

SANGYAHARAN SHODH

(A Bi annual Peer Reviewed International Journal)

August 2024, Volume 27, Number 2, ISSN 2278 -8166, IJIFACTOR: 4.68

Available online at <https://www.aaim.co.in> Journal Ranking: A+

info@ijifactor.com



संज्ञाहरण शोध

An Official Journal of
BHARATIYA SANGYAHARAK ASSOCIATION
(Association of Anesthesiologists of Indian Medicine)

Please Encourage Others to be New Members
Bharatiya Sangyaharak Association (A.A.I.M.)

Postal Address: Operation Theatre Block, Indian Medicine, S.S. Hospital, Banaras Hindu University, Varanasi – 221 005.

Announcement: The membership of Association is available to persons who are activity engaged in the field of Sangyahan (Anaesthesia), Pain or Palliation. Membership will entitle members to attend the annual conferences and to receive the official Journal ‘Sangyahan Shodh’. Please fill in enclosed form and send/email it with crossed cheque or D/D in favor of Bharatiya Sangyaharak Association Varanasi or through online payment mode to visit our website <https://www.aaim.co.in>

Dr. R. K. Jaiswal, Hon. Secretary, A.A.I.M

SANGYAHARAN SHODH

Journal Subscription (For other than members)

Half yearly - Rs. 200.00 per copy
Annual - Rs. 380.00 for two copies

Please send cheque or D/D in favor of Sangyahan Shodh, A.A.I.M., Varanasi.

Address: Dr. D.N. Pande, Chief Editor, GB-5, Lane-2, Ganeshpuri Colony, Susuwahi, Varanasi – 221005.

Tariff for Advertisement in ‘Sangyahan Shodh’

Back Cover Rs. 100000.00-for 15 Years.

Full Page	-	Rs. 10000.00- Annual
Half Page	-	Rs. 6000.00- Annual
Qr. Page	-	Rs. 3500.00- Annual
Front inside	-	Rs. 25000.00- Annual
Back inside Cover	-	Rs. 20000.00- Annual
Life member – Advertiser	-	Rs. 50000.00- One time full payment

D/D or Cheque in favor of Chief Editor, Sangyahan Shodh, A.A.I.M., Varanasi.

Dr. Devendra Nath Pande

Chief Editor - Sangyahan Shodh

Adjunct Professor, M.G. Ay. C.H. & Research Centre, Salod, D.M.I.H.E.R., Wardha (M.S.),
Farmer Professor & Founder Head, Deptt. of Sangyahan, Faculty of Ayurved,
I.M.S., B.H.U., Varanasi.U.P. dnpande@gmail.com, 09415256461

EDITORIAL BOARD – JOURNAL

		Members Advisory Board
Chief Editor	Dr. Devendra Nath Pande, Varanasi	Dr. D.P. Puranik, Pune . Dr. L. P. A. Karunatilake, Srilanka.
Associate Editor	Dr. K. K .Pandey, Varanasi . Dr.Anil Dutt, Paprola. Dr.S.Bhat, Udupi. Dr.R.K.Jaiswal, Varanasi	Dr. C.K. Dash, Barhampur. Dr. P.K. Sharma, Varanasi Dr. Hemant Toshikhane, Vadodara. Dr. Deepak K.Poman, Pune Dr. N.V. Borse, Pune Dr. B.Maurya, Varanasi. Dr.Y.K.Mishra, Varanasi.
Managing Editor	Dr.SanjeevSharma, Varanasi	Dr.S.K.Singh, Varanasi.
Co Editor	Dr. P. K. Bharti,Varanasi Dr.B.N.Maurya,Varanasi Dr .C. Medhi,Guwahati. Dr. Sheetal Asutkar, Wardha Prof. Hareeshwar Deekshit, Varanasi. Dr. Vineet Mishra, Varanasi. Dr. Shuchi Pande, Varanasi	Dr. A.K.Srivastav, Varanasi Dr.(Mrs) S.A. Dayani Siriwardana, Srilanka. Dr. Peshala Kariyawasam, Srilanka. Dr. Sreenivasan Sasidharan Malaysia. Dr. A.P.G. Amarasinghe, Srilanka Dr. Mahawaduge Renuka Malkanthi, Srilanka. Dr. Raj Kishor Arya, Varanasi.

Sangyahan Shodh is published bi-annually and is an Official Peer Reviewed International Journal of the Bharatiya Sangyaharak Association (Association of Anesthesiologists of Indian Medicine).

Subscription Rates for other than Life Members

Half-yearly	Rs. 200.00	
Annual	Rs. 380.00	
Life	Rs. 5000.00	(for 15 years)

Editorial Office

The Chief Editor, Sangyahan Shodh, GB-5, Lane-2, Ganeshpuri Colony, Susuwahi, Varanasi – 221005.

The data, opinions, statements appearing in the papers and advertisements in this Journal are the responsibility of the Authors/Advertisers concerned. The editorial staff disclaims any responsibility whatsoever for the consequences of inaccurate or misleading data, opinion or statement published

Editorial Board from August 2024 onward

Chief Editor:

Dr. Devendra Nath Pande, GB-5, Lane-2, Ganeshpuri Colony, Susuwahi, Varanasi – 221005.
dnpande@gmail.com, +919415256461

Associate Editor:

1. Dr. K. K. Pandey, Department of Sangyahan, I.M.S., B.H.U., Varanasi-221005, pandeykk@bhu.ac.in, 9415251556.

2. Dr. Anil Dutt, Head, Deptt. of Shalya Tantra, RGGPG Ayu.College, Paprola, Kangara-176063, dr_seemanil@yahoo.co.in 9418205225.

3. Dr. S. Bhat, 5/14F, Srivatsa, Guddeyangadi, Udyavara, Udupi-574118.

drsbrahmanyabhat@gmail.com 9343160446.

4. Dr. R.K. Jaiswal, Flat-13, Siddharth enclave-2, Brijenclave colony, Sunderpur, Varanasi-221005. rkj41a@bhu.ac.in, 9415624830.

Co Editor:

1. Dr. P. K. Bharti, LIC Colony, Chhittipur, B.H.U., Varanasi-221005.

pkbharti@bhu.ac.in 9532241698.

2. Dr. B.N. Maurya, Assistant Professor, Department of Sangyahan, I.M.S., B.H.U., Varanasi-221005. bnmaurya@bhu.ac.in, 9415447600.

3. Dr. C. Medhi, State Ayurved College, Guwahati, Assam. cmehi77@gmail.com 9435190544.

4. Dr. Sheetal Asutkar, Head, Department of Shalya Tantra, M. G. Ayu. College, Hospital and Research Centre Salod, DMIHER, WARDHA.M.S. sheetal.gujjanwar@dmimsu.edu.in

5. Prof. Hareeshwar Deekshit, Professor, Deptt. of Veda, SVDV, BHU, Varanasi-21005, hareeshwarhod@gmail.com
Mob.: 9450085521

6. Dr. Vineet Mishra, Assistant Professor, Anaesthesiology, State Medical College, Ghazipur. dr_vineet_mishra@yahoo.co.in 9871191819.

7. Dr. Shuchi Pande, Assistant Prof. Psychiatry, H.I.M.S., Varanasi. drshuchipande@gmail.com, 8600035750.

Members Advisory Board:

1. Dr. D.P. Puranik, 107/19, Erandwana, Bharti Niwas Society, PUNE-411004. dilipp@hotmail.com 9422506207

2. Dr. L. P. A. Karunatilake, Senior consultant- Senior Lecturer, I I M, University of Colombo, Rajagiriya, Srilanka. abayasir@live.com

3. Dr. C.K. Dash, Ambapua near Income Tax office, Berhampur, Ganjam-760011. (Odisha), chayakantdash@gmail.com 9437165698.

4. Dr. P.K. Sharma, Dr.58/7-46, Bhagwandas Nagar colony, Sigra, Varanasi -11, praveenkrsharma575@gmail.com 9839164200.

5. Dr. Hemant Toshikhane, Dean, Faculty of Ayurved, Parul University, Vadodara. drhemant@gmail.com 2668260221.

6. Dr. Deepak K.Poman, N1-707, Amrutganga apartment, Manikbag, Sinhadgad Road, Pune.411051. dipakpoman@gmail.com 8308612087

7. Dr. N.V. Borse, 479/2, Rector Bungalow, TAMV Hostel Rastapeth, PUNE-411011. nandkishor_borse@yahoo.co.in 9422032696.

8. Dr. B.Maurya, M.O., S.S.H., B.H.U., Varanasi-221005. anaesthesiabhasker@gmail.com 9415447600.

9. Dr. Y.K. Mishra, Plot No.182 Saket Nagar Colony, Nariya, Varanasi-221005. mishraykdr@gmail.com 9415991335

10. Dr. S.K. Singh, B604 Ganpati Residency, Manduadih Varanasi-221003. drssanjayjisanjay@gmail.com 9839063040.

11. Dr. A.K. Srivastav, Devashram N14/49 B-4-Krishna Deo Nagar colony, Sarainandan, Varanasi-221010. alokimsbhu@gmail.com, 9565907136.

12. Dr. (Mrs) S. A. Dayani Siriwardana, Senior Lecturer, I I M, University of Colombo, Rajagiriya, Srilanka. dayaniosuki@gmail.com

13. Dr. Peshala Kariyawasam, I I M, University of Colombo, Rajagiriya, Srilanka. drpeshala@iim.cmb.ac.lk 0094715972529

14. Dr. Sreenivasan Sasidharan, Institute for Research in Molecular Medicine, University Sains Malaysia 11800 USM Pua Pinag, Malaysia. srisasidharan@yahoo.com +60125523462

15. Dr. A.P.G. Amarasinghe, Deptt. of Prasuti Tantra, I.I.M., University of Colombo, Rajgiriya, Srilanka. dr.amarasinghe@gmail.com

16. Dr. Mahawaduge Renuka Malkanthi Wickramasinghe, Department of Allied Sciences, Institute of Indigenous Medicine, University of Colombo, Rajagiriya mrmwickramasinghe@mail.com 0713032277

17. Dr. Raj Kishor Arya, Assistant Professor, Samhita & Sanskrit, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi – 221005. rajkishorarya@gmail.com Mob. 9540392824

Managing Editor:

Dr. Sanjeev Sharma, A-64, Kashiraj Apartment, Kamachha, Varanasi-221010. drssharmavns@gmail.com, 9839057181.

Office Bearers -Central Council

Patron

Dr. D. P. Puranik

Director, I. P. G. T. R. A, Tilak Ayurved College, Pune. M.S.

President

Dr. D. N. Pande

Adjunct Professor, M.G. Ay. C.H. & Research Centre, Salod, D.M.I.H.E.R., Wardha (M.S.),
Farmer Professor & Founder Head, Deptt. of Sangyahan, Faculty of Ayurved,
I.M.S., B.H.U., Varanasi.U.P.

Vice Presidents

Dr. S. Bhat

Professor,
Deptt.of Shalya Tantra,
S.D.M. Ayurved College, Udupi.

Dr. P.K. Sharma

Consultant Anesthesiologist
Varanasi

Dr. N.V.Borse

Professor & Head,
Deptt.of Shalya Tantra,
Tilak Ayurved College, Pune.

Secretary

Dr. R. K. Jaiswal

Asstt. Professor, Departt. of Sangyahan, I.M.S., B.H.U., Varanasi

Treasurer

Dr. P. K. Bharti

C.M.O. & Dy.M.S. (I.M.), S.S.H., I.M.S., B.H.U., Varanasi.

Joint Secretaries

Dr. Vinod Seth, Pune

Dr. B.N. Maurya, Varanasi

Dr. Ajeet Kr.Rai, Gorakhpur.

Ex-Officio Member

Dr. K. K. Pandey, Past President, Professor & Head, Deptt. of Sangyahan, I.M.S., B.H.U., Varanasi.

Dr. Anil Dutt, Professor & Head, Deptt.of Shalya Tantra, R.G.G.P.G.I.A., Paprola.H.P.

Executive Members

Dr. S.K.Singh, Varanasi

Dr. P.Awasthi, Paprola

Dr. Deepak K. Poman, Pune

Dr. A.K.Rai, Pune.

Dr. Vimal Kumar, Haridwar

Dr. Shishir Prasad, Haridwar

Dr. J.K.Chaubey , Varanasi

Dr. A.K. Srivastav, Varanasi

Dr. Y.K.Mishra, Varanasi

SANGYAHARAN SHODH

(A Peer-Reviewed International Journal)

August 2024, Volume 27, Number 2, ISSN 2278 -8166, IJIFACTOR: 4.68

Available online at www.aaim.co.in Journal Ranking: A+

CONTENTS

Sr.No.	Title	Page No.
1.	Editorial Dr. D.N. Pande	01-02
2.	Ayurveda and Aromatherapy: Holistic Integration for Well-being Sheetal Asutkar, Shivam Sharm, Yogesh Yadav	03-17
3.	The Role of Asana in the Management of Musculo- Skeletal Pain of Spinal Region Caused by Stress with Special Reference to Makarasana, Shalabhasana and Marjari Asana Neha, Mohit Kumar, Vishal Jaiswal, Dr. R.K. Jaiswal, Dr. P.K. Bharti	18-25
4.	Dietary Intake and Nutritional Status of Patients with Cholelithiasis Jyoti Yadav, Prof. S. J. Gupta	26-30
5.	वेदों में योग विज्ञान का स्वरूप आराधना कनौजिया, डॉ. भोलानाथ मोर्य, डॉ. पंकज कुमार भारती	31-35
6.	आयुर्वेद में आत्यन्तिक वेदना प्रशमन हेतु 'योग' का औषधीय प्रयोग अमितेश कुमार, प्रदीप कुमार मिश्रा, डॉ. रमेश चंद्रा, प्रोफ़ेसर के० के० पाण्डेय	36-44
7.	आयुर्विज्ञानविषये वैदिकसन्दर्भाः प्रो० हरीश्वरदीक्षितः	45-50

EDITORIAL

Safe Anaesthesia: Sleeping is necessary. You may n't always go to sleep. There are four types of anaesthesia, and you're only completely unconscious with one of them.

General anaesthesia : Many people think about anaesthesia as a stage of sleeping during surgeries performed in areas such as the abdomen, chest or brain. Doctors also may recommend general anaesthesia for a long or complex surgery.

Intravenous (IV) monitored sedation is also known as “conscious sedation,” “twilight sedation” or “monitored anaesthesia care” (MAC). Doctors use a combination of IV sedation along with local or regional anaesthesia to make you more relaxed and comfortable but not totally asleep. It's mainly used for shorter, less complex surgeries like colonoscopies, biopsies, eye and foot procedures. After your procedure, you may not remember what happened but that's not true in every case. Patients receiving a smaller dosage may also still be able to talk with medical staff during their procedure.

Local anaesthesia involves numbing a specific part of the body to prevent pain during surgery or other procedures. It's often used for dental work — the dentist numbs only the part of your mouth where you need a filling or extraction.

Regional anaesthesia blocks pain in a larger part of the body, such as an arm or leg, or below the waist. The most common example is an epidural, which blocks pain around the uterus during childbirth.

Anaesthesia is very safe:

This is true nowadays, but wasn't always the case. In the 1960s and 1970s, it wasn't uncommon to have a death related to anesthesia in every one in 10,000 or 20,000 patients, Now it's more like one in every 200,000 patients — it's very rare.

Now anaesthesia is safer today because of advances in both technology and medication.

Anaesthesiologists use a Pulse oximeter to ensure that the patient gets enough oxygen during surgery. It helps make sure the Endotracheal tube (breathing tube) used for General Anesthesia enter into the trachea (windpipe) and not into the esophagus — something which was more difficult to determine in the past.

Another thing anaesthesiologists watch for is Malignant hyperthermia. This is a rare reaction that some people have to anesthetic drugs that causes a high fever and can result in complications and even death. Anaesthesiologists are now better able to treat this. Thanks to enhanced awareness, avoiding triggering anesthetics, and better medication to treat.

With advances in electronic medical records today, providers now have more complete information easily accessible to improve patient care.

Monitoring has become less invasive and clinical decision support systems are more common, ensuring patients better care than ever.

Side effects are relatively minor:

It's common to experience the following when the patient wakes up from anaesthesia: Nausea. A sore throat because of the breathing tube (for general anesthesia). Minor soreness at the injection site (for local or regional anesthesia). Mild pain or discomfort at incision or site of surgery.

Although most anaesthesia wears off fairly quickly, he/she may still feel groggy or have impaired judgment after surgery.

“We usually tell people not to make any major life decisions or drive a car or operate machinery for the first 24 hours after surgery,” A few patients, particularly elderly patients having longer surgeries, may exhibit memory problems, difficulty multitasking, or learning new things. This is temporary for most patients but for others these symptoms may persist for a few months after surgery.”

It’s unclear whether this condition is due to their exposure to general anaesthesia or the stress of surgery. But it’s for this reason that a regional or local type of anaesthetic is prescribed for elderly patients by their Physician Anaesthesiologist.

There’s very little risk of paralysis from epidurals:

In the past, people who had an epidural or spinal block had a risk of paralysis because of the anesthetic. The anesthetic was in glass bottles, and the staff cleaned those glass bottles in an alcohol-based solution, Alcohol can cause nerve damage. So if the alcohol leaked into the bottle, that could cause paralysis. Since bottles are no longer sterilized this way, that risk is gone.

Don’t need to be afraid of waking up during surgery:

Some people worry about being awake but paralyzed during general anesthesia. Anaesthesiologists use many strategies to prevent it.

Typically, the patient’s blood pressure and heart rate would go up before they would regain awareness. So we monitor those vital signs to guide the amount of anesthetic that we use.

If someone is extremely sick or was in a serious accident, vital signs are less reliable. And those who abuse drugs and alcohol are sometimes less affected by anaesthesia than others due to tolerance.

In those higher-risk cases however, anaesthesiologists carefully monitor brain waves to help make sure the patient stays asleep. This allows doctors to adjust the anaesthesia to maintain unconsciousness until the procedure is over.

There is no need to fear any medical procedure because of fear anaesthesia, Talking with doctor ahead of time will identify any risks and will guide the best type of anaesthesia for individual cases. No matter what procedure is going to be performed, there will be an entire team of knowledgeable anaesthesia medical professionals around, whose sole job is to take good care during surgery.

Jai Hind

Jai Ayurved

Jai Sangyahan

Dr. Devendra Nath Pande

Chief Editor - Sangyahan Shodh, President AAIM - Central Council,
Adjunct Professor, M.G. Ay. C.H. & Research Centre, Salod, D.M.I.H.E.R., Wardha, Farmer
Professor & Founder Head, Deptt. of Sangyahan, Faculty of Ayurved, I.M.S., B.H.U.,
Varanasi. U.P. dnpande@gmail.com, 09415256461.

Ayurveda and Aromatherapy: Holistic Integration for Well-being

Sheetal Asutkar*, Shivam Sharm**, Yogesh Yadav**

Abstract: Aromatherapy, a safe and easily implemented non-pharmacological technique, utilizes plants, animals, and minerals with medicinal or aromatic properties known as *Sugandhi Dravyas*. It has gained popularity in complementary and alternative medicine, particularly within phytotherapy. Derived from essential oils extracted from plants, aromatherapy is a subset of herbal medicine with roots in Ayurveda. For centuries, Ayurveda has integrated aromatic oils into therapeutic practices, recognizing their role in balancing doshas—the fundamental energies governing physiological and psychological functions. Fragrant flowers, garlands, and specific oils are commonly used in Ayurveda, each associated with different doshas. Ancient texts like the *Arka Prakasha* by Ravan detail the preparation and extraction of aromatic substances, emphasizing their historical significance. *Sugandhadravya*, substances that provide pleasure and have subtle qualities, are integral to Ayurvedic formulations and rituals, promoting overall well-being. Aromatherapy in Ayurveda expands beyond aromatic substances to include unique formulations like *Arka Kalpana*, utilizing volatile components for therapeutic purposes. Ayurvedic *Ghreyayoga*, relying on fragrance, offers a non-invasive alternative for diverse applications such as inducing vomiting and managing delicate conditions. Aligning with Ayurvedic principles, aromatherapy targets *marmas* (meridian points) to stimulate *prana* (vital energy) flow, promoting holistic health. It proves effective in pain management across medical contexts, from chronic back pain to postoperative recovery, offering a safe, cost-effective alternative to traditional painkillers. Aromatherapy also shows promise in addressing postoperative nausea and vomiting, improving sleep disorders, and reducing anxiety. Research indicates potential benefits in cancer care, alleviating symptoms and displaying anti-cancer properties.

Keywords: Aromatherapy, Ayurveda, Aromatic Plants, *Sugandhi Dravya*, Pain, *Arka kalpana*.

* Professor & H.O.D. Department of Shalya Tantra, Mahatma Gandhi Ayurved College & Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research (Deemed to Be University) Salod (H), Wardha, Maharashtra, India

**PG Scholar, Department of Shalya Tantra, Mahatma Gandhi Ayurved College & Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research (Deemed to Be University) Salod (H), Wardha, Maharashtra, India, Email: sheetalasukar16@gmail.com

INTRODCTION

A growing number of people are becoming interested in complementary and alternative medicine, which includes phytotherapy. Using herbs, herbal preparations (such as concentrates, infusions, decoctions, tinctures, and other herbal extracts), and phytochemicals for therapeutic purposes is known as phytotherapy. The terms "aroma" and "therapy" are combined to form the phrase aromatherapy, which refers to the use of potent essential oils extracted from flowers and plants to treat a variety of illnesses. *René Maurice Gattefossé*, a French chemist and perfumer, first used the word "aromatherapy" in the 1920s. It is a subset of "herbal medicine" (Gattefossé, 1993). The book by Gattefossé was released in 1937. He recommended using aromatherapy to cure illnesses in almost every organ system. There is research data from many nations shows that rates of usage of pregnant women using aromatherapy increased from 13% to 78%. Side effects of many of the modern painkillers, particularly opioids and non-steroidal anti-inflammatory medicines, include bleeding, nausea, pruritus, and respiratory depression. With few to no known side effects, aroma therapy is the safest alternative to use in conjunction with current pain management procedures. This therapy is substantially less expensive than the price of conventional.

In Ayurveda, *Vedana, beda, avasada, dukha, sula, ruja, ruk, sadana, pida* are words used for pain. According to Sushruta samhita the main causative factor of pain is vata. The seat of pain is *mana* (psyche) and *sharira* (body).¹ Acharya have mentioned various formulations to be inhaled. This may be as a part of prevention, treatment or shodhana. It utilises mostly medicines with volatile content for this purpose, i.e., *sugandhita dravya*.² *Nasya* and *Dhūmapāna* have gained widespread popularity in society due to their proven effectiveness. The development of comprehensive formulations, such as *arka kalpana*, has been undertaken to harness the volatile constituents in drugs, exemplified by substances like *Ajamoda arka* or *Karpūrādya arka*. Additional kalpanas like '*hima*' and '*phūṭa*' are employed in practical applications to preserve the volatile content of drugs, which may contain valuable active components.

Ayurveda and Aroma Therapy

In *Astāṅgasamgraha*, it is elucidated that since the nose serves as the gateway to

¹ Bhaskar Govind Ghanekar, Sushruta Samhita (Sharir Sthana), chapter 6, citation no.16 Meharchand Lachhamandas Publications Reprint, nov. 2008; 69.

² Sangeetha Pillai G.,Yadevendra Yadav, Khem Chand, Rediscovering the significance of aroma in yurveda through ghreyayoga, Aryavaidyan. Vol. XXXII, No. 4, May- July 2020, Pages 32-38

the head (*śira*), drugs administered through the nostrils traverse the nasal passages (*nasasrota*), reaching the forehead (*śira*) and spreading further into the brain (*mūrdhā*). Following the pathways of the eyes (*netra*), ears (*śrotra*), throat (*kaṇṭha*), and the opening of vessels (*sīramukha*), the drug scrapes away morbid doshas in the supraclavicular region, extracting them from the *uttamāṅga*.¹ The term '*Gandha*' (aroma) is attributed to the quality of the Earth element (Prithvi Mahābhūta). Ayurvedic scholars have devised specific pharmaceutical dosage forms to preserve the aromatic properties of drugs (Arka, Hima, Phanta etc.).² A whole *Kalpana*, i.e. *Arka Kalpana*, has been developed to utilise the volatile contents in a drug.^{3,4}

History of Aromatherapy in Ayurveda

Since at least 3000 years ago, the ancient Indian medical system known as Ayurveda has included essential oils into its therapeutic practices. More than 700 medicinal herbs, including cinnamon, ginger, myrrh, and sandalwood, are listed in ancient Ayurvedic literature as being beneficial for healing. Management of psychotic diseases to recover the consciousness e.g. as described in the *Ramayana*, one instance of applying aromatic nasal medications is the restoration of *Lakshman's* consciousness.⁵ *Gandhamadana*, is a mountain named after so, harbouring ample fragrant plants.⁶ *Arka Prakasha* written by *Ravan* is considered as a compressive referral book as far *Arka Kalpana* is concerned⁷ this is helpful in making aromatic substances.

Sugandhadravya in Ayurveda

Sugandha, derived from the Sanskrit terms 'Su' and 'Gandha,' denotes a quality

¹ Vagbhata, Ashtangahridayam, English Translation and Commentary by Sreekumar T., Uttarasthanam 24/4, P 273

² Srikanth N, Venkateswarlu B, Jirankalgikar N, Singh R, Rao MM, Ota S, MM S, Padhi MM, Lavekar gs. concept and applicability of aroma therapy and herbal, cosmetology in ayurveda: research issues and challenges.

³ Acaraya Siddhinandan Mishra, Abhinava Bhaishjyakaupa Vynana, P 109- 110, Chaukhamnha Surabharati Prakashan Reprint Edition, 2018.

⁴ The Ayurvedic Pharmacopoeia of India, P 102, 2nd Edition, Government of India, Department of Indian System of Medicines and Homeopathy.

⁵ Srikanth N, Venkateswarlu B, Jirankalgikar N, Singh R, Rao Mm, Ota S, Mm S, Padhi Mm, Lavekar Gs. Concept And Applicability Of Aroma Therapy And Herbal, Cosmetology In Ayurveda: Research Issues And Challenges.

⁶ Srikanth N, Venkateswarlu B, Jirankalgikar N, Singh R, Rao MM, Ota S, MM S, Padhi MM, Lavekar Gs. Concept And Applicability Of Aroma Therapy And Herbal, Cosmetology In Ayurveda: Research Issues And Challenges.

⁷ Ravana, Indradev Tripathy. Arkaprakasha.2nd ed. Varanasi: Chowkamba Sanskrit, Series; 2006, p.1, 8,9

that is subtle and capable of providing a sense of pleasure and satisfaction. The herbal system of medicine, one of the oldest healing systems, necessitates comprehensive research to validate its principles.

The *Karpuradi Varga* enumerates 56 dravyas, each possessing various actions such as *Raksoghna*, *Vranaropana*, *Varnya*, *Rasayana*, *Twakprasdana*, *Medhya*, *Shirorogahara*, *Krimihara*, *Swasahara*, *Kasahara*, *Vyangahara*, and *Hridrogahara*. This holistic approach holds promise for enhancing the overall quality of life and extending lifespan.

- In *Dinacarya*: Application of perfumes after bath¹
- In *Ritucarya*: Application of kumkuma, musk on body and dhupana by agaru in *Hemantacarya*.²
- In *Vasanta Ritucarya*, application of *karpkra*, *chandana*, *agaru* and *kumkuma* on the body after bathing.³
- In *Grisma ritucarya*, *Vagbhata acharya* has advocated the usage of drinking cool water flavoured with *patala* and *karpkra* and also staying at places where walls are made of clothes dribbling scented cold water⁴ He also suggested wearing garlands made of *karpkra* and jasmine flowers and necklace of *candana* beads.⁵
- In *Varsa ritucharya*, application of perfumes have mentions and also to clear srotas after *nasya* or *vamana* been suggested.⁶
- In *Sarad ritucarya*, *acharya* mentions anointing the body with pastes of sandal, *usira* and *karpura* at night.⁷

¹ Vagbhata, Ashtangahridayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 2/32, P 78 I Edition, January 2007.

² Vagbhata, Ashtangahridayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/11, P 87

³ Vagbhata, Ashtangahridayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/20, P 89

⁴ Vagbhata, Ashtangahridayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/31, 34, P 92, 94

⁵ Vagbhata, Ashtangahridayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/40, P 95

⁶ Vagbhata, Ashtangahridayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/47, P 97

⁷ Vagbhata, Ashtangahridayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/53, P 98

- *Sarvagandhodaka*, i.e. water with aromatic drugs, is used for bathing a newborn child.¹
- *Shunthi Arka* indicated in *vibandha*, *Amavata Shoola*.²
- In treatment of *pitta*: It is indicated to use fragrances which are *Sita* and *hiradya* and frequent application of a paste of *karpkra*, *chandana* and *usira* over the body.
- In formulations: It is indicated to use jasmine flowers for the smell in *Driksadi hima* in *Jvaradhikira*."
- In fumigation: Fumigation of *vranagara* with *sarsapa*, *nimbapatra* and ghee for disinfection.
- Fumigation of clothes, bedsheets and beds in *kumaraagara* with drugs like *atasi*, *hingu*, *guggulu* etc. with ghee in *kumaragara*.
- Sarvagandhodaka, i.e. water with aromatic drugs, is used for bathing a newborn child.
- An explanation of how various *Arka* can be used to treat surgical diseases such as *Galaganda*, *Gandamala*, *Granthi*, *Arbuda*, etc. The process of cutting the wound without the need for surgery is described by *Ravana*.³
- Finally, Dravya explains how to prepare Arka from narcotics (*Madaka*). *Ravan* has revealed how to prepare Arka from flesh (*Mamsa*), and he quotes related preparations like *Kanjika*, *Tusodaka*, and *Arishta*.⁴

Ayurveda's Ghreyayoga

Ghreyayoga represents a distinctive and relatively unexplored formulation that relies exclusively on the fragrance of the preparation. The term "*Ghreya*" refers to that which is meant to be smelled. Unlike *dhumapana*, there is no need to burn substances to inhale the fumes, and it does not involve the instillation of solids or liquids into the nose, as seen in *nasya*.

¹ Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Sarirasthanam 10/13, P 144

² Gaitonde Vrashank, Katti Anand. Arka Prakasha of Ravana: A Book Review, IJAPR | May 20 22 | Vol 10 | Issue 5

³ Gyanendra Pandey, Ravana's Arka Prakasha, Chaukambha Sanskrit Series Office Varanasi, 2018, Chapter 5, P. No. 119

⁴ Gyanendra Pandey, Ravana's Arka Prakasha, Chaukambha Sanskrit Series Office Varanasi, 2018, Chapter 1, P. No. 13

The word *ghreya yoga* has been used in *Charaka samhita Kalpasthana* in the context of *shodhana*.¹

- The *Phala pippali* after 21 bhavana in *madana kasaya*, is sprinkled over flowers in evening and plucked in the morning and is inhaled for inducing *vamana*. This method is used for delicate, utklista pitta, kapha patients and having an aversion to medicine.²
- Inducing vomiting in individuals who are sensitive to perfumes by inhaling a garland of powdered dried fruit juice and *Iksvaku* flowers.
- Vomiting is induced by inhaling flowers of water lily impregnated profusely with powder of fruits of *Dhämürgava*.
- In equal amounts, *trvt*, *aragvadha*, *danti*, *sankhini*, and *satpala* should be ingested; they should then be left overnight in cow's urine and sun-dried the next day. It is infused with sudhi latex for a week after a week of repetition, and then it is impregnated in fabric or garlands. Kings with *mrdukosta* experience *virecana* when they inhale this.
- A somewhat different method for inhalation is given in the Nasarogapratishedha chapter of both *Astāngahrdayam* and *Astīngasañgraha*. *Astīngasañgraha* suggests making a poultice with a cloth containing powders of *rohisa*, *ajaji*, *vacha*, *koraka*, *jira*, *tarkari*, and *katurjataka* and frequently inhaling it as a cure for *pratisyaya*. In the same context, *Astāngahrdayam* suggests using the above composition with less medication. i.e. excluding *rohisa* and *Katurjataka*.³

Mode of Action

Aromatherapy is frequently administered through topical application or inhalation. Essential oil constituents traverse the nasal passages, reaching the olfactory system and the limbic system in the brain. Inhaling or absorbing essential oil molecules through the skin can stimulate the amygdala and hippocampus, influencing physical, emotional, and mental well-being.⁴ In the context of Ayurveda, *Marma* can be likened to

¹ Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Kalpasthanam 1/19, P 655-652

² Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Kalpasthanam 1/19, P 655

³ Vagbhata, Ashtangahrdayam with Commentary of Sarvangasundara of Arunadatta and Ayurveda Rasayana of Hemadri, Uttarasthanam 20/4, P 844, Reprint Edition, Chaukhambha Sanskrit Sansthan, Varanasi.

⁴ Zehra Gok Metin, PhD, RN , Ayse Arıkan Donmez, PhD, RN , Nur Izgu, PhD, RN 1, Leyla Ozdemir, PhD, RN & Ismail Emre Arslan, MD, Aromatherapy Massage for Neuropathic Pain and Quality of Life in Diabetic Patients, Journal of Nursing Scholarship, 2017; 49:4, 379–388

the meridian point system, aligning with organs, nerves, and bodily systems.¹ The *Prana* (vital energy) present in *marmas* can be directed to remove blockages (even in distantly connected places) and increase energy flow through the stimulation of *Marma* through the use of aromatherapy, leading to a state of healthy body, mind, and spirit.²

Aroma Therapy in Pain Management:

Aromatherapy has shown promise in various medical settings for managing different types of pain. Here is a summary of its applications in different contexts:

Chronic Back Pain: A combination of acupuncture with lavender essential oil in a randomized controlled trial resulted in a significant reduction in subjective pain intensity and improved physical functional performance in patients with sub-acute and chronic lower back pain.

Haemodialysis Pain: Lavender aromatherapy demonstrated a significant reduction in pain and anxiety associated with needle insertion during haemodialysis treatment.

Paediatric Pain: Lavender aromatherapy provided faster soothing effects for infants undergoing blood draws, despite no difference in pain perception during the procedure.

Menstrual Pain: Aromatherapy abdominal massage, particularly with essential oils, was found to be more effective in alleviating menstrual pain compared to acetaminophen in some studies.³

Labour and Childbirth: Inconclusive results were found in studies examining aromatherapy during labour and childbirth. While some reported no significant differences, others found positive effects on pain relief, anxiety reduction, and decreased medical interventions.⁴

Post-Caesarean Section Pain: Lavender aromatherapy was found effective in

¹ Dr. Deepika Gupta, Dr. Rajesh Kumar Agrahar, Dr. Vivek Kumar Tiwari, Various Methods Of Pain Management In Ayurveda- A Review Article, World Journal Of Pharmaceutical And Medical Research, 2018,4(4), 256-259

² David Frawley, Avinash Lele, Subhash Ranade, Many methods of marma therapy; Energy points of Yoga and Ayurveda. Ayurveda and Marma therapy; Energy points in yogic healing; Lotus press, Twin lakes, Wisconsin, 2003; 3: 65-79.

³ T. M. F. Marzouk, A. M. R. El-Nemer, and H. N. Baraka, "The effect of aromatherapy abdominal massage on alleviating menstrual pain in nursing students: A Prospective Randomized Cross-Over Study," *Evidence-Based Complementary and Alternative Medicine*, vol. 2013, Article ID 742421, 6 pages, 2013

⁴ Mahbubeh Tabatabaeichehr, Hamed Mortazavi. The Effectiveness of Aromatherapy in the Management of Labor Pain and Anxiety: A Systematic Review. *Ethiopian Journal of Health Sciences*. 2020;30(3):449.doi:<http://dx.doi.org/10.4314/ejhs.v30i3.16>

reducing pain after caesarean section, with high patient satisfaction. However, it is recommended as part of a multimodal pain management routine.

Episiotomy Pain: Lavender aromatherapy was associated with reduced analgesic use in women managing episiotomy pain.¹

Postoperative Pain: Eucalyptus aromatherapy was linked to lower pain levels and blood pressure in patients recovering from total knee replacement surgery. Lavender aromatherapy in breast biopsy surgery recovery reported higher satisfaction with pain management.²

Hospice and Cancer Pain: While not showing significant long-term benefits in reducing anxiety or pain, aromatherapy demonstrated improvements in sleep scores and depression reduction in hospice patients.³

Renal Colic: Rose oil aromatherapy, in combination with conventional therapy, significantly reduced pain in patients with renal colic compared to conventional therapy alone.⁴

Aromatherapy is generally considered safe, with no reported adverse effects in the included studies. Its cost-effectiveness makes it a potentially valuable addition to current pain management procedures.

Postoperative Nausea and Vomiting

Postoperative nausea and vomiting (PONV) is a common side effect of general anaesthesia, affecting approximately one-third of individuals undergoing surgery. Traditional therapies for PONV often have sedation as a side effect. Essential oils, particularly ginger (*Zingiber officinale*), spearmint (*Mentha spicata*), and peppermint (*Mentha piperita*), have shown promise in addressing postoperative nausea and vomiting.

¹ F. Sheikhan, F. Jahdi, E. M. Khoei, N. Shamsalizadeh, M. Sheikhan, and H. Haghani, "Erratum to "Episiotomy pain relief: use of lavender oil essence in primiparous Iranian women" [Complement Ther Clin Pract 2012;18(1):66–70]," *Complementary Therapies in Clinical Practice*, vol. 18, no. 3, p. 195, 2012.

² J. T. Kim, M. Wajda, G. Cuff et al., "Evaluation of aromatherapy in treating postoperative pain: pilot study," *Pain Practice*, vol. 6, no. 4, pp. 273–277, 2006.

³ K. Soden, K. Vincent, S. Craske, C. Lucas, and S. Asley, "A randomized controlled trial of aromatherapy massage in a hospice setting," *Palliative Medicine*, vol. 18, no. 2, pp. 87–92, 2004.

⁴ M. Ayan, U. Tas, E. Sogut, M. Suren, L. Gurbuzler, and F. Koyuncu, "Investigating the effect of aromatherapy in patients with renal colic," *Journal of Alternative and Complementary Medicine*, vol. 19, no. 4, pp. 329–333, 2013.

Aroma Therapy and Hypnotic effects

In Western medicine, Lavender is recognized for its sedative-hypnotic and anti-anxiety effects, while other essential oils like Sandalwood, Agar wood, Sweet Orange, Rose, Frankincense, and Orange Blossom are acknowledged for their potential in inducing relaxation, alleviating depression, and promoting overall mental well-being.¹ The non-destructive nature of inhalation administration adds to the appeal of aromatherapy in managing various psychological conditions.

Aromatherapy and its Sedative Effects

Vetiver essential oil from *Vetiveria zizanioides* is traditionally used in aromatherapy for stress relief and insomnia. Chemical analysis revealed sesquiterpenes like khusimol, a-vetivone, and b-vetivone as major components. In a rat study, inhalation of vetiver oil decreased rearing motility, indicating a sedative effect, aligning with its traditional use.²

Aromatherapy for Sleep Disorders

Sleep disorders, particularly insomnia, are prevalent in modern society, often leading to the use of sleep-inducing drugs with potential drawbacks like overdose and addiction.³ Alternative treatments like aromatherapy, specifically aroma inhalation therapy, have gained attention. Studies indicate significant effects in improving sleep, reducing stress, anxiety, and depression. Lavender, known for its calming properties, is commonly used in these studies. The therapy's effectiveness increases with the number of sessions, making it a potential complementary approach for various emotional disorders and severe conditions like cancer.^{4,5,6}

¹ Sugawara Y, Hara C, Tamura K, et al. Sedative effect on humans of inhalation of essential oil of linalool: sensory evaluation and physiological measurements using optically active linalools. *Anal Chim Acta.* 1998;365(1–3):293–9.

² Thisayakorn, Krittiya & Suntornatanasat, Taweesak. (2003). *Vetiver Oil and Its Sedative Effect.*

³ Roland PS, Rosenfeld RM, Brooks LJ, et al. Clinical practice guideline: polysomnography for sleep-disordered breathing prior to tonsillectomy in children. *Otolaryngol Head Neck Surg* 2011;145(1 suppl):S1–5.

⁴ Bilia AR, Guccione C, Isacchi B, et al. Essential oils loaded in nanosystems: a developing strategy for a successful therapeutic approach. *Evid Based Complement Alternat Med* 2014;2014: 6515931–14.

⁵ Tisserand R, Young R. *Essential Oil Safety-e-book: A Guide for Health Care Professionals.* Elsevier Health Sciences, 2013; 20–75

⁶ Cheong MJ, Lee GE, Kang HW, et al. Clinical effects of mindfulness meditation and cognitive behavioral therapy standardized for insomnia: a protocol for a systematic review and meta-analysis. *Medicine (Madr)* 2018;97:e13499:1–7.

Anxiolytic Effect of Aromatherapy

Aromatherapy is employed in a holistic approach to minimize preoperative anxiety, which if heightened, can lead to increased procedural difficulty, physical discomfort, and the need for higher doses of medications. Certain plant oils, including lavender, rose, bergamot, and sandalwood, is commonly used as anxiolytics.¹ Bergamot, in particular, has been studied extensively and demonstrated effectiveness in reducing preoperative anxiety. The mechanism of action of bergamot is not fully understood but may involve the release of neurotransmitters that interfere with synaptic plasticity.² Regardless of prior surgical experience, patients exposed to bergamot essential oil aromatherapy exhibited lower anxiety levels.³

Aromatherapy in Cancer Care

Aromatherapy is explored for its potential benefits in cancer patients, offering relief from anxiety, emotional stress, pain, muscular tension, and fatigue. Extensive research has investigated the anti-inflammatory, antioxidant, antibacterial, antifungal, and antiviral activities of various essential oils in both in vivo and in vitro settings. Pre-clinical trials have explored essential oils' cytotoxic, free radical scavenging, carcinogenic, apoptosis-inducing, and anti-neoplastic effects.⁴ The anticancer activities of essential oils are attributed to mechanisms such as free radical production, membrane potential changes, overexpression of detoxification enzymes, and modifications to oncogenes. Essential oils are also found to act synergistically with conventional chemotherapy.

Pine tree essential oil, rich in about 50 different terpene components, contains 37 monoterpenes known for their anti-cancer properties. Alpha-pinene also enhances natural killer (NK) cell activation, leading to cancer cell apoptosis. Aroma components in sweet orange, grape, and lemon oils have demonstrated apoptosis-inducing effects on human leukemic cancer cells.⁵ Blood orange essential oil inhibits vascular endothelial growth

¹ W. N. Setzer, "Essential oils and anxiolytic aromatherapy," *Natural Product Communications*, vol. 4, no. 9, pp. 1305–1316, 2009.

² G. Bagetta, L. A. Morrone, L. Rombol'a et al., "Neuropharmacology of the essential oil of bergamot," *Fitoterapia*, vol. 81, no. 6, pp. 453–461, 2010.

³ Ni, Cheng-Hua & Hou, Wen-Hsuan & Kao, Ching-Chiu & Chang, Ming-Li & Yu, Lee-Fen & Wu, Chia-Che & Chen, Chieh-feng. (2013). The Anxiolytic Effect of Aromatherapy on Patients Awaiting Ambulatory Surgery: A Randomized Controlled Trial. *Evidence-based complementary and alternative medicine : eCAM*. 2013. 927419. 10.1155/2013/927419.

⁴ Lesgards, J.F.; Baldovini, N.; Vidal, N.; Pietri S. *Phytother Res*. 2014, 28, 1423-1446.

⁵ 127. Hata, T.; Sakaguchi, I.; Mori, M.; Ikeda, N.; Kato, Y.; Minamino, M.; Watabe, K. Induction of apoptosis by *Citrus paradisi* essential oil in human leukemic (HL-60) cells. *In Vivo* **2003**, 17, 553–559.

factor (VEGF), prevents cell proliferation, and induces apoptosis in colon cancer cells. These findings highlight the potential of essential oils in cancer therapy, particularly in inducing apoptosis and inhibiting cancer cell proliferation.¹

Indian Govt. Initiative:

CSIR constituent laboratories play a key role in cultivating Medicinal and Aromatic Plants (MAPs) using traditional and biotechnological approaches, developing improved varieties for diverse ecological conditions.² A notable success is the introduction of mint cultivation in 1953 under Col Sir R N Chopra's supervision. CSIR focuses on post-harvest technologies, including low-cost, user-friendly distillation and extraction methods. They've created various agri-implements, and the Aroma D database provides valuable information on aroma molecules, essential oils, plants, and related data, aiding research on structural similarities, essential oils, and fragrance types.³ This free resource offers screening functions based on various criteria for aroma molecules.

DISCUSSION:

Aromatherapy, rooted in Ayurveda, emphasizes the use of aromas for holistic well-being. In Ayurvedic medicine, the delivery of herbal medicines through aromatic forms like *Arkas* and *Himas* enhances patient experience and treatment efficacy. Aromatherapy, primarily through inhalation, is gaining popularity for pain management, offering relief and a sense of calm. Ayurveda's long-standing awareness of the benefits of aromas, or "*Sugandha*," has potential for further exploration and integration with modern approaches.

Childbirth pain management through aromatherapy is transformative, providing relief and a soothing environment. While Ayurvedic *Kashayas* and *Taila* have proven effective, there's room for improvement in making treatments more pleasant. Aromatherapy, as a versatile and patient-friendly approach to pain management, aligns with Ayurvedic principles. Integrating aromatherapy effectively into Ayurvedic practices can enhance the

¹ Murthy, K.N.C.; Jayaprakasha, G.K.; Patil, B.S. D-limonene rich volatile oil from blood oranges inhibits angiogenesis, metastasis and cell death in human colon cancer cells. *Life Sci.* **2012**, *91*, 429–439. [CrossRef]

² Sattigeri, Viswajanani J, Council of Scientific and Industrial Research-AYUSH initiatives towards creating benchmarks, *International Journal of Ayurveda Research* **3**(1):p 48-54, Jan-Jun 2022. | DOI: 10.4103/ijar.ijar_12_22

³ Kumar Y, Prakash O, Tripathi H, Tandon S, Gupta MM, Rahman L-U, Lal RK, Semwal M, Darokar MP and Khan F (2018) AromaDb: A Database of Medicinal and Aromatic Plant's Aroma Molecules With Phytochemistry and Therapeutic Potentials. *Front. Plant Sci.* **9**:1081. doi: 10.3389/fpls.2018.01081

overall healing experience. Further research is needed to explore the full potential of aromas in improving the quality of life and well-being. Essential oils, known for their biological activities, hold economic importance and are extensively used in pharmaceutical industries, but more studies are required to understand their mechanisms, dosages, and potential toxicological effects for increased applications.

Conclusion

Aromatherapy serves as a versatile and patient-friendly complimentary system and with integration in traditional healing, such as Ayurveda, highlights the rich historical and cultural significance of using fragrant substances for therapeutic purposes. Aromatherapy, with its emphasis on essential oils and their aromatic properties, has demonstrated a wide range of applications in various medical contexts.

Aromatherapy's roles that are proved in various research studies all over world in pain management indicate its potential as a safe and cost-effective complementary therapy. Additionally, the therapy's positive effects on postoperative nausea and vomiting, hypnotic effects, sedation, sleep disorders and anxiolytic effects demonstrate its versatility in addressing psychological and emotional well-being.

While aromatherapy is generally considered safe with minimal reported adverse effects, its diverse applications underscore the need for further research to establish standardized protocols and deepen our understanding of its mechanisms of action. As an accessible and non-invasive therapeutic option, aromatherapy holds promise for enhancing overall health and well-being, providing a holistic approach to healing that aligns with both traditional and modern medical practices.

Reference:

1. Bhaskar Govind Ghanekar, Sushruta Samhita (Sharir Sthana), chapter 6, citation no.16 Meharchand Lachhamandas Publications Reprint, nov. 2008; 69.
2. Sangeetha Pillai G.,Yadevendra Yadav, Khem Chand, Rediscovering the significance of aroma in yurveda through ghreyayoga, Aryavaidyan. Vol. XXXII, No. 4, May- July 2020, Pages 32-38
3. Vagbhata, Ashtangahridayam, English Translation and Commentary by Sreekumar T., Uttarasthanam 24/4, P 273
4. Srikanth N, Venkateswarlu B, Jirankalgikar N, Singh R, Rao MM, Ota S, MM S, Padhi MM, Lavekar gs. concept and applicability of aroma therapy and herbal, cosmetology in ayurveda: research issues and challenges.
5. Acaraya Siddhinandan Mishra, Abhinava Bhaishjyakaupa Vynana, P 109- 110, Chaukhamnha Surabharati Prakashan Reprint Edition, 2018.

6. The Ayurvedic Pharmacopoeia of India, P 102, 2nd Edition, Government of India, Department of Indian System of Medicines and Homeopathy.
7. Srikanth N, Venkateswarlu B, Jirankalgikar N, Singh R, Rao Mm, Ota S, Mm S, Padhi Mm, Lavekar Gs. Concept And Applicability Of Aroma Therapy And Herbal, Cosmetology In Ayurveda: Research Issues And Challenges.
8. Srikanth N, Venkateswarlu B, Jirankalgikar N, Singh R, Rao MM, Ota S, MM S, Padhi MM, Lavekar Gs. Concept And Applicability Of Aroma Therapy And Herbal, Cosmetology In Ayurveda: Research Issues And Challenges.
9. Ravana, Indradev Tripathy. Arkaprakasha.2nd ed. Varanasi: Chowkamba Sanskrit, Series; 2006, p.1, 8,9
10. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 2/32, P 78 I Edition, January 2007.
11. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/11, P 87
12. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/20, P 89
13. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/31, 34, P 92, 94
14. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/40, P 95
15. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/47, P 97
16. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Sutrasthanam 3/53, P 98
17. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Sarirasthanam 10/13, P 144
18. Gaitonde Vrashank, Katti Anand. Arka Prakasha of Ravana: A Book Review, IJAPR | May 20 22 | Vol 10 | Issue 5
19. Gyanendra Pandey, Ravana's Arka Prakasha, Chaukambha Sanskrit Series Office Varanasi, 2018, Chapter 5, P. No. 119
20. Gyanendra Pandey, Ravana's Arka Prakasha, Chaukambha Sanskrit Series Office Varanasi, 2018, Chapter 1, P. No. 13
21. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Kalpasthanam 1/19, P 655-652
22. Vagbhata, Ashtangahrdayam, English Translation and Commentary by Sreekumar T., Kalpasthanam 1/19, P 655
23. Vagbhata, Ashtangahrdayam with Commentary of Sarvangasundara of Arunadatta and Ayurveda Rasayana of Hemadri, Uttarasthanam 20/4, P 844, Reprint Edition, Chaukhambha Sanskrit Sansthan, Varanasi.
24. Zehra Gok Metin, PhD, RN , Ayse Arikan Donmez, PhD, RN , Nur Izgu, PhD, RN 1, Leyla Ozdemir, PhD, RN & Ismail Emre Arslan, MD, Aromatherapy Massage for Neuropathic Pain and Quality of Life in Diabetic Patients, Journal of Nursing Scholarship, 2017; 49:4,

379–388

25. Dr. Deepika Gupta, Dr. Rajesh Kumar Agrahar, Dr. Vivek Kumar Tiwari, Various Methods Of Pain Management In Ayurveda- A Review Article, *World Journal Of Pharmaceutical And Medical Research*, 2018,4(4), 256-259
26. David Frawley, Avinash Lele, Subhash Ranade, Many methods of marma therapy; Energy points of Yoga and Ayurveda. *Ayurveda and Marma therapy; Energy points in yogic healing*; Lotus press, Twin lakes, Wisconsin, 2003; 3: 65-79.
27. T. M. F. Marzouk, A. M. R. El-Nemer, and H. N. Baraka, “The effect of aromatherapy abdominal massage on alleviating menstrual pain in nursing students: A Prospective Randomized Cross-Over Study,” *Evidence-Based Complementary and Alternative Medicine*, vol. 2013, Article ID 742421, 6 pages, 2013
28. Mahbubeh Tabatabaeichehr, Hamed Mortazavi. The Effectiveness of Aromatherapy in the Management of Labor Pain and Anxiety: A Systematic Review. *Ethiop J Health Sci*. 2020;30(3):449.doi:http://dx.doi.org/10.4314/ejhs.v30i3.16
29. F. Sheikhan, F. Jahdi, E. M. Khoei, N. Shamsalizadeh, M. Sheikhan, and H. Haghani, “Erratum to “Episiotomy pain relief: use of lavender oil essence in primiparous Iranian women” [Complement Ther Clin Pract 2012;18(1):66–70],” *Complementary Therapies in Clinical Practice*, vol. 18, no. 3, p. 195, 2012.
30. J. T. Kim, M. Wajda, G. Cuff et al., “Evaluation of aromatherapy in treating postoperative pain: pilot study,” *Pain Practice*, vol. 6, no. 4, pp. 273–277, 2006.
31. K. Soden, K. Vincent, S. Craske, C. Lucas, and S. Asley, “A randomized controlled trial of aromatherapy massage in a hospice setting,” *Palliative Medicine*, vol. 18, no. 2, pp. 87–92, 2004.
32. M. Ayan, U. Tas, E. Sogut, M. Suren, L. Gurbuzler, and F. Koyuncu, “Investigating the effect of aromatherapy in patients with renal colic,” *Journal of Alternative and Complementary Medicine*, vol. 19, no. 4, pp. 329–333, 2013.
33. Sugawara Y, Hara C, Tamura K, et al. Sedative effect on humans of inhalation of essential oil of linalool: sensory evaluation and physiological measurements using optically active linalools. *Anal Chim Acta*. 1998;365(1–3):293–9.
34. Thisayakorn, Krittiya & Suntornatanasat, Taweesak. (2003). *Vetiver Oil and Its Sedative Effect*.
35. Roland PS, Rosenfeld RM, Brooks LJ, et al. Clinical practice guideline: polysomnography for sleep-disordered breathing prior to tonsillectomy in children. *Otolaryngol Head Neck Surg* 2011;145(1 suppl):S1–5.
36. Bilia AR, Guccione C, Isacchi B, et al. Essential oils loaded in nanosystems: a developing strategy for a successful therapeutic approach. *Evid Based Complement Alternat Med* 2014;2014: 6515931–14.
37. Tisserand R, Young R. *Essential Oil Safety-e-book: A Guide for Health Care Professionals*. Elsevier Health Sciences, 2013; 20–75
38. Cheong MJ, Lee GE, Kang HW, et al. Clinical effects of mindfulness meditation and cognitive behavioral therapy standardized for insomnia: a protocol for a systematic review and meta-analysis. *Medicine (Madr)* 2018;97:e13499:1–7.

39. W. N. Setzer, “Essential oils and anxiolytic aromatherapy,” *Natural Product Communications*, vol. 4, no. 9, pp. 1305–1316, 2009.
40. G. Bagetta, L. A. Morrone, L. Rombol’a et al., “Neuropharmacology of the essential oil of bergamot,” *Fitoterapia*, vol. 81, no. 6, pp. 453–461, 2010.
41. Ni, Cheng-Hua & Hou, Wen-Hsuan & Kao, Ching-Chiu & Chang, Ming-Li & Yu, Lee-Fen & Wu, Chia-Che & Chen, Chiehfeng. (2013). The Anxiolytic Effect of Aromatherapy on Patients Awaiting Ambulatory Surgery: A Randomized Controlled Trial. Evidence-based complementary and alternative medicine : eCAM. 2013. 927419. 10.1155/2013/927419.
42. Lesgards, J.F.; Baldovini, N.; Vidal, N.; Pietri S. *Phytother Res.* 2014, 28, 1423-1446. 127.
43. Hata, T.; Sakaguchi, I.; Mori, M.; Ikeda, N.; Kato, Y.; Minamino, M.; Watabe, K. Induction of apoptosis by *Citrus paradisi* essential oil in human leukemic (HL-60) cells. *In Vivo* **2003**, 17, 553–559.128.
44. Murthy, K.N.C.; Jayaprakasha, G.K.; Patil, B.S. D-limonene rich volatile oil from blood oranges inhibits angiogenesis, metastasis and cell death in human colon cancer cells. *Life Sci.* **2012**, 91, 429–439. [CrossRef]
45. Sattigeri, Viswajanani J, Council of Scientific and Industrial Research-AYUSH initiatives towards creating benchmarks, *International Journal of Ayurveda Research* **3(1):p48-54, Jan–Jun 2022**. | DOI: 10.4103/ijar.ijar_12_22
46. Kumar Y, Prakash O, Tripathi H, Tandon S, Gupta MM, Rahman L-U, Lal RK, Semwal M, Darokar MP and Khan F (2018) AromaDb: A Database of Medicinal and Aromatic Plant’s Aroma Molecules With Phytochemistry and Therapeutic Potentials. *Front. Plant Sci.* 9:1081. doi: 10.3389/fpls.2018.01081



The Role of Asana in the Management of Musculo- Skeletal Pain of Spinal Region Caused by Stress with Special Reference to Makarasana, Shalabhasana and Marjari Asana

Neha*, **Mohit Kumar***, **Vishal Jaiswal***, **Dr. R.K. Jaiswal****, **Dr. P.K. Bharti*****

Abstract: Introduction- The effectiveness of some yoga poses, such as Makarasana (Crocodile Pose), Shalabhasana (Locust Pose), and Marjari Asana (Cat-Cow Pose), in treating back pain and stress is examined in this study. In today's society, spinal pain and stress are prevalent issues that are frequently exacerbated by stressful jobs and sedentary lives. This study looks into the therapeutic advantages of these three postures in improving overall health and symptom relief. Through a detailed review of the literature and empirical analysis, this study aims to shed light on the beneficial usage of specific yoga poses in therapeutic contexts.

Material and Methods- Review of Yoga-Asana literature from Yoga Classics including relevant commentaries, Other print media, online information, journals, magazines, books, etc.

Result-Finding the original textual reference for the asanas and their practical benefits in daily life was the goal of the current study, which reviewed ancient writings. Additionally, it examines how particular asanas are performed about the textual reference for spine or back diseases. As a result, we discovered that some particular asanas are more appropriate and helpful for all spinal problems. The following asanas are beneficial for disc herniation, degenerative discs, neck and back discomfort, swelling, spondylolisthesis, arm or leg pain, stiffness or rigidity, etc.

Discussion-The objective of the present study is to review the ancient texts and find the original text reference for the asanas and their benefits in daily life. Also to analyze the procedure of selected asanas based on textual reference for back or spinal disorders.

Keywords: Makarasana, Shalabhasana, Marjari asana, Spinal pain, Spinal disorders, Cervical Spondylosis, Back Pain, Lower backache, Stress management, Yoga therapy, Asanas, etc.

* Ph.D. Scholar (Yoga), **Assistant Professor, *** CMO/Dy.MS SSH, Department of Sangyahan, Faculty of Ayurveda, IMS BHU Varanasi-221005

Introduction: A collection of mental, physical, and spiritual exercises known as yoga were practiced in ancient India. Asanas are done as a kind of physical activity that treats clinical indications and symptoms and promotes health. According to yoga philosophy, doing asanas daily will give us the power to transcend the dualities in our existence. According to the Patanjali Yoga Sutra, an asana is a position that provides stability and comfort ("sthira sukham asanam"). This can be achieved by performing asanas with the least amount of effort possible and concentrating on contemplating the infinite ("pratyahara shantihya and ananta samapatti").

All schools of yoga, except Hatha Yoga, employ asanas, which are primarily meant for the advanced stage of meditation. Hatha yoga employs asanas to balance the "Tridosha" and prime the body for advanced pranayama, which wards off all illnesses. The most well-liked yoga school at the moment among the several that are available is the Hathayoga stream.[1]

Review of Yoga: According to the Pathanjali Yogasutra, practicing yoga asana daily will help one transcend mental and bodily dualities. The physical parts of the asanas should be performed with the least amount of effort possible to maximize the benefits of yoga; similarly, limitless contemplation should be practiced effortlessly to achieve mental calm. Vyadhi is one of the main barriers to yoga. Disease, or Vyadhi, results from an imbalance in the Tridosha's homeostasis. Several Asanas and Kumbhakas are advised by the Hatha Yoga stream to cleanse the body and subtle energy channels in our bodies. It follows that our bodies build resistance and immunity when we practice asanas regularly. [1,4] This impact is being validated through research studies in this area.

Numerous beneficial effects of yoga have been established for the body. Yoga, as opposed to physical exercise, improves pain tolerance and coping mechanisms by increasing bodily awareness.[2] Patients receive comprehensive treatment from medical yoga. According to studies by Vijayaraghava A. et al. and Nagarathna R. et al., yoga lowers inflammatory markers.[3,4] These have been crucial in helping those with neck pain, LBP, and arthritis realize benefits.[2,8] Yoga is another evidence-based treatment for LBP that has at least modest benefits, according to the American Pain Society.[5]

Long-term improvements for low back pain have also been reported by Sherman et al. and Williams et al., lasting up to six months following the conclusion of the yoga intervention.[6,7] According to Manik et al., the long-term (8 weeks) and short-term (2 weeks) intervention groups showed the greatest reduction in disability from back pain caused by lumbar spondylosis when compared to the rapid relief practice group.[8]

Satyanand et al. conducted a randomized control trial on the effect of yogasana on Cervical spondylosis.[9] In addition to the intervention, the patients were given analgesics and anti-inflammatories for the entire duration of three months. The authors concluded that combining yoga poses with traditional drugs increases their effectiveness. The scientists also note that yoga has a dual effect of improving physical health and reducing psychosomatic diseases because stress and sadness are significant predictors of muscle tone, especially in the neck region. Yoga lowers sympathetic activity as shown by autonomic indices, oxygen consumption, and breathing volume, according to the findings of another study by Vempati et al.[10]

Sugumar et al. also looked at the benefits of a type of yoga, simplified Kundalini yoga, among individuals suffering from cervical spondylosis in a different study.[11] The experimental group followed a 60-minute plan that included 20 minutes of yoga, 20 minutes of meditation, and 10 minutes of relaxation. After three months, the researchers discovered that practicing yoga was far more successful than other therapies at treating neck stiffness and discomfort. After eight weeks of treatment, we likewise observe a decrease in NDI scores in our patient group, and the effects are observed at different intervals.[12]

Asana: Originally used to refer to a type of seated meditation posture, the term "asana" was later used to refer to any position used in hatha and modern yoga for physical exercise, including standing, reclining, inverted, twisting, and balancing poses.

Makarasana : Chapter 2, Verse 40 of the 17th-century Gherand Samhita describes Makarasana. Halftone descriptions and illustrations are included in the Yogasopana Purvacatuska from 1905. The terms makara (meaning "crocodile") and asana (meaning "posture") are the origin of the word.

Review of Makarasana : The second chakra, svadisthana, is connected to the makar. The svadisthana chakra, situated slightly above the tailbone, is linked to the water element, the unconscious mind, and intensely felt emotions. To reach your greatest potential, you need to free yourself from the unconscious grip of latent samskaras, which are housed in the Svadisthana chakra.[13]

According to a quote from B. K. S. Iyengar, studying asana is about understanding and transforming oneself via posture, not about perfecting posture. Although makarasana is a straightforward pose on the physical level, it can help you transform yourself by giving you a better awareness of your unconscious processes.[14]

The hip and sacral muscles are stretched in Makarasana. The shoulder and spine are deeply relaxed in the makarasana. Those with sciatica slipped discs, and some forms of lower back pain will find great relief from this asana. It is a calming asana that is typically performed after performing other asanas since it relieves the tension brought on by performing other asanas.[15]

Benefits of Makarasana: The reduction of stress and low back pain, the gradual stretching of the paraspinal muscles, and the strengthening of the diaphragm are the main advantages of this posture, which focuses more on awareness and comfort than strength or agility. Furthermore, the makarasana form is ideal for developing increased breath awareness. Pregnancy and any other condition that makes abdominal pressure uncomfortable are contraindications.

Makarasana mostly affects the musculoskeletal system directly. The entire spinal column is bent back, with special attention paid to the lumbar and cervical regions. Standing up normally causes the body's weight to be transferred to the spinal column, which compresses the discs primarily. The compression is released by the backward bend, which provides the intervertebral discs with more room. Furthermore, weight is a function of gravity, and when one is lying down, as in Makarasana, the earth receives the pull of gravity from the thighs and abdomen. By stretching the anterior spinal muscles, makarasana relieves backache and neck pain by releasing spasms in the muscles. In short, makarasana can be of help in any type of neck pain and backache.[16]

The primary muscle involved in breathing is the diaphragm. It divides the chest cavity from the abdominal cavity and is attached to the ribs, the lumbar vertebrae, and the lower back. Because the arms are positioned overhead, the crocodile pose immobilizes the chest and releases tension in the back and belly because you are resting on the floor. Additionally, the breath does not fall into the lower abdomen since the abdomen is pressed onto the floor.

Shalabhasana : The second chapter of the Gheraṇḍasaṃhitā describes thirty-two postures, one of which is Shalabhasana. It is performed in a prone position, pressing the ground with the hands on either side of the chest, and raising the legs together nine inches into the air. This is called Shalabhasana by distinguished sages.[17]

Review of Shalabhasana: The student, according to Swami Kuvalayananda ji, should lie faceup on his seat with his sole pointed upward and his fingers clenched. He stretches out his hands till his shoulders and the backs of his fists make contact with the ground. Then, striving to exhale completely while moving his lower extremities backward, he

stiffens his whole body, putting all of his weight on his hands and chest. The wrists are especially affected by the weight of the lifted legs. The exercise consists of keeping your knee straight and rigid while holding your breath.[18]

Dhirendra Brahmachari suggests reclining on the abdomen with the body raised as high off the ground as possible, both above and below the waist, with the palms put close to the shoulders and the feet linked. From the waist to the feet, the body should be in an upright position.[19]

B.K.S. Iyengar goes on to clarify Lay completely extended on your stomach with your face pointing downward, just as in Shalabhasana. Turn your arms back. Exhale deeply, then lift your chest, head, and legs as high as you can without contacting the floor. It is improper to have the hands and rib cage resting on the ground. The front of the abdomen, which bears the weight of the body, is the only area of the body in contact with the ground. Contract your buttocks and extend your thigh muscles. Verify that both of your legs are fully extended, touching your thighs, knees, and ankles. Rather than bearing your entire weight on your hands, stretch them to strengthen your upper back muscles. As long as you can, maintain your posture while breathing normally. Lifting the legs and torso off the ground is challenging at first, but as the abdominal muscles get stronger, it gets easier.[20]

Benefits of Shalabhasana: An excellent exercise for strengthening the pelvis and abdomen is Shalabhasana. Shalabhasana strengthens the lower back and pelvic organs and improves backache, moderate sciatica, and slipped discs, provided the condition is not too severe. While toning and harmonizing the activities of the colon, stomach, liver, and other abdominal organs, it also enhances appetite. It makes the muscles in the buttocks taut and triggers the body to spontaneously do the Vajroli Mudra. This pose enlarges the chest and makes the waist strong and flexible. It is also very good for the shoulders and abdomen. It helps with constipation and enhances digestion.

This pose helps with digestion and eases gas and flatulence. The position eases discomfort in the sacrum and lumbar regions because the spine becomes elastic when it is extended back. Those with slipped discs have, in my experience, benefited from practicing this asana regularly without needing to need medical intervention or forced rest. Exercise helps maintain the health of the prostate gland and the bladder.

In *Shalabhasana* spine is extended and all extensors of the back are contracted. This helps strengthen and provides flexibility to the spine and back muscles.[21]

Marjari Asana: A cultural asana, Marjari Asana is a combination of two different asanas. This asana was created by modern yogis as a variation of Marjari Asana; it is not based on any ancient yogic writings. Along with the back of the body, it benefits the abdominal and pelvis. Cat Pose (Marjariasana) is a mild backbend that lengthens the back of the body, eases stiffness in the neck, and loosens up the spine. The Sanskrit terms marjari, which means cat, and asana, which means stance, are the source of the posture's name. Cow Pose, also known as Bitilasana, is a mild backbend that lengthens the front of the body, eases stiffness in the neck, and loosens up the spine.[22]

Review of Marjari Asana: Our research concludes that, when combined with conventional treatments, the eight-week home-based yoga program known as "Specific Group of Asana" can help reduce pain and impairment in patients. Larger, more comparable, and multicentric trials are necessary to prove this as a therapy option. This study was based on some specific yogic practices which are Skandha Chakra (Shoulder Socket Rotation), Greeva Sanchalanasana (Neck Movements), Makarasana (Crocodile Pose), Advasana (Reversed Corpse Pose), Jyestika Asana (Superior Posture), Marjari Asana (Cat Stretch Pose).[12]

Our research is the first to demonstrate that a yoga intervention significantly affects the levels of serotonin and BDNF in serum in patients with persistent low back pain. We suggest that these neuromodulators may mediate the therapeutic effects of yoga on chronic low back pain in the nociceptive pathway. This study was based on specific yogic practices included with the marjari asana.[23]

It is our experience that yoga provides a straightforward, efficient, and long-lasting treatment for this problematic disease, therefore this resignation need not be the case. We've discovered that many people with chronic back pain, who had given up on a life without pain following a diagnosis of early osteoarthritis or incurable spinal degeneration, can overcome their condition and prevent subsequent recurrences, within a week of bed rest, 90% of back pain cases will heal, and within a day or two, there will be significant alleviation. The challenge then shifts to preventing recurrence, which is where yoga comes in very handy. In this study, marjari asana is also included for back pain management.[24]

Benefits of Marjari Asana : Marjariasana, or Cat Pose, offers numerous benefits for overall health and wellness. It increases the flexibility and strength of the spine by alternately bending and rounding the back, thereby promoting healthy posture.[25] The asana gently massages the digestive organs, improving digestion and stimulating kidney

and adrenal gland function. It also reduces stress and tension, thereby having a calming effect on the mind. Practicing Marjariasana can relieve back pain and stiffness, especially in the lower back, and increase blood circulation throughout the body. It serves as an excellent warm-up exercise, preparing the body for more advanced yoga postures.

Conclusion : The usefulness of yoga postures including Makarasana, Shalabhasana, and Marjari Asana in relieving stress and spinal pain is investigated in this study. Ancient Indians used these poses to improve their health and to provide them stability and comfort. The Patanjali Yoga Sutra states that by engaging in asanas daily, we can transcend dualities and concentrate on contemplation. Except for Hatha Yoga, all schools of yoga employ asanas for advanced meditation, balancing the "Tridosha" and priming the body for more difficult pranayama. Makarasana, Shalabhasana, and Marjari Asana not only ease tension at the diaphragm's attachment point in the lower back and mid-torso, but they also help induce relaxation through diaphragmatic breathing. These tension-prone areas are caused by weak or stiff muscles across the pelvis and spine, poor posture, and irregular breathing patterns. Furthermore, diaphragmatic tightness may be a sign of distorted and dysfunctional states of tension in the muscles that last long after the initial stimulus has faded, as the breath is a reflection of the mind. The lower back, which serves as the connecting element between the chest and pelvis and bears weight as well as conveying energy, is also prone to stress. It is affected by breathing patterns and the diaphragm.

References:

1. Sriharisukesh N and Subramanya Pailoor, "A review of asanas referenced in ancient texts and a brief comparative study of selected asanas" International Journal of Sanskrit Research 2019; 5(4): 270-273.
2. Cramer H, Lauche R, Haller H, Langhorst J, Dobos G, Berger B. "I'm more in balance": a qualitative study of yoga for patients with chronic neck pain. J Alternative Compl Med 2013;19(6):536e42.
3. Vijayaraghava A. Effect of yoga practice on levels of inflammatory markers after moderate and strenuous exercise. J Clin Diagnostic Res. 2015;9(6):12e6. Available from: http://jcd.r.net/article_fulltext.asp?issn%40973-709x&year%4.
4. Nagarathna R, Ram A, Banerjee B, Hosakote V, Rao R. Comparison of lymphocyte apoptotic index and qualitative DNA damage in yoga practitioners and breast cancer patients: a pilot study. Int J Yoga 2013;6:20e5.
5. Posadzki P, Ernst E. Yoga for low back pain: a systematic review of randomized clinical trials. Clin Rheumatol 2011;30(9):1257e62.
6. Williams K, Abildso C, Steinberg L, Doyle E, Epstein B, Smith D, et al. Evaluation of the effectiveness and efficacy of Iyengar yoga therapy on chronic low back pain. Spine 2009;34(1):2066e76.

7. Sherman KJ, Cherkin DC, Wellman RD, Cook AJ, Hawkes RJ, Delaney K, et al. A randomized trial comparing yoga, stretching, and a self-care book for chronic low back pain. *Arch Intern Med* 2011;171(22):2019e26.
8. Manik R, Mahapatra A, Gartia R, Bansal S, Patnaik A. Effect of selected yogic practices on pain and disability in patients with lumbar spondylitis. *Int J Yoga* 2017;10(2):81e7.
9. Satyanand V, Gopalakrishnan T, Mahaboobvali S, Basha SA, Sarala V. Effects of yoga asanas on cervical spondylosis. *Int Arch Integr Med* 2015;2(7):6e10. Available from: <http://www.ebscohost.com>.
10. Vempati RP, Telles S. Yoga-based guided relaxation reduces sympathetic activity judged from baseline levels. *Psychol Rep* 2011;90(2):487e94.
11. Sugumar D, Ponnuswamy V. Effect of simplified Kundalini yoga in the management of cervical spondylosis _ international journal of Physical Education, Sports and Health. *Int J Phys Educ Sport Heal* 2018;5(5): 71e4.
12. Mantu Jain et al, Effect of selected group of asana when used as an adjunct in management of cervical spondylosis of mild to moderate severity: An observational study, *Journal of Ayurveda and Integrative Medicine*, Volume 12(2), April–June 2021, Pg351-355.
13. Anderson, Sandra. "Makarasana: The Crocodile Pose". *Yoga International*. Retrieved 18 December 2018.
14. Newell, Zo. "The Mythology Behind Makarasana (Crocodile Pose)". *Yoga International*. Retrieved 18 December 2018.
15. Dr. Somlata Jadoun, Dr. Sunil Kumar Yadav, Anatomical Exploration of “Makarasana” (IJTSRD) Vol 4(5), July-August 2020 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470.
16. Sarade et al. *World Journal of Pharmacy and Pharmaceutical Sciences*, Vol 9, Issue 9, 2020.
17. Yadav, V. S., Pundir, M., Maurya, B. N., Tripathi, V., Kumar, M., & Maurya, A. Development, Validation, and feasibility of Integrated Yoga module on Anidra (Insomnia).
18. Kunalayananda, S. (2012). *Asanas (Eighth Edi)* Lonavala: Kaivalyadhama S.M.Y.M Samiti. Page 62.
19. Brahmachari D. *Science of Yoga (Yogasana Vijnana)*. First Edit. Mumbai: Asia Publishing House; 1970. page84.
20. Iyengar BKS. *Light on Yoga*. revised ed. Schocken Books New York; 1979 page 99.
21. Dr. Somlata Jadoun, Dr. Akanksha Rana, Dr. Sunil Kumar Yadav, Anatomical Exploration of Shalabhasana (IJTSRD) Vol 4(4), June 2020 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470.
22. <https://www.artofliving.org/us-en/yoga/poses/marjariasana>.
23. Moseon Lee, Woongjoon Moon, and Jaehee Kim, 2014, Effect of Yoga on Pain, Brain-Derived Neurotrophic Factor, and Serotonin in Premenopausal Women with Chronic Low Back Pain, *Hindawi Publishing Corporation Evidence-Based Complementary and Alternative Medicine* Volume 2014, Article ID 203173, 7 pages <http://dx.doi.org/10.1155/2014/203173>.
24. Dr. Swami Karmananda, 2005, *Yogic Management of Common Diseases*, Yoga publication trust, Ganga Darshan, Munger Bihar India, ISBN:81-85787-24-7.
25. Mishra, Pradip Kumar & Pandey, Kuldeep. (2021). तनाव की समस्या का योग चिकित्सकीय प्रबंधन. *Aug 2021, Vol. 24. 77-83*.



Dietary Intake and Nutritional Status of Patients with Cholelithiasis

Jyoti Yadav*, Prof. S. J. Gupta**

Abstract-The disease cholelithiasis is common in the northeastern Indian states. While a number of ideas have been proposed to explain the occurrence of gallbladder stones (GBS), none of them have been able to explain the role of industrial pollution, dietary habits, lifestyle choices, gallstones, socioeconomic status, etc. A closed-ended questionnaire was used to interview GBS patients receiving treatment at Sur Sundarlal Hospital, BHU, Varanasi, India, in order to learn more about their dietary habits, nutritional status, way of life, and non-dietary activities. Women were impacted by GBS at a ratio of 1:3 more than males. Of the patients, one-third came from a lower socioeconomic background. 33.32% of the patients were overweight. Dietary habits revealed a link between a higher risk and consuming less fruits and vegetables. Mustard oil was utilized by 68.9% of the patients in their cooking.

Keywords: Gall Bladder Stone, Nutrition, Dietary, Lifestyle.

Introduction- Gallstones develop when there is an imbalance in the bile's chemical composition, causing one or more of the ingredients to precipitate. It is unclear why this happens, even though there are certain identified risk factors. All age groups experience gallstones, however as people age, their frequency rises. The proverb "female and forty, fat and fertile" only partially describes the situation. It is true that estrogen increases the amount of cholesterol released into bile, and obesity (body mass index >30) increases this risk. But genetics also contributes; it accounts for 25% of the variation in phenotype between twins, which adds a fifth "f" to the proverb (family history).(1) Pregnancy, fast weight reduction (such as following obesity surgery), parenteral nutrition, and bile loss are additional risk factors. Because gallstones were thought to be primarily caused by cholesterol, gallbladder problems were thought to be exclusively associated with the West. Gallstones are thought to be present in 17% of deaths in the UK at the time of death and may be on the rise. The projected 3-5% rate for Indian and African women is a little lower. However, the prevalence of gallstones is rising in India due to the westernization of lifestyle, both in urban and rural areas.(2, 3) In India's north, gallstones are seven times more common than in the south. Ninety percent of instances of acute calculus cholecystitis and ninety-five percent of cases of chronic calculus cholecystitis are thought to be caused by gallstones.

* Ph.D. Scholar, Department of Shalya Tantra, Faculty of Ayurveda, Institute of Medical Sciences; BHU, Varanasi, Email-itsjyoti638@gmail.com.

** Department of Shalya Tantra, Faculty of Ayurveda, Institute of Medical Sciences; BHU, Varanasi, Email-sjguptabh@bhu@gmail.com.

According to population-based data, women are more likely to contract GBS in northern Indian cities than in southern Indian cities. GBS is more prevalent in northern Indian states including Uttar Pradesh, Bihar, Orissa, west Bengal, and Assam than it is in southern ones. According to the distribution of the aforementioned research, key environmental factors, cultural variances, ethnic differences, and geography may all have an impact on the occurrence of GBS.(3) (4) Many theories have been put out to explain the ethology of GBS. The epidemiological changes in our country have been attributed to a number of factors, including urbanization, industrialization, changes in lifestyle, poor dietary habits, and aging.(3, 5)

Obesity-It has been suggested that obesity and excessive calorie intake pose serious risks. Foods high in fat and carbohydrates have been linked to the development of gallstones . Malnutrition in cancer patients is known to be facilitated by a number of causes. The quality of life is directly impacted by malnutrition, which lowers the survival rate.(6) The majority of epidemiological studies carried out globally indicate that certain dietary factors may have an impact on the development of gallbladder stones (GBS).(7) Furthermore, ecological evidence points to a significant spatial variance. In 2007, Miyasaka K, Kanai S,et.al suggested that lipid peroxidation, genetic vulnerability, and chronic infections such as Helicobacter infections or typhoid carrier condition could be risk factors for GBS.(8)

Frequent and consistent mealtimes- Try your best to eat on a regular schedule and minimize the amount of time that passes between meals. Another option is to try eating several smaller meals spaced apart during the day. After a meal, your gallbladder empties, and if this occurs frequently, you may be less prone to acquire gallstones. Gallstones may become more likely to occur if you regularly fast for longer than 16 to 18 hours a day.

Diagnose and clinical presentation-

1. An X-ray will make the stones and their location easier to see.
2. Ultrasonography:- As an alternative to X-rays, ultrasonography is preferable. It can assist in identifying the sort of stone in addition to aiding with visualization.
3. Magnetic Resonance Photoelectric Cholangiopancreatography:- This test uses magnetic energy and radio waves to take images of the gallbladder and liver.
4. The HIDA Scan, also known as cholescintigraphy , is a test that aids in assessing the gall bladder stones motility.
5. Endoscopic Retrograde Cholangiopancreatography, or ERCP:- This test has both therapeutic and diagnostic applications.(4, 9)

Aim and Objectives

To study risk factors of Dietary intake and nutritional status in cholelithiasis specimens.

METHODOLOGICAL CONSIDERATIONS :

Data on home's food consumption, food expenditure and related variables The food consumption check was carried out in June 2023 to July 2024. The check through the use of questionnaires, collected detailed information on ménage food using seven days memory recall as well as socio- profitable and demographic characteristics of ménage. The sample used in the study contains 30 ménage heads named through a arbitrary slice. The occurrence of gallbladder stones (GBS) varies across different groups, although dietary habits, significant environmental effects, ethnic distinctions, geographic location, and cultural variances may all be contributing factors. This research was observational and retrospective. Thirty GBS patients in all were selected from Sur Sundarlal Hospital, BHU, Varanasi, India. The study included a closed-ended questionnaire to collect data on demographic characteristics, medical history, and lifestyle factors. Non-dietary habits such as alcohol use, tobacco use, and smoking were observed. Using a food frequency questionnaire (FFQ), the frequency of consumption of cereals, pulses, fruits, vegetables, dairy products, nuts and oil seeds, fried meals, sweets, and beverages was determined. A three-day meal recall was conducted to evaluate the daily intake of nutrients.

Results and discussion

Numerous dietary factors have also been linked to gallbladder stones (GBS), either as a preventive factor or as a cause.(10) fruits and vegetables have a protective impact. Additionally, a negative correlation was identified between GBS and the consumption of fiber, vitamin C, and vitamin E. There aren't many Indian research that clarify the connection between food and GBS. In order to learn more about the food, lifestyle, nutrient intakes, and nutritional status of GBS patients, the current study was conducted. Gallbladder Stones (GBS) affects women two to six times more frequently than it does men.(11, 12)

Gallbladder-friendly foods

Along with other advantages and support for your general health, eating a diet that promotes health may help lower your chance of gallstones and gallbladder disease.

Mediterranean and DASH diets

A sizable 2018 study that only involved men found that certain diets may reduce your chance of having symptomatic gallstone disease. The modified Mediterranean diet, the DASH diet, and diets based on earlier iterations of the USDA Dietary Guidelines for Americans Trusted Source were found to reduce the risk of gallstone disease in participants. Both diets emphasize whole foods, such as fruits and vegetables, lean protein, and minimizing added sugars. The Mediterranean diet restricts processed foods and refined grains while promoting whole foods and healthy fats. While it also emphasizes whole foods, the DASH diet places restrictions on fat, fatty meats, and sodium.

Vegetables, fruits, and whole grains

The health of your gallbladder can be greatly enhanced and preserved by eating a nutritious, well-balanced diet rich in fruits, vegetables, and whole grains. Nutrients and fiber that are advantageous are found in fruits, vegetables, and whole grains. Fiber aids in digestion by reducing the amount of time food stays in your intestines, which may lower your risk of gallstone illness, according to a study on vegetarian diets and gallstone risk. Consuming a diet high in the following items may promote both your general and gallbladder health: Whole grains like brown rice, quinoa, oats, and whole wheat products; legumes like beans, lentils, and peas; and whole fruits and vegetables that are high in fiber, like cruciferous vegetables, berries, and citrus fruits.(12-15)

Healthy fats

Studies indicate that selecting foods high in good fats instead of bad fats may support the health of the gallbladder. This protective effect could be linked to: reducing triglyceride levels; enhancing bile quality; controlling contractions of the gallbladder, which facilitates normal emptying of the gallbladder. Some foods to think about are peanuts and nuts. omega-3 fatty acids from fish or fish oil supplementation in olive oil. Plant-based protein Consuming a diet higher in plant-based foods may also aid in the prevention of gallbladder disorders.(15)

You may need to make plans to make sure you're getting enough macronutrients, such as protein, in order to construct a balanced plant-based diet. Plant-based protein sources include lentils, beans, and nuts. Tofu and tempeh are examples of soy products that are plant-based meat substitutes. Coffee- Symptomatic gallstones may be prevented by regular coffee use. The researchers found that the incidence of gallstones was 23% lower in those who consumed more than 6 cups of coffee every day. However, even only one cup of coffee a day could help lower the risk. If you want to choose a drink, do so in moderation. Many research suggests that drinking alcohol may reduce the risk of gallstones.

Reference-

1. Diehl AK. Gallstone size and the risk of gallbladder cancer. *Jama*. 1983;250(17):2323-6.
2. Borena W, Edlinger M, Bjørge T, Häggström C, Lindkvist B, Nagel G, et al. A prospective study on metabolic risk factors and gallbladder cancer in the metabolic syndrome and cancer (Me-Can) collaborative study. *PloS one*. 2014;9(2):e89368.
3. Kumar JR, Tewari M, Rai A, Sinha R, Mohapatra SC, Shukla HS. An objective assessment of demography of gallbladder cancer. *Journal of surgical oncology*. 2006;93(8):610-4.

4. Sangma MMB, Marak F. Clinicoetiopathological studies of acute cholecystitis. *International Surgery Journal*. 2016;3(2):914-20.
5. Shukla V, Chauhan V, Mishra R, Basu S. Lifestyle, reproductive factors and risk of gallbladder cancer. *Singapore medical journal*. 2008;49(11):912.
6. Yadav V, Maurya B, Maurya. Ayurvedic Drug Review of *Nardostachys Jatamanasi*. 2022.
7. Negri E, La Vecchia C, Franceschi S, D'Avanzo B, Parazzini F. Vegetable and fruit consumption and cancer risk. *International journal of cancer*. 1991;48(3):350-4.
8. Miyasaka K, Kanai S, Ohta M, Sekime A, Akimoto S, Takiguchi S, et al. Susceptibility to obesity and gallbladder stasis produced by a protein-and fat-enriched diet in male mice compared with female mice. *Nutrition & Metabolism*. 2007;4:1-6.
9. Gach T, Bogacki P, Markowska B, Bonior J, Paplaczek M, Szura M. Jakość życia chorych po laparoskopowej cholecystektomii z powodu kamicy pęcherzyka żółciowego—ocena odległych wyników pooperacyjnych. *Polski Przegląd Chirurgiczny*. 2021;93 (SUPPLEMENT):19-24.
10. Baillot A, Romain AJ, Boisvert-Vigneault K, Audet M, Baillargeon JP, Dionne IJ, et al. Effects of lifestyle interventions that include a physical activity component in class II and III obese individuals: a systematic review and meta-analysis. *PLoS One*. 2015;10(4):e0119017.
11. Cuevas A, Miquel JF, Reyes MS, Zanlungo S, Nervi F. Diet as a risk factor for cholesterol gallstone disease. *Journal of the American College of Nutrition*. 2004;23(3):187-96.
12. Shaffer EA. Epidemiology of gallbladder stone disease. *Best practice & research Clinical gastroenterology*. 2006;20(6):981-96.
13. Sun H, Tang H, Jiang S, Zeng L, Chen E-Q, Zhou T-Y, et al. Gender and metabolic differences of gallstone diseases. *World journal of gastroenterology: WJG*. 2009;15(15):1886.
14. Singh V, Trikha B, Nain C, Singh K, Bose S. Epidemiology of gallstone disease in Chandigarh: A community-based study. *Journal of gastroenterology and hepatology*. 2001;16(5):560-3.
15. Pixley F, Wilson D, McPherson K, Mann J. Effect of vegetarianism on development of gall stones in women. *Br Med J (Clin Res Ed)*. 1985;291(6487):11-2.



वेदों में योग विज्ञान का स्वरूप

आराधना कनौजिया*, डॉ भोलानाथ मोर्य**, डॉ० पंकज कुमार भारती***

सारांश- वेद भारतीय संस्कृति के साथ-साथ विश्व का सबसे श्रेष्ठतम ग्रंथ माना जाता है जिसमें योग जो हमारी पुरातन सभ्यता का अभिन्न अंग है, का वर्णन बड़ी कुशलता से किया गया है। वेदों में आध्यात्मिक ज्ञान, यज्ञ, उपासना, पूजा व अन्य कर्मकांड को अब आरंभ करने से पहले योग साधना का विधान है। मोक्ष प्राप्ति के लिए योग सर्वोत्तम साधन है।

शब्द कुंजी - वैदिक, योग, आत्मा-परमात्मा, यम-नियम, आध्यात्म ज्ञान

प्रस्तावना- योग विधा भारत की अमूल्य धरोहर है।¹ वैदिक योग को पुरातन योग के नाम से भी जाना जाता है। अपने मन को अपने, अंदर ही केंद्रित करना योग का मुख्य आधार है। योग शास्त्र की व्युत्पत्ति हिरण्यगर्भ द्वारा हुई है² जो आदिकाल से अनवरतं गुरु-शिष्य परंपरा के साथ चलती आ रही है। योगशास्त्र ही ऐसा शास्त्र है जिसमें वाद-विवाद के लिए कोई स्थान नहीं है।³

वेद- ऋग्वेद, यजुर्वेद, सामवेद एवं अथर्ववेद है।

वेद का अर्थ- वेद शब्द विद धातु (विद ज्ञाने) से धञ् प्रत्यय से मिलकर बना है। जिसका अर्थ है। ज्ञान या ज्ञान की राशि या ज्ञान का संग्रह ग्रंथ।⁴

सायण के अनुसार वेद शब्द की व्याख्या-

इष्टप्राप्त्यनिष्टपरिहारयोरलौकिक पाय यो ग्रन्थो वेदयति स वेदः (तैत्तिरीय संहिता भाष्य की भूमिका)

अर्थात् "जो ग्रंथ इष्ट प्राप्ति एवं अनिष्ट निवारण का अद्भुत उपाय बतलाता है उसे वेद कहते हैं।" वेदों को श्रुति भी कहते हैं। वेदों को साभिप्राय, सुसंगत और उत्तम अर्थ बताने के कारण निगम कहा जाता था।⁴ वेदों का महत्व- शाश्वत सत्य ज्ञान प्राप्ति का सेतु वेद है।

प्राचीन समस्त स्मृतिकर, दर्शन शास्त्रकार, उपनिष्कार, रामायण, महाभारत, श्रौत सूत्र तथा गृहसूत्रादि के लेखक यहां तक कि पुराणकार स्पष्टतया वेदों को ईश्वरीय तथा स्वतः प्रमाण और अन्य सब ग्रंथों को परत प्रमाण मानते हैं।

मनुस्मृति के अनुसार वेद

धर्म जिज्ञासमानानां, प्रमाणं परमं श्रुतिः ॥

अर्थात् जो धर्म का ज्ञान प्राप्त करना चाहते हैं उनके लिए परम प्रमाण वेद ही है।⁵ वेदशास्त्र सब प्राणियों को धारण करता है यही सब मनुष्यों के लिए भवसागर से पार होने का साधन है।

वेदों में योग-

ऋग्वेद- में योग का वर्णन मिलता है जो कि विश्व का सबसे प्राचीनतम वेद है। योग का उद्भव भी वेदों से ही माना जाता है कुछ विचारकों का मत है कि योग सिन्धुकालीन सभ्यता की देन है किन्तु स्वामी शंकरानन्द ने स्पष्ट करते हुए कहा है कि सिन्धुकालीन सभ्यता वैदिक सभ्यता का ही अंग है।⁶ इससे स्पष्ट होता है कि योग का उद्भव वैदिक परंपरा से हुआ है।

* शोध छात्रा, **पर्यवेक्षक, ***सह पर्यवेक्षक, संज्ञाहरण विभाग, आयुर्वेद संकाय, आई० एम० ए०, बी एच० यू० वाराणसी,

Email- arkhanaujiya1992@gmail.com

"यस्माद्भते न सिध्यति यज्ञो विर्ण चत चन स धीनां योगमिन्वति"

अर्थात् जो विद्वान बिना योग के कोई भी कर्म करते हैं ये पूर्ण नहीं होते। वेदों में योग अनुष्ठान के बिना कर्मों को करना अनुचित बताया है। योग का मूल अर्थ चित्त में आने वाले विकारों को दूर करना। इसके पश्चात् समाधि के विषय में वर्णन मिलता है।⁷

बंधो का उल्लेख- ऋग्वेद में स्पष्ट किया गया है कि योग द्वारा विभिन्न प्रकार की सिद्धियां चाहने वाले योग साधक निरंतर गतिशील प्राणों को नाडियों में कुम्भक आदि उपयुक्त क्रियाओं से मूलबंध, जालंधर बंध आदि के साथ अवरुद्ध करते हैं तो शरीर में सम्यक रूप से रुधिर संचार तथा सुदृढ बल प्रदान होता है।⁸

वेदों में यम-नियम- वेदों में अनेक स्थानों पर योग ग्रन्थों के यम नियम में बताएं सत्य आदि की चर्चा हुई है। ऋग्वेद में सत्य एवं अहिंसा का उल्लेख हुआ है कहा गया है कि सत्य को धारण करने वाले सतकर्मि विद्वान जन आप लोग अहिंसा को स्वीकार करें।

ऋतधीयते आ गत सत्यधर्ममाणो अध्वरम ।⁹

ऋग्वेद में एक स्थान पर अपरिग्रह का निर्देश दिया गया है और कहा गया है कि वस्तुएं रथ के पहियों की तरह प्रतीत होने वाली हैं, जो कभी किसी व्यक्ति के समीप रहती है तो कभी किसी व्यक्ति के समीप रहती है अत इनको संग्रहित नहीं करना चाहिए।

ओ हि कर्तन्चे सख्येव चक्रान्यग्रुप विश्ठनत राय।¹⁰

अथर्ववेद में सत्य एवं मधुर वाणी के प्रयोग का उल्लेख किया गया है।

'वाचावदामि मधूमत' ॥¹¹

अथर्ववेद में बह्वचर्य द्वारा परमात्मा के प्रकटीकरण को भी स्पष्ट किया गया है।¹² साथ इसमें ईश्वर प्रणिधान के महत्व को भी बताया गया है।

"कुर्वन्नवेह कर्माणि जिजीविशेब्दत समाः।¹³

स्व त्ववायि नान्येताऽस्ति न कर्म लिप्यते नरे।।

अर्थात् पत्नात्मा द्वारा रचित इस अनुशासित संसार में मानव की आयु सी वर्ष बताया गया है। मनुष्य जब इस संसार में अनुशासित होकर कर्म करता है तब इस कर्मा (निश्काम) में लिप्त नहीं होता है।

ईश्वर कहते हैं कि इस प्रकार जीवन जीने से मनुष्य विकार मुक्त रहते हैं। इस तरह साधक को परम कल्याण हेतु अनुशासित कर्मों के साथ जीवन यापन सुनिश्चित करना चाहिए। यजुर्वेद में एक स्थान पर व्रत का उल्लेख है जिसकी तुलना स्वामी दयानंद सरस्वती ने यम से की है, व उसके अर्थ को इस प्रकार निरूपित किया है

"व्रतेन दीक्षायाप्नोति दक्षिणाम्।¹⁴

दक्षिणा पध्दामाप्नोति श्रद्धया सत्यमाप्यते।।

अर्थात् किसी भी व्रत का अनुष्ठान करने व आराधना करने से साधक को ईशा प्राप्त होती है। दीक्षा से ईश्वर द्वारा दक्षिणा प्राप्त होती है। जिसमें सत्याचरण का परमार्थ सुख प्राप्त होता है। वेदों में कहा गया है कि योगाभ्यास द्वारा प्राप्त ऋतभरा प्रज्ञा (विवेकख्याति) परमात्मा की कृपा से ही मिलती है।"

ऋग्वेद में कहा गया है-

स द्या नो योग आनुवत् स राये स पुरं ध्याम्।

ग्मद वाजेभरा सः नः ॥¹⁵

अर्थात् परमात्मा की कृपा से हमें योग रूप समाधि सिद्धि होकर विवेकज्ञान एवं ऋतंभरा-प्रज्ञा प्राप्त हो विविध प्रकार के सिद्धियों से परिपूर्ण होकर परमात्मा हमें दर्शन देकर कृतार्थ करें।

योगसिद्धि के लिए प्रार्थना-

योगे योगे तवस्तर बाजे बाजे हवामहे रखय इन्द्रभूतये॥¹⁶

अर्थात् हम सभी साधक प्रत्येक योग में एवं कठिनाइयों में परम ऐश्वर्याचन इंद्रदेव से प्रार्थना करते हैं क्योंकि साधक के समक्ष साधना करने में विघ्न आते रहते हैं उन्हें दूर करने के लिए तथा हम सबकी रक्षा के लिए हमें आपसे प्रार्थना करना है।

ऋग्वेद के अनुसार साधक आसन सिद्धि होने पर स्वयं की स्थिति को प्राराक्ष रूप में दे सकता है आसन की स्थिति में साधक पर सत्य सत्कार की अनुभूति होने लगती है तब

हृदय से उन इच्छाओं को ऐसे कहता हूँ जिस तरह बालक को उसके अंत स्थल में बैठे मित्र बुलाते हों।¹⁷ ऋग्वेद में आत्मद योगी की चर्चा करते हुए कहा गया है कि आत्मद योगी मृत्यु से भयभीत नहीं होता है। ऋग्वेद में कहा है-

यदग्ने स्यामहं त्वं त्वं बाधास्या अहम् स्युष्टे सत्या इहाशः॥¹⁸

अर्थात् हे परमे बर यदि तू में हो जाऊं एवं मैं तू हो जाऊं तो इस संसार में तेरा आदे। एवं सहयोग की भावनाएं सत्य सिद्ध हो जाए। योगीजन अपने परमोत्कर्ष को प्राप्त हो जाए।

वेदों में प्राण एवं प्राणायाम का उल्लेख-

1. ऋग्वेद में प्राण भाब्द विभक्ति संयुक्ता 9 बार प्रयोग हुआ है।¹⁹
2. यजुर्वेद में प्रत्ययान्त एवं विभक्तयंत प्राण भाब्द 49 बार आये है।²⁰
3. सामवेद में प्राण भाब्द का प्रथमा बहुवचनान्त तथा पंचमी एकवचनान्त में बार प्रयोग हुआ है।²¹
4. अथर्ववेद में प्राण सभी विभक्तियों में तथा प्राणापान समस्त पद लगभग 11 बार प्रयोग हुआ सामवेद में प्राणायाम का प्रणित किया गया है और कहा गया है कि यह इन्द्रियों एवं मानस पापों का ना करने वाली है।²³ रेचक प्राणायाम करते समय योग साधक वायु निकालते समय मनोबल द्वारा क्रम। एक एक दुर्गुणों को निकालने का संकल्प करें। इससे सारे दुर्गुणों का अंत हो जाता है।²⁴ अथर्ववेद के एक मंत्र में राजयोग की प्राणायाम प्रणाली से प्राप्त भाक्ति के अरोहण का वर्णन संकेतात्मक भाशा में किया गया है।²⁵

यजुर्वेद में उपासना योग की चर्चा बड़े अद्भुत ढंग से की गई है।²⁶ योगाभ्यास से पूर्व यजुर्वेद में वाणी, नेत्र, श्रोत्र, नाभि, उपस्थ, बायु आदि भारीर अवयवों की भाद्धि की आव यकता पर बल दिया गया है।²⁷

धारणा- यजुर्वेद में धारणा समानाथी भाब्द धृति का उपयोग चार मंत्रों में किया गया है।²⁸ एक स्थान पर चेतो मृति के उल्लेख से स्पष्ट होता है कि वृत्ति का अर्थ धारणा, चैतः अर्थात् चित्त का ही धर्म है।²⁹ यजुर्वेद में निरूपण है कि ध्यान करने वाले

विद्वान् नाडियों में अपनी आत्मा से परमात्मा की धारणा करते हैं. योग युक्त कर्मों को निरन्तर करते हुए ज्ञान एवं आनन्द को फैलाते हुए विद्वानों में प्रती होते हुए परमानन्द की प्राप्ति करते हैं³⁰

ध्यान- सामवेद में सुशुम्ना नाड़ी को ध्यान के लिए प्रमुख माना गया है।³¹ वेदों में कहा गया है-

"आरोह तमरोज्योति"

अर्थात् ध्यान करने से ध्यानी सार्थक का परम ज्याति प्राप्त होती है और उसके जीवन में अन्धकार किंचित मात्र भी नहीं रहता है।

अथर्ववेद के अनुसार नवद्वार-

पुण्डरीकं नवद्वारं त्रिमिर्गणे भिरावृत्तम

तास्मीन यद यक्ष मात्यन्वत् प्रद नै ब्रह्म विदोविदुः॥³²

अर्थात् त्रिगुणात्मक भारीर में जी आत्मा के समान यक्ष ब्रा विद्यमान है वहीं ब्रह्मारथावान पुरुश जी योगनिश्ठ है ध्यान समाधि के द्वारा दीन कर पाता है। धारणा की अवस्था में चित्तवृत्तियों को लगाया जाता है। ध्यान दो तरह के होते है

1. मूर्त ध्यान
2. अमूर्त ध्यान

इसी को स्थूल (मूर्त) या सूक्ष्म (अमूर्त) ध्यान के नाम से भी जाना जाता है।

वेदों में हठयोग -

अष्टचक्रं नगद्वारा देवानां पूरयोध्या।

तस्या हिरण्यमयो को ॥ सवर्गो ज्योतिशावृत्त ॥

तरिमन हिरण्यमये को ऽयरे त्रिपतिश्रिते।

तस्मिन् सद् यक्षमात्मन्वत् तदवै बहनविदोविदुः ॥"

अर्थात् यह भारीर आठों और नव द्वारों से युक्त अपराजय देहपुरी है जिसमें हिरण्यमय को। व्याति एवं आनन्दमय है। इस आत्मस्वरूप परवा का यही विर्तन लोग जानते है जिन्हान ब्रह्मज्ञान का साक्षात्कार किया हो।

का चित्रका त्रिवृती रथस्य क त्रयो बन्धुरो में सनीला।

कदा योगो बाजिनी रास्मरय चैन यां नारात्यो पयाथः॥³³

अर्थात् पात्रभूतों से निर्मित यह भागेर रूपी अथ है। भारीर के सभ्य निचले सदाल में चक्र है। जहाँ मूलाधार स्वाधिठान मणिपुर नाम तीन नाम है। जीवधारक बन्धु पुरुश की तरह

नितान्त रक्तवर्ण कंदपं नामक बायु कहाँ है, वरधान सहस्रदल कमल सहित ऊपर तीन चक्र जिन्हें अनाहत, वि शुद्धि और आज्ञा नाम से जानी जाती है। वे कहाँ स्थित हैं हमें यह भी ज्ञात नहीं है। वाक्ति संगम आधार पद स्थित कुल कुण्डलिनी लय कहाँ होता है इसका भी ज्ञान नहीं होता है। हे ई वर परमयोगी मुझे लययोग दीजिए जिससे मैं लययोग की साधना कर सकें। वैदिक योग साधना का लक्ष्य है आत्मा का परमात्मा के साथ ऐक्य होना |

निष्कर्ष-

इस प्रकार हम समझ सकते हैं कि वेदों में योग विद्या महत्वपूर्ण स्थान है। वेद परमात्मा की कृति है। योग सिद्धियों के बाद ही वेदों का कारण प्रकट हुला है क्योंकि योग साधना के द्वारा चित्त एकाग्रता के उपराना ही मंत्र स्टाशियों का साक्षात्कार कर उनकी बणित किया है। आवेदों में योग का वर्णन हमारे अनशन का ज्ञान कराने का एक श्रेष्ठ साधन है।

सन्दर्भ ग्रन्थ सूची-

1. योगाङ्क, गीताप्रेस, गोरखपुर, बौद्धहवीं संस्करण, पृ.सं. 1.30
2. योग परिचय एवं परम्परा
3. S. N. Gupta, Philosophical Essays P. 179
4. पदम श्री आचार्य डॉ० कपिलदेव द्विवेदी, संस्करण 2016 संस्कृत साहित्य का समीक्षात्मक इतिहास, रामनारायणलाल विजय कुमार, पृ.सं. 23
5. नैशिक आचार्य सत्यानन्द, वेदों का महत्य, सत्यधर्म प्रकान पृ.सं. 5. 6
6. Swami Sankaranand. The Regvedic Culture of the Pre-Historic Indus. Ramkrishna Vedanta Math. Calcutta, P. 38
7. पे. श्रीराम नामों आचार्य, ऋग्वेद संहिता, युगनिर्माण योजना विस्तार ट्रस्ट, गायत्री मथुरा।
8. ऋगोद 1/38/11
9. ऋग्वेद 5/59/2
10. पं. श्रीराम भामर्मा आचार्य, आम्वेद संहिता, युगनिर्माण योजना विस्तार ट्रस्ट गायत्री तपो भूमि 10/117/5
11. अयमेवेद 1/34/3
12. सरस्वती स्थानी दिव्यानंद वेदों में योग, योगिक भोध संस्थान योग धाम, आर्य नगर विलापुर, हरिद्वार 1990 पु. 115
13. पं. श्रीराम भामां आचार्य वजुद संहिता युगनिर्माण याजना विस्तार ट्रस्ट गायत्री तपोभूमि मथुरा 40/2
14. यही 19/3
15. कुमार डॉ,कामाख्या योग महाविज्ञान 2011 स्टेण्डर्ड पब्लिस (इंडिया) पृ. र. 54
16. ऋग्वेद 1/30/7
17. ऋग्वेद 6/100/15
18. ऋग्वेद 8/14/23
19. ऋग्वेद, पद पू.सं 4416
20. बर्जुवेद पद पू.सं. 67
21. समवेद पद, पृ.सं. 64
22. अथर्ववेद पद, दृष्टव्य
23. सामवेद पृ.सं. 324
24. सभवेद, पृ.सं. 1860
25. कुमार डॉ. कामाख्या योग महाविज्ञान, 2011 स्टेण्डर्ड पचिन (इण्डिया) पृ. se
26. यजुर्वेद 11/5
27. यजुर्वेद 6/14
28. यजुर्वेद 8/51-18/7, 22/11 34/3
29. यजुर्वेद 34/3
30. यजुर्वेद 12/67
31. सामवेद पूर्स 1744
32. अथर्ववेद 10/8/4311
33. कुमार डॉ. कामात्य योग महाविज्ञान 2011 स्टेण्डर्ड पब्लिस (इंडिया) पृष्ठ सं- 56



आयुर्वेद में आत्यन्तिक वेदना प्रशमन हेतु 'योग' का औषधीय प्रयोग

अमितेश कुमार*, प्रदीप कुमार मिश्रा*, डॉ. रमेश चंद्रा*, प्रोफ़ेसर के० के० पाण्डेय**

सारांश :-

आयुर्वेद एक प्राचीन भारतीय चिकित्सा पद्धति है, जो सांख्य, न्याय और वैशेषिक जैसे भारतीय दर्शनों पर आधारित है। आयुर्वेद में स्वास्थ्य की व्यापक परिभाषा, रोग के कारण, लक्षण, निदान एवं औषधियों का विवेचन प्राप्त होता है। इसमें न केवल शारीरिक रोगों के लिए औषधियाँ अपितु मानसिक और आध्यात्मिक स्तर पर होने वाले रोगों की औषधियाँ नैतिक, भावनात्मक, निषेधात्मक और जीवन दर्शन एवं व्यवहार के रूप में प्राप्त होती है। आयुर्वेद के अनुषार वेदनाओं का अधिष्ठान शरीर, मन, बुद्धि अर्थात् विज्ञान है, तीनों स्तरों पर वेदनाओं के प्रशमन के उपरांत स्वास्थ्य की प्राप्ति होती है। शारीरिक स्तर पर वेदनाओं के प्रशमन के उपरांत मानसिक वेदना का प्रशमन तत्पश्चात् विज्ञान अर्थात् बुद्धि में वेदनाओं का आत्यन्तिक प्रशमन होता है। “भारतीय परिवेश में कोई भी मानसशास्त्र योगविज्ञान के अध्ययन के बिना पूरा नहीं हो सकता। योग की मौलिक अवधारणा यद्यपि दार्शनिक एवं आध्यात्मिक है और आत्मा परमात्मा के एकीकरण की प्रक्रिया को योग कहा गया है परन्तु पातञ्जल योगदर्शन के अनुसार योग एक मनोवैज्ञानिक प्रक्रिया है। चित्तवृत्ति के निरोध को योग कहा गया है। वस्तुतः योग, दर्शन का कम मनोविज्ञान का विषय अधिक है। योग के सन्दर्भ में वर्णित तथ्यों के आत्मसात किये बिना मानस विज्ञान को पूर्ण रूप से समझना कठिन है।¹ व्यक्ति के मनस् को नियंत्रित उसके विज्ञान/ बुद्धि में निहित संस्कार करते हैं। संस्कारों का वर्तन, परिवर्तन दर्शनों की प्रतिष्ठा से होता है। अतः विज्ञान/ बुद्धि के स्तर पर वेदनाओं का आत्यन्तिक प्रशमन सम्यक् दर्शन से ही संभव है, जो कि तत्वशाक्षात्कार से उपलब्ध होता है। योग तत्वशाक्षात्कार का व्यवहारिक विज्ञान है। आयुर्वेद में वेदनाओं के आत्यन्तिक प्रशमन के साधनस्वरूप औषध के रूप में 'योग' को बताया गया है। प्रस्तुत पत्र में हम आत्यन्तिक वेदना निवृत्ति के औषध के रूप में योग की संक्षेप में व्याख्या करेंगे।

कुंजी शब्द - आयुर्वेद, आत्यन्तिक वेदना, योग, सम्यक् दर्शन, मोक्ष।

परिचय:-

आयुर्वेद एक व्यावहारिक दर्शन पर आधारित देह- मानस चिकित्सा विज्ञान है। जिसका आधार सांख्य, न्याय और वैशेषिक जैसे भारतीय दर्शन है। आयुर्वेद में दर्शनों की व्यापकता होने के कारण रोगों के लक्षण, कारण, निदान एवं प्रशमन को लेकर इसकी दृष्टि काफी व्यापक है। किसी भी विज्ञान के जन्म के लिए दर्शन नितांत आवश्यक है, क्योंकि इन्हीं दर्शनों के आधार पर प्रयोग और परिणाम की पुष्टि होती है। तब जाकर इनमें वैज्ञानिकता और व्यवहारिकता आती है और वह दर्शन सम्यक् दर्शन कहलाता है। वास्तव में सम्यक् दर्शन ही विज्ञान का मूल स्वरूप है। सत्त्व, आत्मा और शरीर के संयोग को ही पुमान् (पुरुष) कहते हैं, वही सत्त्व, आत्मा और शरीरयुक्त चेतन है, वही मिलित रूप से सत्त्व, आत्मा और शरीर इस आयुर्वेद शास्त्र का अधिकरण (चिकित्सा का विषय है) इसी सत्त्वादि विशिष्ट लोक के लिए इस आयुर्वेद शास्त्र का प्रकाश किया गया

* शोधार्थी, संज्ञाहरण विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, काशी हिन्दू विश्वविद्यालय वाराणसी।

** प्रोफ़ेसर एवं विभागाध्यक्ष, संज्ञाहरण विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, काशी हिन्दू विश्वविद्यालय, वाराणसी।

है।

स पुमांश्चेतनं तच्च तच्चाधिकरणं स्मृतम् । वेदस्यास्य तदर्थं हि वेदोऽयं संप्रकाशितः॥2

आयुर्वेद की व्यापक दृष्टि के फलस्वरूप उसके चिकित्सा का विषय भी बहुत शुक्ष्म और व्यापक है। आज जो अन्य आधुनिक चिकित्सा विज्ञान लगातार प्रयोगो और शोधों के आधार पर जिस संपूर्णतावादी स्वास्थ्य के आयामों की समझ प्राप्त कर पाए हैं, वह मौलिक रूप से आयुर्वेद का अंग रही है। “आयुर्वेद का कर्मपुरुष चतुर्विंशति तत्त्वात्मक सृष्टि है और "शरीरेन्द्रियसत्त्वात्मसंयोग" रूप जीव ही आयुर्वेद का कार्यक्षेत्र है। जीवन की इस मौलिक आयुर्वेदीय अवधारणा में कर्ता के भोगायतन रूप स्थूल शरीर को छोड़कर शेष तीन चौथाई तत्व "इन्द्रियसत्त्वात्म" मानस विज्ञान के विषय हैं। इसके अतिरिक्त शरीर स्वयं इनसे प्रभावित होता रहता है और वह इन मानस भावों का भोगायतन मात्र है।³

'वेदना' को लेकर आयुर्वेद की दृष्टि काफी व्यापक है। आयुर्वेद में वेदना के स्वरूप, अधिष्ठान, कारण और प्रशमन की चर्चा में संपूर्णतावादी अवधारणा दृष्टिगोचर होती है। वेदना को लेकर आयुर्वेद की दृष्टि का विस्तार, वेदना की संपूर्ण परिधि के अवलोकन से लेकर उसके पार जाने तक की है। यही कारण है कि आयुर्वेद को मोक्षदायिनी चिकित्सा भी कहा जाता है।

आयुर्वेद में वेदनाओं के स्वरूप को द्विविध / दो प्रकार का बताया गया है। चरक संहिता के अनुसार:-

स्पर्शोन्द्रियसंस्पर्शः स्पर्शो मानस एव च ।

द्विविधः सुखदुःखानां वेदनानां प्रवर्तकः ॥⁴

यहाँ कहा गया है कि सुख और दुःख रूप वेदना का प्रवर्तन का कारण विषयों का इन्द्रियों और मानस से स्पर्श है। यहाँ सामान्यतः वेदनाओं के सुख एवं दुःख रूपी दो स्वरूपों की चर्चा की गई है।

वेदनाओं के अधिष्ठान यानी उसके अधिकार क्षेत्र के बारे में आयुर्वेद का मत है कि केश, लोम, नख का अग्र भाग, अन्न का मल (विट्), द्रव्य (मूत्र) के गुणों को छोड़कर मन और इन्द्रिय के साथ देह वेदना का अधिष्ठान है।

वेदानानामधिष्ठानं मनो देहश्च सेन्द्रियः ।

केशलोमनखाग्रान्नमलद्रवगुणैर्विना ॥⁵

उपरोक्त श्लोक से वेदनाओं के व्यापक क्षेत्र विस्तार और परिधि की आयुर्वेदीय दृष्टिकोण का पता चलता है। यहाँ पर एक बात विशेष ध्यान देने योग्य है कि कभी भी निर्विकार आत्मा में सुख-दुःखादि वेदना विशेष नहीं होते। जब आत्मा 24 तत्वों से युक्त होती है, तब उस संयोग पुरुष अर्थात् राशिपुरुष में वेदनाकृत विशेषताएं होती हैं।

नैकः कदाचिद्भुतात्मा लक्षणैरुपलभ्यते । विशेषोऽनुपलभ्यस्य तस्य नैकस्य विद्यते ॥ संयोगपुरुषस्येष्टो विशेषो वेदनाकृतः । वेदना यन्त्र नियता विशेषस्तत्र तत्कृतः ॥⁶

वेदनाओं के कारण क्या है? इस प्रश्न के उत्तर में आयुर्वेद का दृष्टिकोण है कि बुद्धि, धारणा शक्ति और स्मरण शक्ति का भ्रंश हो जाना अर्थात् उचित रूप से कार्य न करना, काल और कर्म की संप्राप्ति, असात्म अर्थों का बुद्धि, इन्द्रियों के साथ संयोग हो जाना वेदनाओं का कारण है।

धीधृतिस्मृतिविभ्रंशः संप्राप्ति कालकर्मणाम्। असात्म्यार्थागमश्चेतिज्ञातव्या दुःखहेतवः।⁷

बुद्धि, धृति, स्मृति विभ्रंश काल और कर्म की संप्राप्ति, असात्म्येन्द्रियार्थ ये तीनों को दुःख रूपी वेदना का कारण बताते हुए, एक समयोपयोग को सुखरूपी वेदना का कारण माना है। आयुर्वेद के अनुसार सुख- दुःख का कारण न इन्द्रिय है न इनके अर्थ, सुख- दुःख का हेतु क्रमशः समयोपयोग, अतियोग, अयोग और मिथ्यायोग चार प्रकार के योगों को माना है। जिनमें से एक समयोपयोग सुख का कारण है शेष तीन योग दुःख के कारण हैं। समयोपयोग को अत्यंत दुर्लभ बताया गया है।

तृष्णा को सुख- दुःख का हेतु बताया गया है। सुखों- दुःखों में क्रमशः इच्छा और द्वेष रूपी तृष्णा की प्रवृत्ति होती है। फिर वही तृष्णा सुख और दुःख का कारण बन जाती है।

इच्छाद्वेषात्मिका तृष्णा सुखदुःखात् प्रवर्तते। तृष्णा च सुखदुःखानां कारणं पुनरुच्यते।⁸

वही तृष्णा वेदनाके आश्रयभूत शरीर और मन को दृढतापूर्वक पकड़ती है। यह तृष्णा रज और तम स्वरूप होती है, इन्हीं राजसिक और तामसिक गुणों के प्रभाव से मनुष्य नाना प्रकार के अच्छे या बुरे कर्म करता है। फलतः अपने कर्म के फलों को भोगने के लिए बार-बार जन्म और मरण के चक्र में फसा रहता है, और दुःख की परंपरा नष्ट नहीं होती। जब स्पर्श के कारणभूत तृष्णा का आभाव होता है तब तब शरीर मन और इन्द्रियों का संयोग न होगा तब इनके संयोग के आभाव में अर्थों का भी संयोग ना होगा अतः वेदना का ज्ञान भी न होगा।

उपादत्ते हि सा भावान् वेदनाश्रयसंज्ञकान्। स्पृश्यते नानुपादाने नास्पृष्टो वेदना।⁹

चरक संहिता शारीर स्थान के प्रथम अध्याय में वेदना के संबंध में महर्षि अग्निवेश ने भगवान् आत्रेय से प्रश्न पूछते हैं कि-

क्व चैता वेदना सर्वा निवृत्ति यान्तशेषतः।¹⁰

ये सभी प्रकार की वेदनायें संपूर्ण रूप में कहाँ शान्त होती हैं?

योगो मोक्षे च सर्वासां वेदनानामवर्तनम्। मोक्षे निवृत्तिर्निशेषाः योगो मोक्षप्रवर्तकः।¹¹

योग और मोक्ष में सभी वेदनाओं का नाश हो जाता है। योग में आत्यन्तिक वेदनाओं का नाश होता है। योग मोक्ष दिलाने वाला होता है।

आयुर्वेद 'वेदना' के सभी चिकित्सकीय आयामों पर संपूर्णतावादी वैज्ञानिक दृष्टि रखते हुए उनके आत्यन्तिक रूप से प्रशमन की स्थिति 'मोक्ष' की आवस्था को मानता है। और योग को मोक्ष देनेवाला साधन बताया है।

भगवान् आत्रेय योग के लक्षण और मोक्ष की परिभाषा बताते हुए कहते हैं-

आत्मेन्द्रियमनोर्थानां सन्निकर्षात् प्रवर्तते। सुखदुःखमनारम्भादात्मस्थे मनसि स्थिरे ॥ निवर्तते तदुभयं वशित्वं चोपजायते। सशरीरस्य योगज्ञास्तं योगसृषयो विदुः ॥¹²

“योग का लक्षण - आत्मा, इन्द्रिय, मन और अर्थों के सन्निकर्ष से सुख और दुःख दोनों होते हैं। जब आत्मा में मन स्थिर होता है तो किसी कार्य के न होने से सुख और दुःख ये दोनों निवृत्त हो जाते हैं तब शरीर के साथ आत्मा वशी हो जाती है। इसे योग को जानने वाले ऋषि लोग योग कहते हैं।”¹²

मोक्षो रजस्तमोऽभावात् बलवत्कर्मसंक्षयाद्।

वियोगः सर्वसंयोगैरपुनर्भव उच्यते ॥¹³

“मोक्ष की परिभाषा - मन से जब रज एवं तम का अभाव होता है और बलवान कर्मों का क्षय हो जाता है तब कर्म-संयोग अर्थात् कर्मजन्य बन्धनों से वियोग हो जाता है उसे अपुनर्भव अर्थात् मोक्ष कहते हैं जिसके हो जाने पर पुनः जन्म नहीं होता ॥”¹³

योग एक भारतीय व्यवहारिक दर्शन है। मूलतः योग भारतीय प्राचीन दर्शन 'सांख्य' के सिद्धांतों का व्यवहारिक स्वरूप और विज्ञान है। “सांख्य और योग-दर्शन में अत्यन्त ही निकटता का सम्बन्ध है जिसके कारण दोनों दर्शनों को समान तंत्र (allied systems) कहा जाता है। दोनों दर्शनों के अनुसार जीवन का मूल उद्देश्य मोक्षानुभूति प्राप्त करना है। सांख्य की तरह योग भी संसार को तीन प्रकार के दुःखों से परिपूर्ण मानता है। वे तीन प्रकार के दुःख हैं, आध्यात्मिक दुःख, आधिभौतिक दुःख और आधिदैविक दुःख। मोक्ष का अर्थ इन तीन प्रकार के दुःखों से छुटकारा पाना है। बन्धन का कारण अविवेक है। इसलिये मोक्ष को अपनाने के लिये तत्त्वज्ञान को आवश्यक माना गया है। वस्तुओं के वास्तविक स्वरूप को जानकर ही मानव मुक्त हो सकता है। सांख्य के मतानुसार मोक्ष की प्राप्ति विवेक ज्ञान से ही सम्भव है। परन्तु योग- दर्शन विवेक-ज्ञान की प्राप्ति के लिये योगाभ्यास को आवश्यक मानता है। इस प्रकार योग दर्शन में सैद्धान्तिक ज्ञान के अतिरिक्त व्यावहारिक पक्ष पर भी जोर दिया गया है। सांख्य और योग दर्शन को समान तंत्र कहे जाने का कारण यह है कि योग और सांख्य दोनों के तत्त्व शास्त्र एक हैं।”¹²

“भारतीय परिवेश में कोई भी मानसशास्त्र योगविज्ञान के अध्ययन के बिना पूरा नहीं हो सकता। योग की मौलिक अवधारणा यद्यपि दार्शनिक एवं आध्यात्मिक है और आत्मा परमात्मा के एकीकरण की प्रक्रिया को योग कहा गया है परन्तु पातञ्जल योगदर्शन के अनुसार योग एक मनोवैज्ञानिक प्रक्रिया है। चित्तवृत्ति के निरोध को योग कहा गया है। वस्तुतः योग, दर्शन का कम मनोविज्ञान का विषय अधिक है। योग के सन्दर्भ में वर्णित तथ्यों के आत्मसात किये बिना मानस विज्ञान को पूर्ण रूप से समझना कठिन है। वस्तुतः योग आयुर्वेद का ही अंग है। आयुर्वेदीय संहिताओं में योग के मौलिक सिद्धान्त को नैष्ठिकी चिकित्सा में अन्तर्भूत कर लिया गया है। कुछ विद्वानों का यह मत है कि एक ही आचार्य या आचार्य परम्परा ने मन, वाणी तथा शरीर की शुद्धि हेतु अलग-अलग क्रमशः योगशास्त्र, व्याकरण महाभाष्य तथा आयुर्वेद का सृजन किया, स्थूल रूप से भले सत्य न हो परन्तु इस विचार को तर्क- संगत मानना पड़ता है।”¹

विमर्श:-

आयुर्वेद की महानता इसकी व्यापक दार्शनिक और वैज्ञानिक दृष्टि से प्राप्त संपूर्णतावादी अवधारणा से है। जो की न केवल लौकिक अपितु पारलौकिक आयामों के बोध से भी पूर्ण है। यह मोक्षदायिनी चिकित्सा शास्त्र वेदना के स्वरूप को सुख- दुःखरूपी दोनो ध्रुवों पर निर्देशित करता है। तथा उसके मूल कारणों की सम्यक् व्याख्या करता है। तत्पश्चात वेदनाओं की परिधि का अवलोकन तथा सम्यक् निर्धारण करते हुए उससे पार जाने की भी व्यवस्था प्रदान करता है।

आयुर्वेद ने वेदनाओं को द्विविध सुख और दुःख स्वरूप माना है। योग के अनुसार सुख वेदना भी अंततः दुःख स्वरूप ही है। ताप, परिणाम, और संस्कार गुणों के कारण एवं गुणों की वृत्तियों के अवरोध के कारण विवेकी के लिए जन्म, आयु, भोग रूप सभी फल दुःख स्वरूप ही है।

परिणामतापसंस्कारदुःखैर्गुणवृत्त्यः विरोधाच्च दुःखमेव सर्वं विवेकिनः!¹⁴

पातञ्जल योगसूत्र में सुख का अनुवर्ती क्लेश राग है ऐसा कहा गया है।

सुखानुशयी रागः॥¹⁵

तथा दुःख का अनुवर्ती क्लेश द्वेष है।

दुःखानुशयी द्वेषः॥¹⁶

क्लेश मिथ्याज्ञान होते हैं। जो पाचै प्रकार के अविद्या, अस्मिता, राग, द्वेष, अभिनिवेश हैं। लब्धरूप क्लेश गुणों के कार्य को सुदृढ़ करते हैं, परिणाम को निवर्तित करते हैं, कारण कार्य के प्रवाह को प्रवर्तित करते हैं और एक दुसरे की कृपा के अधीन होकर कर्मफल की प्रक्रिया का निष्पादन करते हैं।¹⁷

क्लेशा इति, पञ्च विपर्यया इत्यर्थः। ते स्यन्दमाना गुणाधिकारं द्रढ- यन्ति, परिणाममवस्थापयन्ति, कार्यकारणस्रोत उन्नमयन्ति, परस्परानुग्रह- तन्त्रोभूय कर्मविपाकं चाभिनिर्हरन्तीति ॥¹⁷

यही बात आयुर्वेद के उपरोक्त श्लोकों में भी वर्णित है कि सुखों और दुःखों से क्रमशः इच्छा और द्वेष स्वरूप तृष्णा प्रवृत्त होती है। फिर वही तृष्णा सुख और दुःख का कारण बनती है। वही तृष्णा वेदना के आश्रयभूत शरीर और मन को दृढ़तापूर्वक पकड़ती है।

अविद्या क्षेत्रमुत्तरेषां प्रसुप्ततनुविच्छिन्नोदारणाम् ॥¹⁸

प्रसुप्त, तनु, विच्छिन्न और उदार (इन चारों अवस्थाओं में रहने वाले 'अस्मिता' इत्यादि चारों) परवर्ती क्लेशों की प्रसवभूमि अविद्या है।¹⁸

वेदनाओं के कारणरूपी राग-द्वेष जो कि प्रसुप्त, तनु, विच्छिन्न और उदार चार अवस्थाओं में रहते हैं, उनकी मूल प्रसवभूमि अविद्या है। सभी क्लेश अविद्या के ही भेद हैं, अविद्या ही इन सभी में व्याप्त है। अविद्या से जो वस्तु विषयरूप में उपस्थित की जाती है, उसी का क्लेश अनुगमन करते हैं। मिथ्याज्ञान काल में ही ये क्लेश उपलब्ध होते हैं और अविद्या (अर्थात्) मिथ्याज्ञान के क्षीण होने पर (ही) नष्ट हो जाते हैं।

सर्व एवामी क्लेशा अविद्याभेदाः । कस्मात्? सर्वेष्वविद्येवाभिप्लवते । यदविद्यया वस्त्वाकार्यते तदेवानुशेरते क्लेशा विपर्यासप्रत्ययकाले उपलभ्य- न्ते क्षीयमाणां चाविद्यामनु क्षीयन्त इति ॥¹⁹

पातंजल योगसूत्र में इन क्लेशों को सर्वप्रथम क्षीण (हल्का) करने के उपाय को क्रियायोग के रूप में कहा है। तप, स्वाध्याय और ईश्वरप्राणिधान क्रियायोग है!

तपस्वाध्यायेश्वरप्राणिधानानि क्रियायोगः²⁰

समाधिभावनार्थः क्लेशतनूकरणार्थश्च²¹

उन क्लेशों की स्थूल वृत्तियाँ जो क्रियायोग के द्वारा हल्की कर दी जाने पर विवेकख्याति के द्वारा नष्ट की जाने योग्य होती हैं। जिससे की वह शुष्म हो जाए अर्थात् दग्धबीज सदृश्य हो जाए।

ध्यानहेयास्तद्वृत्तयः॥²²

वे शुष्म क्लेश चित्त के लय द्वारा निवर्तनीय होते हैं। कहने का तात्पर्य यह है कि उन शुष्म क्लेश के संस्कारों को प्रतिप्रसव यानि प्रतिलोम- परिणाम द्वारा अपनी कारणावस्था में विलिन करने के साधन द्वारा नाश करना पड़ता है।

ते प्रतिप्रसवहेयाः सूक्ष्माः॥²³

आयुर्वेद के अनुसार उपरोक्त श्लोक में सभी प्रकार की वेदनाओं का वर्तन की बात कही गई है। सभी प्रकार की वेदनाओं का वर्तन योग और मोक्ष की आवस्था में होता है।

कहने का तात्पर्य यह है कि स्थूलवृत्तियों का शमन तो सामान्य प्रयास वाले उपाय क्रियायोग से हो जाता है, पर उनकी शुष्म वृत्तियों का उच्छेद महत्तर प्रयास वाले उपायों विवेकख्याति (सम्यक् प्रज्ञान) तथा असम्प्रज्ञात के द्वारा संभव होता है। अतः क्लेशों के हान का क्रम प्रथमत् 'क्रियायोग' द्वारा क्लेशों का तनुकरण तत्पश्चात् 'प्रसंख्यान' (सम्यक् प्रज्ञा) के द्वारा उन क्लेशों का शुष्मीकरण अर्थात् दग्धबीजकरण तब 'असम्प्रज्ञात् समाधि' के द्वारा उन दग्धबीज क्लेशों का चित्त के साथ प्रविलिकरण।

क्लेशमूलः कर्माशयो दृष्टादृष्टजन्मवेदनीयः॥²⁴

क्लेशमूलक कर्माशय, दृष्टजन्मवेदनीय एवं अदृष्टजन्मवेदनीय होते हैं अर्थात् धर्म और अधर्म (प्रकार के) कर्माशय काम, लोभ, मोह, क्रोधजन्य होते हैं जो वर्तमान और भविष्य दोनों में वेदनाजन्य होते हैं।

सति मूले तद्विपाको जात्यायुर्भागाः ॥²⁵

(क्लेश रूपी) मूल के रहने पर जन्म, आयु और भोग रूपी कर्माशय के फल (प्राप्त) होते हैं।

दुःखों / वेदनाओं का कारण क्या है, जो हेय अर्थात् त्याज्य है?

द्रष्टृदृश्ययोः संयोगो हेयहेतुः ॥²⁶

द्रष्टा और दृश्य का संयोग ही हेय- हेतु है। द्रष्टा का अर्थ है बुद्धि का प्रतिसंवेदन करने वाला पुरुष। दृश्य अर्थात् बुद्धि पर आरूढ़ (शब्दादिविषय रूप) धर्म इनका संयोग ही दुःखों / वेदनाओं का कारण है।

उस दुःख के हट जाने से दुःख की शाश्वतिक निवृत्ति हो सकती है। कैसे? दुःख के हेतु के प्रतिकार से त्याज्य दुःख का प्रतिकार देखे जाने से। जैसे - पैर के तलुओं का बिंध जाना (दुःख), काँटों का चुभ जाना (दुःख हेतु), दुःख हेतु का प्रतिकार अर्थात् काँटों पर पर का ना रखना। जो इन तीनों को लोक में जानता है वो विषय में प्रतिकार आरम्भ करता हुआ दुःख को नहीं पाता। क्यों? (भेद्यत्व, भेतृत्व और प्रतिकार) अर्थात् दुःख, दुःख के कारण और प्रतिकार तीनों की जानकारी रखने के सामर्थ्य के कारण।

दृश्य प्रकृति और उसके स्वामी द्रष्टा पुरुष की जानकारी के लिए संयोग होता है अर्थात् इन दोनों की शक्ति के भोग्यत्व और भोक्तृत्व रूप स्वरूप की उपलब्धि का हेतु संयोग है। फिर उस संयोग का कारण क्या है?

तस्य हेतुरविद्या॥²⁷

उस संयोग का कारण है अविद्या अर्थात् अज्ञान।

तदभावात् संयोगाभावो हानं, तद् दृशेः कैवल्यम् ॥²⁸

उस (अविद्या) के मिट जाने से संयोग का नाश हो जाना 'हानं' है और वही पुरुष का 'कैवल्य' है।

तस्यादर्शनस्याभावाद् बुद्धिपुरुषसंयोगाभाव आत्यन्तिको बन्धनोपरम इत्यर्थः । एतद्धानम् । तद् दृशेः कैवल्यं पुरुषस्यामिश्रीभावः पुनरसंयोगो गुणैरित्यर्थः । दुःखकारनिवृत्तौ दुःखोपरमो हानम् । तदा स्वरूपप्रतिष्ठः पुरुष इत्युक्तम् ॥ 29

उस अविद्या के नाश से बुद्धि और पुरुष के संयोग का नाश होता है अर्थात् (सांसारिक) बन्धन की सर्वथा निवृत्ति हो जाती है। यही 'हान' है। वह दृक्- शक्ति (पुरुष) का 'कैवल्य' है अर्थात् पुरुष का (बुद्धि से बिल्कुल) अलगाव है या गुणों के साथ फिर से संयोग न होना है। दुःख के कारण (अर्थात् संयोग) की निवृत्ति हो जाने पर दुःख की निवृत्ति हो जाना हान (अर्थात् मोक्ष) है। उस समय पुरुष अपने रूप में प्रतिष्ठित होता है - यह कहा गया है ॥
आयुर्वेद में 'कैवल्य' की इस स्थिति हेतु भगवान आत्रेय द्वारा यह सूत्र प्रवृत्त हुआ है ।

तस्मिन्श्चरमसंन्यासे समूलाः सर्ववेदनाः ।

ससंज्ञाज्ञानविज्ञाना निवृत्ति यान्त्यशेषतः ॥³⁰

इस हान (मोक्ष) की प्राप्ति का उपाय क्या है, इस विषय में बताया जा रहा है-

विवेकख्यातिरविप्लवा हानोपायः॥³¹

(अबाधित) मिथ्याज्ञान शून्य विवेकख्याति ही हान अर्थात् मोक्ष का उपाय है।

विवेकख्याति रूपी हानोपाय सिद्ध होता है। किन्तु बिना साधन के सिद्धि नहीं होती, इसलिये (विवेकख्यातिरूपी सिद्धि के साधनों को बताने वाला) यह सूत्र आरम्भ किया जा रहा है-

योगाङ्गानुष्ठानादशुद्धिक्षये ज्ञानदीप्तिराविवेकख्यातेः ॥³²

अब योग के अंगों का अवधारण करते हैं ।

यमनियमाऽऽसनप्राणायामप्रत्याहारधारणाध्यानसमाधयोऽष्टावङ्गानि ।³³

यम, नियम, आसन, प्राणायाम, प्रत्याहार, धारणा, ध्यान और समाधि - ये आठ (योग के) अङ्ग हैं ॥ आयुर्वेद वेदना के स्वरूप सुख और दुःख को दो प्रकार का बताता है, योग उस सुख रूपी वेदना को भी उपरोक्त कारणों से दुःख स्वरूप ही मानता है। योग में वेदनाओं को चित्तवृत्तियाँ कहा गया है। योग का लक्षण कहते हुए यह सूत्र प्रवृत्त हुआ है-

योगश्चित्तवृत्तिनिरोधः³⁴

योग चित्तवृत्तियों का निरोध है। चित्त प्रकाशशील, चेष्टाशील एवं स्थैर्यशील होने से त्रिगुणात्मक है। अर्थात् सत्व, रज और तमोगुण वाला है। आत्यन्तिक रूप से वेदनाओं का स्थान भी (मन, बुद्धि, अहंकार) अर्थात् चित्त में ही होता है, जहाँ से वे शरीर और मन पर प्रभाव डालते हैं। चित्त में रजोगुण और तमोगुण की प्रबलता के कारण राग - द्वेष रूपी सुख और दुःख के कारण उत्पन्न होते हैं।

योग अंगों के अनुष्ठानपूर्वक जब सम्प्रज्ञात समाधि होती है तब चित्त की इस एकाग्र भूमि में राजस और तामस वृत्तियों का पूर्ण निरोध हो जाता है। इसमें केवल सात्विक वृत्ति पूर्ण रूप से उदित होती है। फलतः साधक को विषयों का वास्तविक और निर्भ्रान्त ज्ञान होता है। इस लिए इस समाधि को सम्प्रज्ञात समाधि कहते हैं।

सम्यक् प्रज्ञायतेऽस्मिन्निति सम्प्रज्ञातः समाधिः। सम्यक् प्रज्ञा का उदय होता है। आयुर्वेद में वेदनाओं के कारण 'धीधृतिस्मृतिविभ्रंश' जो प्रज्ञा के ही भेद है, उनका सामाधान हो जाता है। असात्म्य अर्थों की ओर मन की प्रवृत्तियों का भी निरोध हो जाता है। इस समाधि के सिद्ध हो जाने पर प्रकृति और पुरुष इन दो तत्वों का विविक्त ज्ञान हो जाता है। यही उपरोक्त विवेकख्याति है। तत्वों का पूर्ण ज्ञान होने के कारण इसे तत्वज्ञान या सम्यक् ज्ञान भी कहते हैं। यह विवेकख्याति निश्चित ही

मोक्षप्रद होती है। इसलिए विवेकख्याति का लाभ करनेवाली इस समाधि को 'मोक्षप्रदता' के कारण सम्प्रज्ञात योग कहा जाता है। इस समाधि में जब क्लेशकर्म के संस्कार क्षीण होते हैं तब विवेकख्याति और सुदृढ़ हो जाती है। किसी भी प्रकार के मिथ्याज्ञान से बाधित नहीं होती और निरन्तर सर्वथा विवेकख्याति होती रहती है, तब उसे धर्ममें घसमाधि कहते हैं। उस स्थिति में योगी जीवित रहते हुए भी मुक्त रहता है। सारे क्लेश तथा संचित एवं क्रियमान कर्मसंस्कार और वासनासंस्कार दग्धबीज हो जाते हैं। इससे बहुत सारे कालज, कर्मज वेदनाओं के कारणों का भी शमन हो जाता है। इस समाधिजन्य मोक्ष की बात आयुर्वेद के उपरोक्त श्लोक, मोक्षो रजस्तमो....। च० शा० 1/142 में भी कही गई है।

एक और योग है, जो सम्प्रज्ञात समाधि से भी अधिक उत्कृष्ट है। उसे असम्प्रज्ञात समाधि कहते हैं। ऐसी समाधि जिसमें चित्त की सात्विक वृत्ति का भी पूर्ण निरोध हो जाता है, इसमें सात्विक, राजसिक, तामसिक तीनों प्रकार की वृत्तियाँ पूर्णतः निरुद्ध हो जाती हैं। केवल निरोध संस्कार ही चित्त में अवशिष्ट बचते हैं। इस समाधि में किसी भी प्रकार का बुद्धिकृत ज्ञान बिल्कुल नहीं रहता न तो इस ज्ञान के संस्कार ही अवशिष्ट बचते हैं। इसलिए इसे असम्प्रज्ञात समाधि कहा जाता है। किन्तु इसमें पुरुष तत्व की शाक्षात् उपलब्धि होती है। बुद्धि का माध्यमत्व समाप्त हो जाता है। आत्मा की अपरोक्षानुभूति होती है। यही असम्प्रज्ञात योग है।

चित्त की इस अवस्था में रहने पर विषयों का आभाव होने के कारण पुरुष किस अवस्था में रहता है, इस विषय में योग का यह सूत्र है-

तदाद्रष्टृस्वरूपे अवस्थानम्।³⁵

उस समय द्रष्टा की अपने स्वरूप में स्थिति हो जाती है। यही स्व में स्थिति है। वास्तविक अर्थों में यही वेदनाओं से मुक्ति है, यही स्वास्थ्य है।

वैसे तो योग अपने लक्षण 'चित्तवृत्तिनिरोध' के कारण मनोनिग्रह का हेतु है, अतः प्रमुख रूप से आयुर्वेद की त्रिविध औषधियों में सत्वावजय की श्रेणी में आता है, परन्तु दैवव्यपाश्रय औषधि में भी उतना ही अनिवार्य रूप से शामिल है। युक्तिव्यपाश्रय औषधि का यह सहयोगी तत्व है।

उपसंहार:-

आयुर्वेद वेदनाओं के कारण, लक्षण एवं प्रशमन के संदर्भ में व्यापक एवं संपूर्णतावादी अवधारणा रखता है। आयुर्वेद वेदनाओं के सबसे आत्यन्तिक स्वरूप जिसका अधिष्ठान विज्ञान अर्थात् बुद्धि है, जिसमें वेदनाओं के कारण स्वरूप दर्शन /संस्कार वर्तमान है, उनका वर्तन कर वेदनाओं से निःशेष रूप से निवृत्ति की व्याख्या करता है। जिसमें औषधि के रूप में 'योग' को बतलाया गया है। वेदनाओं का कारण स्वरूप भ्रांतिदर्शन अविद्या के कारण उत्पन्न होता है। अविद्या तत्व ज्ञान से दूर होती है। तत्व ज्ञान सम्यक् दर्शन की उपलब्धि के उपरांत प्राप्त होता है और योग सम्यक दर्शन की उपलब्धि का साधन स्वरूप है। अतः वेदनाओं की आत्यन्तिक रूप से निवृत्ति में 'योग' औषधि स्वरूप है।

संदर्भ:-

- | | |
|--|---|
| 1. आयुर्वेदीय मानस विज्ञान, प्रो० रामहर्ष सिंह, प्र०- चौखम्भा अमरभारती प्रकाशन, वाराणसी, संस्करण-1986 | डा० गोरखनाथ चतुर्वेदी प्र०-चौखम्भा भारती अकादमी, वाराणसी-221001, सं-2009 |
| 2. च०सू०/अ०1/47, चरकसंहिता, सविमर्श-' विद्योतिनी-हिन्दीव्याख्योपेता व्याख्याकार-पं काशीनाथ पाण्डेय एवं | 3. आयुर्वेदीय मानस विज्ञान, प्रो० रामहर्ष सिंह, प्र०- चौखम्भा अमरभारती प्रकाशन, वाराणसी, संस्करण-1986 |

आयुर्विज्ञानविषये वैदिकसन्दर्भाः

प्रो० हरीश्वरदीक्षितः*

सारांशः

विश्वसाहित्ये वेदानां सर्वोपरिस्थानम् विद्यते सर्वं वेदात्प्रसिद्ध्यति, सर्वज्ञान मयो हि सः इत्यनेन प्रमाणितं यत् ज्ञानराशेः कोषोऽस्तिवेदः। भूतं भव्यं भविष्यं च सर्वं वेदात्प्रसिद्ध्यति। इति सत्यमेवमनुक्तं सामाजिकाः सांस्कृतिकाः वैज्ञानिकाश्च बहवः अंशाः वेदेषूपनिबद्धाः विश्वप्राणिहिताय रक्षणाय योगाय क्षेमाय च कालत्रयेऽपि अबाधकत्वेन विराजन्ते।

वैदिकवाङ्मये आयुर्विज्ञानविषयकाः विविधाः सन्दर्भाः प्राप्यन्ते भारतीयचिकित्साशास्त्रस्य निदानमपि वेदा एव। आयुर्विज्ञानस्य एका सुचिन्तिता धारा वैदिककालादेव प्रवहमाना विद्यते इत्यत्र नास्ति सन्देहलवोऽपि। वैदिकसाहित्ये आयुर्विज्ञानसम्बद्धा विषयाः प्रभूतं समाहताः सन्ति। साहित्यं भवति तत्तत्कालीनसमाजस्य दर्पणः।

भारतीयचिकित्साविद्यायाः मूलग्रन्थस्तावद् आयुर्वेदः। चरकसंहिता सुश्रुतसंहिता च अस्य आयुर्वेदस्य आदिस्त्रोतः विद्यते। अत्र वैदिकवाङ्मये आयुर्विज्ञान विषयकाः विविधाः सन्दर्भाः प्रस्तूयन्ते।

कुंजिका (Keywords) : निदानं, मंत्रः, यंत्रम्, ओषधि, तन्त्रं, व्याधि, उपसमनं,

Conflict of Interest : Non

Ethical Clearance : N/A

वेदेषु विज्ञानतत्त्वानि परिपूर्णानि सन्ति। सर्वप्रथमं सृष्टिप्रक्रियायां वैज्ञानिकं महत्त्वम् वेदेषु परिलक्ष्यते। विज्ञानस्य न किमपि क्षेत्रमवशिष्यते यत् वेदेषु संस्कृतसाहित्ये वा नोपलक्ष्यते। केवलम् अन्वेषणस्यावश्यकता विद्यते सर्वमिदं क्षेत्रम् विज्ञानस्य यत्र कुत्रापि अवश्यमेव वेदेषु वैदिकवाङ्मयेवा परिलक्ष्यते। प्रारंभे सृष्टौ सर्वप्रथमम् आपः जलमेवासीत्, ऋग्वेदे आप एव ससर्जादौ,

आपो ह यत् वृहतीर्विश्वमायन् गर्भदधाना जनयन्तीरग्निम्।

ततो देवानां समवर्तताऽसुरेकः कस्मै देवाय हविषा विधेम।। -(ऋग्वेद १०.१२१.७)

ह प्रसिद्धौ यद् यदा पुरापो जलानि विश्वमायन् प्रापुः कीदृशः आपः वृहती तथा गर्भ दधाना हिरण्यगर्भ लक्षणं दधाना अत एवाग्निं जनयन्ती अग्निरूपम् हिरण्यगर्भः जनयन्त्यः उत्पादयिष्यन्त्यः, ततो गर्भात् देवानां असुः प्रणरूपः आत्मा लिङ्गशरीररूपो हिरण्यगर्भः समवर्ततं उद्पद्यत कस्मै प्रजापतिरूपाय देवाय हिरण्यगर्भाय हविषा विधेम इति। तेन जलेन हिरण्यगर्भः प्रजापतिः एव सर्वप्रथमोत्पन्नोऽभवत् । शतपथब्राह्मणेऽपि सलिलमेवाग्रेऽसीत्

“आपो ह वा इदमग्रे सलिलमेवास ।” (श.ब्रा. ११, १, ६, १)

“अद्विर्वा इदं सर्वमाप्तम् (श.ब्रा० १, १, १, १४, २, १, १, १४, ४, ५, ७, ७)

* आचार्यः, वेदविभागस्य, संस्कृतविद्याधर्मविज्ञानसङ्घायस्थ, काशीहिन्दूविश्वविद्यालयस्य, वाराणसी।

गर्भजनयन्ती तस्मादापः सर्वप्रथमः हिरण्यगर्भः प्रजापतिः सवसमुद्भूतः प्रथमशरीरी अभवत्। ऋग्वेदे प्राप्तमिदं मन्त्रम् ।

हिरण्यगर्भः समर्वतताग्रे, भूतस्य जातः पतिरेक आसीत्

स दाधार पृथिवीं द्यामुतेमां कस्मै देवाय हविषा विधेम। (ऋ. १०, १२१.१)

अत्र इदम् अवधेयं यत् गर्भं दधाना जनयन्तीरग्निम यद् आपो अस्मिन् ऋग्वेदे अस्ति तदेवापो भौतिकी लौकिकी शरीरे मातृकुक्षौ सैव हिरण्यगर्भस्वरूपः मांसपिण्डः गर्भः गर्भे वृहती अणोर्मध्ये जीवितायामवस्यायाम् संचरणशीलः विद्यते। चिकित्साविज्ञाने मातृकुक्षौ जलान्तर्गते तदेव गर्भः (Water bag) इति नाम्ना आवरणे संजीवितः संरक्षितः विद्यते। 'अग्निं जनयन्ती' इत्यस्मिन् गर्भसम्बन्धे उपलक्षणमात्रमेव। गर्भस्तु जलान्तरगते (In the water bag) अपि उष्णमेव भवति यतो हि प्रसवकालेऽपि उष्णमेव आपः सर्वप्रथमं रुधिरसंयुक्त गर्भात् बहिर्निर्गच्छति तेन सहैव उष्णो गर्भः सजीवः मांसपिण्डः बहिः आयाति। सैव गर्भः कथमुष्णम् ?

गर्भाधानकालेऽपि पुरुषस्य यद्वीर्यः निर्गच्छति तदैवोष्णमेव भवति इति वैज्ञानिकं सत्यं तत्त्वम् एतस्मादेवोक्तम् **गर्भदधाना जनयन्तीरग्निमिति** वैदिके वाङ्मये। अथ अनन्तरं यस्मिन् कस्मिन्नपि यज्ञस्य शुभकार्यस्य वा प्रथमे यजमानस्य पवित्रीकरणं भवति, आचमनीकरणं भवति अस्य किं वैज्ञानिकं रहस्यम्? शतपथब्राह्मणे अस्य वैज्ञानिकं रहस्योद्घाटनं कृतम्- “व्रतमुपैष्यन्.....प्राडतिष्ठन्नपऽउपस्पृशति तद्यदपऽउपस्पृशत्यमेध्यो वै पुरुषो यदनृतं वदति तेन पूतिरन्तरतो मेध्या वा आपो मेध्यो भूत्वा व्रतमुपायानीति पवितं वाऽआपः पवित्रपूतो।

व्रतमुपायानिति तस्माद्वाऽअपऽउपस्पृशति। (श.ब्रा. १, १, १, १, १)

आचमनं प्रक्षालनं वैज्ञानिकं सत्यम् एवमेव इमानि वैज्ञानिकतत्त्वानि वैदिकवाङ्मये परिलक्ष्यते। आधुनिकी विज्ञाने चिकित्साविज्ञाने वा सजीवः गर्भस्तु जलान्तर्गते मातृकुक्षौ प्रत्यक्षमेव दृश्यते (Ultra Sound) इति यन्त्रेण ज्ञायते यत् गर्भस्य का स्थितिः। अस्माकं वैदिकवाङ्मये पुरुषसूक्ते उत्तरनारायणे शुक्लयजुर्वेदमाध्यन्दिनसंहितायाम् अस्य चिन्तनं विद्यते -

प्रजापतिश्चरति गर्भे अन्तरजायमानो बहुधा विजायते।

तस्य योनिं परिपश्यन्ति धीरास्तस्मिन्ह तस्थुर्भुवनानि विश्वा।।

-(शु.य.मा.वा.सं. उत्तरनारायणम् अध्याय ३१/कण्डिका १९)

वैदिकसाहित्ये ओषधीनाम् विविधाः सन्दर्भाः प्राप्यन्ते। एतद् विषये वैदिकसाहित्ये विविधेषु स्थानेषु वनस्पतीनां विभाजनं विशदेन प्राप्यते। यस्मात् तस्य स्वरूपं गुणकर्मणोः पूर्णतां याति। सन्दर्भेऽस्मिन् ऋग्वेदस्य ओषधिसूक्तं द्रष्टुं शक्यते।

याः फलिनीर्या अफला अपुष्पा याश्च पुष्पिणीः।

बृहस्पतिप्रसूतास्तानो मुञ्चन्त्वं हसः॥ (ऋ. 10:97:15)

ओषधीः प्रतिमोदध्वं पुष्पवतीः प्रसूवरीः।

अश्वा इव सजित्वरीर्विरूधः पारयिष्णावः॥ (ऋ. 10:97:3)

या ओषधीः पूर्वा जाता देवेभ्यस्त्रियुगं पुरा। मनैनु बभूणामहं शतं धामानि सप्त च॥

प्राचीनैः ऋषिभिः पत्रपुष्पफलकाण्डाद्यवयवानां रचनात्मकविशेषतानां, उद्भूतस्थानानां गुणकर्माणि च सूक्ष्मदृष्ट्या निरीक्ष्य तदाश्रिते वनस्पतीनां नैके वर्गाः संस्थापिताः औद्भिद्द्रव्यवनस्पति-वानस्पत्यवीरूधओषधिप्रभृतयः चतुर्षु वर्गेषु विभज्यन्ते। विभाजन क्रममिदं चरकसंहितायामपि प्राप्यते।

श्रौतयज्ञेषु यूपपरिधिदण्डसम्यस्सुक्स्त्रुवचमसोपमन्थनी अरणीप्रणीताप्रोक्षणीप्रभृतीनां पात्राणां निर्माणं अश्वत्थशमीविकंकतौदुम्बरकाष्ठविशेषैरकुर्वन्। यज्ञेषु बिल्वखदिरपलाशरोहितकौदुम्बर-काशमर्यरज्जुदालसुगन्धितेजनप्रभृतयः प्रमुखाः वृक्षाः सन्ति। एकस्मिन् स्थले ऋग्वेदस्य 5/54/6 वृक्षशब्दस्य सायणाचार्येण अर्थः कृतः मेघः (वृश्च्यते विदार्यत इति वृक्षो मेघः) ऋग्वेदाथर्ववेदयोः औषधिशब्द इति नैकवारं प्रयुक्तः अस्ति। सायणाचार्यः अस्य निरुक्तिः व्याख्या च विविधप्रकारमकरोत्। ते यथा -

ओषधीः प्रियङ्गुव्रीह्यादिः ऋ.1:166:5, 4:57:3, 6:39:5, ओषधयो ब्रीहियवाद्याः, शौ. 4:15:2, 11:6:17, 11:7:20, 8:2:22। ओषध्यः फलपाकान्ताः ऋ. 1:90:6 ओषध्यः फलपाकान्ताः लताः ऋ. 8:27:2 ओषः फलपाक; अस्यां धीयत इति ओषधीः। शौ. 1:23:1, ओषः पाक आसु धीयत इति ओषधयः सर्वा वीरूधः। शौ. 6:95:3 ओषं धयेति तत् ओषधयः समभवस्तस्मादोषधयो नाम। शत. ब्रा. 2:2:4:5। ओषधीः तृणानि। ऋ. 10:169:1, ओषधीः पक्वफलसंयुक्तास्तृणगुल्मादिकाः। ऋ. 3:34:10 ओषधीः अन्नानि। ऋ. 1:163:7, 5:84:10। (अजीजन ओषधीर्भोजनाय) ओषन्तिमाद्यन्ति अनेनेति ओषः सोमः स धीयते निधीयते येष्वित्योषधयो ग्रावाणः ऋ. वेद 10:169:31। ओषधीः ओषध्याभिमानिनो देवान् ऋग्वेद 6:21:9।

अनेनैव प्रकारेण वनस्पत्योषधी फलपाकान्तलतातृणान्नग्रावादेवप्रभृतयः विविधार्थांश्च प्रतिपाद्यन्ते यास्केन अस्य निर्वचनं कृतमित्यम् - ओषधयः ओषद्धयन्तीति वा। ओषत्येना धयन्तीति वा। दोषं धयन्तीति वा। निरुक्त 9:27। अर्थात् यः शरीरे शक्तिमुत्पाद्य तस्य धारयेत् अथवा यान् दोषानपहरेत्।

अनेनैव प्रकारेण संहिताब्राह्मणारण्यकोपनिषद्पुराणस्मृतिग्रन्थानामतिरिक्तं लौकिकसंस्कृत-साहित्येऽपि वनस्पतीनां चर्चा वाल्मीकिव्यासकालिदासभासमाघप्रभृतयः कवयः स्वकीये ग्रन्थे यत्र तत्र विविधैः स्वरूपैरुल्लेखनं कृतवन्तः।

निदानम् –

औषधिविज्ञानसन्दर्भे, आयुर्विज्ञानक्षेत्रे आयुर्वेदिकचिकित्साविज्ञानमविषये तु पूर्णमेवाथर्ववेदमेवप्रमाणम्। दीर्घायु प्राप्त्यर्थं बहवः सूक्त्य अथर्ववेदे प्रमाणं तेषां निदर्शनमेव केवलम् अत्र प्रस्तूयते।^१ अपां भेषजमत्र वर्तते।^२ सुखपूर्वकं प्रसवं भूयात् एतस्मिन् विषये प्रार्थनाकृता।^३ यक्ष्मनाशनम्^४ रुधिरस्रावनिवृत्तये धमनीबन्धनम्^५, हृदयाघातम् (Heart Attack)^६, श्वेतकुष्ठ निरोधः रोगोपचारश्च^७ ज्वरनिरोधः संगोपचारश्च^८ मेधावर्धनम् बुद्धिवर्धनम् वा उपचारः^९ १०- चित्तविभ्रमोपचारः^{१०} (Madness) ११- क्लीव्यत्वनिरोधः^{११} रोगोपचारश्च १२- सर्पच्छेदनोपचारः विषनिरोधश्च^{१२} १३- गण्डमालाचिकित्सा^{१३}, १४- दुःस्वप्ननाशनम्^{१४} १५- प्राणास्तमे न निर्गच्छन्तु जीवेम शतायुरिति^{१५} १६- दुःखमोचनम्^{१६} १७- रोगनिवारणम्^{१७}, १८- रोगशान्तिः^{१८} १९. बलपुष्ट्यर्थं रोहिणीवनस्पतेरुपयोगः^{१९} २०. मृत्युसंस्तारणोपायाः^{२०} २१. कृमिनाशनम् २२. गर्भाधानम् (५.२५.१-१३), २३. गर्भदोषनिवारणम्। (८.६.१-२५) २४. गर्भरक्षणम् (६.८१.१-३), २५ पुंसवन (६.११.३) २६. यस्य गर्भधारणं भवति तस्य गर्भधारणार्थम् उपायाः २७. केशक्षयनिरोधः केशवर्धनञ्च (६.२१.१-३, ६.१.३७) २८. कुष्ठरोगात् रक्षणार्थं (६.९५.१-३) चतुष्पदेभ्यश्च औषधयः (६.५९.१-३) अन्याचिकित्साश्च (६.९५.१-३) विद्यन्ते। एवं परिलक्ष्यते यदस्माकं वैदिकवाङ्मये बहूनि विज्ञानतत्त्वानि सन्निहितानि सन्ति। एवम् वैदिकवाङ्मये –

एवं वेदेषुबहवः आयुर्वेदिकचिकित्साविज्ञान सन्दर्भः दृश्यते। एवम् वेदाध्ययनं जीवनं पावयति। चिन्ताकुलं जगत् चिन्तायास्त्रायते, लोकानां विविधाः समस्याः निवारयति, जीवनमुन्नयति, सद्भावांश्च प्रेरयति, किञ्च सर्वमेव भारतीय संस्कृति सम्मताः वाङ्मयः वेदमेवसमुपजीव्य संराजन्ते। अत एव अस्माभिः सर्वेषां वैदिकवाङ्मयानां किञ्च सर्वम् संस्कृतसाहित्यम् एकवारमवश्यमेवानुशीलनीयम्। अतः परम् ऋग्वेदस्य विश्वेदेवासूक्त मन्त्रेण सह स्ववाक्यम् विरमामि-

आनो भद्राः क्रतवो यन्तु विश्वतः
 अदब्धासो अपरीतास उद्भिदः॥
 देवा नो यथा सदमिद्वृधे
 असन्नप्रायुवो रक्षितारो दिवे दिवे॥ -(ऋ० सं० १०.८९.०१)
 ॥ इति शम्॥

सन्दर्भाः -

१. अथर्ववेद- १.३०.१-४, १.३५.१-४, २.४.१-६, २.१३.१-५, ३.११.१-८, ५.२८.१-१४, ५.३०.१-१७, ६.४१.१-३, ६.७६.१-४, ६.११०.१-३, ७.३२,३३,३४, ८.१-२,१९,६१,६३,७०,६४.
२. अथर्व सं. १.६.१-४, ६.२२.१-३, ६.२३, ६.२४, ६.५७.१-३,
३. तदैव- १.११.१-६.
४. १.१२.१-४, २.३३.१-७, ३.७.१-७, ३.३१.१-११, ६.२०.१-३, ६.९१.१-२, ६.१२७.१-३, ९.८.१-२२, १२.२.१-४,
५. १.१७.१-४,
६. १.२२.१-४,
७. १.२३.१-४, १.२४.१-४, २.२८.१-५, २.२९.१-७,
८. १.२५.१-४, ६,१३०,१३१,१३२, ७.१२१.
९. ६.१०८.१-५,
१०. ६.१३८.१-५
११. ७.५८.१-८,
१२. ७.७८,
१३. ६.४५, ६.४६.१-३, ७.१०६, १९, ५६, ५७,
१४. ११.४.१-२६,
१५. १६.१
१६. ४.१३.१-७, ६.४४.१-३,
१७. ५.१५.१-१२,
१८. ६.१२.१-७, ६.३५.१-३
१९. ४.३५.१-७
२०. ४.३७.१-१२, ५.२३.१-१३.

सन्दर्भग्रन्थसूची-

१. अथर्वसंहिता, सं० विश्वबन्धु, विश्वेश्वरानन्द वैदिक शोध संस्थान, होशियारपुर, १९६०.
२. ऋग्वेदसंहिता, सम्पादक विश्वबन्धु, विश्वेश्वरानन्द वैदिक शोध संस्थान, होशियारपुर, १९२६, १९६३-६५, वैदिक संशोधन मण्डल, पूना, १९३३-१९५१.

३. वेदचयनम्, डॉ० विश्वम्भरनाथ त्रिपाठी, विश्वविद्यालय प्रकाशन, वाराणसी, वर्ष १९८०.
४. अग्निचयन, डॉ० विश्वम्भरनाथ त्रिपाठी, सम्पूर्णानन्द संस्कृत विश्वविद्यालय, वाराणसी, वर्ष १९९०.
५. शतपथब्राह्मण, अच्युतग्रन्थमाला, काशी, चौखम्बा संस्कृत सीरीज आफिस, वाराणसी, १९६४.
६. शुक्लयजुर्वेदीय माध्यन्दिनवाजसनेयिसंहिता, मोतीलाल बनारसीदास, दिल्ली, १९७१.
७. आम्नायिकी, यू.जी.सी. केयर लिस्टेड पत्रिका, अंक 15-22, वर्ष 2018-2022.



BHARATIYA SANGYAHARAK ASSOCIATION
(ASSOCIATION OF ANAESTHESIOLOGIST OF INDIAN MEDICINE)
MEMBERSHIP FORM

I wish to join **BHARATIYA SANGYAHARAK ASSOCIATION** as Life/Annual/Associate (Life/Annual)/Honorary member and enclose Cheque/Bank Draft/Money Order/Cash for Rs..... towards subscription for the association, for the year.....

Full Name (in Block Letter) :

Date of Birth & Sex :

Qualifications :

Designation/Profession :

Permanent Residential Address with Tel. No.:

E-mail ID :

Present Address to which correspondence :

to be sent :

Specialty	:	Sangyahan/Pain/Palliation	
Membership Fee	:	Life Member Annual Member	
Membership Fee Bonafide	:	Rs. 5000/-	Rs. 500/-
Associate Membership	:	Rs. 5000/-	Rs. 500/-

I agree to abide by the rules and regulation of the Bharatiya Sangyaharak Association.

Date: Signature_____

Correspondence Address: Bharatiya Sangyaharak Association, Section of Sangyahan, Deptt. Of Shalya Tantra, I.M.S., B.H.U., Varanasi – 221005

☞ Out station cheques should be accompanied by Rs. 50/- as Bank charges. Cheque/Draft should be send in favor of Bharatiya Sangyaharak Association, Varanasi.

प्रकाशन सम्बन्धी नियम एवं निर्देश

1. पाण्डुलिपि ए-4 आकार पेपर पर डबल स्पेस में टंकित होना चाहिए।
2. हिन्दी एवं संस्कृत भाषा में टंकित लेख – कृतिदेव-010 फॉन्ट; शीर्षक-18 प्वाइंट ब्लैक, लेखक का नाम- 13 प्वाइंट ब्लैक, टेक्स्ट-14 प्वाइंट, फोलियों-11 प्वाइंट और पाद टिप्पणी 9 प्वाइंट में दें।
3. अंग्रेजी भाषा में टंकित लेख 'टाइम्स न्यू रोमन' फॉन्ट, शीर्षक-14 प्वाइंट आल कैप्स ब्लैक, लेखक का नाम-11 प्वाइंट ब्लैक, टेक्स्ट-12 प्वाइंट, पाद टिप्पणी और फोलियों- 9 प्वाइंट में दें।
4. शोध निबन्ध अधिकतम 06 पृष्ठ से अधिक नहीं होना चाहिए।
5. शोध निबन्ध मौलिक एवं प्रामाणिक होना चाहिए। किसी भी त्रुटि के लिए लेखक स्वयं जिम्मेदार होगा।
6. शोध निबन्ध में आवश्यक संशोधन का अधिकार प्रधान सम्पादक के पास सुरक्षित होगा।
7. शोध निबन्ध स्तरीय न होने की स्थिति में उसे अस्वीकार किया जा सकता है।
8. किसी भी शोध निबन्ध के कॉपी राईट का अधिकार प्रधान सम्पादक के पास सुरक्षित होगा।
9. उपर्युक्त निर्धारित नियम के विपरीत शोध निबन्ध स्वीकार नहीं किये जाएंगे।

