed about yoga and how it impacts human body system so that doctors may provide sensible answers to patients about the fundamentals of yoga and its impact on health and diseases. A consultant with a yogic attitude is more likely to transmit to the patient a positive attitude and tranquil substantiation. A positive attitude and a peaceful mind are conducive to healing and happiness, whatever may be the nature of disease or illness.

Obesity is a state of mild or low-grade inflammation, which may later culminate in a chronic disorder if remains untreated. A number of inflammatory mediators have been shown to be released by adipose tissue, which acts as an endocrine organ with autocrine regulation. Several studies suggest that inflammation contributes to the causation and progression of cardiovascular disease (CVD). Further, inflammatory mediators may trigger rupture of the atherosclerotic plaque which may result in coronary thrombosis and ischemia. In spite of the considerable improvement in therapeutic modalities in CVD, an effective treatment leftover a challenge. The treatment modalities for weight reduction in the management of patients with CVD and those at an augmented risk are

paying attention on nutritional interventions, increased physical activity, and pharmacological management. It has been stressed that weight reduction is the main contributor for the correction of deranged lipid profile, especially by reduction in abdominal fat. Recent studies have shown that lifestyle intervention is a promising option in patients with CVD as well as those at an increased risk of CVD. Therefore, lifestyle modifications aiming at weight reduction by physical activity, dietary changes, yogic exercises including breathing exercises, and stress relaxation have a very specific role in the management as well as in the prevention of cardiac diseases. Yoga combines a healthy lifestyle with mental peace, and a modification in lifestyle and calming practices is shown to improve the clinical profile of patients with various pathologies. Routine practice of breathing exercise and meditation in healthy individuals led to an improved cardiovascular metabolic status even by a short-term yoga-based routine intervention. Notably, even short-term yoga-based broad lifestyle intervention led to a remarkable reduction in blood pressure (BP), body mass index, and blood glucose with a clinically significant improvement in lipid profile. A similar reduction in weight was observed in another study that included an 8-week of yoga training that resulted in an improvement in body composition and total cholesterol levels in obese adolescent boys. Long-term changes in lifestyle involving yogic exercises, stress reduction techniques, and fat-free vegetarian diet led to angiographically demonstrable reduction in coronary stenosis. Another study showed that *Surya namaskar* (a yoga posture) resulted in an improved cardio-respiratory fitness. Similarly, a yoga-based lifestyle intervention resulted in a reduction in all lipid profile parameters except high-density lipoprotein. The effect started from 4 weeks and lasted for 14 weeks. All these results indicate that a yogic lifestyle interference may have an effect on some adaptable risk factors, which could make clear the protective and therapeutic valuable impact of yoga in CVD. Overall, lifestyle intervention can transform the evolution of the CVD. Meditation has been shown to reduce systolic BP and diastolic BP of hypertensive patients in several studies. The mechanism underlying the BP-lowering effect is complicated. One theory suggests that imbalance in autonomic performance plays a key role in the origin of hypertension comparatively over activity of the sympathetic nervous system which ultimately desensitizes cardiopulmonary and arterial baroreceptor reflex and chemoreceptor reflex, leading to a resetting of threshold BP values at which regulatory signals are triggered. Controlled breathing with prolonged breath cycles may positively alter, i.e., reduces chemoreceptor sensitivity, thereby reducing arterial baroreceptor lethargy and sympathetic outflow. Other potential mechanisms involve the fact that amplification of tidal volume activates the Hering-Breuer reflex mediated by pulmonary stretch receptors. This reduces the chemoreflex sensitivity, in turn up regulating baroreflex receptor sensitivity and thereby decreasing arterial BP. It has also been suggested that controlled slow breathing entrains central nervous system nuclei, in which respiratory and cardiovascular system centres cross, thus positively alters the regular sympathetic outflow to the vasculature. Some other studies suggest that the decrease in BP occurs mainly via a decrease in systemic vascular resistance and total arterial compliance. However, the overall biological mechanism and the integrated neural pathways involved in lowering BP by slow deep breathing have yet to be completely elucidated. We know yoga works, but we do not know how it works. The

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mind–body relationship is now widely accepted and there is considerable evidence supporting it. It has shown in one study that a set of selected *asans* return this sensitivity towards normal. Associated with the return of baroreflex sensitivity is a fall in blood pressure towards normal. Stress reduction and the favourable effect of positive emotion on the immune response possibly contribute to the beneficial effect effects of yoga in bronchial asthma patients. Yogic exercise also benefits asthma by improving pulmonary performance, loss of weight, and physical exercise also improves glucose tolerance, which in turn helps DM. Some dietary modifications add stress reduction, frequently associated with yoga, which may contribute to improvement in glucose tolerance. The same mechanism contributes to the favourable impact on coronary heart disease. Heart rate variability testing has a great role to play in our understanding of intrinsic mechanisms behind such potential effects of yoga. Innes *et al.* had earlier also postulated interconnected pathways by which yoga reduces the risk of CVDs through the mechanisms of parasympathetic activation coupled with decreased reactivity of sympathoadrenal system and HPA axis.

Therefore a shift in autonomic balance toward parasympathetic dominance may explain the decrease in heart rate, fall in BP, and improvement in gastrointestinal function. The increased glucocorticoid secretion in response to an acute stress may explain the better ability to handle the stress. The physical exercise, dietary modification, and stress reduction associated with yogic practices may explain the fall in plasma glucose and improved lipid profile. Treatment modalities include *panchkarma* like *virechan* and *basti*, external therapies like *abhyanga*, *shiro dhara*, *hrid basti*, internal medications like *Arjuna* which regulates the blood flow and provide strength to the heart. . So simply by following ayurveda , we can easily fight with these diseases. So it's high time now to accept our science and Vedas so that we can eradicate these diseases from society.

OCCUPATIONAL LIFE STYLE DISEASES –PREVENTIVE STRATEGIES FROM AYURVEDA

Dr.Keerthy Priya .K¹, Dr.Venkat Shivudu.K²

¹P.G Second Year, ²Guide &H.O.D, Department Of Basic Principles,
S.V Ayurvedic Medical College, Tirupathi-517507, Andhra Pradesh

*Rapid urbanization and transitional shift from traditional to modern life style has led to emergence of life style disorders like obesity, diabetes, hypertension etc .there are several causative factors, however significant contributing factor is the **occupational nature of the people**.*

Recent studies reveal that, 75% of working women under the age group of 21-52 years suffer from depression, low backache, obesity, sleep related disorders, menstrual disorders like menorrhagia, dysmenorrhea, irregular menses, pcod, endometriosis etc. Due to long hours of work, stress etc. Our acharyas mentioned different paricharyas (mode of living) for female reproductive health one among them is rajaswala paricharya. So by following it during menses one can counter the adverse effects of present life style over reproduction by avoiding menstrual disorders

Heavy computer users are more prone to ocular diseases like glaucoma, myopia, computer vision syndrome, so in these conditions ayurvedic kriya kalpas like anjana, aschyotana, tarpana etc act as both preventive and treatment modalities. Likewise different occupations have different consequences on health which will be detailed in this paper along with ayurvedic preventive strategies like abhyanga, shirodhaara, nasya, dhumapaana etc according to their suitability in the preventive aspect.

The relevant material was collected from the classical textbooks and from peer reviewed articles like pub med etc.

In this revolutionized era one cannot stop doing the developmental work but we can certainly reduce our ailments by incorporating simple and effective preventive measures from ayurveda in day to day life.

Key words: occupational disorders, life style diseases, ayurvedic strategies

INTRODUCTION

Quality of life is the product of the interplay among social, health, economic and environmental conditions which affect human and social development.^[1]

Quality of life is very extensive field so there are also a lot of indicators of its quality, such as:

- 1) Health and wellness factors like physical health, personal hygiene, nutrition, grooming, clothing, physical appearance and also psychological health cognitions.

2) Environment factors like Connections which the person has with his/her physical environments such as home, workplace, neighborhood, school and community.

3) Social connecting (family and friends, neighborhood (shelter), co-workers community).

So the quality of life is the product of the interplay among social, health, economic and environmental conditions which affect human and social development.

We can also say that quality of life reflects the difference, the gap, between the hopes and expectations of a person and their present experience

HEALTHY LIFESTYLE

Lifestyle is characteristic way of individuals' life, determined by his behaviors which occur consistently in certain time of period. There are two different ways of lifestyle:

- Lifestyle which has positive impact on health,
- Lifestyle which has negative impact on health (bad life style consequently results in development of physiological abnormalities in the body at initial stage and pathological changes on long term. There by deteriorating the quality of life^[2].

Impact of experiences and of life circumstances are very important for forming and developing individuals' lifestyle since the early childhood. At that time role of the parents is of great importance. When child is older there are a lot of influences on lifestyle caused by education, health care, social factors and environmental factors.

Basically, a particular lifestyle of person is a cumulative product of his/her physical capacity co-ordinated with psychological functioning, displayed in the form of habits, behavior, dietary and living pattern based on his own training sought from childhood, and mimics he gained from his immediate companions including parents, siblings, peers, etc. Thus, it involves a pure psychological and innate control over the Physical and sensory activities. When this initiation, control, and co-ordination are disturbed, it leads to the derangement of lifestyle and results in any lifestyle disorder. Ayurveda narrated this phenomenon as 'Prajnaparadha' (intellectual blasphemy) asatmya indriyārtha samyoga which are the basic causes of any disease.^[3]

People are predisposed to various diseases based on their way of living and occupational habits. Lifestyle diseases characterize those diseases whose occurrence is primarily based on daily habits of people and are a result of an inappropriate relationship of people with their environment. They are preventable, and can be lowered with changes in diet, lifestyle, and environment.^[4] However the most significant factor is occupational nature of the people

The occupational pattern in India has undergone drastic changes in recent decades giving

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Priority to IT and other similar services neglecting the very base of the agrarian culture.^[5] Along with these changes in occupation, the food habits of the society too changed that gradually caused the spread of several lifestyle diseases in our society. Some of the common diseases encountered because of occupational lifestyle are Alzheimer's disease, arteriosclerosis, cancer, chronic liver disease/cirrhosis, chronic obstructive pulmonary disease (COPD), diabetes, hypertension, heart disease, nephritis/CRF, stroke, obesity, diseases associated with smoking and alcohol and drug abuse, chronic bronchitis, menstrual disorders like pcod and infertility in both female and male .

Incidence^[6]

GENERAL STATUS OF OCCUPATIONAL HEALTH IN THE COUNTRY

Occupational injuries and diseases

The statistics for the overall incidence/prevalence of occupational disease and injuries for the country is not adequately compiled in an easily accessible format. It has estimated an annual incidence of occupational disease between 924,700 and 1,902,300 and 121,000 occupational disease caused deaths in India.. A report by National Institute of Occupational Health[1999], records more than 3 million people working in various type of mines, ceramics, potteries, foundries, metal grinding, stone crushing, agate grinding, slate pencil industry etc.

The major occupational diseases/ morbidity of concern in India are: silicosis, musculoskeletal injuries, coal workers' pneumoconiosis, chronic obstructive lung diseases, asbestosis, byssinosis, pesticide poisoning and noise-induced hearing loss.

The male: female working population ratio was 78:22 in 1991, but it has now changed to 68:32 in 2001. This increase in the working female population leads to certain concerns, such as adverse effects on reproductive health, exposure to toxic chemicals in the workplace, musculoskeletal disorders, stress related disorders, resulting from job discrimination (such as lower salaries and less decision-making powers), a double burden of work (at workplace and home) and lurking and real threats of sexual harassment.

Occupational respiratory diseases^[7]

Occupational lung diseases (OLDs) are a broad group of pulmonary diseases developing either from repeated or persistent inhalation of particulate matters like

- a. metal fumes
- b. diesel exhaust like soot and poly cyclic aromatic hydrocarbons(PAH)
- c. Volatile organic compounds,
- d. Asbestos, silica

- e. Biomass smoke
- f. Dust
- g. other known carcinogens

and constantly exposed occupations to these are coal miners ,paper and pulp mill workers, agricultural workers, welders, traffic police men ,home makers, petrol pump workers sandblasters, miners, millers, potters, flour mill workers, bakers, woodworkers etc. are exposed to inhaled particles and are at risk of developing these diseases. develop several lung related diseases associated with chronic obstructive pulmonary disease(COPD), asthma, asbestosis,silicosis,metal fume fever, pulmonary fibrosis, pneumoconiosis, lung cancer.

The most common symptoms of lung diseases, regardless of the etiology are coughing, shortness of breath, chest pain and constrictiveness, abnormal breathing patterns

Ayurvedic Perspective of Occupational Lung Disease

Classical texts of Ayurveda have clearly mentioned the Nidana (etiological factors) like Dhoomopaghata (inhalation of fumes), Rajodhooma sevana (exposure to dust & smoke), Atishrama (strenuous work), Atichankramana (Prolong walking), Diwaswapna (day-time sleeping), Ratri jaagarana (awakening at night) etc. which directs towards exposure and life style related with specific occupations. It indicates that ancient practitioners of Ayurveda were well aware of the fact that occupation has its impact on human health.[8]

Acharya vagbhata also described the symptoms and management of Dhumopahata(person affected due to inhalation of fumes[9].

Occupational lung diseases may be included in Shwasa and Kasa roga mentioned in ayurvedic texts due to the similarity in aetiopathogenesis and clinical presentation. As per the Ayurvedic principles, respiratory diseases have the predominance of Vata dosha along with vitiation of Kapha dosha and Pranavaha srotas (cardio-respiratory system)

Ayurvedic Management

Ayurvedic approach of management of occupational lung diseases is to potentiate the immune system of the individual in order to reduce the susceptibility towards the inhaled particles & allergens and at the same time providing symptomatic relief to the patient.

- 1) In ayurveda for prevention or management of any disease the primary thing to be followed is nidana parivarjana (avoiding the exposure to causative factors) charaka as said in nidana sthana in the context of sosha nidana

सर्वमन्यत् परित्यज्य शरीरमनुपालयेत् which means best way to stay healthy is to follow all such regimen which is suitable to their own body and to avoid factors which disturbs homeostasis.

2) Use of single drugs:

Kantakari, vasa, madhuyasti, bharangi, pushkaramoola, vibhitaki, shati, tulsi, shirisha,

haridra, lashuna, ardraka Ayurveda has potent single drugs and compound formulations for breaking the pathology of respiratory ailments. These ayurvedic drugs possess properties like mucolytic, expectorant, bronchodilator, mast cell stabilizer and have inhibitory action on mediators of inflammation.^[10]

- 3) There are many rejuvenating (Rasayana) compound formulations in Ayurveda for these respiratory ailments like Agastya haritaki, Chyavanprasha, Vardhamana Pippali Rasayana etc. which improve the defense mechanisms of lungs thereby providing resistance against various respiratory infections.
- 4) Shodhana (Bio-purification) procedures Along with the above drugs, there are many bio-purificatory and rehabilitative therapies like
 - a) Abhyanga (massage) with sarsapa taila /saindavaadi taila on chest followed by
 - b) Swedana (hot fomentation),
 - c) Vamana (emesis therapy),
 - d) Virechana (purgation therapy) etc. for respiratory diseases.
 - e) Nasya with anutaila /sadbindhu taila either marsha /pratimarsha nasya on daily basis helps to remove accumulated kapha from the head region.
- 5) Pranayama : Practice of Pranayama is also found to be effective in managing respiratory diseases from occupational as well. practice of Nadi-shodhana Pranayama for longer duration on daily basis leads to marked improvement in the lung functions.

Dietary and Lifestyle modification Smoking, exposure of dust, cold and humid atmosphere, fumes, pollutants, chilled water, curd and curd preparations should be avoided and intake of lukewarm water may be preferred.

Occupational Musculoskeletal Disorders

Occupational musculoskeletal disorders are injuries or disorders of the muscles, tendons, joints, cartilage, and nerves that are caused or exacerbated by sudden exertion or prolonged exposure to Physical factors include the work procedures, equipment and environment that lead to biomechanical stress in the muscles, tendons, spinal discs and nerves.^[11]

- a. **vibration** (Excessive work with hand-powered tools like hammer drills and other percussive breakers like concrete crushers, hand-held portable grinders, jig saws and chainsaws, may expose the hands to vibration and contribute to potential disruption to the blood circulation in the fingers and to the nerves of the hand and arm).
- b. Working in low temperatures (**Cold environments**) & closed environments in the case of people working in research laboratories, software employers.

- c. Hairdressers, dentists, computer operators and musicians are examples of workers who have long-term **static postures**.
- d. **Prolonged standing** in the case of traffic police, teaching fields, bus conductors, etc
- e. **Prolonged sitting** in the cases of software employees, business people, drivers,
- f. **Manual handling** refers to the transfer, pushing, pulling and carrying of loads by one or more employees.
- g. **Repetitive, forceful work with the joints in an awkward position** is one of the most important combinations of risk factors. It can be seen for example in Health care professionals (physicians, dentists, physical therapists, lab technicians, and nurses) they are reported to be vulnerable to sustaining musculoskeletal disorders during the course of their work routine like handling an excessive number of patients or samples in one day were found to be the most commonly reported job risk factors.^[12]
- h. Employees working on computers and peripheral devices due to poor sitting posture, unsuitable seating (chair), and inappropriate use of keyboard or mouse, excessive use of mobile phones which was used for a long time, can lead to chronic disabilities.
- i. Traffic on the Indian roads is also responsible for many common ailments for frequent travelers or those who earn their living by driving. Bumpy ride shakes our body too much and the impact generated is so high that it damages the vertebra with time causing spinal cord injury^[13]

Musculoskeletal disorders (MSDs) in the workplace have a huge impact, emerging as a growing problem in our modern societies like Common upper-limb disorders include shoulder disorders, lateral epicondylitis, wrist tendinitis, and carpal tunnel syndrome, Thumb tendonitis or DeQuervain's tendonitis, Rotator cuff tendonitis, Myofascial pain in the neck and upper back in addition to nonspecific strains, sprains, muscle tears, spinal disorders like disc bulge and disc prolapsed, knee problems, hernias, etc which result from either a single instantaneous exposure or multiple or prolonged exposure to the work environment.^[14]

Among all, low back pain (45.7%) was the predominant complaint, followed by neck pain (28.5%), shoulder pain (23.5%), and knee and ankle pain in both software and health care professionals.^[15]

Management :^[16]

The treatments of these musculo skeletal disorders are very effective in Ayurved.

The general line of treatment as mentioned by Acharya Charaka in the twenty eighth chapter of Cikitsa Sthana is as follows:

- a. Brimhana (nourishing) cikitsa is advised for individuals who are emaciated due to loss of bodily tissues (degenerative conditions).
- b. In the case of obstruction and if the condition is severe panchakarma is suggested.
- c. Other therapies such as snehana, swedana like patra potali pinda sweda, upanaha sweda etc, katibasti, brumhana nasya, dhumapana and abhyanga, application of lepas over the joints using the herbal drugs can also bring excellent results.

Amongst all the panchakarma therapies basti karma is the best since it alleviates vitiated vata directly from the pakwashaya (large intestine). It is proposed that one undergo alternate oil and decoction enema's to restore balance of vata dosha. especially Tikta Ksheera Vasthi in all asthi majja gata vata disorders as mentioned by acharya charaka^[17]

Use of the single herbs like ashwagandha (*withania somnifera*) it has immunomodulatory, anti-inflammatory, anti-arthritic properties *ricinus communis* (erand/castor oil) and *guggul* extracts (*commiphora mukul*, *boswellia serrata*) are prime examples of potent anti-arthritic medicinal plants, sallaki arjuna, asthisamharaka extensively used in ayurvedic medicine and other biologic effects have been extensively documented.^[18]

There are numerous health benefits of Surya Namaskar for different system of the body specially musculoskeletal system. It's training improves the flexibility of body muscles especially leg, back, chest and buttock muscles. It is found that by practicing Surya Namaskar regularly can significantly increase Hand grip, strength and endurance^[19]

Occupational ocular diseases :^[20]

Acute and Chronic Keratitis : Keratitis is an inflammation of the cornea — the clear, dome-shaped tissue on the front of your eye that covers the pupil and iris. it is commonly seen in people working in an artificial-silk factory, people working in sugar industry furniture trades, metal industries, Agricultural workers are also known to suffer from a keratitis which may be allergic in origin and is due to various weeds (pigweed, redroot, and others) The patients complained of blurring of vision, pain in the eyes, headaches, lacrimation, and a feeling of grittiness. It was found that H₂S (hydrogen sulphide), which is present in the air in the acid house in the artificial-silk industry, was responsible for it.

- a. **Len's Opacities** : commonly seen in people working in the furnaces, those who engaged in the glass industry, reported that 20% of them had posterior cortical lens changes due to infra red rays. It takes 10 to 20 years of work in these industries for these lens changes to develop.
- b. **Industrial Poisons** :The most important of these poisons are lead(plumbers), derivatives of benzene, carbon bisulphate (in the rubber industry, in the artificial silk industry, and in refrigerating plants), methyl alcohol(Painters working in closed spaces inhale the fumes), arsenic and its derivatives(dyeing industry, cosmetic users) carbon tetrachloride, and trichloroethylene(dry cleaning industry). Causing Amblyopias, Optic Neuritis, And Ocular Palsies
- c. **Computer vision Syndrome**: The human eye is not meant to spend hours focusing at objects close to it. Increasing use of computers and other radiation equipments results

lots of burden. it is characterized by headache, neck pain, eye strain, dry eye, loss of vision, burning eyes, light sensitivity and distorted vision. It is commonly seen in software employes similarly **Dry Eye Syndrome** seen in people who use to work in air conditioner chambers.^[21]

Management: some of the daily regimens which are beneficial to eye health^[22]

- a. Achamana (Purificatory rites-sipping small quantities of water) -Timira hara (alleviates cataracts)
- b. Paada prakshalana (washing feet) - Chakshushya (Beneficial for vision)
- c. Mukha Netra Prakshalana (washing face, eyes with cold water) with Sheetodaka Drudha Netra and Akshi roga Nivarana (Promotes eye strength and Prevents eye diseases) Aschyotana (eye drops) -Nirmala Drushti (increases clarity in vision)
- d. Anjana (sauveeranjana) (collyrium) Prevents Netra rogas (eye diseases)
- e. Nasya (administration of drugs through nostrils) - Netra Dardhya (strengthens eyes)
- f. Dhumapana (Inhalation of medicinal smoke) Beneficial in Akshi Shula (pain in eye)
- g. Paada Abhyanga (oil application with massage) is Drushti Prasadana (good for vision)
- h. Sheetala jala shira snana-(cold water head bath) Chakshushya
- i. Mukha lepana (facials) is Chakshushya
- j. Paduka dharana (using foot wears) - Dridha chakshu (strengthens vision)
- k. Pushpa dharana (wearing flowers) -Chakshu daha shamana (alleviates burning sensation of eyes)
- l. Nasika jala pana (administering water through nostrils)- Tarkshya tulya chakshu (keen and sharp vision like eagle)
- m. Along with the above said therapeutic procedures, a set of common preventive modalities termed as NetraPanchamruta are prescribed by Bhojaraja in his book Charucharya.

These modalities are

- i. Filling the mouth with water and washing the face with water,
- ii. Brushing teeth (first the lower dental case to be brushed and then later the upper dental case.)
- iii. Anjana,
- iv. Watching moon rays,
- v. Palming after consumption of food

Along with above preventive strategies Ayurveda offers treatments such as Akshitarpan to improve the vision and relieve the symptoms of the eye diseases. Akshi-tarpan, also known as Netra-tarpan is an ayurvedic procedure in which medicated ghee is retained over the eyes for a specified duration of time. This is very helpful in pacifying dryness of eyes which occurs due to excessive use of computers.

Occupational reproductive disorders in male:^[24]

Occupational exposure to physical, chemical and psychological agents may be harmful to workers' reproductive health, inflict damage on the genetic material of the cells of male and female workers, or evoke adverse effects on their sexual function and fertility

Physical agents such as ^[25]

- a. The heat generated by laptops kept on the lap of males cause decrease in sperm count,
- b. Other extensively used gadget is mobile phone which is supposed to be a culprit for a number of diseases and ailments, although its adverse effects on humans causing low infertility due to its radiation.

Chemical agents such as:

- a. Occupational exposure to lead, cadmium occurs in hundreds of industries like battery making, soldering, stained glass manufacture, and brass and bronze foundry work. storage batteries, pigments, jewelry, nuclear power plants.
- b. Occupational exposure to mercury occurs in mirror makers, mercury battery makers, instrument makers, jewelers, photographers, dentists and dental assistants..
- c. People who will be in contact with pesticides for a long time which includes herbicides, insecticides, fungicides and fumigant.
- d. Welding fumes includes many agents with potential reproductive toxicity e.g. hexavalent chromium, nickel, cadmium, manganese, and carbon monoxide.

Psychological factors like stress, grief, anxiety, fear, anger and sleeping very late night, hectic life style is associated with reduced paternity and abnormal semen parameters, and thus could be a causative factor in affecting male infertility.

Management:^[26]

Ayurvedic concept about prevention of male infertility In the classics of Ayurveda the following charya's (conducts) have been mentioned with which a person will be able to be healthy and cure many of lifestyle disordered such like infertility. Dinacharya , Ritucharya , Rathricharya, Thrayopasthambha palana Sadvritha ,Achara rasayana

Shodhana therapies like virechana and vamana along with vasthi with sukrala dravyas ,uttara vasthi Followed by vajikara dravyas.

Use of single herbs for vajikarana and shukrala purposes

- a. Kapikacchu (Mucuna Pruriens), which has been found to increase sperm concentration and motility.

- b. Gokshura (*Tribulus terrestris* Linn.), which raises testosterone levels.
- c. Ashwagandha (*Withania somnifera* Dunal.), which enhances spermatogenesis via a presumed testosterone-like effect.
- d. Shatavari (*Asparagus racemosus* Willd.), which appears to enhance fertility by reducing oxidative stress.
- e. Yashtimadhu (*Glycyrrhiza glabra* Linn.) found to improve semen quality.

Occupational reproductive disorders in female.^[27]

Highlighting the fact that women play vital and multiple roles, especially those employed, the report stressed on the need for a balance at home and workplace. "Ignorance of healthcare can have multiple implications on her surrounding environment such as her family, workplace and social network," Throughout the life journey, women have to be passed from three phases – Bala (childhood), Rajaswala (menstruation/reproduction phase) and vriddha (Old age-menopause) Out of these Rajaswala period is largest and most important period as it is fertile period necessary for reproduction. If this phase is healthy then it will give better progeny.

This demanding lifestyle has made it very difficult to pay attention on their own health and it disturbed normal menstrual cycle causing serious disorders related to it.

Due to changing lifestyle patterns like late marriages, delayed pregnancy, attending duties with in short span of delivery, feeding baby for a less period of time, physical and mental stress and bad food habits, women in the reproductive age group suffers from various conditions related to menstrual cycle like menorrhagia, dysmenorrhea, irregular menses, PCOD, endometriosis ,infertility etc.

Management: Ayurveda helps women to gain better health and quality to her life by following Paricharyas. Paricharyas- is conduct to be followed during different phases of life like Rajaswala Paricharya, Garbhini Paricharya and Sutika Paricharya

Rajaswala paricharya – a mode of living during menstruation Thus following rajaswala paricharya women respond healthily to the physiological and psychological changes by keeping balance doshas, agni and bala. so by following this paricharya, one can counter the adverse effects of present life style over reproduction by avoiding menstrual disorders.

Garbhini paricharya: After achieving conception the mother has to follow certain do's and don'ts and follow a regimen to maintain her healthy during pregnancy and help in proper growth and development of the offspring. These regimen are known as garbhini paricharya Hence, the regimen is not only for proper growth and development of child but it also ensures healthy status of woman, normal delivery and no post partum complications

Sutika Paricharya: Care of the woman during puerperium it helps the woman become weak & emaciated due to growth of foetus, & also empty body due to instability of all dhatus, labour pains. By this Paricharya she attain all the lost things and reaches her pre- pregnant state and helps in avoiding secondary infertility. ^[28]

Occupational induced Mental and behavioral disorders:^[29]

Psychosomatic psychiatric syndromes caused by mobbing”. The term “mobbing” in the occupational context, means some form of systematic harassment and stigmatization, either between a supervisor and a subordinate or between workers, and was characterized by a sense of unjust treatment better described as– harassment, discrimination, workplace violence and other work-related stress

Victims of mobbing often suffered ill health, such as depression and post-traumatic stress, and they sometimes responded by violent behavior. Stress can result from many sources, such as being overworked, an abusive boss or Dealing with difficult coworkers/employees.

Management: In Ayurveda depression can be correlated to avasada or vishada. Acharya Charak described this under manasa roga which is portrayed by symptoms of sadness, hopelessness, and irritability.^[30]

- a. Shirodhara as explained earlier is very helpful in treating stress related occupational hazards.
- b. Medhya rasayana like (Brahmi, Shankhpushpi, Guduchi, Yasthimadhu) are available in Ayurveda which are very good brain tonics and helpful in stress related disorders without any side effect.

So by doing these minor modification occupational hazards can be decreased upto some extent.

Occupational skin diseases^[31]

In some occupations employees of construction workers, painters, farmers, auto workers, metal and mining industry, soap and detergent products, rubber chemicals and material and working in a wet environment may experience an allergic reaction such as occupational Dermatitis, acne, allergic contact dermatitis, burns, folliculitis, irritant contact dermatitis, mechanical injury, skin cancer, skin infections. This is caused by contact of the skin with at least one hazardous chemical. In these conditions an individual may encounter symptoms of itching, redness and formation of vesicles or papules.

Management:

- a. Ayurvedic panchakarma procedures such as virechana are advised to alleviate this condition.
- b. External application of shita virya dravya's such as Neem and Aloe vera are also beneficial to ease any pain or burning sensation.

DISCUSSION

Concept of sadaathura in the ayurveda mentioned by acharyas charaka in siddhi sthana underlies the importance given to difference occupations like bhramhana, raja sevaka, vaisya, panyajeevaka are always prone to diseases. Although here the important should be given to the factors causing diseases rather than the occupations.

Acharyas charaka mentioned the reasons of being patients always in above mentioned four categories are because of the irregular diet and lifestyle habits which includes physical and mental factors (shareeraka and manasika factors) there by giving importance to the role of diet and life style in occupational life.

CONCLUSION

life style disorders not only a major threat to the health of the people but also a major threat in the overall development of the nation because it increasingly affecting the young population at their active productive life, their by creating a big financial burden due to prolong health care cost, the wrong choice of occupation in the blind run for higher salaries and the resultantly developing food habits generate all kinds of evil effects to the health of our youth. Over exploitation of the potentials of our youth particularly those in the job area may in course of time depreciate their efficiency. In this revolutionised era we cannot stop doing the developmental work, but we can certainly reduce our ailments by incorporating these simple and effective measures to our lives in accordance to one's prakriti is the simplest and best way for health promotion and disease prevention.

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A COMPARATIVE EVALUATION OF FRUITS OF FOLKLORE MEDICINAL PLANTS – EFFECT ON HEP G2 AND 3T3-L1 FIBROBLAST CELLS AND POSSIBLE ROLE IN PROTECTION AGAINST BILE ACID INDUCED CYTOTOXICITY

Premalatha Shetty and Vishwanatha

Department of Biotechnology and Microbiology,

Sri Dharmasthala Manjunatheshwara Centre for Research in Ayurveda and Allied Sciences, Sri Dharmasthala Manjunatheshwara College of Ayurveda, Kuthpady, Udupi-574118, Karnataka

ABSTRACT

Garcinia, Citrus and Artocarpus species are known for their medicinal properties in the folklore especially in alleviation of biliousness. Chloroform and alcoholic extracts of the fruit parts of Garcinia morella (Mor), G mangostana (MS), Citrus maxima (CMx), C aurantium (CA) and Artocarpus gomezianus (AG) were prepared. The extracts and the bile acids namely, Cholic acid (ChA), Deoxycholic acid (DCA), Chenodeoxycholic acid (CDCA) and Lithocholic acid (LCA) were investigated for their effect on Hep G2 liver carcinoma cells and Murine 3T3-L1 fibroblast cell lines by MTT assay. The ability of the fruit extracts at ameliorating bile acid induced toxicity and effect on adipogenesis in differentiating 3T3 cells was studied.

Alcoholic extract of mangostana rind exhibited 30.6 mg of antioxidant capacity equivalent to ascorbic acid in gram of the dried rind which was 5 to 25 times higher in comparison to the other alcoholic extracts tested as per DPPH assay. Dose dependent effect of the extracts was observed on the cells. With the exception of G mangostana, Hep G2 cells were found to be sensitive to the presence of high concentration of the extracts (extract derived from 6mg and 10mg of the dried fruit part per ml, for alcoholic and chloroform extracts respectively). As per the MTT assay results, the metabolic function of the cells was enhanced at lower concentrations of the extracts. Morella extracts were found to exert toxicity to a significant level on both the cell lines at high concentrations. IC₅₀ concentrations of ChA, DCA, CDCA and LCA for 3T3 were 0.53, 0.21, 0.18 and 0.19mM and Hep G2 was more sensitive as the values were 0.38, 0.14, 0.11 and 0.11 mM respectively. Secondary bile acids LCA and CDCA were more toxic than primary bile acids. Alcoholic extract of MS was effective in protecting against the toxicity induced by DCA, LCA and CDCA in both the cells. AG extract appeared to influence adipogenesis in 3T3 cells.

INTRODUCTION

One of the health issues on the rise is obesity which is associated with sedentary lifestyles and increasing consumption of food rich in fat and sugar. Obesity is currently considered as a major risk factor for type 2 diabetes, hyper-tension, and dyslipidemia. Management of/by bile is one of the major factors affecting digestion process. Cholic acid and Deoxycholic acid are the primary bile acids synthesized by hepatocytes. In the intestine, the microbial flora partake in conversion of primary bile acids to secondary bile acids. Bile acids (BAs) are known to regulate hepatic de novo lipogenesis,

export of TG and plasma turnover, hepatic gluconeogenesis and insulin sensitivity. Dysregulation of cytotoxic Bile acids is associated with obesity and, obesity induced oxidative stress leads to progressive inflammatory responses (Rolo et al, 2000; Perez & Briz, 2010). There is a need to explore and understand the effect of bile acids on living cells. Interaction of bile acids with their receptors is being probed for its potential in treatment of disorders associated with lipid metabolism (Fiorucci 2010)

Artocarpus gomezianus and *C. aurantium* fruits are recommended in folk lore for reducing biliousness. *Artocarpus gomezianus* is also believed to play a role in glycemic control. Many plants belonging to *Garcinia* and *Citrus* species are recommended and have been studied for their contribution towards health (Mabberley, 2004; Jagtap & Bapat, 2010; Varalaxmi et al, 2010; Parthasarathy & Nandakishore, 2014; Seethapathy et al, 2018). One of the beneficial effects of many of these species is their effect at reducing biliousness. *G. morella*, *G. mangostana* and *C. maxima* however, have not garnered much attention in the scientific community. *G. morella* which was once commonly found in and around western ghats is gradually becoming an endangered species. Thus, it would be interesting and worthwhile to rekindle the interest in these plants and explore the influence of the herbal approaches employed by our folklore system which were being used to regulate bile homeostasis and lipid metabolism since ages by our ancestors. We have selected these plants for the study to explore their potential at mitigating bile induced toxicity in animal cell lines namely Hep G2 liver carcinoma and 3T3-L1 fibroblast cell lines.

METHODOLOGY

Materials: Fruit rinds of *G. morella* (Mor), *G. mangostana* (MS) and *C. maxima* (CMx), fruit slices of *Citrus aurantium* (CA) and *Artocarpus gomezianus* (AG) were sundried and stored.

Cell-lines: Hep G2 and Murine 3T3-L1 cell lines were procured from NCCS, Pune. 3T3 and HepG2 were maintained in DMEM and MEM medium respectively containing gentamycin and penicillin-streptomycin mixture.

Preparation of extract: Extracts of the fruit parts were prepared in 50% ethanol and Chloroform. The dried extracts were reconstituted in Dimethyl sulfoxide.

Antioxidant potential: Radical scavenging activity assay and Reducing power assay were carried out by DPPH method and FRAP assay respectively using appropriately diluted samples. Vitamin C was employed as standard. Activity was reported as mg of antioxidant activity or reducing power equivalent to vitamin C per gram dry weight of the sample.

Effect of plant extracts/bile acids on cell viability: Deoxycholic acid (DCA), Chenodeoxycholic acid (CDCA) and Lithocholic acid (LCA) stocks were prepared in ethanol. Cholic acid (ChA) stock was prepared in DMSO.

Cells (3T3/ HepG2) were seeded into 96 well plates at a rate of 10,000 cells/well. After overnight incubation in CO₂ incubator at 37°C, the extracts / bile acids were added. The effect was studied at four different concentrations amounting to 50% ethanolic extract obtained from 6, 1.2, 0.3 and 0.06 mg dry weight of the sample in one ml of the serum free culture medium designated as C1, C2, C3 and C4 respectively. Similarly, effect of chloroform extracts obtained from 10, 2, 0.5 and 0.1 mg dry weight of the sample in one ml of the culture medium designated as C1, C2, C3 and C4 respectively. Effect of the extracts/bile acids were studied after 48h by MTT method.

Effect of plant extracts on bile acid induced cytotoxicity: The effect of the plant extracts on the viability of the cells subjected to bile acid toxicity was studied at two concentrations viz. C2 and C4. The cells were incubated in presence of respective bile acids (DCA, CDCA and LCA – at a concentration where 50-70% of the cell viability was lost) in presence of the plant extracts. MTT assay was carried out after 48h.

Effect of plant extracts on adipogenesis: 3T3 cells were subjected to adipocyte differentiation in 96 well plates. Adipogenesis was induced in differentiation media consisting of glucose, insulin and/ isobutyl-1-methyl xanthine, , dexamethasone and FBS (Zebisch et al, 2012). Effect of AG, MS and CMx extracts on adipogenesis was studied by including these agents in the differentiating medium on 4th day of differentiation. The dose chosen in terms of extract obtained from mg dry weight of the sample in 1ml of differentiation medium is as follows

Extract	CA	AG	MS	CMx	Mor
Alcoholic	4.0	4.0	0.03	1.5	0.06
Chloroform	4.0	4.0	0.1	4.0	0.2

Effect of bile acids on adipogenesis was studied at 0.025mM DCA, CDCA and LCA and 0.1mM ChA. Adipogenesis (oil droplets) was observed microscopically and stained with Oil-red O. The dye extracted in isopropanol was measured at 492 nm for quantification of adipogenesis.

RESULTS AND DISCUSSION:

Fruits belonging to *Garcinia* and *Citrus* species are well known for their antioxidant potential. Both the alcoholic and chloroform extracts of *G mangostana* fruit rind exhibited highest DPPH radical scavenging activity (Table 1) followed by *C maxima* which also showed good antioxidant capacity.

Table 1: Antioxidant potential of the plant extracts

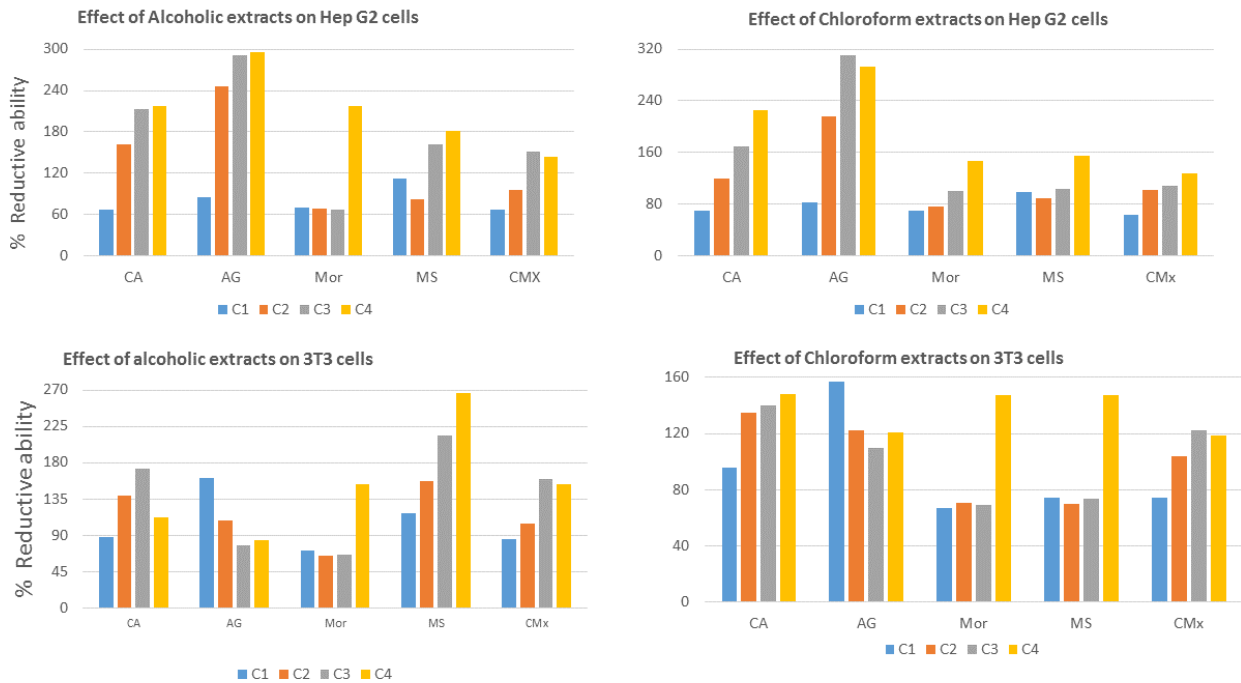
Plant source	Reducing power, mg/g*	Antioxidant activity, mg/g*	Reducing power, mg/g*	Antioxidant activity, mg/g*
	Alcohol extract		Chloroform extract	
<i>A gomezianus (AG)</i>	0.84±.2	1.09±0.19	0.04±.01	0.069±0.01
<i>C aurantium (CA)</i>	3.12±0.51	3.8±01.1	0.43±.15	0.18±0.04
<i>G morella (Mor)</i>	1.54±0.04	1.81±0.29	0.12±0.018	0.244±0.004
<i>G mangostana (MS)</i>	3.29±0.38	30.56±1.33	0.12±0.002	8.95±0.98

<i>C maxima (CMx)</i>	1.73±0.017	6.24±0.2	0.47±0.001	1.98±0.061
*antioxidant potential equivalent to mg of Vitamin C obtained from one g dry weight of the fruit part				

Various bile acids are reported to exert distinct biological effects *in vivo*. Being highly hydrophobic, bile acids, such as DCA and LCA are believed to cause oxidative modification of lipids, proteins, and nucleic acids, eventually leading to cell death. Recent studies have shown that bile acids can affect intracellular signaling and gene expression, which may lead to alterations in cell growth. Bile acids are therefore complex metabolic integrators and signalling factors and hence, bile acid metabolism is being considered in the development of drugs for obesity, type 2 diabetes, hypertriglyceridaemia and atherosclerosis, as well as other associated chronic diseases such as non-alcoholic steatohepatitis (Rolo et al, 2000; Fiorucciet al.2010).

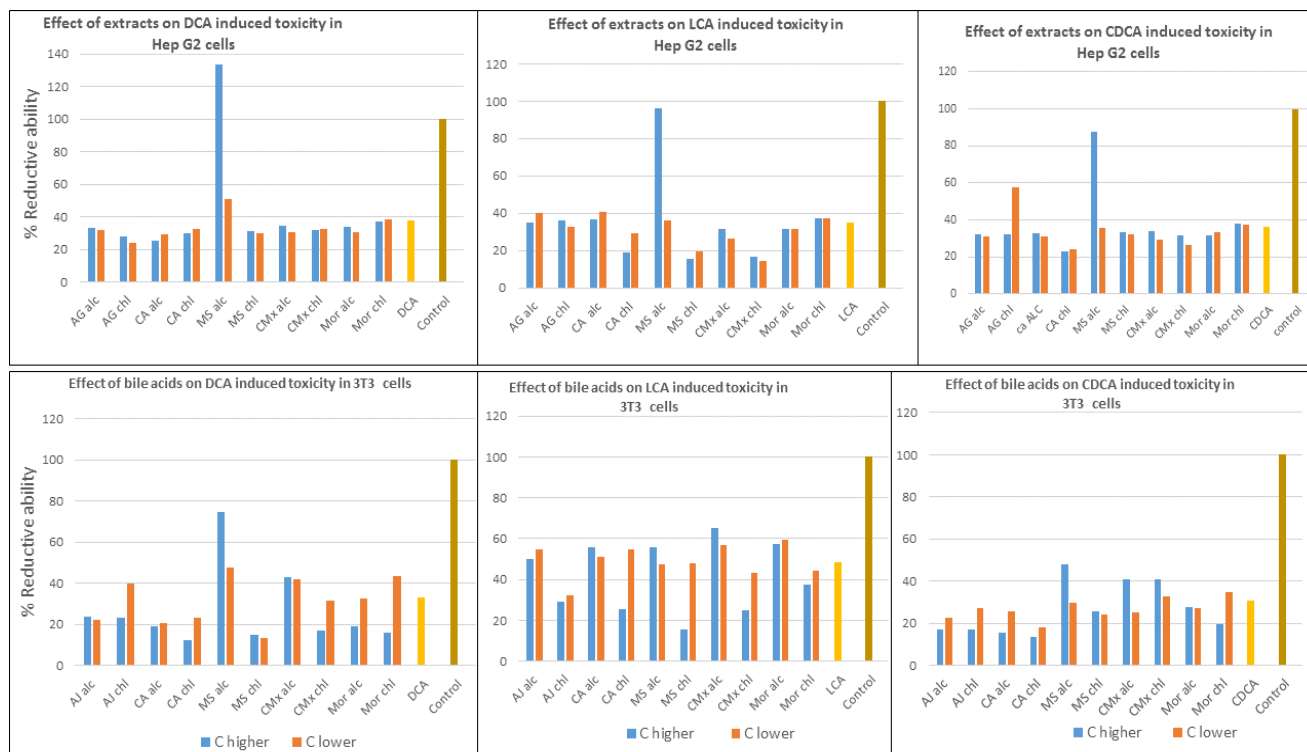
Effect of the bile acids on cell viability was studied by MTT assay which measures cell viability based on reductive ability of metabolic enzymes which reduce the tetrazolium dye MTT to its formazan form. The bile acids were found to have toxic effects on both Hep G2 and 3T3 cells. IC50 concentrations of ChA, DCA, CDCA and LCA for 3T3 were 0.53, 0.21, 0.18 and 0.19mM and Hep G2 was more sensitive as the values were 0.38, 0.14, 0.11 and 0.11 respectively. The primary bile acid cholic acid was found to be the least toxic of bile acids. Effect of the plant extracts on the cells was also studied. The results are presented in Figure 1. It was observed that Hep G2 cells were highly sensitive to the presence of higher concentration of the extracts. Reduction of the dye was less at high concentrations implying toxic effect of most of the extracts at higher concentrations. At lower concentrations, the extracts appeared to enhance the reductive ability of the metabolic enzymes in the cells. Similarly, with the exception of AG, higher concentrations of the extracts were found to be toxic to 3T3 cells. It must be noted that AG had shown least antioxidant potential.

Fig 1: Effect of the plant extracts on the reductive ability of metabolic enzymes



A study was undertaken to assess the protective effect of the plant extracts against the cytotoxicity mediated by CDA/DCDA/LCA (0.14mM for Hep G2 and 0.22 mM for 3T3). The concentration selected for the study was the alcoholic extract obtained from 1.2 mg and 0.06 mg dry wt and, chloroform extract recovered from 2 and 0.1mg dry wt of sample. The results are as per Figure 2. Higher concentration of MS alcoholic extract exhibited significant protection against the toxicity induced by the bile acids. Bile acids reportedly give rise to oxidative stress. High antioxidant potential of the mangostana extract could be a contributing factor in the protective action. *C maxima* alcoholic extract which also possesses relatively good antioxidant capacity, appeared to protect 3T3 cells against bile acid induced toxicity. It is possible that the reducing power of these extracts may have been used for scavenging reactive oxygen species produced in response to bile acids, thereby ameliorating the toxic effect of the bile acids.

Figure 2. Effect of the plant extracts on bile acid mediated cytotoxicity.



Bile acid receptors such as farnesoid X receptor is reported to possess dual characteristics: counteracting obesity and diabetes, improved insulin release and sensitivity coupled with accelerated progression of obesity and diabetes. In the present investigation, the effect of the bile acids on adipogenesis was studied in 3T3-L1 cells at sub toxic levels. Increase in adipogenesis to an extent of 1.2 to 1.9 folds was noted. Of the extracts used, AG extracts appear to have anti adipogenic effect affecting around 30-55% inhibition of adipogenesis in differentiating 3T3 cells.

CONCLUSION:

The cells were found to be more sensitive to Morella extracts in comparison to other extracts employed. It was interesting to note that the alcoholic extract of *Garcinia mangostana* rinds has the potential to protect the cells against the toxic effect of high concentrations of bile acids.

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CONCEPT OF SĀDHAKAPITTA IN ĀYURVEDA

***Dr. Vijay Laxmi Gautam, **Prof. H. H .Awasthi, ***Prof.SangeetaGehlot**

Asso. Prof., **Professor, *Professor & Head*

&* Department of Rachana Sharir, *** Department of KriyaSharir,
Faculty of Ayurveda, IMS, BHU, Varanasi*

ABSTRACT

The TridoṢais a unique concept of Āyurveda. The VĀta, Pitta and Kapha constitute the body. Each one is important with its own speciality. The absence of any one doṢha can't serve the purpose of life, as they are responsible for sriṢṭi (Creation), stithi (Maintenance) and laya (Destruction) of all creature. SĀdhaka pitta is one among the subtype of Pitta associated with certain mental faculties and emotions. The SĀdhakaPitta is one which helps to achieve CĀturyavidhaPuruṢārtha i.e., Dharma (Duty), Artha (Wealth), KĀma (Desire) and Moksa (Liberation). SĀdhaka pitta is one among the subtypes of Pitta associated with certain mental faculties and emotions. These functions can be attributed to the functions of higher centres of brain. It removes the dark thoughts and desires, increases intelligence, memory, wisdom and self-esteem. The structure and function are interrelated because structure influences the function and function affects the structure. The functions of SĀdhaka pitta can be correlated with the functions of higher centres of the brain carried by neurotransmitters. It is the area with vast scope for study and understanding function of SĀdhaka Pitta can be comparable with the functions of higher centres of the Brain carried out by the neurotransmitters.

Key words: SĀdhakapitta, PuruṢārtha, Memory, Brain, Intelligence

INTRODUCTION

The word SĀdhakais derived from the root word “sĀdha- which means “to accomplish”. The SĀdhakPitta, which is responsible for intellect and memory and allows us to accomplish the things effectively and promotes contentment and enthusiasm.^[1] This sub-doṢha is responsible for things such as desire, drive, decisiveness, discrimination, intelligence, contentment, motivation, self-confidence, memory, emotional balance, and even spirituality. The elements fire and water combine to form Pitta doṢha. It is the principle of transformation energy. It governs heat, digestion, and metabolism. Concept of TridoṢha is a unique concept of Āyurveda.^[2] SĀdhakapitta connects the heart and mind together so that the two can communicate with each other. Each doṢa (vĀta, pitta, kapha) has five sub-doṢhĀs, which involve different organs and perform different functions in the body. SĀdhaka pitta dwells in the heart and the brain, and includes the nervous system and the senses. The sĀdhaka pitta has an inward movement, which essentially sorts out our external experiences into an internal ‘felt’ experience. It distinguishes truth and reality from the information

from the senses.^[3]The *VĀta*, *Pitta* and *Kapha* constitutes the body and the main pillars of body. The term *pitta* is derived from the *Sanskṛit* root word ‘*Tapa*’ and having three meanings viz. *TapadĀhe*, *Tapa santĀpe* and *Tapa aiDhwarye*, which means to burn the ingested food, to generate the heat. *Dahanadoes* not indicate burning here rather it should be understood as *pĀka*(Metabolism) and can be interpreted as responsible factor for *parinĀmai*.e. transformation.^[4]The *Pitta* is composed of fire and water. *Pitta* energy is responsible for digestion, metabolizes food through enzymes and intestinal secretions and converts into blood, bones, muscles, etc. *Pitta* maintains body temperature and hormonal levels; trigger hunger and thirst; provides complexion to the skin; sharpens the intellect and memory; enhance daring, courage and will. *Pitta* energy in the mind is considered as mental fire necessary for will power, decision-making, courage, ambitions, optimism, intelligence and creativity.^[5] The subtypes of *pitta doĀs* are five types i.e. *PĀcaka*, *Ranjaka*, *SĀdhaka*, *Ālochaka* and *BhĀjaka pitta*. The *PĀcaka Pitta* governs digestion, stimulates digestive enzymes and separates nutrients & waste products. In unbalances, its pathological manifestations are anorexia, rise of body temperature, burning sensation, indigestion, hyperacidity, ulcers, nausea & vomiting, low appetite, poor digestion, bloating, constipation, etc.^[6] The *Ranjaka Pitta* is a *Sanskṛit* word means giving colour. It is present in the liver and spleen involved in the production and maintenance of blood through the process called erythropoiesis. The spleen acts as a filter and blood reservoir. If imbalance occurs, its pathological manifestation is anaemia, jaundice, hepatitis, and abnormal skin pigmentation.^[7]The *SĀdhaka Pitta* is responsible for intelligence and memory. The *SĀdhaka Pitta* is present in both the brain and heart. It regulates aspects of the hypothalamus ultimately to maintain balance and homeostasis of the whole body. It can be looked upon as neurochemistry involving certain neurotransmitters such as dopamine and serotonin responsible for cognition and understanding. Consider *SĀdhaka pitta* as the brilliance, able to make sense from digested incoming information. This *pitta* accomplishes dynamic transformation of thoughts into feelings and feelings into emotions. The pathological manifestations are lack of concentration, dullness of mind, sleep deprivation, etc.^[8]The *Ālochaka Pitta* governs optical perception required for vision. It gives lustre to the eyes, responsible for dilation and contraction of pupil associated with clarity and clear perception. The pathological manifestations are pertaining to eye and vision; conjunctivitis, blepharitis, styes, etc.^[9] The *BhĀrajaka Pitta* governs lustre and body complexion, heat, and skin pigmentation. It helps with the biochemical reactions within the skin and production of Vitamin D and melatonin. The pathological manifestations are pertaining to skin problems such as skin discoloration, eczema, psoriasis, acne, skin cancer and other skin diseases. Sweet and bitter herbs such as *Aloe vera* helps balancing this *pitta*.^[10]

If *Pitta* are out of a balance then different types of *subdoĀs* of *pitta* causes different symptoms. The *Ālochaka Pitta*: Bloodshot eyes, poor vision. *BhĀjaka Pitta*: Skin rashes, acne. *SĀdhaka Pitta*: Demanding, perfectionist, workaholic. *PĀcaka Pitta*: Acid stomach. *Ranjaka Pitta*: Early greying, anger and toxins in blood.

OBJECTIVE:

1. To understand the concept of *SÁdhaka Pitta*.
2. To make correlation of *SÁdhaka pitta* with the functions of higher centres of the brain carried out by the neurotransmitters.

MATERIAL & METHODS-

The *Áyurvedic texts* and *Veda* were scrutinized regarding the references for the concept of *SÁdhaka Pitta*. The anatomical and physiological part were studied from modern Anatomy, physiology books, National/International journals research papers and websites are seen for this purpose.

LITERATURE REVIEW

According to *ÁcharyaKÁÐhyapa*, he indicates the *téisthurÉa* i.e. *vÁta, pitta and kapha*. *Ácharyacarakahas* described the *vÁta, pitta and kapha* as a *téiskandha*. *ÁcharyaSuÐéuta* has described that the *SÁdhaka pitta* present in the *Héidaya* (Heart) is known as *sÁdhakaagni (SÁdhak pitta)*. It is responsible for fulfilling the desire of the mind. The three *doÓaVÁta, Pitta and Kapha* are the main pillars of the body. Each one has subtypes *PÁchak, Ranjak, SÁdhak, ÁlocakaandBhrÁjak pitta* which are situated in the different organs and perform different functions in the body. *ÁcharyaVÁgbhaÓ* has described the functions of the brain are intelligence, intellect, thinking and determination. They are not the functions of *héidaya*. The term *pitta* is derived from the *Sanskéit* root word '*Óapa*' and it is having three meaning *ÓapadÁhe, Tapa santÁpe and Tapa AiÐhwarye*, which means to burn the ingested food, to generate heat. The *Dahan* should be understood as *PÁka* (Metabolism) and can be interpreted as responsible factor for *parinÁma* or transformation.^[11] The *SÁdhakaPitta*, which is responsible for intellect and memory and allows us to accomplish the things effectively and promotes contentment and enthusiasm. It is the one which helps to achieve *CÁturvidha PuruÓÁrtha* i.e. *Dharma* (duty), *Artha* (Wealth), *KÁma* (Desire) and *Moksa* (Liberation).^[12]

STHANA & KARMA (Location & Functions)

It is situated in the *Héidaya* and responsible for intelligence (*Buddhi*), memory (*MedhÁ*), self-esteem (*AbhimÁna*), enthusiasm (*UtsÁha*) and for the achievement of one's own aspirations.^[13] The *pitta* is located in *héidaya* is called *sÁdhakagni* and its function as dispels the *kaphaand tamas* from *héidaya* and enables the *manas* to perceive the things clearly.^[14] It also enables the receptions of *Ðhabda, sparÐhaandgandha* etc.^[15] The Brain (*Uro héidaya*), the term *héidaya* consists of three *Sanskéit* roots- *Hé- Harana* (Receiving), *Da- Dana* (giving away/in), *Ayana-* moving activity of

two earlier functions. It is the site for mind with attributes like *sattva*, *Rajas* and *Tamas*.^[16] It is the seat of *cetna* in living beings when this is invaded by *tamasguna*, persons get sleep, *Sattva-guna* is the cause for wakefulness.^[17]

DISCUSSION

In *CarakaSamhitá*, functions of *SÁdhaka Pitta* is described in *Sutra SthÁna* 12/14 as *Íaurya*, *Bhaya*, *KÉodha*, *HarÓha*, *Moha*, and *PrasannatÁ*. In *CarakaSamhitá Sutra* 18/52, it is said to be for *PrabhÁ* (lusture), *PrasÁda* (cheerfulness) and *MedhÁ* (memory).^[18] and in *CarakaSamhitÁShÁrirSthÁna* that indicates the location of *Cetanāis Héidaya*.^[19] The emotions and mind both can aggravate each other so it becomes a vicious cycle if not healed with the proper practices and remedies. Some of individuals will be able to process their emotions quickly and more or some will not. Sometimes even patients with strong *SÁdhaka Pitta* will come across a certain event like a death that they are not able to come to peace with no matter what they do. The consequences of hanging into negative impressions, *SajskÁra* for a long time then *SajskÁra* can negatively impact the person in their body, mind and spirit, creating psychosomatic disorders. Today even modern science agrees that emotional imbalances (i.e, stress) are the major component in health problems, both mental and physical. The mental diseases are depression (*AvasÁda*), rages, anxiety and bipolar disorders, all are considered as the symptoms of weak *SÁdhakaPitta*. Without strong *SÁdhaka Pitta*, *dhÍ*(ability to learn), *dhéiti*(ability to recall), break down as do the channels of the body, especially between the heart and mind.^[20]

The entire field of neuroradiology can be divided into three categories:

- 1) The brain's effects on the heart (such as Takotsubo cardiomyopathy),
 - 2) Neurocardiac syndromes such as hypertrophic cardiomyopathy in Fried Reich ataxia and
 - 3) The heart's effects on the brain, such as the cardiac origin of embolic stroke.
- The central role of the autonomic nervous system in the regulation of cardiac function has also resulted in the introduction of neuromodulation to effectively improve cardiac function.

A relatively underestimated example of the heart's effects on the brain is the link between dysfunction of the heart and the brain. This may become a very important health care problem in the near future, as both cardiac dysfunction and progressive loss of cognitive functioning are prominent features of ageing.^[21]

Pioneers in the field recognised the importance of this link and organised the successful first international conference on the Heart & Brain in Paris in March 2012. This conference aimed to 'consolidate the hybrid field of neuroradiology or cardio neurology: the strokologist will teach the cardiologist about the brain and the neurologist will learn how the heart is affecting the brain' (see website Heart & Brain Conference, 1–3 March 2012, Paris). It highlights the importance of the baroreflex in the heart-brain connection and potential pathophysiological and molecular mechanisms of the effects of cerebral hypo perfusion and cognitive function.^[22]

CONCLUSION

Out of present article by study we can establish the correlation between structure and function of brain is same as function of *SÁdhakapitta*. In *CharaksaġhitÁvimÁn.sthÁna, SuĎÉútasaġhitÁ sutra sthÁna, and AŌtaĒgasaĒgraha sutra sthÁna*, the functions of *sadhaka pitta* concern it deals with mental functions more, such as intelligence, self-consciousness, knowledge etc. The location of *hÉidaya* (not anatomical heart), and imbalance of *SÁdhakapitta* can easily be understood in any of psychic or psychosomatic disease. It is observed that the brain's chemical serotonin has long been known to play an important role in regulating anger and aggression. Low cerebrospinal fluid concentrations of serotonin have even been cited as both a marker and predictor of aggressive behaviour. ^[23] Emotions like fear and love, are carried out by the limbic system, which is located in the temporal lobe. While the limbic system is made up of multiple parts of the brain, the centre of emotional processing is the amygdala (a group of structures) deep in the brain that's associated with emotions such as anger, pleasure, sorrow, fear, and sexual arousal, which receives input from other brain functions, like memory and attention. The amygdala is activated when a person recalls emotionally charged memories, such as in frightening situations. ^[24]

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ROLE OF PHYSICAL EXERCISE IN DIFFERENT LIFE STYLE DISORDERS

Ruchi Srivastava¹, Atul Sharma², Dr. Rajendra Prasad³

Research Scholar Banaras Hindu University¹

TGT Physical education Kendriya Vidyalaya Bhurkunda Jharkhand (Corresponding Author)²

Professor Deptt. Of Kayachikitsa, IMS, BHU, Varanasi³

ABSTRACT

More and more people are turning to exercise as a means of achieving long-term health. The World Health Organization has endorsed this concept. Regular physical exercises are also associated with lower mortality rates. Appropriate physical exercise may be a valuable tool in therapeutic regimens for the control and amelioration of cardiovascular disease, coronary artery disease, hypertension, obesity, diabetes mellitus, stress, anxiety and depression, arthritis (cervical spondylosis, back ache, lordosis, scoliosis, kyphosis) etc. Patients with risk factors for coronary artery disease need more intensive pre exercise evaluation than those not at risk, and those with known or suspected cardiovascular disease need the most intensive evaluation and follow-up. Participation in vigorous sports activities, such as jogging, swimming, tennis, etc., helps to protect against the development of hypertension, even when other predisposing factors are present. Several studies have been conducted on the use of exercise in the treatment of hypertension. Physical exercise also contributes to the control of body weight. Consideration of the metabolic abnormalities in patients with type II (adult onset) diabetes indicates that they would make excellent candidates for an exercise programme. Obesity afflicts a significant and possibly growing proportion of people in developed as well as developing societies. It has emerged as the most prevalent serious public health problem of the new millennium can also be very well by physical exercises.

Keywords: *Cardiovascular disease, coronary artery disease, hypertension, obesity, diabetes mellitus, stress, anxiety and depression, arthritis, cervical spondylosis, back ache, lordosis, scoliosis, kyphosis, physical exercise jogging, swimming, tennis.*

Here we will discuss some important and common life style disorders along with role of physical exercises in their cure as well as prevention.

1. **Hypertension (HTN or HT)** also known as high blood pressure (HBP), is a long-term medical condition in which the blood pressure in the arteries is persistently elevated.

Etiology:

- Obstructive sleep apnea, Kidney problems, Adrenal gland tumors
- Thyroid problems
- Certain congenital defects in blood vessels
- Certain medications, such as birth control pills, cold remedies, decongestants, over-the-counter pain relievers and some prescription drugs
- Illegal drugs, such as cocaine and amphetamines
- Physical inactivity
- A salt-rich diet associated with processed and fatty foods
- low potassium in the diet
- Alcohol and tobacco use

Sign & symptoms- Dull [headaches](#), [dizzy spells](#), [migraine](#), severe [anxiety](#), [chest pain](#), [vision changes](#), [shortness of breath](#), nosebleeds, flushing, dizziness, blood in the urine, [fatigue](#) or confusion, [irregular heartbeat](#) , pounding in your chest, neck, or ears

Following exercises can be best advised to cure Hypertension Walking, Cycling, Jogging, Aerobic training program, Strength training, Stretching, Household chores (such as mowing the lawn, raking leaves, gardening or scrubbing the floor), Active sports, such as basketball or tennis, Climbing stairs, Swimming, Dancing.

2. Diabetes- a disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood.

Possible Etiology of Type II-

Lack of exercise, Unhealthy meal planning choices, Overweight/Obesity, Smoking.

Sign & symptoms- Increased thirst and frequent urination, Increased hunger, Weight loss, Fatigue, Blurred vision, Slow-healing sores or frequent infections, Areas of darkened skin, [Dry mouth](#), [Headaches](#), Loss of consciousness (rare).

It can be diagnosed by-

- Glycated hemoglobin (A1C) test
- Random blood sugar test.
- Fasting blood sugar test
- Oral glucose tolerance test

Types 2 Diabetes can be controlled or cured by-

Aerobic Exercises, Jogging/Running, Swimming, **Tai Chi**, Brisk walking (outside or inside on a treadmill), Dancing, Playing tennis, Basketball, badminton, volleyball, handball etc, Stair climbing, Rowing, Ice-skating or roller-skating, Cross-country skiing, Moderate-to-heavy gardening.

Prevention of DM II

Healthy lifestyle choices can help you prevent type 2 diabetes. Even if you have diabetes in your family, diet and exercise can help you prevent the disease. If you've already received a diagnosis of diabetes, you can use healthy lifestyle choices to help prevent complications. And if you have prediabetes, lifestyle changes can slow or halt the progression from prediabetes to diabetes.

- **Eat healthy foods-** Choose foods lower in fat and calories and higher in fibre. Focus on fruits, vegetables and whole grains.
- **Get physical-** Aim for a minimum of 30 minutes of moderate physical activity a day. Take a brisk daily walk. Ride a bike. Swim laps. If you can't fit in a long workout, spread 10-minute or longer sessions throughout the day.
- **Lose excess pounds-** If you're overweight, losing 7 percent of your body weight can reduce the risk of diabetes. To keep your weight in a healthy range, focus on permanent changes to your eating and exercise habits. Motivate yourself by remembering the benefits of losing weight, such as a healthier heart, more energy and improved self-esteem.

3. Obesity- Well above one's normal weight. A person has traditionally been considered to be obese if they are more than 20% over their ideal weight. That ideal weight must take into account the person's height, age, sex, and build.

Etiology- Obesity occurs when your body consumes more calories than it burns, Genetics, Overeating, A diet high in simple carbohydrates, Frequency of eating, Physical inactivity, Medications, Psychological factors, Poor Sleep, Engineered Junk Foods Sugar, Family lifestyle, Medical problems, Age, Pregnancy, Quitting smoking

Sign & symptoms- Breathing disorders (e.g., sleep apnea, chronic obstructive pulmonary disease), certain types of cancers (e.g., prostate and bowel cancer in men, breast and uterine cancer in women), coronary artery disease, depression, diabetes, gallbladder or liver disease, gastroesophageal reflux disease (GERD), high blood pressure, high cholesterol, joint disease (e.g., osteoarthritis), stroke.

Obesity can be suspected simply by observation, other measure can be adopted are:

- Taking your health history
- A general physical exam
- **Measuring your waist circumference-** Fat stored around your waist, sometimes called visceral fat or abdominal fat, may further increase your risk of diseases, such as diabetes and heart disease. Women with a waist measurement (circumference) of more than 35 inches (80 centimeters, or cm) and men with a waist measurement of more than 40 inches (102 cm) may have more health risks than do people with smaller waist measurements. Like the BMI measurement, your waist circumference should be checked at least once a year.
- **Checking for other health problems**
- **Blood tests.** What tests you have depend on your health, risk factors and any current symptoms you may be having. Tests may include a cholesterol test, liver function tests, a fasting glucose, a thyroid test and others. Your doctor may also recommend certain heart tests, such as an electrocardiogram.
- **Body mass index (BMI)**

Category	BMI
Underweight	< 18.5
Normal weight	18.5 to 24.9
Overweight	25.0 to 29.9
Obesity class 1	30-34.9
Obesity class 2	35-39.9
Obesity class 3	>40

Method to Calculate BMI- Weight in kg / Height² In mts

Obesity can be controlled or cured by fast walking, [jogging](#), [swimming](#), using a step-trainer or similar at gym, **Tai Chi/ Mind-Body Exercise**, Strength Training, You can start lifting weights at home, but this is one instance where joining a gym or hiring a trainer may be especially helpful, Tai Chi/ Mind-Body Exercise, Playing tennis, Basketball, badminton, volleyball, handball etc, Rolling Plank Exercise, [Crunches](#), **Sit Ups**

PREVENTION OF OBESITY

Whether you're at risk of becoming obese, currently overweight or at a healthy weight, you can take steps to prevent unhealthy weight gain and related health problems. Not surprisingly, the steps to prevent weight gain are the same as the steps to lose weight: daily exercise, a healthy diet, and a long-term commitment to watch what you eat and drink.

- **Exercise regularly-** You need to get 150 to 300 minutes of moderate-intensity activity a week to prevent weight gain. Moderately intense physical activities include fast walking and swimming.
- **Follow a healthy eating plan.** Focus on low-calorie, nutrient-dense foods, such as fruits, vegetables and whole grains. Avoid saturated fat and limit sweets and alcohol. Eat three regular meals a day with limited snacking. You can still enjoy small amounts of high-fat, high-calorie foods as an infrequent treat. Just be sure to choose foods that promote a healthy weight and good health most of the time.
- **Know and avoid the food traps that cause you to eat.** Identify situations that trigger out-of-control eating. Try keeping a journal and write down what you eat, how much you eat, when you eat, how you're feeling and how hungry you are. After a while, you should see patterns emerge. You can plan ahead and develop strategies for handling these types of situations and stay in control of your eating behaviors.
- **Monitor your weight regularly.** People who weigh themselves at least once a week are more successful in keeping off excess pounds. Monitoring your weight can tell you whether your efforts are working and can help you detect small weight gains before they become big problems.
- **Be consistent.** Sticking to your healthy-weight plan during the week, on the weekends, and amidst vacation and holidays as much as possible increases your chances of long-term success.

4. Arthritis- Arthritis is a joint disorder featuring inflammation. A joint is an area of the body where two bones meet. A joint functions to allow movement of the body parts it connects. Arthritis literally means inflammation of one or more joints. Arthritis is frequently accompanied by [joint pain](#). Joint pain is referred to as arthralgia.

Etiology- Bone spurs, Dehydrated spinal discs, Herniated discs, Injury, Ligament stiffness, Overuse, Tingling, numbness, and/or [weakness](#) in the arms, hands, legs, or feet, Lack of coordination and difficulty walking, Abnormal reflexes, [Muscle spasms](#), Age, Lack of exercise, Excess weight, Improper lifting, Psychological conditions, Smoking.

Sign & symptoms- Stiffness, Swelling, Redness, Decreased range of motion, [Joint pain](#), [tiredness](#), [loss of appetite](#), [Anaemia](#), Muscle ache, Shooting or stabbing pain, Pain that radiates down your leg, Pain that worsens with bending, lifting, standing or walking, Pain that improves with reclining, weight loss, Fever, Inflammation or swelling on the back, Persistent back pain, where lying down or resting does not help a recent injury, blow or trauma to the back, [Urinary incontinence](#), Difficulty urinating, Fecal incontinence, or loss of control over bowel movements, Numbness around the genitals, Numbness around the anus, Numbness around the buttocks

Different kinds of arthritis can be diagnosed by following investigations-

- X-rays
- Computerized tomography (CT)
- Magnetic resonance imaging (MRI)
- Ultrasound
- Blood tests

Problems of arthritis can be relieved by following exercises:

[Regular exercise](#) will keep your joints flexible, [Swimming](#) is often a good form of exercise for people with arthritis because it doesn't put pressure on your joints the way running and walking do. At-home exercises you can try the head tilt, neck rotation, and other exercises to relieve [pain in your neck](#), finger bends and thumb bends to ease [pain in your hands](#), leg raises, [hamstring stretches](#), and other [easy exercises for knee arthritis](#). **Muscle-strengthening exercises** include lifting weights, working with resistance bands. Doing daily flexibility exercises helps maintain range of motion.

5. A psychosomatic disorder- is a disease which involves both mind and body. Some physical diseases are thought to be particularly prone to be made worse by mental factors such as stress and anxiety. Your current mental state can affect how bad a physical disease is at any given time.

Etiology- The death of a loved one, Divorce, Loss of a job, Increase in financial obligations, Getting married, Moving to a new home, Chronic illness or injury, Emotional problems, Taking care of an elderly or sick family member, Traumatic event, such as a natural disaster, theft, rape, or violence against you or a loved one, Moving, starting a new school or job, having an illness or injury, having a baby, [mental illness](#).

Sign & symptoms- Muscle tension, headache, rapid breathing, fast heartbeat, sweating, shaking, dizziness, frequent urination, change in appetite, trouble sleeping, diarrhoea, fatigue, Memory problems, Inability to concentrate, Poor judgment, Seeing only the negative, Anxious or racing thoughts, Constant worrying, Emotional symptoms, Depression or general unhappiness, Anxiety and agitation, Moodiness, irritability, anger, Feeling overwhelmed, Loneliness and isolation, Other mental or emotional health problems, Numbness and tingling, Chest pain, Neck tension, Stomach upset, nervous stomach, Pulsing in the ear, Burning skin, Fear of impending doom, Nausea, Shortness of breath, Electric shock feeling, Shooting pains in the face, Heart palpitations, Weakness in legs, Feeling like you are going crazy, Inability to rest.

Diagnosis of Psychosomatic disorders:

- Do a physical exam to look for signs that your anxiety might be linked to medications or an underlying medical condition
- Order blood or urine tests or other tests, if a medical condition is suspected
- Ask detailed questions about your symptoms and medical history
- Use psychological questionnaires to help determine a diagnosis
- Use the criteria listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

Psychosomatic disorders can be controlled or cured by Exercises e.g. Walking, dancing, Running, Tai Chi, Qigong, Gardening, Circuit Training, Pilates, Tennis, Breathing exercises.

6. Heart Diseases

Possible Etiology- Congenital heart defects, Coronary artery disease, High blood pressure, Diabetes, Smoking, Excessive use of alcohol or caffeine, Stress, [Obesity](#), [Insulin resistance](#) or [diabetes](#), [High cholesterol](#), Family history of heart disease, Being physically inactive, Eating an unhealthy diet, [Clinical depression](#), High-fat diet, Type A personality (impatient, aggressive, competitive).

Symptoms- Fever, Weakness or fatigue, Swelling in legs or abdomen, Changes in heart rhythm, Dry or persistent cough, Skin rashes or unusual spots, Irregular heartbeat, Chest pain, chest tightness, chest pressure and chest discomfort (angina) Pain, numbness, weakness or coldness in your legs or arms if the blood vessels in those parts of your body are narrowed, Pain in the neck, jaw, throat, upper abdomen or back, Breathlessness with exertion or at rest, Fatigue, Irregular heartbeats that feel rapid, pounding or fluttering, Dizziness, light headedness and fainting, [Sweating](#), [Nausea](#).

It can be diagnosed by:

- Electrocardiogram (ECG)
- Holter monitoring
- Echocardiogram
- Stress test
- Cardiac catheterization
- Cardiac computerized tomography (CT) scan
- Cardiac magnetic resonance imaging (MRI)

Treatment of Heart diseases-

Heart disease treatments vary by condition. For instance, if you have a heart infection, you'll likely be given antibiotics. In general, treatment for heart disease usually includes:

- **Lifestyle changes.** These include eating a low-fat and low-sodium diet, getting at least 30 minutes of moderate exercise on most days of the week, quitting smoking, and limiting alcohol intake.
- **Medications.** If lifestyle changes alone aren't enough, your doctor may prescribe medications to control your heart disease. The type of medication will depend on the type of heart disease.
- **Medical procedures or surgery.** If medications aren't enough, it's possible your doctor will recommend specific procedures or surgery. The type of procedure will depend on the type of heart disease and the extent of the damage to your heart.

Heart diseases can be controlled or cured by Exercises e.g. Skating, walking, swimming, Dancing, light jogging, biking, Aerobic exercise, Stretching, Circuit training, Weight Training

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CAUSES AND SOLUTIONS FOR LIFESTYLE DISORDER: AN AYURVEDIC VIEW

Arpit Kumar Shrivastava*, Vandana Singh**, Rajendra Prasad***

*M.D 2nd year Junior Resident, Department of Kayachikitsa, Faculty of Ayurveda,
Institute of Medical Sciences, Banaras Hindu University.

** M.D 2nd year Junior Resident, Department of Dravyaguna, Faculty of Ayurveda,
Institute of Medical Sciences, Banaras Hindu University.

*** Professor, Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences,
Banaras Hindu University.

INTRODUCTION

In the present pace of globalization, people are so much indulge in the competition of progression that they have totally overlooked their health, and progressively becoming a victim of certain diseases. *Ayurveda* being one of the most ancient traditional systems of medicine has an extensive guideline regarding the promotion and sustenance of health. It always has its first motive to prevent the individual from the ailments by practicing apposite *Aahara* and *Vihaara* in accordance to their *Prakriti*, *Desha*, *Kala* etc. Diseases which emerge due to unhealthy and inappropriate life style are considered as a lifestyle disorder. It chiefly includes cardiovascular complaints, hypertension, diabetes mellitus, obesity etc. According to the National Family Health Survey, 9 percent of men and 13 percent of women in India are overweight. 165.8 per 100,000 population is dying owing to IHD (ischemic heart disease), and moreover, around 116.4 per 100,000 people's death is due to cerebro-vascular diseases in India. It shows how the burdens of malady are increasing day by day just because of ignorance to oneself. This article is an attempt to demystify the dogmas and approaches of *Ayurvedic Science* in regard to the health perspective which could play an important role in the epidemicity of lifestyle disorders.

AYURVEDIC MODEL OF BODY AND HEALTH

According to the *Ayurvedic* model, an organism is defined as a system of function and not specifically of structure. Hence understanding of *Ayurveda* is quite different from that of biomedicine. It is based on *Tristambha*, i.e. – *Vata*, *Pitta* and *Kapha* which grossly perform the function like movement, transformation, and growth, respectively. This concept is apt because functions (physiological) are the main criteria to assess the status of health while any pathology i.e. deviation from physiological task leads to disease. Addition to this *Ayurveda* focused on system network where all components work together to yield a particular function. It also talks about the interrelationship of outer world to the inner world i.e. macrocosm and microcosm and *Prakriti* i.e. bodily constitution. Considering all the variables, conducts are described beautifully in the literature which

varies in each and every individual and increase its authentication. One could achieve good health by practicing *Dincharya*, *Ritucharya*, *Sadvritta*, *Achar Rasayana* by taking *Rasayans*, *Aahara* in accordance to *Prakriti*, *Desha*, *Kala*, *Aahar vidhi visheshayana* etc.

REASONS BEHIND LIFESTYLE DISORDERS

As per *Ayurveda* health is a total harmonized state of physical mental and spiritual functions, which is gained by equilibrium of *Sharirika* and *Mansika Dosha*. Any kind of disharmony in any of these *Doshas* affects the other too. According to *Acharya Sushruta* the main cause of ailment is *Dukkha* (Grief) i.e association of miseries. While *Acharya Charaka* has mentioned three main causes of “*Dukkha*”, is

1. *Asatmyndriyartha samyoga*
2. *Prajnaparadha*
3. *Kaala*

1. *Asatmyndriyartha samyoga*- It is related to incompatibility of senses and includes overuse, underuse and faulty/abuse of organs while perceiving their objects. It is applicable for all the physical and cognitive functions of the body. For instance, listening high decibel sounds through various means triggers disorders related to ear. Most professional hazards like continuous peering into mobile phones and laptops, looking at high beam lights, exposure to extreme heat followed by aircondition, smelling of chemical pollutants etc are the incompatibility of objects to corresponding sense organs. Along with it overthinking, anger, grief etc *Mnasika Bhavas* also leads to certain lifestyle disorders. For example, overeating due to stress is the instigator for lifestyle disorders like Diabetes Mellitus.

2. *Prajnaparadha*- It is an intellectual blasphemy and have a greater relevance in contemporary time. Inappropriate comprehension of subjects result in unfavorable emotions such as, negative thinking, misbehavior, lack of knowledge, lack of good conduct etc. It may include smoking, alcoholism, drug abuse and sedentary life style with faulty food habits.

3. *Kaala*: It includes seasonal and cardinal variations. Untimely intake of food, lack of ample sleep, consumption of edibles contradictory to season and climate etc comes under *kalaviparinama*.

SOLUTION FOR LIFESTYLE DISORDERS

Correction in way of life should be the main aim for prevention as well as management of lifestyle disorder. *Ayurvedic* literatures describe an ideal lifestyle and code of conduct which can be taken as the modality for prevention and management. Few among them are as follows:

1-*Dinacharaya*: *Ayurveda* describes some daily regimen modality for attainment of health which are as follows;

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- **Brahamamuhurat-jagrana** – It is said to get up in *Brahmuhurat* i.e 90 minutes before the sunrise, because at that time concentration of nascent oxygen is more in the atmosphere which easily get dissolved in the blood to form oxyhaemoglobin. Along with it release of serotonin increases in exposure of bright light which contributes in feeling of alert and happiness. Further, late night sleep causes increase in level of cortisol which in turn elevate the blood pressure.
- **Ushna jalpana**: 1-2 glasses of water should be taken before sunrise. It prevent from renal stones, haemorrhoids and constipation.
- **Shauchvidhi** : Defecation at proper time increases the digestive power and prevent from various disorders.
- **Achamana/ Mukha –netra prakshalana**: Prevent the individual from various eye disorders.
- **Dantadhavana (Tooth brushing)**: It stimulates taste perception and increases the salivation. Saliva contains salivary amylase(ptyalin) which plays a role in digestion and lysozyme and secretory IgA which act as antimicrobial agents.
- **Jihva –nirlekhana (tongue cleaning)**: According to Accupressure theory, tongue has many sensitive areas which control functioning of liver, stomach . kidney etc.
- **Anjana** (application of collyrium in eyes): : it causes irritation to eyelid and conjunctiva which increases the blood circulation.
- **Nasya** (oily nasal drops):- it stimulate the nerve endings through cribriform plate and send message to CNS.
- **Sneha gandusha dharana** (Retaining oil in mouth): it has the massaging affect over the oral mucosa and strengthen the muscle of cheek jaw bone and face. It also improves the oral circulation
- **Dhumpana** (medicated fume inhalation): it has the disinfective property which clears the upper respiratory system and also stimulate the respiratory centre.
- **Tambula bhakshana** (chewing betel leaves): it stimulates the taste perception.
- **Abhyanga** (oil massage): it enhances the blood circulation and induces the release of endorphins which has an analgesic effects.
- **Vyayama** (Physical Exercise): it increases the metabolism, augments appetite, eliminate toxins from the body.
- **Chankramana**: It is a kind of exercise which cleanses the srotas of bodies and enhances the perceptive power of the organ.
- **Snana**(Bath): It increases enthusiasm, strength, appetite and removes sweat and other impurities from the body.
- **Sandhyopasana / Mangalakritya** (Worship of Divine): it gives internal peace and improve the concentration of an individual.

2-Ritucharya: Weather and seasonal variations have profound relationship with the disease. Disorders like, bronchitis, peptic ulcer, eczema aggravated in particular season. In *Ayurvedic* treatises it is shown that how the surrounding hampered the harmony of bodily humour which tend

to cause disease .In order to combat this, he has mentioned a seasonal regimen which one should practice in their life. Few indicators are as follows;

- **Hemant Ritu-** Diet suitable for this season includes milk and its preparations, cane juice and its preparations, flesh of marshy animals, unctuous, sour, salty food products, lukewarm water for drinking. massage with oil, hot sudation.etc
- **Shishira Ritu:** Regimen as advised in *Hemant ritu*.
- **Vasanta Ritu:** diet like–*Yava* (*Hordeum vulgare*), *Godhuma* (*Triticum vulgare*), honey in diet. Flesh of *shashaka* (rabbit). Water cooked with *shunthi* (*zingiber officinale*), etc , exercise, *Udvardhana* (massage) , *Kavala* (gargle), *Dhoompana* (smoking with medicated drugs), *anjana* (collyrium) and evacuative measures such as *vamana* and *nasya* are advised
- **Grishma Ritu:** *Madhura* (sweet), *sheeta* (cold) and *snigdha* (unctuous) food and drink, ghee and milk along with *Sali rice* is advised. Staying in cool places, adorn with flowers and wearing light dresses are advised etc.
- **Varsha Ritu:** Old *yava* (*Hordeum vulgare*), *godhuma* (*Triticum aestivum*), *Sali rice* (*Oryza sativa*) along with the meat of arid animals and vegetables. *amla*, *lavana* and *snigdha* food items are advised in diet. Use of honey while preparing food is advised.
- **Sharad Ritu :**Intake of sweet, light, cold, bitter food and drinks are advised in a diet. *Yava*, *Godhuma* are prescribed. *Virechana* (purgation), *Raktamokshana* (bloodletting) procedures are advised.

3.Sadvritta : it involves the ethical regimen to be followed. Like: Speaking of truth, having self control, having respect for teachers and elders, free from anger jealousy grief, abstinence from bad company, unlawful sexual activity etc. The person who follows *Sadvritta* have much good quality of life and also not get suffered with mental disorders.

4-Rasayana: *Rasayana* are the substances which promote the status of tissues by acting on specific dhatwagni, by enhancing the quality of *Poshaka* part of *Rasa* and also and also by promoting competence of *Srotas*.

5-Dietetic principles: *Ayurveda* has given much importance to *Aahara* for sustenance of health and also one of the treatment modality in management of lifestyle disorders. *Ashtaahara Vidhi Visheshayatana*, *Dwadash pravicharna*, *Aahara-parinamkara bhava* these unique concepts are the contribution of *Ayurveda* only.

CONCLUSION

Lifestyle disorder is the outcome of faulty standard of life. No one can ever dream of attaining health without the abstinence of this flawed way of living. *Ayurveda* has its ubiquity on focusing on the preventive aspect of the disease more which can be achieved by practicing *Dincharya*, *Ritucharya*, *Sadvritta*, *Aahaara Regime* etc in accordance to *Prakriti, Desha, Kaala*. Moreover *Ayurvedic*

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practitioners should come forward to promote this side of the coin too and help in the goal of
“HEALTH FOR ALL”

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MANAGEMENT OF OSTEOARTHRITIS vis a vis SANDHIVATA WITH AYURVEDA ASPECT

***Dr. Roli Yadav, Dr Rajendra Prasad**

**JR II, Professor*

Department of Kayachikitsa, Faculty of Ayurveda, IMS, BHU, 221005

ABSTRACT:

Osteoarthritis is characterized by degeneration of articular cartilage, intra articular inflammation with synovitis and changes in peri articular and subchondral bone. Multiple factors are involved in the pathogenesis of osteoarthritis including mechanical influences, the effects of aging on cartilage matrix composition and structure and genetic factors. In modern medicine NSAID, steroids and glucosamine are widely used and in last stage knee joint replacement. In Ayurveda it is treated with Mahayograj Guggulu, Maharasnadi Kwath, Janu basti, Mahanarayan tail for local application, exercises, diet management. These medicines and therapy decrease the pathology as well as the physical complaints of disease. These medicines have good role in minimizing vitiated vatadosha and giving symptomatic relief to patients from pain, restricted movement, stiffness etc without any harmful effects.

KEYWORDS: Sandhivata, Janubasti, Osteoarthritis, Guggulu, vata

USE OF NARCOTICS DRUGS AND ITS EFFECT ON THE PRESENT GENERATION

SMRITI SHARMA ¹, RAJENDRA PRASAD ²

¹ Ph.D. Scholar, ² Professor, Department of Kayachikitsa, Institute of Medical Sciences, Banaras Hindu University,
Varanasi-221005

Ayurveda has important role in preventive aspects of health rather than curative aspect, since centuries ago. The tradition of therapeutic uses of diet has coming down from generation to generation from the time immortal. Ayurveda consist the concepts of daily seasonal regimen for healthy living with moral conducts and social conducts as well with established guidelines for healthy diet and lifestyle. But now days, hardly anyone want to follow it due to busy life schedule. As a result, there is vigorous rise in lifestyle disorders due to faulty diet and alcohol drinking and solitary life style. Nowadays drinking alcohol has become a part of modern lifestyle. At present the major problem facing the world is not only consumption of alcohol, besides the growing use of cannabis, cocaine, opium etc. Is becoming a new problem L.S.D. and S.T.P excessive drug pills and use of heroin is also increasing rapidly in the present generation. Whatever the reason for the consumption of these drug substances, but gradually the person gets habit of consuming them. These toxicants have harmful effects on the health of the people. There has to be awareness of alcoholism and its effect on health.

Keywords - Therapeutic, Life - style, Alcohol, Consumption, Awareness,

AYURVEDIC MANAGEMENT OF RHEUMATOID ARTHRITIS

***Dr. Khushboo Agrawal **Dr. Rajendra Prasad**

**JR 1, **Professor, department of Kaya Chikitsa, faculty of Ayurveda, IMS, BHU*

In the developing countries like India, non communicable diseases are fast replacing the traditional enemies such as infectious and malnutrition due to change in dietary habits and life style. These diseases are leading cause of death and disability in present day world. The change in lifestyle and dietary choices greatly increases the risk of lifestyle disorders such as obesity, hypertension, cardiovascular diseases, diabetes and joint disorders.

Among all joint disorders rheumatoid arthritis is an autoimmune chronic inflammatory disorder and characterise by pain in multiple joints mainly small one, morning stiffness and in chronic cases with joint deformities. In Ayurveda, rheumatoid arthritis can come under the heading of Aamvata. Aamvata is a disease, in which vitiation of vata dosha and accumulation of Ama dosha take place in the joints. As per modern medicine, anti-inflammatory, analgesics, steroids and disease modifying anti- rheumatic drugs are required for its management which are not very satisfactory and can cause lots of side effects. There is need of alternative therapies having good efficacy with minimal adverse effect. In Ayurveda, Shodhana therapy viz. vamana, virechana, vasti and Shamana therapy with deepan - pachana drugs are advised.

Key words: Aamvata, Shodhana, Shamana

MANAGEMENT OF OBESITY (A LIFE STYLE DISORDER) BY VARIOUS TREATMENT MODALITIES

Dr. Nitin¹, Dr. Rajendra Prasad²

1- JR II, Deptt. Of Kaya Chikitsa, Faculty of Ayurveda, I.M.S, B.H.U.

2- Professor, Deptt. Of Kaya Chikitsa, Faculty of Ayurveda, I.M.S, B.H.U.

ABSTRACT

Obesity is a life style disorder and it can be correlated with *Atistholaya*. *Atistholaya* is a disease of medovahasrotas with symptoms of *chala-sphik-udara-stanah*. In the context to *Ayurveda*, some clinical conditions mimics with obesity. In *Atistholaya*, there is a disorder of medodhatuvidhi. This medodhatu increases in such extent that it block the strotas by excessive increase in kapha and vata dosha. Since kapha and vata are the main dosh involved in the pathogenesis of *Atistholaya* and there are different modalities in *Ayurveda* for pacification of these kapha and vata along with pachana of excess medaDhatu, and reverse the disease toward the *sanyaawastha*. These different modalities are panchkarma like *lekhanbasti, udwartana* etc, *viharaparicharya* along with some yogic practice, and *Ahara paricharya* along with *Aushadha*. All these different modalities causes improving the metabolism by digestion of excessive fat accumulation in tissues.

Keywords: *Atistholaya*, *medovahastrotas*, *chala-sphik-udara-stanah*, panchkarma, pachana, *ausadh*, *Ahara*, *vihara*, *paricharya*.

ROLE OF DIET IN LIFESTYLE DISORDERS

UTSLA¹, OM PRAKASH SINGH²

Ph .D Scholar¹, Professor², Department of Kayachikitsa, Institute of Medical Sciences, Banaras Hindu University, Varanasi – 221005.

Lifestyle diseases are defined as diseases linked with the way people live their life. This is commonly caused by alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy eating. Diseases that impact on our lifestyle are heart disease, stroke, obesity and type II diabetes. Diet and lifestyle are major factors thought to influence susceptibility to many diseases. Drug abuse, tobacco smoking, and alcohol drinking, as well as a lack of or too much exercise may also increase the risk of developing certain diseases, especially later in life. Adults can develop lifestyle diseases through behavioural factors that impact on them. These can be unemployment, unsafe life, poor social environment, working conditions, stress and home life can change a person's lifestyle to increase their risk of developing one of these diseases. Overweight and obesity can be prevented through a well balanced lifestyle through healthy eating and exercise. Prevention can come about by a person undertaking 30 minutes of moderate exercise daily or by doing 150 minutes of moderate intensity exercise a week. Examples of moderate exercise includes a brisk walk, swim, bike ride or it can also be everyday life activities like mowing the lawn or house cleaning. All causes of lifestyle disease can be prevented through giving up smoking and other drugs, reducing ones intake of alcohol, processed meats, red meats, fatty foods and by engaging in daily exercise.

KEYWORDS – lifestyle diseases, obesity, stress.

MANAGEMENT OF CERVICAL SPONDYLOSIS (A LIFE STYLE DISORDER) BY AGNIKARMA

Dr. Shailendra Patel¹, Dr. Rajendra Prasad²

1- JR III, Deptt. Of Kaya Chikitsa, Faculty of Ayurveda, I.M.S, B.H.U.

2- Professor, Deptt. Of Kaya Chikitsa, Faculty of Ayurveda, I.M.S, B.H.U.

ABSTRACT

Cervical spondylosis is a life style disorder and it can be correlated with Sandhigata vata. Sandhigata Vata is a disease of Sandhi (Joint) with symptoms of Sandhishoola, Sandhishotha and AkunchanaPrasaranaPravrittiscavedanaand in the later stage HantiSandhigatah. Inthe context to Ayurveda, some clinical condition mimicswith Cervical Spondylosis like Manyastambha, Manyagraha, Grivastambha, Viswachi. But in these disorders no degenerative changes takes place. Sandhigata Vata is the only disease which can be strongly appropriate with Cervical Spondylosis. Cervical Spondylosis is a general term for age-related wear and tear affecting the cervical vertebrae in neck. As the discs dehydrate and shrink, bone spurs and other signs of osteoarthritis develop. Since Vata is the main dosh involved in the pathogenesis of sandhivata and Agnikarma is good procedure for the pacification of aggravated vata, so provides relief in the pain and muscle spasm. This is why Agnikarmas are beneficial in the managements of cervicalspondylosis. Agnikarma is a chief, cost effective, non-pharmacological; Para surgical technique which does not requires too much instrumentation or too big set up for practice. It gives immediate relief in any type of body pain.

Keywords:- *Sandhigata vata, Agnikarma ,HantiSandhigatah.*

ROLE OF PATHYA-APATHYA (LIFE STYLE MODIFICATIONS) IN CARDIO-VASCULAR DISEASES: HYPERTENSION

Dr. Shani Singh*

Dr. Rajendra Prasad**

*JR III

** Professor, Deptt. of Kayachikitsa, I.M.S, BHU, Varanasi

ABSTRACT:

During the last centuries, life style changes cause a dramatic increase in non-communicable diseases. According to WHO these diseases kill 38 million people each year. The four main types of non-communicable diseases are Cardio-vascular diseases, Cancers, Respiratory diseases and Diabetes, in which cardiovascular diseases accounts for the most non communicable disease deaths. These diseases are mostly occur due to some factors that include aging, life style errors, reduce physical work, sleep disorder, metabolic disturbance, smoking, alcoholism etc. In Cardiovascular diseases, Hypertension is one of the most critical disease which occurs mainly due to life style disorders. So life style modifications or *pathya-apathya* are recommended for all patients with hypertension. The American Heart Association/American guideline recommends a diet emphasizing vegetables, fruits and whole grains; limiting sodium intake to less than 2400 mg per day; and exercising three or four times per week for an average of 40 minutes per session. Other non-pharmacologic strategies include weight loss, tobacco cessation; decreased alcohol intake etc has been suggested for lowering blood pressure. In Ayurveda, hypertension is considered under *VyanBalaVaishamya* or *Raktagatavata* for which various measures like changes in *ahar-vihara*(Dietetics) or *pathya* and *apathya* are recommended for proper functioning of *Vatadosha*.

Key words: Cardiovascular disease, hypertension, *Pathya-apathya*, *Vyanbalavaishamya*.

MANAGEMENT OF DIABETES MELLITUS THROUGH LIFESTYLE MODIFICATION AND YOGA

***Dr. Priyanka Yadav , **Dr O.P. Singh , *** J.P. Singh**

**JR II ,Department of Kayachikitsa , Faculty of Ayurveda, IMS , BHU, 221005*

*** Professor ,Department of Kayachikitsa , Faculty of Ayurveda, IMS , BHU, 221005*

**** Associate Professor ,Department of Kayachikitsa , Faculty of Ayurveda, IMS , BHU, 221005*

ABSTRACT:

In lifestyle disorders Diabetes mellitus is a major global health problem closely linked to the epidemic of obesity .An unhealthy diet and physical inactivity contribute to the multiple pathophysiological disturbances that are responsible for impaired glucose homeostasis.Lifestyle modification and yoga is the most effective strategy to manage Diabetes along with Allopathic medicine .Modification can be recommended in the form of diet, exercise which are primary measures along with cognitive strategies.Promising results have been achieved in last few years by combining lifestyle modification with pharmacotherapy using meals replacement,setting higher physical activity which improves insulin resistance and long term care.Dietary management should not only aim to achieve glycaemic control but also to control dyslipidaemia. Mechanism by which Yoga may assist improvement in symptoms ofDiabetes mellitus a)increased energy consumption during Yoga b)improve mood and reduce stress which may reduce food intake which reduce obesity c)allow individuals to feel more connected to their bodies leading to enhanced awareness of satiety and discomfort of overeating.ThusYoga and lifestyle modification help in management of Diabetes to assist with behavioural change,weight loss and maintenance of the body.

KEYWORDS: Diabetes mellitus , obesity , yoga

ROLE OF PANCHKARMA IN LIFESTYLE DISORDER

***Dr. SUNIL KUMAR (JR-II), ** Prof. O.P SINGH**

Dept. of kayachikitsa, Faculty of Ayurveda, IMS, BHU Varanasi

ABSTRACT

Lifestyle disease are defined as disease linked with the way people live their life. This is commonly caused by alcohol, smoking and drug abuse as well as lack of physical activity and unhealthy eating. According to Ayurveda lifestyle disease may be due to Pragyaparadh (intellectual blemish) or AsatmyaIndriyarthasamyoga (unhealthy sensory perception). Lifestyle disease included Diabetes, Hypertension, Obesity, Arthritis, Asthama, Cancer and Depression. Most of the life style disease can be prevented by educating the public about healthy lifestyle. In the management of lifestyle disorders Ayurveda offer various regimen including Ritucharya (seasonal regimen) Dincharya (daily regimen), Rasayana therapy (rejuvenation) and Panchkarma (five detoxification and bio-purification therapy).

KEYWORD –Pragyaparadh, Obesity, Rasayana , Panchkarma

NON COMMUNICABLE DISORDERS WITH SPECIAL REFERENCE TO DIABETES MELLITUS RELATED COMPLICATIONS REQUIRING SURGICAL CONCERN

Dr. Lokesh Yadav **Dr. Priyanka Yadav ***Dr. Ashok Kumar *Dr. Narinder Singh**

** P.G. Scholar, P.G. Department of Shalya-Tantra, National Institute of Ayurveda, Jaipur, Rajasthan -302002, India.*

*** Junior Resident, Department of Kayachikitsa, IMS, BHU, 221005*

**** Associate Professor, P.G. Department of Shalya-Tantra, National Institute of Ayurveda, Jaipur, Rajasthan -302002, India.*

***** Assistant Professor, P.G. Department of Shalya-Tantra, National Institute of Ayurveda, Jaipur, Rajasthan -302002, India.*

ABSTRACT

The major cause responsible for the non communicable diseases (NCD) is inappropriate lifestyle that include reduced physical activity, consumption of unwholesome diet, improper work schedules and many more like these. Ayurveda narrated these phenomenon as 'Prajnaparadha' (intellectual blasphemy). The incidence of lifestyle diseases like hypertension, diabetes mellitus, dyslipidaemia, obesity and their related complications are on the rise. NCD are accounted for over 38 million deaths globally every year with a whopping 28 million in low and middle - income countries, including India. A study conducted by the All India Institute of Medical Sciences and Max Hospital shows the incidence of DM is increasing at an alarming rate, especially in the young, urban population. Diabetes Mellitus is regarded as a syndrome characterized by chronic hyperglycaemia due to relative deficiency of insulin or resistance or both. These complications associated with uncontrolled diabetes are due to vascular changes, diabetic neuropathy and infections in glucose loaded tissue. Prominent among these complications are conditions like abscesses, multiple boils, cellulites, carbuncles, phosthitis, balano-phosthitis, diabetic foot lesions, fungal infections like candidiasis, muco-mycosis, empyematous lesions like pyothorax, pyometra, appendicitis, subdural empyema, septic arthritis, pyocele (empyema affecting gall bladder), cholecystitis, empyematous pyelonephritis, necrotising fasciitis & Fournier's gangrene requiring the surgical concern. These all conditions require a strict diabetic control that could be achieved following the standard guidelines mentioned concerning the madhumeha followed by the surgical & parasurgical measures followed by the standard wound care as described in shashti-upkrama. The role of vranshodhaniya & vranropaniyakshaya is also of worth mention.

Keywords : NCD, Prajnaparadha, madhumeha, shashti-upkrama, vranshodhaniya, vranropaniyakshaya.

PREVALANCE OF ORAL CANCER IN INDIA

***Dr. Satish Tejrao Bhagat, ** Prof. K. K. Pandey**

**PhD scholar, **Professor,
Deptt of Sangyahan,
IMS, Banaras Hindu University
Varanasi
Uttar Pradesh 221005*

ABSTRACT:

Alfred Adler, founder of the Individual Psychology says that “the style of the life is the unique way in which individuals try to realize their fictional final goal and meet or avoid the three main tasks of life: work, community, love”. Lifestyle simply means the way in which person lives. There has been growing evidence that lifestyle factors may affect the health and lifespan of an individual. Many diseases like diabetes, cardiovascular diseases, metabolic syndrome, stroke, cancers are included in lifestyle disorders. The common causes are [alcohol](#), [drugs](#) and [smoking](#) abuse as well as lack of physical activity and unhealthy eating. In developing countries like India, addiction is one of the major culprits. With highly spreading faulty lifestyle cancer is emerging as a major public health concern in India. According to WHO, India has a cancer mortality rate of 79 per 100,000 deaths and accounts for over 6 percent of total deaths. Oral cancer ranks in the top three of all cancers in India, which accounts for over thirty per cent of all cancers reported in the country. It is defined as uncontrollable growth of cells seen in the oral cavity. It appears as a growth or sore in the mouth that does not cure. Oral cancer includes cancers of the lips, tongue, cheeks, floor of the mouth, hard and soft palate, sinuses, and pharynx. Squamous cell carcinoma is the most common type of oral cancer. In this review article we will discuss prevalence, management, cause, symptoms, diagnosis and management of oral cancer in India.

Keywords: oral cancer, lifestyle, prevalence, India.

DINACHARYA: AN ANSWER TO LIFESTYLE DISORDERS.

***Dr. Kavita Vasant Lokhande, **Dr. Rajendra Prasad**

**PhD scholar, **Professor,*

Deptt of Kayachikitsa IMS, Banaras Hindu University

Varanasi

Uttar Pradesh 221005

ABSTRACT:

Lifestyle simply means “the way in which person lives.” The daily activities of person since he wakes up to fall asleep are included in this. It includes dietary habit, the nature of his work, exercise, hobbies and lesiure time activities. These activities have great impact on both physical and mental health of person. Lifestyle diseases are defined as diseases linked with the way people live their life. This is commonly caused by [alcohol](#), [drug](#) and [smoking](#) abuse as well as lack of physical activity and unhealthy eating. Diseases that impact on our lifestyle is heart disease, stroke, obesity and type II diabetes etc. there are also some psychosomatic disorders like [Alzheimer's disease](#), astma, depression etc. presently there is high increase in of lifestyle diseases like hypertension, diabetes mellitus, dyslipidemia, and overweight/obesity associated with cardiovascular diseases is high on the rise. With rapid economic development and increasing westernization of lifestyle in the past few decades, prevalence of these diseases has reached alarming proportions among Indians in the recent years. As *Ayurveda* is science of life and described ways of prevention and management of diseases. One who wants to keep fit himself for whole of his life time should also be fit for every day. Health depends on how one spends day. The ideal life style for a day is called as daily regimen (*Dinacharya*). Daily regimen explains the various duties from one day to the next day.

Keywords: lifestyle, *Ayurveda*, *Dinacharya*, health.

MEDHYA RASAYANA- AS COGNITIVE FUNCTIONS PRAMOTOR DRUGS

Brijesh Kumar¹, Richa Anand², Sapna Chaudhary³ Anil kumar singh⁴

1,3- Senior Resident Department of Dravyaguna, I.M.S, B.H.U, Varanasi, Uttar Pradesh, India

⁴Professor Department of Dravyaguna, I.M.S, B.H.U, Varanasi, Uttar Pradesh, India

2 Ph.D. Scholar, Department of Bioinformatics, Indian Institute of Information Technology, Allahabad, Uttar Pradesh, India

Medhya Rasayana is a class of Rasayana drugs, that specially act on medha to promote its function to the optimum level, and the word Medhya means that which is beneficial to Medha (Medhaye hitam medhyam), produces or improves medha in its absence or its deficiency and its purifying.(Su .S u 45/49 Dalhana) .Rasayan drugs are defined as a group of drugs that aim at improving the quality of the already existing health.

Ayurveda represents an ancient system of traditional Medicine prevalent in India about 5000 years ago, it is considered as the upaveda of atharvaveda, being the oldest recorded wisdom on earth.

Ayurveda on one hand emphasizes on maintenance of health whereas on the other hand have very specific and sound fundamental principles for curing the ailments. Keeping in view the different areas of expertise required to manage different aspects of health and disease.

Ayurveda has eight specialized branches. Among the eight specialties of Ayurveda, Rasayana is a branch exclusively devoted to nutrition, immunology, rejuvenation and geriatrics. According, to acharyacharak, equilibrium of agni, dhatu and srotas are essential, factors for maintaining normal strength, colour and longevity of the body and rasayanas helps to achieve that. The aim of rasayanachikitsa is to nourish body, lymph, flesh, adipose tissue and semen. This prevents the individual from chronic degenerative diseases. Rasayanas could be age specific as they promote nutrition relevant to the natural bio losses occurring at different phases of life span.

All Rasayanas are nutrition promoters in general but there are certain organs and tissue specific Rasayanos viz. Medhya Rasayana for brain, Hridya Rasayana for heart, Chakusya Rasayana for eyes and so on. Those specific to brain tissues called Medhya Rasayana, are claimed to promote cognitive functions of the brain and helps in regeneration of neural tissues besides producing anti-stress and memory enhancing effect and retard brain ageing) Childhood is the period in which all body tissue

or Dhatus are immature and are in the process of maturation i.e. growth & development, so giving Medhya Rasayana in this age is very effective to increase I.Q. of children.

MEDHYA RASAYANA

Medhyarasayana is derived from the Sanskrit words “Medhya” meaning intellect or cognition and “Rasayana” meaning rejuvenation. Cognitive defects that present with many of neuropsychiatric conditions and/or alone as developmental defects demand the use of nootropics to boost cognitive abilities. Recently there is a tremendous urge to explore medicinal plants globally for improving cognitive function owing to their less adverse effects. “Medha” means intellect or retention. It means to have proper co-relation and understanding about the knowledge of the existing objects and the medhyarasayanas used in ayurveda helps in proper working of the medha, so that one can leads a healthy life.

There are number of drugs in ayurveda that are known for their effects on brain but Acharya charak has mentioned a group of 4 drugs under the category of medhyarasayana, there drugs can be used individually or in combinations for the improvement of mental functions. These drugs are:-

1. Mandukaparni
2. Yasthimadhu
3. Guduchi
4. Shankhpushpi

1. MANDUKAPARNI:-

Botanical name – Centella asiatica (Linn.) Urban

Family- Apiaceae

Synonyms-Brahmamanduki, Mandukaparni, Mnduki.Saraswati

It is also known as Indian pennywort. It is found throughout India on moist soil, especially along bunds and canals. The plant of Mandukaparni has a slender herbaceous creeping perennial with rooted nodes and long internodes leaves have elongated petioles and sheathing leaf bases, broadly cordate, reniform, crenate or sinuate, toothed, flowers, are pink, almost sessile, 3-4 in fascicled umbels, fruits laterally compressed with two mericarps having 7-9 sub similar ridges.

Mandukaparni is described in Tikta Skandh, prajastapana and vayasthapana mahakashaya of charak samhita and tikta varga of shusruta samhita.

Dosha karma is kapha pitta shamak. Fresh whole plant juice is used for therapeutic purposes as medhya (cognitive enhancer)

The plant is bitter, acrid, sweet, cooling, soporific, cardio tonic, nervine tonic. *Centella asiatica* has large amounts of pentacyclic triterpenoids including asiaticoside brahmoside, asiatic acid. Other constituents include centellose, centelloside, and madecassoside. The significance of *Centella asiatica* as a neuroprotective agent have already been used traditionally since decades in ayurvedic medicine.

Various evidences have reported its neuroprotective potential by different modes of action such as inhibition, prevention of amyloid plaque formation, alzheimers disease, dopamind neurotoxicity in alzheimers disease, Dopamine neurotoxicity in parkinsons diseases and decreasing oxidative stress.

It has a neuroprotectives brain growth promoters inhibits the memor impairment induced by scopolamine through the inhibition of Ach E. *Mandukaparni* (*Centella asiatica* Linn.) is a prostrate, stoloniferous perennial herb rooting at nodes. Fresh whole plant juice is used for therapeutic purposes as Medhya (cognitive enhancer).

Major constituents are saponin (medacoside, asiaticoside, medacassoside, asiatic acid, a new triterpenic acid. They act on behaviour besides being neuroprotectives brain growth promoter. Extracts of *Centella* are used in a herbal cosmetic cream for the improvement of skin viscoelasticity and hydration.

2. YASTIMADHU

Botanical name – *Glycyrrhiza glabra* Linn

Family- Leguminasea

Synonyms- Yasti, Timadhuk, Klitaka, Jetimad, Mulhathi, Madhukah

English name is Liquorice.

Glycyrrhiza glabra Linn is a perennial shrub, attaining a height upto 2.5 m. The leaves are compound, imparipinnate, alternate, having 4-7 pairs of oblong, elliptical or lanceolate leaflets. The flowers are narrow, typically papilionaceous, borne in axillary spikes, lavender to violet in color. The calyx is short, campanulate, with lanceolate tips and bearing glandular hairs. The fruit is a compressed legume or pod, upto 1.5 cm long, erect, glabrous, somewhat reticulately pitted, and usually contains, 3-5 brown, reniform seeds.

This plant is described in Jivaniya, Sandhaniya, Varna, Sonitasthapana, Kandughna, Chardinigrahana, Snehopaga, Vamanopaga, Muthravirajaniya Mahakasaya of Charak samhita and kakolyadi, sarivadi, anjanadi, brhatyadi, utpaladigana of shusruta samhita.

Fine powder of dried root is used internally with milk for therapeutic purpose as Medhya. Glycyrrhiza glabra is an efficient brain tonic; it increases the circulation the CNS system and balances the sugar levels in the blood.

Active ingredients are glycyrrhizine, flavonones, isoflavones, glycyrrhetic acid, six phenolic compounds. Multidimensional activities of yastimadhumay be attributed to glycyrrhizine and flavonones. Liquorice has significant action on memory enhancing activity in dementia. The roots are sweet, refrigerant, emetic, tonic, diuretic, demulcent, mild laxative, aphrodisiac, trichogenous, expectorant; they are useful in hyperdipsia, cough, bronchitis, urelcosis, and vitiated condition of vata.

Fine powder of dried root is used internally with milk for therapeutic purpose as Medhya. Multidimensional activities of Yashtimadhu may be attributed to glycyrrhizine and flavonones. Yashtimadhu is cytotoxic and its prolonged use may lead to pseudoaldosteronism, hyperkalemia and hypertension.

The roots and rhizomes of *Glycyrrhiza glabra* has been studied with respect to spatial learning and passive avoidance preliminary free radical scavenging cerebral ischemia and antioxidant capacity towards LDL oxidation Glycyrrhiza glabra aqueous extract markedly improves antihypoxic effects induced by sodium nitrite in rats and this effect may be mediated by its antioxidant properties

The roots and rhizomes of *Glycyrrhiza glabra* is an efficient brain tonic; it increases the circulation into the CNS system and balance the sugar levels in the blood. Liquorice has significant action on memory enhancing activity in dementia it significantly improved learning and memory on scopolamine induced dementia.

3. GUDUCHI

Botanical name – *Tinospora cordifolia* (Wild) Miers)

Family- Menispermaceae

Synonyms- Guduchi, Amrita Chinnaruha, Kundalini, Madhuparni, Vatsadani, Chakralakshanika, Chakrangi

This plant has a large extensively spreading glabrous, perennial deciduous twiner with succulent stems and paperly bark, leaves simple, alternate, cordate, glabrous, 7-9 nerved, flowers yellow in clusters, female flowers usually solitary, fruits drups, red when ripe.

The surface of the stem appears to be closely studded with warty tubercles and the surface skin is longitudinally fissured. On removal of the surface skin the dark greenish mucilaginous stem is seen.

This plant is described in *vayasasthapana*, *dahaprashamana*, *trishnanigraha*, *sanyasodha*, *triptighna*, *mahakasaya* of *Charak Samhita* and *guducyadi*, *patoladi*, *raghavadadi*, *kakolyadi*, *vallipanchamula* of *Shusruta Samhita*.

Dosha karma is tri-doshashamak. Juice of whole plant is used therapeutically as “*Medhya Rasayana*” it is also used in the form of decoction, powder and satwa (Starch extract of stem).

Its root is known for its anti stress, antileprotic and anti malarial activities. It is a rich source of trace elements (zinc and copper) which act as antioxidants and protects cells from the damaging effects of oxygen radicals generated during immune activation.

Guduchi have alkaloids, diterpenoid lactones, glycosides, sesquiterpenoid, phenolics polysaccharides, and aliphatic compounds. *Tinospora cordifolia* has been claimed to possess learning and memory enhancing and antistress activity. It enhances the cognition in normal and cognition defects.

Mechanism of cognitive enhancement is by immunostimulation and increasing the synthesis of acetylcholine, this supplementation of choline enhance the cognition.

Guduchi (*Tinospora cordifolia* (Wild) Miers) is a large glabrous, deciduous, climbing shrub of Menispermaceae family found throughout tropical India Juice of whole plant is used therapeutically as *Medhya*. Chemical constituents' classes are alkaloids, diterpenoid lactones, glycosides, steroids, sesquiterpenoid, phenolics, aliphatic compounds and polysaccharides.

Neuroprotective and ameliorative properties are due to their antioxidant and trace element contents. *Tinospora cordifolia* is known to be a rich source of trace elements (Zinc and Copper) which act as antioxidants and protects cells from the damaging effects of oxygen radicals generated during immune activation. It increases the blood profile and has lead scavenging activity. *Tinospora cordifolia* has been claimed to possess learning and memory enhancing, antioxidant, and anti-stress activity.

4. SHANKHAPUSHIPI

Botanical name -*Convolvulus pleuricaulis* Choiss

Family-Convolvulaceae

Synonyms – *Ksheerpushpi*, *mangalyakusuma*.

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Habitat- It is a perennial prostrate or sub erect spreading hairy herb. Found throughout India Leaves ovate lanceolate to linear, flower 2-4 together sessile on pedunculate head, seeds are brown black, minutely puberulous, densely to sparsely white pubescent.

. Dosh karma is vata-pitta shamak. Fine paste of whole plant is highly used as medhya (intellect promoter). Its chemical constitution has microphylllic acid, shankhapushpin, kaempferol-3-glucoside, 3,4-dihydroxycinnamic acid, sitosterols. It has a neuroprotective and intellect promoting activity implicated to free radical scavenging and antioxidant property.

It is found to be effective in anxiety, neurosis and used in cerebral abnormalities, insomnia & serve as wonderful nervine tonic and memory enhancer. This drug

is also known for its action on boosting memory and improving intellect and beneficial for brain disorders like epilepsy.

Recommended therapeutic form is fine paste of whole plant. Highly regarded as Medhya (intellect promoter). Herbalists believe that Shankhpushpi calms the nerves by regulating the body's production of the stress hormones, adrenaline and cortisol. Few investigations reports that Shankhpushpi has potent depressive action in mice. *Convolvulus pleuricaulis* whole plant extract, shows the highest inhibitory activity against *Helicobacter muridarum*.

Drugs	Rasa	Guna	Virya	Vipaka
<i>Mandukaparni</i>	Tikta	Laghu	Sita	Madhur
<i>Yashtimadhu</i>	Madhur	Guru, Snigdha	Sita	Madhur
<i>Guduchi</i>	Tikta, Madhur	Guru, Snigdha	Ushna	Madhur
<i>Shankhpushpi</i>	Tikta	Snigdha, Picchil	Sita	Madhur

CONCLUSION

“Medhya Rasayanas” are the group of medicinal plants described in Ayurveda with multi benefits especially to improve memory and intellect by its prabhava (specific action). These plants are used both in herbal and conventional medicine and offer benefits that pharmaceutical drugs lack. Neurological and psychiatric disorders are generally associated with loss of memory, cognitive defects, impaired mental function etc.

Prabhava janya karma i.e action exerted due to the combination of Panchamahabuta in a way very unique to the specific dravya only and not seen in other with similar Rasa, Guna, Virya and Vipaka.

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Description of medhyarasayana found in samhitas indicates special utility of these types of rasayanas. Apart from rasayans in general, “MedhyaRasayana” drugs play an essential role in the treatment of psychiatric and psychosomatic disorders. The mode of this therapy involve the individual to attain sedation, calmness, tranquility or a stimulation of activities of brain.

Medhya rasayana drugs are used for prevention and treatment of mental disorder of all age groups. These drugs promote the intellects(Dhi), retention power (Dhriti), memory(smriti). In fact they produce neuronutrient effect by improving cerebral metabolism.

“MedhyaRasayana” drugs are known to have specific effect on mental performance by promoting the functions of “Buddhi” and “Manas” by correcting the disturbances of “Rajas” and disturbed “Tamas”. This helps the mentally disturbed patients to get relieve from stress, anxiety and depression.

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LIFESTYLE DISORDERS: HEALTH SOLUTIONS FROM AYURVEDA

Shrikant Pandey*

**Senior Resident and PhD scholar, Department of SiddhantDarshan, Faculty of Ayurveda, IMS, BHU.*

ABSTRACT

As the name denotes, lifestyle disorders are the result of wrong diet and regimen in day to day life, in context to time, place, age etc. It is described in Ayurveda in detail. It is described in Ayurveda, at various places like in the description of Dincharya, Ritucharya and many other places, that specific diet and regimen should be followed according to Prakriti, Kala, Desha, Vaya etc. to maintain the health. The health or healthy condition of body is also defined in Ayurveda in detailed manner. A very big and important part of this science is oriented towards prevention of disease by promoting health. Along with this many solutions are described, in the form of lifestyle, to resolve the problems of lifestyle disorders. Here some of these points are tried to be explored.

INTRODUCTION

Disordered or diseased status of health caused by faulty or improper lifestyle is known as life style disorders. This could include improper regimen of food, activity and personal habits. Current human population is widely affected by lifestyle disorders like diabetes, hypertension obesity and heart disease. In the UK the death rate is four times higher from respiratory disease caused by an unhealthy lifestyle. The leading cause of death of Australian males was heart disease with 11,016 deaths, followed by lung cancer with 4,995 deaths, and chronic pulmonary disease killing 3,572. According to WHO statistical profile of India in 2012, IHD stood first among top ten causes of deaths. CVD and diabetes stood second leading cause for burden health status of Indian population. Death by broad cause group included CVD and diabetes in wide range. So life style is posing more threat to human population and there is an urgent need to prevent and stop these slow and silent killers of life and life quality.

While Modern science is still searching health solutions for above problems, Ayurveda gave concepts of quality life and long life since antiquity. The foremost aim of Ayurveda is to prevent disorderliness of health and second one, is to manage disease. To achieve its primary aim it conceptualized principle of 'Dincharya' and 'Ritucharya' and 'Rasayan' to maintain bodily health and principle of 'Sadvritta' to manage psyche. Ayurveda not only focus over body health but also considers well-being of mental health. Various kinds of physical and mental stress are sharing major contributions of health problems. This cause effect relationship was identified in ancient India and health was believed to depend not on personal health status but also, social health.

Dincharya:

It refers to practice of group of activities each day. There are various rules of dos and don't's which are designed according to biological change in status of Tridosha (three reciprocal mechanism governing whole activities of living body) in whole day and night time. These rules ensures harmony in qualitative and quantitative status of Tridosha and hence maintenance of health each day.

Ritucharya:

It refers to practice of activities according to seasonal changes. Each transition of different seasons poses change in status of Tridosha and strength of individual. Particular season causes change in Tridosha status in body causing accumulation, aggravation and pacification of the same. For example Vatadosha is accumulated in summer season, get aggravated and pacified in rainy season and Saradritu (transition of rains and winter season) respectively.

Panchakarma:

It is set of five types or methods of removal of accumulated dosha or toxins caused by daily practices of food, activities and seasonal impacts. It includes Vaman, Virechan, Vasti, Nasya and Raktamokshana. Each procedure causes removal of particular dosha accumulated by faulty dietary regimen and seasonal changes. Vaman removes excess accumulation of Kaphadosha, Virechan Pitta dosha and Vasti removes Vatadosha.

Rasayana:

Rasayana is the concept of positive health i.e. it prevents ageing, imparts longevity and alleviates diseases. *Rasayana* drugs are supposed to rejuvenate both the body and mind. This therapy described in Ayurveda makes harmony in status of seven dhatu viz. rasa, rakta, mamsa, meda, asthi, majja and shukra.

Sadvritta:

It refers to set of practices which brings harmony in psyche (Mana and Atman) of an individual. These practices assure Shukhayu (social health) of an individual. This aspect is totally ignored in current system of medicine. Ayurveda gave due importance to social health to attain total health of an individual and its environment.

CONCLUSION

Basically, a particular lifestyle of person is a cumulative product of his/her physical capacity coordinated with psychological functioning, displayed in the form of habits, behavior, dietary and

living pattern based on his own training sought from childhood. Thus, it involves a pure psychological and innate control over the physical and sensory activities. Ayurveda advocates various important principal of innate control of physical and mental activities to attain best quality and span of life.

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CEREBROVASCULAR ACCIDENTS AND ITS HOLISTIC MANAGEMENT IN AYURVEDA

***Sunita Saini, **Prof J S Tripathi**

**JR II, Manovigyan evam Manas Roga*

Faculty of Ayurveda, IMS, BHU, Varanasi

***Professor & Head, Department of Kayachikitsa, IMS, BHU, Varanasi*

Lifestyle disorders are disorders linked with the way people live their life and their habits. Habits that detract people from activity and push them towards sedentary routine can cause a number of health disorders. This is commonly caused by alcohol, drug and smoking as well as lack of physical activity and unhealthy eating. These disorders mainly include heart disease, Cerebrovascular accidents, obesity and type II Diabetes mellitus etc.

Cerebrovascular accident is a condition in which part of the brain is damaged or even irreversibly destroyed. It is very common in older adults and can be caused by stressful and unhealthy life style, the presence of certain disease like Diabetes, high Blood pressure and increased cholesterol level etc. The most common type of cerebrovascular accident is ischemic and hemorrhage. Depending on the site and extent of brain damage, its effect may be mild or severe. Cerebrovascular accident causes adult disability along with cognitive, communication and psychosocial problems. The recovery in cerebrovascular accidents patients is slow but most recovery of impaired functions occurs in first three months after cerebrovascular accidents then some improvement in six months and slow recovery afterwards.

As Ayurveda is recognised as foremost life science and describes ways to prevent and manage life style disorders, Ayurveda provides better solution in form of proper dietary management, life style advices, medications and rejuvenation therapies. The cerebrovascular accident is managed by holistic management in form of combination of panchkarma therapy especially snehan, Swedan and Vasti, vata shamak, neuroprotective and psychoactive medication like Medhya Rasayanas and some relevant yoga practice.

COMPUTER VISION SYNDROME A LIFESTYLE DISORDER AND ITS MANAGEMENT THROUGH AYURVEDA – A CASE STUDY

Dr V. G.Dhakate (Guide), Vd .Vivek Shukla (P.G.scholar)
Govt. Ayurved College,Nagpur.

ABSTRACT

Computer Vision Syndrome or Digital eye strain is the temporary discomfort that follows two or more hours of digital device use It has become a common problem not only in the workforce but also in kids who stare at video games and mobile phones for long hours .Surely computer vision syndrome is not a dreadful health condition, but it will decrease the work efficiency of the individual.

In Ayurvedic consideration mithyayoga of Indriyas and their Arthas are main cause of lifestyle disorders ,in computer vision syndrome basically Ati and mithya yoga of kashu-indriya (eye)and their artha occurs leading to manifestation of disease

Ayurvedic principle and procedure like Tarpan and other kriyakalp may relief symptoms of Computer Vision Syndrome

INTRODUCTION

According to American Optometric Association ,Computer Vision Syndrome(c.v.s.) is defined as “The complex of eye and vision problems related to near work which are experienced during or related to computer use.”[1]

In the present era computer has become an important gadget for doing any type of work. computer or any visual display terminals(VDTs) are an essential part of modern life. The exponential increase in the new era of occupational hazards collectively known as Computer Vision Syndrome

According to Bio Med Central (BMC) research work prevalence of Computer Vision Syndrome in computer workers is 75-90%. Where as according to National Institute For Occupational safety and health, Computer Vision Syndrome affects about 90% Of people who spend 3 or more hour per day, at a computer.[2]

Ocular Problems associated with computer use :-[3]

Symptom category	Symptom	Diagnosis or cause
Asthenopic	Eye Strain	Binocular vision

	Tired Eyes Sore Eyes	Accommodation
Ocular surface related	Dry eye Watery Eyes Irritated eyes	
Visual	Blurred vision Slowness of focus changes Double vision	Refractive errors Accommodation Binocular vision
Extra ocular	Neck pain Back pain Shoulder pain	Presbiopic correction Computer screen location

Computer Vision Syndrome has no any direct reference in *ayurvedic samhitas*. According to *ayurveda* Computer Vision Syndrome is a result of vitiated *doshas* due to excess use of computer or any other Visual display terminals. Computer Vision Syndrome can be included in *anukta vyadhi*.

Ayurveda describes a similar condition called *Shushkakshipaka*, which matches etymological[4] derivation and clinical picture[5] *Shushkakshipaka* is mentioned in the classical literature of Ayurveda under *Sarvagata Netraroga* (diseases affecting all parts of the eye).

As per Ayurveda, each patient of dry eye needs a different approach as the etiology and pathology are variable. *Vata-Pitta/Rakta*[5] vitiation in *shushkakshipaka* is the basic pathology due to disturbed system biology which needs a holistic approach to deal with the problem.

Shushkakshipaka [6]

the word *Shushkakshipaka*- *Shushkta*-dryness, *akshi*-eyeball, *paka*- inflammation. It means inflammation of eyeball due to dryness caused by altered coherence of *ashru*.

Dosha - *vata dosha* *vata pitaja* (*Acharya vagabhata*)

Sthana –*sarvagat roga*.

Sadhyasadya - *sadhya*

- The standard treatment of *Vata Dosha* is *Snehan*. Therefore *Tarpana* with *Ghrita* is recommended effectively.[7]
- *Mahatriphaladhya Ghrita* has property of *Rasayana*, *Netrya*, *Balya* and *Tridoshaghna* .
- In *Ayurveda Netratarpana* is described as purification and rejuvenation treatment as a part of *panchakarma* treatment.
- So here a case of dry eye in computer users managed with *Mahatriphaladhya Ghrita Tarpana* is reported.

CASE REPORT

- Name of patient- xyz Age / sex- 21 yrs / male
- OPD No-95697 Place- Nagpur
- Occupation- B.E (Computer science) student
- Date of consultation- 10/12/2017

Chief complains:-

- Dryness of eyes
- Foreign body sensation
- Burning sensation 5 month
- Blurry vision

Present & past history

H/o using artificial tears drops since 2month
No H/o DM, RA or any other major illness.
No H/o any refractive surgery.

Ocular Examination

1.Slit Lamp Examination

- Visual acuity of RE was 6/9 and of LE was 6/9.
 The slit lamp examination of both eyes revealed –
- Eyelid – Normal.
 Conjunctiva –mild congestion and conjunctival dryness.
- Cornea – Dryness present.
- Anterior chamber – Normal depth.
- Iris – Colour pattern normal.
- Pupil – Normal size, Reacting to Light
- Lens – Normal

SYSTEMIC EXAMINATION

- G.C. - Moderate, Afeb
- R.S. – B/L Air entry equal no added sound all lung field clear.
- C.V.S. - S1 S2 Normal
- C.N.S – Concious, well oriented
- **Tear break-up time (BUT) –**

- Fluorescein strip moistened with non preserved saline was instilled in lower lid and asked to blink several times.
- Tear film was examined at slit lamp with broad beam using cobalt blue filter. After an interval of >10 seconds black spots appeared in fluorescein stained film indicating formation of dry areas.
- RE- 6 Sec
- LE- 5 Sec
- **Schirmer-1- test-**
- Schirmer filter paper 5*35mm long folded 5mm from one end was inserted at the junction of middle and outer one third of lower lid without topical anesthetic and asked the patient to keep the eyes closed.
- After 5 minutes the strip was removed and there was > 6 mm wetting of filter paperis indicative of dry eye.
- Measurement and score-
- Normal - > or 10 mm
- Borderline - 10 to 6 mm
- Deficient - < or 6 mm

Treatment

There are many ayurvedic procedures and treatment modules which can help patient to overcome symptoms of c.v.s.,in this study I will demonstrate effect of Tarpana with Mahatriphaladya ghrita on C.V.S.

- Mahatriphaladya ghrita Tarpana .
- Dose - 20 ml once a day.
- Route of administration – Topical
- Time of administration –once a day(in morning).
- Duration of therapy-(30 days)

The patient was treated with Mahatriphaladya *Ghrita Tarpana* of 3 settings of 7 days with 3 days interval.

Poorva karma

Preparation of the patients-

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- patients (Rogi) to be treated with Tarpana should be placed in a comfortable position i.e. supine position and the part should be cleaned.

Then mrudu Sweda will be given. Sterile Cotton dipped in lukewarm water after squeezing would be used for Swedana karma.

Pradhan karma

- Construct of parimandala (pali or well) around the eye a height of 2 angulis with Mashpishti.
- Mahatriphaladya Ghrita (luke warm) is poured into parimandala till the eyelash lavelle whene eye closed.
- Patient is asked to open and closed the intermittently and steadily upto the 10 min (500 matra) .

Paschat karma

- A small opening made pali near apang sandhi and gritha is slowly drain out.
- Eyes should be cleared with cotton by removing the Mashapishti .
- Mrudu swedana is done with starile cotton dipped into luke warm water.

Results

Sr no	Symptoms	Before treatment	After treatment
1	Dryness of Eyes	Present	Absent
2	Foreign body sensation	Present	Absent
3	Burning sensation	Present	Absent
4	Blurry vision	BE-6/9	BE-6/6

Sr no	Test	Before treatment		After treatment	
1	Tear film break up time	RE 6 Sec	LE 5 Sec	RE 12 Sec	LE 12 Sec
2	Schirmer 1 test score	RE 6 mm	LE 6mm	RE 10 mm	LE 10mm

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Discussion In the management of C.V.S. modern science don't have holistic approach, it only deals with artificial tears and gels etc but in ayurveda there are certain procedures which can help in holistic management of C.V.S. as Tarpana, Nasya, Bidalaka, etc. various studies are carried out to rule out effects these procedures in life style disorders as C.V.S..

CONCLUSION

- Dry eye syndrome is more common disorder in computer users with asthenopic symptoms without any satisfactory treatment in modern science.
- This study concluded that Tarpana with Mahatriphaladi ghrita is effective and given symptomatic relief to the patient and improvement in tear break up time and schirmer's test values.
- That may be because of increase in stability of lipid layer of tear film. And local snehan and swedan causes improvement in functioning of glands of eye and gives nourishment to the ocular surface.

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ROLE OF CYAMOPSIS TETRAGONOLOBUS IN DIABETES MELLITUS (MADHUMEHA)

*Dr. Akshiv Garg **Prof. Dr. A.K. Singh

*PG Scholar (Dept. of Kayachikitsa) **HOD Kayachikitsa
Shubhdeep Ayurved Medical College & Hospital, Indore, Madhya Pradesh

ABSTRACT

Disease burden related to Diabetes Mellitus is high and rising in every country fuelled by global rise in prevalence of unhealthy lifestyle. WHO estimates that globally 422 million adults aged > 18yr were living with diabetes mellitus in 2014. Global pandemic principally involves type 2 diabetes and is associated with greater longevity, unsatisfactory diet, sedentary lifestyle and increasing urbanization. Modern medical science accepted the ayurvedic theory and described that disease is caused due to hereditary and metabolic disorders. It is found from studies that resident of Gujarat and other places where Guar Phali (Fruit of Cyamopsis tetragonolobus) is used as vegetable, prevalence rate is less than other state. In regard of its action it is said that it delays the rate of absorption of carbohydrate in GIT. Guar gum has been well studied for its ability to reduce post prandial blood sugar and dosage of insulin in diabetic patients therefore need of regular insulin dose will be minimal. Present clinical study was conducted to evaluate the therapeutic effect of drug in selected 33 cases of Type 2 Diabetes Mellitus and the result was highly significant.

Key words: Diabetes Mellitus, Guar Phali, Lifestyle, Metabolic disorder

INTRODUCTION

Diabetes Mellitus is a clinical syndrome characterized by hyperglycemia caused by absolute or relative deficiency of insulin. Hyperglycemia has many causes but is most commonly due to Type 1 and type 2 Diabetes. Incidence of Type 1 and type 2 Diabetes are rising, it is estimated that in year 2000, 171 million people had diabetes and this is expected to double by 2030. This global pandemic principally involves Type 2 diabetes and is associated with greater longevity, obesity, unsatisfactory diet, sedentary lifestyle and increasing urbanization. WHO estimates that globally 422 million adults aged > 18yr. were living with Diabetes Mellitus in 2014. Lack of insulin affects the metabolism of carbohydrate, protein and fat, and can cause significant disturbance of water and electrolyte homeostasis and death may result from acute metabolic decompensation.

According to Ayurved, Diabetes mellitus belongs to type of *Prameha* i.e. Madhumeha. According to *Acharya Charaka* the symptoms of madhumeha are: urine is astringent and sweet in taste, pale (pandu) in colour and dry (ruksha) urination frequently. Charaka says that the Oza is excreted in urine.

There are so many oral hypoglycemic agents available in modern medicine for this disease, but they are full of side effects. So here we come with a drug known as *Guar Phali* (fruit of *C. tetragonolobus*) which is found to have hypoglycemic effect and so hereby used for present clinical study.

AIMS & OBJECTIVES

- 1) To study about lifestyle related factors responsible for Diabetes Mellitus.
- 2) To evaluate the therapeutic effect of *Cyamopsis tetragonolobus* in Diabetes Mellitus.

MATERIAL & METHODS

- **Sample Size:** 33 patients.
- **Source of data:** Patients attending Diabetes clinic of S.V.S.P. Hospital, Institute of P.G. Education & Research in Ayurved, Calcutta.
- During study, diet given to all patients was 1800 kcal/day.
- In present study, patients complaining of following symptoms are included:
 - Excessive thirst
 - Excessive urination
 - Excessive appetite
 - Loss of weight
 - Pruritus vulvae
 - Falling vision
 - Legs pain at night
 - Recurrent infection
 - Burning sensation

DRUG DETAILS

Reference: Shaligrama Nighantu- Shak varga- page no.688

Drug: Guar Phali (Fruit of *Cyamopsis tetragonolobus*)

Family: Leguminaceae

Sanskrit name: Bakuchi, Goraksha, Phalini, Gorani, Dridhbija

Hindi name: Gowar

Gujrati: Guwar

➤ **Guna:**

Rasa- Madhura

Guna- Ruksha/ Guru/ Sar/ Ruchikar

Virya- Shita

Vipaka- Madhura

Karma- Kapha-Vata Vardhaka / Pitta Shamaka

Mode of Action

Guar gum has been well studied for its ability to reduce post-prandial glucose level in both healthy and diabetic patients. It is confirmed by various studies that slowing of rate of absorption of carbohydrates is a major factor.

Dose & Administration

Guar gum powder was administered in dose of 5gm twice daily with plenty of liquid /milk just before principle meals. Patients were advised to pour this powder in liquid/ milk for about half hour before meal and take just before principle meals. It can also be used during meals by just sprinkling the powder on rice/ vegetables/ dal.

CLINICAL STUDY

All patients were examined thoroughly for a detailed history, state of health and presence of complications.

Laboratory investigations

These patients were subjected to following investigations:

- Post prandial blood sugar
- Urine for glucose and ketone bodies

Final assessment of results

Results were observed and analyzed as per following index of assessment:

Excellent	Complete relief of signs and symptoms Absence of glucose in urine Reduction of blood glucose (PP) more than 60mg%
Good	Partial relief of signs and symptoms Reduction of glucose in urine Reduction of blood glucose (PP) up to 60mg%
Poor	No relief of signs and symptoms No change or increased level of glucose in urine No change or increased level of blood glucose (PP)

RESULTS

Response of treatment on clinical features:

Effect of drug was assessed on clinical features after two months of end of treatment.

Signs & Symptoms	No. of cases			
	Before treatment	After 30 days	After 60 days	Response of drug
Excessive thirst	21	14	6	71.42 %
Excessive urination	24	14	5	79.17%
Excessive appetite	25	14	7	72.00%
Loss of weight	23	20	17	17.39%
Pruritus vulvae	6	3	1	83.34%
Falling vision	26	26	23	11.54%
Legs pain at night	27	18	7	74.08%
Recurrent infection	13	6	5	61.54%
Burning sensation	16	16	5	62.50%

Response of treatment on Urine Sugar:

Urine sugar	Before treatment	After 15 days treatment	After 30 days treatment	After 60 days treatment
++++	15.15%	15.15%	9.09%	6.06%
+++	18.18%	3.03%	6.06%	6.06%
++	21.21%	21.21%	9.09%	6.06%
+	18.18%	12.12%	15.15%	9.91%
Nil	27.27%	48.48%	60.60%	72.72%

Response of C. Tetragonolobus on Blood Sugar (PP):

Results were recorded before and after treatment (15, 30 & 60 days). It is found statistically significant. In this series of study patients were more than 30. So, 'Z' test is applied to assess the statistical value. Here 'Z' value is 1.73 < table value=2.58, that means medicine is significant.

Total effect of drug on Diabetes Mellitus

Response of drug was studied from various aspects. Total effect on patients was assessed in terms of excellent, good and poor response.

Criteria of response	No. of cases	Response in percentage
Excellent	25	75.75%
Good	5	15.17%
Poor	3	9.08%

DISCUSSION

Word *Madhumeha* is derived from two words i.e. Madhu + Meha. Madhu means *Madhura* and Meha means *Prasravi*, so that the word means excessive sweet urination.

Ayurvedic system of medicine is pioneer to describe about this disease, so far the history reveals e.g. term *Ashrava* which means excess secretion from urethra is introduced from vedic period.

According to Ayurved, Diabetes mellitus belongs to type of *Prameha* i.e. *Madhumeha*. According to *Acharya Charaka* the symptoms of *madhumeha* are: urine is astringent and sweet in taste, pale (*pandu*) in colour and dry (*ruksha*) urination frequently. *Charaka* says that the *Oza* is excreted in urine.

Etiology of *madhumeha* is related to *aahar* and *vihaar* which means to lifestyle. *Acharya Charaka* has clearly mentioned that ingestion of excessive, heavy, salty articles and newly harvested grains and dried meat of domestic animals and a person who is indolent, inactive, heavy weight, over indulge in sleep and has sedentary habits, avoid all types of activities, all these factors are responsible for origin of *madhumeha*. In modern era, we can say that these factors are a part of unhealthy lifestyle.

According to modern medicine, environmental factors interact with genetic susceptibility to determine which people develop clinical syndrome. Type 1 DM is associated with profound insulin deficiency requiring replacement therapy. Type 2 DM is associated with impaired sensitivity to insulin and initially be treated without insulin replacement therapy.

Epidemiological studies show that type 2 diabetes is associated with overeating especially when combined with obesity and underactivity. Risk of developing type 2 diabetes increases tenfold in people with BMI > 30 kg/m². Obesity probably acts as diabetogenic factor in those who are genetically predisposed to insulin resistance and beta-cell failure. In addition to this, sweet foods rich in refined carbohydrate consumed frequently may increase demand for insulin secretion while high fat foods may increase free fatty acids and exacerbate insulin resistance.

Hence from above review of ayurvedic and modern literatures we can say that lifestyle factors are associated with development of diabetes mellitus.

CONCLUSION

Lifestyle diseases are linked with the way people live their life. Madhumeha is a disease entity caused by Aahaar-Vihaar, heredity, and due to Mandagni of Dhatu. Similarly, Diabetes Mellitus is also caused due to hereditary, environmental and lifestyle related factors. Drugs from herbal or herbo-mineral origin are used to manage this disease since ancient period. Guar gum is a dietary fibre that is found much effective to manage this disease. Rarity of this disease is observed in patients, who used this in their diet. Present clinical study was conducted on 33 patients of established cases of type 2 Diabetes Mellitus. Clinical study revealed that Diabetes Mellitus is more prone in 41-60 years of age, males, hindus, non-vegetarians, sedentary habits. Observations were followed for response of drug on clinical features, Urine sugar, Blood sugar (PP) and findings assessed as excellent, good and poor. Drug C. tetragonolobus (guar gum) was found much effective i.e. excellent (75.75%), good (15.17%) and poor (9.08%).

It is concluded from this clinical study that drug C. tetragonolobus (guar gum) is effective in controlling Diabetes Mellitus. There is no untoward side effect noted. All the patients were kept on 1800 kcal/ day diet.

It is advised to assess its long term effect, so further study is warranted.

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ROLE OF PANCHAKARMA IN THE MANAGEMENT OF MIGRAINE

***Dr. Akanksha keshari, **Dr. M. K. Vyas, ***Dr. Dinesh Patil**

PG Scholar Dept. of Panchakarma ** H.O.D. Panchakarma * Lecturer Dept. of Panchakarma*

Shubhdeep Ayurved Medical College & Hospital, Indore, Madhya Pradesh

ABSTRACT

Migraine is a primary headache disorder which is characterized by recurrent headache that is moderate to severe in nature and affects half of head which lasts from 2 to 72 hours.

It affects about 20% females and 6% males at some point in life. WHO estimated that there are 300 migraine attacks occurring daily for every million population. Psychological stress which is result of poor lifestyle is one of the causes of this condition. Migraine attack often occurs after period of stress. Headache is associated with vasodilatation of extracranial vessels and may be due to disturbed neuronal activity in brain.

Some of the other Causes of migraine that are related to poor lifestyle are study in insufficient light, use of laptop and mobile for long period, insufficient sleep, improper food habit etc. Migraine presents with the symptom triad of paroxysmal headache, nausea/vomiting and aura.

Migraine can be compared to Ardhavbhedaka in ayurveda. Doshik prominence of Vata is mainly seen in migraine. In panchakarma, there are palliative treatment mentioned like Nasya, Shirodhara, shirobasti, Basti, Raktamokshana, dahana karma etc. Aim of this article is to review the Panchakarma procedures for the treatment of migraine.

Key words: - Migraine, Stress, Ardhavabhedaka, Panchakarma.

INTRODUCTION

The way of living of an individual or the society which they manifest in coping with their physical, psychological, social and economical environment on daily routine basis is the lifestyle and but today we are so busy in maintaining our lifestyle that we have forgot that this lifestyle is also giving us a big bunch of lifestyle related disorders. With the increase in environmental pollution, professional work load, proliferating stress, unhealthy lifestyle choices and general dietary indiscipline, the incidence of lifestyle diseases like hypertension, diabetes, migraine, obesity and cardiovascular diseases has increased manifold over the last two decades.

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Migraine is a primary headache disorder which is characterized by recurrent headache that is moderate to severe in nature and affects half of head which lasts from 2 to 72 hours.

It affects three times more common in women than men that is about 20% females and 6% males at some point in life. WHO estimated that there are 300 migraine attacks occurring daily for every million population. Psychological stress which is result of poor lifestyle is one of the causes of this condition. More than 2/3rd of migraine suffers, either have never consulted a doctor or have stopped doing so. The term 'migraine' refers to a syndrome of vascular spasms of cranial blood vessels.

There are two main types of migraines. The most common type is the 'migraine without aura' and it can be felt on one side of the head or both. This type commonly causes photophobia, nausea, vomiting, fatigue and mood swing.

The second type is the 'migraine with aura'. Aura is a neurological phenomenon that is usually visual and that happen between 10 and 30 min. before the pain begins.

The person will normally experience hallucinations or wavy images and bright shimmering lights at the edge of their vision. Some people experience a temporary loss of vision which is accompanied by dizziness, vertigo, numbness of the face, tongue and other extremities along with speech abnormalities and weakness.

Migraine can be compared to *Ardhvbhedaka* in ayurveda. According to Acharya *Charaka* from *ruksha bhojana, atibhojana, adhyashana, vega dharana, ativyayama vata* either alone or in combination of *kapha*, seizes the one half of the head and causes *tivra vedana* (acute pain) in *manya* (neck), *bhroo* (eye-brow), *shankh* (temple), *karna* (ear), *akshi* (eye), *lalatardha* (forehead of one side) .

Doshik prominence of *Vata* is mainly seen in *ardhvbhedaka*. In panchakarma, there are palliative treatment mentioned like *Nasya, Shirodhara, shirobasti, Basti, Virechana, Raktamokshana* etc.

AIMS & OBJECTIVES

To review the ayurvedic approach for management of migraine.

MATERIALS

- Ayurvedic samhitas
- Ayurvedic text books
- Research articles
- Internet
- Modern medicine books

METHODS

Etiology:

- *Ruksha sevana*- taking dry foods.
- *Adhyasana*- consuming food immediately before the digestion of previous food,
- *Poorva vata*- exposure to direct breeze from east,
- *Avasyaya*- exposure to cold or dew,
- *Maithuna*- excessive sexual indulgence,
- *Vega dharana*- suppression of natural urges,
- *Ati vyayama* and *ayasa*- over exertion etc.
- *Dhuma sevana*- exposure to smoke,
- *Atapa* and *tushara sevana*- hot and cold climates,
- *Ambu kreeda*- swimming and water games,
- *Atiswapna*- excessive or continuous sleep,
- *Atijagarana*- night arousals,
- *Utsweda*- severe sweating,
- *Purovaata*- exposure to direct breeze or eastern air,
- *Bhashpa nigraha*- suppressing tears,
- *Rodana*- weeping,
- *Athyambu madyapana*- drinking excess water and alcohol,
- *Krimi*- presence of worms,
- *Adhah pratate*- looking downward direction,
- *Amadosha*- improper direction,
- *Asathmya gandha*- unaccustomed smells,
- *Atibhashya*- excessive speaking,
- *Upadhana mruja abhyanga dwesha*- avoiding pillow, bath and oil application etc.

Symptoms of migraine

Knowledge of symptom is very essential for diagnosis, prognosis and proper management of the disease.

Throbbing type of pain is typically felt on one side of head, the pain may be moderate but is often severe and incapacitating.

More physical activity, light, sound or smells may make the headache worse.

The headache is often accompanied by nausea, sometimes with vomiting.

The migraine attack often involves more than a headache. It may include a prodrome, an aura and a postdrome. The prodrome is a change in mood or behavior, which can precede the rest of the migraine by 24 hr people may become depressed, elated, irritable or restless.

Loss of appetite may also occur. Above 20% of people experience tingling reversible disturbances in vision, sensation, balance, movement or speech. Commonly, people see jagged, shimmering or flashing lights or develop a blind spot with flickering edges.

Less commonly, people experience tingling sensations, loss of balance, weakness in an arm or leg or difficulty in talking. The aura occurs within an hour before the migraine and ends as the migraine begins.

About 25% of people experience a postdrome which involves changes in mood and behavior after the migraine. Migraine attacks may occur frequently for a long period of time but they may disappear for many weeks, months or even years.

No procedure can confirm the diagnosis of migraine. If headache are developed recently or the pattern of symptoms has changed, CT or MRI of the head is performed to exclude other disorders.

Symptoms of ardhavbhedaka

Ardha sirah vedana

Bhedanvat pidah

Todvat pidah

Vedana mainly in manya, bhroo, shankh, karna, akshi and lalatardh

Attack of headache repeat at regular 10, 15 or 30 days interval or irregularly any time.

Treatment

A. Nidana Parivarjana (Avoidance of Causative Factors)

Nidana Parivarjana is the first and most useful method in the management of Ardhavabhedaka. The factors which are known to produce Ardhavabhedaka should be avoided.

B. Aushadha chikitsa

Shodhana chikitsa and shaman chikitsa both are important for the management of migraine. In this article we are focusing on shodhana chikitsa only. Under panchkarma some Shodhana Karmas (for radical removal of causative morbid factors of the disease from the body) and some other procedures (for instant relief by using specialized techniques) are indicated. These include:

- Shirodhara
- Nasya
- Basti karma
- Raktamokshana
- Shiro-basti
- Dahana karma

Shirodhara

Continuous pouring of oil on head for a specific period of time induces sleep has a tranquilizing effect. According to modern medicine local application like ointments may pass through the stratum corneum into the blood vessel and reach the appropriate organ. The oil used for dhara if it is processed with brahmi which consist of amino acids which acts as neurotransmitter in brain. Some other preparations used in shirodhara are: kshirabala oil, bala oil, brahmi quath, dashamula quath etc.

Nasya

The medicines which are administered through the nose will reach all the organs and cells and destroys the vitiated doshas from the whole body. It stimulates whole nervous system, cranial nerves and also maintains the function of endocrine glands. Nasyakarma can be done for 7-21 days according to severity and chronicity of the disease. Preparations used in nasya Karma are:

Taila/Ghrita- Shadabindu Taila, Anu Taila, Dashmoola Taila, Gunja Taila, Goghrita, Devadarvadi Ghrita, Lakshadi taila, Kumkumadi Ghrita, kusthadi ghrita mixed with sharkara.

ShiroBasti

In Shiro Basti, a cranial pouch or cuff around the head is prepared and medicated oil is filled into this pouch for about 1 muhurta (48 minutes). In Ardhavabhedaka Vata or Vatakaphanashaka medicated oils like Dashmoola taila and four types of Sneha viz. Ghrita, Taila vasa, majja etc. are used.

Basti

Due to the enlargement of the temporal artery, it stretches the nerve that coils around the artery and cause the nerves to release chemicals like serotonin which cause inflammation, pain and further enlargement of the artery. Sympathetic nervous activity delays emptying of the stomach and therapy prevent oral medications from absorption. That is why basti is being considered as one of the best therapeutic procedures for the management of migraine. Niruha Basti prepared with Vatanashaka drugs should be given first, followed by Anuvasana Basti prepared of Ghrita, Taila etc.

Raktamokshana

Leech therapy in migraine pain is somewhat relieved when circulation to the particular painful area is improved and the same principle holds true with migraines and this is where leeches come in handy. There is a theory that suggests migraine is caused by tiny blood clots and hirudin is an anticoagulant, causing blood to become more dilute. It can dissolve those little clots that have formed by converting fibrinogen to fibrin.

Dahana karma

Dahana Karma is indicated in last when all the mentioning approaches are not responded in Ardhavabhedaka. According to Acharya Charaka, Dahana Karma should be applied at Shankha and Lalata Pradesha, limited to dermal layer (Twaka Daha) with the help of Sharkandagra or Godanta. Acharya Bhela has prescribed Pippali for Dahana Karma.

CONCLUSION

This is the fact that majority of the disorders prevailing in the present society are similar to the mentioned ayurvedic texts in the process of panchakarma of the body, it will certainly help to prevent the accumulation of toxins in the body and will help to maintain the healthy condition. By the above review discussion it can be said that Ayurvedic treatment should be preferred in case to migraine. All these mentioned karma helps in alleviating the symptoms of migraine. Prolongation of these karmas may provide better results. Panchakarma is not only good for alleviating disorders due to toxins but is also very useful to maintain excellent health.

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NIYAMA: THE OBSERVANCES INTERVENING LIFE STYLE DISORDERS

***Dr. Sushma Kumari, **Dr. Umesh Shukla, *** Dr. Rajika Gupta,**

**P.G. Scholar, P.G. Deptt. of Swasthivritta & Yoga, R. G. G. P.G. Ay. College & Hospital Paprola, H.P.*

*** Lecturer, P.G. Deptt. of Swasthivritta & Yoga, R. G. G. P.G. Ay. College & Hospital Paprola, H.P.*

**** Sr. Lecturer, P.G. Deptt. of Swasthivritta & Yoga, R. G. G. P.G. Ay. College & Hospital Paprola, H.P*

ABSTRACT

Life style disorders are the results of imbalanced activity adopted by our sense organs. By balancing the activities of our sense organs i.e. neither suppressed nor exaggerated, one can be free from life style disorders. Ashtanga Yoga described by Maharishi Patanjali can provide great intervention for prevention of life style disorders and can have additive effect in the management of such disorders. Among Ashtanga Yoga, Niyama i.e. Shaucha, Santosha, Tapa, Swadhyaya and Ishwara Pranidhana can be considered as the root or base for prevention as well as for management of life style disorders. If an individual won't follow Niyama, none of efforts either by physician or by individual itself are of any use. Therefore an effort has been made to explore the role of Niyama in prevention and management of life style disorders as a whole.

KEY WORDS: *Life Style Disorders, Niyama, Ashtanga Yoga*

INTRODUCTION:

It is better to prevent life style disorders which are defined as disorders linked with the way people live their life. *Ayurveda* works on the principle of maintenance of health by adopting a healthy life style and prevention of disease. Treatment portion comes later. *Maharishi Pantanjali* has described *Ashtanga Yoga* which itself is a complete and perfect lifestyle. In *Ashtanga Yoga*, *Niyama* is the observances or rules that play a major role in living healthier and happier life.

Life style disorders are commonly caused due to bad eating habits like eating junk food, packed and processed food containing excessive sugar, trans-fats and sodium contents, vegetable oils, dairy products, cold drinks, alcohol, smoking, drug addiction, reduced physical activity etc. Behavioural factors like unemployment, poor social environment, poor working conditions may also cause these disorders.

MATERIALS AND METHODS:

Various text books regarding literature of *Ashtanga Yoga* w.s.r to *Niyama* were consulted, analysed thoroughly. Internet services were also used for better understanding regarding the topic.

NIYAMA - THE RULES OR OBSERVANCES:

Five *Niyamas* have been described in *Patanjali Yoga Sutra: Shuacha, Santosha, Tapa, Swadhyaya, Ishwara Pranidhna*. *Niyama* aims at organising the life of an individual [1].

A. *Shaucha* - Purity

Purification means elimination of all those elements and conditions which prevent an individual from exercising their proper functions and attaining goal in view. Purity can be explained in two ways: Purity of the physical body and Purity of the mind. With the ordinary purity of physical body, individual become more sensitive. Cleanliness is mostly a matter of sensitiveness. He can see the things in their true light. The feeling of disgust towards one's own life i.e. *Swang Jugupsa* develops due to purification. It means individual has become more sensitive enough to see the things as they really are. A person who feels disgust from his own body is not likely to feel any attractions towards bodies of others i.e. *Paraih Asansarga*. [2]

Purity of physical body can be achieved by ordinary external processes like:

- Bathing,
- *Yogic Kriya* like *Neti, Dhauti, Basti* etc,
- Following appropriate *Dincharya*.
- By adopting good eating habits. eg. Eating good quality food, Quantity of food in appropriate amount, taking meal timely etc.
- By *Shodhana Kriya* like *Vamana, Virechana, Shirovirechana* etc. from time to time.

Purity of mental purification including fundamental character is developed by adopting:

- *Tapa*
- *Swadhyaya*
- *Pratyahara, Dharna, Dhyana*
- *Ishwara Pranidhana*

Purification of mind leads to cheerful mindedness, one pointedness, Control of the senses, Fitness for the vision of the self. [3]

B. Santosha – Contentment or Satisfaction

The result of developing perfect contentment is superlative happiness [4] i.e. a positive state of mind. The chief cause of our constant unhappiness is the perpetual disturbance of mind caused by all kinds of desires. When a particular desire is satisfied there is a temporary cessation of unhappiness. If the desires are eliminated and mind becomes calm; that is a true happiness. This subtle and constant joy is called *Sukha* which comes from within.

Santosha can be achieved by:

- Adopting properly the methods of *Shaucha*.
- Own mental efforts.

C. Tapa - Austerities

Tapa is the personal endeavour of discipline undertaken to achieve goal. By doing proper *Shaucha* and by gaining the state of *Santosha*, *Tapa* becomes easy. The essential purpose of *Tapa* is to purify the body and bring it under the control of the will. The outcome of *Tapa* is *Kaya Siddhi* and *Indriya Siddhi*. [5]

- *Kaya Siddhi* ie. Perfection of body.
Beauty, fine complexion, strength and adamant hardness constitute the perfection of the body. [6]
- *Indriya Siddhi* ie. Perfection of sense organs
Mastery over the sense organs by performing *Samyama* on their power of cognition, real nature, egoism, all pervasiveness and functions is perfection of sense organs. [7]
- *Ashudhhi Kshaya* ie. Destruction of impurities.

Kaya Siddhi can be achieved by:

- Regular *Asana*
- *Pranayama*
- Appropriate food regimen
- *Shodhana* of the body (detoxification)

Indriya sidhhi can be achieved by:

- *Pranayama* - The functions of sense organs depend on current of *Prana* which is controlled by *Pranayama*.
- *Samyama*. [8]

The impurities of the body can be destroyed by *Tapa*, are as follows: [9]

- *Kama* - Abnormal desires, excessive desires or desires of things which are not necessary to the individual and he is living happier life without them. e.g. excessive sexual desire.
- *Krodha* - Anger or wrath.
- *Lobha* - The greed i.e. strong desire for possession and constant focus on possessing material especially the things which belong to others. e.g. greed of junk food and soft drinks, Greed for tobacco, alcohol and drugs of addiction.
- *Moha* - The over attachment to the things or persons which create error of judgement leading to wrong knowledge or beliefs.
- *Pancha Klesha* - The five conditions about which mind is always going through a tug of war, are *Avidya* (lack of true knowledge or misapprehension about reality), *Asmita* (inability to differentiate between right and wrong or when one don't want to accept difference between truth and false), *Raga* (over attachment), *Dvesha* (aversions), *Abhinivesha* (clinging ignorantly to the life).

D. Swadhyaya - Self study or self realisation.

It is contemplation of one's own motives, behaviour, plans, circumstances and environment. Its main purpose is to open channels between an individual and the object of his search. *Swadhyaya* begins with intellectual study it must be carried through the progressive stages of reflection, meditation, *Tapas* etc. to the point where the individual is able to gain all knowledge or devotion from within, by his own efforts.

By following correctly previous three steps, *Swadhyaya* reveals true knowledge of the things by its own. After gaining the true knowledge our discriminating power evokes more and our judgement become sharper in the frame of '**what to do and what not to do?**'

E. Ishwara Pranidhana - Surrender to the higher being.

Previous four *Niyamas* if followed correctly then the fifth step i.e. *Ishwara Pranidhana* will become easy and more spontaneous. *Ishwara Pranidhana* develops *Para-Vairagya*, breaks the bond of the hearts, eliminates the desires of the personality, and thus naturally and inevitably reduces the mind to a state of *Chitta Vritti Nirodha* which is nothing but *Smadhi*. These *Chitta Vrittis* are caused and maintained by the 'I' consciousness which gives rise to innumerable desires and keep the mind in the state of constant agitation in order to satisfy those desires. If an individual surrenders himself to higher being he also feels free from *Panchklesha* and *Ashudhis* like *Kaama*, *Krodha*, *Lobha*, *Moha*, *Raga-Dwesa* etc. [10]

DISCUSSION -

Life style disorders are better prevented by adopting ideal life style. *Ashtanga Yoga* is a complete life style in itself but in this paper special emphasis has been given on *Niyama* which can be considered as the base for adopting ideal life style. Life style modification can also reduce the severity and progression of life style disorders.

A. ***Shaucha*** - Purification of physical body by adopting *Yogic Kriyas*, healthy diet and by appropriate *Dincharya* (daily regimen) can prevent life style disorders by balancing *Sharirika* as well as *Mansika Doshas of the body*. *Shodhana* of the body should also be done once annually i.e. *Vamana* during *Vasanta Ritu* (spring), *Virechana* during *Sharada Ritu* (autumn), *Basti* during *Varsha Ritu* (rainy season). It helps individual to stay calm, positive, relaxed in stressful conditions, focussed on his goal, and makes him physically fit.

B. ***Santosh*** - If an individual is contented, happy with his life, his mind become calm and it can prevent stress and many Psycho-somatic disorders.

C. ***Tapa*** - It is a kind of burning oneself in such a way and creating oneself that much stronger so that unfavourable conditions can not harm one's existence in any way. *Tapa* can be to undergo behavioural changes by burning anger, stress, abnormal desires, greed, attachments, aversions etc. which are causing any kind of interruption in happy living. Benefit of *Tapa* is perfection of body and sense organs, after destruction of impurities. *Tapa* is the personal endeavour of discipline undertaken to achieve goal. e.g. Getting up early in the morning, doing *Yogasana*, *Pranayama*, *Meditation* daily, sticking to healthy diet and activities etc.

D. ***Swadhyaya*** - One's own study leads to evaluate the factors which can play major role in prevention of the diseases. An individual must have an interrogation session with himself daily so that he can evaluate '**What is direction of life and how desirable changes lead to more fulfilment of health, which factors are harmful for health?**' If he knows the answers to these questions, then he would be able to adopt good measures to maintain health.

Studying spiritual and religious literature gives better direction to the life, helps in formation of a good fundamental character of an individual.

E. ***Ishwara Pranidhana*** - If an individual believes in higher being, he feels secured, enjoys everything in life, lives in proper way, makes efforts in good direction, no easy breakdowns, tackle hurdles of life easily. If an individual surrenders himself to higher being our body, soul, mind will become in the state of osmosis with that higher energy which facilitate right thought and right action and makes us to move in the state of healthy existence. Thus there is no question of any life style disorder.

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F. In life style disorders there is involvement of psycho-somatic factors. e.g. Stress leads to depression, inappropriate intake of food leads to obesity, anger as well as excessive intake of sodium and fats leads to hypertension etc. These all *Niyamas* can act on mind as well as on physical body of the individual. Therefore, merely by following *Niyamas* one can prevent these disorders as well as maintain good health in diseased case.

CONCLUSION -

The conclusion can be drawn that if *Niyama* are followed from early stages of life, life style will become ideal. There will not be the development of life style diseases. The prevalence of life style disease will start decline in the population.

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PREVENTIVE ROLE OF *YOGIC* PROCEDURE INCLUDING *ASHTANGA YOGA* IN PCOD

*Dr. Nitu Tegta, ** Dr. Umesh Shukla, *** Dr. Rajika Gupta, ****Prof. T.C Thakur

* P.G. Scholar, **Lecturer, ***Sr. Lecturer, ****H O D
P.G. Deptt. of Swasthviritta & Yoga, R.G.G.P.G. Ay. College & Hospital Paprola, H.P.

ABSTRACT

*Polycystic Ovarian Disease (PCOD), a very common hormonal disorder was originally described in 1935 by Stein and Leventhal. The prevalence of this disease is ranging from 20-30% in females. It is a heterogenous disorder that usually present during adolescence (according to WHO, adolescent age is between 10-19 years). This condition is arising these days due to busy schedule, abnormal physical, mental, behavioral problems. Therefore, a holistic approach is required to tackle such problem. In this study an attempt has been made that how Yogic procedures including Ashtanga Yoga is helpful in preventing this condition along with awareness to prevent the upcoming problems. I will highlight the usefulness of **Shatkarma**-Jala Dhauti, Jala Neti, Trataka, Kapalabhati; **Ashtanga Yoga**- Yama(Ahimsa, Satya, Asteya, Bhramcharya, Aparigraha), Niyama(Saucha, Santosha, Tapa, Swadhyaya, Ishwara pranidhana), Asana, Pranayama, Pratyahara, Dharna, Dhyana, Samadhi.*

Key words: PCOD, Yogic procedures, Ashtanga Yoga, Shatkarma.

INTRODUCTION

PCOD is one of the most prevalent female endocrine health problem. It is a multifactorial and polygenic condition. Diagnosis is based upon the presence of any two of the following criteria (ASRM/ ESHRE, 2003): Oligo and/ or anovulation, Hyperandrogenism, polycystic ovaries. On ultrasonography, ovaries are enlarged, ovarian volume is increased $\geq 10\text{cm}^3$, capsule is thickened and pearly white in color, presence of multiple (≥ 12) follicular cysts measuring about 2-9 mm in diameter are found crowded about the cortex.[1] There is no known cause of PCOD. However, there are association with excess insulin, low grade inflammation and genetics. PCOD is thought to have a genetic component. People who have mother or sister with PCOD are more likely to develop this condition.

This condition is alarming these days in adolescent girls because of faulty lifestyle like less physical activities or sedentary lifestyle, changed eating habits and their pattern, inadequate sleep. Most youngsters eat processed and junk food, use of gadgets left no time to them for physical activities. One of the chief causes is stress and it slows down metabolism making food stay in stomach. Timings of meals, sleep and awake affects our cortisol level. Cortisol is also known as “stress

hormone". Now, children not only have new resources in their lives, but are expected to perform well. Different institutions in adolescent lives, such as family, school and the media constantly provide stimulation as well as expectations. This exposure to new expectations and demands has the potential to create stress in them. Due to chronic stress, adrenals secrete more cortisol hormone which leads to many problems like PCOD and this is the most prevalent disease these days having prevalence rate 20-30% in young females.[1] Girls with PCOD are at high risk of fertility problems (menstrual disorders, failure to ovulate, infertility), metabolic problems (insulin resistance, type 2 Diabetes Mellitus, dyslipidemia, hypertension and cardiovascular diseases), physical problems (obesity, acne, hirsutism, hair loss and baldness) and Psychological problems (depression, stress, anxiety).

AYURVEDIC PERSPECTIVE OF PCOD:

There is no direct reference in *Ayurveda* for polycystic ovarian diseases. But according to symptoms this disease can be correlated with *Artavakhsaya*, *Nashtartava*, *pushpaghani Jathaharini*.

आर्तवक्षये यथोचितकालादर्शनमल्पता वा योनिवेदना च ॥ (सु. सं. सू. १५/१२)

In the event of deficiency or loss of *Artava*, the menstruation does not appear in its appropriate time or is delayed, is scanty and does not last for three days. There is also pain in vagina.

वृथा पुष्पं तु या नारी यथाकालं प्रपश्यति।

स्थूललोमशगण्डा वा पुष्पघ्नी साऽपि रेवती॥ (का. सं. क. रेवतीकल्प/३३)

जिस स्त्री को यथासमय रजोदर्शन होता है परन्तु वह व्यर्थ (बिना फल वाला) होता है। जिसके गण्डस्थल (कपोल) स्थूल एवं लोम युक्त होते हैं उस रेवती को पुष्पघ्नी कहते हैं।

नष्टार्तवः दोषैरावृतमार्गात्वादात्तं नश्यति स्त्रियाः। (सु. सं. शा. २/२१)

दोषों से मार्ग (आर्तववह स्रोतस मुख) के अवरुद्ध हो जाने से आर्तव का नाश हो जाता है अर्थात् वह प्रवर्तमान होकर दिखाई नहीं देता, यद्यपि उसका सम्पूर्ण नाश नहीं होता।

यहाँ पर दोषों से तात्पर्य वात एवं कफ से है क्योंकि पित्त की वृद्धि से रक्त की वृद्धि होने के कारण अतिप्रवृत्ति अर्थात् आर्तव की अत्यधिक प्रवृत्ति रूप लक्षण दृष्टिगोचर होता है। ख२,

वातकफावृतमार्गाणां त्वप्रवर्तमानं.....॥ (अ. सं. शा. १/१३)

.....वातश्लेष्मणा आवृत्तरक्तमार्गाणां.....॥ (अ. सं. शा. १/१३ की इन्दु टीका)

वात एवं कफ के द्वारा मार्ग अर्थात् रक्त मार्ग का अवरोध हो जाने से आर्तव की प्रवृत्ति नहीं होती।

Patho-physiology of PCOD: As this disease is correlated with stress. Any stressful situation affects balance between sympathetic and parasympathetic systems by activation of Hypothalamo-pituitary-adrenal axis (HPA). The Pituitary gland, stimulated by the brain via hypothalamus, secretes adrenocorticotrophic hormone (ACTH) which stimulates adrenal gland to produce cortisol, adrenaline and nor-adrenaline. ACTH follows diurnal rhythm, meaning it's higher in morning and lower in evening, but spikes in response to physical and emotional stress. High cortisol level causes- rapid weight gain, high blood pressure, muscle weakness, mood swings, depression, anxiety, irritability and irregular periods.[3] In addition to these stress hormones, ACTH also stimulates the production of adrenal androgen hormones, including DHEA, DHEA-S, Androstenedione and these hormones also cause the symptoms of elevated androgens seen in PCOD.

PREVENTION OF PCOD:

“Yoga is not an ancient myth buried in oblivion. It is the most valuable inheritance of the present. It is the essential need of today and culture of tomorrow.”

-Swami Satyananda Saraswati.

Yoga is a science of right living and it works on all aspects of health dimensions: physical, mental, social, emotional and spiritual. The word Yoga means “union” or “oneness” and is derived from the Sanskrit word *Yuj* which means to join.

Yoga is lot to offer in terms of Psychosomatic disorders and in stress related disorders in which PCOD is one of them. For detoxification of body *Shatkarma* procedures are helpful.

SHATKARMA:

मेदः श्लेष्माधिकः पूर्वं षट्कर्मणि समाचरेत्।

अन्यस्तु नाचरेतानि दोषाणां समभावतः।। (ह. यो. प्र. २/२१)

Persons having excess of *Shleshma* and *Medas* (fat), should practice *Shatkarma*, otherwise it is not necessary as *Doshas* are in equilibrium.

Following *Karma* are given below for the prevention of PCOD:

A. Jala Dhauti:

प्लीहकुष्ठं कासश्वासं कफरोगाश्च विंशतिः।

धौतिकर्मप्रभावेण प्रयान्तेव न संशयः।।(ह.यो.प्र.२/२५)

Also known as *Vaman Dhauti* and *Kunjali Kriya* and *Gajkarni Kriya*. *Dhauti* is one of the six purification methods or *Shatkarma* of *Hathyoga*. Since *Jala Dhauti* works on *Kaphaja* diseases and

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it seems that PCOD is also *Kapha* dominant disease. So, *Jala Dhauti* may help to balance the state of *Kapha* in the body and thus give relief in this diseases.

B. Jala Neti:

कपालशोषिणी चैव दिव्यदृष्टिप्रदायिनी। (ह.यो.प्र.२/३०)

It clears nasal passage and affects whole head region due to its cleanliness process. It calms the mind thus helps to reduce emotional and mental cause/etiology of the PCOD and it may help to regulate the hormones present in the body. Also by *Acharya Vagbhata* in *Ashtanga Hridaya*: नासा हि शिरसो द्वारं.(अ. ह.) By this *Shloka* it is clear that nasal passage is the way to head region, Therefore, *Neti* can help balance hormones in the body. Cleanses the nervous system and calms the mind, helps relieve stress and develop health oriented farsightedness (fnO;n`f`Viznkf;uh).

C. Trataka:

Trataka provides stability to mind. It reduces stress, develops concentration & confidence and regulates activities of mind which again taking us in balance state by acting on mind. It helps to reduce mental, emotional and hormonal cause of the diseases.

D. Kapalbhati:

कपालभातिर्विख्याता कफदोषविशोषिणी। (ह.यो.प्र २/३५)

It is a *Pranayamic* exercise of forceful exhalation and passive inhalation. This is great way to focus on *Prana* or life force through breath and channel it for purifying the body with great oxygenation. It also massages the abdominal and pelvic organs which balance *Agni*, improves digestion and maintaining the functions of pelvic organs.

ASHTANGA YOGA:

The purpose of this paper is to guide and make awareness in young girls towards their health that can be achieved by balanced mind and the body and to give them proper direction in life. We can introduce them with the knowledge of *Ashtanga Yoga*- eight limbs of *Yoga* (*Maharishi Patanjali*).

Yama, Niyama, Asana, Pranayama, Pratayahara, Dharna, Dhyana, Smadhi.

1) *Yama*- (Universal moral commandments) It is the first step or component of *Patanjali's Ashtanga Yoga*. *Patanjali* has described five *Yamas* namely-

अहिंसासत्यास्तेयब्रह्मचर्यापरिग्रहा यमाः।।१;पं. यो. सू.२/३०

By *Mana, Vachana, Karma*(mentally, verbally or physically) one should not hurt or steal anything, speak truth, practice celibacy especially in adolescent age and not preserve things which help to

more flourish positive attitude and thereby positive personality of a human being. As we know almost diseases are caused by *Asatamyaindriyarthasamyoga*, *Pragyapradha*, *Parinama* and *Mithya ahara-vihara* where more or less mental and sensual imbalance are present in various ratio. It can be corrected by *Ashtanga Yoga* using *Yama* which is almost mental practice. Therefore, one must follow *Yama* because it teaches the principles & values and lay the foundations of social behavior.

2) *Niyama*- (Self purification by discipline) There are five *Niyamas*:

शुचिसन्तोषतपः स्वाध्यायेश्वरप्रणिधानानि नियमाः॥३॥ पं. यो. सू.२/३२४

These are the rules of life which every youngster has to follow:

a) *Shaucha*, purity external and internal. External purity is attained by cleanliness of the body, clothing, residence and utilization of clean food whereas internal purity is attained by removal of lust, anger, greed, jealousy etc.

b) *Santosh*, cuts root of all desires, it does not mean satisfaction only but willingness to accept things as they are and to make best of them.

c) *Tapa*, means adolescent should do everything with full determination and one should do their *karma* without any desire.

d) *Swadhyaya*, means study of self and scriptures & statements of the evolved and enlightened persons which may enable an individual to differentiate between the good and the evil.

e) *Ishwar pranidhana* means total surrender to God.[4]By practicing *Niyamas* youth become disciplined and their willpower become so strong that they can make themselves out of the trap like junk food, more use of gadgets, late night sleep etc. and also they will be inclined towards the God.

Yama and *Niyama* are the ethical practices and they control the passion and emotion and keep an adolescent in harmony with the society.

3) *Asana and Pranayama*:

“स्थिरसुखमासनं” (पं. यो २/४६) means *Asana* is a posture in which an individual may stay stable and comfortable for a prolonged period.

तस्मिन् सति श्वासप्रश्वासयोर्गतिविच्छेदः प्रणायामः। (पं.यो. २/४६)

It is related with the practice of breath control. *Pranayama* is concerned with the expansion of vital energy i.e. *Prana*.

Weight loss and balanced mind is the powerful prevention for PCOD, therefore, increased physical activities help a lot in losing weight and balancing mind.

Asana and *Pranayama* promote hormonal balance and deep relaxation, helping to bring the adrenal and cortisol levels of stressed-out PCOD minds and bodies in check and assisting in healing from chronic inflammation.

Following *Asanas* are helpful in strengthening the pelvic organs and the body system affected by PCOD and also reduces stress that can aggravate the condition:

सूर्यनमस्कार, भद्रासन, पश्चिमोतानासन, अर्धमत्स्येन्द्रासन, शशांकासन, मण्डूकासन, मार्जारासन, पवनमुक्तासन, नौकासन, भूजंगासन, धनुरासन शवासन।

Asanas reduces hormonal imbalance, it also reduced hirsutism and improve menstrual frequency and can help reducing anxiety symptoms in adolescent girls.[5]

Following *Pranayama* for preventing PCOD are

भस्त्रिका, भ्रामरी।

In *Bhastrika Pranayama*, abdominal muscles and diaphragm are used which puts pressure on internal organs. In PCOD there is excess of accumulation of adipose tissue in abdominal region due to insulin resistance. This *Pranayama* can help in raising metabolic function at the cellular level to increase the burning of fat and promoting healthy, natural weight loss. Further it will help in relieving insulin resistance.

Bhramari relieves stress and cerebral tension alleviating anger, anxiety, insomnia and reducing blood pressure. It strengthens the endocrine glands especially thyroid and nervous system.

4) *Pratayahra*- It is the practice of self control for an individual attempts to withdraw the senses from their object. A person is able to effectively engage into the practice of *Samyama*. Youngsters are very fond of junks, gadgets etc. This practice helps them to control their desires. Here we automatically withdraw from the external and bring our focus inwards towards our breath.

5) *Dharna, Dhyana*-*Maharishi Patanjali* says *Dharna, Dhyana*, together constitute *Samyama* (unity or mastery) and from mastery of that *Samyama* pure consciousness is attained as a permanent state. "योगश्चित्तवृत्तिनिरोधः॥" One can make control over *chitta* by practicing this. It can help adolescent make healthy society by controlling their anger, irritability and aggressive behavior and that will not lead to stress and negative behavior and therefore no hormonal imbalance is there in the body. It will prevent from lifestyle disorders and can help in making healthy society.

DISCUSSION AND CONCLUSION:

Adolescent period is the best time to correct any growth deficiency. PCOD is very common diseases of today in young girls. To prevent this, holistic approach is needed because it takes into consideration the individual's whole wellbeing including physical, mental, spiritual and emotional health. We should give proper direction to young girls regarding *Yogic* procedures like *Shatkarma* and *Ashtanga Yoga*.

These purificatory practices are designed in *Hathayoga* tradition for purifying the body time to time. It is known that due to routine wear and tear of body tissues, food and air pollution etc. in daily life a range of impurities accumulate in the body at all levels- organs, viscera, tissues, cells and body fluids. They block the channels of the body making the body functions sluggish. Hence periodical purification of the interior of the body is essential to conserve the normal body-mind function and also to facilitate the practice of Yoga.[6] Therefore, it is important to teach these things in adolescent age and encourage them to do these practices. It will improve health of youngsters and make them active to perform their activities. *Shatkarma* is necessary before any other practices because it purifies the body and mind and facilitates the body for *Yoga* practices. These *Yogic* procedures also include *Ashtanga Yoga* and it is the potential tool for the youth to deal with stress and make them aware about the consequences of their present lifestyle. Adolescence is a growing age and if proper understanding & guidance is provided to youngsters in the initial stage they can be prevented from various psychosomatic diseases like stress, depression, anxiety, PCOD etc. It can be believed that *Ashtanga Yoga* is one of the complete *Yoga* practices, as it not only works physically, but also creating unification between body and mind. The ultimate goal is to achieve peace, good health, harmony and calmness.

Practicing *Yogic* procedures in adolescent with PCOD is better than a conventional physical exercise program in reducing anxiety symptoms, reducing mFG (modified Ferriman and Gallway) score for hirsutism, improving menstrual frequency, improving glucose, lipid and insulin values.[7]

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ROLE OF MINERAL MEDICINE IN LIFESTYLE DISORDERS W S R TO OBESITY (*STHOULYA*)

Dr. Heena M Sheikh

PG Scholar, Rasa Shastra & Bhashajya Kalpana

Mahatma Gandhi Ayurved College, Hospital & Research Centre Salod (H), Wardha 422001, Maharashtra

ABSTRACT

60% of deaths occur in the world due to life style disorders i.e, Non communicable diseases. WHO while defining about the life style disorders focus on Obesity (Co Related to *Shoulya* in *Ayurveda*). *Shoulya* is not only a *Nidaan* for various *Rogas* but is also a manifestation of number of *Rogas*. *Rasa Kalpa* and *Rasayan chikitsa* has been neglected in acute diseases which further take form of grave diseases under life style disorders. Micronutrient deficiencies associated with overweight/obesity which includes deficiencies of minerals like calcium, iron, magnesium, potassium, selenium, zinc, iodine & others. These all play a role as essential cofactors in proper carbohydrate, fat and protein metabolism, and in assisting neurotransmitters and other hormones in regulating hunger. Taking this into account, eating “naked calories,” will provide a disconnect between the mind and body, leading to physiological need to over consume food and eventually obesity. Micronutrient(minerals) , were mentioned long back as *Rasa dravyas* like *Louha*, *Tamra*, *Parad*, *Gandhak* which prove to beat *Sthoulya* (Obesity), the cause of various life style disorders .

Aims & Objectives

1. Literary review of minerals (*Rasa Dravya*) indicated in *Sthoulya*
2. To Study life style disorders w.s.r to Obesity
3. To present the role of minerals in management of Obesity in perspectives of Ayurveda and modern medicine

Material and methods

Review of literature will be done from *Rasa Shastra* texts, *Rasa Ratna Sammuchaya*, *rasa tarangaini*, *Yoga Ratnakara*, *bhashajya ratnavali* etc. Relevant *samhitas*, *Charak samhita* ,*ashtang hruday* etc will be reviewed for *Sthoulya* and *Rasa Chikitsa* indicated in the same. Research articles, publications related to obesity, use of minerals and life style disorders were scuritinised. E-books & other sites on internet were also searched for relevant data.

Observation and Results:

Rasaushadhis like *Shilajatu*, *Loha bhasma*, *Rasasindhura/Parada bhasma*, *tamra bhasma* etc are the best drugs to treat *Sthoulya*. *Rasaushadhis* given in *Bruhatrayis* (*Charak*, *Shushurta*, *Vagbhata*) are *Shilajatu*, *loha bhasma*, *kshara*, *Vidangadya loha* etc. and in *Laghutrayis*, *Yoga Ratnakara* and *Bhavaprakasha* respectively *Rasa bhasma/Rasasindhura*, *Trayushanadhya Loha*, *Trimurti Rasa*, *Vadavagni Rasa* and *Shilajatu* with *Guggulu*, *Shilajatu* with *Agnimantha kwatha*, *Loharasayana*, *Loharista* etc. There is a vast spectrum mineral treatment in Ayurveda texts which can cure the grave life style disorder Obesity.

Conclusion –

In Society, Percentage of population suffering from *Sthoulya* is increasing day by day so they should made aware regarding the disease and its severe complications before it reaches to its epidemic level. Weight management is a life-long process and permanent weight reduction is difficult to achieve hence minerals which modern medicine is prescribing to the obese patient as nutrient supplement was actually written as a power medicine in *Sthoulya* long back in Ayurveda.

A NEW AGE CONCEPT OF *MEDHYARASAYANA* FOR PSYCHOSOMATIC DISORDERS- AN AYURVEDIC PROSPECTIVE

Neha Saini, Shaina Chabra, Supinder Singh Nirmaan*Dr. Sudeep Kaur**

*B.A.M.S Final Year Scholars, Shaheed Kartaar Singh Sarabha Ayurvedic Medical College, Sarabha District Ludhiana (Punjab).

**Assistant Professor, Department of Swasthviritta and Yoga, Shaheed Kartaar Singh Sarabha Ayurvedic Medical College, Sarabha District Ludhiana (Punjab).

ABSTRACT

Ayurveda is the most sacred science of life beneficial to humans both in this world and the world beyond. It is the traditional medicine system which originates from the roots of Vedic culture and claims to treat diseases by changing lifestyles. Lifestyle is nothing but just a way you live. In present era, individuals are too busy and overloaded with tension, stress, anxiety. *Acharaya Charak* has described *Nidana* which leads to psychosomatic disorders i.e. *Asatmaya-indriyesamyoga*, *Pragyapradha* and *Parinama*. These steps further vitiate *ManasDoshas* i.e. *Sattva*, *Rajas* and *Tamas*. But mainly *Rajas* and *Tamasguna* gets vitiated leads to negative *Manas Bhava* like *Kama* (lust), *Krodh* (anger), *Lobh* (greed), *Bhaya* (fear) etc. All these help to develop psychosomatic disorders i.e. *Avsada*, *Unmada*, *Apasmara* etc. Ayurveda has a powerful tool of *Medhaya Rasayana*, is derived from Sanskrit which means intellectual and cognition. *Medhaya Rasayana* works on three pillars as *Dhee* (intellect), *Dhriti* (determination) and *Samriti* (remember, recollect). These drugs work according to their *Rasa* and *Prabhav*, enriched with *Tikta*, *Kashaya* and *Katu Rasa* which helps to balance *Sadhak Pitta* responsible for *medha* and helps mind to organize, brings clarity of perceptions and to retain. *Acharaya Charak* has described *Medhaya Rasayana* as *Mandukparni Swarasa* (leaves enriched with triterpene plays neuroprotective antioxidant role), *Mulethi Churana with Ksheer* (*Ksheer* improves absorption of glabridin, also neuroprotective in nature), *Guduchi Kwatha* (stem enriched with berberine prevents oxidation damage to brain cells), *Shankhapushi* (convolvine increases neuropeptide synthesis). Thus it plays a wonderful role in treating psychosomatic disorders originating from bad lifestyle.

Keywords: *Medhaya Rasayana*, Lifestyle Disorders, Psychosomatic Disorders.

A CONCEPTUAL STUDY OF *TIKSHANAGNI* CORRELATION WITH HYPERTHYROIDISM

*Pooja Shelke, **Dr. Sudeep Kaur, ***Dr. Amitabh Singh

*B.A.M.S 3rd Year Scholar, Shaheed Kartaar Singh Sarabha Ayurvedic Medical College, Sarabha District Ludhiana (Punjab).

**Assistant Professor, Department of Swasthvritta and Yoga, Shaheed Kartaar Singh Sarabha Ayurvedic Medical College, Sarabha District Ludhiana (Punjab).

*** Professor and Head of the Department, Department of Kayachikitsa, Desh Bhagat Ayurvedic College and Hospital, Desh Bhagat University, Mandi Gobindgarh District Fatehagarh Sahib (Punjab).

ABSTRACT

In vivid and broad illustration of *Agni*, described in various Ayurveda classics, the concept of *Tikshanagni* i.e. excessively excited *Agni* where the affected person easily digests even a heavy in a very short space of time causes voracious hunger. *Acharaya Charaka* states that the person having diminished *Kapha*, aggravated *Pitta* follows *Vata* which strengthens *Agni* on its seat (*Grahani*) by its intrinsic heat. Due to intense and powerful effect of *Agni* along with *Vata* digests the food forcibly, quickly and frequently. After digesting the food it also digests the *Dhatus* like *Rakta* etc. resulting in debility disorders which results to death. The patient affected by *Tikshanagni* gets relief from food but becomes restlessness soon after it is digested. As per *Acharaya Charaka* तृप्तश्वासदाहमूर्च्छाद्याव्याधयोऽत्याग्निसंभवा। i.e. thirst, dyspnoea, burning, fainting etc. are the symptoms due to aggravated fire gives similar conditions seen in thyrotoxicosis (hyperthyroidism) where person suffers from excessive hunger, heat intolerance, weight loss, hyperactivity, tremors, warm skin and muscle weakness. The concept of सस्त्रेहमुष्णंतीक्ष्णं च सरमम्लं द्रवं कटु and सर्वदा सर्वभावानां सामान्यं वृद्धिकारणं explains the aggravated *Pitta* and aggravates *Agni* leads to a condition known as *Bhasmaka Roga*, shows the increased metabolic conditions and hyperactivity which affects the whole body directly or indirectly. According to *Madhava Nidana* अत्यन्ततीक्ष्णाग्निरेव भस्मक इत्युच्यते means excessive *Tikshanagni* leads to *Bhasmaka Roga* which may be the initial conditions for thyrotoxicosis. This study explains the *Tikshanagni* concept in detail by correlating it with thyrotoxicosis (hyperthyroidism) which is beneficial in treating hyperthyroidism on the principles of *Bhasmaka Roga* in Ayurveda.

Keywords: *Tikshanagni*, *Bhasmaka Roga*, Thyrotoxicosis, Hyperthyroidism.

ROLE OF PANCHAKARMA PROCEDURES IN DINACHARYA AND RUTUCHARYA FOR PREVENTING LIFE STYLE DISORDERS

Dr.Neeraja.B* Dr.Divya Kini** Dr.H.M.Harisha***

*Presenter : *PG Scholar, Department of Panchakarma, Ashwini Ayurvedic Medical College Tumkur.*

*Guide : ** Associate Professor, Department of Panchakarma, Ashwini Ayurvedic Medical College, Tumkur .*

**** Prinicpal, Ashwini Ayurvedic Medical College, Tumkur.*

ABSTRACT

Life style disorders are currently burning problem world wide as well as in India. According to 2017 National health bulletin the incident rate of life style disorders are 76.47 percent at India level. Now a days Indians are adopting more western life style and western food habits which the root cause of lifestyle disorders . Ayurveda has given strict guidelines to maintain positive health through Dinacharya and Rutucharya. In this apart from following healthy diet and life style more stress given to Panchakarma procedures.

Abhyanga,Nasya, Mardana, Udvartana, Gandusha procedures mentioned in Dinacharya helps in combating many life style disorders . In Rutucharya - Ritu shodhanas are mentioned which helps to tackle the doshik vitiation caused in particular ritu i. e Vasanta ritu – Vamana, Sharat ritu – Virechana, Varsha ritu – Basti. It is important and significant as they prevent kapha,meda, mansadushti, stress and strain of mind as well as body. This presentation is a humble attempt to trace out the role of Panchakarma mentioned in Dinacharya and Rutucharya in preventing life style disorders.

Keywords : Life style disorders, Dinacharya, Rutucharya , Panchakarma procedures.

VARIOUS TREATMENT MODALITIES IN LIFESTYLE DISORDER

Dr. Priyanshu Chaudhary

PG Scholar, Dept. of PG Studies in Kayachikitsa

BVVS Ayurved Medical College, Bagalkot.

Today, world is looking forward for new developments. In same fashion different lifestyle trends are also emerging. These leading to a special group of disorder affecting our society called '**Lifestyle Disorder**'. The incidence of lifestyle diseases like Hypertension, Diabetes Mellitus, Dyslipidemia, and Obesity associated with Cardiovascular Diseases is high on rise.

The lifestyle of an individual is composed of physical traits, psychological functions, dietary style, habits, living condition etc. The holistic approach of Ayurveda in treating the patient as a whole, meaning intervention targeted toward complete physical, psychological, and spiritual well-being makes this science a wonderful option in lifestyle disorders.

Ayurveda offers various modalities from various regimens to purification therapies and internal medicines to manage lifestyle disorders by following Dincharya, Ratricharya, Ritucharya, Panchakarma or with help of Rasayanas. All these, are followed to achieve the homeostasis and not just counter the specific symptom. These disorders are also due to effect on psychological condition for this Ayurveda offer AcharaRasyana, SatvavajyaChikitsa.

Even the importance of Bala or Ojus is also been dealt while treating these disorders as poor immunity is also a factor leading to these disease. Ayurveda provides better solution in the forms of proper dietary management, lifestyle advises, medicaments for overall improvement in person life and help him to enjoy '**SukhaAyu**'.

ROLE OF AAHAR & VIHAR IN LIFESTYLE DISORDER

Neha Saini¹, Dr. Akhilesh Kumar², Dr. Sham Ganpat Tikhe³

¹Ph.D(Yoga)

²Assistant Professor (Ayurveda & Yoga)

³Assistant Professor (Yoga & Ayurveda)

Sanchi University of Bhuddhist-Indic Studies, Barla, Raisen, M.P

ABSTRACT:

In today's era, manage lifestyle becomes a challenge where every person has to face several disorders because they have different needs, situations, work area, eating habits, sleep time etc. Life style is based on basically 4 pillars i.e. Aahar, Vihar, Sanyam, Nidra, Where lifestyle directly affected by Aahar & Vihar which affect body & mind directly "Jaisa Khaaye Ann Vaisa Hoyal Mann" and Sanyam & Nidra affects it indirectly which appears in behavior. Every human being carry his own personality according to aayurveda which based on the concept of Triguna (Sat, Raj,Tam). According to type of Prakruti, a person should adopt the lifestyle and eating habits, if he ignored he might become ill or sick and even get frustrate with his own situations, which is very common problem in today's generation. This problems start with bad eating habits as well as physical inactivity with sleepless nights and turns into a lifestyle disorder i.e. obesity, insomnia, high & low blood pressure, depression, fatigue etc.

To manage Life Style, a person should adopt some good habits, which can help him to stay healthy & happy. He should wake up early in the morning and drink plenty of water, adopt habit of walk (specially morning walk) in place of car, rickshaw etc. eat at least one seasonal fruit, green leafy vegetables, low calorie diet, avoid junk food, packed food, exercise daily, increase practice of "Kriya Yoga", attitude of gratitude makes the difference in attitude and personality. In this theoretical research, discussed some solutions about life style and bring awareness about concept of Triguna in aspect of personality.

Key Words:- Aahar ,Vihar, Lifestyle, Disorder |

INTRODUCTION

People who are living in town/city, most of them has disturbed lifestyle due to stress of work, sedentary job, so many people are moving towards village to town due to some job aspects, earnings, education or business purpose. Sometimes their lifestyle turns according to their work hours, sitting or standing job habits, and the most probably their eating habits and sleeping patterns.

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When we talk about lifestyle in general, then four terms appears which effect the daily routine of the person where person may get health-wealth nicely and easily or it may also happens that person may get different kind of disorders. These four terms are **Aahar, Vihar, Nidra, Sanyam**.

Aahar:According to Pt. Shri Ram Sharma Acharya: Aahar comes before the Health-Discipline and Vihar comes after it. Vihar includes “routine (nityakarm), defecation, bath, sleep, work or diligence, satisfaction.

What to eat? When to eat? How to eat? These statement help a person to identify that what kind of diet he needed and according to his Aahar his body reacts then rest action of body & mind depends on Vihaar.

Aahra has 3 types of qualities Satvik, Rajsik, Tamsik (Geeta 17.8 &9) similarly a person has the quality based upon concept of Trigunai.e. Vaath (Raj), Pitt (Sat), Kaph (Tam). Every human being get his own personality through these 3 elements that identify the personality which is known as Prakruti and it is affect by the food and lifestyle. Intake food against the prakruti lead to so many diseases obesity, fatigue, diabetes, arthritis, flatulence, gout, constipation, cough-cold, uric acid formation etc.

Vihar:After Aahar lifestyle directly get affected by Vihar because it includes toilet habits, bath habits, and whole day activities. If a people supposed to ignore defecation, urination then his body’s natural call get negatively affect as well as absence of punctuality and it again a second reason to lead disorders like frustration, swelling in body, odd behavior, lack of peace of mind, scattered mind etc.

Sleepless night directly influence body & mind because a melatonin hormone start to secret in the night around 9 pm and if person ignore that particular time of sleep, then this habit turns into Psycho-somatic disorders like insomnia, depression, high-low blood pressure, kidney disorders, hormonal disbalance, metabolism related disorders etc.

Sanyam also affect the body & mind. According to Pt. Shri Ram Sharma Acharya there are four types of Sayam: “**Samay, Indriy, Arth, Vichaar**”.

Time management (Samay Sayam): Every human being get limited time, how to manage time is a big task for everyone, because time travel with its own speed and if people do not catch & match the speed of time, they fell down or left behind and in a simple words “who cannot waste time, we can only waste our self” and then it’s turn in to a psychological disease where failure, depression, phobia takes place therefore time management should be on priority.

Sensual control (Indriya Sayam): people who do not have self-control and always get effected by words and taste, consider themselves as an uncontrolled person and at outer world they seems

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normal but inside they felt guilt, anger, jealousy therefore sense control should practice by every human being.

Money Management(ArthSayam):in today's time people are earning thousands buck of amount and similarly their expenses increase by the same proportion and speed, here desirous exceeding with their earnings and people become greedy, they want more & more, they forget to minimize their needs as well as desirous. To control this habit and become happy, one has to practiceto minimize expenses & donate some part of his earnings(AnshDaan).

Control over Thought (VichaarSayam): Every-day thousands of thoughts come and go but very few are useful for us. Our thought pattern developed our attitude and self-concept which turns into reality.If our thought pattern is negativethen our expression, actions, reaction, self-concept, is also negative. So we should focus on our thought pattern and try to make thempositive.Positivity in negativity out.

DISCUSSION

Accroding to bhagwaan Krishan in Geeta17/8,9³Persons in the mode of goodness prefer foods that promote the life span, and increase virtue, strength, health, happiness, and satisfaction. Such foods are juicy, succulent, nourishing, and naturally tasteful.Mode of goodness is pure, illuminating, and serene, and creates a sense of happiness and satisfaction. Foods in the mode of goodness have the same effect. In the above verse, these foods are described with the words ayuh sattva, meaning “which promote longevity.” They bestow good health, virtue, happiness, and satisfaction. Such foods are juicy, naturally tasteful, mild, and beneficial. These include grains, pulses, beans, fruits, vegetables, milk, and other vegetarian foods.

Hence, a vegetarian diet is beneficial for cultivating the qualities of the mode of goodness that are conducive for spiritual life.

Foods that are too bitter, too sour, salty, very hot, pungent, dry, and chili, are dear to persons in the mode of passion. Such foods produce pain, grief, and disease. When vegetarian foods are cooked with excessive chilies, sugar, salt, etc. they become Rajsik. While describing them, the word “very” can be added to all the adjectives used. Thus, RajsikAahar are very bitter, very sour, very salty, very hot, very pungent, very dry, very chili, etc. They produce ill-health, agitation, and despair. Persons in the mode of passion find such foods attractive, but those in the mode of goodness find them disgusting. The purpose of eating is not to relish bliss through the palate, but to keep the body

३आयुः सत्वबलारोग्यसुखप्रीतिविवर्धनाः ।

रस्याः स्निग्धाः स्थिरा हृद्या आहाराः सात्विकप्रियाः ॥

कट्वम्ललवणात्युष्णतीक्ष्णरूक्षविदाहिनः ।

आहारा राजसस्येष्टा दुःखशोकामयप्रदाः ॥

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healthy and strong. As the old age states: “Eat to live; do not live to eat.” Thus, the wise partake of foods that are conducive to good health, and have a peaceable impact upon the mind i.e., Satvik Aahar.

Geeta 17/10⁴Foods that are overcooked, stale, putrid, polluted, and impure are dear to persons in the mode of ignorance. Cooked foods that have remained for more than one yam (three hours) are classified in the mode of ignorance. Foods that are impure, have bad taste, or possess foul smells come in the same category. Impure foods also include all kinds of meat products.

If lifestyle is Tamsik person may live a lazy life eat oily, junk food or intake stale food etc. do not believe in walk, Yogasan practices, more focus on hunger, thirst, overweight, difficulty in losing weight, but the ease of weight gain, bad digestion, weak hunger, upper respiratory tract infections, excess oil in the skin, extra oil in hair, acne, may stay in dark, hide emotions, not expressive, thought pattern shows negativity more than positivity. Then the person may become obsessed, catch a problem of diabetes and cough diseases like sinus, cold, asthma, depression, lethargies in the body, Hypothyroidism, Insomnia etc.

If lifestyle is Rajsik person may live very fast life, person behave aggressive, create arguments, unstable, get frustrate easily, dry skin, weakness, fatigue, problems caused by gas, flatulence, cold, different types of pain, weight loss, pain in the muscles, veins Pain, Back Pain, High Blood Pressure, mood disorganization etc. He likes to eat spicy food, fasting, late meals, and being hungry is a hindrance in the work of vicious defects. Waking up for late in the Night, staying in cold air, overcooked dry diet, and stale food, genetic disturbances, and low emission of uric acid salts. Emotions like hyper-busy lifestyles, guilt-feelings, fears and grief are cruel. VaatPrakruti most of the time present himself in hurry whether he completed all task on time, still person talk fast, walk fast, understand very fast, and the strange thing forget also very fast. They need more rest in comparison Pitt and KaphPrakruti

If life style is Satvik then he live a smooth life, he behave politely, nicely and likes to eat fresh, light food, fruits, Vegetables etc. but if opposite happens then these things can lead to bile unbalance in the gallstones, other reasons are also exist getting into strong sunlight, working near a hot furnace, staying in hot climate, stress and staying under pressure, with hot pepper, hot and spicy food, use of more salt, consumption of yeast food items, sour food and more ambitious. Excess of acidity in the body, more gastric fluid-gastritis, discomfort in food-tube, burning sensation in the body, burning sensation in the head, Feet and palms, blood flow from the nose, burning sensation in the urine, nail being yellow. Depression, irritation, anger, restlessness, loss of temper, always criticizing others and being in the debate.

४यातयामं गतरसं पूति पर्युषितं च यत् ।

उच्छिष्टमपि चामेध्यं भोजनं तामसप्रियम् ॥

Solution: Here are some solutions for standard lifestyle to settle body, mind and soul for all three type of (parkruti) people are as follow:

- Wake up early in the morning
- Drink at least 2 glass water
- Practice Taadasan, Katichakrasan, Triyak-taadasan after drinking water. It help to remove constipation.
- Make habit to go toilet on same time.
- Make habit to go on morning walk to gain vital force energy in form of Oxygen.
- Do Vaman & Neti once in a week to remove excess mucus & bile, practice nauliagnisaar to improve digestive fire and kapaalbhaati to clean skull as well as reduce fat too.
- Do yogaassan,
- Practice pranayama, according to parkruti and season. In winter do bhastrika and suryabhedipranyaam, in summer do chanderbhedi, sheetlisheetkari, etc.
- Bharmri and ujjayi can do 12 month to remove depression, anxiety etc.
- Practice Kriya Yoga
- Tapa: vaachik (chanting of mantra), maansik (do meditation), shaaririk (stretch and sweat).
- Swadhyay: read scriptures, self-analyses, write something or read something valuable.
- Breakfast: avoid tea and coffee completely, avoid oily diet on daily basis, take sprouts (semi boiled), oats, soaked dry fruits.
- Take one seasonal fruit “an apple a day, keeps doctor away”
- During lunch take complete balanced diet like a king and includes chapaati, rice, curd, seasonal veggie, daal, salat etc. you may gud after meal.
- Do not use mobile phone during meal, physical practice and kriya yoga, and when we talk with our family or friends.
- In the evening again ignore tea and coffee, and replace it with green tea or fruit.
- During dinner ignore oily stuff, protein diet, choose soup, chapaati and veggie. At the bed time take a glass of milk (luke warm).
- Make habit of donation in terms of food, cloth. Learn to share & care and spread happiness and peace.
- Listen positive things daily, meet with positive people.
- Adopt habit of punctuality.
- Offer gratitude to everyone who helped you and gratitude begins from home.
- Respect yourself and believe in your-self that you can do everything.
- Believe in divinity that he will always protect you.
- God is with you.
- Practice Aatambodh, Tatvabodh meditation.

CONCLUSION

In this theoretical research, it was found that, Aahar-Vihar & Nidra-Sayam which are pillar of lifestyle either invite the disease or makes a person healthy, wealthy and wise. Aahar makes body by Sapt-Dhaatu which effects the mind. If Aaharis Tamsik then a person who intake it, behave like tamsik parkruti, his thought pattern also works according to his diet and person start to think at low frequency, and when he replace his diet with Satvik Aahar his thought pattern transform into higher frequency and he starts to attract health, success, prosperity. Vihar play an important role to gain life force energy and reduce problem of insomnia, depression, obesity, and provide peace of mind, daily routine work should be on time and punctuality as well as positive thoughts should exist in the surroundings. Nidra, a tool to regain the energy and relax the body & mind. Very true saying "Early to bed, early to rise, makes a man healthy, wealthy & wise". People who cannot able to use this teaching most probably they found themselves into trouble. So it is better to sleep well and stay healthy. Sayam, teaches a person detached with negative environment and move towards inner self more and more. Minimize unnecessary expenses, live life fully and surrender the greed, share happiness with needy ones. Last but not least happiness comes out from inside so it is better to drop all the problems and surrender to the divinity and live life fully and practice Tapa, Swadhyaya, Ishwar-Pridhaan. Adopt teachings of Aayurved, go for walk, start share & care, do yoga, and drink plenty of water, and ready to be shine in the world with inner peace, inner love and inner joy.

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MANAGING URINE INCONTINENCE AS GERIATRIC DISORDER IN WOMEN- AN AYURVEDIC PROSPECTIVE

***Riya, **Dr. Sudeep Kaur, ***Dr. Amitabh Singh**

**B.A.M.S 3rd Year Scholar, Shaheed Kartaar Singh Sarabha Ayurvedic Medical College, Sarabha District Ludhiana (Punjab).*

***Assistant Professor, Department of Swasthivritta and Yoga, Shaheed Kartaar Singh Sarabha Ayurvedic Medical College, Sarabha District Ludhiana (Punjab).*

**** Professor and Head of the Department, Department of Kayachikitsa, DeshBhagat Ayurvedic College and Hospital, DeshBhagat University, Mandi Gobindgarh (Punjab).*

ABSTRACT

The term Geriatric conjures up images of a frail, hunched wrinkled body, toothless dribbling mouth and uncontrollable bowels and bladder. The knowledge of old age urine incontinence is as old as recorded medicine itself. It is the most common social or hygienic problem among old age women. It occurs due to the impaired function of pelvic floor muscles. The condition of urine incontinence has been described as per *Vata* aggravation. This *Vata* is also an independent cause of *Vattika Vikara*. Urinary bladder comes under three *Marmas* (vital organs, viz., heart, head and urinary bladder). Therefore, to cure *Vattika Vikara*, it is necessary to protect vital organs from *Vata* which is responsible for all their diseases. The main objective of this study is to provide treatment with the help of ancient health care resources to promote primary and preventive health care of old age women. The causes of urine incontinence associated with both physical and psychological i.e. postmenopausal conditions and vaginal pH and stress, depression and anxiety. Some of the pathological factors associated with urine incontinence are cystitis or any kind of urinary tract infection occurs in postmenopausal women. There are many effective pharmaceutical and non-pharmaceutical therapies in medical science and Ayurveda. The purpose of this study is to create an impact of *Pathya Apathya*, *Yoga Asanas*, *Pranayama*, *Bandha* and *Mudra* for treating urine incontinence naturally in effective and curative way.

Keywords: Urine Incontinence, *Vata*, *Yoga Asana*, *Vattika Vikara*.

CONCEPTUAL STUDY OF VARIOUS TREATMENT MODALITIES IN POLYCYSTIC OVARIAN SYNDROME INDUCED SUB FERTILITY WITH SPECIAL REFERENCE TO PRAMEHA HETU

Dr. Pratiksha P. Rathod, M.S. (Ayu. Prasuti-Striroga)

*Assistant professor & I/C H.O.D. - Dept of Prasutitantra & Striroga, Mahatma Gandhi Institute of Ayurveda, (Salod),
Datta Meghe Institute of Medical Sciences, Sawangi, Wardha, Maharashtra.*

INTRODUCTION-

Polycystic Ovarian Syndrome is metabolic disorder traditionally considered as triad of Oligomenorrhea, Hirsutism & Obesity. It also involves features of insulin resistance. The number of sub fertility patients having PCOS is increasing significantly. PCOS is interpretive of *Prameha Purvarupa* in female which is mainly caused by *Asyasukham* etc *prameha hetu* which reflects westernized nutritional habits as well as sedentary lifestyle. AIM- Conceptual study of various treatment modalities in PCOS induced sub fertility with special reference to *Prameha Hetu*. Objectives- To interpret the concept of PCOS induced sub fertility, to study the causes of *Prameha* with special reference to PCOS and to establish various treatment modalities for PCOS induced sub fertility. Material - Classical literature of *Ayurveda* as well as modern medical science on the subjects of Gynecology / Obstetrics and Genetics. Methods - This was purely a literary study where in the explored literature was analyzed and interpreted. Following literature was analyzed, classical texts modern scientific books on gynecology and obstetrics, research papers on the topic and various single and compound drugs in *Ayurveda*, Pub med, lancet and Cochrane like sites. These literatures were analyzed based on the aim of the paper. Observation & Discussion- It can be treated with basic principles of *Santarpana & Apatarpana*. *Prameha* though having same *hetus*, the presentation of patient is divided as *Sthula and Krush pramehi*. Patients with *PCOS* are also categorized as lean and obese. There are many basic formulations which can be used for expected outcome in PCOS induced sub fertility.

IMPACT OF *ACHARA RASAYANA* ON PHYSICAL AILMENTS – A PSYCHOSOMATIC APPROACH

*Pooja Shelke, **Dr. Sudeep Kaur

*B.A.M.S 3rd Year Scholar, Shaheed Kartaar Singh Sarabha Ayurvedic Medical College, Sarabha District Ludhiana (Punjab).

**Assistant Professor, Department of Swasthivritta and Yoga, Shaheed Kartaar Singh Sarabha Ayurvedic Medical College, Sarabha District Ludhiana (Punjab).

ABSTRACT:

In this fast moving life most of the people are suffering from *Sahasa*, *Arati* and *Autsukya* which are affecting the health of people to an extent that they are getting serious mental and physical ailments which becomes chronic latently. These emotional conditions are known as *ManasVikara*. The *ManasDoshas* affects not only the mental health but also the physiology of the body. *ManasVikara* such as *Raga* (passion/desire), *Dvesha* (hatred), *Lobha* (greed), *Moha* (delusion), *Krodha* (anger), *Kama* (lust), *Mada* (arrogance), *Bhaya* (fear) and *Rajas*, *Tamas* as *ManasDoshas* impounding the normal physiology explained by Ayurveda classics. The objective of this research is to study the pathological effect of these *ManasDoshas* on physiological ailments including their prevention and management. The concept of *AcharaRasayana* states the rules and principles behavioral therapies which helps in getting *Samyavastha* of *Manas* and *SharirDoshas* explained by *AcharayaCharaka*, helps to give its rejuvenating effect on body by physically, mentally and socially. The *SattvaavjayaChikitsa* mentioned in various Ayurveda classics, Hindu Mythology of *MuktiUpnishadaYogaVashishtha*, *Manusmriti* and in texts written by *AcharayaChanakya* is the way of having control on mind and to live healthy life by treating psychological factors of physical ailments. It is a unique way to change lifestyle, towards a healthy future. In nutshell, *AcharaRasayana*, knowledge of *Dharamgrantha* and *SattvaavjayaChikitsa* is helpful in treating diseases both physically and mentally.

Keywords: *AcharaRasayana*, *ManasDoshas*, *ManasVikara*, *SattvaavjayaChikitsa*.

EFFECT OF PHOTOPERIOD ON THYROID AND REPRODUCTIVE PHYSIOLOGY

Rakesh Verma and Chandana Haldar
Department of Zoology, Banaras Hindu University
Varanasi-221005

Thyroid hormone signalling plays a central role in photoperiod-driven regulation of neuroendocrine-reproductive physiology by enhancing GnRH signalling to the pituitary in the median eminence region of the brain. Changes in photoperiod markedly alter the expression of iodothyronine deiodinases (Dio) activity in the hypothalamus. The present study explores the direct effect of light duration (photoperiod) that regulates thyroid hormone functioning and thereby testicular physiology in adult golden hamster, *Mesocricetus auratus*. Here we investigated the variation in the expression of thyroid hormone receptor and its correlation with testicular energy metabolism along with steroidogenic, germ cell proliferation and cell survival factors. Hamsters were exposed to different photoperiodic regimes i.e. critical photoperiod (CP), short day (SD) and long day (LD) for 10 weeks. LD induces upregulation of thyroidal and gonadal activity as evident by active thyroidal and testicular histoarchitecture and peripheral thyroid-testosterone hormonal profiles when compared with SD exposed hamsters. Further, LD increased expression of testicular metabolic and steroidogenic markers as compared to SD exposed hamsters. Thus, it can be suggested that testicular thyroid hormone status is being regulated by photoperiod and is possibly involved in seasonal adaptation to reproductive phenomenon of golden hamster.

AN INTEGRATIVE APPROACH TOWARDS DEPRESSION, A LIFESTYLE DISORDER

Bhargav Bhide

Lecturer, Department of Dravyaguna, Mahatma Gandhi Ayurved College, Hospital & Research Center, Salod (H),
Wardha, Maharashtra

ABSTRACT:

Depression results from a complex interaction of social, psychological and biological factors. WHO states that more than 350 million people are suffering from depression. The problem is increasing day by day and may lead to serious consequences like suicide. On observing various articles regarding depression it is observed that the major contributing factors for depression are poor diet, improper habits of eating, abusing drugs and alcohol, overworking, lack of exercise, poor sleep, lack of leisure time etc. In short, improper lifestyle is the main causative factor for depression. In Ayurvedic perspective, diseases like Unmada, Apasmara and Atattvabhinivesha are considered as Manasika vyadhi. Acharya Sushruta considers health of mind utmost important while defining a healthy individual. The term depression can be considered nearer to 'Vishada'. It can be observed as symptom in various Manas (psychological) Vyadhis. Acharya Charaka considers it responsible for increasing any disease (Vishado rogavardhananam). Medhya Dravyas can be useful in management of the disease. Modification of lifestyle according to Sadvritta i.e. Achara Rasayana along with use of Nitya Rasayana Dravyas in Ahara can be useful for treating depression. The present work reviews management of depression by modification in lifestyle according to Ayurveda texts and modern articles.

Key words: Depression, lifestyle disorders, Manas, Sadvritta, Vishada, Achara Rasayana

INTRODUCTION:

Lifestyle is a major reason behind keeping one healthy both physically as well as mentally. Since long human being is seeking for health and for that he is using various medicines. These medicines are either plant origin, animal origin, minerals or chemical origin. For maintaining health it is needed that one should live upto the expectations of nature. Health here includes both physical, mental and spiritual. But in today's era human lifestyle is day by day becoming farther from nature and more and more artificial which is causing upsurge many diseases. These diseases include disorders like obesity, diabetes, hypertension, hyper or hypothyroidism and many more. These lifestyle disorders include mental disorders also. Depression is one such disease. World Health Organization states that depression affects about 350 million people all over the world. It leads to many complications in the life and may turn into serious consequences like suicide. Many of the cases of depression are due to faulty habits i.e. lifestyle. In Ayurveda the term Vishada, Mano Avasada can be compared with depression. It is a disease of Mana (mind). Acharya Charaka has stated as 'Vishado

Rogavardhananam Agryam' i.e he considers Vishada as the most important factor to increase any disease. That means Ayurveda has given very much importance to Vishada.

DEPRESSION:

Modern lifestyle has given rise to many diseases of body and mind. Depression is one and major among them. Modern lifestyle includes fast life, increased competition, crave for money, materialism, stress and many other factors. A review is done regarding the risk factors for depression on the internet which led to following observations.

Major depression is defined as depressed mood on a daily basis for a minimum duration of 2 weeks. An episode may consist of sadness, indifference, apathy, or irritability. Sleep patterns can get changed, appetite and weight may get altered. Motor agitation or retardation; fatigue; impaired concentration and decision making; feelings of shame or guilt; and thoughts of death or dying are some of the consequences. Patients loose pleasure in all sorts of enjoyable activities, may get awake early in the morning, is always in unhappy mood which is qualitatively different from sadness, and patient often notices variation in mood which is worse in morning hours.

OBSERVATION:

A review was done regarding the type of lifestyle which should be followed to get out of the symptoms of depression. Various studies have been done on the aspect related to lifestyle of the depressed individual which are in favour of changing the lifestyle. Some reviews are also observed which are not concluding about the effectiveness of lifestyle modification for treating depression. But these studies too state the need of further study in drawing definite conclusion regarding the relation between lifestyle – which includes diet, exercise, sleep – and depression.

MODERN PERSPECTIVE:

A systematic review done by Gary Cooney et al concludes that Exercise is moderately more effective than no therapy for reducing symptoms of depression. The authors further conclude that exercise is not found more effective than antidepressants for reducing symptoms of depression, however they accept that the conclusion is based on smaller number of studies. Hence larger systematic study is needed. Anand Godse et al concluded that Suryanamaskara is effective in leading to R-dispositions like mental quiet, at ease/peace, rested and refreshed, strength and awareness and joy. Stress, worry, and negative emotion were found lower in the group performing Suryanamaskara compared to the control group. Michal Artal et al in their article in The Physician and Sportsmedicine Journal state that physical activity is a useful tool for preventing and easing depression symptoms. However while prescribing exercise as a supplement to medication and psychotherapy it was advised that the complexity and the individual circumstances of each patient must be considered. During treatment it should be considered that failure by the patient to carry out

exercise regimen may lead to a sense of guilt and self blame in him/her. So a feasible, flexible and pleasurable program needs to be advised. Walking—alone or in a group—is often a good option. Ergil Martinsen et al while comparing aerobic and nonaerobic exercise in the treatment of clinical depression found that Depression scores in both groups, which were measured by DMS-III-R criteria for major depression, were found to be significantly reduced during the study, but there was no significant difference between the groups. This indicates the importance of exercise in treating depression. However effects of aerobic and nonaerobic exercise were not found much different. F Dimeo et al did a pilot study to find the benefits of aerobic exercise in the patients of major depression which found that depression scores were clinically and significantly reduced due to physical training. It concluded that aerobic exercise can improve mood in the patients suffering from major depression substantially. Chanudda Nabkasorn et al conducted a study on 49 female volunteers with mild to moderate depressive symptoms measured by Centre for Epidemiologic Studies Depression (CES-D) scale. They were randomly assigned either an exercise or usual daily activities for 8 weeks. The study concludes that that a group jogging exercise may be effective in improving depressive state, hormonal response to stress and physiological fitness of adolescent females with depressive symptoms.

A review of reviews on the relation between depression and exercise made by Amanda Daley has provided the information that there is much variation in the results of exercise in the management of depression. There are some concerns regarding the quality of methodology, overestimation of effects and lack of data regarding its long term benefits. But it has been stated that exercise should be recommended to the patients of depression in combination with the other treatments. A review done by A Byrne and D G Byrne also supports the anti-depressant, anti-anxiety and mood enhancing effect of exercise programmes.

A cross sectional analysis to find out the effect of Mediterranean diet on depression suggests that Mediterranean Dietary Pattern, which includes adequate intake of important nutrients in the form of fruits, nuts, vegetables, cereals, legumes or fish, gives protection against depression. Almudena Sanchez-Villegas and Miguel A Martinez-Gonzalez reviewed the studies on the role of diet in preventing depression. They found that cardiovascular diseases and depression have many common physiopathological mechanisms. Lipids having anti-inflammatory properties such as omega 3 fatty acids or olive oil were found beneficial for depression while the intake of trans fatty acids and consumption of diet dominant in such fats like fast food and bakery products increase the risks of depression. Authors further highlight the need of observational studies with improved methodology. Shae Quirk et al studied the association between diet quality, dietary patterns and depression in adults by a systematic review. Their study found limited evidence to support the association between traditional Mediterranean diet, Japanese diet and healthy diet; and depression.

Adrian Lopresti et al reviewed the lifestyle factors viz. diet, sleep and exercise which contribute to important pathways associated with major depression. Authors have stated that research on major

depression has confirmed that it is caused by an array of biophysical and lifestyle factors. These three influence the development, progression and treatment of such condition. Pathways related to depression viz. neurotransmitter processes, immuno-inflammatory pathways, hypothalamic–pituitary–adrenal (HPA) axis disturbances, oxidative stress and antioxidant defence systems, neuroprogression, and mitochondrial disturbances are influenced by the diet, sleep and exercise. François Berthezene et al reported that anxiety and depression are associated with unhealthy lifestyle in patients at risk of cardiovascular disease. Unhealthy lifestyle includes physical inactivity, unhealthy diet and smoking. Depression and anxiety are associated with global score reflecting unhealthy lifestyle.

Jerome Sarris et al suggest that factors of modernity are contributing the manifestation of depression. There is now enough evidence to suggest the involvement of lifestyle factors in the pathogenesis of depression. The authors advocate judicious use of medication and psychological techniques, but also recommend more integrative approach. The further suggest inclusion of lifestyle modification as a routine part of treatment and preventive efforts. Marit Skrove et al suggests that symptoms of depression and anxiety in adolescents are associated with unhealthy lifestyle and low physical activity. Resilience characteristics were found to be protective against the symptoms and influence the association between lifestyle factors and symptoms of anxiety and depression.

Berk M et al states that physical activity plays a role in the risk of depression and there also is a base for using exercise as a therapeutic modality. Smoking and alcohol are risk factors for depression and good quality diet is protective against depression and poor diet increases the risk. Martinsen EW also supports the view that desirable changes in lifestyle such as physical exercise has great potential in prevention and treatment of depression. It is also evident that physically active people are at lesser risk of developing depression and exercise shows significant benefits for the patients with mild to moderate depression and also in the patients of anxiety.

From the articles mentioned above it can be stated that older studies find little relation between lifestyle and depression probably because of lack of enough evidences and less access of information. But recent researches support a major role of lifestyle modification in the management of depression.

AYURVEDA PERSPECTIVE:

On observing various Ayurvedic texts it was found that many words are can be correlated with the word depression such as Vishada (C.Su.25/) Manovikara (C.Su.25/40), Duhkham (C.Vi.8/119), Vakkayachittavasada (S.Ka.3/21-24), one among Ashitirvatavikaras (C.Su.20/11) and Chetaso anavasthiti, khedo va (C.Ni.1/21).

Mind (Manas) is Panchabhautika in nature, so the factors which vitiate the Sharira (body) also vitiate the Mana. Vishada, being one among Nanatmaja Vatavikara, Ahara-Vihara which vitiates Vata

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dosha vitiates Mana too and all types of Vata should be taken into consideration at first place. Following are the types of Vata, Pitta and Kapha which have relation with any of the Manasika Lakshanas.

Prana Vayu is responsible for Dharana of Buddhi-Hridaya-Indriya-Chitta; Udana Vayu is responsible for Vakpravritti, Prayatna, Urja, Bala and Smriti; Vyana Vayu is Kritsnadehachari and performs Prayah sarva Kriya i.e. almost all the activities of the body; Samana Vayu is working for Agnisandhukshana and helps various activities.

Pachaka Pitta is responsible for Shesha Pitta Anugraha, Baladana and Sadhaka Pitta is responsible for Buddhi-Medha-Abhimana-Abhipretartha sadhana. Avalambaka Kapha causes Hridaya avalambana and Tarpaka Kapha is doing Aksha (Indriya) tarpana.

The actions which are indicated above are the functions of Doshas in the normal state. So all these can contribute to Manasika Vyadhis and all of these should be taken into consideration while thinking of Vishada. Vitiated Pranavayu can lead to Vikruti in Indriya Dharana Karma, decreased stimulation (Prerana) which may lead to Vishada. Udanavayu after vitiation, can affect the cognition process (Manobodhana) and speech. Vyanavayu is travelling all over the body and controls almost all the function, hence its vitiation can hamper any function.

Vitiated Pachaka Pitta is responsible for improper nourishment of other Pittas and especially when it fails to nourish Sadhaka Pitta it may lead to decreased energy level (Utsaha hani) and decreased self esteem (Abhimana). Vitiation of Avalambaka Kapha causes vitiation of Hridaya which is the base of Mana and that of Tarpaka Kapha may lead to failure of nourishment to Mana and other Indriya.

In this way vitiation of these Doshas can lead to various diseases of Mana. First and foremost important part for maintaining health is follow proper Dinacharya and Sadvritta. If it is followed then chances of vitiation of Doshas is minimum. Sadvritta is also termed as Achara Rasayana. Sadvritta is more important as far as mental health is concerned. Specific rules which should be followed can be described as follows.

Following the procedures in Dinacharya especially Nasya (which is generally ignored) by Anutaila and Shirobhyanga on daily basis helps in proper functioning of Indriya. Indriya includes Mana also. Hence it can be helpful in avoiding Manasik Vyadhis like depression.

Charaka has described in detail about Sadvritta. A whole Adhyaya is dedicated for that. It is also termed as Achara Rasayana. Acharya Charaka states that one who wants to maintain normal condition of body and mind should always perform the noble acts i.e. Sadvritta. He mentions how one should behave when he/she is alone and when in public. Some of the acts which affect psyche are denoted below. If those are followed then there are lesser chances of developing depression. It includes routine activities like how to take bath, how to perform daily rituals like Yajna, cutting hair-beard-nails, oleation (abhyanga), how and when to take food, way of speech, how to talk to new

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people, how to behave with animals and how to behave with other human beings and much more. Sadvritta further includes the way of behaving with other's wife, how to behave with bad people, keeping one's secrets intact etc.

He further states that one should not waste his time without doing any work, should not bow to his Indriya, not to be overjoyed by success and not to get too depressed if work is not accomplished. There is a long list which can be mentioned.

While mentioning ultimate consequence of Sadvritta he states that the one who follows it lives for over hundred years without any disease (Avyadhi). He also gets prosperity and gets friendship of all the living beings. If practised, it fulfils two objectives simultaneously – health and control over sense organs.

Some studies have been carried out regarding the effect of some procedures on mental illness. A pilot study for investigating the effect of Abhyanga on subjective stress experience has concluded that the procedure is promising in reducing the subjective stress experience. A clinical study done by Sadananda concludes that sarvanga Abhyanga is significantly improving the overall quality of life. These studies also further state the importance of Abhyanga in treating mental conditions.

CONCLUSION:

Depression is becoming a major illness in today's era. It can be prevented by various techniques which are mentioned in various texts. Also a patient suffering with depression after following Dinacharya and Sadvritta mentioned in Ayurveda along with daily exercise, healthy diet, use of proper nutrients, daily walking in fresh air, mixing with friends etc. can get improved without using much medication from the symptoms of depression.

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PCOS (POLYCYSTIC OVARIAN SYNDROME): FIELD OF VISION IN AYURVEDA

***Vandana Singh **Arpit kumar Shrivastava ***Bhuwal Ram**

**MD Scholar, Department of Dravyaguna, Faculty of Ayurveda, IMS, BHU*

*** MD Scholar, Department of Kayachikitsa, Faculty of Ayurveda, IMS, BHU*

****Associate Professor, Department of Dravyaguna, Faculty of Ayurveda, IMS, BHU*

ABSTRACT:

PCOS or Polycystic Ovarian Syndrome has become a common phenomenon among young women of reproductive age in present scenario. It is known to be leading cause of infertility in women. PCOS unfolds to be one among the lifestyle threats affecting multiple systems. It is mainly caused as a result of hormonal imbalance. It clinically attributes to reproductive manifestations like reduced frequency of ovulation and irregular menstrual cycles, reduced fertility, polycystic ovaries, and high male hormones such as testosterone which causes excess facial or body hair growth, persistent acne, deepened voice, male pattern baldness. It is also associated with other metabolic disorders.

Ayurvedic intervention of PCOS counsels the involvement of pitta, kapha & vata doshas, Rasa & meda dhatu also rasa, rakta & artava vaha srotas. It can be treated with the help of some Ayurvedic herbs which possess medicinal properties including some dietary norms and restriction which should be acknowledged. These herbs work to improve inflammation and hormonal imbalance that are at the root of PCOS. The powders of herbal drugs are also quite beneficial in controlling the three aggravated doshas & bring balance & strength to the menstrual system & it helps to regulate artava dhatu.

Key words: *PCOS, lifestyle threat, hormonal imbalance, herbal drugs.*

INTRODUCTION

Hormonal imbalance and menstrual disorders are increased in the present era. The erratic life style and refined diet, increased stress, strain and restlessness have resultantly expanded the spread of PCOS. It is most frequent endocrine disorder affecting 4-12 % of all the women in child-bearing age [1]. The World Health Organization estimates that it affects 116 million women worldwide as of 2010 (3.4% of women) [2], 14% women on oral contraceptives are found to have polycystic ovaries⁸. Ovarian cysts are also a common side effect of intrauterine devices (IUDs) [3].

Polycystic ovarian syndrome is also known as polycystic ovarian disease or PCOD. The word “Syndrome” is used to describe the PCOD because, it apparently involve multiple system such as –

obesity, insulin resistance, irregular menstrual bleeding (in most cases, excessive menstrual bleeding), abnormal menstrual periods & cycle, lack of ovum production (anovulation) etc. Polycystic ovarian syndrome is a condition where a hormonal imbalance affects follicular growth during the ovarian cycle causing the affected follicles to remain in the ovary. The retained follicle forms into a cyst & with each ovarian cycle a new cyst is formed leading to multiple ovarian cyst ultrasonic morphologic evidence of ≥ 12 follicles measuring 2.9mm diameter in single plane during quiescent phase of ovary i.e. 2.7 days of cycle associated with obesity, oligomenorrhoea, anovulation & hyperandrogenism, hyperinsulinemia i.e, increased level of insulin in the blood is due to sensitivity of cells to insulin, a factor present in the blood stimulates androgen secretion by the ovarian stroma, the connective tissue of ovarian tissue of ovary & reduces serum sex hormone binding globin (SHBG) causing increased levels of free testosterone. Due to the presence of increased androgen in the ovary, the follicle undergoing maturation in the ovarian cycle is affected causing anovulation of particular follicle [4].

LITERARY REVIEW

There is no direct reference in *Ayurveda* for polycystic ovarian syndrome (PCOS). *Acharaya Charak* says vitiated *Dosha* due to different etiology produces different kind of diseases, So, *Prakriti* (nature), *Sthana* (Site), *Nidana* (Etiology) of disease should be considered when treatment is done [5]. The clinical features of the disease can be constructed by taking into consideration of the following *Yonivyapad* and *Artava Dushti*.

In *Artava Kshaya* menstruation does not occur at appropriate time, or is less in quantity or occurs causing pain and discomfort [6]. *Acharya Charaka* says it is due to *Pitta Dushti* of *Asrika* and *Vagbhata* opines due to *Vata* and *Pitta*, the *Raja* is decreased causing *Lohitkshaya*. *Madhava Nidana* and *Yogratnakara* say it is loss of *Rakta* with burning sensation. In *Madhokosha* the loss of blood is due to excessive bleeding [7]. The main clinical feature of *Granthi* (Cyst) is swelling or protuberance [8]. *Granthi* denotes its specific character i.e. glandular or nodular swelling [9]. *Granthi* available in *Ayurvedic* classics can be compared with PCOS. *Sushruta* in *Nidanasthana* says that the vitiated *Vata*, etc *Dosha* deranges the *Dhatu* such as *Mamsa* (muscles), *Rakta* and *Meda* along with *Kapha* and give rise to the formation of round, knotty, elevated swellings called *granthi* [10].

Clinical features of PCOS include:

1. Menstrual irregularities have been described under *artava vyapads* or *Yonirogas* (uterine disorders).
2. Anovulation is included under *Vandhya* (infertility).
3. Obesity is the condition described as *Sthoulya*, a *santanpanajanya vikara*.
4. Acne and Baldness have been described as *Mukhadooshika* and *Khalitya*, the two independent pathogenesis.

5. Hyperinsulinemia leads to type 2 Diabetes mellitus, and is described under *prameha*. It is also manifested as a complication of *sthoulya*.
6. Since menstrual irregularities including anovulation and obesity are the commonly seen symptoms these two has to be taken care with due attention.

DISCUSSION

Ayurveda insinuates that PCOS is a *vata* disorder (*Apan vayu*) though other *dosha* can be entailed in some measure because the gynaecological disorder is mainly originated due to vitiation of *vata*. PCOS is a Disorder Involving *Pitta*, *Kapha*, *Medas*, *Ambhuvahasrotas* & *Artava Dhatu*. The causes of PCOS as per *ayurveda* can be taken as eating excessive sweet and kapha foods, mandagni because of this is kapha getting aggravated in PCOS, we find kapha disorder. As well as *pitta* and *vata dosha* disorder. Because of all three *doshas* play important & distinctive role in the production, development, maturation & release of ovum & therefore the ovarian cycle & menstrual cycle is under control of three *doshas*.

Kapha dosha is cold and dense. With its heavy cool qualities, it nourishes the development of the tissues that form and support the reproductive system. This also supports the growth of the follicle during the ovarian cycle. PCOS occurs when *kapha* blocks the other two *doshas*, *vata* and *pitta*. Thus, the movement (release) of the mature ovum and menstrual blood is obstructed due to the sticky *kapha* and the transformation process is suppressed.

Pitta is responsible for the hormonal play. When *pitta* gets blocked the hormones that carry the energy of transformation are unable to function. The energy transformation here, refers to the power or function of *pitta* which helps to shift from one cycle (phase) to the other i.e. from the menstrual cycle to the ovarian cycle which is governed by hormones. The accumulated *kapha* is thus expressed in the formation of cysts in the ovary. The different symptoms of PCOS including obesity, insulin resistance, irregular periods, acne, hirsutism etc. are the expression of the different factors occurring inside the body due to aggravated *kapha*.

CONCLUSION

In *Ayurveda*, the balance state of *doshas* is mainly responsible for health and any derangement to this will lead to disease. This *dosha-vaishamya* is directly connected to symptoms and the relation between *doshas* and *lakshanas* are permanent. By the outlook of the symptoms of PCOS as per modern description, it becomes clear that even though they are not compiled as a syndrome in *Ayurveda* most of them have been described as features of separate diseases or conditions.

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ROLE OF MAINTAINING DIET IN LIFE STYLE DISORDER WSR TO OBESITY

Dr. Tapan Kumar Nayak¹ Dr. Lakshman Singh²

1. JR, Dept of Shalya tantra, IMS, BHU, Varanasi

2. Professor, Dept of Shalya tantra, IMS, BHU, Varanasi

ABSTRACT

Given the impact on individual health, obese and overweight individuals can place a significant burden on the national health Schemes. Non-communicable diseases currently cause almost two thirds of all deaths worldwide. This article revolves around the details of Obesity described in various texts of Ayurveda. An attempt has been made to understand Obesity through Modern and Ayurvedic perspective and to find out the likely solutions for obesity through Ayurveda. Obesity has been described as Sthaulya or Medoroga in Ayurvedic texts. It is described under the caption of SantarpanothaVikar (Disease caused by over nourishment). Various Internal and External treatment modalities are described in the treatment of Obesity.

Keywords: Obesity, Over Nourishment, Diet.

INTRODUCTION

Change in diet coupled with increasing inactive lifestyle has sparked off epidemics of obesity in several Asian countries. There has been a significant increase in the consumption of fats and every dense food with a concurrent reduction in physical activity. With the rapid pace of industrialization and economic progress, today more and more jobs are becoming sedentary and dietary patterns are also changing with a decline in cereal intake and increase in the intake of sugar and fats. This all has resulted in increase in incidence of obesity along with its associated problems. According to survey by Nutrition Foundation of India, 45 % of women and 29% of men in urban area of the country are overweight. India is in 7th place in terms of obesity index. Earlier, obesity was a life style problem, but now World Health Organisation have classified it as a disease. Ayurveda has given more emphasis on balanced state of Body tissues while mentioning definition of health. According to Ayurveda, Obesity is a condition in which Medadhatu (Fatty Tissue) is in a state of Vikrita Vriddhi (Abnormal increase).

Definition of Atisthaulya (Obesity)

A person who due to extensive growth of fat and flesh is unable to work and disfigured with pendulous buttocks, belly and breasts is called Atisthula and condition is termed as Atisthaulya. The term obesity is defined as an excess storage of energy in the body in the form of fat. Obesity is an

increase in body weight beyond the limitation of skeletal and physical requirements as the result of excessive accumulation of body fat.

From *Ayurvedic* perspective the cause of weight gains is cyclical. It begins with balance reducing choices in diet and lifestyle that weaken the digestive fire, which in turns increases toxins, clogging the communication channels *shrotas* and thereby disrupting the formation of

tissues. The poorly formed tissue layers increases *meda dhatu* and an imbalance in *Kapha Dosha*. This in turn increases accumulation of toxins (*ama*), which leads to imbalance in *meda dhatu*. Accumulation of *ama* in *shrotas* causes an imbalance in naturally-flowing *Vata* energy. Restricted or imbalanced *Vata* energy ends up increasing *agni* – the digestive fire – leading to an increase in appetite and thirst. This leads in turn to an increase in *Kapha Dosha* and *meda dhatu* and the whole cycle starts again. To break the cycle, the *Ayurvedic* expert (*vaidya*) determines the unique nature of the individual (*Prakriti*) and the nature of imbalance (*Vikriti*). The essence of recommendation is generally comes down to addressing a few core issues: strengthening digestion (balance *agni*), removing *ama*, improving dietary habits and adjusting inappropriate daily routines and lowering stress.

Diet

Diet must be nutritionally adequate but must be lower in calories, with vitamins and mineral supplements. A mixed balanced diet is a sensible approach to long term weight reduction. The protein should be of high quality so that essential amino acid can be utilized to maintain lean body mass. Food, high in fiber should be used liberally because of their low caloric density.

DISCUSSION

Charaka has given detail description of causative factors, etiopathogenesis, sign and symptoms of Obesity. *Acharya Susruta* has added the complications of the disease & given importance to avoid causative factors of the disease. Out of the commentators, *Dalhana* has introduced the concept of *Dhatvagni Mandya*. The term '*Sthula*' (Obese) itself indicates the deposition of *Prithvi* and *Apa Mahabhuta* dominant factors in the body. *Nidana* of *Sthaulya* is divided in four categories *Aharatmaka*, *Viharatmaka*, *Manasa* and *Anyā*. Besides these *Nidanas*, nowadays it is seen that due highly refined food with maximum percentages of carbohydrates & high-tech machineries which makes a person less active & prone to Obesity.

Conclusion: Obesity is a common problem in North. It is mainly due to improper lifestyle, wrong food choices and lack of exercise. All, people do not have a sense of self awareness. They are taken by external factors, by their senses and do not give importance for their existence in this universe. They don't have mind, body and spiritual connection, and not even breathing right. *Ayurvedic* approach provides all the necessary tools to bring back health and harmony.

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AN OVERVIEW OF AYURVEDIC MANAGEMENT ON RHEUMATOID ARTHRITIS VIS Â VIS AMAVATA

*Dr Rahul Parihar, **Dr Ajai Pandey

*JR-II, **Assistant Professor in Department of Kayachikitsa,

Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi-05

ABSTRACT

In present era lifestyle disorders are emerged as major issues in healthcare sector and poorly known their diathesis and management in conventional medical sciences; rheumatoid arthritis (RA) is one of them. RA is affecting 1% of the population globally. It is progressive autoimmune inflammatory disorders that primarily affects joints and presented as swollen, warm and painful joints along with fever, reduced appetite as constitutional symptoms. In due course of time it affects the whole systems of diseased one. It can be possibly correlated with *Amavata* of Ayurveda on the basis of etio-pathogenesis and clinical presentation. Ayurveda has advocated nicely that reduced bioenergetics factors (*Jatharagni*) may lead to generate *Ama* like reactive species at the level of GI tract and the same is play a key role along with vitiated *Vatadosha* in the basic matrix of this disease. Steroidal & Non-steroidal anti-inflammatory drugs (NSAIDs) and disease modifying anti-rheumatic drugs (DMARDs) are widely used by contemporary physician for its management. But prolong use of these medication imparts lot of side effects to the body systems. Hence, there is need of alternative remedial measures from other known medical systems including Ayurveda to provide better care and cure of RA patients without any untoward effects. Centuries old Ayurveda has established its own line of management such as *Langhana*, *deepana*, *pachana* with drugs having *Katu* and *Tikta* rasa followed by *virechan* measure by *Sneha* like *erandataila* (castor oil) along with pacificatory measures through herbal & herbomineral drugs and *Vasti* therapy. In this context the authors try to put an over view on *Amavata* in the light of contemporary bio-sciences and draws a logical conclusion for its management through Ayurveda.

Keywords: *Amavata*, *Ayurveda*, Rheumatoid arthritis, Alternative system of medicine, *Shamana* – *Shodhanachikitsa*.

MANAGEMENT OF LIFESTYLE DISORDERS THROUGH SATMYA AHARA AND VIHARA

Dr Santosh Kumar Ranjan¹, Dr N.S Tripathi²

*MD Scholar, Department of Kriya Sharir, Faculty of Ayurveda, Institute of Medical Science,
Banaras Hindu University, Varanasi, UP.*

*Assistant Professor, Department of Kriya Sharir, Faculty of Ayurveda, Institute of Medical Science,
Banaras Hindu University, Varanasi, UP.*

ABSTRACT

Besides the miraculous achievement of modern medical science humanity is passing through a horror of disease and drug phobia particularly in developing countries like India. India might be a third world country based on socio-economic development parameters, in terms of our lifestyle and health, we have the same morbidity profile of a first world nation. Lifestyle diseases like cardiovascular, diabetes, hypertension, asthma and respiratory as well as cancers are on the rise. India has the highest number of diabetics at 50.8 million according to the World Health Organization. This figure is set to increase to 73.5 million by 2025. Twenty-five million suffer from cardiovascular diseases which amount to 60% of the global figure. Overcrowding and bad living conditions also increase stress leading to coronary heart diseases, asthma and cancers. Unhealthy eating habits, stressful lifestyle, and reduced physical activity translate to obesity. According to the National Family Health Survey, India has the second highest obese population with 155 million. Cancer: India has over two million registered cancer patients. This lifestyle disease is mainly caused by smoking, unhealthy diet, lack of physical activity, stress leading to lowered immunity and therefore the body's inability to fight viruses and other infections.

The concept of *Satmya* can be translated as a "A thing or substance or habit that is useful for the body". Therefore, it was hypothesized that *Satmya* may be an important tool for diagnosis, treatment, prognosis and preventive aspect for a life style disorder.

Key words: Diabetes, Obesity, Cancer, Lifestyle, Satmya

LACONIC STUDY ON STHOULYA- A LIFESTYLE DISORDER

Shivani¹, R.B.Shukla², Seema Joshi³

1-Dr.Shivani, P.G.Scholar (P.G Department of Rachana Sharir),Rishikul Campus Haridwar (Uttarakhand)

2-Dr.R.B, Associate Professor(P.G Department of Rachana Sharir),Rishikul Campus Haridwar (Uttarakhand)

3-Dr.Seema Joshi, Professor (P.G Department of Kriya Sharir),Rishikul Campus Haridwar (Uttarakhand)

ABSTRACT-

Lifestyle diseases are which occurrence is primarily depends on daily habits of people , *sthoulya* is one of them. Ayurved is most ancient medical science, describes different diseases with their principles. *Medoroga* first described by *Madhav*. According to our ancient *acharya charak sthoulya* considered in ‘*Ashtaninditya purusha*’ or ‘*Santarpanjanyarogas*’. According to *acharya charak sthoulya* is *dusta-medapradoshaj vihar* –

“मेदः सश्रयास्तु प्रचक्ष्महे ।

निन्दितानि प्रमेहाणां पूर्वरूपाणि यानि च” ॥ ;च०सू०-२८/१५६

Obesity is most commonly caused by a combination of excessive food intake, lack of physical activity and genetic susceptibility, some are others by genes, endocrine disorders, medications or mental disorder. Obesity is a medical condition where a person has accumulated so much body fat that it might have a negative effect on health. Ayurveda has described ‘*Guruchaptarpana*’ law for *medashvi purusha* and also recite aahar(*yava, aamlaka, silajatu, agnimantha* etc.), *vihar(prajaagran, vyayam, chintan* etc.), *pathya(yavaka, yava, aristh, kulath* etc.)

Detailed study will be present at the time of presentation.

KEYWORDS- Sthoulya, Astninditpurusha, Aahar,Vihar,Pathya

ROLE OF COGNITIVE BEHAVIOUR THERAPY IN THE MANAGEMENT OF TREATMENT RESISTANT DEPRESSION

Laxmanji Yadav¹, J.S. Tripathi²

¹. Research Scholar, ². Professor & Head Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, BHU Varanasi.

ABSTRACT

Cognitive behavioural therapy (CBT) is an effective treatment for people those who are in depression along with antidepressants. As many as 30-40% of patients with major depressive disorder are found to be unresponsive to a trial of antidepressant medication .CBT as an adjunct to usual care that includes antidepressants is clinically effective over the long-term for individuals whose depression has not responded to pharmacotherapy. CBT psychotherapy can help in managing symptoms and achieving remission status. The most-studied therapeutic interventions are Cognitive-Behavioraltherapy,in the management of Treatment Resistant Depression. The Obstacles to implementing CBT in patients with TRD because lack of training and also economical issue in Indian social scenario. The current article provide treatment modalities for TRD .

Key Words:- CBT,EMDR,TRD.

HOLISTIC HEALTH MANAGEMENT FOR LIFESTYLE DISORDERS W.S.R. TO THEIR PREVENTION

Om Prakash Rai*, **Kalyan Ghadei****, **K.H.H.V.S.S. Narasimha Murthy*****

**Research Scholar, Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi 221005.*

***Professor and co-supervisor, Department of Extension education, Institute of Agriculture sciences, Banaras Hindu University, Varanasi 221005.*

****Associate Professor and supervisor, Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi 221005.*

Ayurveda is a holistic science and treats the patient as a whole. The intervention of ayurveda which is targeted toward complete physical, psychological, and spiritual well-being makes this science is a wonderful option for management of lifestyle disorders. Lifestyle of person is cumulative product of physical capacity, coordinating with psychological functioning, displayed in the form of habits, behavior, dietary and living pattern, based on his own training sought from childhood and mimics he gained from his immediate companions including parents, siblings, peers, etc. When the initiation, control, and co-ordination are disturbed, it leads to the derangement of lifestyle and results in any lifestyle disorder. Ayurveda narrated this phenomenon as "*Prajnaparadha*" (intellectual blasphemy).⁽¹⁾

The habit of suppression of urge in improper lifestyle can be considered as one of the root causes of lifestyle diseases. Removal of these accumulated waste products is the first line of treatment as described in Ayurveda by Acharya Charaka as well as in Naturopathy by Hippocrates, Henry Lindlarh, and Mahatma Gandhi.⁽²⁾ In the management of lifestyle diseases, Ayurveda offers various regimens including *Dinacharya* (daily-regimen), *Ritucharya* (seasonal-regimen), *Panchakarma* (five detoxification and bio-purification therapies), and *Rasayana* (rejuvenation) therapies. The *Sadvritta* (ideal routines) and *Aachara Rasayana* (code of conduct) are utmost important to maintain a healthy and happy psychological perspective. The utilization of all these treatment modalities has a great effect on lifestyle disorders. Any kind of psychological disturbance will lead to a disturbed patho-physiology of heart. Hence, it has been told to protect the heart from every kind of stressor (*Pariharya Visheshena Manaso Dukkahetavah*).⁽³⁾

The interesting thing is that there are many factors outside of the obvious physical needs of our body that play a significant role in undermining our quality of life and promoting Lifestyle Disorder. The Potentials impacting our physical health are Poverty, Unemployment, Malnutrition, Crime, Divorce, Lack of Education, Stress etc. Balance health is a major problem for all age groups of people which include young age, middle age and old age groups. A huge amount of money being utilized on health care besides that we already have our own holistic health management system i.e.

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Ayurveda. It provides balance in life through uses fundamentals of Nature which takes the whole person into consideration, focuses on natural healing and patient-empowering.

Holistic Health Care is a more universal approach to regular health care. It is not only concerned with the absence of disease, but with a positive state of being. It includes all of the unlimited resources available to each of us. It is defined as viewing one's self from a whole perspective and focusing our health care needs on the mind, body and spirit connection. It also includes accepting personal responsibility, health education, using preventive care and all modalities of care available such as Medicine (Drugs, Herbs, Minerals, Animal products etc.) surgery, chemotherapy, nutrition, rehabilitation, hypnosis, acupuncture, psychotherapy, bodywork, energy work, and spiritual healing and others to mention a few. Philosophy of Holistic Health Management is to takes the whole person into consideration, focuses on natural healing and it's patient-empowering. The concept of holistic health encourages people to accept responsibility for their own level of wellbeing, and every day choices that effect their health. ⁽⁴⁾

Patients are encouraged to be responsible for the daily care of their health through diet, exercise, lifestyle and attitudes about what constitutes wellness. Support to patients on every step of the way, helping them to make appropriate choices and take responsibility for their well being. Mind and body are integrated and are inseparable. Holistic health care practitioners do more than just identify and treat a specific ailment. They are trained to look at the various aspects of the lifestyle and health issues of each individual, and design a course of treatment to help, reach optimum level of wellness. ⁽⁵⁾

The focuses of primary care in the prevention of Lifestyle Disorder are Diet, Exercise, Environmental measures, Relationship and spiritual counseling, Attitude and behavior modifications, Bio energy enhancement etc.

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MANAGEMENT OF LIFE STYLE DISORDERS THROUGH AYURVEDA

***Dr.Pramod Kumar Mishra**

**Research scholar, Department of Kayachikitsa, Faculty of Ayurveda, IMS, BHU*

ABSTRACT

Today in this automated world, life style disorders like obesity, hypertension, diabetes mellitus, cardiovascular diseases have become more prevalent & giving rise to major cause of mortality among all deaths worldwide. Everyone is living with a sedentary life style & erroneous food habits. Health is defined as physical, mental and spiritual well being. But unfortunately, fast life and stressful working culture has given burden of so many disorders making us old in early age. The holistic approach of ayurveda makes it a perfect remedial option for such life style disorders. Ayurveda describes better solution in the form of dietary, life style management, *rasayana* & *panchkarma* like bio-purificatory measures. There are various regimens mentioned by ancient acharyas to be followed daily (*dincharya*) and seasonally (*ritucharya*). By following these regimens one can pacify doshas accumulated due to diurnal & seasonal changes. Suppression of natural urges which are more common in today's life style, also cause so many diseases. Using panchakarma therapy the toxins accumulated in body can be removed time to time. For mental and spiritual health *sadvritta*, *achara rasayana*, *pranayama* etc. have been advised. So an integrated approach towards these types of ailments is need of this era and ayurveda has a pivotal role among these challenges.

Keywords: holistic medicine, rasayana, panchakarma.

AYURVEDIC MANAGEMENT OF YOSHAAPASMARA (HYSTERICAL NEUROSIS/CONVERSION DISORDER) –A CASE REPORT

Kumar Dileep^{1*}, K. H. H. V. S. S. Narasimha Murthy², Tripathi J.S³

*1-Senior Resident, Division of Manas Raga (Psychiatry and Psychosomatics),
2-Associate Professor, Division of Manas Raga (Psychiatry and Psychosomatics),
3-Professor, Division of Manas Raga (Psychiatry and Psychosomatics), Head
Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences,
Banaras Hindu University, Varanasi, India*

ABSTRACT

The disease Yoshaapasmara is frequently found in females described in MadhavaNidanaParishista, BhaishjyaRatnawali etc. In modern psychiatry it is known as hysterical neurosis and now it is classified under “conversion and dissociative disorder.” Due to less awareness about this disorder and its clinical presentation, it seems to very emergent condition for a general people. The term conversion disorder reflects the hypothesis that an unconscious psychological conflict is converted in to symbolic symptoms, thereby reducing anxiety and shielding the conscious self from a painful emotion and can be defined as disturbance of bodily functioning that does not conform to current concepts of the anatomy and physiology of the central or the peripheral nervous system. Continuously changing lifestyle along with ever-riding stressful psychological conditions contributes to most of the psychosomatic and psychiatric diseases. In BhaisajyaRatnawaliParishista this disorder is described as Yoshaaptantrak, and principles of management in very detailed. Dhatupustikara Anna-pana and Aushadha, KosthaShuddhikara Anna-pana and Aushadha, showering of cold water on head, eyes, and face along with head evacuation e.g.nasal insufflations etc. at the time fainting, use of apsmarahara medicine, proper consolation, vata-kaphadoshanashakachikitsa, sttvavajayachikitsa and various drugs and other treatment modality as per clinical situation can be use for the management of the same. Ayurveda has clinically proven drugs like sarpagandhachurnayoga, mansyadikashaya, medhyarasayana and other drug along with non-pharmacological (Sattvavajaya chikitsa) methods for very effective management of the Yoshaapasmara.

Key word- Yoshaapasmara, stress, sapagandhachurna yoga, conversion disorder

INTRODUCTION

Yoshaapasmara is one such ailment commonly found generally in females described in MadhavaNidanaParishista, BhaishjyaRatnawali and SharngadharaSamhitaParishista etc. Basing on resemblance in clinical features, many Ayurvedic scholars equated the Yoshaapasmara with Apatantraka which is described in all major Ayurvedic texts. Dissociation of Gatikakshetra (motor area) and Sanvedanikakshetra (sensory area) from Manasikakshetra (association area of brain)

manifest as various somatic symptoms, sensory disturbances and emotional instability. Word “Yosha” refers to female, due to more prevalence in female, it is called as Yoshaapasmara, but it may occur in males of who had soft temperament or man who cannot able to bear the any hard situation or events. In modern psychiatry this condition is known as Hysterical Neurosis, but this term also not using today. Hysteria is a mental disorder arising from extreme anxiety. It is characterized by lack of control over acts and emotions, and by sudden seizures of unconsciousness with emotional outbursts. It is often the result of repressed conflicts within the person. The term conversion disorder reflects the hypothesis that an unconscious psychological conflict is converted in to symbolic symptoms, thereby reducing anxiety and shielding the conscious self from a painful emotion and these symptoms does not conform to current concepts of the anatomy and physiology of the central or the peripheral nervous system. It is named because it is believed that repressed sexual/aggressive energy is converted into physical symptoms. Conversion disorder is most frequent in younger (12-35 years) females (female: male ratio = 2:1 to 10:1), mainly of rural areas and less educated group. It constitute about 6-15% of all outpatient diagnosis and 14-20% of all neurotic disorders. Approximately 5%-24% of psychiatric outpatients, 5%-14% of general hospital patients and 1%-3% of outpatients of psychiatric referrals have a history of conversion symptom. Dissociation is an altered state of consciousness characterized by partial or complete disruption of the normal integration of a person’s normal conscious or psychological functioning. Dissociation is a psychological process commonly found in persons seeking mental health treatment. Out of different dissociative disorders, dissociative convulsion (most common in India), which was earlier known as hysterical fits or pseudo seizures and characterized by presence of convulsive movement and partial loss of consciousness

As per Ayurvedic scholarsexcess blood loss/excess menstrual bloods loss, indigestion, anxiety, constipation, grief, hopelessness, placental abnormalities, unfair behavior by family members, soft temperament, unloving / uncaring husband, young widower and excess grief etc and etiological factors of vatavyadhi are the main causative factors. This disease may occur in any time of reproductive age. In modern psychiatry Sexual and physical abuse (incest, childhood abuse etc.), stressful negative life events, marital conflicts, childhood trauma, maladaptive personality, genetically determined hysterical psychopathy and some neurotransmitters were consider as etiological factors. Various etiological factors cause dissociation of Gatikakshetra (motor area) and Sanvedanikakshetra (sensory area) from Manasikakshetra (association area of brain) and manifest as various somatic symptoms, sensory disturbances and emotional instability. An unacceptable sexual or aggressive drive is denied expression and repressed and thus becomes unconscious. The mental energy associated with the drive, which would normally push the drive into conscious experience, is converted into a somatic symptom. The immediate cause of conversion disorder is a stressful event or situation that leads the patient to develop bodily symptoms as symbolic expressions of a long standing psychological conflict or problem.

Prodromal symptoms include pain in heart / chest pain, yawning and continuous letharginess and disorder is manifest as vague and different types of signs and symptoms. After removal of etiological factor, disease spontaneously disappears or after menopause. Its prognosis depends on and family environment and social environment around the patient.

In Bhaisajya Ratnavali Parishista this disorder is described as Yoshaaptantrak, and principles of management in very detailed. Dhatupustikara Anna-pana and Aushadha (nutritious diet, drink & medicine), Kostha Shuddhikara Anna-pana and Aushadha (diet, drink and medicine causing cleansing of gastrointestinal tract eg. mild purgation etc.), showering of cold water on head, eyes, and face along with head evacuation e.g. nasal insufflations etc. at the time fainting, use of apsmarahara medicine, proper consolation, vata-kaphadoshanashakachikitsa, sttvavajayachikitsa and various drugs and other treatment modality as per clinical situation can be used for the management of the same.

CASE STUDY

A 16 year old young hindu unmarried, 10th class girl student (MRD no 2184934) from Vill-Bedhawan, Jamua Mirzapur, belonging with lower middle class combined family having agriculture as source of income came to Kayachikitsa Manasroga OPD (Attending consultant – Prof. J.S. Tripathi) on date 30/06/18 with complaint of episodes of pain abdomen followed by muteness associated with stiffness in neck with upward bending for 2-5 minutes. Frequency of episodes was 2-3 per month since last 10 months. Other associated symptoms are mild decrease in appetite, and sometimes mild restlessness. In spite of having normal EEG and CT scan brain, in private hospital the case was diagnosed as seizure disorder and started the treatment by using drugs like valproic acid, clobazam, levetiracetam, lorazepam, mirtazepine, sodium divalproex etc. when patient not get benefited symptomatically by treatment than she came to S.S. hospital Indian medicine wing for the treatment.

On examination – Patient's general condition was average, PR=80/min, BP= 110/70mmhg, there was no pallor, icterus, clubbing, cyanosis, or any type of swelling or lymphadenopathy. On the systemic examination of CNS, CVS, respiratory, gastrointestinal, urogenital and loco-motor no any clinical finding was noted.

INVESTIGATION

(A) Lab investigation- 15/12.2017-Hb%=11.6mg/dl, WBC=10900, RBC= 376000/mm³, PLT= 130000/mm³, MCV=86.7fl, MCH=30.8pg, MCHC= 35.6g/dl, RBS=92mg/dl, LFT= within normal limit, Serum Urea= 23 mg/dl, Creatinine= 0.62mg/dl, HIV=negative, HbSag= negative, HCV= negative,

(B) Radiological investigation- 19/12/17- EEG= normal, CT scan brain= normal, X-ray cervical spine-AP/LAT = normal, USG abdomen= normal.

TREATMENT GIVEN

After proper history taking and clinical examination along with inspection of lab and radiological investigation patient was diagnosed as case Yoshaapasmara. Following treatment was given to the patient for initially for 15 day thereafter 3 follow ups of 1 month along with SttvavajayaChikitsa primarily focused on patient and family education about infirmity and its outcome.

1	Name of the medicine	Ingredient	Dose and Anupana	Action
2	Mansyadikashaya	jatamansi, ashwagandha, khurasaniajwayana	40ml bid	Anticonvulsant, Anti Hypertensive
3	Sarpagandhachurna yoga	sarpagandha churna- 475mg, rasa sindura - 25mg	500mg bid with milk.	Hypnotic, Antihypertensive, Tranquilizer, Anticonvulsant,
4	Pragyavardhinivati	Bala, bilva, vacha, swarnamakshika, muktapisti, rajatabhasma, etc	2 tab bid	Anti-anxiety, anti-depressant and brain tonic
5	Brainocaresb	Brahmi, shankhapushpi, ashwagandha, satavari, amrita etc	2 tsftid	Medhyarasayan/ brain tonic, immunomodulator, helps in rejuvenation of neurons
6	Neurokalpa fort	Rasna, dashmula, ekangeera rasa, vatagajankusha rasa etc	1cap bid	Vata shamaka, anti-arthritis

RESULT

After first follow up patient was having complaint of decreased appetite and after three months of treatment there was no episodes of hysterical fits and any other complaint and she was completely asymptomatic.

DISCUSSION

The human of present era is living under various adversities, stresses, strains and anxiety. Various types of stresses like educational, social, official, economical, family and so many others are present

in the today's life which are responsible for lack of material happiness, comforts and mental peace. The idleness, sexual repression, perverted thoughts, sexual abuse, fears, worries, depression, mental trauma, and prolong sickness etc. are the commonly associated with Human life. Physical, emotional, or sexual abuse can be a contributing cause of conversion disorder in both adults and children. The term "conversion" was first used by Sigmund Freud (1893). The term conversion disorder reflects the hypothesis that an unconscious psychological conflict is converted in to symbolic symptoms, thereby reducing anxiety and shielding the conscious self from a painful emotion and can be defined as disturbance of bodily functioning that does not conform to current concepts of the anatomy and physiology of the central or the peripheral nervous system. It typically occurs in a setting of stress and produces considerable dysfunction. The proposed etiologies are suggesting that the symptoms resolve an intrapsychic conflict expressed symbolically through a somatic symptom. Symptoms may manipulate the behavior of other persons and elicit attention, sympathy, and nurturance. Current theories about the etiology of conversion emphasize the role of communication. People, who have difficulty in verbally articulating psychosocial distress for any reason, may use conversion symptoms as a way of communicating their distress. The principal drug *SarpagandhaChurna Yoga* is indicated in the management of insomnia, Apatantraka (hysterical neurosis), Unmada (psychosis), hypertension and newly diagnosed epileptic disorders. Rasa Sindura mainly works on KaphaDosa, Rasa-Rakta-MamsaDhatu, Amashaya, Hridaya and Kaphasthana. It regulates 5 types of Vata and 5 types of pitta. Sarpagandha is Kapha-Vata shamaka, Mastiskashamak, Nidrajanan (hypnotic), Krimighna, Ampacaka and Hridayavasadak (cardicdepressent). It shows Anticholinergic, Hypotensive, Anticontractile, Sedative, Relaxant, Hyperthermic, Antidiuretic, Hypnotic, Vasodilator, Antiemetic, Nematicidal, and Antifungal activity. *Mansyadikashaya* alsohas same properties and indications likesarpagandhachurna yoga. Neurokalpa fort is a drug combination use for various vatavyadhimanagement. Syrup *Brainocareact* as brain tonic,immunomodulator and helps in rejuvenation of neurons.*Prgyavardhinivati* is also a combination of various medhyarasayana and other ingredients working on nervous tissue. This drug has anti-anxiety, antidepressant nootropic properties. Acharya charaka has defined it as a method of controlling or restraining of the mind from unwholesome Arthas, literally we can say overcoming of mind or victory over mind or control of mind which can be achieved by increasing Sattva to subdue the exaggerated Rajas and Tamas. AsatmendriyarthaSamyoga (incompatiable contact of Indriyarths) has been regarded as one of the principle causes of diseases. So avoidance of excessive, deficient or erroneous (Atiyoga, Hinayoga and Mithyayoga), use of Manoarthas (Chintya, Vicharya, Uhya, Dheyaya and Sakalpa along with Sukha, Dukhaetc) as well as Indriyarthas (Sabda, Sparsha, Roopa, Rasa, Gandha) should serve to cure the mental disorders.

CONCLUSION

Yoshaapasmara commonly found in females is quite difficult to diagnose and treat due to its variable etiology and clinical manifestation.Dosicinvolment in Yoshaapasmara are Vata and Kaphaand

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Sarpagandhachurna yoga containing *Rasa Sindura* is having the Kaphashamaka, Parada is having Tridosghna, while Gandhaka and Sarpagandha are having the Vata-Kaphashamaka properties. *Mansyadikashaya*, *Brainocare*, *Neurokalpa fort* are thevatakaphashamaka and having the properties like medhyarasayana (nootropic and cognitive enhancer), anti-anxiety, and antidepressant. Along with above drugs and *sattvavajayachikitsa* (to correct faulty life style and for patient and family education about infirmity) can be use to successful management of the same.

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AN AYURVEDA PERSPECTIVE IN PREVENTION OF CANCER

***Dr. Richa Tripathi, **Prof. J.S. Tripathi**

**PhD Sch. , **Head*

Department of Kayachikitsa, IMS, BHU, Varanasi

Cancer is a preventable disease. The genetic defects hold their dominance on only 5–10% of all cancer cases, whereas the remaining 90–95% have their origins in the environment and lifestyle. The lifestyle factors include cigarette smoking, diet (fried foods, red meat), alcohol, sun exposure, environmental pollutants, infections, stress, obesity, and physical inactivity. This type of lifestyle disorder may be influenced by behavioral factors and mental status of the person stress, working condition, family environment etc. All these factors can cause mutation in cells and lead to cancer. Cancer preventive measures and therapies, today, are under continual advances, as we pursue new and better ways to prevent the global cancer incidence. Ayurveda has a vast description about the prevention of such lifestyle disorders. A lot of herbs of our day to day life have the potential to prevent cancer to some extent. Some common examples are curcumin, garlic, black cumin, red chili, fenugreek. So, it is high time to move to our basic culinary habits than to run blindfolded to the western diet and lifestyle options. This article highlights some of the potential herbs which can be used as preventive measure for cancer.

Key words: Cancer, Prevention, Ayurveda, Spices

SEXUAL DYSFUNCTION: A LIFE STYLE DISORDER

*Shraddha Soni,¹ Jai Prakash Singh²

¹ Research Scholar, ² Associate professor,

Department of Kayachikitsa, Faculty of Ayurveda,

Institute of Medical Sciences, Banaras Hindu University, Varanasi

ABSTRACT

Sexual dysfunction is result of life style disorder commonly like alcohol consumption, drug and smoking abuse as well as lack of physical activity and unhealthy eating. It also becomes the cause of many chronic diseases like cancer, heart disease, diabetes, stroke, obesity and type II diabetes. Lifestyle diseases are defined as diseases linked how people live their life.

Keywords – NCDs (Non Communicable Disease), CVD (Cardiovascular Disease), HBV (Hepatitis B virus), SD (Sexual Dysfunction).

INTRODUCTION

Normal sex relation is necessary in healthy life. A reduced sex may be result of a number of problems physiological to psychological disorder. It can be said that dysfunctional sex relation may result in various family problems or sex related illnesses like; AIDS and NCDs are caused, to a massive extent, by four behavioral risk factors: tobacco use, unhealthy diet, insufficient physical activity and harmful use of alcohol.¹ According to WHO, low and middle-income countries and the poorer people in all countries are the worst affected by deaths due to NCDs and NCDs are strongly associated with life style disorder.² Because of a unhealthy lifestyle and faulty dietary habit, developing countries like India faces an economic loss of \$236 million in 2015 .That is why in order to tackle the global impact of NCDs, it has to be aggressively confronted in the most affected areas and communities. Dysfunction of sex relation is the problem of most of societies that is mostly associated with NCDs and it has a significant effect on mental and physical health.

SEXUAL DYSFUNCTION IN MEN AND WOMEN

There have been few studies on women. In the case of women the percentage of sexual dysfunction is 25-63% in all over. When the female sexuality is disturbed, reaction may be family disputes and divorce and also effect on reproduction status. Persistent reduction in sexual interest and desire including disorder of subjective and genital stimulation can be define as sexual disorder of female. Difficult, painful and a incomplete intercourse are associated with the lack of emotional intimacy also a reason of sexual disorder.³ A study conducted on US presents a scenario that as compare to men women are more likely affected by sexual disorder (men 31% ,women 43%), among that 20% women went for medical treatment rather than it only 10% of men consulted to doctor for their

disorder. In the case of men due to the change in environmental factor and life style Sperm count and semen volume have decreased during the past 50 years.⁴ In men, decreased testosterone levels often result in low libido, also in women hormonal change effects similar.

FACTOR AFFECTING SEXUAL DYSFUNCTION

Alcohol and smoking

According to recent clinical researches that excess alcohol consumption may result in permanent damage of the nerves in the penis thereby. Smoking caused a reduction in sperm concentration and motility, an increase in percentage of abnormal forms.⁵ Alcohol drinking may be a risk factor for male infertility since it affects testicular function.⁶ Women who drink over can take longer to become pregnant and can suffer from menstrual and fertility problems.

Sleeping disorder

Sleep hours are directly related to mental and physical health and the physical health is most important very much for healthy sex. Reduce sleeping hour can trigger the production of stress hormone cortisol that contribute a major role in reducing testosterone hormone. A study on women found that women who have fewer hours to sleep are 14% less interested in sex compare to women who have taken proper sleep. Sleep also impacts overall immunity and health, both of which contribute to strong fertility in both men and women.⁷

Depression

Both depression and antidepressant pills can affect libido.⁸ If you are continuously taking antidepressant pills or if you are suffering from signs of clinical depression, it's no wonder that your sex life is suffering a major set-back. One of the major out of come of depression is reduced interest in sex.

NCDs

SD is drastically connected with NCDs, and obesity is a major cause of non-communicable disease. Men who have a waist size larger than 40 are more likely to have erectile dysfunction than men whose waists are smaller. Research indicates that obesity is associated to specific sexual dysfunctions such as loss of desire, poor sexual function and avoidance of sexual encounters.⁹ In previous studies, it was suggested that there are three possible mechanisms through which obese people may have sexual impairment: a) insulin resistance and associated hormonal changes, b) dyslipidemia and related drugs, and c) psychological problems.¹⁰ Psychological factors (such as poor sexual self-esteem leading to difficulty in allowing or initiating sex) or biological factors (such as musculoskeletal problems) might also be involved.¹¹

CVDs are risk factors for the emergence of SD. The prevalence of sex dysfunction depends on severity of heart disease. In addition, symptoms of depression associated with CVD and SD, which emerge during the recovery of patients with heart disease, marked by physical and psychological adaptations, contribute to the impairment of sexual responses. Therefore, SD can occur following the development of CVD.¹² Chronic HBV infection like liver cirrhosis are highly related to several psychological disorder anxiety and depression.¹³ An injury in spinal cord is also results in sexual dysfunction. Altered sexual function may be consequence of compression of cauda equina, peripheral neuropathies, or injuries to the peripheral autonomic nervous system.¹⁴

Dietary habit

Consumption of any food which is high fat in excess leads to weight gain, which is the number-one sex drive killer for any man. Fat is the worst nutrient that a man can have for his sex drive is too much of it. Generally, any dietary item that leads to excessive weight gain can kill a man's sex drive. Consuming Trans fatty acids are most harmful for sex life that can cause reduce and abnormal sperm production in men and badly effects female gestation. Fried foods are a major danger to men. The trans-fats found in food item including fast food and junk food which are became a major meal at this time especially for youth cause a massive drop in libido and can even cause abnormal sperm production. High in trans-fat foods including cookies, candy and other processed foods, high source of simple sugars, which may reduce blood flow and cause inflammation that leads to the erectile dysfunction of men because a proper blood flow is important for male sex arouse. An unhealthy diet, in low vitamins and mineral leads to SD. Zinc is too much responsible for fertility so foods like almonds, sesame seeds, leafy green vegetables and brown rice should be included in diet. Foods rich in Vitamin E can also help, protein is also very important for semen quality. Flavonoids in dark chocolate are also beneficial to activate libido. Additionally, Omega 3, in diet improves blood circulation and neurological connections of testes.

RESULT

Sexual dysfunction in both men and women is strongly associated with the way we live our life. But because of lack of awareness we are not considering it as life burden disease. Healthy sex is most important for mental and physical satisfaction so for living a healthy life a change in life style is mandatory that will also reduce risk of chronic disease.

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SCIENTIFIC CONTRIBUTION OF YOGA IN LIFESTYLE RELATED DISORDER OF CHILDREN.

Srivastava Niraj

Associate Professor, Department of Kaumarbhritya/Balroga, Government Ayurvedic P.G College and Hospital, Varanasi
(Sampurnanand Sanskrit University)

ABSTRACT

Lifestyle means a pattern of individual practices and personal behavioral choices that are related to elevated or reduced health risk. The diseases which primarily arise from the abnormal lifestyle of children are grouped under the term "Lifestyle Diseases". Now a days the risk of lifestyle disease become visible larger in children. This is because of unhealthy, harmful eating habits as soft drinks, chocolates; reduce physical activity such as more indulge in mobile, personal computer (PC), tablets etc. and in some cases due to addictive nature of smoking and alcohol. Diseases such as diabetes, depression, obesity, heart diseases and Inflammatory bowel disease are outcomes of poor lifestyle habits in children. The worrying fact is that all these diseases, which earlier used to affect mostly adults, are now becoming common among children as well.

Yoga has potential in the prevention, management, and rehabilitation of predominant lifestyle disorders in children. Various yogic practices help humans to strengthen themselves and develop positive health, thus enabling them to withstand stress better. The majority of studies on Yoga and cardiovascular and metabolic health show positive trends and this indicates well for the future of health care in general. Major benefits of Yoga may arise due to its healthy diet, activity, relaxation, positive attitude as well as psychosomatic harmonizing effects of Pranayama. Yoga is a holistic and integral science of life dealing with physical, mental, emotional, and spiritual health of the individual and the society. It play very important role in prevention and treatment of lifestyle disorder in children.

Keyword: Yoga, Childhood, Lifestyle disorders, Obesity.

INTRODUCTION

Meaning of "Lifestyle" is the way a person lives originally and this word coined by Austrian psychologist Alfred Adler in 1929. In childhood period these diseases fall under this category- Obesity, Cardiovascular diseases, Depression and Diabetes Mellitus¹. In adult cardiovascular diseases (CVD) continue to be the major cause of mortality representing about 30 per cent of all deaths worldwide. Lifestyle diseases are defined as diseases linked with the way people live their life. People are predisposed to various diseases based on their way of living and occupational habits. They are preventable, and can be lowered with changes in diet, lifestyle, and environment. In children consuming junk food, watching television for extended periods of time and lack of exercise

are the three reasons to develop lifestyle diseases. According to the statistic sourced from the Indian Journal of Endocrinology and Metabolism approximately 8.82 per cent of school children in India are obese. Regular consumption of processed foods and fast foods is a major cause of obesity in India. Management of life style disorders are also primarily through dietary modifications and lifestyle changes like increasing physical activity.

The World Health Organization (WHO) defines health as “The state of complete physical, mental and social well-being and not merely absence of disease or infirmity.” We must not forget that it is more important to have both a sense of “being” healthy as well as “feeling” healthy. The practice of yoga was first developed in India and has evolved over thousands of years. Most lifestyle disorders poorly impact functioning of the autonomic nervous system (ANS). Yogic practices may have a role in the prevention and management of lifestyle disorder such as diabetes, hypertension, dyslipidemia and obesity². Long-term Yoga practice is associated with increased insulin sensitivity and attenuation of negative relationship between body weight or waist circumference and insulin sensitivity. Yoga plays a vital role in normalizing physiology of body and mind³.

LIFE STYLE DISORDERS OF CHILDREN:-

Due to change in food habits and reduce physical activity these lifestyle disorders are commonly found in children –

1. Obesity
2. Increased risk of diabetes
3. Heart disease
4. Depression and dyslipidemia
5. Inflammatory bowel disease.

Obesity is main life style disorder of children and other is complication of obesity. Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Generally, a child with a body mass index, (B.M.I.) of 25 to 29.9 is considered overweight and with a B.M.I. of 30 or higher is considered obese. Obese children are at a risk of developing Diabetes mellitus, cardiovascular diseases and Hypertension in the long term. Body Mass Index (BMI) for Age Charts uses height, weight, gender and age to assess a child's weight. A formula is used to calculate a child's BMI = weight in kilograms/ (height in meters)⁴.

In Ayurveda Acharya Charaka has described *Ashta Nindita Purusha* and emphasized in detail about two pathological conditions viz *Atisthula* and *Atikarshya*. *Atisthulapurusha* is worst among them, due to its complicated pathogenesis, variable complication and treatment. Obesity has been described as *Sthaulya* or *Medoroga* in Ayurveda but especially childhood obesity is not described in Ayurvedic texts. *Sthaulya* is described under the chapter of *Santarpanajanya Vikara* (Disease caused by over

nourishment)⁵. *Medadhātu* (adipose tissue) is the site of metabolic disturbance in an obese individual. *Meda* becomes increased due to ingestion of excessive *Sneha* and *Madhur rasa*⁶. A person in whom there is excessive accumulation of *Meda* (fat/adipose tissue) and *Mamsa* (flesh/muscle tissue) leading to flabbiness of hips, abdomen, and breast has been categorized as *Atisthula*. *Medas* is body tissue predominant in *Prithvi* and *JalaMahabhuta* as similar to *KaphaDosha*.

ROLE OF YOGA IN LIFESTYLE DISORDERS OF CHILDREN

With rapid economic development and increasing westernization of lifestyle in the past few decades and prevalence of obesity, diabetes mellitus, hypertension, dyslipidemia etc. occurrence of one disease may act as a risk factor for the development of other condition. In these conditions, modification in lifestyle and regular practice of Yoga acts as complementary therapy for life style disorders. The holistic art and sciences of Yoga is the best lifestyle ever designed and is effective in the management of ever increasing metabolic disease. A regular practice of Yoga for three months (one hour in morning) is found to be effective in reduction of obesity by reducing body mass index, in hypertension by normalizing cardiovascular rhythm, decrease sympathetic activities and improve baro reflex sensitivity, in Diabetes by lowering Fasting blood sugar, PP Blood sugar and HbA1C levels.

Childhood Obesity is main disorder of life style and in future its major complication is diabetes, hypertension, dyslipidemia and depression. Childhood is a problem that can arise from various factors like heredity, lack of Exercise, wrong Food Habits etc. The treatment of overweight and obesity in children and adolescents requires a multidisciplinary approach with a holistic outlook. The components of overweight and obesity treatment include dietary management, physical activity enhancement, restriction of sedentary behaviour and Yoga. Yoga, which involves discipline and ‘*Aasanas*’ that aid fitness and calm, helps children to develop positive thinking and good habits, and reduce stress. As a result, Yoga can bring about good health and keep obesity away. Certain gentle *Yogasanas* are helpful for prevention and treatment of childhood obesity. Yoga poses like *Aasanas*, *Pranayama*, meditation and relaxation techniques are helpful for weight loss, lessening of body fat and weight management.

Basic Yogic principles that are used in the management of lifestyle disorders include the following-

- ❖ Psychological repairing and development of appropriate attitudes.
- ❖ Relaxation and visualization to encourage a sense of inner calmness and well-being.
- ❖ Stress management through counseling, *Asanas* (postures) and *Pranayama* (breath–energy harmonizing techniques)
- ❖ Normalize metabolic activity through physical activity such as *Surya namaskar*, *Aasanas*, and *Pranayama*.

Shedding of excess fat and attaining ideal body can be achieved by practicing Yoga. The different yogic practices and yoga tips for treatments of the disorder are:-

1. **Sarvangasana** (Shoulder stand pose):- This *Aasana* improves the efficiency of the thyroid glands, which is responsible for correcting body weight and normalize the endocrine system that too control the condition.
2. **Padahastasana** (Forward bending asana):- This *Aasana* improves metabolic process of the body by acting on thyroid and pituitary gland, thus control it.
3. **Dhanurasana** (Bow pose):- This *Aasana* helps to burn excessive fat in the body.
4. **Paschimottanasana** (Back stretching pose):- This *Aasana* helps to remove excess fat in the abdominal region tones all the abdominal organs.
5. **Ardha-Matsyendrasana** (Half spinal twist poses):- This *Aasana* treats ailments like diabetes, indigestion, overweight and constipation.
6. **Bhujangasana** (Cobra pose):- This *Aasana* massages the abdominal organs, increases the flexibility of back and also regulated the thyroid gland. Good for childhood overweight.
7. **Pavan Muktasana** (Wind releasing pose):- This *asana* reduces abdominal fat.

Physical benefits of Yoga:-

- ❖ Increased flexibility
- ❖ Increased muscle strength and tone
- ❖ Improved respiration, energy and vitality
- ❖ Maintaining a balanced metabolism
- ❖ Weight reduction
- ❖ Cardio and circulatory health
- ❖ Improved athletic performance
- ❖ Protection from injury.
- ❖ By yoga blood cholesterol level is lower side along with blood glucose and other values drop towards acceptable levels.

Mental Benefits of Yoga:-

- ❖ Stress Reduction
- ❖ Body Awareness
- ❖ Better Sleep
- ❖ Improve self-confidence
- ❖ Relaxation.

SUMMARY AND CONCLUSION

Now a days the risk of lifestyle disease become visible larger in children. This is because of unhealthy, harmful eating habits and lack of physical activity. Diseases such as obesity, diabetes, depression, heart diseases and Inflammatory bowel disease are outcomes of poor lifestyle habits in children. Yoga is an art as well as a science. It is a science, because it offers practical methods for controlling body and mind, thereby making deep meditation possible. A regular practice of Yoga for three months (one hour in morning) is found to be effective in reduction of obesity by reducing body mass index.

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THERAPEUTIC IMPORTANCE OF MESHASHRINGI(GYMNEMA SYLVESTRE R.BR.)

Dr.Sanjay Prakash,

Lecturer, Department of Dravyaguna, Govt. Ayurvedic College & Hospital, Varanasi.

Meshashringi (Gymnema sylvestre R.Br.) Family: Asclepiadaceae is a diffuse, twining shrubs with pubescent young parts commonly known as Gurhmar, occurs naturally in various regions of India from Konkan to Travancore. As this is having *Laghu, Ruksha Guna, Kashaya, Tikta Rasa, Katu Vipaka, Ushna Virya*. By the virtue of above property this is *Kaphavatashamaka*. *Meshashringi* contains two resins, albuminous substance, colouring matter, calcium oxalate, gymnemic acid 6%, quercitol and sugar yeast. Ash contains ferric oxide, manganese and other matters.. It is used in diabetes insipidus and diabetes mellitus in particular for which leaves powder is prescribed as a single drug or as an ingredient of a recipe. Roots decoction is orally given in case of snake-bite. The drug is bitter tonic. Seeds are useful in coryza, cold, cough and asthma. The present review is therefore, an effort to give a detailed focus on its botanical details, phytochemistry, pharmacodynamics, therapeutic importance and its pharmacological studies.

Keywords: *Meshashringi, Gymnema sylvestre*, diuretic, diabetes mellitus, *ashmari*, phytochemistry, pharmacology.

ROLE OF LIFE STYLE MODIFICATIONS IN THE MANAGEMENT OF TYPE 2 DIABETES

***Dr. Deepika Dwivedi, **Dr. Ajai Kr. Pandey**

**Senior Resident **Assistant Professor*

Department of Kayachikitsa, Faculty of Ayurveda, IMS, BHU-05

ABSTRACT

In recent years lifestyle disorders are the main concerning area in front of global scientific community for their safe and effective remedial measures. Change in eating habits, increasing body weight, decreased physical activity and mental stressors are the key factors in the pathogenesis of type 2 diabetes. Obesity is the most important modifiable risk factor for Type 2 diabetes, which has strong association with genetics and faulty lifestyle errors. A combination of these factors may lead to insulin resistance at cellular level and finally Type 2 diabetes mellitus. Insulin resistance means the body is building insulin but is unable to effectively convert glucose into energy at target level leaving too much glucose in the blood. In contemporary medical science the first line of management of Type 2 diabetes is lifestyle modification in most of the cases through changes in their diet, regular physical exercise and monitoring of blood glucose levels. In such cases physical activity is an important component of treatment plan. It's also important to have a healthy meal plan and maintain blood glucose level through medications if necessary. In either case exercise can reduce the glucose in blood and reduce excess body fat by breakthrough the pathophysiology of insulin resistance. Besides, mental stressors can be checked by adopting Yogic practices and meditations under trained Yoga expert.

Keyword: Diabetes, Insulin resistance, life style disorders, Yoga

ROLE OF LIFESTYLE MODIFICATION IN MANAGEMENT OF KLAIBYA

Mukesh Kumar^{1*}, Dileep Kumar², K.H.H.V.S.S. Narasimha Murthy³

1. *Junior Resident, Department of Kayachikitsa, Faculty of Ayurveda, Institute of medical Sciences, Banaras Hindu University, Varanasi.*
 2. *Senior Resident, Department of Kayachikitsa, Faculty of Ayurveda, Institute of medical Sciences, Banaras Hindu University, Varanasi.*
 3. *Associate Professor and supervisor, Department of Kayachikitsa, Faculty of Ayurveda, Institute of medical Sciences, Banaras Hindu University, Varanasi.*
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ABSTRACT

Klaibya is defined as sexual dysfunction characterized by inability of a person to perform sexualact due to inability to attain and keep sufficient rigid/firm erection of penis during the intercourse. There main cause related to life style is disturbed sleep pattern, intolerance to natural stimulus and decreased self-esteem, unstructured thought pattern or distortion of thought regarding the sexual ability, intake of salty and spicy food frequently and stressfull sedentary life style.

Lifestyle is the pattern of psychosomatic behaviour which directly or indirectly influences the health status of a person. A structured routine lifestyle with little or approximate changes is fruitful for a person's quality of health, but due to large fluctuations or disturbances regarding need to live a satisfactory life, impact directly on psycho-physiological functions. If such interventions present frequently and for long time the irreversible lifestyle disorder is manifested.

Klaibya which is correlated with erectile dysfunction. This is due to increased level of adrenaline. This increased level is also happens in normal situations of life frequently to a normal person. This disturbs the vascular flow in corpus cavernosum muscles through helicine artery. And due to low Nitrous oxide production which is a potent natural vasodilator, causes decreased blood flow and improper erection of the penis. This situation can be managed by the life style modification including healthy balance diet, normal cognitive function without any type of distortion. Ayurveda describes several tools and techniques to manage this situation such as the use of Rasayana and Vajikana aushadhas and modification of life style like Dincharya, Ritucharya, Sadvritta etc.,

INTEGRATED APPROACH TO THE MANAGEMENT OF DIABETES MELLITUS

Dr. Pooja Verma^{*}, Dr. Ajai Kr. Pandey^{}**

**JR-2nd, **Assistant Professor*

Department of Kayachikitsa, Faculty of Ayurveda, IMS, BHU.

Advancement in technology and industrialization brought a lot of changes in the lifestyle of a person globally over the year and it may be the leading cause of lifestyle related disorders, diabetes mellitus is one of them. It has strong linking with faulty lifestyle errors, genetic changes and variety of physical & mental stressors. In conventional system of medicine the pathogenesis & management of diabetes mellitus is still evolving and oral hypoglycemic drugs as a primary intervention followed by insulin therapy. A healthy lifestyle must be adopted to combat Diabetes mellitus with proper diet control, physical activity and by giving due respect to biological clock.

Ayurveda offers various regimens *Dincharya, ritucharya, panchakarma, rasayana, yoga and asana*, these are found to be helpful in its control and act as adjuvant with medical therapy. These therapy also provides enough scope not only for prevention of disease but also for the promotion of health and management of disease too. The challenge is how to initiate the global change, not towards the increasing documentation of the scope of the problem but towards the true action; creating, implementing, sustaining healthy diet and Lifestyle, that will result in positive, measurable change in diabetes mellitus metrics.

Keywords: Ayurveda, Diabetes Mellitus, Diet & Lifestyle, Panchkarma, stressors.

A CLINICAL EVALUATION OF DARVYADI GHANA VATI IN THE CASES OF PREDIABETES

*Anshu Gangwar, ** Ajai Kr. Pandey

Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences,
Banaras Hindu University, Varanasi-221005, UP, India.

ABSTRACT

Prediabetes is the state in which some but not all of the diagnostic criteria for diabetes are met. It is often described as the "Gray area" between normal blood sugar and diabetic sugar levels. Prameha is a syndrome described in the ancient Ayurvedic texts that includes several variety of clinical conditions as described in modern medicine such as obesity, Prediabetes, Diabetes mellitus, and metabolic syndrome. Prameha has been described in detail in Ayurvedic lexicons. Charaka has given exhaustive description of the disease Prameha which ultimately progresses towards Madhumeha or the sweetness of urine in addition to Polyurea. In this emerging scenario the present clinical study was conducted in 60 patients to test the safety & efficacy of Ayurvedic formulation Darvyadi Ghana Vati in cases of Prediabetes. In this series, a total 27 females and 33 male's cases were enrolled fulfilling the diagnostic criteria of Prediabetes as well as exclusion and inclusion criteria. The patients were randomly allocated into two groups, viz- Group A- on Metformin, Group B on Darvyadi Ghana Vati as per prescribed dosing schedule. The cases were assessed on subjective and objective parameters for three successive follow ups on every one month. At the end of clinical trial patients of Group A showed significant improvement on different parameters in comparison to Group B in case of FBS, PPBS, HbA1C%. There is no side effect found after trial treatment.

Key words: Prediabetes, Diabetes mellitus, Darvyadi Ghana Vati

INTRODUCTION

Pre-diabetes is the precursor stage before diabetes mellitus in which not all of the symptoms required to diagnose diabetes are present, but blood sugar is abnormally high. This stage is often referred to as the "grey area." It should not be viewed as a clinical entity in its own right but rather as an increased risk for diabetes and cardiovascular disease (CVD) and is associated with obesity (especially abdominal or visceral obesity), dyslipidemia with high triglycerides and/or low HDL cholesterol, and hypertension. Thus, it is a metabolic diathesis or syndrome, and it usually involves no symptoms and only high blood sugar as the sole sign. Worldwide more than 300 million people and 80 million Indian people are at risk of developing diabetes mellitus but they are unaware of it. Prediabetes is the state in which some but not all the diagnostic criteria for diabetes are present. Prediabetes is also known as borderline diabetes, chemical diabetes & touch of diabetes. The progression into Diabetes mellitus from Prediabetes is approximately 25% over 3 to 5 years. The

overall prevalence of diabetes in India is to be 7.3% and the prevalence of pre-diabetes to be 10.3% as per WHO criteria or 24.7% as per ADA criteria.

Pre-diabetes is one of the clinical entity, which have been described in *Ayurveda* in the context of *Prameha*. The diathesis of Pre-diabetes can be correlated with centuries old diathesis of *Prameha/Madhumeha* as described in Ayurvedic lexicons. *Ayurveda* has emphasized that lifestyle errors are the major etiological factor for *Prameha*. The pathogenesis of *Prameha* seeks attention of physician because of involving the 3 *Doshas* with wide range of *Dushyas* i.e. 10 *Dushyas*; ranging from *Rasa* to *Ojas*. It is a *Tridosajvyadhi* but *kapha Dosha* is predominant in the development of *Prameha/Prediabetes*. Involvement of 10 *duhsyas* indicates that it is a systemic *vyadhi* involving the whole body. When these condition remain in body for a long time then it may converted into *Madhumeha* vis a vis Diabetes mellitus. Due to wide spread pathogenesis this disease is difficult to be cured.

In *Ayurveda*, it can be categorized in two major categories: 1. *Sahaj Prameha* 2. *Apathyanimittaj Prameha*, out of these *Apathyanimittaj Prameha* have close relation with the Prediabetes/Type-2 Diabetes mellitus. In *Ayurveda*, *SthulaPramehi* has also been described, which may be correlated with obesity and its role in the genesis of Prediabetes/Type-2 DM, which is managed by *Aptarpana* measures. The etiology, classification, pathogenesis, clinical features, prognosis, and management of *Apathyanimittaj Prameha* are closely related to Prediabetes. So, ancient *Acharayas* told *Aptarpana* measures as guideline of management of *Apathyanimittaj Prameha*. In *Ayurvedic* text clinical prodromal features of *Prameha* are described along with features of *Vataja*, *Pittaja* and *Kaphaj Prameha* are also mentioned, which indicates the preclinical stage/early stage/subclinical features of Diabetes mellitus. If in the early stage of *Prameha/Prediabetes* are not managed, it may lead to develop *Madhumeha/Type-2DM*. Besides, numbers of pharmacological and non- pharmacological measures are also described in *Ayurveda* for the treatment of *Prameha/Prediabetes*. Lifestyle modification, herbal, mineral and herbo-mineral formulation are an important therapeutic measures of *Ayurveda*, which are to be used for the management *Prameha* including *Madhumeha*.

The management of Prediabetes is still not satisfactory in conventional system of medicine. Therefore, the highly evolved description of *Ayurvedic* therapeutic in the line of prevention and management can be utilized for the management of *Prameha/Pre-diabetes*, which not only provides a new dimension for the management of Prediabetes but also emerged as important preventive tools for Type-2 Diabetes mellitus.

In recent years the incidence of Prediabetes is rising with an alarming rate globally along with its consequences in terms of type 2 DM, which is discussed in detail in this thesis. Many Diabetologist and clinical researchers believed that Prediabetes is a clinical disorder; it may lead to Type 2 Diabetes mellitus and its complications. Therefore, it is a preventable clinical entity through lifestyle modification & diet and by uses some herbal drugs. If in the initial stage of Prediabetes is

not treated properly than it may progressed to Type-2 Diabetes mellitus, it becomes incurable and lead to several complications. It is estimated that 45-50% Pre-diabetic converted into Type-2DM within 3-5 years. Such types of consequences are well documented in *Ayurvedic* lexicons.

Researchers and scholars of biomedical sciences have recently conceived the idea of *Medas* as the principal *Dushya* of *Prameha*, opines that central obesity and deranged lipid metabolism are considered as the main pathogenic component, which is involves in the basic matrix of Prediabetes and Type-2 Diabetes mellitus. It is suggested that the major focus of research and development of Diabetes mellitus should be move around Pre-diabetes and metabolic syndrome as a preventive measures.

Pre-diabetes can be managed with the help exercise, yoga, dietary control, and bio-purificatory measures of *Ayurveda*, which may not only control the lipid and sugar metabolism in the system but also control its progression into Type-2 Diabetes mellitus. Many *Ayurvedic* preparations are described in *Ayurvedic* text for the treatment of Pre-diabetes/*Prameha*, which break the process of disease at its initial level. It seems profitable to explore the possibilities of developing an *Ayurveda*- inspired line of management and medication for contemporary use today. Such an exercise of 'Reverse Innovation' in the management of Diabetes mellitus and its complications is considered because of the fact that modern management of Diabetes mellitus is really not satisfactory. In this regard, *Ayurvedic* formulation *Darvyadi Ghana Vati* is described in the context of *Pramhea* by *Charaka* is used to explore it possibility in cases of Pre-diabetes.

It is decided to assess the diathesis of disease in relation of *Ayurveda* and to clinically evaluate the safety and efficacy of *Darvyadi Ghana vati* in the cases of Prediabetes. Besides, attempts have been made to assess the impact of dominant sets *Deha Prakriti* on therapeutic response. The present study was conducted on 60 patients of Pre-diabetes divided randomly into two groups treated with *Darvyadi Ghana Vati* in one group and another one is control group treated with modern drug (Metformin). After parallel study of *Ayurvedic* therapeutics, the favorable or unfavorable observation will be made in terms of Demographic profile, clinical symptoms, fasting blood sugar, postprandial blood sugar, HbA1C%, BMI, serum cholesterol, serum triglyceride, *Deha Prakriti*.

Material & Methods:In the management of Prediabetes many drugs and drug formulations have been mentioned in modern medicine, which provide instant relief up to some extent, but there are tend to develop a number of adverse drug reactions and no permanent cure is visible. Metformin an antidiabetic drug has beneficial effects in the prevention or in the treatment of Prediabetes and Diabetes Mellitus. These are considered as safe and usually well tolerated by the patients.

Darvyadi Ghana Vati is an *Ayurvedic* formulation described in *Charak Samhita* in *Prameha chikitisa* for the management of *Prameha*.

“दार्वी सुराहं त्रिफलां समुस्तां कषायमुत्क्वाथ्य पिबेत् प्रमेही”

(ch.chi.6/26)

This formulation comprises of six herbal drugs as described below, which have pharmacological capacity to decrease blood sugar level and relieves the clinical symptoms without any unwanted and adverse effects. Therefore, this formulation will be tested in comparative manner with Metformin to search out its role in the management of Prediabetes.

METHODS OF CLINICAL STUDY

Selection of The Patients: Total 60 patients were selected irrespective of their sex, age, religion for the above study from the OPD/IPD of Department of Kayachikitsa, SSL Hospital, BHU. The patients were registered and details of interrogation, examinations and investigations were carefully recorded in the proforma especially prepared for this purpose. Prior to enrolment, Institutional ethical approval and written informed consent were undertaken.

AIMS AND OBJECTIVES

1. AIMS AND OBJECTIVES :

1. To put an over view on the concept of Prediabetes vis -a- vis *Prameha*.
2. To study the hypoglycemic effect of *Darvyadi Ghana Vati* on subjective and objectives parameters of Prediabetes.
3. To compare the safety & efficacy of trial drug with control group i.e. Metformine.
4. To evaluate the impact of *DehaPrakriti* on progression of Prediabetes to Type- 2 DM.

Ethical Approval: Ecr/526/Inst/Up/2014 Dt. 31.1.14

Nature of Study: Open randomized control clinical trial

Inclusion Criteria:

- Age 30-60 yrs.
- Family History of Diabetes, HTN, Dyslipidemia
- Plasma glucose level : Fasting : 100-125 mg/dl
Postprandial : 140-199 mg/dl
- HbA1C%

Exclusion Criteria:

- Age <30yrs. and >60yrs.

- Type II Diabetes Mellitus (NIDDM) with and without complications.
- Type I Diabetes Mellitus (IDDM) associated with and without complications.
- Diabetes due to endocrinopathies e.g. Pheochromocytoma, Acromegaly, Cushing's syndrome, hyperthyroidism etc.
- Drug or chemical induced diabetes mellitus e.g. Glucocorticoids, Thyroid hormone, Thiazides, Phenytoin etc.
- Certain genetic syndromes sometimes associated with diabetes mellitus e.g. Down's syndrome, Klinefelter's syndrome, Turner's syndrome etc.
- Patients suffering from any severe systemic disease.

Grouping of Patients

The randomly selected patients were divided into two groups as given below:

Group A (30)	Group B (30)
Control Group	Ayurvedic drug
Trial drug- Tab Metformin 500mg	Trial drug: Darvyadi Ghana Vati Anupana- Lukewarm water
Dose – 500 mg OD before meal	Dose- 500 mg BD after meal

The selected patients were treated as above for full trial period and the findings were analyzed at the end of the trial.

Methods of Assessment Criteria To Assess The Trial Drug Response

The assessment of Prediabetes was done at the interval of 1 months on following basis.

- Subjective Assessment** This completely depends upon the symptomatology and its grades. Improvement in symptoms is directly proportional to the improvement in the patient's condition and his metabolic state.

DehaPrakriti: In the present study the *Prakriti* of each patient was ascertained on the basis of individual structural and physiological variation. For this purpose a proforma was specially designed base on classical texts parameters with on an individual of a particular *Prakriti* (Dubey and Singh, 1970). Based on individual *Prakriti*, the Prediabetic patients were divided into three groups i.e. *Vatika*, *Paittika* and *Kaphaja*.

ManasaPariksha: Assessment of *Manasa Prakriti* viz. *Sattvika Rajasika* and *Tamasika* was done based on parameters developed by Singh R.H., 1980.

Laboratory Profile:

1. Blood Examination :

- Routine blood was examined for total leucocyte count, differential leucocytes count and haemoglobin percentage to exclude any infection.
- Blood urea and serum creatinine were done to assess the renal status.
- Liver function test.
- Total serum cholesterol level.

2. Urine Examination :

Urine for each case was examined for specific gravity, reaction, sugar, albumin and acetone routinely and microscopic examination for crystals, casts and cells.

3. Blood Sugar Examination :

For the diagnosis of Prediabetes, blood sugar level was determined. The recommended values for diagnosis of Prediabetes are fasting blood sugar level 100-125 mg/dl, two hours after glucose load the blood sugar level 140-199 mg/dl.

4. Glycosylated Haemoglobin (HbA1C%)

ii. Objective Assessment

Objective assessment was done on the following basis

- BMI (body mass index)
- Fasting blood Glucose
- Postprandial blood Glucose
- Serum Cholesterol, Triglyceride

- HbA1C%

Therapeutic Study

Selection of the Trial Drug

Selection of Trial drug:

In this present study, selected trial drug *Darvyadi Ghana Vati* has been taken from the “*Charaka Samhita*” of the *Prameha Chikitsa* context and the individual drugs are authenticated from Department of Dravyaguna, IMS, BHU.

Preparation of the Trial Drug

The useful part of *Darvyadi Ghana Vati* was taken from original sources and identified by the experts of the department of Dravyaguna and Rasa Shastra, Faculty of Ayurveda, IMS, BHU, Varanasi. The crude fine powder of six contents present in *Darvyadi Ghana Vati* was prepared by Ayurvedic Pharmacy, BHU, Varanasi. Out of six, each drug was present in equal quantity in churna.

Dosage & Duration: The prepared *Darvyadi Ghana Vati* was given 500 mg bid with luke warm water and Tab Metformin 500 mg- 1 OD, for 3 months.

STATISTICAL METHODS

All the data were collected in tabulated form and shown in graphic representation also. The intra-group comparison was done to see the effect of treatment using paired t test. For the inter-group comparison between the groups unpaired t test & one-way ANOVA (Analysis of Variance) was applied and value of t & f test was determined. Qualitative variables were assessed by Chi-square (χ^2) test for significant difference among the groups.

Observation & result:

Demographic Profile

I. Epidemiological

Age & sex

The study shows the incidence of Age and Sex of 60 patients of Pre-diabetes, it revealed that the registered patients were fall in the age range between 30 to 60 years. The sex incidence in 60 cases, the greater number of patients were male i.e. 33 (55%) followed by female 27 (45%).

It is evident from the table that out of cases in the present series, maximum numbers of patients 50% were in age range i.e. 51-60 years. The next common age range was 41-50 years in

which 31.6% were registered and rest are in 31-40 years i.e. 18.3%. This indicates that Pre-diabetes occurrence is common in middle age group.

Incidence of Sex in 60 cases of Pre-diabetes

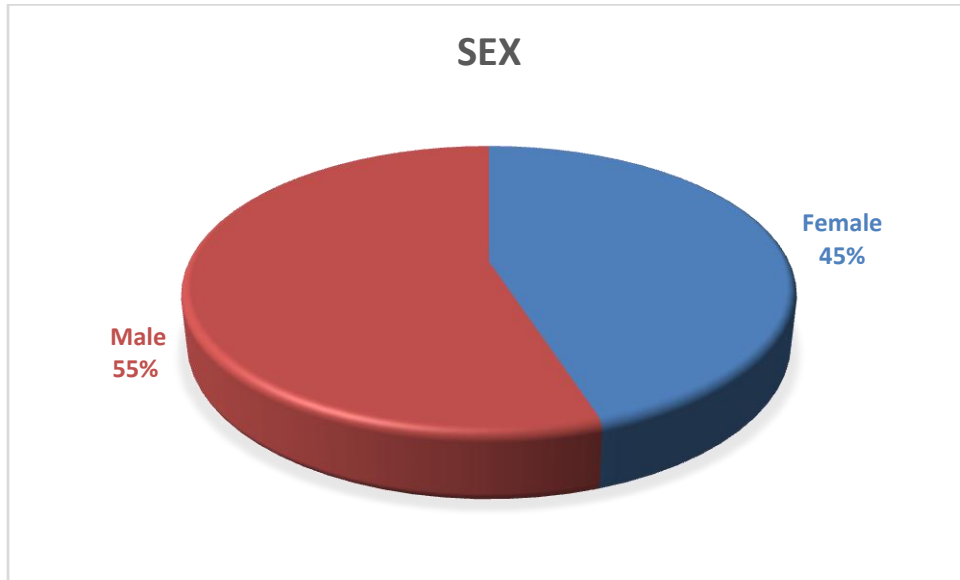
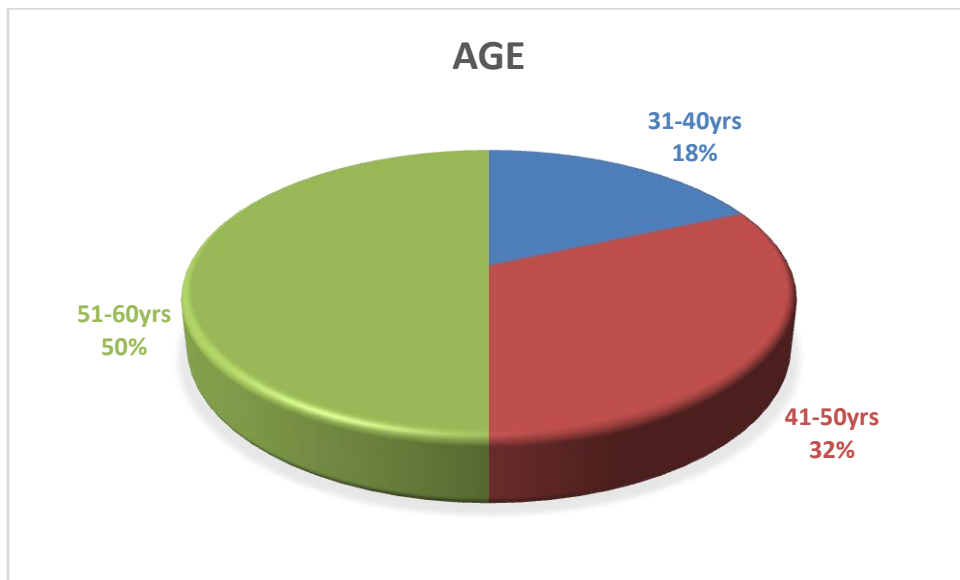


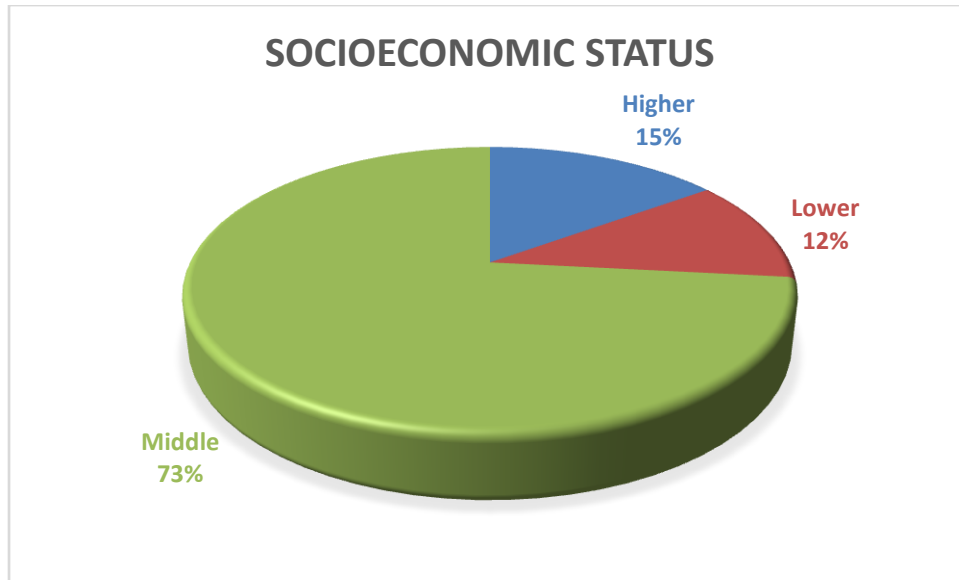
Fig-2: Incidence of Age in the 60 cases of Pre-diabetes



Socioeconomic status

The present study covered a cross section of the society. It was found that majority of them were from the middle Socioeconomic status i.e. 73.3% followed by 15% patients from higher and 11.7% from lower Socioeconomic status.

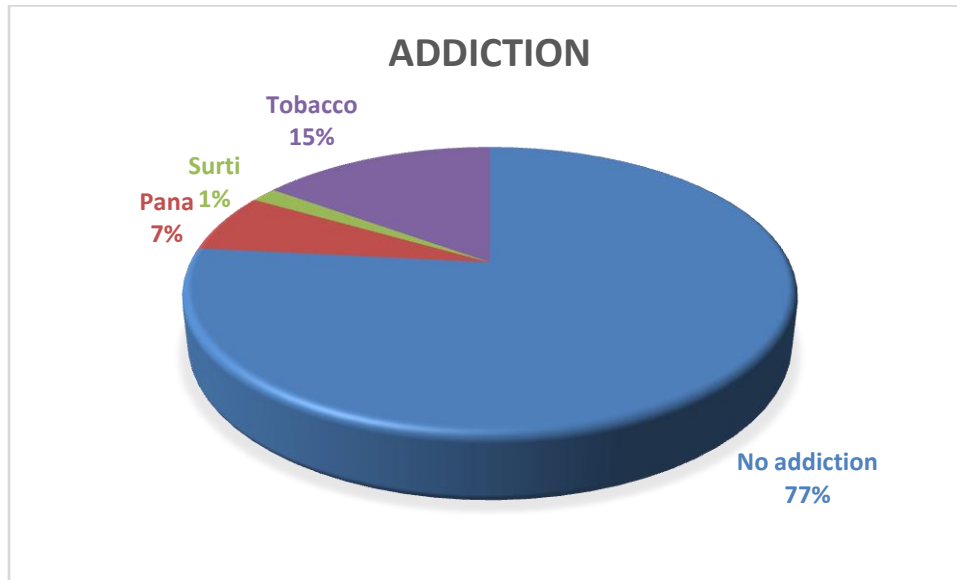
Incidence of Economic Status in 60 cases of Pre-diabetes



Addiction

The incidence of addiction in 60 cases of Pre-diabetes revealed that maximum numbers of the patients had no addiction i.e. (76.7%) followed by 23.3% of betel leaves (*Pana + Surti + Tobacco*).

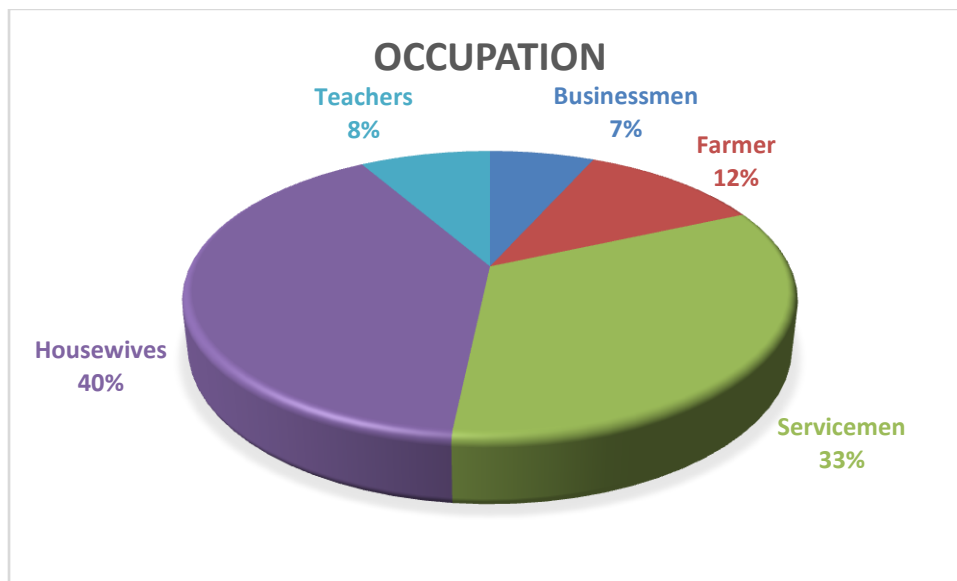
Incidence of Addiction in the cases of Pre-diabetes



Occupation

In occupational study the incidence of Pre-diabetes, was found to be higher (40%) in housewives followed by servicemen (33.4%), farmer (11.7%) teachers (8.3%) and businessmen (6.7%).

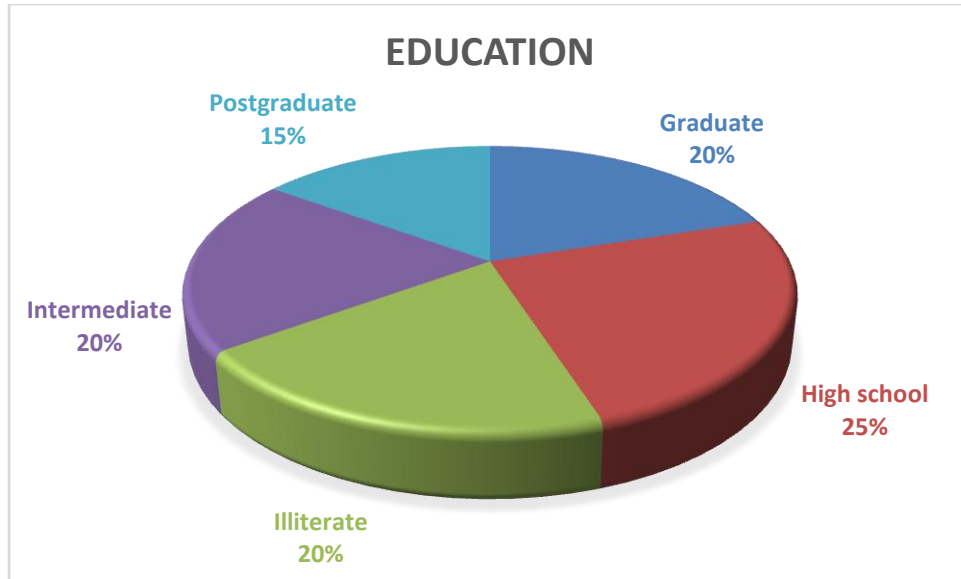
Incidence of Occupation in the 60 cases of Pre-diabetes



Education This study shows the educational status of 60 cases of pre-diabetes, it revealed that majority of the patients were high school 25% and 20% had completed their graduation, 20%

intermediate education and 15% postgraduates education followed by 20% were illiterate (See table -6 & fig. - 6).

Incidence of Education in the 60 cases of Pre-diabetes



Habitat

The incidence of habitat in 60 cases of pre-diabetes shows that majority of the patients were residing in rural areas (51.7%) as compared to those residing in urban areas i.e. 48.3%.

Incidence of Habitat in the 60 cases of Pre-diabetes



Dietary Habit

The present study reveals that 55% of the patients had mixed dietary habit, while 45% were purely vegetarians.

Thus, dietary pattern have a role with the incidence of Pre-diabetes.

Incidence of Dietary Habit in the 60 cases of Pre-diabetes

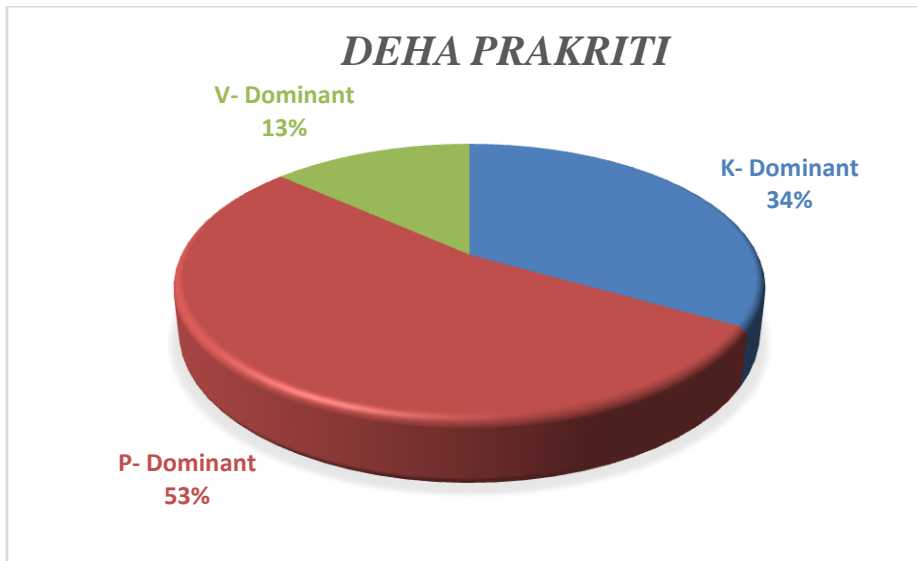


Constitutional Profile:

Deha Prakriti

The incidence of *Deha Prakriti* in 60 cases of Pre-diabetes shows that patients of *Pittaja* dominant *Prakriti* had greater risk (53.3%) for developing the disease than the *Kaphaja* (33.3%) and *Vataja* (13.3%) type of *Deha Prakriti*.

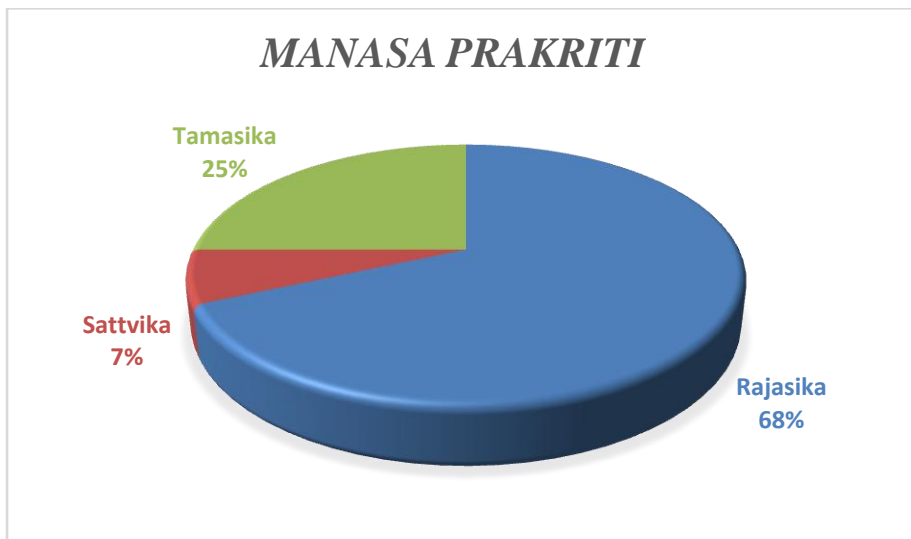
Incidence of *Deha Prakriti* in the 60 cases of Pre-diabetes



Manasa Prakriti

This epidemiological findings reveals that maximum (68.3%) patients belonged to *Rajasika Manasa Prakriti* followed by 6.7% belonged to *Sattvika Manasa Prakriti*, rest 25% were fell in *Tamasika Manasa Prakriti* in this study.

Incidence of *Manasa Prakriti* in the cases of Pre-diabetes

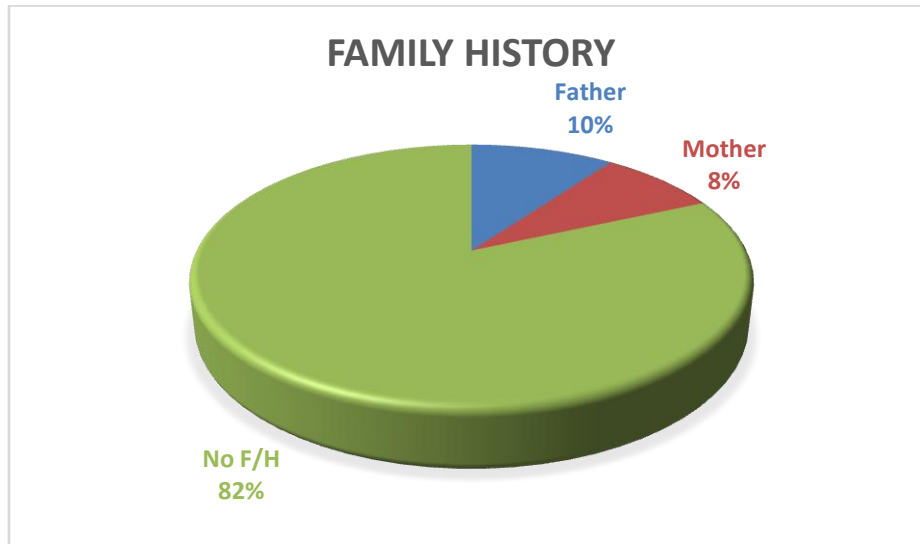


III. Clinical Profile:

Family history:

The present study of 60 cases of Pre-diabetes reveals that most of the patients have no family history i.e. 81.7% followed by 18.3% had positive family history of type-2 diabetes mellitus

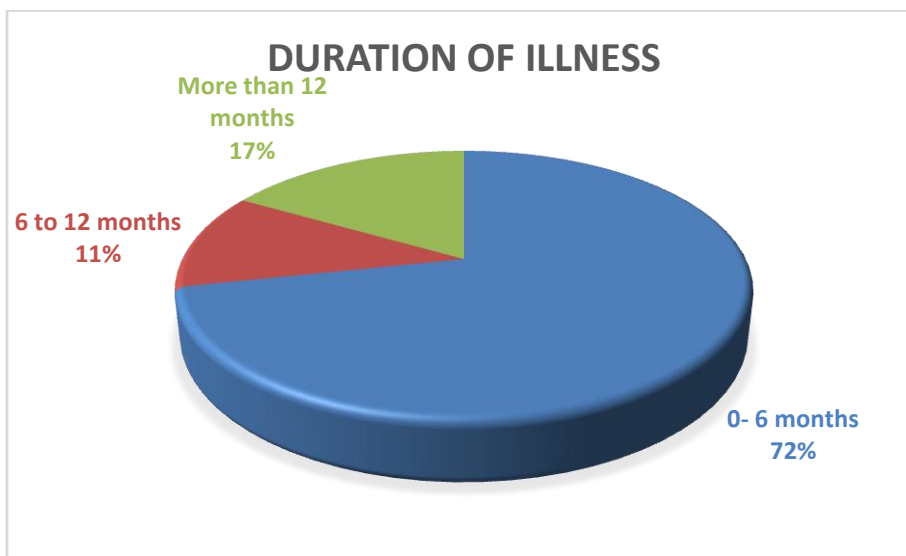
Incidence of Family history in the 60 cases of Pre-diabetes



Duration of Illness:

In this clinical study of 60 patients of pre-diabetes, most of the patients (71.7%) were in the duration of 0- 6 months followed by 11.6% between 6-12 months and rest were belongs to more than 12 months i.e. 16.7%.

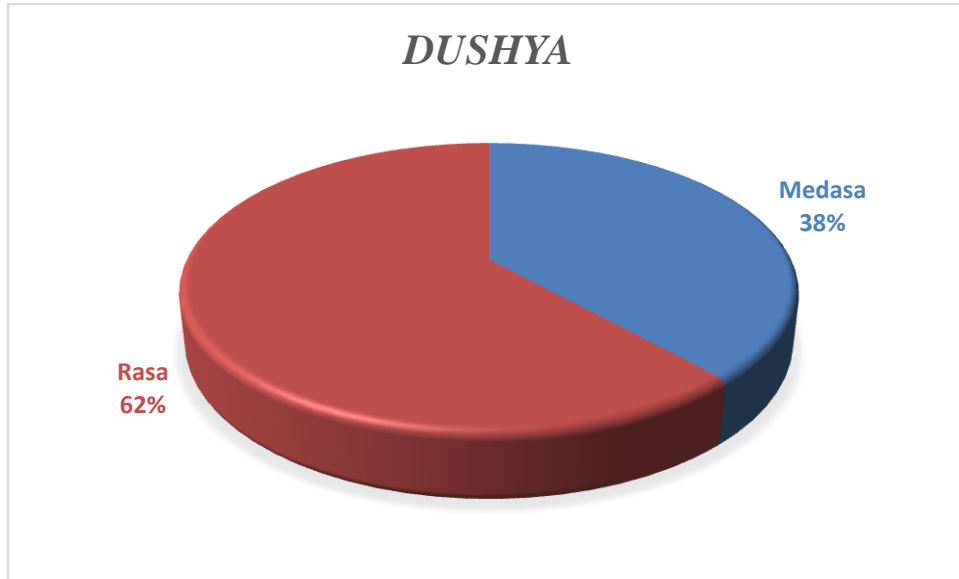
Incidence of Duration of illness in the 60 cases of Pre-diabetes



Dushya involvement

The present study shows that *Rasa* predominant *Dushya* has greater risk (58.33%) for developing the disease followed by the *Medasa* (41.67%) type of *Dushya*.

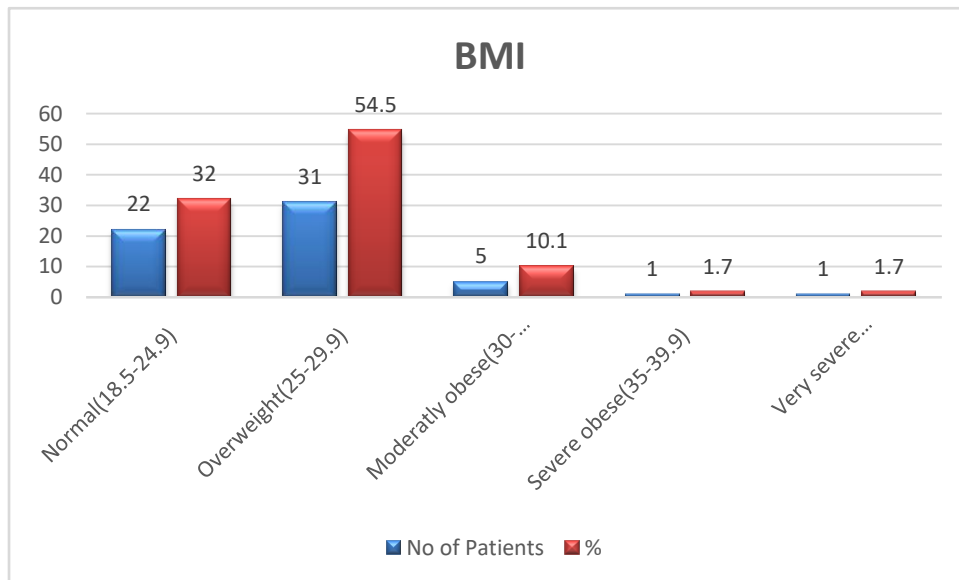
Incidence of *Dushya* in the 60 cases of Pre-diabetes



BMI Range:

In this clinical study most of the patients (54.5%) were in the BMI range (25-29.9) i.e. overweight followed by 32% were of normal BMI range group.

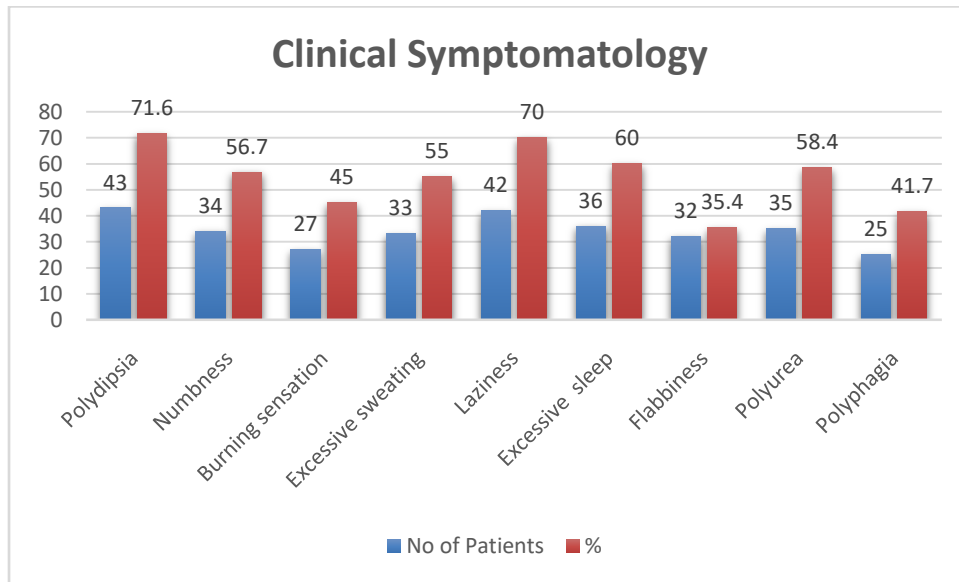
Incidence of BMI in the 60 cases of Pre-diabetic



Clinical Symptomatology in 60 cases of Pre-diabetes:

Incidence of clinical symptomatology in 60 patients of Pre-diabetes revealed that the maximum number of patients (71.6%) had Polydipsia followed by Laziness (70%), Excessive Sleep (60%), Polyurea (58.4%), Numbness (56.7%), Excessive Sweating (55%), Burning sensation (45%), Polyphagia (41.7%) and Flabbiness (35.4%)

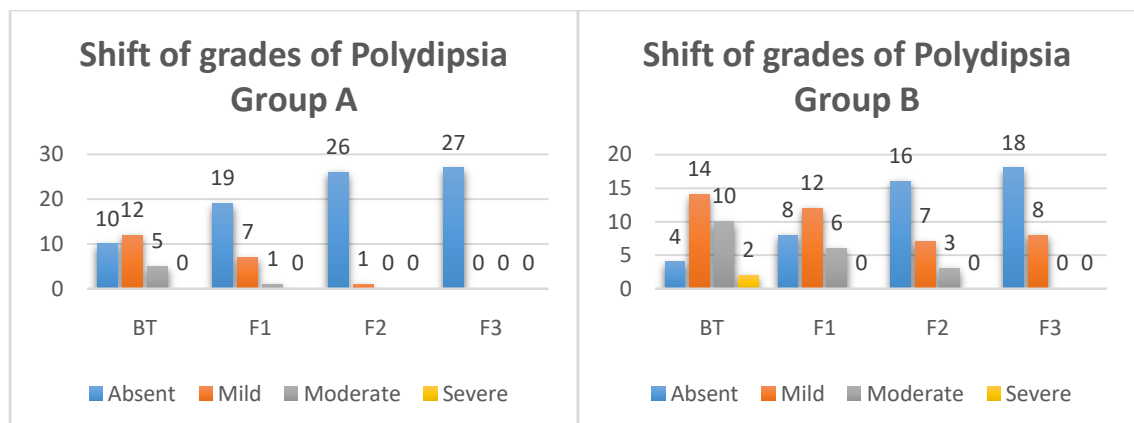
Incidence of symptoms in the 60 cases of Pre-diabetes



I. Therapeutic Studies and Clinical Trial Clinical Symptoms Polydipsia

The study shows the significant shift of grades of Polydipsia in trial groups, it was statistically highly significant in both group, Group-A (p<0.001) and Group B (p<0.001). While comparing between the Group, the differences were significant in F1 & F2 (p=0.009) & (p=0.036) respectively but statistically not significant (p>0.05) in F3.

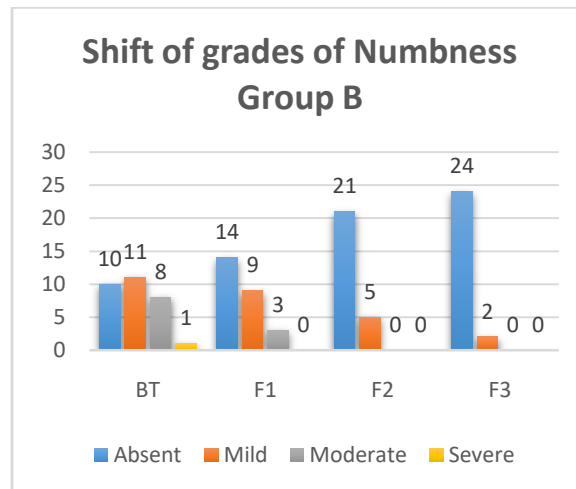
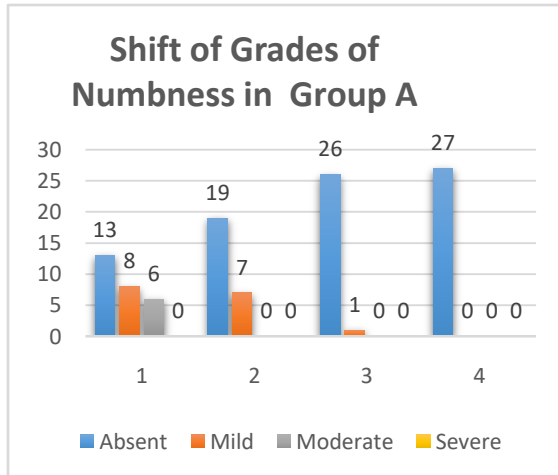
Showing significant favorable shift of grades of Polydipsia in 53 cases of Pre-diabetes.



Numbness

The study shows the significant shift of grades of Numbness in different trial groups, it was statistically highly significant ($p < 0.001$) in Group-A & Group-B, after 3 months of trial observation. Between the Groups comparison, it was statistically not significant.

Showing significant favorable shift of grades of Numbness in 53 cases of Pre-diabetes.



Burning sensation

The study shows the significant shift of grades of Burning sensation in different trial groups, it was statistically highly significant ($p < 0.001$) in Group-A and Group-B, after 3 months of trial observation. While comparing between the Groups, it was statistically significant ($p = 0.032$) in F2 and highly significant ($p = 0.002$) F3, and not significant ($p < 0.679$) in before treatment.

Showing significant favorable shift of grades of Burning sensation in 53 cases of Pre-diabetes

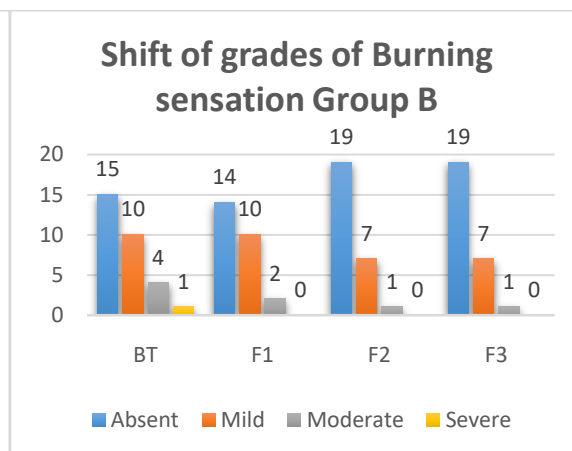
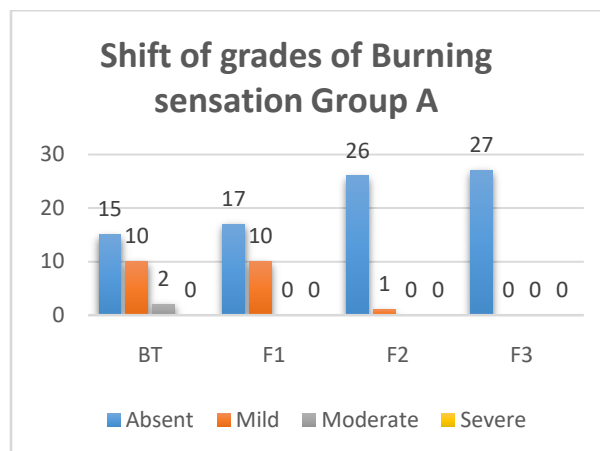


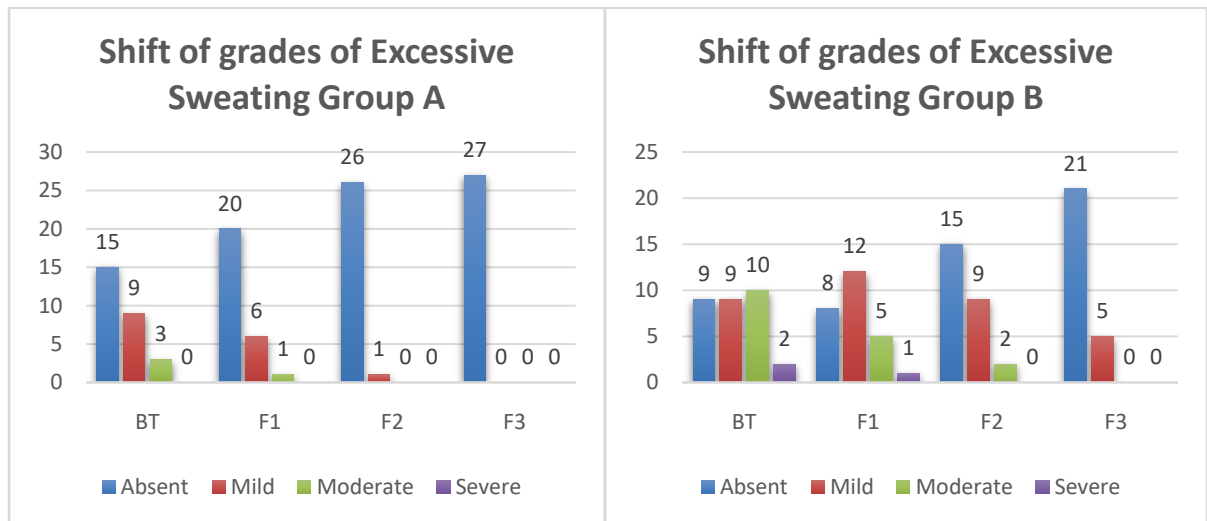
Fig-18.1

Fig-18.2

Excessive Sweating

The study shows the significant shift of grades of Excessive Sweating in different trial groups, shift of grade was statistically highly significant ($p < 0.000$) in Group-A & Group- B, after 3 months of trial treatment. While comparing between the Groups, the difference were statistically significant ($p < 0.05$) BT, F1, F2 & F3.

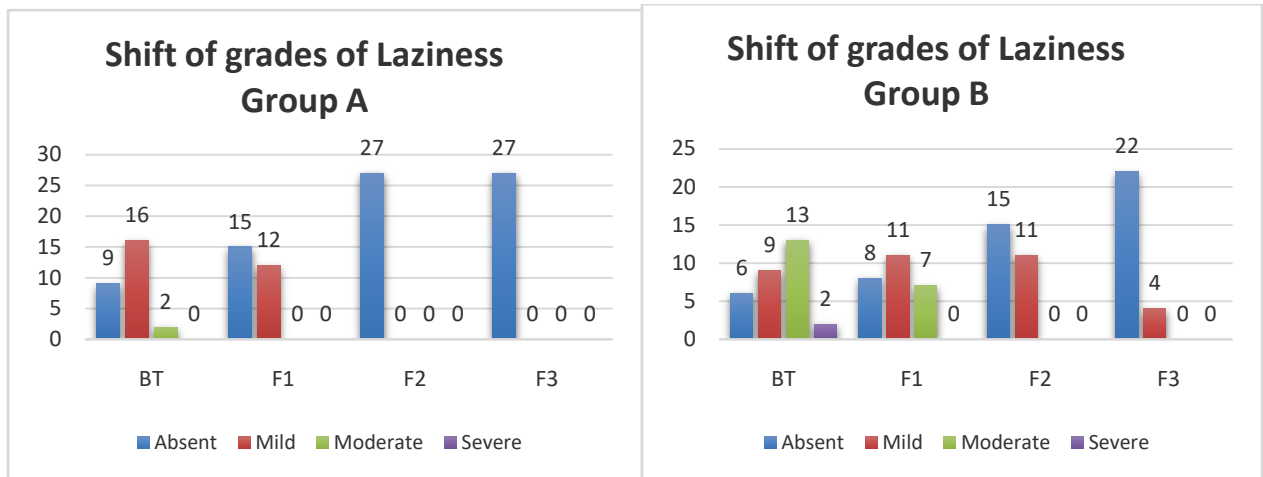
Showing significant favorable shift of grades of Excessive Sweating in 53 cases of Pre-diabetes.



Laziness

The study shows the significant shift of grades of Laziness in different trial groups, it was statistically highly significant ($p < 0.001$) in Group-A & Group-B, after 3 months of trial observation. While comparing between the groups, it was statistically significant ($p < 0.05$) in BT, F1 & F3 and highly significant ($p < 0.01$) in F2.

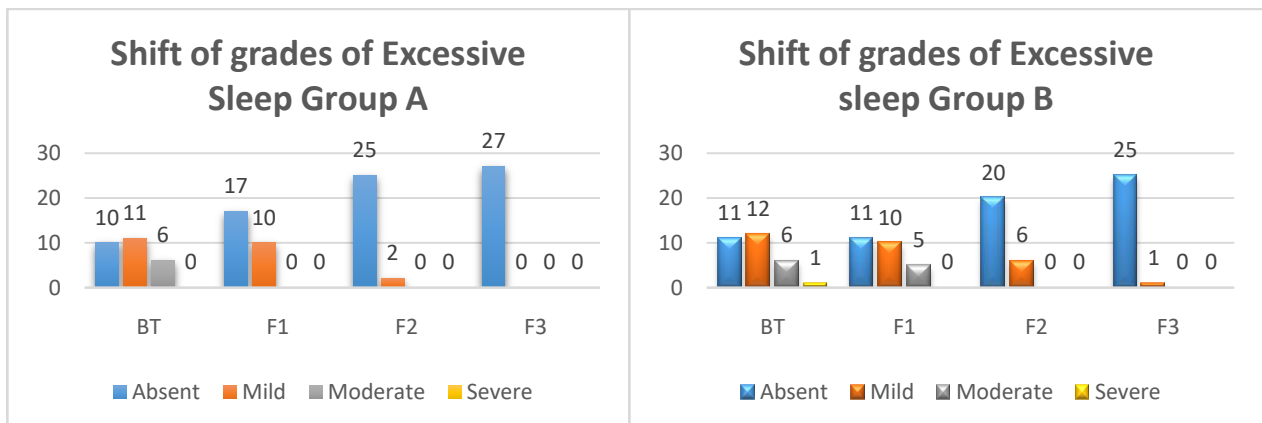
Showing significant favorable shift of grades of Laziness in 53 cases of Pre-diabetes.



Excessive Sleep

The study shows the significant shift of grades of Excessive Sleep in trial groups, it was statistically highly significant ($p < 0.001$) in Group-A & Group-B after 3 months of trial treatment. While comparing between the groups, it was statistically significant ($p < 0.05$) in F1 and not significant ($p < 0.817$) in BT, (0.111) in F2 & ($p < 0.304$) in F3.

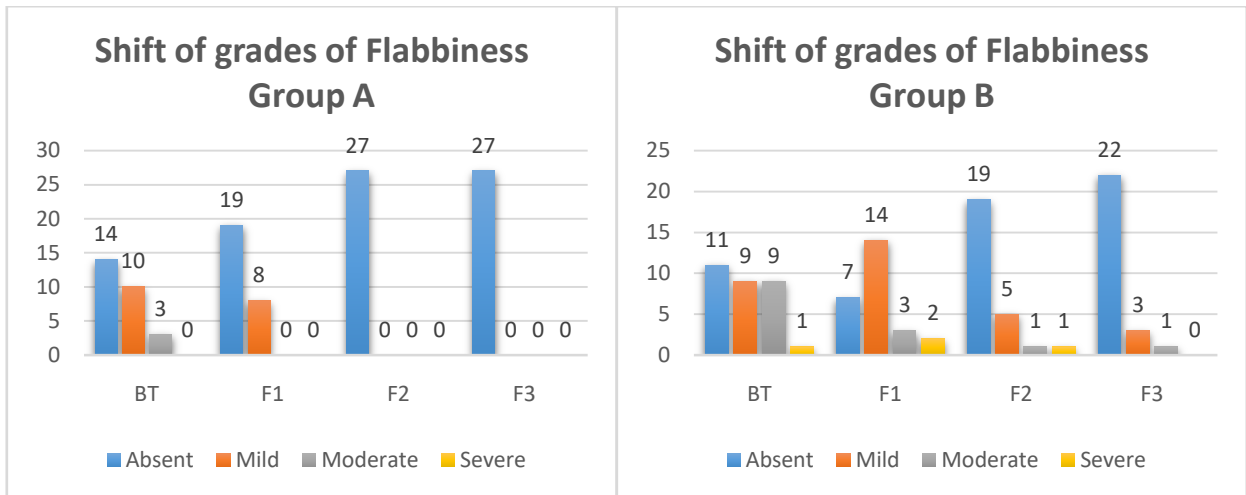
Showing significant favorable shift of grades of Excessive Sleep in 53 cases of Pre-diabetes



Flabbiness

The study shows the significant shift of grades of Flabbiness in different trial groups, it was statistically highly significant ($p < 0.000$) in Group-A & after 3 months of trial observation. While comparing between the Groups, the differences were statistically not significant ($p = 0.133$) in BT & ($p = 0.106$) in F3 while significant in F2 ($P = 0.015$) & highly significant in F1.

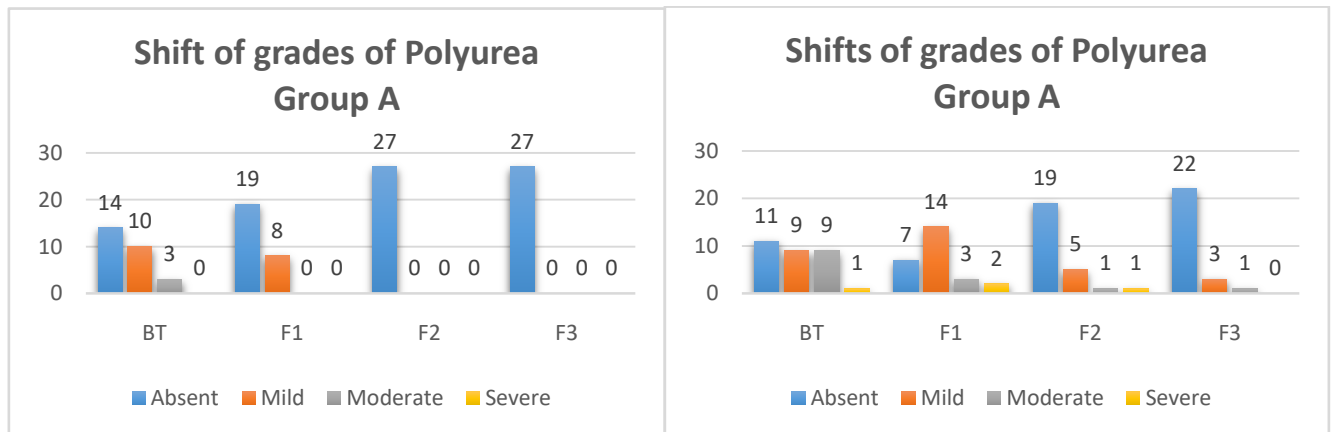
Showing significant favorable shift of grades of Flabbiness in 53 cases of Pre-diabetes.



Polyurea

The study shows the significant shift of grades of Polyurea in different both the groups, it was statistically highly significant ($p < 0.000$) in both the groups, after 3 months of trial treatment. While comparing between the Group, the differences were statistically highly significant ($p = 0.002$) in F1, significant in F2 ($P = 0.015$), while not significant in BT ($p = 0.133$) & F3 ($p = 0.106$).

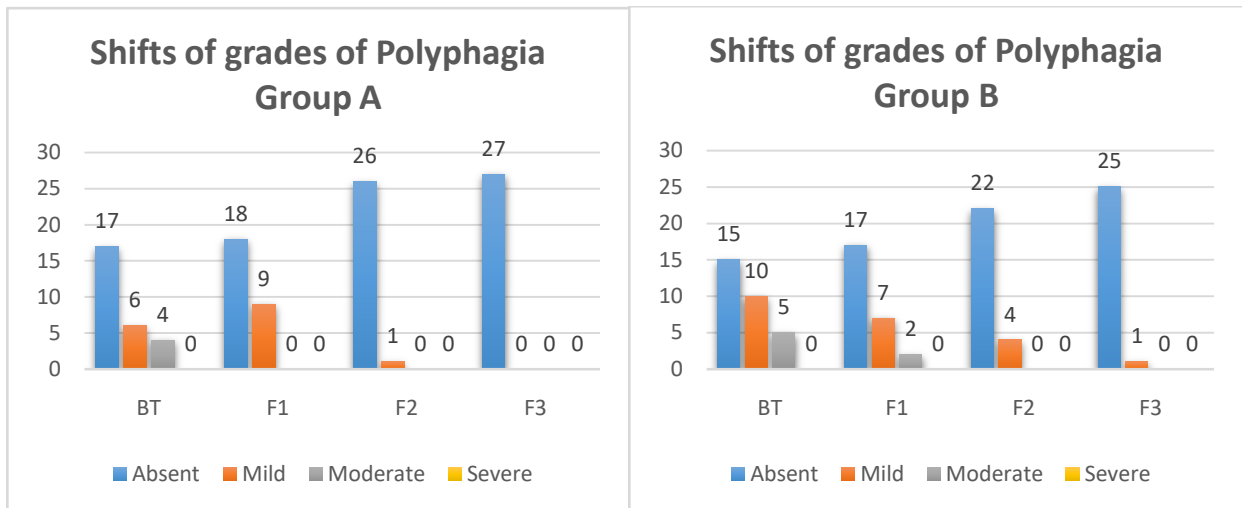
Showing significant favorable shift of grades of Polyurea in 53 cases of Pre-diabetes.



Polyphagia

The study shows the significant shift of grades of Polyphagia in both the groups but it was statistically highly significant ($p < 0.001$) in Group-A & Group-B, after 3 months of trial treatment. While comparing between the Groups, the differences were statistically not significant in any group ($p > 0.05$) at end of trial treatment.

Showing significant favorable shift of grades of Polyphagia in 53 cases of Pre-diabetes.



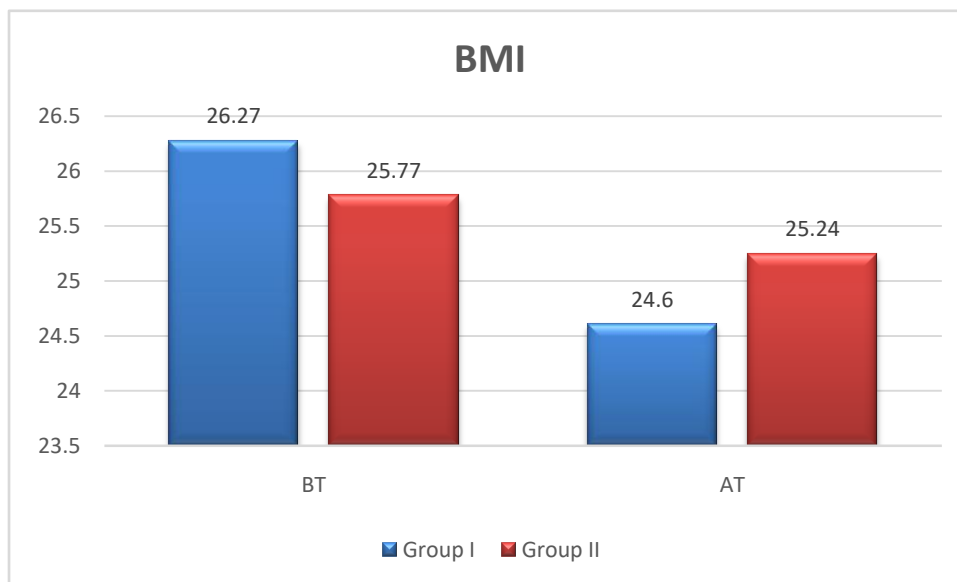
Changes in BMI

The BMI study shows that the initial mean and SD for Group-A was 26.27 ± 1.80 , which decreased to 24.60 ± 1.46 after 3 months of trial treatment. The result was statistically highly significant ($p < 0.001$). In group B mean was decreased from 25.77 ± 5.08 to 25.24 ± 5.27 , showing statistically highly significant result ($p < 0.001$) at the end of trial.

Intergroup comparisons (Unpaired t test) it can be concluded that results were statistically not significant ($p > 0.05$).

The difference in means was highest in group A (1.67) followed by group B (0.535) respectively. Thus, the efficacy of given treatment was group A > group B.

Showing mild Changes in BMI in the 53 cases of Pre-diabetes



Fasting Blood Sugar

The blood sugar fasting in group A, the initial mean \pm S.D. was 112.79 ± 10.70 which reduced to 95.60 ± 4.56 after complete follow-up, the improvement was statistically highly significant ($p < 0.001$). In group B mean \pm SD reduced from 117.13 ± 11.74 to 100.81 ± 12.83 , showing statistically highly significant ($p < 0.001$) response in FBS.

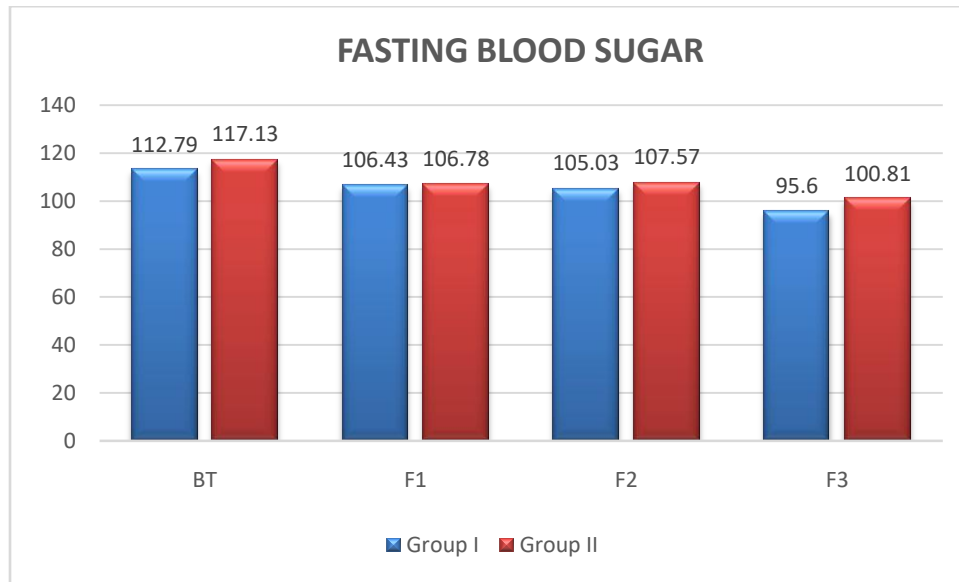
On intergroup comparison (Unpaired t test), the result was statistically insignificant in BT, F1, F2 and F3 ($p > 0.05$).

The reduction in means was highest in group A (17.19) followed by group B (16.32) respectively. Thus, the efficacy of treatment given to both the groups was in this order group A > group B. (See table -26 & fig. 26).

Table 26: Showing Changes in Fasting blood sugar in the 53 cases of Pre-diabetes

Group	FBS Mean \pm SD				Within the group comparison Paired t Test (BT-F3)
	BT	F ₁	F ₂	F ₃	
Group I (n=27)	112.79 ± 10.70	106.43 ± 20.45	105.03 ± 6.24	95.60 ± 4.56	17.18 ± 8.93 t= 9.998 p= 0.000
Group II (n=26)	117.13 ± 11.74	106.78 ± 14.52	107.57 ± 12.53	100.81 ± 12.83	15.11 ± 11.81 t= 6.524 p= 0.000
Between the group Unpaired t test	t= 1.455 p= 0.151	t =0.073 p=0.942	t =0.940 p=0.352	t=1.983 p=0.053	

Fig-26: Showing Changes in Fasting blood sugar in the 53 cases of Pre-diabetes



Postprandial Blood Sugar

The postprandial blood sugar estimations in group A, the initial mean \pm S.D. was 183.01 ± 12.76 , which decreased to 148.42 ± 13.40 after 3rd follow-up, the reduction was statistically significant ($p < 0.001$). In group B, the mean \pm SD was decreased from 165.37 ± 20.13 to 140.00 ± 20.07 showing statistically highly significant ($p < 0.001$) response.

On intergroup comparison (Unpaired t test) the result was statistically significant in BT ($p < 0.05$). In FU1, FU2 & FU3 there is no significant difference ($p > 0.05$) between the net changes in PPBS between the Group A & B.

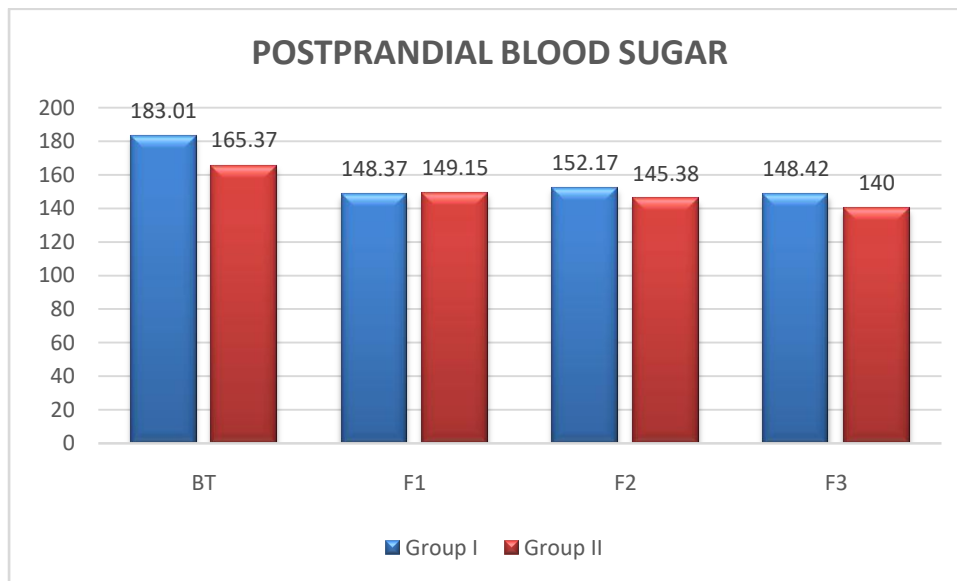
The difference in means was highest in group A (34.59) followed by group B (25.37) respectively. Thus, the efficacy of treatment given to both the groups was in order of group A > group B. (See table -27 & fig.27).

Table 27: Showing Changes in Post prandial blood sugar in the 53 cases of Pre-diabetes

Group	PPBS Mean \pm SD				Within the group comparison Paired t Test 'p' and Mean difference \pm SD
	BT	F ₁	F ₂	F ₃	
Group I (n=27)	183.01 ± 12.76	148.37 ± 25.31	152.17 ± 15.83	148.42 ± 13.404	34.58 ± 12.39 t=14.49

					p=0.000
Group II (n-26)	165.37± 20.13	149.15± 28.64	145.38± 23.37	140.00± 20.07	27.38± 21.66 t= 6.444 p=0.000
Between the group Unpaired t test	t=3.900 p= 0.000	t =0.105 p=0.917	t =1.242 p=0.220	t=1.803 p=0.077	

Fig-27: Showing Changes in Post prandial blood sugar in the 53 cases of Pre-diabetes



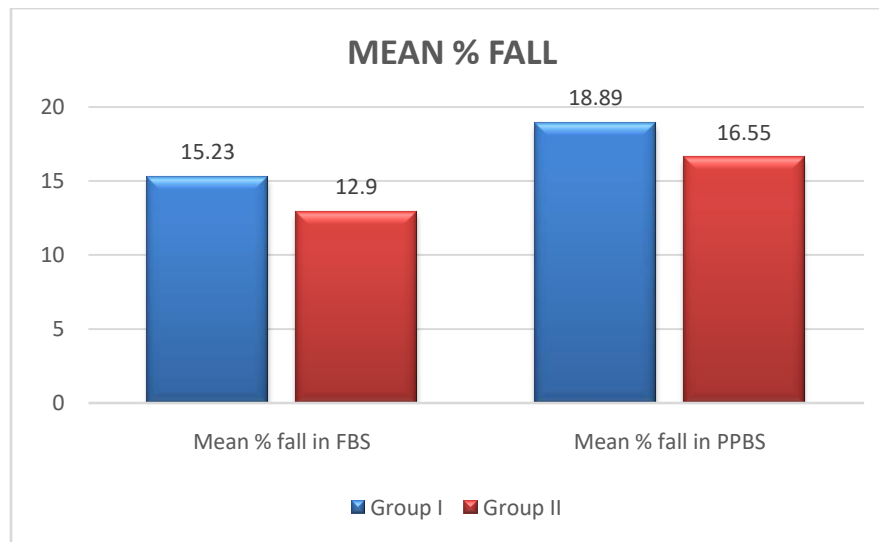
Mean percentage fall in FBS & PPBS in different trial group

The control group shows maximum fall (15.23%) in fasting blood sugar level followed by Ayurvedic formulation group (12.90%). The rate of fall in postprandial blood sugar in Control group was maximum (18.89%) followed by Ayurvedic formulation group (15.12%). (See table -13 & fig. 13).

Table 28: Mean percentage fall in FBS & PPBS in different trial group

Group	Mean % fall in FBS	Mean % fall in PPBS
I	15.23	18.89
II	12.90	16.55

Fig-28: Mean percentage fall in FBS & PPBS in different trial group



Serum Cholesterols

Serum Cholesterol value in group A, the initial mean \pm S.D. was 195.48 ± 16.12 , which decreased to 171.90 ± 14.55 after 3rd follow-up, the differences was statistically highly significant ($p < 0.001$). In group B, the mean \pm S.D was decreased from 172.23 ± 39.07 to 167.15 ± 26.81 , showing statistically not significant ($p = 0.228$) reduction in Sr. Cholesterol.

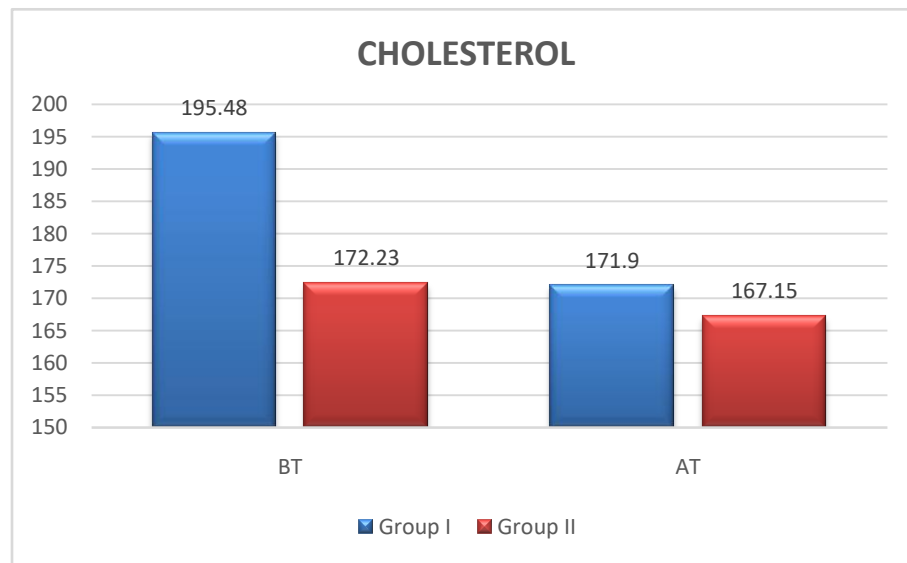
Intergroup comparison (Unpaired t test) show a statistically significant ($p > 0.006$) changes in BT & not significant ($p = 0.424$) changes in AT. But on the basis of mean reduction, maximum response goes in favour of Group A (23.58) followed by Group B (5.08). (See table -29 & fig. 29).

Table 29: Changes in Cholesterol Level in the cases of Pre-diabetic

Group	Cholesterol (Mean \pm SD)		Within the group comparison Paired t test, 'p' and Mean difference \pm SD
	BT	AT	
Group I (n=27)	195.48 ± 16.12	171.90 ± 14.55	23.57 ± 7.55 t= 16.224

			p= 0.000
Group II (n=)	172.23±39.07	167.15±26.81	5.076±20.96 t= 1.235 p= 0.228
Between the group comparison Unpaired t Test	t= 2.851 p=0.006	t=0.806 p=0.424	

Fig-29: Changes in Cholesterol Level in the cases of Pre-diabetic



Serum Triglycerides

The Serum Triglycerides in group A, the initial mean ± S.D. was 156.94 ± 6.41 which was decreased to 137.87 ± 19.37 after 3rd follow-up, the changes being statistically highly significant (p < 0.001). In group B, the mean ± S.D was decreased from 154.96 ± 78.77 to 153.54 ± 67.51, showing statistically not significant (p > 0.05) reduction in Sr. TG.

On intergroup comparison (Unpaired t test), the result was statistically not significant in both BT and AT (p>0.05).

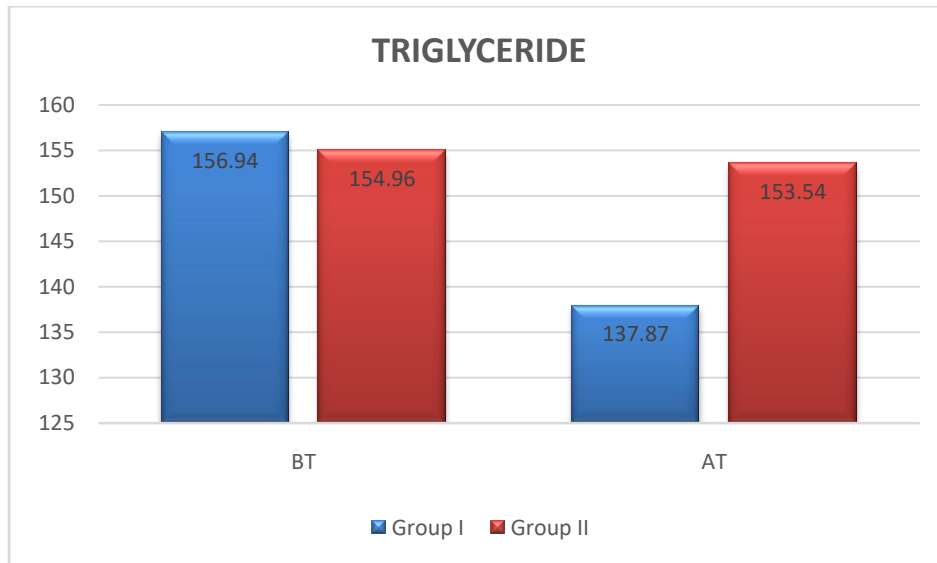
The difference in means was highest in group A (19.07) followed by group B (1.42) respectively. Thus, the efficacy of treatment given in both the groups was in this order group A > group B. (See table -30 & fig. 30).

Table 30: Changes in Triglyceride Level in the cases of Pre-diabetic

Group	Triglyceride (Mean ± SD)		Within the group comparison Paired t test (BT-AT)
	BT	AT	

Group I (n=27)	156.94± 6.41	137.87± 19.37	19.08±3.66 t=5.209 p= 0.000
Group II (n =26)	154.96± 78.7783	153.54± 67.514	1.42±29.31 t= 0.248 p=0.807
Between the group comparison Unpaired t Test	t= 0.131 p=0.897	t=1.158 p=0.252	

Fig-30: Changes in Triglyceride Level in the cases of Pre-diabetic:



Serum Creatinine

The data of Sr. Creatinine shows that the initial mean and SD in Group-A was 1.03 ± 0.28 after 1½ years of treatment it reduced to 0.80 ± 0.18 . The improvement was statistically highly significant ($p < 0.001$). In Group-B the initial mean \pm SD was 1.08 ± 0.35 , after 3 months of treatment it reduced to 0.97 ± 0.16 . The improvement in Sr. Creatinine was statistically not significant ($p > 0.05$).

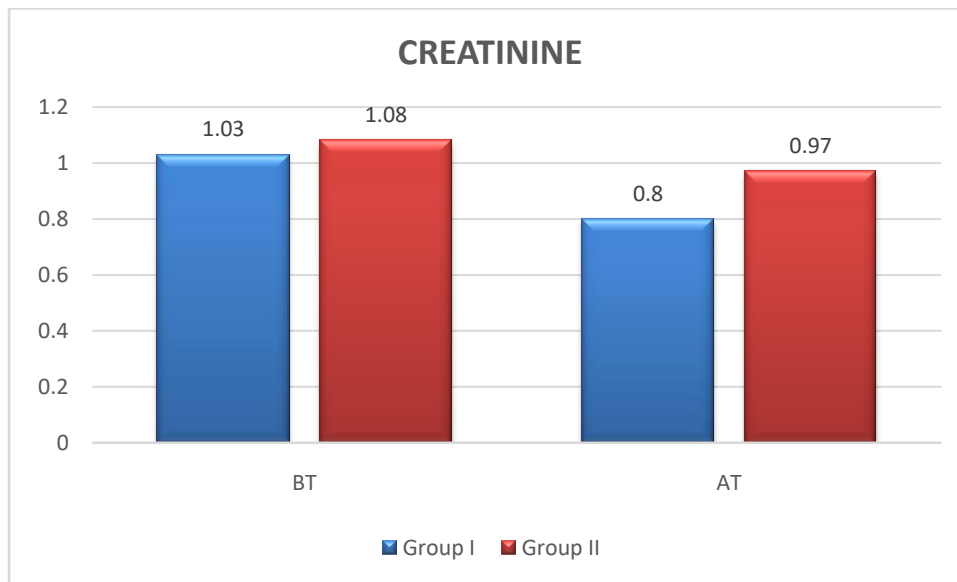
While comparing in different groups there is statistically insignificant ($p > 0.05$) change in Serum Creatinine in BT & highly significant ($p = 0.001$) AT. (See table -31 & fig. 31)

Table 31: Showing Changes in Creatinine Level in the cases of Pre-diabetic

Group	Creatinine (Mean \pm SD)		Within the group comparison Paired t test (BT-AT)
	BT	AT	
Group I	1.03±	0.80±	0.22±0.16

(n=27)	0.28	0.18	t= 7.084 p= 0.000
Group II (n=26)	1.08± 0.35	0.97± 0.16	0.10±0.35 t= 1.506 p=0.145
Between the group comparison Unpaired t Test	t= 0.518 p=0.607	t=3.374 p=0.001	

Fig-31: Showing Changes in Creatinine Level in the cases of Pre-diabetic



Blood Urea

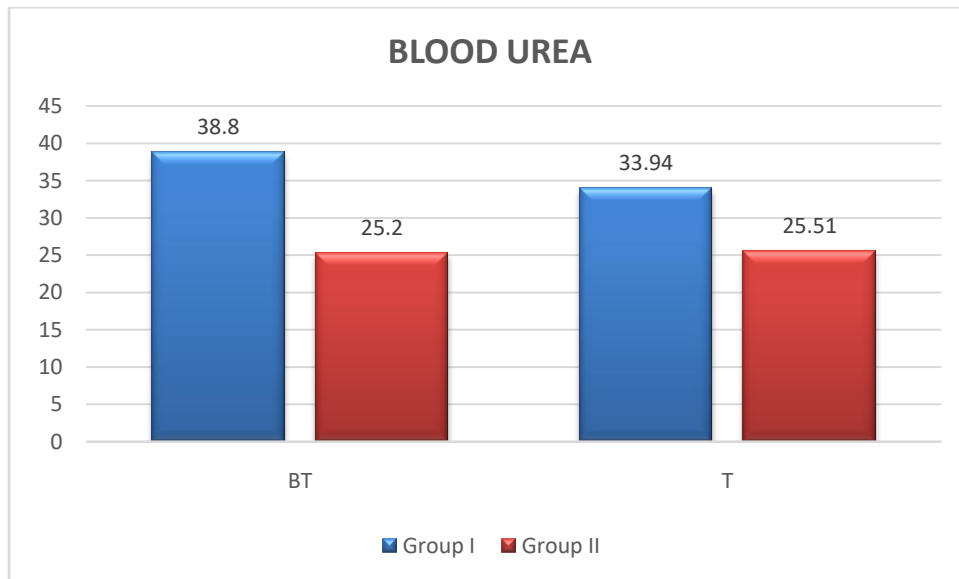
The data of Blood Urea shows that the initial mean and SD in Group-A was 38.80± 7.40 after 1½ years of treatment it reduced to 33.94 ± 5.60. The improvement was statistically significant (p< 0.001). In Group-B the initial mean and SD was 25.20 ± 10.7, after 1½ years of treatment it reduced to 25.51 ±6.29, the improvement in Blood Urea was statistically not significant (p>0.87). While comparing in different groups the changes in Blood urea BT & AT were statistically highly significant (p<0.001) (See table -32 & fig. 32).

Table 32: Changes in Blood Urea Level in the cases of Pre-diabetes

Group	Urea (Mean ± SD)		Within the group comparison Paired t test (BT-AT)
	BT	AT	

Group I (n=27)	38.80± 7.40	33.94± 5.60	4.85±2.78 t= 9.081 p=0.000
Group II (n=26)	25.20± 10.74	25.51± 6.29	0.30±9.39 t= 0.163 p=0.872
Between the group comparison Unpaired t Test	t= 5.381 p=0.000	t=5.155 p=0.000	

Fig-32: Changes in Blood Urea Level in the cases of Pre-diabetes



Glycosylated Hb%

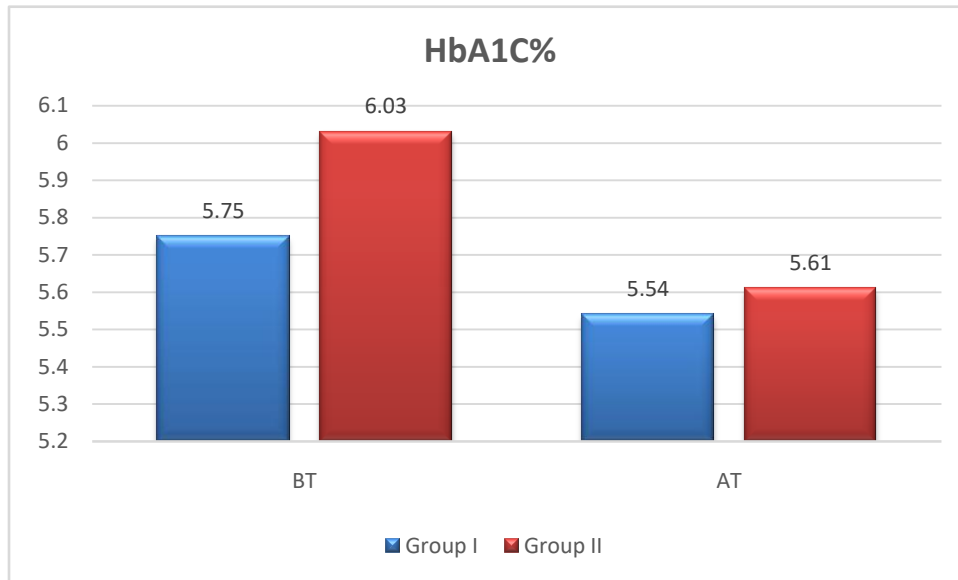
The data of HbA1C% shows that the initial mean and SD in Group-A was 5.75± 0.22 after 3 months of trial treatment it reduced to 5.54 ± 0.26. The improvement was statistically highly significant (p< 0.001). In Group-B the initial mean and SD was 6.03 ± 0.46, after 3 months of trial treatment it reduced to 5.61 ±0.46, the improvement in HbA1C%’s statistically highly significant (p<0.001). While comparing in different groups the changes in HbA1C BT is significant i.e. (p=0.005) but not significant (P>0.005) in AT. (See table -33 & fig. 33).

Table 33: Changes in HbA1C Level in the cases of Pre-diabetic

Group	HbA1C (Mean ± SD)		Within the group comparison Paired t test (BT-AT)
	BT	AT	
Group I	5.75±	5.54±	0.20±0.17

(n=27)	0.22	0.26	t= 6.074 p=0.000
Group II (n=26)	6.03± 0.4608	5.61± 0.4636	0.43±0.30 t= 7.313 p=0.000
Between the group comparison Unpaired t Test	t= 2.945 p=0.005	t=0.649 p=0.519	

Fig-33: Changes in HbA1C Level in the cases of Pre-diabetic



DISCUSSION

A retrospective analysis of resource material reveals that various references related to Prediabetes relevant are available under broad heading *Prameha* in the *Ayurvedic* classics. *Prameha* is a general term used in the classics for a variety of different metabolic disorders that hampers the ability of the body to process and utilize sugar properly. Medically, this is referred to as an inability of the body to metabolize glucose effectively due to diminished or exhausted Insulin secretion from pancreatic β -cells and Insulin resistance. This results in an abnormally high level of glucose in the blood, called hyperglycaemia.

It is a disorder, which is sparing neither the developing nor the developed nations. Recent prevalence data suggest that Diabetes mellitus is an increasing problem among rural population. (Hwang ck et.al, Diabetes Resl. Pract. 2012; 96(3): 271-85)

Prediabetes is the state in which some but not all of the diagnostic criteria for diabetes are met. It is often described as the “grey area” between normal blood sugar level and diabetic levels. While in this range, patients are at risk for not only developing type II diabetes, but also for cardiovascular complications. It is considered a pre-diabetic state, associated with Insulin resistance and increased risk of cardiovascular pathology, although of lesser risk than impaired glucose

tolerance (IGT). IFG sometimes progresses to type II diabetes mellitus. There is a 50% risk over 10 years of progressing to overt diabetes.

The classical *Ayurvedic* literature is elaborately described the disease and discussion regarding aetiology, pathophysiology, symptomatology and the treatment modalities. While describing the pathophysiology of *Prameha*, the *Ayurvedic* texts include *Medas* (Adipose tissue), *Ojas* (Immune power), *Agni* (GI and cellular biofire) and *Ama* i.e. exogenous and endogenous reactive species, which play a major role in Prediabetes diathesis and its progression to Type-2 DM and its related complications. These observations of the ancient *Ayurvedic* scholars appear to be very outstanding regarding the nature of the disease, which strikingly compares with the conventional medical science of today. Because, it is now well known and gradually conceived that Diabetes mellitus results due to the metabolic derangement. Similarly, it is gradually conceived that there is a strong evidence of immune disorder and immunodeficiency in all diabetics and its related complications. *Medas* have strong association with Diabetes mellitus, Metabolic syndrome and obesity, which may lead to a variety of other disorders. *Medas* with or without *Ama* is predicted to play a major role in the Pathophysiology metabolomics of metabolic disorders. Now conventional medicine has yet found a way to bring the cases of Prediabetes & Diabetes mellitus under control upto reasonable extent but the effort is not finally conclusive. Because, conventional modern medicine have lot of hazardous effect on body and even some of them precipitate Diabetes mellitus. That is why search for better & effective medicine from other resources is going on.

The goals of prevention or to delay the onset of type II diabetes, preserving the function of the beta cells, and preventing or delaying the micro & macro vascular complications. Obesity is an extremely important environmental influence, therefore, exercise, weight loss, and drug therapies have been studied. It has been found that lifestyle modification/ intervention provides the greatest benefit in Prediabetes for preventing the progression into Type - 2 Diabetes mellitus.

The American College of Endocrinology (ACE) and the American Association of Clinical Endocrinologists (AACE) have developed lifestyle intervention guidelines for preventing the onset of type II diabetes:

- Healthy meals (low fat, low sugar, low salt diet)
- Physical exercise (45 minutes of exercise per day, five days a week)
- Reducing weight by as little as 5-10 percent can have a significant impact on overall health.

Persons with Prediabetes actually have the same complications as persons with diabetes. They run the risk of developing diabetic eye disease, nerve damage, and early diabetic kidney disease with excess protein in the urine. Patients with Prediabetes are also thought to already have an increased risk of heart and blood vessel disease.

Intensive weight loss and lifestyle intervention, if sustained, can substantially improve glucose tolerance and prevent progression from IGT to Type-2 diabetes. The Diabetes Prevention Program (DPP) study found a 16% reduction in diabetes risk for every kilogram of weight loss. Reducing weight by 7% through a low-fat diet and performing 150 minutes of exercise a week is the goal. The ADA guidelines recommend modest weight loss (5-10% body weight), moderate intensity exercise (30 minutes daily), and smoking cessation.

The progression to Type- 2 Diabetes Mellitus is not inevitable for those with Prediabetes. The progression into diabetes mellitus from Prediabetes is approximately 25% over three to five years.

The *Ayurvedic* texts have given great emphasis on diet and lifestyle modifications along with proper medications. Different management strategies have been outlined in the classics in the form of *Ahara*, *Vihara* and *Aushadha* according to constitutional profile of the patient and predominance of *Doshas* & *Dushyas*.

Thus, the present study entitled "**A Clinical Evaluation of *Darvyadi Ghana Vati* in the cases of Prediabetes under the influence of *Deha Prakriti***" has been focus on the curative aspect of Prediabetes and preventive aspect of Type-2 Diabetes mellitus.

The present work incorporates studies on *Prameha* vis-a-vis Prediabetes, which has been described under review of literature, apart from this, the present work also imposes on concepts of *Deha Prakriti*, Dietary measures & their relation with Prediabetes. Besides, modern literary review has been also described in detail by incorporating recent publications & reports.

The present work also aimed to evaluate the hypoglycaemic, hypocholesterolemic effect of selected *Ayurvedic* formulation. The special emphasis should be put on predominance of *Deha Prakriti* and its impact on therapeutic response.

The selected *Ayurvedic* formulation *Darvyadi Ghana Vati* it provides better nutrient at the level of *Dhatus*. Because it contains *Amalaki*, *Haritaki*, *Vibhitaki* which is mentioned as *Rasayana* drug & *Amalaki* is considered as best one for Prediabetic & Diabetics. Recent evidences also suggest that *Amalaki* & *Haridra* imports glucose lowering effects in Type-2 Diabetes (Pandey A.K. & Singh R.H.-2003). Besides, it was also considered relevant to evaluate the effect of above remedial measures in the treatment of Prediabetes and also include measurement of *Deha Prakriti* status of the Prediabetics and their influence on trial treatment.

In the present study, 60 Prediabetes patients of both sex and different age groups were selected from the OPD & IPD of *Kayachikitsa*, S.S. Hospital, IMS, BHU, Varanasi fulfilling the inclusion criteria set for this purpose. All the clinically and laboratory diagnosed patients were randomly divided into two groups and following trial therapy was given.

Group A: Control group (ongoing conventional treatment) i.e. Metformin 500 mg OD.

Group B: *Darvyadi Ghana Vati* 500mg BD after meal with lukewarm water.

After the initial registration all the patients were recruited in the respective trial groups and were given the treatment regularly as per schedule as mentioned in the chapter on material and methods. They were advised to come after one month interval for the assessment of therapeutic response in terms of subjective and objective parameters. The total duration of study was 3 months with monthly follow-ups. At each follow up the patient were assessed for blood sugar fasting and postprandial, BMI, lipid profile, blood urea and Sr. creatinine before and after trial treatment. Beside this, influence of *Deha Prakriti* status on therapeutic response was also assessed.

DEMOGRAPHIC PROFILE

The study consisted of 60 patients randomly allocated into two groups. The group A was treated with ongoing treatment (Metformin) and group B with *Darvyadi GhanaVati*. Out of 60 registered cases, 53 cases turned up for full follow-ups, 7 patients were dropped out from the study.

In this series of study, it was found that maximum patients belong to age group of 51-60 years (50%) and 41-50 years (31.6%) followed by age group of 31-40 years (18.3%). Majority of the patient (55%) were male. It does not directly indicate the predominance of disease in males but this may be due to limitation of time and study of a very short population group. In this study, middle age group people are highly affected. Hence, middle age groups people are more prone to Prediabetes because of socio-cultural impact for their survival. This also indicates that chances of Prediabetes gradually increasing with increase of age.

A study of religion reveals that the all patients belonged to Hindu Community (100%). This is again due to Hindu dominant society and study of very less or no population. The occupational study shows that most of the patients belong to House-wives (40%) followed by servicemen (33.4%), Farmer (11.7%), Teacher (8.3%) and Businessmen (6.7%). Housewives may be suffered by this disease due to their disturbed lifestyle, more stressful mental work, lack of exercise and familial conflicts in houses. Incidence of habitat shows that more patients were in rural group (51.7%) as compare to urban (48.3%). It shows that this disease is not only limited to urban (48.3%), however increased incidence in rural (51.7%) may be due to lack of health awareness and impact of social & cultural changes in the era of globalization. Maximum patients of Prediabetes registered in present study were of middle class group (73.3%) followed by higher income group patients (15%) were almost equal to lower income groups (11.7%). Because middle class people suffer from variety of stressors in life for their survival. Further, this study resembles with the facts of *Sushruta* that this disease does not belongs to only rich persons only, that's why he has also described the management for poor and rich diabetics by adopting independent protocol..

Incidence of educational status fall maximum (25%) in High School followed by graduate, illiterate, intermediate (20%) and postgraduate (15%). It is showing that there is no relation of education with the disease incidence. A study of dietary habits reveals that 66.7% of patients were pure vegetarian while 33.3% were mixed dietary habit. In addition history, 46 (76.7%) patients had no history of addiction. Some patients having more than one addiction, but the 15% of patients were found with Tobacco addiction, followed by *Pana* addiction (6.7%) and *Surti* (1.7%). The observations confirm that not only dietary habit but other factors such as stressors, life style errors, may also contribute a lot to this disease and other similar metabolic disorders. Tobacco addiction is common in present setting, recent evidences also goes in favour that tobacco & its product interfere in the metabolism of fat and further precipitate the coincident of Prediabetes & Diabetes mellitus.

CONSTITUTIONAL PROFILE

In this study, Seven *Deha Prakriti* (constitution) was analyzed and it was found that maximum number of patients were of *Pittaja* dominant *Prakriti* (53.3%) followed by *Kaphaja* (33.3%) and *Vataja* (13.3%). This shows the incidence of Prediabetes is more common in *Pittaja* followed by *Kaphaja* & *Vataja* type of *Deha Prakriti*. The incidence of *Manasika Prakriti*, in this study, no. of maximum patients was *Rajasika* 68.3%, *Tamasika* 25% and *Sattvik* 6.7%. This indicates that these groups of patients over react to stressful life conditions, which brings changes in the metabolism of carbohydrates, proteins & fats. Such types of persons are more prone to develop Prediabetes & other existing metabolic disorders. Their incidence needs to be confirmed by study on large sample of population.

CLINICAL PROFILE

The majority of the patients were registered with negative family history (81.7%). 18.3% of the total cases had the positive family history of diabetes in their first degree relatives (*BijaDoshaja*). Besides, it was also observed that maximum no. of Prediabetics fall in *Rasa* dominant *Dushya* (61.7%) followed by *Meda* (38.3%).

This indicates that not only familial impact but other factors also kept in mind at the time of describing etiopathogenesis of Prediabetes. This view is very relevant to concepts of *Prameha/ Madhumeha* of *Ayurveda* in which *Rasa* & *Medasa* are considered as an important factors involved in its diathesis.

While studying Body mass index of the patients it was found that most of them were having overweight (54.5%), normal (32%) & moderately obese (10.1%). This is the strong evidence for the consideration that obesity as a factor for Prediabetes and it warrant us to consider the same at the time of management of Prediabetics.

The present study shows that the duration of illness in patients of Prediabetes, 71.7% had duration of illness 0-6 months, 16.7% were more than 12 months and 11.6% patients were 6-12

months, it indicates that majority of them were diagnosed accidentally as Prediabetes. This warrant us to go for estimation of blood sugar level even though they were not complaining of Prediabetes related symptoms.

In this study, Incidence of clinical symptomatology in patients of Prediabetes revealed that the maximum number of patients (71.6%) had Polydipsia followed by, Laziness (70%), Excessive sleep(60%), Polyurea (58.4%), Numbness(56.7%), Excessive sweating(55%), Burning sensation (45%), Polyphagia(41.7%) and Flabbiness(35.4%). This reveal that the clinical features of Prediabetes described in *Ayurveda* are very scientific & comparable to the latest knowledge in this field that presentation of Prediabetes is atypical and required laboratorial estimation of blood sugar for its early detection.

In this way, we can early diagnose & prevent its progression to type-2 Diabetes mellitus & minimize their economic burden & incidence of other ailments.

THERAPEUTIC PROFILE

Besides this, 7 patients dropped out from the study due to some reason viz Family problem, lack of conviction to *Ayurvedic* treatment, transferable job and medical emergencies etc.

Within the group comparison (Friedman test) in Group-A (Metformin treated), initially Polydipsia was not observed in 10 patients rest 17 patients were in grade 1 & grade 2 finally all 17 patients were converted into grade 0 while in Group-B (*Ayurvedic formulation*) initially Polydipsia was in grade 0 in 8 patients rest 18 patients were in grade 1 & 2, after treatment 10 patients were converted into grade 0 & rest 8 patients were remain in grade 1.

In Group-A, initially Numbness was not present in 13 patients rest 14 patients were in grade 1 & 2 after treatment converted into grade 0 in all 14 patients while in Group-B Numbness was absent in 14 patients and in 12 patients in grade 1 & 2, after treatment which get converted into grade 0 in 10 patients rest 2 remained in grade 1.

In Group-A, initially Burning sensation was not present in 15 patients rest 12 patients were in grade 1 & 2 after treatment converted into grade 0 in all 12 patients while in Group-B Burning sensation was absent in 14 patients and in 12 patients in grade 1 & 2, after treatment which get converted into grade 0 in 6 patients rest 7 remained in grade 1 & 1 in grade 2.

In Group-A, initially Excessive sweating was not present in 15 patients rest 12 patients were in grade 1 & 2 after treatment converted into grade 0 in all 12 patients while in Group-B Excessive sweating was absent in 8 patients and in 18 patients in grade 1, 2 & 3, after treatment which get converted into grade 0 in 13 patients rest 5 remained in grade 1.

In Group-A, initially laziness was not present in 9 patients rest 18 patients were in grade 1 & 2 after treatment converted into grade 0 in all 18 patients while in Group-B Laziness was absent in 8 patients and in 18 patients in grade 1 & 2, after treatment which get converted into grade 0 in 14 patients rest 4 remained in grade 1.

In Group-A, initially Excessive sleep was not present in 10 patients rest 17 patients were in grade 1 & 2 after treatment converted into grade 0 in all 17 patients while in Group-B Excessive sleep was absent in 11 patients and in 15 patients in grade 1 & 2, after treatment which get converted into grade 0 in 14 patients rest 1 remained in grade 1.

In Group-A, initially Flabbiness was not present in 10 patients rest 17 patients were in grade 1 & 2 after treatment converted into grade 0 in all 17 patients while in Group-B Flabbiness was absent in 7 patients and in 19 patients in grade 1, 2 & 3, after treatment which get converted into grade 0 in 15 patients rest 3 remained in grade 1 & 1 in grade 2.

In Group-A, initially Polyurea was not present in 14 patients rest 13 patients were in grade 1 & 2 after treatment converted into grade 0 in all 13 patients while in Group-B Polyurea was absent in 7 patients and in 19 patients in grade 1, 2 & 3, after treatment which get converted into grade 0 in 15 patients rest 3 remained in grade 1 & 1 in grade 2.

In Group-A, initially Polyphagia was not present in 17 patients rest 10 patients were in grade 1 & 2 after treatment converted into grade 0 in all 10 patients while in Group-B Polyphagia was absent in 17 patients and in 9 patients in grade 1 & 2, after treatment which get converted into grade 0 in 8 patients rest 1 remained in grade 1.

During the successive follow ups clinically it was observed that patients of Group-B (*Ayurveda* treated) showed improvements better in most of the symptoms except burning sensation, excessive sweating & Laziness, while modern treated (Group-A) patients responded better for these symptoms. This indicates that *Ayurvedic* drug has potency to convert the associated clinical symptoms of Prediabetes, which is comparable to the parallel control group.

Between the group comparisons (χ^2 test), it was found that there was insignificant improvement in all the clinical symptoms in 3rd follow up except Burning sensation ($p=0.002$), Excessive sweating ($p=0.017$) and Laziness ($p=0.034$).

The BMI changes in all groups were statistically highly significant ($P<0.001$) while mean difference is more in Group-A.

LABORATORY PROFILE

The drug treatment response was assessed in terms of blood sugar, fasting & Postprandial, HbA1C%, Sr. Cholesterol, Triglyceride, Urea and Sr. Creatinine were assessed to find out safety profile of trial drug.

Fasting Blood Sugar (FBS):

In this series the mean reduction in fasting bloodsugar was found to be statistically significant in both groups. The absolute mean changes in fasting blood sugar was 17.18 ± 8.93 ($P < 0.001$) in group-A & 15.11 ± 11.81 ($P < 0.001$) in group-B.

Between the group comparisons (Unpaired t test), before treatment and after treatment, It was observed that the changes in FBS were statistically not significant ($p > 0.05$). This indicates that both the groups responded equally in terms of correction of FBS, but on the basis of mean changes, group A responded well up to the last follow ups.

Postprandial Blood Sugar (PPBS):

The mean reduction in PP blood sugar in both groups patients was found statistically highly significant. The absolute fall in PP blood sugar in terms of mean changes was 34.58 ± 12.39 ($P < 0.001$) in group-A and 27.38 ± 21.66 ($P < 0.001$) in group-B.

Between the group comparisons (Unpaired t test) after trial treatment the changes in PPBS were statistically not significant ($p > 0.05$). This reflects that *Ayurveda* treated group & modern treated group equally responded well.

Mean Percentage Fall in FBS & PPBS:

The Control group A Prediabetic patients have showed slightly better percentage of fall in fasting blood sugar level (15.23%), in comparison to *Ayurvedic* formulation group B (12.90%) and the percentage of fall in postprandial blood sugar level in Control group was (18.89%) followed by *Ayurvedic* formulation (18.59%). This is happened due to prompt action of modern hypoglycemic drug and show action of *Ayurvedic* formulation.

HbA1C%:

In the present study HbA1C% level of patients showed highly significant result ($p = 0.000$) in both groups A & B. While in between the group comparison (Unpaired t test), the changes were not significant. Although the mean changes in HbA1C% is minimal in modern treated (Group A) and is slightly greater in *Ayurvedic* treated group (Group-B). It shows response of drug in terms of long term glycemic control. Hence, it can be used as an adjuvant with ongoing modern drug i.e. Metformin.

Serum Cholesterol:

In the present study the serum cholesterol level of patients in group A showed highly significant result ($P < 0.000$). While in group-B, the changes were statistically not significant ($P > 0.05$). On intergroup comparison (Unpaired t test), it was observed that Sr. Cholesterol has significant change before trial treatment & insignificant changes after treatment. Probably this due to quicker action of Metformin, which is also correct & mobilize serum cholesterol from circulation.

Serum Triglyceride:

In the present study the serum triglyceride level of patients showed highly significant changes in group A ($P = 0.000$). But the patients of Group B showed no statistically significant reduction in Sr. TG. On intergroup comparison, it was observed that Sr. TG has no significant changes before & after treatment.

Safety Profile :

Within the group and intergroup comparison, it was found that the changes in blood serum creatinine was highly significant ($P = 0.000$) in Group- A. While in group-B the changes were statistically not significant ($P > 0.05$). On intergroup comparison, it was observed that serum creatinine showed significant reduction.

However, during the trial Blood Urea & Sr. Creatinine levels are within the normal range before treatment & after treatment. Sr. Bilirubin was also assessed and found that this was within normal range. Besides this, no significant changes were observed in case of ECG, CBC & Urine test before & after trail treatment. Suggesting that selected *Ayurvedic* drug & Metformin were safe as regards to renal function, liver function & cardiac function.

Factors influencing Therapeutic response :

The impact of *Deha Prakriti* were studied in both the groups of Prediabetics to assess the FBS, PPBS, HbA1C%, Sr. Cholesterol & Sr. Triglyceride before and after trial treatment. The results revealed significant decrease in fasting blood sugar all three sets of dominating *Prakritis* but the mean difference is more in *Vata Prakriti* patients after that *Kapha* dominant *Prakriti* in Group A. In Group B, the result is highly significant (0.000) only in *Pitta Prakriti*.

In Group A, postprandial blood sugar shows highly significant (0.000) changes in all three types of *Prakriti*, but on the basis of mean changes more response is observed in *Pitta Prakriti* (35.99) followed by *Kapha Prakriti* (34.86). In Group B, the effect is highly significant in *Pitta Prakriti* & significant in *Kapha Prakriti*. This observation suggest that *Pitta, Kapha Prakriti* patients have relatively greater degree of treatment response in blood sugar i.e. FBS & PPBS in relation to *Ayurveda* treated group. However modern drug treated patients shows significant FBS fall in

Vata&PittaPrakriti patients & PPBS for *Pitta* dominant *Prakriti* patients followed by *Kapha* dominant *Prakriti*(0.000)patients.

The effort were made to evaluate the HbA1C% in both the trial groups on the basis of dominant sets of *Deha Prakriti*. It was observed that patients of *KaphaPrakriti* followed by *Pitta Prakriti* had shown significant reduction in HbA1C% ($p<0.05$) in group A, while patients in group B had shown highly significant reduction ($p=0.000$) in both *Kapha&Pitta* types of *Prakritis*.

In Group A, Sr. Cholesterol level had significant changes in all three sets of *Prakriti* but on the basis of mean changes (26.68) response goes in favour of *Kapha Prakriti*. In Group B, there is no significant changes in patients of all three *Prakriti*.

Triglyceride level had highly significant changes in patients of *Vata & Kapha Prakriti*, ($p<0.000$)Group A. In Group B, there was no significant changes in all three *Prakriti*.

The intergroup comparison (One way Anova) between these sets of *Prakritis* were found statistically insignificant for FBS, PPBS, Sr.Triglyceride, Sr. Cholesterol & HbA1C%.

This indicates that patients of *Vatika* type of personality are more prone to develop Type-2 DM & its related complication in near future and warrant to add some other drug for the management of *Vatika* type of Prediabetes.

Mode of action of Metformin:

Metformin has been the mainstay of therapy for diabetes mellitus for many years; however, the mechanistic aspects of metformin action remained ill-defined. Recent advances revealed that this drug, in addition to its glucose-lowering action, might be promising for specifically targeting metabolic differences between normal and abnormal metabolic signaling. The knowledge gained from dissecting the principal mechanisms by which metformin works can help us to develop novel treatments. The center of metformin's mechanism of action is the alteration of the energy metabolism of the cell. Metformin exerts its prevailing, glucose-lowering effect by inhibiting hepatic gluconeogenesis and opposing the action of glucagon.

The inhibition of mitochondrial complex I results in defective cAMP and protein kinase A signaling in response to glucagon. Stimulation of 5'-AMP-activated protein kinase, although dispensable for the glucose-lowering effect of metformin, confers insulin sensitivity, mainly by modulating lipid metabolism.

Recent observations suggest that metformin can impair oxidative phosphorylation by inhibiting mitochondrial phosphorylation complex 1. Although some have reported that very high metformin concentrations can suppress total cellular ATP levels, more subtle changes in the free

ATP/ADP ratio might occur with concentrations of metformin that do not suppress total ATP, but do inhibit gluconeogenesis.

It is believed that metformin-mediated inhibition of hepatic glucose production (HGP) plays a major role in its glucose-lowering efficacy. Here, we determined that both metformin able to inhibit cumulative glucose production in primary cultured hepatocytes stimulated with glucagon.

AMPK activation is implicated as a mechanism for stimulation of glucose uptake in skeletal muscle, we assessed the effect of metformin on glucose uptake and AMPK activity in muscles. Incubation of isolated muscles with metformin resulted in an increase in the activity of both catalytic subunits of AMPK. This was coincident with a significant increase in glucose uptake that was also observed to be additive with the effect of insulin stimulation.¹

Probable Mode of Action of *Darvyadi Ghana Vati* in Prediabetes

Darvyadi Ghana Vati is a promising herbal drug formulation, mentioned in *Charaka Samhita* for the management of *Prameha/ Madhumeha*. This formulation comprises of six herbal drugs as described below, which have pharmacological capacity to alter basic diathesis of *Prameha*, relieves the clinical symptoms and maintain the blood sugar level without any unwanted and adverse effects.

Based on the Pharmacological action

Properties of contents of <i>Darvyadi Ghana Vati</i>						
S.No.	Ingredients	Rasa	Guna	Virya	Vipaka	Doshakarma
1.	<i>Amalaki</i>	<i>Pancharasa(except lavan),Amla pradhan</i>	<i>Guru, Ruksha, Shita</i>	<i>Shita</i>	<i>Madhur</i>	<i>TriDoshahar</i>
2.	<i>Haritaki</i>	<i>Pancharasa(except lavana), kashayapradhan</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>VPK shamak</i>
3.	<i>Vibhitaki</i>	<i>kashaya</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>TriDoshagna</i>
4.	<i>Devdaru</i>	<i>Tikta</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Katu</i>	<i>KV shamaka</i>
5.	<i>Daruharidra</i>	<i>Kashaya,Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>KP shamak</i>
6.	<i>Nagarmotha</i>	<i>Tikta, Katu, Kashaya</i>	<i>Ruksha, Laghu</i>	<i>Shita</i>	<i>Katu</i>	<i>KP shamak</i>

1. Study of *Rasa* in combination

<i>Rasa</i>	No. of Drugs	%
<i>Madhura</i>	3/6	50.0
<i>Amla</i>	2/6	33.3
<i>Lavana</i>	0/6	0.0
<i>Katu</i>	3/6	50.0
<i>Tikta</i>	5/6	83.3
<i>Kashaya</i>	5/6	83.3

2. Study of *Guna* in combination

<i>Guna</i>	No. of Drugs	%
<i>Laghu</i>	5/6	83.3
<i>Ruksha</i>	5/6	83.3
<i>Guru</i>	1/6	16.7
<i>Snigdha</i>	1/6	16.7
<i>Shita</i>	1/6	16.7

3. Study of *Virya* in combination

<i>Virya</i>	No. of drugs	%
<i>Ushna</i>	4/6	66.7
<i>Shita</i>	2/6	33.3

4. Study of *Vipaka* in combination

<i>Vipaka</i>	No. of Drugs	%
<i>Madhura</i>	3/6	50.0
<i>Katu</i>	3/6	50.0

5. Study of *Karma* in combination

<i>Karma</i>	No. of Drugs	%
<i>Pramehghna</i>	3/6	50.0
<i>Rasayana</i>	2/6	33.3
<i>Lekhan</i>	1/6	16.7
<i>Aampachak</i>	1/6	16.7
<i>Balya</i>	4/6	66.7
<i>Shothaghna</i>	3/6	50.0

6. Study of *Doshaghnta* in combination

<i>Dosha</i>	No. of drugs	%
KV	1/6	16.7
KP	2/6	33.3
VPK	3/6	50.0

On the basis of Ayurvedic pharmacological properties of *Darvyadi Ghana Vati* probable *sampraptivighatana* can be understood as follows,

(1) PROBABLE ACTION ON *DOSHA*

Pramehais a *tridoshaj vyadhi* while *Kapha Dosha* is the main culprits. The combination shows main action against *Kapha Doshas* by virtue of its *virya* (about 66.7% of total drugs have an *Ushna virya*). It also exhibits *tridosha shamaka prabhava*. After seeing *doshagnata* percentage, it is prove that the combination acts against *Tridoshas*.

(2) PROBABLE ACTION ON *DUSHYA*

From the *samprapti* of *Pramehait* is clear that the main *dushya* involved is *rasa, meda dhatu*. The combination shows, about 90% of total drugs have a *Katu & Kashaya rasa*. *Katu rasa* improves the *jaliyansha* and made first *dhatu* in proper form, so the combination will act on the *rasa dhatu*. After seeing *karmas* percentage, it is clear that the *yoga* has a *balya*(66.7%), *Pramehghna* , *Shothaghna*(50%),&*Rasayana*(33.3). It is prove that the *Vati* will act on the *Rasa dhatu*.

(3) PROBABLE ACTION ON SROTAS

The disease mainly exhibits *Atipravritti&Sanga* type of *Srotodushti*. The combination by the virtue of *Aampachak & Lekhan* property and also by the virtue of *Rukshaguna* (about 83.3% of total drugs) does *Srotomukh vishodhana* and relieves *Sanga*. By *Ushnavirya* (about 66.7% of total drugs) the *yoga* will act on *Atipravritti* and clean the *Srotasa*.

(4) PROBABLE ACTION ON AMA

An *Ama* means unripe and undigested *Annarasa*. It needs proper *Paka*. By the virtue of *Ushna virya* (66.7% of total drugs) and *Dipana-pachana* property, *Amapachana* will take place. This *Amapachana* causes *Strotomukh vishodhana*. *Devdaru* act as *Amapachaka*.

(5) PROBABLE ACTION ON RUPA

All the drugs used in *Darvyadi Ghana Vati* work on the disease *Prameha* collectively as well as separately. *Devdaru* is *Amapachaka*, so relieve *guruta*, *Haritaki*, *Amalaki* & *Devdaru* is *Pramehghan* so relieve I maximum symptoms like Polydipsia, Polyphagia, Polypepsia. *Haritaki&Amalaki* is *Rasayana*, so it controls the further damage of cells and also free radicals. So it seems that the formulation not only acts on symptoms of the disease, but also checks its progression by hitting the basic pathological process. *Haritaki*, *Amalaki*, *Vibhitaki* & *Nagarmotha* are *Balya* so help in *Daurbalya*.

The Present study reveals that Prediabetes was well conceived in *Ayurvedic* lexicons in the context of *Prameha*. In *Ayurveda*, *Vyadhi Kriyakala* described by *Sushruta* gives an idea about the consecutive stages of the disease and accordingly preventive measures can be contemplated to overcome complications. Early diagnosis of disease helps to cure the disease successfully without its progression. *Sthanasamshraya* stage of *Kriyakala* represents *Purvarupa*, which indicates the forthcoming disease. So, prescription of medications in the form of *Ahara*, *Vihara*&*Aushadh* in *Purvarupa* stage is more important for preventing the disease process to its successive stages. In this perspective patients having Prediabetic condition who are more prone to develop Diabetes in near future, were registered for the present clinical study.

In this study, the selected *Ayurvedic* formulation not only have encouraging results in terms of metabolic correction but also seems to be helpful to improve wellbeing in Prediabetic along with

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preventing long term complication by decreasing HbA1C%. Besides, this studies also reveal that it not only normalize the blood sugar and also cut off its progression to DM. Thus, this approach of *Ayurvedic* classics have significant preventive & curative role in Prediabetes and Type-2 DM respectively. The leads available from this work open new *Ayurveda*-inspired holistic approach to the management of Prediabetes & prevention of occurrence of Type-2 Diabetes Mellitus. Besides, it also has a potential to improve immune status & metabolic correction in Prediabetics. *Ayurveda* strongly believes that individuals *Prakriti* play a greater role in diathesis as well as management of disease. In this context we have tried lay down emphasis in relation to FBS, PPBS & HbA1C% and found that ancient age & idea is quite relevant, while planning the management of disease. Because response drug and measures are varied from person to person, either it is originated from green resource or red resource. Further studies on this line are suggested.

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AN AYURVEDIC ASPECT OF ATHEROSCLEROSIS: A LIFESTYLE DISORDER

Dr. K S Girhepunje¹, Dr. Varsha Gupta^{2*}, Prof. O P Singh³

¹, Senior Resident, Department of Kayachikitsa, Faculty of Ayurveda, I.M.S., B.H.U. Varanasi

² Junior Resident, Department of Rachana Sharir, Faculty of Ayurveda, I.M.S., B.H.U. Varanasi

³ Professor, Department of Kayachikitsa, Faculty of Ayurveda, I.M.S., B.H.U. Varanasi

ABSTRACT:

Arteries are blood vessels that carry blood from the heart throughout the body. They are lined by thin layer of cells called as Endothelium. Atherosclerosis begins with damage to this layer. It is hardening and thickening of arteries due to the formation of fat and fibrin deposits within the arterial tissue. Causes for this damage can be high blood pressure, smoking or high cholesterol etc. It is a natural occurring phenomenon due to the aging process. This damage leads to the formation of plaques inside the arteries. Aging is due to action of Vata dosha as it has dominance in old age. Our body starts degenerating and exhibits weakening and wasting of tissues. The ability to rejuvenate cellular tissue is impeded due to decline in cellular metabolism. Ayurveda classifies Atherosclerosis as “Sanga” which is a disorder of Kapha origin affecting Vyana Vayu in Raktavaha Srotas. The causative factor being Kapha affects meda dhatu- adipose tissue, particularly the Meda dhatu agni-metabolism at the level of adipose tissue. Increased Meda dhatu formation begins to deposit in the Raktavaha srotas, blocking the flow of Vyan vayu. This results in feature of high blood pressure and kapha dusti.

KEYWORDS: Atherosclerosis, Vata dosha, Sanga, Raktavaha Srotas, Meda dhatu

EFFECT OF MARMA THERAPY ON SANDHI-GATA-VATA

***Dr. Varsha Gupta, ** Prof. K.N.Singh, *** Dr. K S Girhepunje**

** Junior Resident, Department of Rachana Sharir, Faculty of Ayurveda, I.M.S., B.H.U., Varanasi*

*** Professor and Head, Department of Rachana Sharir, Faculty of Ayurveda, I.M.S., B.H.U., Varanasi*

**** Senior Resident, Department of Kayachikitsa, Faculty of Ayurveda, I.M.S., B.H.U., Varanasi*

ABSTRACT-

Ayurveda is the traditional system of medicine which involves the logical experimental reasoning along with holistic approach. Marma is described in Ancient Science which means Jivasthana and Sandhi sthana according to Acharyas. It is one of the important concepts of Sarirasthana. Janu Marma is a kind of Vaikalyakara Marma according to prognostic types, which means on injury it causes structural or functional deformity. According to Acharya Sushruta, it causes Khanjata on injury i.e. limping of lower extremity. Sandhi Gata Vata is a common disorder which occurs in the Janu Marma and causes its deformity. Sandhi Shoola, Sandhi Shotha, Akunchana prasaranajanya vedana, Hanti Sandhi Gati, Vatapura driti sparsha or atopa are the common symptoms of Sandhi Gata Vata. The Janu Marma being a Marma Sthana is the seat of Prana Vayu. Any injury to this vital point causes Vata Dosha Prakopa. As it is a type of joint, it is the seat of Kapha (Sleshmaka Kapha) too, which lubricates and strengthens the joint. Due to vitiation of these two Dosha there is pain, swelling, stiffness etc. when the joint is injured. Marma therapy is one of the important ways of working on Prana, which governs the entire functioning of our body. Therapeutic touch occurs mainly through Vyana Vayu, which distributes Prana throughout the body and can direct Prana as a healing force. In this way Marma therapy helps in alleviating the symptoms of Sandhi Gata Vata.

KEYWORDS- *Jivasthana, Janu Marma, Vaikalyakara Marma, Sandhi Gata Vata*

INTRODUCTION

The concept of *Marmas* forms a part of *Shareera* and it is not much developed in Modern Science and it lacks a modern scientific back ground. The direct understanding of the word *Marma* in ancient sciences was evident, but there were no sufficient techniques to make out their original structural aspect involved. This science of *Marma* was confined to war only in earlier ages where the warriors used to achieve their target by destroying vulnerable points i.e. *Marmas* of enemies. To extend the knowledge of *Marmas* in clinical fields, it is necessary to know the actual structures present at those sites. These *Marma Sthanas* (Sites) are specified, so as not to have interference with the surgeon's knife hence considered as the surgical points. In the Modern Surgery, they have not described the *Marmas*. But in Surgical surface markings, they are careful to avoid the nerves, arteries and veins etc. which are vital points. *Marma* is defined as anatomical site where five structures i.e. *Mamsa*

(Muscles), *Sira* (Vessels), *Snayu* (Ligaments), *Asthi* (Bones) and *Sandhi* (Joints) meet together [1, 2]. *Acharya Vagbhata* says that those sites which are painful on application of pressure and shows abnormal pulsation should also be considered as *Marmas* [3]. These points are seats of life [4]. There are 107 such vital points in our body [5, 6].

Acharya Sushruta and *Acharya Vagbhata* have mentioned various types of 'Marmas' depending upon their position, constituents, *viddha lakshanas* (prognosis), number, dimensions etc. Depending upon after-effect of injury to 'Marmas', there are 5 types like *Sadya pranahara*, *Kalantara pranahara*, *Vishalyaghna*, *Vaikalyakara*, *Rujakara* [7, 8]. Out of them, 'Vaikalyakara Marmas' are the points where injury causes structural or functional deformity [9]. These are 44 in number [10, 11]. *Janu marma* is situated in the lower extremity and forms junction of femur and tibia bone [12]. It is one of the *sandhi marma*, three *anguli pramana*. It is one of the *vaikalyakara marma* produce *Khanjata*) If it get injured it produces limping of the lower extremity [13]. The knee joint is vulnerable to the traumatic effect of these region produce pain and inflammation and loss of function. Blunt trauma produces permanent disability. Foreign body in bone produces many type of pain and inflammation, if foreign body present in the joint produces loss of function. [14]

Sandhi gata vata vis-a-vis Osteo-arthritis

In *Vriddhavastha*, all *Dhatus* undergo *Kshaya*, thus leading to *Vataprakopa* and making individual prone to many diseases. Among them *Sandhigata Vata* stands top in the list. The incidence of osteoarthritis in India is as high as 12%. It is estimated that approximately four out of 100 people are affected by it. Osteoarthritis is the most common articular disorder begins asymptotically in the 2nd & 3rd decades and is extremely common by age 70. Almost all persons by age 40 have some pathologic change in weight bearing joint [15], 25% females & 16% males have symptomatic osteoarthritis. Allopathic treatment has its own limitation in managing this disease. It can provide either conservative or surgical treatment and is highly symptomatic and with troublesome side effects whereas such type of conditions can be better treatable by the management and procedures mentioned in *Ayurvedic* classics. *Sandhigata Vata* is the commonest form of articular disorder. It is a type of *Vatavyadhi* which mainly occurs in *Vriddhavastha* due to *Dhatukshaya*, which limits everyday activities such as walking, dressing, bathing etc. thus making patient disabled / handicapped. It being a *Vatavyadhi*, located in *Marmasthisandhi* and its occurrence in old age makes it *Kashtasadhya*. *Vata Dosha* plays main role in the disease. *Shula Pradhana Vedana* is the cardinal feature of the disease associated with *Sandhishotha* with *Vata Purna Druti Sparsha*, lack of movements of the joints or painful movement of the joints.

CLINICAL FEATURES:

The disease may not show any *poorvarooopa*. But the clinical signs and symptoms include joint pain (*Sandhi vedana*, *Sandhi Shotha*), *Vatapoorna druti sparsha*, pain and tenderness during the

movements of the joints (*Prasarana akunchana pravruithi savedana*), *crackling sounds (Atopa)* and *degeneration of the joint (Hanti sandhi)*. [16,17]

Samprapti Ghatakas:

- *Nidana : Vata Prakopaka Nidana*
- *Dosha : Vata esp. Vyanavayu, Shleshaka Kapha*
- *Dushya : Asthi, Majja, Meda*
- *Srotas : Asthivaha, Majjavaha and / or Medovaha*
- *Srotodusti : Sanga*
- *Agni : Mandagni*
- *Dosha Marga : Marmasthi Sandhi*
- *Roga Marga : Madhyam*
- *Udbhavasthana : Pakvashaya*
- *Vyaktasthana : Asthi – Sandhi*

Prognosis:

Sandhigatavata is one of the *Vatavyadhi*, therefore it is *Kastasadhya* because it occurs in aged people and is situated in *Marma sthana*, It is *Madhyama roga marga*, And it is *Asthi, and Majja Dhatu Ashrita*. [18]

Role of Marma therapy

There are four basic benefits of *Marma* therapy.

It removes blocks in energy channels called *Srotas*.

2. It normalizes *Vata dosha* and brings it to its normal pathway, especially *Vyana Vata* (a type of *Vata* which controls the autonomic nervous system.).
3. It creates physical, mental and emotional flexibility. Because of *Aama* (toxins) and *Vata*, rigidity occurs in human body, As *Vata* increases in body, it leads to degeneration. *Marma* therapy reduces the *Aama* and *Vata*, so it creates flexibility in physical, mental and emotional behavior.
4. It builds a positive link with the unconscious mind and creates a powerful experience and dynamic transformation at the physical, mental, emotional and spiritual level. [19]

CONCLUSION

In *Ayurveda* the concept of *marma* has a vital role. *Marma* are the seat of *soma, vayu, teja, sattva, rajas, tama* and *jivatma*. A number of degenerative problems are discussed in different *Ayurvedic* texts. Most of these degenerative problems come under the heading of *vata roga*. These *vata* disorders (80 types) can be treated by *marma* therapy successfully. Benefits of using *Marma* therapy include relieving pain, balancing the body and maintaining good health. Though *Marma* therapy is fairly comprehensive and long duration, its results are immediate as well as permanent. Keeping this concept in mind one should try to apply *marma chikitsa* to provide the cure for Osteoarthritis.

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BRIHANIYA MAHAKASHAYA - A CRITICAL REVIEW

Sapna Chaudhary^{*}, Brijesh kumar^{*}, Roli S. Mishra^{**}, Jyoti Kushwaha^{**}

^{*}Senior Resident, Department of Dravyaguna, I.M.S, B.H.U, Varanasi, U.P., India.

^{**}Junior Resident, Department of Dravyaguna, I.M.S, B.H.U, Varanasi, U.P., India.

ABSTRACT

Drug is an important part of chikitsa chatuspada, which has been mentioned next to the physician in Charak Samhita. The comprehensive knowledge of the drug is very important to physician because without knowledge of the drug, the patient can't be treated properly. 50 Mahakashya is mentioned in Charaka samhita, sutra sthana, chapter 4. This classification of different dravyas is based upon their karma so it can be named as 'Karmatmaka vargikarana'. Each mahakashya contains 10 dravyas but this number can be increased as per need with addition of other dravya having similar guna and karma. . Ten important drugs are enumerated under this mahakashaya i.e. Kshirni, Rajakshavaka, Ashvagandha, Kakoli, Kshirakakoli, Vatyayani, Bhadraudani, Bhardvaji, Payasya and Rshyagandha. Brihana is restorative of body elements. The treatment that increases the dhatu is called Brihana chikitsa. It is prescribed in cases of weakness and diseases causing debility. Mahakashaya is the term for a group of drugs which are used for similar purpose.

Key-words: Charaka, Brihana, Mahakashaya.

INTRODUCTION

Charaka Samhita and Sushruta Samhita are the original scriptures of Ayurveda. Both the samhitas are contemporary created during 1000 B.C. Charaka samhita is well known for medical treatment of disorders whereas Sushruta is for surgical as well as medical. In both the samhita two main objects is well defined i.e to promote the health of healthy person and to cure the disease. In these Samhitas we found some important groups of drugs. Drugs have been grouped according to pharmacological action by Caraka.(C.Su 4) and according to effect on dosha and disease by Sushruta (S.Su. 38). In Caraka Samhita, fifty Mahakashaya, having ten drugs in each Mahakasaya. On critical observations, it was found that there is use of specific suffix in a group of Mahakashaya, which enriches the properties of that particular Mahakashaya.

MATERIAL AND METHODS

Comprehensive review of drugs under Brihaniya Mahakashaya of Charaka Samhita C.Su.4 was done. Each drug mentioned under Brihaniya Mahakashayawas reviewed from Charak Samhita, Sushruta Samhita, Bhavaprakash nighantus, P.V.Sharma dravyaguna vigyana. Further, scientific

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research work regarding drug has been collected. All information was then analyzed, discussed and concluded.

OBSERVATIONS

Table 1-Drugs of Brihaniya Mahakashaya in Charaka, Sushruta and Vagabhatta

Plant	Charaka Samhita	Sushruta Samhita	Aṅgā Hridaya
Kshirini	Brihaniya Mahakashaya (C.Su 4/2), Mulini (C.Su 1/78), saptala Shankhini kalpa (C.K 11/14)	Lepartha in Shwitra (S.Ci9/27)	Madhura Gaa (A. H Su 10/24)
Rajakshavaka	Brihaniya Mahakashaya (C.Su 4/2, Madhurskandha (C.Vi 8/10)	-	-
Ashwagandha	Brihaniya Mahakashaya, Balya Mahakashaya (C.Su 4), Madhurskandha (C.Vi 8/10)	-	-
K akoli	Jivaniya and Brihaniya Mahakashaya (C.Su 4)	-	-
Kshirakakoli	Brihaniya Mahakashaya Jivaniya and (C.Su 4)		
Vatyayani	Brihaniya, Balya, Prajasthapana Mahakashaya, Madhurskandha (C.Vi 8/10)	Vata Sanshamana (Su. Su 39/7)	
Bhadraudani	Brihaniya Mahakashaya, Balya Mahakashaya, Madhurskandha (C.Vi 8/10)	Vata Sanshamana (Su.Su.39/7)	
Bharadvaji	Brihaniya Mahakashaya (C.Su 4)	Vata Sanshamana (S.Su 39/7)	
Payasya	Brihaniya Mahakashaya, Balya, Varnya Mahakashaya (C.Su 4)		
Rshyagandha	Brihaniya Mahakashaya (C.Su 4), Madhurskandha (C. Vi 8)		

Table 2-Properties of drugs in Brihaniya mahakashaya :

Plant	Guna	Rasa	Virya	Vipaka	Dosha karma
Kshirini	Snigdha, Guru (B.P Ni)	Madhura (B.P Ni)	Shita (B.P Ni)	Madhur (B.P Ni)	VPK ↓ (B.P Ni)
Rajakshavaka	Guru, Ruksha, TikṢṇa (B.P Ni)	Madhura (B.P Ni)	Shita (B.P Ni)	Madhur (B.P Ni)	VPK ↓ (B.P Ni)
Ashwagandha	Laghu, Snigdha (B.P Ni)	Tikta, KaṢṭhu, Madhur (B.P Ni)	Ushna (B.P Ni)	Madhur (B.P Ni)	K-V ↓ (B.P Ni)
Kakoli	Guru, Snigdha (B.P Ni)	Madhura (B.P Ni)	Shita (B.P Ni)	Madhur (B.P Ni)	V-P ↓ (B.P Ni)
Kshirakakoli	Guru, Snigdha (B.P Ni)	Madhura (B.P Ni)	Shita (B.P Ni)	Madhur (B.P Ni)	V-P ↓ (B.P Ni)
Vatyayani	Laghu, snigdha, Pichila (B.P Ni)	Madhura (B.P Ni)	Shita (B.P Ni)	Madhur (B.P Ni)	V-P ↓ (B.P Ni)
Bhadraudani	Laghu, snigdha, Pichila (B.P Ni)	Madhura (B.P Ni)	Shita (B.P Ni)	Madhur (B.P Ni)	V-P ↓ (B.P Ni)
Bharadvaji	Snigdha (B.P Ni)	Madhura (B.P Ni)	Shita (B.P Ni)	Madhur (B.P Ni)	P-K ↓ (B.P Ni)
Payasya	Guru, Snigdha (B.P Ni)	Madhura (B.P Ni)	Shita (B.P Ni)	Madhur (B.P Ni)	V-P ↓ (B.P Ni)

Table 3- Phytochemical Constituents and Pharmacology activity of drugs of Brihaniya Mahakashaya-

Plant Name	Botanical Name	Family	Part Used	Phytochemical constituents	Pharmacological activity	References
Kshrini	Mimusops hexendra Roxb.	Sapotaceae	Fruit, seed, bark	Sterols, tannin, gallic acid	Antiulcer effect	Modi et al.(2012), Shah et al.,(2004)
Rajakshavaka	Euphorbia thymifolia	Euphorbiaceae	Whole plant	Apigenin, quercetin, kaempferol	Antioxidant and antiviral activities of	Lin CC et al, J Biomed Sci. 2002 Nov-Dec;9(6 Pt 2):656-64

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Ashvagandha	Withania somnifera Dunal	Solanaceae	Root	Cuseohygrine, anahygrine, tropine, and anaferine, glycosides, withenolide	1.Potent anti arthritic and anti inflammatory 2.Alzheimer's disease	The Wealthof India Vol X) Bector et al, 1968 Sehgal et al, 2012)
Kakoli	Roscoea procera Wall. Syn- Roscoea purpurea; or Fritillaria roylei Hook.f	Zingiberaceae	Kanda			
Kshirakakoli	Lilium polphyllum D.Don	Aliaceae	Kanda			
Vatyayani	Sida cordifolia Linn.	Malvaceae	Root, leaves, seed	Ephedrine	Free radical scavenging capacity, anticandidal effect of bioactive compounds	(Khatoon, Srivastava, Rawat and Mehrotra 2005).
Bhadraudani	Abutilon indicum (Linn).Sw	Malvaceae	Root, leaves, seed	Terpenes, Fatty acids,Ketone,VitaminE	Immunomodulatory activity, Wound healing activity	Jain PK, Sharma TC, Bokadia MM, Chemical Investigation of Essential oil of Abutilon indicum, Acta Ciencia Indica, 8c (3), 1982, 136-139.)
Bharadvaji	Thespesia lampas Dalz & Gibs.	Malvaceae	Root, seed	Tannin, saponins, tetradecanoic acid	Antioxidant and Anti-Lipoxygenase Activity, Hepatoprotective	M.V. Kumaraswamy and S. Satish Advances in Biological Research 2 (3-4): 56-59, 2008) S. Stephen Ambrose et al, J Pharmacol Pharmacother. 2 012 Oct-Dec; 3(4): 326-328.)

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Payasya	Peuraria tuberosa DC.	Fabaceae	kanda	Peurarin, tuberosin, β -sitosterol, sucrose, glucose and fructose	effective for menopausal syndrome and infertility	Shukla S et al, 1986; Fertility regulations through indigenous plants and their mode of action, <i>Planta medica</i> , No. 6, pp 552)
Rshyagandha	Withania coagulens Dunal.	Solanaceae	Doda paneer	Withanolide	Wound healing effect, Cardiovascular effects	Prasad SK et al. Pharm Biol.2010, BudhirajaRD et al., IJP Pharmacol 1983

DISCUSSION

Kshirika name came in Vajikarana yoaga in C.Ci 2/3/8. In Astanga Hridaya {kshirnidvya}; it came in Madhura gana. Likewise Rajakshavaka is also described in Madhura gana of Caraka, so while assessing property of these two drug we can base upon Madhura gana because dravya of madhura gana is having madhura rasa and madhura vipaka. In case of Payasya, this name is also came for kshirakakoli but kshirakakoli is already mention in the same mahakashaya so it is somewhat different drug i.e vidari (Peuraria tuberosa). Rshyagandha is another controversial drug because there is a confusion for reaching upto a conclusion that whether it is Withania coagulens or *Argeria speciosa*.

The drugs which increases body weight are known as Brihaniya. These drugs are mainly useful in krisha and kshina sharira so they provide strength and immunity in emaciated and weak person. These all drugs are basically having madhura rasa so there is predominance of Jala and Prthvi mahabhuta and because of these two drugs of this gana gives compactness and energy to the body.

CONCLUSION

Drugs of Brihaniya Mahakashaya are beneficial for all dhatus by improving strength of all dhatus including mamsa and its upadhatu. Acarya Chakrapani had mentioned that number 10 in each group is not restrictive but suggestive and as such other drugs having similar properties and actions may also be included wherever necessary. In ancient tradition, the number ten is called 'dik'(direction) which thus indicates guidance. Aim of Acarya Charaka, by creating the concept of mahakashaya is-how to formulate different formulations with collection of different dravyas of same property because these 50 are only for those who have less I.Q. and the people who are not capable of preparing other formulation on their own. The drugs of Brihaniya mahakashaya is prescribed in cases of weakness and diseases causing debility, and increases vitality and strength of body. Because

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of this beneficial effect these drugs can be used to promote health i.e. ‘Swasthasya swasthya Raksnama’’, which is the foremost aim of Ayurveda. Thus, proper use of drugs would help to live long healthy life and to combat the challenges to fight frightening diseases of day and future. To enhance the effect of these drugs, they can be used along with kshira and ghrta. These drugs can be used all together or individually or in permutation combinations of each other on the patient's condition.

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ROLE OF DIET AND LIFESTYLE IN THE MANAGEMENT OF CHILDHOOD MADHUMEHA (DIABETES MELLITUS)

ASHUTOSH CHATURVEDI ¹, JAI PRAKASH SINGH ²,

GOPALNATH ³OM PRAKASH SINGH⁴

¹PhD Scholar (Panchakarma),² Associate Professor, ³ Professor, Department of Kayachikitsa, ³ Professor, Department of Microbiology, Institute of Medical sciences, Banaras Hindu University, Varanasi - 221005

ABSTRACT

Diabetes mellitus (DM) is one of the leading preventable disease which currently affects an estimated 143 million people. Diabetes mellitus impose a huge burden on our health care delivery system and are responsible for more than 60% morbidity and mortality. Rapid urbanization, consumption of fast foods, sedentary life and stress are at the root of the problem. Healthy diet and lifestyle is the foundation of good health, freedom from disease and improved quality of life. Physical activity in adolescence and childhood is an important component of healthy lifestyle. DM in pediatric age group has increased in populations where have been major changes in the type of diet consumed with the resultant increase in body weight and central obesity. Improving diet and increasing physical activity in all age groups-young, adults as well as elderly, will reduce chronic disease risksofDM. Diet and physical activity is a complementary strategy not only for prevention, but also for retardation of progression of the existing chronic disease. Healthy eating is the corner stone of prevention and management plan of DM. Hence, patient should stick to diet schedule, including meal time and quantity.Parallel to this signs and symptoms of DM may be compared to Prameha which is Santarpanajanyavikara where in Srotorodha, improper Agni and disarrangement of Tridosha are present.Ayurvedic Principle “Guru ca atarpana”which signifies the role of Ayurvedic diet (Ahara) and lifestyle (Vihar) have a great potential to prevent Prameha (DM) in childhood.This clears the Sanga, normalizes the Agni and brings homeostasis of Tridoshas.

IMPORTANCE OF AYURVEDA IN PREVENTION OF LIFESTYLE DISEASES

Sadhana Singh

Phd Scholar in Dept. of Dravyaguna, I.M.S, B.H.U, Varanasi, U.P. India

ABSTRACT

Ayurveda allocate a well organised system of traditional health care, both to maintain the health and prevent the diseases by following proper diet and lifestyle regimen rather than treatment and cure of the diseases. Lifestyle diseases are those diseases whose occurrence is based on the daily habits of people and are a result of an inappropriate relationship of people with their environment. The main factors contributing to lifestyle diseases include bad food habits, physical inactivity and disturbed biological clock. Healthy lifestyle methods are now easily attainable with nutritional counselling, exercise training, de-addiction programmes, regular medical check-ups and stress management techniques. Ayurveda offers numerous methods to manage lifestyle disorders by following Dincharya, Ratricharya, Ritucharya, Panchakarma or with help of Rasayanas. All the regimens are followed to achieve the homeostasis and not just counter the specific symptom.

KEYWORDS: Ayurveda, Lifestyle Diseases, Ritucharya, Rasayanas

MAJOR LIFESTYLE DISORDERS: CAUSES, CONSEQUENCES AND PREVENTION

Dr. Sangeeta*

**BAMS, MD (Kayachikitsa), Research associate-1, TKDL-CSIR*

ABSTRACT

Lifestyle diseases are ailments that are primarily based on the day to day habits of people. Habits that detract people from activity and push them towards a sedentary routine can cause a number of health issues that can lead to chronic non-communicable diseases that can have near life-threatening consequences. Non communicable diseases (NCDs) kill around 40 million people each year, that is around 70% of all deaths globally. NCDs are chronic in nature and cannot be communicated from one person to another. They are a result of a combination of factors including genetics, physiology, environment and behaviours. NCDs such as cardiovascular diseases (CVD), stroke, diabetes and certain forms of cancer are heavily linked to lifestyle choices, and hence, are often known as lifestyle diseases. There are a number of risk factors that lead to the onset and development of NCDs. The various types of risks can be divided into three primary risk sets: modifiable behavioural risk factors, non-modifiable risk factors and metabolic risk factors, many of which are common for a number of diseases. An important way of controlling non-communicable diseases is by controlling the risk factors associated with it. Lifestyle diseases are a threat to the socio-economic aspects of nations globally and appropriate actions for their management are the need of the moment. Management of lifestyle diseases includes proper diagnosis, screening and treatment of these diseases in addition to providing palliative care for people who require it. Quality lifestyle disease intervention needs to be delivered through a primary healthcare approach where early detection and proper treatment are prioritised.

Keywords; Non-communicable diseases, CVD, diabetes, cancer, chronic respiratory diseases etc.

HAMSTER AS A MODEL FOR DIABETIC STUDY

Sweta Arora, Chandana Haldar and Sameer Gupta

Department of Zoology, Institute of Science,

Banaras Hindu University, Varanasi

ABSTRACT

Diabetes is a non communicable, life style disorder and is one of the most significant global health issues. Theoretically, high metabolism (weight reduction and exercise) could improve Type 2 Diabetes Mellitus (T2D), but in reality human life style does not permit the above remedy to succeed. Hence, the search for new therapies for diabetes is always in demand. Symptoms of diabetes in the hamsters are very similar to those in humans; therefore, hamsters were used in the present study instead of earlier models like rat and mice. Hamsters having high fat diet (HFD) and were given a single dose of streptozotocin (STZ) (60mg/kg) to induce T2D. After confirming diabetes in the hamsters after 72 hrs, the damages caused by HFD+STZ induced diabetes were observed. The diabetic animals exhibited significant increase in serum glucose level and reduction in serum insulin level. HFD+STZ induced diabetes also led to disruption in the pancreatic histoarchitecture as noted in our animal model golden hamsters. The induction of T2D in the hamsters significantly reduced the glycogen content of both liver and muscle tissues. The impaired glucose homeostasis caused derangements in the lipid profile as evidenced by increased total cholesterol (TC), LDL cholesterol (LDL-C) and decreased HDL cholesterol (HDL-C) in the hamsters. Our data clearly suggest that hamsters, a long photoperiodic rodent, having close similarity with humans may prove to be an excellent model for diabetology.

Keywords: *Diabetes, Hypoinsulinemia, Streptozotocin (STZ), High Fat Diet (HFD)*

1. INTRODUCTION

Sedentary lifestyle, obesity, stress, reduced sleep, geriatric problems, alcoholism, etc., are the major causes of diabetes that is spreading like an epidemic and hence it is referred to as a life style disorder. It not only affects a person's physiological wellbeing but also influences the financial welfare. According to World Health Organization (WHO) the number of persons suffering from diabetes would reach to 36 million by 2030 globally [1]. Diabetes is a metabolic disorder where environmental factors combined with multiple stressors induce loss of pancreatic β -cell function, along with impairment in insulin action and secretion resulting in hyperglycemia. The prevailing hyperglycemic condition leads to perturbation in the metabolism of fat, protein and carbohydrate [1, 2, 3]. There are two main types of diabetes are type 1 (T1D) and type 2 (T2D). 90-95% of patients are diagnosed with T2D and it has become common worldwide. T2D in later stages leads to various metabolic syndromes like neuropathy, retinopathy, cardiac disease and nephropathy. Theoretically,

high metabolism (weight reduction and exercise) could improve Type 2 Diabetes (T2D), but in reality human life style does not permit the above remedy to succeed [1]. Therefore search for new remedies for this dreaded disease is always in progress. Rodents have always been a preferred model for study of diabetic pathophysiology because of their similarities to those in humans [4]. The purpose of the present study was to use one of the rodents *Mesocricetus auratus* (Golden hamster) for the induction of diabetes by using high fat diet (HFD) followed by a single injection of streptozotocin (STZ) and observing the diabetes led damages in the hamsters.

2. MATERIALS AND METHODS

2.1. ETHICAL CONSIDERATIONS

All the experiments on the animals were conducted in accordance with institutional practice and within the framework of CPCSEA (Committee for the purpose of control and supervision of experimental animals) and the rule of Government of India (2001) for animal welfare.

2.2. ANIMALS

The animal model for the study, *Mesocricetus auratus* (Golden hamster) were procured from CDRI, Lucknow for the establishment of the colony. The animals from the inbred colony were used for this study. The hamsters were kept in polypropylene cages during the experiments and maintained in a well ventilated room exposed to ambient conditions (27±2°C, with gentle ventilation), fed with commercial animal feed and water *ad libitum*.

2.3. INDUCTION OF DIABETES

For induction of T2D, hamsters weighing 100±10 gm were divided into two groups consisting of six animals each. Group first was control group which was given normal diet while group second, was fed with high fat diet (HFD) for 10 weeks. At the end of 10th week the animals of second group were fasted overnight and received a single dose of intra-peritoneal injection of streptozotocin (STZ) dissolved in a citrate buffer (pH=4) of 60 mg/kg [5] while the control group received only citrate buffer. The animals received water and food *ad libitum*. To avoid initial STZ-induced mortality, the animals were given 20% glucose solution for 24h. 72 hours after injection fasting blood glucose (FBG) was checked (AccuChek, USA). The animals having FBG greater than 200 mg/dl were considered diabetic type 2. The observation was extended for two more weeks. During the whole experiment the body weight and food/water consumption was monitored daily.

2.4. SAMPLE COLLECTION

At the end of 12th week, the animals were fasted overnight and next day they were weighed and sacrificed by total body anesthesia. Blood was collected directly from the heart. Serum was separated, and frozen at -80°C till ELISA for insulin (DIAMETRA, Lot no. DKO076), and biochemical estimations for serum glucose, total cholesterol (TC), HDL-cholesterol (HDL), LDL-

cholesterol (LDL) was carried out. Pancreas, liver and muscle were dissected out on ice, blotted free from blood, cleaned from extra tissue. Pancreas was fixed in Bouin's fluid for histology while liver and muscle were kept for biochemical estimations of glycogen.

2.5. HISTOLOGY

After fixation in Bouin's fluid pancreas was processed for routine histological procedure. Some 6- μ m sections were deparaffinised and stained using Ehrlich's hematoxylin and eosin. The stained sections of the tissues were observed in a microscope (Nikon, USA) and documented.

2.6. BIOCHEMICAL ESTIMATIONS

Concentration of serum glucose, total cholesterol (TC), HDL-cholesterol (HDL), LDL-cholesterol (LDL), glycogen level in liver and muscle was estimated according to manufacturer's protocol (Bio Lab Diagnostics, India). Hormone insulin was measured in serum following the details from the kit (Diametra, DKO076).

3. STATISTICAL ANALYSIS:

The data was analyzed using the Student's t-test. All the data are presented as the mean \pm standard error of mean (SEM). Values of $p \leq 0.05$ were considered as statistically significant. *= $p \leq 0.05$; **= $p \leq 0.01$.

4. RESULTS:

4.1. BIOCHEMICAL PARAMETERS

In the present study it was found that the HFD+STZ led to significant increase in plasma glucose level (Fig.1). The induction of T2D in the hamsters significantly reduced the glycogen level in both liver and muscle tissues (Fig.2 & 3). There was a marked increased total cholesterol (TC), LDL cholesterol (LDL-C) and decreased HDL cholesterol (HDL-C) in the diabetic animals as compared to the control group (Fig. 4, 5, 6).

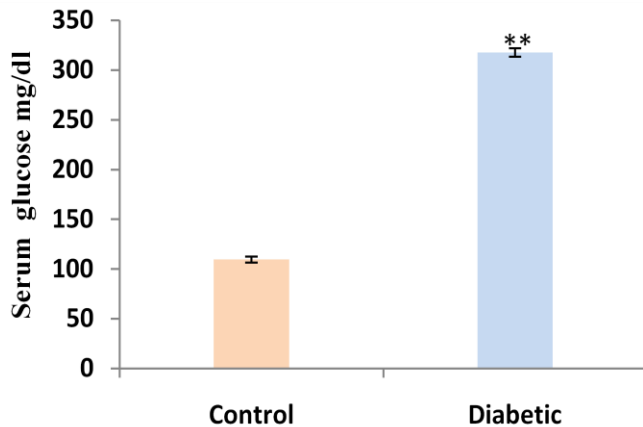


Fig.1 Serum glucose concentration

Fig. Bar graphs depicting significant elevation in serum glucose concentration leading to hyperglycemia after HFD+STZ induced T2D

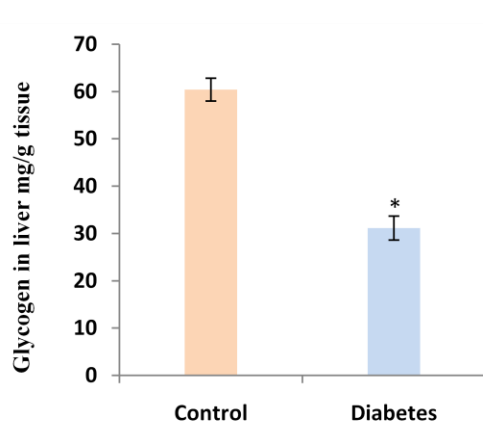


Fig.2 Glycogen concentration in liver

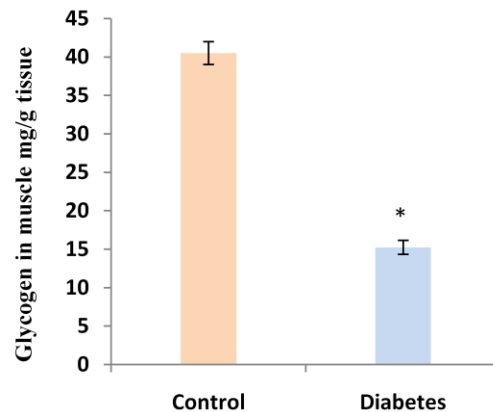


Fig.3 Glycogen concentration in muscle

Fig: The bar graphs depicting significant reduction in liver (Fig.2) & muscle (Fig.3) glycogen following T2D induction

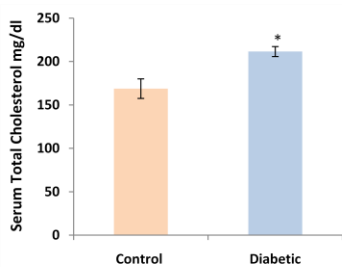


Fig.4 Serum total cholesterol (TC)

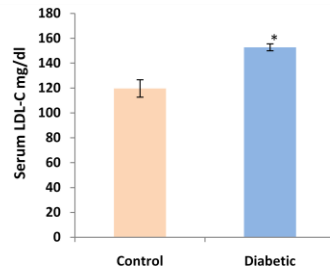


Fig.5 Serum low density lipoprotein cholesterol (LDL-C)

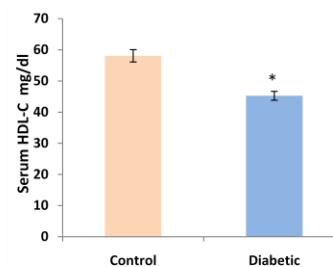


Fig.6 Serum High density lipoprotein cholesterol (HDL-C)

Fig: Bar graphs showing significant changes in TC (Fig.4), LDL-C (Fig.5) & HDL-C (Fig. 6) after T2D induction

4.2.HORMONAL ANALYSIS

A significant reduction was observed in serum insulin level following HFD+STZ (Fig. 7).

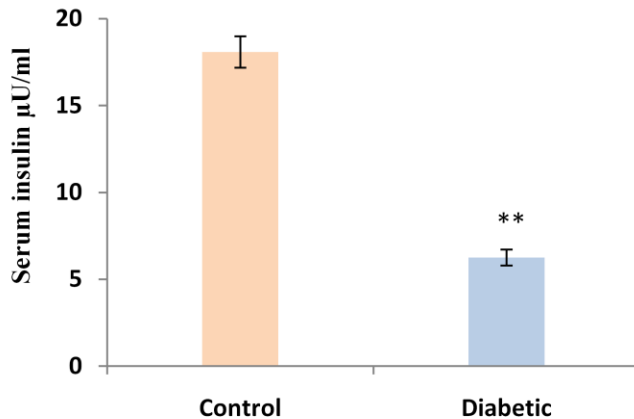


Fig.7 Serum insulin concentration

Fig. Bar graphs depicting significant reduction in serum insulin concentration leading to hypoinsulinemia after HFD+STZ induced T2D

4.3.HISTOLOGY

HFD+STZ induced diabetes also led to disruption in the pancreatic histoarchitecture as noted in our animal model golden hamsters (Fig. 8).

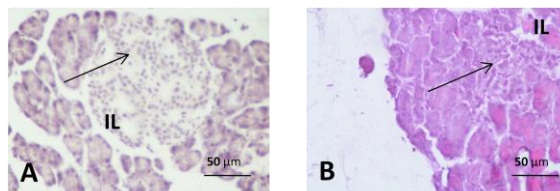


Fig. 8 Photomicrograph of hematoxylin and eosin stained pancreas sections from control hamsters(A) and HFD+STZ treated hamsters(B). IL: Islet of Langerhans. The pancreas cells of control animals showed their normal proportions. The islet cells (IL) are seen embedded within the acinar cells and surrounded by a fine capsule. The pancreas of the HFD+STZ treated hamsters demonstrated damage to the tissue. The islet is showing shrinkage and is not well covered with a fine capsule.

5. DISCUSSION

Numerous studies have shown that high fat diet and obesity are the main risk factors for the T2D. The aim of the present study was to induce T2DM in the animal model, *Mesocricetus auratus*. It has been reported in many studies that feeding high fat diet (HFD) induces tissue insulin resistance. This insulin resistance is caused due to accumulation of lipids in the skeletal muscles, adipose tissue and liver. Along with this insulin resistance a dose of STZ leads to partial destruction of β cells which closely mimics the T2D in humans and is responsible for long term glucose [2, 3].

It has been suggested in some earlier studies [1, 3], that HFD leads to insulin resistance while STZ causes dysfunction of β -cells that in a combined way lead to hyperglycemia. In response to insulin resistant state, the secretory capacity of the pancreatic β cells decreases to compensate the existing insulin resistance, thereby leading to hypoinsulinemia (which is achieved practically by injection with STZ) [3]. The significant increase in plasma glucose level and reduction in insulin level was noted in the golden hamsters in the present experiment as well and that gets support from the above references. HFD+STZ induced diabetes also led to disruption in the pancreatic histology as noted in our animal model golden hamsters.

Insulin is the most important factor in lowering blood glucose level by enhancing glycogenesis in liver and muscle. Hence, glycogen level in these tissues is considered to be an important marker for the study of insulin activity [6]. The induction of T2D in the hamsters significantly reduced the glycogen level in both liver and muscle tissues of the diabetic hamsters.

Relating to other previous studies [7, 8] the disrupted glucose homeostasis caused disturbance in the lipid profile of the experimental hamsters as manifested by increased total cholesterol (TC), LDL cholesterol (LDL-C) and decreased HDL cholesterol (HDL-C) in the present study. This pronounced hyperlipidemia characterizes the diabetic state and the reduced insulin can be related to the enhanced lipolysis, increased influx of free fatty acids to the liver and disturbed lipoprotein metabolism during diabetes [9]. The main objective of the present study was to induce the HFD+STZ led type 2 diabetes in hamsters and to study the effects of induced diabetes on general physiology such as carbohydrate metabolism and hormonal changes. It was found that the induced diabetes caused marked changes in the biochemical, hormonal along with the histological parameters of the pancreas of hamsters. Our data clearly suggest that hamsters, a long photoperiodic rodent, having close similarity with humans may prove to be an excellent model for diabetology.

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SODIUM FLUORIDE AND TESTICULAR TOXICITY

Jitendra Kumar, ChandanaHaldar, RakeshVerma

Department of Zoology, Banaras Hindu University

Varanasi-05.

Global industrialization over the last few decades' raises questions about the adverse impact of environmental toxins on male reproductive health. Fluoride, a ubiquitous environmental contaminant, is known to impair testicular functions and thus induces infertility. However the underlying mechanism is still unknown. We used a golden hamster as a model to mimic human exposure and to investigate the mechanism induced testicular toxicity by sodium Fluoride (NaF).

Adult male golden hamsters were divide in to three group, exposed totap water (Control), 15mg/kgbw (Low dose) and 30 mg/kgbw (High dose) of NaF via drinking water for 42 days. Our results demonstrated that NaF exposure increased MDA accumulation, decreased antioxidant enzyme (SOD, Catalase) activity in testesthat were consistent with marked histopathological lesions including appearance of vacuoles, reduction in germinal epithelial height and absence of spermatozoa of seminiferous tubule of testes. Further, there was significant reduction in thelevel of serum and intra-testicular testosterone. Taken together, our results provide evidences that inhibition of steroidogenesis, induction of oxidative stress might be responsible for fluoride-induced down regulation of male reproductive potentiality.

EFFECT OF ULTRAVIOLET-A (UV-A) RADIATION ON SKIN

Sriparna Pal, Rakesh Verma*, Chandana Haldar

*Department of Zoology, Banaras Hindu University
Varanasi-221005*

Ultraviolet radiation (UVR) is classified as a complete carcinogen as it acts as both mutagen and non-specific damaging agent. By damaging the skin's cellular DNA, excessive UVR produces genetic mutations that can lead to skin cancer. Considering this, it can be suggested that the exposure to UVR triggers a complex cascade of pathological symptoms that are deleterious for the normal body milieu. In the present study, we studied the effects of a particular UVR wavelength such as UV-A (320-380 nm) radiation on the first line of defence system of the body, i.e., the skin and circulation of albino rats, *Rattus norvegicus*. We exposed adult female rats to UV-A radiation (yielding a dose of 6.36 J/cm²) for 40 minutes per day for seven days. UV-A exposure induced prominent changes in histo-architecture of skin and alters serum oxidative load status. We observed that continuous exposure of UV-A for seven days severely damaged the skin and reduced PCNA expression in skin. It increases circulatory Superoxide Dismutase (SOD) & Catalase activity and Lipid Peroxidation level. Hence through our present study we tried to investigate the cellular damages that can be triggered by UVR to skin and in the circulation. The increase in the generation and accumulation of free radicals indirectly influences the internal organs by imparting a disturbance in the redox balance of the body. Thus, it can be concluded that UVR is not only harmful at the local area of incidence but can also affect systemic organs through circulation indirectly by the capacity to generate toxic free radicals.

Key words: UV-A, Skin histo-architecture, PCNA, Oxidative Stress

MELATONIN RECEPTOR DEPENDENT MECHANISM MEDIATES THE EFFECT OF MELATONIN-INDUCED- IMMUNE OPIOIDS ON THE IMMUNE STATUS OF A TROPICAL RODENT *FUNAMBULUS PENNANTI*

Sameer Gupta and Chandana Haldar

Department of Zoology, Institute of Science, Banaras Hindu University, Varanasi 221005 (U.P.) India.

Melatonin is known for its modulatory effects on immune functions. It has been proposed that melatonin acts *via* an opiateergic mechanism inducing production of endogenous opioids which mediate the immunological aspects of melatonin physiology. β -endorphin, a pro-opiomelanocortin (POMC) cleavage product is a reported immuno-modulator, acting *via* its μ -opioid receptor (MOR). The present study explored the effect of melatonin on MOR expression and its role in regulation of immune status of a seasonally breeding rodent *Funambulus pennanti*, using naltrexone, a specific MOR antagonist. The MOR expression in the immuno-competent cells was assessed following melatonin and opioid receptor antagonist treatment and was associated with the blastogenic response of immune cells (splenocytes, thymocytes and PBMCs) along with level of cytokine IL-2. The results showed that naltrexone treatment decreased the expression of MOR whereas melatonin increases as well as compensates the reduction due to naltrexone treatment. The cell proliferation *in vitro* showed a similar pattern. The changes in expression of MOR following melatonin receptor antagonist treatment were significant and drastic as proliferation and IL-2 secretion. Hence, it could be suggested that melatonin-induced-immuno-opioids utilizes melatonin receptor dependent mechanism to regulate the immune system.

MANAGEMENT OF LIFE STYLE DISORDER THROUGH PHYSICAL ACTIVITY AND SPORTS

Shalini Bharti^{1*}, K. H.H.V.S.S. Narasimha Murthy²

¹Ph. D., Scholar, ² Associate Professor and Mentor,

Department of Kayachikitsa, Faculty of Ayurveda, I M S., Banaras Hindu University, Varanasi - 221005

Advancements in technology, industrialization brought a lot of change in the life style of a person globally over the years, triggered with many life style disorders in the present and upcoming generations which have become a very common the human civilization. They are diabetes, hypertension, asthma; heart diseases, depression, obesity etc. diet and life style are the major factors for this type of diseases. Smoking, chewing tobacco, consuming alcohol and lack of regular physical activity in the people accelerates the incidences of life style related diseases.

Physical activity and healthy sports are essential for our health and well being. Appropriate physical activity and sports for all constitute one of the major components of a healthy lifestyle, along with healthy diet, tobacco free life and avoidance of other substances harmful to health. Available experience and scientific evidence show that the regular practice of appropriate physical activity and sports provides people, male and female, of all ages and conditions, including persons

with disability, with wide range of physical, social and mental health benefits. It interacts positively with strategies to improve diet, discourage the use of tobacco, alcohol and drugs, helps reduce violence, enhances functional capacity and promotes social interaction and integration. Physical activity is for an individual; a strong means for prevention of diseases and for nations a cost effective methods to improve public health across the population.

Key words: Lifestyle disorder, Physical activity and Sports

ROLE OF AYURVEDA IN RED SKIN SYNDROME

Dr Aparna VP,

*MS Shalakya, Assistant Professor MAMC, Executive Director Ayurveda Sannidhanam Hospital, Founder Cosmeveda,
Trivandrum, Kerala*

ABSTRACT

Red Skin Syndrome is characterised as an inflammatory skin reaction to over use of topical steroid medicines, especially in case of eczema or atopic dermatitis. It can occur to people with no prior skin diseases even if they undergo steroid treatment for any other diseases or even for cosmetic purpose. It can be due to topical steroid addiction or topical steroid withdrawal. For a patient who used steroid for 5 to 10 year occasionally the withdrawal can persist even after 20 years. During these years they develop allergy to even most of the regular food items like milk and milk products, lentils, wheat, meat, leafy and other vegetables and other common medicines like acetophenamine, antibiotics, analgesics etc.

Ayurvedic treatment can not only treat the existing skin symptoms and withdrawal duration but also reverses the allergy to food items and other medicines. Thus improving the quality of life of the patient in just less than few months.

Key words: Red Skin Syndrome, Topical Steroid Addiction, Topical Steroid withdrawal.

PREVALENCE AND TRENDS OF OBESITY IN INDIAN SCHOOL GOING CHILDREN AND ADOLESCENTS IN RURAL AND URBAN AREAS

Kumari Puja Rani,

Research Scholar, Department Of Home Science,

Vinoba Bhave University, Hazaribagh, Jharkhand.,825301

World wide, obesity trends are causing serious public health concern and in many developing countries. childhood obesity with all its consequences is due to rapid urbanization and mechanization. It is an emerging problem in public health problem in near future. It is of major concern because overweight during adolescence is associated with increased morbidity and mortality in later life . Objective of this study is to assess the prevalence and trends of obesity in school children and adolescents in rural and urban areas. Anthropometric measurements has taken using standard protocol. Obesity have been assessed using Body mass index (BMI) criteria those having their BMI >95th percentile for age and sex have been considered obese. Overweight and obesity have been found more in urban residence than rural areas. Major problem have found to be high socioeconomic status of parents and trends. Among the changes that affect childrens and adolescents energy intake are the increasing availability of energy dense, high calorie foods. Today seems less likely to walk than they were doing in 1970s, not participating in outdoor games, households activities, longer duration of television viewing and computers. Perhaps because of changes in built environment. Regular participation in house hold activities and out door games and healthy eating habits should be emphasized at individual level, school level, family level to curb this problem. Collective effort of parents and schools are required to institute early preventive measures to reduce march towards obesity and in future complication.

Key words: obesity, body mass index, children, adolescents

ROLE OF ABHADI GUGGUL AND KATI BASTI (PRASARNI TAILA) IN CASES OF TRIKSHOOLA: A CLINICAL STUDY

***DR. REKHA BAJPAI, **DR. A.K. DIXIT**

**Reader / HOD, **Medical Officer*

Panchkarma Department, State Ayurvedic College, Lucknow

INTRODUCTION

Ayurveda is science of life. A practical approach and scientific research in this field provide us ground to reach the truth. In recent years there are various groups of diseases that involve musculoskeletal structures and are subjects of intense study. Trikshoola is one of the musculo skeletal disorder which is very common in our day-to-day practice.

First of all Acharya Bhav Prakash has described 'TRIKSHOOLA' as a separate disease entry alongwith its treatment.

स्फिग्स्थनो पुष्ठवंशास्थोर्यः सन्धिस्तत् त्रिकमतम्
तत्र वातेन या पीडा त्रिकशूलं तदुच्यते।।

(भा.प्र.म.ख. वातव्याधि 9-99५)

It is defined as severe pain arising from pathology of Trikshandhi i.e. Sacroiliac joint, Lumbosacral joint and sacrococcygeal joint. In modern era due to fast moving life low back pain arises due to continuous wear and tear of sacroiliac joint in most effected because it supports approximately whole weight of upper body. Moreover less use of Hard Bed and spinal anaesthesia for different surgical procedures are important factor for increasing incidence of the disease. As far as, for management there is lack of safe and effective medicines pain killers are the only way of treatment but long term use of these medicines cause different side effects. keeping these factors in mind, we planned to test efficacy of Abhadi Guggul and Kati Basti for management of Trikshoola that can be effective and safe remedy.

AIM AND OBJECTIVE

- 1) To evaluate efficacy of Ayurvedic drug (Abhadi guggul) and Kati Basti in management of Trikshoola.
- 2) To evaluate incidence of Trikshoola in general population.

MATERIAL AND METHOD

It includes following points:

- 1) Selection of patients from OPD and IPD of State Ayurvedic College and Hospital, Lucknow.
- 2) Registration of patients on selected criteria. Patients having 50% or more of following sign and symptoms were selected for clinical trial.

Inclusion Criteria:

A) Clinical Features:

- 1) Pain in Lumbosacral region involving either U/L or B/L sacroiliac or Lumbo sacral joints.
- 2) Swelling in Lumbosacral region.
- 3) Stiffness in Lumbosacral region.
- 4) Restricted movement of U/L or B/L sacroiliac or Lumbo sacral joint.

Exclusion Criteria :

PIVD, Tumors, Referred pain of any systemic disease.

B) Laboratory investigations:

Routine Test : CBC, Urine, Stool.

Specific investigations: X-ray, L.S. spine, AP & Lateral, HLA B27, S. Uric Acid, RA Factor MRI & CT, LS Spine, if possible.

Group of patients:

23 patients were registered for clinical trial and randomly divided in 2 groups.

Group 'A': Total 11 patients were registered in this group and were treated with Abhadi Guggul : 2 Tabs TDS (each 500mg)

Group 'B': Alongwith above treatment patients were given Kati Basti with prasarini Tail for 7 days then gap for one week upto 3 months.

Procedure of Kati Basti:

Patients of group 'B' were given Kati Basti. Lie down patients in prone position on the table, expose lumbo sacral area and rounded boundary was made with black gram (Urad flour) paste lukewarm Prasarini Tail was poured in dose of 100ml for 10 minutes then remove it from syringe and massage gently for 5 minutes.



Observations :

Demographic and clinical observations were as follows:

- 1) 65% patients were found in age group 31-50 years, male-female ration was 1:3 and incidence was more common in Hindus (91.3%).
- 2) Disease was more common in housewives 56.5% and service mass (21.7%).
- 3) 65.2% patients were of vata Kaphaj patients.

Clinical Assessment:

After completion of trial following clinical assessments were found:

SYMPTOMS	B.T.	A.T.		B.T.	A.T.	
		Relieved	Improved		Relieved	Improved
त्रिकसंधिशूल (Pain Intensity)	11	7 (63.37%)	4 (36.37%)	12	8 (66.66%)	4 (33.34%)
त्रिकसंधिशोथ (Swelling of Joints)	3	2 (66.66%)	1 (33.34%)	0	0	0
त्रिकग्रह (Stiffness in lumbosacroal)	11	8 (72.72%)	3 (27.28%)	12	9 (75%)	3 (25%)
त्रिकसन्धि में प्रसारण आकुंचन अप्रवृत्ति (Restricted movement of Sacroiliac joint)	11	7 (63.63%)	3 (27.27%)	12	8 (66.66%)	4 (33.34%)

RADIOLOGICAL ASSESSMENT

S.N.	X-ray findings	Group A		Group B	
		Relieved	Improved	Relieved	Improved
1.	Sacroilitis	3	0	-	-
2.	Osteophytes	0	0	0	0

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3.	Sacralization of lumbar vertebrae	-	-	0	0
4.	Lumbar spondylosis	-	-	0	0

PATHOLOGICAL ASSESSMENT

S.N.	Symptoms	Group A		Group B	
		B.T. Mean \pm SD	A.T. Mean \pm SD	B.T. Mean \pm SD	A.T. Mean \pm SD
1.	Hb gm%	11.57 \pm 1.41	12.27 \pm 1.20	11.9 \pm 1.67	12.5 \pm 1.24
2.	ESR	18.18 \pm 5.60	15.0 \pm 5.80	22.5 \pm 11.16	16.27 \pm 5.02
3.	S. Uric Acid	4.70 \pm 0.69	4.40 \pm .83	5.40 \pm 1.33	5.40 \pm 1.67
4.	Fasting blood sugar	88.0 \pm 15.0	81.0 \pm 6.30	85.36 \pm 9.80	84.9 \pm 10.7
5.	Post Prandial Blood Sugar	124.2 \pm 26.38	127 \pm 10.46	129.25 \pm 30.5	124.3 \pm 12.09

STATISTICAL ASSESSMENT

S.No.	Symptoms	Statistical Value after treatment			
		Group 'A'		Group 'B'	
		χ^2	P	χ^2	P
01.	Pain Intensity (spontaneous)	10.3	>0.01	13.48	<0.01
02.	Pain intensity (On pressure)	6.05	<1.10	11.4	<0.01
03.	Pain on movements of joints	12.46	<0.01	13.32	<0.01
04.	Stiffness of Joints	14.8	<0.01	14.84	<0.01
05.	Swelling of Joints	1.22	>0.5	-	-
06.	Painful and restricted movements of joints	10.8	>0.01	13.32	<0.01

p<0.001 - Highly Significant

p<0.01 - Significant

p>0.05 - Not Significant

RESULT

CONCLUSIVE ASSESSMENT

S.No.	Status	Group 'A'		Group 'B'	
		No. of Patients	%age	No. of Patients	%age

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01.	Total	11	100	12	100
02.	Relieved	07	63.64	09	75
03.	Improved	04	36.36	03	25
04.	Unchanged	00	00	00	00

After complete of trial 7 patients (63.64%) in group A and 9 patients (75%) were relieved in group B, and 4 patients (36.36%) in group A, 3 patients (25%) in Group B were relieved.

CONCLUSION

1. Trikshoola in disease of Trikpradesh first described by Acharya Bhav Mishra.
2. Most common clinical feature found in disease are Trikasandhishoola, Triksandhi Shotha, Trikgraha and Prasaran Akanchan Aprivriti on Triksandi.
3. Trial Drugs were more effective to reduce spontaneous pain, pain or pressure pain on movement and stiffness in joint.
4. Response of treatment in group 'B' is more than group 'A' but the groupwise comparative effect of trial drug is statistically not significant.
5. Both drugs were well tolerated and well accepted with good positive response.

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ROLE OF AGNI (DIGESTIVE FIRE) IN LIFE STYLE DISORDERS: A LITERARY REVIEW

ALOK ANJLI

PG STUDENT, DEPTT.OF PG STUDIES IN SHARIR RACHANA.

BKAMCH, DAUDHAR, DISTT. MOGA (PB.),INDIA.

ABSTRACT

In *Ayurveda*, the term *Agni* is used for the digestion of food and metabolic products. *Agni* converts food in the form of energy, which is responsible for all the vital functions of human body. Therefore, *Ayurveda* considers that *Dehagni* is the cause of life, complexion, strength, health, nourishment, lusture, *Oja, Teja* (energy) and *Prana* (life energy). About the importance of *Agni*, *Acharya Charak* has mentioned that after stoppage of the function of *Agni*, the individual dies, and when the *Agni* of an individual is *Sama*, then that person would be absolutely healthy and would lead a long and healthy life. But, if the *Agni* of a person is vitiated, the whole metabolism in his body would be disturbed, resulting in ill health and disease. Hence, *Agni* is said to be the base (*Mool*) of life. The qualities of healthy individuals are narrated in : Normal state of *Jataragni*, normal state and function of *Dhathus* (Tissues): Normal state and function of *Malas* : Pleasant soul, mind and sense objects. There are four different states of *Jataragni*. *Vishama, Teekshana, Manda and Samastates*. Among the four different states of *Agni Samagni* is considered as normal one, all others are considered as abnormal. *Samagni* is the only state which is responsible for maintenance of health and thus prevent life style disorders. *Agni* is having dominant role in the manifestation of lifestyle disorders. So, the maintenance of *Samagni* is essential for the prevention of diseases mainly for the diseases concerned with lifestyle.

Keywords -: *Agni*, Health, Maintenance, *Jataragni*, lifestyle diseases.

INTRODUCTION

LIFE STYLE DISORDERS

Lifestyle disorders are defined as those health problems that react to changes in lifestyle. This is commonly caused by [alcohol](#), [drug](#) and [smoking](#) abuse as well as lack of physical activity and unhealthy eating. Lifestyle Diseases are Heart disease, Diabetes, Cancer, Stroke, Arthritis, Migraine, Headaches, Sleep Disorders, Musculoskeletal Disorders, Nerve Compression Disorders, Carpal

Tunnel Syndrome, Tendonitis, Degenerative Neck and Back Disorders, Pulmonary Disease, Osteoporosis, Arteriosclerosis, Gallbladder Disease, Kidney and Liver Disease, Alzheimer's disease and Dementia etc. The management is incomplete without lifestyle modifications. Healthy lifestyle includes various activities performed by an individual with an objective of physical and mental health along with longevity by means of proper hygiene, diet regulation and exercise for fitness.

ROLE OF AGNI IN LIFE STYLE DISORDERS

Agni is given major significance in the maintenance of health as well as occurrence of lifestyle disorders. Food which is taken by the person is the major responsible factor for the state of health and manifestation of diseases. Food is categorized first for the maintenance of health or manifestation of lifestyle disorders. Consumed foods and drinks undergo metabolic transformation in the digestive system. After the process of digestion, it will produce effects on the body which may be beneficial or harmful. The process of digestion is mainly carried out by *Agni* (digestive fire). The food provides nourishment to bodily tissues which is reached to end organ by the action of *Agni*. It is the *Agni* that plays an important role in this connection because tissue elements like, *Rasa* etc. cannot originate from undigested food particles. Lifestyle disorders like diabetes mellitus, obesity, dyslipidemia and cardiovascular diseases etc. are produced mainly due to *Medhohatvagni*. *Agni* is the essential cause for existence of life, its destruction leads to death and its proper maintenance helps to live a long life, and its impairment gives rise to various ailments. It is also cause for colour, vigour, health, enthusiasm, plumpness, appearance, *Ojas*, *Tejas*, and other varieties of *Agnis* and *Prana*.

TYPES OF AGNI

Agni is countless because of its presence in each and every *Dhatu Paramanu* of the body. But sum up of the number of *Agni* varies in various classical *Ayurvedic* texts, as shown below. *Acharya Charaka* has mentioned thirteen types of *Agni*. *Jatharagni* 1, *Bhutagni* 5, *Dhatvagni* 7. According to *Acharya Sushruta*, five types of *Agni* are illustrated, viz. *Pachakagni*, *Ranjakagni*, *Alochakagni*, *Sadhakagni* and *Bhrajakagni*. However, there is an indirect reference of five *Bhutagnis* underlying in the brief description made to the transformation of food stuff. *Acharya Vagbhata* has described different types of *Agni*, viz. *Bhutagnis* 5, *Dhatvagnis* 7, *Dhoshagni* 3. *Sharangdhara* has recognized five Pittas only (*Pachak*, *Bhrajak*, *Ranjak*, *Alochak* and *Sadhak*). *Bhavamishra* has followed *Acharya Charaka* and *Acharya Vagbhata*. Accordingly, they are classified into three groups, namely *Jatharagni*, *Bhutagni* and *Dhatvagni*. *Jatharagni* is the *Agni* or bioenergy present in the *Jathara* (the site where the digestive process takes place). According to *Ashtanga Hridaya*, *Jatharagni*, the seat of *Grahani*, is so called because it holds the food for a certain time inside the *Amashaya* (stomach) to facilitate the digestion. In the opinion of *Dhanvantari*, it is the *Kala* known as "*Pittadhara*," situated at the entrance of the *Pakvashaya* (large intestine) and acting as a bolt to the door of the pathway/channel of food. It is responsible for the duration of life, health, valour, *Ojas* (essence of the *Dhatu*s) and strength of all the *Bhutagni* and *Dhatvagni*. The strength of *Grahani* is

from *Agni*, and the strength of *Agni* is from *Grahani*. When the *Agni* undergoes vitiation, *Grahani* also gets vitiated and produces diseases. *Jatharagni* is considered to be the most important because each and every nutrient that one ingests first comes to the *Jathara* and is subjected to the action of *Jatharagni*. *Jatharagni* digests the food materials that composed of the five basic elements and transforms it for utilization by the respective *Dhatu*s (*paramanus*) (tissues). *Jatharagni* is also responsible for separation of the food material into the essence portion (*Prasad*) and the waste products (*kitta*) in our body. *Jatharagni* is directly related to *Dhatvagni* or bioenergy in the cells and their metabolic processes, with ultimate tissue metabolism or *Dhatu-Paka* process. All the *Dhatvagni* depend on the normal, healthy state of *Jatharagni*. If the *Jatharagni* is hyperactive (*Tikshna*) or hypoactive (*Manda*), it will cause an excessive or retarded action of the *Dhatvagni*. This disturbed action ultimately leads to various disorders. *Jatharagni* is the main important *Agni* that controls the function of all other twelve *Agnis*. All the *Agnis* are totally dependent on the status of *Jatharagni*.

Agni Pariksha- *Jatharagni* is also classified into four types according to its performance of digestion in the human body namely *Vishmagni*, *Tikshanagni*, *Mandagni* and *Samagni*. Four different states of *Agni* exist in the body. Of these various states, this is due to the aggravation of each *Dosha* respectively (*Vata*, *Pitta*, *Kapha*) and the fourth state is considered as balanced state. In fact only *Samagni* is the physiological state while remaining three are abnormal due to vitiated *Doshas*.

VISHAMAGNI- Due to aggravation of *Vatic Dosha*, *Vishmagni* originates and makes the digestive system unstable, which leads to constipation, distension or swelling of the abdomen, dysentery, colic type pain and wind, gurgling sounds in the intestines.

TIKSHNAGNI- Person with predominantly *Pitta* constitution or with disturbed *Pitta Dosha* has raised *Tikshnagni*. *Jatharagni* apart from *Tikshnagni* becomes hyperactive which leads to rapid digestion of food. These people never get satiated and keep on eating food. This state of *Agni* causes dry mouth and palate, a burning sensation in the stomach and excessive thirst.

MANDAGNI- A state of *Agni* found in people with *Kapha* aggravation such persons cannot digest even a small quantity of food leading to nausea, vomiting, heaviness in the stomach, laziness, coughing and coating of the tongue.

SAMAGNI- A state of *Agni* indicates balanced state of three *Doshas* in the body. Persons can easily digest normal diet and obtain proper nourishment. Cells, organs and all *Dhatu*s (tissues) received proper nutrition leading to healthy body.

MANAGEMENT

The state of *Agni* is not only based on food quality and quantity it also has number of confounding factors like *Prakruti*, *Kala*, *Desa*, *Manasika Avastha*, etc. Depend on which the variation of the

state of *Agni* is often expectable and unavoidable. All the human beings can have all the different states of *Agni*. So, to avoid the disease manifestation and to retain the healthy state one should always remember the state of *Agni* and its management.

MANAGEMENT OF VISHAMAGNI-*Vishamagni* is treated with foods with the quality of *Snigdha* (unctuous) and *Lavana Rasa* (salty taste). As *Vishamagni* digest the food sometimes properly and sometimes improperly. It seems combined effect of *Teekshana* and *Mandastates* of *Agni*. So, the management is carried out as per the condition. As *Vishamagni* is caused by *VataDosh*, the simple *SnehaDravya*(unctuous substances) like oil is sufficient along with *SaindhvaLavana* (rock salt).

MANAGEMENT OF TEEKSHNAGNI-*Teekshnagni* is treated with foods with the quality of *Snigdha* (unctuous), *Sheeta* (cold) and *Madhurarasa* (sweet taste). *Virechana* (Purgation) is the optimum procedure to manage *Teekshnagni*. As *Teekshnagni* is caused by *Pittadosha*, *Ghrita* (ghee) is the best substance to manage *Teekshnagni*

MANAGEMENT OF MANDAGNI-*Mandagni* is treated with foods with the taste of *Katu* (Pungent), *Tiktha* (bitter) and *Kashaya*(astringent). As *Mandagni* caused by *Kapha*, *Vamana* (Emesis) is the optimum procedure to treat *Mandagni*. *Pippali* (piper longum), *Maricha* (piper nigrum) is the good substances to manage *Mandagni*.

MAINTENANCE OF SAMAGNI-*Samagni* is the only state which is beneficial to maintain healthy state in the human beings and prevent lifestyle disorders. So the maintenance of *Samagni* can be carried out by following *AshtaAharaVidhiViseshaAyatanas* (Eight rules for eating). In general *SamanaVata* is the main factor for vitiation of *Agni*. As long as *Samanavata* is carrying out its normal functions, the state of *Agni* is also *Sama*. *Vishama* is caused by *Vimargagamana* of *Samanavata*. *Teekshnagni* is caused by combination of *Samanavata* with *Pitta*. *Mandagni* is caused by combination of *Samanavata* with *Kapha*. In *SamanavataVikrut* the medications should be taken in *Madhyabhaktam*(middle of meals). Obviously daily use of ghee in proper quantity in the middle of meals is essential for the maintenance of *Samagni*.

CONCLUSION-

Agni converts food in the form of energy, which is responsible for all the vital functions of our body. Therefore, in *Ayurveda*, it is considered that *Dehagni* is the cause of life, complexion, strength, health, nourishment, lusture, *Oja*, *Teja*(energy) and *Prana*(life energy). *AcharyaCharaka* has described the importance of *Agni* and stated that after stoppage of the functions of *Agni*, the individual dies, and when the *Agni* of an individual is in the state of *Samavastha* (equilibrium), then that person would be absolutely healthy and would lead a long, and healthy life. But, if the *Agni* of a person is vitiated, the whole metabolism in his body would be disturbed, resulting in various types of life style disorders. Hence *Agni*, should be maintained balanced to prevent these disorders.

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NEEM AS A REVERSIBLE HERBAL CONTRACEPTIVE FOR FEMALE

Meenakshi Tiwari¹, Ajai K. Pandey² and Shail K. Chaube¹

¹*Cell Physiology Laboratory, Department of Zoology, Institute of Science, Banaras Hindu University, Varanasi-221005*

²*Department of Kayachikitsa, Faculty of Ayurveda, Banaras Hindu University, Varanasi- 221005*

Neem plant (*Azadirachta indica L.*) has been extensively used in Ayurvedic system of medicine for female fertility regulation for a long time but its mechanism of action remains poorly understood. We aimed to determine whether an increase of granulosa cell apoptosis is associated with aqueous neem leaf extract (NLE)-induced oocyte apoptosis. We conducted a series of experiments using rat as an experimental model. Data suggest that NLE treatment reduced number of encircling granulosa cells and induced generation of ROS in granulosa cells as well as oocytes. The increased concentration of ROS induced cytochrome c release from mitochondria of both encircling granulosa cells as well as the oocyte. An increased cytosolic cytochrome c concentration was associated with the increased caspase-9 and thereby caspase-3 activities which finally induced DNA fragmentation in both the cell types. Indeed, NLE induces generation of ROS and thereby granulosa cells and oocyte apoptosis through mitochondria-mediated pathway. Further, granulosa cell apoptosis deprived oocytes from nutrients, survival factors and cell cycle proteins required for the achievement of meiotic competency of follicular oocytes. In addition, the granulosa cell apoptosis resulted in reduced estradiol 17 β biosynthesis in the ovary. Reduced estradiol 17 β concentration might have affected the oocytes quality by inducing apoptosis. The apoptosis inducing ability and anti-pregnancy properties of NLE makes it as a potential reversible herbal contraceptive drug for fertility regulation.

Keywords: oxidative stress, ovary, oocyte, neem leaf extract, contraception

DISEASE MANAGEMENT THROUGH MEDICAL NUTRITION THERAPY

P.S. Byadgi,

Associate Professor, Department of VikritiVigyan, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi

ABSTRACT

Therapeutic regimens are beneficial to accomplish the impaired appetite, gastrointestinal disease, diabetes mellitus, cardiovascular disease and kidney disease, liver disease, pregnancy anorexia and vomiting, food allergy and traumatic disorder etc. It is one of the indispensable concept for the management of diseases via the concept of nutrition in the form of diet remedy. Personalized diet approach should be scheduled for fast recovery and to minimize the adverse effects and complications. Medical nutrition therapy should be planned according to disease conditions for better results. Medical nutrition therapy is a therapeutic approach recommended by the consultant and dietitian for the management different types of diseases to achieve desired goals. Therapeutic diet can be considered as a shield, which if effectively used, can protect a person from further attack of the disease as well as complications and also helps to restore normal health along with it also helps to ameliorate the certain existing conditions such as high cholesterol.

Key words- Therapeutic diets, Medical nutrition therapy, Diabetes mellitus

AYURVEDIC THERAPY FOR CHRONIC PELVIC PAIN SYNDROME

Dr. A K. Dwivedi,
*Department Of Shalya Tantra,
Faculty Of Ayurveda, IMS, BHU*

Prostatodynia is an uncommon cause of perineal pain in men. Also known as chronic nonbacterial prostatitis and chronic pelvic pain syndrome, prostatodynia probably is not a single clinical entity, but rather the conglomeration of a variety of disorders that can cause pain in this anatomical region. Included in these disorders are chronic infections of the prostate, chronic inflammation of the prostate without demonstrable infection, bladder outflow abnormalities, pelvic floor muscle disorders, reflex sympathetic dystrophy, and psychogenic causes. All have in common the ability to cause chronic, ill-defined perineal pain, which is the hallmark of prostatodynia. The pain of prostatodynia is characterized by dull, aching, or burning pain of the perineum and underlying structures. The intensity of pain is mild to moderate and may worsen with urination or sexual activity. The pain may be referred to the penis, testicles, scrotum, or inner thigh. Irritative urinary outflow symptoms and sexual dysfunction often coexist with the pain of prostatodynia. The history of all patients with chronic prostatodynia should include specific questioning regarding a history of sexual abuse.

Ayurvedic therapy specially Basti Chikitsa has shown promising results in treatment of this condition. Some important points will be elaborated during presentation.

ROLE OF VIRECHANA KARMA IN METABOLIC SYNDROME

Namrata Modi*, J.P.Singh**O.P.Singh***

*JR3, **Associate Professor, ***Professor Department of Kayachikitsa, IMS, BHU

ABSTRACT

Obesity, metabolic syndrome, and diabetes mellitus are increasing to epidemic proportions globally. There are 400 million clinically obese adults worldwide and there are more than 220 million people who have diabetes. The global impact of these disorders is immense in terms of human suffering and economic burden. There is an urgent need for a more effective understanding of these disease processes and their management, including the use of natural strategies that are affordable and efficacious. The health care system known as Ayurveda has much to offer in this regard. Ayurveda describes a set of complex clinical disorders, collectively called *Prameha*, that are characterized by frequent abnormal micturition. The clinical conditions associated with *Prameha* correlate in many ways with obesity, metabolic syndrome, and diabetes mellitus. The etiology, classification, pathogenesis, and management of *Prameha* are discussed at length and in detail in the Ayurvedic texts. Role of virechana karma is usefull to treat *Prameha* may be valuable in managing obesity, metabolic syndrome, and diabetes mellitus.

Key Words: Metabolic disorder, Obesity , *Prameha*, Virechana karma.

IN-VITRO* A-GLUCOSIDASE INHIBITORY ACTIVITY OF *FUSARIUM EQUISETI* OF *GYMNEMA SYLVESTRE

Amit Ranjan¹, Rajesh Kumar Singh², Jyoti Shankar Tripathi¹, Santosh Kumar Singh²

*1*Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences,
Banaras Hindu University, Varanasi 221005, India

*2*Centre of Experimental Medicine and Surgery, Institute of Medical Sciences,
Banaras Hindu University, Varanasi 221005, India

ABSTRACT

Diabetes mellitus is a multifactorial metabolic disease characterized by hyperglycemia. The endophytes have ability to produce similar bioactive compounds to its host plant is a source to get new α -glucosidase inhibitory compounds. This study was aimed to identify the potent endophytic fungi of *Gymnema sylvestre* which showed antioxidant and antidiabetic activity. The endophytic fungi were isolated from leaf tissue of host plant i.e. *Gymnema sylvestre*. There is comparative study of phytochemicals, *in-vitro* assays of DPPH and α -glucosidase inhibition of extracts of both potent endophytic fungi and leaves of *Gymnema sylvestre* was done. The potent endophytic fungus was identified based on morphological and showed the primitive evolutionary lineages of isolate. The crude extract of fungal extract exhibited DPPH radical scavenging activity with 78.46 % at 0.5 mg/ml compared to the ascorbic acid 92.25 %. The MTT assay of both extracts of *Fusarium equiseti* and *Gymnema sylvestre* were showed fairly safe even at high doses on L929 cells. The extract of both plant and its isolate i.e. *Fusarium equiseti* exhibited significant inhibitory activity against α -glucosidase with the K_m / IC_{50} values of 1.3mM /1.25mM and 0.87mM /2.27mM, respectively. Kinetic analysis revealed that chloroform extract of plant leaf inhibited α -glucosidase noncompetitively while chloroform extract of its isolate displayed competitive mode of inhibition. The IC_{50} value of extract of *Fusarium equiseti* is better than its host plant and no cytotoxic effect on given cell line so it is beneficial for drug development.

LIFE STYLE DISORDER AND ITS PREVENTION ACCORDING TO AYURVEDA

RIYA KUSHWA

Life style disorders are which are associated mainly with the way a person or group of people lives these includes disorders such as Hypertension, heart disease, obesity, diabetes mellitus, tobacco and nutrition induced cancers, chronic bronchitis etc. It is estimated that the total number of people with diabetes will rise from 171 million in 2000 to 366 million by 2030 and number of adults with hypertension will increase by 60% to a total of 1.6 billion people by 2025. As per WHO report currently a half a billion people are consider obese a healthy life style promotes building and maintaining healthy bones, muscles and joints as well as help in controlling weight. It increases self-esteem reduces stress and promotes social well-being. Ayurveda has great potential in preventing life style disorder according to Ayurveda a healthy person is one who remains established in self along with equilibrium of Tridosha. Dietetic factors, life style as well as environmental factors affect the Tridosha. Disease is the result of disturbance in homeostasis of Tridosha this article will deal in length about the role of Ayurveda at different levels.

Keywords -Diabetes Mellitus, prevention, life style

AHARA AND VIHARA AS CAUSE AND CURE FOR LIFESTYLE DISORDERS IN CHILDREN

Dr .Sahana Shankari¹, Professor B.M. Singh ²

1. Senior Resident, Department of Kaumarbhritya/Balaroga, Faculty of Ayurveda, I.M.S., BHU, Varanasi,
2. Professor & H.O.D., Department of Kaumarbhritya/Balaroga, Faculty of Ayurveda, I.M.S., BHU, Varanasi,

Lifestyle diseases are defined as diseases linked with the way people live their life. This is commonly caused by electronic media, eating junk foods, aerated drinks, alcohol, drug and smoking abuse as well as lack of physical activity and unhealthy eating. Ayurveda explains that *ahita ahara vihara sevana is tha major cause for all the diseases*. Diseases that impact on our lifestyle are heart disease, stroke, obesity and type II diabetes. The diseases that appear to increase in frequency as countries become more industrialized and people live longer can include behavioral problems, computer vision syndrome, Visual problems, Alzheimer's disease, arthritis, atherosclerosis, asthma, cancer, chronic liver disease or cirrhosis, chronic obstructive pulmonary disease, type 2 diabetes, heart disease, metabolic syndrome, chronic renal failure, osteoporosis, stroke, depression, obesity etc in early age as well as in future which account for major cause of death.

This paper is to throw light on how the implementation of a good Ayurvedic ahara and vihara like including dinacharya and rutucharya, pathyapathya, achara rasayana, yoga from childhood can change the entire scenario and help in preventing the diseases there by prevent the out of pocket expenditure on health and improve the productivity of the country.

Key Words : *Ahara, Vihara, Dinacharya , Rutucharya*, Lifestyle Disorders, childhood

“वैदिक साहित्य में आहार-विहार का महत्व”

डॉ. वैशाली गावली

गेस्ट फेकल्टी (संस्कृत)

पं.खुशीलाल शर्मा शासकीय आयुर्वेदिक महाविद्यालय
भोपाल म०प्र०

भारतीय संस्कृति सर्वोत्तम तथा प्राचीन संस्कृति है। हमारी संस्कृति में जितना महत्व का आहार का है उतना ही महत्व विहार को भी दिया गया है। अतः आहार और विहार एक दूसरे के पूरक हैं। हमारी वैदिक संस्कृति में आहार को ब्रह्म के समान माना गया है। “अन्न हे पूर्ण ब्रह्म” कहा गया है। उत्तम आहार से ही शरीर का पोषण होता है। संस्कारित, उत्तम आहार का वर्णन हमारे वेदों, उपनिषदों, स्मृति ग्रंथों व पुराणों में प्राप्त होता है।

ऋतु के अनुकूल आहार-विहार पर भी वैदिक संस्कृति ने विशेष बल दिया है। ऋतुचर्या वैदिक संस्कृति का महत्वपूर्ण भाग है। भारतवर्ष एक समशीतोष्ण देश है। ऋतुओं का प्रभाव मानव पर विशेष रूप से होता है। ऋतुओं के अनुसार कौन सा भोजन लाभदायक है। इसका वर्णन प्राचीन ग्रंथों में किया गया है। हमारे उत्सव, त्यौहार एवं धार्मिक अनुष्ठान भी ऋतुओं के अनुसार ही होते हैं। अतः ऋतुओं के अनुसार होने वाले इन आयोजनों में भोजन भी ऋतुओं के अनुसार ही होता है।

चैत्र से फाल्गुन मास पर्यंत ऋतुओं का विभाजन किया गया है, इनमें १२ मास, ६ ऋतु, २ अयन दक्षिणायन और उत्तरायण सूर्य के राशि परिवर्तन पर ही आधारित होते हैं। द्वादश मासों का वर्णन ऋग्वेद में प्राप्त होता है।

वेद मासो धृतव्रतो द्वादश प्रजावतः।

वेदा य उपजायते॥

(ऋग्वेद मण्डल १ सूक्त २५ मंत्र ८)

सामवेद में भी छः रमणीय ऋतुओं का वर्णन प्राप्त होता है।

वसन्त इन्नु रन्त्यो ग्रीष्म इन्नु रन्त्यः।

वर्षाण्यनु शरदो हेमन्तः षिषिर इन्नु रन्त्यः॥

(सामवेद चतुर्थदशती पूर्वार्चिक ६१६)

यजुर्वेद में भी वसन्त, ग्रीष्म, वर्षा, शरद, हेमन्त व षिषिर ऋतुओं का वर्णन किया गया है।

मधुष्व माधवष्व वासन्तिकावृतुऽ अग्नेरन्तःप्लेषोऽसि कल्पेतां द्यावापृथिवी

कल्पन्तामापऽओषधयः कल्पन्तामग्नयः पृथङ्मम ज्यैष्ठ्याय सव्रताः।

येऽ अग्नयः समनसोऽन्तरा द्यावापृथिवीऽइमे।

वासन्तिकावृतु अभिकल्पमानऽ इन्द्रमिव देवाऽअभिसंविषन्तु

तथा देवतयाङ्गिरस्वद् भ्रुवे सीदतम्॥

(यजुर्वेद अध्याय १३ मंत्र २५)

शुक्रश्च शुचिश्च ग्रैष्मावृतूऽ अग्नेरन्तःश्लेषोऽसि कल्पेतां द्यावापृथिवी
कल्पन्तापापऽ ओषधयः कल्पन्तामग्नयः पृथङ् मम ज्यैष्ठ्याय सव्रताः।
येऽ अग्नयः समनसोऽन्तरा द्यावापृथिवी इमे।
ग्रैष्मावृतूऽ अभिकल्पमानाऽ इन्द्रमिव देवाऽ अभिसंविषन्तु तया
देवतयाङ्गिरस्व ध्रुवे सीदतम्॥

(यजुर्वेद अध्याय १४ मंत्र ६)

नभश्च नभस्यश्च वार्षिकावृतू अग्नेरन्तःश्लेषोऽसि कल्पेतां द्यावापृथिवी
कल्पन्तामापऽ ओषधयः कल्पन्तामग्नयः पृथङ् मम ज्यैष्ठ्याय सव्रताः।
येऽ अग्नयः समनसोऽन्तरा द्यावापृथिवीऽ इमे।
वार्षिकावृतूऽ अभिकल्पमानाऽ इन्द्रमिव देवाऽ अभिसंविषन्तु
तया देवतयाङ्गिरस्व ध्रुवे सीदतम्॥

(यजुर्वेद अध्याय १४ मंत्र १५)

इषञ्चोर्जश्च शारदावृतूऽ अग्नेरन्तःश्लेषोऽसि कल्पेतां द्यावापृथिवी
कल्पन्तामापऽ ओषधयः कल्पन्तामग्नयः पृथङ् मम ज्यैष्ठ्याय सव्रताः।
येऽ अग्नयः समनसोऽन्तरा द्यावापृथिवीऽ इमे।
शारदावृतू अभिकल्पमानाऽ इन्द्रमिव देवाऽ अभिसंविषन्तु
तया देवतयाङ्गिरस्व ध्रुवे सीदतम्॥

(यजुर्वेद अध्याय १४ मंत्र १६)

सहश्च सहस्यश्च हैमन्तिकावृतूऽ अग्नेरन्तःश्लेषोऽसि कल्पेतां द्यावापृथिवी
कल्पन्तामापऽ ओषधयः कल्पन्तामग्नयः पृथङ् मम ज्यैष्ठ्याय सव्रताः।
येऽ अग्नयः समनसोऽन्तरा द्यावापृथिवीऽ इमे।
हैमन्तिकावृतूऽ अभिकल्पमानाऽ इन्द्रमिव देवाऽ अभिसंविषन्तु
तया देवतयाङ्गिरस्व ध्रुवे सीदतम्॥

(यजुर्वेद अध्याय १४ मंत्र २७)

तपश्च तपस्यश्च शैषिरावृतूऽ अग्नेरन्तःश्लेषोऽसि कल्पेतां द्यावापृथिवी
कल्पन्तामापऽ ओषधयः कल्पन्तामग्नयः पृथङ् मम ज्यैष्ठ्याय सव्रताः।
शैषिरावृतूऽ अभिकल्पमानाऽ इन्द्रमिव देवाऽ अभिसंविषन्तु
तया देवतयाङ्गिरस्व ध्रुवे सीदतम्॥

(यजुर्वेद अध्याय १५ मंत्र ५७)

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ICIAML-2018

27 & 28th Oct, 2018

इसी प्रकार ज्योतिष शास्त्र के अनुसार सौर मास को उत्तरायण और दक्षिणायन इन दो अयनों में विभाजित है। ऋग्वेद में भी उत्तरायण और दक्षिणायन सूर्य की गति से होते हैं ऐसा कहा गया है।

पश्य न्न न्यस्या अतिथिं वयाया ऋतस्य धाम वि मिमे पुरुणि।

शंसामि मित्रे असुराय षेवमयज्ञियाद्यज्ञिय भागमेमि।।

(ऋग्वेद मण्डल १० सूक्त १२४ मंत्र ३)

/ज्योतिष सम्मत ऋतुचक्र/

मास	ऋतु	राशि
चैत्र -वैशाख	वसन्त	मीन-मेष
ज्येष्ठ-आषाढ	ग्रीष्म	वृष-मिथुन
श्रावण-भाद्रपद	वर्षा	कर्क-सिंह
आश्विन-कार्तिक	शरद	कन्या-तुला
मार्गशीर्ष-पौष	हेमन्त	वृश्चिक-धनु
माघ-फाल्गुन	षिषिर	मकर-कुम्भ

ऋतुओं के अनुसार आहार-विहार करने से मानव स्वस्थ एवं निरोगी रहकर सौ वर्षों की आयु भी प्राप्त कर सकता है। ऋग्वेद में ऋतुओं के अनुसार संस्कारित भोजन के निर्देश दिये गये हैं। मनुष्य को चाहिए कि दुष्ट व्यवहार का त्यागकर श्रेष्ठ आचरण कर नियमित आहार-विहार से रोग रहित होवें।

इन्द्राय सोमाः प्रदिवो विदाना ऋभुर्येभिवृषपर्वा विहायाः।

प्रयम्यमानान्प्रति षू गृभायेन्द्र पिब वृषधूतस्य वृष्णः।।

(ऋग्वेद मण्डल ३ सूक्त ३६ मंत्र २)

जो मनुष्य उत्तम संस्कारित अन्न का सेवन करते हैं वे सदैव निरोगी, बलवान् व ऐश्वर्यवान् रहते हैं।

नू ष्टूत इन्द्र नू गृणान इषं जरित्रे नद्यो न पीपेः।

अकारि ते हरिवो ब्रह्म नव्यं धिया स्याम रथ्यः सदासाः।।

(ऋग्वेद मण्डल ४ सूक्त २४ मंत्र ११)

जो मनुष्य ऋतुचर्या का पालन कर ऋतु के अनुकूल आहार-विहार करते हैं, ऋतुओं के अनुसार यज्ञादि कार्य करते हैं। वे सदैव आरोग्य और सम्पन्नता की प्राप्ति करते हैं।

शमू षु वां मधूयुवास्माकमस्तु चकृतिः।

अर्वाचीना विचेतसा विभिः श्येनेव दीयतम्।।

(ऋग्वेद मण्डल ५ सूक्त ७४ मंत्र ६)

यजुर्वेद में भी उत्तम अन्नादि तथा रसादि का सेवन करने को कहा है। मनुष्य को चाहिए की वह उत्तम आहार तथा रसों का ग्रहण कर निरोगी रहे। सदैव उत्तम कार्य करे।

अस्माभ जातः परोऽअन्योऽति य ऽआविवेष भुवनानि विष्वा।

प्रजापतिः प्रजया संरराण्स्त्रीणि ज्योतीषिं सचते स षोडशी॥

(यजुर्वेद अष्टम् अध्याय मंत्र ३६)

जो मानव सूर्य और चन्द्र की किरणों का ऋतुओं के अनुकूल युक्ति के साथ सेवन करते है वे सदैव निरोगी रहते है।

अदृश्रमस्य केतवो वि रष्मयो जनाँऽअनु। भ्राजन्तो अग्नयो यथा।

उपयामगृहीतोऽसि सूर्याय त्वा भ्राजायैष ते योनिः सूर्याय त्वा भ्राजाय।

सूर्य्य भ्राजिष्ठ भ्राजिष्ठस्त्वं देवेष्वसि भ्राजिष्ठोहं मनुष्येषु भूयासम्॥

(यजुर्वेद अष्टम् अध्याय मंत्र ४०)

सामवेद के उत्तरार्चिक में सूर्य की किरणों को सुखदायक बताया है। ये चित्रविचित्र (सात रंगों से युक्त) किरणें स्वास्थ्य के लिए अति लाभदायक तथा सुखदायक है।

आ मन्द्रैरिन्द्र हरिभिर्याहि मयूररोमभिः।

आ त्वा केचिन्नियेमुरिन्न पाषिनोऽति ध्वेव ताँ इहि।

(सामवेद उत्तरार्चिक अध्याय १६ मंत्र १ (१७१८)

सामवेद में ऋतुओं के अनुसार यज्ञ करने के लिए कहा गया है। ऋतुओं के अनुसार यज्ञ करने से वातावरण शुद्ध रहता है। रोग जनित जीवाणुओं की उत्पत्ति नहीं होती है।

एष ब्रह्मा य ऋत्विय इन्द्रो नाम श्रुतो गृणे।

(सामवेद उत्तरार्चिक अध्याय २० प्रथमखण्ड मंत्र ५ (१७६८)

अथर्ववेद में ऋतु के अनुकूल देश, काल, अग्नि, जल, वायु के अनुसार ही आहार-विहार करना चाहिए।

शंते अग्निः सहादिरस्तु शं सोमः सहौषधीभिः।

एवाहं त्वां क्षेत्रियान्ऋत्या जामिषंसाद द्रहो मुञ्चामि वरुणस्य पाषात्।

अनागसं ब्रह्णा त्वा कृणोमि षिवे ते द्यावापृथिवी उम स्ताम्॥

(अथर्ववेद द्वितिय काण्ड सूक्त १० मंत्र २)

उपनिषदों में छान्दोग्य तथा तैत्तिरीय उपनिषद में आहार के स्थूल तथा सूक्ष्म तत्वों का निरूपण किया गया है। तैत्तिरीय उपनिषद में आहार को ब्रह्म कहा गया है।

अन्नमषितं त्रेधा विधीयते तस्य यः स्थविष्ठो धातु।

स्तत्पुरीषं भवति यो मध्यमस्तन्मूँ सं योऽणिष्ठस्तन्मनः॥१।

(छान्दोग्य उपनिषद षष्ठ प्रपाठक पंचमखण्ड मंत्र १)

अन्नं ब्रह्मेति व्यजानात्। अन्नाद्ध्येव खल्विमानि भूतानि जायन्ते।

अन्नेन जातानि जीवन्ति। अन्नं प्रयन्त्यभिसंविषन्तीति। तद्विज्ञाय।

(तैत्तिरीय उपनिषद् भृगुवल्ली द्वितीय अनुवाक)

कूर्मपुराण, विष्णुपुराण, तथा ब्रह्मवैवर्त पुराण में ऋतु के अनुकूल उचित आहार-विहार का वर्णन मिलता है। भक्ष्य, अभक्ष्य व विरुद्ध आहार का वर्णन प्राप्त होता है। कूर्मपुराण में भक्ष्य और अभक्ष्य आहार का वर्णन किया गया है। भक्ष्य अर्थात् भोजन योग्य (खाने योग्य भोजन), अभक्ष्य अर्थात् भोजन अयोग्य (न खाने योग्य भोजन)।

यवागूं मातुलिङ्गं च मत्स्यानप्यनुपाकृतान्।

नीपं कपित्थं प्लक्षं च प्रयत्नेन विवर्जयेत्॥

(कूर्मपुराण उपरिविभाग अध्याय १७ श्लोक २३)

पिण्याकं चोद्धतस्नेहं देवधान्यं तथैव च।

रात्रौ च तिलसम्बद्धं प्रयत्नेन दधि त्यजेत्॥

(कूर्मपुराण उपरिविभाग अध्याय १७ श्लोक २४)

नाशनीयात् पयसा तक्रं न बीजान्युपजीवयेत्।

क्रियादुष्टं भावदुष्टमसत्संगं च वर्जयेत्॥

(कूर्मपुराण उपरिविभाग अध्याय १७ श्लोक २५)

ब्रह्मवैवर्त पुराण में ऋतुचर्या सम्बन्धी तथा विहार सम्बन्धी बातें लिखी गई हैं। नेत्रों को जल से धोना, नियमित व्यायाम करना, पैरों के तलवों में तेल लगाना, मस्तक पर तेल लगाना इत्यादि करने से वृद्धावस्था और व्याधि का नाश होता है।

१. वसन्त ऋतु में भ्रमण, अल्प मात्रा में अग्नि सेवन करना।
२. ग्रीष्म ऋतु में शीतल जल से स्नान करना, नियमित व्यायाम करना।
३. वर्षा ऋतु में गर्म जल से स्नान करना, समय पर भोजन करना।
४. शरद ऋतु में व्यर्थ भ्रमण न करना, धूप का सेवन करना।
५. हेमन्त ऋतु में प्रातःकाल पोखर के जल में स्नान करना, गर्म भोजन ग्रहण करना। उत्तम औषधियों का सेवन करना।
६. शिषिर ऋतु में गर्म भोजन करना, गर्मवस्त्र धारण करना हितकारी है।

विष्णु पुराण में संस्कारित भोजन का वर्णन किया गया है। सर्वप्रथम भोजन में मधुररस, लवणरस, अम्लरस तथा अन्त में कटु और तीखे पदार्थ को खाना हितकर है। इसके साथ सदैव मौन होकर ही भोजन ग्रहण करना चाहिए।

अष्नीयात्तन्मयो भूत्वा पूर्वं तु मधुरं रसम्।

लवणाम्लौ तथा मध्ये कटुतिक्तादिकांस्ततः॥

(विष्णुपुराण तृतीयअंश अध्याय ११ श्लोक ८७)

प्राग्द्रवं पुरुषोऽष्नीयान्मध्ये कठिनभोजनः।

अन्ते पुनर्द्रवाषी तु बलारोग्ये न मुञ्चति॥

(विष्णुपुराण तृतीयअंश अध्याय ११ श्लोक ८८)

अनिघं भक्षयेदित्थं वाग्यतोऽन्नमकुत्सयन्।

पञ्चग्रासं महामौनं प्राणाद्याप्यायनं हि तत्॥

(विष्णुपुराण तृतीयअंश अध्याय ११ श्लोक ८९)

श्रीमद् भगवद्गीता में भी भगवान् श्रीकृष्ण ने सात्विक आहार का वर्णन किया है। ऐसा आहार जो आयु, बल, बुद्धि तथा आरोग्य की वृद्धि करे, यही सात्विक आहार कहलाता है।

आयुःसत्त्वबलारोग्यसुख प्रीतिविवर्धनाः।
रस्याः स्निग्धाः स्थिरा हृद्या आहारः सात्त्विकप्रियाः।।
(श्रीमद् भगवद्गीता अध्याय १७ श्लोक ८)

//आयुर्वेद के अनुसार आहार-विहार//

चरक संहिता, सुश्रुत संहिता तथा अष्टांग हृदय में ऋतु अनुकूल आहार-विहार का वर्णन बहुत ही वैज्ञानिक विधि से किया गया है। ऋतुचर्या आयुर्वेद का महत्वपूर्ण स्तंभ है।

“स्वस्थस्य स्वास्थ्य रक्षणं आतुरस्य व्याधि परिमोक्षः”

इस सिद्धांत पर आयुर्वेद ऋतुचर्या के पालन का आग्रह करता है। ऋतुओं के अनुसार किया गया आहार-विहार निश्चित ही मानव को निरोगी रखता है। सभी ऋतुओं का प्रभाव मानव जीवन पर पड़ता है। ऋतुओं के अनुसार भोजन कैसे ग्रहण करना चाहिए, कौन-कौन से भोज्य पदार्थों का सेवन करना चाहिए, इनका विस्तृत वर्णन ऋतुचर्या में किया गया है।

षडऋतुओं की विस्तृत जानकारी आयुर्वेद में दी गई है। वर्षाऋतु, शरदऋतु, हेमन्तऋतु, वसन्तऋतु, ग्रीष्मऋतु एवं प्रावृत् ये सभी छः ऋतुएँ वात, पित्त, कफ आदि दोषों के संचय, प्रकोप एवं प्रषमन के कारण हैं। अतः इन दोषों का ध्यान में रखकर ऋतुचर्या का प्रतिपादन किया गया है।

आयुर्वेद में उत्तरायण एवं दक्षिणायन को आदानकाल तथा विसर्गकाल कहा गया है। षिषिर, वसन्त तथा ग्रीष्मऋतु में होने वाले मासों का नाम उत्तरायण है। वर्षा, शरद तथा हेमन्त में होने वाले मासों का नाम दक्षिणायन है। इन्हीं काल विभाजन के अनुसार ऋतुचर्या का वर्णन किया गया है।

१. **हेमन्तऋतु** - इस ऋतु में वातनाशक, मधुर, अम्ल तथा लवणरस रस से युक्त पदार्थों का सेवन करना चाहिए।

भवत्यल्पेन्धनो धातून् स पचेद्वायु नेरितः
अतो हिमेऽस्मिन्सेवेत स्वाद्मल लवणानसान्।

(अष्टांगहृदय सूत्रस्थान तृतीय अध्याय ऋतुचर्या श्लोक ८)

सुश्रुत - इस ऋतु में स्निग्ध भोजन करना हितकर होता है। तथा लवणक्षार तिक्त, अम्ल कटुरस, धृत, तैल और उष्ण भोजन करना प्रषस्त है।

रसमुच्छोषयत्याषु तस्मात् स्निग्धं तदा हितम्।
हेमन्ते लवणक्षारतिक्ताम्ल कटुकोत्करम्।

(सुश्रुतसंहिता उत्तरतंत्र अध्याय ६४ श्लोक २३)

चरक - हेमन्तऋतु में स्निग्ध पदार्थ, अम्लरस, लवणरस तथा मधुररस का सेवन करना चाहिए।

गोरसानिचुविकृतीर्वसां तैलं नवौदनम्।
हेमन्तेऽभ्यस्यतस्तोयमुष्णं चायुर्न हीयते॥

(चरकसंहिता सूत्रस्थान तस्याषितीयाध्यायः ६ श्लोक १३)

२. षिषिरऋतु - षिषिरऋतु में स्निग्ध पदार्थों का सेवन करना चाहिए।

रसान् स्निग्धान् पलं पुष्टं गौडमच्छसुरां सुराम्।
गोधूमपिष्टमाषेक्षुक्षीरोत्थविकृतीः शुभाः॥

(अष्टांगहृदय सूत्रस्थान तृतीय अध्याय ऋतुचर्या श्लोक ११)

चरक - इस ऋतु में कटु, तिक्त, कषायरस तथा वातवर्धक आहार का त्याग करना चाहिए।

कटतिक्तकषायाणि वातलानि लघूनि च।
वर्जयेदन्नपानानि षिषिरे शीतलानि च॥

(चरकसंहिता सूत्रस्थान तस्याषितीयाध्यायः ६ श्लोक २१)

सुश्रुत - इस ऋतु में स्निग्ध, अम्ल, लवणरस से युक्त पदार्थों का सेवन करना हितकर होता है।

३. वसन्तऋतु - वसन्तऋतु में गेहूँ तथा मधु का सेवन करना हितकर रहता है।

स्नातोऽजुलिप्तः कर्पूरयन्दनागुरुकुङ्कुमैः।
पुराणयवगोधूमक्षौद्रजाङ्गलपूल्यभुक्॥

(अष्टांगहृदय सूत्रस्थान तृतीय अध्याय ऋतुचर्या श्लोक २०)

चरक - जौ, गेहूँ व मधु से निर्मित पदार्थों का सेवन करना चाहिए।

चन्दनागुरुदिग्धाङ्गो यवगोधूमभोजनः॥

(चरकसंहिता सूत्रस्थान तस्याषितीयाध्यायः ६ श्लोक २५)

सुश्रुत - इस ऋतु में अम्ल, मधुर, स्निग्ध, लवण, गुरुपदार्थों का सेवन वर्जित करना चाहिए। सांठी, चावल, मूँग, शहद का सेवन करना चाहिए।

तीक्ष्णरूक्षकटुक्षारकषायं कोष्णमद्रवम्।

यवमुद्गमधुप्रायं वसन्ते भोजनं हितम्॥

(सुश्रुत संहिता उत्तरतंत्र अध्याय ६४ श्लोक ३७)

४. ग्रीष्मऋतु - इस ऋतु में लवण, कटु, तथा अम्लरस से युक्त पदार्थों का सेवन नहीं करना चाहिए। इस ऋतु में मधुर आहार का सेवन करना चाहिए। ग्रीष्मऋतु में सत्तु का सेवन करने के लिए अधिक बल दिया गया है।

भजेन्मधुरमेवान्नं लघु स्निग्धं द्रवम्।

सुषीततोयसिक्ताङ्गो लिह्यात्सक्तून् सर्षकरान्॥

(अष्टांगहृदय सूत्रस्थान तृतीय अध्याय ऋतुचर्या श्लोक २८)

चरक - इस काल में मधुररस, शीतद्रव्य, दूध, घी व चावल का सेवन करना हितकर रहता है।

**मयूखैर्जगतः स्नेहं ग्रीष्मे पेपीयते रविः।
स्वादु षीतं द्रवं स्निग्धमन्नपानं तदा हितम्।**

(चरकसंहिता सूत्रस्थान तस्याषितीयाध्यायः ६ श्लोक २७)

सुश्रुत - इस ऋतु में मधुर द्रव युक्त भोजन का सेवन करना चाहिए।

**भोजनं च हितं शीतं सघृतं मधुरद्रवम्।
श्रुतेन पयसा रात्रौ शर्करामधुरेण च।।**

(सुश्रुत संहिता उत्तरतंत्र अध्याय ६४ श्लोक ४४)

५. **वर्षाऋतु -** इस ऋतु में वातादि दोषों का शमन करने वाला तथा जठराग्निवर्धक आहार ग्रहण करना चाहिए।

**आस्थापनं शुद्धतनुर्जीर्णं धान्यं रसान् कृतान्।
जाङ्गलं पिषितं यूषान् मध्वरिष्टं चिरन्तनम्।।**

(अष्टांगहृदय सूत्रस्थान तृतीय अध्याय ऋतुचर्या श्लोक ४५)

चरक - चरक के अनुसार पुराने जौ, गेहूँ, मधु का सेवन करना चाहिए।

अग्निसंरक्षण्वता वचगोधूमषालयः।

पुराणा जाङ्गलैर्मासैर्भोज्या यूषैश्च संस्कृतैः।।

(चरकसंहिता सूत्रस्थान तस्याषितीयाध्यायः ६ श्लोक ३८)

सुश्रुत - जौ, पुराने चावल इत्यादि का सेवन करना हितकर रहता है। यथासंभव घरों में ही रहना चाहिए।

**यवषष्टिकगोधूमान् शालीष्वाप्यनवांस्तथा।
हर्म्यमध्ये निवाते च भजेच्छय्यां मृदूत्तरामा।।**

(सुश्रुत संहिता उत्तरतंत्र अध्याय ६४ श्लोक ५०)

६. **शरदऋतु -** इस ऋतु में तिक्त, मधुर, कसैलेरस प्रधान पदार्थों का सेवन करना चाहिए। शालि के चावल, मूँग, आँवला, परवल आदि का सेवन करना हितकर रहता है।

**तिक्तं स्वादु कषायं च क्षुधितोऽन्न भजेल्लघु।
शालिमुद्गसिताधात्रीपटोलमधुजाङ्गलम्।।**

(अष्टांगहृदय सूत्रस्थान तृतीय अध्याय ऋतुचर्या श्लोक ५०)

चरक - चरक के अनुसार चावल, जौ, गेहूँ का सेवन करना चाहिए।

**तत्रान्नपानं मधुरं लघु शीतं सतिक्तकम्।
पित्तप्रषमनं सेव्यं मात्रया सुप्रकाङ्गक्षपितैः।।**

(चरकसंहिता सूत्रस्थान तस्याषितीयाध्यायः ६ श्लोक ४२)

सुश्रुत - शरदऋतु में कषाय, स्वादु, तिक्तान्तरसों से युक्त पदार्थों का सेवन करना हितकर रहता है।

सेव्याः शरदि यत्नेन कषायस्वादुतिक्तकाः।

क्षीरेक्षुविमकृतिक्षौद्रषालिमृद्गादिजाङ्गलाः॥

(सुश्रुत संहिता उत्तरतंत्र अध्याय ६४ श्लोक १३)

आयुर्वेद में यह बताया गया है कि मनुष्य को ऋतुओं के अनुकूल आहार-विहार करना चाहिए। जहाँ तक संभव हो इन नियमों का पालन करना चाहिए। जिससे सभी मानव निरोगी एवं स्वस्थ रह सके।

ऋतावृतौ य एतेन विधिना वर्तते नरः।

घोरानृतुकृतान् रोगां प्राप्नोति स कदाचन॥

(सुश्रुत संहिता उत्तरतंत्र अध्याय ६४ श्लोक ५५)

वर्तमान समय में शास्त्रों का सम्यक ज्ञान न होने से उचित-अनुचित, आहार-विहार का ज्ञान न होने से अनेक प्रकार के रोगों की उत्पत्ति होती जा रही है।

अनुचित प्रकार से किया गया भोजन अनेक रोगों की उत्पत्ति का कारण होता है। स्वस्थ रहने के लिए उचित मात्रा में भोजन का निर्धारण किया गया है। आयुर्वेद में आहार मात्रा का वर्णन बहुत ही वैज्ञानिक प्रकार से किया गया है।

मात्रार्थी सर्वकालं स्यान्मात्रा ह्यग्नेः प्रवर्तिका।

मात्रां द्रव्याण्यपेक्षन्ते गुरुण्यपि लघून्यपि॥

(अष्टांगहृदय सूत्रस्थान अष्टम् अध्याय श्लोक १)

मात्रा में गुरु-लघु का विचार किया गया है। भोजन की कम अथवा अधिक मात्रा रोगों की उत्पत्ति का कारण होती है एवं शरीर का पोषण उचित प्रकार से नहीं होता है।

भोजन की हीन मात्रा वाले आहार से शरीर की पुष्टि तथा ओजस्, बल नहीं बढ़ता है। अतः इस प्रकार का भोजन वात व्याधियों की उत्पत्ति करता है।

भोजनं हीनमात्रं तु न बलोपचयौजसे।

सर्वेषां वातरोगाणां हे तुतां च प्रपद्यते॥

(अष्टांगहृदय सूत्रस्थान अष्टम् अध्याय श्लोक ३)

भोजन की अधिक मात्रा वाले आहार से वातादि दोष शीघ्र ही प्रकृपित हो जाते हैं। जो कि शरीर को अत्यधिक हानि पहुँचाते हैं।

अति मात्रं पुनः सर्वानाषु दोषान् प्रकोपयेत्।

पीड्यमाना हि वाताद्या युगपत्रेण कोपितः॥

(अष्टांगहृदय सूत्रस्थान अष्टम् अध्याय श्लोक ४)

विपरीत आहार के सेवन से भी अनेक रोगों की उत्पत्ति होती है। अतः विपरीत पदार्थों का सेवन भी आयुर्वेद में निषिद्ध माना है।

//आयुर्वेद तथा वैदिक संस्कृति में विहार का महत्व//

विहार का अर्थ है - “क्रियाकलाप” वैदिक संस्कृति में उषाकाल में उठने का विधान है। स्मृतिग्रंथों में ब्रह्म मूर्हते बुध्येत कहा गया है। उषःकाल की स्तुति में उषासूक्त का वर्णन किया गया है। ब्रह्म मूर्हते में उठने से मानव निरोगी रहता है। यह हमारी दिनचर्या का महत्वपूर्ण भाग है।

आयुर्वेद में भी ब्रह्म मूर्हते का वर्णन किया गया है।

ब्राह्मे मूर्हते बुध्येत।

ब्राह्म मूर्हते उतिष्ठते स्वस्थो रक्षार्थमायुषः।।

(चरकसंहिता सूत्रस्थान तस्याषितीयाध्यायः श्लोक ८)
(सूश्रुतसंहिता चिकित्सा स्थान अध्याय २४)
(अष्टांगहृदय सूत्रस्थान पंचम अध्याय श्लोक ३)

यदि मनुष्य को स्वस्थ रहना है तो उसे आयु तथा स्वास्थ्य की रक्षा के लिये ब्रह्म मूर्हते में ही उठना चाहिए। धर्म व सदाचार का पालन करना चाहिए। महर्षि चरक ने सदाचार को ‘रसायन’ कहा है। मनुस्मृति में सदाचार को धर्म कहा गया है।

धृतिः क्षमा दमोऽस्तेयं शौचमिन्द्रियनिग्रहः।

धीर् विद्या सत्यमक्रोधो दषकं धर्मलक्षणं।।

(मनुस्मृति षष्ठोऽध्यायः मंत्र ६२)

सदाचार का पालन करने से मनुष्य को यश व कीर्ति की प्राप्ति होती है।

इत्याचारः समासेन यं प्राप्नोति समाचरन्।

आयुरारोग्यमैश्वर्यं यषो लोकांश्च शाष्वतान्।।

(अष्टांगहृदय सूत्रस्थान द्वितीय अध्याय श्लोक ४८)

मानसिक स्वास्थ्य की रक्षा के लिए समभाव, मधुरभाषण तथा उत्तम व्यवहार का पालन करना चाहिए।

‘मधुमेह प्रकार-२ के नियंत्रण में यौगिक जीवन शैली की उपयोगिता :एक समीक्षात्मक अध्ययन‘

रक्षा सिंह बघेल^१, डॉ. अखिलेश कुमार सिंह^२, डॉ. उपेन्द्र बाबू खत्री^३

१.एम.फिल-शोधार्थी आयुर्वेद एवं योग विभाग,

२.सहायक प्राध्यापक, आयुर्वेद एवं योग विभाग

३.सहायक प्राध्यापक योग एवं आयुर्वेद

साँची बौद्ध-भारतीय ज्ञान अध्ययन वि.वि.बारला, रायसेन, म.प्र.

भूमिका -

वर्तमान समय के भागदौड़ भरी जीवनशैली में मानव विभिन्न तरह के रोगों से ग्रसित होता जा रहा है। उनमें से मधुमेह प्रकार-१ भी एक गंभीर समस्या बनती चली जा रही है। आज शायद ही कोई ऐसा होगा जो मधुमेह की बिमारी से परिचित न हो मधुमेह के मरिज को बार-बार प्यास लगती है। बार-बार भोजन करने पर भी भूख बनी रहती है। नेत्र ज्योति कमजोर होती जाती है त्वचा रूखी और खुरदुरी हो जाती है। मुत्र के स्थान पर चिटियाँ एकत्र होने लगते हैं, पैरों की उंगलियों में जखम हो जाते हैं जो जल्दी नहीं भरता, शरीर के घाव जल्दी नहीं भरना आदि लक्षण दिखाई देने लगते हैं। इस रोग के उपचार के रूप में विभिन्न तरह की एलोपैथिक औषधियों का सेवन की सलाह दी जाती है परंतु इनके दुष्परिणाम शरीर के विभिन्न संस्थानों को नुकसान पहुँचाता है। इस पर यौगिक जीवनशैली के माध्यम से मधुमेह का नियंत्रण बिना किसी दुष्परिणाम के किया जा सकता है जो कम खर्चिली भी है।

मधुमेह क्या है -

मधुमेह एक चयापचय सम्बन्धी विकार है। जिससे रक्त में ग्लूकोज की सामान्य मात्रा से अधिकता होने लगती है और धीरे-धीरे यह मधुमेह प्रकार-१ में परिवर्तित हो जाती मधुमेह प्रकार-१ में हमारे शरीर के अग्नाशय से स्रावित होने वाले इन्सुलिन नामक हार्मोन की मात्रा अतिअल्प हो जाती है अथवा इन्सुलिन का स्राव नहीं हो पाता है। जिससे बीटा कोशिकाएं निष्क्रिय हो जाती हैं। जिसके कारण लिए हुए आहार का ग्लूकोस रक्त में बढ़ने लगते हैं जिससे ग्लूकोज रक्त से कोशिकाओं तक पहुँचने में बाधा उत्पन्न होती है।^१ इसके कारण ग्लूकोस की मात्रा रक्त में बढ़ती चली जाती है। जिससे रक्त का संचार संपूर्ण शरीर के जिन-जिन संस्थानों जैसे:- उत्सर्जन तंत्र, तंत्रिका तंत्र, पाचन तंत्र, पेशीय तंत्रों, त्वचा संस्थान, प्रजनन तंत्र, आदि शरीर के महत्वपूर्ण संस्थानों की कार्य प्रणाली बाधित होकर रोग ग्रस्त हो जाती है। जिससे धीरे-धीरे मृत्यु के नजदीक पहुँचने लगते हैं, इसलिए इसे धीमा जहर या धीमी मृत्यु कहा जाता है।

रक्त में ग्लूकोज का स्तर-

सामान्य व्यक्ति में- १.भोजन के पहले ८०-१०० मि./डेसी लीटर

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२. भोजन के उपरांत १७०-२०० मि./डेसी लीटर

३. भोजन के पूर्व अथवा पश्चात् १२०-१४० मि./डेसी लीटर

मधुमेह रोगी में- १. भोजन के पहले १०१-१२५ मि./डेसी लीटर

२. भोजन के उपरांत १६०-२३० मि./डेसी लीटर

३. भोजन के पूर्व अथवा पश्चात् (यादृच्छिक) २३० से अधिक मि./डेसी लीटर^३

मधुमेह के लक्षण

१ प्यास अधिक लगना

२ अत्यधिक मात्रा में मूत्र का विसर्जन करना

३ जख्म का देरी से भरना

४ आँखों की रोशनी का कम होना

५ चिडचिडापन होना

६ चक्कर आना^३

मधुमेह के कारक -

पिछले शताब्दियों में मधुमेह के रोगों की तादाद कम थी और यह उम्र सीमा बड़े घरानों में ५०-६० की उम्र सीमा के अन्तर्गत देखने को मिलता था , परन्तु वर्तमान समय में उपरोक्त मधुमेह प्रकार- २ सभी प्रकार के उम्र के वर्गों में इसे आसानी से देखने को मिलता है -

१. आनुवांशिकी

२ तनाव

३. मोटापा

४.व्यवसाय

५.धूम्रपान

६.अनियमित दिनचर्या एवं खानपान-अनियमित खानपान का मुख्य कारण हमारी दिनचर्या का होना है जिसमे गलत खानपान, गलत रहनसहन,अधिक चिंतन और मनन ही मधुमेह का मुख्य कारण है घ खानपान में अधिक मीठा युक्त पदार्थों का सेवन जैसे- चाय, कहुफी, मिठाइयाँ,शराब,तम्बाकू का अत्यधिक मात्रा में सेवन करने के पश्चात् शरीर की कोशिकाओं के भीतर ग्लूकोस को पहुँचने के लिए इन्सुलिन बनाने के लिए अग्नाशय को अधिक काम करना पड़ता है जिससे ग्रंथि पर दबाव पड़ने से ग्रंथि जबाब

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दे जाती है। जिससे मधुमेह रोग हो जाता है अनियमित दिनचर्या का मुख्य कारण हमारा अनियमित खानपान है य आज की जीवनशैली में व्यक्ति आराम-तलब जीवन व्यतीत करने के लिए अधिक तनाव ले रहा है और अनियमित खानपान जैसे- पिज्जा, बर्गर, सहफ्ट ड्रिंक, आइसक्रीम, चिप्स, मीठाईयो के कारण रक्त में शर्करा की मात्रा बढ़ती जा रही

है। जिससे अग्नाशय ग्रंथि को अधिक सक्रिय होकर इन्सुलिन नामक हार्मोन का स्राव करना पड़ता हैय अग्नाशय ग्रंथि में उपस्थित बीटा कोशिकाओं द्वारा इन्सुलिन का स्राव कम होता जाता है और एक समय सीमा के बाद इन्सुलिन का स्राव अतिअल्प हो जाता है य तब यह मधुमेह रोगी के रूप में रोगी की पहचान की जाती है तथा समयअंतराल में इस स्थितियों के लगातार बने रहने से रक्त में शर्करा की मात्रा अतिउच्च अवस्था पर पहुँच जाती है। जिससे शरीर के अन्य कार्यप्रणालियों जैसे- हृदय, किडनी, उत्सर्जन- तंत्र, प्रजनन तंत्र, मांसपेशियों, तंत्रिकाओ आदि के कार्य बाधित होने लगते है और रोग ग्रसित होने लगते है।

मधुमेह से शरीर के विभिन्न अंगों एवं संस्थानों पर दुष्प्रभाव -

१ पैरों में

२ नेत्रों में

४ प्रजनन संस्थान में

५ उत्सर्जन तंत्र में

मधुमेह परीक्षण के अंतर्गत तीन प्रकार के परीक्षण किये जाते हैं-

१ खाली पेट से रोगी के रक्त में ग्लूकोज की मात्रा की जाँच की जाती है

२ भोजन करने के दो घंटे बाद परीक्षण किया जाता है ।

३ यादृच्छिक

मधुमेह प्रकार-१ का यौगिक प्रबंधन-

१ आहार- यौगिक आहारो के अंतर्गत ऐसे आहारो का चयन करे जो रक्त में बढ़े हुए शर्करा की मात्रा को कम कर सके इनमें- गेहूँ का आटा , मूँग की दाल, जौ का सत्तू, परवल, चौलाई, बथुआ की भाजी आदि महत्वपूर्ण कहे गये है।^४

मूँग के गुण- कषाय, मधुर, कटु, हल्का, कफ और पित्त नाशक है, दालों में उत्तम व सुपाच्य है।

गेहूँ के गुण- वातशामक, जीवनी, स्निग्ध आदि।

२.आसन- मधुमेह के नियंत्रण में यौगिक अभ्यास महत्वपूर्ण भूमिका निभाता है, विविध आसनों के अभ्यासों से मांसपेशियों के संकुचन व शिथिलन से रक्त का संचार सामान्य होता है, मांसपेशियों की जकड़न दूर होती है। शरीर में लचीलापन तथा हल्कापन आता है।

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पश्चिमोत्तान आसन- इस अभ्यास से नाभि का निचला और ऊपरी प्रदेश पेट के अन्दर की तरफ दबता है जिससे मांसपेशियों में खिचाव होता है।

अर्धमत्स्येन्द्र आसन- यह अभ्यास मूत्रमार्ग, यकृत को स्वस्थ रखता है। इन्सुलिन के स्त्राव में मदद करता है पाचन संस्थान को सुचुरु रूप से काम करने में मददगार है।^५

धनुरासन- मांसपेशियों व तंत्रिकाओं के जकड़न को दूर करता है, मधुमेह में उपयोगी है।

चक्रासन- चक्रासन के अभ्यास से उदर संस्थानों का मसाज हो जाता है।

मृतासन- तनाव, चिंता मन से शरीर में होने वाले दुःश्रभावो को दूर करता है। साथ ही उत्तेजना, थकान के प्रभावो को दूर करता है।

प्राणायाम- अनुलोम-विलोम प्राणायाम का अभ्यास जिससे सम्पूर्ण शरीर के तंत्रिकाओं में संतुलन आता है।

ध्यान का अभ्यास- किसी एक ध्यानात्मक आसन में बैठकर शरीर को स्थिर कर सहज रूप से चल रहे श्वास-प्रश्वास पर सजगता से तनाव दूर होने लगता है।

निष्कर्ष- वर्तमान समय में मधुमेह एक जटिल समस्या बनती जा रही है। इनके मुख्य कारणों में तनाव, अनियमित आहार-विहार व जीवन शैली मुख्य है। इस समस्या को यौगिक जीवन शैली अपनाकर तथा अपने आहार-विहार के सजग रहकर मधुमेह का नियंत्रण किया जा सकता है। साथ ही यौगिक जीवन शैली से विभिन्न प्रकार के अन्य विकारों अथवा रोगों से भी बचा जा सकता है।

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वर्तमान परिप्रेक्ष्य में मोटापे के उपचार में योग की भूमिका

नीलू विश्वकर्मा^१, पी.एच.डी.शोधार्थी (आयुर्वेद)

डह.अखिलेशकुमार सिंह^२, सहायक प्राध्यापक (आयुर्वेद एवं योग)

डह.उपेन्द्रबाबू खत्री^३, सहायक प्राध्यापक (योग एवं आयुर्वेद)

साँची बौद्ध-भारतीय ज्ञानअध्ययन विश्वविद्यालय, बारला-रायसेन (म.प्र.)

सारांश-

वर्तमान की अनियमित तनाव भरी और भागदौड़ भरी जीवनशैली के कारण मोटापे का प्रसार अत्यंत तीव्रगति से हो रहा है। यह वस्तुतः एक रोग न होकर रोगी के लिए जिम्मेदार सर्वाधिक खतरनाक कारक है। इसके कारण ही अन्य रोग यथा उच्च रक्तचाप हृदय रोग (हृदयाघात), मधुमेह इत्यादि रोग उत्पन्न होते हैं। रोगों के इस आश्रय को दूर करने के अनेक चिकित्सागत उपाय किये गए हैं परन्तु स्थिति जस के तस है। आधुनिक चिकित्सा और अन्य चिकित्सा उपचार पद्धतियां तात्कालिक राहत तो प्रदान कर देती है, परन्तु पुनः मोटापे के प्रकट होने की संभावनाएं लगातार बनी रहती हैं। ऐसी विषम परिस्थितियों में योग एक प्रभावशाली उपाय साबित हो सकता है, जो मोटापे के शारीरिक कारकों के साथ साथ मानसिक कारणों का भी समाधान करने में सक्षम है। प्रस्तुत शोधपत्र में विभिन्न यौगिक अंगों का मोटापे से संबंधित कारणों एवं समाधान करने के संदर्भ में अध्ययन किया गया है, साथ ही रोगी के लिए उचित योगाभ्यास का क्रम और उसमें रखी जाने वाली सावधानियों की भी विशद विवेचना की गई है।

मुख्य शब्द- मोटापा, योग, मोटापे का योगोपचार, जीवनशैली की विकृतियाँ

प्रस्तावना-

शरीर के भार में अत्यधिक वृद्धि होने के कारण मनुष्यों में मोटापे की शिकायत हो जाती है इससे शरीर के विभिन्न संस्थानों जैसे- पाचन तंत्र, हृदय परिसंचरण, श्वसन एवं उत्सर्जन तंत्रों पर अनावश्यक गहरा प्रभाव पड़ता है। जिससे कि चयापचय संबंधी अनेक प्रकार की बीमारियाँ जन्म लेने लगती हैं। उदाहरण के लिए- मधुमेह, उच्च रक्त चाप, हृदयरोग, जोड़ों का दर्द तथा अन्य कई रोगों की संभावनायें बढ़ने लगती हैं। इसके परिणामस्वरूप व्यक्ति में मानसिक थकान तथा सुस्ती एवं अवसाद इत्यादि लक्षण दिखाई देते हैं। हृदय रोग के तीन कारण बतलाये गए हैं- मानसिक तनाव, मोटापा और रक्तचाप, जिसमें मोटापा एक प्रमुख कारण है। आज की अस्त-व्यस्त जीवनशैली में तनाव, अत्यधिक निद्रा और खानपान की लापरवाही मोटापे का प्रमुख कारण बन रहा है। आधुनिक युग में मोटापा एक आम समस्या बनती जा रही है। भारत में ही नहीं अपितु विश्व के प्रत्येक कोने में लोग मोटापे नामक गंभीर बीमारी से ग्रसित हैं। कई बार मोटापा (अधिक वजन) शर्मिंदगी का कारण भी बन सकता है केवल इतना ही नहीं मोटापा कई अन्य स्वास्थ्य सम्बन्धी गंभीर समस्याओं की ओर भी ले जाने में मुख्य कारण होता है। इससे यह तो स्पष्ट होता है कि मोटापा किसी भी प्रकार से शरीर के लिए मददगार नहीं, अपितु हमारे स्वास्थ्य के लिए अत्यंत हानिकारक ही है।

मोटापे का अर्थ-

भोजन में वसा की अत्याधिकता तथा शरीर के भार में वृद्धि होने की अवस्था को ही मोटापे की संज्ञा दी जाती है। आयुर्वेद में मोटापे को **मेदोरोग** कहते हैं।

अन्य शब्दों में-

1. स्वास्थ्य और सौंदर्य का दुश्मन- मोटापा।
2. समृद्ध एवं श्रमविरत समाज का विकृत आभूषण है- मोटापा।
3. बैठे-ठाले जीवन का दर्पण है- मोटापा।
4. आलस्य एवं स्वाद के प्रति समर्पण का नाम है- मोटापा।
5. गलत आहार-विहार एवं चिंतन के दुष्परिणामस्वरूप प्रकृतिप्रदत्त दंड है- मोटापा।

मोटापे के लक्षण-

मोटापा शरीर के साथ-साथ मानसिक रूप से भी प्रभावित करता है। व्यक्ति को ऐसा लगता है कि उसके शरीर अथवा त्वचा पर अतिरिक्त वसा की मोटी परत का होना कोई बड़ी बात नहीं है, परन्तु इसके कई गंभीर परिणाम भी हो सकते हैं जैसे कि -

- छोटे-छोटे कार्यों को करने में साँस का फूलना।
- अत्यधिक पसीना आना।
- आवश्यकता से अधिक नींद लेना (सोना)।
- थोड़ा सा चलने पर साँस लेने में अवरोध या साँस की गति बंद हो जाना ।
- शरीर के अलग-अलग भागों में सूजन होना।
- शरीर के विभिन्न भागों में वसा का जमना या चर्बी कि अत्यधिक मात्रा में वृद्धि होना।
- अचानक शारीरिक गतिविधियों से निपटने में असमर्थता (स्फूर्ति की कमी)।
- पीठ और जोड़ों में दर्द।
- बहुत थका-थका महसूस होना इत्यादि लक्षण दिखाई देते हैं।

मोटापे में मानसिक और मनोवैज्ञानिक लक्षण जैसे- आत्मसम्मान एवं आत्मविश्वास में कमी का होना ,अकेलापन महसूस करना। इसके अलावा मोटापे से टाइप-२ मधुमेह की संभावना बढ़ती है साथ ही मोटापा हृदय रोग की संभावनाओं को भी बढ़ा देता है, कुछ अन्य रोग जैसे गठिया (संधिवात/आमवात) और जीवनीशक्ति में कमी को उत्पन्न करता है।

मोटापे के कारण-

शारीरिक निष्क्रियता होने के कारण आजकल लोग शारीरिक रूप से सक्रिय नहीं होते हैं। आज के इस आधुनिक युग में खासकर बच्चे बाहर खेलने-कूदने के बजाय कंप्यूटर, मोबाइल चलाना, वीडियो गेम इत्यादि खेल खेलना ज्यादातर पसंद करते हैं। भागदौड़ भरी जीवनशैली के कारण, मानसिक असंतुलन ,भूत का अवसाद, वर्तमान का तनाव और भविष्य की चिंता के कारण, अनियमित खानपान, अनियमित दिनचर्या एवं जीवनचर्या होने के कारण लोग इस मोटापे नामक बीमारी से ग्रसित हो जाते हैं।

मोटापे का सबसे प्रमुख कारण अत्यधिक मात्रा में भोजन ग्रहण करना है, समस्या केवल अधिक मात्रा में भोजन ग्रहण करने की नहीं बल्कि अपथ्याहार का सेवन करने से है जैसे कि- वसायुक्त, मसालेदार, शर्करायुक्त भोजन करना। मिठाईयों और परिष्कृत आहार से शरीर के भार में वृद्धि होती है, जबकि ऐसा आहार जिसमें अनाज, फल और सब्जियों की प्रधानता हो, वह आहार शरीर के भार कम रखता है तथा उत्तम एवं संतुलित स्वास्थ्य प्रदान करने में सहायक भी होता है।

मोटे लोगों में ग्रंथीय स्त्राव में कमी आ जाती है, जिससे कि अन्तः स्रावी ग्रंथियां ठीक प्रकार से कार्य करना बंद कर देती हैं तथा हार्मोन के स्त्राव के साथ ही मानसिक एवं भावनात्मक असंतुलन भी बिगड़ जाता है। अतः कुछ लोग थाइरोइड, एड्रीनल या प्रजनन संबंधी ग्रंथियों के प्रारंभिक असंतुलन के कारण भी मोटापे के शिकार हो जाते हैं। यदि व्यक्ति बिना अति आहार के भी मोटा हो रहा हो तो अन्तः स्रावी असंतुलन या योगाभ्यास कि कमी के मोटापे का कारण बन सकती है।

अनियमित मासिकधर्म भी मोटापे का कारण बन जाता है। मासिकधर्म की प्रारंभ एवं अंतिम अवस्था भी स्त्री वर्ग के लिए मोटापे का कारण बनती है। गर्भावस्था के दौरान दवाइयों के सेवन करने से भी शरीर के भार में वृद्धि होने लगती है।

साथ ही मोटापे के प्रमुख कारण निम्न भी है-

- अत्यधिक कैलोरीयुक्त (वसायुक्त) आहार का प्रयोग करने के कारण।
- व्यायाम (योगाभ्यास) तथा शारीरिक श्रम का अभाव होने के कारण।
- अंतःस्रावी ग्रंथियों के असंतुलित स्रावजन्य मोटापा।
- वंशानुगत मोटापा।
- मानसिक मोटापा।
- सामान्य अवस्था में दवाओं के दुष्प्रभावजन्य मोटापा।

पंचतत्व चिकित्सा के अनुसार, पृथ्वी तत्व के बढ़ जाने से मोटापा रोग उत्पन्न होता है।

मोटापे के प्रकार-

मोटापा मुख्यतः दो प्रकार का होता है ।

1. ळलदवपक जलचम. इस प्रकार का मोटापा महिलाओं में अधिकांशतः देखने को मिलता है। इस प्रकार के मोटापे में रोगी का शरीर नाशपाती फल के आकार (Pear Shaped) का हो जाता है जिसमें रोगी के कूल्हे एवं जंघा आदि स्थानों पर वसा (Fat) युक्त अतिरिक्त चर्बी जमा हो जाती है।
2. ढदकतवनक जलचम- इस प्रकार का मोटापा अधिकांशतः पुरुषों में देखने को मिलता है। इस प्रकार के मोटापे में रोगी का शरीर सेबफल के आकार (Apple Shaped) का दिखाई देने लगता है।

मोटापा सामान्यतः दो प्रकार के व्यक्तियों में होता है-

- 1) प्रथम वर्ग में वे व्यक्ति आते हैं जो स्वभावतः प्रतिस्पर्धी, क्रोधी तथा लोभी होते हैं और तेजी के साथ अधिक मात्रा में खाते हैं क्योंकि वह भोजन को अपनी छिपी हुई मानसिक ऊर्जा को मुक्त करने तथा अपूर्ण इच्छाओं एवं महत्वाकांक्षाओं को पूरा करने के माध्यम के रूप में प्रयुक्त करते हैं।
- 2) द्वितीय वर्ग में गृहणियां आती हैं जो ऊब अथवा नीरसता के कारण लगातार खाती हैं रहती जिससे इनमें तमोगुण या व्यक्तित्व में जड़ता, आलस्य तथा सुस्ती कि प्रधानता हो जाती है। जैसे-जैसे इनका वजन बढ़ता जाता है वैसे- वैसे ये अपने बेडौल रूप के कारण स्वयं से खिन्न होती जाती हैं एवं इस खिन्नता को दूर करने के लिए पहले से अधिक खाती हैं। सामान्य रूप से यह कहा जा सकता है कि कुंठाजनित निराशा ही अति आहार का कारण है, क्योंकि सृजनात्मक ऊर्जा का उपयोग न होने के कारण वह खाने की इच्छा की ओर दिशांतरित हो जाती है।

मोटापे का परीक्षण-

1. वजन की जानकारी ,खानपान के तौर -तरीके, कोई दवाई जो लम्बे समय से चल रही हो, तनाव का स्तर और भी कई अन्य समस्याओं के बारे में जानकारी लेते हैं तथा उसके परिवार के स्वास्थ्य की भी जानकारी प्राप्त करते हैं।
2. सामान्य शारीरिक परीक्षण में लम्बाई तथा महत्वपूर्ण संकेतों की जाँच की जाती है। जैसे- हृदय की गति, बी. पी., शरीर का तापमान, उदर (पेट) की जाँच आदि ।
3. कमर की परिधि को मापना- कमर के आस-पास जमा हुआ वसा जिसे पेट का वसा कहा जाता है उससे कई बीमारियाँ होने की संभावना बढ़ जाती है जैसे कि- मधुमेह, हृदयरोग।
4. (BODY MASS INDEX) - ठडक का उपयोग मोटापे के स्तर को मापने के लिए किया जाता है। आदर्श शरीर भार, व्यक्ति की ऊँचाई व उम्र पर निर्भर करता है। मोटापे को मापने का सूत्र-

$$BMI = \frac{WEIGHT \text{ IN KG}}{HIGHT \text{ IN METER}^2}$$

RANGE &

Below 18-5 $\frac{3}{4}$ $\frac{1}{4}$ under weight $\frac{1}{2}$

18-5 to 24-9¼ normal weight½

25-0 to 29-9¼ over weight

30 to 39-9¼ obsessed

40 and above¾ extreme@high obese

आदर्श भार से यदि १०:भार ज्यादा हो जाता है तो इसे ओवर वेट (अतिरिक्त भार) कहते हैं। और यही आदर्श शरीर भार २०:से ज्यादा हो जाये तो यही शरीर कि अवस्था मोटापा OBEST कहलाता है।

मोटापे का आधुनिक चिकित्सा में उपचार-

आधुनिक चिकित्सा पद्धति में मोटापे के उपचार के लिए थायरोक्सिन हार्मोन का प्रयोग किया जाता है जो कि मानव शरीर के लिए बेहद हानिकारक है। जिसमे भूख मारने के लिए एमफेटामिन, फेन्टरमिन, क्लोफेन्टरमिन, डायएथाइल, प्रोपियोन आदि औषधियों को उपयोग में लाया जाता है। इन औषधियों के दुष्प्रभाव से अनिद्रा, चिडचिडापन, अवसाद तथा अन्य स्नायु एवं मानसिक विकृतियाँ उत्पन्न होने लगती हैं। मोटापे को कम करने वाले कुछ कथित केंद्र रसायनों के चूर्ण देते हैं जिनसे हृदय, गुर्दे, फेंफड़े, प्लीहा एवं यकृत क्षतिग्रस्त हो जाते हैं। मोटापे को कम करने के लिए शल्य-क्रिया की सलाह भी दी जाती है, जिसमें आँतों को काटकर लम्बाई कम की जाती है, ताकि पचित आहार का अवचूषण कम हो। लेकिन यह पद्धति भी खतरे से खाली नहीं है। इससे आँतों में पेटोजेनिक कीटाणुओं की ओवरग्रोथ द्वारा अरबों की संख्या में संवर्धन होता है ये कीटाणु रक्त संचार द्वारा यकृत, संधियों की मांसपेशियों, स्नायु बन्ध तथा मस्तिष्कीय कोशों को क्षतिग्रस्त करते हैं। इसके फलस्वरूप पौली अर्थराइटिस, मानसिक विभ्रम, कोष्ठबद्धता एवं अन्य उदर संबंधी विकृतियाँ उत्पन्न होती हैं।

मोटापे तथा योग में सम्बन्ध-

योग का उद्देश्य भार को कम करना नहीं है, फिर भी योग को मोटापे तथा मोटापे से सम्बंधित समस्याओं के लिए प्रभावपूर्ण और स्थायी निदान के रूप में मान्यता मिली है। वास्तव में योग विशेष आहार का परिणाम होता है, न ही अत्यधिक व्यायाम का। योग उचित आहार, सात्विक आहार, मिताहार (हठप्रदीपिका), युक्ताहार (गीता) तथा एक अच्छी दिनचर्या और जीवनशैली के लिए प्रेरित करता है। योग, मोटापे से ग्रसित व्यक्ति के शारीरिक एवं मानसिक संतुलन को बनाये रखकर समग्र रूप से स्वस्थ रखता है। योग, रोगी को एक शरीर नहीं अपितु एक व्यक्ति मानकर ऐसी व्यावहारिक तकनीक बतलाता है जो न केवल हम सबको वसा और अत्याहार से मुक्त करता है बल्कि हमारे जीवन के प्रत्येक पक्ष को स्वस्थ एवं मजबूत बनाता है।

मोटापे के उपचार में योग चिकित्सा-

मोटापे के लिए उचित आहार का वर्णन करते हुए योग के प्रमुख ग्रन्थ हठप्रदीपिका में कहा है कि-

सुस्निग्धमधुराहारश्चतुर्थशविर्वर्जितः।

भुज्यते शिवसंप्रीत्या मिताहारः सा उच्यते।।

”सुस्निग्ध तथा मधुर भोजन ,भगवन को अर्पित कर , अपने पूर्ण आहार का चतुर्थांश कम खाया जाये उसे मिताहार कहते हैं।“ जिसका हर व्यक्ति को पालन करना चाहिए।

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यदि संकल्प के साथ प्रतिदिन योग अभ्यास का प्रारंभ किया जाये तो सभी मोटे व्यक्तियों का वजन कम होकर सामान्य स्तर पर आ सकता है लेकिन समस्या इस बात की है कि ऐसे लोगों को प्रेरणा एवं इच्छाशक्ति की आवश्यकता बहुत होती है इन्हें स्वयं अपनी आदतों और खाने के गलत तरीकों को छोड़कर ऊर्जाशक्ति को अधिक स्वस्थ और सृजनात्मक कार्यों की ओर लगाना चाहिए। योगाभ्यास द्वारा इस उद्देश्य की पूर्ति निश्चित रूप से की सकती है। लगातार तनाव की स्थिति में रहने वाले राजसिक प्रवृत्ति के अति आहारी मोटे व्यक्तियों को योग निद्रा से अधिक लाभ प्राप्त होता है ये लोग भोजन का आनंद एवं स्वाद लिए बिना अधिक मात्रा में खा जाते हैं ऐसे लोगों को भोजन करने से पूर्व दस मिनट का श्वासन करना चाहिए, जिससे पाचन संस्थान तथा अन्य अंगों के तनाव एवं मानसिक व्यस्तता को दूर किया जा सके।

9. **षट्कर्म-** नेति और कुंजल प्रतिदिन करना आवश्यक है और एक बार किसी योगाश्रम में जाकर कुशल मार्गदर्शन में पूर्ण शंखप्रक्षालन का अभ्यास भी करना चाहिए। लघु शंखप्रक्षालन सप्ताह में एक या दो बार करते और अभ्यास को आगे बढ़ाते हुए धौति में वस्त्र एवं दण्ड धौति का भी अभ्यास करना चाहिए। इससे अवरुद्ध एवं निस्तेज पाचन संस्थान, निष्क्रिय यकृत और अग्न्याशय पुनः क्रियाशील एवं सक्रिय हो जाते हैं। इनके परिणामस्वरूप शारीरिक हल्कापन, बढ़ी हुई जैविक ऊर्जा तथा वैचारिक स्पष्टता का पुनः अनुभव किया जा सकता है।

मेदः श्लेश्माधिकः पूर्वं षट्कर्म आणि समाचरेत।।हठप्रदिपिका 9/9॥

अर्थात्- स्थूलता और कफ जिसे हो उसे पहले छः शोधन क्रियाये करनी चाहिए ।

2. **आसन-** आसन मोटे व्यक्तियों में उर्जा के प्रवाह में आये अवरोधों को दूर कर प्राणों को मुक्त करने में, मन में पुनः तेजस्विता लाने एवं अन्तः स्त्रावी ग्रंथियों को संतुलित करने के लिए अति आवश्यक है। मोटे लोगों को बिना थके अधिकतम अभ्यास करना चाहिए। इन्हें आनंद और शिथिलता के साथ करना चाहिए। वजन कम करने के लिए कड़ी शारीरिक मेहनत करके पसीना बहाना आवश्यक नहीं है क्योंकि यह पतले होने का सही तरीका नहीं है मोटे व्यक्तियों में शारीरिक और मानसिक दोनों ही शक्तियां कम होती हैं इसलिए कड़ी मेहनत वाले अभ्यासों से वह जल्दी थक जाते हैं। स्थाई रूप से वजन कम करने के लिए शरीर एवं मन का संतुलन होना आवश्यक है। जिसके लिए पवनमुक्तासन, वज्रासन, पश्चिमोत्तानासन तथा सूर्यनमस्कार इन सरल आसनों का कुछ महीनों तक नियमित अभ्यास करने के बाद उच्च आसनों को भी सम्मिलित करना चाहिए। ये आसन विशेष रूप से अन्तः स्त्रावी ग्रंथियों एवं मेरुदंड से सम्बंधित स्नायुओं को संतुलित करते हैं।
3. **प्राणायाम-** भ्रामरी और नाडीशोधन प्राणायाम तेजस्विता और दिव्यता को पुनर्प्राप्त करने के लिए उपयोगी हैं, परन्तु वे प्राणायाम जिनसे भूख में वृद्धि होती है उन्हें नहीं करना चाहिए। सरल भस्त्रिका का अभ्यास चयापचय को बढ़ाता है और वसा को कम करता है इसलिए यह किया जा सकता है।

यदा तू नादिशुद्धिः स्यात्तदा चिन्हानानी बाह्यतः।

कयस्य कृशताकान्तिस्तथा जायेत निश्चितम।।हठप्रदिपिका 9/१८।।

अर्थात्- जब नाडी निर्मल हो जाती है तब उसके बाह्य लक्षण प्रकट होते हैं, जैसे शरीर रूप से पतला और कान्तिमान हो जाता है।

४. **शिथिलीकरण-** योगनिद्रा का अभ्यास प्रतिदिन आवश्यक है। इसमें नकारात्मक संकल्प नहीं लेना चाहिए क्योंकि इससे अति आहार कि आदत और बढ़ सकती है। मेरी तेजस्विता प्रतिदिन बढ़ रही है या प्रतिदिन आहार से मेरी अधिकतम सृजनात्मक शक्ति मुक्त हो रही है, इस प्रकार के संकल्प से त्रुटिपूर्ण जीवन शैली को सुधारने में मदद मिलती है ।
५. **आहार संबंधी नियम-** मोटे व्यक्तियों को उपवास करने का सुझाव नहीं दिया जा सकता। इन लोगों के लिए उपवास के एक सुनिश्चित कार्यक्रम को अपनाना बहुत कठिन होता है क्योंकि उपवास समाप्त होने पर ये प्रतिक्रिया स्वरूप पहले से अधिक मात्रा में दुग्नी आसक्ति के साथ खाना प्रारंभ कर देते हैं इसके स्थान पर प्रतिदिन पौष्टिकता से परिपूर्ण और सादा भोजन निश्चित समय पर लेना चाहिए। यकृत, पाचन संस्थान एवं हृदय की गति को बनाये रखने के लिए अधिक मात्रा में शर्करा, मिठाईयां, वसा, मसाले, दूध तथा दूध से बने पदार्थ, चावल एवं परिष्कृत भोजन की मात्रा कम करके साबुत अनाज, फल एवं हरी सब्जियां ही लेनी चाहिए। वर्तमान समाज में भूख और शारीरिक आवश्यकता के अनुसार खाने के महत्व की शिक्षा देना बहुत आवश्यक हो गया है जो योग के अभ्यास द्वारा ही संभव है क्योंकि इससे हमारी मौलिक इच्छाओं की अभिव्यक्ति का दिशांतरण आहार से हटकर रचनात्मक और प्रेरणाप्रद विचारों की ओर हो जाता है।
६. प्राकृतिक चिकित्सा पद्धति के अनुसार मोटापा कम करने की इच्छा वालों के लिए उपवास से बढ़कर कोई सरल उपाय नहीं है।

इनके अतिरिक्त कटिचक्रासन-१६, तिर्यक ताड़ासन-१६, सूर्यनमस्कार ५-११ चक्र, शवासन, उत्तानवक्रासन-१६, नौका सञ्चालन, चक्रीसंचालन-१०, सुप्तवज्रासन, उष्ट्रासन-६ श्वासों तक, मार्जारी आसन, प्रणामासन, वज्रासन, (भोजन उपरांत १० मिनट), भ्रंशिका प्राणायाम (३-४चक्र) योगनिद्रा, लघुशंखप्रक्षालन, कुंजल का अभ्यास भी लाभदायक है। इस बात कि सावधानी रखे कि जंकफूड, तले-भुने पदार्थ, वसायुक्त एवं शर्करायुक्त पदार्थों का कम से कम सेवन करना।

निष्कर्ष-

मोटापा एक विषय समस्या के रूप में आज सामने आ रहा है। जिसके आधुनिक चिकित्सा विज्ञान ने अनेक उपचार पद्धतियों का विकास किया है परन्तु इस चिकित्सा के दुष्प्रभाव अत्यंत शीघ्र ही परिलक्षित होने लगते हैं। योग चिकित्सा पद्धति सरल तथा दुष्प्रभाव हीन चिकित्सा पद्धति है, जिसके माध्यम से मोटापा नामक गंभीर रोग का उपचार विभिन्न यौगिक क्रियाओं- षट्कर्म, आसन, प्राणायाम, शिथिलीकरण, आहार आदि के माध्यम से संभव है।

उपरोक्त विषय का अध्ययन करने के पश्चात यह निष्कर्ष निकलता है कि योग हमें अपने अन्दर की पुकार के प्रति आत्मविश्वास पैदा कर शरीर के प्रति सकारात्मकता, जागरूकता एवं सजगता तथा चेतना की भी अनुभूति प्राप्त करने योग्य बनाता है। योग स्वयं को देखने की -दृष्टि प्रदान कराता है। योग का उद्देश्य वसा को कम करना नहीं बल्कि आध्यात्मिक अज्ञान तथा सभी प्रकार के कष्टों को दूर करना है अर्थात् शरीर का भार कम कर हल्का बनाना ही नहीं अपितु मन को मजबूत बनाना है। यदि हम इस विचार को सदा अपने सामने रखें तो हमारा शरीर हमें एक बोझ के समान प्रतीत नहीं होगा वह एक वरदान बन जायेगा।

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मधुमेह का आयुर्वेदिक एवं यौगिक प्रबन्धन: एक समीक्षात्मक अध्ययन

जयराम कुशवाहा¹, एम.फिल.शोधार्थी (योग)

डॉ. अखिलेश कुमार सिंह², सहायक प्राध्यापक (आयुर्वेद एवं योग)

डॉ. शाम गणपत तीखे³, सहायक प्राध्यापक (योग एवं आयुर्वेद)

साँची बौद्ध - भारतीय ज्ञान अध्ययन विश्वविद्यालय, बारला

सारांश:-

आधुनिक समय में मधुमेह एक ऐसी बीमारी है जो सम्पूर्ण विश्व में तेजी से फैल रही है। यह रोग मुख्यतः इंसुलिन नामक हार्मोन की कमी एवं चयापचय की गड़बड़ी से संबंधित रोग है। प्रस्तुत शोध में मधुमेह कैसे होता है, क्या है? एवं उसके कारण व लक्षण और योग एवं आयुर्वेद में मधुमेह की नैदानिक चिकित्सा विधि का अध्ययन किया गया है। विश्व स्वास्थ्य संगठन के अनुसार एक रिपोर्ट में मधुमेह रोग देश-विदेश के हर 90 व्यक्तियों में से प्रत्येक 3 व्यक्तियों को यह बीमारी पायी जाती है। एक अन्य रिपोर्ट में यह भी पाया गया है, कि मधुमेह पुरुषों की अपेक्षा महिलाओं में अधिक पाया गया है। समाज में आज भी बहुत से व्यक्ति मधुमेह से अनभिज्ञ हैं, उन्हें इस रोग की जानकारी ही तब हो पाती है जब वे चिकित्सक के पास किसी अन्य रोग के उपचार के लिए जाते हैं। आधुनिक समय में मधुमेह रोग एक जटिल समस्या है, जो आज व्यक्तियों की जीवनशैली में घर कर गया है, जिससे व्यक्तित्व पर नकारात्मक प्रभाव पड़ता है, जो कि चिंता, निराशा, तनाव, क्रोध, ईर्ष्या आदि विचारों के रूप दिखने लगते हैं। उनकी अंतःस्त्रावी ग्रंथियां सुचारु रूप से कार्य नहीं करती है, क्योंकि उनकी अग्नाशय में स्थित लैंगरहैन्स द्विपिकाओं के भीतर बीटा कोशिकाओं के धीरे-धीरे समाप्त होने से इंसुलिन का स्त्राव कम होता चला जाता है जिसके कारण रक्तशर्करा का चयापचय नहीं हो पाता और मधुमेह रोग के लक्षण प्रकट होने लगते हैं। यह सैद्धांतिक शोधपत्र योग व आयुर्वेद में मधुमेह के उपचार प्रबन्धन के लिए वर्णित विधियों के लिए प्रस्तुत किया गया है।

कूटशब्द:- मधुमेह, यौगिक उपचार, आयुर्वेद, प्रमेह, उपचार, प्रबन्धन आदि।

प्रस्तावना :- आधुनिक समय में मधुमेह एक गम्भीर रोग या समस्या है, जो सम्पूर्ण विश्व में फैली हुई है। आज भी मधुमेह रोग का व्यक्ति के गलत जीवनशैली के कारण पूरे विश्व में तेजी से बढ़ रहा है। भारत में साढ़े तीन करोड़ से भी अधिक व्यक्ति इस रोग से ग्रसित हैं। यह संख्या तेजी से बढ़ती जा रही है। आज का युग तनाव और प्रतिस्पर्धा का युग है, व्यक्ति तनाव एवं चिंता भरी जिन्दगी को लेकर पनेसान है। ऐसी परिस्थिति में तनाव जनित बीमारियाँ जैसे उच्च रक्तचाप, दमा, मधुमेह आदि बढ़ रही है। मधुमेह इंसुलिन नामक हार्मोन की कमी से उत्पन्न होने वाला एवं चयापचय के असंतुलन से सम्बन्धित रोग है। जिसमें प्रमुख समस्या शरीर की कोशिकाओं द्वारा ग्लूकोज का उपयोग न हो पाना है। एक स्वस्थ मनुष्य में ग्लूकोज की मात्रा का प्रमाण या ग्लूकोज 70 से 920 मि. ग्रा. प्रति 900 मि. ली. रक्त में होती है। मधुमेह रोग का उपचार में योग एवं आयुर्वेद दोनों ही अत्यंत लाभकारी एवं कारगर सिद्ध हुए हैं। यौगिक चिकित्सा किसी भी रोग के मूल कारण तक जाकर चिकित्सा करता है।

अध्ययन की आवश्यकता :-वर्तमान युग में अधिकतर रोग मधुमेह से उत्पन्न होते हैं। अगर इस रोग पर सही प्रकार से नियन्त्रण कर लिया जाए तो व्यक्ति को और भी कई रोगों से बचा सकते हैं। मधुमेह की विभीषिका एशियाई देशों में बड़ी तेज गति से बढ़ रही है। इस समय भारत में मधुमेह के रोगियों की संख्या बहुत अधिक है, साथ ही अनुमानतः इतने ही रोगी ऐसे हैं जो इस रोग से अनजान होने के कारण उन्हें मधुमेह से पीड़ित होने का बोध नहीं है। आज समाज में मधुमेह की समस्या तेजी से बढ़ती जा रही है जो कि समाज के व्यक्तियों के लिये चिंता का विषय बना हुआ है। अतः स्पष्ट है कि ऐसे विषयों पर वैज्ञानिक अध्ययन कर उनकी उपचार प्रक्रिया को जल्द से जल्द अपनाया जाए। मधुमेह सामान्यतः तनाव, मानसिक द्वन्द्व एवं आहार के असंतुलन के कारण उत्पन्न होने वाला रोग है।

मधुमेह क्या है?

सर्वप्रथम मधुमेह रोग होता कैसे है? ग्लूकोज या शुगर क्या है? इसका शरीर द्वारा उपयोग में क्या गड़बड़ी हो जाती है तथा जो भी स्टार्च या ग्लूकोज युक्त पदार्थ हम अपने भोजन में ग्रहण करते हैं। वह कार्बोहाइड्रेट के नाम से जाना जाता है, जो कि पाचन क्रिया द्वारा उन्हें पचाकर ग्लूकोज में परिवर्तित कर दिया जाता है। यह ग्लूकोज आँतों से अवशोषित होकर लीवर में जाता है। तथा वहाँ से आवश्यक मात्रा में पूरे शरीर में फैलता है। यही ग्लूकोज शरीर के प्रत्येक अंगों, कोशिकाओं आदि में विभिन्न प्रक्रियाओं को चलाने हेतु ईंधन के रूप में प्रयुक्त होता है। परन्तु कोशिकाओं द्वारा ग्लूकोज का स्वतः उपयोग नहीं कर पाती। ग्लूकोज को कोशिकाओं में प्रविष्ट कराने के लिए इंसुलिन नामक हार्मोन की आवश्यकता पड़ती है। यदि इंसुलिन न हो या कम मात्रा में हो तो कोशिकाओं में ग्लूकोज होते हुए भी वे इस ग्लूकोज का ईंधन के रूप में उपयोग नहीं कर पायेंगी। कहने का सार यह है कि ग्लूकोज का चयापचय इंसुलिन नामक हार्मोन पर निर्भर करता है। इंसुलिन जो कि अग्नाशय (पैंक्रियाज) ग्रन्थि द्वारा निकलने वाला या स्रावित होने वाला हार्मोन है। अग्नाशय एक बड़ी ग्रन्थि और चपटे आकार की ग्रन्थि है। जब यह ग्रन्थि रूग्ण अवस्था या कार्य ना करने की स्थिति में होती है। और तनाव ग्रस्त अवस्था के कारण ठीक से कार्य नहीं कर पाती है, तो इंसुलिन का उत्पादन कम या बंद हो जाता है। फलस्वरूप कोशिकाओं द्वारा ग्लूकोज का उपयोग न हो पाने के कारण रक्त में शर्करा या ग्लूकोज की मात्रा बढ़ने लगती है इसी अनियमिता एवं उच्च रक्त शर्करा स्तर की अवस्था को मधुमेह कहा जाता है।

मधुमेह रोग के कारण :-योग और आयुर्वेद चिकित्सा किसी भी रोग के मूल कारण में जाकर उस रोग की चिकित्सा करती है। अतः मधुमेह की चिकित्सा के लिए पहले उसके कारणों को जानना होगा। देखा जाए तो मधुमेह रोग के अनेक कारण होते हैं। परन्तु मधुमेह के तीन प्रमुख कारण माने गए हैं :-

- असंतुलित आहार-विहार के कारण
- मानसिक द्वन्द्व या तनाव के कारण
- कोशिकाओं के द्वारा किसी कारणवश ग्लूकोज का अवशोषण न कर पाना

➤ **असंतुलित आहार-विहार के कारण :-**भोजन की अधिकता या अनियमित जीवन चर्या संबंधी व्यवहार के फलस्वरूप पाचन प्रणाली निर्जीव हो जाती है। मोटापा, व्यायाम आदि में कमी इसी वर्ग में आते हैं। शर्करा, मिष्ठान, वसायुक्त या अधिक कार्बोहाइड्रेट वाला भोजन का अधिक उपभोग भी इसका मुख्य कारण है। इस कारण बढ़े हुए रक्त शर्करा के स्तर को नियंत्रित करने हेतु अग्नाशय को जल्दी से अधिकाधिक मात्रा में इंसुलिन स्रावित करना पड़ता है। यदि इसी प्रकार का भोजन प्रतिदिन किया जाए तो अग्नाशय पर अधिकाधिक दबाव पड़ता है तथा इंसुलिन लगातार स्रावित होने के कारण अग्नाशय पर भी दबाव बढ़ जाता है। और अन्य सहप्रभाव के कारण धीरे धीरे उसकी क्रिया शीलता मन्द पड़ जाती है। और देर सबेरे वह जबाब दे जाती है। अधिक रक्त शर्करा के उद्दीपन के बावजूद भी इंसुलिन का

उत्पादन कम हो जाता है। फलस्वरूप इंसुलिन की माँग की आपूर्ति न होने से शर्करा का चयापचय प्रभावित होने लगता है। रक्त में शर्करा अधिक समय तक घुली रहने में वाद्य हो जाती है। इसी अवस्था को उच्च रक्त शर्करा की अवस्था कहते हैं। इसके कारण किडनी से अधिक शर्करा छनकर मूत्र के माध्यम से निकलने लगती है। यह शर्करा मूत्र (यूरिन) में अपने साथ जल खींचकर ले जाती है। परिणाम स्वरूप एक तरफ तो मरीज को बार बार मूत्र त्यागने जाना पड़ता है। और उसी की वजह से प्यास भी अधिक लगती है। रोगी की रोग प्रतिरोध क्षमता कम होने लगती है। और त्वचा के संक्रमण इत्यादि रोग होने लगते हैं। शरीर में चोट या कटे घाव ठीक होने में समय लगता है, व नजर कमजोर होने लगती है।

- **मानसिक द्वन्द्व या तनाव के कारण :-** इस रोग का दूसरा मुख्य कारण तनाव से संबंधित है। हमारे पूर्वजों को जीवित रहने के लिए सतत संघर्ष करना पड़ता था। भौतिक एवं शारीरिक स्तर पर जूझना पड़ता था। विपत्ति की अवस्था से निपटने के लिए आकस्मिक हार्मोन प्रणाली प्रदत्त की गई थी। जो इस अवस्था से लड़ने के लिए सामर्थ्य प्रदान करती थी। आधुनिक मनुष्य में भी वही प्रणाली वंशानुगत प्रतिकूल परिस्थिति आने पर उत्तेजित हो जाती है। अतः सभी तनाव भौतिक स्तर के बजाय मानसिक एवं भावनात्मक स्तर पर अभिव्यक्त करने के लिए स्थानांतरित हो जाते हैं। हमारे शरीर में यह हार्मोन प्रणाली एड्रीनल ग्लैंड के नाम से विद्यमान है। जो भावनात्मक अवशेषों के कारण लगातार उत्तेजन अवस्था में रहती है। इसी से काट्रिको स्टेरॉइड हार्मोन जिसे हम स्ट्रेस हार्मोन भी कहते हैं। यह लगातार स्रावित होता रहता है। यह हार्मोन शरीर के रक्त प्रवाह में ग्लूकोज छोड़ने के लिए एक शक्ति शाली उत्प्रेरक का कार्य करता है। इस अधिक ग्लूकोज को भीतर पहुंचने के लिए अधिक इंसुलिन की आवश्यकता पड़ती है। इस कारण पैन्क्रियास पर लगातार अधिक दबाव पड़ने के कारण अंत तो गत्वा उस ग्रन्थि की कार्य क्षमता जबाव दे जाती है। और मधुमेह के लक्षण प्रकट हो जाते हैं।
- **कोशिकाओं द्वारा किसी कारणवश ग्लूकोज अवशोषित न कर पाने के कारण :-** मधुमेह में मुख्य कार्य पैन्क्रियास से निकलने वाले इंसुलिन नामक हार्मोन का होता है। जो कि ग्लूकोज को कोशिकाओं में प्रवेश कराता है। पैन्क्रियास में प्रमुख कोशिकाएँ बीटा कोशिकाएँ ७५ प्रतिशत और एल्फा कोशिकाएँ २० प्रतिशत होती हैं। इंसुलिन पैन्क्रियास की बीटा कोशिकाओं से निकलता है। कुछ खास कारणों जैसे वंशानुगत लीवर में विकार या आंतरिक अवयवों की कमजोरी एवं गड़बड़ी के कारण शरीर की कुछ कोशिकाएँ इंसुलिन की पर्याप्त मात्रा होने पर भी ग्लूकोज का अवशोषण नहीं करती हैं। जिसके फलस्वरूप रक्त में लगातार ग्लूकोज बढ़ता जाता है। और मधुमेह के लक्षण सामने आने लगते हैं।

मधुमेह के लक्षण :- शरीर में पाई जाने वाली पैन्क्रियास की बीटा सेल्स से इंसुलिन स्रावित होता है जो कार्बोहाइड्रेट का चयापचय करता है, तो ग्लूकोज का भी चयापचय हो जाता है। इन बीटा सेल्स का भक्षण (कुफर) कोशिकाओं द्वारा भक्षण करने के कारण ये समाप्त हो जाती हैं, जिसके कारण इंसुलिन का स्राव कम होने लगता है और धीरे-धीरे समाप्त होने लगता है जिसके कारण कार्बोहाइड्रेट एवं ग्लूकोज का चयापचय नहीं हो पाता है तथा ग्लूकोज की मात्रा रक्त में अधिक हो जाती है जिसे **हाईपरग्लेस्मिया** कहते हैं इसके साथ ही मधुमेह के रोगी में अन्य लक्षण नजर आते हैं-

- यूरिन में ग्लूकोज का अधिक आना (glycosuria) तथा बार बार मूत्र (यूरिन) विसर्जन करना
- जिसके कारण शरीर में पानी की कमी होना (dehydration)
- ग्लूकोज का चयापचय न होने के कारण शरीर को उर्जा न होना जिससे बार-बार भूख लगना (poly phagia)
- बार-बार प्यास लगना (poly pepsia)
- जल्दी थकान आना

- वजन कम होना
- घाव का जल्दी न भरना
- उच्च रक्तचाप
- नेत्र ज्योति का कम होना
- अधिक पसीना आना

मधुमेह के प्रकार :-मधुमेह सामान्यतः मुख्य रूप से दो प्रकार होते हैं:-

१. टाईप वन डायबिटीज (juvenile onset diabetes)
२. टाईप टू डायबिटीज (maturity onset diabetes)

१) **टाईप वन डायबिटीज :-**यह मुख्यतः ११ से १३ वर्ष की उम्र के बच्चों में होता है, लेकिन ३० वर्ष से पहले तक ही होता है। इस टाईप में रोगी को प्रत्येक दिन इंसुलिन देना आवश्यक हो जाता है। अग्नाशय की बीटा कोशिकाएँ लगभग इसमें समाप्त हो जाती हैं। १० प्रतिशत रोगी इस प्रकार की डायबिटीज से पीड़ित पाये गये हैं। यह रोग जेनेटिक, वायरल इन्फेक्शन या अत्याधिक कष्टप्रद भावनात्मक पीड़ा एवं मानसिक तनाव के कारण भी होता है। इसमें इंसुलिन हार्मोन का स्त्राव आंशिक या बंद हो जाता है। इसमें रोगी अल्पवयस्क, दुबले-पतले एवं संवेदनशील होते हैं।

२) **टाईप टू डायबिटीज :-**यह मुख्यतः ४० वर्ष से अधिक उम्र के लोगों में देखा जाता है। जो तनावग्रस्त, मोटे, शारीरिक रूप से कम क्रियाशील तथा जिनके भोजन में शर्करा, स्टार्चयुक्त एवं वसा युक्त पदार्थों की अधिकता होती है, उनको यह रोग होने की सम्भावना अधिक रहती है। इस रोग में बीटा कोशिकाओं की इंसुलिन स्त्राव क्षमता कम हो जाती है। आज कल इस प्रकार का डायबिटीज दस वर्ष से कम उम्र के बच्चों में भी यह देखी जा रही है। इसका का प्रभाव मुख्यतः पाश्चात्य देशों में अधिक है। इसका कारण जीवन शैली में आये बदलाव को समझा जाता है।

मधुमेह रोग में योग चिकित्सा या प्रबन्धन :-योग के अभ्यास से पैक्रियास अपनी निष्क्रिय कोशिकाओं को पुनर्जीवित करता है। इनके सक्रिय होने का तात्पर्य है इंसुलिन की उत्पादन क्षमता में सुधार तथा रक्त शर्करा के साथ समयानुसार संतुलन। पवन मुक्तासन सीरिज भाग-१ से प्रत्येक माँसपेशी तथा संधियों से विशाक्तत्व व अवरोध दूर होते हैं। तथा प्राणशक्ति का प्रवाह अधिक सुगमता से होने लगता है। सूक्ष्म व्यायाम समूह-२ पेट के आंतरिक अंगों एवं पाचन प्रणाली को सक्रिय बनाता है। सूर्यनमस्कार का अभ्यास सभी गन्धियों को सुचारु ढंग से चलाने तथा प्राण शक्ति का उत्पादक होने के कारण चयापचय को पुनः संतुलित करता है। और प्रज्ञा योग भी शरीर की अक्रियाशील ग्रंथियों या अंगों को क्रियाशील बनाता है। मधुमेह से जनित रोगों में नेत्र से संबंधित रोग, किडनी संबंधी रोग, मधुमेहजन्य बेहोशी, धमनीगत विकृति, फोड़े-फुन्सियाँ एवं घाव होना, त्वचा में खुजली आदि रोग भी मधुमेहजन्य रोग ही है।

शुद्धिक्रियाएँ :-जल नेति, कुंजल (वमन), जलवस्ति, अग्निसार एवं लघु शंखप्रक्षालन, नौलि(लौलिकी) आदि। योग में शुद्धिक्रियाओं के माध्यम से हम शरीर के अनेक विकार जैसे कब्ज, अतिअम्लता या अल्पअम्लता, अपच, अल्सर आदि पाचन संबंधि अनेक विकारों का समन करते हैं। हठयोग के अनेक ग्रंथों में कहा गया है कि यह छः क्रियाएँ अनेक रोगों का समन कर प्राण शक्ति को सुदृढ़ एवं नाड़ियों के मलों को दूर करने वाली हैं। यौगिक ग्रंथ घेरण्ड संहिता केश्लोको में कहा गया है यह जलवस्ति कर्म प्रमेह (मधुमेह), उदावर्त कूर वायु का निवारण कर शरीर को कामदेव के समान सुन्दर बना देता है, इसमें उदर को दोनों पाश्वों में अत्यंत वेगपूर्वक घुमाना चाहिए। यह लौलिकी अर्थात् नौलि कर्म सब रोगों का नाशक और जठरानल का उद्दीपक है -

प्रमेहं च उदावर्तं कूरवायुं निवारयेत्।

भवेत्त्वच्छन्देहश्च कामदेवसमो भवेत्॥ (धे. सं.-१.४७)

अमन्दवेगेन तुन्दं भ्रामयेदुभपाश्वर्योः।

सर्वरोगान्निहन्तीह देहानलविवर्द्धनम् ॥ (धे. सं. १.५२)

आसन :-उदर कटि शक्ति विकासक के साथ साथ कटि चक्रासन, पादहस्तासन, त्रिकोणासन, पवनमुक्तासन, पश्चिमोत्तानासन, गोमुखासन, भुजंगासन, मयुरासन, मार्जारी आसन, तिर्यक ताड़ासन, मण्डूकासन आदि। और विशेष रूप से 'मत्स्येन्द्रासन' हठप्रदीपिका में कहा है- कि मत्स्येन्द्रासन का अभ्यास करने से जठराग्नि प्रदीप्त होती है। यह रोगों को नष्ट करने में अस्त्र के समान है, इससे कुण्डलिनी जागृत होती है तथा चन्द्रमण्डल स्थिर होता है :-

मत्स्येन्द्रपीठं जठरप्रदीपिं प्रचण्डरुग्मण्डलखण्डनास्त्रम्।

अभ्यासतः कुण्डलिनीप्रबोधं चन्द्रस्थिरत्वं च ददाति पुंसाम्॥ (ह.प्र. १.२७)

प्राणायाम :-नाडीशोधन, भस्त्रिका, उज्जायी, भ्रामरी, सूर्यभेदी प्राणायाम आदि का अभ्यास भी मधुमेह में काफी लाभकारी है। प्राणायाम के माध्यम से हम नाड़ियों का मल दूर कर प्राण का संचार बढ़ाते हैं। जिससे रक्त का संचार संतुलित रहता है। और हठयोग में कहा है कि प्राण के माध्यम से हम अपने मन को भी नियंत्रित कर सकते हैं। अतः मन में जब किसी भी प्रकार के विचार नहीं आते तो मन शांत रहता है। और इसीलिए प्राणायाम के द्वारा हम मानसिक तनाव आदि से मुक्त हो सकते हैं। हठप्रदीपिका में स्वात्माराम जी कहते हैं कि वायु के समान चित्त चंचल होता है और वायु के निश्चल हो जाने पर चित्त भी स्थिर हो जाता है और तब योगी स्थिरता को प्राप्त होता है। अतः प्राणायाम का अभ्यास करें -

चले वाते चलं चित्तं निश्चले निश्चलं भवेत्।

योगी स्थाणुत्वमाप्नोति ततो वायुं निरोधयेत्॥ (ह.प्र.-२/२)

बन्ध और मुद्राएँ :-जालन्धर बन्ध, उड्डियानबन्ध, मूलबन्ध और महाबन्धों के साथ कुछ मुद्राएँ महावेध, महामुद्रा आदि भी उपयोगी है।

ध्यान :-मधुमेह का एक मुख्य कारण तनाव एवं मानसिक चिंता भी है। योग अभ्यास के बाद हम सम्पूर्ण शरीर को शांति देने के लिए ध्यान का अभ्यास भी करते हैं। जिसमें सविता देवता, एवं सोऽहम् आदि विधियाँ लाभदायक हैं।

शिशलीकरण :-शवासन, मकरासन व विशेष योगनिद्रा।

आयुर्वेदीय प्रमेह (मधुमेह) चिकित्सा :-यह रोग वात, पित्त और कफ के दूषित हो जाने के फलस्वरूप उत्पन्न होता है। इसमें मूत्र के साथ एक प्रकार का गाढ़ा-पतला विभिन्न रंगों का म्लाय निकलता है। इस रोग की उचित चिकित्सा न की जाये तो रोगी कुछ समय में हड्डियों का ढँचा बन जाता है। समस्त प्रकार के प्रमेह रोगों में (२१ प्रकार) पेशाब अधिक होना तथा पेशाब गंदला होना रोग का प्रमुख लक्षण होता है। पेशाब के साथ त्याग के पूर्व या बाद में वीर्यम्लाय होना भी प्रमेह है।

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आयुर्वेद के अनुसार प्रमेह २१ प्रकार के होते हैं जिसमें से १० प्रकार कफ की विकृति के कारण उत्पन्न होते हैं, ६ प्रकार के पित्त की विकृति से एवं ५ वात की विकृति के कारण उत्पन्न होते हैं। प्रमेह का जो मुख्य कारण है वह है जीवन शैली में व्यायाम की कमी और अधिक गुरु, स्निग्ध और उष्ण भोजन का आवश्यकता से अधिक सेवन। आयुर्वेद के अनुसार यह एक त्रिदोषज व्याधि है। सुश्रुत के अनुसार दोष की प्रधानता प्रमेह रोग की अभिवृद्धि की निर्धारक है।

महर्षि चरक द्वारा प्रमेह का वर्गीकरण :- साध्य प्रमेह , यय प्रमेह और असाध्य प्रमेह आदि का वर्णन करते हुए उन्होंने प्रमेह के कारण रक्त धमनियों के अवरोध और धातुक्षय उत्पन्न होना बताया है, और हृदय और तंत्रिका तंत्र पर नकारात्मक प्रभाव पड़ता है जिसके कारण ओजस में असंतुलन उत्पन्न होता है।

मधुमेह के नियंत्रण में उपयोगी जड़ी-बुटियाँ :-

जामुन बीज चूर्ण :-जामुन के सूखे हुए बीजों का चूर्ण दिन में २-३ बार कुनकुने पानी के साथ लेने से लाभ मिलता है।

गुड़मार पत्र चूर्ण :-एक चम्मच गुड़मार के सूखे पत्तों का चूर्ण दिन में दो बार लें ।

न्यारोधात्वक चूर्ण :-बरगद के पेड़ की छाल का काढ़ा बनाकर पीने से भी लाभ मिलता है।

शिलाजीत (रॉक साल्ट) :-शुद्ध शिलाजीत जिसे हिमालयन रॉक साल्ट भी कहा जाता है, ग्रन्युल्स या चूर्ण के रूप में प्राप्त हो जाता है। यह मधुमेह के कारण उत्पन्न कमजोरी को नियंत्रित करने में सहायक है।

मेथी दाना :-एक चम्मच मेथी के दाने रात को पानी के गिलास में भिगोकर सुबह बही पानी एवं दानों का चूर्ण लेने से भी मधुमेह में फायदा मिलता है। और करेले का रस व नीम की पत्तियों का रस भी लाभदायक है।

प्रमेह नाशक प्रमुख आयुर्वेदीय औषधियाँ :-स्पीमेन टेबलेट, फोर्टेज टेबलेट, बंगसिल, निया, शिलाजीत पिल्स या बी. एच. पिल्स, मकरध्वज बटी, स्वप्ना चूर्ण, प्रमेह केसरी चूर्ण, स्वप्नहारी टेबलेट, स्वप्नोजित बटी, महास्तम्भन बटी और वीर्यप्रमेह हर कैप्सूल आदि औषधियों का वर्णन महर्षि चरक एवं सुश्रुत ने अपने ग्रंथों में किया है।

उपसंहार :-मधुमेह को भी आधुनिक समय में महामारी जैसी बीमारियों में रखा जा सकता है। क्योंकि आज के समय में यह रोग प्रत्येक धर-परिवार के एक सदस्य को पाया जाने वाला रोग है। और ऐसे समय में इस रोग की उचित चिकित्सा विधियों को अपना कर इसका निवारण जल्द से जल्द ही करना चाहिए। योग चिकित्सा प्रणाली न केवल इस रोग को समूल नष्ट करती है साथ ही पुनः उभरने की भी कोई समभावना नहीं रहती है। वास्तव में योग एक आध्यात्मिक शिक्षा है। इसे प्रत्येक मनुष्य को अपनी दैनिक जीवन शैली में आवश्यक रूप से अपनाना चाहिए। क्योंकि योग आध्यात्म के साथ-साथ जीवन के रोग मुक्त बनाकर परम उद्देश्य की ओर ले जाने वाली विद्या कही गयी है। जिसे महान योगियों एवं महर्षियों ने भी अपने जीवन में उतारा है। आयुर्वेद भी रोग मुक्त एवं स्वस्थ जीवन की कामना के साथ सुखायु, दुःखायु, हितायु, और अहितायु की कामना करता है। साथ ही इसे आयु का विज्ञान या जीवन का विज्ञान भी कहा जाता है। जो सामान्य जीवनशैली में १०० वर्ष तक निरोग जीवन की कामना करता है। अतः स्पष्ट है कि योग और आयुर्वेद दोनों ही मधुमेह जैसी अनेकों बीमारियों में अत्यंत लाभकारी है। और इनकी चिकित्सा प्रणाली में किसी भी प्रकार का नुकसान भी नहीं है। आज प्रत्येक मनुष्य को योग और आयुर्वेद का महत्व समझना चाहिए।

संदर्भ ग्रन्थ सूची :-

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हृदय रोगों में मन्त्र चिकित्सा : एक पूर्वावलोकन

गरिमा⁹ प्रो. जे. एस. त्रिपाठी

9 शोधछात्रा, काय चिकित्सा विभाग, आयुर्वेद संकाय, आई. एम. एस. ए. एस. ए.,
बी. ए. ए. यू. ए., वाराणसी

२ प्रो. जे. एस. त्रिपाठी, काय चिकित्सा विभाग, आयुर्वेद संकाय, आई. एम. एस. ए. एस. ए., बी. ए. ए. यू. ए., वाराणसी

सारांश -

सृष्टि के आरम्भ से ही रोगों का इतिहास भी आरम्भ होता है। रोगों से बचाव हेतु मानव ने आरम्भ से ही प्रयत्न करना प्रारम्भ कर दिया था और आज तक रोगों के निदान एवं उपचार हेतु वह लगातार प्रयत्न कर रहा है। प्रारम्भ में हैजा, टी. बी. टी., प्लेग आदि संक्रामक रोगों से छुटकारा पाने हेतु अनेकों प्रकार के अन्वेषण एवं अनुसन्धान हुए, लेकिन कालांतर में पुनः हृदय रोग, कैंसर, डेंगू, एड्स आदि भयंकर रोग उत्पन्न हो गए, जिनके समाधान एवं उपाय हेतु सम्पूर्ण विश्व प्रयत्नशील है। मानव द्वारा पुनर्जन्म तथा वर्तमान में किये गए कर्मों के आधार पर उनके रोगों के निवारण हेतु मन्त्र चिकित्सा का प्रयोग हमारे प्राचीन ऋषि-मुनियों द्वारा किया गया। विश्व के सबसे प्राचीन ग्रन्थ ऋग्वेद तथा अथर्ववेद में पांडुरोग, हृदय रोग, उदररोग, नेत्र आदि रोगों की चर्चा प्राप्त होती है। हृदय मानव शरीर का महत्वपूर्ण अंग है। हृदयरोगों का स्पष्ट वर्णन ऋग्वेद तथा अथर्ववेद में है। हृदय अष्टाचक्र, नवद्वार तथा पुण्डरीकाकार है और इसका रोग दुर्विज्ञेय कहा गया है। हृदय रोग के निवारण में मन्त्र चिकित्सा भौतिक उपचार आसान उपचार अत्यंत लाभप्रद हैं। जिनका नियमित रूप से प्रयोग करने पर रोगियों को अत्यधिक लाभ होता है। प्रस्तुत लेख में हृदय रोग के निवारणार्थ मन्त्र चिकित्सा का वर्णन किया गया है। जिसका उद्देश्य वर्तमान समय में प्राचीन चिकित्सा को लोगों के सामने प्रस्तुत कर उन्हें उसके उपयोगिताओं से अवगत कराना है।

मुख्य शब्द - हृदय, हृदय रोग, मन्त्र चिकित्सा, तान्त्रिक उपचार, यौगिकोपचार, भौतिक उपचार

सृष्टि के आरम्भ से ही रोगों का इतिहास भी आरम्भ होता है। रोगों से बचाव हेतु मानव ने आरम्भ से ही प्रयत्न करना प्रारम्भ कर दिया था और आज तक रोगों के निदान एवं उपचार हेतु वह लगातार प्रयत्न कर रहा है। प्रारम्भ में हैजा, टी. बी. टी., प्लेग आदि संक्रामक रोगों से छुटकारा पाने हेतु अनेकों प्रकार के अन्वेषण एवं अनुसन्धान हुए, लेकिन कालांतर में पुनः हृदय रोग, कैंसर, डेंगू, एड्स आदि भयंकर रोग उत्पन्न हो गए, जिनके समाधान एवं उपाय हेतु सम्पूर्ण विश्व प्रयत्नशील है। लेकिन परिणाम आज भी शून्य है। विडम्बना यह है कि मानव जितना प्राकृतिक रहस्यों को खोजने का प्रयास करता है, प्रकृति उतना ही अपना विस्तार करती जाती है। हमारे प्राचीन ऋषि-मुनियों ने जहाँ अणुवाद एवं परमाणुवाद के विषय में जाना तथा अध्यात्म कि गहराइयों में गोता लगाया, सांख्यशास्त्र के प्रकृति एवं पुरुष से सृष्टि की प्रक्रिया से सम्बन्ध स्थापित किया वहीं पर खगोल में ग्रह-नक्षत्रों को बांस की नलिका के द्वारा करोड़ों कोसो दूर धरती पर बैठकर सूर्यादि ग्रहों का वेध किया तथा उनके द्वारा भूमि पर पड़ने वाले शुभाशुभ प्रभाव को मानव के साथ जोड़कर उसको व्याख्यायित किया एवं मानव

द्वारा पुनर्जन्म तथा वर्तमान में किये गए कर्मों के आधार पर उनके रोगों के निवारण हेतु मंत्र चिकित्सा का प्रयोग हमारे प्राचीन ऋषि- मुनियों द्वारा किया गया। विश्व के सबसे प्राचीन ग्रन्थ ऋग्वेद तथा अथर्ववेद में पांडुरोग, हृदय रोग, उदररोग, नेत्र आदि रोगों की चर्चा प्राप्त होती है।

मानव हृदय की संरचना एवं कार्य- हृदय मानव शरीर का महत्वपूर्ण अंग है। मानव शरीर का हृदय लचीली मांशपेशियों से बना हुआ अत्यंत ही कोमल लाल वर्ण के थैले के समान चार खण्डों से युक्त दोनों फेफड़ों के मध्य वक्ष के बायीं ओर तीसरी से छठी पसली के मध्य होता है। हृदय का आकार एक स्वस्थ व्यक्ति की बंद मुठ्ठी के समान पांच इंच लम्बा, तीन इंच चौड़ा, ढाई इंच मोटा, वजन में लगभग पांच छटांक या इससे कुछ अधिक होता है। स्त्रियों की अपेक्षा पुरुषों में यह बड़ा होता है। इसका आकार कलमी आम या नाशपाती के समान होता है। यह अंदर से पतला और नुकीला होता है। हृदय का मुख्य कार्य पम्पिंग विधि द्वारा शरीर की शिराओं द्वारा नियमित रूप से रक्त को प्राप्त करके फेफड़ों की सहायता से उसमें कार्बनडाई अहक्साइड दूषित तत्व को निकालकर अहक्सीजन को प्रवाहित करता है। हृदय ने मानों विश्राम किया तो मृत्यु हो गयी। हृदय के इस प्रकार आकुंचन एवं प्रसारण को धड़कन कहते हैं। हृदय की गति ६६ से ६४ प्रतिमिनट होती है। पुरुषों की अपेक्षा स्त्रियों का हृदय अधिक तेजी से धड़कता है। उपनिषदों की ऐसी मान्यता है कि आत्मा पुण्डरीकाकर हृदय में रहता है और होता नामक सहस्रों नाड़ियाँ जो हृदय से निकलकर सम्पूर्ण शरीर में फैली रहती है और चेतना का संचार करती है, सुषुप्ति काल में आत्मा हृदय के दहर नामक आकाश में विश्राम करती है। ॥

हृदय तथा रक्त संचार सम्बन्धी रोग- हृदयरोगों का स्पष्ट वर्णन ऋग्वेद तथा अथर्ववेद में है। हृदय अष्टाचक्र, नवद्वार तथा पुण्डरीकाकर है और इसका रोग दुर्विज्ञेय कहा गया है।

”अष्टचक्रा नवद्वारा देवानां पुरयोध्या ।

तस्याः हिरण्ययः कोशः स्वर्गो ज्योतिषावृत्तः॥”⁹

मानव हृदय में दूसरे रोगों की तरह हृदय के भी अनेक रोग हैं । जिनमें अहर्गैनिक डिसऑर्डर्स (Organic Disorders) तथा कुछ रोग हृदय के ठीक से कार्य न करने से सम्बंधित है, जिन्हें फंक्शनल डिसऑर्डर्स (Functional Disorders) कहते हैं। अर्गैनिक डिसऑर्डर्स में सर्जरी उत्तम है । फंक्शनल डिसऑर्डर को खान- पान एवं औषधि के सेवन से ठीक किया जा सकता है ।

हृदय तथा रक्तसंचार सम्बंधित प्रमुख रोग- उच्च रक्तचाप, निम्न रक्तचाप, हृदय कपट सम्बन्धी रोग, रक्तवाहिनियों का कड़ा पड़ जाना, शिराओं का फूल जाना, एंजाइना पेक्टोरिस (Angina Pectori) रक्त संचार की कमी से हृदय में तीव्र पीड़ा होना जिससे बाएं कंधे या हाथ में दर्द होना, कार्डिएक हाइपरट्रॉफी (Cardiac Hypertrophy) हृदय के आकार की असामान्यता, कार्डिएक डायलेशन (Cardiac Dilatation) हृदय के

आस- पास तरल पदार्थ इकट्ठा होना, टेकीकार्डिया (Tachycordi) धड़कन की गति में तीव्रता आना, आर्टिकुलर फिब्रिलेशन (Articular Fibrillation) हृदय की पेशियों का सिकुडना, ब्रेडिकार्डिया (Bradycardia) हृदय का सामान्य गति से काम धड़कना, हार्ट ब्लॉक (Heart Block) हृदय में अवरोध, कोरोनरी थ्रॉम्बोसिस (Coronary Thrombosis) हृदय की एक या अधिक धमनियों में रुकावट होना, हार्ट अटैक (Heart Attack) दिल का दौरा पड़ना, तथा हार्ट फेल्योर (Heart Failure) हृदय की धड़कन बंद होना अर्थात् मृत्यु ।

शरीर के जितने भी सुकोमल अंग तथा उपांग हैं, उनका धीरे - धीरे क्षय होना तो प्रकृति का नियम ही है । शरीर के किस अंग का किस अवस्था में क्षय होने की संभावना है इसका ज्ञान ज्योतिष शास्त्र द्वारा जातक के जन्म काल में ही जन्मकुंडली के निर्बल ग्रह से सम्बंधित रोगों का ज्ञान हो जाता है, ये रोग मनुष्य के पूर्व जन्मों के कृत्यों के आधार पर होते हैं ।

हृदय रोग का कारक सूर्य तथा गुरु को माना जाता है । अगर ये अपने भाव को छोड़कर दूसरे भाव में चले जाते हैं तो हृदय रोग होने की संभावना होती है । सारावालिकार ने कहा भी है -

”तुहिन मयुखः कुरुते हृद्रोगिणमरिगृह नरं सततम”२

जन्मपत्रिका में सूर्य कुम्भ राशि गत हो तो हृदयरोगी (धमनी) में अवरोध उत्पन्न होता है ।३

सूर्य अगर मकर राशि गत हो तो जातक हृदय रोगी होता है ।४

हृदय रोग कारक ग्रह - होराशास्त्र के ग्रंथों में हृदय रोग कारक ग्रहयोग प्राप्त होते हैं व उनके आधार पर सर्वाधिक भूमिका जिनगृहों की होती है, उनका चार भागों में विभाजन किया जा सकता है -

१- सामान्य हृदय रोग	-	सूर्य, शनि
२ - हृदयाघात कारक	-	शनि, मंगल
३ - उच्च रक्तचाप कारक	-	मंगल, गुरु
४ - हृच्छूल कारक	-	राहु, शनि, मंगल

उपचार - मानव को सुख - दुःख, लाभ - हानि, आय - व्यय, रोग- शोकादि की प्राप्ति स्वयं के पाप कर्मों के परिणाम स्वरूप होती है। पूर्व जन्म - जन्मान्तरों के किये पाप कर्मों का फल मनुष्य को व्याधि के रूप में प्राप्त होता है । जिसको हम प्रारब्ध कहते हैं । लेकिन ईश्वर की अनुकम्पा, क्रियमाण असम सत्कर्मों के फलस्वरूप

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रोगों की अध्यात्म, योग एवं विभिन्न उपचारों के द्वारा स्वस्थता प्राप्त की जा सकती है । हृदय रोग कारक वैदिक मंत्र निम्नलिखित है -

सूर्य मंत्र -

”ॐ आकृष्णेन रजसा वर्तमानो निवेशयन्नमृतं मर्त्यं च ।

हिरण्ययेन सविता रथेना देवोयाति भुवनानि पश्यन ॥”

चन्द्र मंत्र -

”ॐ इमं देवा असपत्नं सुवध्वं महते क्षत्राय महते ज्येष्ठयाय महते जानराज्यायो इन्द्रियाया।

इमममुष्य पुत्रममुष्य विष एश वोमी राजा सोमोस्माकं ब्राह्मणानां राजा॥”

शनि मंत्र -

”ॐ शं नो देवीरभिष्टय आपो भवन्तु पीतये द्य शं योरभिस्त्रवन्तु नः॥”

राहु मंत्र -

”ॐ कयांश्चित्र आ भुवदूती सदावृधः सखा द्य कया शचिष्ठया वृता॥”५

शिव चतुराक्षरी मन्त्र -

”ॐ वं जू”

”ॐ नमः शिवाय सम्भवे व्योमेशाय नमः”६

शश्वक घन्नघ मित्रामहः आरोहन्नुत्तरां दिवम हृद्रोग म् सूर्य हरि माण् च नाशयं॥”

प्रातः काल प्रतिदिन सूर्योदय के समय सूर्य के सम्मुख उक्त मंत्र का १०८ बार जप करें।७

” अनु सूर्य मुदयताम हृदद्योतो हरिमा च ते ।

गो रोहितस्य वर्णेन तेन त्वा परि दध्मसि ॥”

”सुकेषु ते हरिमाणं रोपणाकासु दध्मसि ।

अथो हारिद्रवेषु ते हरिमाणं नि दध्मसि ॥”८

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इन मंत्रों के अतिरिक्त रोगी हृदय को स्वस्थ रखने के लिए आदित्य हृदय स्तोत्र का जप, महामृत्युंजय मंत्र का जप करना चाहिए, इससे रोगी को अत्यंत लाभ प्राप्त होता है ।

उक्त वैदिक मंत्रों के अलावा शीघ्र लाभ प्रदान करने वाले तांत्रिक मंत्र तथा उनकी जप संख्या इस प्रकार है -

तांत्रिक मन्त्रोपचार -१०

ग्रह	तांत्रिक मन्त्र	जप
सूर्य	ॐ ह्रं ह्रीं ह्रैं सः सूर्याय नमः, ॐ घृणि सूर्याय नमः	१७६६६
चंद्र	ॐ श्रां श्रीं श्रौं सः चन्द्रमसे नमः, ॐ चं चन्द्रमसे नमः	३३६६६
शनि	ॐ प्रा प्रिं प्रौं सः शनये नमः, ॐ शं शनैश्चराय नमः	८१६६६
राहु	ॐ भ्रां भ्रीं भ्रौं सः राहवे नमः, ॐ रं राहवे नमः	६१६६६

भौतिक उपचार - हृदय रोग परिहार्य के लिए घर में ही उपलब्ध भौतिक पदार्थों को दान करना चाहिए । जो इस प्रकार हैं- उड़द, गेहूँ, चावल, तिल, आदि ।

यौगिकोपचार - प्राणायाम, आसनादि विधि से भी हृदय रोग से मुक्त हो सकते हैं। हृदय रोग निवृत्ति के लिए नाडी शोधन, भ्रामरी, मकरासन, ताडासन, वृक्षासन, एवं भुजंगासन करना चाहिए । इन आसनों के करने से रोगी कुछ महीनों में स्वस्थ होने लगता है । क्योंकि इन आसनों का सीधा सम्बन्ध हमारे हृदय से होता है ।

इस प्रकार हम कह सकते हैं कि मंत्र सबसे प्राचीन चिकित्सा होने के साथ ही आज आधुनिक समय में भी विभिन्न प्रकार के रोगों के निवारण में अत्यंत कारगर साबित होता है । अगर मन्त्रों का जप सही प्रकार से सही तिरिके से किया जाये तो यह अत्यंत लाभदायक है ।

सन्दर्भ ग्रन्थ -

१- छा ६ उप २/३/२, ७/१/१

१- अथर्व ६/१/२

२- सारावली -३३-३४

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३ - सारावली- ३५- ३६

४-सारावली- ३७- ३८

५- बृहत् पराशर होरा शास्त्र, अ६ - ३४, श्लोक -१६-१७

६- यजुर्वेद १/१०

७- ऋग्वेद

८- अथर्व ६ ४/२३

१६- मन्त्र महोद, तरंग १४

सन्दर्भ ग्रन्थ सूचि -

१- सारावली - डा६ मुरलीधर चतुर्वेदी, श्रीमत् कल्याण वर्मा, कांतिमती हिंदी व्याख्या सहित , मोतीलाल बनारसीदास प्रा६ लि६

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२-शु६ यजु६ रुद्राष्टाध्यायी - डा६ नरोत्तम पुजारी, डा६ रवि पुजारी, अखिल भारतीय ज्योतिष शोध संस्थान, जोधपुर, १९१६(१)

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४ - मन्त्र महोदधि -

५ - ऋग्वेद संहिता - अग्नि महर्षि , वैदिक पुस्तकालय, अजमेर

६ - अथर्ववेद संहिता - क्षेमकरण दास, सार्वदेशिक आर्य प्रतिनिधि सभा

७ - आयुर्वेद का वैज्ञानिक इतिहास - आचार्य प्रियव्रत शर्मा, चौखम्भा ओरियन्टलिया, वाराणसी

८ - वेदो में आयुर्वेद - डा६ कपिलदेव द्विवेदी, विश्वभारती अनुसन्धान परिषद्, ज्ञानपुर (भदोही)

१६ - यजुर्वेद संहिता - महर्षि दयानन्द सरस्वती, चौखम्भा ओरियन्टलिया

११ - छान्दोग्योपनिषद् - शांकरभाष्य सहित, गीता प्रेस, गोरखपुर

११- आसन, प्राणायाम, बांध, मुद्रा, पंचकोश, ध्यान- ब्रह्मवर्चस, शांतिकुंज, हरिद्वार

माइग्रेन रोग के उपचार में योग एवं वैकल्पिक चिकित्सा: एक विश्लेषणात्मक अध्ययन

नम्रता चौहान^१, पीएच.डी. योग (शोधार्थी)

डॉ. शाम गणपत तीखे^२, सहायक प्राध्यापक (योग एवं आयुर्वेद)

डॉ. अखिलेश कुमार सिंह^३, सहायक प्राध्यापक (आयुर्वेद एवं योग)

साँची बौद्ध-भारतीय ज्ञान अध्ययन विश्वविद्यालय बारला, रायसेन (म.प्र.)

संक्षेपिका-

माइग्रेन एक ऐसी बिमारी है, जिसके रोगी पूरी दुनिया में निरंतर बढ़ते जा रहे हैं। माइग्रेन को एक गंभीर दर्दनाक सिरदर्द के रूप में परिभाषित किया गया है, इसे आयुर्वेद में अर्धाविभेदक तथा सामान्य बोलचाल की भाषा में अर्धकपारी भी कहते हैं। माइग्रेन एक न्युरोलोजिकल समस्या है जो सिर के एक ही हिस्से में लगातार दो-तीन दिन तक रुक दृरुक कर होने वाला असहनीय दर्द होता है जिसमें अधिकतर मतली, उल्टी आना, गैस की समस्या, हाथों और पैरों में झुनझुनी, प्रकाश व शोर से चिढ़ने होने जैसे लक्षण दिखाई देने लगते हैं। कई बार माइग्रेन, ब्रेन हेमरेज तथा लकवे का भी कारण बन सकता है। माइग्रेन के कारणों में मष्तिस्क में रक्त का संचार बढ़ जाना, धूप का सानिध्य, हाई ब्लड प्रेशर, ब्लड शुगर, तनाव, एल्कोहल का अधिकाधिक प्रयोग को प्रमुख माना है, इनके अतिरिक्त अपनी संवेदनाओं- भावनाओं को दबाना, भरपूर नींद ना लेना, भूखे पेट रहना अर्थात् विकृत जीवन शैली ही माइग्रेन का कारण है। इसके उपचार में एलोपैथी में अनेक दवाओं को उपयोग किया जाता है लेकिन कुछ समय पश्चात ही इसके दुष्प्रभाव दिखाई देने लगते हैं। योग एवं वैकल्पिक चिकित्सा (आयुर्वेद, चुम्बकीय चिकित्सा, होमियोपैथी, एक्जुप्रेसर, एक्जुपंचर, नेचुरोपैथी, मर्म चिकित्सा, प्राण चिकित्सा) में बिना दुष्प्रभाव के रोग के समस्त कारणों को समाप्त कर उपचार किया जाता है, इसी आधार पर इस सैद्धांतिक शोध की आवश्यकता है।

मुख्य शब्द- माइग्रेन, योग, वैकल्पिक चिकित्सा।

परिचय-

भौतिकवाद की इस भागम-भाग भरी दुनिया में माइग्रेन एक आम समस्या हो गयी है। सर्वप्रथम इसका वर्णन ईसा से 9200 वर्ष पूर्व भोज पत्र (इबेरस पेपाईरस) पर महान चिकित्सक "हिप्पोक्रेट्स" ने किया है। दर्द सिर के आधे हिस्से में होने के कारण "गैलननेर" ने इसे अर्धकपारी (हेमिक्रेनिया) कहा जो आगे चलकर 'मैगरीय' तथा फिर 'माइग्रेन' बना। माइग्रेन को सबसे पहले 9677 में अंतर्राष्ट्रीय सोसायटी में वर्गीकृत किया तथा पुनः 2004 में अपडेट किया, जिसके तहत माइग्रेन को 9 वर्गों में विभाजित किया। माइग्रेन को एक न्युरोवेस्कुलर विकार माना जाता है। यह मष्तिस्क से शुरु होता है फिर रक्त वाहिकाओं तक पहुँचता है। कुछ शोधकर्ताओं के अनुसार माइग्रेन में न्युरोन तंत्र की भूमिका है तथा कुछ के मुताबिक रक्त वाहिकाओं की भूमिका है तथा कुछ अन्यो के अनुसार दोनों ही संभवतः महत्वपूर्ण हैं। माइग्रेन का दर्द स्वचालित या अहटोनहमिक तंत्रिकाओं के असंतुलन के कारण बाह्य कपालिक रक्त नलिकाओं के फैलाने से होता है। ये तंत्रिकाएं नलिका आकुंचन बनाये रखकर सिर के रक्त प्रवाह

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को नियंत्रित करती हैं। नलिकाओं के फैलने से उनकी भित्ति में पीड़ा संवेदी तंतु उत्तेजित हो दर्द उत्पन्न करते हैं। आमतौर पर यह मस्तिष्क के एक हिस्से को प्रभावित करता है जिसमें धुकधुकी जैसा दर्द २ से ७२ घंटे तक बना रहता है। इसके लक्षणों में मितली, उल्टी, फोटोफोबिया (प्रकाश के प्रति अतिरिक्त संवेदनशीलता), फोनोफोबिया (ध्वनि के प्रति अतिरिक्त संवेदनशीलता) तथा शारीरिक गतिविधियों के बढ़ने पर दर्द बढ़ जाता है। कुछ विशेष पदार्थों जैसे चीज़, चाकलेट, या शराब के सेवन से, जिसमें टायरामीन नामक तत्व अधिकता से रहता है से बढ़ता है। कुछ लोगों को दौरा सूर्योदय के साथ शुरू होकर दोपहर तक चलता है, आकाश बादलों से आच्छादित होने पर वे पूर्ण रूप से स्वस्थ रहते हैं तो कुछ लोगों में दर्द का सम्बन्ध चन्द्रमा की स्थिति से होता है। माइग्रेन का पूर्वाभास रोगी को कुछ समय पहले ही आरा (लक्षणों) के माध्यम से हो जाता है। ऐसा माना जाता है कि माइग्रेन को पर्यावरणीय तथा आनुवंशिक दोनों कारक प्रभावित करते हैं। जिनमें से दो तिहाई कारण आनुवंशिक ही होते हैं। यौवन के पूर्व कि अवस्था में लड़कियों को लड़कों की अपेक्षा अधिक प्रभावित करता है जिसका कारण अस्थिर हार्मोन है, लेकिन महिलाओं में पुरुषों की तुलना में दो से तीन गुणा अधिक पाया जाता है। गर्भावस्था के समय माइग्रेन कम होता है।

माइग्रेन होने का प्रमुख कारण व्यक्ति की अस्त व्यस्त तथा विकृत जीवन शैली भी है। आयुर्वेदीय शास्त्र चरक संहिता में माइग्रेन को अर्धावभेदक कहकर इसके कारण बताये हैं -

रुक्षात्यध्यशनात् पूर्ववातावश्यायमैथुनेः ।

वेगसंधारणायासव्यायामैः कुपितोऽनिलः ॥

केवलः सकफो वाऽर्धं गृहीत्वा शिरासस्ततः।

मन्याभुशंखकर्णक्षिललाटर्षेऽतिवेदनां।।

शस्त्रारनिनिभां कुर्यात्तीव्रां सोऽर्धवाभेदकः

नयनं वाऽथ्व श्रोतामातिवृद्धो विनाशयेत ॥

अर्थात्- रुक्ष भोजन, अधिक मात्रा में भोजन, अध्यशन (पहले का खाना न पचने पर भी खाना खाना), अवश्याय (ओस), अतिमैथुन, वेग संधारण (मल मूत्र के वेग को रोकना), परिश्रम व अतिव्यायाम से वात दोष, कफ दोष के साथ मिलकर सिर के आधे भाग को जकड़कर मन्या, भृकुटी, शंखप्रदेश, कर्ण, नेत्र व ललाट के अर्ध भाग में शस्त्र से काटने तथा अरणी मंथन के समान तीव्र वेदना होती है, जिससे अर्धावभेदक की उत्पत्ति होती है। अर्धावभेदक अधिक बढ़ने पर नेत्र व कर्ण इन्द्रियों का नाश कर देती है।

माइग्रेन के लक्षण-

लम्बे समय तक बार-बार होने वाले तीव्र दर्द के साथ अंगदौर्बल्य, झटके तथा बेहोशी, दृष्टि दोष, जुकाम, साइनोसाइटिस आदि लक्षण दिखाई देते हैं। दर्द की तीव्रता, सिर दर्द की अवधि और दर्द होने की आवृत्ति हर एक में भिन्न-भिन्न होती है। ६१ घंटे से अधिक चलने वाले सर दर्द को "स्टेटस माइग्रेनासस" कहा जाता है।

माइग्रेन के पूर्व लक्षणों में मूड बदलाव, चिड़चिड़पन, अवसाद, थकान, कुछ विशेष खाने की इच्छा, गर्दन में जकड़न, कब्ज या दस्त, गन्ध या शोर के प्रति संवेदनशीलता भी शामिल हैं। अंग शुन्न होना, झुनझुनी आना, दुनिया घुमती दिखना, कमजोरी होती है।

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दृष्टि सम्बन्धी प्रभाव सबसे आम है, यह ६६: लोगों में होता है ये दृष्टि के केंद्र के पास से शुरू होकर टेढ़ी-मेढ़ी रेखाओं में किनारों की ओर फैलते हैं, सामान्यतः रेखाएँ काली व सफेद होती हैं, परन्तु कुछ लोगों को रंगीन रेखाएँ भी दिखायी देती हैं। कुछ लोगों को दृष्टि का कुछ ही भाग दिखता है, जिसे अर्धान्धता कहते हैं।

मितली लगभग ६०: लोगों को तथा उल्टी एक तिहाई लोगों में देखने में आती है। माइग्रेन समाप्त हो जाने पर कुछ दिनों तक बाधित विचार क्षमता, खुमारी, संज्ञानात्मक कठिनाइयाँ, पेट खराब, मूड में बदलाव तथा कमजोरी जैसे लक्षण महसूस होते हैं।

माइग्रेन के कारण-

अर्धकपारी का कारण अज्ञात है, लेकिन इसे पर्यावरणीय तथा आनुवंशिक कारकों का मिश्रण माना जा सकता है। माइग्रेन के मुख्य कारण हैं-

१. आनुवंशिकी- माइग्रेन का दर्द पैतृक हो सकता है, माँ-बाप में से किसी एक के होने पर उनसे उत्पन्न लड़का या लड़की को किसी एक को माइग्रेन हो सकता है।

२. शारीरिक पहलु- माइग्रेन माहवारी के आसपास अधिक होता है। रजोदर्शन, मौखिक गर्भ निरोध का उपयोग, गर्भावस्था, रजोनिवृत्ति जैसे अन्य हार्मोंस के प्रभाव भी महत्वपूर्ण भूमिका निभाते हैं।

३. आहार- चाकलेट, पनीर, दूध से बने आहार, मांस, अंडा, शराब, चाय, कफ़ी, खट्टे फल आदि में स्थित रसायनों के एलेर्जिक प्रभाव से माइग्रेन हो सकता है। ऐसे पदार्थों में टायरोमिन नामक एंजाइम, शराब का हिस्टामिन, खट्टे फलों, टमाटर, ककड़ी, संतरा, सेब, टूथपेस्ट, जेम्स, कोकाकोला आदि पेय पदार्थों में स्थित सैलिसिलिट्स सिर की रक्तवाहिनियों को संकरा कर माइग्रेन उत्पन्न करते हैं।

४. मानसिक तनाव- झगडालू, महत्वाकांक्षी, ईर्ष्यालु, असहिष्णु प्रकार के लोगों में माइग्रेन ज्यादा पाया जाता है।

५. यात्रा- यात्रा के दौरान शोर, गर्मी, ठंडी, भोजन की अव्यवस्था, थकान के कारण भी माइग्रेन होने की सम्भावना बढ़ जाती है।

माइग्रेन के प्रकार-

यह तीन प्रकार के बताए गये हैं -

१. सामान्य माइग्रेन- यह फोनोफोबिया तथा फोटोफोबिया के साथ होता है।
२. क्लासिक माइग्रेन- इसमें विभिन्न वस्तुएँ चमकीली दिखाई देती हैं, दृष्टि क्षेत्र में एक क्षिद्र दिखाई पड़ता है, जिसे ब्लाइंड स्पॉट कहते हैं।
३. जटिल माइग्रेन- मष्तिष्क के ठीक से काम न करने के कारण सिरदर्द होता है।

माइग्रेन से सम्बंधित तथ्य-

- दुनिया भर में १०: से अधिक लोग माइग्रेन से पीड़ित हैं।
- संयुक्त राज्य अमेरिका में एक वर्ष में पुरुषों में लगभग ६: तथा महिलाओं के १८: को माइग्रेन होता है। इसके साथ ही लगभग १८: और ४३: का सम्पूर्ण जीवन के लिए यह जोखिम जुड़ा रहता है।

- यूरोप में व्यक्ति के जीवन में किसी न किसी समय पर 92-27: लोगों को माइग्रेन प्रभावित करता है, जिनमें 6-95: व्यस्क पुरुषों और 98-35: व्यस्क महिलाओं को वर्ष में कम से कम एक बार माइग्रेन होता है।
- पश्चिमी देशों की तुलना में एशिया और अफ्रीका में माइग्रेन की थोड़ी कम है।
- विश्व कि कुल जनसंख्या का लगभग 9.8-2.2: लोग जटिल माइग्रेन से ग्रसित है।
- 7 साल के बच्चों में लगभग 9.7: और 7-95: वर्ष के बच्चों में 3.6:, यौवन से पूर्व के लड़कों में यह आमतौर पर पाया जाता है।
- 20-55: वर्ष की आयु में वे लोग जिनकी कमर क्षेत्र में चर्बी है उन्हें माइग्रेन होने का खतरा अधिक होता है।

माइग्रेन के रोकथाम में आधुनिक चिकित्सा -

माइग्रेन के उपचार में टोपिरामेट, डाइवेल्लोएक्स/सोडियम वैल्प्रोएट, प्रोप्रनोलॉल और मेटोप्रोलॉल, गाबापेंटिन, तिमेला, फ़ोवैत्रिप्टैन, अमिन्ट्रिप्टैटाईलिन, वेंलेफैक्साइन आदि दवाइयाँ प्रभावी हैड बोटॉक्स पुराने माइग्रेन के लिए प्रभावी है। एक अन्य उपाय माइग्रेन सर्जरी है, जिसमें सिर और गर्दन के आसपास कुछ नसों का संपीड़न किया जाता है, यह उन लोगों के लिए है जिनमें दवाओं से सुधार नहीं होता। परन्तु इन सब दवाइयों के कोई ना कोई नकारात्मक प्रभाव जल्द ही दिखाई देने लगते है।

वैकल्पिक चिकित्सा-

वैकल्पिक चिकित्सा पद्धतियां अपने मूल सिद्धांतों में उतनी ही विविध है जितनी अपनी कार्यविधियों में। ये पद्धतियाँ पारंपरिक चिकित्सा पद्धति, लोक ज्ञान, आध्यात्मिक विश्वास या उपचार के नये तरीकों पर आधारित होती है।

यौगिक उपचार- योग की विभिन्न क्रियायें मस्तिष्क में सेरेटॉनिन तथा मेलाटोनिन जैसे रसायनों के स्त्रवन को उनकी मात्रा को एवं अनुपात को पुनर्व्यवस्थित करते है। व्यक्ति को संवेदनात्मक तौर पर अधिक संतुलित बनाती है तथा जीवन के प्रति दृष्टिकोण में तथा जीवनशैली में परिवर्तन लाकर मनोकायिक संबंधों को संतुलित करती है। योग से प्राण शक्ति के प्रवाह के अवरोध दूर होते है व प्राणों का बेहतर संचार होता है। माइग्रेन के उपचार के लिए निम्न यौगिक क्रियाओं का अभ्यास करना चाहिए -

- षट्कर्म- कुंजल का प्रतिदिन या सप्ताह में एक दो बार अभ्यास करे, शंखप्रक्षालन एक बार, नेति प्रतिदिन करे ।
- आसन- पवनमुक्तासन भाग-1, भाग-2, सूर्यनमस्कार-शक्ति अनुसार शक्तिबंध समूह, शशांकासन, सुप्तवज्रासन , मार्जारी आसन, शवासन, प्रणामासन।
- प्राणायाम- हल्का भ्रस्तिका प्राणायाम, नाडीशोधन(90 चक्र), भ्रामरी ।
- योगनिद्रा- प्रतिदिन योगनिद्रा (30-45मिनट), साथ ही अंतरमौन या चिदाकाश धारणा, ध्यान के अभ्यास आदि ।
- भोजन- शाकाहारी आहार लेद्य भारी पदार्थ, खासकर चीज़, शराब सेवन न करेद्य अधिक मात्रा में भोजन ना करे।

आहार चिकित्सा-

प्रारंभ में रोगी को 5 दिन फलोपवास तथा 5 दिन रसोपवास कराकर धीरे-धीरे सामान्य आहार पर लायें। प्रत्येक 3 घंटे के अंतराल से एक समय एक प्रकार का फल या एक प्रकार की सब्जी का रस दे। पित्त जन्य सिर दर्द में नींबू, टमाटर आदि खट्टे फल ना देद्य रोगी को तीन-चार दिन नींबू पानी या नींबू ,शहद अथवा संतरे के रस में पानी मिलाकर पिलाये बाद में उबली सब्जी, धीरे-धीरे दलीया, रोटी देते हुए पूर्ण आहार पर लाये। सात्विक आहार ले, अधिक तले-भुने पदार्थों का सेवन ना करे।

आयुर्वेदीय चिकित्सा-

”सुवर्ण सुश्लेखर आरएस” को दूध के साथ प्रतिदिन १२५मि.ग्रा. लेद्य त्रिभुवन कीर्तिरस की एक से दो गोलिया ,१००-२५० मि. ली. दूध के साथ दो बार सेवन करे। गोदंति भष्म को १२-२४ मि. ली. लघुपंचमूल क्वाथ के साथ दिन में दो बार सेवन करने से भी माइग्रेन में लाभ मिलता है। इसके अतिरिक्त दशमुखिष्ठ, चंदानादी वटी, त्रिफला, गुग्गुल, ब्राम्ही, जटामांसी का उपयोग भी लाभदायक है।

प्राकृतिक चिकित्सा-

माइग्रेन का पेट से गहरा सम्बन्ध है, इसके लिए प्रतिदिन पेडू की मिटटी की पट्टी २० मिनट के लिए लगाये। गर्मपाद स्नान और माथे कि ओर सिर की गीली लपेट दिन में २-३ बार ले। सप्ताह में एक दिन पुरे शरीर की गीली लपेट ले तथा तनाव ना होने दे।

प्राण चिकित्सा-

माइग्रेन के उपचार में ब्लू प्राण का सुखद प्रभाव होता है। दर्द से राहत के लिए इसका उपयोग किया जाता है। माइग्रेन के रोगी को सर्वप्रथम स्कैन किया जाता है, प्राणिक उपचार के दौरान पुनः रिस्कैन किया जाता है। रोग की उर्जा को कम करने के लिए हल्के सफेद हरे प्राण के साथ प्रभावित हिस्से को सक्रिय करे, फिर हल्के नीले प्राण से सक्रिय करे।

चुम्बक चिकित्सा-

माथे पर कम शक्ति वाले चुम्बक का दक्षिणी ध्रुव दिन में तीन या चार बार लगाना चाहिए। चुम्बक २०-३० मिनट तक ही रखना चाहिए। हाथ के अंगूठे तथा पहली अंगुली के बीच वाले भाग पर छोटे लौह चुम्बक का उत्तरी ध्रुव रखे। दिन में ५-६ गिलास चुम्बकीय जल का सेवन करे। उपचार की अवधि में आराम करे।

एक्यूप्रेसर चिकित्सा-

माइग्रेन के उपचार के लिए एक्यूप्रेसर में स्.७एस्.४ एक्युपहइंट २६(नोस्ट्रिल), एक्यु पहइंट १२ : स्.६ए^१श्र. १७ तथा माइग्रेन के लक्षण दिखाई देने पर^१६, सेंट -३६, स्.४ आदि बिन्दुओं पर सावधानीपूर्वक दबाव देने की सलाह दी गयी है।

होमियोपैथी चिकित्सा-

होमियोपैथी में माइग्रेन के उपचार के लिए बैलाडोना-३०, ब्रायोनिया-३०, ग्लोनाइन-३०, आईरिस-३०, जेलसीमियम-३० नामक दवाइयों की चार चार बुँदे दिन में चार बार लेने से आराम मिलता है।

पंचकर्म चिकित्सा-

पंचकर्म में माइग्रेन के उपचार के लिए नास्य या औषधीय तेल की २ तरल बूंद जिसमें वाचा (एकोरस कैलामस) और पिपली (पाईपर लंगम) जैसी जड़ी-बूटियों के पेस्ट को नाक में डाला जाता है, जिसे ”शिरोवायरचन“ तथा ”अवपिदक नास्य“ कहा जाता है। इस प्रकार करने से माइग्रेन दर्द में आराम पहुँचता है ।

मसाज चिकित्सा-

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इस दर्द में यदि गर्दन और कंधों की मालिश करने से दर्द में आराम मिलता है। एक तौलिये को गर्म पानी में डुबोकर दर्द वाले हिस्से की सिकाई करे, कुछ लोगों में ठण्डे पानी से की गयी मालिश से राहत मिलती है। इसके लिए बर्फ के टुकडो का उपयोग भी कर सकते हैं

अरोमा चिकित्सा-

अरोमा थेरेपी से माइग्रेन के दर्द में काफी आराम पहुँचता है। इस तरीके में हर्बल तेलों के एक तकनीक के माध्यम से हवा में फैला दिया जाता है या फिर इसको भाप के द्वारा चेहरे पर डाल कर हल्का संगीत चलाकर माइग्रेन का उपचार किया जाता है जो दिमाग को आराम पहुँचाता है।

रेकी-

रेकी चिकित्सा में चिकित्सक पांच स्तरों में स्पर्श द्वारा उपचार करते है। इस पद्धति में बिना किसी दवा के ब्रह्माण्डीय ऊर्जा को जाग्रत करके अनेक साध्य तथा असाध्य रोग का उपचार किया जाता है, इसमें माइग्रेन जैसे असाध्य रोग की भी चिकित्सा संभव हो जाती हैं।

परिचर्चा-

माइग्रेन एक विकत रोग है जिसमें रोंगी के आधे सिर में धुकधुकी सा तेज़ असहनीय दर्द होता है। जिसका आभास व्यक्ति को कुछ समय पहले ही होने लगता है। इसके लक्षणों में जी मचलना, मतली, उल्टी, कमजोरी, शोर व उजाले से बैचैनी आदि लक्षण परिलक्षित होने लगते हैं। इसका कारण विकृत जीवन शैली, आनुवंशिकी, आहार, यात्रा है। माइग्रेन को सामान्य , क्लासिक तथा जटिल माइग्रेन में विभाजित किया गया है। माइग्रेन के उपचार में बहुत सी आधुनिक पद्धतियां विकसित हो गई है ,परन्तु उनके विपरीत प्रभाव भी है। इसीलिए बिना दुस्प्रभाव वाली योग तथा वैकल्पिक चिकित्सा माइग्रेन के उपचार के लिए श्रेष्ठ है।

उपसंहार-

माइग्रेन आज एक गंभीर समस्या के रूप में उभर कर आ रहा है। यूनाइटेड किंगडम के एक शोध के अनुसार केवल यूनाइटेड किंगडम में लगभग ८० लाख लोग माइग्रेन से ग्रसित है, जिनमे से लगभग २० हजार लोगों को प्रतिदिन माइग्रेन के दर्द का दौरा पड़ता है। यह भी अवधारणा है कि माइग्रेन के रोगियों कि संख्या अस्थमा, मिर्गी व मधुमेह के रोगियों कि संयुक्त संख्या से अधिक है। इस रोग के आधुनिक उपचार के दुष्प्रभाव के रूप में हृदयाघात, निम्न रक्तचाप, नींद कि कमी, जी मचलना जैसे परिणाम सामने आते है।

योग एवं वैकल्पिक चिकित्सा ऐसी चिकित्सा पद्धति है जिसमें सम्पूर्ण स्वास्थ्य को प्रोत्साहित किया जाता है, साथ ही इसका कोई दुष्प्रभाव भी नही पड़ता है। वैकल्पिक चिकित्सा के रूप में प्राण चिकित्सा, चुम्बक चिकित्सा, आहार चिकित्सा, एक्यूप्रेसर, आयुर्वेद चिकित्सा आदि चिकित्साओं का उपयोग कर तथा योग क्रियाओं के नियमित अभ्यास के द्वारा माइग्रेन के खतरनाक दर्द से बचा जा सकता है। तथा इसका जड़ से समाधान किया जा सकता है।

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आधुनिक आहार का मानव स्वास्थ्य पर इसका प्रभाव

*सरिता सोनकर * डॉ.जे.पी.सिंह

शोधछात्रा,कायचिकित्सा विभाग,आयुर्वेद संकाय,काशी हिन्दू

*एसोसिएट प्रोफेसर कायचिकित्सा विभाग,आयुर्वेद संकाय,काशी हिन्दू विश्वविद्यालय,वाराणसी

आधुनिक आहार और मानव स्वास्थ्य के आम जनता के दृष्टिकोण ने हाल के वर्षों में कठोर परिवर्तन किए हैं। सामान्य सद्भावना है कि कई पुरानी स्वास्थ्य समस्याएं, जो पहले पश्चिमी देशों में उल्लेखनीय थीं लेकिन दुनिया भर में प्रगतिशील रूप से विकसित हुईं, मुख्य रूप से आहार से संबंधित हैं। हालांकि, इस तरह की स्वास्थ्य समस्याओं में निहित आहार कारकों के बारे में बहुत कम आम सहमति है। आज सभी मानव जीवित एक ही प्रजाति के सदस्य हैं, होमो सेपियंस, और इस तरह, सभी पूरी तरह से "आधुनिक" इंसान हैं। आहार वसा एक महत्वपूर्ण उदाहरण हैं। मुख्यधारा के जनसंख्या की तरह जागरूक आहार, अब संदेश प्राप्त कर रहे हैं कि बुद्धिमान आहार वसा विकल्प आवश्यक फैटी एसिड, रक्त लिपिड प्रबंधन, अंतःस्रावी और प्रतिरक्षा कार्य, सूजन नियंत्रण, चयापचय प्रभाव और यहां तक कि संभावित शरीर संरचना और प्रदर्शन लाभ भी प्रदान करते हैं। इस ओर, कई कंपनियां अब विशेष आहार आहार वसा की खुराक बेचती हैं और मान्यता प्राप्त स्वास्थ्य प्राधिकरणों ने उन्हें कुछ आबादी की सिफारिश करना शुरू कर दिया है। तेजी से, औसत उपभोक्ता सुपरमार्केट को विरोधाभासी और संभावित खतरनाक आहार निर्णयों में बाधा के रूप में मानने आया है: कम वसा, उच्च वसा, कोई वसा नहीं; कोई मांस, कम फैटी मांस; कोई अंडे नहीं, एक सप्ताह में एक अंडे, असीमित अंडे; कम कार्बोहाइड्रेट, अधिक अनाज, कोई अनाज उत्पाद नहीं; अधिक फल, कम चीनी; और इसी तरह। बहुत अधिक भ्रमित जानकारी उपलब्ध है, लोकप्रिय प्रेस और जनता द्वारा फड डाइट्स और प्रारंभिक आहार संबंधी निष्कर्षों पर बहुत अधिक ध्यान दिया जाता है, और गंभीर आहार अनुशंसा के लिए बहुत कम ध्यान दिया जाता है

पतंजलि योगसूत्र में वर्णित स्वस्थ जीवन शैली का अध्ययन

रंजीत सिंह, ¹पी.एच.डी. शोधार्थी (योग)
डॉ. शाम गणपत तीखे, ²सहायक प्राध्यापक (योग एवं आयुर्वेद)
डॉ. उपेन्द्रबाबू खत्री, ³सहायक प्राध्यापक (योग एवं आयुर्वेद)
साँची बौद्ध-भारतीय ज्ञान अध्ययन विश्वविद्यालय, बारला, रायसेन(म.प्र.)

सारांश :-

योग एक अत्यंत प्राचीन विद्या है। इसमें मनुष्य के जीवन शैली में स्वास्थ्य की चर्चा की है। योग मनुष्य के समस्त आयामों को साथ में लेकर चलती है, तथा स्वास्थ्य की दृष्टि से मनुष्य के जीवन शैली में होने वाले परिवर्तन को देखते हुए उसके पूर्ण स्वास्थ्य की रक्षा करती है। मनुष्य के आयामों को देखते हुए उसके शारीरिक मानसिक सामाजिक और आध्यात्मिक स्वास्थ्य के लिए उपाय के रूप में पतंजलि योग सूत्र में विभिन्न प्रकार के सूत्र वर्णित हैं। जिनके अभ्यास माध्यम से ही पूर्ण रूप से स्वास्थ्य की प्राप्ति की जा सकती है। प्रत्येक मनुष्य का पहला मौलिक अधिकार है पूर्ण रूप से स्वास्थ्य की प्राप्ति होना और योग इस अवस्था को प्राप्त करने में मदद करता है, जिसमें पतंजलि योगसूत्र में मुख्य रूप से स्वास्थ्य की दृष्टि कोण से चित्त की वृत्तियों का निरोध तथा उसके साथ चित्त में उत्पन्न होने वाले क्लेशों को दूर करने के बाद मनुष्य के लिए उपाय के रूप में विभिन्न प्रकार के आयामों के बारे में बताया गया है और जिनके अभ्यास से मनुष्य पूर्ण रूप से स्वास्थ्य की प्राप्ति करता है।

मुख्य बिंदु :- पतंजलि योग सूत्र, स्वास्थ्य, आयाम ।

प्रस्तावना-

स्वास्थ्य जिसके बारे में कहा जा सकता है, कि यह जीवन के लक्ष्य को प्राप्त करने का एक साधन है यदि हम स्वस्थ नहीं हैं तो हम किसी भी क्षेत्र में प्रगति नहीं कर सकते, क्योंकि स्वास्थ्य प्रत्येक मनुष्य के जीवन का एक आधार स्तंभ है। पतंजलि योगसूत्र भी इन्हीं में से एक सूत्रात्मक ग्रंथ है, इसमें मनुष्य के जीवन शैली की चर्चा है तथा साथ में उसके मन की बात की गई है, कि मन की चंचलता के कारण चित्त में किस प्रकार से वृत्तियाँ उत्पन्न होने लगती हैं। और उसके कारण स्वास्थ्य पर किस प्रकार से प्रभाव पड़ता है। इसकी चर्चा पतंजलि योगसूत्र में की गई है। पतंजलि योग सूत्र के विषय में कहा गया है, कि यह पूरी तरह से एक "मनोवैज्ञानिक" ग्रंथ है जिसमें मनुष्य के जीवन में सन्तुलन, शांति और स्वास्थ्य की बात इस योगसूत्र के अंतर्गत निहित है।

स्वास्थ्य का अर्थ-

स्वास्थ्य शब्द दो शब्दों से मिलकर बना है- 'स्व' और 'स्थ' अर्थात् स्वयं में स्थित होना ही स्वास्थ्य है। स्वस्थ मनुष्य वही है, जो अपने स्व में स्थित हो। स्वास्थ्य जीवन का एक आधार है। स्वस्थ जीवन शैली के कारण ही मनुष्य पूरी तरह से

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अपने समस्त कार्यों को करने में सक्षम रहता है। यदि उसके स्वास्थ्य में किसी भी प्रकार की कोई कमी रहती है, तो वह मनुष्य स्वस्थ नहीं होता है। बल्कि वह मनुष्य अस्वस्थ कहा जाएगा। तात्पर्य यह है कि उसके पूर्ण स्वास्थ्य में किसी तरह का कोई विकार उत्पन्न हो गया है, जो कि उसकी स्वस्थ जीवन शैली को प्रभावित करता है। स्वास्थ्य की दृष्टि से मनुष्य के जीवन शैली में स्वास्थ्य के विभिन्न प्रकार के आयाम हैं। शारीरिक, मानसिक, सामाजिक और आध्यात्मिक स्वास्थ्य, यदि इनमें से किसी एक आयाम पर व्याधि उत्पन्न होती है, तो वह मनुष्य स्वस्थ नहीं होता है।

स्वास्थ्य की परिभाषा विभिन्न दृष्टिकोण से-

- मन और शरीर के संतुलित व्यवहार से जिसमें हमारे आस-पास के पर्यावरण में उचित सामंजस्य स्थापित हो सके। ऐसा करना भी स्वास्थ्य के अंतर्गत आता है।
- जीवन में दीर्घायु रहकर तन और मन के साथ अपने कर्तव्य परायण बने रहना और कुशलता पूर्वक कार्य करने की प्रक्रिया को भी स्वास्थ्य कहते हैं।
- जे.एफ.विलियम के अनुसार- स्वास्थ्य जीवन का वह गुण है, जो मनुष्य को अधिकतम जीवित रहने एवं श्रेष्ठतम सेवा करने योग्य बनाता है।⁴
- विश्व स्वास्थ्य संगठन (१९४८) के अनु.- विश्व स्वास्थ्य संगठन के अनुसार स्वास्थ्य सिर्फ रोग या दुर्बलता की अनुपस्थिति ही नहीं है, बल्कि एक पूर्ण स्वास्थ्य शारीरिक, मानसिक, सामाजिक के साथ आध्यात्मिक खुशहाली की स्थिति है।⁵
- सुश्रुत संहिता में वर्णित स्वास्थ्य की परिभाषा -

समदोषः समाग्निश्च समधातुमलक्रियाः।

प्रसन्नात्मेन्द्रियमनाःस्वस्थइत्याभिधीयते।।

अर्थात्- जिस व्यक्ति के वात, पित्त और कफ त्रिदोष समान हों, अग्नि सम हों, शरीर की सभी क्रियायें समान क्रिया करें, इससे अलावा मन सभी इंद्रियाँ तथा आत्मा प्रसन्न हो वह मनुष्य स्वस्थ कहलाता है।⁶

आयुर्वेद में शरीर को स्वस्थ रखने के लिए उपाय के रूप में तीन उपस्तंभ बताए हैं -

त्रयउपस्तम्भा इति- आहारः स्वपनो ब्रह्मचर्यमिति।

अर्थात्- शरीर और स्वास्थ्य को स्थिर, सुदृढ़ और उत्तम बनाये रखने के लिए आहार, स्वप्न (निद्रा) और ब्रह्मचर्य ये तीन उपस्तंभ हैं। 'उप' यानी सहायक और 'स्तम्भ' यानी खम्भा। इन तीनों उपस्तंभों का यथा विधि सेवन करने से ही शरीर और स्वास्थ्य की रक्षा होती है।⁷

आयुर्वेद में शरीर को बीमार करने वाले कारण भी बताए गए हैं।

धीष्टुतिस्मृतिविभ्रष्टः कर्म यत् कुरुतऽशुभम्।

⁵ तातेड, सोहन राज, पतंजलि योग द्वारा समग्र स्वास्थ्य (पृष्ठ सं. ७६)

⁶ According to WHO 1948

⁷ सुश्रुत संहिता-१५/४१

⁸ चरक सूत्र- ११/३५

प्रज्ञापराधं तं विद्यात् सर्वदोषप्रकोपणम्।।

अर्थात्- धी (बुद्धि), धृति (धारण करने की क्रिया, गुण, शक्ति या धैर्य) और स्मृति (स्मरण शक्ति) के भ्रष्ट हो जाने पर मनुष्य जब अशुभ कर्म करता है, तब सभी शारीरिक और मानसिक दोष प्रकुपित हो जाते हैं। इन अशुभ कर्मों को प्रज्ञापराध अर्थात् धारण करेगा उसके शरीर और स्वास्थ्य की हानि होगी और वह रोग ग्रस्त हो ही जाएगा।⁶

पतंजलि योग सूत्र में वर्णित स्वास्थ्य-

भारतीय दर्शन के 'षड्दर्शन' में 'योगदर्शन' एक प्रमुख स्थान रखता है। योग दर्शन का मुख्य आधार ग्रंथ योगसूत्र है, जो कि महर्षि पतंजलि द्वारा वर्णित है। पतंजलि योगसूत्र की शुरुआत योग के नियमानुसार के साथ हुई है। जिसमें कहा गया है कि योग की शुरुआत योग के सिद्धांतों और प्राचीन विद्या के साथ-साथ इसका अभ्यास प्रारम्भ करते हैं। "अथ योगानुशासनम्"⁹ इस योगसूत्र में चित्त शुद्धि के साथ-साथ शारीरिक, मानसिक, सामाजिक और आध्यात्मिक स्वास्थ्य की चर्चा की है। योग सूत्र में सर्वप्रथम चित्त को शुद्ध करने के लिए योग को उत्तम माना है। क्योंकि चित्त ही वह स्थान है, जहाँ वृत्तियाँ उत्पन्न होती हैं और इन्हीं वृत्तियों के माध्यम से ही चित्त-विक्षेप तथा उनके सहभुवः और साथ में क्लेश उत्पन्न होने लगते हैं। इन सभी के निरोध के लिए योगसूत्र में कहा गया है, कि चित्त की वृत्तियों का निरोध योग के माध्यम से सम्भव है, या चित्त की वृत्तियों का निरोध हो जाना ही योग है "योगश्चित्तवृत्तिनिरोधः।"¹⁰ पतंजलि योगसूत्र चार पादों में विभक्त है।

- पहला समाधिपाद - ५१ सूत्र
- दूसरा साधनपाद- ५५ सूत्र
- तीसरा विभूतिपाद- ५५ सूत्र
- चौथा कैवल्यपाद- ३४ सूत्र

इन चारों पादों में योग के प्रभाव से किस प्रकार चित्त को प्रसन्न करने अथवा स्वास्थ्य में किस प्रकार से प्रभाव पड़ता है। इसकी चर्चा पतंजलि योग सूत्र में देखने पर मिलती है। योग सूत्र में वर्णित स्वास्थ्य की दृष्टि से मनुष्य के लिए उपाय के रूप में अभ्यास और वैराग्य के साथ-साथ 'क्रियायोग' और 'अष्टांग योग' कि चर्चा पतंजलि योग सूत्र में की गई है। जिनके माध्यम से (शारीरिक, मानसिक, सामाजिक और आध्यात्मिक) स्वास्थ्य प्राप्त किया जा सकता है। शारीरिक एवं मानसिक स्वास्थ्य के लिए उपाय के रूप में अभ्यास और वैराग्य की चर्चा की है, जो पतंजलि योग सूत्र में इस प्रकार वर्णित है-

अभ्यासवैराग्याभ्यां तन्निरोधः।¹¹

अर्थात्- अभ्यास और वैराग्य के द्वारा चित्त की वृत्तियों का निरोध होता है।

तत्र स्थितौ यत्नोऽभ्यासः।¹²

⁹ चरक शास्त्र- १/१०२

¹⁰ प.यो.सू.- १/१

¹¹ प.यो.सू.- १/२

¹² (प.यो.सू. १/१२)

¹³ (प.यो.सू. १/१३)

अर्थात्- उनमें से किसी एक विषय के लिए निमित्त प्रयत्न करना अभ्यास है।

दृष्टानुश्रविकविषयवितृष्णस्य वशीकारसंज्ञा वैराग्यम्।^{१४}

ऐहिक और पारलौकिक विषयों से निःस्पृह चित्त का वशीकार संज्ञानामक अपर वैराग्य होता है।

मैत्रीकरुणामुदितोपेक्षणां सुखदुःखपुण्यापुण्यविषयाणांभावनातश्चित्तप्रसादनम्।^{१५}

सुखी, दुःखी, पुण्यात्मा तथा पापात्मा जीवों के विषय में क्रमशः मैत्री, करुणा, मुद्रिता, प्रसन्नता और उपेक्षा की भावना करने से चित्त प्रसन्न और निर्मल होता है।

तपःस्वाध्यायेश्वरप्रणिधानानि क्रियायोगः।^{१६}

तप,स्वाध्याय और ईश्वर प्रणिधान क्रियायोग हैं और इनके अभ्यास से चित्त में उत्पन्न होने वाले क्लेशों को तनु किया जा सकता है। ये सभी स्वास्थ्य की दृष्टि से मनुष्य के लिए अत्यंत आवश्यक हैं और इनके अभ्यास से मनुष्य स्वास्थ्य की रक्षा करने में सक्षम होता है।

यमनियमासनप्राणायामप्रत्याहारधारणाध्यानसमाधयोऽष्टावगङ्गानि।^{१७}

(यम, नियम, आसन, प्राणायाम, प्रत्याहार, धारणा, ध्यान और समाधि) इन आठ अंगों का वर्णन पतंजलि योगसूत्र में है। ये आठ अंग मनुष्य के जीवन शैली में और स्वास्थ्य में परिवर्तन करते हैं तथा उनके संपूर्ण स्वास्थ्य की रक्षा करते हैं। मनुष्य के जीवन शैली के अनुसार उसके सर्वांगीण उन्नति और विकास के साथ साथ स्वास्थ्य में (शारीरिक, मानसिक, सामाजिक और आध्यात्मिक) स्वास्थ्य के लिए उपाय के रूप में अष्टांग योग कि चर्चा पतंजलि योगसूत्र में की गई है। मनुष्य की प्रवृत्ति के कारण योगसूत्र को साधारणतः तीन रूपों में बांटा जाता है। पहला रूप- 'अभ्यास और वैराग्य'। दूसरा रूप- 'क्रियायोग'। तीसरा रूप अष्टांग योग के नाम से है। जिनके माध्यम से पूर्ण रूप स्वास्थ्य की प्राप्ति की जा सकती है। अष्टांग योग द्वारा सर्वांगीण स्वास्थ्य प्राप्ति के लिए निम्न चरणों का पालन करना आवश्यक है।

• यम-

- **अहिंसा-** हिंसा न करना । मन, वचन और कर्म के अनुसार किसी भी प्रकार से हिंसा न करना ही अहिंसा के अंतर्गत आता है।
- **सत्य-** मन और वाणी के साथ हमेशा 'सत्य बोलना और पालन' करना।
- **अस्तेय-** 'चोरी न करना' मन और कर्मों के माध्यम से किसी भी प्रकार की कोई भी चीज या विशेष वस्तुओं की चोरी न करना ही अस्तेय कहलाता है।
- **ब्रह्मचर्य-** इन्द्रियों पर नियन्त्रण रखना शारीरिक एवं वाचिक या भाषिक मानसिक रूप से सयंम बनाने की विधि प्रकिया ही ब्रह्मचर्य है।

¹⁴ (प.यो.सू. १/१५)

¹⁵ (प.यो.सू. १/३३)

¹⁶ (प.यो.सू. २/१)

¹⁷ (प. यो. सू.-२/२६)

➤ **अपरिग्रह-** आवश्यकता से अधिक वस्तुओं का संग्रह न करना ही अपरिग्रह है।

•**नियम-**

- **शौच-** शारीरिक, मानसिक और भाषिक विकारों को दूर करना तथा अपने स्वास्थ्य के प्रति शुद्धि पूर्वक कार्य करना शौच कहलाता है।
- **संतोष-** मानसिक स्वास्थ्य की दृष्टि देखते हुए उसके पूर्ण रूप से वस्तुओं की प्राप्ति उनमें संतुष्टि बनाए रखना ही संतोष कहलाता है।
- **तप-** परिस्थितियों के अनुसार चित्त को प्रसन्न रखना शारीरिक, मानसिक और भाषिक रूप से उन परिस्थितियों में एकांत होना ही तप कहलाता है।
- **स्वाध्याय-** नवीन विचारों का अध्ययन उनका आवागमन होना। विचारों की अभिव्यक्ति उनमें शुद्धता के लिए और आत्म जिज्ञासाओं की संतुष्टि के लिए पवित्र ग्रंथों का अध्ययन करना ही स्वाध्याय करना।
- **ईश्वर प्रणिधान-** भावनाओं को व्यक्त करना आत्म जिज्ञासाओं के लिए तथा चित्त को एकाग्र स्थिर बनाए रखने के लिए और साथ में प्रार्थना करने की प्रक्रिया करना आत्मतत्त्व को परमतत्त्व से जोड़ने की कोशिश करना ही ईश्वर प्रणिधान है।

• **आसन-** शरीर में ऊर्जा का संचार होना, और द्वन्द्वों को दूर करना। शारीरिक रूप से दृढ़ता प्राप्त करने का प्रयास ही आसन है।

• **प्राणायाम-** नाड़ीयों को शुद्ध करना। शारीरिक एवं मानसिक रूप से तनाव को दूर करना। शरीर में हल्कापन महसूस करना। श्वास- प्रश्वास का विच्छेदन कर के श्वास के प्रवाह को संतुलित करने के साथ उसकी गति को सुष्मुना नाड़ी में प्रवाहित करने की प्रक्रिया को ही प्राणायाम कहलाता है।

• **प्रत्याहार-** इन्द्रियों के विषयों पर नियंत्रण रखना ही प्रत्याहार कहलाता है।

• **धारणा-** किसी एक विषय को लेकर उसके प्रति जागरूक होकर अपने लक्ष्य को प्राप्त करने के लिए उस विषय को धारण करनेकी प्रक्रिया को ही धारणा है।

• **ध्यान-** धारण की हुई वस्तु के रूप में चिंतन करना और उसके स्वरूप के दर्शन को जानने की प्रक्रिया को ही ध्यान कहते हैं।

• **समाधि-** समस्त वृत्तियों के निरोध के साथ-साथ चित्त में उत्पन्न होने वाले क्लेशों के द्वारा उसके पूर्ण रूप से निरोध के पश्चात् अपने स्वरूप में विराजमान हो जाना और फिर इन्हीं के साथ संस्कारों का क्षीण हो जाना जिससे चित्त में किसी भी प्रकार का कोई भी एक संस्कार शेष न रहे। ऐसी स्थिति में साधक की संस्कार से शून्य अवस्था ही समाधि की अवस्था होती है।

विचार विमर्श-

पतंजलि योग सूत्र में स्वास्थ्य जीवन शैली के लिए उपाय के रूप में 'अभ्यास' और 'वैराग्य' के साथ-साथ 'क्रियायोग' और 'अष्टांग योग' कि चर्चा की गई है। जिनके माध्यम से मनुष्य अपने जीवन शैली में स्वास्थ्य के प्रति जागरूक होता है। तथा समाज में और अपने लक्ष्य के प्रति जागरूक होता रहता है। यदि वह किसी भी प्रकार के व्याधि से ग्रस्त हो जाता है तो वह मनुष्य स्वस्थ नहीं होता है। बल्कि वह मनुष्य के शरीर के प्रति अस्वस्थ रहता है। इस अस्वस्थता को दूर करने के लिए महर्षि पतंजलि ने योग सूत्र में इन सूत्रों के माध्यम से प्राप्त होने वाली 'स्वास्थ्यता' के बारे में बताया गया है।

उपसंहार-

पतंजलि योग सूत्र भारतीय दर्शन में निहित योग दर्शन का मुख्य आधार ग्रंथ है। जिसमें मनुष्य के जीवन शैली में होने वाले परिवर्तन, जिनके कारण चित्त में उत्पन्न होने वाली वृत्तियों के साथ-ही-साथ उसमें उत्पन्न होने वाले क्लेशों के द्वारा उसके स्वास्थ्य के आयामों में एक समय अस्वास्थ्यता आ जाती है। इस अस्वस्थता को दूर करने के लिए उपाय के रूप में पतंजलि योगसूत्र में विभिन्न प्रकार से मनुष्य के जीवन शैली में स्वास्थ्य की दृष्टि से उपाय बताए गए हैं। आज आधुनिक चिकित्सा विज्ञान भी अधिकांश रोगों का मुख्य कारण विकृत मानसिकता को मानता है। महर्षि पतंजलि भी यम, नियमों के द्वारा मानसिक विकारों को हटाकर स्वस्थ जीवन की संकल्पना को साकार करते हैं। प्रस्तुत सैद्धांतिक शोध पत्र पतंजलि योग सूत्र के संदर्भ स्वस्थ जीवन शैली की संकल्पना साकार साबित होती है। योगसूत्र मानव मन का मर्मज्ञ है, जो समग्र स्वास्थ्य को साथ लेकर चलता है, साथ ही आध्यात्मिक उन्नति को भी साकार करता है।

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कटिशूल के प्रबन्धन में यौगिक चिकित्सा

अखिलेश कुमार विश्वकर्मा^१, पी.एच.डी.शोधार्थी (योग)

डॉ. शाम गणपत तिखे^२, सहायक प्राध्यापक, (योग एवं आयुर्वेद)

डॉ. अखिलेश सिंह^३, सहायक प्राध्यापक, (आयुर्वेद एवं योग)

डॉ.उपेन्द्र बाबू खत्री^४, सहायक प्राध्यापक, (योग एवं आयुर्वेद)

साँची बौद्ध- भारतीय ज्ञान अध्ययन विश्वविद्यालय बारला, रायसेन (मध्यप्रदेश)

सारांश-

आधुनिक जगत में कटिशूल अथवा कमरदर्द लगभग हर व्यक्ति के लिये एक गम्भीर समस्या बन गई है। जिससे बड़े-बुजुर्ग, बच्चे, महिलाएँ आदि लगभग सभी लोग परेशान हैं। प्राचीन समय में मानव की नियमित दिनचर्या थी उनका सोना-जागना, आहार-विहार, निद्रा आदि कार्य निश्चित समय सीमा पर होते थे लेकिन वर्तमान समय में मनुष्य की अनियमित दिनचर्या होने के कारण कमरदर्द की शिकायत लगभग हर वर्ग के लोगों में दिखायी दे रही है। इससे न केवल शरीर का संतुलन बिगड़ता है अपितु व्यक्ति मानसिक रूप से भी प्रभावित होता है। कमर दर्द शरीर की यांत्रिक असफलता के साथ-साथ मानसिक रूप से तनाव आदि के बढ़ने का परिणाम है। स्पाइनल कार्ड या रीढ़ की हड्डी में स्पाइन वर्टिब्रा (Vertebrae) होते हैं जो कि सिर के निचले हिस्से से शुरू होकर टेल बोन (Tail Bone) तक जाते हैं। प्रत्येक दो वर्टिब्रा (Vertebrae) के बीच एक डिस्क होती है। जो हमारे दायें-बाँयें, आगे-पीछे गति करने में हमारी मदद करते हैं। गलत तरीके से उठने-बैठने, चलने-फिरने, झुकने या अत्याधिक मानसिक तनाव आदि डिस्क पर लगातार जोर डालते हैं जिससे मेरूदण्ड की नसों (Nerves) पर दबाव पड़ता है जो कि कमरदर्द का कारण बनता है। वर्तमान में यौगिक चिकित्सा पद्धति को कमरदर्द के निवारण के लिये उपयुक्त माना जा रहा है। जिसमें योग के विभिन्न आयाम जैसे पवनमुक्तासन भाग-३ एवं अन्य आसन, प्राणायाम, योगनिद्रा एवं ध्यान आदि का प्रयोग करके कमरदर्द से निजाद पाया जा सकता है।

इस शोध पत्र का उद्देश्य कमर दर्द का उपचार हेतु योग के विभिन्न आयामों का प्रयोग करके कमर दर्द की समस्या को हल करना है।

मुख्य शब्द- कटिशूल, अनियमित दिनचर्या, यौगिक चिकित्सा।

परिचय -

वर्तमान के बदलते परिप्रेक्ष्य में मनुष्य ने भौतिक जगत की उन्नति के लिये अपनी जीवन-चर्या में अनेक प्रकार के परिवर्तन किये हैं इस परिवर्तन ने निश्चित तौर पर उसकी भौतिक समृद्धि की है परन्तु जिसका प्रभाव उसके शरीर और मन दोनों पर पड़ा है। अहार, खान-पान के तरीके, विचार-चिंतन आदि के परिवर्तन से शरीर और मन में अनेक विकृतियाँ आ गयी हैं। शरीर और मन अनेक व्याधियों जैसे कमर दर्द, घटने दर्द, सिर दर्द, हाई ब्लड प्रेशर, शुगर, अस्थमा, तनाव, अनिद्रा आदि से

ग्रसित हो गया है। जिनमें से रीढ़ की हड्डि के दर्द से अधिकांश लोग प्रभावित हैं। आयुर्वेद में रीढ़ की हड्डि के दर्द को कटिशूल कहा जाता है। कटिशूल से पीड़ित व्यक्ति उठने, बैठने, चलने फिरने, सोने, आदि में कठिनाई का अनुभव करता है। अचानक और कभी-कभी रूक-रूक कर कमर में विद्युत की भाँति चमकने की तरह शूल या दर्द की उत्पत्ति होती है। आयुर्वेद की दृष्टि से निर्बल, अधिक स्थूल एवं वात प्रकृति वालों को कटिशूल का ज्यादातर शिकार होना पड़ता है। "पुराने जमाने में ३५ साल के बाद ही लोगों को कमर दर्द (back pain) की बिमारी होती थी, लेकिन आज के समय में कम उम्र में ही लोग कमर दर्द (back pain) की problem से पीड़ित हैं। भारत में ६०: लोगों को अपने जीवन काल में कभी न कभी कमर दर्द (back pain) की चतवइसमउ का सामना करना पड़ता है। हमारे अस्वस्थ होने का जितना बड़ा हाथ environment का है, उससे कहीं ज्यादा हम अपनी बदली lifestyle के कारण बीमार होते हैं।"¹⁸

रीढ़ की हड्डि में ३२ वर्टिब्रा होते हैं जिनमें से २२ मूवमेंट करते हैं। जब इनमें सही तरीके से गति या मूवमेंट नहीं हो पाती तो अनेक समस्याएं पैदा होती हैं। हमारी कमर की बनावट में कार्टिलेज, लिगामेंट, मांसपेशियां, एवं अनेक जोड़ शामिल होते हैं। इनमें से किसी भी हिस्से के विकारग्रस्त होने से कमर दर्द होता है। "उम्र बढ़ने कमर में चोट लगने एकदम से गिर जाने तथा हड्डियों के घिसने से इनके बीच की दूरी असामान्य हो जाती है। जिससे वहां से निकलने वाली तंत्रिकाओं पर दबाव पड़ने लगता है। यही कटि पृष्ठ वेदना" कहलाती है।"¹⁹

कटिशूल का कारण-

कटिशूल के विविध कारणों में सबसे महत्वपूर्ण कारण आधुनिक जीवन शैली में निरन्तर बदलाव है। जिस तरह से आधुनिकता ने जीवन शैली को परिवर्तित किया है उसका सीधा असर मनुष्य के स्वास्थ्य पर पड़ा है। आधुनिकता के विकास की चाह ने दिन और रात के भेद को समाप्त कर दिया है। निरन्तर आगे बढ़ने की दौड़ ने मनुष्य के विश्राम का समय छीन लिया है। अब मनुष्य देर रात तक कार्य करता है और सुबह देर से उठता है। खान-पान में भी बदलाव आया है। ज्यादातर लोग डिब्बा बंद, फास्ट फूड या होटल आदि के भोजन का शिकार हो गये हैं। खान-पान की अनियमितता और असंतुलन की स्थिति से वात, पित्त, कफ में असंतुलन हो जाता है। आयुर्वेद के अनुसार कटिशूल की समस्या वात दोष के कारण होती है इसीलिए कमर दर्द को कटिवात भी कहा जाता है जिसमें कटि से अभिप्राय है कमर और वात से अभिप्राय वायु से है। गद्देदार बिस्तर पर सोना, मोटे तकिये का उपयोग करना, कुर्सी पर कमर गर्दन को झुकाकर बैठना, टीवी-कम्प्यूटर आदि के साथ लम्बे समय तक बैठना, किसी वस्तु को अनुचित तरीके से उठाना, आवश्यकता से अधिक व्यायाम करना, गलत तरीके से योगाभ्यास करना आदि अनेक कारण हैं जिनसे कमर दर्द होने की सम्भावना बढ़ जाती है। कटिशूल इन्फेक्शन, ऑपरेशन, गहरी चोट आदि की बजह से भी हो जाता है। स्त्रियों में मासिक धर्म एवं गर्भावस्था भी कमर दर्द का कारण बन जाती है।

कमर दर्द के कुछ अन्य कारण-

- रीढ़ की हड्डि का कैसर
- रीढ़ की हड्डि का संक्रमण
- नींद संबंधी विकार
- मानसिक तनाव

¹⁸ <https://www.healthhinditips.com/back-pain-treatments-in-hindi>

¹⁹ योग चिकित्सा के सिद्धान्त, पृष्ठ क्र.-३१.

- मोटापा
- अधिक चिंता करना

आयुर्वेदाचार्यों ने मानसिक विकृतियों यथा- चिंता, शोक, काम, क्रोध, भय, तनाव, दुश्चिंता आदि को भी कटिशूल का कारण माना है। योगिक ग्रंथों में स्वामी स्वात्माराम द्वारा रचित हठ प्रदीपिका में स्वामी स्वात्माराम वायु की असामान्य गति को कटिशूल का कारण मानते हैं-

उन्मार्ग प्रस्थितो वायुः पित्त कोष्ठे यदा स्थितः।

हृच्छूलं पार्श्वशूलं च पृष्ठशूलं च जायते।²⁰

अर्थात् गलत मार्ग से प्रवाहित वायु जब पित्त प्रदेश में जमा हो जाती है तब छाती में दर्द, बगल में दर्द तथा पीठ में दर्द होता है।

यह एक अत्यन्त ही सामान्य प्रकार का दर्द होता है जो किसी विशेष अंग की बीमारी जैसे स्लिप डिस्क, गठिया, संधिशोथ, ट्यूमर, यक्ष्मा आदि से सम्बंधित नहीं होता बल्कि हमारी दैनिक जीवन-शैली के दोषपूर्ण होने से इस प्रकार की समस्याएं उत्पन्न होती हैं। दोषपूर्ण तरीके से बैठना, चलना, सोना, झुकना, काम करना आदि के कारण कमर में दर्द उत्पन्न होने लगता है।

प्रायः हमारी दिनचर्या ही हमारे रोग और रोगमुक्ति का कारण बनती है। यदि दिनचर्या नियमित रूप से गतिमान रहती है तो शरीर और मन में विकार आने की कम सम्भावनाएं होती हैं। परन्तु कटिशूल के सामान्य कारणों को योग के विभिन्न अभ्यासों के माध्यम से सफलतापूर्वक दूर किया जा सकता है।

लक्षण-

कटिशूल से प्रभावित व्यक्ति का पूरा ध्यान अपने काम से हटकर दर्द पर ही केन्द्रित हो जाता है। इससे प्रभावित व्यक्ति उठने और बैठने में बहुत कठिनाई और असुविधा का अनुभव करता है। अधिकांशतः रात्रि के समय शीतल वातावरण से रोगी को अधिक पीड़ा का अनुभव होता है इसी कारण कटिशूल से उत्पन्न दर्द व्यक्ति को सोने में समस्या पैदा करता है। इससे पीड़ित व्यक्ति सोते समय करवट बदलते रहता है।

”अगर आप एक्सरे करवाते हैं तो उसमें आपके रीढ़ की हड्डि के बीच में जॉइंट स्पेस कम होना जो अधिक बैठे रहने के कारण हो जाते हैं।”²¹

कटिशूल का मुख्य लक्षण है कटि प्रदेश के निचले हिस्से में दर्द या पीड़ा का अनुभव होना। यह दर्द कभी-कभी बढ़कर नितंबों और पैरों तक पहुंच जाता है। इससे पीड़ित व्यक्ति को कमर में लचक सी महशूस होती है। रोगी के लिए कोई भी कार्य करना दुष्कर हो जाता है। उसका पूरा ध्यान अपने दर्द पर ही लगा रहता है जिससे उसके कार्य में व्यवधान होने लगता है। दर्द के लम्बे समय तक बने रहने से व्यक्ति का मानसिक संतुलन भी बिगड़ने लगता है। अपने व्यवसाय, पढ़ाई या अन्य कार्य से

²⁰ स्वामी दिगम्बर जी, हठप्रदीपिका, कैवल्यधाम लौनावला श्लोक क्र. ५/७

²¹ <https://www.guide2india.org/back-pain-treatment-hindi>

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उसकी रूचि हट जाती है। बह दिनों-दिन मानसिक रूप से चिड़चिड़ाने लगता है। इसलिए ऐसी स्थिति में उस दर्द का निवारण करना अत्यन्त आवश्यक है। ऐसी स्थिति में यौगिक चिकित्सा उसके लिये बहुत ही उपयोगी सिद्ध होती है।

यौगिक चिकित्सा-

कटिशूल के प्रबंधन हेतु आज बहुधा लोग यौगिक चिकित्सा प्रणाली का प्रयोग कर रहे हैं। यौगिक चिकित्सा न केवल कमर के दर्द को कम करती है अपितु उसके मूल कारण को भी समाप्त करती है। विशेषकर उस समय जब एक्स-रे आदि के परीक्षण में हड्डि में विकृति कम हो एवं रोग का शीघ्र पता चल जाए। कटिशूल में यदि समस्याग्रस्त व्यक्ति के कटिशूल का मूल कारण तनाव आदि है तो योग की विविध प्रक्रियाओं यथा- प्राणायाम, योगनिद्रा, अन्तर्मौन आदि से तनाव को कम किया जा सकता है और कटिशूल से बचा जा सकता है। कमर दर्द के लक्षण एवं कारणों को ध्यान में रखकर यौगिक चिकित्सा दी जाती है। योग के क्रमिक अभ्यासों द्वारा पीठ को सबल बनाकर दर्द से छुटकारा दिलाया जा सकता है और तनाव का शरीर पर प्रकट होने से पूर्व ही उससे छुटकारा मिल जाता है। इस प्रकार की समस्याओं के लिए आसन ही प्रमुख यौगिक उपचार का आधार होता है जो कि मेरूदण्ड के दोनों ओर की मांसपेशियों को मजबूत बनाती हैं। उन मांसपेशियों में अकड़न-जकड़न को कम करके उनमें शिथिलन प्रदान करती हैं। उपयुक्त आसनों के अभ्यास से कटि-प्रदेश का कड़ापन दूर होता है। आसनों का अभ्यास कशेरूकाओं के बीच से निकलने वाले स्नायुओं पर पड़ रहे दबाव को कम करता है उनमें लचीलापन बढ़ाता है। नियमित गतिशीलता की क्षमता उनमें पुनः वापस आ जाती है। किसी विशेष कुशल योग शिक्षक के मार्गदर्शन में निम्न यौगिक अभ्यास किए जाए-

क्रियाएं-

जल नेति प्रतिदिन, सूत्र या रबर नेती प्रतिदिन, कुंजल (सप्ताह में एक बार), शंखप्रक्षालन एक बार।

आसन-

”ताड़ासन (१०), तिर्यक ताड़ासन (१०), कटि चक्रासन (१०), श्वासन, पवनमुक्तासन (३/३/३), उत्तान वक्रासन (२०), नौका संचालन (१०/१०), चक्की चलाना (१०/१०), अर्द्ध भुजंगासन या भुजंगासन (७-२१ श्वास), शलभासन (तीन बार श्वास रोककर) धनुरासन (७-१० श्वास), मकरासन (सामान्य शिथिलन के लिये)”^{२२} मार्जारी आसन, अर्द्धमत्सेन्द्रासन, श्वानासन, त्रिकोणासन

शाम के लिए या तुरन्त आराम के लिए-

तिर्यक ताड़ासन (१०), कटि चक्रासन (१०), झूलना-लुडकना (२०-३०), चक्की चलाना (१०/१०), उष्टासन (७-१० श्वास), मार्जारी आसन (१५), शशांकासन (जितनी देर चाहें)

प्राणायाम-

नाड़ी शोधन प्राणायाम (१०-२० बार), भ्रामरी प्राणायाम (३-५ बार) ओऽम् का उच्चारण (३-५ बार)

^{२२} स्वामी मुक्तानन्द, नव योगिनी तन्त्र महिलाओं के लिये योग साधना पद्धति, योग पब्लिकेशन टस्ट, मुंगेर, बिहार पृष्ठ संख्या-११५

ध्यान-

रीड़ की हड्डियों की विकृति और उसकी बीमारी में काया-स्थैर्यम् बहुत ही प्रभावशाली है। इसके अभ्यास में सिर सीधा, रीड़ की हड्डि एकदम सीधी और कंधा शिथिल होना चाहिए। अजपाजप का अभ्यास वज्रासन या अद्वासन में रीड़ की हड्डि में सूक्ष्म श्वास पथ की चेतना के साथ।^{२३}

योगनिद्रा-

आसनों के अभ्यास से कमर दर्द में आराम तो मिलता है परंतु आसनों से जो ऊर्जा का व्यय होता है उसको पुनः सामान्य स्थिति में लाने के लिये योगनिद्रा का अभ्यास अत्यन्त महत्वपूर्ण है। यदि कटिशूल का कारण मानसिक तनाव, चिंता, क्रोध, भय आदि है तो योगनिद्रा के माध्यम से मन को शान्त हो जाता है।

अन्तर्मौन- सुबह-शाम २० से २५ मिनट।

शंखप्रक्षालन-

यदि कटिशूल पाचन संस्थान की गड़बड़ी के कारण होता है तो इसके लिये शंखप्रक्षालन बहुत ही कारगर सिद्ध होता है। यह कब्जियत (मलबंध) और वायु विकारों को नष्ट करता है। आंतों को स्वस्थ बनाकर उनमें पाचन शक्ति को बढ़ाता है। शंखप्रक्षालन में किये जाने वाले आसन भी स्वतः से ही कमर को अच्छी तरह मोड़ने से कमर दर्द में आराम मिलता है।

कटिशूल आदि वात के रोगों के निवारण के लिये स्वामी स्वत्माराम अपने ग्रंथ हठ प्रदीपिका के पांचवे अध्याय में लिखते हैं कि-

तैलाभ्यङ्गं तदा पथ्यं स्नानं चोष्णेन वारिणा।

सघृतं पायसं भुक्त्वा जीर्णेऽत्र योगमभ्यसेत्।^{२४}

अर्थात्- ऐसी स्थिति में शरीर के अंगों में तेल का मालिश करना और गरम पानी से स्नान करना, और पथ्य के रूप में घी के साथ खीर खाकर तथा अच्छी तरह पच जाने पर योगाभ्यास करना चाहिए।

आहार-

यौगिक अभ्यासों के साथ-साथ स्वामी स्वात्माराम उपचार काल में स्निग्ध आहार लेने को कहते हैं-

प्रायःस्निग्धमाहारं च इह भुंजीत् योगवित् ।

एवं शूलादये रोगाः शाम्यन्ति वातपित्तजाः।।^{२५}

²³ सरस्वती स्वामी कर्मानंद, रोग एवं योग, योग पब्लिकेशन ट्रस्ट, मुंगेर बिहार, १९९८-

²⁴ स्वामी दिगम्बर जी, हठप्रदीपिका, कैवल्यधाम लौनावला श्लोक क्र. ५/८

आर्थात् जानकार साध इस (उपचार-काल) में अधिकांशतः स्निग्ध भोजन ही लें। इस प्रकार उपचार करने से वात-पित्त दोष से उत्पन्न दर्द(घूल) आदि दूर हो जाते हैं।

आदर्श दिनचर्या के कुछ मुख्य आयाम जिनसे जीवन में निरामयता प्राप्त होती है उनके बारे में श्रीमद्भगवद्गीता कहती है कि-

नात्यश्रतस्तु योगोऽस्ति न चैकान्तमनश्रतः।

न चाति स्वप्रशीलस्य जाग्रतो नैव चार्जुन।^{२६}

युक्ताहार विहारस्य युक्त चेष्टस्य कर्मसु।

युक्त स्वपनावबोधस्य योगो भवती दुःख।^{२७}

अर्थात् हे अर्जुन! जे अधिक खाता है या बहुत कम खाता है, जो अधिक सोता है अथवा जो पर्याप्त नहीं सोता उसके योगी बनने की कोई सम्भावना नहीं है।

जब आहार, विहार, चेष्टा आदि कर्म एवं शयन और जागरण नियमित रूप से समयानुसार होते हैं तो ऐसा व्यक्ति रोग आदि दुखों से मुक्त रहता है। आहार, निद्रा की महत्ता को बताते हुए चरक संहिता में महर्षि चरक कहते हैं कि

त्रयोपस्तम्भा आहार निद्रा ब्रह्मचर्यमिति।^{२८}

यदि ये तीन उपस्तम्भ आहार, निद्रा और ब्रह्मचर्य संतुलित अवस्था में गतिमान रहते हैं तो शरीर और मन में विकृतियां आने की कम सम्भावनाएं रहती है।

प्राकृतिक उपचार-

- नमक को गरम करके सूती कपड़ में पोटली बनाकर कमर की सिकाई करना।
- नमक मिला हुआ गर्म पानी में तौलिये को भिगोकर एवं निचोड़कर पेट के बल लेटकर कमर को भाप से सिकाई देना।
- Vitamin D और Calcium की कमी के कारण ठवदमे कमजोर हो जाती है, जिसके कारण कमर दर्द (Back pain) होने लगता है। इसलिये ऐसी चीजें जदा खायें, जिनमें Vitamin D और Calcium भरपूर मात्रा में हो। रोज सुबह वाली धूप में १५ से २० मिनट तक बैठे और रोजाना डपसा पिए।^{२९}
- गर्म पानी में सैंधा नमक डालकर नहाये। गर्म पानी से कमर दर्द के साथ-साथ थकान भी दूर होती है।^{३०}

परिचर्चा-

²⁵ वही श्लोक क्र. ५/१२

²⁶ श्री श्रीमद् ए.सी. भक्तिवेदान्त स्वामी प्रभुपाद, श्रीमद्भगवद्गीता यथारूप, भक्तिवेदान्त बुक स्टट, श्लोक क,-६/१६, पृष्ठ संख्या-२१४.

²⁷ वही- श्लोक क,-६/१७, पृष्ठ संख्या-२१५.

²⁸ च.सू.-११/३३

²⁹ <https://www.healthhinditips.com/back-pain-treatments-in-hindi>

³⁰ <https://www.healthhinditips.com/back-pain-treatments-in-hindi>

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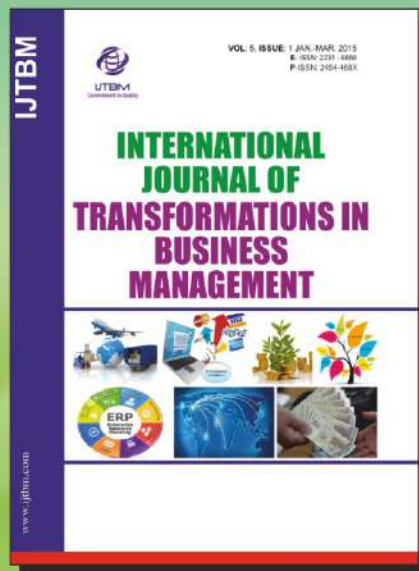
कटिशूल प्रायः हमारी दिनचर्या की गड़बडी से होने वाली एक समस्या है। दिनचर्या के साथ-साथ तनाव, रीढ़ की हड्डि में संक्रमण, चोट, मासिक धर्म, गर्भावस्था या अन्य बीमारियों के कारण भी कटिशूल की समस्या हो जाती है। जिसको संतुलित और नियमित दिनचर्या अपनाकर एवं कुछ यौगिक अभ्यास आदि करके निदान किया जा सकता है। दिनचर्या में आहार एक महत्वपूर्ण कारक माना जाता है इसलिए संतुलित आहार को अपनाकर एवं सरसों के तैल आदि से मसाज करके कटिशूल से मुक्त हो सकते हैं।

उपसंहार-

प्रायः किसी भी प्रकार के रोगों के आने का कारण हमारी जीवन-शैली के अनुचित बदलाव एवं यौगिक आदि क्रियाओं का अभ्यास न करना पाया गया है। यदि नियमित रूप से प्राकृतिक जीवन-शैली को अपनाया जाए भोज्य-पदार्थों में बिना रासायनिक उरवकों के साग-सब्जियों का प्रयोग किया जाए तो निश्चित तौर पर अधिकांश बीमारियों से बचा जा सकता है। कटिशूल भी विकृत दैनिक जीवन-चर्या से संबंधित एक विकार है। जिसे संतुलित जीवन-चर्या एवं योग के माध्यम से न केवल ठीक किया जा सकता है अपितु कटिशूल जैसे विकारों से बचा जा सकता है। वर्तमान में मनुष्य की सुबह से लेकर शाम तक और शाम से लेकर सुबह तक की सम्पूर्ण क्रियाएं अनियमित एवं असंतुलित हो गयी है। अगर निश्चित समय पर मनुष्य सोना-जागना एवं नियमित खान-पान कर प्रतिदिन योगाभ्यास करता है तो वह कटिशूल जैसी अनेक समस्याओं से बच सकता है।

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