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(Association of Anesthesiologists of Indian Medicine)

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EDITORIAL

Since my entry in the Department of Shalya Shalakya and opting Sangyaharan as my favoured discipline I honestly tried my lebel best to follow Malviyaji and to strengthen the surgical disciplines by means of strengthening Sangyaharan. But some of our own disciple and other forces are trying to damage the dream of Bharat Ratna Pt. Madan Mohan Malviya ji.

It is very unfortunate that the six disciplines which were emerged with the Gazette Notification of C.C.I.M. in the year 2005 with efforts of many eminent scholars of Ayurved, were omitted all of sudden by the recent Gazette Notificaion November 2016.This is a suicidal attempt for surgical disciplines. All the disciplines which were growing very fast with help of Sangyaharan and Vikiran avam Chhaya will die in infancy. We can not imagine surgery without Sangyaharan-Anaesthesia.

At the occasion of centenary year of Banaras Hindu University I pray to the Department of AYUSH, Govt. of India to create a separate Council for integrated practitioner so that the question raised by our judiciary regarding cross practice be answered. Either the nomenclature of our Council –C.C.I.M. may be changed as "Central Council of Integrated Medicine". It will serve the longstanding demand and dream of Malviya ji.

JAI HIND JAI SANGYAHARAN JAY AYURVED

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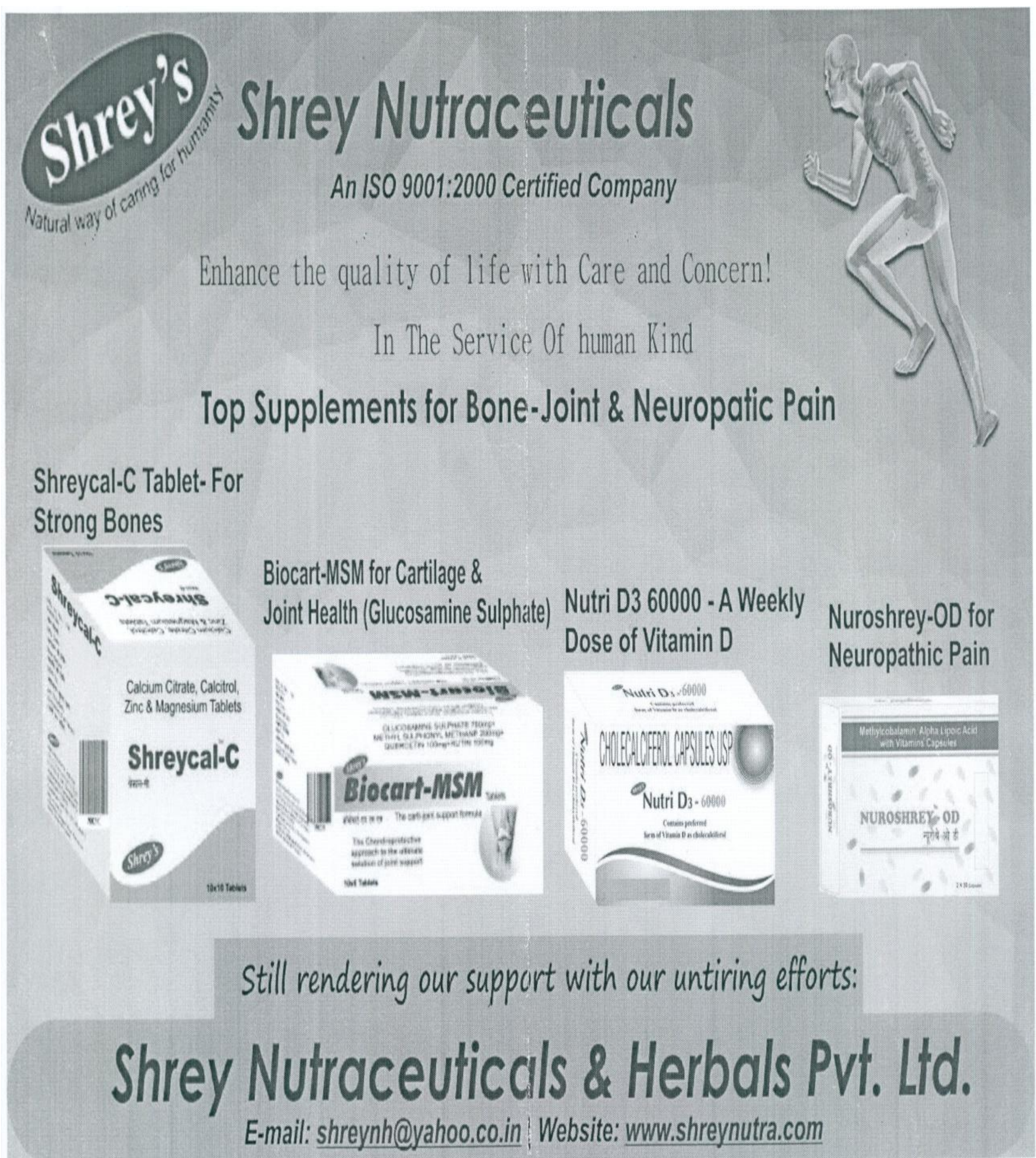
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Yoga in Ocular Health

*Sushil Kumar Tiwari, **Prof.(Dr) B. Mukhopadhyay, ***Dr Prashant Bhushan,

ABSTRACT: Ocular yoga exercises had existed for centuries and helped many people regain back their natural eye sight. It keeps eye muscles sharp as well as relaxes the eyes. Our eyes remain active throughout the day and rest only when we go to sleep. We spend most of our days in front of computer screens, laptops, watching colored T.V., you tube videos, active on social sites. At present time use of these electronic devices and internet is an integral part of our daily life. Initially we do not feel need of any type of ocular exercises to our eyes because there is no any immediate symptoms or signs of weak or tired eye. After a long time and permanent use of various types of computers, laptops and other electronic devices, our eyes get much strained, tired and affected by various kinds of eye ailments as watery eye, redness, puffiness, heaviness, burning sensation, diplopia etc. Regular practicing of yoga, Asanas, Pranayamas strengthen our eye muscles, improve functioning of eyes, provide sharp vision, reduce stress, anxiety and also prevent aging processes, wrinkles around the eyes. One more important things is that these exercises are intend for people who have generally healthy eyes and people suffer from eye strain or tired eyes often due to heavy computer uses. Individual suffering from glaucoma, macular degeneration, eye infection and other eye diseases should contact their doctors before performing these exercises, asanas and pranayamas.

Key Word- Ocular yoga exercises, Asana, Internet, Electronic devices.

INTRODUCTION: For a longer time and extensive use of computer screens, electronic devices they adversely affecting our eyes as hazy spots, blurred vision, heaviness, tiredness, itching and burning sensation. To protect our eyes from all these ailments and keeps it healthy, we must do possible exercises in future. It is said that prevention is better than cure. At present time human eyes need much care and attention in fast and busy life where all our working culture is totally based on electronic devices. As year passes the muscle around the eyes lose their tone. Eye sight becomes weak after the muscles around eyes lose their elasticity and become rigid. Tension around the eyes affecting the brain causing stress and anxiety. Doing various types of Yogic exercises, Asana and Pranayama we keep our eye healthy and gain better vision. We can do it any time of the day for a few minutes. There are six muscles that connects our eyeball to the eye sockets and help them moves side to side, up and down and all around. When we read, drive or watch something over an extended period of time, it drains eye muscles flexibility and tired them is known as the eye

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fatigue. This condition is worsening more by using smart phones and computer devices. Eye fatigue is not a very serious condition, if it persists for a longer period it can be a serious concern of matter. Yoga is a form of exercises designed to work on health and consciousness that is mind, body and soul. Eye yoga exercises, Asanas relieves from disorders related to defect in eyes like Myopia, Hypermetropia and Eye strain. It sheds eye weakness; provide energy, healthy eye tissue and better eye sight.

Healthy Eye: To keep our eyes healthy,energetic ,sharp vision and prevent common eye complaints in our day to day life we must need

- Regular Ocular exercises/asana
- Pranayama (breathing exercise)
- Balanced diet (rich in minerals and vitamins)

Ocular exercise- strenthening the eye lids: Strengthen eye lid-the muscle that surrounds eyes can be strengthened just like the other muscle of the body. Partially closing eyes the lid should only be half way shut the upper eye lid tremble with effort .Forces your efforts on stooping the trembling.

Focusing Exercise: Focusing on object at different distance by both far away and nears provide relief from the eye strains. We can try two types of focusing exercise.

Hold A Pen At Arm's Length: Focusing gaze on the tip of nose at a slow and steady pace. Repeat this processes five to ten times.

Concentrate Vision at the Tip of Nose: Then shift the gaze to an object further away either at arm's length or 20 feet away, then shift the eyes back to tip of nose. Repeat this process at least five to ten times. These exercises stretch and strengthen specific eye muscles.

Lateral and Medial Eye Stretches (Sideways Viewing): When we looking to our right side using the lateral rectus of right eye as well as medial rectus of left eye and vice versa for left side looking. Look to the right most position without moving the head, hold to stretch eye muscles for 5 counts blinks and return back to look straight and vice versa of left side position. Repeat it five to ten times.

Diagonal Stretches:

ROTATIONAL VIEWING (DRAW CIRCLE WITH EYES): Keeping the head still focusing eyes on the thumbs. To make a circle with the thumb keeping the elbow straight, repeat this exercise five to ten times in clockwise and anticlockwise direction.

Massage Your Eyes: Massage is a common treatment to relieve tension or stress because it helps stimulates increased blood flow to target areas. Begin by massaging upper eye lid for 10 seconds next massaging the lower eye lids.Apply light pressure when massage upper eye lid and use first three fingers of hands makes gentle, circular movements. When massage lower lids make sure to massage the lachrymal bone which is located near the inner eyes.

Blinking Exercise: Blinking more frequently can help to relieve eye strains. It helps lubricates and hydrates eyes. Blinking pushes out toxins with tears and also works to spread tears evenly over eyes. It is also helpful to got relief in dryness of eyes; try to blink once every four seconds to keep eyes from drying out.

Take Break at Regular Intervals: Giving eye more breaks during period of intense focus or concentration particularly at computer screens will help to relieve eye strains. Try 20-20-20 method every 20 minutes look away from your screen at any objects 20 feet away for 20 secondsIt is done very simply.

Palming to Relax Eyes: Rub palms of hands vigorously together to provide some heat before doing palming. This heightens the relaxation component of this technique. Cup each hand and close eyes, placed each cupped hand over each eye, breath normally and rest in this position for 5 to 10 minutes. This process is repeated at least ten times.

ASANAS: Especially serving asana and Hala asana are very helpful to keep eyes healthy. It helps blood to flow upward and stimulates blood circulation with oxygen in brain and optic nerve providing better nutrition.

PRANAYAMAS: Kapalbhati, Bhramari, Anulom-Vilom pranayama, these breathing exercises cleansen lungs, improves circulation; bring health and vitality to eyes. They stimulate blood circulation, remove toxins, dark circles, wrinkles around the eyes, shed eye weakness, provide energy, strengthen and improve vision.

CONCLUSION: Yoga removes confusion and conflicts in our minds. In real sense we can say it is way of life of healthy body and sharp mind of all human beings. It is said that "Prevention is better than cure". Face is the index of Brain and Eyes are windows of the Soul. Human eyes need much care and attention to get rid of various kinds of eye ailments as dry eye, burning vision, fatigue & irritated eye etc. With the help of these wonderful yoga techniques we can prevent or lessen the effect of many eye diseases and got relief from harmful events. World health organization accepted the importance of yoga and declared 21th June every year celebrated as International yoga day. It was the proud moment of all the Indians that our ancient yoga techniques as Asanas, Pranayam, Dhyanas, recognized at global level.

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APPEAL

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सूत्रस्थाने तु वाग्भटः – एक विमर्श

डॉ. मुरलीधर पालीवाल
सहायक आचार्य, संहिता एवं संस्कृत विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान
काशी हिन्दू विश्वविद्यालय, वाराणसी

प्रास्ताविकम् –

"न ह्यायुर्वेदस्याभूत्वोत्पत्तिरुपलभ्यते , अन्यत्रावबोधोपदेशाभ्याम्।" –च.सू.–३०/२७

अर्थात् लोकद्वय हितकारी आयुर्वेद अवबोध एवं उपदेश परम्परा से उपबृंहित होता हुआ अनादि काल से इस भूतल पर प्रवाहमान है[1] । इसका व्याप्रियमाण स्वरूप दैवलोक एवं मर्त्यलोक दोनों में सम्प्राप्त होता है। सर्वप्रथम ब्रह्मा द्वारा इसका स्मरण तदुपरान्त उपदेश द्वारा दक्ष प्रजापति को ज्ञान संक्रान्त करने से लेकर इन्द्र तक की परम्परा दैवलोक से सम्बन्धित है। इन्द्र से आयुर्वेद का ज्ञान मर्त्यलोक में अवतरित होने के बारे में मत मतान्तर हैं। कुछ विद्वान भरद्वाज द्वारा आयुर्वेद का ज्ञान पृथ्वी पर लाया गया ऐसा मानते हैं, वहीं दूसरे विद्वानों का मानना है कि इन्द्र ने पुनर्वसु आत्रेय आदि ऋषियों को आयुर्वेद का ज्ञान प्रदान किया और उन्होने यह पुनीत ज्ञान अपने पुत्र–शिष्यादि को प्रदान किया। पुनर्वसु आत्रेय ने अग्निवेश, भेल. हारीतादि छः शिष्यों तथा काशिराज दिवोदास धन्वन्तरि ने सुश्रुत, औपधेनव, औरभ्र, पौष्कलावत आदि सात शिष्यों को आयुर्वेद उपदिष्ट किया और इन सभी ने स्व–स्व तन्त्र की रचना की। इनमें से अग्निवेशकृत अग्निवेशतन्त्र अद्यतन चरकसंहिता के रूप में तथा सुश्रुतकृत सुश्रुतसंहिता आर्ष ग्रन्थ के रूप में आज भी महत्त्वपूर्ण स्थान पर प्रतिष्ठित हैं। अष्टांग आयुर्वेद को समाहित किये होने पर भी चरकसंहिता कायचिकित्सा तथा सुश्रुतसंहिता शल्य–तन्त्र के प्रधान ग्रन्थ के रूप में अद्यतन वैद्य समाज में पूजित– समादृत हैं।

आर्ष ग्रन्थों के पश्चात् मनुष्य–प्रणीत ग्रन्थों का प्रणयन प्रारम्भ हुआ और इस श्रंखला में सिंहगुप्त–सूनु वाग्मी वाग्भट अग्रगण्य है। इन्होंने चरकसंहिता, सुश्रुतसंहितादि उपलब्ध तन्त्रों का अवलम्बन कर सार रूप अष्टांग–संग्रह एवं सारतर अष्टांग हृदय नामक तन्त्रों की रचना की। यद्यपि दोनों तन्त्रों के रचनाकार वाग्भट एक ही विद्वान् थे या दो भिन्न विद्वान् इस विषय में मत मतान्तर हैं और इसका संक्षिप्त वर्णन इस शोध–पत्र में यथास्थान निवेशित किया गया है । अष्टांग–संग्रह में वृद्ध वाग्भट ने तन्त्र–रचना का प्रयोजन बताते हुए उद्धृत किया है कि–

"तेषामेकैकमव्यापि समस्तव्याधिसाधने।।
प्रतितन्त्राभियोगे तु पुरुषायुषसंक्षयः।
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तन्त्रकारैः स एवार्थः क्वचित्कश्चिद्विशेषतः।
तेऽर्थप्रत्यायनपरा वचने यच्च नादृताः"।।

अर्थात् पूर्व तन्त्रों का अतिविस्तृत होना, पुनरुक्ति दोषयुक्त होना एवं गूढविवेचन युक्त होना आदि कारणों से प्रेरित होकर अष्टांग–संग्रह नामक तन्त्र की रचना की है[2]। इन्होंने विषय–संक्षेप किया है, चरकादि प्रणीत ग्रन्थों से क्रम भी भिन्न है तथा अष्टांग आयुर्वेद का यथासम्भव क्रमबद्ध एवं अपेक्षित विवेचन करने का प्रयास भी किया है । चरकसंहिता, सुश्रुतसंहिता सदृश विस्तृत कलेवरयुक्त एवं ऋषिप्रणीत संहिताओं के विद्यमान होने से भी वाग्भट को प्रचुर सहायता मिली होगी, ऐसी लेखक की विनम्र सम्मति है। यद्यपि यह सब कुछ होने पर भी वाग्भट के रचना कौशल एवं वैदुष्य पर तनिक सन्देह नहीं है और यह तथ्य इनके ग्रन्थ के बृहत्त्रयी में समाविष्ट किये जाने से भी संसिद्ध एवं सम्पुष्ट होता है। वाग्भट–लिखित अष्टांग–संग्रह एवं अष्टांग–हृदय में विषय–विवेचन सूत्रस्थान, शारीरस्थान, निदानस्थान, चिकित्सास्थान, कल्पस्थान एवं उत्तरस्थान इन छः स्थानों में किया है। इन सभी स्थानों में विषय विवेचन सम्यक् होने पर भी इनका सूत्रस्थान अन्य संहिताओं के सूत्रस्थान से श्रेष्ठ स्वीकार किया गया है तथा यही लेखक का प्रस्तुत शोध–पत्र में विवेच्य विषय है।

वाग्भट– व्यक्तित्व एवं कृतित्वः भारतीय इतिहास में विभिन्न विषयों के लेखक के रूप में वाग्भट का उल्लेख प्राप्त होता है। ऑफ्रेक्ट्स केटलोग में दश वाग्भट का निर्देश है। आयुर्वेद वाङ्मय में अष्टांग–संग्रह, अष्टांग–हृदय तथा रसरत्नसमुच्चय नामक तीन ग्रन्थों के लेखक के रूप में वाग्भट नामोल्लेख हुआ है। चक्रदत्त की रत्नप्रभा टीका के आधार पर कुछ विद्वान् मध्य वाग्भट का भी उल्लेख करते हैं। हरिशास्त्री पराडकर ने इनकी चार रचनाओं अष्टांग–संग्रह, अष्टांग–हृदय, अष्टांग–निघण्टु एवं अष्टांगावतार का उल्लेख किया है। डल्हण, श्रीकण्ठदत्त, अरुणदत्त, हेमाद्रि, निश्चलकर, एवं पी.वी.शर्मा प्रभृति विद्वान् अष्टांग–संग्रह तथा अष्टांग–हृदय के लेखक अलग–अलग वाग्भट को मानते है[३] । इनका मत है कि दोनों ग्रन्थों के कर्ता में दादा–पोता का सम्बन्ध था, अतः अष्टांग–संग्रह के लेखक वृद्ध वाग्भट तथा अष्टांग–हृदय के लेखक को लघु वाग्भट या वाग्भट के रूप में स्वीकार करते हैं। अष्टांग–संग्रह के लेखक वृद्ध वाग्भट सिंहगुप्त के पुत्र तथा वाग्भट के पौत्र थे। वह सिन्धु देश के निवासी थे।इनके गुरु अवलोकित थे किन्तु आयुर्वेद का विशेष ज्ञान अपने पिता से प्राप्त किया था[४] । उन्होने वैदिक परम्पराओं का जो अनुसरण किया है, उससे वैदिक ब्राह्मण प्रतीत होते हैं , यद्यपि बौद्ध धर्म का भी पर्याप्त प्रभाव उन पर परिलक्षित होता है। अष्टांग–संग्रह तथा अष्टांग–हृदय की लेखन–शैली तथा विषय–वस्तु को देखने पर ऐसा प्रतीत होता है कि ये दोनों ग्रन्थ अलग–अलग व्यक्ति द्वारा अलग–अलग समय में लिखे गये हैं। अष्टांग–संग्रह में लेखक ने अपने जन्मस्थान, पिता तथा गुरु के बारे में उल्लेख किया है, किन्तु अष्टांग–हृदय में ऐसा वर्णन नहीं प्राप्त होता है। कई टीकाकारों द्वारा भी दोनों ग्रन्थों के लेखक के रूप में वृद्ध वाग्भट तथा लघु वाग्भट का नाम उल्लिखित किया गया है। अष्टांग–संग्रह तथा अष्टांग–हृदय दोनों के लेखक को एक मानने वाले विद्वानों के तर्क हैं कि अष्टांग–हृदय के लेखक ने अपने ग्रन्थ में लिखा है कि–

"अष्टांगवैद्यकमहोदधिमन्थनेन, योऽष्टांगसंग्रहमहामृतराशिराप्तः।
तस्मादनल्पफलमल्पसमुद्यमानां प्रीत्यर्थमेतमुदितं पृथगेव तन्त्रम् ।। "

अर्थात् यह (अष्टांग–हृदय) अष्टांग–संग्रह का सार संक्षेप है तथा कम परिश्रम करके भी संग्रह जितना ही लाभ मिले इस प्रयोजन से लिखा गया है, कई सन्दर्भ दोनों में समान हैं तथा प्राचीन भारत में ऐसे बहुत उदाहरण मिलते है, जिसमें एक ही विषय पर बृहत् एवं लघु ग्रन्थ लिखे हो। चन्द्रनन्दन, चक्रपाणिदत्त, गणनाथ सेन, हरिशास्त्री पराडकर तथा यादवजी त्रिकमजी प्रभृति विद्वान दोनों ग्रन्थों के लेखक एक ही व्यक्ति को स्वीकार करते हैं।

वाग्भट का कालः यद्यपि वाग्भट ने कहीं भी अपनी कालावधि का उल्लेख नहीं किया है, जिससे इनके काल के बारे में सटीक निर्देश किया जा सके, पुनरपि उपलब्ध विषय–वस्तु, परम्परा, धार्मिक, सांस्कृतिक, राजनैतिक स्थिति प्रभृति संकेतों से इनके काल के बारे में कुछ कहा जा सकता है। अष्टांग–हृदय में कुछ श्लोक चरकसंहिता के दृढबल पूरित अंश से उद्धृत हैं , जो यह सिद्ध करते है कि यह ४ थी शती के दृढबल के बाद की रचना है, वराहमिहिर ने कुछ श्लोक उद्धृत किये हैं जिनका काल लगभग ५वी–६वी शती है, ७वी शती में आये चाइनीज यात्री इत्सिंग ने अष्टांग आयुर्वेद पर उस समय लिखे ग्रन्थ का उल्लेख किया है, जो सम्भवतः अष्टांग–हृदय ही हो , सामाजिक, धार्मिक, सांस्कृतिक विषय जो अष्टांग–संग्रह तथा अष्टांग–हृदय में प्राप्त होते हैं , वे प्रारम्भिक गुप्त काल के समान हैं तथा ७वी शती के माधवकर ने वाग्भट के कई श्लोकों को उद्धृत किया है। इन सभी तथ्यों से यह कहा जा सकता है कि अष्टांग–हृदय के वाग्भट का काल लगभग ६०० ईसवी के लगभग माना जा सकता है। अष्टांग–संग्रह का काल इससे कुछ पूर्व ५५० ई. में माना जा सकता है[५] ।

सूत्रस्थान का अर्थ एवं महत्त्वः सूत्र शब्द को परिभाषित करते हुए कहा है 'अल्पाक्षरत्वे सति बह्वर्थबोधकत्वं सूत्रत्वम् अर्थात् कम शब्द होते हुए भी जो बहुत अर्थ या विषयों का बोध करावे, उसे सूत्र कहते हैं। स्थान की परिभाषा आचार्य चरक ने "स्थानमर्थप्रतिष्ठया" के रूप में दी है, जिसका अर्थ है जिसमें विवेच्य विषय यथाक्रम प्रतिष्ठित (वर्णित) हों, उसे स्थान कहते हैं । लघु–सिद्धान्त कौमुदी के अनुसार जिसमें अल्पाक्षर हो, असन्दिग्ध हो, सारयुक्त हो, प्रसिद्ध हो, दोषरहित हो तथा प्रशंसित हो, उसे सूत्र कहते हैं।

आचार्य सुश्रुत ने सूत्रस्थान को परिभाषित करते हुए उद्धृत किया है –

सूचनात् सूत्रणाच्चैव सवनाच्चार्थसन्ततेः।

षट्चत्वारिंशदध्यायं सूत्रस्थानं प्रचक्षते॥

अर्थात् वह स्थान जो विषयों का लेशतः प्रकाशन करे, यथाक्रम सूत्रण करे तथा अर्थसन्तति का प्रवाह बनाये रखे, उसे सूत्रस्थान कहते हैं[६]। आचार्य पी. वी. शर्मा के मतानुसार तन्त्र में व्याप्त विषयों का संक्षेप में सूचन करने, जैसे माला में फूल पिरोये जाते हैं ठीक उसी तरह विषयों को यथाक्रम व्यवस्थित करने तथा बीज रूप में विषयों को समाहित किये होने एवं उसी का तन्त्र में विस्तार होने से सूत्रस्थान कहा जाता है। आचार्य वाग्भट के अनुसार यह स्थान रहस्यवत् है तथा इसमें सूत्र या सूक्ष्म रूप में कथित विषयों का ही अन्य स्थानों में विस्तार किया गया है[७]। सूत्रस्थान अन्य स्थानों को समझने की विधि निर्दिष्ट करता है साथ ही यह भी बताता है कि कैसे स्थान एवं स्थानार्थ का विवेचन–प्रस्तुतिकरण किया जाये। इस स्थान को संहिताओं का सार भी कहा जा सकता है। आचार्य चरक के अनुसार सूत्रस्थान अन्य सभी स्थानों की तुलना में प्रधान शिर सदृश माना जा सकता है[८]। चिकित्सा के महत्त्वपूर्ण सिद्धान्तों का भी उल्लेख इस स्थान में किया गया है, जिसका आगे के स्थानों में विस्तार एवं व्याख्यान किया गया है। सूत्रस्थान में संक्षेप में तदुपरान्त अन्य स्थानों में विस्तृत विवेचन होने से विषय का अवबोध भी सम्यक् होता है। क्योंकि न्यायविदों का मानना है कि "त वै विषयाश्च सुसंग्रहीता भवन्ति येषां समासो व्यासश्च" अर्थात् वे ही विषय सुसंग्रहीत माने जाते हैं, जिनका समास तथा व्यास दोनों रूप में वर्णन हो[९]

सूत्रस्थाने तु वाग्भटः बृहत्त्रयी के सभी ग्रन्थों में सूत्रस्थान का वैज्ञानिक वर्णन उपलब्ध है, पुनरपि कतिपय विद्वानों का मन्तव्य है कि यदि तुलनात्मक रूप से देखा जाये तो वाग्भट की संहिता में उपलब्ध सूत्रस्थान श्रेष्ठ है। इस प्रसंग में यह विचारणीय है कि यह सूत्रस्थान अष्टांग–संग्रह का लिया जावे या अष्टांग–हृदय का? इस सन्दर्भ में "सूत्रस्थाने तु वाग्भटः" इस सुभाषित के लेखक भास्कर गोविन्द घाणेकर जी का मत दोनों तन्त्रों के सूत्रस्थान के लिये है। क्योंकि अष्टांग–संग्रह का सूत्रस्थान हृदय की अपेक्षा विषय–विवेचन की दृष्टि से विस्तृत एवं समृद्ध है, अतः प्रस्तुत शोध पत्र में अष्टांग–संग्रह के सूत्रस्थान को केन्द्रित करके उसकी श्रेष्ठता को सिद्ध करने का लघु प्रयास किया जा रहा है ।

यदि हम अष्टांग–संग्रह के सूत्रस्थान की विषय वस्तु का अवलोकन करें, तो यह पाते हैं कि इसमें चिकित्सा के मूलभूत सिद्धान्त यथा दोषधातुमल सिद्धान्त, षट्पदार्थ सिद्धान्त, रसगुणवीर्यविपाकप्रभाव सिद्धान्त, पंचमहाभूत–सिद्धान्त, लंघन–बृंहण सिद्धान्त, शमन–शोधन सिद्धान्त, शस्त्रकर्म सम्बन्धी सिद्धान्त, अग्निकर्म–क्षारकर्म–जलौका सम्बन्धी सिद्धान्त, स्वस्थवृत्तसम्बन्धी सिद्धान्त प्रभृति अन्यान्य महत्त्वपूर्ण सिद्धान्तों का विवेचन सुव्यवस्थित एवं वैज्ञानिक स्वरूप में किया गया है। दूसरा वैशिष्ट्य यह भी है कि इसमें सर्वतन्त्रसंग्रहरुपत्व तथा युगानुरूपसन्दर्भत्व परिलक्षित होता है, जो इसकी उपयोगिता को और बढा देता है। तीसरी विशेषता यह है कि इसके सूत्रस्थान में अन्य संहिताओं के सूत्रस्थान की अपेक्षा विषयों की क्रमबद्धता है। मौलिक सिद्धान्त, स्वस्थवृत्त, द्रव्य, दोष, पञ्चकर्म प्रभृति विषयों का प्रसंग उपस्थित होने पर तत्सम्बन्धी वर्णन एक साथ ही उपस्थित किया गया है, जो पाठकों के लिये अधिक रुचिकर तथा सुविधाजनक है। कायचिकित्सा के साथ ही शल्य के कतिपय मुख्य विषयों को भी सूत्रस्थान में जगह देकर इस तन्त्र की महत्ता को और भी बढा दिया है। अष्टांग–संग्रह के सूत्रस्थान की श्रेष्ठता सिद्ध करने हेतु इस तन्त्र की सामान्य विशेषताओं को भी सूत्रस्थान के सन्दर्भ में देखा जा सकता है। यथा– सर्वतन्त्रों का सार, अस्थान विस्तार, अस्थान संक्षेप तथा पुनरुक्ति दोष से रहित, हेतु, लिंग और औषध इन स्कन्धत्रय मात्र का वर्णन करने वाला, गूढ अर्थों का प्रकाशक, स्वतन्त्र एवं परतन्त्र विरोध से रहित तथा युगानुरूप सन्दर्भ में उपयोगी है।इन सभी विशेषता को विशेष रूप से सम्पूर्ण तन्त्र तथा सामान्यतः सूत्रस्थान में भी देखा जा सकता है। इसका सूत्रस्थान चरक, सुश्रुत प्रभृति पूर्व में उपलब्ध संहिताओं का साररूप, जहां स्वस्थ एवं आतुर हितार्थ विस्तार की आवश्यकता है, वहां विस्तार भी है और जिस जगह विस्तार नहीं चाहिए , उस जगह संक्षेप भी किया गया है,स्नेह की विचारणाओं के क्रम में आचार्य चरक की तरह २४ एवं ६४ दो संख्या न बताकर युक्तिपूर्वक स्नेह का प्रयोग करना चाहिए, यह कहकर स्वतन्त्र विरोध से मुक्त कर दिया है, ऐसे ही हिमालय से निकलने वाली नदियों का जल पथ्य होता है यह चरक का विचार है, जबकि सुश्रुत–कृष्णात्रेय प्रभृति उन्हीं के जल को गलगण्ड आदि रोगों को करने वाला कहते हैं, परन्तु वाग्भट ने इस परतन्त्र–विरोध को यह कहकर दूर कर दिया है कि जिन भी नदियों का जल उपर से गिरकर पत्थरों से टकराकर छिन्न–भिन्न होकर

आता है, वह पथ्य होता है। और भी इन्होने अपना तन्त्र इस प्रकार निर्मित किया है कि कलियुग के अल्पायु पुरुष अल्प समय में भी अष्टांग आयुर्वेद का ज्ञान प्राप्त कर स्वास्थ्य संरक्षण तथा आतुर के विकार का प्रशमन कर सकता है[१०]।

चरक–संहिता, सुश्रुत–संहिता आदि प्राचीन संहिताओं का अनुसरण करने पर भी संग्रह के सूत्रस्थान में अनेक मौलिक तथ्य भी हैं, जो इसकी श्रेष्ठता को प्रतिपादित करते हैं। यथा– धातुओं की वृद्धि के लक्षणों का सामंजस्य दोषलक्षणों के साथ किया है जैसे– रसवृद्धि में श्लेष्म् विकार,रक्तवृद्धि में पित्त विकार[११] इत्यादि। कफ के पांच भेदों का वर्णन भी वाग्भट का मौलिक अवदान है[१२]। पृथक् अग्र्य प्रकरण की कल्पना तथा उसमें वासा,कण्टकारी,लाक्षा,हरिद्रा, गुग्गुलु प्रभृति द्रव्यों का क्रमशः रक्तपित्त,कास,सद्यःक्षत,प्रमेह, मेदोरोग एवं वात विकार में श्रेष्ठत्व प्रतिपादन[१३], सुश्रुतोक्त पंचपंचमूल में दो और (मध्यम एवं जीवन पंचमूल) जोडकर सात पंचमूल का वर्णन, काल विभाग में ऋतुसन्धि का वर्णन तथा मास,राशि और स्वरूप के आधार पर ऋतु–लक्षण का निर्देश[१४], सविष अन्न की परीक्षा के लिये स्वरूप–परीक्षण,अग्नि–परीक्षण एवं जान्तव–परीक्षण का वर्णन[१५],आहार तथा औषध के पाचन काल का निर्देश[१६] तथा सुश्रुतोक्त २० शस्त्रों की जगह वाग्भट ने २६ शस्त्र की गणना प्रस्तुत की है[१७]। इस प्रकार वाग्भट का सूत्रस्थान पूर्व में उपस्थित संहिताओं का सार स्वरूप होने के साथ ही अनेक मौलिक अवदानों से युक्त भी है और यही इनके सूत्रस्थान को अन्य संहिताओं के सूत्रस्थान से श्रेष्ठ सिद्ध करता है।

निष्कर्षः उपर्युक्त विवेचन से यह स्पष्ट होता है कि अष्टांग–संग्रह और अष्टांग–हृदय के लेखक के बारे में विद्वानों में मतैक्य नहीं है, परन्तु इतना अवश्य है कि दोनों ग्रन्थ चरक प्रभृति संहिताओं का सार एवं सारतर रूप हैं और गुप्तकालीन हैं। दोनों के रचयिता वाग्भट नामक विद्वान् है, जिन्हें वृद्ध वाग्भट एवं लघु वाग्भट के नाम से प्रसिद्धि प्राप्त है, जिन्होंने आर्ष तन्त्रों की परम्परा से हटकर प्रथम बार मानव–प्रणीत तन्त्र लिखने का स्तुत्य प्रयास किया। इनका सूत्रस्थान क्रमबद्ध, सुव्यवस्थित तथा अनेक मौलिक अवदानों से युक्त होने से अन्य संहिताओं के सूत्रस्थान से श्रेष्ठ माना गया है, जो युक्तियुक्त है। सूत्रस्थान के साथ ही अन्य स्थानों में भी अपने विद्वत्तापूर्ण विषय विन्यास के कारण ही इनका ग्रन्थ बृहत्त्रयी में स्थान पा सका और यह भी स्थापित किया कि सुभाषित चाहे ऋषि–मुख से कहा जाये या मानव–मुख से, वह ग्राह्य होता है। इस प्रसंग में वाग्भट की यह उक्ति समीचीन प्रतीत होती है कि–

ऋषिप्रणीते प्रीतिश्चेन्मुक्त्वा चरकसुश्रुतौ।
भेडाद्याः किं न पठ्यन्ते तस्माद् ग्राह्यं सुभाषितम्॥ –अ.हृ.उ.–४०/८८

सन्दर्भः

१. चरकसंहिता सूत्रस्थान–३०/२७
२. अष्टांगसंग्रह सूत्रस्थान–१/६
३. आयुर्वेद का वैज्ञानिक इतिहास –आचार्य पी.वी.शर्मा प्रणीत , पृष्ठ–१७४
४. अष्टांगसंग्रह उत्तरस्थान–५०/१३२–१३३
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६. सुश्रुतसंहिता सूत्रस्थान–३/१२
७. अष्टांगहृदय सूत्रस्थान–३०/५
८. चरकसंहिता सूत्रस्थान–३०/४५
९. चरकसंहिता सूत्रस्थान –४/४–चक्रपाणिदत्त
१०. अष्टांगसंग्रह सूत्रस्थान –१/६–७
११. अष्टांगसंग्रह सूत्रस्थान–१९/१३
१२. अष्टांगसंग्रह सूत्रस्थान–२०/८
१३. अष्टांगसंग्रह सूत्रस्थान –१३/२
१४. अष्टांगसंग्रह सूत्रस्थान –४/२१,२३
१५. अष्टांगसंग्रह सूत्रस्थान–८
१६. अष्टांगसंग्रह सूत्रस्थान –११/५३
१७. अष्टांगसंग्रह सूत्रस्थान –३४/२०

Sangyajanya Vyadhian

***Dr.Alok kr.Srivastava, **Prof. D. N. Pande**

Ayurvedic text has explained various disorders of sangya very beautifully which can be described as follows... सञ्ज्ञावहासु नाडीषु पिहितास्वनिलादिभिः |

तमोऽभ्युपैति सहसा सुखदुःखव्यपोहकृत् ||M.Ni17/3|

मूर्छासन्न्यासनिदानम-तन्द्रा-निद्रा-भ्रम-||M.Ni17/1||

- Bhrama
- Clama
- Tandra
- Nidra
- Mada
- murchha
- Sanyas

Bhrama-(Ref.M.Ni.17/19) रजःपित्तानिलाद्भ्रमःII

.Doshas-Rajah,Pitta&Vayu
.Body Seems To Be Moving As Acircle Around&
.Person Falls On Ground

This is best correlated with vertigo.

Klama-(Ref.su.sh.4/51)

योऽनायासः श्रमो देहे प्रवृद्धः श्वासवर्जितः |
क्लमः स इति विज्ञेय इन्द्रियार्थप्रबाधकः ||

.Feeling Of Exhaustion Without Any Sternous Work
.No Increase In Breathing Rate & Depth
.Unable To Sense The Things Around

This is presently correlated with neurasthenia.

Tandra- (Ref.M.Ni.17 .Su.Sh.4/48) तमोवातकफात्तन्द्रा II

इन्द्रियार्थेष्वसंवित्तिर्गौरवं जृम्भणं क्लमः |
निद्रार्तस्येव यस्येहा तस्य तन्द्रां विनिर्दिशेत् ||M.Ni.17/२०||

Doshas-Vata,Kapha&Tama
Gauraw (Heaviness),Jrimbha(Yawning)&Clama
Unable To Sense The Things Around

This is now correlated with dreamy condition or stupor.

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Nidra-(Ref.Ch.Su.21 ,Su.Sh.4) निद्रा श्लेष्मतमोभवा

.Doshas-Kaph&Tama
.When The Mind Become Exhausted&
.Complete Cut Off From Its Extern & Then person sleep deeply.

Mada-(Ref.C.Su.24/30-33)-four types मदो मद्यमदाकृतिः॥३३॥

1.vattic Mada-

सक्तानल्पद्रुताभाषं चलस्खलितचेष्टितम् ।
विद्याद्वातमदाविष्टं रूक्षश्यावारुणाकृतिम्॥३०॥

.Agitated Mental Activities
.Paused,Unclear and Fast Talks
.Rough , Reddish discolouration of body.

2.Pattic Mada-

सक्रोधपरुषाभाषं सम्प्रहारकलिप्रियम्।
विद्यात् पित्तमदाविष्टं रक्तपीतासिताकृतिम्॥३१॥

.Intrested In Quarrels.
.Rough , Angry In Talks
.Reddish Yellow Discolouration Of Body.

3.Kaphaj Mada-

स्वल्पासम्बद्धवचनं तन्द्रालस्यसमन्वितम्।
विद्यात् कफमदाविष्टं पाण्डुं प्रध्यानतत्परम्॥३२॥

.Less Talkative
.Over Indulgence In Thinkings.
.Laziness

4.Sannipataj Mada -सर्वाण्येतानि रूपाणि सन्निपातकृते मदे।३३।

.Sudden Appearance & Sudden Disappearance
Of All The Characters As Mentioned In Vata ,Pitta and Kapha.
.Mdhyam-Madakriti- similar to alcoholism.

Here in mada patient is conscious & active and thus it is best correlated with neurosis.

Murchha-(Ref.Ch.Su.24/35-41,Su.Ut.24,M.Ni.17) Four types:

1.Vataj Murchha-

नीलं वा यदि वा कृष्णमाकाशमथवाऽरुणम्|
पश्यंस्तमः प्रविशति शीघ्रं च प्रतिबुध्यते ||३५||
वेपथुश्चाङ्गमर्दश्च प्रपीडा हृदयस्य च|
कार्श्यं श्यावारुणा च्छायामूर्च्छाये वातसम्भवे||३६||

Patient sees blackish-reddish sky before it falls on ground unconsciously.
sudden return to normal conscious level.

2.Pittaj Murchha-

रक्तं हरितवर्णं वा वियत् पीतमथापि वा|
पश्यंस्तमः प्रविशति सस्वेदः प्रतिबुध्यते||३७||
सपिपासः ससन्तापो रक्तपीताकुलेक्षणः|
सम्भिन्नवर्चाः पीताभो मूर्च्छाये पित्तसम्भवे||३८||

Patient Sees Greenish-Reddish sky before it falls on ground unconsciously.
Yellowish stool when returns to normal.
Excessive sweatin & increase in body temperature.

3.Kaphaj Murchha-

मेघसङ्काशमाकाशमावृतं वा तमोघनैः|
पश्यंस्तमः प्रविशति चिराच्च प्रतिबुध्यते||३९||
गुरुभिः प्रावृतैरङ्गैर्यथैवार्द्रेण चर्मणा|
सप्रसेकः सहृल्लासो मूर्च्छाये कफसम्भवे||४०||

Patient sees dark sky before it falls on ground unconsciously.
Takes more time to become normal.
Feels heaviness in body.

4. Sannipataj Murchha-

सर्वाकृतिः सन्निपातादपस्मार इवागतः|
स जन्तुं पातयत्याशु विना बीभत्सचेष्टितैः||४१||

All the clinical features similar to apasmara except violent activities.
Here in murchha patient become unconscious for a short duration fo time and hence it is best correlated with syncope orfainting.

Sanyas-(Ref.Ch.Su.24/53)

दोषेषु मदमूर्च्छायाः कृतवेगेषु देहिनाम्।
स्वयमेवोपशाम्यन्ति सन्न्यासो नौषधैर्विना॥४२॥
वाग्देहमनसां चेष्टामाक्षिप्यातिबला मलाः।
सन्न्यस्यन्त्यबलं जन्तुं प्राणायतनसंश्रिताः॥४३॥
स ना सन्न्याससन्न्यस्तः काष्ठीभूतो मृतोपमः।
प्राणैर्वियुज्यते शीघ्रं मुक्त्वा सद्यःफलाः क्रियाः॥४४॥
दुर्गेऽम्भसि यथा मज्जद्भाजनं त्वरया बुधः।
गृह्णीयात्तलमप्राप्तं तथा सन्न्यासपीडितम्॥४५॥
अञ्जनान्यवपीडाश्च धूमाः प्रधमनानि च।
सूचीभिस्तोदनं शस्तं दाहः पीडा नखान्तरे॥४६॥
लुञ्चनं केशलोम्नां च दन्तैर्दशनमेव च।
आत्मगुप्तावघर्षश्च हितं तस्यावबोधने॥४७॥
सम्मूर्च्छितानि तीक्ष्णानि मद्यानि विविधानि च।
प्रभूतकटुयुक्तानि तस्यास्ये गालयेन्मुहुः॥४८॥
मातुलुङ्गरसं तद्वन्महौषधसमायुतम्।
तद्वत्सौवर्चलं दद्याद्युक्तं मद्याम्लकाञ्जिकैः॥४९॥
हिङ्गूषणसमायुक्तं यावत् सञ्ज्ञाप्रबोधनम्।
प्रबुद्धसञ्ज्ञमन्नैश्च लघुभिस्तमुपाचरेत्॥५०॥
विस्मापनैः स्मारणैश्च प्रियश्रुतिभिरेव च।
पटुभिर्गीतवादित्रशब्दैश्चित्रैश्च दर्शनैः॥५१॥
स्रंसनोल्लेखनैर्धूमैरञ्जनैः कवलग्रहैः।
शोणितस्यावसेकैश्च व्यायामोद्घर्षणैस्तथा॥५२॥
प्रबुद्धसञ्ज्ञं मतिमाननुबन्धमुपक्रमेत्।
तस्य संरक्षितव्यं हि मनः प्रलयहेतुतः॥५३॥

Kashthibhutomritopmum- falls on ground like a log of wood.
Saddhyahfalakriya-Requires immediate treatment otherwise
Sudden death may occure
Naaushsdhairvina-can not be treated without drugs.
Unable to sense even deep stimulus.

Here it become very difficult to reverse the patient from unconscious state &thus it is said to be in *deep comma*

These sign and symptoms mentioned in mada, murchha and sanyas are very much similar to neurosis,syncope and coma and can be better managed by ayurvedic approach.

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Rakshakarma in Newborn

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Abstract: According to WHO report, In India it is reported that 50-60% of all neonatal death occur within the first month of life due to poor aseptic technique practising in the labour room, of these more than half may die during the first week of life. Most of the death occurs in developing countries due to home delivery and poor aseptic care.

Rakshakarma a Sanskrit word which means protective measures. These are important procedures used in the management of newborn baby. Acharya Charaka and Vagbhata spoke about *Rakshakarma* especially during child care. Neonatal care includes special aseptic measures to be adopted, aim to prevent any infection of the newborn right from the initiation of birth process up to neonatal period. The five cleans such as clean hands, clean surface, use of sterile surgical instruments (blade/scissor), clean handling, use of surgical mask, gloves etc. are to be religiously followed until handling and resuscitation of the newborn baby. Appropriate hygiene is advised throughout the newborn care to decrease infection episodes during infancy.

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Key Wards: *Rakshakarma,* Neonatal care, hygiene, Antisepsis, kumaragar etc.

Introduction: In Ayurveda, Rakshakarma has been described by Acharya Charaka, Acharya Sushruta and Acharya Vagbhat in Navjat Shishu Paricharya.

Acharya Charaka has given detailed description related to protection of newborn (raksha karma) like proper cleaning of beddings, clothing, and aseptic measures to prevent infections from surroundings. All around the labour room (*sutikagara*) and kumaragar, the twigs of *adani, khadira, karakndu, pilu, parushaka* should be hung, and *sarshapa, atasi, tandula, kan-kanika* should be scattered on its floor. A packet containing *vacha, kustha, kshomka, hingu, sarspa, atasi, lasuna,guggulu* etc. *raksoghana dravyas* should be hung on the door and similar *dravyas* should be tied around the neck of mother and the child. Well wishing care taker women should be vigilant and attentive in the *sutikagara and Kumaragara* for the initial 10-12 days[1] .

Acharya Sushruta descrived the newborn baby to be wrapped in *kshaumasutra* (linen) cloth and made to sleep on a bed covered with soft and delicate linen. Twigs of *pilu-badar-nimba-parushaka* are to be used to gently fan the baby. A tampon impregnated with oil (*tailapichu*) should be applied over the baby's forehead daily. Fumigation with *rakshoghana drayas* should be done in the *sutikagara.*[2]

Acharya Vagbhata described similar rakshakarama as described by Charaka[3]. in addition, Vagbhatta has also mentioned the use of herbs as *brahmi, indryana, jivaka* and *rishbhaka* to be tied around hands or neck of the newborn. Acharya Vagbhatta also mentions use of *balvacha* for it promotes *medha*, *smriti*, health and longevity of the baby [4]

In Indian system of medicine, it is evident that in *rakshakarma,* Ayurvedic acharyas have described measures which aim to protect the newborn baby from various infections. The fumigation of the *sutikagara and Kumaragar* by various antiseptic drugs is mentioned to protect the baby from various infections and prevent diseases. The drugs mentioned in *dhupana karma* have antiseptic and antimicrobial properties.

The precautions taken to control infections applied by all medical and para-medical staffs include the such as hand washing thoroughly with soap and water before touching newborn baby. Strict asepsis must be taken during delivery process. Sterilization should be necessary in the labour room and kumaragar. The nursing stop and resident doctors are the first health care provider who are in direct contact with the newborn during and after birth, hence nursing stop should aware with the knowledge and skill to take care of the babies and in aseptic technique to prevent infection to both mother and baby, by this many infections can be prevented, by keeping the above points in mind the Sutikagar and kumaragar is likely fumigated regularly. Nursing stop, labour room stop and resident doctors' need to adopt practices of aseptic technique during labour.

Hand Hygiene: Hand hygiene is needed for all persons entering the sutikagar and kumaragar who will have contact with infants or nursery equipment. The initial hand wash for doctors should be done with an antimicrobial soap for 3 minutes if hands are dirty before entering in nursery, otherwise an alcohol-based product is used between examination or care of each infant , a fifteen second hand wash with soap and water or hand rub with alcohol- based product, is required. Infants should never come into contact with the unwashed portion of the skin. Before initial contact with the baby in the NICU, family members should perform a thorough hand wash with an antiseptic soap or alcohol-based hand rubs are available in sutikagar and kumaragar.

Visitation: The family members and attendant must be educated about visitation policies prior to the birth of the baby. The parents, grandparents, or a designated support person and siblings of infants will not be admitted to NICU. Attendants are screened for any infection. Attendants with active infections should be excluded from the area of NICU . Fathers with respiratory symptoms may wear a mask and cap at the delivery area but may not visit the baby in NICU. Other visitors with respiratory symptoms are excluded from visiting under any circumstances. Parents and siblings may visit in the NICU with a mask if the infant is in sick condition.

Caregivers: of babies will wear a clean uniform and have hair up to shoulder length or longer must be tied back. Long-sleeved cover gowns will be worn by those working with babies. Clean gowns are to be worn once and discarded.

Report to your doctor in any of the following sick conditions like refusal to feed , excessive cry, diarrhoea, vomiting, upper respiratory infection, cold sores, fever blisters, any lesion on the genitals, irritating vaginal discharge, skin infection or pustule, abdominal distension, umbilical discharge etc.

Routines care in NICU: Aseptic dry cord care or with spirit gauze will be given as per indication. A bath is given every day using a mild antiseptic liquid like Tankan water. Strict asepsis will be maintained during all invasive procedures. Babies should be held away from the face and hair of the care provider. Nursery staffs who are working in part or shift in another area of the hospital are not allowed to enter the NICU unless they change into a clean uniform and perform a three-minute hand scrub.

Feeding: Mothers should be instructed to cleanse hands before receiving baby and instructed for nipple care as well as hand care, demand feeding with burping after each feed.

Clean Linen: Linen should be kept in a closed sterile drum. All newborn babies should be supplied with linen supplies through the hospital laundry or brought clean from home.

Refrigerator: The refrigerators are used for storage of medicine, expressed breast milk, and vaccines.

Conclusion: Acharyas of Ayurveda have described the care of newborn in their own measure. Although, since then a rapid progression in Neonatology owing to technological advances in biological sciences have taken place yet the Ayurvedic acharyas have to be credited for keeping in place a very rational newborn care regimen. The detail in *navajata shishu paricharya* is surely the precursor of recent neonatology both having the common aim of protecting the newborn. Aseptic technique is a set of specific practices and procedure performed under carefully control condition with the goal of minimizing contamination by pathogen. Pathogens are causing infection through direct contact with personal or equipments or by the environment. All newborns are potentially vulnerable to infection, Situation that needed special aseptic measure include surgical procedures, insertion of intravenous line, urinary catheterisation, drains, care in labour room and NICU.

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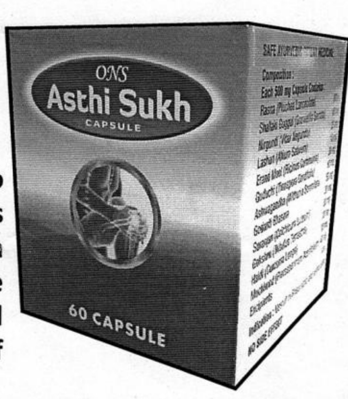

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Ocular Anaesthesia

***Arvind Gautam **Aarti Chaurasiya ***Dr.Manoj Kumar**

Abstract: Anaesthesia is a base of surgery and for a successful, smooth surgery an appropriate anaesthesia is essential. Ocular Anaesthesia play an inportmant role in the operations of Ocular surgical diseases. The commonly used anaesthetic procedure will be disscuesd.

Key word: Ocular, Bupivacaine, retrobulbar and hydrolyze.

Commonly used local anaesthetics:

Lidocaine hydrochloride

Lidocaine is an amide local anesthetic. It is available in 2% and 4% concentration for medication. Its action is quick likely to starts in 15 minutes or less, but is duration of action is short. The action of Lidocaine can be increased by adding epinephrine(1:200000) which increased upto 75% . The duration of action is about 2 hour.

Bupivacaine Hydrochloride

Bupivacaine is an amide local anesthetic available from 0.25% to 0.75%. Its action is slow in onset 15min to 1 hour. But because of its higher lipid solubility and protein binding it has prolonged (12-24 hour) and potent than Lidocaine. It provides prolonged analgesia postoperatively.

So in common practice combination of lignocaine2% and Bupivacaine 0.5% in 1:1 is used[1].Because these two are appropriate for cataract surgery.

Hyaluronidase

Hyaluronidase is most frequently used in combination with anaesthetics for ophthalmologic surgery. It helps in less distortion of surgical site and decrease incidence of postoperative strabismus. It has potential for limiting local anesthetic myotoxicity because of quicker spread, hypotony, less ballooning of periocular tissue. It hydrolyzes hyaluronic acid by splitting the glucoaminidic bond between C1 of the glucosamine variety and C4 of glucuronic acid, due to this it decreases the viscosity of intercellular cement and allowing the viscosity of intercellular and allowing greater spread of anesthetic[2].

Retrobulbar Anaesthesia cement

An adequate and appropriate Retrobulbar block results in excellent akinesia, anaesthesia and sensory block with some visual block also. But should be done carefully because of various complication like Retrobulbar haemorrhage, globe perforation, oculocardiac reflex, central retinal artery occlusion etc[3].

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Technique:

A 33mm(1.5 inch) 23-gauge needle with a rounded point on a 10-cc syringe is preferred. Ten cc containing 2% Lidocaine with epinephrine mixed with 0.75% Bupivacaine and 10 to 15 units Hyaluronidase per cc can be used. The surgeon should be on the same side of bed as the operative eye. Then the eye should be cleaned with swab. The needle tip with bevel down is advanced parallel to the orbital floor, entering at the lateral third of inferior lid. During this the patient eye should be in primary gaze position. The needle is advanced slowly to penetrate Retrobulbar fat and the intermuscular septum. The syringe should be gently withdrawn to ensure a blood vessel has not been ruptured prior to injection. 2.5 to 4.0 cc should be injected and 1 to 2 cc while withdrawing the needle. After this close the lid and apply gentle on and off pressure is applied on eye using a sponge ball or gauze to diffuse the anaesthesia in eye. Within 4-5 min anaesthesia and akinesia of eye will be found4.

Peribulbar Anesthesia

The injection of anaesthesia within the orbit without directing the needle inside the muscle cone. Because of this the solution is collected in the orbit outside the muscle cone. This reduces the risk of damage to vital structure of eye which is behind the eye[5].

Technique:

Basic technique is same as Retrobulbar Anaesthesia but in this we don't have to go in muscle cone. Amount of anaesthesia 7 to 10cc is required.

Advantage of Peribulbar block over Retrobulbar block:

- Chance of Retrobulbar haemorrhage is very rare.
- As needle is far away from muscle cone so less incidences of injury to globe and optic nerve.
- The potential for intraocular or intraocular or intradural injection is decreased because anesthetic is deposited outside the cone.

Disadvantage of Peribulbar block over Retrobulbar block:

- Less akinesia of extraocular muscle.
- Greater volume of anesthetic is required so it may results in raised ocular pressure[6].
- Greater risk of periorbital ecchymosis and conjunctival chemosis.

Topical anaesthesia and Intracameral Anaesthesia:

Topical anaesthesia provides excellent intraoprative pain control. If the selection of patient is proper and patient is co-operative, calm and follow instruction of doctor properly than Topical and Intracameral Anaesthesia is best for eye surgery because it avoids systemic and ocular risk of previously described modalities. Visual recovery is also very quick in this[7]. Studies shows that if topical anaesthesia is combined with Intracameral patients get well tolerated to phecoemulsification technique[8].

Technique for topical anaesthesia and Intracameral anesthesia:

Application of Topical Anaesthesia:-2-3 drops of Tetracaine 0.5% or Proparacaine is used 2-3 times 15 minutes surgery and repeat in every 5 minutes. And 2-3 drops just before the start of surgery. Gel preparations (Lidocaine 2% jelly) can also be used as they have coating the eye without requiring repeated doses but it should be used after dilation of pupil because it may interfere with absorption of dilating agents.

Application of Intracameral anaesthesia:- 0.5% of 0.5 ml Lidocaine preservative free is injected through the side port after paracentesis of aqueous humor.

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Management of Benign Prostatic Hyperplasia with Ayurvedic Compound

Pradeep Kumar**Ashish Sharma Sarvesh Dubey****AK Gupta*****VK Sharma**

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Abstract: Benign Prostatic Hyperplasia (BPH) is an exceedingly common ailment in elderly male population exhibiting an age related increase in incidence. BPH is most common cause of lower urinary tract symptoms (LUTS) leading to a decreased quality of life. In Ayurveda, urinary disorders have been described under the heading of mutrakrichhra, mutraghat and ashmari. Mutraghat and ashmari are obstructive uropathy. BPH closely resembles with Vatashtheela (a type of mutraghat) in terms of its symptomatology. The aim of treatment of BPH is to improve quality of life by providing relief in symptoms, reducing disease progression and restricting the development of new morbidities. In medical treatment, alpha adrenergic blocking drugs and 5-alpha reductase inhibitors are helpful in relieving symptoms of BPH but the greatest safety concern lies in occurrence of commonly reported side effects like dizziness, orthostatic hypotension, headache, asthenia and retrograde ejaculation. On the basis of above fact, there is always a need of a cost effective drug to treat BPH with equal therapeutic efficacy and least or no side effects. In Ayurveda, several drugs have been mentioned which are also found effective in clinical trials. In present study, "Varunshigru ghan vati" containing two drugs i.e Varun (Crataeva nurvala buch.ham) and Shigru (Moringa oleifera lann) was given in 500mg tid dose to 30 patients of BPH in 50-80 years age. Assessment was done on the basis of International Prostate Scoring System (IPSS) and maximum flow rate in uroflometry. Results were found promising with 90% patients exhibiting moderate to marked improvement (~75%) in their symptoms at the end of 3 months.

Keywords: BPH, Vatashtheela, IPSS, Varun, Shigru.

Introduction: Benign prostatic hyperplasia (BPH) is one of the most commonly encountered diseases in the ageing male population wherein occurs an unregulated cellular proliferation in the transition zone which lead to an increase in prostatic volume (static component) as well as in stromal smooth muscle tone (dynamic component). Thus a physical compression of urethra is

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produced which result in anatomical bladder outlet obstruction (BOO) and may present clinically in the form of lower urinary tract symptoms (LUTS), urinary tract infections, urinary retention, calculi etc [1]. Autopsy studies has shown an increased histological prevalence of BPH with increasing age as 8%, 50% and 80% in 4th, 6th and 9th decades of life respectively [2]. Owing to these facts, it is a major health concern among geriatric population leading to a decreased quality of life. The spectrum of available treatment options has been as wide as the number of symptoms is; ranging from watchful wait to open surgery. Advent of new minimal surgical therapies like laser ablation, microwave thermotherapy etc. has added to the armamentarium of surgeons [3]. However, surgery is still a difficult job in elderly populations owing to several factors. Recently, the association of metabolic syndrome with BPH [4] has rendered it more difficult. So, the focus should be more on the pharmacological therapies. Presently, combination drug therapies including α_1-blockers and 5 α-reductase inhibitors are in practice but the greatest concern lies in the side effects profile of these drugs which include dizziness, orthostatic hypotension, headache, asthenia, loss of libido, retrograde ejaculation etc [5]. Hence the the interests are shifting towards the use of phytotherapy and herbal indigenous drugs from Ayurveda which produce similar therapeutic relief in symptoms with no or minimal side effects.

In Ayurveda, urinary disorders have been described under the headings of *mutrakrichhra* (dysuria), *mutraghats* (obstructive or retention pathologies), *ashmari* (calculi) and *pramehas* (metabolic pathologies). *Vatashtheela* is a type of *mutraghat* mentioned in Ayurveda classics which is characterized by the development of a single, elevated tumor like growth between rectum and bladder with firm to hard consistency, leading to retention of urine, distention of bladder and pain in suprapubic region [6]; thus resembling with BPH closely. A conservative management with various herbal drugs has been proposed as treatment which has been found effective in clinical trials. *Varun* (*Crataeva nurvala*) and *shigru* (*Moringa oleifera*) are two such drugs which have been evaluated and found effective in the treatment of urinary disorders. Hence, this study was planned with an aim to evaluate the efficacy of the combination therapy of these two indigenous drugs in the management of BPH and the results have been found promising.

Materials and Methods:

Patients of 50-80 years of age showing signs and symptoms of BPH with LUTS who attended the outdoor clinic at Rishikul Government Ayurvedic College and Hospital, Haridwar, Uttarakhand, India were enrolled in this study. A detailed clinical history was taken and thorough physical as well as digital rectal examination (DRE) was performed in all cases. The

patients completed the validated International Prostate Symptom Score (IPSS) [7] for urinary symptoms and underwent transabdominal ultrasonography (USG) for evaluation of prostate. Complete blood count with serum urea-creatinine and prostate specific antigen (PSA) levels were estimated in each patient along with routine and microscopic analysis of urine. Patients with previous prostate or urethral surgery, stricture urethrae, neurogenic bladder, idiopathic bladder neck obstruction, stenosis or hypertrophy, renal insufficiency, diabetes mellitus and the patients with complications like hematuria, urinary retention etc. were excluded from the study. Thirty patients with grade 2 prostatomegaly on DRE [8], IPSS score ≥ 8 and prostate weight >30gm measured on USG were included for drug trial. All subjects were thoroughly explained and informed consents were obtained. Urodynamic evaluation of maximum urine flow rate (Qmax) was done before inception of drug therapy. Aquous extract of barks of plants *C. nurvala* and *M. oleifera* was concentrated and made into tablet form (named *Varun Shigru Ghan Vati*) of 500 mg each as per the method described in *Sharangdhar Samhita* [9], the classical Ayurvedic Pharmaceutical text. All patients were administered the drug in 500mg thrice daily dose with water after meals and were followed up at an interval of 15 days for assessment of therapeutic effect of the trial drug with respect to IPSS score (as per AUA guidelines) [7] and Q max evaluation till 90 days. Data analysis was done by applying Student's 't' test.

Table 1: Pre-therapy evaluation of patients

Variable		No. of Patients (%)
Age (years)	50-60	14 (46.67)
	61-70	06 (20)
	71-80	10 (33.33)
Prostatomegaly on DRE	Grade 2	09 (30)
	Grade 3	15 (50)
	Grade 4	06 (20)
IPSS	Moderate (8-19)	11 (36.67)
	Severe (≥20)	19 (63.33)
Qmax Value Score	0 (>15 ml/sec)	0
	1 (13-15 ml/sec)	01 (3.33)
	2 (10-12 ml/sec)	03 (10)
	3 (7-9 ml/sec)	21 (70)
	4 (<7 ml/sec)	05 (16.67)

Results:

Mean age of the patients were 63.67years with more than half the patients were of more than 60 years. Digital rectal examination findings revealed 30%, 50% and 20% cases of grade 2, grade 3 and grade 4 prostatomegaly as per criteria given by Romero *et al* [8]. According to IPSS

questionnaire, 11 patients had moderate symptoms (score 8-19) while 19 patients had severe symptoms (score >19) at the start of treatment. Pre therapy Q max evaluation revealed maximum flow rate of less than 10 ml/sec in 86.67% cases [Table 1]. At the end of three months drug therapy, significant improvement was shown in most of the patients both on subjective parameter (IPSS) as well as objective parameter (Qmax). Although the relief in symptoms measured by mean difference of pre and post therapy scores showed statistically highly significant results for all seven symptoms, percentage of relief was more pronounced in voiding symptoms (straining, intermittency, weak stream and incomplete emptying). Patients also exhibit 78.8% relief in maximum flow rate at the end of three months. Overall, about 90% patients showed moderate to marked improvement both on subjective and objective parameters. No adverse reactions were noted during the period of study.

Table 2: Effect of Therapy on IPSS and Qmax

Parameter	Mean Score		Difference	Percentage Relief	SD[$]	SE[!]	t	p	Significance
	BT[*]	AT[#]							
Incomplete Emptying	2.9	0.6	2.3	79.5	1.26	0.23	10.07	<0.001	HS[+]
Frequency	4.2	1.3	2.9	69.5	0.92	0.16	17.51	<0.001	HS
Intermittency	2.2	0.46	1.7	78.78	1.11	0.20	8.53	<0.001	HS
Urgency	2.8	0.9	1.9	67.44	1.08	0.197	9.79	<0.001	HS
Weak Stream	3.8	0.4	3.4	90.4	0.93	0.171	20.2	<0.001	HS
Straining	2.1	0.5	1.6	75	1.13	0.206	7.33	<0.001	HS
Nocturia	3.3	1.1	2.2	66	1.09	0.2	11	<0.001	HS
Qmax	3	0.63	2.36	78.8	0.764	0.139	16.94	<0.001	HS

([*]Before Therapy, [#]After Therapy, [$]Standard Deviation, [!]Standard Error, [+]Highly Significant)

Table 3: Overall Effect of Therapy

Degree of Improvement	No. of Patients (Percentage)	
	IPSS	Qmax
Marked Improvement (75-100%)	18 (60%)	13 (43.33%)
Moderate Improvement (50-75%)	08 (26.67%)	14 (46.67%)
Mild Improvement (25-50%)	04 (13.33%)	03 (10%)
Unchanged (<25%)	0	0

Discussion:

Management of various urinary disorders, including BPH, continues to be a challenge even today. Any form of surgery involves hospitalization and presents with a significant rate of short-term and long term complications. Hence, the pharmacological approaches are more sought after treatment options among the geriatric population. Among these, α_1-blocker and 5 α-reductase inhibitor combination therapy and the use of various phytotherapeutic and herbal compounds are common in practice. Latter is getting popularity nowadays owing to an equivalent therapeutic efficacy with no side effect profile. In Ayurveda, *varuna (C. nurvala)* and *shigru (M. oleifera)* have been acclaimed for their use in the management of various uropathies including *vatashtheela* (BPH). Owing to these facts and the existing knowledge about the pharmacologically active constituents, a combination therapy of these two drugs was planned to be evaluated in a more patient friendly, tablet form.

According to previous studies done, the stem bark of *C. nurvala* contains various alkaloids like cadabicine, saponins like diosgenin, tannins like epiafzelechin and catechin, flavanoids like quercetin and isoquercetin, phytosterols like spinasterol, cetyl alcohol and various triterpenes like lupeol and its acetates, β-sitosterol, varunol, betulinic acid, lupenone, friedelin etc [10-13]. Of these, the primary active principle is lupeol, a pentacyclic triterpene which is found in the highest concentrations in the stem bark [14]. *C. nurvala* is known for its anti urolithiatic, lithotrpitic, antibacterial, anti inflammatory and tonic effects on smooth muscles. Prasad *et al* showed through their studies, that the watery extract of the drug increases the tone of smooth muscles [15]. Similarly, through other experimental and clinical studies, Deshpande *et al* proved that the decoction or watery extract of *C. nurvala* improves the tone of the smooth muscle of the bladder, thus increasing the force of contraction and so the expulsive force of urination which is reflected in the form of an increased value of Qmax. A more pronounced relief in the voiding symptoms found in this study is more attributable to this tonic effect. Also, due to this, the amount of residual urine is significantly reduced. Moreover, owing to the anti inflammatory actions of the drug, there occurs a reduction in the prostatic as well as bladder congestion; thus adding to the relief in troublesome LUTS [16]. The stembark of *M. oleifera* has been reported to contain several active principles eg. moringine, moringinine, β-sitosterol, oleic, palmic and

stearic acids etc. It possesses antibacterial, anti inflammatory, anticholesterolemic, diuretic and anti urolithiatic activities [17]. The active principles found in *M. oleifera* particularly, the fatty acids and the β-sitosterol have been found useful in inhibiting the 5 α-reductase [18] as well as to alleviate the inflammation of bladder. β-sitosterol which is also a potent active principle in *C. nurvala*, has been studied in details for its utility in the treatment of BPH by inhibition of β-sitosterol. In a systematic review of four randomized, placebo-controlled, double-blind trials (lasting 4 to 26 weeks), β-sitosterol have been found to improve urinary symptom scores and flow measures as well as reduce the residual urine volumes. The effects have been postulated to be mediated by the inhibition of 5 α-reductase [19, 20]. Hence, the volume of prostate is reduced and the symptoms are relieved which is reflected in the results obtained in this study. As far as the safety profile is concerned, both the drugs have been found safe in animal toxicity studies on oral consumptions [21, 22].

Conclusion: Varun Shigru Ghana Vati is a safe, effective and easily palatable treatment option for benign prostatic hyperplasia. The drug is not only effective in alleviating the symptoms of the disease but also restricts its progression. Moreover, associated comorbidities usually encountered with BPH like calculi, bladder hypotonicity, UTI etc. can also be taken care of by the same drug. However, more extensive randomized placebo controlled trials are needed to further establish the efficacy of this treatment.

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Effect of Bala Taila Matra Basti & Yoni Pichu on Labour: review

Dr. Shipra* **Prof. Neelam****

ABSTRACT: For centuries women birthed vaginally and today, there are still many vaginal birth benefits for both women and their babies, despite changes in birth practices due to modern technology. Ongoing scientific research is to establish more and more vaginal birth, which is still the best, natural, intervention-free method of delivery. It is the safest, most practical and advantageous way for giving birth to a baby.

Aim: Effect of Bala Taila Matra Basti and Yoni Pichu on Labour.

Nature of study: Clinical trial.

Condition on which the trial is done: Pregnant women with pregnancy of more than 36 weeks came for routine antenatal checkup and admitted in PTLR at term during labour.

Trail drug:

Drug	Botanical name	Part Used
Bala	Sida cordifolia	Whole plant
Tila	Sesamum indicum	Seed oil

Method of preparation: - Bala taila is prepaired as mentioned in Sha. Sa. Ma. Khand 9/2.

Key words: Labour, Matra basti, Yoni Pichu.

INTRODUCTION:

Benefits for mother in normal delivery:

1. Quick recovery -The recovery from a natural vaginal birth is almost immediate. Generally, a mother can stand up and care for herself and her baby without assistance. Within days she can be attending to her family, taking care of other responsibilities and driving as usual.
2. Shorter hospital stays.
3. Vaginal births are cost-effective.
4. Vaginal birth has lower maternal mortality rates.
5. No pre, intra or post operative complications as in LSCS.
6. Less amount of blood loss as compare to LSCS.

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Benefits for baby born in normal delivery:

1. Naturally born when they are ready.
2. Vaginal birth have considerable lower risk of respiratory problems (thorax expels the amniotic fluid during the birth process).
3. The passage through the birth canal stimulates the baby's cardiovascular system, which boosts blood circulation.
4. Vaginally receive protective bacteria as they pass through the birth canal (developing a balanced immune system, from childhood right through to adulthood).
5. Vaginal birth exhibit more interest in pre-breastfeeding behaviors such as sucking.
6. Skin-to-skin contact between the mother and baby can occur easily.

Discussion:

Criteria for selection of drug: In Ayurvedic literature, many drugs and procedures are mentioned for Sukhaprasava as a part of Garbhini Paricharya. Acharya Charka and Vagbhata have advised use of Anuvasana basti with medicated oil prepared with the drugs of Madhura varga during 9th month; and Vaginal pichu of this oil should be given for lubrication of garbhasthana (cervix) and garbhamarga (vaginal canal and perineum).

नवमे तु खल्वेनां मासे मधुरौषधसिद्धेन तैलेनानुवासयेत् ।
अतश्चैवास्यास्तैलात् पिचुं योनौ प्रणयेद्गर्भस्थानमार्गस्नेहनार्थम् ।। ;च0सं0 8/32

Acharya Sushruta has advised basti karma for clearing the retained feces and anulomana of vayu in eight month. Fecal matter can cause discomfort and obstruction to the srotas and thus it may vitiate apanavayu. So, basti karma is necessary to normalize apana vayu.

As we know that Apana vayu perform the function of expulsion of fetus. If Apana vayu is in normal state (prakrit awastha), fetus will came at right time and through normal way (Yatha samay and uchit riti) i.e. normal delivery. But if, it is in abnormal stage, it will produce complications and abnormal features of labour.

Matra basti (type of Anuvasana basti) and Yoni Pichu of Bala taila (one drug of madhura group) perform the function of vatanulomana and clearing the retained feces. Due to Vatanuloman (regulation of vayu or putting in right direction), women delivers without difficulty and remains free from complications. In modern context it can be co-related with neuro-hormonal functions which coordinate uterine contraction, cervical ripening and effacement during process of labour.

Dwarkanath suggested that Basti therapy by virtue of its medicaments greatly influences the normal bacteria flora of the colon. By doing so, it modulate the rate of synthesis of vit.B12 which is normally manufactured by colonic bacterial flora. This vit.B12 may have a role in the maintenance of regeneration of nerves. It will be helpful for nervous control of body to establish normal labour. Colonic irrigation also helps to reduce infections.

Bala has been selected for the present study due to its Madhura, Snigdha, Balya, Vrihmana, Prajasthapana and Vata-samshamana property, authentic references, not pungent but is emollient and easily available with reasonable cost.

Researches shown:

(a) Bala has an anti-inflamatory, analgesic and antioxidant properties. (Journal of Ethnopharmacology, vol.85, issue 2-3, April 2003, Page No. 261-267).

(b) Sesamum indicum has anti-microbial property, inhibit the growth of fungi and bacteria. (Xingyoung yang yan pei, Biotechnology research centre, Southwest university China, Published on 8 Dec.2006).

Plan of Study :

The present research work is conducted on the pregnant women came for routine antenatal checkup in OPD of Department of Prasuti Tantra in S.S. Hospital, BHU, Varanasi, are subjected to:

1. USG (OBS)
2. Vaginal pH
3. HVS - C/S
4. Urine – C/S

Before and After t/t

Drug	Route of Administration	Dose	Time of Administration	Retention Time
Bala Taila	Gud Basti	60 ml	After 36 wks. for once weekly	As long as patient retain
	Yoni Pichu	5-8 ml	After 36 wks. for consequent 15 days	5-6 Hrs.

Inclusion Criteria-

1. Age group 18-35 year,
2. All pregnant women with vertex presentation,
3. Gravid Women more than 36 Wks,
4. Patients having adequate Pelvis,
5. Woman ready to fulfill the criteria of Proforma.

Exclusion Criteria-

1. C.P.D,
2. Mal-presentation,
3. High risk or complicated pregnancies.

ASSESSMENT CRITERIA:-

1) **During third trimester (from 36 wk. to pre-labour weekly) –**
   Maternal and fetal wellbeing - B.P, P.R, Temp., Fundal height, Lie, FHS.
2) **During labour –**

a) Bishop's Score,
b) Partograph,
c) Total duration of labour including 3 stages,
d) Any complication or adverse effect.

3) **During Puerperial period (weekly) –**

a) Uterine involution,
b) Lochial discharges,
c) Episiotomy wound,
d) Any complication or adverse effect.

Techniques employed:

1. Administration of Matra Basti: No Poorvakarma is advised as this is a Shaman Chikitsa. Matra Basti is administered in the full stomach by light meal following light physical exercise. Then the patient is advised to evacuate the bowel.

For the administration of basti the pregnant women is placed on the table in left lateral position with right knee flexed. The oil is heated in a bowl of lukewarm water, and then 60 ml of oil is filled into a syringe. The piston is fixed to the syringe and rubber catheter is fixed to the piston. The tip of rubber catheter and anal orifice of the patient is lubricated with the oil. Then the catheter is introduced slowly into the anal canal for about 4-6 inches and oil is pushed by pressing the piston slowly - slowly without shaking the hands , simultaneously the pregnant lady is encourage to take deep breath. Then catheter is removed. To prevent early evacuation of the basti the patient is placed in supine position for half an hour and then buttock of the patient may be elevated by placing a pillow beneath the buttock. The time of evacuation of basti is observed. After the basti, patient is advised to take light and nutritious food along with lukewarm water during the next meal time. Patient is advised not to do any strenuous work and to retained basti as long as possible.

2. Administration of Pichu:

(a) Pichu is made-up of gauze piece wrapped over cotton ball of apprx. 3x3cm. and then autoclaved,
(b) Patient is advised to void urine before pichu insertion,
(c) Patient is in supine position with flexed knees,
(d) Sterile pichu soaked in Bala taila is inserted with index finger into vagina in such a way that end of the pichu should come out of vagina. This facilitates easy removal of pichu after 5 to 6 hours.

Conclusion :

By application of Matra basti and Yoni Pichu of Bala Taila, the process of labour become ease and duration of labour become shorter. Yoni Pichu causes cervical ripening and relax the perineum, so decreases the chance of cervical and perineal tear. Bala Taila in both way (Matra basti and Yoni Pichu) establishes the normal labour by acting locally as well on CNS.

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Lox (Lignocaine) **Anawin** (Bupivacaine)

REGIONAL ANAESTHETICS

Fent (Fentanyl) **Supridol** (Tramadol) **Riddof** (Pentazocine)

ANALGESICS

Myorelex (Succinyl) **Neovec** (Vecuronium) **Neocuron** (Pancuronium)

MUSCLE RELAXANTS

Nex (Naloxone)

OPIOID ANTAGONIST

Myostigmin (Neostigmine)

REVERSAL AGENTS

Thiosol (Thiopentone) **Aneket** (Ketamine)

INDUCTION AGENTS

Hypnothane (Halothane) **Sofane** (Isoflurane)

INHALATION AGENTS

Mezolam (Midazolam) **Neomit** (Ondansetron)

PREMEDICANTS

Tropine (Atropine) **Pyrolate** (Glycopyrrolate)

ANTICHOLINERGICS

NEON

Offers

WIDER CHOICE

Anaemia in Pregnancy: Its symptom and Management

*Dr. Sandhya Yadav **Dr. Sunil Yadav

ABSTRACT: Anaemia is a condition characterized by a deficiency of red blood cells in the blood. Anaemia can be temporary or long and it can range from mild to severe. Most vulnerable groups are adolescent, adult female and pregnancy. It is one of the most prevalent causes of disability in the world and therefore a serious global public health problem. According to the 2005 dietary Reference in Japan, an additional 1g iron required during pregnancy. The requirement of iron of a Japanese women is 10.5 mg./day whereas it increases 20 mg during pregnancy. Anaemia during pregnancy can be a mild condition and easily treated but it can become dangerous and challenging, to both the mother and the baby, if it goes untreated.

KEYWORD: adolescent, Organization, vulnerable and National Family Health Survey.

INTRODUCTION: Anaemia is a condition characterized by a deficiency of red blood cells in the blood. Anaemia can be temporary or long and it can range from mild to severe. The causes of anaemia are bleeding, hemolytic, underproduction of red blood cells and also underproduction of hemoglobin. Anaemia is one of most commonly uncounted medical disorders during pregnancy. Most vulnerable groups are adolescent, adult female and pregnancy. It is one of the most prevalent causes of disability in the world and therefore a serious global public health problem. Consequences of iron deficiency ultimately leading to reduced work productivity in the suffered group.

DEFINATION: Anaemia is defined as a decrease in the total amount of red blood cells or hemoglobin in the blood. The condition is very common, easy to diagnose and treat at initial stage but yet prevalence is more. It is a condition where circulating levels of Hemoglobin (Hb) are quantitatively or qualitatively lower than normal. It is a medical condition in which there is not enough healthy red blood cells to carry oxygen to the tissues in the body. When the tissues do not receive an adequate amount of oxygen, many organs and functions are affected. Patients with anemia may feel tired, fatigue easily, appear pale, develop palpitations, and become short of breath.

INCIDENCE: It is estimated that globally two billion women suffers from anaemia or iron deficiency. Anaemia is particularly prominent in South Asia. In India for example, up to 88 per cent of pregnant women are affected with mild to moderate. Several types of anaemia can develop during pregnancy. According to world Health Organization estimates, up to 56% of all women living in developing countries are anemic. In India, National Family Health Survey -2 in 1998 to 99 shows that 54% of women in rural and 46% women in urban areas are anemic.

WHO CLASSIFICATION: Anaemia in pregnancy can also be classified as mild, moderate or severe, with WHO classifying mild anemia as Hb level of 10.0-10.9 gm/dL, moderate anaemia as 7-9.9 gm/dL and < 7gm/dL as severe anemia.

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The World Health Organization (WHO) defines anemia as a hemoglobin level <13g/dl in men and <12g/dl in women (Adamson JW and Longo DL, 2012; 448).

WHO`s Hemoglobin thresholds used to define anemia
(1 g dL = 0.6206 mmol/L)

Age	HB threshold (g/dl)	Hb threshold (mmol/l)
Women, non-pregnant (>15 Yrs)	12.00	7.4
Women, pregnant	11.00	6.8

Physiological Anemia: There is a disproportionate increase in plasma volume, RBC volume and hemoglobin mass in pregnancy. Since plasma volume increases more than the RBC mass hemodilution occurs, known as physiological anemia of pregnancy**.**

Iron-deficiency anemia: It is the most common type of Anaemia. It accounts for approx. 50 percent of the diagnosed cases. This occurs when the body does not have enough iron to produce adequate amounts of hemoglobin. About 1000 mg of iron is required during pregnancy. Approximately **1**5% to 25% of all pregnancies experience iron deficiency. Iron is a mineral found in the red blood cells and is used to carry oxygen from the lungs to the rest of the body, as well as helps the muscles store and use oxygen. When too little iron is produced, the body can become fatigued and have a lowered resistance to infection.

Mild anaemia may not have any effect on pregnancy and labour except that the mother will have low iron stores and may become moderately-to-severely anemic in subsequent pregnancies. Moderate anaemia may cause increased weakness, lack of energy, fatigue and poor work performance. Severe anaemia, however, is associated with poor outcome.

Management of Iron Deficiency Anaemia

- Improving diet rich in iron & fruits & leafy vegetables.
- Treat worm infections, maintain general hygiene.
- Food fortification with iron & genetic modification of food
- Iron & folic acid supplementation during pregnancy
- Heme Iron better, present in animal food & is better absorbed.
- Iron absorption enhanced by Vit. C
- Avoid tea, coffee, caphytates, phosphates, oxalates, egg, cereals with iron

Other Deficiency OF Anaemia in Pregnancy:

Hemic nutrients, trace elements, vitamins, and proteins are necessary for growth and maintenance of various physical functions. Other hand anemic has been associated with protein deficiency in pregnancy. The increasing needs of the mother and the demands from the fetus increase protein requirements from about 45 g in the non pregnant state. Protein deficiency is not unusual in a great part of the world. Anaemia is also associated with chronic ingestion of alcohol. Alcohol decreases folate levels through a direct effect on foliate metabolism, and poor dietary intake leading to nutritional deficiency is common in these pregnant women.

Causes: The cause of anaemia truly comes down to how many red blood cells are being produced in the body and how healthy they are. A fall in hemoglobin levels during pregnancy is caused by a greater expansion of plasma volume compared with the increase in red cell volume. Pre-pregnancy poor nutrition, fotate and B12 deficiency, Chronic blood loss due to parasitic infections, Multiple pregnancy, Acute blood loss in APH, PPH, Recurrent infections (UTI)-anemia due to impaired erythropoiesis, Hemolytic anemia in PIH, Hemoglobinopathies like Thalassemia are the some main causes of anemia.

The following are ways red blood cells can be affected and lead to anemia:

- A lack of iron in the diet as a result of not eating enough iron-rich foods or the body's inability to absorb the iron being consumed.
- Pregnancy itself because the iron being produced is needed for the woman's body to increase her own blood volume. Without an iron supplement, there is not enough iron to feed the blood supply of the growing fetus.

Symptoms of anemia during pregnancy:

Symptoms of anaemia during pregnancy can be mild at first, and often go unnoticed. However, as it progresses, the symptoms may become worse. It is also important to note that some symptoms can be due to a different cause other than anemia. The symptoms of feeling tired, weakness, shortness of breath is found when anaemia comes slowly, whereas when it comes quickly, the symptoms will be confusion, loss of consciousness or increases thirst.

The most common symptoms of anemia during pregnancy are:

- Pale skin, lips, and nails
- Feeling tired or weak
- Dizziness
- Shortness of breath
- Rapid heartbeat
- Trouble concentrating
- Rapid or irregular heartbeat
- Chest Pain
- Cold hands and feet

Risk Factors for Anaemia in Pregnancy:

All pregnant women are at risk for becoming anemic. That's because they need more iron and folic acid than usual. But the risk is higher if:

- Multiple pregnancies.
- Have had two pregnancies close together
- Vomit a lot because of morning sickness
- Are a pregnant teenager
- Had anemia before becoming pregnant

Pregnant women in developing countries of sub-Saharan Africa, South America and South East Asia are at particular risk of anemia in pregnancy as a result of poverty, malnutrition and depleted iron stores from too early, too many and too frequent pregnancies. Irrespective of race and economic situation, the prevalence of anemia in pregnancy is highest amongst teenage mothers.

Risks factors for pregnancy outcome:

Severe or untreated iron-deficiency anemia during pregnancy can increase your risk of having:

- A preterm or low-birth-weight baby
- A blood transfusion (if lose a significant amount of blood during delivery)
- Postpartum depression
- A baby with anemia

Investigations for detecting Anemia are –

- Hemoglobin test- It measures the amount of hemoglobin, an iron-rich protein in red blood cells that carries oxygen from the lungs to tissues in the body.
- Hematocrit test. It measures the % of red blood cells in a sample of blood.
- GBP- Gross Blood Picture.
- Serum Iron
- TIBC- Total Iron Binding Capacity

Management for anaemia during pregnancy

The patient suffering from anemia during pregnancy, need to start taking an iron supplement and/or folic acid supplement.

Prevention of anaemia during pregnancy

Preventing anemia during pregnancy is easy to take care. Foods that are high in vitamin C can actually help the body absorb more iron, so it is beneficial to make these additions as well.

CONCLUSION: Anaemia in pregnancy continues to be major health problem in the world. Socio economic status, literacy of women and awareness related to health concerns are the major determinants that contribute to the problem of anemia. Therefore, public health education/information on reproductive health, monitoring the compliance of women with ante-natal care services, and strengthening of their health care seeking behavior are important health care measures to be undertaken at the community level. Long term policies can be directed to formulate effective plans like eradicating anemia in children and adolescent girls. It is time for realization that health system should focus on various factors that contribute to the occurrence of anaemia and include them as an important indicator in the national health care policy.

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Rajat Shalaka an innovation for Agni Karm treatment

*** Dr. Vijay kumar ** Dr.P. K.Bharti *** Prof.D.N. Pande**

Abstract: Ayurveda and other system of health care uses various modalities for management of joint pain and Low Backache. Out of these modalities some parasurgical techniques like Agni Karm was well described in ancient time by Acharya Susruta[1] .

Many non-pharmacological approach including life style modifications, use of correct physical postures, Asana , Yoga, Panchkarm, Abhyang, diet , Parasurgical technique like Agni Karm and Acupuncture, transcutaneous nerve stimulation are different treatment modalities which are better tolerated to patient and cure the diseases with improvement of quality of life.

Keeping in view facilitating Agni Karma Treatment Rajat Shalaka was innovated by Professor D.N.Pande et.all. In the present work a comparative study was done to evaluate the efficacy of Rajat Shalaka.

Keywords: Agni Karm, Rajat Shalaka , Singhnad guggulu, Parasurgical technique.

Introduction: Heat therapy is being widely used as a method of treatment to relieves pain. Acharya Sushruta in 3 A.D. before evolution of other medical aids indicated 'Agni Karma' in various disorders of skin, muscles, vessels, ligaments joints and bones. He also explained that the diseases treated with Agni Karma modality don't reoccur.

Many works have been done on Agni Karm and conservative treatment with Bheshaj Karm but comparative study between Agni Karm and Bhesaj Karm was not conducted .

Therefore we decided to conduct a comparative study of Agni Karm and oral Singhnad Guggulu with Mahanarayan Tail Abhyang.

Aims and Objectives: The present study has been undertaken to fulfill the following aims and objectives-

- To explore the literature regarding Agni Karma in Ayurvedic and modern text.
- To evaluate the importance of Agni Karma.
- To evaluate the effect of drug Singhnad Guggulu and Mahanarayan Tail Aabhyang.
- To establish whether Agni Karma is a suitable conservative treatment for pain management. or drugs are better choice.
- To evaluate the acceptance of therapy .
- To make an Evaluation of Rajat Shalaka Agni Karm and drug therapy according different clinical situation.
- To reduce the severity and duration of painful condition.
- To provide cheap, safe and effective treatment in pain management.
- To study associated benefits as well as side effects of Agni Karma which are not mentioned in ancient classics?
- To standardize an Ayurvedic line of treatment which may prove effective in the management of the pain.

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Plan of Study : Study was planned under two headings:

- Conceptual study
- Clinical study

1. Conceptual study : In this part a detailed study of the literature related to Kati Shoola, (Low Backache) etiology, clinical picture, differential diagnosis, different modalities of management, Agni Karma, Vedana, Vedanasthapak Gana, components of Singhnad Guggulu and Mahanarayan Tail, their preparation, role of Yoga and Aasana, Agni Karma procedure, to have clear idea about the mechanism of the pain pathway and other interventional therapy has been carried out.

2. Clinical study: Clinical study was carried out by randomly dividing patients in two groups: Group -I (30 patients) and Group -II (30 patient).

Line of Management: Group -I- Patients with conservative treatment with oral Singhnad Guggulu 1gm b.d. and Mahanarayan Tail Abhyang as follow-

1- Singhnad Guggule 1 gm b.d.
2- Mahanarayan Tail Abhyang
3- Yoga and Asana

} (**Protocol to be evaluated**)

Group -II – Patients were treated by Agni Karma therapy –with help of **DNP Rajat Shalaka (Renovated by prof. D.N. Pande et. al**) had been evaluated under three stages-

i) Poorva Karma ii)Pradhan Karma iii) Paschat Karma

i) Poorva Karma :Sterilization of local part with Triphala Kwath.

ii) Pradhan Karma :Most tender spot was selected and 'Bindu' type of therapeutic 'Agni Karma was done with the help of **DNP Rajat Shalaka.(Renovated by prof. D.N. Pande et. al.)**

iii) Paschat karma:Therapeutic wound was dressed with GhritKumari pulp, immediately along with application of YastimadhuChurna**.(Protocol standerized by Prof. D. N. Pande et. all.)**

Both the groups were followed up and observed after 7 days and findings were recorded on a standard proforma.(**Prepared by Prof. D. N. Pande et. all.)**

Agni-Karma methodology:

Poorva Karma :

- A patient who was considered fit for procedure was prepared accordingly.
- Patients were counseled and explained about the procedure in order to make them mentally aware about the events of treatment.
- Consent of the patient obtained from the patient themself.
- Agropaharaniya - Before starting the procedure Rajat Shalaka *of Bindu type projection,* artery forcep, sponge holding forcep, gauge pieces, cotton, Triphala Kwath, Ghritkumari pulp, Yashtimadhu Churna, adhesive tape, cotton bandage all were kept ready.

Most tender spot of the affected part was thoroughly cleaned and painting was done with Triphala Kwath for 5 minutes in the direction of hairs. This served the purpose of Shodhana and Nirjantukikaran. Before main procedure, patients were advised to take some Picchila (light) diet in the previous night. Then, the patients were taken for Pradhana Karma.

Pradhana Karma: Patients were kept in suitable position before starting the procedure. The Rajat Shalaka was heated upto red-hot and Bindu type Twaka Vrana were made on the most tender spot of the affected part, till the Samayaka Twaka Dagdha Lakshanas occured i.e. Shabda Pradurbhava, Durgandhata etc.

Pashchata Karma : Immediately after completion of the procedure the Vrana was pressed with cold Ghritkumari pulp and dusting of Yastimadhu Churna with the help of gauze pieces.

During the procedure, patient was carefully observed for any untoward complication. Patient was advised to keep the area dry for two days, clean, avoid itching by nails, exertion, trauma and unwholesome diet.

Then the patient was called after 7 days for follow up.

Examination and Assessment

- After the registration of the patient, consent was taken. Then we had taken the detailed history on proper proforma and complete physical examination was performed. All findings were noted down in a set proforma, if he/she fulfilled the conditions of inclusion criteria then he/she was selected.
- Particulars of the patient including age, sex, occupation, socio-economic status, religion, diet habits etc.
- Chief complaints with duration of symptoms, their commencement, history of present illness including history of trauma, straining and nature of pain.
- History of past illness, particularly regarding trauma/straining of affected part.

Clinical Study : **1. Selection of patients:** All the patients attending Sangyaharan Vedanahar clinic suffering from Kati Shool, Gridhrasi, Kati Vata were selected for this study.

Inclusion criteria : Patients having typical clinical features pertaining to above condition.

- Patients willing to undergo trial.
- Patients between age group 20-70 years, of either sex.

Exclusion criteria ; Patients below 20 years and above 70 years of age.

- Patients not willing to undergo trial.
- Patient suffering from diabetes mellitus, tubercular arthritis, hypertention, renal failure, bleeding disorder, heart disease etc.
- Pregnant woman.

Laboratory Investigations: Blood investigation - Hb, TLC, DLC, ESR. FBS, BU, S. Creatinine, S. Uric acid, R.A. Factor. X-ray of the affected part of the body.

Grouping of patient: Patients suffering from Kati Shool, Gridhrasi, Kati Vata were selected from Sangyaharan Vedanahar O.P.D. Selected patients were randomly divided in two groups.

Physical Examination :

General Examination - About the Prakriti, Satva, Sara, Samhanana, general appearance, weight, pulse, B.P., respiration rate of the patient.

Local Examination

Inspection - Attitude

Swelling

Deformity

Texture or colour of skin

Presence of any wound, ulcer, spots, scars, sinuses,

Muscle wasting, muscle spasm etc.

Palpation - Local temperature,

Skin texture

Muscle spasm

Swelling

Tenderness

Crepitus

Movements - Range of movements were assessed clinically.

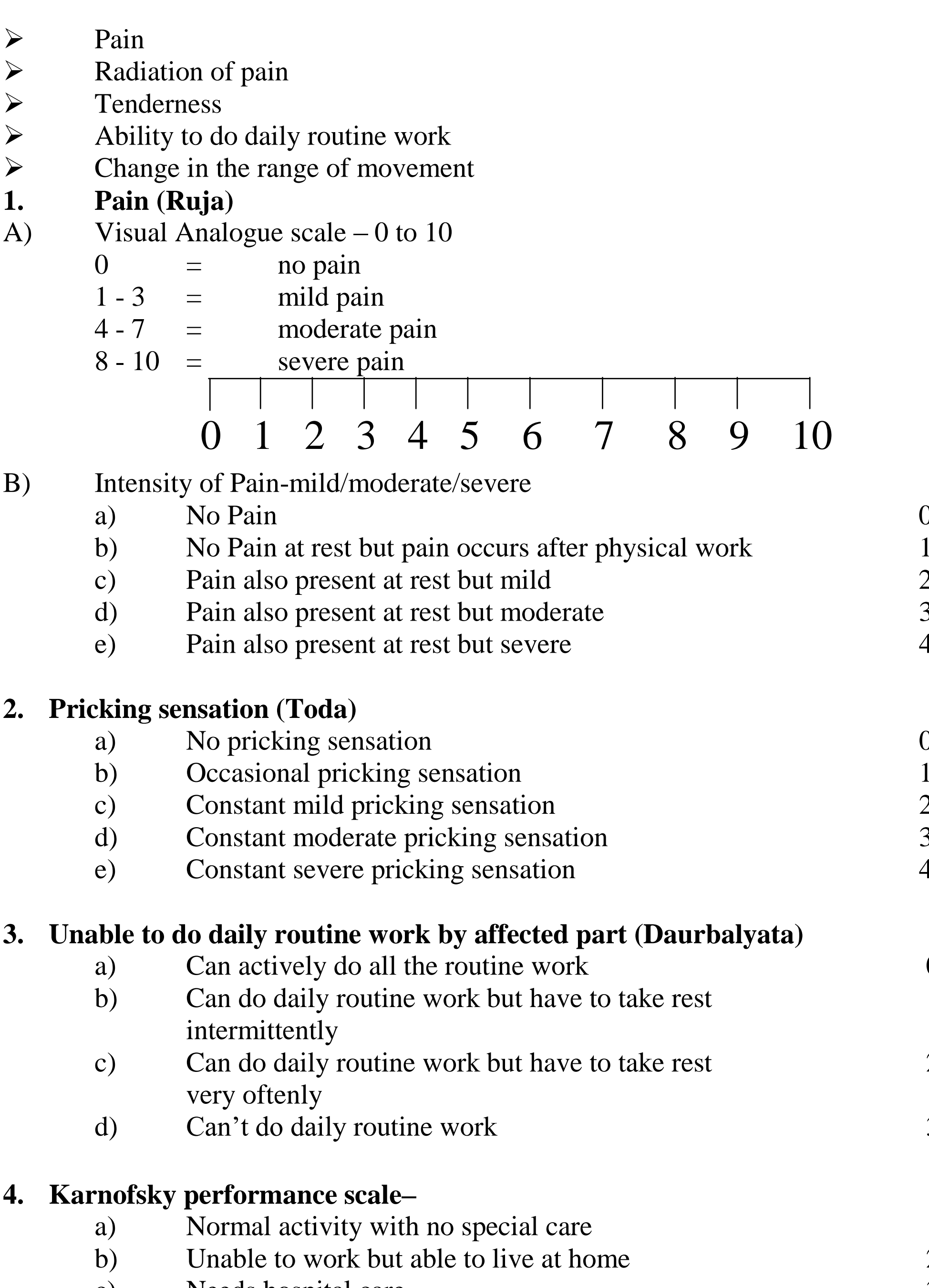
Criteria for Assessment: Improvement in the patient was assessed mainly on the basis of relief in the cardinal signs and symptoms. To assess the effect of therapy objectively, all the signs and symptoms were given scoring depending on their severity as below:

- Pain
- Radiation of pain
- Tenderness
- Ability to do daily routine work
- Change in the range of movement

1. Pain (Ruja)

A) Visual Analogue scale – 0 to 10

0	=	no pain
1 - 3	=	mild pain
4 - 7	=	moderate pain
8 - 10	=	severe pain



B) Intensity of Pain-mild/moderate/severe

a)	No Pain	0
b)	No Pain at rest but pain occurs after physical work	1
c)	Pain also present at rest but mild	2
d)	Pain also present at rest but moderate	3
e)	Pain also present at rest but severe	4

2. Pricking sensation (Toda)

a)	No pricking sensation	0
b)	Occasional pricking sensation	1
c)	Constant mild pricking sensation	2
d)	Constant moderate pricking sensation	3
e)	Constant severe pricking sensation	4

3. Unable to do daily routine work by affected part (Daurbalyata)

a)	Can actively do all the routine work	0
b)	Can do daily routine work but have to take rest intermittently	1
c)	Can do daily routine work but have to take rest very oftenly	2
d)	Can’t do daily routine work	3

4. Karnofsky performance scale–

a)	Normal activity with no special care	1
b)	Unable to work but able to live at home	2
c)	Needs hospital care	3

5. Radiation of pain

a)	No radiation of pain	0
b)	Pain radiates up to thigh	1
c)	Pain radiates up to knee joint	2
d)	Pain radiates up to leg	3
e)	Pain radiates up to ankle	4
f)	Pain radiates up to foot	5

6. Tenderness

a)	No pain on palpation	0
b)	Pain occurs on deep palpation	1
c)	Pain occurs on light palpation	2
d)	Patient does not allow to touch the affected parts.	3

Observation and Results-

Age, Weight and Height- Since the patients were selected of middle age group of 20 to 70 years and randomly of either sex the difference between both groups in age, height and weight is not significant. Hence, both groups are identical in age, weight and height.

It was observed that changes in **Mean Blood Pressure , Pulse rate** , **Respiratory rate , and mean oxygen saturation (%)** between the groups at different follow ups were insignificant which explain that both group do not produce any fall in oxygen saturation and safe on cardio-respiratory system.

But meanwhile other pain parameters shows significant changes in grading before and after treatment in both groups as follows-

Effect on Visual Analogue Scale (VAS) -

Table 1 : The statistical comparison of difference in Chi Square value of Visual analogue scale between the conservative and Rajat Shalaka groups at corresponding time i.e. before treatment and successive follow ups by applying Chi Square test, p-values and remarks are as follows-

Visual Analogue Scale Grade	Number of cases										Friedman test within group	
	BT		F1		F2		F3		F4		G 1	G2
	G-1	G-2	G-1	G-2	G-1	G-2	G-1	G-2	G-1	G-2	χ^2= 69.411 P= 0.000	χ^2= 67.440 P= 0.000
0-No Pain	0	0	0	0	0	0	0	0	0	1		
1-3 Mild pain	0	0	0	2	2	6	7	8	16	12		
4-7 Moderate	11	11	19	23	27	23	20	22	14	16		
8-10 Severe pain	19	19	11	5	1	1	3	0	0	1		
Total	30	30	30	30	30	30	30	30	30	30		
Chi square test b/w group	**χ^2=0.000 P=1.000 N.S.**		**χ^2=3.070 P=0.080 N.S.**	**χ^2=0.000 P=1.000 N.S.**			**χ^2=24.8 P=0.000 S.**		**χ^2=0.637 P=0.425 N.S.**		S.	S.

Above table shows initially in Group I, 11 cases were VAS in range of 4-7 and19 patients in range of VAS 8-10. The severity decreased at successive follow ups and at F4 16 cases had improved from 4-7 and reached in range of VAS, 1-3, while 14 cases reached in 4-7 VAS range. This decrease in severity grade was highly statistically significant.

Similarly in Group II, 11 cases were VAS in range of 4-7 and 19 patients in range of VAS, 8-10. The severity decreased at successive follow ups and at F4, 12 cases had improved from 4-7 and reached in range of VAS 1-3, while 16 cases reached in 4-7, VAS range. This decrease in severity grade was highly statistically significant.

The intergroup comparison of VAS was tested using Chi Square test. The difference between groups was not statistically significance before as well as at each follow ups.

Where ever, expected frequency came less than 5 Chi Square, has been calculated after suitably pooling the cells.

Effect on Karnofsky Performance Scale (KPS)

Table 2 The statistical comparison of difference in Chi Square value of Karnofsky pain scale between the conservative and Rajat Shalaka groups at corresponding time i.e. before treatment and successive follow ups by applying Chi Square test, p-values and remarks are as follows-

Group	Karnofsky performance scale (KPS) Number of cases						Within the group comparison Friedman test BT-F4	
	Grade	BT	F1	F2	F3	F4		
Group-1	0	10	10	17	22	27	χ^2 =**48.996** p=0.**000**	S.
	1	18	18	13	8	3		
	2	2	2	0	0	0		
Group-2	0	13	14	24	24	26	χ^2 =**34.727** p=0.**000**	S.
	1	17	16	6	6	4		
	2	0	0	0	0	0		
Between the group comparison Chi Square test		χ^2=**2.420** P=0.**298** N.S.	χ^2=**2.784** P=0.**249** N.S.	χ^2=**3.774** P=0.**052** N.S.	χ^2=0.**373** P=0.**542** N.S.	χ^2=0.**162** P=0.**688** N.S.		

Table 2 shows in Group I, 20 cases were either of Grade 1 or 2. The severity decreased at successive follow ups and at F4 27 cases had Grade 0 of KPS score. This decrease in severity grade was highly statistically significant.

Similarly in Group II, 17 cases were either of Grade 1 or 2. The severity decreased at successive follow ups and at F4 26 cases had Grade 0 of KPS score. This decrease in severity grade was highly statistically significant.

The intergroup comparison of KPS (Karnofsky performance scale) grade was not statistically significant before as well as at each follow ups.

Effect on Pricking Sensation (Pricking Scale)

Table 3: The statistical comparison of difference in Chi Square value of pricking sensation scale between the conservative and Rajat Shalaka groups at corresponding time i.e. before treatment and successive follow up by applying Chi Square test, p-values and remarks are as follows

Group	Pricking sensation Number of cases						Within the group comparison Friedman test BT-F4	
	Grade	BT	F1	F2	F3	F4		
Group-1	0	9	9	14	21	26	χ^2 =**54.113** p=0.**000**	S.
	1	18	18	15	8	4		
	2	2	2	0	1	0		
	3	1	1	1	0	0		
Group-2	0	12	13	19	23	26	χ^2 =**40.669** p=0.**000**	S.
	1	14	13	10	6	4		
	2	2	2	1	1	0		
	3	2	2	0	0	0		
Between the group comparison Chi Square test		χ^2=**1.262** P=0.**738** N.S.	χ^2 =**1.867** P=0.**600** N.S.	χ^2 =**3.758** P=0.**289** N.S.	χ^2 =0.**377** P=0.**828** N.S.	χ^2=0.**000** P=**1.000** N.S.		

Table 3 shows in Group I, 21 cases were either of Grade 1 , 2 or 3. The severity decreased at successive follow ups and at F4 26 cases had Grade 0, of PS score. This decrease in severity grade was highly statistically significant.

Similarly in Group II, 18 cases were either of Grade 1, 2or 3. The severity decreased at successive follow ups and at F4, 26 cases had Grade 0 of PS score. This decrease in severity grade was highly statistically significant.

The intergroup comparison of PS (Pricking sensation) grade in group I and group II was not statistically significant before as well as at each follow ups.

Effect on Radiation of Pain

Table 4: The statistical comparison of difference in Chi Square value of Radiation of pain scale between the conservative and Rajat Shalaka groups at corresponding time i.e. before treatment and successive follow up by applying Chi Square test, p-values and remarks are as follows

Group	Radiation of pain Number of cases						Within the group comparison Friedman test BT-F4	
	Grade	BT	F1	F2	F3	F4		
Group-1	0	17	17	19	20	25	χ^2 =**33.736** p=0.**000**	S.
	1	6	6	7	9	5		
	2	2	2	2	1	0		
	3	2	2	1	0	0		
	4	0	0	0	0	0		
	5	3	3	1	0	0	χ^2 =**34.460** p=0.**000**	S.
Group-2	0	18	18	22	23	25		
	1	4	4	5	7	4		
	2	1	2	2	0	0		
	3	4	3	0	0	0		
	4	1	1	0	0	1		
	5	2	2	1	0	0		
Between the group comparison on Chi Square test		χ^2=**2.629** P=0.**757** N.S.	χ^2=**1.829** P=0.**872** N.S.	χ^2=**1.553** P=0.**817** N.S.	χ^2=**1.459** P=0.**482** N.S.	χ^2=**1.111** P=0.**574** N.S.		

RP – Radiation of Pain

Table 4 shows in Group I, 13 cases were Grade 1 to 5. The severity decreased at successive follow ups and at F4 25 cases had Grade 0, of RP score. This decrease in severity grade was highly statistically significant.

Similarly in Group II, 12 cases were Grade 1 to 5. The severity decreased at successive follow ups and at F4, 25 cases had Grade 0 of RP score. This decrease in severity grade was highly statistically significant. The intergroup comparison of RP (Radiation of pain) grade in group I and group II was not statistically significant before as well as at each follow ups.

Effect on Tenderness –

Table 5: The statistical comparison of difference in Chi Square value of Radiation of pain scale between the conservative and Rajat Shalaka groups at corresponding time i.e. before treatment and successive follow up by applying Chi Square test, p-values and remarks are as follows

Group	**Tenderness Number of cases**						**Within the group comparison Friedman test BT-F4**	
	Grade	**BT**	**F1**	**F2**	**F3**	**F4**		
Group-1	0	19	19	22	28	28	χ^2=**33.600** p=0.**000**	S.
	1	10	10	8	2	2		
	2	1	1	0	0	0		
Group-2	0	12	13	22	22	27	χ^2=**39.193** p=0.**000**	S.
	1	17	16	8	8	3		
	2	1	1	0	0	0		
Between the group comparison Chi Square test		χ^2=**3.395** P=0.**183** N.S.	χ^2=**2.510** P=0.**285** N.S.	χ^2=0.**000** P=**1.000** N.S.	χ^2=**4.320** P=0.**038** S.	χ^2=0.**218** P=0.**640** N.S.		

Table 5 shows in Group I, 11 cases were either Grade 1 or 2. The severity decreased at successive follow ups and at F4, 28 cases had Grade 0, of Tenderness score. This decrease in severity grade was highly statistically significant.

Similarly in Group II, 18 cases were either Grade 1 or 2. The severity decreased at successive follow ups and at F4, 27 cases had Grade 0 of Tenderness score. This decrease in severity grade was highly statistically significant.

The intergroup comparison of Tenderness score in group I and group II was not statistically significant before as well as at each follow ups except in F3 where the result is statistically significant.

Conclusion: On the basis of the above comperative study made on patients treated by Agni Karma Chikitsa with Rajat Shalaka and conservative treatment with Singhnad Guggulu and Mahanarayan Tail Abhyang, it can be concluded:

- The trial procedure Agni Karma with Rajat Shalaka and oral Singhnad Guggulu has Vedanahar (analgesic) and Shothahar (anti-inflammatory) properties.
- Agni Karma with Rajat Shalaka and oral Singhnad Guggulu is a simple modality of treatment with minimum complication, which can be taken care easily.
- Agni Karma Chikitsa with Rajat Shalaka and oral Singhnad Guggulu does not produce any significant side effects.
- Agnik Karma Chikitsa with Rajat Shalaka and conservative treatment with Singhnad Guggulu does not alter normal physiology. No significant changes were observed in mean blood pressure, pulse rate, respiratory rate and oxygen saturation during the whole course of the clinical study.
- The Agni Karma Chikitsa with Rajat is mostly better effective for Low Bach Pain of acute nature like spasm and conservative treatment mostly effective in chronic Low Bach Pain associated with Ama Dosh Janya due to indigestion.
- Number of sittings of Agni Karma depends upon the chronicity and severity of disease.
- Further, a more detailed study is required to evaluate biochemical and neurological effects of each components of Singhnad Guggulu and Mahanarayan Tail.
- Study on Agni Karm must be further continued to explore any neuromodulation or any other biochemical changes locally as well as systemically during and after uses of procedure to unfold other properties of Agni Karma.

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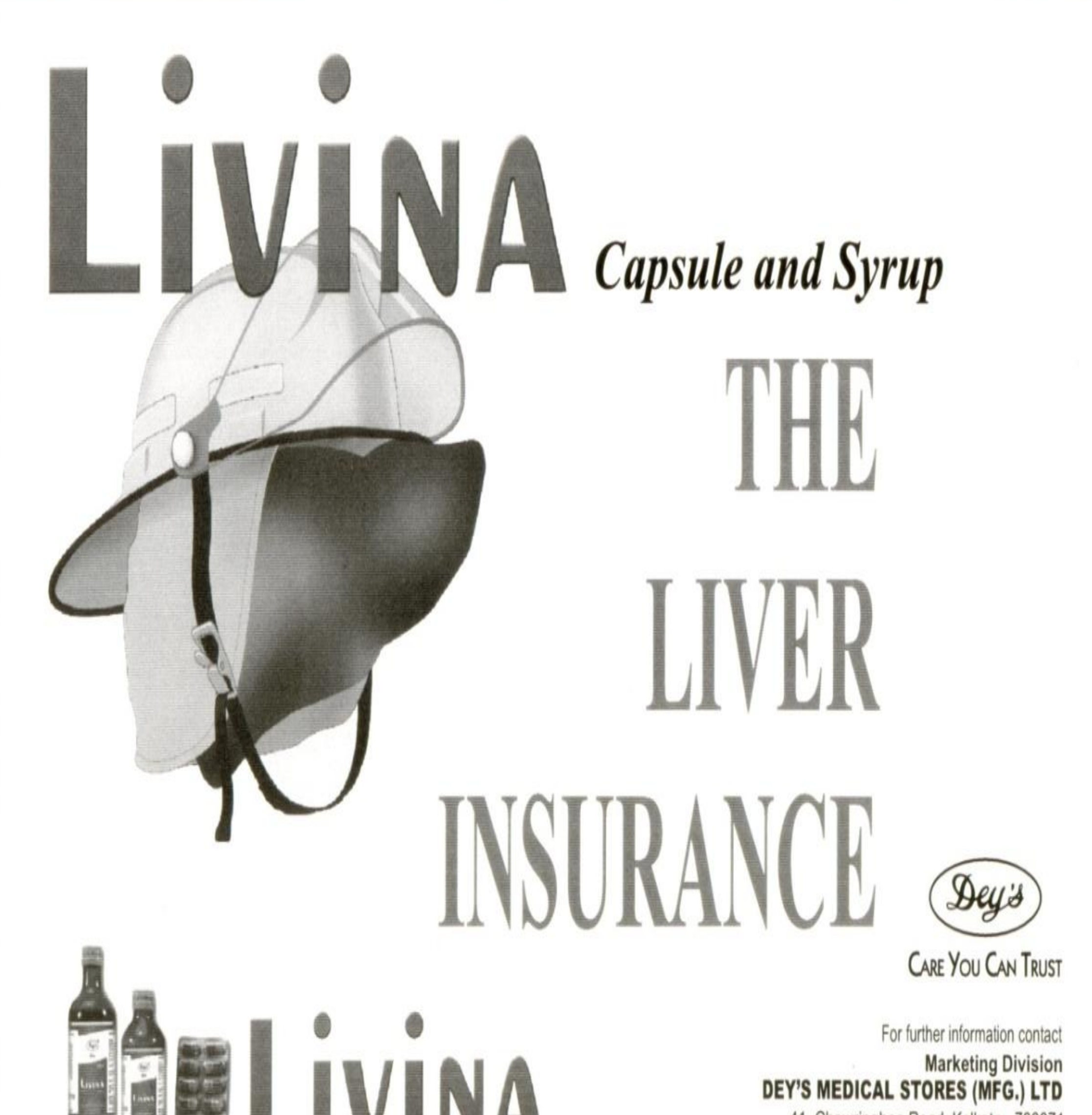
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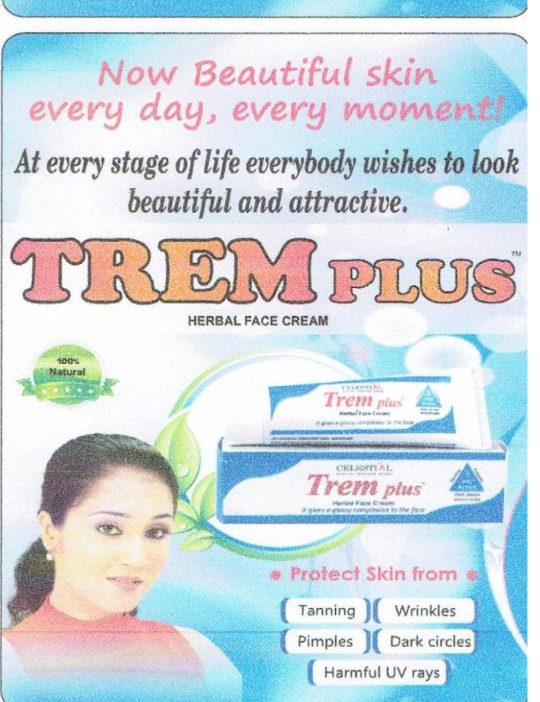

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