

Article 1. Importance of Purish Mala

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Abstract_1

The different constituents of body are grouped in three basic principle categories Dosha, Dhatu and Mala. Normal functioning of these Dosha, Dhatu and Mala maintain homeostasis in living body. Its disturbance causes diseases.¹ (Su. Su. 15/41-42)

Dhatu creation is never without Mala creation. After every reaction or metabolism Mala is produced, therefore they regularly have to be taken care of; otherwise they cause ill effects in the body.² (Ch. Su 28 /4)

Key words: *Purish Mala, Kitta, Agni, Stool, Purish Mala Lakshan*

Introduction :

‘Mala’ is an entity which is nourished by ‘Kitta by the action of Agni. Purisha mala is formed in Purishvaha strotas from this kitta. In large intestine about 1 lit. of slurry is delivered, where most of water, sodium, chloride, glucose and amino acid are reabsorbed. Here potassium is secreted and goblet cell secret mucus to lubricate the stool. Bacteria on intestinal flora produce Vit. K and Vit. B12 from this slurry. So initially Purish mala is functioning entity. It provides strength and support to Vayu, Agni and Pitta.¹ (Su.Su. 15/15), (As. Hr. Su. 19/20)³. As per status of our body, age these Mala get replenished till they achieve their physiological measurement. They are produced in their quantities and qualities. This brings homeostatic condition in our body. When it becomes nuisance to body physiology, it should be excreted out; otherwise it will cause ill-effect.¹ (Ch. Sh.

6/17). In certain diseases, fasses may contain such substances which are not present normally in healthy individuals such as indigested food, mucus, parasites, intestinal calculi, pus, blood etc. According to Ayurveda Agni Vikruti causes diseases and Agni is responsible for formation of Kitta. So any Agni Vikruti leads to deranged formation of Purish Mala.¹ (Ch. Su. 7/12)

Once Purish Mala get affected, it develops symptoms in Purishvaha Srotas either with Purish Vridhi, Purish Kshaya and Sam Purish Lakshana. These vitiation are responsible for Mala pradoshaj Vikara. These lakshanas and Purish Parikshan is discussed here. This may prove useful in diagnosis of different diseases according to Ayurveda.

Purisha Mala (Stool)

Purisha is digested food in disguise of Mala remains in Pakwashaya. It is produced in its Purishwaha Strotas by Purishdharakala. From Purishdharakala if Purisha Mala is produced in extra amount because of any etiological factor, all other Dhatu Mala get affected.¹ (Ch. Su. 7/42). Increased Purishmala increases quantity of Nasa, Netra Mala with special symptom Guruta.

Purish Vridhi Lakshna(Increased Stool)

Symptoms of increased quantity of stool are as follows:

- Kukshishula- Pain in abdomen
- Atop – Gargaling noise in abdomen

- Gaurava – Heaviness in abdomen ¹ (Ch.Su.17/69), (Su.Su 15 /15), (As.Hru.Su.11/13)³

Purishkshaya Lakshana (Decreased Stool)

Symptoms of diminished stool ara as follows:

- Sashabda Vayu Kukshu Tiryak-Urdhwa bhraman- Movement of flatus associated with sound,moves in all directions haphazardly.
- Antra Vestana- Intestinal spasm
- Parshwa , Hridaya Pida- Pain in the flanks and Heart.
- Alpata Shakruta- Quantity of stool is less. ¹ (Ch. Su. 17/70), (Su.Su. 15/11),² (As.Sa.Su.19/6)⁴

Vitiation in Panchbhautik Sanghatam of Purish (Change in consistency of Stool)

In Purish Mala, normally Agni & Vayu are predominant with Pruthwi Mahabhuta.Here Pruthwi Mahabhuta gives shape to Purisha. Agni & Vayu Mahabhuta gives little warmth to it , Yellowish colour to it , slight Katu Rasa & typical faecal odour to it.

As Agni & Vayu Mahabhuta are in abundance, normal Purisha Floats on water . But as the Purisha Mala becomes Sama Purisha due to Jatharagni Vikruti and Ama Nirmiti, its Panchbhautik Sanghatan changes.

Sama Purisha Lakshana (Stool with indigested and abnormal constituents)

- When Sama Purisha combines with Doshas; it manifests diseases accordingly.
- Sama Purisha Apsu Awasidati - Sinks in water
- Bhrusham Dourgandhi - Foul smell
- Increases in quantity & frequency
- Pichchila- Change in colour & consistency
- Ejection of small quantity of Purisha with difficulty and sound.

- Heaviness and pain in abdomen. Discomfort in Purishwaha Strotas. ² (Su. U. 40 /17)

Purishwaha Strotas Dushti Lakshana-

Due to Vitiation in Purishwaha Strotas , the following symptoms will appear.

- Krushra malapravruti- Patient passes stool with difficulty.
- Alpalpa Mala Pravrutu- Passes little quantity of stool.
- Sashabda, Sashula Mala Pravrutu- Associated with pain and sound.
- Ati-drava Mala Pravrutu- Passes excess watery stool
- Sakapha Mala Pravrutu- Associated with mucus threads
- Ati-grathita Mala Pravrutu- Sometimes hard stool.
- Ati-bahu Mala Pravrutu- Passes large quantity of stool. ¹ (Ch. Vi. 5/8)

Purishwaha Strotas Viddha Lakshana

Due to injury to Purishwaha Srotas following symptoms are developed

- Aanaha- Distention of abdomen
- Dourgandhya- Foul smell of stool
- Passes mucus threads in stool with tenesmus.
- Grathitantrata- Intestinal obstruction or intussusception. ² (Su.Sh. 9/11)

Mala Pradoshaja Vikara

Normally Purisha provides strength & support to Vayu, Agni & Pitta. When agitated Doshas come in contact with Mala, they produce Mala Pradoshaja Vikara

Agitated Doshas contact with Mala and cause breaking up of waste products or drying it up. Therefore Mala changes its normal colour, consistency, quantity, odour etc. Excessive retention of waste substances or excessive elimination of waste products indicates vitiation of Mala which results in disease manifestation. ¹ (Ch. Su. 28/ 22).

Purisha Mala pariksha according to Doshas, Mala Vitiated By Vata

Shushka (Dry), Drudha (Hard), Krushna, Dhumal (Blackish in color), Trutitam (Clayey), Fenil (with air bubbles).

Mala Vitiated by Pitta

Ushna (Hot), Pitata (Yellowish in color), Raktawarna (Reddish), Drava (watery).

Mala Vitiated By Kapha

Shuklata (Whitish in Colour), Picchil (with Mucus), Sandra (sinks in water).

Considering all above abnormalities in Mala, we can diagnose vitiated Dosha in different Mala Pradoshaj Vikar. While examining a patient, special attendance is to be given to Mala Parikshana as Mala is the basic entity of living body and maintain homeostasis when functioned normally.

Conclusion

We can examine *Purisha Mala* in following format.

Samanya Parikshana :

- Pramana (quantity)
- Varna (color)
- Sanhati (consistency)
- Gandha (odour)
- Vishesh pariksha (specific Examination)
- Jalanimanjan Pariksha (either sinks in water or not)

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**Article 2. Concept of Asthi Sanghata and elaboration of
Trika related Sanghata --Manisha Kishanrao Dawre**

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Abstract ²

Implementation of principle of Ayurveda, we must know detail Ayurvedic Sharir (Anatomy). In all Ayurvedic samhita (texts) sharir-sthana is elucidated independently at relevant perspective. Anatomical structures of various organs with their functions are mentioned in it. But some concepts mentioned by Acharya have lot of ambiguities. Detail regarding anatomy & functions are not found in such as Simanta, Sivani & Sanghata. Some time different name use for single concept, ex. Shirasta Shivini, Shirasta Simanta and Shirasta Sandhi. Whatever term is used function, structure and number are remain constant. While focusing on asthi sanghata, we found sandhi and sanghata have same nomenclature but difference in number example in shirapradesh total number of sandhi is five and number of shira sanghata is one. That means sandhi and sanghata both are different structure. Sanghata means group & Asthi sanghata means group of bones, it form a special Anatomical structure different than Sandhi.

Key Word: Sanghata, Trika sanghata, Sandhi, Urdhva trika Pradesh, Shroni.

Introduction:

Utility of every science is for the prosperity of human being Ayurveda is also one among the greatest healthcare science. The main aim of Ayurveda is "Swasthya Rakshan" i.e. maintaining good health of patient and to become successful physician. One should have complete knowledge about Rachana-

sharir.² All samhita kara have described separate section (sthana) on sharir (Anatomy) in their respective samhita. In shaarir sthana, they described anatomy of various structure and their importance, function and applied e.g. Dashapranayatan, Sptatwacha, Saptakala, Asthisandhi etc.

Similarly all Acharya mentioned Asthi sanghata. For treatment point of view we must know detail anatomy of various structures related with body. All samhita kara described Asthi sanghata as well as Asthi-Sandhi of same name. But in this circumstances question arises about the difference between Asthi- sanghata and Asthi-Sandhi. There are lot of ambiguities related with Asthi-Sanghata, to clarify these ambiguities and to state the anatomy, function, applied it is necessary to throw focus on Asthi-Sanghata.

Material and Methods:

This is conceptual type of research. Textual materials are used for the study from which various references have been collected. Main Ayurvedic texts used in this study are Charak Samhita, Sushruta Samhita, Astang-Sangrha, Ashatanghritya available Commentaries on it. Literature surveys of modern texts are also used. Research article available on internet also studied.

Review of Literature The description of Asthi-Sanghata is found in all three major

Samhita i.e. Charak, Sushruta and Vaghabhata^{3,4,5} and also in Bhavparkash.⁶

There were about 8 references quoted in Ayurvedic literature related with Sanghata. They mentioned the number and location of Asthi-Sanghata. There are 14 Asthi Sanghata, in lower extremity there are 6 Sanghata present viz. are Right and Left Vankshan(Hip), Janu(Knee) and Gulpha (Ankle) and in the upper extremity also 6 sanghata present i.e. Right and Left Ansa (Shoulder), Kurpura (Elbow) and manibandha (Wrist) and remaining two, in Sheer pradesh and Trika pradesha respectively.

According to commentator Dalhana-charya⁷ number of Asthi-sanghata are eighteen, he described four more along with above fourteen. These are one at site of shronikanda, one at the site of sternum, third at the junction of ura (Chest) and udara (Abdomen), fourth is present at the site of Ansakuta (Scapula).

Sanghata means group. Hence Asthi-sanghata means group of bones. The number of trika sanghata is one which is situated trika pradesha (Lambo-Sacrum) but there are differences related with trika-pradesh. There are two trika pradesh^{9,10}, urdhva trika and udha trik, pradesha. Urdha trika Pradesh means Intrascapular region and udha trika pradesh means sacral region¹¹. By searching and observing literature here trika pradesh consider as sacral region. So trika sanghata present at sacral region.^{11A}

In trika sanghata there are group of one trikasthi (sacrum), two kati-kapalasthi (i.e.hipbone) and one Gudasthi (coccyx) thus the asthis of this sanghata come together to form a special structure i.e. Shroni (kati).

Three asthi sandhis are formed in Asthi-samuha i.e. trika sanghata¹². Kati kapala means hip bone and joints related with hip bone are three, they are right sacroiliac joint and left sacroiliac joint and pubis symphysis and also trika sanghata form bony pelvis, so functions of bony pelvis are more related with functions of trika sanghata.

The bony pelvis transmits weight in standing position from the vertebral column to the lower extremities.

It provides protection to the caudal part of alimentary tube and urogenital organ.

Female pelvis makes room for accommodation of foetal head and guides the act of parturition through the birth-canal.

Numerical measurement of pelvic girdle is called as pelvimetry which is important for diagnosis of structural deformities of pelvic girdle leading to cephalopelvic disproportion (CPD), obstructed labor and caesarean section.

The bony pelvis is important tools for sex determination.

Discussions

- 1) Meticulous observation and studies of the ancient Ayurvedic text has been done and after the derivation of sanghata we can say sanghata means samuha¹³.
- 2) The number of Asthi-sanghata are fourteen and not eighteen because four extra sanghata mentioned by commentator Dalhenacharya are also included in 14 sanghata so there is no need to count it separately.

- 3) Generally the sanghatas described by samhitakaras also described as Asthi-Sandhi with same nomenclature e.g. Manibandh sanghata and Manibandh Sandhi, but number of Sandhi and Sanghata are different. Asthi sandhis are 210 and number of sanghata fourteen. The structural and functional classification of sandhi's also described. Such classification of sanghata is not found.
- 4) There is relation between sandhi and Asthi sanghata i.e. one Asthi Sanghata there are one of more Sandhi (Joint) Found 15.
- 5) Sanghata (Group of bones) form anatomically and functionally are separate structure different than sandhi. This is clinically and surgically important.
- 6) Trika sanghata present at sacral region and form a special structure i.e. shroni (Bony pelvis).
- 7) The group of bones in Trika sanghata forms three joints.

Conclusion

From above mentioned verses from Ayurvedic text it is clear that

- Asthi Sandhi and Asthi Sanghata both are totally different structure and function.
- The function of each Asthi-Sanghata differs with its position.
- There are 14 Asthi-Sanghata.
- There is only one trika sanghata which is present at sacral region.
- The trika-sanghata form shroni i.e. bony pelvis.

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Article 3. A Comparative study of Kumari Swaras and Kumari Swaras Siddha Tail in the management of Vrana.

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Abstract₃

Wound healing is the process of repair that follows injury to the skin and other soft tissues. The objective in wound management is to heal the wound in the shortest time possible, with minimal pain, discomfort and scarring to the patient. Kumari (Aloe vera) has long been used as a traditional medicine for inducing wound healing.⁴ Biological activities include promotion of wound healing, antifungal activity, anti-inflammatory, anticancer and immunomodulatory. A clinical study "A Comparative study of Kumari Swaras and Kumari Swaras Siddha Tail in the management of Vrana." was carried out at shalya tantra department of M A Podar Hospital, Mumbai. The prime aim of the study is to study the efficacy of Kumari (Aloe vera) in the management of different types of wound. Total number of 30 patients were studied in this clinical study. Observations were documented through specially designed clinical record form and relevant conclusions were drawn.

Key Words:

Wound, Vrana, Kumari, Aloe vera.

Introduction: Ayurveda is one of the noble gift of Indian civilization to the allying humanity. Broadly Ayurveda is described in eight branches. Shalya Tantra (Surgery) is one

of the prime branch dealing with all surgical problems. It is said that "A surgeon has to create or treat the wound". According to Sushrutavrana(wound) is the subject matter of shalya tantra (Surgery) and the knowledge of its effective management for a surgeon is the basic skill required on which the outcome of surgery revolves. Considering this Acharya Sushruta has described sixty measures for the management of wound.¹

The past two decades has seen a worldwide upsurge in use of traditional medicine and complimentary health care in both developed and developing countries. It not only has minimal adverse effects, but also has good secondary outcomes in comparison to allopathic medicines. In ancient texts many herbal, herbo mineral agents are described for wound management. Historically Kumari (Aloe vera) has been used for a variety of medicinal purposes. Aloe vera has long been used as a traditional medicine for inducing wound healing. The primary aim of this study is to evaluate the effect of Kumari (Aloe vera) on different types of wound scientifically.

Aims and Objectives:

To study the efficacy of Kumari (Aloe vera) in the management of different types of wound.

To prepare Kumari Swaras and Kumari Swaras Siddha Tail scientifically and evaluate it's wound healing property scientifically.

Material and Methods:

The study was carried out after obtaining approval from the Institutional Ethical Committee.

Patient and Drug, this two are the important material part of this study.

Patients

The patient participated in this study are from outdoor and indoor department of shalya tantradepartment of M A Podar Hospital, Worli, Mumbai. An undersigning was given to the patients about the study and a written consent is taken to participate in the study. The study is carried out on 30 patients compressing of both sex between the age 10 to 60 years. These 30 patients are divided into 2 groups. The first group of 15 patients is treated with Kumari Swaras and the second group of 15 patients is treated with Kumari Swaras Siddha Tail.

Criteria for selection

- Patients of both sexes were selected.
- The patients of outdoor and indoor departments were included in the study.
- The patients between the age group of 10-60 years were selected.

- The patients of all different types of wound

Criteria for rejection

- The patients having skin diseases are not included in the study.
- The patients suffering from systemic diseases like Tuberculosis, AIDS, Diabetes Melitus are not included
- The patients having local diseases like varicose vein, leprosy are not included in this study.
- The patients having any congenital defect were also not included in this study.
- The patients having known skin allergy were not included in this study.

Drug

The trial drug is prepared in two forms, Kumari Swaras and Kumari Swaras Siddha Tail. Both preparations are prepared in the Ras- Shastra and Bhaishajya-Kalpna Departmental Laboretory under the guidance of the concerned as per Sharangadhar Samhita.³ Fresh Kumari (Aloe vera) leaves collected from botanical garden of dravyaguna department for preparation of Kumari Swaras and Kumari Swaras Siddha Tail.

Pharmacodynamic properties of Kumari (Aloe vera)²

Table1

Kumari (Aloe vera)	Rasa Tikta, Madhur	Guna Guru, Snigdha, Pichhil	Veerya Sheeta	Vipaka Madhur	Prabhava Bhedan	Doshaghanata Vatakaphashamak Pittasarak
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Chemical constituents of Kumari (Aloe vera) - Aloin, isobarbaloin, aloe emodin, resin, polysaccharides, anthraquinone, glycosides, glycoproteins, sterols, saponins, organic acids, some volatile oils and some water soluble substances, polysaccharides, mannose 6-phosphate.

Method

This clinical study was carried on total 30 patients. This clinical study being an open comparative study. A specific clinical record

form is used to record the findings. General observation like age, occupation and gender were documented in the case report form. The application of Kumari Swaras in group A and Kumari Swaras Siddha Tail in group B patients was done as mentioned in Table 2. Routine laboratory investigations of all selected patients were carried out. Few laboratory tests of the trial drug were carried out to know the important aspects.

Table 2

Group	A	B
Drug used	Kumari Swaras	Kumari Swaras Siddha Tail
Form	Swaras (Aqueous Extract)	Tail
Dose	As per requirement	As per requirement
Route of administration	Local application	Local application
Duration	Once daily till wound healing	Once daily till wound healing

Criteria for assessment:

The subjective parameter like pain, tenderness and objective parameters like size, color, floor, margin, discharge, granulation tissue and swelling were recorded on the basis of the score adopted with grading (0,1,2,3). After completion of treatment, assessment of scar was done on the basis of gradation (0,1,2 and 3).

Criteria for assessment of total effect of therapy are given in table 3.

Table 3.

Result	Criteria
Cured	100% relief in the signs and symptoms along with complete healing of wound within 21 days
Markedly improved	76-99% relief in the signs and symptoms along with complete healing of wound within 21-30 days
Improved	26-75 % relief in the signs and symptoms along with complete healing of wound in more than 30 days
No improvement	Up to 25% relief in signs and symptoms without any progress towards healing of wound.

Observations and Results:

Sex: Out of the 30 patients of wound there were 73.33% male and 26.67% female patients.

Age: Out of 30 patients 40% belongs to 10 to 30 yrs age group, 43.33% belongs to 31 to 50yrs age group and 16.67% belongs to 51 to 60yrs age group.

Dietary Habit: Out of 30 patients 6.67% patients were vegetarian and 93.33% patients were mixed group.

Occupation: Out of 30 patients 46.67 % belongs to student group, 10.33 % belongs to sedentary group, 30 % belongs to heavy labour group and 13 % belongs to housewives.

Aetiological factors: Out of 30 patients 13.33% patients has wound due to bodily-neej cause and 86.67 % patients has wound due to external agantuj cause.

Site of wound: Out of 30 patients 26.67 % patients has wound over upper limbs, 60.00 % patients has wound over lower limbs, 13.33 % patients has wound over face.

Type of wound (Before treatment): Out of 30 patients 56.67% patient has non infected wound and 43.33% patients has infected wound.

Signs and symptoms of wound (Before treatment): Out of 30 patients 96.67% patients has shotha (swelling), 100% patients has shoola (pain), 93.67% patients has sparshasahatwa (tenderness), 96.67% patients has strava(discharge), 60% patient has tvakavaivarnya (discolouration),10% patient has gandha(foul smell).

Effect of therapy on different signs and symptoms: Table 4

Serial No	Effect of Therapy	No of subjects and percentage									
		Shotha		Shoola		Sparshasahatwa		Strava		Tvakavaivarnya	
1	Cured	25	83.33%	26	86.67%	24	80.00%	28	96.67%	10	33.33%
2	Markedly improved	04	13.33%	04	13.33%	04	13.33%	01	3.33%	05	16.67%
3	Improved	00	00	00	00	00	00	00	00	03	10.00%
4	No improvement	00	00	00	00	00	00	00	00	00	00

Effect of therapy on different etiological factors of wound: Table 5

Serial No	Effect of Therapy	No of subjects and percentage			
		Bodily-neej cause		External agantuj cause	
1	Cured	0	0%	14	46.67%
2	Marked improvement	2	6.67%	7	23.33%
3	Mild improvement	1	3.33%	2	6.66%
4	Unchanged	1	3.33%	3	10.00%

Cured effect of therapy on 30 subjects of wound: Table 6

Serial No	Different forms of medicine	No of subjects	Percentage
1	Kumari Swaras	06	40%
2	Kumari Swaras Siddha Tail	09	60%

Effect of therapy on different signs and symptoms in patients of group - A - Kumari Swaras

Table 7

Symptoms	Mean Score		% relief	SD	SE	t	P
	BT	AT					
Size (cm)	2.87	0.30	89.39	00.58	00.12	20.86	< 0.001
Floor	0.96	0.00	100.00	00.71	00.15	06.50	< 0.001
Margin	1.22	0.26	78.60	00.56	00.12	08.16	< 0.001
Discharge	0.22	0.00	100.00	00.60	00.13	01.73	< 0.050
Colour	1.69	0.26	84.62	00.60	00.13	10.38	< 0.001
Pain	2.40	0.13	94.54	00.68	00.14	15.74	< 0.001
Unhealthy granulation tissue	0.13	0.00	100	00.34	00.07	01.82	< 0.05

Effect of therapy on different signs and symptoms in patients of group - B - Kumari Swaras Siddha Tail

Table 8

Symptoms	Mean Score		% relief	SD	SE	t	P
	BT	AT					
Size (cm)	3.0	0.23	92.06	00.43	00.09	29.07	< 0.001
Floor	1.04	0.00	100.00	00.74	00.16	0.6.48	< 0.001
Margin	1.23	0.26	84.62	00.58	00.12	08.14	< 0.001
Discharge	0.14	0.00	100.00	00.47	00.10	01.36	< 0.050
Colour	1.71	0.23	86.11	00.81	00.17	08.31	< 0.001
Pain	2.00	0.09	95.23	00.62	00.13	13.96	< 0.001
Unhealthy granulation tissue	0.23	0.00	100.00	00.53	00.11	02.02	< 0.05

Discussion:

Kumari (Aloe vera) is an important herb used since many centuries for various disorders. Kumari itself indicates virginity-newness that means a herbal drug help in preserving the active youthful status bodily elements. The local action of aloe vera described by Ayurveda is Jeevaniya - Rejuvenating, Sandhana - Healing, Sthirikaran- Stabilizing, Shonitprasadana - Blood detoxifying, Shoshana - Absorbent of toxic discharges

Considering all above and available modern research findings about action of aloe vera, local and systemic possible action are observed in present study is summarized below

Kumari (Aloe vera) is described as sandhankar- wound healing. This action seems to be achieved by directly stimulating the activity of macrophages and fibroblasts, activation increases collagen and proteoglycan synthesis which promotes tissue repair.

Kumari (Aloe vera) is described as "Madhurasaction" this action is due to principal sugar component " Mannose- 6- phosphate "which binds the growth factor on the surface of the fibroblast.

Kumari (Aloe vera) is rakta prasada this activity can be related with anti-inflammatory action. This action is due to presence of sterol in aloe vera leaf gel.

Kumari (Aloe vera) is described as jeevaneeya. Jeevan indicates continuation of life force the aloe vera gel helps in protecting skin cells.

Kumari (Aloe vera) gel and sesame oil, this compound drug is having combined similar action stated above.

In a nutshell, from above discussion the above action of Kumari Swaras and Kumari Swarasiddha Tailseems to be, Sandhanakara - Healing, Shonitprasadana - Blood purifying, Shoshana - Absorbent of toxic discharge of wound, Jeevaniya - Reorganising skin cells.

Conclusion:

One can draw the following conclusion from the clinical observations, laboratory tests carried in different aspects

The present study proves Kumari (Aloe vera) having potent wound healing action.

Further it is proved to be an anti-inflammatory

Kumari (Aloe vera) stated preparations are having antimicrobial action on common pathogens.

Ayurveda being a scientific traditional science having rich heritage of medicine. WHO is actively promoting the usage of traditional medicine, in light of this, present mini-study has succeeded in providing a cost effective, easily available, affordable by all, a common drug for common ailments. The propagation of this drug in community will be an important factor for community involvement in health.

The present mini-study has opened a field for pharmaceuticals to bring the OTC preparation of Kumari (Aloe vera) for common public

The further deep study is essential to know more and more about Kumari (Aloe vera)

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Article 4. A comparative clinical study on the effect of Matra Basti and Rasna Gugglu in the management of Gridhrasi

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Abstract₄

Term Gridhrasi carries little threat to life, but interferes greatly with the individuals. The modern medical science can provide either conservative or surgical treatment but it has so many side effects. Gridhrasi may be treated better by the management of Ayurvedic medicines. Sciatica, sciatic neuritis, sciatic neuralgia or lumbar radiculopathy is a set of symptoms including pain caused by general compression or irritation of spinal nerve. Although medicines are commonly prescribed for the treatment of sciatica, evidence for analgesics is poor.

Key words: Sciatica, Gridhrasi, Sahachar tail, rasna gugglu.

Introduction:

Gridhrasi is an intractable physical complaint which affects the ambulatory function of the patient. The people who are suffering from Gridhrasi can't stand or sit properly and the painful limb continuously draws his attention. The word Gridhrasi itself suggest the gait of patient which is similar to Vulture. ⁽¹⁾ This pain can also be compared with the pain experienced by the prey of vulture while being eaten up. These similarities itself suggest its gravity of distress. Thus, this disease poses a serious threat to the quality of life, especially for those who are working ⁽²⁾.

A similar condition in the modern science is sciatic syndrome or Sciatica. The chances of occurrence are expected to be increasing through the upcoming years due to increasing tendency for computerization and the hectic routines which results in postural abnormalities, increasing body weight, mental stress etc., all of which leads to the occurrence of Gridhrasi. ⁽³⁾ Due to this, Gridhrasi now possesses a challenge to health care providers.

The management of sciatica is not very satisfactory, where no permanent medical treatment is available. ⁽⁴⁾ Also, the chances of recurrences are high even after surgery. Because of such problems, Gridhrasi affects not only social and economical problems of the individuals but also their family. In those with sciatica due to piriformis syndrome, botulism toxin injections may improve pain ⁽⁵⁾.

Thus, it is the need of hours, to direct our effort to find out the remedy which relieves the pain and improves the functional ability. To find out the more effective and safe therapy for Gridhrasi, it is selected for present work. Many herbal drugs and Panchakarma like Snehana, Swedana, Basti, Siravyedha, Agnikarma and Shastra karma are useful for the treatment of Gridhrasi. Rasna Guggulu is mentioned in Chakradatta as a good remedy for Gridhrasi. ⁽⁶⁾

Basti is specially indicated in the treatment of Vata-vyadhi. (7) The simplest type of basti is Matra basti, which can be easily administered in all the patients.

Aims and objectives:

- To compare Matra basti and Rasana guggulu in the management of Gridhrasi.
- To study the aetio-pathogenesis of Gridhrasi according to both Ayurvedic and Modern prospective.
- To study the efficacy of Matra basti in Gridhrasi.
- To study the efficacy of Rasna guggulu in Gridhrasi.

In Trisutra Ayurveda, 'Aushadhi' is one of the three sutras. In chikitsa chatuspada, Dravya has been given second position (8). So the choice of any drug for the treatment of particular disorder should be ideally based on a thorough consideration of samprapti ghataka.

Materials & Methods:

For the present study, 60 known patients of Ghrudasi were selected irrespective of age, sex and religion. These patients were randomly selected into 2 groups.

1. Group A:

Matrabasti of Sahachar tail was given to the 30 patients of this group.

Dose: 60 ml

Duration : Matrabasti is given in Yogbasti format in three sittings, followed by 3 days interval.

2. Group B :

Rasna Gugulu was given to the 30 patients of this group. The contents of Rasna gugulu are,

- i) Rasna - 4 part
- ii) Guggul - 5 part
- iii) Go-ghruta - As per requirement.

Dose: 500 mg. B.D.

Sevan kala: Vyana-Udana kaal

Duration: 30 days.

CRITERIA OF ASSESSMENT:

To assess the effect of therapy objectively, all the sign and symptoms were given scoring pattern depending upon their severity as below.

1.Ruka (PAIN)

0	No Pain.
1	Mild pain but no difficulty in walking.
2	Moderate pain with slight difficulty in walking.
3	Severe pain with severe difficulty in walking.

2.Toda (PRICKING SENSATION)

0	No pricking Sensation.
1	Mild pricking sensation with no interference in daily activities.
2	Moderate pricking sensation with manageable interference in daily activities.
3	Severe pricking sensation with unmanageable interference in daily activities.

3.Spandana (TWITCHING)

0- No Twitching.

- 1- Sometimes for 5 to10 minutes.
- 2- 2Daily for 10to 60 minutes.
- 3- 3 Daily more than 1 hour.

4. Stambha (STIFFNESS)

0 -No Stiffness.

- 1 -Sometimes for 5-10 minutes.
- 2-Daily for 10-60 minutes.
- 3 -Daily more than 1 hour.

5. Sakthikshepan nigraha (S.L.R. Test)

- 0 - More than 900.
- 1 - 510 - 900.
- 2 - 310 - 500.
- 3 - upto 300.

6. Tandra (Drowsiness)

- 0. - No Drowsiness.
- 1. - Mild with no interference in daily activities.
- 2. - Moderate with manageable interference in daily activities.
- 3. - Severe with unmanageable interference in daily activities.

7. Gaurav (HEAVINESS)

- 0 - No feeling of heaviness.
- 1 - Mild with no interference in daily activities
- 2 - Moderate with manageable interference in daily activities.
- 3 - Severe with unmanageable interference in daily activities.

CRITERIA FOR THE TOTAL EFFECT in signs and symptoms:-

Complete remission	> 75%
Marked Improvement	51% to 75 %
Moderate Improvement	26% to 50%
Unchanged	Below 26%

The patients were assessed on 0-10-20-30 days on the basis of clinical and laboratory assessment, if it was necessary. An informed written consent of all patients included in the study was taken before treatment started.

Selection of patients: The patients were selected from OPD and IPD of Kayachikitsa department, CSMSS Ayurved College and Hospital, Kanchanwadi, Aurangabad for present study.

All the selected patients were subjected for following criteria:

A) Inclusion Criteria:-

1. The presence of Ruka, Toda, Stambha and Spandana in the sphik, kati, Uru, Jangha and Pada.
2. Tenderness along the course of Sciatic Nerve.
3. The patients between age group of 20 years to 60 years will be included.
4. Straight leg Raise test (S.L.R. test).
5. Lasegue's sign.
6. Poplital Compression test.

B) Exclusion Criteria:

1. Patients below age of 20 yrs. and above 60 yrs were excluded.
2. The patients suffering from following conditions were excluded from the study -
 - a) Lumbar spondylosis,
 - b) Disorders of spine- like Osteoarthritis of spine, Spondylolisthesis, Ankylosing Spondylitis, Arthritis, Rheumatoid arthritis of hip joint etc.
 - c) Severe traumatic conditions,
 - d) Ca of spine,
 - e) Tumour of Cauda equina and Lumbo-Sacral plexus,
 - f) Cardiovascular Disease -like Aortic aneurysm, occlusion of aorta or of iliac or femoral artery,
 - g) Tuberculosis of Vertebral Column,
 - h) Pregnancy,

Investigations.

- a) X-ray of Lumbo-Sacral region (AP view and lateral view).
- b) Complete Blood count with E.S.R.
- c) Routine and Microscopic examination of urine.
- d) Blood sugar level.

Preparation of Drugs:

The drugs were prepared as per the standard procedure in the dept. of Rasa shastra and Bhaishjya kalpana, CSMSS Ayurved College, Kanchanwadi, Aurangabad.

Sahachar Tail⁽⁹⁾:

Godugdha - 40 parts,

Sharkara - 18 parts.

Sahachara Taila was prepared by Snehapaka Vidhi. After the whole preparation of Tail it was filtered and preserved in the container.

Rasna Guggulu⁽¹⁰⁾:

The efficacy of *Rasna Guggulu* has been already proved by many research scholars. It is a compound mentioned by Chakradatta, Gadanigraha, Bhavaprakasha and Yoga ratnakara in the treatment of Gridhrasi. Rasna guggulu contains

Rasna - 4 parts

Sahachara taila is mentioned in Charaka Samhita as to be useful in Daruna Vataroga. The contents are,

Sahachara kwatha - 100 parts

Sahachara moola (kalka) - 10 parts,

Tila taila - 64 parts,

Suddha Guggulu - 5 parts.

Go ghruta - as per requirement

Observation and Results:

A. Effect of Matra Basti :

The patients were given *Matra Basti* of *Sahachara Taila* in the dose of 60 ml for the duration of 30 days.

The below table reveals that, for all the symptoms, the mean score was reduced after treatment. The difference occurred is statistically highly significant. Thus *Matra basti* is effective for relieving all the symptoms.

The effect of Matra Basti (Group A) on chief complaints:

Chief Complaints	Mean Score	M.D. (X)	S.D (±)	S.E. (±)	t Value	P	Relief in %	Chief Complaints
RUKA	2.50	0.67	1.83	0.64	0.11	15.50	P<0.001	73.20%
TODA	2.50	0.90	1.60	0.72	0.13	12.10	P<0.001	64.00%
SPANDANA	1.83	0.70	1.13	0.89	0.16	06.90	P<0.001	61.74%
STAMBHA	1.96	0.63	1.33	0.92	0.16	07.91	P<0.001	67.85%
S.L.R Test)	1.33	0.60	0.73	0.63	0.11	06.27	P<0.001	54.88%
TANDRA	0.83	0.30	0.53	0.77	0.14	03.76	P<0.001	63.85%
GAURAV	0.73	0.20	0.53	0.77	0.14	03.76	P<0.001	72.60%

The effect of Rasana Guggulu : The patients were given *Rasna Guggulu* in the dose of 500mg twice a day for the duration of 30 days.

The effect of Rasna Guggulu (Group B) on chief complaints :

Chief Complaints	Mean Score		M.D. (X)	S.D (±)	S.E. (±)	t Value	P	Relief in %
	B.T.	A.T.						
RUKA	2.37	1.10	1.27	0.82	0.15	8.38	P<0.001	53.58%

TODA	1.97	1.03	0.94	0.82	0.15	6.17	P<0.001	47.71%
SPANDANA	1.83	0.80	1.03	0.88	0.16	6.35	P<0.001	56.82%
STAMBHA	1.80	0.63	1.13	0.97	0.17	6.37	P<0.001	65.00%
S.L.R Test	1.37	0.57	0.80	0.76	0.13	5.75	P<0.001	58.39%
TANDRA	0.73	0.27	0.46	0.62	0.11	3.79	P<0.001	63.01%
GAURAV	0.63	0.20	0.43	0.62	0.11	3.52	P<0.001	68.25%

The above table reveals that, for all the symptoms, the mean score was reduced after treatment. The difference occurred is statistically highly significant. Thus *Rasna gugulu* is effective for relieving all the symptoms.

1) Comparative analysis for symptoms:

	Cal. Value of ruka	Cal. Value of toda	Calculated Value spandan	Calculated Value stambha	Calculated Value SLR test	Calculated Value tandra	Calculated Value gaurav
Mean of Group A.	1.83	1.60	1.13	1.33	0.73	0.53	0.53
Mean of Group B	1.27	0.94	1.03	1.13	0.80	0.46	0.43
Combined S.D.	0.79	0.84	0.89	0.94	0.69	0.70	0.70
S. E.	0.14	0.15	0.16	0.17	0.12	0.13	0.13
Degrees of Freedom	58	58	58	58	58	58	58
Level of Significance	0.1%	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%
t Calculated	10.74	8.24	6.68	7.14	6.01	3.77	3.65
t table	3.23	3.23	3.23	3.23	3.23	3.23	3.23

The above table reveals that, *Matra Basti of Sahachara Taila* is more effective than *Rasana Guggulu* for relieving all the symptoms.

Discussion:

Gridhrasi is a painful condition in which the person can't sit or walk properly and that hampers his normal activity. Almost all signs

and symptoms of Gridhrasi resemble with the condition of Sciatica described in the modern texts. Vata is the Dosha responsible for the

causation of the disease and is enumerated among the Nanatamaja vyadhi of vata. The causes of Gridhrasi are not described in the classics, but the factors vitiating vata are the nidanas of Gridhrasi. Clinically it is observed that nidanas of vatavyadhis such as abhighata, bharaharana, vegavidharana, vishtambhi, ruksha, alpa ahara, dukhasaiya, dukhasana are the most common causes of the disorder. Bad postures, irregular and unwholesome dietary habits, travelling in jerky vehicle have also responsible for the disease.

Conclusion:

In Matra Basti group (Group A), out of 30 patients, after the completion of treatment, complete remission was found in 08 (26.67%) patients. 20 (66.67%) patients were marked improved and remaining 2 (6.67%) patients shows moderate improvement.

However, in Rasana guggulu group (Group B), out of 30 patients, after the completion of treatment, complete remission was found in 8 (26.67%) patients. 13 (43.33%) patients were markedly improved and 9 (30%) patient shows moderate improvement. None of the patient was found unchanged in both the groups. Statistically these results cannot be proved as results obtained in both the groups are approximately similar. But on the basis of percentage relief on sign and symptoms of the disease found in both the groups, it is obvious that overall effect of Matra-Basti (Group A) was better on the patients of Gridhrasi in comparison to Rasana guggulu group (Group A).

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**Article 5. Management of 'Manyashrit Vata' by phytotherapy-
'Panchtikta Ghrit Guggulu' – w.s.r. to cervical spondylosis.**

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Abstract₅

Manyashrit Vata is a common *Vata* predominant disorder found in all races which is clinically similar to cervical spondylosis. It is described as a degenerative condition of the cervical spine. In modern medical science, the role of Analgesics, Corticosteroids, Surgical decompression, Traction has been credited and discredited mainly because of their draw backs and limited benefits.

In this study 'Panchatikta Ghrit Guggulu'-Nasya (nasal insufflations) and Internal use (20 ml twice a day for 2 months) was prescribed. 'Panchatikta' group of herbs (Nimb, Amruta, Vrush, Patol, Nidigdika) are the best herbs (Rasayana) for bony tissues i.e. Asthi dhatu. When 'Panchtikta Ghrit Guggulu' is administered though 'Nasya', it stimulates the optic nerve fibers which helps in pacifying the supply of nutrients to the adjacent muscle fibers and cervical vertebrae, forms newer healthier tissues thus, help in arresting degenerative process and strengthens the muscles and boney tissue.

'Panchtikta Ghrit Guggulu' possess *Vata* pacifying property thus, reduces intensity of pain, stiffness and discomfort in cervical region. In this clinical research work, 50 patients of Cervical spondylosis (*Manyashrit Vata*) were randomly selected and subjective parameters like Neck pain, Painful neck movement, Neck stiffness, Tingling

numbness, weakness in upper limb and changes in radiological findings (before and after treatment were observed. The statistics thus obtained revealed significant relief in the symptoms.

Key words:

Manyasandhigata *Vata*, Cervical spondylosis, Panchtikta Ghrit Guggulu, Nasya

INTRODUCTION:

'*Manyashrit Vata*' is a very common *Vata* predominant disorder found in all races. Due to change in life style like unsuitable sitting, sleeping, standing & looking upwards or obliquely in various professions, this has emerged in society as prominent disease. Cervical spondylosis is described as a degenerative condition of the cervical spine. It leads to pain, stiffness in the joints, pain radiates into shoulders, forearm, headache, vertigo, giddiness, paraesthesia at the base of the thumb etc. which distress in routine work.

^[1] Pathology starts at inter vertebral discs and degeneration of discs results in reduction of inter vertebral disc spaces and peripheral osteophytes formation. ^[2] In modern medical science, the role of analgesics, corticosteroids, surgical decompression, traction has been credited and discredited mainly because of their draw backs and limited benefits and this disease is remaining a challenge for the research scholars.

Manyashrit Vata is a clinical condition in which structural as well as functional

derangement takes place during the process of pathogenesis when the vitiated Vayu gets localized into the cervical joints.^[3]

In Ayurvedic literature several methods of treatment like Snehana-Swedana (Local oleation and fomentation), Agnikarma (Therapeutic heat burn), Raktamokshana (Blood letting) etc. are advised for Vata disorders.^[4]

Among this 'Panchatikta' group of drugs (*Nimb, Amruta, Vrush, Patol, Nidigdika*) are the best herbs (*Rasayana*) for Asthi dhatu.^[5] Also, the formulation has *balya* and *rasayan* i.e. rejuvenating action on bony tissues thus, arrests osteoporosis and degenerative process probably by promoting calcium binding capacity of cells.

As per Ayurveda, in case of *Manyashrit Vata*, which is an 'Urdhwajatrugata' vyadhi (disease located in supra clavicular region) nearest *koshta* (passage) is 'Nasa' i.e. nasal cavity.⁵ So, vitiated *doshas* and unwanted metabolites causing pressure on end nerves inducing pain can be easily removed 'Nasa' very effectively. Similarly, 'Panchatikta Ghrit Guggulu' possess Vata pacifying property thus, reduces intensity of pain, stiffness and discomfort in cervical region.

Keeping all these points in mind the study has been conducted to evaluate Role of 'Panchatikta Ghrit Guggulu' Nasya & Internally (Oral use) in *Manyashrit Vata* w.s.r. to Cervical Spondylosis.

AIMS AND OBJECTIVE OF STUDY:

The study primarily aimed to observe the efficacy & safety of 'Panchatikta Ghrit Guggulu'- Nasya and Internal use in the management of 'Manyashrit Vata' w.s.r. to Cervical Spondylosis.

MATERIAL AND METHODS

Title of Study:

Management of 'Manyashrit Vata' by phytotherapy 'Panchatikta Ghrit Guggulu' Nasya & orally w.s.r.to Cervical Spondylosis.

Type of study- Non comparative open study

Place of Study- M.A.Podar Ayurvedic (Govt.) Hospital, Worli, Mumbai-18.

Selection of Cases- Patients were selected randomly from O.P.D. with mild to moderate grade Cervical Spondylosis.

Sample Size- 50 patients.

Drug Profile: Name of the Drug- Panchatikta Ghrit Guggulu

In 'Bhaishajya Ratnavali' we get the exact indication (reference) of 'Panchatikta Ghrit Guggulu' in treating 'Manyashrit Vata'.

तन्नाशयेद विषं अतिप्रबलं समीरं सन्ध्याथि मज्जागतं अपि अथ कुष्ठमीदक् || (भि.र.कुष्ठरोग चि.५४|२३०)

Main Ingredients of formulation:

Nimb (*Azadirachta indica*), *Amrita* (*Tinospora cordifolia*), *Vasa* (*Adhatoda vesica*), *Patol* (*Trichosanthes dioica*), *Nidigdika* (*Solanum xanthocarpum*), water purified *Guggulu* (*Commiphora mukul*) and Cow's *Ghee* (*Clarified butter*). Typical method of preparation of medicated *Ghee* is followed as per Ayurvedic text.^[6]

Route of Administration: Nasya and Internal Use (Orally)

Dosage &Time –

1. **Nasya-** 8 drops in each nostril for 7 days every sitting. 2 sittings of 7 days at one week interval between both sittings, total number of Nasya will be 14

2. **Oral use-** 20 ml twice a day (Empty stomach) for 2 months.

Criteria for Inclusion -

1. Subjects diagnosed with mild to moderate grade Cervical spondylosis on X -ray examination were selected for the study.
2. Male and Female
3. Age group 15 to 60 years

Criteria for Exclusion-

1. Pott's spine
2. Scoliosis & Kyphosis
3. Ankylosing spondylosis
4. Patient with severe CSM
5. Metastatic disease of spine
6. Patients having Rheumatoid arthritis
7. Cervical trauma & Traumatic prolapse of cervical disc
8. Diabetic neuropathy with radiculopathy
9. Multiple sclerosis

Investigations- Essential (Mandatory):

1. X- ray (Radiograph) of cervical spine AP/LAT view
2. CBC & ESR
3. Blood sugar
4. R.A. test
5. Urine R / M

Desirable (Subject to affordability & availability):

1. M.R.I. of cervical spine
2. Investigations like Serum Calcium, Serum Alkaline Phosphatase, Lipid profile & ECG where ever required.

CRITERIA FOR ASSESSMENT

An assessment was made on changes in clinical features before and after treatment. The

Scoring was given to each symptom ranging from 0 -4.

The criteria were made to assess the effect of therapy i.e. Cured: 100% relief of the complaint, no recurrence during the follow up, Markedly improved: More than 75% and less than 100% relief in the complaint, Moderately improved: More than 50% and less than 75% relief in the complaint, Mild improved -25% and less than 50% relief in the complaint and

Unchanged 0 - 25% relief in the complaints.

The obtained data on the basis of observations was subjected to statistical analysis in terms of mean, standard deviation, standard error and unpaired 't' test were conceded at the level of $p < 0.001$ as highly significant, $p < 0.05$ or $p < 0.01$ as significant, and $p < 0.10$ or $p > 0.01$ as insignificant to carry out the results.

OBSERVATIONS & RESULTS

A. SUBJECTIVE ASSESSMENT

1. AGEWISE DISTRIBUTION:-

Total 50 patients were selected for the study. Out of these 15 patients (30%) were from the age group of 15 – 30 yrs. 28 (56%) patients were from the age group of 31-45 yrs and 7 Patients (14%) were from the age group of 45 – 60 years. This statistics suggests that 'Manyashrit Vata' (Cervical spondylosis) is mostly found in middle age group i.e. between 31-45 yrs. Further, it's no more the disease of older people but also seen in younger people. The literature survey suggests that no age is bar for this disease. As the sample size is very small, no conclusion can be drawn from this data.

2. SOCIO ECONOMICAL STATUS DISTRIBUTION:-

Out of 50 patients, 16 (32%) patients were from lower economic class (income up to 5,000/month), 21(42%) patients were from middle class (income up to 5,000-10,000/month) & 13(26%) patients were from upper class (income above 10,000/month).The economical status of the patient depends on the geographical situation

of the study centre. The majority of patients visiting M.A.Podar Hospital, reside in slums & chawls of Worli (Mumbai) region with lower & middle class of socio economical status.

OCCUPATION WISE DISTRIBUTION:-

The patients registered in the study included those who indulge in service i.e. office job 21(42%), housewives 20(40%), patient's having their own business 8(16%) and 1 (2%) college student. As the Hospital is situated in the low economic & middle income group area, patient occupations are also according to their income.

4. CHRONICITY / ONSETWISE DISTRIBUTION

Out of 50 patients, amongst 19 (38%) patient's onset of disease was very short i.e. less than 3 months, 14 (28%) patients had history of illness between 3-6 months, 4 (8%) patients were suffering from 6 months to 1 year, 8 (16%) patients suffered between 1 year to 3 year and 5 (10%) patients had past history of the disease from more than 3 years.

5. PRAKRUTI (GENOMIC CONSTITUENT) WISE DISTRIBUTION:-

Out of 50 patients, 12(24%) were having *VataKaphaj Prakruti*, 34(68%) had *VataPittaj Prakruti* and 4(8%) patients had *PittaKaphaj Prakruti*. Thus, the statistics revealed that majority of the patients i.e. 34(68%) out of 50 patients had *VataPittaj*. As the disease '*Manyashrit Vata*' is a '*Vatavyadhi*', *Vata* predominance in the *Prakruti* of the patient indicates that these people were prone to acquire *Vatavyadhi*.

B. STATISTICAL ANALYSIS/OBSERVATION:-

'Neck Pain', 'Painful neck movement' and 'Neck stiffness' were the symptoms which were present in all the patients. Out of these 50 patients, neck pain was relieved up to 79.23%, in painful neck movement patients got relief up to 88.55 % and neck stiffness was relieved by 93.02%, due to this '*Panchtikta Ghrit Guggulu – Nasya and Internal use*' treatment. 'Tingling numbness' present in patients was relieved up to 62.87%. Similarly, the patients having weakness in upper limb were relieved up to 58%.

Further, patients with onset of less duration i.e. between 0 to 3 months and who didn't had Tingling numbness and Weakness in upper limb showed faster recovery. All of them got complete relief at the end of 7th day of *Nasya* treatment only. But other patients having higher grade of Tingling numbness, upper limb weakness and in whom the disease chronicity i.e. onset of disease was more than 1 year got relief on further treatment of two sittings of *nasya* along with palliative treatment . So, such patients needed a definite interval for reliving this symptom with doing recurrent or multiple *Nasya* therapy.

For this study Age, Gender, Religion, Socio economic status, occupation, Diet of the patients are the secondary aspects. They do not show very much significance in drawing conclusion, as the assessment is based on clinical findings.

GRADATION CRITERION FOR ASSESSMENT

Symptoms	Gradation Criterion				
	0	+	++	+++	++++
Neck Pain	No pain	Intermittent mild pain on neck movement	Continuous mild pain radiating to shoulder	Continuous moderate (bearable) pain radiating to	Continuous severe(non bearable) pain radiating to

				shoulder.	shoulder, upper limb & inter scapular region
Note : Mild = upto 6 hr Intermittent, Mod.= 8-12 hr, Severe= 24 hrs continues					
Neck Movement	Complete without pain	Complete with mild pain	Incomplete with mild (bearable) pain	Incomplete with moderate (bearable) pain	Severe pain with restricted movements
Neck Stiffness	No stiffness	Mild stiffness along the neck	Mild stiffness along neck & shoulder	Moderate stiffness along neck and shoulder with painful neck movements	Severe stiffness with restricted neck movements
Tingling Numbness	No numbness	Mild tingling sensation without numbness	Tingling sensation with Intermittent numbness	Continues tingling numbness to finger tips	Severe tingling numbness to entire upper limb
Weakness in upper limb	No weakness in upper limb i.e grade V muscle power	Mild weakness with grade IV muscle power	Moderate weakness with grade III muscle power	Moderate weakness with grade II muscle power	Severe weakness with grade I muscle power
Radiographic findings	Within normal limit	Early spondilotic changes but no ostephytic changes	Early spondylosis changes with osetophytic changes	Moderate spondylosis with degenerative disc changes	Severe spondylosis with PID with nerve root compression

Table 1: Assessment parameters and Gradation Criterion for assessment.

STATISTICAL ANALYSIS

Para-meter	Before Treatment			After Treatment			p value	t value	Signi-ficance	Relief %
	M	SD	SE	M	SD	SE				
Neck pain	2.6	0.66	0.093	0.54	1.04	0.146	<0.0001	18.47	Highly Significant	79.23
Neck move-ment	1.66	0.711	0.093	0.54	0.4	0.056	<0.0001	12.25	Highly Significant	88.55

Neck stiffness	1.72	1.031	0.145	0.12	0.32	0.046	<0.0001	9.748	Highly Significant	93.02
Tingling numbness	0.843	0.703	0.098	0.313	0.647	0.09	<0.0001	6.181	Highly Significant	62.87
Weakness in upper Limb	0.279	0.455	0.0631	0.117	0.325	0.045	0.0037	3.65	Significant	58.0
X-ray findings	1.294	0.944	0.132	1.294	0.944	0.132	-	-	Not significant/ Not comparable	-

Table 2: Statistical Analysis according to Paired 't' Test

DISCUSSION

The most common disease related with cervical spine occurring due to degenerative changes is Cervical spondylosis. Its prevalence is around 3 to 4 cases per 1000 people with incident rate of 83 per 100,000 populations. By the age of 50, 25-50% of people develop Cervical spondylosis and by the age of 75 years, it would be present in at least 70% of people.

Cervical spondylosis is basically a condition closely concerned with the ageing process of human being and is closely related to the intrinsic axial load imposed by the weight of the cranium life long. If not treated properly, Cervical spondylosis can be complicated by myelopathy or radiculopathy, although cervical disc prolapse, plexopathy, motor neurone disease, or other diseases can cause similar symptoms.

In this study, management of '*Manyashrit Vata*', by phytotherapy i.e. '*Panchtikta Ghrit Guggulu*' -*Nasya* in a specific position (patient lying in supine position with neck slightly flexed) along with '*Panchtikta Ghrit Guggulu*' 20 ml. twice a day, empty stomach, internally with Luke warm water for 2 months, gave definitely symptomatic relief.

Probable mechanism of action of therapy

Action of Snehan- Swedan (Pre-Nasya) procedure and Nasya Therapy:

According to the basic principles of Ayurveda, due to pre- nasya procedure, Snehan karma i.e. local oleation procedure (done over neck and shoulders), the vitiated doshas which are adherent to the srotasas i.e. channels become soft & gets displaced from its places and because of Swedan karma i.e. local fomentation, it gets liquefied & come to nearest koshta i.e. passage or cavity, from where it can be easily removed.

Similarly, Drugs administered though '*Nasya vidhi*' i.e. nasal insufflations stimulates the optic nerve fibers which helps in pacifying the supply of nutrients to the adjacent muscle fibers and cervical vertebrae, forms newer healthier tissues thus, help in arresting degenerative process and strengthens the muscles and boney tissue.

As per Ayurveda, in case of *Manyashrit Vata*, which is a '*Urdhwajatrugata*' *vyadhi* (disease located in supra clavicular region) nearest *koshtha* is '*Nasa*' i.e. nasal cavity. So vitiated *doshas* and unwanted metabolites causing pressure on end nerves inducing pain can be easily removed '*nasya*' very effectively.

Action of '*Panchtikta Ghrith Guggulu*' (Trial drug)

'Panchtikta Ghrith Guggulu' possess *Vata* pacifying property thus, reduces intensity of pain, stiffness and discomfort in cervical region. Also, the formulation has *balya* and *rasayan* i.e rejuvenating action on bony tissues thus, arrests osteo porosis and degenerative process probably by promoting calcium binding capacity of cells.

This research work will provide an effective treatment which will try to avoid the Surgery& other vulnerable consequences.

CONCLUSION:-

The present study is carried out on the 50 patients of "*Manyashrit Vata*" with '*Panchtikta Ghrith Guggulu*' *Nasya* -2 sittings of 7 days, drops in each nostril for 7 days every sitting (one week interval between both sittings) thus, total number of 14 *Nasya* adjuvant to '*Panchtikta Ghrith Guggulu*' 20 ml. twice a day, empty stomach, with Luke warm water for 2 months which proved very effective in relieving symptoms of the patients with Cervical spondylosis.

The statistical values revealed that there was significant relief (p value <0.0001) in '*Neck Pain*' (79.23%). '*Painful neck movement*' relieved significantly (p value <0.0001) up to 88.55 %. '*Neck stiffness*' in patients was relieved extremely significantly (p value <0.0001) up to 93.02%. '*Tingling numbness*' present in the patients was relieved up to 62.87% and the patients having weakness in upper limb were relieved up to 58% due to this '*Panchtikta Ghrith Guggulu – Nasya and Internal use*' treatment.

Patients with onset of less duration i.e. between 0 to 3 months and who didn't had Tingling numbness and Weakness in upper limb showed faster recovery. All of them got complete relief at the end of 7th day of *Nasya* treatment only.

The patients having higher grade of Tingling numbness, upper limb weakness and in whom the disease chronicity i.e. onset of disease was more than one year got relief on further treatment of two sittings of *nasya* along with palliative treatment . So, such patients needed a definite interval for reliving this symptom with doing recurrent or multiple *Nasya* therapy.

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**Article 6. A Clinical Study of Ashok Twak Churna in the
Management of Raktapradar**

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Abstract₆

A clinical trial was conducted on outdoor patients (i.e. O.P.D.) and indoor patients (I.P.D.) Diagnosed with Raktapradar. The patient were given an Ayurvedic drug & monitored according to protocol including clinical & Pathological parameters. The selected patients were 50 out of which 30 patients were included for experimental group and 20 patients were given placebo (i. e. control group). The criteria for selection of patients are Inclusive and Exclusive. Pts from Inclusive Criteria having excessive p/v bleeding were selected. Criteria for Assessment are Marked, Moderate and Mild. Result were noted and observed that the selected drug was effective & safe.

Key Words: *Raktapradar, Ashok Tweak Churn, p/v bleeding, vyoni vyapad*

Introduction:

Ayurveda is a science of life which tells us how to live and enjoy a good life .that is why we can say Ayurveda⁷ is originated since the origin of life .So the existence of Ayurveda is from Adimanav time. It is the natures rule that everything produced is bound to be destroyed after some time. As time passes degenerative changes occurs. So this rule is also applicable for living things. That is the life of everyone. So life of everyone bound to be destroyed after some time. In modern medicine this is called as ageing process for conservation of these degenerative changes. Ayurved is the science which tells how to live life it tells us Dinacharya. Different Vyadhis, rules of Ahar and Vihar. By following these we can live

without diseases and much trouble. This can be called as *Niramay life*. By giving *Rasayan Chikitsa* this ageing process can be postponed and healthy life can be enjoyed. Delaying ageing is the specialty of Ayurveda.

The prospect about the medical science is all medicine is derived from God and without him it cannot exist or prosper. Ayurved is one of crucial branch of the medical science. It is honorable gift from God Brahma to us.

The aim and subject of Ayurved is maintaining the health of person and not only to treating the diseases. Ayurved is the science of life which teaches us how to live an undiseased and healthy long life.

Ayurved is described in eight different branches. These are *Kaya, Bala [Kaumar], Graha, Urdhanga, Shalya, Danshtra, Jara, Vrusha, The detail study of stree-rog and prasutitantra* is described in details in *Kaumarbhrutyatantra*. This branch deals with different stree-rog, prasutitantra and different diseases of new born and child also. The Chikitsa of different diseases is given appropriately and paid perfect attention to the same diseases in different *Ayurvedic Granthas like Charak, Sushrut, Vagbhat* etc.

While considering the vyadhi.chikitsa etc. he considered the “*Stree*” as *Rajaswala* only after twelve years. The previous age is included as *Balak* that is why included in *Kaumarbhrutyatantra* only. According to modern medicine also woman for Chikitsa is considered as *Stri* from menarche to menopause only. The different diseases in this particular period are described in detail in *stree-rog*.

In Ayurvedic Granthas they have given more importance to suprajana, for this Stri should be Arogyasampanna & Vyadhirahit. For this they have prescribed the paricharya to be observed for avoiding vyadhis. So paricharya is absolutely important and it should be observed strictly. If it is not followed. She may have different stree-roga, yonivyapad etc. Considering the above mentioned things. it is necessary to pay an attention to treatment of different vyadhis in women and for this purpose the subject is being chosen "Raktrapadar" is being serious vyadhis in stree-roga today.

Now a day's Raktapradar is a major illness in the women Due to its complication like *Pandu* etc. which is a chronic disease the women becomes disabled and even sterility can be a complication. For this purpose the subject is being chosen.

MATERIALS AND METHODS

Material

Group - A (Experimental group) *Ashok Twak Churna*

Group - B (Control group) Placebo Powder

Method : 50 Patients from indoor & outdoor department as per previously stated criteria were selected. & provided *Ashok Twak Churna* with Cows Milk³ twice a daily orally yoga given below is selected with reference to *sushrut samhita*.

Contents

Ashok Twak Churna - 500 mg

Dose – 500 mg * Twice daily with *Anupan* – Cows Milk.

Duration- 3, 5 and 7 days

A. 50 Patients from indoor & outdoor department as per previously stated criteria were selected Out of 50 pts 30 pts was in Inclusive Criteria and 20 pts were in Exclusive Criteria.

As per proforma of case sheet, detailed history, clinical findings were recorded.

Signs and symptoms for assessment were as follows:

- 1.p/v bleeding.
- 2.Lower abdominal pain.
- 3.Pallor.
- 4.*Aruchi*
- 5.Excessive weight gain.
- 6.Albuminurea
- 7.Oligourea
- 8.Hypertention

Following investigation was done:

- 1.Haemogram
- 2.Urine- routine
- 3.Blood urea level, Sr. uric acid
- 4.Sr.creatinine
- 5.HIV
- 6.VDRL
- 7.USG (Obst.)
- 8.If necessary- Fundoscopy
- 9.Liver function test

Duration of Treatment

Ashok Twak Churna one gram X two times with Milk Follow-up was taken on 3rd, 5th & 7th day.

Criteria for Assessment:

1. Marked Result p/v Bleeding Control within 3 days.
2. Moderate Result p/v bleeding control within 5 days.
3. Mild Result p/v bleeding control within 7 days.

CLINICAL STUDY:

COMBINE STUDY (i.e.pts. in experimental group plus pts in control group)

Table: 1 *Raktapradar* According to Married and Unmarried.

Category	No. of Patient	Percentage
Married	42	84
Unmarried	8	16

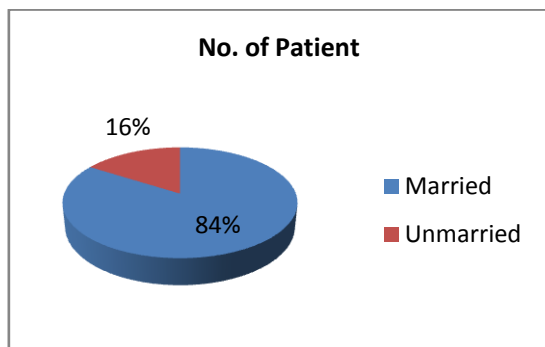


Table: 2 Raktapradar considering Urban & Rural Area

Category	No. of Patient	Percentage
Urban	34	68
Rural	16	32

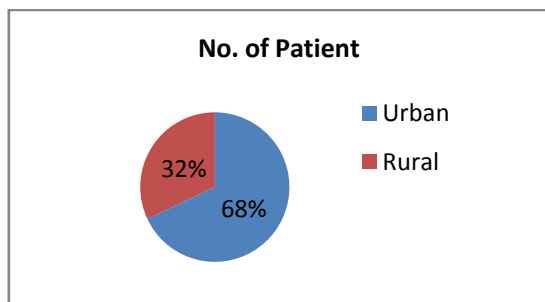


Table: 3 Raktapradar considering age of the patients.

Age	No. of Patient	Percentage
Upton 20 yrs	06	12
21 to 30 yrs	16	32
31 to 40 yrs	23	46
45 to 50 yrs	05	10

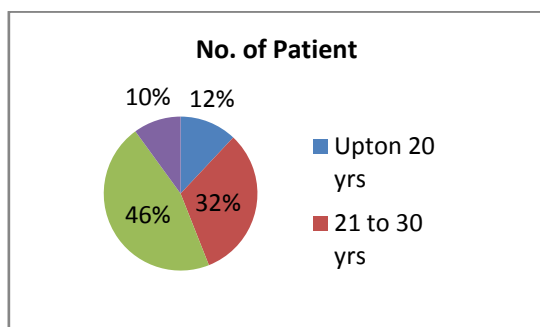


Table: 4 Raktapradar Considering Parity of the patients.

Parity	No. of Patient	percentage
Nullipara	05	10
Primipara (having 1 child)	02	04
2 nd Para (having 2 child)	09	18
3 rd Para (having 3 child)	14	28
Multi Para (4 & above)	20	40

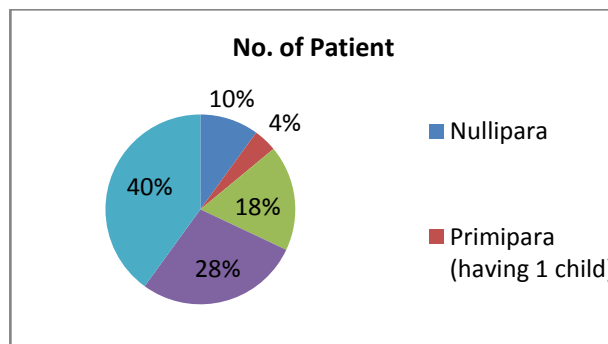
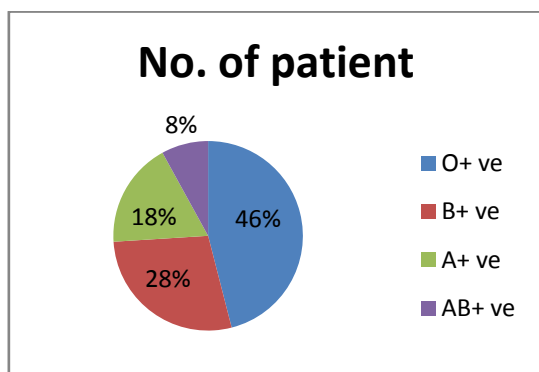


Table 5. Raktapradar considering Blood group of the patients.

Bl. Group	No. of patient	Percentage
O+ ve	23	46
B+ ve	14	28
A+ ve	09	18
AB+ ve	04	08



OBSERVATION AND DISCUSSION

- At this study of *Raktapradar* it has been found that various Granthakar have described the
- *Raktapradar vyadhi* in detail.
- After studying different samhitas the main Chikitsa for *Raktapradar* is *Raktastambhan* as *sakshat raktadatu* is lost per vaginally so it is to be preserved. For *raktastambhan* and *raktasangran* different Acharyas have described dravyas with their various kalpas. *Ashok Twak Churna* is drug as a whole has 11 a *raktarodhak*. *shothahar*. *Garbhashy Balya* properties and Cows Milk is best rejuenating (*raasayana*) it cures *raktapitta* emaciation, giddiness, intoxication, chronic fever.
- After studying modern aspect we may conclude that the disease *Raktapradar* is analogous to dysfunctional uterine bleeding for D.U.B. They have told the treatment which is totally hormonal. As long as the treatment is continued, the disease is controlled. But it again recurs when hormonal treatment is discontinued and finally Hysterectomy is advised. So there is no perfect medical treatment for this troublesome disease¹⁰.
- We observed that these types of patients are very common so there was no problem for selecting the cases.

- Total patient selected for study are 50 Out of 50.20 patients were selected for control Group & 30 patients for Experimental Group.
- Out of 50 patients .the 42 patients were married and 8 patients' were unmarried. So we can say that *Raktapradar* is more commonly found in married women but unmarried and menopausal age is no bar for *Raktapradar*,
- Out of 50 patients from urban Area's were 34 and Patients from Rural area were 16 so it is to be observed that the women from urban area suffers more from this disease because they consults the doctor immediately while women from rural area perhaps do not consult doctor unless it is severe one. To *Raktapradar*.
- Out of 50 patients after considering age of the patients it is observed that *Raktapradar* commonly found in the age group 31 to 40 years and nest it is found in the age group 21 to 30 years.
- We may conclude that chances of *Raktapradar* are more as parity increase. It is more in multiparous.
- After considering the blood group of each patient we found that *Raktapradar* is commonly found in O +ve group. It is also scientifically proved that O +ve blood group persons are more susceptible to Peptic ulcer is more found in O +ve group of the patients.
- The observation and discussion according to main symptoms and their result i.e. Marked, Moderate and Mild in 50 patients is as follows.
- P/v Bleeding; All 50 patients were of p/v bleeding i.e. *raktapradar*. We found that Maximum *raktastambhak* effect was seen by using *Ashok Twak Churna* on Experimental Group and in Control Group pts no result was found

in 17 pts. Though it was not totally cured in some patients but the quantity of p/v bleeding was lesser as seen in moderate and mild result.

- Associated symptom lower abdominal pain out of 30 pts in experimental group, 6 pts are absent. 13 pts (i.e.43.33%) have got marked result, 9pts (i.e.30%) pts gives moderate result and 2 pts have got mild result. her was good relief in lower abdominal pain because p/v bleeding was lesser by use of *Ashok Twak Churna*. But in control group pts Marked and Moderate result was found in 1 pts each, 3 pts got Mild result ,no result was found in 8 pts so we observed that Placebo powder was not effective.
- In experimental group-palloriness was present in 28 pts out of 30 pts we found that palloriness was relieved as p/v bleeding was less. In control group palloriness was present in 15 pts out of 20 pts. We found that very less effect in these pts.
- All 50 pts was having associated symptom bodyache decreases in severity. In experimental group, we found that 6 pts (20%) have got marked result, 14 pts (i.e.46.67%) has got moderate and 10 pts (33.33%) has got mild result. So in maximum pts of bodyache was relieved through in some pts it was not totally relieved its severity was decreased. In control group pts Marked & Moderate result was found in 1 pts each, 2 pts gives Mild result and no result was found in 16 pts we observed that placebo powder gives very less effect.
- In Experimental group out of 30 pts 27 pts was having complaint of backache. We found that 8pts(i.e.26.67%)have got marked result, 12 pts(i.e.40%)have got moderate and 7pts (i.e.23.33%)had got

mild result. we found that in maximum pts backache was relieved. In control group pts out of 20 pts 17 pts was having backache. we found that 1 pt. have got Marked, 2 pts have got moderate and 1 pt. have got Mild and no result was found in 13 pts. we observed that placebo drug was not effective

- Out of 30 pts in experimental group 22 pts was having Giddiness. We found that 16 pts (i.e.53.33%) have got marked, 4 pts (i.e.13.33%) got moderate and 2 pts (i.e.6.67%) gives mild result. so there was maximum relief in Giddiness. In control group 14 pts was having Giddiness. We found that 1 pts have Moderate and 3 have got Mild result, NoResult was found in 10 pts. We observed that placebo drug was not effective.
- Out of 30 pts in experimental group, 20 pts was having Anorexia. we found that 12 pts (i.e.40%) have got marked and in 6 pts (i.e.20%) have got moderate, in 2 pts (i.e.6.67%) pts gives mild result. there was maximum relief in symptom Anorexia in some patients its intensity was decreased. In control group 15 pts was having Anorexia 1 pts gives Moderate, 3 pts have got Mild and 10 pts had no result using placebo drug.
- Vomiting was present in 3 patients in experimental group; there was 100% relief in this symptom also. In control group Vomiting was absent.

CONCLUSION:

1. *Raktapradar* is mainly found in housewives and married women.
2. *Raktapradar* is mainly found between the age group of 31 to 40 years.
3. We may conclude that chances of *Raktapradar* are more as parity increase. It is more in multi-parous.

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4. From the socio economic view, *Ashok Twak Churna* is economically easy to prepare, easy to take and was found effective in acute condition also.
5. The result of the clinical trails is a proof to say that *Ashok Twak Churna* has definite role in the treatment of *Raktapradar*.
6. Pervaginal bleeding, bodyache, backache which are the main symptoms of *Raktapradar* are treated well with the use of *Ashok Twak Churna* for the specific period.
7. From the above discussion we can conclude that *Ashok Twak Churna* shows its maximum positive effect in the disease. *Raktapradar* is described in different Granthas A wide scope for further studies of the same drug on the same disease is found even today.

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More Sunil S**Cite this article****A Clinical Study of Ashok Twak Churna in the Management of Raktapradar***Ayurlog: National Journal of Research in Ayurved Science-2013; 1(4): 29-34*

**Article 7. The Clinical efficacy of Adrakadi quath
sidha dugdha in the management of Arsha (Hemorrhoids)**

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Abstract 7

Arsha occurs mainly due to the vitiation of Agni which leads to Malavasthambha & vimarga gamana of Apan Vayu. So obviously the drug which has capacity to streamline the vitiated Agni & regulate the Anulomagati of Apana Vayu, will be the drug of choice in treating Arsha. Adrakadi quath sidha dugdha possesses Ushna, Tikshna Dipana, Pachana & Vatanulomana property.

Envisaging these points an attempt has been put forth to evaluate the efficacy of “Adrakadi quath sidha dugdha” in patients suffering from Arsha & the subject entitled “ The clinical study of Adrakadi quath sidha dugdha in the management of Arsha W.S.R. to Hemorrhoids ”¹ has been selected for study. Total 60 patients of Arsha were registered for the present study. The selected patients were distributed randomly into two groups. 30 patients of group A were treated with Adrakadi quath sidha dugdha 40 ml twice a day with jala, after food for 15 days. 30 patients of group B were treated with Ashwagandha choorna 2 gm twice a day with jala for 15 days.

The observations and results obtained from clinical study have been analysed statistically to evaluate the significance of the curative properties of therapies.

KEY WORDS:- Arsha, Adrak, Vayu, Jallouka, Sarkitta

INTRODUCTION

Acharya Sushruta described various anorectal diseases which are more or less resemble with the diseases described in modern proctology.

In with hectic schedule major changes in life style leads to anorectal diseases. The fast food culture has worsened the condition because these foods are devoid of fibre causes constipation. Arsha (Haemorrhoids) is one of very common in society.

According to WHO 40% of peoples worldwide are suffer from piles. In India approximately 80% of the sufferers are in age group of 21 to 50 yrs. It is common in both men & women (pregnant women). Also commonly seen in the people who work many hours in sitting position such as drivers, tailors, shopkeeper, clerk etc. once these disorders get root in any person, the vicious cycle of events is started because one condition may give rise to another.

Modern conservative therapies include non-surgical modalities like injection sclerotherapy, cryotherapy, manual dilatation of anus, electro coagulation, rubber band ligation, stapler, etc but these modalities requires many specialized equipments & assume associated risks. Fortunately only 10% of patients have symptoms severe enough to require surgery so in concern with all these condition a good Ayurvedic conservative therapy is required which include diet, life style & medicine.

In Ayurveda numbers of medicinal yoga for the management of Arsha are mentioned. It has been the subject of study of many research scholars in previous years & most of them had studied on ksharkarma, ksharsutra, Jalaukawacharan, different medicinal yoga orally or as local application. Arsha occurs mainly due to the vitiation of Agni which leads to Malavasthambha & vimarga gamana of Apan Vayu. So obviously the drug which

has capacity to streamline the vitiated Agni & regulate the Anulomagati of Apana Vayu, will be the drug of choice in Arsha. Adrakadi quath sidha dugdha possesses Ushna, Tikshna Dipana, Pachana & Vatanulomana property.³ Envisaging these points an attempt has been made to evaluate the efficacy of “Adrakadi quath sidha dugdha” in Arsha.

MATERIALS AND METHODS

Selection criteria

The of Arsha and having complete history of disease along with 1st to 4th degree between the age group of 20 to 60 years irrespective of sex, religion, occupation, marital status were included in this study.

Exclusion Criteria⁷

The following patients were excluded from study.

- a) CA Anus and Rectum
- b) Perianal Abscess
- c) Piles with Fissure
- d) Piles with Fistula
- e) Prolapsed Rectum
- f) Crohn's disease
- g) Ulcerative colitis
- h) Proctitis
- i) Rectal polyp
- j) Condyloma
- k) Anal epithelioma
- l) HIV & Hepatitis

Plan of study

In all the patients, general systemic and local examinations were carried out. The local examination was done by rectal inspection, palpation per rectal digital examination and after pain relief proctoscopic examination. The finding were recorded in research proforma and diagnosis was made⁷.

1. INSPECTION :-

- i) Perianal skin - Colour / healthy / unhealthy / Abnormal opening
- ii) Anal verge - Fissure / Sentinal tag / Redundant fold
- iii) Number of external piles, if present.
- iv) On straining pile masses comes out of orifice : Yes / No.

2. PALPATION :-

1. Tenderness
2. Swelling.
3. Indurations

3. Per Rectal Examination :-

1. Anal Spasm
2. Feeling of mass / polyp / growth
3. Sphincter tone.

4. Proctoscopic Examination :-

The proctoscopic examination includes :

- Site - Internal / External / Internoexternal
- Size - a) <1/2cm b) 1/2-1 cm c) 1-1 1/2 cm d) 1 1/2-2 cm
- Shape - a) Karpasphala b) Jalaukamukh c) Gostana
- Nyagrodha praroh
- Position - Primary – 3' 0 / 7' 0 / 11' o clock
- Base - Broad based / Narrow based
- Colour - a) Reddish, b) Bluish, c) Whitish, d) Mixed.

Laboratory investigations :-

- Blood investigations – Hb% , TLC , DLC , ESR , BSL , BT , CT
- Urine pathological examination – Microscopic and Routine.

- Stool pathological examination - Microscopic and Routine (As per requirement)

Treatment schedule

A total of 60 patients of Arsha were registered for the present study. The selected patients were distributed randomly into two groups

Group A : 30 patients were treated with Adrakadi quath sidha dugdha 40 ml twice a day with plane water after food for 15 days.

Group B : 30 patients were treated with Ashwagandha choorna 2 gm twice a day with plane water for 15 days.

Supportive treatment (In both groups)

Dos-Regular strict diet & yoga, warm water sit'z bath etc.

Don'ts- Liquer,spicy food,night out etc.

Follow up study :-

The patients were treated on OPD basis and follow up every seven days up to 30 days.

Criteria of Assessment

The treatment effect has assessed on the basis of the relief of major symptoms of the disease. This has done at a period of every five days scoring pattern was adopted to determine the relief in the cardinal symptoms².

1) Gudgat Rakta strava (Bleeding)

Grade Symptoms

- 0 Absent
- 1 Bleeding along with defecation as streak on stool
- 2 2-10 drops after defecation.
- 3 Profuse bleeding.

2) Gudgat kandu (Itching)

Grade Symptoms

- 0 Absent
- 1 Itching remains for 1 hour after defecation.

2 Itching remains for 1-5 hours after defecation.

3 Itching remains for whole day.

3. Gudpida (Pain)

Grade Symptoms

- 0 Absent
- 1 Pain remains for 1 hour after defecation
- 2 Pain remains for 1-5 hours after defecation.
- 3 Pain remains for whole day.

4) Shotha (swelling)

Grade Symptoms

- 0 No swelling
- 1 Minimal swelling with venous prominence
- 2 Venous prominence with mucosal thickening
- 3 Venous prominence with mucosal thickening and prolapsed.

5) Agnimandya (Loss of Appetite)

Grade Symptoms

- 0 Normal feeling of hunger with uncoated tongue
- 1 Indigestion of heavy food
- 2 Indigestion of normal food with heaviness in abdomen.
- 3 Indigestion of all kinds of food and heaviness and flatulence constantly.

1) Malavstambha (Constipation)

Grade Symptoms

- 0 No Malavstambha
- 1 Evacuation of bowel after 2 days.
- 2 Evacuation of bowel after 3-4 days.
- 3 Evacuation of bowel after taking drastic purgatives.

Criteria for overall assessment of therapy:

The obtained results are presented in the following way –

- Cured - More than 75 %

- | | | | | | |
|------------|---|--------------|-------------|---|------------|
| • Marked | - | 50 % to 75 % | • Incurable | - | Below 25 % |
| • Improved | - | 25 % to 50 % | | | |

Table No1. : Cardinal symptoms of Arsha.

Sr. No.	Symptoms	No. of patients		Total	Percentage
		Group A	Group B		
1	Gudgat Raktastrava	27 (90%)	25 (83.33%)	52	86.66%
2	Gudgat Kandu	26 (86.66%)	26 (86.66%)	52	86.66%
3	Gudapida	23 (76.66%)	25 (83.33%)	48	80%
4	Shotha	30 (100%)	30 (100%)	60	100%
5	Agnimandya	30 (100%)	25 (86.66%)	56	93.33%
6	Malavshambha	30 (100%)	30 (100%)	60	100%

Table no.1 shows that maximum number of patients have suffered from shotha and Malavastambha i.e. 60 (100%) followed by Agnimandya 56(93.33%). Then next major symptom found to be Gudgat Kandu and Gudgat Raktastrava in 52-52 patients i.e. in 86.66%. Gudpida were found in 48 (80%) & Gudgat Daha were found in 42 (70%) patients.

EFFECT OF THERAPIES

The effect of Therapies has been presented as follow.

Paired 't' Test

Paired 't' test is used to work out mean reduction between two groups before and after treatment⁶.

Table 2 : Effect on symptoms in Group A and Group B.

Sr. No.	Symptom	Group A	Group B	Sr. No.	Symptom	Group A	Group B
1	Gudgata Raktastrava	1.533	0.058	26.28***	0.066	0.014	4.46***
2	Gudgata kandu	0.866	0.034	25.44***	0.066	0.0121	5.47**
3	Gudgata pida	1.033	0.0421	24.49***	0.033	0.0136	2.446*
4	Shotha	0.866	0.034	25.44***	0.133	0.0172	7.74***
5	Agnimandya	1.166	0.042	27.73***	0.1	0.0136	7.34***
6	Malava-stambha	1.666	0.0582	28.63***	0.433	0.0234	18.47***

*p<0.05, **P<0.01, ***P<0.001.

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In patients of group of-A treated with trial drug Adrakadi quatha sidha dugdha shown highly significant results in all symptoms while in group-B highly significant relief was

found in Gudgat raktastrava, Shotha, Agnimandya and Malava-sthambha. In group-B significant relief was seen in Gudagat pida & ksndu table no.2

Table 3 :Persentile relief in both groups:

In following tables howed the percentage relief in symptoms of Arsha in both groups .

Sr. No.	Symptoms	Percentage of relief in Group A	Percentage of relief in Group B
1.	Gudgata Raktastrava	85.18	3.92
2.	Gudpida	79.48	2.56
3.	Shotha	41.93	6.77
4.	Agnimandya	81.39	6.12
5.	Malavastambha	78.12	21.66

'Z' Test : It is large sample test as the total sample size is greater than 30. The symptom wise comparison between group A and group B the before and after treatment of study was made using 'z' test. The mean level along with their SD, combined SE and Z values with significance are presented in Table no.4

Table 4. Comparison between symptoms of two groups

Sr No	Symptoms	Group A		Group B		Combined SE	Z-cal
		AM1	SD1	AM2	SD2		
1	Gudgata Raktastrava	0.266	0.520	1.633	0.927	0.132	10.32**
2.	Gudgata Kandu	0.4	0.563	1.33	0.802	0.124	7.47**
3.	Gudpida	0.266	0.449	1.266	0.784	0.1128	8.860
4.	Shotha	1.2	0.664	1.833	0.647	0.119	5.280**
5.	Agnimandya	0.266	0.449	1.533	0.860	0.119	10.57**
6.	Malavastambha	0.466	0.5074	1.566	0.6789	0.1084	10.14**

*p<0.05, **P<0.01 .

While comparing both the groups the results were found different in two groups i.e. in experimental group the results were more significant than the control group.

Table No. 5: Overall effect of therapy

The collective results in all symptoms were interpreted in the term of percentage and final results were shown as follows.

Sr. No.	Relief effect	No. of patients	
		Group A	Group B
1	Cured	0 (0%)	0 (0%)
2	Markedly Improved	7 (23.33)	0 (0%)
3	Moderately Improved	23 (76.66)	0 (0%)
4	Not improved	0 (0%)	30 (100%)

In group A, 23.33% patients had marked improvement, 76.66% patients had moderate improvement. There were no patients observed in cured and No improvement group.

DISCUSSION

Table no.1,2,3,4 shows that experimental group results were more significant than the control group.

Trial drugs has following properties

1) Adrak (*Zingiber officinale*),

Uses: Agnideepan, Aampachan, Vatanuloman, Shoolprashaman

Hypoglycemic action, appetizer

2) Punarnava(*Boerhavia diffusa*),

Uses: Deepan, Mutral, Shothghna, Vayasthapan, Rasayana, Diuresis

3) Chitrak(*Plumbago zeylanica*)

Uses: deepan, Pachan, Truptighna, Lekhana, Bhedan, Arshoghna and Anti-implantation, radio sensitizing effect on oral CA.

4) Milk (cow)

Use: as good anupan.

All above drugs are agnideepak (appetizer), malavastambhak nashak (relives constipation), arshogna (anti – piles), shothagna (anti-inflammatory), amapachak (digestive) so it breaks pathology and improve digestive enzymes & regulates G.I. disturbances⁴.

Discussion on Probable mode of action of Adrakadi quath sidha dugdha.

Agnimandya is the main cause of Arsha. Agnimandya affects sar kitta vivechan resulting into Asar sarbhag instead of sar sarbhag due to which production of Ama increases and such continuous production of Ama leads to malasanchaya. This is Apakwa maladhikya due to improper sarkitta vivechan, which is in large quantity, is loaded in colon for long duration. As it is more in quantity, decreases Propulsion of Feces. Absorption of fluids from faeces occurs in large quantity resulting in shushka male (hard stool). To pass such shushka mala, patients undergoes pravahana (straining), during defaecation. There is vitiation of Apana vayu due to strening during defaecation gives rise to kha-vaigunya at purishavaha strotas, Finally resulting in dilated rectal plexus and mamsankur (Arsha) utpatti occurs.

On other hand due to improper **sar kitta vivechan** and formation of **Asarbhag** it hampers process of Dhatu formation, which results into Dhatu daurbalya. Dhatu Dourbalya, in presence of Dosha sanchaya and **maladhikya** associated with straining gives rise to Arsha⁵.

So from above pathological process most of the Ayurvedic texts gives more concentration for deepana and digestion of Ama i.e. Pachana chikitsa respectively effects on mandagni and Ama. Thus both chikitsa brakes the pathological process of Arsha and ultimately patients get relief from signs and symptoms of Arsha.

From above discussion we can sum up to that Adrakadi quath sidha dugdha formulation relief symptoms of piles i.e. regulates bowel habit, improving digestion, control of pain, Itching and shrinkage of pile mass. In this way Adrakadi quath sidha dugdha formulation in management of piles acts as a multi dimensional approach by providing relief from symptoms in the patients suffering from piles.

CONCLUSION

In Adrakadi quath sidha dugdha, maximum ingredients are having ushna, Tikshana, dipana, Pachana, Vedanasthapan and shothahara properties. By virtue

of these properties it has vedanahar, Agnidipak, Shothahar, Kandughna, and Anulomak.

Treatment of Arsha with Adrakadi quath sidha dugdha breaks samprapti of Arsha as it increases Agni with Ushna, Tikshna, Deepana, Pachana properties and relieves malavsthambha with its Anulomana property. Adrakadi quath sidha dugdha formulation acts as a multidimensional approach i.e. Effective in Gudgat daha, effective to reduce Gudpida, relief from Malavsthambha, effective in shotha, Agnimandya.

Adrakadi quath sidha dugdha is very useful to treat the arsha in earliar stage. Finaly the study can be concluded that Adrakadi quath sidha dugdha is effective in treatment of 1st and 2nd degree of Arsha (Haemorrhoids).

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Article 8. Practical view of “Tiktakshir Basti”

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Abstract 8

Tiktakshir basti is becoming more and more popular and effective among today's Ayurvedic physicians... New Ayurvedic vaidyas are using this basti in their day to day Ayurvedic practice. No ayurvedic text has described the *ghatak drayas*, indications, *praman* of this basti in details. Charak, a renowned physician of Ayurveda has only commented on this basti in the treatment of *Asthivaha strotas*.

Key Words: *Basti,, Tikta,, Kshir, Ayurveda.*

Introduction:

The term *Basti* is given due to the administration of medicated drugs into the rectum by means of urinary bladder of various animals like cow, deer, goat, and sheep or due to the stay of administrated drug near by urinary bladder for some time.¹

It is a general notion that enema is administered with the purpose of evacuating the bowel. But in Ayurveda, this procedure is prescribed as a route of drug administration. In a nut shell the basti therapy is stated as the best procedure, easily administered, well accepted by the patients, as well as very effective.

No other elimination therapy is equal to basti because it expels the vitiated doshas rapidly and easily from body⁵

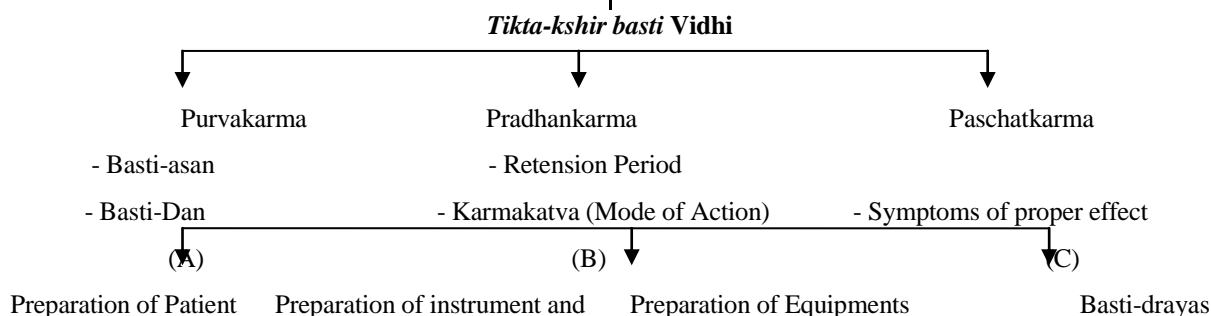
Though emesis and purgation eliminate the vitiated doshas from the body .But the drugs used in those therapies contains *katuras*, *tiktaras*, *ushna*, *tikshana gunas* which can not be taken easily by the children and old person's .But basti can be given in all age groups without any hesitation⁵

Tiktakshir Basti is one of the types of basti. It shows positive results in many vata-predominant diseases. So it must studied thoroughly and elaborate the practical view of *Tiktakshir Basti* as described in³.

Definition : The enema by using bitter tasted *rasa dravya sidha kshir* (decoction with milk) accompanied with *ghrut* and administered by slow drip method is said to be “*Tikta-ksheer basti*”.

Types: This basti contains *sidha ksheer* (decoction with milk) Hence could be called as ‘*Asthapana basti*’.¹²

Retention period is 3yam (12 hrs). So it may call as “*Anuvasan basti*” also⁶



Preparation of patient

Indications

- *Asthivaha-srotos dushti lakshanas*³
- *Majja vaha-Srotas dushti lakshanas*⁻³
- It is useful in all types of vertebral diseases like spondylitis, slipdisc, lumbar and cervical spondylosis.
- Dant is the sub-element of asthi. So this basti is indicated for all types of dental problems.
- Hairs are mala of asthi¹⁰ So this basti is also indicated for hair problems-like greying of hair, alopecia etc
- There is an asthrayasthrayi bhav between asthi, majja and vasta .So Tiktakshir basti is indicated for all types of Vata-yadhis like kati prushthashul, manyashul, sandhi vata vatarakta etc.
- *Vata* is naturally vitiated in old age. So this basti also cures all type of geriatric problems-bhram, dourabalya etc.
- It also beneficial for *majjavaha, manovaha srotas*.
- It helps to increase the height. (In males 15-22 yrs, In females – 11 to 16 yrs)
- It cures/decreases the side-effects which are caused due to long-term use of steroids.
- Thus, Tiktakshir-basti is indicated to different diseases. Selection of basti-drayas, matra, settings, kala etc. are depends on vyadhi-avastha i.e *ashukari, chirakari*.

Contra-indications

All the samavasthas and vata-kapha dushta janya vyadhis are contra-indicated for Tika-Kshir-basti.

Patient's Preparation

Indicated patients are selected and examined. Also on prior day, *anuvasan-basti* is given to him.

On the day of treatment, local massage and fomentation is given to the patient as per indicated medicines. Also he is advised to eat ¼ of his regular light diet⁴

Preparation of instrument and equipments.

1. For slow-drip, *Tikta-kshirbasti* is given with plastic syringe without piston, but with simple rubber Catheter.
2. Also, *Tiktakshirbasti* may be given with empty saline bottle attached with infusion tube and simple rubber catheter. By this method, it is possible to control the speed of basti with regulator.

Preparation of Basti-draya

i. Basic Drayas –

- *Tikta-rasatmak Drayas (in bharad form)* e.g. *Tinospora, Corditolia, Acoras Calamus* etc.
- Cow-milk
- *Mahatikta-ghrut*
- Honey

ii. Method of preparation ²

Tikta-rasatmaka drayas are selected as described in Charaka's *Tiktakandha*³ some of examples *Azadirachta Indica, Tinospora Cordifolia*. These drayas are taken 10 to 20 Gms in bharad form and decoction with milk is done. By stirring this kshir is use. *Mahatiktaghrut* 60 ml is taken. Honey 20 to 30 ml is added and rock salt 2to5gms are taken if necessary. Firstly honey, rocksalt and ghrut are mixed and emulsion is form. Lastly decoction with milk is added.¹

iii. Basti Praman

In adult: 150-200 ml

In children: 80-100 ml

Pradhankarma

a. Basti Asan

Tiktakshir basti is given to patient lying in *vama-parshwa position* which means in left lateral position. Left Leg should be straight & right leg should be bent across the knee.⁹

b. Basti-Dan

Basti-draya as prepared above is administered through anus by slow-drip method. Also it is allow pushing the draya slowly within 20 to 30 min.

c. Kala or Setting

It depends on the vyadhi-avastha. Firstly anuvasan is given⁹, and then tikta kshir-basti is given, continuously for atleast 8 to 30 days. Lastly anuvasan basti is given again.

Symptoms of proper effect⁷ Feeling of lightness of the body.

- Proper taste in the food.
- Increase in the power of digestion.
- Feeling of lightness in the intestines.
- Remittance of the illness.
- Healthy feeling.
- Increase in the physical strength.

Paschatkarma Retension Period

In most of the cases the patient excretes the medicines within few minutes of administration of basti. Therapist should wait for the evacuation for a maximum period of 48 min after the administration of the basti. If the basti drug does not come out by this period every effort should be made to evacuate the bowel. If the medicines administered is retained for more than the prescribed period it is harmful. Also delay in evacuation may cause distension of abdomen, abdominal pain and pain while passing the urine and discomfort in the chest.⁸

Karmukatva (Mode of action)

Combination of the herbs in liquid form is administered through the rectal route in the procedure of basti therapy. In *Tiktakshir Basti*, *tiktarasatmak dravyas* cooked in milk are used. As *vata* dosha has predominant role in the pathogenesis of any disease and this *vata* dosha alone is capable of mobilising pathological accumulation of the dosha from the periphery into the *pakvashaya*, where basti get absorbed⁵.

Tiktarasa involves akash and vayu mahaboot. Akash and vayu mahaboot dominant

mahaboot dhatu are -asthi and majja. Hence tikta-rasa acts on asthi and majja dhatu. Tikta-ksheer basti acts on Asthi-majjavaha stotodushti. Basti gets absorbed in the pakvashaya. Purishdhara kala is involved in pakvashaya. Purishdhara kala means asthidhara kala¹¹ Tiktakshir basti's action is on asthidhara kala & asthivaha strotas¹² in this way, tiktashir basti is very effective in chronic stage. But this basti should be administered by slow drip method only So that it would be more efficacious & result-oriented.

Conclusion:

- *Basti* is the best elimination therapy as vitiated doshas are rapidly and easily expels from the body.
- *Tiktakshir Basti* is effective and result-oriented especially for *vata*-dominant diseases.
- *Tiktakshir Basti* is the best procedure, easily administered, well-accepted by the children and old persons, as well as it is very effective.

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Practical view of “*Tiktakshir Basti*”*Ayurlog: National Journal of Research in Ayurved Science-2013; 1(4): 42-45*

Article 9. Elaadi Choorna in Tamakashwas with Koshna Jal

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Abstract

In this clinical study the efficacy of *Elaadi choorna* in *tamak shwas*. We have studied patients of different age groups from 16-60 years of age and of both sex i.e. male and female. Also we have studied the socio-economical status of the patients & it is observed this disease is present in all economical groups. It is found in more patients who are working in highly polluted areas & living in wet and cool areas. The patients of this disease are found in both married and unmarried peoples. Family history is also one of the important factors. This disease is found in patients having both type of diet. We have studied this disease with various signs and symptoms with *ellaadi choorna* and conducted double blind controlled study and results are satisfactory. Many symptoms are mark ably reduced and it is found that the drug *elaadi choorna* is effective in *tamak shwasa*.

Keywords: *Tamakshwasa, Elaadi choorna, Grahani Vyadhi.*

INTRODUCTION:-

Life of Human beings is mainly runs on three "B's". One BRAIN, second BEAT and third last but not least BREATH i.e. *Shwasan*. In a day one man breaths 21600 times unknowingly. *Aacharya Sharangadhara* has explained process of *Shwasan*, that body takes *AMBAR PIYUSHA* i.e. Oxygen inside which helps to held *DEHA* and *JATHAR AGNI*. This shows us *SHWASAN* is the one of the MOST Important WHEEL of LIFE⁽⁷⁾

AYURVEDA is science of life which described the favourable and Unfavourable to life. If people doesn't follow the rules described in Ayurveda it leads to several pathogenesis which ultimately produces different disorders. *Tamaka Shwasa* is one of the such disorder which caused by *asatmya sevan*.(Unwholesome practise)⁽¹⁾

Asthma is one of the most common chronic diseases globally and currently affects ~300 million people. The prevalence of asthma has risen in affluent countries over the last 30 years but now appears to have stabilized, with ~10–12% of adults and 15% of children affected by the disease. In developing countries where the prevalence of asthma had been much lower, there is a rising incidence that appears to be associated with increased urbanization⁽⁸⁾

In today's mechanical era as man goes for more and more comfortable, easy and fast life, he is suffering from more and more health issues. Due to industrialization, increased population, pollution, global warming, unavoidable allergic agents, habits such as cigarette smoking are more prone to develop allergic respiratory illness. One of such respiratory disease is nothing but *SHWASA VYADHI*⁽¹⁾

A wide description about *Shwasa Vyadhi* is obtained in *Bruhata Trayee (Charak Samhita, Shusruth Samhita, Vagbhata Samhita)* and *Laghu Trayee (Madhavnidan, Yogaratnakar, and Bhavprakash)*. Ayurveda classifies any irregularity in INTENSITY, FREQUENCY & RHYTHM of NORMAL RESPIRATORY process as *SHWASA*.^(2,6,2)

Though lot of research work has been done in Ayurveda and other pathy, still there is not satisfactory result in current sciences for *Tamaka Shwasa*. Hence many patient of *Tamaka Shwasa* are reported in day to day practice. So emphasis will be made to find out easy method to cure the disease *Tamaka Shwasa* by using cheap & easily available drug such as *Elaadi Choorna*.⁽¹⁾

MATERIALS & METHODS:

We have selected patients for this project from O.P.D and I.P.D of local hospital and camps organized for this disease. Inclusive criteria for selection of the patients were- patients must be between age group 16-60 years and should not be suffering from any life threatening disease. From both sex groups patients were selected and were diagnosed with *Tamak shwasa* having classical signs and symptoms of this disease. We have excluded patients below 16 years and above 60 years of age and other chronic respiratory conditions like Tuberculosis, Carcinoma, Bronchitis, Emphysima etc.⁽⁸⁾ Also we have excluded patients having serious asthmatic conditions and patients who need emergency treatment. In this study we have studied the following symptoms: *Shiras hula*(headache), *urashula*(chest pains), *parshwashula*(auxiliary pains), *ghughuram*(rahels), *kas*(cough), *aruchi*(loss of taste), *pipasa*(thirst), *moha*(confusion), *shwas kashtata*(dyspnea), *vega*(respiratory rate), frequency of attack.⁽¹⁾ We have done

investigation of all patients like X ray chest, Haemogram etc. Identification of drug has done by experts of *Dravya guna* department of L.R.P. Ayurved Medical College, Islampur. Authentification and standardization of drug is done at Pharmacy of L.R.P. Ayurved Medical College, Islampur. *Elaadi choorna* is having following contents *Elaa, tmal pattra, shunti, sugandhi vaala, khasa, pipalli, bharangi, tulsi, agru, chandan, khand*.^(2,1)

REVIEW OF LITERATURE:-

Detail information will be collected from various Ayurvedic Samhitas, modern texts, journals & research papers & scientific networks.

AIMS & OBJECTIVES:-

1. To study the efficacy of *Elaadi Choorna* In *Tamaka Shwasa*⁽¹⁾
2. To study the mode of action of the *Elaadi Choorna*.⁽²⁾
3. To assess any other benefits.
4. To study the roll of *Elaadi Choorna* in increased Eosinophil Count.⁽⁸⁾

MATERIALS AND METHODS

SELECTION OF DRUG

Identification, Authentification, and Standardization of drugs will be done in GMP certified company. *Elaadi Choorna* (Harit Samhita 3/14)

Drug Name	Latin Name	Rasa	Vipak	Veerya	Doshghnata
<i>Elaa</i>	<i>Elettaria cardamomum</i> Matron	<i>Kato, Maher</i>	<i>Maher</i>	<i>Sheet</i>	<i>Tridoshaghna</i>
<i>Tamaalpatra</i>	<i>Cinnamomum tamala</i> Nees & Eberm	<i>Maher, Kato, Tikta</i>	<i>Maher</i>	<i>Ushna</i>	<i>Kaphagna, vataghna</i>
<i>Shunthi</i>	<i>Zizgibar officinale</i> Roxb.	<i>Katu</i>	<i>Madhur</i>	<i>Ushna</i>	<i>Kaphagna, Vataghna</i>
<i>Sugandhi Vaala</i>	<i>Andropogon vetiveria</i>	<i>Tikta</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Pittaghna, Kaphaghna</i>

<i>Usheer</i>	Vetiveria zizanioidis (Linn.) Nash.	<i>Tikta, Madhur</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Pittaghna, Kaphaghna</i>
<i>Pippali</i>	Piper longum Linn.	<i>Katu</i>	<i>Madhur</i>	<i>Anushna</i>	<i>Kaphaghna, Vataghna</i>
<i>Bharangi</i>	Clerodendrum serratum (Linn.) Moon.	<i>Tikta, Katu, Kashay</i>	<i>Katu</i>	<i>Ushna</i>	<i>Kaphaghna, Vataghna</i>
<i>Tulasi</i>	Ocimum sanctum Linn.	<i>Katu, Tikta</i>	<i>Katu</i>	<i>Ushna</i>	<i>Kaphaghna, Vataghna</i>
<i>Agaru</i>	Aquilaria agallocha Roxb.	<i>Tikta, Katu</i>	<i>Katu</i>	<i>Ushna</i>	<i>Kaphaghna, Vataghna</i>
<i>Chandan</i>	Santalum album Linn.	<i>Tikta, Katu</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Pittaghna, Kaphaghna</i>
<i>Seeta</i>	Khand	<i>Madhur</i>	<i>Madhur</i>	<i>Sheeta</i>	<i>Vataghna, Pittaghna</i>

All drugs are in equal quantity 1.5 gm (3 times daily).

SELECTION OF PATIENT:-

Patient subjected to clinical trials will be selected from OPD and IPD of Kayachikitsa department of Loknete Rajarambapu Patil Ayurved Medical College, Hospital, PG Institute & Research centre, Islampur.

CRITERIA FOR SELECTION OF PATIENT:-

A) INCLUSION CRITERIA:

1. Patient in age group 16 to 60 years.
2. All diagnosed with "Tamaka Shwasa" having classical signs and symptoms according to Ayurvedic Classics.⁽¹⁾
3. Sex-both sexes

B). EXCLUSION CRITERIA:

1. Below 16 and above 60 years patients.
2. Other chronic respiratory condition including Tuberculosis, Carcinoma, Bronchiectasis, Chronic Bronchitis, Emphysema etc.⁽⁸⁾
3. Serious asthmatic patients having severe condition who needs emergency treatment.

4. Other systemic major illness like AIDS, Cardiac diseases, renal failure, Liver failure etc.⁽⁸⁾

A) SUBJECTIVE PARAMETERS

1. *Shirashula* (Headache)⁽¹⁾
2. *Urashoola* (chest pains)⁽¹⁾
3. *Parshwashoola* (auxiliary pains)⁽¹⁾
4. *Ghurghukam* (rahels)⁽¹⁾
5. Associated symptoms like *kasa, aruchi, pipasa, moh*⁽²⁾
6. *Shwasa kashata* (Difficulty in breathing)⁽¹⁾
7. *Vega* (Respiratory Rate)⁽²⁾
8. Frequency of attacks

B) OBJECTIVE PARAMETERS:

Investigations of all patients will be done before and after treatment.

1. Hematological tests — CBC, TLC, DLC, Absolute Eosinophil count
2. PEFr
3. X-Ray Chest PA view (if necessary)

RESEARCH METHODOLOGY:

After complete examination and investigations all patients will be randomly divided into 2 groups

Experimental Group – In this group 30 patients will be kept on Elaadi Choorna

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Dose(Bharat *Bhaishajya ratnakar* khand 5,Page-674,*shloka*-9150) - 2 *masha*. (1.5gms in three divided doses)

Sevankal - *Adhobhakta*(Asthang Sangraha/Sutrasthan 23/16).

Anupana - *koshna jala*

Control Group—In this group 30 patients will be kept on Placebo (Capsules filled with starch).

Duration of treatment- 4 weeks

Follow up- every week

Case papers prepared & observations will be noted.

DISCUSSION:-

Because of the excessive pollution, stress, wet and cool environment, numbers of patients of this disease are increasing. In this clinical study the efficacy of *elladi choorna* in *tamak shwasa* we have given this drug to the patients for four weeks and we have taken follow up after every week and detailed data was collected from patients. Following signs and symptoms were studied in detail i.e. *ghughura* (wheeze), *shirashula*, *urashula*, *parshwashula*, *kasa*, *aruchi*, *pipasa*, *moha*, *shwas kashtata*, *vega* (respiratory rate),⁽¹⁾ frequency of attack. It is found that after taking *elaadi choorna* for one week marked decrease is found in symptoms *ghurghura* (rahels) i.e. 67%. After two weeks *kasa* was reduced in 78% patients. *Urashula* was decreased after successive treatment of two weeks in about 80% of the patients. *Parshwashula* and other symptoms were relived 78% after treatment of three weeks. It was observed that the *Vega* (respiratory rate) and frequency of attack was also reduced mark ably after treatment for four weeks.⁽¹⁾

OBSERVATION:

AGE: Maximum numbers of patients were between age group of 40-60 years i.e. 45%. 25% patients were between age group of 20-40 years.30% patients were between age group of 16-20years.Probable cause for age group between 40-60 may be changing external environment, pollution and mental stress.

SEX: It was observed 56.66% patients were male and 43.33% patients were female. In this fast lifestyle, male & female both are suffered from mental stress, changing diet habitats and pollution.

SOCIO-ECONOMIC STATUS: Maximum number of patients i.e. 81.33% were from low and middle economical class while remaining were from upper middle and higher economical class.

OCCUPATION: Maximum numbers of patients were working in cotton-mills and polluted areas i.e. 61.66%.35% were females and working as housewives having hereditary history.

MARRITAL STATUS: Maximum numbers of patients were married i.e. 93.44%.Females involve patients were under stress and blood pressure history.

FAMILY HISTORY: Maximum numbers of patients 68.33% were having history of the disease.

DIET PATTERN: Maximum numbers of patients i.e. 83.14% were having mixed diet & irregular food intake.

SLEEP: 58.33% patients were having history of irregular sleep while 41.66% were having regular sleep.

CONCLUSION:

It is observed that number of *tamakshwasa vyadhi* patients is increasing day by day. Improper diet pattern, increasing stress and pollution are the causative factors for *tamakshwas*.

In this study both male and female patients were studied.

It is found that drug Elladi churna is better acting drug in *tamakshwas*.

It relives major symptoms of the disease without any side effects.

In my study 67.14% relief was found in patients of *tamakshwas*

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Article 10. A brief Review of Senile Cataract

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Abstract₁₀

Cataract is a clouding of the lens inside the eyes which leads to a decrease in vision. Senile cataract is an age-related, vision-impairing disease characterized by gradual, progressive thickening of the lens of the eye. It is one of the world's leading causes of blindness. Senile cataract marked by increased opacity of the lens followed by its softening and shrinkage. It causes gradually dimness of vision & finally complete visual loss. It is treated by only surgical treatment; no any curative medical treatment is available.

Key word: cataract, lens, opacity, sclerosis, vision.

Introduction:

Cataract means "Water fall". Any opacity of the lens or its capsule causing visual impairment is called cataract⁽²⁾. Senile cataract is the commonest type of acquired cataract also called age related cataract affects both sex equally, bilaterally but often develops earlier in one eye than the other.

Lens is transparent, biconvex structure covered by a capsule, situated behind the iris & in front of vitreous humour. It is held in position by suspensory ligaments or zonules. Lens works with transparent cornea which covers the anterior surface of eye, to focus light on retina at the back of eye⁽³⁾. When the lens becomes cloudy or cataractous light cannot pass to retina properly & vision is

blurred & decreased. Human lens tends to become opaque after age of 50yrs & by the age 70, over 90% population show evidence of cataract. Mainly cataract is of two types, Congenital & acquired.

There is considerable genetic influence in its occurrence & in hereditary cases. It may appear at an earlier age in successive generation called presenile cataract. This phenomenon being described as a history of anticipation. In tropical countries cataract appear earlier comparable to temperate climate.

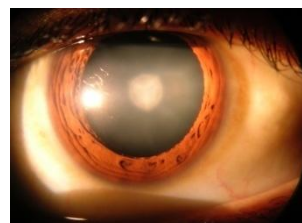


Fig. -1 Senile Cataract

Factors affecting early onset & maturation of senile cortical cataract⁽⁴⁾:

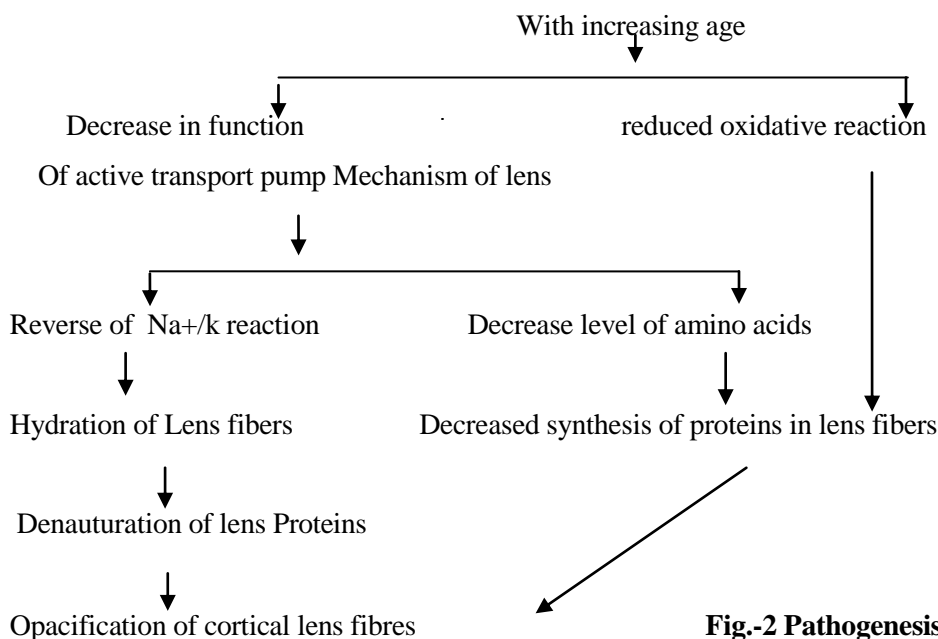
1. An association with prior episode of severe dehydration crisis. 2) Dietary factors like certain proteins, amino acid, vitamins & essential elements have also been blamed for early onset & maturation of senile cataract.
2. Smoking has also been reported to have some effect on age of onset of senile cataract.

3. More exposure to UV radiation from sunlight has been implicated for early onset & maturation of senile cataract.
4. Diseases like DM, Myotonic dystrophy, dermatitis affects on senile cataract formation.

Types of cataract⁽⁵⁾:

- 1) Cortical,

Pathogenesis of cataract⁽⁶⁾:



- 2) Nuclear,
- 3) Sub capsular,
- 4) Christmas tree

In general predominant form can be given as:
Cuneiform- 70%, Neuclear- 25%,cupiliform- 5%

Fig.-2 Pathogenesis of cataract

1. Classical sign of cortical cataract is hydration which is followed by coagulation of proteins.
2. In nuclear cataract essential factor is slow sclerosis in nucleus.
3. Anterior Subcapsular cataract lies directly under lens capsule & associated with fibrous metaplasia of lens epithelium. Posterior Subscapular cataract lies just in front of posterior capsule & manifest a vacuolated granular or plaque like appearance.
4. Christmas tree cataract, which is uncommon is characterized by striking polychromatic needle like deposits in the deep cortex & nucleus which may be solitary.

Stages of Cataract formation⁽⁷⁾:

There are 5 stages of cataract formation.

1. Stage of lamellar separation:

Most characteristic change in it is demarcation of cortical fibers owing to their separation by fluid. This phenomenon called lamellar separation can only be seen with slit lamp & is invisible ophthalmoscopically. The general increase in refractive index of cortex in old people gives a gray appearance to pupil. Grayness is initially due not to cataractous changes but mainly to the increase in reflection & scattering of light.

2. Stage of incipient cataract:

In this stage of incipient cataract wedge shaped spokes of opacity with clear areas between them appear in periphery of the lens and lie in cortex some in front of and some behind the nucleus called lens striae. These

are précised by sectorial alteration in refractive indices of lens fibers, thus producing irregularities in refraction, some visual deterioration and polyopia. Bases of wedge shaped opacity are peripheral and they are most common in the lower nasal quadrant. At first they can only be seen with the pupil dilated but as they develop their apices appear within the normal pupillary margin, with oblique illumination the opacities appear gray, seen with the ophthalmoscope, mirror retinoscope or slit lamp in retroillumination. They are black against red background of the fundus & as they approach the axial area, vision becomes seriously disturbed. These are also called cuneiform senile cortical cataract. Another type is cupuliform senile cortical cataract here part of posterior Cortex gradually extends outwards.

3. Immature cataract:

As time goes on opacification becomes more diffuse & irregular so that the deeper layer of the cortex becomes cloudy & eventually uniformly white opaque. Lens appear grayish white. But clear cortex is still present & iris shadow is visible. Mean while in some patient the progressive hydration of the cortical layers may cause a swelling of the lens thus making of anterior chamber shallow called intumescent cataract.

4. Mature cataract:

Eventually the entire cortex becomes opaque the swelling subside, the cataract said to be mature. Lens becomes pearly white also called ripe cataract. In the mean time the nucleus suffers little change except a progressive sclerosis. As long as there is any clear lens substance between pupillary margin of the iris & the opacity as in mature cataract, the iris throws shadow upon the gray opacity when light is cast upon the eye from one side when the cortex is completely opaque the papillary margins lies almost in contact with opacity separated only by the capsule the iris then throws no shadow & the cataract is said to be mature.

5. Hypermature cataract:

If the process is allowed to go on uninterruptedly, the stage of hypermaturity sets in when the cortex is disintegrated & is transformed into a pultaceous mass.



Fig.-3 Hypermature Cataract

The lens becomes more & more inspissated & shrunken, sometimes yellow in appearance. Such a cataract is termed a shrunken cataract. The anterior capsule becomes thickened due to proliferation of anterior cubical cells, so that a dense white capsular cataract (sometimes a capsular calcification) is formed at the anterior pole in the pupillary area. Owing to shrinkage, the lens & iris becomes tremulous & the anterior chamber deep. Finally degeneration of suspensory ligaments may lead to luxation of the lens.

Sometimes at the stage of maturity the cortex becomes fluid & nucleus may sink to the bottom of the the lens. The liquefied cortex is milky & the nucleus is seen as a brown mass limited above by a semicircular line, altering its position with changes in position of head. Such a cataract is called a morgagnion hypermature cataract.

The rate of development of senile cortical cataract varies greatly, sometimes taking many years indeed the cataract, many reach maturity in same individuals very rapid maturation in younger patients usually indicate some complication such as cyclitis or diabetes. Cataract with fine radial lines evolves more slowly than those with cloudy opacities. It is best to examine every case periodically, a careful drawing or clinical photograph of the opacities being recorded at each visit.

Another clinical type of senile cortical cataract is cupuliform senile cataract consisting of a dense aggregation of opacities

often forming a plaque just beneath the capsule, usually in the post cortex. The cataract progresses towards the equator & not axially towards the nucleus. It is difficult to see with the ophthalmoscope but can be detected as a dark shadow on distant direct ophthalmoscopy(8). It appears in the beam of slit lamp as a yellow layer & is best seen in retroillumination against a red fundus reflex. Examination with this instrument is important since, being near to the nodal point of the eye. The opacity may diminish vision considerably in older people & the lens may appear relatively normal on diffuse illumination. In senile nuclear sclerosis of the lens or sclerotic cataract apposite process occurs. The normal tendency of the central nuclear fibers to become sclerosed is intensified while the cortical fibres remain transparent. This type of cataract tends to occur earlier than the cortical variety, often soon after 40yrs of age .It typically blurs distant vision more than near vision. At time progresses nucleus becomes diffusely cloudy. Cloudiness spread gradually towards the cortex & occasionally it becomes tinted dark brown, dusky red or even black, owing to the deposition in the lens of the yellow pigmented proteins derived from amino acid tryptophan, altered by the action of sunlight. In maturity the sclerosis may extend almost to the capsule so that the entire lens functions as a nucleus. Initially little change may be seen with the ophthalmoscope, except that the details of the fundus are hazy. Occasionally, if there is much pigment, the pupillary reflex may be entirely blackened. There is however, considerable visual disturbance. At first a progressive myopia owing to the increased refractive index of the nucleus & the general impairment of vision, but progress is very slow & hyper maturity generally does not occur in nuclear cataract.

Clinical features :

1) Glare:

2) Uniocular polyopia:(doubling or tripling of objects)

3) Coloured halos:

4) Black spots in front of eye:

5) Blurring of image:

6) Loss of vision:

Diagnosis :

- Swinging flashlight test detects a Marcus Gunn pupil or a relative afferent pupillary defect (RAPD) indicative of optic nerve lesions or diffuse macular involvement.
- Slit lamp examination should concentrate on the evaluation of lens opacity and also of other ocular structures like conjunctiva, cornea, iris, anterior chamber.
- Examination of nuclear size and brunescence - After dilation, nuclear size and brunescence as indicators of cataract density can be determined prior to phacoemulsification surgery
- Direct and indirect ophthalmoscopy - To evaluate the integrity of the posterior pole

Ocular imaging studies such as ultrasonography, computed tomography (CT) scanning, or magnetic resonance imaging (MRI) are requested when a posterior pole pathology is suspected and an adequate view of the back of the eye is obscured by a dense cataract.

Treatment is of 2 types --1) Medical 2) Surgical

In medical treatment there is no drug which stops progression of cataract, the only treatment is refractive correction and wait & watch up to maturation.

The management for senile cataract is lens extraction. Over the years, various surgical techniques have evolved from the ancient method of couching to the present day technique of phacoemulsification. It offers the

advantage of a smaller incision size at the time of cataract surgery. Almost parallel is the evolution of the IOLs being used, which vary in ocular location, material, and manner of implantation. Depending on the integrity of the posterior lens capsule, the 2 main types of lens surgery are the intracapsular cataract extraction (ICCE) and the extracapsular cataract extraction (ECCE) with PC IOL & without PC IOL.

Surgeries like small incision cataract surgery (SICS) with PC IOL can be done after maturation & most advanced surgery Phacoemulsification can be done in immature & mature cataract(9). It also involves extraction of the lens nucleus through an opening in the anterior capsule; an ultrasonically driven needle is used to fragment the nucleus of the cataract; the lens substrate is then aspirated through a needle port in a process termed as phacoemulsification.

Summary:

Age-related cataracts are responsible for 51% of world blindness. Globally, cataracts cause moderate to severe disability in 53.8 million in 2004. In many countries surgical services are inadequate and cataracts remain the leading cause of blindness. Even where surgical services are available, low vision associated with cataracts may still be prevalent as a result of long waits for and barriers to, surgery - such as cost, lack of

information and transportation problems. Thus it becomes necessary to aware people about senile cataract and its need of surgical management.

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