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- *Susruta Samhita*

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Editor's Page

Research is the back-bone of all progressive branches of science. This is more relevant in medical science as it always faces challenges like new diseases, environmental changes, occupational hazards etc. World wide research is going on in modern medicine and India can remain as a benefactor. Ayurveda, medical science of India, lag behind in research due to many reasons. First of all it is due to the lack of will of Government. None of the political parties take a serious note of the fact that India is the country to conduct research in Ayurveda and India only can do the basic research work in Ayurveda. Other countries have shown interest in Ayurvedic medicine to substitute hazardous modern drugs. Everywhere drug research is given priority as if to explore hidden treasure. Institutionalized research works in public and private sector of India also have concentrated in drug research. Botanical, pharmacognistic, analytical and pharmacological studies are being conducted and the results are used for identifying the raw drugs and fixing standards for prepared drugs. This is highly necessary work so that the adulterations can be prevented and standards can be fixed for classical compound drugs. Pharmaceutical research is going on in private sector to find out some new active and safe combinations. However new combinations are coming up frequently. Pharmaco-clinical and clinical studies are very less in Ayurvedic research. Whatever is done in some institutions as continuation project or as thesis work of PG/ PhD students, are not done under adequate facilities and competent guidance. Hence most of them are bound well and kept in show-cases. Those who worked for it are not confident enough to publicize them or to utilize the results in their own practice. It means that the worker or the team could not search out the fact or they know the findings are not important. Isolation of active principles from plants was the aim of several research works. It was done mainly to find out the rationality behind the therapeutical use of the plant parts in classical texts of Ayurveda. All of them are done using modern parameters. Once proved effective, that active principle becomes a part of modern pharmacopea. What is to be done in Ayurveda in the name of research? Assessment of the therapeutical efficacy of classical drugs is being done since last several years. What is the result? It never influenced the routine practice of classical preparation. Efforts are made to understand "*Tridoshas*" through physio-chemical parameters. They tried to confine *Tridosha* in some biochemical components of body. Results are widely questioned. Researches using modern parameters need the help of pure sciences like physics, chemistry and biology and their applied aspects. Does Ayurveda have such a background of science- *Sasthra*? If so, explore it. How "*Trisutratmak*" Ayurveda developed in to a vast science comprising everything under sun? Find out the ways and means adopted by our *Acharyas* to go deep in to the nature of all living and non-living things. That will be the first step to research in Ayurveda.

Thus comes the Renaissance.

Dr. K. Unnikrishna Pillai BAM, MD (Ayu), PhD
Chief Physician, Amruthanjali Ayurveda Hospital, Kollam, Kerala

PANCHAKARMA – A TOOL TO ACHIEVE *PURUSHARTHAS*

*Key-note address by **Dr. M. R. Vasudevan Namboodiri**, Principal, Government Ayurveda College, **Thiruvananthapuram** in the I National workshop on Panchakarma & Kerala Special Treatments organized by Nagarjuna Ayurvedic Institute from 21st to 26th February 2009.*

In Ayurveda, Chikitsa is broadly classified into two as Brimhana and Langhana Brimhana is the treatment for nourishing the body where as *langhana* is for depleting the vitiated *doshas. Langhana* is having two subdivisions – *sodhana* and *samana. Pancha karma* constitutes the *sodhana* therapy.

PANCHAKARMA

Pancha karma or the five treatment procedures are meant for cleansing the body through the natural orifices.

It includes,

a) *Vamana* / emesis
b) *Virechana* / purgation
c) *Anuvasana vasthi*/ unctuous enema
d) *Asthapana vasthi*/ decoction enema
e) *Nasya* / errhine therapy

Panchakarma is considered as the *pradhanakarma* which is preceded by *poorvakarma* and followed by *paschatkarma*.

POORVAKARMA / PRE-OPERATIVE PROCEDURES

Poorva karma is essential to ensure the best result in treatment by preparing the body for the *pradhanakarma*.

Poorvakarmas are *pachana, deepana, snehana and swedana*. Though *pachana* and *deepana* deals with the same physiology, *pachana* stresses on improvement in digestion while *deepana* is meant for improving the appetite. *Pachana* and *deepana* increase the bioavailability of *sneha dravyas*.

Snehana is oleation therapy which is done both internally with *ghee*, vegetable oils or animal fats and externally with medicated oils.

Swedana is sudation therapy. In *vatika* conditions, *snigdha* (unctuous) *sweda* is done and in *kapha vatika* conditions *rooksha* (dry) sudation is done.

Snehana causes the *utkleshana* of *doshas* located in *dhatus ,srotas* and *shakhas* and *swedana* helps to bring these *utklista doshas* back to *kosta*. Eventually through *panchakarma*, these doshas are expelled out from the body.

Here, Kerala has developed certain special techniques like *thalapothichil, elakizhi, thakradhara, pizhichil, njavara kizhi & theppu.*

Let's consider the *panchakarma* in details.

***Vamana* therapy**

This therapy is indicated mostly in cases where the excited or *utklista dosha* is *kapha*. The indications for *vamana* include conditions like psoriasis, bronchial asthma, psychological disorders etc. Care should be taken to avoid *vamana* therapy in pregnant women, children below 12 years of age, old and debilitated persons, and patients with cardiac problems.

The mains drugs used for *vamana* includes,

- *Madana phala* [Randia dumetorum]
- *Yashtimadhu* [Glycyrrhiza glabra]
- *Vacha* [Acorus calamus]
- Rock salt
- Honey
- Milk etc..

Virechana therapy :

The purgation therapy is *thridosha samana* in nature mainly in *pitha kapha* predominance. The indications include,

- Disorders affecting *pakwasaya* [large intestine]
- *Udara rogas* including the spectrum of ascitis, hepato megaly, splenomegaly
- Ulcers of duodenum and stomach
- *Vata rakta* [rheumatoid arthritis]
- *Arshas* [haemorrhoids]
- Constipation
- Skin diseases
- *Vatha rogas* [neurological disorders]

Virechana should not be done in cases of injury to the anal canal, general debility etc.

Vasti :

It's the most important among *panchakarmas* as it has multi dimensional action. *Vasti* conquers *vata* which in turn is inevitable in the physiology and pathology of *kapha* and *pitha*. The peculiarity is that *vasti* conquers *vata* at its vital seat and thus the treatment of choice in *vatika* conditions. As *vata* plays an important role in the pathology of *pitta* and *kapha* , mitigation of *vata* by *vasti* is considered as half of the treatment.

Vasthi is classified into,

- *Nirooha vasthi* or *kashaya vasthi* where decoctions of medicines are used for treatment.
- *Anuvasana vasthi* or *sneha vasthi* where medicated *ghee* or oil are used.
- *Uttara vasthi* which is induced through the urinary & vaginal passages.

The utility of *vasti* are broadly,

a) Excitation of *dosha* or *uthkleshanam*
b) Purification of *dosha* or *shudheekaranam*
c) Pacification of *dosha* or *shamana*

Some important *vasthi* preparations and their utility

Rajayapana vasthi	Male infertility & epilepsy
Eranda mooladi nirooha	IVDP & lumbar canal stenosis
Ksheera vasthi	Polycystic ovaries & secondary amenorrhoea
Vaitharana vasthi	Compressive neuro radiculopathies
Madhuthailika vasthi	Stress induced diseases & dysautonomias

Nasya :

It is the treatment of disorders above the clavicle where the medicine is administered through the nostrils. *Nasya* has three main subdivisions:

a) *Brimhana* which is used in *vatika* diseases
b) *Shamana* which is used in *paithika* diseases
c) *Virechana* which is used in *kaphaja* diseases

PASCHAT KARMA / POST OPERATIVE PROCEDURES:

Peyadi karma or dietary regime, *rasayana* & *Vajeekarana* or Rejuvenative therapy, and *samana* or palliative therapy constitutes the *paschat karma.*

These procedures are meant for improving the digestive power which gets reduced after the *panchakarma*. The reduced digestive power is rectified with sequential intake of light diet, beginning with thin gruel followed by habitual food which is taken later in the course.

Levels of action of *pancha karma*:

a) Preventive :

It is mentioned in *ritu charya*. During *vasanta ritu*, *Vamana* should be done as a preventive measure against the vitiation of *kapha*. *Virechana* should be done in *sarath ritu* to prevent *pitta vikara* and in *varsha ritu*, *Vasthi* should be done to avoid vitiation of *vata*.

b) Curative :

Vasthi is the curative therapy for *vatika* conditions, *Virechana* is for *pitta* disorders and *Vamana* cures *kaphaja* diseases.

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EFFECT OF *LASUNA KALKA & SHADBINDU TAILA NASYA IN ARDITA VATA* [BELL'S PALSY]

* Dr. R. Vidyanath M.D. (Ayu)

Ayurvedic classics have described several *Vata vyadhis* and the diseases viz. *Pakshaghata, Gridhrasi, Viswachi, Kroshtukasirsha, Adhmaana, Vatakantaka, Ardita and Kampavata* are commonly seen in clinical practice. *Apatantraka, Hanusthambha, Kalayakhanja, Hanugraha, Amsasosha* etc. are rarely seen in clinical practice. The public has a good awareness regarding the availability of the most reliable management for *Pakshaghata* and *Ardita* in the Ayurvedic Medical system.

Bell's palsy is characterized by facial drooping on the affected half, due to malfunction of the facial nerve. It is named after Scottish anatomist Charles Bell, who first described the condition. Bell's palsy affects about 40,000 people in the United States every year. It affects approximately 1 person in 65 during a lifetime. In the UK, about one in 60 people will be affected at some point in their lifetime. It can affect all age groups, including children, but seems to be most common between the ages of 15 and 45. Men and women are equally affected, although pregnancy increases the risk threefold.

The cause is unknown. Viral infection, vascular damage, trauma and cold exposure have all been implicated. Swelling of labyrinthine portion of the facial nerve leads to loss of nerve impulse conduction leading to facial paralysis. Weakness or paralysis of facial muscles on one side, with failure of eye closure and visible upward deviation of eye as this is attempted (Bell's sign), dribbling of saliva and fluid through the angle of the mouth on the affected side, deviation of the mouth to normal side, loss of nasolabial fold, loss of frontal wrinkling are the general signs seen in the disease of Bell's Palsy.

Charaka's description of *Ardita* includes *Pakshaghata* where as *Susruta* clearly indicates that *Mukha* (face) only is involved in *Ardita*. The signs and symptoms of Bell's palsy match with the *Susruta's* description of *Ardita*.

Etiological factors: *Vata* functioning in the region of head, nose, lips, chin, fore head and eyes gets affected by acts like speaking in high pitch for long periods of time, biting hard materials, excessive laughing, yawning, carrying heavy loads on the head, uneven or irregular sleeping posture etc. and produces the disease called *Ardita*.

Signs and Symptoms of *Ardita*

- *Vaktrardha Vakrata* (irregularity, asymmetry of the face)
- *Griva Apavartana* (outward turn of the neck)
- *Sirahchhalana* (shaking of the head)
- *Vaksanga* (inability to talk)
- *Netradi vikriti* (abnormalities of the movement of the eyes, neck, chin and jaws)
- *Grivadi vedana* (pain in the neck, chin and jaws)

Clinical study was conducted with the recipe mentioned in *Bhaishajyaratnavali* for the management of *Ardita* i.e. *Lasuna Kalka*. In the present study cases of Bell's palsy have been included according to the below mentioned criteria.

1. Pain in the root of the ear.
2. Inability to wrinkle the fore head, close the eye and move the lips on the affected side.
3. Inability to blow or whistle

I/C Professor, Dr. N. R. S. Govt. Ayurvedic College, Vijayawada- 520002

4. Numbness and stiffness of the cheek on the affected side.
5. During chewing the food collected in between the cheek and tooth on the affected side.

METHODS & MATERIALS:

18 cases of *Arditavata* attending the O.P.D. of *Dr. A.L Govt. Ayurvedic Hospital, Vijayawada* were included in the present study. An open trial was conducted with *Lasuna Kalka (Bhaishajyaratnavali).*

I. ***Lasuna*** (10gms) is pounded and an equal quantity of butter (Amul Butter) was added to the paste and administered in two divided doses for a period of 14 days.

II. ***Kukkutanda Sweda:*** It is one of the therapeutic procedures useful in the successful management of *Arditavata*.

EQUIPMENT & INSTRUMENTS REQUIRED:

Massage Table, Stove, Fry pan, Knife, Cloth pieces (12x12" sized – 2 no.)

DRUGS REQUIRED:

Kukkutanda (Egg – 1
Jambira Phala (Lemon fruit) – 1
Dhanvantaram Taila – 100 ml

Procedure: Take a lemon fruit and cut it into two halves with a knife and put them in the cloth pieces and make as bolus. Then heat them in *Dhanvantara Taila* with the help of fry pan. After performing spiritual rites anoint the face with *Dhanvantara Taila* initially and then massage with the white of the egg. Afterwards foment the region by means of heated bolus in a systematic way for 15 to 20 minutes for a period of 14 days.

III. ***Shadbindu Taila Nasya:*** Administer 4 – 4 drops in both the nostrils for 7 days followed by 2 – 2 drops for the next 7 days.

All the patients were divided into the following two groups.

Group A: *Lasuna Kalka* + *Kukkutanda Sweda* (No. of Pts.10)

Group B: *Lasuna Kalka. + Shadbindu Taila Nasya + Kukkutanda Sweda* (No. of Pts.8)

All the patients are given physiotherapeutic exercises before mirror.

By going through the above table it would be visualized that

- The study is based on 10 male and 8 female patients.

Classification of the patients according to Age and Sex

S.No.	Age in years	Group - A				Group - B			
		M	F	Total	%	M	F	Total	%
1	15 – 24	1	1	2	20%	1	-	1	12.5%
2	25 – 34	1	1	2	20%	1	1	2	25%
3	35 – 44	2	1	3	30%	1	2	3	37.5%
4	45 – 54	1	-	1	10%	1	1	2	25%
5	55 – 64	1	1	2	20%	-	-	0	0%
	Total	6	4	10		4	4	8	

- The age of the patients has been divided into 5 groups and each group has been kept of duration of 10 years.
- All the 18 patients have been divided into two groups viz. Group –A and Group – B.
- Group – A comprised of 6 male and 4 female patients, where as in Group –B 4 male and 4 female patients have been studied.

On the basis of this table it may be concluded that

- *Arditavata* may equally invade in male and females and may be encountered during any stage of life.

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EFFICACY OF *THENGINPOOKKULADI LEHYAM IN ASRGDARAM*

* Dr. B. Syamala M.D. P. h. D

Abnormal, irregular and excessive uterine bleeding is now found to be a major problem among women of reproductive age and those nearing menopause. Number of hysterectomies is now observed to be alarmingly increasing in our country due to ineffectiveness of drugs in curing abnormal uterine bleeding.

Introduction: Abnormal, irregular or excessive uterine bleeding is mentioned in Ayurvedic classics under the name of *Asrgdaram*. The drug *Thenginpookkuladi lehyam* is not mentioned in classics. Description about it is available in manuscripts and it is traditionally used by Keralites in women for postnatal care. An attempt was made to evaluate its efficacy in curing *Asrgdaram*.

Materials and methods: 100 women suffering from abnormal uterine bleeding were benefited with the study drug. Cases were selected randomly from out patient department of *Vaidyaratnam Ayurveda College hospital,* within a period of 3 years from 2004 . Almost all the cases were earlier decided for undergoing hysterectomy. About half of the cases had undergone allopathic treatment but in vain.

Exclusion criteria: Those cases suffering from chronic illness, Diabetese mellitus, Hypo or Hyper thyroidism, Tuberculosis, Coagulation defects and other bleeding disorder, fibroid uterus, carcinoma of genital organs and Hypertension were excluded from the study.

Inclusion criteria: The cases suffering abnormal uterine for a period more than 3 months within an age of 35-45 years were selected for the study.

The drug *Thenginpookkuladi lehyam* was prepared with the ingredients as mentioned in the manuscript.

Table-1. Showing ingredients of *Thenginpookkuladi lehyam*

Sl.No.	Botanical name of drug	Malayalam name	Sanskrit name
1.	Cocus nucifera Linn.	Thengin pookkula	*Nalikeram*
2.	Cuminum cyminum Linn.	Jeerakam	*Ajaji*
3.	Foeniculum vulgare Mill.	Perumjeerakam	*Misreya*
4.	Eletteria cardamomum Meton.	Elakkai	*Ela.*
5.	Piper longum.Linn.	Thippali	*Pippali*
6.	Cinnamomum veerum Linn.	Elavarngappatta	*Twak*
7.	Syzygium aromaticum Linn.	Grampoovu	*Lavangam*
8.	Trigonella foenum Linn.	Uluva	*Methika*
9.	Pepaver somniferum	Kashakasha	*Khas Khas*
10	Trachespermum roxbergianum	Ayamodakam	*Ajamoda*
11	Zingiber officinale Roscoe.	Chukku	*Nagara*
12	Coriandrum sativum Linn.	Malli	*Dhanyaka*
13	Jaggery	Karuppattysharkara	*Gudam*

* Principal, Amrita School of Ayurveda, Clappana P.O. Karunagappally, Kollam, Kerala.

Method of preparation of *Thengin pookkuladi lehyam*:

For preparing 5 Kilograms of *Thenginpookkuladi lehyam,* 5 Kilograms of tender coconut flowers were cut into small pieces, crushed and cooked with 3 rd , 2nd and first extracts of coconut milk ; squeezed out from 5 coconuts. It was added with jaggery and cooked in slow flame till the whole content was dried up. Dried powder of drugs from 2-12 numbers in the table, of quantity 50 grams was added to it and put off the flame and kept for drying. The same, after cooling down was packed in containers of 500 grams volume.

It was given to study cases in a dose of one teaspoon every day after meals for 3 consecutive months.

Observations:

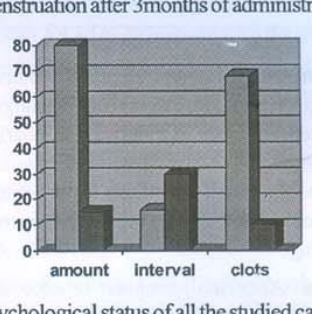
Majority of women were of perimenopausal age. Mean age of them was 38.91 ± 1.2.Majority of cases were from lower class families. They belonged to different castes, however, Hindus dominated. A direct relationship between their food habits as taking more sour, salty, pungent items and development of the disease was noticed. Habit of taking food prepared a day before was also noticed among them.

31.82% cases used to get their menstruation within an interval of 15-16 days while others, continuous excessive bleeding during menstruation. 46. 44% cases complained of passing clots along with bleeding that gave rise to pain. One lady, teacher by profession was reported to be on long leave (prior to registration for the study) that the bleeding was not stopping even after administering high dose of hormone pills.

Bleeding time and clotting time was normal in all the cases. Mean haemoglobin level was 10.24 ± 2.4 . Even though the level of F.S.H. and L.H. were normal in all but high level of Estradiol was observed in majority of cases with an average of 86.12pg/ml at follicular phase. Endometrial hyperplasia was the main histological feature observed in 76.62% of cases.

Remarkable reduction in amount of bleeding and duration was observed in majority of cases after administering the drug. Average duration of bleeding was found to be 5.68days. Clots decreased in all by first month and completely disappeared from second month onwards. Remarkable reduction in the symptoms as backache, general debility, giddiness etc. was noticed in all. Average increase in haemoglobin was 1.82 gram percentage and average level of Oestradiol became 33.78pg/ml.

Figure showing change in characteristics of menstruation after 3months of administration of drug.



Psychological status of all the studied cases improved very well. No adverse effects have yet been reported among the cases. Majority of them were advised for undergoing hysterectomy by Allopathic gynaecologists and so they felt very happy as they were relieved of all the complaints associated with the disease. Rate of recurrence was negligible (only one cases reported with excessive bleeding after 6 months of stopping the drug).

Standardisation of the drug: Attempt was done to standardise the prepared drug. Total Ash value was found to be 3.6280%.Acid insoluble Ash value was 0.2727% and loss in weight 0.32277gms. Percentage loss in weight on drying was found to be 27.4341% and Ave = 27.2859%. Total fat covered was also analysed and the weight of fat was 0.4551grams and percentage of fat 8.455%.Total solids was observed to be 64.2591%. pH =6.68. Brix = 5 (ie. 50% water soluble part). Specific gravity of 10% solution was found as 1.0265.Total sugar of 29.7389% was found showing that it is not preferable to Diabetic women.

T.L.C. of two samples with two solvent systems ie; one with the extract of lehyam with petroleum ether and another with methanol were carried out and the result of same is presented in the tables below.

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ROLE OF *ACHARA RASAYANA* IN PSYCHOSOMATIC DISORDERS

* Dr. Govardhan, ** Dr. Chandramouleeswaran P.

INTRODUCTION

In today's practice of medicine we find a major proportion of patients who are suffering from psychosomatic disorders like irritable bowel syndrome, diabetes mellitus, essential hypertension, ulcerative colitis, bronchial asthma etc. The reason behind this is changing life style, more desires and needs, moral degradation and more struggles in each and every aspect of life.

The history of psychosomatic problems is as old as the history of human civilization. Till today the somatogenic and psychogenic solutions are put forward, although both are extremists.

The Somatogenic and Psychogenic solutions have failed and now the scientists have begun to think in terms of psyche in soma, which has given the origin of term psychosomatic disorders. Psychosomatic disorders (a term coined by Heinorth, 1918) are those disorders in which psychological factors are important.

Definition of Psychosomatic disorders

Broadly applied, this term can be encompassed by all physical illnesses. A narrow but more practical definition would include those physical disorders which are either initiated or exacerbated by the presence of meaningful psychological environmental stressors.

Examples of Psychosomatic Disorder

- **Cardiovascular Disorders**
  1. Essential hypertension
  2. Coronary artery disease
  3. CCU delirium or post-cardiac surgery delirium
  4. Migraine
  5. Cerebrovascular disease
- **Endocrine Disorders**
  1. Diabetes Mellitus
  2. Hyperthyroidism
  3. Cushing's syndrome
  4. Pre-menopausal syndrome
  5. Amenorrhea
- **Gastro-intestinal Disorders**
  1. Esophageal reflux
  2. Peptic ulcer
  3. Ulcerative colitis
  4. Crohn's disease
- **Immune Disorders**
  1. Auto-immune disorders
  2. Allergic disorders
- **Musculo-skeletal disorders**
  1. Rheumatoid arthritis
  2. SLE
- **Respiratory disorders**
  1. Bronchial asthma
  2. Hay fever
  3. Vasomotor (allergic) rhinitis
- **Skin disorders**
  1. Psoriasis
  2. Pruritus
  3. Urticaria
  4. Alopecia areata
  5. Acne vulgris

Aurvedic approach towards disease

With this background, let us think the solution to the problem as met in our classics. *Manas* and *Sharira* are regarded as separate entities in our classics but not in the sense of separation, because an organism is the complex combination of *Aatma, Manas* and *Sharira* i.e soul, mind and body.

So the Ayurvedic approach to disease is definitely psychosomatic in nature.As we find following references, which are as follows:-

1. *Vata vrudhi* leads to *Nidra Nasha*
2. *Pitta vrudhi* leads to *Murcha*
3. *Kapa vrudhi* leads to *Tandra* and *Nidra*
4. *Kama* and *Shoka* aggravates *Vata*
5. *Krodh* leads to *Pitta Prakopa*
6. *Atisaara* due to *Bhaya*
7. *Kushtha* is due to disrespect to *Guru* and *Brahmans, manasika abhighata , papkarma* etc.
8. *Vata vyadhi* due to *chinta, kroda, shoka* etc.

So our *Acharyas* have given equal importance for the mind also and more emphases are given to the integration aspect of these two i.e, *Manas & Sharira.*

Understanding the *ACHARA RASAYANA*

Under *Rasayanadhaya* our *Acharyas* put forward the unique concept named *Achara Rasayana*. The *Rasayana* is divided into two group's i.e, 1.*Dravya Bhootha*, 2. *Adravya Bhootha*, The *Achara Rasayana* belongs to the *Adravya Bhootha* group.

The term *Achara* signifies the physical and mental conduct of an individual and it has been designated as a *Rasayana* i.e, a vitalizer agent for the entire span of life. This is a measure having no involvement of drugs, may replenish and maintain the total life process free from ailments.

The concept of *Achara Rasayana* for better understanding can be divided under the following aspect.

1. Psychological Aspect
2. Social and Behavioral Aspect
3. Religious and Spiritual Aspect
4. Personal Aspect

Psychological Aspects

Satyavadi – one who speaks truth
Akrodhi – who is free from anger
Ahimsaka – who hurts no one
Anayasa – avoids over strain
Prashanta – is tranquil of heart
Priyavadi – fair spoken
Japa para – devoted in repetition of holy chants
Asankeernam – devoid of narrow mindedness

Social and Behavioral Aspects

Satyavadi – who speaks truth
Nivruttam Madhya Maithunath – who abstains from alcohol and sexual desires
Deva go brahmana guru vruddha archana ratam – delights in reverencing God, cows, elders and teachers.
Anrusham – who is attached to non-violence
Anahankrutam – free from egoism
Upasitaram vruddhanam – who is attached to elders

Religious and Spiritual Aspects

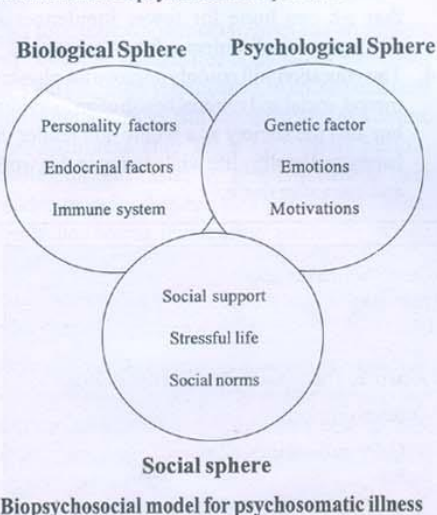
Dharmashastraparam – who always respects *dharmagranthas*
Adhyatma pravanendriyam – who indulges in spiritual texts
Tapaswinam – who meditates

Personal Aspects

Shouchaparam – who maintains cleanliness
Samajagarana swapna – moderate in waking and sleep
Nityam ksheera grithashinam – who consumes milk and ghee everyday
Desha kala pramanagnam – who is having proper knowledge of *desha* and *kala*
Jitatmanam – having self control

Bio Psychological Model for Psychosomatic Disorders

If we see the psychosomatic disorders from the modern point of view, George Angel in 1977 gave a biosychosocial model to explain the complex interaction between biological, psychological and social sphere. The interaction of these three spheres will result into the psychosomatic problem



A Biopsychosocial model for psychosomatic illness

This view point become very popular in today's medical science. The same concept was explained by our great acharyas 5000 years back.

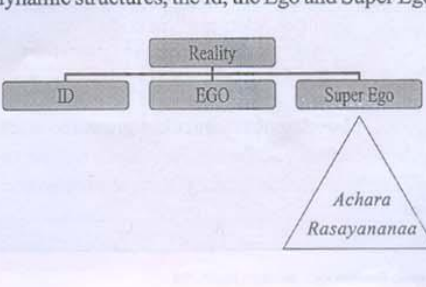
How *Achara Rasayana* Will Help To Resolve and Prevent Psychosomatic Disorders

1. As in the model we have seen there are mainly three spheres which are responsible for the causation of psychosomatic disorders.If a person adopt the *achara rasayana* in the beginning (i.e childhood), or during the disease process, these four aspects of *achara rasayana* will help to resolve the biological, psychological and social spheres there by the person will overcome the psychosomatic diseases.
2. Besides the use of *Rasayan* drugs and *Ajasrika Rasayana* in terms of nutritious diet, it has been claimed that *Rasayana* impart effects both mind as well as body. It can be achieved by practicing improved code of conduct *Achara Rasayana.*
3. *Achara Rasayana* keeps a person free from the emotional disturbances and permits a less stressful life with good health and happiness.
4. *Aacharya Charaka* explains in context of *Achara Rasayana* – The person who follows the instructions given in *Achara Rasayana* will achieve all the benefits of *Rasayana,* i.e if a person doesn't consume *Dravya Bhootha Rasayana,* then also he will get all the advantages of *Rasayana* therapy and will be free from psychosomatic disorders throughout his life.
5. Medical science is discovering what many people have known all along, that one's spirituality (a part of *achara rasayana*) influences their emotional responses as well as behavior. In response to a recent research many medical schools have included spirituality education (apart of *achara rasayana*) in required curriculum.

   David Larsen, President of National Institute for Health Care Research, USA, said there is something about spirituality and religion which is good for health. This is nothing but feeling the need of *Achara rasayana.*
6. One study found that people who are active in their spiritual and social life are less stressed, and they are happier. So this condition can be obtained by following *Achar Rasayana.*

Structural Theory of Mind

In 1923, Freud divided the mental apparatus into three dynamic structures, the Id, the Ego and Super Ego.



The super ego is predominantly unconscious subdivision of mental apparatus is especially concerned with the moral standards. It is derived from the parental influences. This parental influence not only includes the effect of actual parents, but also includes the family members, religion and important people in surrounding environment

Adopting the *Achara Rasayana* in the beginning will help to have strong super ego, which always controls the ego of the person, prevents in involving bad activities, behavior which affects the psyche. So that he will not suffer from psychosomatic diseases, at the same time making the person understanding the reality. So by adopting the *Achara Rasayana* we can overcome and prevent the psychosomatic diseases.

Conclusion

1. From the above discussion we can say that Ayurveda has the perfect answer for the psychosomatic problems, which can be applied effectively in today's world also.
2. This is beneficial not only for an individual but also for the society as a whole.
3. It can be co-opted as a compulsory course for children and public education at every level, so that we can hope for fewer incidences of psychosomatic disorders in future generation.
4. This education will not only improve the physical, mental, social and spiritual health of an individual but also the society as a whole and render the happy and healthy life while living in this world and even after death.

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THE ROLE OF DINACHARYA TO SECURE THE BENEFITS OF RASAYANA

* Dr. Giri Prashanth MD(Ay)

Since time immemorial, Man has an earnest desire to have a disease free body, stress free mind, year's full life, retain youthfulness, maintain health and enjoy material wealth. But desire remains as a desire, as youthfulness stay for a very short period, complexion and luster of skin diminishes, skin wrinkles, muscles slag, hair turn grey, hair fall starts, degeneration begins, illness afflict and finally old age steps in.

Old age starts only after 70 years, as said in Ayurveda, but it is not so in present days.

People in 3o's, 40's and 50's have the ageing signs and symptoms probably in lieu of adaptation to fast changing life style, improper diet, sleep and physical exertion, hanging to luxuries, exposure to the climatic changes and inevitable stress. In simple words, one say that majority of people are not following *dincharya's* advocation laid by Ayurveda *Acharyas.* Even in ancient period ageing was an obstacle for the sages to progress in the field of yoga and spirituality. So these sages to progress in search of solution for ageing developed a branch called *Rasayana Chikitsa.*

To achieve the benefits of *Rasayana,* Ayurveda has advocated certain rules pertaining to diet and regimen of life which includes in *Dinacharya.*

Rasayana is a measure to contribute an excellence of *Saptadhatus,* aims at the promotion of strength and vitality in the body, adding more years to life. The other benefits secured are promotion of memory and power of intelligence, disease free state of body and mind, preservation of youth, age, luster, voice and generosity, optimum strength of body and senses, confers the capacity to get accomplished the spoken words, command of the respect and regards of people, promotion of bodily glow.

The above benefits are secured only when one observes the advocation of daily regimen *(Dinacharya)* right from awakening in the early morning up to the sleep at night.

Dinacharya, the daily hygienic principles of conduct of life, comprises personal cleanliness of the body and surroundings, good health, good food, exercise, recreation, sleep and other important factors which determines the strength, luster, happiness and long life of individual.

The components of *Dinacarya* and its relation in securing the benefits of *Rasayana:*

- ***Brahma muhurtha uttista*** (Awakening in the early morning)

  Brahma muhutra is of 48 minutes before sunrise. Our classics ordains one to rise in this period to maintain good health and prolong longevity. *1

This principle dose not apply to sick and unhealthy people who can be allowed to sleep for their recovery.

Awakening in this period facilitates early evacuation of excreta. In this period plants liberate maximum nascent oxygen which has affinity to bind with the heamoglobin. Such heamoglobin helps in the oxidation process.

Nascent oxygen is singlet oxygen or O1. Singlet oxygen is exactly what the body needs in order to neutralize toxic acids (gastrointestinal, respiratory and

Asst professor, Dept of Dravya Guna, SSCASR, Bengaluru

metabolic acids) and bind with other elements like ionic sodium to biologically transmutation to Potassium which helps maintain the delicate balance of the blood pH at 7.365.

Benefits of rising in early morning

- Increase energy levels by providing critical nascent oxygen
- Disorganizes bacteria, yeast's and molds by providing an oxygen rich environment.
- Support the immune system.
- Enhances the absorption of vitamins, minerals, proteins, and other important nutrients by keeping the intestinal villus clean and alkaline
- Improves circulation by maintaining a balanced pH of 7.365
- Improves concentration and memory
- Restores elasticity and permeability to cell membranes in all body tissues

- **Mala utsarga** (Defecation)

  One has to clear the bowels with the calm mind. With the disturbed mind defecation is a bit difficult. 'Urge of defecation should not be suppressed', if suppressed one has to face the consequences

  Purisha: Stasis for longer time → re-absorption of electrolytes → Hypernatremia → dehydration of muscle cells → cramps.

- ***Usha pana*** (Morning drink) *2
  - Ayurvedic classics suggest having a drink of water kept in copper pot over night in a quantity variable from 250 to 750ml early in the morning.
  - One habituated to this principle do not suffer from diseases, enjoys delay aging and attains long and healthy life of hundred years.
  - *Bhavaprakasha* suggest to drink water in the terminal part of the night to prevent the piles, anasarca, colon disorders, fever and diseases of abdomen
  - *Usha pana* helps in controlling the bowel movements by intervening the gastrocolic reflex and enhancing persistalic movement which helps in evacuation of excreta.

- ***Dantadhavana*** (The care and cleanliness of teeth) *3
  - Ayurveda ordains one to clean the teeth with the fresh plant twigs having astringent or pungent taste dominant like *karanja, Arjuna,*
  - If twigs are not available then a compound powder consisting of honey, powdered trikatu, *tripala* and *iremeda, saindava, tejovati* and oil is used to clean the teeth separately in a manner not ot hurt either to teeth or gum.
  - Cleaning of teeth dispels oral factor and dysgensia, removes the impurities of tongue, teeth and mouth
  - Brushing the teeth with tooth paste containing excessive fluoride is not a healthy practice
  - WHO estimates that 60 – 90 % of all school children world wide has dental caries WHO 2000

- ***Jihwa nirlekhana*** (Scraping of the tongue)*4
  - Ayurveda ordains one to scrap the tongue by a thin, smooth and flexible foil of gold, silver or a twig. Scraping removes anorexia, bad odour, swelling and numbness of the mouth.
  - Regular use of tongue scraper removes the bad odour of the mouth and accumulated coatings of the tongue.
  - A metal tongue scraper should include unique curves and smooth edges designed to define a working edge contoured similarly to that of the tongue. A well designed scraper removes plaque, tartar, bacteria, dead tissue, food debris etc effectively and harmlessly.
  - Bad breadth is due to bacteria break down of proteins accumulated in coatings that build up daily on tongue surface, teeth and gum which release sulphur waste. So it is necessary constantly to remove the coating
  - Control of oral bacteria can be achieved through flossing, chewing gum and tongue scraper-*out house et al 2000*

- ***Gandusha*** (Gargling)*5

  Gargling enhances the teeth firmness and brings on a natural relish for food. It also imparts strength

to jaws and voice, makes healthy look of the face. Checks the dryness of the throat and cracking of the lips, enables to chew the hardest eatables.

Vagbhata suggests *tila taila* (Sesame oil) for gargle.

Chlorosesamone obtained from sesame has antifungal activity - *Begum et al 2000*

Sesame lignans have antioxidant and health promoting activity - *kato et al 1998*

Streptococcus mutans and lactobacilli are among the bacteria responsible for dental caries are sensitive for *tila taila.*

- Oral mucous membrane has the capacity to absorb the 'lipid soluble drugs' hence the lipid soluble constituents present in *'gandusha' dravya* gets absorbed.
- Strengthens the jaw and facial muscles

- ***Nasya karma*** (Nasal medication)*6

  Ayurveda ordains regular practice of *partimarsha nasya* for a healthy person all through his life.

  Nasal medication keeps the sight, smell, hearing unimpaired. The hair never neither turn grey nor fall off but will grow in abundance and alleviates the tremor of head, face looks nourished and cheerful, all the sense organs get clarified and attain acuteness in their functioning.
  - It initiates the 'Nervous system'
  - Venous drainage of nose is in to cavernous sinus of brain. It is having emissary veins, which also drain from the brain.
  - the potency of the drug present in the oil can reach brain through cavernous sinus
  - The taila in Nasya dravya increases stickiness of mucous membrane hence effectively prevent dust particles

- ***Anjana*** (Applying the collyrium to eyes)
  - Collyrium helps one to get relief from burning sensation of eyes, hyper secretion of mucus, painful lachrymation renders the eyes beautiful and enables them to withstand the glare and wind.
  - Drugs 'get absorbed' through episcleral vessels and peri-limbal vessels

    - Releases in to aqueous flow thus effect of *'Anjana'* spreads throughout the eye ball

Dressing the nails, beared and hair*7

Trimming the nail, beard and hair promotes sound health, virility, longevity, cleanliness and beauty.

- ***Vyayama*** (Exercise) *8

Susrutha rightly states that as a lion is not approached by minor animals, a gymnast is not approached by diseases. Ayurveda emphasized the importance of *vyayama* (Physical exertion) and advocates it regularly.

Susrutha comprehensively enlisted the benefits of *Vyayama* *9

Physical exertion helps in nourshing, promotes glow, organizing the growth of body, kindles the digestive power, prevents laziness, promotes lightness and firmness

Benefits of Regular Physical Activity and Exercise

- Increased cardiac (heart) and pulmonary (lung) function
- Improved ability to perform activities of daily living
- Protection against development of chronic diseases
- Decreased anxiety and depression
- Enhanced feeling of well-being Weight control
- Lowered cholesterol and blood pressure
- Lypolysis of accumulated adipose tissue
- Increases BMR
- Increases oxygen supply to remote tissue
- **Abhyanga** (Massage) *10

Ayurveda ordains the practice of *Abhyanga* regularly as it helps in delaying the aging process, diminishes fatigue, promotes vision, strength and sleep, improves colour of skin, makes it soft, healthy and healthy life

It enables the nerve stimulation and increases the blood circulation

- ***Avaghaha*** (Bathing) *11

Ayurveda ordains one to take bath regularly as it purifies the body, promotes the virility, longevity, eliminates fatigue, sweat and dirt, induces body strength and is vitalizing in highest degree

- ***Ahara*** (Food) *12

Food plays an important role in maintenance of healthy life. Life is not possible without food.

Food nourishes and contributes to one bodily strength, improves memory, lit the digestion, energy, natural strength of the mind, *ojus* and longevity of life

This component includes

- 'Balanced Nutrition' (*Shadrasa yuktha dravya abhyasa*)
- Nutrition for 'special ages and conditions'
- 'Therapeutic Nutrition'

- ***Vyavaya*** (Sexual intercourse) *13

As hunger even sex is a basic instinct. One who enjoys sex in moderate as per the instruction laid in classics lives a long life

Susrutha mentioned the benefits of moderate sexual act as

Long life, good looking, stale life and well nourished musculature and moderate in decay.

Prof. Madhav Diggavi, opines to have intercourse between 9 pm to 10 pm is healthy

Tantra speaks of longevity by having sexual intercourse with a particular woman.

- ***Nidra*** (Sleep)*14

Sleep has an important role upon the whole physiology in repairing the tissue of the body

Proper sleep at proper time for a proper period tends to improve the growth, strength, vigour and complexion of the body, lit the digestion power, relief from drowsiness and restores the natural equilibrium among the *dhatus.*

A minimum of 6-8 hours of sleep at night is necessary for the body & mind to relax.

Prof. Sajita, Head, Dept of Swastavritta recommends two hours to complete the following components of *dinacharya.*

Approximate time required for *'Dinacharya Paalana'*

Shoucha vidhi	→	15 minutes
Dantha dhavana &		
Jiwha nirlekha	→	5 minutes
Anjanavidhi	→	5 minutes
Gandusha vidhi	→	5 minutes
Pratimarsha Nasya	→	3 minutes
Prayogika Dhumapana	→	2 minutes
Vyayama	→	15 minutes
Abhyanga / Udvarthana	→	35 minutes
Snana	→	10 minutes
Devatarchana	→	10 minutes
Vastradi maalaa abhushana	→	15 minutes
Total time taken	→	2 hours

Right from awakening in early morning till to the sleep at night, if one follows the *Dinacharya,* is definitely benefited by the longevity of healthy life, strengthening of the sense organs, prevention from diseases, delaying the aging & one's own social well being.

Conclusion

- *Dinacharya* deals with Personal and social hygienic measures
- *Dinacharya* increases individual immunity
- *Dinacharya* promotes longevity & health
- Benefits of *Dinacharya* components are almost similar to that of *Rasayana* therapies
- *Dinacharya* definitely plays a role in recreation
- Securing the complete benefits of *Rasayana* is possible only by following the advocation laid in *Dinacharya.*

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HEPATOPROTECTIVE EFFECT OF *'PHALTRIKADI KWATH'* & *'PANCHTIKTA GHRUTA'* IN VIRAL HEPATITIS

* Dr. Ajay Kumar, **Dr. Tina Singhal, ***Dr. Himanshu Upadhyay, ****Dr. B N Upadhyay

ABSTRACT

Hepatitis B (serum hepatitis) is caused by HBV infection.HBV infection causes more severe form of illness that includes acute Hep B,chronic hepatitis, progression to cirrhosis ,fulminant hepatitis and development to hepatocellular carcinoma. An open clinical trial was done in 10 Hep-B positive jaundice patients. *'Phaltrikadi kwath'* and *'Panchtikta ghruta'* was given in proper doses to all patients registered for trial. All the liver function tests along with clinical symptoms were recorded and assessed before and after treatment. Treatment was given for 3 weeks. The result was analyzed using standard statistical data and showed the encouraging improvement. The details have been described in the paper.

Keywords: - Hepatitis B, Jaundice, *Phaltrikadi kwath, Panchtikta ghruta*

INTRODUCTION

Acute viral hepatitis is a systemic infection affecting the liver predominantly. Almost all cases of viral hepatitis are caused by one of the five viral agents Hep-A, Hep-B, Hep-C, Hep-D & Hep-E. All these Hepatitis viruses are RNA virus except Hep-B is a DNA virus. Viral hepatitis is widely prevalent in different part of world. Several epidemics have been recorded in the Asian countries such as in India and Nepal.

HBV is now recognized as one of the family of animal viruses hepadnavirus and is classified as hepadnavirus type-1. After a person is infected with HBV the first virological marker detectable in serum is HbsAg. Circulating HbsAg precede elevation of serum aminotransferase activity and clinical symptoms and remains detectable during the entire icteric or symptomatic phase of acute Hep-B. HbsAg becomes undetectable 1-2 months after the onset of jaundice and rarely persist beyond 6 months.

MATERIALS & METHODS

An open clinical trial was designed to study the effect of *'Phaltrikadi kwath & Panchtikta Ghruta'* to reduce the severity and complications of hepatitis B induced jaundice. For this study ten patients were selected from *Kaychikitsa* ward, S.S.Hospital, IMS, BHU. After taking consent above mentioned drugs i,e. *Phaltrikadi kwath* in dose of 40 ml bid & *Panchtikta Ghruta* in dose of 10 ml bid are prescribed for 3 weeks to all patients. The changes in clinical symptoms along with liver function tests were recorded and assessed before and after treatment.

A.) Selection of patients:-

Inclusion criteria-

1. Diagnosed patients of HbsAg positive
2. Patient with signs and symptoms of hepatitis induced jaundice
3. Male and female patients of age group 20-60 years
4. Newly Diagnosed patients of HbsAg

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Exclusion criteria-

1. Patients positive for other types of hepatitis viruses
2. Patients associated with other complications & known critical conditions like tuberculosis, AIDS, Diabetes Mellitus, Hypertension
3. Age below 20 and above 60 years
4. Patients unwilling to participate

Total no. of 10 cases were studied in which 8 were male patients and 2 females. In clinical features, *Icterus* was observed in 100% cases, *hepatomegaly* in 60 %, *Splenomegaly* in 20 % cases, *Ascites* in 10 % cases, where *Anorexia ,Nausea & Vomiting* is noted in 80% cases, and *Fever* is noted in 20 % Cases as shown in table.(Table No. 1)

TABLE No. 1- Clinical features of Hepatitis B positive jaundice patients (n=10)

SL.NO.	SIGNS & SYMPTOMS	Number of Cases	Percentage
1.	Icterus	10	100 %
2.	Anorexia	8	80 %
3.	Fever	2	20 %
4.	Hepatomegaly	6	60 %
5.	Splenomegaly	2	20 %
6.	Ascites	1	10 %
7.	Nausea & Vomiting	8	80 %

B.) Drug Review:-

'Panchtikta Ghruta' is described in *Bhaisajya Ratnawali* under *kustha chikitsa and 'Phaltrikadi kwath'* is described in *Sarangadhar samhita – madhyam khanda.*

TABLE No. 2- Contents of Drugs

Panchtikta Ghrita		Phaltrikadi kwath	
Bhaisajya Ratnawali- **kusthadhikar /114-116**		*Sarangadhar samhita* –**madhyam khanda**	
Contents :		Contents :	
Nimb	(Azardiracta indica)	*Patola*	(Tricosanthes dioica)
Vyaghri	(Solanum surratense)	*Guduchi*	(Tinospora cardifolia)
Vasaka	(Adhatoda vasica)	*Haritaki*	(Terminalia chebula)
Bibhitaki	(Terminalia bellerica)	*Amlaki*	(Emblica officinalis)
Haritaki	(Terminalia chebula)	*Bibhitaki*	(Terminalia bellerica)
Amlaki	(Emblica officinalis)	*Vasaka*	(Adhatoda vasica)
Guduchi	(Tinospora cordifolia)	*Nimb*	(Azardiracta indica)
Katuki	(Picrorrhiza kurroa)	*Kiratikta*	(Swertia chirayta)

Assessment criteria:-

Assessment is mainly based on changes in biochemical laboratory investigations i.e., LFT along with change in grading of clinical symptoms. All investigations are performed & recorded before and after 21 days treatment.

The biochemical investigations revealed are SGOT, SGPT, serum total protein, serum total bilirubin, Alkaline Phosphatase and Prothrombin time.

Observation & Results:-

After 21 days treatment with *'Phaltrikadi kwath'* in dose of 40 ml bid & *'Panchtikta Ghruta'* in dose

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STUDY OF ACUTE TOXICITY OF *BAKUCHI* (*PSORALEA CORYLIFOLIA*)

Rai P. K.[1*], Singh O. P.[1], Rai N. P.[1], Singh S. K.[2]

Abstract: Scientific approach of a clinical study always needs experimental models, which are regarded as tools of research. Experimental studies on animals are done in view of human welfare; though the philosophers of peace and humanity regard it malicious. In other worlds, exhaustive operation like of drug remains safe and convenient in animals.

Psoralea corylifolia *(Bakuchi)* is extensively used in Ayurveda to treat the different kinds of skin diseases. An attempt has been made to evaluate the toxicity of Psoralea corylifolia in Albino rats. The parameters adopted to evaluate the toxic effect are AST, ALT, ALP, Urea and creatinine. At the end of the study it was observed that there is no increase in these parameters. Apart from these parameters histopathological examination also shows that there is no change in normal texture of the tissue, whose details are furnished in the following paper.

Key words: Psoralea corylifolia, AST, ALT, and ALP, urea, creatinine.

INTRODUCTION

Psoralea corylifolia **(Bakuchi)** is an indigenous drug belonging to the family Fabaceae, widely used in the treatment of different types of skin disorders. It is a

common drug in the Ayurvedic system of medicine. It has long been used as medicine in rural and tribal areas in the world. The dried seed powder is extensively used in rural area for different dermatological problems. The oil extracted from seed is also used for different skin disorders. It has anti-oxidant, antineoplastic and immune booster property.

Aim of the Study- To evaluate the toxic effect of *Psoralea corylifolia* in albino rats.

MATERIALS AND METHODS

Plant material: The seeds of *Psoralea corylifolia* were collected from the local market after proper identification by expert of *Dravyaguna* Department.

Extraction: The dried seed (1000 gm) of *Psoralea corylifolia* were powdered and extracted with methyl alcohol in soxhlet for 60 hours. The combined methanolic extract was concentrated under reduced pressure below 50°c to viscous oil (200 gm), which was finally dried under high vacuum to remove any trace of solvent.

1. The stock solution of the test material was prepared by dissolving in 6 ml ethanol to make the concentration 400 mg/ml and 0.1 ml of the stock solution was given to each rat of group
2. Apart from methanolic extract the fine powder of *Psoralea corylifolia* was also dissolved in distilled water to make the concentration 200 mg/ml.

Experimental models: The present study was conducted on Albino rats after approval from the Institutional Ethics Committee. Twenty-four male albino rats of Charles Foster strain weighing between 180-200g were procured from the Central Animal House, Institute of Medical Sciences, *Banaras Hindu University, Varanasi.*

All the animals were housed in wire mesh cages at an ambient temperature of 25 ± 2°C with 45-55% relative humidity and 12:12 h. light and dark cycle. They were allowed to free access to water and feed (standard rodent diet). All the experimental animals were acclimatized in the department for 3 days. Principles of laboratory animal care (NIH Publication No. 86-23 revised 1955) guidelines were followed.

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Grouping:

A total of **twenty-four** albino rats were included in the study and was divided into 4 groups of 6 animals in each.

Group I	Control – Distilled Water
Group II	Control – 0.1 ml of Ethanol twice a day
Group III	Animals received 0.1 ml (400 mg/ml) of methanolic extract of *Psoralia corylifolia* twice a day
Group IV	Animals were given 1 ml (200 mg/ml) of *Psoralia corylifolia* powder dissolved in water twice a day

At the end of the experiment (15 days after drug administration) under ether anesthesia blood samples were collected in centrifuge tubes via cardiac puncture and the serum was separated. The abdomen was then cut open and liver samples were removed.

In order to prevent RBC contamination, samples were cut into small slices, rinsed thoroughly in ice-cold normal saline and blotted by with blotting paper. Serum samples were frozen immediately in a deep freezer at 20°C and enzyme assays were performed on the next day.

ESTIMATION OF ENZYMES

The serum samples were subjected to assay for hepatic marker enzymes such has Aspartate transaminase (AST) Alanine transaminase (ALT) and Alkaline phosphatase (ALP). Activities of AST and ALT were assayed according to the 2-4 DNPH method. Values are expressed as IU/dl, ALP activity was measured using the method of Kind and King (1954) and results are expressed as K.A. units/L.

Hepatic enzymes are estimated also from the tissue homogenate of collected liver sample and the values are expressed same way as that of serum.

ESTIMATION OF UREA AND CREATININE

The estimation of urea and creatinine is done in serum as well as tissue homogenate. The urea and creatinine are estimated by kit provided for the same and values are expressed in mg /dl.

HISTOPATHOLOGICAL EXAMINATION

Liver and kidney pieces were preserved in 10% formaldehyde solution for histopathological study. The pieces of liver were processed and embedded in paraffin wax and section of about 4-6im thicknesses was done. They were stained with hematoxylin in a eosin and photographed

OBSERVATION AND RESULT

Because there are more than two groups F-test is considered as more appropriate for statistical analysis. Here $p<0.001$ is consider as highly significant and $p>0.05$ is not significant.

Table - 1

Variable (Serum)	Between the group comparison		
	One way ANOVA (F-test)		Post Hoc Test (Significant Pairs)
ALP.	F =667.02	p<0.001	(1,2) (1,3) (1,4) (2, 3) (2,4) (3,4)
SGOT	F = 56.28	p<0.001	(1, 3) (1, 4) (2,3) (2,4)
SGPT	F =410.70	p<0.001	(1, 2) (1,3) (2,3) (2,4) (3,4)
PROT	F = 39.17	p<0.001	(1, 2) (1,3) (1,4) (2, 3) (2, 4)
Urea	F =127.60	p<0.001	(1, 2) (1, 3) (1, 4) (2, 3) (2, 4)(3,4)
Creatinine	F = 1303.56	p<0.001	(1,2) (1,3) (1,4) (2,3) (2,4) (3, 4)

Table - 2

Variable (TissueHomogenate)	Between the group comparison		
	One way ANOVA (F-test)		Post Hoc Test (Significant Pairs)
ALP.	F =93.06	p<0.001	(1, 3) (1, 4) (2, 3) (2,4) (3, 4)
SGOT	F = 2.36	p>0.05	(1, 3) (1, 4)
SGPT	F =1.92	p>0.05	(1, 2)
PROT	F = 43.13	p<0.001	(2, 1) (3,1) (3,2) (4, 1) (4, 2)
Urea	F =171.48	p<0.001	(1, 2) (1, 3) (1, 4) (2, 3) (2, 4) (3,4)
Creatinine	F = 56.32	p<0.001	(1,2) (1,3) (1,4) (2,3) (2,4) (2,4) (3,4)

Histo-pathological observations: On histopathological examination liver section of control group i.e. group I showed normal lobular architecture and normal polygonal hepatic cells with a well preserved cytoplasm and well defined nucleus and nucleoli. The Histo-pathological examinations of livers of animals of group II that received 0.1 ml of ethanol twice a day showed no significant morphological changes as compared to group I. The liver section of group III and IV animals also showed normal lobular architecture and normal hepatocytes with well preserved cytoplasm and well defined nucleus with prominent nucleolus. Histo-pathological examination of kidney of group II, III, IV also showed no significant morphological changes as compared to group I.

Discussion: *Psoralia corylifolia (Bakuchi)* has pigments deposition, Anti-cancer, immune booster, anti-bacterial and bronchial smooth muscle relaxation properties. It has anti-oxidant property also.

The present experimental study is aimed to evaluate the acute toxicity of *Psoralia corylifolia.* For evaluation of acute toxicity liver enzymes (AST, ALT, ALP), urea and creatinine levels were estimated. Any toxic effect of drug on liver may increase the liver enzymes. The activities of liver enzymes AST, ALT and ALP in serum as well as tissue homogenate are used to assess the toxic effect of drug on liver. They are used as markers of hepatic damage. Decrease level of all these enzymes in treated group shows that there is no acute toxic effect of these drugs on liver. The urea and creatinine in serum as well as tissue homogenate are used to assess the toxic effect of these drugs on renal system. The observation shows there is decrease or no change in the level of urea and creatinine. It indicates that there is no acute toxic effect of drug on renal system.

From the histopathological examinations it is evident that there is no change in normal texture of hepatic lobules and hepatocytes as well as renal parenchyma. It suggests that there is no acute toxic effect of *Psoralia corylifolia* on liver and kidney.

Based on our present findings it can be concluded that *Psoralia corylifolia* have no toxic effects on liver and kidneys.

Acknowledgement: The authors thank Head, Department of Kayachikitsa and In-charge Center of Experimental Medicine and Surgery, IMS, BHU, for providing the facilities.

References:

1. *Zhong Yao Da Ci Dian(TCM Big Dictionary),by Jiang Su Xin Yi Xue Yuan,Shang Hai Science and Technology Publishing.1986.1177.*
2. *JOBAAY Journal of Bacteriology.(American Soc. for Microbiology,1913 I St.,NW,Washington,DC 20006)V.1-1916-Volume(issue)/page/year:121,259,1975.*
3. *MUREAV Mutation Research.(Elsevier Science Pub.B.V.,POB 211,1000AE Amsterdam,Netherlands)V.1-1964-Volume(issue)/page/year:58,23,1978*
4. *JMOBAK Journal of Molecular Biology.(Academic Press,Inc.,1 E.First St.,Buluth,MN 55802)V.1-1959-Volume(issue)/page/year:103,39,1976.*
5. *BUCABS Bulletin du Cancer.(SPPIF,B.P.22,F-41353 Vineuil,France)V.53-1966-Volume(issue)/page/year:67,245,1980.*
6. *Zhong Yi Yan Jiu Yuan Zhong Yao Yan Jiu Suo Ji Hua Sheng Yu Yan Jiu Shi.Zhong Yao Yan Jiu Zi Liao, 1979,(1):16.*
7. *Shaan Xi Zhong Yi, 1990,11(9): 427,by Zhao Jianbing,etc.Shi Yong Kou Qiang Yi Xue Za Zhi,1990,6(4):320;by Wu Junzheng,etc.Zhong Xi Yi Jie He Za Zhi,1990,10(6):370;by Lu Zehua,etc.Shaan Xi Xin Yi Yao,1983,(10):49,by Yang Yi Can, etc.Zhong Xi Yi Jie He Za Zhi,1989,(1)2:736,by Yang Yican,etc..*

Panchakarma .... From P. No. 4

c) Rejuvenative :

Panchakarma detoxifies the body at cellular level making it healthy and energetic. Therefore it is considered as the pre operative procedure for *rasayana* and *Raktamoksha* (bloodletting).

Advantages of *panchakarma*:

While *samana* only pacifies *doshas* locally, *sodhana* removes *doshas* from body there by helping to prevent the recurrence of disease. *Samana* is done is *alpa dosha* & *alpa bala* where as *sodhana* can be done in *prabhoota dosha.* The effect of *sodhana* lasts long compared with *samana. Sodhana* interferes with the *dhatus* and thereby normalizes them.

Pancha karma is a therapy which acts fast. In *vamana* , the vomiting commences within 48 minutes. Contents of *nirooha vasti* should be expelled in 48 minutes and the whole process of *virechana* is completed within a few hours. *Nasya* takes only 1 hour for the completion of the procedure.

It is said,

"*dharmardhakamamokshanam arogyam moolam uttamam*

Rogaastasyaapahartharah sreyaso jeevitasya cha"

- Good health is the base for virtuous acts, wealth, gratification of desire & final emancipation. Diseases are the destroyers of health, well- being & life.

Pancha karma is a pre requisite for *rasayana prayoga* which is done for the attainment of *deerkhayus.* Therefore, this major treatment methodology not only cures major chronic diseases which debilitates the person but also helps in increasing the life span thereby improving the quality of living in total.

Effect of Lasuna .... From P. No. 6

RESULT

- All the patients were positively responded to the treatment.
- The signs of palsy were started disappearing from 5th day onwards.
- The response was quicker in the Group – B in comparison to Group-A.
- The mode of action of the *Yoga* is well interpreted in the light of *Vagbhata's* observation according to whom *"Lasuna Prabhanjan"*-
- *Lasuna* is the sheet anchor for *Vata Vyadhi* and when it is combined with *Snehana* like *Navanita,* the *Vatahara* action of *Lasuna* gets Potentiated.
- *Kukkutanda Sweda* also acts as *Vatahara* and has a supportive role in the management of *Arditavata.*

CONCLUSION

- It is observed that the treatment belonging to Group B has shown better result when compared to Group A.
- As *Nasya karma* is the main stay of treatment in *Sirogata Vata,* the addition of *Nasya karma* enhanced the therapeutic effect of *Lasuna Kalka.*
- The treatment has not given any adverse drug reactions.
- After *Nasya karma* all the patients reported very mild burning sensation, which has relieved within few minutes without any medication.
- Simple recipe like *Lasuna Kalka* appears to be safe as well as highly economical for the management of *Ardita Vata* (Bell's Palsy)

Bibliography

1. *Susruta Samhita, Nirnaya Sagar Press, Bombay 1938*
2. *Madhava Nidana, Chaukhambha Orientalia, Varanasi 2000*
3. *Bhaishajyaratnavali, Chaukhambha Sanskrit Sansthan, Varanasi 1990*
4. *Charaka Samhita, Nirnaya Sagar Press, Bombay 1942*
5. *Text Book of Medicine, P.C. Das, Calcutta, 1985*
6. *Panchakarma, Vidyanath R., Chowkhamba Sanskrit Pratishtan, New Delhi, 2000*

Thenginpookkula.... From P. No. 8

TLC of Sample -1

Sl.No.	Solvent	Spraying Agent	RF
1	Patroleum ether		
2	Ethyl Acetate (9:1)	Iodine vapour	-ve
3	Ethyl Acetate (9:1)	Vaseline H2SO4	-ve
4	E: Ether: Acetic acid(80:10:10)	Iodine vapour	-Ve
5	E: Ether: Acetic acid(80:10:10)	Vaselin H2SO4	0.57, 0.61, 0.31

TLC of Sample -2

Sl.No.	Solvent	Spraying Agent	RF
1	CHCl3,Benzyl methanol	NH4 Molybdate	0.30,0.21
2	5:5:5	Ferric ammonium sulphate	0.25
3	5:5:5	Diaganoff's reagent	0.36
4.	Ethyl acetate : CHCl3:MeOH	Ammonia Molibdate	0.56
5.	5:5:5	Ferric ammonium sulphate	0.38
6.	5:5:5	Progaudroff's	-ve

Conclusions: The following conclusions can be made out from the whole study as:

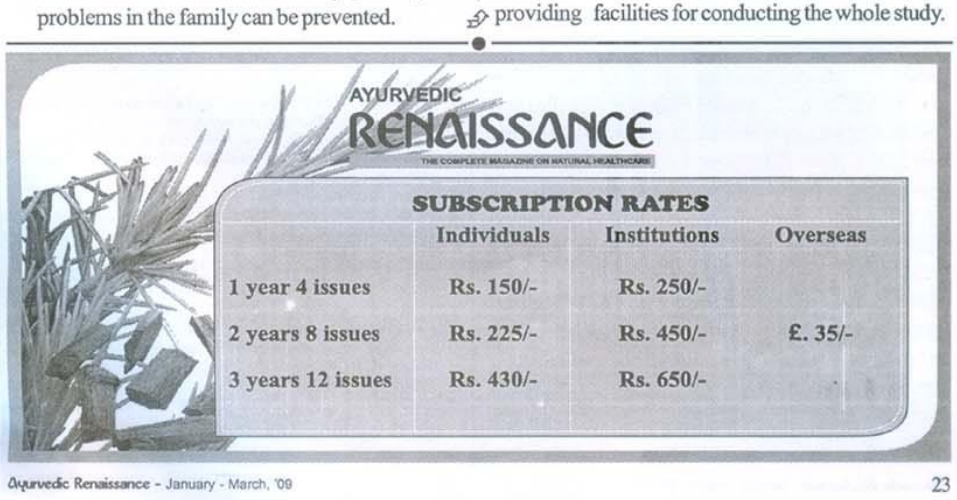
1. The drug is easy to prepare and use so that the women suffering from abnormal uterine bleeding can be benefited.
2. The ingredients of the drug are freely available and so if trained every woman can prepare the drug at home and can cure it without undergoing surgery.
3. Awareness on such kind of problem makes them tackle it with confidence so that psychological problems in the family can be prevented.

Reference

1. *P. V. Tewari Ayurvediya Prasutitantra evam Streeroga Part I & II.*
2. *Murdoch G.Elder. Obstetrics and Gynaecology. Clinical and Basic science aspects. I edition 2002.*

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Phaltrikaadi .... From P. No. 18

of 10 ml bid ,the changes in clinical symptoms along with liver function tests were recorded before and after treatment. On comparing statistically, results are very much encouraging as shown in following tables.(Table No. 3 & 4)

TABLE No. 3 - Effect of trial drug on Clinical features

Signs & Symptoms	Before treatment (Mean ± SD)	After Treatment (Mean ± S.D.)	% reduction
Icterus	2.4 ± 0.699	0.6 ± 0.516	75.0 %
Anorexia	2.25 ± 0.707	0.5 ± 0.534	77.7 %
Fever	1.5 ± 0.707	0	100 %
Hepatomegaly	2.0 ± 0.894	0.5±0	75.0 %
Splenomegaly	1.0 ± 0	0.5±0	50.0 %
Ascites	2.0 ± 0	0	100 %
Nausea / Vomiting	2.125 ± 0.834	0.25 ± 0.462	88.2 %

*Grading of clinical features: - All clinical features are recorded from 0 to 3 grades, 0 - No Symptom, 1 - Mild, 2 - Moderate, 3 - Severe

TABLE No. 4 - Effect of trial drug on Biochemical Parameters (i.e, LFT's)

Investigations	B.T. *(Mean±SD)	A.T. *(Mean±SD)	't' TEST	'p' value
SGOT	317.6 ± 71.38	57.2 ±8.71	7.91	$p<0.001$ highly significant
SGPT	285.0 ± 82.54	56.2 ± 6.79	6.24	$p<0.001$ highly significant
Total Bilirubin	27.06 ± 5.081	3.46 ± 0.48	11.15	$p<0.001$ highly significant
Total Protein	6.72 ± 0.77	6.06 ± 0.34	1.30	$p>0.1$ not significant
Alk. Phosphatase	272.2 ± 21.04	48.4 ± 9.59	24.60	$p<0.001$ highly significant
Prothrombin time	17.8 ± 2.77	14.41 ± 0.547	3.302	$p<0.001$ highly significant
HBsAg	Positive	Negative		

* B.T. = Before Treatment, A.T. = After Treatment

DISCUSSION:- The present study was aimed to validate efficacy of *Phaltrikadi kwath* and *Panchtikta ghruta* in patients suffering from jaundice due to Hep-B. Acute Hep-B causes severe illness if not treated properly and leads to chronic hepatitis and liver cirrhosis. There was no such medicines in Allopathy system to reduce the severity of acute hepatitis (except antiviral drugs), but in Ayurvedic classics there are much more drugs available for reducing the severity of acute hepatitis. The Ayurvedic pharmacopoeia have a rich heritage of herbal medicines for treating jaundice *(kamala)*. Therefore in present study I selected only two above mentioned drugs and it was observed that both drugs are much more efficacious in reducing the severity of acute hepatitis.

References:

1. Christopher Haslett et al., Davidson's Principal & Practices of Medicine,19th edition, chapter 17,Churchil Livingstone Publication.
2. Chunekar K C, Bhav Prakash Hindi Commentary, reprint 1999, Chaukhambha Bharti Academy, Varanasi.
3. Kasper , Braunwald et al ,Harrison's Principal of internal Medicine,16th edition, chapter 285,Tata Mc Graw Hill Publications.
4. Kundu Arup Kumar, Bedside Clinics in Medicine ,5th edition
5. Mishra Siddhinandan, Bhaisajya Ratnawali with Siddhiprada Hindi commentary,1st edition,2005, Chaukhambha Surbharti Publication,Varanasi
6. Shastri K N & Chaturvedi G N ,Charak Samhita with Vidyotini Hindi Commentary, vol.1 & vol.2,12th edition,1984, Chaukhambha Bharti Academy, Varanasi
7. Shriwastava S, Sharangdhar Samhita hindi commentary,4th edition,2005, , Chaukhambha Orientalia ,Varanasi
8. Singh R H ,Kaychikitsa,2nd vol. ,Chaukhambha Sanskrit Pratisthan, Delhi
9. Yadavji Trikramji Acharya, Charak Samhita with Ayurveda Dipika Hindi Commentary of Chakrapani Datta,Nirnaya Sagar Press ,1941,Bombay

DEPRESSION: RECOGNIZING THE EMOTIONAL SYMPTOMS

- **Feeling sad, empty, hopeless, or numb.** These feelings are with you most of the day, every day.
- **Loss of interest in things you used to enjoy.** You might no longer bother with hobbies that you used to love. You might not like being around friends. You might lose interest in sex.
- **Irritability or anxiety.** You might be short-tempered and find it hard to relax.
- **Trouble making decisions.** Depression can make it hard to think clearly or concentrate. Making a simple choice can seem overwhelming.
- **Feeling guilty or worthless.** These feelings are often exaggerated or inappropriate to the situation. You might feel guilty for things that aren't your fault or that you have no control over. Or you may feel intense guilt for minor mistakes.
- **Thoughts of death and suicide.** The types of thoughts vary. Some people wish that they were dead, feeling that the world would be better off without them. Others make very explicit plans to hurt themselves.

BREASTFEEDING CUTS MOMS' HEART RISK

Study Shows Breastfeeding Cancels Increased Risk of Heart Disease, Stroke, and Diabetes

Pregnancy increases a woman's risk of heart disease, stroke, and diabetes. But breastfeeding cancels out this risk, says Eleanor Bimla Schwarz, MD, assistant professor of medicine at the University of Pittsburgh.

Schwarz and colleagues analyzed data collected from about 140,000 postmenopausal women enrolled in the Women's Health Initiative. All of the women had given birth. Cumulative total duration of breastfeeding was determined for each study participant. "The longer women nursed babies, the less likely they were to develop diabetes, heart disease, or stroke," Schwarz tells WebMD.

If women breastfed one or more months, Schwarz says, they were less likely to have diabetes, **high blood pressure, or high cholesterol.** If they breastfed for more than six months during their lifetime, they were less likely to have a heart attack or stroke.

"Any breastfeeding was good, but more was better," Schwarz says. It seems to be nature's way of lessening the physical costs of having a child.

"Pregnancy without breastfeeding ups the risk of heart disease and stroke, but with breastfeeding a woman has the same risk she had before pregnancy," Schwarz says. "The more pregnancies you have, the more risk of heart disease you have. But if you breastfeed longer in each pregnancy you come out just fine." Exactly how big is the breastfeeding effect? Schwarz and colleagues calculate that: For every 100 women who accumulate at least 12 months of breastfeeding over their lifetime, one case of diabetes would be prevented.

For every 125 women who accumulate 12 months of breastfeeding, one case of heart disease would be prevented. "The interesting finding in this study is that even when you take women's body weight into account, there still seems to be an important association between breastfeeding and long-term health effects," says Erica P. Gunderson, PhD, a research scientist at Kaiser Permanente Northern California. Gunderson, who was not involved in the Schwarz study, points to previous studies showing that breastfeeding cuts a woman's **diabetes risk.**

Her own studies show that years after weaning their children, women who breastfeed for at least three months have fewer risk factors for diabetes and heart disease, including smaller waist circumference.

Courtesy : Web MD Health News (From internet)

Dinacharya .... From P. No. 16

*1. *Uthayotayotaya satatam swastenaarogyamichata !
Dhimata yadanusteyam tat sarvam sampravakshate!!*
Susrutha

*2. *Savituhu samudaya kale prasrutihi salilasya pibhedastau !
Rogajara parimuktau jeevedvatsarashatam Bhavaprakasha*

*3 *Nihanti gandham vairasyam jihwadantaasyajam malam !
Niskrushya ruchimadhatte sadhyo dantashodanam !!*
Charaka

*4 *Jihwamulagatam yachha malamuchwasarodi cha !
Dourgandhyam bhajate tena tasmajjihwaam vinirlikhet !!*
Charaka

*5 *Dantadardyakaram ruchyam snehagandusham dharanam !*
Susrutha

*6 *Aajanmamaranam sasthaha pratimasthastu bastivat !
Tailameva cha nasyarthe nityabhyasena sasyate !!*
Astanga hridaya

*7 *Paustikam vrishyamayushyam suchi roopaviraajanam!
Kesha smasrunakhadinam kalpanam samprasadanam !!*
Charaka

*8 *Vyadhayonopasarpanthi Simha ksudramrigaa eva !*
Susrutha

*9 *Sareeropachayaha kanthirgatranam suvibhaktataha !
Deepthagnitvamanaalasyam sthiratvam laghavam mrija !!*
Susrutha

*10 *Abhyangamacharetnityam sajaraasramavataha!
Dristiprasadapustyaayuhu swapnasutwak !!*
Astanga hridaya

*11 *Pavitram vrishyamaayushyam srmasweda malapaham!
Sareerabalasandanam snanamojaskaram param !!*
Charaka

*12 *Aaharaha preenanaha sadhyo balakriddehadharakaha !
Aayustejaha samutsahasmrityojo agnivivardhanaha !!*
Susrutha

*13 *Aayushmanto mandajaraa vapurvarnavalanvithaha !
Sthiropachithamamsascha bhavanti streeshu samyathaha !!*

*14 *Pustivarnabalotsahamagni deeptimatandritam !
Karothi dhatusamyam cha nidrakale nishevithaha !!*
Susrutha

GET MOVING, GET SLEEPING

Another study on points to the value exercise has in upping the quality of sleep. If there's one magic bullet for enhancing the quality of your life - from increasing your overall health to fighting the onset of age-related disease and elevating your mood and sense of well-being - it's exercise. And it can also have a positive impact on your sleep.

Most people who complain of sleep problems lead sedentary lives and don't practice a regular exercise routine. **Aerobic exercise has shown to aid in sleep** primarily by doing two things:

1. helping you fall asleep quicker, and
2. plunging you into deep (or delta) sleep for a longer period of time, which is where you need to be to feel refreshed and restored the next day.

Studies on people who participate in **aerobic activities** show that they have a tendency to secrete more growth hormone at night, which aids in repairing and rejuvenating the body.

The recent study lends more credence to the exercise-sleep connection. Participants in a 12-month study who engaged in a "moderate-intensity exercise program" reported improvements in their sleep. They were able to fall into Stage 2 sleep more quickly and stay there longer, experience fewer awakenings in the night, and feel more rested the next day.

The control group, which didn't have to exercise but instead just got a dose of (likely bland) "health education," didn't report such benefits.

Get a physical and discuss your goals to get fit with your doctor, ruling out any medical issues you need to address in pursuit of establishing an exercise program. Experiment with exercise at different times of the day: first find a convenient time and then worry about whether it disrupts your sleep or not. Include cardio training, strength training, and stretching for flexibility. Be sure to get your heart rate up for at least 20 to 30 minutes most days of the week. Build your fitness level slowly; don't jump into a strenuous fitness routine too quickly. Exercise in bright outdoor light if possible.

CEDRUS DEODARA

(Roxb.ex.D.Don) G. Don

* BABY JOSEPH & SOPHY PAUL

Malayalam	:	*Devatharam*
Sanskrit	:	*Devadaru*
English	:	*Deodar*
Hindi	:	*Devdar*
Family	:	*Pinaceae*

Habit & Habitat: Cedrus is a large evergreen tree found in Western Himalayas from Kashmir to Garhwal at an altitute upto 1200-3000m.

General features: A large handsome evergreen conifer tree with rough, black, furrowed bark and spreading branches, shoots dimorphic, leaves needle like, sharp, pointed, male cones solitary cylindric at the ends of branchlets, female cones solitary at the ends of branchlets, composed of imbricating thin woody placental scales, seeds pale brown, wings longer than the seeds.

The heartwood of deodar is light yellowish brown, turning brown on exposure. It is oily, fragrant and strong.

Parts used: Heartwood

Ayurvedic Properties:

Rasa	-	*Tiktha*
Guna	-	*Laghu, Snigdha*
Virya	-	*Usna*
Vipaka	-	*Katu*

Actions: *Vata kapha hara, amadosahara, vibandahara, krimighna, kushtagna, sophagna, kandughna*

Therapeutic uses: *Kasa, svasa, vrana, jwara, prameha, vataraktha.*

Chemical constituents: Dihydromyricetin, cedrine, deoderin and cedrinoxide, kaempferol glucoside, polyphenolic lignoids, deodardine, cedrinoside, taxifolin, cedrusinin, himachalol, isocentdarol, stigmosterol, camphesterol, isopinaric acid, ascorbic acid, cedrol etc.

Important formulations: *Khadirarishtam, Dasamoolarishtam, Devadarvarishtam, Sudarsanam choornam, Narayana thailam* etc.

Uses: The heartwood of Devadaru is used in constipation *(Vidbandha), Sotha, Tandra, Hikka* (hiccough), *jvara* (pyrexia), *prameha* (urinary disorder), *kasa* (cough), *Kandu* (itching), *krimi* (worm infestation), *kushta* (leprosy), *amavatha* (rheumatism), *rakthavikara* (diseases due to vitiated blood), *suthika roga* (Puerperal diseases).

Wood yields an oleoresin known as kelanka -tel and a dark coloured oil or tar resembling crude turpentine is obtained by destructive distillation. Oleoresin or turpentine are applied to ulcers and skin diseases.

The wood possesses diaphoretic, diuretic and carminative properties and useful as antidoted snake bite, in fever, flatulence, rheumatism, kidney stones, in piles, oedema, diabetes, leprosy and urinary disorders. The bark is astringent and useful in fever, diarrhoea and dysentery.

* Dept. of Pharmacognosy, R & D, Nagarjuna Herbal Concentrates Ltd., Alakode, Thodupuzha

The plant is used in fever (Srivastava 1986), skin diseases, diabetes, intestinal parasites and sinusitis (Srivastava 1986). Plant oil is used in rheumatic pain (Dhasmana 1987, Uniyal 2002). Heartwood is used in piles (Arya & Vedprakash 1999), arthritis & bodyaches (Kumar 1993),. Wood oil is used in ulcers (Uniyal 1968), as insect repellent (Maithani 1973), sterility (Jain & Puri 1987).

PHARMACOLOGICAL STUDIES

Anti inflammatory: The volatile oil from wood exhibited anti inflammatory activity against carrageenum – induced rat paw oedema and both exudative proliferative and chronic phases of inlammation in adjuvant activities in rats.

Anti oxidant: The three chemical compounds isolated the wood bark showed strong anti oxidant activity.

Antibacterial: The alcoholic extract showed antibacterial activity against Staphylococcus aureus.

Essential oil was also screened for anti bacterial activity against six potato pathogenic bacteria.

Anti fungal: The essential oil has absolute fungi toxicity against human pathogenic fungi.

Cedrus wood oil exhibited a wide range of antifungal activity when tested against various fungi.

Anthelminthic: The essential oil from heartwood showed nematicidal activity against root knot nematode.

Insecticidal: The essential oil obtained from wood chips exhibited insecticidal activity against mosquitoes.

The essential oil from wood showed larvicidal activity against Aedes aeg, pti.

The wood was reported to contain a volatile substance that showed natural resistance to termite.

PHARMACOGNOSY

Materials & Methods: Plant materials were collected from different parts of Kerala and Nagarjuna Herbal Garden. For macroscopical characters Stereomicroscope is used and for microscopical studies, the compound microscope. For physical constants rotary shaker, muffle furnace, uv cabinet, moisture balance were used.

PHYSICAL CONSTANTS: Total Ash, Acid Insoluble Ash, Water Soluble Extractive, Alcohol Soluble Extractive and Thin Layer Chromatography tests were done to asses physical constants

RESULTS & DISCUSSIONS

Macroscopic features: Wood moderately hard, light yellowish brown to brown , wood splits readily longitudinally, annual rings well marked, medullary rays appear as whitish lines, resin canals arranged in long tangential rows, odour aromatic, taste not distinct.

Microscopic features: Mature wood narrow, quadrangular or rarely five or six sided tracheids, having very thick wall with pits, xylem rays very fine, numerous and run straight throughout the region, uniseriate 2 to 16 cells high, vessels absent.

PHYSICAL CONSTANT VALUES

No	PARAMETERS	VALUES
1	Foreign matter	Not more than 1 %
2	Total ash	Not more than 2 %
3	Acid insoluble ash	Not more than 1 %
4	Alcohol soluble extractive	Not less than 7 %
5	Water soluble extractive	Not less than 15 %

THIN LAYER CHROMATOGRAPHY

Powder	-	5 gm
Extract	-	Ethyl Alcohol
Solvent System	-	Toluene : Ethyl acetate – 9 :1

Rf Values	Colour in UV rays
0.11	Blue
0.18	Blue
0.32	Blue
0.46	Blue
0.65	Blue
0.75	Blue

Bibliography:

1. A.K Gupta, Madhu Sharma & Neeraj Tandon - Reviews on Indian Medicinal plants – Vol V – Page 884 –907
2. Anonymous - The Ayurvedic Pharmacopoeia of India Vol IV – Page – 23-24
3. P.K Warrier, V.P.K Nambiar & C Ramankutty - Indian medicinal Plants Vol II – Page – 41-44
4. Ram P Rastogi, B.N Mehrotra - Compendium of Indian medicinal Plants Vol I Page 93-94
5. Dr. K.M Nadkarni – Indian Materia Medica – Vol I – Page – 295

Keraleeyam NATIONAL WORKSHOP ON *PANCHAKARMA* & KERALA SPECIAL TREATMENTS

Keraleeyam, the first national workshop on *Panchakarma* & Kerala special treatments organized by Nagarjuna Ayurvedic Institute had successfully held from 22nd to 27th February 2009.

Mr. Devadas Namboodiripadu, respectful Managing Director, Nagarjuna Ayurvedic Group inaugurated the workshop. Dr. M.R. Vasudevan Namboodiri, Principal, Government Ayurveda College, Thiruvananthapuram done the Key – note- address with the presentation of his paper on *Panchakarma & Rasayana*. Mr. N. V. Subrahmanyam, Chief Executive officer, Dr. C.S. Krishnakumar, Director, Nagarjuna Ayurvedic Institute and other faculty members and Physicians of the organization were present.

The workshop was designed to provide practical experience to the delegates on *Panchakarma* & thirty types of Kerala special treatment modalities. Every day the sessions started with practical training. The whole delegates divided into small groups of six and experienced the practical under the guidance of institute faculty. Three interactive sessions were arranged each day. Fifteen papers were presented in this category. Professors and teachers from the Government Ayurveda Colleges at Thiruvanathapuam and Thripunithura, VPSV Ayurveda College, Kottakkal and Central Research Institute for Panchakarma, Chruthuruthy, Kerala along with institute faculty made these sessions most informative.

Dr. C.S. Krishnakumar, Director, Nagarjuna Ayurvedic Institute distributed the certificate for participation.



A post workshop trip to the spots of interest was also arranged. The delegates appreciated the *darsan* of the birth place, associated *ashrams* and monu-ments of *AdiSankara* and *Dhanwanthari* temple nearby as really great.

The visit to *Purnagram*, Nagarjuna Ayurvedic Retreat Ltd, in side the reserve forest and in the banks of river *Purna* with tranquil atmosphere gifted with natural resonance and occupied by cosmopolitan patients was enough to impart confidence to the delegate regarding the global propagation of authentic Ayurveda.

Delegates got highly convinced with the ISO certified manufacturing facilities of Nagarjuna Herbal concentrates Ltd and the medicinal garden.

NRF Merit Evening 2008 had organized in *Parassinikkadavu Ayurveda Medical College, Kannur* on 16th January 2009

Nagarjuna Research Foundation is the organ of Nagarjna Ayurvedic Group to advance the cause of Ayurveda through scientific research, dissemination of information and promotion of Medicinal Plant Cultivation. N.R.F has been regularly conducting Merit Evening to honor the First Rank holders in BAMS Examination every year from the universities of Kerala. The Merit Award *(Ashta Vaidyan Brahmasree Pulamanthole Aryan Mooss* Memorial) consists of cash price and a plaque. As a matter of motivation to students NRF is very particular to organize The Merit evening in one of the Ayurveda Colleges in Kerala in a rotational Manner. Inter disciplinary seminar on academic and clinical interest is also a part of the function.

NRF Merit Evening 2008 had organized in *Parassinikkadavu Ayurveda Medical College, Kannur* on 16th January 2009.

Dr. T. Sivadas, Respected Drugs controller of Ayurveda gifted the function presenting the Awards.

Dr. G Anilkumar (Kannur University)

Dr. Hima Alias (Calicut University)

Dr. E. Remya (M.G University)

Dr.Lima. K.Sen (Kerala University) received the awards.

Prof: Dr. P.R. Raveendranathan Nair, Principal Parassinikkadavu Ayurveda Medical College presided over the function.

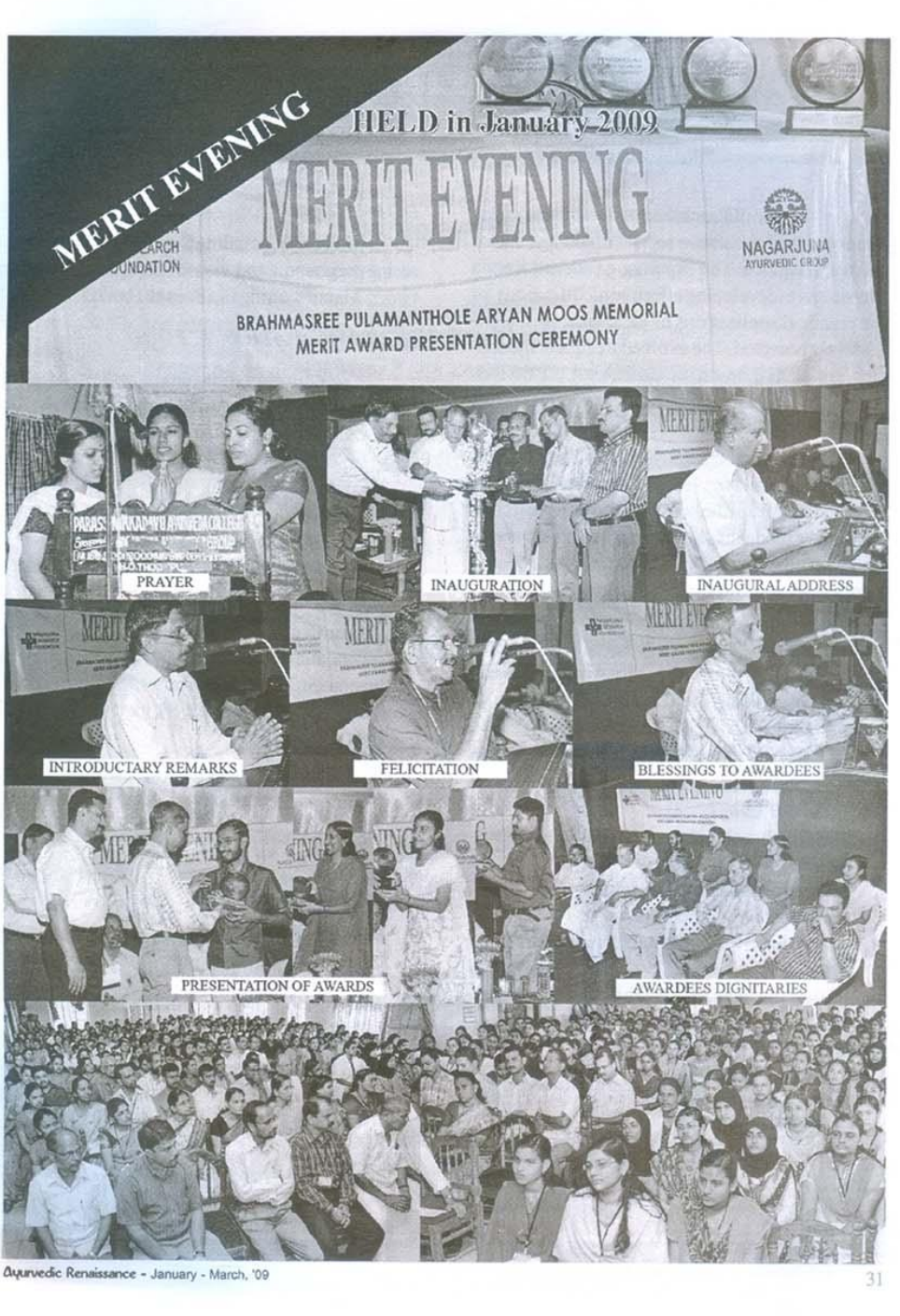
Sri. M.V. Raghavan, Former Minister for Ports and Co-operation, Govt. of Kerala inaugurated the function. Dr. P.P. Bhaskaran, Vice Principal, *Parasinikkadavu Ayurveda Medical College* and Prof. E. Kunhiraman, Director, *Parasinikkadavu Ayurveda Medical College*, felicitated.

Inter disciplinary seminar on Early Diagnosis of Mental disorders was also ogranized. Dr. K. Sundaran MD (Ay.) Superintendent of Govt. Ayurveda Mental Hospital, Kottakkal presented the Ayurvedic perspective. The Modern concept was presented by Dr. A.V. Druhin MD (Psycho), Associate professor of Psychiatry, Medical College, Pariyaram).

The Rich gathering of students and teachers interacted with the Faculty.

Dr. C.S. Krishnakumar, Head of the Department, Technical Services, Nagarjuna Ayurvedic group welcomed the gathering.

Mr. Suraj Shakar Union Secretary, College Union rendered Vote of Thanks.



2nd NATIONAL WORKSHOP ON PANCHAKARMA & KERALA SPECIAL TREATMENTS

The role of Panchakarma Treatments in preventive as well as curative aspects is getting realized all over the globe. The expertise of ancient Kerala Physicians in developing effective modifications for the practical applications of Panchakarma has extensively accepted. The evolved treatment modalities are well known as KERALA SPECIAL TREATMENTS – most effective in eliminating the vitiated doshas and metabolic wastes.

The changing life style of modern man lacking physical activities leads to the accumulation of metabolic wastes in the body. Ayurveda, having comprehensive modalities to eliminate metabolic wastes and vitiated doshas, has re-emerged as the unique purificatory treatment of modern times.

Nagarjuna Ayurvedic Institute, the Education Division of Nagarjuna Ayurvedic Group - the leading manufacturers of quality Ayurvedic medicines, is organising the II national workshop on PANCHAKARMA & KERALA SPECIAL TREATMENTS for Ayurvedic Physicians in May 2009.

HIGHLIGHTS

1. A to Z on Panchakarma & Kerala Special Treatments.
2. Live demonstration of treatment procedures.
3. Opportunity for practicals.
4. Interaction with eminent Ayurvedic Scholars & Physicians in Kerala.
5. Follow up support to establish treatment centres, on the job updating and guidance.

DESIGN

1. Interactive sessions in class room mode with multimedia presentations.
2. Practicals in small groups to benefit maximum training on pre-treatment, treatment & post treatment procedures.
3. Daily review & updating.

DURATION

Six days including a post-workshop sight seeing programme and visit to Nagarjuna Ayurvedic Group Manufacturing facilities at Thodupuzha.

ACCOMMODATION & FOOD

Accommodation shall be arranged in Kalady - the town near by, and food in the workshop venue.

VENUE

Nagarjuna Ayurvedic Institute, Kalady, Ernakulam (Dist), Kerala (State).

EXPLORE KALADY

1. The birth place of Adi Sankara and the ancestral temple complex associated with his life and teachings. Viz. Adi Sankara Keerthi sthambha – The monumental tower, Shringeri mutt, Kanchi mutt.
2. St. Thomas Church - the International Pilgrim Centre, Malayatoor.
3. Dhanwanthari Temple, Thottuva, Kalady.
4. Elephant Training Centre - Kodanadu, Kalady etc.
5. Nagarjuna Ayurvedic Retreat Ltd. (Purnagram) Malayattoor.

For more Details contact:

NAGARJUNA AYURVEDIC INSTITUTE
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Ernakulam (Dist.), Kerala (State.), PIN-683 550.
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NAGARJUNA AYURVEDIC INSTITUTE

Training Programmes on Panchakarma & Kerala Special Treatments

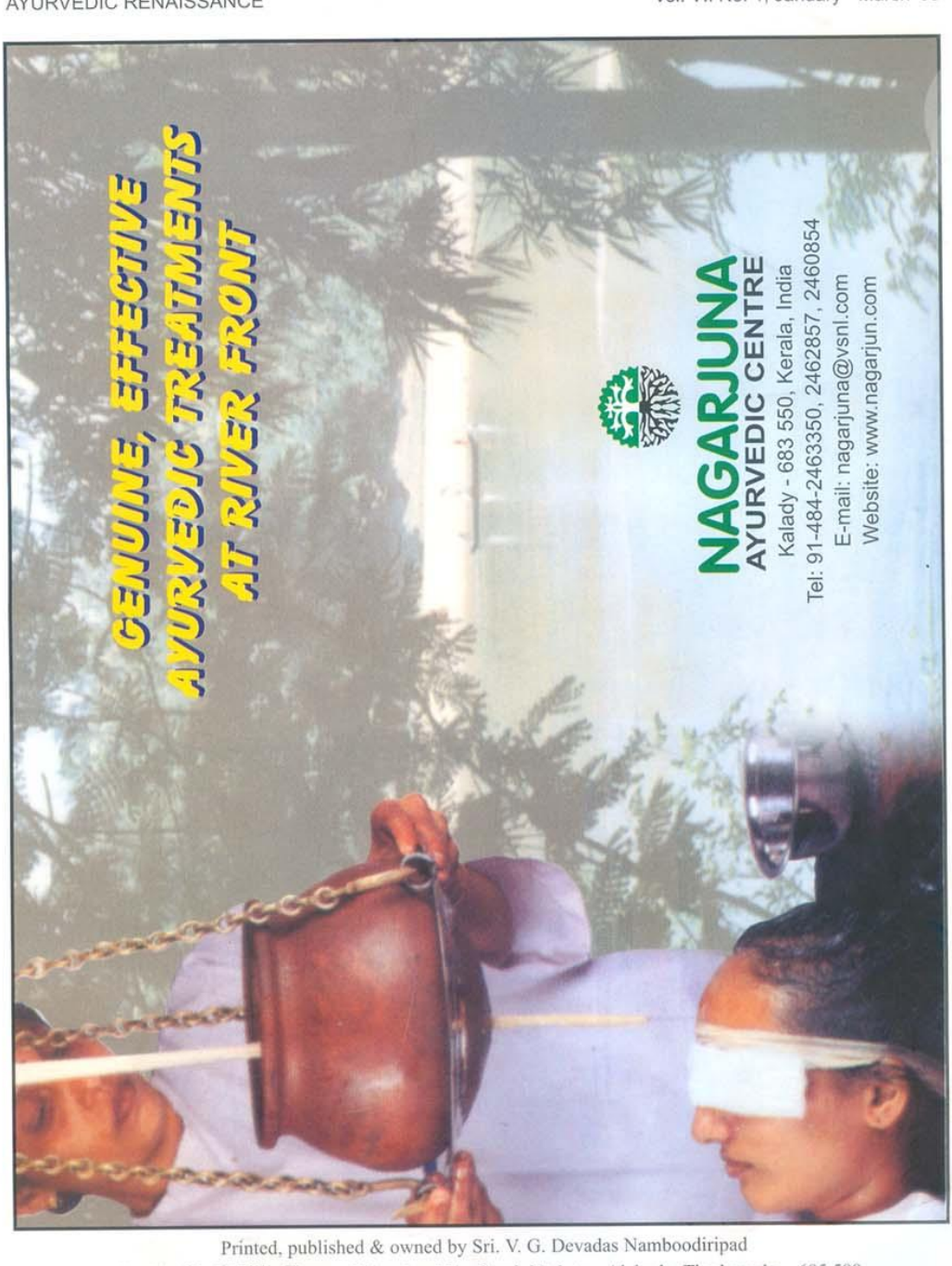
Nagarjuna Ayurvedic institute, Kalady offers various training programmes on panchakarma and Kerala Special Treatments with theory and practical classes for different groups of students from Kerala, Out of State and Abroad. The Institute is located in Kalady, near the birthplace of Adi Sankara and eight Kilometers away from Cochin International Airport, Nedumbassery.

	Programme	Eligibility	Duration of Course
1.	Therapist (Regular)	Kerala Students after Plus 2	Six months
2.	Therapist	Students out of Kerala after Plus 2	Six months
3.	Panchakarma orientation	Doctors Out of Kerala	2 weeks
4.	Training and Awareness in Ayurveda	International Students	2 - 6 weeks

Accommodation facilities available.

FOR MORE DETAILS, CONTACT.

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