

# **AYUR SURABHI**

*A BI MONTHLY JOURNAL OF AYURVEDA*

**SRI JAYENDRA SARASWATHI AYURVEDA COLLEGE & HOSPITAL**

**Nazarathpet, Thiruvallur Dist, Tamilnadu – 600123, Ph: 044- 26492649**

**Wing of Sri Chandra Sekharendra Saraswathi Viswa Mahavidyalaya**

**(Deemed University)**

**Enathur, Kanchipuram.**

## **Patron**

*His Holiness Sri Jayendra Saraswathi Swamigal*  
*His Holiness Sri Vijayendra Saraswathi Swamigal*

## **Advisory board**

Dr. S.Swaminathan,  
Professor & Dean of health sciences  
Dr. Ramadas Maganti, Professor & Principal  
Dr. S. Lakshmanan, Administrative Officer

## **Chief Editor**

Dr. P.K.Moharana, Associate Professor

## **Editorial Board**

Dr. P.R.Sawaminathan, Professor  
Dr. S. Venogopala, Associate Professor  
Dr. Chitta Ranjan Das, Associate Professor  
Dr. Suvendu Rout, Associate Professor  
Dr. Guruprasad, Assistant Professor

## **Circulation & Advertisement**

Dr. Sudhir.P.A, professor  
Dr. Aravind. D, Assistant Professor  
Dr. Ratna Kumar, Assistant Professor  
Dr. Arunachalam, Physiotherapist

## **Materials**

Dr. G.R.R.Chakravarthy, Professor  
Dr. Venkat Ratnakar, Professor  
Dr. Anita Patel, Assistant Professor  
Dr. Mallikarjuna Rao, Assistant professor  
Dr. Rakhee Panda, Assistant Professor  
Dr. Aravind Paikarao, Assistant Professor

## **Printing & Publication**

Dr. Uday Kumar, Assistant Professor  
Dr. Anuradha Maganti, Assistant Professor  
Dr. Muniolokesh, Assistant Professor  
Dr. Saravanan, Assistant Professor  
Dr. Karunakaran, Assistant Professor  
Dr. Geethakumar, Assistant Professor

## **Treasurer**

Dr. Roshni. K.P, Assistant Professor  
Dr. Rajendra. H.M, Assistant Professor

## **Convener**

Dr. Udaya Ganesha, Assistant Professor  
Dr. Ushapatil, Assistant Professor

## **Student Member**

Vijaya Sankar  
Aswini. D. Shenoy  
Gouri Kulkarni

## **EDITORIAL DESK**

Ayurveda, one of the best and traditional health care systems of Indian origin, attempts to focus on holistic health management- both prevention and curing of ailments. It is more suited to Indian human psychology than modern health care systems.

In this modern era, global lifestyle issues take centre-stage in our country too, resulting in a range of aberrations such as hypertension, hypercholesteremia, glucose intolerance, psychosomatic disorders and a myriad of other pathophysiological entities.

Ayursurabhi is not merely a college magazine. It is an experience of a different kind. We shall share, enrich, and add value to our treasure of knowledge in the ever-expanding field of Ayurveda healthcare for our people in a forum. Ayursurabhi offers the best blend of traditional and the modern medicinal systems in a reader-friendly, yet thought-provoking manner. It has a forward-looking approach while at the same time being rooted in the time-tested fundamentals of a medical system, founded eons ago in our own motherland in respect to outstanding, excellent heritage, culture, and tradition.

Communication is an excellent thought provoking tool. So please feel free to put pen to paper and share with us whatever readers deem-fit- case studies, clinical observations, diagnostic techniques, proactive advice on health issues etc.

We will be more than pleased to share with our readers the same with warm regards.



*Dr. Pradeep Kumar Moharana*  
*Chief Editor*

## CONTENTS

Sl. n	Title of the article	Author	P. no.
1.	“Health” - An Ayurvedic approach	Dr. Sandeep V. Binorkar . Dr.Guruprasad K	1-3
2.	Review of swasthavritta in ayurveda	Dr.Ravindrakumar Dhummawad	3 -6
3.	“ <i>Ayurveda</i> ” - The divine health science	Dr. Chitta Ranjan Das	6 - 9
4.	Role of agnikarma in the management of sandhivata w.s.r to Osteo arthritis of knee joint – a case report	Dr D. Aravind	9 - 11
5	Ayurvedic pharmaceutical sciences - challenges ahead.	Dr. Mallikarjuna Rao	11 - 13
6	Concept of kavala & gandusha in management of mukha rogas	Dr Munilokesh	13 - 14
7	Importance of purusharthas	Dr.Roshni K.P	15 - 16
8	Yoni shareeram (Anatomy of female reproductive tract	Dr.Geethakumar	16 - 19
9	Baala visarpa	Dr S.Raneesh	19 -23
10	Endometriosis - a case report	Dr.Anuradha.Maganti	23 - 25
11	Headache And Home Remedies	Dr.Rakhee Panda,	25
12	A Case Presentation- Catamenial Haemoptysis	Dr.P.K.Moharana,	26

## “Health” - An Ayurvedic approach

Dr. Sandeep V. Binorkar<sup>1</sup>, Dr Guruprasad K<sup>2</sup>

1. Assistant Professor, Dept. of Agadatantra & Vyavahara Ayurveda, Government Ayurveda College, Vazirabad, Nanded - 431601
2. Assistant Professor, Dept. of Swasthavritta, Sri Jayendra Saraswathi Ayurveda College, Nazarethpet, Poonamalle, Chennai- 602103

### Abstract:

Ayurveda, India's traditional health care system is based on Indian philosophical, medicinal and psycho-logical concepts. It is based solely on herbs and herbal compounds, which uses the inherent principles of nature, to help maintain health in a person by keeping the individual's body, mind and spirit in perfect equilibrium with nature. Closely associated with the Indian thought process, the origin of this system can be traced to the Vedas, the earliest codified knowledge body, which deals with all aspects of the universe. Ayurveda medicines help to rejuvenate the body and mind totally. These procedures improve physical and mental activities measurably. The present Article focuses on the role of Ayurveda in maintenance of Health.

**Key Words:** - Ayurveda, Healthcare, Dosha, Agni

### Introduction:

In day to day life vast numbers of people visits health care systems, right from the birth to the elderly life, health systems have a vital and continuing responsibility to people throughout their lifespan. Health care system includes all the people and activities whose primary purpose is to promote, restore & maintain health.

Even though contemporary health care system has contributed significantly in maintaining the health of the population and got established as the main stream system of medicine, still it is unable to find answers to

the enormous health challenges that pose considerable threat to the very existence of mankind. Improvement in the health care system leads the average life span of a person has increased, but the peace of mind, (which is important for happiness), has decreased. Steady increase in life expectancy being witnessed around the globe is not a catastrophe, but rather a laudable success brought about by advances across the entire front of medical knowledge and practice—from basic nutritional information and public health measures to advanced, technology-enabled treatments for specific conditions.

World Health Organization has defined health as follows – “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Similar definition has quoted centuries before by sages of Ayurveda. It says – “Health is a state where in the Tridosha, Agni, Saptha datus & Malas, all the physiological processes are in perfect unison and the soul, the sense organs, mind are in a state of total satisfaction (*prasanna*)”.

In recent years, Ayurveda has gained world-wide popularity. People are looking for a healing system that allows minimum intake of chemicals, whose side effects and reactions are well known, thus, alternate health care systems are becoming more popular.

The nature of health problems is changing, in ways that were partially anticipated, and

at a rate those are wholly unexpected. Longevity, according to Ayurveda, means a complete balance in body, mind and soul so that living a long life. Without this balance, a person cannot enjoy the real benefit of longevity & state of permanent happiness and peace. In *Ayurveda* the person tries to attain longevity not only to satisfy the physical aspirations, but also to fulfil the needs of mind and soul. In Sanskrit the term "*Dirgha ayu*" says longevity. The *Susruta Samhita* says that, a person is healthy when all three *Doshas*, the seven *Dhatus* (body tissues), all the thirteen *Agni* (fires or enzymes) and all the *Malakriya* (excretory functions) are balanced. In addition, the soul, mind and senses are in the state of complete happiness.

Health according to Ayurveda is not merely the absence of physical disease; it requires a happy mind and soul too. This subtle aspect of self is often neglected, resulting in diseases. For example, sometimes it can be seen that a person has no physical problems, yet is suffering from conditions such as depression, anxiety, stress. Such a person is unhealthy and cannot enjoy longevity. Thus, a complete balance in body, mind, soul and senses is necessary for longevity.

Ayurveda aims towards in improving the ability to body for quality of life, in complete conscious connection to nature's infinite intelligence, a state often referred to as enlightenment. Taking good nutrition, sufficient quantity of vitamins and going to a health club may be sufficient to keep the body in order, but if the mind is full of lust, anger, greed, jealousy and hatred, the physical system of a person are affected.

**Disease Classification:** in Ayurveda, diseases are classified according to the causative factors and bodily *dosha* (*Vata-Pitta-Kapha*). It may also classified according to its origin; psychological,

psychosomatic disease. Another bias called-the site of manifestation, disease is also classified, local and systemic, the disease process may begin in the stomach or in the intestines, but manifest in the heart or lungs and any part of the body. Thus, disease symptoms may appear in a site other than the locus of origin.

### Importance of 'Agni'

*Agni* is the biological fire that governs the metabolism. It is similar in its function to *Pitta* and can be considered an intrinsic factor of the digestive system, functioning as a catalytic agent in digestion and metabolism. *Pitta* contains heat-energy which helps digestion. This heat-energy is *Agni*. *Pitta* and *Agni* are essentially the same with this subtle difference: *Pitta* is the container and *Agni* is the content. Longevity depends upon *Agni*. Intelligence, understanding, perception and comprehension are also the functions of *Agni*. The colour of the skin is maintained by *Agni*, and the enzyme system and metabolism totally depend upon *Agni*. As long as *Agni* is functioning properly, the processes of breaking down food and absorbing and assimilating it into the body will operate smoothly.

The root of all disease is *Ama*. There are many causes for the development of *Ama*. For example, whenever incompatible foods are ingested, *Agni* will be directly affected as a result of the toxins or *Ama*, created from these semi digested foods. If the tongue is coated white, this indicates *Ama* exists in the large intestine, small intestine or stomach, depending upon which part of the tongue is coated. *Ama* develops when *Agni's* function is retarded; however, overactive *Agni* is also detrimental. When *Agni* becomes hyperactive, the digestive process burns away, through over

combustion, the normal biological nutrients in the food and emaciation results, this also influence on immunity.

The other Factors responsible for manifestation of diseases also include three *Malas viz. Mootra, Purisha and Sweda*. Unwholesome food and lifestyle plays important role in the vitiation of all these factors resulting in the altered state of mind and body i.e. Disease.

Ayurveda is an eternal science with fundamental principles and unique lifestyle routines and a natural system for health and actualization of spiritual potential. For Ayurveda “The patient is no mere collection of signs and symptoms, disordered functions, damaged organs and disturbed emotions. It is human, fearful and hopeful, seeking relief, help and assurance.”

#### Conclusion:

Ayurveda advocates *yoga* for maintaining balance among the physical factors through adherence to the rules of *Swasthavritta* (personal and social hygiene.) and among the psychic factors, through the effecting rules of *Sadvritta* (mental hygiene). Hence even though ancient yet Ayurveda is advanced health care system and is more relevant today as the contemporary health care system.

\*\*\*\*\*

## REVIEW OF SWASTHAVRITTA IN AYURVEDA

**Dr.Ravindrakumar Dhumwad M.D. (Ayu), Professor & H.O.D,**  
Gomantaka Ayurveda Mahavidyalaya,Shiroda- Goa

“Health itself is wealth”

The very basics of study of *Ayurveda* are protection of health of healthy individuals and treatment of diseased persons. Based on this only it is explained that

प्रयोजनं चास्य स्वस्थस्य स्वास्थ्य रक्षणम् ।  
आतुरस्य विकार प्रशमनम् ॥ च.सू ३०

#### References:

- Healthcare strategies for an ageing society - The fourth report in a series of four from the Economist Intelligence Unit (Accessed on 5.01.2013)
- Acharya Sushruta – Nibandhasangraha Commentary by Yadavji Trijumji Acharya & Narayanji Acharya, Edition 5th, Chaukhamba Publication, 1992.
- Acharya Vagbhata - Ashtanga Hridaya sarvanga, - Dr. Anna Moreswar Kunte, Chaukhamba Sanskrit Series, Edition 1st, 1995
- Acharya Chakrapani - Charaka Samhita, Edition 1st, by Kashinath Pande & Gorakhnath Chaturvedi, Chaukhamba Publication:2005
- Prof. Dr. Subhash Ranade, Dr. Rajendra Deshpande & Dr. Rajkumar B. Bobade - A Textbook Of Swasthavritta, Chaukhamba Sanskrit Pratishtan, ISBN 8170842706, 2005,
- <http://healthymeals.nal.usda.gov/hsmrs/Illinois/Move%20&%20Crunch/principal.pdf>

Hence the guidelines pertaining to health are well described here and there in the classics. The person should follow such things in terms of *Ahara & Vihara* so that they should build, promote health again. In this Concern *acharya charaka* explains

तच्च नित्यं प्रयुञ्जीत स्वास्थ्यं येनानुवर्तते ।

अजातानां विकाराणां अनुत्पत्तिकरञ्च यत् ॥  
च.सू.५

The commentator *Chakrapani* comments here that *Swasthya* is like a light, this light is to be protected from wind, insects which are प्रत्यवाय हेतु for light. In the same manner there are two causes to spoil our health viz.

1. Due to intellectual errors the bodily humors undergo vitiation
2. Due to environmental effects, natural calamities the restored health declines. Here the first line of verses indicates the स्वास्थ्य पोषक हेतु & the second emphasis स्वास्थ्यविघातकहेतु परिहार. In this way one should consume the articles which maintain the health and prevent the unborn diseases.

### Role of tri-marma in health

As it is observed that the deaths are due to any structural abnormalities of vital weak organs/sensitive organs like the head, the kidneys and the heart. Thus it is learnt that

श्र्दये मूर्ध्नि बस्तौ च नृणां प्राणाःप्रतिष्ठिताः ।  
तस्मात्तेषां सदा यत्नं कुर्वीत परिपालने ॥  
आबाधवर्जनं नित्यं स्वस्थवृत्तानुवर्तनम् ।  
च.सि.९

The vital breath of men resides in the heart, head and the urinary bladder. Hence one should make every effort to protect them. The protection of vital parts consists of avoidance of impending factors, observance of code of conduct for the healthy and remedy of disorders if arisen. The head is the seat for vital sensory organs & hence it is named as the *uttamanga*. To protect and promote the health of these Sensory organs there are procedures like *Dantadhavana*, *Jjiwha-Nirlekhana*, *Gandoosha*, *Nasya*, *Anjana*, *Shirobhyanga*, *Karnapoorana* etc., are explained in *Dinacharya* which is the treasure of

*Swasthavritta*. While explaining the description of *Abhyanga* it is said that

शिरःश्रवणपादेषु तं विशेषेण च शीलयेत् । अ.७.स  
२

By this way diseases like *shirshoola*, *manyastambha*, *hanustambha*, *badhirya* etc., are well prevented and also शिरसःपूर्ण तामपि । यो.र. means such kind of *shirobhyanga* will help for the skull bones to ossify. In the same manner consuming *medya ahara* will improve the functions of head. In the same way the care of the heart is also taken by taking *Hridya ahara* & doing activities which are favorable to the health of the heart. Importance is laid on suppression of particular urges as the heart is the seat of *manas*. Otherwise it is difficult to attain mental health for individual and by this one or the other mental diseases exist.

The subject of *swasthavritta* also reveals the importance of urges of body which are called as natural reflexes & it is said that

रोगाः सर्वेऽपि जायन्ते वेगोदीरण धारणैः ।  
अ.७.सू.४

The reflexes in the form of urge are quite important and suppression of them leads to all kinds of diseases. Thus when it is considered the elimination of flatus, feces, urine, semen etc, are all having a purpose in the individual's routine life. Lot of care is to be taken to safeguard the bodily organs and their functions. It is once again emphasized that

सवितुरुदयकाले प्रसूतीः सलिलस्य पिबेदष्टौ ।  
रोगजरापरिमुक्तौ जीवेद्धत्सरथातं साग्रम् ।  
यो.र.चन्द्रिर्या

I.e. if the person drinks 8 handful of water before sunrise every day, he can prevent diseases like *arsha*, *shotha*, *grahani*, *jwara*, *udararoga*, *jara*, *medaroga*, *mootrakricchra* etc & in

conditions like *mootrakricchra*, *mootraghata* the main reason is suppression of urge of micturition. Hence for a wise person he should take proper care of the head, heart, kidneys & bladder for healthful living.

अनायासेन मरणम् विना दैन्येन जीवितम् ।

Everyone expects the untroublesome death as it is seen that people suffer from many diseases, take treatment on OPD / IPD basis & throughout this period there will be unexplained pain, sorrow in their mind. Hence there is a desire of every living that he should have a disease free longer life or प्राणेषण. The same thing is explained as

प्राण परित्यागे हि सर्वत्यागः । तस्यानुपालनं स्वस्थवृत्तानुवृत्ति च.सू.११

On departure of life everything departs. Thus the *prana* can be maintained by observance of the code of conduct for healthy. Following the aforesaid path by maintaining the vital power one achieves long disease free life. When the community of *vaidya* is considered, there are two class - 1.*Pranabhisara* (The *vaidya* who saves the life of the diseased) 2.*Rogaabhisara* (*vaidya* who generates diseases in the patient).

ब्रह्मण the qualities of *pranabhisara vaidya* are studied the *vaidya* has to have the in depth knowledge of *swasthavritta*.

स्वस्थवृत्तविहितभोजनपाननियमस्थानचंक्रमणशयन  
रसनमात्रद्रव्याञ्जनधूमनावनाभ्यञ्जनपरिमार्ज  
नवेगाविधारणविधारणव्यायामसात्मेन्द्रियपरोक्षोपक्रम  
णसद्वृत्तकुशला च.सू.२९.

Well acquainted with the conduct prescribed for healthy in relation to food and drinks, standing walking, sleeping, sitting, quantity, substances, collyrium, smoking, snuffing, massage, rubbing, non-suppression, suppression of urges, physical exercise good conducts etc, along with other

classical knowledge of *Ayurveda* are essential for *pranabhisara vaidya*.

स्वस्थवृत्त एवं प्रसूता स्त्री

As the part of the subject, the mother and child health is also studied. *Swasthavritta* also emphasizes on *prasoota* about her *ahara* and *vihara*. It is explained that

सूतिकां तु.....स्वस्थवृत्तमेतावत् सूतिकायाः  
च.शा.८

i.e. when the delivered mother feels hunger one of the four types of *sneha* should be given to her accordingly. After she has taken the *snigdha ahara*, her abdomen should be massaged with ghee and oil, wrapped round with a big clean cloth bandage so that *vayu* may not find space to produce disorder. After the fat is digested she should take in proper quantity of liquid gruel prepared with *pippali* etc, and added with unctuous substances. Thus is the code of healthy conduct for women having recently delivered.

### Swasthavritta & Sadvritta

Lot of information which is essential for individual and others are reiterated in the *Ayurvedic* literatures. These things are important for social healthy life. It is said that

तस्मात् .....सद्वृत्तमनुष्ठेयम् । च.सू.८

i.e. one who desires to promote his own well being should follow the entire 'code of good conduct' fully invariably and cautiously.

### Conclusion:

After searching the hidden thoughts related to health, every where it is highlighted that every human being is to fulfill the four goals of his life

धर्म अर्थ काम एवं मोक्ष a and it is told that धर्मार्थकाममोक्षाणामारोग्यमूलमुत्तमम् a the overall health is very much required, that's why it is emphasized that

सर्वमन्यत् परित्यज्य शरीरमनुपालयेत् । च.नि.६

The *shareera* & its components are very much important. The subject of *swasthavritta* gives all the details, about healthy living when it is studied in depth manner.

Among the *Ashtang Ayurveda* there is no special place for this subject. The

information's are scattered all over the treatises. On the other hand knowing and understanding about health and healthy living is also gaining wide importance now a day.

## **“*Ayurveda*” - The divine health science**

**Dr. Chitta Ranjan Das, Associate Professor & HOD, Dept. of Panchakarma,  
SJSAC&H, Nazarthpet, Chennai – 600123**

Ayurveda is the oldest living medical science with strong philosophical background, which is still practiced widely today not only in India but also abroad.

Ayurveda is not only a science of therapeutics but it advocates more of promotion of health and prevention from diseases than cure. It is a philosophy of life which leads to long, happy, healthy and prosperous life.

**“आयुषःवेद आयुर्वेदः ”**

As per Vagbhatta Ayurveda means the science, which provides the knowledge of life. In other way it can be expressed that the Ayurveda is not mere a knowledge which deals about life but also to obtain and achieve good aims of life together with the existence or maintenance of life.

हिताहितम् सुखं दुखं आयुर्वेदस्य हिताहितम् ।  
मानं च तत् च यत्रोक्तं सः आयुर्वेद इति उच्यते ॥  
Ch Su 1/41

Ayurveda, the science of life, deals with the entire happiness and miseries coming in life and all advantages and disadvantages occurring in life together with the best life span.

**“East is East and West is West – The twain shall never meet”**

Humans are the most precious creature on earth. They are naturally entitled to the best

medicinal treatment available for preservation and fortification of their health and eradication of their diseases.

**“स्वस्थस्य स्वास्थ्य रक्षणम् आतुरस्य विकार प्रसमनं च” Ch. Su.30/26**

Ayurveda has only objective to be achieved and that objective is the maintenance of the state of wellbeing or re-establishing the state of wellbeing in the organism.

Ayurveda is not only merely a system of medicine for curing diseases but it is the science of life itself, since Ayurveda has deeply thought of human life, its surrounding Universe and the basic constituents responsible for their formation. Ayurveda regards that human life is the epitome of the universe and it is curved out of the Universal elements which closely knit both together. This is the basic of Ayurvedic theory of **“five basic elements”** (Panchamahabhuta Sidhanta), which is the foundation of Ayurvedic philosophy.

The Universe as envisaged by Ayurveda, is mainly the earth, its atmosphere, the sun, the moon and the life on earth, through universe as described in Vedas of galaxies and innumerable stars. But according to Ayurveda, this universe is made up of nine elements (nava dravya). They are earth (pruthivi), water (jala), energy (agni),

atmosphere (vayu), space (akasha), direction (disha), time (kala), mind (mana), and soul (atma), these together known as karana dravya. Out of these, the first seven elements are materials while mind and soul pertain to life.

These nine elements (nava karana dravya) are causative factors for the creation of the whole animate and inanimate kingdom of the universe. Out of these nine dravyas, the five basic elements (panchamahabhuta) viz. earth, water, energy, atmosphere, and space take active part in the creation of all inanimate objects. The same five elements together with soul and mind participate in the creation of all animates from the microbes to the man.

Ayurveda, the natural science of life is originated from Lord Brahma who is considered to be the creator of this holy knowledge. It is thought that, he composed and divided this holy science into 08 branches, for easy understanding and practical application such as Kayachikitsa (internal medicine), shalya tantra (Surgery), Shalakya (Eye, ENT), Agada tantra (Toxicology), Bhutavidya (Bacteriology), Kaumarabhritya (pediatrics), Rashayana tantra (Rejuvenation therapy) and vajikarana (Sexology).

Lord Brahma taught this holistic science to drakhyaprajapati from him to Aswini Kumaras followed by Indra. From Indra through Devadas Dhanwantari it has come to this mundane world, where it is spread to different Sages of Ayurveda like Atreya Punarvasu, Agnivesha, Sushrutta, Vagbhatta etc.

Ayurveda believes that man is composed of body, mind, intellect, and spirit and also there is dynamic relationship between individual and cosmos i.e. **“Yatha Loke Tatha Pinde”**. Therefore Ayurveda regards

individual in his real context and establishes its relation with cosmos.

The triad Sun, Moon, and Air govern the cosmos. Similarly tridosha Vata, Pitta, and Kapha govern and maintain the body and in vitiated condition causes disease and even death. It is this terrain which is responsible for equilibrium or disease.

Like cosmos, body is formed by mixture of five mahabhutas therefore anything in the cosmos can be used as medicine. There is nothing in the cosmos which is not medicine **“Nanaushadhi Bhutam Jagate Kinchit”**. Therefore it further adds that anything that brings equilibrium of dhatu (tissues) is called treatment.

**“रोगस्तु दोषवैषम्यम् दोषसाम्यम् आरोगता ”**

**Vagbhatta**

Ayurveda says more stress on physical and mental constitution s of a man including genetic characters, which play a vital role in health and disease. Therefore every individual is a separate entity and managements or regimens for diseases are different from another and thus diseases become innumerable.

Ayurveda further adds the ethics, moral code of conduct, do's and don'ts of daily seasonal and sexual regimen of life which are the most important factors to constitute to the health of an individual vis-a-vis society.

The unique feature of Ayurveda is the holistic and integrated approach to the problem of health and disease and therefore it has more relevance into day's modern world.

**Some of the important principles of Ayurveda are like**

1. A man to be treated as whole. Body and mind are inseparable in a living and healthy man and care should always be taken to view man from psychosomatic angle. Body structures and functions can be studied in isolation. Ayurveda has this type of holistic approach to man.
2. Drugs are also to be given as a whole. Isolation and administration of active principles from drugs affect the cure quickly but cause side effects or complications too, and the ideal treatment is that which cures the disease and does not cause any other disease. If drugs as a whole are administered, it will effect cure relatively slowly and cause no other disease.
3. Ayurveda believes in strong physique, quiet mind and kind heart so that one may be healthy and happy for himself (sukhayu) and useful and purposeful for the society (hitayu), nation and world. This gives meaning to life and lends decency to living.
4. Prevention is better than cure. If the practice of mental, personal and public hygiene is faultlessly exercised, diseases can be safely avoided. Discipline, decency and devotion to god help to maintain the equilibrium of body and mind and develop resistance power to combat the disease. The drugs falling under the Jeevaneeya, Rashayana, Brumhaneeya, Baya sthapana and Balya groups immensely increase the resistance power of the body.
5. Ayurveda the science of life advocates certain purificatory measures (panchakarma therapy) for flushing out the stagnant and

abnormally accumulated metabolites and endotoxins and thereby making in systems clean and fresh. Hence this therapy can also be applied as a preventive measure.

As per Ayurveda, body is more important than bacteria. Stress has been laid on increasing the resistance power of the body rather than killing the bacteria. Man is the miniature of cosmos. Different dietetic regimen and purificatory measures have been advocated to avoid the harmful effect of seasonal disturbances. Man has been studied in relation to his surroundings and environment. There is a reciprocity between them both should be treated simultaneously. Panchakarma therapy is the best treatment method to remove the bacteria, viruses and it also increases the immunity power of the body in such a way that the entering of bacteria and viruses into the body becomes difficult. Hence Ayurveda is not only the original science of medicine but also a rich store house of principles and generalizations of medicine which can be of great value to modern science in general and to medicine to particular.

**Reference:**

1. Astanga Hridaya (English) By K.R.Srikanth Murthy, Krishnadas Academy, Varanashi, 3<sup>rd</sup> Edn 1998.
2. Ayurvediya Panchakarma Vigyana, By Dr.Haridas Kasture,VAidyanath Ayurveda Bhavan, nagapur, 6<sup>th</sup> Edition 1999.
3. Charak Samhita (English) By Bhagavan Das & K.R.Srikanth Murthy, Chaukhamba Sanskrit Series 4<sup>th</sup> Edition 2000.
4. Introduction to Ayurveda By L.D.Dwivedi, Krishnadas Academy, Varanashi.
5. Sarangadhara Samhita Dr.Sailaja Srivastava, Chaukhambha Orientalia, Varanashi 4<sup>th</sup> Edition 2005.
6. Susrutta Samhita (English) By Dinakar Govinda Thatte, Chaukhamba Orientalia, New Delhi.

## ROLE OF AGNIKARMA IN THE MANAGEMENT OF SANDHIVATA W.S.R TO OSTEO ARTHRITIS OF KNEE JOINT – A CASE REPORT

Dr D. Aravind, Asst.Professor, Dept. of Shalyatantra, SJSAC&H.

### Introduction:

Disease *Sandhivata* is described first by *Charaka* in the name of “*Sandhigata Anila*” with symptoms of *Shotha* which on palpation feels as bag filled with air and *Shula* on *Prasarana* and *Akunchana* (pain on flexion and extension of the joints) (Ch. Chi. 28/37). *Sushruta* also mentioned *Shula* and *Shotha* in this disease leading to the diminution (*Hanti*) of the movement at joint involved (*Su. Ni.* 1/28, 29).

Thus, the disease *Sandhivata* can be defined as a joint disease with symptom of *Shula*, which aggravates by movement, *Shotha* with complete restricted movements at later stages. This disease is comparable with Osteoarthritis, a degenerative joint disease, the symptoms of which are same as *Sandhivata* and usually occurs after the age of 40 years.

### Role of Agnikarma:

*Salyatantra* is one of the important branches of *Ayurveda* based on six major methods of management such as *Bhesajakarma*, *Yantrakarma*, *Śastrakarma*, *Ksarakarma*, *Agnikarma* and *Raktamoksana*. *Agnikarma* is superior among them and boon for local *Vata & Kaphaja Vyadhi* and diseases treated by *Agnikarma* do not recur. Due to *Usna*, *Suksma*, *Asukari guna* it pacifies the *Vata Kapha Dosa* and removes *Srotavarodha*. Patients are effectively relieved from stiffness, pain and other associated symptoms it gives instant relief to the patients. There is no fear of complication such as putrefaction and bleeding due to contact with Agni.

### Case Report:

A Female patient aged about 42yrs came to OPD (S.J.S.A.C&H) OPD NO. With the complaints of Right knee joint pain since 3 months, which is aggravated by movement. On local examination of Right Knee joint, patient was having *shotha*, stiffness, *Aakunchaneeya prasaraneeya vedana* and *sandhi sphutana*

To rule out other pathology before treatment routine Blood, urine, stool analysis was carried out.

After complete assessment patient was treated with Agni karma. *Susrutha* has mentioned various *dravyas* for *Agnikarma* procedure but in this study *panchadhatu salaka* (Innovated by Prof. P. D. Gupta) was used. It is suitable for heat transfer and to produce *samyak dagdha vrana*.

### Agnikarma Vidhi:-

Like other therapeutic procedures *Agni karma* is divided into three phases according to *Trividha upakarma*.

- *Purva karma* ( Preoperative procedure)
- *Pradhana karma* ( Operative procedure)
- *Paschat karma* (Post operative procedure)

### Purvakarma:-

- ❖ Advised to take *Snigdha, Pichhila Aahara* prior to this procedure
- ❖ Preparation of *Triphala Kasaya, Yastimadhu churna, Kumari swarasa*.
- ❖ *Pancha dhatu salaka* was heated up to red hot.
- ❖ Preparation of local part --Local part (Rt knee joint) was washed with *Triphala Kasaya* and wiped with dry

sterilized gauze piece and covered this area with a cut sheet.

### **Pradhana karma:-**

*Samyak dagdha vrana* was made in *bindu dahana vishesa* by red hot *pancha dhatu salaka* on Rt Knee joint in semi circular manner, Simultaneously *kumari swarsa* was applied to relieve burning sensation. Minimum space was given between two point and care was taken that *Samyak dagdha Vrana* was produced.

### **Paschat Karma**

- ❖ **Application of *Kumari swarasa* :**  
Immediately after doing *Agnikarma Kumari swarasa* applied to relieve burning sensation. Then *Kumari swarasa* was completely wiped out by sterilized gauze piece.
- ❖ **Dusting of *Yastimadhu Churna***  
*Yastimadhu churna* was applied over the *samyak dagdha Vrana* and *Vrana* was completely filled to prevent contamination
- ❖ Advised to apply paste of *Haridra* powder and Coconut oil at night period.
- ❖ Restricted to touch water for 24 hr.
- ❖ 7days gap was kept between two sittings.

Patient undergone 3 sittings of *Agnikarma* therapy with a gap of 1 week. Along with this therapy she was advised to take *Kseerabala* 101 capas 2 tablets BID with milk in empty stomach for about 21 days continuously.

### **Conclusion:**

Assessment was made every week mainly based on the cardinal signs and symptoms. She was feeling better every week and during the review after 3<sup>rd</sup> sitting she got significant relief of Pain, Stiffness, Restricted movement, which she had earlier except the crepitus. Here *ushna, sukshma & Asukari* properties of *Agnikarma* might have pacified *vata, kapha* and *Ksheerabala* 101 cap with milk in stopping the degenerative process.

As a maintenance therapy she was advised to continue *Kheerabala* 101, 2 BID with milk at empty stomach and *Dhanvantara Taila pichu* for about 60 days.

*Agni karma* can become one of the treatments of choice for acute management of *sandhigata vata*. But further research and much more number of case studies are needed to prove *Agnikarma chikitsa* as an effective remedy.

**AYURVEDIC PHARMACEUTICAL SCIENCES - challenges ahead.****Dr.P.Mallikarjuna rao. Assistant professor, Dravyaguna department.**

Ayurvedic Pharmaceutical Sciences (APS) is an upcoming discipline. Ayurvedic pharmacy (AP) has always been looked upon as traditional subject having limited value in modern era of pharmaceutical sciences. Ayurveda, the Traditional Indian Medicine (TIM), has recently, become popular among patients largely due to its benign nature. Other factors, which have contributed to globalization of Ayurveda, include reorganization by World Health Organization and onset of research and development for discovering efficacious and cost-effective drugs.

*Dravyaguna Vignana* (Medicinal Plant Pharmacology) and *Bhashejya Kalpana Vignana* (Ayurvedic Pharmaceutics) are two major subjects of Ayurvedic curriculum. A typical graduate Ayurvedic course (BAMS) is of 5<sup>1/2</sup> year duration, including one-year of internship. BAMS is followed by three-year of masters study (MD) and two-year of doctorate (Ph.D). This is conventional mode of education in Ayurvedic system of medicine and provides persons trained in clinical practice. Majority of the graduates settle in peripheral areas of cities or rural belt for clinical practice.

With revised interest in Ayurveda, there is strict need for producing trained manpower for Ayurvedic drug industry. Initially, there was requirement of trained Ayurvedic Pharmacists (upvoid) in the Ayurvedic drug manufacturing units. These people are trained at diploma level in Ayurveda. Recently, AYUSH, the statutory body dealing with Ayurvedic education and pharmaceuticals, has made appointment of Ayurvedic graduate and person trained in chemistry compulsory for Ayurvedic drug manufacturing units.

Although Ayurvedic Pharmacy is not a new issue, but keeping in mind the recent developments, we need to produce quality manpower for producing efficacious formulations. The institutes imparting Ayurvedic studies need to give a scientific look to the all time important subject of Ayurvedic Pharmacy. Several institutes in India are providing studies in Ayurvedic Pharmaceutical Sciences at diploma, bachelor and even master's level.

Ayurvedic pharmaceutics has fundamental a principle as far as designing of formulations is concerned. Pharmacopoeial preparations like *swarasa* (expressed juice), *kalka* (mass), *him* (cold infusion) and *phanta* (hot infusion), *kwatha* (decoction) and *churana* (powder) are backbone of Ayurvedic formulations. The basic five pharmacopoeial preparations form basis for other pharmacopoeial preparations like *asava* and *artishtha* (medicated wines), *panak* (syrup), *taila* (medicated oils) and *avleha* (confection).

Expressed juice, mass, infusion and decoction are absolute in modern pharmaceutical sciences. These have been largely replaced by extracts. Expressed juice, mass, infusion and decoction usually become useless after 48 hours. Even powders are in not great demand, largely due to short shelf-life. The basic five pharmacopoeial preparations, formulated according to Ayurvedic principles are mostly efficacious. However, to keep pace with demand; the manufactures usually adopt short processes for manufacturing, which is largely responsible for altered action of finished product or loss of efficacy.

Recently, AYUSH has made GMP certification necessary for Ayurvedic drug manufacturing units. Majority of the Ayurvedic pharmacies are not equipped with latest manufacturing machines and lack trained manpower. Another factor which has hindered the growth of Ayurvedic pharmacy was lack of standard pharmacopeia until series introduced by AYUSH. The official documents like Ayurvedic Pharmacopeia (AP) and Ayurvedic Formulary of India (AFI) are not part of five and half year curriculum of graduate Ayurvedic studies. Both the official documents should be made part of graduate Ayurvedic studies in order to make students familiar with basic concepts of Ayurvedic pharmacy.

Ayurvedic clinical practice (ACP) and Ayurvedic drug manufacturing (ADM) are two distinct disciplines. Ayurvedic clinical practice has little scope in urban or even rural belt as patients want to eradicate disease at the earliest. Even if we look at the modern science, pre-clinical pharmacology is the prerequisite for rational drug development. Ayurvedic drugs have always been disqualified by modern medicine largely due to lack of clinical efficacy. Further lack of standard education in Ayurvedic institutions, apathy of students for learning Ayurveda and antidotal approach of the modern pharmaceutical drug industry are responsible for downfall of Ayurvedic sciences in recent times. Further, improper handling of funding for R&D has put question mark on future of Ayurvedic drug industry.

First step in harvesting quality manpower for Ayurvedic drug industry is to improve quality of education in Ayurveda. Visit to Ayurvedic industry should be made compulsory for students pursuing graduate Ayurvedic course. Colleges having in-house

pharmacy should be well equipped in order to make students conversant about scope of Ayurvedic drug manufacturing. Libraries should be equipped with quality publications including indexed journals, as they cover majority of the quality publications related to medical plants or herbal drugs.

Medicinal plants have given several potent drugs to the modern pharmaceutical industry. Modern medicine should be thankful to Ethno botany and tribal medicine. Modern pharmaceutical sciences have antidotal approach toward Ayurvedic pharmacy but other side of the story is that the ancient knowledge has been used as 'lead' for discovering therapeutically useful drugs (example of reserpine, the first antihypertensive drug, may be cited here). This is supplemented by the fact that 80 % of the Novel Chemical Entities (NCE) has been derived from natural sources.

Imparting a graduate or postgraduate course in Ayurvedic pharmacy is not that difficult, but all important question is harvesting trained manpower. Ayurvedic Pharmaceutical Science is basically interdisciplinary subject and we need to enhance quality of education in Ayurvedic institutes. Establishment of Medicinal Plant Board (NMPB) and Ayurvedic Universities in some parts of India are welcome steps. For a well-trained Ayurvedic pharmacist, elementary knowledge of traditional medicine, ethnobotany, pharmacy, phytochemistry, biochemistry, microbiology and pharmacology is essential.

Publication of standard text books and up gradation of already available is strictly required for upliftment of standards in Ayurvedic pharmaceutical sciences. Today we do not have single publication available addressing interdisciplinary nature of Ayurvedic Pharmaceutical Sciences.

Publication of standard monographs on medicinal plants can play a pivotal role in boosting knowledge of students perusing graduate or postgraduate Ayurvedic Pharmaceutical Science. Further,

introduction of an indexed publication related to Ayurvedic Pharmaceutical Science is must for a trained professional for keeping pace with modern trends in Ayurvedic drug industry.

## CONCEPT OF KAVALA & GANDUSHA IN MANAGEMENT OF MUKHA ROGAS

**Dr Munilokesh, Assistant Professor in dept of Shalakyatantra, SJSAC&H**

### Introduction

The concept of *Kavalam* or *Kavalagraha* is unique with reference to manage *Mukha rogas* i.e oral cavity disorders. *Acharya Susruta* first gave the method of using the medicament aiming a local action where in later the term *Kriya kalpa* originated, as used by *Acharya Sarangadhara*.

The way in which the *oushada* in *kashaya* or *Taila* or in simple combining with *ghrita* or *madhu*, is used to hold in the oral cavity for a period of time is termed as *Kavalam* or *Gandusham*.

### Literary Review

*Mukham* is the *adistana*, of *Osta* (Lips), *Danta moola* (Gingiva), *Danta* (Teeth), *Jihwa* (Tongue), *Talu* (Palate), *Gala* (Pharynx) where, most of the diseases occurring can be treated comfortably and economically by *Kavalm* itself.

*Susruta acharya* mentioned *Kavalam* in *Chikitsa stana* under 40<sup>th</sup> chapter where in the types, difference between *Kavalam* & *Gandusham* with *Samyak*, *Heena*, *Ati yogas* were discussed.

Main difference at which *kavalam* can be differentiated with *gandusham* is

***Sukham sancharyate yaa tu matraa sa kavala: prakirtita:***

***Asancharyate tu ya matraa gandusha: sa prakirtita:***

Su.Chi.40/62

The method of holding and moving the medicament in the oral cavity comfortably is *Kavala* while only holding the medicament without moving it is *Gandusha*.

### Types of Kavalagraha:

*Susruta acharya* mentioned 4 types of *Kavala* namely

1. Snehana kavala
2. Prasadhana kavala
3. Shodana kavala
4. Ropana kavala

Where in,

- i) *Snehana kavala* is aimed at treating *Vataja mukha rogas* when taken in *Sneha yukta* and *Ushna yukta* prevailing conditions.
- ii) *Prasadhana kavala* is designed to treat *Pithaja mukha rogas* when administered in *swadu sheeta* conditions.
- iii) *Shodana kavala* is told to treat *Kaphaja mukha rogas* where *Katu*, *Amla*, *Lavana yukta dravyas* are used with predominant *Ruksha* & *Ushna gunas*.
- iv) *Ropana kavala* is effective in treating *Vranas* of *Mukha* (Apthous ulcers or oral cavity ulcers) by using *Kashaya*, *Tikta*, *Madhura* & *Katu rasa dravyas* mainly

aiming for *vrana ropana karma*.

### **Duration of Kavalam:**

It is mentioned that *Kavalam* is done comfortably until the patient experiences nasal and lacrimal discharges.

*Nasa srotho nayana pariplavascha bhavati*  
Su.Chi.40

**Samyak yoga Lakshanas:**  
After *Kavala*, the patient experiences *roga shanti, santhosha, nirmalata, mukha laghutva, indriya prasannatva* like conditions then it is declared that *kavala* is done properly.

### **Heena yoga Lakshanas:**

If the *kavala* is not done properly it shows *jaadyam, kaphotklesa, rasajnana apratita lakshanas* in the patient where in another episode of *kavalam* is advised.

### **Ati yoga Lakshanas:**

If the *kavala* is continuously done in excess, it shows *mukapaka, sosha, trishna, aruchi* and *klama* of the oral cavity.

### **Conclusion:**

Present modern society though never completely accepts Oil pulling or mouthwash, many researchers found this is the new way to check the oral infections when compared to normal tooth brushing methods.

The probable mode of action can be attributed to the distributed oral mucosa all over the oral cavity, where in the medicament can be easily spread thus bringing local repair and regrowth of tissues by improving the local blood circulation to the tissues and also the sensory perception can be increased many folded.

That is the reason why currently in market we can find many branded mouth washes being recommended by Dentists in particular. Hopefully the *Sadvritta* of *Ayurveda* is going to be practiced by all in near future as approved by the western community of sciences.

## **IMPORTANCE OF PURUSHARTHAS**

**Dr.Roshni K.P HOD, Dept. of Kriyasharir, SJSAC&H.**

*Purusharthas* are the goals to be achieved by a human being. *Purusharthas* are four in numbers- *Dharma, Artha, Kama* and *Moksha*. First three are named as *Trivarga*.

According to some scholars, *Dharma & Artha* are the *Sadhaka* while *Kama* and *Moksha* are *Sadhyas*. The concept of *Purushartha* is of Vedic origin. It is believed that the religious *vedas* are practiced for the attainment of *Purusharthas*.

In older times, men lived doing their duty based on *Dharma*. But gradually they altered from *Dharma* and addicted to *Moha*,

*Lobha* etc. and acted for that. So lord *Brahma* decided the four *Purusharthas* which are the goals to be attained during life. This is the concept of origin of *Purusharthas* in Puranas.

Man should practice *Dharma, Artha* and *kama* at different stages of his life and in such a manner that they may harmonise and not clash in any way. He should acquire learning in his childhood. In his youth and middle age he should attend to *Artha & Kama*. In his old age, he should perform *Dharma* and thus seek to gain *Moksha* or he

may practice them at times when they are enjoyed to be practiced.

### **Dharma**

*Dharma* is having the meanings of *svabhava, achara, satsanga etc.* *Dharma* is the codes of conduct or rules of conduct. It gets from society to person and can be considered as the base of life. *Dharma* is the obedience to the command of *sastras*. Out of the four *purusharthas* *dharma* deserves prime importance.

Jaimini defines *Dharma* as the do's and do not's mentioned in *Vedas*

*Dharma* should be learned from *Sruthi*. The existence of world is depended on *Dharma*. Contentment, forbearance, non-attachment to worldly concerns, non-avarise, purity, and subjugation of senses, knowledge of immutable principles, erudition, truthfulness and non-exasability are the 10 lakshnas of *Dharma*.

### **Artha**

Is the second *Purushartha*. Generally *Artha*, means wealth. Gathering the materials which are essential for leading a pleasurable life without affecting *Dharma* can be considered as *Artha*. Ie, *Artha* is the acquisition of arts, land, gold, cattle, wealth, equipages and friends. It is also the protection of what is acquired and the increase of what is protected.

The classical text regarding *Artha* is *Arthasastra* of *Kautilya*. According to him, out of *trivarga*, *Artha* is the first and foremost.

### **Kama**

It is the third *Purushartha*

The desire for pleasure is the nature of human being. *Kama* is the enjoyment of appropriate objects by the five senses assisted by mind together with the soul. The ingredient is thin is a peculiar contact by the organ of sense and its

objects. The consciousness of pleasure that arises from that contact is called *Kama*

The important text book is *Kamasootra* by *Vatsanyaya*.

*Kama* is included in the 6 enemies of men ie *Kama, Krodha, Lobha, Moha, Mada* and *Matsnya* are the 6 enemies. *Kama* becomes the enemy when it is inappropriately performed.

### **Moksha**

Is life the fourth *Purushartha*. It is known as the *paramapurushartha*. *Moksha* is the ultimate aim of according to Hindu tradition. According to *Vedanta*, it is the escape of *dehi* out of *deha*. Only *Moksha* can give the seat and uninterrupted happiness.

### **Description about purushartha in ayurveda**

*Purushartas* are described in our classics. For the attainment of *Purushartha*, health is necessary. The necessity of doing our duty is clearly mentioned in the second chapter of *Ashtangahridayasootrasthanam*.

*Vagbhata* believed in *Moksha* but he never defined *Moksha*. According to him, *Dharma, Artha, Kama*, executed in a balanced manner will lead to *Moksha*.

*Purushartha* should be practiced without affecting harmfully one another. By leading such a life, one should attain *Moksha*.

In *Charakasamhita, Vimanashama*, It is clearly mentioned that the reason for *Desa, Kala, Vayu & Jaladushti* is the *adharmas* of King.

### **Conclusion**

*Dharma, Artha, Kama & Moksha* are the *Purusharthas*. *Dharma, Artha & Kama* should be practiced properly without harming one another. Then only *Moksha* can be attained.

## YONI SHAREERAM (Anatomy of female reproductive tract)

DR.GEETHAKUMAR, MD (SR) ASST.PROF.SHAREER RACHANA DEPT.SJSAC&H.

Nearly all authorities of ancient Indian medicine have denoted a separate section namely '*shareera-sthana*'. This section dealt with the subject of Anatomy and Physiology. While describing pathological disorders, they have described the anatomy of various points in the text. The description is many times very brief and at certain places only the commentators have explained it to some more extent. The description of yoni in *Ayurvedic* classic refers to entire female reproductive system, and also individual organ of reproductive system. For proper understanding the subject detail anatomical descriptions and terminologies are being essential some of the available references from classical as follows

Acharyas have described external and internal organs named *Bhaga*, *Apathyapatha* / *Apathyamarga*, *Rakthapatha*, *Garbhashaya*, *Arthavavahasrotas*, *Yonimukha*, and *Manobhavagara* etc.

### Bhaga (Vulva)

Vulva is of 12 *angulas*. According to *Dalhana*, this is the measurement of vaginal introitus of the women called '*Hasthini*' in the book of sexology. At other places it is said to resemble leaf of pippala. The twelve *angulas* measurement seems to be description of circumferences of entire vulva instead of introitus of vagina. Its simile with leaf of '*pippala*' might be given due to resemblance in shape. The leaf is triangular having slight convexity of lateral borders; vulva is also somewhat triangular having its base at Mons pubis and apex midway between vaginal introitus and anal orifice, with slight convexity of lateral walls.

### Smarathapatra or Bhagasisnika (Clitoris)

Smarathapatra is situated in upper portion of the organ resembling leaf of *pippala* (i.e.) vulva, below to this the orifice for discharge of menstrual blood. During sexual act it is highly stimulated.

Words '*smaramandira*' and '*madanatapatra*' synonyms.

### BahirmukhaSrotas – External orifices

Female have three extra external orifices: Two in breast and one downwards to excrete artava, which is situated below the '*smarapatra*' (clitorius).

Some recent workers interpret that *Rakthavahasrotas* as uterus, cervix, vagina and its vasculature. However, due to its enumeration amongst external orifices and situation below clitoris, it appears to be description of vaginal orifices or introitus.

### Yoni Akruthi (Shape of Yoni)

Yoni resembles '*shankanabhi*' (hollow portion of conch shell) in shape, and has three *avarthas* (envelops or circles) *Garbhasaya* is attached in third *avarta*.

Collectively the whole females genital as well as its individual parts are referred by the word *yonis*. "yonihiyouthisamyojathiiti" the word *yonis* is derived from the root '*yuj*' meaning to join, suffixed by 'ni' to form the word *yonis*. As female genital tract *yonis* resemble the hollow of conch shell as it is narrow at the introits and very wide at fornices and possess three whorls. The vagina forms the first whorl. Cervix represents the second whorl of the *yonis*. As a difference of opinion the *garbhashaya* is regarded distinct from three whorls of *yonis*, and is the viscera located at *garbhamarga* or vaginal canal.

Anatomically the three *avartha* of the *yonis* is compared to the following anatomical parts of the female genital tract.

1<sup>st</sup> *avartha* – *Apathyapatha* or Vagina

2<sup>nd</sup> *Avartha* – *Garbhashayagriva* or Cervix

3<sup>rd</sup> *Avartha* – *Garbhashaya* or Uterus with its adnexa

Physiologically speaking, identical to the lotus flower that closes on sunset the *yonis* in a female constricts following *rutukala* and does not permit the entry of *sukra* into the uterus.

Kasyapa has described that, the effect of shape of yoni in future life.

Shape	of	Yoni
1. Shape of cart or carriage		
Achievement of conception or son.		
2. Fleshy	or	corpulent
Good luck or fortune		
3. Elongated		
Trouble or death of child		
4. Rounded		
Whoredom		
5. Pushed		upward
Infertility		
6. Narrow		orifice
Bad luck or misfortune		
7. Excessively dilated,		
Constricted, dry, elongated,		
Troubles or anguish		
Uneven and absence of clitoris		
Or signs of sex		
8. Compact or dense in the center		
Birth of female children		
9. Protuberant, beautiful and fleshy		
Birth of sons		
10. Covered with spots or moles		
Dhanya/ auspicious/virtuous		
11. Very		hairy
Widow hood		
12. Total absence of spots and fat		
Ignominy or infamy		
13. Having black spots and fat		
Wondering or going to abroad		

By the above reference in *kashyapasamhitha* yoni means total female genital tract i.e. vulva vagina and uterus. Some of the conditions may be correlated with congenital abnormality of the structure.

#### Yoni Nadi (Nadis of Yoni and their Specification).

- In *manobhavagara-mukha* (vaginal canal) of females there are three *nadis*: *samirana*, *candramukhi* and *gauri*.
- At '*madanadapatra*' is mainly *samirana*, *Sukra*(semen) falling over it becomes futile.
- The woman having mainly *candramasi* in *kandarpageha*

(mid vaginal canal) is satisfied with coitus and delivers female children.

- Sexual satisfaction to the woman possessing *gaurinadi* in *upasthagarbha* (depth of vaginal canal) is attained with difficulty and she delivers usually male children.

#### Garbhashaya (Uterus)

Synonyms: Garbhashaya, Garbhashyaa, Dhara.

*Garbhashayya* means uterine cavity, but the word is used also as uterus itself in this reference. Women possess one extra *ashaya*, eighth *ashaya*, *garbhasaya*, which is situated in third *avarta* of yoni<sup>7</sup>, behind the urinary bladder in between *pittasaya* and *pakwasaya* or in between '*vipula-kundala* of srotas'(multiple coils of intestine) covered with *jarayu*(peritonium). It resembles mouth of *rohita* fish<sup>27</sup>. The vasti (urinary bladder is behind *bhga* (vulva) and uterus is above this.

The simile of uterus with mouth of *rohita* fish might have been given probably due to two reasons.

Similarity in shape, as both are triangular and hollow inside, the mouth of fish is flat below and slightly convex above, similarly anterior wall of uterus is slightly flat, while posterior wall is slightly convex.

- The lips of fish are fleshy and hanging, teeth are not just behind the lips, rather situated slightly behind these giving appearances of a rounded soft structure, which resemble cervix of uterus.

In the context of situation of uterus the word *pittasaya* should be considered as small intestine, the seat of *pittadharakala*, *pakwasaya* refers to the place of digested food.

The uterus is above sigmoid colon behind the urinary bladder and multiple coils of small intestine rest upon uterus, it is covered with peritoneum and it is an intra-abdominal

structure which has been mention by *kashyapa* and *dalhana*.

### Peshi Related to Yoni:

“*Streenamtuvimshatiradhika*” The *vayu* along with *ushma*(*pitta*) divides the *pishita*(*mamsa*) forming ‘*peshi*’. *Peshi* are the fragments of *mamsa* and are elongated thread like structures There are 500 *peshis* in human body. In females, there are twenty more *peshis*; ten in *stana*s (breasts) and ten in *yonis* (female reproductive system).

Each *stana* has five *peshis* and they proliferate (become evident) during adolescence. The *apathyapatha* (birth canal) has four *peshis* among which two spread inside and two outer circular *peshis* are situated at the orifice of the canal. The *garbhachidra* (orifice/opening of the womb) contains three *peshis* and three *peshis* and other three are present in *shukrartavapraveshini* (at the entry of *shukra* and *artava*)

According to *Bhavamishra* the twenty extra *peshis* in *stree* are present in *garbhashya*, *garbhamarga*, *yonis* and *stana*s.

### Artavavahasrotas:

These are two in number, having roots in *garbhasaya* and *arthavavahinidhamnis*, Injury to these produce infertility, Dyspareunia and Amenorrhea.

### Dhamani:

In female body six arteries are of importance along with other important arteries. Two *dhamanis* carry *stanya* to the breasts analogs to those carry *sukra* in males. In relation to the female genital tract four arteries are described. Two are called “*Artavavaha*” and other two are called as “*ArtavaMochankar*”. Two arteries are responsible for formation of *artava*, while others are responsible for menstrual flow.

### Siras:

Sushruta mentions 8 *vata*vahasiras present in *guda*, *bhaga*, *sroni*. same number of *pithavaha*, *rakthavaha*, *kaphavahasiras*. *Rajovahasiras* carry the doshas to the *garbhashaya*, mentioned by *charaka* in *pradarasamprapti*. *kashyapa* explains

*rajovahasira* carrying *raja*/*artava* to the *garbhashaya* in the context of *raktagulma*.

### Marma (Vital Parts)

*Marma* is that tissue which has got a special vital importance. *Marmas* of these regions is not included in 107 *marma*, but while describing surgery of *asmari* *Achryasusrutha* has mention eight regions which has to be protected like *marma* otherwise it leads to permanent damage of particular tissue or may prove to be fatal.

### Following Marmas are described by Susrutha;

No	Name	Modern Interpretation	Effect Of Injury
1	Sevanimar ma	Perennial raphe	severe pain
2	Srotas- Artavavaha	Ovarian vessels	Sterility, amenorrhoea, anovulation
3	Phala	Ovaries	
4	Guda	Anal canal or anus	Immediate death
5	Mutraseka	Ureters	
6	Mutravaha	Urethra	
7	Basti	Bladder	
8	Yoni	Female genital tract	

Damage or trauma to these *Marmas* gives rise to various disorders. Out of these eight *marmas* *Srotamsi*, *phal* and *yonis* are of special importance for Gynecological point of view. Damage to these three will result in to sterility, Dyspareunia and anovulated period, amenorrhea or severe pain. Other *Marmas* like *sevani*, *guda*, *mutravaha* and *basti* are of important for gynecological operative methods, especially episiotomy, hysterectomy or sterilization.

### Dosha and dhatu related to yoni:

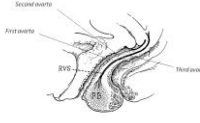
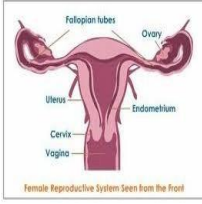
Dosha- Apanavayu

Dhatu- Rasa rakta and mamsadhatu

Upadhatu- Artava.

“*ShankaNabhiAkruti Yoni*”

## THREE AVARTHAS OF YONI



## BAALA VISARPA

. Dr S.Raneesh, M.D (Ay) Kottakkal, Lecturer, Dept. of Agadatantra,  
Govt. Ayurveda Medical College & Hospital, Kottar, Nagercoil.

### Backdrop:

The term *baala visarpam* is nothing new in Ayurvedic parlance but is hardly used. *Acharya Kashyapa*, while mentioning about *Visarpa* clearly states that delicate personalities and especially children are vulnerable to the disease. Further, he describes *Carmadala* a skin disease similar to *visarpa* especially in children of *ksirada* and *ksiraannaada* age.

*Caraka* and *Susruta* have not mentioned the term “*baala visarpam*” separately. *Kashyapa* himself refers to *Caraka* and *Susruta* for elaborate understanding of the disease. *Vridhha Vagbhata* mentions about a single entity named as *Padma visarpam* while dealing with *Baala pratisedha*.

Interestingly, the regional texts of indigenous medicine especially those of Kerala and Tamilnadu talk about the term *Karappan*, which is the local version of *Baala visarpam*.

### Introduction to skin disorders:

Presently, one third (30%) of pediatric disorders pertain to dermatology. There is an increased rate of incidence due to faulty lifestyle. The level of awareness among the public is very low and this is where

Ayurveda has an immense role both in the preventive and curative aspects.

Before going into the subject matter per se, a few words about the skin are worth mentioning. The skin is the largest organ in the body but we do rarely recognize this fact. Similar to its magnitude it is also the most stressed organ in the body. Among its various functions, the protective function is the most vital as there is no life without a protective covering over the body.

Skin disorders are also a concern of social stigma as it is very apparent externally and has a psychological impact more so in the child. The deformity may be a simple macule or an itch to complete destruction of the skin, which is a life threatening condition. Thus, skin disorders are not to be subjected to superficial outlook but also needs a deeper introspection to the level of mind.

### *Bala visarpa – karappan:*

*Visarpa* - It can be a disease proper (independent disease) or manifest as a symptom in various other disease conditions like, in the purvarupa stage of *kusta* and *vaatarakta*. (Su.S.Ni.10 / 7, *Dalhana & Gayadas commentary*).

**Types** – *Baahya. Abhyantara* and *Ubhaya* – mainly the focus here is on the *bahya* variety – skin manifestations. Thus, *Visarpa* not only means skin diseases.

**Définition:**

1. **Sarvatho visāranath** –Spreads all over (the body), hence termed as *Visarpa*. (S.S, Ni. 10 / 3, Dalhana commentary)
2. **Vividham sarpanath visarpastu viruchyate** - The ability or the nature of moving in various directions all over the body gives the name *Visarpa*. (Kashyapa.S, Khi, *Visarpa*, Ci, 9.2)
3. **Vividham sarpati ... parisarpanat.** (C.S.Ci.21/ 11) - The letter ‘Vi’ stands for *Vividha* meaning various and “*sarpa*” signifies the spread. Thus, the varied spread (in different directions as, upward, downward or oblique, besides manifestation of symptoms like swelling, papules etc) is termed *Visarpa*. Spreads all over the body, hence *Visarpa* or *Parisarpa*.

**Factors involved – sapta dhātus: (c.s.ci.21 / 15)**

**Raktam .... vigneyāh sapta dhatavah** - The word “*malāh*” besides *doshāh* emphasizes the severe magnitude of vitiation (*Atyarta dusti*). Thus the four *duṣyas* and *tridoṣas* altogether contribute to the manifestation of *Visarpa* and are known as *sapta dhātus* or *dravyas*

**Aetiology in general, can be categorized as,**

**Foods** - Excess intake of *lavana* - *amla* - *katu rasa* and hot potency foods (Pickles etc). Though the tastes such as salt, sour and spicy are in general hot in potency, the use of potency is used to stress that cold potency drugs of the mentioned tastes aren't

harmful, as for example, *Āmalaki* and *dādima* though sour in taste are not contraindicated owing to their cold potency. Excessive use of curd, *mastu*, *sukta*, *madya*, *sura* & *sauveeraka*, all of which are *amla rasa pradahana* in turn vitiates *Pitta dosha*. Intake of the leaves of *haritha varga*. Foods which produce *Vidaha*.

**Duṣṭa ksheera hetu** - The breast milk, which has *Lavana anurasa*, is said to be one of the causative factors of *visarpam*. (Ref: A.S.U, 2 / 7)

**Activities** - Faulty activities, which are against *Swastavritta* pertaining to *kaaya*, *vaak* and *manas*.

**External factors** - Exposure to hot sun, strong wind and fire. Trauma, exposure to poison etc.

**Iatrogenic** - Faulty bandaging techniques.

**Samprapti:**

**Importance of Pitta** - Among the different *gunas* of *Pitta dosha*, *Sara guna* signifies the spreading nature (*Vyāpakatvam*) and *Tikshna guna* portrays the quick progression (*Śigrakāritvam*) of the disease

**Rakta as Asraya** - *Pitta dosha* lodged in *Rakta dhaatu* causes *Visarpa* and *Daha* (Ref: A.S. S.19 /20). Hence bloodletting is said to be half the treatment in *visarpam*.

**Jwara** – the symptoms of *visarpam* are said to be similar to *Jwara lakshana* of the respective *doshas* – *Vagbhata*.

Instability is the cardinal feature of *Visarpa* – “*Asthitam Atma lingam*”

(Su.S. Ni.10 / 3) and thus it has varied clinical and morphological variations.

**Clinical presentations:**

**Signs** - Erythema, Papules (Vesicles – pustules), Discharge, Crusting, Scaling and Lichenification

**Symptoms** – Itching, pain, burning sensation, associated with Fever, which indicates secondary infections.

Thus, **Karappan or Bāla Visarpa** is a dermatological disease of varied morphology seen mostly in children. A total of 51 types of *baala visarpa* have been described. They are categorized as follows, *Vaataja Visarpa* – 8 types, *Pittaja visarpa* – 16 types & *kaphaja visarpa* – 21 types besides six others namely, *Agnivisarpam (Vaata pitta)*, *Granthi visarpam (Vaata kapha)*, *Kardama visarpam (Pitta kapha)*, *Sannipata visarpam*, *rakta visarpa* and *salya visarpa*.

#### **Common skin disorders seen in children**

Vascular disorders, Pyoderma, Viral infections – fungal, Parasitic infections – insect bite, Scaling disorders, Bullous disorders, Atopic dermatitis, Diaper rash - Bacterial infections

#### **Visarpa as a symptom ....**

**Due to Toxic conditions:** (Ref: A.H.U. 35 / 48)

When the muscle tissue attains putrefaction (*vrane tu Pūti piśite*) due to piercing of metal smeared with toxic substances, such as a poison arrow, gunshot wound, rusted metal etc. The measures of *Pitta Visarpa* are to be adopted in such cases.

**In spider poison**, there is manifestation of *visarpa*. Hence, in such conditions, *visarpa* line of treatment is followed. The vesicobullous lesions are archetypical of spider poison as well as *kardama visarpa*. (Ref: A.H.U. 37 /56)

Papules in the form of vesicles and pustules, pain, burning sensation, erythema, itching, fever, swelling, rapid decaying tendency, weeping and cracking are general features of spider poisoning. Bloodletting and external *lepana* are mentioned in the

management of spider poison. (Ref: A.H.U. 37 /68 – 69)

**Points of interest:** (Spectrum of diseases involved & application of similar principles of *Visarpa* in treating other conditions)

**Atidagdha** - In burns of severe nature, the treatment of *Pitta visarpa* is to be adopted. This means *bāhya prayoga* of cold and dry / snigdha (appropriate to the condition, such as *śatadhouta ghruta*, etc) applications are to be adopted. We cannot go for purgation or bloodletting as already there is dehydration in the body. (S. S. Su, 13/26)

**Galagand'a** - The therapeutic measures undertaken to tackle *granthi visarpa* is also beneficial in treating *Galagand'a*. (C. S. Ci, 21 / 139 – 140)

**Agnirohini** - The treatment of *Pitta visarpa* is employed herein as the disease is *tridośaja* with predominance of *pitta*. (A.H.U. 32/5)

**Jaala gardabham** - This disease, which is predominant of *Pitta dośa* is similar to *visarpa* with symptoms such as burning sensation, fever, non suppurative mild swelling etc, the treatment is similar to that of *visarpa*. (A.H.U. 31/13)

**Ati sweda** - *Ati sweda lakshana* and treatment similar to *visarpa*. (Ref: K.S, Ci, 23 / 14 – 15)

**Masūrika, visphota, kaksha, pama**, and those diseases due to *pitta* and *rakta* should be treated like *Visarpa*. (Ref: K.S, Khi, Visarpa Ci, 87)

**Yogaratraakara** - The chapter on *Visarpa* is followed by those of *Visphota*, *Snayuka roga*, and *Masurika*, wherein, similar treatment principles of *Visarpa* are adopted.

**Daaha** - In *Chikitsa Samgraha* of *Vangasena*, it is quite interesting to see

mentioning of *Dāha* (sense of burning in the body), and no sign of *Visarpa chikitsa*. On a closer look on *daaha*, it is the manifestation of *Pitta* and *Rakta* predominance. It may not be a fully fledged *Visarpa*, but certainly comes under the category of *Pitta Vaata visarpa* and the treatment is very much similar to that of *Agnivisarpa*. (Ci, S, Ni, 25 / 1).

**Approach** - Preventive, Curative and Promotive

### Prevention

Advocacy of *Garbhinicharya*. Healthy feeding / food habits. Regular *Abhyangam*. Avoid junk foods.

Use clean cotton dress. Keep personal cleanliness

### Management of *baala visarpa*:

Though many medicines are mentioned for each of the 51 types of *karappan*, treatment based on the *dosha* predominance is of clinical importance. The wide number of description is basically due to the varied morphology (Shape, size and colour) and nature of the disease

### Understanding the clinical presentation as per dosha

*Vaata kaphajam* - dry / very mild discharge, hard (Lichenified) & itch

*Vaata pittajam* - pain, inflammation

*Pitta kaphajam* - vesicles, pus, profuse discharge and slough

***Aadau eva visarpesu langhana rookshanam***”

*Langhana* - *Shodhana* and *shamana*. Considering the strength of the patient.

*Rookshana* by usage of *kashayas*, basically having *tikta rasa* predominance. To take away the *kleda*. Owing to the increased *tikshna* & *usna guna* of *pitta*, *snehana* is contraindicated at the initial stage.

Medicines of the following nature are to be given as per appropriate condition.

*Aamapaacanam*, *Paakaśamana*, *Deepanam* / *paacanam*, *Ojovardhanam*

*Twak prasaadanam*, *Rakta śodhanam*, *Visha samanam* & *Kriminaasanam*.

**Commonly used medicines in clinical practice. (The principle of management is important than the medicine itself)**

**Topical** – *Kshalana* / *lepa* / *Avagaha* as per the condition.

***Cūrna* / *kashaya*** - *Triphala cūrna* – *Kapha pitta*, *Nalpamaradi cūrna* – *Kapha pitta*, *Aragwadhathi cūrna* – *Kapha pitta*, *Eladi cūrna* – *Kapha Vaata*

***Tailam* / *ghruta*** - *Eladi keram* (*Vaata kapha*) , *Nalpamaradi keram* ( *pitta kapha*), *Pārantyādi keram* (*Pitta – mandali sarpa visha*), *Satadhowtha ghrutam* ( *Pitta – burns / scalds*)

### Oral drugs:

***Kashyam*** – *Sonitāmritam*, *Moolakādi*, *Guduchyadi*

***Aasava* / *Arishta*** - *Amritārishtam*, *Aragvadhārishtam*, *Saribadyāsavam*

***Gulika*** - *Gopicandanādi gulika*, *Vilwādi gulika*, *Nirgundyādi gulika*

***Curna*** - *Rajanyādi cūrna*, *Haridrā khandam* , *Navayasa cūrna*

***Ghruta*** - *Kalyānaka ghrutam*, *Tiktaka ghrutam*, *Mahātiktaka ghrutam*

### Conclusion:

True to the extensive spreading nature of *Visarpa*, the term “*Visarpa*” extends many types of clinical manifestation. *Āyurvedic* principles of management aim at preventive, curative and health Promotive aspects. Thus, we need to adopt the principles of *Āyurveda* for a betterment disease management.

## ENDOMETRIOSIS - A CASE REPORT

**Dr. Anuradha Maganti, Asst. Professor, Dept. of Prasuti tantra and Stree Roga, SJSAC&H.**

### Introduction:

Endometriosis is one of the most mysterious and fascinating gynecological disorders. By definition, endometriosis is the occurrence of ectopic endometrial tissues outside the cavity of the uterus. These islands of endometriosis are composed of endometrial glands surrounded by endometrial stroma, which are capable of responding to a varying degree to cyclical hormonal stimulation. The disease owns a unique pathology of a benign proliferative growth process having the propensity to invade the normal surrounding tissues. The incidence is about 10%.

**Etiology:** Endometriosis is a disease of child bearing period. Factors responsible include:

Changing social patterns like late marriage and limitation of family size It tends to occur more amongst affluent class, Frequently associated with infertility, Genetic susceptibility and familial tendency is 15%

**Symptoms:** About 30% of patients are asymptomatic. Symptoms include: Dysmenorrhoea, Dyspareunia, Menorrhagia, Infertility, Chronic pelvic pain etc.

### Other symptoms:

Frequency of micturition, Dysuria & rarely hematuria during menstruation, Hydronephrosis  
Renal infection, Painful defecation, Diarrhea and malaena around menstruation, sometimes acute abdomen simulating peritonitis, appendicitis or ectopic pregnancy.

**Physical findings:** Examination per abdomen may reveal a cystic swelling which simulates an ovarian tumor in a case of chocolate cyst.

*Per speculum* examination may reveal bluish or blackish puckered spots in the posterior fornix and may be tender to touch.

*Per vaginal* examination reveals a tender fixed retroverted uterus. Endometriosis is often associated with anovulation, abnormal follicular development, luteal insufficiency and premenstrual spotting.

### Management:

Asymptomatic minimal endometriosis:

Observe 6-8 months

Investigate infertility

Symptomatic cases:

Drug treatment with oral contraceptives, progestogens etc.

Minimal invasive surgery – laparoscopy

Surgery – laparotomy

**Ayurvedic perspective:** Any disease cannot be exactly correlated with endometriosis but certain diseases where *vata dosha* is predominant may be compared. As per case report is concerned, among 20 *yonivyapats*, I have considered *vatiki yonivyapat* to be more appropriate to the clinical features of endometriosis and treated the patient according to the principles of management of *vataja yoni vyapat chikitsa* and found the results are encouraging.

### Nidana of vatiki yoni vyapat:

Vatala ahara, Vatala cheshta

### Lakhana of vatiki yoni vyapat:

Toda – pricking pain

Vedana – pain

Stabdham – stiffness

Pipeelika sruptimiva – sensation as if creeping of ants

Karkasata – roughness

Suptata – numbness

Ayasa - fatigue

Yoni bhramsa

Pain in the region of vankshana and parsva

Gulma

**Artava lakshana:**

sasaba – with sound

Ruk- pain

Phena – frothy

Tanu – thin

Ruksha – dry (absence of mucus)

Aruna varna

Krishna varna

**Vataja yoni vyapat chikitsa siddhanta:**

Snehana

Swedana

Vasti

Sneha dravya prepared with drugs possessing ushna and snigdha should be used for parisheka, abhyanga and pichu

Udavarta yoni chikitsa

**Case report:**

Patient profile:

A female patient aged 36 years eager to conceive came with complaint of severe lower abdomen pain especially on left side during menstruation with clots and dragging pain in the left leg. Patient used to take meftal spas tablets 6/ period for pain.

Pain continued even after menstrual cycle is over

There is a previous history of 3 abortions

USG report shows a fibroid measuring 30/33mm along the fundus of the uterus

Endometrial thickness-7mm

Both ovaries are polycystic with **hemorrhagic (endometriotic) cyst**

Pelvic adhesions seen

Had chocolate colored discharge along with urine till 18<sup>th</sup> day of cycle

Follicular study showed anovulatory cycles since 4yrs.

Patient underwent laparoscopic therapy for adhesiolysis and drainage of chocolate cyst

**Treatment:****Internal medicines:**

*Sukumaram kashayam* (15ml + 45ml warm water) with 2 tab. *Chandraprabha vati* on empty stomach twice a day

*Sapta vimsati guggulu* 2 tabs thrice a day

*Kumaryasavam* (25ml) with *nashta pushpantaka ras* (1tab) after food twice a day

*Nashtapushpantaka ras* was replaced by tab ovarian of BAN pharmaceuticals from 3<sup>rd</sup> month.

**Procedures done:**

Yoni prakshalana with triphala kashayam

Yoni pichu with bala guduchyadi tailam

Uttara vasti for 5 days from 5<sup>th</sup> day of menstrual cycle with Narayana tailam

Yoga vasti from 16<sup>th</sup> day (eranda mula kashaya vasti & matra vasti with narayana tailam)

The above treatment was done for 4 consecutive cycles

Patient was sent for follicular study the following month and there was follicular rupture on 18<sup>th</sup> day suggesting ovulation

**Observations:**

Pain in the abdomen stopped completely within 20 days after treatment in the first cycle

Intake of meftal spas reduced from 6 to 2 tab /period

Pain in the legs reduced

Bleeding with clots reduced

Chocolate colored discharge in urine reduced from 18<sup>th</sup> day of cycle

Cycles became ovulatory

**Pelvis scan** taken after 4 cycles of treatment shows:

Normal appearing uterus and ovaries

Endometrial thickness -6mm

Pelvic adhesions present

As compared to previous scan, complete regression of endometriotic cysts in the adnexae. Except for the pelvic adhesions, scan appears to be normal after treatment.

**Conclusion:**

Endometriosis is a gynecological medical condition which causes severe pelvic pain and is often associated with infertility. The present case is treated on the principles of *vataja yoni vyapat*. Except for the adhesions, all the symptoms have reduced. The suffering of the patient for more than 4 yrs. was relieved within 4 months of treatment. Hence this treatment appears to be more effective and may even minimize the pelvic adhesions if tried at the early stages of the disease.

## HEADACHE AND HOME REMIDIES

### DR.RAKHEE PANDA, ASSISTANT PROFESSOR

Headache or cephalgia is a pain anywhere in the head and neck region. It is the most common pains experiences by people around the world. It can be a symptom of numbers of different condition of the head and neck. The brain tissue itself is not sensitive to pain because it lacks pain receptors. The pain is caused by disturbance of the pain sensitive structures around the brain. Nine areas of the head and neck have these pain sensitive structures, which are cranium, muscles, nerves, arteries, vein, subcutaneous tissue, eyes, ears, sinus and mucous membranes.

#### TYPES:-

- 1) Oral induced headaches
- 2) Migraine headache
- 3) Drug rebound or medication over use
- 4) Sinus headache
- 5) Sleep related headache
- 6) Cluster headaches
- 7) Tension headaches
- 8) Stress related

Broadly headache is classified as

#### Primary headache and Secondary headache

- **PRIMARY HEADACHE:** are those aches that occur without the presence of any other medical condition.

Types of primary headache

1. MIGRAINE HEADACHE
2. CLUSTER HEADACHE
3. TENSION HEADACHE

#### MIGRAINE HEADACHE:

Migraine is a vascular headache that occurs on one side of head mainly at times that occurs on one side of head mainly at times the pain may radiate towards both sides. Commonly accompanied with nausea and vomiting lasts for few hrs. to few days. Sensitive to light as well as sound is a sign of migraine: pain usually occurring on one side of the head

#### CLUSTER HEADACHE:

Extreme pain occurs for several days or weeks at the same time of the day. More common in man, especially smokers. Pain

has a maximum presence around the eyebrows

#### TENSION HEADACHE:

Common radiates around the face and scalp muscles. Dull pain around the head like a band.

- **SECONDARY HEADACHE:**

Secondary headaches are headaches that occur due to the presence of an underlying health condition. The causes of secondary headache include many factors based on a variety of medical conditions. Some secondary headaches are harmless and disappear after the treatment of the underlying condition. Others include serious headaches that can have life threatening consequences.

#### Some of these secondary headaches based on the cause are as follows:

1. Cerebral Aneurysm
2. Trauma to Head or Neck
3. Vascular Trauma to Head or Neck
4. Infection

#### HEADACHE HISTORY TAKING

1. LOCATION
2. FREQUENCY
3. TYPE
4. SEVERITY
5. TRIGGERING FACTORS
6. RELIEVING FACTOR
7. ACCOMPANIMENTS
8. PATTERNS
9. MEDICAL HISTORY
10. REMIDIES:

#### HEADACHE ALARMS THAT SHOULD ALERT THE PHYSICIAN TO THE NEED FOR FURTHER INVESTIGATION:

- Sudden-onset “first” headache
- “Worst headache ever”
- Late-onset new headache
- Headache with fever ,rash, stiff neck
- Progressively increasing headache
- Headache with mental changes
- Headache with neurological signs and symptoms other than aura
- Headache with papilloedema

- .New-onset headache in a patient with cancer or HIV

**HOME REMEDIES**

Make life difficult should follow some simple home care tips that help relieve the symptoms to some extent.

- 1) REST (Leave all work rest in a quiet, dark room).

- 2) A light sleep helps relieve the stress that causes headache.
- 3) Place a light cool cloth over head it helps you relax.
- 4) Drink a lot of water.
- 5) Apply balm over head.
- 6) Meditation
- 7) Yoga therapy like surya namaskara, savasana, padmasana

**A CASE PRESENTATION- Catamenial Haemoptysis**

**DR.P.K.Moharana, Associate Professor, H.O.D. Of Roga Vigyana and Vikriti Vigyan, S.J.S.A.C&H, Nazarethpet, Chennai-600123**

A female patient named as Mrs. xx about 27 yrs. old, housewife with a moderate socio-economic status belonging to a Hindu religion, a resident of Nazarethpet, Chennai-600123 attended the O.P of Sri Jayendra Saraswathi Ayurveda college & Hospital on 4th feb.2013 presented with the following complaints.

1. Bleeding from the throat in the 1<sup>st</sup>, 2 days of the last 3 consecutive menstrual cycle.
2. Bleeding stops automatically on the 3<sup>rd</sup> day of the menstrual cycle in last 3 consecutive menstrual cycle.

History. Of. Present. Illness- Before 3 months the patient was apparently well. On 6<sup>th</sup> September 2012 she experienced bleeding from the mouth & throat, which was the 1<sup>st</sup> day of the menstrual cycle of September month. Bleeding continued for 2 days. Immediately after that she consulted with the gynaecologist in an allopathic hospital where she was asked to do the following tests- Mantoux, Sputum For AFB, ESR, Ig-G, Chest X-Ray, CT Scan Of Chest and Bronchoscopy. After doing all the test she came to the doctor and doctor told there is no problem, then the doctor advised her to

go for bronchoscopy once again. By seeing the entire test the doctor told that the chest is within normal limit. Then the doctor advised to take tab. Styptovit-K, Tab. Asthalin, Tab. Augmentin-Duo-625 B.I.D. for a period of 5 days. Then on 4<sup>th</sup> october 2012 she experienced the same.

**On examination-** A<sup>0</sup> J<sup>0</sup> CL<sup>0</sup> CY<sup>0</sup> Oe<sup>0</sup>  
 B.T- 2 min.34 sec, CT- 3 min.45 sec,  
 B.P- 112/78 mm hg, H.R-70/min. S1,S2  
 Audible, no murmur, R.R-18/min,  
 bronchovesicular breathing, no added sound  
 Oral cavity- NAD. Tongue-reddish,  
 papillae-normal, coated mucus membrane,  
 tonsils-not enlarged.

**GYNAECOLOGICAL HISTORY-**

Menstrual cycle-Regular, 3-4 days  
 bleeding, 28 days duration, no vaginismus

**OBSTRETIC HISTORY-G<sup>2</sup>P<sup>1</sup>A<sup>1</sup>**

1<sup>st</sup> baby-4 year old boy.

MTP done in Aug.2011

Using Copper-T since September 2011

Sexual intercourse -2-3 times/week.

**Clinical diagnosis-**

**Catamenial Haemoptysis (Urdhwaga Raktapitta With Apana Vayu Vikriti)**

**Treatment advised-**

1. Indukantham kashaya-15ml.  
Twice a day with 60 ml. Luke warm water

2. **Tab.swasanandam gulika-2 tab. B.i.d**
3. **Tab. M<sub>2</sub> tone- 2 tab.b.i.d**
4. **Lodhrasava-30ml. b.i.d**

On December month patient reported that after taking medicine 4<sup>th</sup> December there was just frothy bleeding from the mouth on 1<sup>st</sup> day after that there is no haemoptysis.

On the 3<sup>rd</sup> January she experienced pre-cordial chest pain but there was no bleeding. It was reviewed in the month of feb.2013 followed and there is no bleeding from the mouth.

The case has to be followed up for another 3-4 months for a final opinion regarding prognosis.