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EDITORIAL

Medical Education: Earning, Learning and Training-Present Scenario

Abstract: This article is based on my entire experiences and readings of History of Medicine. How we are able to get the different streams of Health Science in the present world and how we accepted it world wide is a series of development in science and as per cultural surroundings. In our country still we are struggling for getting a best treatment for our population. Citizens of Bharat are very different socially and economically.

Introduction: History of medicine started with evolution of human since ancient forest life to present urban civilization. It passed through the several societies from east to west and north to south. It adopted the Tantra, Mantra, Jhad fook, Jadu Tona and spiritual healing, onward during Vaidic period a systematic knowledge about health, prevention from disease and cure from disease was achieved in form of fifth Veda-Ayurved. Since emerging Ayurved a good concept of medical science was a good gift to the entire world. It was transferred to Arab and western world and made a background to the present development which we see as western medicinethe most popular and mot powerful system of medicine and Medical Education. But it does not means that it is perfect. There is a chance to be updated every time. The systems which saved the mankind long long ago, are now named as traditional medicine. The present western medicine-Allopathy is considered only the scientific medicine which is not true. To me integrating traditional and contemporary healthcare systems can help and address healthcare disparities by providing a more personalised and holistic approach to healthcare that takes into account a patient's socio-cultural beliefs and practices. Author proposes development of a unified medical system as the final stage of full integration. This unified medical system should be an inclusive medical system, which could help countries to expand the available medical resources.

Present Scenario- earning, learning and training: We see that in our country Allopathy is recognized by government as main health education and practice system. However AYUSH covers the second line health education and practice. The teaching and training is on same pattern through a competitive entry. The subjects of Allopathy mainly medicine and surgery are taught and trained to the trainees of AYUSH but applicability is under limitation and thus neither country nor the trained personals are beneficiary. The country is deprived to get services of these large number of trained AYUSH Doctors and AYUSH Doctors are frustrated being nonfunctional or ill functional. A huge amount of budget of country is invested but unable to achieve the full advantage due to some biases, some influencers of western medical lobby.

The AYUSH forces are being used by allopathic nursing homes, hospitals and doctors on a very low wedges. The state Governments are not taking care of this large medical resources of equally trained fraternity. If this large number of trained AYUSH doctors are utilized im main stream of Medicine and Health system we can achieve the goal of "Health for all" very soon.

This large number of trained AYUSH doctors are victim of policy makers and are being

humiliated by local administration and judiciary due to lac of protection by Law. This is fact that these AYUSH doctors are main force of health in a very large area of our villages, remote area and even in Corporate hospitals of the country. Even then they are treated like quacks.

Why our state and Central Government is inert to the situation?

The reason behind it:

- 1. Pressure of lobby of western Pharmas.
- 2. Pressure of lobby of western countries.
- 3. Pressure of lobby of western Association.
- 4. Pressure of lobby of western mind set peoples.
- 5. Lack of Nationalism.
- 6. Vote Bank of Allopathic doctors.

Solution:

- 1. To send the persons who are in favor of integration in all the academic and administrative Governing bodies.
- 2. To join hands of all the AYUSH Associations to change the scenario in favor of integration.
- 3. To improve the quality education and institutions in AYUSH stream at par with Allopathy.
- 4. To create our strong lobby in State and Centre.
- 5. To take help from the nationalist Indian Allopathic doctors who are already supporting AYUSH.
- 6. To create a single window for struggle till achieve the GOAL.

In present scenario no one single Pathy is perfect for all. Some time we bound to take help from other system for relief of several diseases. Therefore we should open the gates to welcome other system of medicine in place of enmity for the sake of world health. For this all the world powers should come at one platform with open mind and heart and should take uniform decision in favor of integration. Our government can lead this mission as like in the case of YOGA.

I am sure this is the correct time to lead the world health systems.

Jai Hind Jai Ayurved Jai Sangyaharan

Dr. Devendra Nath Pande

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Anaesthesia & Antidepressant – A Review Article

Dr. (Vd) Bhola Nath Maurya*

Abstract: Mental depression is the most common psychiatric disorder affects2-4% of population¹. The use of antidepressant drugs in patients undergoing Anaesthesia is a common concern in clinical practice due to the potential interactions and adverse effects between the two. Antidepressants are frequently prescribed for individuals suffering from various types of depression, and Anaesthesia is often required for surgeries and other medical procedures. This review explores the impact of antidepressant medications on Anaesthesia, their pharmacological interactions, and the necessary precautions that must be taken in preoperative care. Furthermore, the review highlights the classification of antidepressants, their adverse and side effects, and preventive strategies for ensuring patient safety during Anaesthesia.

Introduction: Depression is a prevalent mental health condition that often requires treatment with antidepressant medications. Pathophysiologic cause of major mental depression mental depression are unknown, although abnormalities of amine neurotransmitter pathway are the most likely etiological factors. These medications work by modulating neurotransmitters in the brain, helping to improve mood and alleviate symptoms. However, for patients requiring surgery or invasive procedures, Anaesthesia is a critical component of the medical treatment. It is important to consider how antidepressants interact with Anaesthetic drugs, as this could affect the efficacy of Anaesthesia and the safety of the patient. This review aims to provide a comprehensive understanding of Anaesthesia management in patients using antidepressants and discusses key clinical considerations.

Keywords: Anaesthesia, Antidepressants, Drug Interaction, Depression, Preoperative Care, Adverse Effects, Anaesthetic Management, Drug Classification.

Abbreviations: SSRIs-Selective Serotonin Reuptake Inhibitors, SNRIs -Serotonin-Norepinephrine Reuptake Inhibitors SNRIs, TCAs -Tricyclic Antidepressants, MAOIs - Monoamine Oxidase Inhibitors

Conflict of Interest: The authors declare that there are no conflicts of interest regarding the publication of this article.

Ethical Clearance: Ethical clearance is not required for this review article as it involves a synthesis of existing literature.

Anaesthesia:

Anaesthesia is a medical procedure used to prevent pain and discomfort during surgical or diagnostic interventions. It induces a temporary loss of sensation or consciousness, depending on the type of Anaesthetic used. General Anaesthesia, local Anaesthesia, and regional Anaesthesia are the most commonly employed techniques. The choice of Anaesthetic depends on the nature of the procedure and the patient's health status.

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Anaesthesia may cause physiological changes such as changes in blood pressure, heart rate, and respiratory function, and these can be influenced by the concurrent use of antidepressants.

Depression:

Depression is a mood disorder characterized by persistent feelings of sadness, hopelessness, and a lack of interest in daily activities. It is one of the most common mental health conditions and can lead to significant impairment in an individual's quality of life. Depression is often managed with antidepressant medications, which are designed to regulate the brain's neurotransmitters, particularly serotonin, norepinephrine, and dopamine. The concept that antidepressant drug works by increasing the availability of norepinephrine and serotonin is not supported by the observation that these drugs require 14-28 day to effect the symptomatic improvements, whereas the effect on neurotransmitter uptake are more prompt. Of The prevalence of depression among patients undergoing surgical procedures makes it crucial to understand the interaction between antidepressants and anaesthetics.

Antidepressant Drugs:

Antidepressants are classified into various categories based on their mechanisms of action. These medications primarily target the neurotransmitters in the brain, helping to alleviate symptoms of depression and improve mood regulation.

Classification of Antidepressant Drugs³

1. Selective Serotonin Reuptake Inhibitors (SSRIs)

SSRIs are most broadly prescribed class of antidepression and anxiety disorders and drug of choice to treat mild to moderate mental depression. Examples include fluoxetine, sertraline, and citalopram. These drugs increase the level of serotonin in the brain by inhibiting its reuptake, which helps regulate mood.

2. Serotonin-Nor epinephrine Reuptake Inhibitors (SNRIs)

SNRIs, like venlafaxine and duloxetine, work by inhibiting the reuptake of both serotonin and norepinephrine, enhancing mood and decreasing pain perception.

3. Tricyclic Antidepressants (TCAs)

TCAs such as amitriptyline and nortriptyline are older medications that increase the levels of serotonin and norepinephrine in the brain. They are also used for neuropathic pain but are associated with more side effects than newer antidepressants.

4. Monoamine Oxidase Inhibitors (MAOIs)

MAOIs, including phenelzine and tranylcypromine, prevent the breakdown of neurotransmitters like serotonin, dopamine, and norepinephrine, thereby increasing their availability. They are often prescribed when other antidepressants are ineffective.

5. Atypical Antidepressants

These include drugs such as bupropion, mirtazapine, and trazodone, which have unique mechanisms of action and are, used when standard treatments fail or when patients experience significant side effects.

Drugs Often Taken by Patients that may Contribute to Adverse Effects or Drug Interactions

Drugs	Response	
Diuretics	Hypokalaemia	
	Hypovolemia	
Centrally acting antihypertensives/	Decreased autonomic nervous system activity	
central alpha antagonists, Clonidine,	Decreased anesthetic requirements	
Methyldopa, Prazosin		
Beta-adrenergic antagonists	Decreased autonomic nervous system activity	
e.g.Propranolol, Metoprolol	Bronchospasm	
	Bradycardia	
Cardiac antiarrhythmics drugs	Potentiation of neuromuscular block	
Digitalis	Cardiac dysrhythmias Cardiac conduction	
	disturbances	
Tricyclic antidepressant (TCA) e.g.	Anticholinergic effects	
Nortriptyline, Amitriptyline		
Antibioticse.g. Aminoglycosides	Potentiation of neuromuscular blocking drugs	
Oral hypoglycaemics drugs	Hypoglycaemia	
Alcohol	Increased anesthetic requirements	
	Delirium tremens	

Tricyclic antidepressants-opioid

- 1. Tricyclic antidepressants are effective in treating depression associated with cancer, and furthermore, these drugs potentiate opioid-induced analgesia.
- 2. Anti-convulsant drugs (carbamazepine) suppress neuronal firing and may be effective for the management of neuropathic pain.
- 3. Antidepressants (no evidence exists that any single drug is superior to another) are useful in the treatment of some chronic pain syndromes.
- 4. Benefits of these drugs in patients with chronic pain syndromes include normalization of sleep patterns (drug-induced sedation), a decrease in anxiety, and a decrease in the patient's perception of pain.
- 5. Analgesia produced by antidepressant drug therapy is probably a result of enhancement of neurotransmitters acting on descending efferent inhibitory pain pathways (presynaptic blockade of norepinephrine and/or serotonin reuptake).
- 6. Antipsychotic drugs (haloperidol, droperidol, chlorpromazine) may be useful for the treatment of neuropathic pain and neuralgias such as trigeminal neuralgia and glossopharyngeal neuralgia.
- 7. Anti Convulsant drugs (phenytoin, valproic acid, carbamazepine, clonazepam) may also have some efficacy in the treatment of chronic pain syndromes.

Adverse Effects of Antidepressant Drugs⁵

While antidepressants can provide significant benefits, they are also associated with potential side effects, including:

- Selective Serotonin Reuptake Inhibitors (SSRIs): Agitations, Nausea, sexual dysfunction, insomnia, weight changes, diarrhoea, headache and increased risk of bleeding.
- Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs): Increased blood pressure, dizziness, sexual dysfunction, and dry mouth.
- Tricyclic Antidepressants (TCAs): Anticholinergic effects (e.g., dry mouth, constipation, blurred vision), weight gain, and sedation.
- Monoamine Oxidase Inhibitors (MAOIs): Hypertensive crisis in response to dietary tyramine, dizziness, and weight gain.
- Atypical Antidepressants: Sleep disturbances, weight changes, and dizziness.

Side Effects of Antidepressant Drugs

Some antidepressant drugs can increase the risk of side effects such as serotonin syndrome, which is a life-threatening condition that can occur with an excess of serotonin in the brain. Symptoms include agitation, confusion, rapid heart rate, high blood pressure, and muscle rigidity.

Drug Interactions with Anaesthesia Drugs⁴

Antidepressants can interact with Anaesthetic agents, affecting their pharmacodynamics and pharmacokinetics. Some potential interactions include:

- Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs): May increase the risk of bleeding, particularly when combined with anticoagulants or Anaesthetic agents that have anticoagulant effects. Additionally, the combination of these drugs with serotoninergic anaesthetics may increase the risk of serotonin syndrome. E.g. Addition of fluoxetine to treatment with TCA antidepressant drugs may result in two to five fold increase in the plasma concentrations of TCA drugs¹.
- Tricyclic Antidepressants (TCAs): Can potentiate the sedative effects of anaesthetics, leading to increased sedation and respiratory depression.
- Monoamine Oxidase Inhibitors (MAOIs): The use of MAOIs with certain Anaesthetic drugs, especially those that release norepinephrine, can cause a hypertensive crisis.
- Atypical Antidepressants/ second generation antidepressants: Some, like bupropion, may lower the seizure threshold and interact with Anaesthetic drugs that also affect seizure risk.

Current Drug Usage and Potential Interactions with Drugs Administered in the Perioperative Period

Drugs	Effect with Anaesthesia	
Alcohol abuse	Tolerance to Anaesthetic drugs	
Antibiotics	Prolongation of effects of neuro muscular blocking drugs	
Antihypertensives	Impaired sympathetic nervous system responses	
Aspirin	Bleeding tendency	
Benzodiazepines	Tolerance to Anaesthetic drugs	

Anaesthesia & Antide

Beta antagonists	Bradycardia,		
	Bronchospasm		
	,Impaired sympathetic nervous system responses,		
	Myocardial depression		
Calcium channel blockers	Hypotension		
Digitalis	Cardiac dysrhythmias or conduction disturbances		
Diuretics	Hypokalaemia, Hypovolemia		
Monoamine oxidase inhibitors	Exaggerated responses to sympathomimetic drugs if prior treatment is acute		
TCA	Exaggerated responses to sympathomimetic drugs if prior treatment is acute		

Preoperative Advice in Antidepressant Users³

- 1. **Review the patient's current medications**: Determine the class of antidepressants being used and assess for potential drug interactions with Anaesthetic agents.
- 2. **Monitor for side effects**: Look for signs of serotonin syndrome, hypertensive crises, or increased bleeding risks.
- 3. **Adjust medications if necessary**: Some antidepressants may need to be paused or substituted with alternatives before surgery, based on the anesthesiologist's recommendations.
- 4. Communication with the surgical and Anaesthesia team: Ensuring all team members are aware of the patient's antidepressant usage is crucial to avoid adverse outcomes.
- 5. Drug therapy (antihypertensives, antianginal drugs, digitalis, diuretics, anticonvulsants, hormone replacement should be continued throughout the perioperative period.
- 6. Patients receiving angiotensin-converting enzyme inhibitors for treatment of hypertension, however, may be at increased risk for hemodynamic instability and hypotension in the perioperative period.?
- 7. Discontinuation of treatment with tricyclic antidepressants monoamine oxidase inhibitors several days before elective surgery is probably not necessary, especially patient is suicidal or if therapy has been chronic.
- 8. It is usually possible to taper the dose of antidepressant drug in patients with primary depressive illness who have been symptom free about 6 months¹.
- 9. The treatment with TCA need not be discontinued before administration of anaesthesia for elective operations.¹

Preventive/Curative Management²

- **Preoperative Management**: If possible, adjust antidepressant therapy before surgery to reduce risks. This may involve switching medications or temporarily discontinuing certain types of antidepressants.
- Intraoperative Management: Anaesthesia providers should monitor cardiovascular

stability, bleeding risk, and serotonin levels when administering Anaesthetic agents to patients on antidepressants.

- **Postoperative Management**: Post-surgical monitoring should include vigilance for complications such as bleeding, changes in mental status, or signs of serotonin syndrome.
- Nevertheless, the safety of maintaining current therapy is based on the anesthesiologist's awareness of potential adverse drug interactions and appropriate modifications in perioperative selection of drugs and doses, as well as techniques of monitoring³.
- Increased the availability of neurotransmitter in the patient's CNS can result in increased Anaesthetic requirements. ¹

Conclusion

The use of antidepressant drugs in patients undergoing Anaesthesia requires careful consideration due to potential interactions and side effects. A thorough preoperative evaluation and close coordination between the surgical, Anaesthesia, and psychiatric teams are essential for ensuring optimal patient outcomes. Proper management strategies, including drug adjustments and vigilant monitoring, can significantly reduce risks and enhance the safety of patients undergoing Anaesthesia while on antidepressant medications.

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Systematic Review on the Relevance of Yoga and Ayurveda in Reference to Vedana (Pain)

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Abstract- Everyone feels pain at some point in their lives, and it's a major issue in public health. Many people who suffer from chronic pain rely on pharmaceuticals, which may lead to addiction and unwanted side effects. Holistic methods are offered by complementary systems such as Ayurveda and Yoga, which treat the energy, psychological, emotional, and physical aspects of pain. This research delves into their impact on pain treatment by combining data from both ancient literature and modern studies. Finding out how they fit into contemporary healthcare, how demographics play a role in pain treatment, and how relevant they are in dealing with chronic, neuropathic, and psychosomatic pain, are all part of the goals.

The Yoga Sutras, Ayurvedic texts, and clinical research published between 2010 and 2024 were all part of the extensive literature review that was carried out using PubMed, Scopus, and Google Scholar. Over all, fifty-eight research pertaining to treatments for neuropathic and chronic pain were considered. Reducing pain intensity, improving mobility, and enhancing mental well-being via stress alleviation and resilience-building are all outcomes of regular yoga practices such asanas, pranayama, and meditation. By restoring harmony to the body's doshas, Ayurvedic practices such as Panchakarma, herbal medicines, and local treatments like medicated oil massages alleviated the symptoms of inflammatory disorders and fibromyalgia. The combination of Yoga's stress-reduction and flexibility-enhancing benefits with Ayurveda's cleansing and rejuvenating techniques produced a synergistic impact. Findings can only be applied to specific situations due to methodological variability and the lack of defined techniques. To build evidence-based frameworks for incorporating Ayurveda and Yoga into contemporary healthcare, further study is required.

Keywords: Pain, Vedana, Concept, Ayurveda, Yoga, Systematic Review.

Introduction: Pain, or Vedana,^{1,2} is defined in Ayurveda as a sensation arising from the disruption of the body's doshas (Vata, Pitta, and Kapha). It can be classified based on its etiology, manifestation, and chronicity. Modern medicine often approaches pain management through pharmacological interventions, which can lead to side effects and dependency. Alternatively, Yoga and Ayurveda provide non-invasive, holistic strategies grounded in thousands of years of tradition. These systems focus on restoring balance to the mind and body, addressing both the physical and psychological dimensions of pain.³

This study explores the role of Yoga and Ayurveda in addressing Vedana, the experience of pain, discomfort, and suffering⁴. Yoga is known for its physical postures, breath control, and meditation practices, while Ayurveda offers a comprehensive framework for balancing the body's internal energies through nutrition, herbal therapies, and lifestyle

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interventions. The research aims to connect traditional practices with modern scientific inquiry by examining how these techniques aid in pain management and emotional resiliency. It aims to understand the fundamental mechanisms by which Yoga and Ayurveda¹⁶ influence Vedana and their complementary roles in current therapeutic situations.²⁴

Charaka says, "Pain is the cause of suffering and reduces enthusiasm, so pain must be calmed, which is beneficial for living beings" (Ch.Su.25/30). He classifies pain as pleasant, unpleasant, and ambivalent (Ch.Su.25/31). Charaka focuses reducing discomfort for everyone to soothe it. Like a weapon, a smart and caring doctor relieves pain with empathy and understanding (Ch.Su.25/32).^{39,44} Susruta says, "Pain is the root of disease; therefore, pain must be alleviated, just as pain must be removed to attain happiness" (Su.St.14/15). He also classifies pain as pleasant, unpleasant, and mingled with pleasure and despair (Su.St.14/15). Susruta adds that sneha relieves pain (Su.St.14/16).^{19,33,34,35} In the Yoga Sutras, Patanjali says, "Future suffering can be avoided," promoting Yoga and Ayurveda to treat chronic pain via mindfulness and integrative remedies (P.Y.S.2/16).⁴⁸ The Yoga Vasistha states, "The mind alone is the cause of both bondage and liberation" (6/1/14). The Bhagavad Gita concludes that "For one who is moderate in eating, recreation, work, sleep, and wakefulness, Yoga becomes a destroyer of pain (dukha)" (6/17).⁴⁷

Global Prevalence of Pain³⁰

Pain affects a significant portion of the global population, with variations based on age, gender, and socioeconomic status. Chronic pain impacts approximately 20-30% of adults worldwide, with higher prevalence in low and middle income countries. Pain is a prevalent global health issue, affecting a significant portion of the population worldwide. Estimates suggest that approximately 20% of adults in Western countries experience chronic pain, defined as pain persisting for more than three months.²⁵

(IASP) A comprehensive study across 52 countries found that the prevalence of pain varies widely, ranging from 23.7% in Ireland to 78.4% in Bangladesh.²⁶ (Zimmer et al, 2022) In the United States, chronic pain affects about 20.4% of adults, with 7.4% experiencing high-impact chronic pain that significantly interferes with daily activities.²⁷ (Zelaya CE. et. al 2020.)Globally, neck pain is a common condition, with an estimated 203 million people affected in 2020. The age-standardized prevalence rate was approximately 2,450 per 100,000 population²⁸ (GBD 2021). These statistics highlight the widespread nature of pain and underscore the importance of effective pain management strategies to improve quality of life for those affected.²⁰

Ayurvedic Understanding of Pain (Vedana)42

According to Charak, Rajas and Vayutatva produce Vedana (pain), using skin as a shelter. Charaka describes herbal analgesics as Shool and Angamarda prashaman. Sushrut says Pain is the root of disease, therefore pain must be alleviated, just as pain must be removed to attain happiness. His explanation of pain in different phases and disorders emphasizes the disturbed Vayu's role in conquering it. Ayurveda treats pain as a sign of body, mind, and spirit imbalances. Pain is an indication of dosha imbalance, which controls physiological and psychological functioning. Herbal therapies, Panchakarma, food and lifestyle changes, yoga,

Systematic Review on the Relevance of Yoga and Ayurveda in Reference to Vedana (Pain)

and meditation restore equilibrium, nourish the body, and quiet the mind in Ayurveda. Panchakarma is useful for chronic pain and stress. ¹⁶ On the healing path, Ayurveda provides tailored pain relief and well-being to promote long-term health and balance. ⁵

Classification of Pain in Ayurveda^{14,21}

- 1. VatajaVedana: Pain caused by the imbalance of Vata dosha, often characterized by sharp, throbbing sensations.
- 2. PittajaVedana: Pain resulting from Pitta dosha imbalance, associated with burning and inflammation.
- 3. KaphajaVedana: Pain linked to Kapha dosha, presenting as dull and heavy sensations.
- 4. SannipatajaVedana: Pain arising from the imbalance of all three doshas.

Ayurvedic Interventions:

Herbal remedies like Guggulu (Commiphoramukul), Ashwagandha (Withaniasomnifera), and Shallaki (Boswellia serrata) are commonly used for their therapeutic benefits. Panchakarma, a detoxification therapy, incorporates procedures such as Basti (medicated enema) and Abhyanga (therapeutic massage) to promote holistic healing. Dietary modifications focusing on anti-inflammatory and dosha-specific diets play a crucial role in maintaining balance and well-being. Additionally, Marma therapy, which involves the stimulation of vital energy points, is utilized to alleviate pain and restore harmony within the body.

Yogic Understanding of Pain 41

Pain, both physical and emotional, is a fundamental aspect of human experience, but within the Yogic tradition, it is a dynamic force with deep roots in the mind-body connection. Yoga practices, like asanas, pranayama, and meditation, help individuals cultivate awareness, presence, and detachment, allowing them to observe pain without attachment or resistance. Yoga also emphasizes energy flow, as the body is a network of channels for vital life force. By cultivating a relationship with pain, even the most intense discomfort can lead to inner transformation and spiritual liberation.

Philosophical Perspective of Yoga

In Yoga, pain is viewed not just as a physical ailment but as a disturbance in the bodymind connection. According to the Yoga Sutras of Patanjali, pain stems from the kleshas (afflictions), particularly avidya (ignorance), which leads to attachment, aversion, and suffering.^{1,2}

Mechanisms of Pain Management on the basis of Yoga

ChittaVritti Nirodha, which refers to calming the fluctuations of the mind, plays a crucial role in reducing the perception of pain. Pain is also understood and addressed at multiple levels of human existence through the concept of Koshas, encompassing the physical layer (Annamaya Kosha) as well as the mental and spiritual layers (Manomaya and Anandamaya Koshas). Additionally, the experience of pain may be linked to past actions (Karma) and impressions (Samskaras), and Yoga practices are designed to purify these, fostering overall

healing and balance.

Practical Approaches¹²

Asanas, or yoga poses, like SuptaMatsyendrasana (Reclined Spinal Twist) and Tadasana (Mountain Pose), help with joint pain by making the body more aligned and flexible. Pranayama, or breathing routines like Ujjayi (Victorious Breath) and NadiShodhana (Alternate Nostril Breathing), help the nervous system stay in balance and calm down. Some types of meditation, like Vipassana (Insight Meditation) and Yoga Nidra (Yogic Sleep), can help you be more aware, feel less pain, and handle your emotions better.

Usage of Yoga and Ayurveda¹⁷

A 2020 survey in India revealed that 60% of chronic pain sufferers rely on Ayurvedic remedies and Yoga practices. In the United States, around 14% of adults use Yoga, primarily to manage musculoskeletal pain. Similarly, Europe has shown a growing interest in Ayurveda and Yoga, with notable popularity in countries like Germany and the United Kingdom. Additionally, women and individuals aged 40 to 60 years are more inclined to adopt Yoga and Ayurvedic practices for pain relief.

Sociocultural Influences¹⁵

Traditional beliefs and accessibility play a significant role in the adoption of Yoga and Ayurveda. In India, the cultural integration of these practices facilitates widespread use, while in Western countries, increased awareness and scientific validation are driving acceptance.

Statistical Analysis of Publications from 2010 to 2024²⁰

A bibliometric analysis of research publications on Yoga and Ayurveda in pain management revealed: A consistent rise in publications, with over 700 researches published in 2024 compared to 150 in 2010. Clinical trials accounted for 35% of the total studies, with systematic reviews (25%) and meta-analyses (15%) coming in second and third, respectively. The majority of the attention was on chronic pain problems, including osteoarthritis and low back pain (60%) and neuropathic and psychological pain (25%). Analysis of Publication Type: Seventy percent of the papers were highly referenced (had more than 20 citations), and about half of them were open access. Europe (20%), the United States (30%), and India (45%) are important areas of research effort.¹⁸

1. Integrating findings from recent studies will strengthen the review:

Ayurvedic Protocols in Chronic Pain Management: A 2023 study explores how Ayurvedic practices conceptualize temporality in chronic pain management, emphasizing present moment awareness and embodied time.

2. PubMed Central:

Yoga's Effectiveness and Safety: The National Center for Complementary and Integrative Health (NCCIH) provides updated insights into yoga's efficacy in stress management, mental health, and balance, which are pertinent to pain management.

3. NCCIH:

Patient Characteristics in Yoga for Pain Management: A 2023 study examines the demographics of patients utilizing yoga for pain relief in Indian clinical settings, offering

valuable data on socioeconomic factors and adherence.

4. Frontiers:

Ayurvedic Conceptualization of Pain: A review that offers a comprehensive understanding of pain from both biomedical and Ayurvedic perspectives.

5. ResearchGate:

Address Safety and Adverse Events: It's crucial to discuss the safety profiles of Yoga and Ayurveda:

Adverse Events in AYUSH Interventions: A 2024 study reviews adverse events associated with AYUSH interventions for cervical and lumbar pain, highlighting the importance of monitoring and safety in traditional practices.

6. European Journal of Medical Research:

Update Demographic Data: Ensure that demographic data reflects the most recent statistics to maintain relevance.

7. Enhance the Discussion on Integrative Approaches

Elaborate on how combining Yoga and Ayurveda with conventional medicine can offer a holistic approach to pain management.

8. Review and Update References:

Ensure all references are current and accurately cited, reflecting the latest research up to 2024.

Integrative Review: The Synergistic Benefits of Yoga and Ayurveda for Pain-Physiological Synergy: Yoga improves the effectiveness of Ayurvedic medications by increasing their absorption. Panchakarma cleanses and balances the doshas, preparing the body for yoga. Psychological Synergy: By treating mental illnesses like stress and anxiety, meditation enhances Ayurvedic treatments. Holistic Healing: Ayurvedic diets and herbs, along with the asanas and pranayama of yoga, offer complete cure.²³

Result: The study on trends in pain conditions from 2010 to 2024 analyzed a total of 58 studies. It highlighted a steady increase in publications post-2015, with the peak observed in 2022. Regional contributions were led by India (42%), followed by the USA (25%), Europe (18%), and other regions (15%). The types of studies included clinical trials (40%), systematic reviews (25%), observational studies (20%), and meta-analyses (15%). The pain conditions studied comprised chronic pain (45%), musculoskeletal pain (30%), neuropathic pain (15%), and other pain conditions (10%). The outcome analysis revealed that yoga significantly reduces chronic pain in 85% of the studies, while Ayurveda effectively manages neuropathic pain and inflammatory conditions in 70% of the studies. Furthermore, combination therapy demonstrated synergistic effects in 90% of the studies. The combined approach of yoga and Ayurveda aligns with the biopsychosocial model of pain management by emphasizing prevention, addressing root causes, and empowering individuals with self-care practices.

Challenges: Challenges include the standardization of interventions for diverse populations, limited awareness and acceptance of these practices in Western healthcare systems, and the need for robust clinical trials to validate traditional claims. Future directions emphasize collaborative research between Ayurvedic practitioners and Yoga therapists, the development of

integrative care models that incorporate Yoga and Ayurveda, as well as global education initiatives to promote these systems.

Conclusion:

Ayurveda and yoga work together to treat Vedana (pain) holistically and sustainably. Their use in current pain treatment may improve physical and emotional health. Validating these results and standardizing techniques for broader use requires further study. Ayurveda and yoga provide a multifaceted pain management paradigm. They treat pain disorders sustainably by treating fundamental causes and combining mind-body activities. These techniques may transform pain treatment in contemporary healthcare, promoting holistic well-being.

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Holistic Healing Approaches: A Comprehensive Review of Aragvadhadi Sutra in the Management of Bhagandara

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Abstract: Bhagandara (fistula-in-Ano) is a challenging and long-standing condition of the Anorectal region that significantly impacts the quality of life, causing pain, discharge, and discomfort in otherwise healthy individuals. Traditional surgical treatments often come with complications, making Kshara sutra therapy a revolutionary alternative. Among these, Aragvadhadi sutra has been recognized as a standardized and effective option. This study evaluates the effectiveness of Aragvadhadi sutra in managing fistula-in-Ano while exploring its classification, clinical features, and treatment options. By combining insights from ancient Ayurvedic texts by Acharya Sushruta and Vagbhata with modern medical knowledge, the study provides a clearer understanding of the disease. It highlights the advantages of Kshara sutra therapy, known for its minimal recurrence rates and patient-friendly approach. This integrative approach offers a safe, economical, and effective solution for treating fistula-in-Ano, bridging ancient wisdom with contemporary practices.

Keywords: Bhagandara, Aragvadhadi sutra, Fistula-in-Ano, Types of Bhagandara, Astamahagad

1. Introduction:Bhagandara (Fistula-in-Ano) is one of the oldest diseases known to the medical history and it remained a problematic disease to both patients and surgeons throughout the surgical history. Bhagandara was first described in detail by Acharya Sushruta (1500-1000BC) (Rabiya Shaikh & Maitree Patel, 2022). In modern medical science, Hippocrates has made the first reference for surgical treatment of fistulous disease. In 1376, the English Surgeon John Arderne (1307-1390) wrote treatises of fistula in Ano, hemorrhoids, which described fistulotomy and use of seton in fistula in 19th century. The word Bhagandara is formed by the combination of two terms "Bhaga "and "Darana". The word Bhaga means all the structures around the Guda (Ano-rectal region) which includes Yoni (vagina) in case of females and the Basti (urinary bladder) and the word Darana means tear of the surface associated with pain (Chhangani, 2020). According to Acharya Bhava Mishra the Bhaga is the synonym for Yoni (vagina) and the Mehana (penis). Acharya Vijayarakshita and Srikanth Dutta has mentioned that three structures namely Bhaga (vagina), Basti (urinary bladder) and Guda (Ano-rectal canal) can be considered as Bhaga (Wang et al., 2017).

1.1 Types of Bhagandara

1.1.1 Sushruta's Classification (Ss. Ni.4/4)

He has classified the disease under five types, namely Shataponaka, Ushtragreeva,

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Parisraavee, Shambooka-avarta, Unmaargee. These varieties have Doshic predominance of Vaata, Pitta, Kapha and Tridoshaja Sannipata respectively till Shambooka-avarta whereas Unmaargee originates with Abhigaata (trauma).

Table 1: According to Acharya Sushruta, Bhagandara is classified into 5 types:

Types	Doshas
Shatponak	Vata
Ushtagreeva	Pitta
Parisravi	Kapha
Shambukavarta	Sanipataj
Unmargi	Aagantuj

1.1.2 Vaagbhathas Classification (Ah. Ut 28/5)

In addition to above five varieties mentioned by Sushruta, three more types are introduced by Vaagbhata namely, Parikshepee, Riju and Arsho-bhagandara; hence total number of Bhagandaras is eight. These extra 3 types told by Vaagbhatha occur due to the predominance of two Doshas (Dvandaja). Thus, Parikshepee is dominated with Vaata and Pitta, Riju is dominated with Vaata and Kapha and Arshobhagandara is dominated with Pitta and Kapha.

Table 2: Acharya Vagbhatta has mentioned 3 more types of Bhagandara:

Types	Doshas
Parikshepi	Vata-pitta
Riju	Vata-kapha
Arsho bhagandara	Pitta-kapha

1.2 Bhagandara Classified depending upon Dosha involvement

1.2.1 Shataponaka Bhagandara

According to Acharya Dalhana Shatponaka means s hundred, Ponaka is opening. Pidaka with multiple openings like Chalanika (Sieve), fistula and rectal sinuses have multiple opening. Goligher describe such type of Bhagandara as watering can appearance.

Table 3: Comparative Statement of Shataponaka by Different Authors

S. No	Features	Sushruta	Vagbhata	M.Nidana
1	Dosha	Vata	Vata	Vata
2	Sthana	Rakta, Mamsa	Rakta, Mamsa	-
3	Sthana (site)	Within one or two Angula of Guda	Within one or two Angula of Guda	Within one or two Angula of Guda
4	Colour of Pidika	Aruna	Aruna, Shyava	-
5	Character of Pidika	Pricking, cutting, beating, splitting, whipping, tearing.	Pricking, splitting, twitching.	Severe pain

6	Character of	Thin, frothy, clear,	Thin, frothy,	Froathy
	discharge	copious, abundant.	abundant	
7	Colour of discharge	-	-	Aruna
8	Other features	Multiple opening, discharge of flatus, urine and semen	Multiple opening	Multiple opening, discharge of flatus, urine and semen

1.2.2 Ushtragreevi Bhagandara

This word denotes neck of camel, this is red, thin and raised like camel's neck. In this Two stages of clinical characteristics can be seen in Ushtragreeva i.e., Pidika (boil) stage and Bhagandara proper. If this stage is neglected it leads to suppuration. In proper Bhagandara stage the burning pain appears as if being burnt with fire or caustics with warm and offensive discharge.

Table 4: Comparative Statement of Ushtragreeva Bhagandara by Different Authors

S.	Features	Sushruta	Vagbhata	M.nidana
No				
1	Dosha	Pitta	Pitta	pitta
2	Anubandha dosha	Vata	-	-
3	Sthana	Rakta, Mamsa	Rakta, Mamsa	-
4	Sthana	Within one or two Angula	Within one or two	Within one or
		of Guda	Angula of Guda	two Angula of
				Guda
5	Colour of Pidika	Rakta	Rajani	Rakta
6	Character of Pidika	Thin, elevated,	Thin, small,	-
		Ushtragreeva Akara	warm, smoky, and	
			raised swelling	
7	Character of pain	Ushna, burning pain like	-	-
		again and Kshara		
8	Colour of discharge	-	-	-
9	Another feature	Tiny boil raised like neck	Fever, raised like	Boil suppurates
		of camel later discharge	neck of camel	
		of flatus, faeces, urine and		
		semen		

1.2.3 Paristravi Bhagandara

The term Paristravi is used because of its continuous discharging nature, according to Aachaarya Sushruta provocated Vayu caries the vitiated Kapha at the area of Guda and leads to Paristravi Bhagandara. In this type of bhagandara continuous discharge from wound, where Vata carries vitiated Kapha to Guda. Patient usually complaint of itching and lubricous discharge. Usually, the track leads to long horizontal or high rectal course.

Table 5: Comparative Statement of Paristravi Bhagandara by Different Authors

S. No	Features	Sushruta	Vagbhata	M.nidana
1	Dosha	Pitta	Pitta	pitta
2	Anubandha dosha	Vata -		-
3	Sthana	Rakta, Mamsa	Rakta, Mamsa	-
4	Sthana	Within one or two Angula of Guda	Within one or two Angula of Guda	Within one or two Angula of Guda
5	Colour of Pidika	Rakta	Rajani	Rakta
6	Character of Pidika	Thin, elevated, Ushtragreeva Akara	Thin, small, warm, smoky, and raised swelling	-
7	Character of pain	Ushna, burning pain like again and Kshara	-	-
8	Colour of discharge	-	-	-
9	Another feature	Tiny boil raised like neck of camel later discharge of flatus, faeces, urine and semen	Fever, raised like neck of camel	Boil suppurates

1.2.4 Shambookaarvata Bhagandara

Ridges of a Conchshell' suggests that the track is curved and deep. Pidaka (Boil) is large and elevated and has Padangushta Pramana (Tip of the great toe size). This is the type of Bhagandara which is having Tridoshic status. The Bhagandara wound is of different colours with the characteristic pain which vary, and it appears like the whirls in a river or like the pattern of spiral ridges of a snail.

Table 6: Comparative Statement of Shambookaarvata Bhagandara by Different Authors

Features	Sushruta	Vagbhata	M.Nidana
Dosha	Vata, Pitta, Kapha	Vata. Pitta, Kapha	Vata. Pitta, Kapha
Dushya	Rakta, Mamsa	-	-
Sthana (site)	Within 1 or 2 Angulas of	-	-
	Guda		
Colour of	Colour of previous	-	Bahu varna
Pidika	all three Pidikas		(various colours)
Shape of	Padangusta	Padangusta	Gosthanakara
pidika	Pramana	Pramana	
Character of	Pricking, burning,	Severe pain	Severe pain

pain	Itching		
Character of	Bahu varna srava	-	Bahu varna srava
Discharge	variegated colours		variegated colours
Other	Pain is like waves in	Line of track Shambukavarta	Nadi is like
features	Purna Nadi	shula, Daha arochaka, Jwara	Shambukavarta
	Shambukavarta		

1.2.5 Unmargi Bhagandara

This type of Bhagandara is caused by trauma with no Dosha involvement. Asthi shalya (Bony foreign body) or any Shalya ingested with Ahara (food), reaching Guda causing trauma to develop this Bhagandara. The Bhagandara is created directly by the Krimi (worms or maggots) without the formation of the Pidaka initially. Therefore, Krimi, history of trauma, ingestion of bone pieces (foreign body) plays important role in producing clinical features of this variety of Bhagandara. Apart from these symptoms, discharge of flatus, faeces, urine and semen through the openings is also mentioned by Sushruta.

Table 7: Comparative Statement of Shambookaarvata Bhagandara by Different Authors

S.	Features	Sushruta	Vagbhata	M.Nidana
No				
1	Cause	Asthi Shalya	Asthi Shalya	Asthi Shalya
2	Site	Guda	Guda	Guda
3	Number of openings	-	-	Multiple
4	Type of discharge	Vata, Mutra, Purisha,	-	-
		Shukra, Krimi		

1.2.6 Parikshepee Bhagandara

Aachaarya Vaagbhatha, mentioned the Doshic predominance of Vaata and Pitta responsible for Parikshepee Bhagandara30. It is based on the clinical status. It travels round the rectum resembling with the horseshoe type of Bhagandara. Thus, Shambookaavarta Bhagandara, described by Sushruta can be considered under the same heading. Aachaarya Arundudda and Indu mentioned that the track surrounds the Guda hence can be resemble to posterior horseshoe Ischio rectal fistula.

1.2.7 Riju Bhagandara

Riju Bhagandara has been described as the one having a straight tract opening directly into the anal canal in the anterior half. Aachaarya Vagbhata mentioned Vata and Kapha Dosha to be responsible for the formation of Riju Bhgandara31. If any variety of above mentioned Bhagandara takes a straight route to open to the anal canal it can be taken as Riju Bhagandara.

1.2.8 Arsho Bhagandara

This is the third additional variety of Bhagandara described by Vaagbhatha having Doshic predominance of Pitta and Kapha.32 The main feature of Arsho Bhagandara is that it lies in the root of a pile mass.

2. Treatment:

Acharya Sushruta has told that Shambukavarta (Sannipataj) and Kshataj Bhagandara are Asadhya and remaning kashta-sadhya. Acharya Sushruta told conservative management in Bhagandara like use of Nyagrodhaadi dravays for Shodhana, Ropana, Vranay, Sangrahi, Daha, Medoghan karma etc.

Besides this, Acharya Sushruta also told two specific treatments:

(i) Kshara karma (ii) Agni karma

2.1 Kshara Karma

With the help of kshara karma, kshara sutra is the special reference for Bhagandara. The Kshara sutra is a specialized Ayurvedic surgical thread renowned for its efficacy in treating anorectal disorders, particularly fistula in Ano.

3. AIMS AND OBJECTIVES

- To evaluate the effect of Aragvadhadi Sutra in management of Fistula-in-Ano.
- To find the solution of less irritant but most effective traditional treatment for Bhagandara.
- To find the economical as well as minimise the problem of preparation and application of kshara sutra therapy.
- To enhance the rate of healing.

4. MATERIAL AND METHODS

a) Selection of patients

Patient with classical features of the (Fistula-in- Ano) attending the OPD and IPD of Shalya Tantra department of Chandra Shekhar Singh Ayurveda Sansthan will be selected randomly for this clinical study irrespective of sex, religion and occupation etc. A detail proforma will be prepared based on the Ayurvedic text and Allied sciences. The patient fulfilling the inclusion and exclusion criteria will be registered on this proforma and scoring of the different clinical features will be done on the assessment criteria.

b) Inclusion Criteria

- Clinical Signs and Symptoms of all types of Bhagandara.
- Patient age ranging between 18-60 yrs.

c) Exclusion Criteria

To ensure the accuracy and safety of the study, certain groups of patients will not be included. These include individuals testing positive for HBsAg, HCV, or HIV, as well as those with secondary fistulas associated with or caused by specific conditions. These conditions include ulcerative colitis, osteomyelitis of pelvic bones, Crohn's disease, and tuberculosis. Additionally, patients with uncontrolled diabetes, pelvic abscess, rectal carcinoma, or other systemic disorders will be excluded. Common anal conditions such as hemorrhoids and fissure-in-Ano also fall under the exclusion criteria, ensuring that the study focuses solely on cases directly relevant to its objectives. This careful selection helps maintain the integrity of the research and prioritizes patient safety.

5. Preparation of Aragvadhadi Sutra

A surgical linen thread number 20 is spread out lengthwise to the Kshar Sutra Hangers. The paste of Aragvadha fruit pulp, Madhu and Ghrita will be smeared on the thread on its whole

length and dried in Kshar Sutra cabinate. The dried thread was again smeared with the same paste this process will be repeated for 5 times. Then the thread will again smear with same paste and in wet condition the thread will be smeared over the Haridra and Tagar powder alternately for 3 days each. In this way a thread will be smeared with total of 11 coating of paste of Aragvadha Madhu and Ghrita and 3 coatings of Hridra and 3 coatings of Tagar powder. The thread will be prepared in the department of Shalya Tantra in Chandra Shekhar Singh Ayurveda Sansthan Kaushambi for clinical application.

6. Investigations

Table 8. To support the clinical diagnosis following routine and specific (if required) investigations will be performed

Hematological	CBC, BT, CT, ESR
Biochemistry	Random Blood Sugar, LFT, KFT
Serology	HIV, HBsAg, HCV.
Urine Examination	Routine and Microscopic
Proctoscopy	DRE and with the help of proctoscop
Radiological	MRI Fistulogram/X-RAY Fistulogram
Cardiological	ECG

- **7. Study Design:** This clinical study will involve 60 patients in a randomized, open, and prospective format. Conducted over a period of 12 to 18 months, the research will take place at both outpatient (O.P.D.) and inpatient (I.P.D.) levels. Each patient will be observed and treated until the complete disappearance of the fistula-in-Ano, ensuring personalized and focused care throughout the study duration.
- **8. Assessment Criteria:** Assessment will be made according to the grade based on clinical observations (subjective and objective parameters) before and after treatment.

8.1 Subjective Parameters:

Table 9. Observed Sign & symptoms will be graded based on scoring system prepared for that by Paul O. Madson & Peter. These are as follows:

Parameters	No symptom	Mild Symptoms	Moderate symptoms	Severe symptoms	Very severe symptoms
Itching	0	+	++	+++	++++
Pain	0	+	++	+++	++++
Discharge	0	+	++	+++	++++
Burning Sensation	0	+	++	+++	++++
Inflammation	0	+	++	+++	++++

8.2 Objective Parameters:Total No. of days taken for cut through

_____ =Days/cm

Initial length of tract in cm.

9. Follow up:

U.C.T. =

The follow-up period for this study will last three months to ensure thorough monitoring of patient recovery. The first follow-up will take place 15 days after completing the treatment. The second follow-up will occur another 15 days later. A third follow-up will be scheduled one month after the second, and the final follow-up will be conducted one month after the third. This structured approach ensures consistent care and a close evaluation of each patient's progress.

10. DISCUSSION:

The clinical study delves into the incidence of fistula-in-Ano, exploring its occurrence based on factors such as age, sex, religion, chronicity, length of the fistulous track, type of Bhagandara, and clinical findings. The condition is most prevalent in individuals aged 20–40, with the highest incidence of 42.5% observed in the 31–40 age group. Men are more commonly affected, accounting for 62.5% of cases compared to women. Among treatment options, **Kshara Sutra therapy** has emerged as the most globally accepted and scientifically validated approach for managing fistula-in-Ano. Studies have shown this method has minimal chances of recurrence, solidifying its position as a trusted treatment.

The classification of Bhagandara (fistula-in-Ano), as described in ancient texts by Sushruta and Vagbhata, offers valuable insights that align with modern clinical understanding of the disease. Each type has distinct characteristics and clinical presentations. For instance, Shataponaka Bhagandara is characterized by multiple small openings, resembling a sieve, akin to the "watering can perineum" seen in cases of fistulae with multiple openings. Ushtragreeva Bhagandara, with its red, raised swelling shaped like a camel's neck, often develops into a long linear track comparable to a trans-sphincteric fistula, a condition also acknowledged in Goligher's classifications. Parisravi Bhagandara is notable for its continuous mucoid discharge and association with large cavities, often taking a long horizontal or highrectal course, making it like inter-sphincteric or tubercular fistulas. Meanwhile, Shambukavarta Bhagandara is marked by deep, inward-directed pain and swelling shaped like whirlpools, indicative of a high rectal external sinus with a curved track. Other types, like Unmargi Bhagandara, arise from trauma without doshic involvement, such as mucosal tears caused by hard stools or foreign substances, leading to sinus formation. Parikshepi **Bhagandara**, on the other hand, surrounds the rectum like a fort's moat and is comparable to a posterior horseshoe ischiorectal fistula. Simpler types like Riju Bhagandara exhibit straight tracks originating from the anterior anal canal, while Arsho Bhagandara arises from chronic fissures, often leading to infection of sentinel piles and the development of superficial fistulas. By integrating these ancient classifications with modern medical terminology, the study enhances understanding and provides a robust foundation for effective diagnosis and treatment.

11. CONCLUSION: Bhagandara (fistula-in-Ano) is a complex and historically challenging disease that demands a nuanced understanding and careful management. Drawing from the profound knowledge of Ayurvedic classics and modern insights, this study highlights the importance of integrating ancient classifications with contemporary medical practices. While Bhagandara remains difficult to treat, modalities like Kshara sutra therapy have proven to be highly effective and widely recognized for their precision and minimal recurrence rates. The holistic approach of Ayurveda, with its preventive, curative, and para-surgical strategies, provides a comprehensive framework for managing this condition. Through such integration of time-tested wisdom and scientific validation, this study opens doors to more effective, economical, and patient-friendly treatment solutions for fistula-in-Ano.

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Evaluating the Impact of Varying Paces and Durations of Suryanamaskar on Leg Strength among College Students

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Abstract: The purpose of this study was to see the effect of Suryanamaskar practice with different paces on leg strength of college going students. The objective of the study sees the effect of training duration and paces of Suryanamaskar. Within and between designs was used. Three experimental intact groups were created Pace 1 group, Pace 2 group and Pace 3 group; each group had 40 subjects with age range between 17-24 years. Pace 1 group practiced one round (12 steps) of suryanamaskar in 90 seconds, Pace 2 group in 180 seconds and Pace 3 group in 360 seconds. The maximum strength of the legs was measured by the leg dynamometer test. Total 12 weeks training was given in which three observations were taken before the training (pre-test), after 6 weeks (mid-test) and after 12 weeks (post-test). ANOVA was used and level of significance was set at 0.05. Result demonstrates that practice of Suryanamaskar for 6 weeks and 12 weeks were sufficient to bring out significant improvement on leg strength.

Key words: Suryanamaskar, Pace, dynamometer, leg strength.

Introduction

Suryanamaskar is a well know and imperative technique with the yogic gamut. It is a vital yogic practice that not only promotes a healthy and dynamic lifestyle but also fosters spiritual awakening and heightened awareness.(1)

Objective: The purpose of the study were to evaluate the effect of the different paces of Suryanamaskar on leg strength variable to compare the effect of different training duration of Suryanamaskar practice on leg strength variable and to make out and evaluate the pattern of progress in different paces of Suryanamaskar practice in different training duration on selected leg strength.

Methodology: 120 male students from B.Tech degree program for CoAE JNKVV Jabalpur. The age of the subject were ranged between 17-24 years. For administration practicability three intact groups were formed namely group 1 group 2 group 3. The treatments pace 1, pace 2 pace 3 were randomly allotted among groups. Each group consists of 40 students name as pace 1, pace 2 and pace 3 groups. The groups actively participated for a period of twelve weeks with their respective paces of Suryanamaskar. The selected leg strength variables measure with the help of leg dynamometers.(2) The quantitative measurement of each subject taken with help of standard equipments before the training programme pretest after 6 and 12 weeks of training programme. Descriptive statistics, ANOVA was employed to find out between groups the effect of different pace effect of training durations of Suryanamaskar on selected leg strength variable

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Evaluating the Impact of Varying Paces and Durations of Suryanamaskar on Leg Strength among.. and the level of significance was set at 0.05.

Table 1 : Descriptive Statistics of leg Strength of Different Groups And Training Durations of Suryanamaskar

		Mean	S.D
	Pace 1	63.82	4.68
Pre- test	Pace 2	63.92	4.67
	Pace 3	64.70	3.95
	Pace 1	68.18	3.84
6 Weeks	Pace 2	70.62	4.40
o weeks	Pace 3	71.34	3.82
	Pace 1	71.96	3.96
12 Weeks	Pace 2	74.06	4.42
	Pace 3	76.09	4.00

Above table 1 includes mean (M), standard deviation (SD) of leg strength in all the data readings i.e. on pre-test after 6 and 12 weeks of training. According to the table the highest mean value of leg strength after 12 weeks was Pace 3 group followed by pace 2 and pace 1 group. above explain the descriptive statistics of pre test, 6 weeks and 12 weeks group with different pace of Suryanamaskar the mean and standard of pre test group pace 1, pace 2 and pace 3 respectively are 63.82 ± 4.68 , 63.92 ± 4.67 and 64.70 ± 3.95 . the mean and standard 6 weeks groups pace 1, pace 2 and pace 3 respectively are and the mean and standard 12 weeks groups pace 1, pace 2 and pace 3 respectively are After 6 week 68.18 ± 3.84 , 70.62 ± 4.40 and 71.34 ± 3.82 and after 12 week mean 71.96 ± 3.96 , 74.06 ± 4.42 and 76.09 ± 4.00 .

Marginal means of all the training durations are presented graphically below

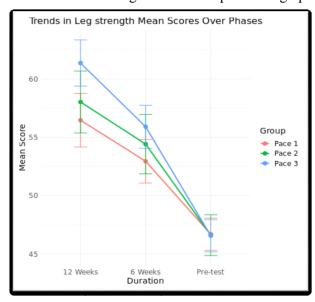


Figure 1: Graphical Representation of Marginal Means of Leg strength among Training Durations

The graph illustrates the progression of leg strength (mean scores) across different training durations (Pre-test, 6 Weeks, and 12 Weeks) for three different pace groups (Pace 1, Pace 2, and Pace 3).

Table 2: Analysis of Variance (ANOVA) Statistics of between the groups after 6 weeks Among the different the group's i.e. pace 1, pace 2 and pace 3 in effect of Suryanamaskar on leg strength

		Sum of Squares	df	Mean Square	F	Sig.
	Between Groups	219.84	2	109.92	6.75	.002
After 6 weeks leg strength	Within Groups	1904.17	117	16.275		
	Total	2124.02	119			

^{*}Significant at the 0.05 level.

Table 2. that analysis of variance (ANOVA) was employed on after 6 weeks among the different groups of pace 1, pace 2 and pace 3to find the variances of the group after 6 weeks of training to show the effect of Suryanamaskar on the leg strength. As significance difference was found in among the groups, as the p value was found .002 which is lesser than 0.05 at 5% level of significance.

Table 3: Multiple Comparison (LSD) Statistics after 6 weeks training to Suryanamaskar among the pace 1, pace 2 and pace 3 groups for leg strength

Dependent Variable	(I) duration	(J) duration	Mean Difference (I-J)	Sig.
	90 sec	180 sec	-2.44*	.008
After 6 weeks leg strength	90 sec	360 sec	-3.16*	.001
	100	90 sec	2.44*	.008
	180 sec	360 sec	.431	
	260 saa	90 sec	3.16*	.001
	360 sec	180 sec	.712	.431

^{*}Significant at the 0.05 level.

Table 3 explain the statics of multiple comparison (LSD) was employed to find the variance difference among the pace 1, pace 2 and pace 3 groups in between the groups on leg strength. As Significance different mean was found in between pace 1 to pace 2 with p value .008. And pace 1 to pace 3 found p value was .001. This is lesser than 0.05 level of significance. Further, there was no significance found in pace 2 to pace 3 with p value .0431 which is higher than 0.05 level of significance.

Results and conclusion: The findings indicated that the practice of Suryanamaskar for 6 and 12 weeks is enough to bring out significant improvement physical variables i.e. leg in all three paces of groups, improvement in leg strength was almost similar after 6 and 12 weeks. (3), (4) there was no significant difference found among three paces of groups on leg at pretest. However, after 12 week training of Suryanamaskar the effect on physical variables is pace 3 groups found most improvement followed by pace 2 and pace 1 group. The data reveal a clear trend of increasing leg strength across all pacing groups over time with Suryanamaskar training. (5)The improvement is significant from pre-test through both training durations (6 weeks and 12 weeks). The consistent increase in means along with decreasing standard deviation and

Evaluating the Impact of Varying Paces and Durations of Suryanamaskar on Leg Strength among..

standard error suggests that as subjects engage in Suryanamaskar, not only do their leg strength levels improve, but their performance also becomes more uniform. This analysis underscores the effectiveness of Suryanamaskar as a training regimen for enhancing leg strength across different pacing strategies over time, indicating its potential benefits for physical fitness programs focused on strength development(6).

Recommendations: - The findings of this study clearly demonstrate that Suryanamaskar training can improve the leg strength additionally, it also practice of Suryanamaskar is more effective for over all development of health and fitness. Hence it is recommended that coaches and physical educators to incorporate practice Suryanamaskar in their training sessions.

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Yogic Practices for Prenatal and Postnatal Care: A Holistic Approach to Maternal Health

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Abstract: Pregnancy marks a significant period filled with excitement and joy, yet it accompanies notable changes at both physical and mental levels for the mother. These changes include mood swings, nausea, joint stiffness, depression and weakness. Postpartum recovery is equally crucial and should not be overlooked. In the face of rising caesarean surgeries and postpartum depression in India, the need for cost-effective and beneficial techniques becomes paramount. Yogic practices emerge as a promising solution. While the ultimate goal of Yoga is liberation from all bondages, specific yogic practices like Asana, Pranayama, and Dhyana bring about positive changes at physical and mental levels, both. These changes aid in coping with the challenges of pregnancy. This research article aims to formulate tailored yoga protocols for each trimester of pregnancy and postpartum recovery. These protocols aim to assist expectant mothers in overcoming the challenges during pregnancy and promoting a healthy postpartum recovery. By integrating these accessible and beneficial yogic techniques, the study seeks to contribute to the well-being of both the mother and the child during this crucial phase.

Keywords: Yoga, Pregnancy, Prenatal Yoga, Postpartum recovery, Maternal health

Introduction: Pregnancy, a transformative journey, brings with it not only the joy of anticipation but also a myriad of physical and emotional changes. Embracing a holistic approach to maternal well-being is paramount during this period. The surge in caesarean deliveries in India, as evidenced by a remarkable 300% increase over the past decade poses a significant challenge to maternal health. Against this backdrop, it becomes imperative to reassess existing maternal health paradigms. Drawing from the insights provided by UNICEF India it, is evident that maternal well-being is a multifaceted concern encompassing not only medical interventions but also broader societal and cultural factors. Yoga, an ancient practice that harmonizes the mind and body emerges as a valuable companion for expectant mothers. With its gentle yet powerful techniques, yoga offers a holistic means to navigate the challenges of pregnancy, promoting both physical fitness and emotional stability. This review endeavours to explore the potential of yogic interventions, based on research findings and traditional yogic texts, in addressing the complexities of maternal health, offering a comprehensive perspective that extends beyond conventional medical frameworks. 4-10

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Physical Benefits:

Yoga during pregnancy focuses on tailored Asanas that enhance flexibility, strength, and balance.¹¹ These exercises are specifically designed to accommodate the changing needs of the body, preparing it for the demands of childbirth. Regular practice improves circulation, reduces swelling, and alleviates common discomforts such as back pain and fatigue. Furthermore, yoga fosters a heightened body awareness, allowing expectant mothers to adapt to the evolving physical landscape of pregnancy.

Mental and Emotional Well-being:

The emotional rollercoaster that often accompanies pregnancy finds solace in yoga's mindful practices. Through techniques like Pranayama (breath regulation) and meditation, women learn to manage stress and anxiety. Yoga encourages relaxation, promoting better sleep and reducing the risk of prenatal depression. The cultivation of mindfulness strengthens the maternal-foetal bond, fostering a sense of connection and calm that permeates the entire pregnancy experience. 12-14

Preparing for Childbirth:

Yoga equips expectant mothers with valuable tools for labour and delivery. Pranayama, a fundamental aspect of yoga, teach women to control their breath, aiding in pain management during labour. Yoga also encourages mental focus and resilience, essential qualities for navigating the challenges of childbirth. By embracing yoga, women gain confidence in their bodies, enhancing their ability to cope with the intensity of labour. 15-17

Postpartum Recovery: `

The benefits of yoga extend into the postpartum period, aiding in the body's recovery and providing emotional support. Gentle postpartum yoga exercises help in regaining strength and toning muscles, aiding in the physical recovery process. Moreover, yoga's relaxation techniques provide moments of calm amidst the demands of new motherhood, promoting overall well-being for both the mother and the new-born. 18-20

First trimester -

The first trimester of pregnancy is a delicate period marked by rapid physical and emotional changes. Yoga during this phase focuses on gentle stretches and breathing exercises tailored to the expectant mother's needs. These practices alleviate common discomforts such as nausea and fatigue while enhancing flexibility and balance. Mindfulness techniques, including meditation, promote emotional stability and bonding between the mother and the unborn child. Yoga in the first trimester provides a foundation for a healthy pregnancy journey, preparing both body and mind for the months ahead. Yoga protocol for first trimester has been given in Table 1.

Table 1: Yoga protocol for first trimester

S.no.	Practice	Rounds	Duration
1.	Prayer	-	1 min
2.	Sukshma Vyayama		(09 min)
	1. Padanguli Naman		1 min
	2. Goolf Naman		1 min

	3. Goolf Chakra		1 min
	4. Janu Naman		1 min
	Mushtika Bandhan		1 min
	6. Manibandh Naman		1 min
	7. Manibandh Chakra		1 min
	8. Griva Sanchalan		1 min
	9. Skandha Chakra		1 min
3.	Asana		(15 min)
	1. Tadasana	2	1 min
	2. Vrikshasana	2	1 min
	3. Virbhadrasana I	2	1 min
	4. Malasana	2	1 min
	5. Janu Shirshasana	2	1 min
	6. Purva Uttanasana	2	1 min
	7. Vajrasana	2	1 min
	8. Uttan Mandukasana	-	1 min
	9. Shashakasana	2	1 min
	10. Supta Baddha Konasana	2	1 min
	11. Shavasana	-	5 min
4.	Pranayama		(15 min)
	1. Ujjayi		5 min
	2. Nadi Shodhana		5 min
	3. Bhramari		5 min
5.	Om Chanting		4 min
6.	Shanti path		1 min
	Total		45 minutes

Second trimester -

During the second trimester, the body adjusts to the growing baby, and yoga practices adapt accordingly. Asanas (yoga postures) concentrate on strengthening the muscles that support the spine and accommodate the changing weight distribution. Breathing exercises continue to play a crucial role, enhancing lung capacity and relaxation. Mindfulness and meditation practices aid in managing stress and preparing mentally for childbirth. Second trimester yoga builds physical strength, mental resilience, and a deeper connection with the baby, fostering a positive pregnancy experience. Yoga protocol for second trimester has been given in Table 2.

Table 2: Yoga protocol for second trimester

S.no.	Practice	Rounds	Duration
1.	Prayer		1 min
2.	Sukshma Vyayama		(09 min)
	 Padanguli Naman 		1 min
	2. Goolf Naman		1 min
	3. Goolf Chakra		1 min
	4. Janu Naman		1 min

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	5. Mushtika Bandhan		1 min
	6. Manibandh Naman		1 min
	7. Manibandh Chakra		1 min
	8. Griva Sanchalan		1 min
	9. Skandha Chakra		1 min
2.	Asana		(15 min)
	 Urdhva Hastasana 	2	1 min
	2. Ardha Uttanasana	2	1 min
	3. Parshva Konasana	2	1 min
	4. Malasana	2	1 min
	5. Ardha Ushtrasana	-	1 min
	6. Marjari Asana	-	1 min
	7. Shashakasana	2	1 min
	8. Titali Asana	-	1 min
	9. Upavishtha Konasana	2	1 min
	10. Supta Baddha Konsana	-	1 min
	11. Shavasana	-	5 min
3.	Pranayama		(15 min)
	1. Nadi Shodhana		5 min
	2. Ujjayi		5 min
	3. Bhramari		5 min
4.	Om chanting		4 min
5.	Shanti path		1 min
	Total		45 minutes

Third trimester -

In the third trimester, yoga practices focus on relaxation and preparing for labour. Gentle stretches and poses ease the tension in the back and hips, common discomforts in this phase. Breathing exercises become more focused, helping expectant mothers manage pain during contractions. Prenatal meditation and visualization techniques foster a calm mind-set, vital for a smooth labour experience. Yoga during the third trimester enhances flexibility, encourages optimal foetal positioning, and instils confidence in the body's ability to give birth. Yoga protocol for third trimester has been given in Table 3.

Table 3: Yoga protocol for third trimester

S.no.	Practice	Rounds	Duration
1.	Prayer	-	1 min
2.	Sukshma Vyayama		(09 min)
	 Padanguli Naman 		1 min
	2. Goolf Naman		1 min
	3. Goolf Chakra		1 min
	4. Janu Naman		1 min
	5. Mushtika Bandhan		1 min
	6. Manibandh Naman		1 min
	7. Manibandh Chakra		1 min

	8. Griva Sanchalan		1 min
	9. Skandha Chakra		1 min
3.	Asana		(15 min)
	 Urdhva Hastasana 	2	1 min
	2. Ardha Uttanasana	2	1 min
	3. Virbhadrasana II	-	1 min
	4. Malasana	-	1 min
	5. Marjari Asana	-	1 min
	6. Titali Asana	-	1 min
	7. Upavishtha Konasana	-	1 min
	8. Parivritta Janu Shirshasana		1 min
	9. Supta Baddha Konsana		1 min
	10. Ardh Halasana		1 min
	11. Shavasana		5 min
4.	Pranayama		(15 min)
	 Nadi Shodhana 		5 min
	2. Ujjayi		5 min
	3. Bhramari		5 min
5.	Om Chanting		4 min
6.	Shanti path		1 min
	Total		45 minutes

Postpartum recovery – Postpartum yoga aids in the physical and emotional recovery after childbirth. Gentle yoga poses help in regaining abdominal strength and toning muscles. Breathing exercises promote relaxation, alleviating postpartum stress and fatigue. Yoga practices specifically target areas affected by childbirth, promoting healing and restoring vitality. Mindfulness techniques aid in managing the challenges of new motherhood, providing moments of calm amidst the demands of caring for a new-born. Postpartum yoga supports the mother's overall well-being, facilitating a smooth transition into the joys and responsibilities of motherhood. 18-24 Yoga protocol for post-partum recovery has been given in Table 4.

Table 4: Yoga protocol for post-partum recovery

S.no.	Practice	Rounds	Duration
1.	Prayer		1 min
2.	Surya Namaskar	5 rounds	4 min
3.	Asana		(18 min)
	1. Tadasana	2	1 min
	2. Virbhadrasana I	2	1 min
	3. Vakrasana	2	1 min
	4. Gomukhasana	2	1 min
	5. Shashakasana	2	1 min
	6. Bhujangasana	2	1 min
	7. Parvatasana	2	1 min
	8. Phalakasana	-	1 min
	9. Shalabhasana	2	1 min

	10. Ardh Halasana	2	1 min
	11. Setu Bandhasana	2	1 min
	12. Saral Matsyasana	2	1 min
	13. Naukasana	2	1 min
	14. Shavasana	-	5 min
4.	Mudra		
	 Ashwini Mudra 	_	2 min
	1. 12111111.1710410		-
5.	Pranayama		(15 min)
5.			
5.	Pranayama		(15 min)
5.	Pranayama 1. Nadi Shodhana		(15 min) 5 min
5. 6.	Pranayama 1. Nadi Shodhana 2. Ujjayi		(15 min) 5 min 5 min
	Pranayama 1. Nadi Shodhana 2. Ujjayi 3. Bhramari		(15 min) 5 min 5 min 5 min

Conclusion: This study underscores the potential of integrating yogic practices as a holistic and cost-effective approach to address the challenges faced during pregnancy and postpartum recovery. The research delved into specific yogic practices such as Sukshma Vyayama, Asana, Pranayama, and Dhyana, demonstrating their positive impact on both physical and mental wellbeing. By formulating tailored yoga protocols for each trimester of pregnancy and postpartum recovery, the study aimed to provide a practical resource for expectant mothers.

The significance of this research lies in its potential to empower mothers with effective tools to navigate the challenges of pregnancy and promote a healthy postpartum recovery. By embracing the principles of Yoga, this study contributes to the broader conversation on maternal well-being, offering a sustainable and accessible alternative in the face of the growing complexities of modern childbirth practices.

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Sushruta: The Father of Surgery and Pioneer of Plastic Surgery

Dr. Sheetal Asutkar*

Introduction: Sushruta, widely known as the "Father of Surgery," occupies a distinguished position in the history of medicine due to his extraordinary contributions to surgical techniques and education. His seminal work, the Sushruta Samhita, written around the 6th century BCE, is an ancient Sanskrit treatise that systematically documents medical knowledge and practices, earning its place as one of the oldest known comprehensive medical texts [1]. The text encapsulates various disciplines, including surgery, anatomy, pharmacology, and medical ethics, showcasing the advanced understanding of medical sciences in ancient India. Among Sushruta's notable achievements, his contributions to plastic surgery, particularly rhinoplasty or nasal reconstruction, are groundbreaking. These methods addressed both the functional and aesthetic aspects of reconstructive surgery and are recognized as precursors to modern surgical practices [2]. Sushruta's methodologies reflect a deep understanding of human anatomy and surgical principles, emphasizing cleanliness, precision, and patient care—concepts that resonate with contemporary medical practices [3].

The socio-cultural context of ancient India significantly influenced Sushruta's focus on rhinoplasty an: reconstructive surgery. The nose, considered a symbol of honor and identity, was often amputated as a form of punishment for crimes like adultery or treason. Such practices created a pressing need for reconstructive techniques, which Sushruta met with remarkable ingenuity [4]. His pioneering work bridged ancient traditions with modern science, ensuring his legacy endures in global medical history [5].

The Sushruta Samhita: A Compendium of Medical Knowledge

The Sushruta Samhita is a treasure trove of medical and surgical wisdom, organized into 184 chapters that cover over 1,120 diseases, 300 surgical procedures, and 125 surgical instruments [6]. This extensive text is divided into two main sections: Purva-tantra and Uttaratantra. While the former focuses on general medicine, surgery, and ethics, the latter explores specialized branches like ophthalmology and otolaryngology [7].

A significant portion of the Samhita is dedicated to human anatomy. Sushruta emphasized hands-on training through the dissection of cadavers, enabling students to gain precise anatomical knowledge [8]. This practical approach reflects a scientific rigor uncommon in ancient texts, aligning with modern methods of medical education. Sushruta detailed the structure of muscles, bones, joints, and internal organs, underlining their relevance in surgical procedures [9].

Sushruta's Samhita also highlights ethical principles and patient care. He stressed the surgeon's moral responsibility to prioritize patient welfare, maintain honesty, and continually

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refine their skills [10]. His guidelines for cleanliness, sterilization, and the use of antiseptics demonstrated an understanding of infection control centuries before the advent of germ theory [11].

Pioneering Rhinoplasty Techniques

The Need for Nasal Reconstruction

In ancient India, societal norms placed immense importance on physical appearance, particularly the nose, which symbolized dignity and social standing. Amputation of the nose as a punishment for crimes created a significant demand for reconstructive procedures [12]. Sushruta addressed this need with his innovative rhinoplasty technique, which laid the foundation for modern plastic surgery.

The Procedure: Sushruta's rhinoplasty method, described in detail in the Sushruta Samhita, involved the use of a pedicle flap of skin. This technique began with selecting a suitable flap from the forehead or cheek, ensuring it remained attached to its original site to preserve blood supply [13]. The flap was then rotated, shaped, and sutured to the nasal defect. Sushruta meticulously documented each step, from preparing the surgical site to post-operative care.

His procedure included the use of herbal medicines to promote healing and prevent infection, showcasing a holistic approach to surgery. The application of antiseptic pastes and dressings further underscored his advanced understanding of wound management [14]. **Post-operative Care:** Sushruta placed great emphasis on post-operative care, advocating for regular cleaning of the wound, the use of herbal remedies, and dietary modifications to enhance recovery. These practices mirror modern principles of patient management and recovery [15].

Broader Contributions to Surgery and Medicine:

Plastic and Reconstructive Surgery:

Sushruta's contributions extended beyond rhinoplasty to other forms of reconstructive surgery. He described techniques for repairing torn earlobes, reconstructing lips, and addressing facial deformities caused by trauma or congenital conditions [16]. His methods demonstrated a sophisticated understanding of tissue manipulation, blood supply, and healing.

General Surgery: The Sushruta Samhita outlines over 300 surgical procedures, including cataract removal, cesarean sections, and orthopedic surgeries. Sushruta's cataract surgery involved a needle-like instrument to extract the cataract, a technique remarkably similar to modern methods [17]. His orthopedic practices included setting fractures, using splints, and performing amputations with precision [18].

Surgical Instruments: Sushruta designed and described 125 surgical instruments tailored to specific procedures. These included scalpels, forceps, and probes, many of which resemble modern tools [19]. He also introduced methods for sterilizing instruments, underscoring his commitment to patient safety.

Ethics and Holistic Healing: Sushruta emphasized the ethical dimensions of medical practice. He outlined the qualities of an ideal surgeon, including compassion, skill, and a commitment to lifelong learning. His guidelines for patient care extended beyond physical healing, recognizing the importance of mental and emotional well-being [20].

His holistic approach integrated surgery with Ayurveda, emphasizing the interconnectedness of the body, mind, and spirit. This philosophy resonates with modern integrative medicine, which advocates treating the patient as a whole rather than focusing solely on the disease [21].

Global Influence and Legacy: The influence of Sushruta's work transcended geographical boundaries. During the Islamic Golden Age, the Sushruta Samhita was translated into Arabic as Kitab-e-Susrud, contributing to the foundation of medieval Islamic medicine [22]. These texts later reached Europe, influencing Renaissance-era surgical practices [23].

Sushruta's techniques for rhinoplasty and his emphasis on surgical precision significantly impacted the evolution of modern plastic surgery. The forehead flap method, described in his treatise, is still used in complex reconstructive surgeries today [24]. Modern medical institutions continue to celebrate Sushruta's legacy. His contributions are recognized globally, with scholars and practitioners acknowledging his role in shaping the foundations of surgery and medicine [25].

Conclusion: Sushruta's contributions to surgery and medicine are a testament to the ingenuity and sophistication of ancient Indian medical practices. His pioneering techniques, ethical principles, and emphasis on holistic healing set a high standard for medical practice, inspiring generations of surgeons and physicians. The enduring relevance of the Sushruta Samhita underscores the timeless nature of his insights, bridging the gap between ancient wisdom and modern science.

By exploring Sushruta's legacy, we gain a deeper appreciation of the advancements achieved in ancient times and their lasting impact on global medical practices. His work serves as a reminder of the universal principles that underpin the art and science of healing, ensuring his place as a luminary in the history of medicine.

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Ayurvedic Interventions in Cholelithiasis: A Single Case Study Evaluating the Outcomes of Herbal and Dietary Therapies

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Abstract: In this case study, a 38-year-old female patient's is a chronic recurrent of gallstone, which has hepatobiliary system in population, 5% in children, 19% in females and 10% in male between 30-69 years of age and increase in 70-80 year old people to 30-40%. One of the most common gastrointestinal conditions, gallstone disease (GD/cholelithiasis) places a significant financial strain on healthcare systems. Ultrasonography screening for gallstone disease can identify asymptomatic patients, allowing for early treatment and averting major consequences. With few postoperative problems and minimal financial burden on the patient, laparoscopic cholecystectomy is the most widely accepted therapeutic option. Litholytic therapy (LT), extracorporeal shock wave lithotripsy (ESWL), cavitary cholecystectomy, endoscopic cholecystectomy, and percutaneous transhepatic LT are additional treatment options for GD; however, their applications are either restricted or fraught with side effects. Regarding the medical treatment of cholelithiasis, it falls short of contemporary healing standards.

Key words: Cholelithiasis, Dietary management, Ayurvedic Management, Gallstone.

INTRODUCTION:

Background: A chronic recurrent condition of the hepatobiliary system is gallstone disease. The development of gallstones in the hepatic bile duct, common bile duct, or gallbladder is indicative of poor metabolism of cholesterol, bilirubin, and bile acids. One of the most common gastrointestinal conditions, gallstone disease (GD) (Cholelithiasis) places a significant financial strain on healthcare systems. Among gastroenterological disorders, GD is one of the most costly illnesses in the world.

Prevalence: Gallstone disease is more prevalent in western societies. Compared to other regions of India, it is more prevalent among women in the north, northeast, and east. Gall bladder stones are found in about 5% of children, 10% of men and 19% of women between the ages of 30 and 69, and 30% to 40% of those aged 70 to 80 as well.

Pathophysiology: The disease GD is multifaceted. Women are more likely than men to have gallstones. Race, genes, and age are other influences. Obesity, fast weight loss, insulin resistance, glucose intolerance, high dietary glycemic load, alcohol consumption, diabetes, hypertriglyceridemia, medications, and pregnancy are additional factors. There are four main categories of factors:

(1) Those that contribute to cholesterol supersaturation of bile;

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- (2) Those that contribute to cholesterol rush and crystallization core conformation;
- (2) Those that result in impairment of basic gallbladder functions (contraction, absorption, secretion, etc) and
- (3) Those that lead to impairment of the enterohepatic circulation of bile acids.

On the basis of their composition, gallstones can be divided into the following types: Cholesterol stones, Bilirubin stones & mixed stones. It is connected with a change in lifestyle: reduction of motor activity, reduction of the physical load and changes to diets. Early screening for gallstone disease by ultrasonography can detect asymptomatic cases, which results in early treatment and the prevention of serious outcomes.

Symptoms: Characteristic symptom of gallstones is grandiloquent dyspepsia with right handwringer dull aching pain & frequently a" gallstone attack", in which a person may witness violent pain in the upper right side of the tummy, accompanied by nausea and vomiting, that steadily increases for roughly 30 twinkles to several hours. A case may also witness appertained pain between the shoulder blades or below the right shoulder. frequently, attacks do after a particularly adipose mess and nearly always be at night, and after drink.

Management: Surgery is only indicated in characteristic cases. Cholecystectomy (gallbladder junking) has a 99 chance of barring the rush of cholelithiasis. The lack of a gallbladder may have no negative consequences in numerous people. still, there's a portion of the population between 10 and 15 who develop a condition called post cholecystectomy pattern which may beget gastrointestinal torture and patient pain in the upper-right tummy, as well as a 10 threat of developing habitual diarrhea. Surgery has long remained the exclusive form of remedy for Gallstone Disease. The achievements in corrosiveness molecular biology and biochemistry have extended the views of intricate corrosiveness product and excretion processes and the mechanisms responsible for conformation of Gallstone and their structure. This could expand suggestions for medical treatment in cases with GD. thus, surgical and medical treatments for cholelithiasis are inversely used moment. The introductory treatments for GD are:

- (1) Cavitary cholecystectomy cholecystectomy;
- (2) Litholytic therapy (LT);
- (3) Extracorporeal endoscopic shock wave lithotripsy (ESWL);
- (4) Extracorporeal shock wave lithotripsy + Litholytic therapy; and
- (5) Percutaneous transhepatic LT.

But so far as the medical operation of cholelithiasis is concerned, it is not over to the mark in ultramodern mending system. This principle underlies the dissolution of Gallstone by using corrosiveness acids medicines. For this, litholytic medicines containing chenodeoxycholic or ursodeoxycholic acid (UDCA) are used. Preference is given to UDCA- containing agents. They're more effective and have nearly no side goods.

Case Report:

A 38 year old female patient (house wife from middle class family with mixed food habits, having a 7 yrs. old child) reported at OPD -14 on 29 Nov. 2023 as a diagnosed case of

Cholelithiasis (18.3mm solitary gall stone with Grade I fatty liver on USG report dated 29/11/2023) with symptoms viz Aruchi (Anorexia), Adhmana (fullness of abdomen), flatulence, Hrillasa (nausea), Malabaddhata (constipation) and Udarashool (Intermittent abdominal pain in epigastric and right hypochondric region) since past 2 months. She visited certain Allopathic Doctor and Gastroenterologist and received medication for the same with mild to moderate relief, but as the symptoms progressed she was advised cholecystectomy by the General surgeon. As the patient was very much reluctant to surgery, the patient visited to the OPD for Ayurvedic treatment. As per the etiology and clinical presentations, Cholelithiasis can be correlated to Pittashmari described in Ayurveda & considering nidanpanchaka following treatment was started:

Pharmacological Treatment:

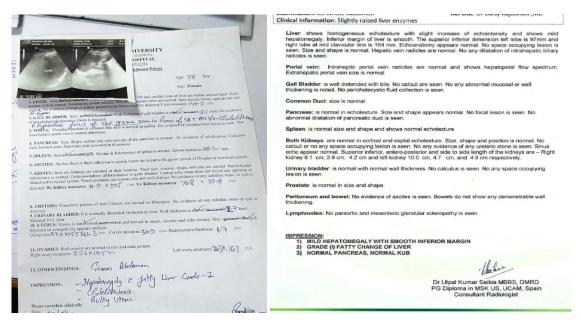
- 1. Aarogyavardhini Vati 500 mg BD after meals with luke warm water
- 2. Chandraprabha Vati 500 mg BD after meals with luke warm water
- 3. Suthshekhar ras (Sadha) 500 mg BD between meals with luke warm water
- 4. Avipattikar Churna (3gm) + Gudvel satva (1gm) + Praval Bhasma (125mg) + Shankh bhasma (125mg) + Makshik Bhasma (125mg) + Kapardik Bhasma (125mg) + Kokilaksh Kshar (125mg) Mixture BD Before meals with luke warm water.
- 5. Kumariasava 15 ml BD with after meals mixed with equal amount of luke warm water. Aarogyavardhini Vati was stopped after 45 days for 15 days, thereafter restarted again and given for further one month. Rest of the medicines was continued for consecutive six months.

Non-Pharmacological Treatment: Life style modification: Regular aerobic exercises, Yoga asanas (Bhujangasana, Dhanurasana, Paschimottanasana, Sarvangasana, Shalabhasana) & Pranayam/ Meditation, early to bed early to rise, avoid day time sleep.

Dietary Modifications: Eat Low fat, fresh fruits, berries, vegetables and grains, increase in water intake. Avoid Fatty meals, fried, spicy, baked, dairy foods products, fast foods, Butter, chocolate, ice creams, excess of tea/coffee, junk food and curd.

Duration of treatment: 6 Months

Observation & Result: As soon as the patient received the treatment, in the first follow up after 15 days the subjective parameters of the patient, symptoms viz. Abdominal pain, fullness of abdomen, flatulence, anorexia, nausea and constipation relieved significantly. So, the treatment was continued for further two and half months with a follow up in every 15 days. With gradual symptomatic relief, after 6 months of treatment the patient was absolutely asymptomatic and further one month follow up was taken to observe recurrence of any symptoms. No recurrence of symptoms found till then. USG scan was repeated and following result obtained:



As per patient concerns, we do not disclosed her identity

Outcome: After 6 months of Ayurvedic treatment, the patient reported significant reduction in symptoms, and ultrasound revealed a decrease in the size and number of gallstones.

Conclusion: In this case study, it is well understood that by adopting ayurvedic treatment symptomatic relief along with the general condition of the patient of Cholelithiasis is quite improved. As per the USG-abdomen report, the patient showed encouraging result as she got rid of an 18.3 mm of gall stone within 6 months of treatment. Therefore, on the basis of observations and results of this case study, it can be inferred that Ayurveda has the potential to treat cholelithiasis effectively and further research studies should be carried out taking it into consideration.

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The Role of Yoga in Enhancing Holistic Growth in School Education

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Abstract: In today's fast-paced and technology-driven world, students often face overwhelming challenges. From academic pressure and physical inactivity to emotional stress, these factors can negatively impact their overall well-being and development. Yoga provides a powerful way to address these challenges. By combining Asana, Pranayama, and mindfulness, yoga offers a holistic approach to education. This paper explores the many benefits of yoga, focusing on its positive impact on physical health, mental clarity, emotional strength, academic success, and social behavior.

Yoga helps students improve their flexibility, posture, and fitness, while also offering a solution to common issues like poor lifestyle habits and childhood obesity. On a mental and emotional level, yoga reduces stress and anxiety, enhances concentration, and nurtures emotional intelligence, empowering students to cope with the demands of daily life. Academically, yoga sharpens memory and problem-solving skills, while socially, it strengthens relationships, curbs disruptive behavior, and fosters leadership qualities.

However, despite these benefits, the widespread adoption of yoga in schools faces some challenges, including a shortage of qualified instructors, cultural misunderstandings, and time limitations within the school curriculum. This paper suggests practical solutions, such as hiring certified yoga teachers, designing tailored programs, and educating communities about yoga's secular and holistic benefits. By weaving yoga into everyday school routines, educators can support the development of well-rounded individuals who are not only academically successful but also physically healthy, emotionally resilient, and socially empathetic.

Introduction

Education is not just about teaching subjects or preparing students for exams; it's about shaping well-rounded individuals who can lead happy, balanced, and meaningful lives. In today's fast-paced, tech-driven world, students often face immense pressure, ranging from academic stress to the challenges of staying physically active. These pressures can take a toll on their mental health and overall development, making it harder for them to reach their full potential.

This is where yoga comes in. By integrating yoga into school education, we can provide students with tools to nurture their minds, bodies, and emotions. Yoga's timeless practices combine Asana (physical posture), Pranayama (breath regulation), and mindfulness techniques, creating a holistic approach to well-being. Introducing yoga to classroom offers a transformative way to support students' overall growth and help them thrive, both in and out of school. Studies have shown that yoga in schools can enhance various aspects of student life,

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proving its value as a crucial element of modern education [1].

Globally, yoga programs in schools have gained traction for their ability to reduce anxiety, sharpen focus, and boost physical fitness. But the benefits go deeper. Yoga also teaches resilience, builds emotional intelligence, and fosters self-awareness—life skills that are invaluable in today's complex world. This article explores why yoga is essential in schools, how it fosters holistic development, and why it is a vital tool for preparing students to navigate life's challenges with confidence and grace.

Physical Benefits: Yoga provides an excellent way for students to improve their overall physical health, offering benefits that extend beyond traditional physical education. By incorporating yoga into school curriculum, students can build their flexibility, strength, posture, and endurance. These benefits contribute significantly to their overall well-being. Some of the physical advantages include:

- Preventing lifestyle-related issues: In today's digital age, prolonged sitting and excessive screen time have become common, leading to poor posture, musculoskeletal problems, and decreased physical activity. Yoga acts as a countermeasure, promoting proper alignment, increased mobility, and overall physical activity. Through simple poses and stretches, students can counteract the negative effects of their sedentary routines and maintain better spinal health.²⁻⁴
- Boosting fitness levels: Unlike high-intensity sports, yoga provides a low-impact yet highly effective way to improve balance, coordination, and core strength. It is accessible to students of all fitness levels, making it an inclusive activity that ensures everyone benefits equally.^{5,6}
- Enhancing flexibility and posture: Many yoga poses target flexibility by stretching and strengthening muscles that are often neglected in daily routines. This not only helps students maintain good posture but also prevents common aches and pains caused by physical inactivity.^{2,3}
- Reducing childhood obesity: With growing concerns about childhood obesity, yoga presents
 an enjoyable and engaging way for students to stay active. By encouraging movement and
 physical awareness, yoga supports healthy weight management and improves overall energy
 levels.^{7,8}
- Improving athletic performance: For students involved in sports, yoga complements their training by improving flexibility, reducing the risk of injuries, and enhancing endurance. As a result, yoga can be a valuable addition to athletic programs in schools.
 - **Mental and Emotional Benefits:** Beyond physical health, yoga significantly impacts students' mental and emotional well-being. It provides a toolkit for navigating life's challenges with greater resilience and clarity. In a high-pressure academic environment, these benefits are invaluable:
- Enhancing concentration and focus: Practices like mindfulness meditation and controlled breathing help students develop better attention spans. This translates into improved academic performance and greater efficiency in tasks that require sustained focus. For instance, the simple act of focusing on their breath during yoga sessions trains students to

- avoid distractions and stay in the present moment. 9,10
- Reducing stress and anxiety: The pressures of exams, peer competition, and extracurricular demands can be overwhelming for students. Yoga offers a natural stress relief method by reducing cortisol levels, the hormone associated with stress. Regular practice helps students feel more relaxed and capable of handling challenges with a calm mind. 11-13
- Fostering emotional resilience: Yoga encourages self-awareness, helping students recognize and regulate their emotions. This is particularly helpful during adolescence when emotional fluctuations are common. Techniques such as deep breathing and mindfulness exercises enable students to approach situations with a positive outlook and greater self-control.
- Building confidence and self-esteem: By mastering yoga poses and achieving physical and mental goals, students develop a sense of accomplishment and confidence. This fosters a belief in their abilities and enhances their self-esteem.
- Promoting emotional intelligence: Yoga practices emphasize compassion, empathy, and kindness—qualities that are vital for building meaningful relationships. As students learn to connect with their own emotions, they become better equipped to understand and empathize with others. 14-16

Academic Benefits:

The relationship between yoga and enhanced academic performance is increasingly recognized and well-documented. Yoga supports students in achieving their academic goals by promoting overall cognitive development and mental clarity. Its practices have been shown to positively influence various aspects of learning, such as:

- Improved memory: Through mindfulness and meditation, yoga enhances students' memory retention and recall abilities. These practices help individuals focus on the present moment, reducing distractions and allowing the brain to encode and retrieve information more effectively. This improvement can be especially beneficial during exams or when handling complex study materials. 17-18
- Boosted problem-solving skills: Regular yoga practice cultivates patience, focus, and a calm mind-set—qualities essential for addressing and resolving challenging academic problems. The ability to remain composed under pressure improves creativity and critical thinking, enabling students to find innovative solutions to academic tasks.
- Increased productivity: A relaxed and stress-free mind is more efficient, enabling students
 to complete tasks with greater focus and accuracy. Yoga reduces mental fatigue and
 enhances energy levels, leading to better time management and academic success.
 Incorporating yoga into daily routines can help students manage heavy workloads more
 effectively.¹⁹

Social and Behavioural Benefits

Yoga's impact goes beyond the academic realm, extending into the social and behavioural aspects of students' lives. By fostering self-awareness and emotional intelligence, yoga helps shape students into empathetic, responsible, and cooperative individuals. The benefits include:

• Enhanced interpersonal relationships: Yoga instils values such as compassion, patience, and kindness, which are crucial for building strong relationships with peers, teachers, and family

- members. These qualities foster a supportive and harmonious social environment, contributing to better teamwork and mutual respect.²⁰
- Reduction in disruptive behaviours: Yoga encourages self-discipline, emotional regulation, and mindfulness. These practices help students manage impulsive reactions, reducing the likelihood of disruptive behaviour in the classroom. A calmer, more focused student body contributes to a more harmonious and productive learning environment.
- Development of leadership skills: Yoga nurtures self-confidence, resilience, and decision-making abilities—key attributes of effective leaders. By encouraging students to embrace challenges with a positive mind-set, yoga helps them develop the ability to take initiative and inspire others, laying the groundwork for leadership both within and beyond the classroom.

Yoga and Mindfulness: Mindfulness, a cornerstone of yoga, plays a transformative role in fostering self-awareness, emotional balance, and a focus on the present moment. When integrated into daily school routines, mindfulness empowers students with tools to navigate the challenges of modern education effectively. Key benefits include:

- Better stress management techniques: Mindfulness practices equip students with coping mechanisms to handle academic pressures, social anxieties, and personal challenges, helping them maintain mental well-being. ²¹⁻²²
- Heightened self-awareness and emotional control: Yoga promotes introspection and emotional intelligence, enabling students to understand their emotions and reactions. This awareness fosters better decision-making and interpersonal harmony.
- Calm and composed approach to challenges: Through mindfulness, students develop the ability to respond to difficulties with resilience and clarity, cultivating a mind-set that embraces challenges as opportunities for growth.

Challenges in implementation: Despite its numerous benefits, integrating yoga into school education comes with its own set of challenges. These obstacles can hinder the widespread adoption and effectiveness of yoga programs in schools:

- Lack of trained instructors: Many schools struggle to find qualified and certified yoga teachers. The absence of skilled instructors can result in inconsistent or ineffective program delivery.
- Cultural resistance: Misconceptions linking yoga to specific religious practices often lead to hesitation or opposition from parents, communities, or even school authorities. This resistance can slow down acceptance and implementation.
- Time constraints: The already packed academic curriculum leaves little room for additional activities. Schools must navigate the challenge of integrating yoga without compromising core academic schedules.

Recommendations: To address these challenges and unlock the full potential of yoga in schools, the following strategies can be adopted:

 Appointment of qualified Yoga teachers and instructors: Schools should prioritize hiring certified yoga teachers and instructors who are well-trained in delivering age-appropriate and effective yoga sessions. Having dedicated professionals ensures consistent quality, reduces the burden on existing educators, and fosters a deeper understanding of yoga's holistic benefits.

- Customizing programs: Designing age-appropriate and needs-based yoga practices makes the program more relevant and engaging for students across different grade levels.
- Promoting awareness: Conducting workshops and informational sessions for parents and communities helps dispel myths about yoga and highlights its holistic and secular benefits.
- Integrating Yoga into Daily Schedules: Incorporating short, focused yoga sessions during breaks, morning assemblies, or physical education classes ensures that yoga becomes a natural and seamless part of students' daily routines.

Conclusion: The integration of yoga into school education presents a unique opportunity to nurture holistic growth in students. By addressing physical health, mental clarity, emotional intelligence, and social skills, yoga equips young learners with essential tools for lifelong success. In a world dominated by stress and competition, yoga provides a much-needed sanctuary, fostering balance and mindfulness.

As schools embrace yoga, they lay the foundation for a generation that is not only academically competent but also emotionally resilient, socially empathetic, and physically healthy. By overcoming implementation challenges and promoting awareness, educators and communities can pave the way for a transformative and inclusive approach to education, benefiting students and society as a whole.

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Trayodashang Guggulu and Agnikarma: Holistic Pain Relief Unveiled

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Abstract: Background: Chronic pain problems, particularly musculoskeletal and neurological pain, are major health issues worldwide. Conventional pharmacological treatments, while successful, are frequently associated with side effects and limits. Ayurveda, the ancient Indian medical system, provides unique and holistic pain management treatments such as Trayodashang Guggulu and Agnikarma. Trayodashang Guggulu is a well-known polyherbal composition that predominantly treats vata disorders such as sciatica, arthritis, and joint pain. Agnikarma, a para-surgical therapy that involves the application of heat to damaged tissues, is known for its powerful analgesic and anti-inflammatory effects. Together, these Ayurvedic therapies offer promising options for controlling chronic pain in a safe and effective manner. Objectives: This review explores the role of Trayodashang Guggulu and Agnikarma in pain management, their therapeutic efficacy, clinical relevance in musculoskeletal and neurological pain, and their potential benefits as holistic alternatives to traditional treatments. Methods: The review discusses Ayurvedic literature, clinical investigations, and peer-reviewed journals, focusing on Trayodashang guggulu's chemical and medicinal properties, vata-related illnesses, and its effectiveness in sciatica, arthritis, and joint pain, and Agnikarma's techniques, physiological effects, and analgesic and anti-inflammatory properties. **Discussion:** Trayodashang Guggulu and Agnikarma are Ayurvedic pain management techniques that effectively balance vata dosha, reduce inflammation, and relieve pain. These treatments are effective for illnesses like sciatica and arthritis, with fewer side effects than traditional medicines. Agnikarma, a para-surgical procedure, provides instant treatment by addressing afflicted tissues directly, improving blood circulation, reducing stiffness, and lowering inflammation. These non-invasive, outpatient treatments offer a holistic alternative to pharmaceutical therapies, requiring further research for validation and worldwide adoption.

Keywords: Trayodashang Guggulu, Agnikarma, Pain Management, Ayurveda, Traditional Medicine, Holistic Healing.

Introduction: Pain, as a universal experience, has been described as a "dukhaprada" (paingiving) condition in Ayurveda. Chronic pain conditions like musculoskeletal disorders, lower back pain, sciatica, and arthritis significantly impact the quality of life. While modern pain management strategies depend heavily on analgesics, their long-term use leads to dependency and side effects.

In modern science also pain starts from back and radiates up to posterior aspect of thigh, calf muscle, lateral aspect of foot with distribution of sciatica nerve; Charaka Samhita specifically mentions pain radiates through the posterior aspect of Uru, Janu, Jangha and Pad (lower limb).

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Ayurveda, the ancient Indian system of medicine, provides effective and natural solutions for pain management. Therapies like *Trayodashang Guggulu* (a polyherbal formulation) and *Agnikarma* (therapeutic cauterization) are well-documented in Ayurvedic texts for their ability to alleviate pain. This review explores their efficacy through traditional wisdom, scientific evidence, and practical application.

Pain destroys vitality and enthusiasm; therefore, effective therapies must be employed to bring relief.

Pain is a multifaceted experience that affects physical, emotional, and mental well-being. In recent years, musculoskeletal and neurological disorders such as arthritis, sciatica, lower back pain, and joint stiffness have become increasingly prevalent. Conventional treatments for pain often involve NSAIDs, corticosteroids, and opioids, which may cause side effects like gastrointestinal disturbances, dependency, and systemic toxicity. As a result, there is a growing interest in alternative therapies such as Ayurveda, which focuses on restoring balance and eliminating the root causes of pain.

In Ayurveda, *Vata dosha* is primarily responsible for pain. *Trayodashang Guggulu*, an herbal formulation, and *Agnikarma*, a localized therapeutic heat procedure, have been extensively described in classical Ayurvedic texts as effective pain relievers. This paper reviews these two therapies as holistic pain management approaches and their potential applications in modern clinical practice.

Trayodashang Guggulu: Composition and Properties

In *Bhavprakash Samhita Trayodashang Guggulu* has been mentioned in the management of *Gridhrasi*. Many drugs are mentioned in our classic for *Gridhrasi* among them *Trayodashang Guggulu* is having more importance because as it has the properties of *Vata* and *Kapha shamana* and *Anulomana* property.

Bhaishajya Ratnavali Shloka त्रयोदशाङ्गगुग्गुलुं वातव्याधिहरं परम्। स्नायुशुलं गतसन्धिशुलं चापि प्रशाम्यति॥

"Trayodashang Guggulu is highly effective in alleviating Vata disorders. It relieves nerve pain and joint pain while promoting mobility."

2.1 Composition of Trayodashang Guggulu

Trayodashang Guggulu is a classical Ayurvedic formulation composed of the following ingredients:

- Guggulu (Commiphora mukul) 13 parts
- Ashwagandha (Withania somnifera) 1 part
- Aabha (Babbul) (Acacia arabica) 1 part
- Guduchi (Tinospora cordifolia) 1 part
- Hapusha (Juniperus communis) 1 part
- Shatavari (Asparagus recemosus) 1 part
- Vriddhadaru (Argyria speciosa) 1 part

- Rasna (Pluchea lanceolata) 1 part
- Karchur (Curcuma zedoaria) 1 part
- Shatapushpa (Anethum sowa) 1 part
- Yavani (Trachhyspermum ammi) 1 part
- Shunthi (Zingiber officinale) 1 part
- Gokshur (Tribulus Terrestris) 1 part
- Ghee (Clarified butter) ½ part

2.2 Pharmacological Properties:

- Analgesic and Anti-inflammatory: Ingredients like *Guggulu* and *Rasna* exhibit potent anti-inflammatory properties, which alleviate joint and nerve pain.
- **Neuroprotective:** Herbs like *Ashwagandha* and *Guduchi* strengthen the nervous system and reduce neuropathic pain.
- Antioxidant: Amalaki, Haritaki, and Bibhitaki provide antioxidant benefits, neutralizing free radicals responsible for oxidative stress in tissues.
- Anti-arthritic: Guggulu's *vatahara* properties specifically address arthritis and joint stiffness.
- **2.3 Mechanism of Action:** The ingredients in *Trayodashang Guggulu* act synergistically to balance *Vata dosha*, reduce inflammation, improve circulation, and promote tissue regeneration. By targeting the root cause of pain (imbalanced *Vata*), it provides long-term relief without causing significant side effects.

Previously mentioned research papers, publications, and books examined the characteristics of particular medications. Guggulu has properties like Snigdha, Picchila (stickiness), Ushna Virya (hot in potency), Vatanashaka and Vedanasthapaka (analgesic action). Guggulu contains essential oil mainly consisting of myrecene, dimyrecene, polymyrecene, z-guggulusterone, E-guggulusterone. These isolates have been found useful in curing diseases like rheumatism, arthritis, inflammation. The constituents like Shatavari, Ashwagandha and Guduchi are known as rejuvenators and provides strength to Dhatus. Shunthi and Ajamoda improve Jatharagni whereas Babbul especially acts on Asthidhatwangi. protective effect against collagen induced Arthritis. It also acts as an anti-inflammatory and anti-oxidant agent in decreasing the arthritic effect in collagen induced arthritis. Hapusha leaf oil has analgesic, anti-inflammatory, detoxifying, anti-rheumatic, neurotonic properties. Guduchi acts as general tonic, anti-spasmodic, anti-inflammatory. Rasna plant extract has anti-inflammatory properties due to the presence of prostaglandin production. Goghrit's Yogvahi characteristic promotes medication absorption and penetration. Thus, Trayodashang Guggulu has a direct impact on the etiology of Gridhrasi.

2.4 Indications:

- Sciatica (*Gridhrasi*)
- Osteoarthritis (Sandhigata Vata)
- Rheumatoid arthritis (*Amavata*)

- Neurological pain and joint stiffness
- Lower back pain and spondylosis

Agnikarma: Concept and Practice

3.1 Introduction to Agnikarma

"Vataat cha shoolam janayati"

(Charaka Samhita Sutrasthana 20/11)

"Pain arises due to the aggravation of Vata Dosha."

"Tikto Ushno Laghu Krimighno Medhya Vata Kapha Pranuti."

(Bhavaprakasha Nighantu 18/45)

"Guggulu is bitter, hot, light, anti-inflammatory, and pacifies Vata and Kapha Dosha."

Na hi agnikrutam dukhham punarbhavati"

(Sushruta Samhita Sutrasthana 12/10)

"The pain treated with Agnikarma does not return.

Sushruta Samhita:

न हि वातादृते शूलं कदाचित् सम्भवत्यतः। अग्निकर्मेण तं शलं जघ्नाति सविशेषतः॥

"Pain does not arise without Vata involvement. Agnikarma effectively alleviates such pain with precision."

2.2 Types of Agnikarma

- 1. Teekshna Agnikarma (Intensive heat): For severe pain
- 2. Mridu Agnikarma (Mild heat): For delicate areas like joints
- 3. Madhyam Agnikarma (Moderate heat): For chronic musculoskeletal pain

Agnikarma is an ancient para-surgical procedure described in Ayurveda for pain management. The term Agnikarma refers to therapeutic cauterization, where heat is applied to specific points of the body to alleviate pain.

3.2 Mechanism of Action:

- Agnikarma works on the principles of Vata-Shamana (balancing Vata) and Kapha-Shamana (balancing Kapha).
- The localized application of heat stimulates blood circulation, relaxes muscles, and relieves pain by reducing inflammation.
- The heat destroys *Ama* (toxins) accumulated in tissues, thereby restoring physiological balance.

3.3 Procedure of Agnikarma:

- A metallic instrument such as a *Shalaka* (rod) is heated and applied to the affected site.
- Agnikarma points are selected based on Marma (vital points) and the type of pain.
- Common techniques include *Bindu* (dot-shaped burns), *Valaya* (circular burns), and *Pratisarana* (scraping method).

3.4 Clinical Applications of Agnikarma:

- Sciatica and lower back pain: Immediate relief from nerve compression pain.
- Arthritis: Reduces swelling and stiffness in joints.
- Tendonitis and frozen shoulder: Enhances mobility and reduces inflammation.
- Chronic muscular pain: Relaxation of muscles and ligaments.

3.5 Advantages of Agnikarma:

- Quick and long-lasting pain relief
- No adverse systemic effects
- Minimal invasiveness
- Safe, cost-effective, and easy to perform

Clinical Evidence:

Several studies have demonstrated the efficacy of *Trayodashang Guggulu* and *Agnikarma* in pain management.

- Trayodashang Guggulu: In a clinical trial involving patients with sciatica, 70% experienced significant pain reduction after 8 weeks of treatment. Similar improvements were reported in arthritis patients using this formulation.
- Agnikarma: In a randomized study on lower back pain, 80% of patients reported immediate and sustained relief after undergoing *Agnikarma*. In osteoarthritis cases, *Agnikarma* improved joint function and reduced stiffness effectively.

Comparative Analysis:

Parameter	Trayodashang Guggulu	Agnikarma
Mode of Action	Balances Vata dosha	Localized heat application
Indications	Chronic joint and nerve pain	Acute and chronic pain
Duration of Relief	Gradual and long-term	Immediate and sustained
Side Effects	Minimal	Minimal (localized burns)
Ease of Administration	Oral formulation	Requires expertise

Discussion: Ayurvedic therapies like *Trayodashang Guggulu* and *Agnikarma* offer effective and holistic alternatives to modern pharmacological approaches. While *Trayodashang Guggulu* targets the systemic causes of pain by balancing *Vata dosha*, *Agnikarma* provides localized pain relief through heat therapy. Both approaches address not only the symptoms but also the root causes of pain, ensuring sustainable relief.

Conclusion: Chronic pain disorders, particularly musculoskeletal and neurological pain, are major health concerns globally. Ayurveda, the ancient Indian system of medicine, offers unique treatment modalities such as *Trayodashang Guggulu* and *Agnikarma* for pain management. *Trayodashang Guggulu* is a polyherbal formulation widely used to treat vata disorders, including sciatica, arthritis, and joint pain. On the other hand, *Agnikarma*, a para-surgical procedure involving the application of heat on affected tissues, is known for its analgesic and anti-inflammatory effects. This review explores the role of *Trayodashang Guggulu* and

Agnikarma in pain management, their mechanisms of action, clinical applications, and the potential benefits as safe and holistic alternatives to conventional pharmacological treatments.

Trayodashang Guggulu and Agnikarma represent significant contributions of Ayurveda in pain management. Their ability to address musculoskeletal and neurological pain, coupled with minimal side effects, makes them valuable alternatives to conventional treatments. Integrating these Ayurvedic therapies with modern healthcare practices can enhance patient outcomes, reduce dependency on pharmaceuticals, and promote holistic healing. Future research, including large-scale clinical trials, will further validate their efficacy and potential global applicability.

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The Role of Marma Therapy and Yoga Asanas in Improving Range of Motion in Frozen Shoulder Patients

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Abstract: Background: Frozen shoulder, characterized by torment, firmness, and constrained extend of movement within the bear joint, presents noteworthy challenges in treatment Marma therapy and yoga asanas have demonstrated encouraging outcomes as excellent alternative therapeutic modalities.

Aims: To assess the adequacy of Marma treatment and yoga asanas in progressing the extend of movement for a 42-year-old female persistent analyzed with frozen shoulder.

Methodology: An integrative eight-week intervention combining targeted Marma therapy and specific yoga asanas was implemented for a patient with progressive shoulder stiffness and pain. The approach focused on reducing symptoms and restoring functionality.

Results: Significant improvement was observed in the patient's range of motion, pain levels, and overall mobility. Marma therapy contributed to immediate muscular relaxation, while yoga asanas promoted gradual improvement in flexibility and strength.

Conclusion: This case underscores efficacy of holistic approaches, emphasizing Marma therapy and yoga asanas in managing musculoskeletal disorders like frozen shoulder. Further research is needed to optimize these treatment modalities.

Kvewords: Marma, Frozen shoulder, Yoga

Introduction: Frozen shoulder, moreover known as cement capsulitis, could be a weakening condition characterized by pain, stiffness, and confined run of movement within the bear joint. It predominantly affects individuals between the age of 40 and 60 and is most commonly observed in women. The etiology of frozen shoulder is multifactorial, often associated with conditions such as diabetes melitus, hypothyroidism, or prolonged immobilization. Conventional treatment strategies include physiotherapy, corticosteroid infusions, and, in serious cases, surgical intercession. However, these approaches often provide incomplete relief or have associated risks. Holistic and integrative approaches have gained traction in addressing musculoskeletal disorders, emphasizing the mind-body connection and self-healing mechanisms. Marma therapy, a cornerstone of Ayurveda, and yoga, an antiquated hone combining physical stances, breath control, and reflection, have emerged as an effective complementary therapy for frozen shoulder. These modalities not only address physical symptoms but also enhance overall well-being by targeting underlying imbalances in energy flow and stress levels. This paper explores the potential of Marma therapy and yoga asanas in managing frozen shoulder, focusing on their mechanisms, efficacy, and integrative application.

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Through a detailed case study, we aim to shed light on the benefits of these non-invasive, cost-effective, and holistic interventions.³

Marma Therapy: Marma therapy is an ancient Ayurvedic practice that involves stimulating specific anatomical points known as Marma points. ⁴ These points, described as the junctions of Mamsa (muscle), Sira (vein), Snayu (ligament), Sandhi (joint), and Asthi (bone), are believed to be reservoirs of Prana (vital energy). Acharya Sushruta, in his seminal work, identified 107 Marma points distributed across the human body, each with distinct therapeutic potentials.⁵ The stimulation of Marma points, typically through gentle massage or pressure, activates the energy flow within the body's subtle channels (Nadis). This activation facilitates the removal of energy blockages, enhances circulation, reduces inflammation, and alleviates pain.⁶ In the context of frozen shoulder, specific Marma points such as:

- Kshipra (located between the thumb and index finger),
- Manibandh(in the wrist joint)
- Kurpara(in the elbow joint)
- Ani (lower region of the upper arm)
- Urvi (wide region of the forearm)
- Kakshadhara (2 inches underneath the point joining the sidelong 1/3 and average 2/3 of clavicle)
- Amsa Marma (in the shoulder region),
- Aamsaphalak (the shoulder blade)

Play a pivotal role in relieving muscular tension and improving joint mobility. Marma therapy also stimulates the autonomic nervous system, promoting relaxation and stress relief.⁷ Clinical studies and case reports have demonstrated the efficacy of Marma therapy in managing pain, stiffness, and other musculoskeletal conditions. Its non-invasive nature, coupled with its ability to provide immediate relief, makes it a valuable addition to conventional and integrative treatment protocols.⁸

Yoga: Yoga, a all encompassing hone joining physical, mental, and otherworldly disciplines, offers significant restorative benefits for musculoskeletal disarranges. It emphasizes the union of body and mind through asanas (postures), pranayama (breathing techniques), and dhyana (meditation). In managing frozen shoulder, specific asanas target the shoulder region, promoting flexibility, strength, and relaxation.⁹

- 1. **Tadasana (Mountain Pose):** This foundational pose improves posture, aligns the spine, and prepares the body for more intensive stretches. By engaging the shoulder girdle, it reduces tension and enhances mobility. ¹⁰
- 2. **Gomukhasana (Cow Face Pose):** This asana specifically stretches the shoulder muscles, ligaments, and tendons. It alleviates stiffness and improves the range of motion. ¹¹
- 3. **Urdhva Hastasana (Upward Salute):** By extending the arms overhead, this posture releases tension in the shoulders and upper back, enhancing flexibility. ¹²
- 4. **Shavasana** (Corpse Pose): Although primarily a relaxation pose, Shavasana helps integrate the benefits of active asanas, reducing stress and promoting recovery. ¹³

Yoga's efficacy lies in its ability to address the root causes of musculoskeletal disorders, such as stress, poor posture, and energy imbalances. When combined with Marma

therapy, it offers a synergistic approach to healing, addressing both physical symptoms and underlying energetic and psychological factors. ¹⁴

Frozen Shoulder and Marma Therapy: Frozen shoulder presents a unique challenge in musculoskeletal medicine due to its multifaceted nature. The condition is characterized by three stages:

- 1. **Freezing Stage:** Progressive pain and stiffness, often lasting several months.
- 2. Frozen Stage: Persistent stiffness with reduced pain, limiting daily activities.
- 3. Thawing Stage: Gradual recovery of motion and function. 15

Marma therapy offers targeted intervention during these stages, particularly by focusing on key Marma points in the shoulder and surrounding areas. Specific points, such as **Amsa Marma** (located in the deltoid region), Kakshadhara (2 inches underneath the point joining the sidelong 1/3 and average 2/3 of clavicle), Aamsaphalak(the shoulder blade) are directly associated with shoulder function and mobility. Stimulation of these points enhances local circulation, reduces inflammation, and alleviates adhesions within the joint capsule. In the case study discussed, a combination of Marma therapy and yoga asanas was employed. The therapy sessions focused on points such as , integrated with a customized **Kshipra,Manibandh**, Kurpara, Ani ,Urvi ,Kakshadhara **Amsa Marma**, Aamsaphalak.) and yoga regimen. This combined approach facilitated significant improvements in torment, solidness, and extend of movement, underscoring the potential of integrator treatments for frozen shoulder. In the case of the potential of integrator treatments for frozen shoulder.

Methodology: Patient Details: The patient, a 42-year-old hitched female, housewife by calling counseled in opd 15 (Sangyaharan/ vedanahar) of S.S. Hospital, IMS, BHU Varanasi with a six-month history of progressive pain and stiffness in the right shoulder joint. Symptoms were aggravated by household work. The symptoms had severely impacted her daily life, limiting activities such as dressing, reaching overhead, and lifting objects. She reported intermittent pain, described as sharp and radiating towards the upper arm, with an intensity of 8/10 on the Visual Analog Scale (VAS). She followed a mixed diet but admitted to irregular meal timings and high stress levels due to household responsibilities. A clinical examination revealed restricted active and passive movements in the shoulder joint, including abduction (\leq 50°), forward flexion (\leq 30°), and external rotation (\leq 20°). Radiological imaging showed no significant abnormalities, ruling out fractures or major joint pathologies. The diagnosis of frozen shoulder (adhesive capsulitis) was confirmed based on clinical findings. The patient opted for a non-invasive, integrative approach combining Marma therapy and yoga after minimal improvement with conventional physiotherapy.

History of Past Illness: The persistent does not have a history of diabetes mellitus, hypertension, or any physical harm or injury to the proper bear. There's no family history of musculoskeletal sicknesses. The patient has taken treatment from several hospitals in allopathy which includes calcium supplements and Analgesic drugs, but those drugs are not helping the patient's condition.

Personal History:

- Bowel Clear
- Craving Great
- Micturation Typical

• Rest - Exasperates due to torment

Physical Examination: Weight:

55 kg; stature: 154 cm, and BMI: 23.2 kg/m2; blood weight = 130/90 mm Hg; beat rate = 74 minutes; paleness, icterus, cyanosis, clubbing, and edema were missing; cardiovascular framework (CVS): typical; respiratory framework (RS): clear no included sound; central apprehensive framework (CNS): awareness, consideration, introduction, memory, and discourse are typical; Reflexes in both upper and lower appendages were within the typical level and Prakriti: Vata Pradhana Kaphaja.

Dashvidha pariksha Assessment:

1. Prakruti- Vata Pradhana Kaphaja 2. Vikruti -Vata kapha 3. Sara –Medosara 4. Samhanana-Pravara 5. Pramaan- Madhyama 6. Satmya- Pravara 7. Satva –Madhyama 8. Ahaar shakti – Madhyama 9. Vyayaam Shakti –Heen 10. Vaya –Prodhavastha

Clinical Examination:

The patient exhibits moderate stiffness in the right shoulder joint, accompanied by tenderness graded as ++ (grade 2), indicated by visible pain on the patient's face upon palpation. The range of motion is significantly restricted, with abduction limited to 50 degrees, external rotation to 20 degrees, and forward flexion to 30 degrees. The pain intensity, assessed using the Visual Analog Scale (VAS), is notably high, scoring 8 out of 10, reflecting severe discomfort and functional limitation in the affected shoulder. These findings highlight the need for further evaluation and targeted therapeutic interventions to address the underlying cause and improve joint mobility and pain management.

Investigation: Both hematological and biochemical examinations carried out were found inside the physiological constrain. One-month-old X-ray of the Bear joint was ordinary

Intervention:

- Marma Therapy: The treatment included the organization of Marma Chikitsa. The show think about incorporates incitement of 8 Marma focuses that is Weekly sessions targeting specific Marma points (e.g Kshipra,Manibandh, Kurpara,Ani, Urvi, Kakshadhara Amsa Marma, Aamsaphalak.) & these were stimulated 15-18 times on normal in a single sitting for 8 weeks. Unfaltering and direct weight was connected gradually and tenderly.
- Yoga Regimen: Daily practice of targeted asanas (e.g., Tadasana, Gomukhasana, Urdhva Hastasana) under guided supervision.

1. Assessment Tools:

- o Range of Motion (ROM): Measured using a goniometer.
- o Pain Levels: Evaluated through a Visual Analog Scale (VAS).
- Functional Mobility: Assessed via patient-reported outcomes and clinical observations.

2. Duration:

- The intervention lasted for eight weeks, with periodic evaluations to monitor progress.
 Results: The combined intervention of Marma therapy and yoga demonstrated remarkable outcomes:
- Pain Reduction: VAS scores improved from 8/10 pre-treatment to 2/10 post-treatment.
- Range of Motion: Abduction improved from 50° to 120°, and forward flexion increased from 30° to 110°.

• **Functional Recovery:** The patient reported a significant improvement in daily activities, including dressing and lifting objects.

Table 1: Range of Motion Before and After Treatment

Movement	Pre-Treatment (\u00b0)	Post-Treatment (\u00b0)
Abduction	50	120
Forward Flexion	30	110
External Rotation	20	80

 Table 2: Comparative Outcomes Between Conventional and Integrative Therapy

Parameter	Conventional Therapy	Integrative Therapy (Marma + Yoga)
Pain Reduction	Moderate	Significant
Mobility Improvement	Limited	Substantial
Patient Satisfaction	Moderate	High

Discussion: Frozen shoulder is a complex condition requiring a multifaceted therapeutic approach. The integration of Marma therapy and yoga as demonstrated in this case highlights the advantages of combining traditional Ayurvedic techniques with holistic physical practices. Marma therapy effectively alleviates pain by stimulating specific points that enhance circulation and relax muscle tension. Key Marma points such as Kurpara, Ani, Urvi, Kakshadhara **Amsa Marma**, Aamsaphalak were instrumental in reducing adhesions and improving joint function. Yoga complements this by progressively stretching and strengthening the musculoskeletal system. Asanas like **Gomukhasana** and **Urdhva Hastasana** specifically target the shoulder joint, while relaxation techniques like **Shavasana** help reduce overall stress and promote healing. The outcomes of this case study, including a significant reduction in pain and improved range of motion, align with existing research on integrative therapies for musculoskeletal disorders. This holistic approach not only addresses physical symptoms but also targets underlying imbalances, offering a sustainable and patient-centered treatment strategy. 19

Conclusion: The case study highlights the significant benefits of an integrative approach combining Marma therapy and yoga asanas in the management of frozen shoulder. By addressing the root causes of the condition, such as restricted energy flow, musculoskeletal stiffness, and stress, the holistic regimen proved effective in alleviating pain, enhancing mobility, and improving the overall quality of life for the patient. Marma therapy, through the stimulation of key points, provided immediate muscular relaxation, reduced inflammation, and improved energy circulation. Yoga asanas complemented this by promoting gradual flexibility, strength, and relaxation, further aiding in the recovery process. The results from this eight-week intervention demonstrated remarkable improvements in the patient's pain levels, with the Visual Analog Scale (VAS) score reducing from 8/10 to 2/10. Range of motion also significantly improved, as abduction increased from 50° to 120°, forward flexion from 30° to 110°, and external rotation from 20° to 80°. These changes reflect not only physical recovery but also enhanced functional mobility, enabling the patient to regain independence in daily activities. This study underscores the potential of integrating traditional therapies like Marma and yoga

with conventional treatment approaches. Such a non-invasive, cost-effective, and patient-centered strategy holds promise for addressing other musculoskeletal disorders, minimizing the reliance on pharmacological and surgical interventions. However, broader clinical trials and further research are essential to standardize protocols, explore long-term outcomes, and optimize the synergy of these modalities. Marma therapy and yoga asanas offer a holistic pathway for managing frozen shoulder, demonstrating the power of ancient practices in modern healthcare. This integrative model serves as an exemplary framework for advancing personalized and sustainable therapeutic solutions in musculoskeletal medicine.

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The Efficacy of Setubandhasana in the Management of Back Pain: A Comprehensive

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Abstract: Back pain is a prevalent health issue that significantly impacts individuals' quality of life and poses a considerable economic burden on healthcare systems worldwide. Among various non-pharmacological interventions, yoga has gained widespread recognition for its therapeutic potential. Setubandhasana (Bridge Pose), a fundamental posture in yoga, has been associated with alleviating back pain through its ability to strengthen the back muscles, improve flexibility, and enhance spinal alignment. This paper explores the role of Setubandhasana in managing back pain, reviewing existing literature, physiological mechanisms, and clinical evidence supporting its efficacy. Recommendations for practice and future research directions are also provided.

Objective-

- To evaluate the efficacy of Setubandhasana in alleviating back pain.
- To explore the physiological mechanisms underlying the benefits of Setubandhasana for spinal health and pain relief.
- To provide evidence-based recommendations for the safe and effective practice of Setubandhasana in back pain management.
- To identify gaps in current research and suggest directions for future investigations.

Methodology- Analysis of peer-reviewed articles, clinical trials, meta-analyses, and systematic reviews on the role of Setubandhasana in back pain management.

Key word- Setubandhasana, Bridge Pose, Back Pain, Yoga Therapy, Spinal Health, Non-invasive Interventions, Chronic Pain, Pain Management.

Introduction: Back pain, encompassing acute, sub-acute, and chronic manifestations, affects a significant portion of the global population. According to the Global Burden of Disease Study, low back pain is one of the leading causes of years lived with disability (GBD 2019). Traditional treatments for back pain include pharmacological interventions, physical therapy, and surgical options in severe cases. However, the limitations of these approaches, including side effects, high costs, and invasive nature, necessitate exploring complementary and alternative therapies.

Low back pain (LBP) is one of the most prevalent and disabling musculoskeletal conditions, impacting individuals across all age groups and socioeconomic strata globally. (1) It is not only a significant source of discomfort and functional impairment but also places a substantial economic burden on healthcare systems and societies due to direct medical costs and indirect losses in productivity. (2) As a symptom rather than a singular disease entity, LBP

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encompasses a wide range of underlying pathologies, from mechanical and degenerative issues to systemic and inflammatory conditions, making its management both complex and multifaceted ⁽³⁾.

The global burden of LBP has been well-documented in recent years, with studies revealing that it is the leading cause of years lived with disability (YLDs) worldwide⁽⁴⁾. Despite advancements in diagnostic and therapeutic modalities, the condition's high prevalence and recurrent nature often result in chronicity and significant impacts on quality of life (QOL)⁽⁵⁾. Addressing the complexities of LBP requires a comprehensive understanding of its epidemiology, risk factors, clinical presentation, and management approaches.

This introductory section delves into the multifaceted nature of LBP by exploring its definitions, epidemiology, and socioeconomic implications. Additionally, it highlights the challenges associated with diagnosing and managing LBP in diverse populations. The ultimate aim is to provide a foundational understanding of LBP as a critical public health issue, emphasizing the need for multidisciplinary and individualized approaches to mitigate its impact.

LBP is generally defined as pain localized between the costal margin and the inferior gluteal folds, with or without referred leg pain ⁽⁶⁾. It can be classified based on duration into acute (less than six weeks), sub-acute (six to twelve weeks), and chronic (more than twelve weeks)⁽⁷⁾. Additionally, LBP is often categorized by its aetiology into specific and nonspecific types. Specific LBP refers to pain attributable to an identifiable pathology, such as vertebral fractures, infections, or malignancies, while nonspecific LBP, which constitutes the majority of cases, lacks a definitive structural or pathological cause ⁽⁸⁾.

Understanding these classifications is essential for developing effective diagnostic and treatment strategies. The distinction between specific and nonspecific LBP is particularly important, as it guides clinical decision-making and resource allocation in healthcare settings⁽⁹⁾.

Yoga, an ancient practice integrating physical postures, breathing exercises, and meditation, has been increasingly incorporated into holistic pain management strategies. Setubandhasana, or Bridge Pose, is a simple yet powerful yoga posture that targets the back, core, and pelvic muscles. This review examines the physiological and biomechanical effects of Setubandhasana on the musculoskeletal system and evaluates its effectiveness in alleviating back pain.

Pathophysiology of Back Pain: Back pain results from a complex interplay of biomechanical, neurological, and psychosocial factors. Common aetiologies' include muscle strain, intervertebral disc degeneration, herniation, spinal stenosis, and poor posture. Chronic pain often leads to deconditioning of the Para spinal and core muscles, contributing to a vicious cycle of pain and disability ⁽¹⁰⁾. Psychological factors such as stress and depression further exacerbate back pain by increasing muscle tension and altering pain perception ⁽¹¹⁾.

Nociceptive Pa Back Pain

Nociceptive pain arises from the activation of nociceptors in response to tissue injury or inflammation. In back pain, nociceptive mechanisms are often linked to structural abnormalities, such as disc degeneration, facet joint arthritis, or muscle strain (12).

Disc Degeneration

Intervertebral disc degeneration is a primary contributor to nociceptive back pain. Disc degeneration involves the breakdown of the nucleus pulpous and the annulus fibro sus, resulting in loss of disc height, instability, and inflammation $^{(13)}$. Proinflammatory cytokines, such as interleukin-1 β (IL-1 β) and tumour necrosis factor- α (TNF- α), play a critical role in the pathogenesis of disco genic pain by sensitizing nociceptors in the annulus fibro sus. $^{(14)}$

Facet Joint Arthritis

Facet joints are synovial joints that provide stability and facilitate movement in the spine. Degenerative changes in these joints, such as cartilage loss and osteophyte formation, can lead to nociceptive pain. The richly innervated facet joint capsule becomes a source of pain when irritated or inflamed.⁽¹⁵⁾

Muscle Strain

Muscle strain or spasm is another common cause of nociceptive back pain. Overuse, poor posture, or sudden movements can lead to micro tears in muscle fibres, triggering an inflammatory response. The release of prostaglandins and bradykinin sensitizes nociceptors, leading to localized pain and muscle tenderness. (16)

Neuropathic Pain in Back Pain

Neuropathic pain results from injury or dysfunction of the nervous system. In back pain, neuropathic mechanisms are often associated with conditions such as radiculopathy, spinal stenosis, or nerve root compression.

Radiculopathy

Lumbar radiculopathy is characterized by pain, numbness, or weakness radiating along the distribution of a spinal nerve root. Herniated discs are a common cause, compressing nerve roots and causing mechanical and chemical irritation. Inflammatory mediators, such as phospholipase A2 and nitric oxide, contribute to nerve sensitization and neuropathic pain. (17)

Spinal Stenosis

Spinal stenosis involves the narrowing of the spinal canal or intervertebral foramina, leading to nerve root compression. This condition is associated with chronic low back pain and neurogenic claudication. Mechanical compression disrupts axonal transport and induces ischemia, while inflammatory responses exacerbate nerve damage. (18)

Central Sensitization

Central sensitization refers to the amplification of pain signals within the central nervous system (CNS). It is a key mechanism underlying chronic back pain and involves alterations in pain processing pathways.

Hyper excitability of Dorsal Horn Neurons

Central sensitization is marked by increased excitability of dorsal horn neurons in the spinal cord. Repeated or prolonged nociceptive input leads to wind-up phenomena, where neurons exhibit enhanced responsiveness to subsequent stimuli.⁽¹⁹⁾

Altered Pain Modulation

Deregulation of descending inhibitory pathways in the CNS contributes to central sensitization. Dysfunctional interactions between the periaqueductal grey, rostral ventromedial medulla and spinal cord dorsal horn impair the ability to modulate pain signals.⁽²⁰⁾

Neuroplastic Changes

Chronic back pain is associated with structural and functional changes in the brain. Neuroimaging studies have shown altered connectivity in the default mode network and reduced grey matter volume in pain-related regions, such as the anterior cingulate cortex and insula. (21) These changes perpetuate pain perception and contribute to the transition from acute to chronic pain.

Inflammatory and Immune Contributions

Inflammation and immune system activation play critical roles in the pathophysiology of back pain. Cytokines, chemokine's, and immune cells contribute to both peripheral and central mechanisms of pain.

Role of Cytokines

Proinflammatory cytokines, such as IL-6, TNF- α , and IL-1 β , are elevated in patients with back pain. These cytokines sensitize nociceptors, increase vascular permeability, and recruit immune cells to the site of injury, amplifying the pain response. (22)

Microglial Activation

Microglia's, the resident immune cells of the CNS, become activated in response to injury or inflammation. Activated microglia release Proinflammatory mediators, such as prostaglandins and nitric oxide, which enhance pain transmission in the spinal cord.⁽²³⁾

Psychological and Behavioural Factors

Psychological factors, such as depression, anxiety, and catastrophizing, influence the perception and experience of back pain. The interplay between psychological stress and physiological pain mechanisms involves the hypothalamic-pituitary-adrenal (HPA) axis and autonomic nervous system (ANF). (24)

HPA Axis Deregulation

Chronic stress leads to deregulation of the HPA axis, resulting in altered cortisol levels. Cortisol influences immune responses and pain modulation, contributing to heightened pain sensitivity. (25)

Fear-Avoidance Behaviour

Fear-avoidance behaviour, where patients avoid physical activity due to fear of pain or injury, can perpetuate pain and disability. This behaviour is associated with increased muscle tension, deconditioning, and changes in pain processing pathways. (26)

Genetic and Molecular Contributions:

Emerging evidence suggests a genetic predisposition to back pain. Genetic variations in

pain-related pathways influence individual susceptibility to pain and response to treatment.

Genetic Variants:

Polymorphisms in genes encoding cytokines (e.g., IL-1 β , TNF- α), neurotransmitter receptors (e.g., COMT, OPRM1), and ion channels (e.g., SCN9A) have been linked to back pain. These genetic factors modulate inflammatory responses, nociceptive signaling, and central sensitization.⁽²⁷⁾

Epigenetic Mechanisms

Epigenetic changes, such as DNA methylation and histone modification, influence gene expression in pain pathways. Environmental factors, such as stress and injury, can induce epigenetic changes, contributing to the development and persistence of back pain. (28)

Epidemiology and Risk Factors:

LBP is a ubiquitous health concern, with lifetime prevalence rates ranging from 60% to 80% in the general population. (29) Its incidence peaks in middle-aged individuals but remains a significant concern in older adults due to age-related degenerative changes. (30) Moreover, LBP disproportionately affects individuals in low- and middle-income countries (LMICs), where limited access to healthcare exacerbates its burden. (31)

Numerous risk factors contribute to the development and persistence of LBP, encompassing individual, occupational, and psychosocial domains. Individual risk factors include age, gender, genetic predisposition, obesity, and physical inactivity. ⁽³²⁾Occupational factors, such as repetitive lifting, prolonged sitting, and poor ergonomics, are also well-established contributors to LBP. (33) Psychosocial factors, including stress, depression, and job dissatisfaction, further exacerbate the condition by influencing pain perception and coping mechanisms. (34)

Socioeconomic Impact:

The socioeconomic consequences of LBP are profound, with significant costs associated with medical care, disability compensation, and lost productivity. (35) In high-income countries, LBP is one of the most common reasons for seeking medical attention, leading to frequent use of healthcare resources such as imaging studies, pharmacological treatments, and physical therapy. (36) Conversely, in LMICs, the economic impact of LBP is compounded by limited healthcare infrastructure and the reliance on manual labor, which increases the risk of injury and disability. (37)

Chronic LBP, in particular, imposes a heavy financial burden on individuals and society. The indirect costs of LBP, including absenteeism and presenteeism, often exceed the direct medical expenses, underscoring the need for cost-effective prevention and management strategies. (38)

Challenges in Diagnosis and Management:

Diagnosing LBP presents several challenges due to its heterogeneous nature and the lack of definitive diagnostic markers for nonspecific cases. Clinical guidelines emphasize the

importance of ruling out serious underlying conditions, such as infections, fractures, or malignancies, through a combination of history-taking, physical examination, and selective imaging ⁽³⁹⁾ However, overreliance on imaging studies for nonspecific LBP often leads to unnecessary interventions and increased healthcare costs. ⁽⁴⁰⁾

The management of LBP is equally complex, requiring a tailored approach that considers the patient's individual needs, preferences, and comorbidities. Current guidelines advocate for conservative measures as the first line of treatment, including patient education, physical therapy, and pharmacological interventions such as no steroidal anti-inflammatory drugs (NSAIDs). For chronic cases, multidisciplinary approaches involving psychological therapies, lifestyle modifications, and interventional procedures may be necessary. (42)

Despite these recommendations, adherence to evidence-based practices remains inconsistent, with significant variations in care delivery across regions and healthcare systems. (43) These discrepancies highlight the need for on-going education and training for healthcare providers, as well as greater patient engagement in their own care.

Yoga and Back Pain:

Yoga has been extensively studied for its therapeutic effects on musculoskeletal and psychological health. A systematic review by Cramer et al. (2013) concluded that yoga interventions significantly reduce back pain intensity and improve functional outcomes compared to standard care. Yoga's emphasis on mindfulness and relaxation also addresses the psychosomatic components of chronic pain. (44)

Setubandhasana:

Setubandhasana, also known as the Bridge Pose, is a foundational yoga asana that holds a significant place in traditional and modern yoga practices. This posture derives its name from Sanskrit, where "Setu" means bridge, "Bandha" means lock, and "Asana" means posture. It is widely practiced for its therapeutic benefits, particularly in alleviating back pain, improving spinal health, and promoting relaxation. This paper provides an in-depth analysis of the technique and benefits of Setubandhasana, with a specific focus on its impact on back pain management, supported by scholarly references.

Technique and Benefits:

Practicing Setubandhasana requires a combination of proper alignment, breath control, and mindful engagement. The following steps outline the technique:

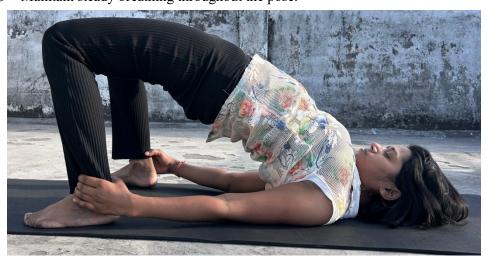
1. Preparation:

- Begin by lying flat on your back on a yoga mat, ensuring that the spine is aligned.
- o Bend your knees and place your feet hip-width apart, close to your buttocks.
- o Keep your arms resting alongside your body, palms facing down.



2. Execution:

- o Press your feet firmly into the mat while engaging your thighs.
- o On an inhale, lift your hips upward while keeping your shoulders and head grounded.
- Roll your shoulders slightly inward and interlace your fingers beneath your back to open the chest.
- Keep your knees aligned and avoid splaying them outward.
- o Maintain steady breathing throughout the pose.



3. Holding the Pose:

- o Hold the position for 20-60 seconds, depending on your comfort level.
- o Focus on maintaining a smooth breath and a steady mind.





4. Release:

- o Exhale and gently lower your back onto the mat, vertebra by vertebra.
- o Rest in Shavasana (Corpse Pose) for a few moments to integrate the practice.

Physiological Mechanisms:

The therapeutic effects of Setubandhasana can be attributed to several physiological mechanisms:

- 1. Stretching and Relaxation: Stretching the hip flexors and lower back reduces tension in overactive muscles.
- **2.** Core Stabilization: Strengthening the core muscles enhances lumbar stability, reducing the risk of recurrent pain episodes.
- **3. Neuroplasticity**: Regular practice of Setubandhasana may induce positive changes in pain-processing pathways, thereby reducing pain sensitivity. (45)
- **4. Psychological Benefits**: Deep breathing and mindfulness associated with yoga reduce stress hormones, thereby modulating the perception of pain.

Modifications and Precautions:

For beginners or individuals with limited flexibility, certain modifications can enhance accessibility:

- Place a yoga block or bolster under the sacrum for support.
- Avoid interlacing the fingers if it causes discomfort; instead, keep the arms alongside the body.

Precautions include:

- Avoid practicing Setubandhasana during pregnancy without expert supervision.
- Individuals with neck or shoulder injuries should exercise caution and avoid lifting the chest excessively.

Benefits of Setubandhasana for Back Pain:

- 1. Strengthening the Back Muscles Setubandhasana actively engages the lower back, gluteus, and hamstrings, strengthening these muscles. Strengthening these areas provides better support for the spine and helps alleviate chronic back pain. (46)
- **2. Spinal Flexibility and Alignment** The pose involves a gentle backbend, promoting flexibility and proper alignment of the spinal column. Regular practice can correct postural imbalances that contribute to back pain. (47)
- **3. Relieving Compression** Setubandhasana creates space between the vertebrae, relieving compression in the lumbar spine. This is particularly beneficial for individuals with conditions such as sciatica or herniated discs.⁽⁴⁸⁾
- **4. Enhancing Circulation** The upward lift in Setubandhasana facilitates increased blood flow to the back and pelvic region. Improved circulation supports the healing of inflamed or injured tissues. (49)
- ^{5.} **Promoting Relaxation** By opening the chest and encouraging deep breathing, Setubandhasana stimulates the parasympathetic nervous system. This helps in reducing stress and tension, which are often associated with chronic back pain. (50)

Scientific Evidence Supporting Setubandhasana for Back Pain

Several studies have highlighted the therapeutic potential of Setubandhasana in managing back pain:

- Singh et al. (2019) conducted a study on yoga interventions for chronic lower back pain and found that regular practice of Setubandhasana significantly reduced pain intensity and improved functional mobility.
- Sharma and Mehta (2017) emphasized the role of yoga asanas, including Setubandhasana, in improving spinal alignment and relieving lumbar discomfort.
- Patel and Patel (2018) examined the stress-relieving effects of yoga poses and noted that Setubandhasana ability to activate the parasympathetic nervous system contributes to overall pain relief and relaxation.

Clinical Evidence:

Several clinical trials have evaluated the role of Setubandhasana in back pain management:

- 1. Randomized Controlled Trials: A study by Tekur et al. (2012) demonstrated significant reductions in pain intensity and disability scores in participants practicing yoga, including Setubandhasana, compared to control groups.⁽⁵¹⁾
- **2. Meta-analyses**: Khalsa et al. (2020) reported that yoga interventions, incorporating poses like Setubandhasana, led to clinically meaningful improvements in chronic low back pain. (52)
- **3.** Case Studies: Individual reports have highlighted the role of Setubandhasana in improving lumbar flexibility and reducing reliance on analgesics.

Recommendations for Practice:

For individuals with back pain, incorporating Setubandhasana into a yoga regimen can be beneficial. Guidelines for safe practice include:

- 1. Warm-Up Exercises: Engage in gentle stretches to prepare the muscles.
- **2. Proper Alignment**: Ensure the knees and feet remain aligned to prevent strain on the lower back.
- 3. Gradual Progression: Start with short holds and progressively increase duration.
- **4. Supervision**: Practice under the guidance of a certified yoga instructor, especially for beginners or those with severe pain.

Limitations and Future Directions:

While evidence supports the efficacy of Setubandhasana in back pain management, several limitations exist:

- 1. Heterogeneity of Studies: Variations in study designs and interventions make it challenging to isolate the specific effects of Setubandhasana.
- 2. Lack of Long-Term Data: Few studies have examined the sustained benefits of yoga postures.
- **3. Individual Variability**: Differences in anatomy and pain etiologist necessitate personalized approaches.

Future research should focus on:

- 1. Conducting large-scale, high-quality randomized controlled trials to validate findings.
- 2. Investigating the biomechanical effects of Setubandhasana using advanced imaging techniques.
- 3. Exploring the integration of yoga postures into multidisciplinary pain management programs.

Conclusion:

Setubandhasana holds significant promise as a non-invasive, cost-effective intervention for managing back pain. By addressing both physical and psychological aspects of pain, this

yoga posture offers a holistic approach to improving spinal health and overall well-being. Further research and widespread adoption of evidence-based yoga practices can enhance the quality of life for individuals suffering from back pain.

Setubandhasana stands out as a promising yoga posture for back pain management, offering physical and psychological benefits that address the complexities of the condition. Its potential to strengthen the back, improve posture, and promote relaxation underscores its value as part of a holistic approach to spinal health. With continued research and broader adoption, Setubandhasana can become an integral component of evidence-based interventions aimed at enhancing the quality of life for individuals suffering from back pain.

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The Efficacy of Herbal Drug Interventions, Yogic Therapy and Lifestyle Modifications in Alleviating Chronic Low Back Pain

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Abstract: Low back pain (LBP) is a prevalent condition affecting millions worldwide. It is a prevalent musculoskeletal disorder that significantly impacts quality of life and work productivity. Conventional treatments often involve analgesics, physical therapy, and invasive procedures, but alternative approaches such as herbal interventions, vogic therapy, and lifestyle modifications have gained attention for their holistic benefits. This review explores the efficacy of these integrative therapies in alleviating CLBP. Herbal interventions, including antiinflammatory and analgesic herbs like Nyctanthes arbor-tristis (Parijat), Moringa Oleifera (Sahjan), Vitex negundo (Nirgudi), Withania somnifera (Ashwagandha), and Pluchea lanceolata (Rasana), have shown promise in reducing pain and inflammation. These botanicals modulate inflammatory pathways, improving musculoskeletal function with minimal side effects. Yogic therapy, incorporating asanas, pranayama, and meditation, enhances spinal flexibility, strengthens core muscles, and reduces stress-related pain exacerbation. Scientific studies highlight yoga's role in improving functional mobility and pain perception in CLBP patients. Additionally, lifestyle modifications, such as posture correction, ergonomic adaptations, dietary optimization, and stress management, contribute to long-term pain relief and prevention. Integrative approaches that combine these interventions have demonstrated superior outcomes compared to standalone treatments.

Keywords: Chronic Low Back Pain, Herbal Medicine, Integrative Medicine, Yogic Therapy, Lifestyle Modifications

1. Introduction: People experience Lower back pain (LBP) as a common musculoskeletal disorder. While modern medicine offers pain relievers and physical therapy, Yoga and Ayurveda provide a holistic approach to addressing the root causes of pain, improving spinal health, and preventing recurrence. Chronic low back pain (CLBP) lasts longer than three months or exceeds the average recovery time¹. It affects people of all ages and is associated with smoking, obesity, sedentary jobs, and low socioeconomic status. An aging and expanding global population is contributing to its spread². Between 70% and 80% of adults will experience

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¹ Paolucci, T., Attanasi, C., Cecchini, W., Marazzi, A., Capobianco, S. V., & Santilli, V. (2018). Chronic low back pain and postural rehabilitation exercise: a literature review. *Journal of pain research*, 95-107.

² Dionne, C. E., Dunn, K. M., Croft, P. R., Nachemson, A. L., Buchbinder, R., Walker, B. F., ... & Von Korff, M. (2008). A consensus approach toward the standardization of back pain definitions for use in prevalence studies. *Spine*, *33*(1), 95-103.

CLBP At some point in their life¹. Women have a roughly 50% greater prevalence of CLBP compared to men². Research shows that 23% of adults worldwide experience persistent low back pain, with a 24%–80% recurrence rate. CLBP diagnosis and treatment require multidisciplinary care. Microsocial treatment is the best for non-specific CLBP³. Disability is a major issue in CLBP because it affects physical performance and job productivity⁴. Chronic pain makes physical activity difficult. Chronic pain and mental illness often co-occur. Without treatment, these disorders can cause serious disability and a lower quality of life⁵. Depression and anxiety are the most common co-occurring illnesses with chronic pain. Anxiety, pain, and depression cause clinical depression.

Scientific studies show that yoga can improve spinal mobility and reduce pain, analgesic use, and disability⁶. Numerous studies have shown that yoga is safe and effective for musculoskeletal issues, reducing pain and improving function⁷. Yogic lifestyle modification is more effective than exercise at treating chronic low back pain. Yoga is more therapeutic than physical therapy⁸. Yoga improves spinal flexibility and strength, helping low back pain sufferers⁹. Mental functioning, pain catastrophizing, pain acceptance, and joint and muscular flexibility can also improve.

Causes of Low Back Pain

Low back pain (Katishoola) is a general condition in both Ayurveda and modern medicine. Below is a comparison of the causes according to both perspectives:

¹ Bhatta, M., Patil, S. S., Yadav, S. S., Somanadhapai, S., & Thapa, R. (2024). Effects of yoga and add on Ayurvedic Kati Basti therapy for patients with chronic low back pain: A randomized controlled trial. *Journal of Ayurveda and Integrative Medicine*, 15(4), 101030.

² Ganesan, S., Acharya, A. S., Chauhan, R., & Acharya, S. (2017). Prevalence and risk factors for low back pain in 1,355 young adults: a cross-sectional study. *Asian spine journal*, 11(4), 610.

³ Allegri, M., Montella, S., Salici, F., Valente, A., Marchesini, M., Compagnone, C., ... & Fanelli, G. (2016). Mechanisms of low back pain: a guide for diagnosis and therapy. *F1000Research*, 5.

⁴ Doualla, M., Aminde, J., Aminde, L. N., Lekpa, F. K., Kwedi, F. M., Yenshu, E. V., & Chichom, A. M. (2019). Factors influencing disability in patients with chronic low back pain attending a tertiary hospital in sub-Saharan Africa. *BMC musculoskeletal disorders*, 20, 1-11.

⁵ Delitto, A., George, S. Z., Van Dillen, L., Whitman, J. M., Sowa, G., Shekelle, P., ... & Werneke, M. (2012). Low back pain: clinical practice guidelines linked to the International Classification of Functioning, Disability, and Health from the Orthopaedic Section of the American Physical Therapy Association. *Journal of orthopaedic & sports physical therapy*, 42(4), A1-A57.

⁶ Tekur, P., Nagarathna, R., Chametcha, S., Hankey, A., & Nagendra, H. R. (2012). A comprehensive yoga programs improves pain, anxiety and depression in chronic low back pain patients more than exercise: an RCT. *Complementary therapies in medicine*, 20(3), 107-118.

⁷ Ward, L., Stebbings, S., Cherkin, D., & Baxter, G. D. (2013). Yoga for functional ability, pain and psychosocial outcomes in musculoskeletal conditions: A systematic review and meta-analysis. *Musculoskeletal care*, 11(4), 203-217.

⁸ Saper, R. B., Sherman, K. J., Delitto, A., Herman, P. M., Stevans, J., Paris, R., ... & Weinberg, J. (2014). Yoga vs. physical therapy vs. education for chronic low back pain in predominantly minority populations: study protocol for a randomized controlled trial. *Trials*, 15, 1-21.

⁹ Chuang, L. H., Soares, M. O., Tilbrook, H., Cox, H., Hewitt, C. E., Aplin, J., ... & Torgerson, D. J. (2012). A pragmatic multicentered randomized controlled trial of yoga for chronic low back pain: economic evaluation. *Spine*, *37*(18), 1593-1601.

I. Causes of Low Back Pain in Ayurveda

The oldest Indian medical system defines low back pain as the most common symptom of musculoskeletal disorders, called Kati Soola in Ayurveda¹. Because Vata Dosha is activated, this illness affects the musculoskeletal system. Shleshmadhara Kala (joint between vertebrae) secretes Shesmaka Khapa to lubricate and reduce friction during vertebral column movements². Kati Soola signs of several musculoskeletal diseases, including Vataja Shoola, Trika Vedana, Prushta Shools, Kat Vayu, Trika Graha, and Grudrasi Vata. Common reasons:

A. Dosha Imbalance³

- ➤ Vata Dosha (Air & Ether Element) Dryness, degeneration, and nerve irritation.
- ➤ Kapha Dosha (Water & Earth Element) Stiffness and heaviness.
- > Pitta Dosha (Fire Element) Inflammation and burning sensations.

B. Nidana (Causes)⁴

- ➤ Ajeerna (Indigestion & Poor Digestion)⁵ This leads to Ama (toxins), causing stiffness and pain.
- ➤ **Dhatukshaya (Tissue Degeneration)** Loss of bone mass (Asthi Kshaya) or muscle weakness (Mamsa Kshaya).
- > Sandhigata Vata (Osteoarthritis-like condition) Degeneration of joints and vertebrae.
- ➤ Gridhrasi (Sciatica) Radiating pain due to nerve compression.
- > Agantuja (External Causes) Trauma, improper posture, excessive lifting.
- **Vyayama Atichar (Excessive Exercise)** Overuse of muscles and ligaments.
- ➤ Shayyasana Dosha (Wrong Sitting & Sleeping Posture) Prolonged sitting, soft mattresses, or poor posture.
- ➤ Mental Stress (Manasika Nidana) Anxiety and stress aggravate Vata, leading to tension and stiffness.

II. Causes of Low Back Pain in Modern Science

Modern medicine classifies low back pain into mechanical, inflammatory, infectious, and systemic causes:

¹ Gupta, S., Patil, V., & Sharma, R. (2016). Diagnosis and management of Katishoola (low back pain) in Ayurveda: A critical review. *Ayushdhara*, 3, 764-9.

² Falkenbach, A., & Oberguggenberger, R. (2003). Ayurveda in ankylosing spondylitis and low back pain. *Annals of the rheumatic diseases*, 62(3), 276-277.

³ Manda, K., Maharaj, M., & Abdul-Rasheed, A. (2020). Diagnosis and management of neck pain: A qualitative study of perceptions of Ayurvedic practitioners in South Africa. *African Journal for Physical Activity and Health Sciences (AJPHES)*, 26(4), 410-426.

⁴ Verma, P., Kanaujia, S., Surve, S., & Pathak, A. K. Approach and Management Strategies for Radicular Low Back Pain in Ayurveda: The Classical and Emerging Methods.(2024). *Int. J. Life Sci. Pharma Res.* 14(2), L1-L7.

⁵ Parashar, L. K., Singh, S. K., & Kumar, A. (2021). AN AYURVEDIC REVIEW ON ETIOPATHOGENESIS AND MANAGEMENT OF AJIRNA (INDIGESTION).

A. Mechanical Causes¹

- ➤ Muscle Strain or Ligament Sprain Overstretching or tearing of muscles/ligaments.
- ➤ Herniated Disc (Slipped Disc) Nerve compression due to displacement of spinal discs.
- **Degenerative Disc Disease** Age-related wear and tear of intervertebral discs.
- > Spinal Stenosis Narrowing of the spinal canal, causing nerve compression.
- **Facet Joint Dysfunction** Arthritis in spinal joints.
- > Spondylolisthesis Vertebral displacement leading to instability.

B. Inflammatory² & Autoimmune³ Causes

- ➤ Ankylosing Spondylitis Chronic inflammation affecting the spine.
- > Rheumatoid Arthritis Autoimmune attack on joints causing pain and stiffness.

C. Infectious & Systemic Causes⁴

- ➤ Osteomyelitis (Spinal Infection) Bacterial infection affecting vertebrae.
- ➤ Tuberculosis (Pott's Disease) TB infection of the spine leading to vertebral destruction.
- ➤ Kidney Stones & Urinary Tract Infections (Referred Pain) Pain radiating to the lower back.

D. Neurological⁵ Causes

- > Sciatica (Gridhrasi in Ayurveda) Nerve pain due to disc herniation or compression.
- Cauda Equina Syndrome Compression of the lower spinal nerves, requiring urgent treatment.

E. Lifestyle-Related Causes⁶

- ➤ Poor Posture & Sedentary Lifestyle Prolonged sitting leads to muscle weakness and strain
- ➤ Obesity Excess weight puts pressure on the spine.
- > Smoking & Poor Nutrition Reduces blood supply, slowing tissue repair

2. Herbal Drug Compounds for Low Back Pain

Herbal medicine plays a crucial role in the management of LBP due to its anti-inflammatory,

¹ Shivashimpar, P., & Chavan, S. G. (2024). A review article on Katrigraha vis-à-vis Mechanical low back pain and its management through Ayurveda. *Journal of Ayurveda and Integrated Medical Sciences*, 9(1), 132-136.

² Van den Berg, R., Jongbloed, E. M., De Schepper, E. I. T., Bierma-Zeinstra, S. M. A., Koes, B. W., & Luijsterburg, P. A. J. (2018). The association between pro-inflammatory biomarkers and nonspecific low back pain: a systematic review. *The Spine Journal*, 18(11), 2140-2151.

³ Karakas, O., Armagan, B., Kilic, D. T., Ulusoy, B. O., Atalar, E., Koseoglu, H. T., ... & Erten, S. (2024). A disease to consider in the differential diagnosis of lower back pain: Celiac disease and related autoimmune disorders. *ANKARACITY HOSPITAL MEDICAL JOURNAL*, 3(1), 300.

⁴ Deyo, R. A. (1986). Early diagnostic evaluation of low back pain. *Journal of General Internal Medicine*, 1(5), 328-338.

⁵ Seçer, M., Muradov, J. M., & Dalgic, A. (2009). Evaluation of congenital lumbosacral malformations and neurological findings in patients with low back pain. *Turkish neurosurgery*, 19(2).

⁶ Guan, J., Liu, T., Gao, G., Yang, K., & Liang, H. (2024). Associations between lifestyle-related risk factors and back pain: a systematic review and meta-analysis of Mendelian randomization studies. *BMC Musculoskeletal Disorders*, 25(1), 612.

analgesic, and muscle-relaxant properties. Some key herbal compounds include:

- I. Nyctanthes arbor-tristis (Parijat)¹ Ayurvedic practitioners use Harsingar leaves for inflammatory conditions due to their anti-inflammatory properties. The water-soluble fraction of the ethanol extract exhibited significant anti-inflammatory activity against acute inflammatory edema in rats caused by carrageenin, formalin, histamine, 5-hydroxytryptamine, and hyaluronidase. Turpentine oil-induced knee joint inflammation in rats was significantly reduced by the extract.
- II. Moringa Oleifera (Sahjan)²- The scientific literature reports antibiotic, antitrypanosomal, hypotensive, antispasmodic, antiulcer, anti-inflammatory, hypocholesterolemic, and hypoglycemic effects of moringa extracts, decoctions, creams, oils, powders, and porridges. HIV/AIDS treatment might include moringa powder as an immune stimulant. Folk medicine uses moringa flowers, leaves, roots, and seeds to treat various tumors, including abdominal tumors.
- III. Ashwagandha (Withania somnifera)³ Chronic non-specific lower back pain has led to increased interest in botanical products to reduce pain and improve function. There is little evidence that herbal medicine helps back pain. Has adaptogenic and anti-inflammatory properties that reduce pain and stress-induced muscle tightness.
- **IV. Nirgundi** (**Vitex negundo**)^{4,5} Vitexin and flavonoids control neutrophil and macrophage recruitment and activation to reduce inflammation. Vitexin decreases leukocyte migration in RAW 264.7 mice and decreases TNF-α, IL-1β, and NO release in the peritoneal cavity of lipopolysaccharide-challenged mice. Vitexin reduces p-p38, p-ERK1/2, and p-JNK in LPS-elicited cells. Lignin in V. negundi reduces inflammation. VN leaf oil inhibits COX-2 without affecting COX-1 and is potently anti-inflammatory. Casticin from V. rotundifolia and V. agnus-castus reduces inflammation in vivo. Whole-body C57BL/6 mice were exposed to mainstream cigarette smoke (CS) or fresh air for 2 weeks. Casticin inhibits neutrophils, macrophages, and lymphocytes and lowers BALF proinflammatory cytokines and chemokines.

² Bhatt, L., Samota, M. K., & Nautiyal, M. K. (2019). Potential of underutilized, neglected or untrapped vegetables. *Journal of Pharmacognosy and Phytochemistry*, 8(2), 1650-1653.

¹ Saurabh, C., & Pandey, K. K. Role of Herbal Analgesic Drugs and Their Clinical Applications In Osteosarcoma Induced Pain.

³ Pérez-Piñero, S., Muñoz-Carrillo, J. C., Echepare-Taberna, J., Luque-Rubia, A. J., Millán Rivero, J. E., Muñoz-Cámara, M., ... & López-Román, F. J. (2024). Dietary supplementation with plant extracts for amelioration of persistent myofascial discomfort in the cervical and back regions: a randomized double-blind controlled study. *Frontiers in Nutrition*, *11*, 1403108.

⁴ Maurya, A., Pal, S., Pandey, K. K., Mishra, P. K., Yadav, V. S., & Kumar, R. An Overview of Nirgundi (Vitex negundo): A Traditional Ayurvedic Herb for Pain Relief and Healing.

⁵ Lee, H., Jung, K. H., Lee, H., Park, S., Choi, W., & Bae, H. (2015). Casticin, an active compound isolated from Vitex Fructus, ameliorates the cigarette smoke-induced acute lung inflammatory response in a murine model. *International immunopharmacology*, 28(2), 1097-1101.

3. Pluchea lanceolata (Rasana)¹ - Phytochemicals, biological, and pharmacological activities of P. lanceolata, including anti-inflammatory, anti-arthritis, anticancer, muscle relaxant, CNS stimulant, anti-implantation, immunosuppressant, contraceptive, and toxicological effects, and their use in traditional systems are critically evaluated

4. Yoga for Low Back Pain Relief

Yoga is an ancient practice that enhances flexibility, strengthens muscles, and improves posture, thereby alleviating LBP. Some beneficial yoga postures include:

- I. Asanas (Postures): according to hatha yogis asanas open energy channels and psychic centers, Controlling the body through these practices helps them control the mind and energy². Yogasanas provided a stable foundation for exploring the body, breath, mind, and higher states. It improves spinal flexibility, lower back tension, back muscle stretching and strengthening, lower back and circulation, spine and core muscle strengthening. According to yoga scriptures, there were 8,400,000 asanas, representing the 8,400,000 incarnations each person must go through before liberation from birth and death. Through these asanas, life evolved from its simplest form to that of a fully realized human. Famous rishis and yogis have modified and reduced the number of asanas to a few hundred. They can avoid karmic cycles and skip many evolutionary stages in one lifetime through practice. Only the 84 most useful of these few hundred are discussed. There are some asanas described that play a crucial role in Katishool (LBP) Patients. Tadasana (Palm tree pose), Tiryaka Tadasana (Swaying Palm Tree Pose), Advasana (Reverse Corps Pose), Marjhari Asana (Cat Pose with Movement), Bhujangasana (Cobra Pose), Ardh Shalabhasana (Half Locust Pose), Shalbhasan (Locust Pose), Viprit Naukasana (Reverse Boat Pose), Dhanurasana (Bow pose), Makarasana (Crocodile pose), Setubandhasana (Bridge Pose), Matsyasana (Fish pose) and Supta Udarakarshanasana (Sleeping Abdominal Stretch Pose).³
- II. Pranayama (Breathing Techniques): The body's most vital process is breathing. It affects every cell and, most importantly, brain function. Humans breathe 15 times per minute, 21,600 times daily. Respiration burns oxygen and glucose to power every muscle contraction, glandular secretion, and mental process. The breath is central to all human experience. Most people breathe improperly, using only a small portion of their lung capacity. Breathing becomes shallow, depriving the body of oxygen and prana needed for health. This section begins with five breathing exercises to teach proper breathing. They also draw attention to breathing, which is often overlooked. Practitioners increase vital capacity and prepare for pranayama by becoming sensitive to the respiratory process and

¹ Srivastava, P., & Shanker, K. (2012). Pluchea lanceolata (Rasana): Chemical and biological potential of Rasayana herb used in traditional system of medicine. *Fitoterapia*, 83(8), 1371-1385.

² Saraswati, S. S., & Hiti, J. K. (1996). *Asana pranayama mudra bandha* (pp. 978-8186336144). Bihar, India: Yoga Publications Trust.

³ Maurya, A., Tripathi, V., Pandey, K. K., Yadav, V. S., Kumar, M., Mishra, P. K., ... & Kumar, R. (2024). Development, Validation, And Feasibility Of Yogic Practices For Low Backache (LBA) With Mental Stress.

⁴ Saraswati, S. S., & Hiti, J. K. (1996). *Asana pranayama mudra bandha* (pp. 978-8186336144). Bihar, India: Yoga Publications Trust.

retraining pulmonary cavity muscles. Calm, contentment stimulates rhythmic, deep, slow respiration. Irregular breathing disrupts brain rhythms and causes physical, emotional, and mental blocks. These cause inner conflict, personality imbalance, lifestyle disorders, and disease. Pranayama reverses this negative cycle by establishing regular breathing patterns. It does so by controlling the breath and restoring gentle body and mind rhythms. Anulom-Vilom (Alternate Nostril Breathing), Bhramari (Humming Bee Breath), and Ujjayi Pranayama (The Psychic Breath) pranayama described which are playing a crucial role in Katishool (LBP) Patients. It affects people as Calms the nervous system and balances Vata reduces stress, and relaxes spinal tension.

III. Meditation & Relaxation: All meditation practices aim to control attention and emotions. Here meditation is divided into two types: concentrative and mindfulness. Concentrative meditation involves focusing on an image or mantra without distractions. Mindfulness meditation emphasizes present-moment awareness and open, non-judgmental awareness. Clinicians have used these meditation practices for fibromyalgia, migraine, chronic pelvic pain, irritable bowel syndrome, cancer-related pain, and chronic low back pain. Yoga Nidra (Deep Relaxation with full body scan) also plays a crucial role among lower back patients as helps reduce stress-induced back pain

5. Lifestyle Modifications for Long-Term Relief

Lifestyle modifications play a crucial role in achieving long-term relief from various chronic conditions, including metabolic disorders, cardiovascular diseases, and mental health issues. This paper explores the significance of sustainable lifestyle changes, such as balanced nutrition, regular physical activity, stress management, and adequate sleep, in promoting overall well-being¹. It also highlights the impact of unhealthy habits, such as poor dietary choices, sedentary behaviour, and chronic stress, on long-term health deterioration. Evidence-based strategies, including mindful eating, structured exercise programs, and behavioural interventions, are discussed to emphasize their effectiveness in disease prevention and management. By adopting personalized and consistent lifestyle modifications, individuals can enhance their quality of life, reduce dependence on medications, and achieve long-term health benefits².

Implementing lifestyle modifications can significantly reduce the recurrence of LBP. Key recommendations include³:

• **Posture Correction** - Maintaining proper spinal alignment while sitting, standing, and sleeping to reduce strain on the lower back.

¹ Nijs, J., Malfliet, A., Roose, E., Lahousse, A., Van Bogaert, W., Johansson, E., ... & Huysmans, E. (2024). Personalized multimodal lifestyle intervention as the best-evidenced treatment for chronic pain: state-of-the-art clinical perspective. *Journal of Clinical Medicine*, *13*(3), 644.

² Nijs, J., Malfliet, A., Roose, E., Lahousse, A., Van Bogaert, W., Johansson, E., ... & Huysmans, E. (2024). Personalized multimodal lifestyle intervention as the best-evidenced treatment for chronic pain: state-of-the-art clinical perspective. *Journal of Clinical Medicine*, *13*(3), 644.

³ Chen, L. H., Weber, K., Mehrabkhani, S., Baskaran, S., Abbass, T., & Macedo, L. G. (2022). The effectiveness of weight loss programs for low back pain: a systematic review. *BMC Musculoskeletal Disorders*, 23(1), 488.

- **Regular Exercise** Incorporating stretching, strength training, and low-impact activities like walking to enhance muscle support.
- Ergonomic Adjustments Using supportive chairs, proper desk setup, and avoiding prolonged sitting to prevent postural imbalances.
- **Balanced Diet** Consuming anti-inflammatory foods like fresh fruits, vegetables, nuts, and herbal teas to reduce inflammation.
- **Stress Management** Practicing meditation, deep breathing, and relaxation techniques to prevent stress-induced muscle tension.
- **6. Conclusion:** Yoga and Ayurveda offer a natural, side-effect-free approach to managing low back pain by addressing its root causes. A combination of Ayurvedic therapies, herbal remedies, Yoga postures, and lifestyle modifications can help in long-term pain relief and overall spinal health. Traditional healing approaches, including herbal medicine, yoga, and lifestyle modifications, have been used for centuries to manage and alleviate LBP. These methods not only address the symptoms but also work on the root causes, promoting overall well-being. Despite growing evidence, more rigorous clinical trials are necessary to standardize herbal formulations, yoga protocols, and lifestyle guidelines. A multidisciplinary approach integrating traditional wisdom with modern medical insights may offer sustainable and cost-effective solutions for CLBP management. This study underscores the need for further research and awareness to validate and implement these interventions for broader clinical acceptance.

Importance of Yoga in Sports

Saty Prakash* Khileshwari**

Abstract: The purpose of this study was to evaluate how Yoga can be beneficial for both physical and mental benefits to the body and mind of a sportsperson. Yoga has been practiced from ancient years. Yoga helps the muscles, tendons, and ligaments move through a full range of motion, thus cultivating balance and core strength which is a huge benefit to athletes in their chosen sports. Yoga exercises improve the circulation of blood thus providing more oxygen to the body. Along with this yoga asanas help in strengthening the concentration power, mind body connection, self discipline, reduce anxiety and enhance energy levels. Yoga has been considered a way of life; one can not only achieve the targets of staying healthy and fit through practicing yoga but also it can totally change the behavior and psychological outlook of a person.

Keyword: yoga, exercise, physical and mental benefits, sportsperson

Introduction: Yoga is a discipline to improve or develop one's inherent power in a balanced manner. It offers the means to attain complete self-realization. The word "Yoga" originates from Sanskrit and means "to join, to unite". Yoga exercises have a holistic effect and bring body, mind, consciousness and soul into balance. The main goals of "Yoga in Daily Life" are Physical Health, Mental Health, Social Health, Spiritual Health, Self-Realization or realization of the Divine within us. These goals are attained by Love and help for all living beings, Respect for life, protection of nature and the environment, A peaceful state of mind, Full vegetarian diet, Pure thoughts and positive lifestyle, Physical, mental and spiritual practices, Tolerance for all nations, cultures and religions. Yogic techniques are known to improve one's overall performance. Pranayama is an important, yet little known part of Yoga. Until recently, this art and science of yogic breathing was almost completely unknown to the common man like many other ancient Indian arts. Pranayama techniques act to purify the nadis including these three main energy channels. The concepts and practices of Yoga originated in India about several thousand years ago. Its founders were great Saints and Sages. The great Yogis presented rational interpretation of their experiences of Yoga and brought about a practical and scientifically sound method within every one's reach. Yoga today, is no longer restricted to hermits, saints, and sages; it has entered into our everyday lives and has aroused a worldwide awakening and acceptance in the last few decades. The science of Yoga and its techniques have now been reoriented to suit modern sociological needs and lifestyles. Experts of various branches of medicine including modern medical sciences are realizing the role of these techniques in the prevention and mitigation of diseases and promotion of health. Yoga is one of the six systems of Vedic philosophy. Maharishi Patanjali, rightly called "The Father of Yoga"

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compiled and refined various aspects of Yoga systematically in his "Yoga Sutras" (aphorisms). He advocated the eight folds path of Yoga, popularly known as "Ashtanga Yoga" for all-round development of human beings. They are:- Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana and Samadhi. These components advocate certain restraints and observances, physical discipline, breath regulations, restraining the sense organs, contemplation, meditation and samadhi. These steps are believed to have a potential for improvement of physical health by enhancing circulation of oxygenated blood in the body, retraining the sense organs thereby inducing tranquility and serenity of mind. The practice of Yoga prevents psychosomatic disorders and improves an individual's resistance and ability to endure stressful situations.

Importance of yoga in daily life: Yoga in Daily Life is a system of practice consisting of eight levels of development in the areas of physical, mental, social and spiritual health. When the body is physically healthy, the mind is clear, focused and stress is under control. This gives the space to connect with loved ones and maintain socially healthy relationships. When you are healthy you are in touch with your inner Self, with others and your surroundings on a much deeper level, which adds to your spiritual health. Yoga increases the flexibility of the spine, improves body's physical condition and heightened awareness to the importance of relaxation. It has been emphasized that each exercise be practiced slowly, coordinating movement with the breath, pausing motionless in each position and always with full concentration. Yoga is both preventive and therapeutic and has shown to offer both physical and mental benefits to the body and mind. Yoga is distinctly different from other kinds of exercise as it generates motion without causing strain and imbalances in the body. Therefore the practice is an ideal complement to other forms of exercise and an extreme advantage to any sport. The "postures" are the physical positions that coordinate breath with movement and we hold these positions to stretch and strengthen different parts of the body. They systematically work all the major muscle groups, including the back, neck, and shoulders, deep abdominals, hip and buttock muscles and even ankles, feet, wrists and hands. Although most poses are non aerobic in nature, they do in fact send oxygen to the cells in the body by way of conscious deep breathing and sustained stretching & contraction of different muscle groups. Yoga can help to check any imbalance in muscular development and will enable the body to function more efficiently. If the body is flexible and supple, it will be less prone to sports injuries as the joints will be kept lubricated. "When the surface of a lake is still, one can see to the bottom very clearly" this is impossible when the surface is agitated by waves. In the same way, when the mind is still we can control mental agitation by focusing on perfect concentration. When a player, in any sport, is trying to fulfill thousands, hundreds of thousands or if playing for their country, millions of people's expectations their minds are completely stressed, and their natural efficiency diminishes. No amount of coaching or training can prepare for doubt or worry entering the mind of a player during a game. By holding steady postures and concentrating on deep abdominal breathing we can increase body awareness, relieve chronic stress patterns in the body, relax the mind, center ones attention, sharpen concentration and "stay in the zone!" Many athletes are having more injuries that require surgery because of the increased focus on strength training with weight resistance. This method for increasing strength and muscle mass is highly effective and efficient, yet it dramatically decreases flexibility. However, if yoga or other types of

prolonged stretching are practiced in combination with strength training and practical application exercises (using the body in a way that mimics the movements of their particular sport, while performing a balancing or core movement), injury can be minimized during engagement in other competitive sports that call for the athlete to be more spontaneous with their bodies, calling for overextended reaches, lunges, falls, etc., all of which increase the odds of injury, opposed to the safety of controlled mechanical motion used in weight room workouts. With yoga, the athlete will not only increase flexibility, but also increase poise and balance from the practice of the yoga holding/balancing poses. When balancing poses are mastered the athlete is then conditioned to unconsciously recover from any imbalances their body may experience, staying centered in action, moment by moment during play. This is when the athlete begins to perform miraculous stunts. He is able to use his body in ways he never thought possible while remaining centered and injury free. Yoga also helps strengthen connective tissue, break down adhesions (tiny scar tissue) from old injuries and over-training that have tightened as we age, thus helping create mobility of the joints and an anti-aging posture. The deep rhythmic breathing performed in yoga also creates and builds up one's life force energies or Prana.

Meditation: Meditation is somewhat synonymous with self-reflection, or turning our gaze inwards helping us to transform our mind (I almost think of it as exercise for our brain). Through controlled breathing, visualization, and clearing of the mind we gain all sorts of insight as to who we are. Increased selfawareness, concentration, and mental clarity are all benefits we typically see with consistent (this is the part I know I always struggle with) meditation practice. By simply being in the space and body that we are, we not only help ourselves to better understanding our self, but our behaviors as well (this includes the habits we may practice). Yoga and meditation have fit together over hundreds of years, helping people stay both physically and cognitively fit. By bringing these two practices together, we become better informed and in tune with our bodies and mind – ultimately it connects us with ourselves, helping us to become a more well-rounded individual. Through bringing these two aspects of ourselves together we see greater success with developing and maintaining healthy habits over time.

The role of yoga in sport and exercise: Yoga is a discipline that seers and saints have been practicing since ancient times to bring flexibility to the spine and joints, to keep the muscles of the body pliable and youthful, increase circulation in arteries and strengthen internal organs. And yet, yoga is so much more than this. Yoga has been said to help strengthen the power of concentration, to banish constipation, to relieve stomach disorders, improve muscle coordination and reduce excess body fat. Yoga has also been said to strengthen the mind-body connection, bring calmness and relaxation to mind, enhance self-confidence, strengthen selfdiscipline and self-resolve, reduce stress / anxiety and increase vitality and energy throughout the body. Evidently, it would appear that yoga has extensive benefits and can help us to be a more balanced, relaxed, focused, efficient and effective person. The benefits of yoga can thus be applied to a variety of disciplines including professional sporting athletes.

In order to understand how Yoga can benefit professional sports persons, it is necessary

to explore what is required to play a sport and play it well. It is well acknowledged that to play any sport, whether it be tennis, volleyball, surfing, swimming or running, we must develop the basic skills and continually train the body so that we can apply the skill in a refined and polished way. This of course requires considerable time, energy and commitment to practice the skill at hand. Having a body that is flexible, strong and controlled is also another important consideration, if one is not able to move the body with the grace, velocity and speed required, then performance will be lackluster. Similarly, if a person is not able to maintain endurance or stamina for the required duration, the performance will be diminished. In order to play a sport well, it is also necessary that a person is able to focus and concentrate with confidence on the task at hand without distraction or timidity. As such, dealing with distractions, adversity and stress is an important component. As such, in addition to being able to maintain mental poise and balance, it is essential for a professional athlete to have a high degree of alertness, concentration and focus throughout the sporting match / event. How then can yoga assist in strengthening the mind and body to allow a sports person to perform at their highest potential? Yoga is the application of physical postures, control of breath, purification and relaxation of mind / body and spiritual principles aimed at bringing greater unity and balance to the mind and body. Yoga teachers a person how to link the mind and body and to come into the present. The use of pranayama and breathing techniques prescribed in Yoga enables a person to focus on breath and helps to calm and still the mind and cultivate concentration ability. Swami Vishnudevananda mentions the importance of pranayama for strengthening concentration and calmness of mind through stillness of breath, he states "through pranayama, man's will-power, selfcontrol and concentration power can be increased". Internal cleansing methods prescribed in Hatha Yoga are beneficial for professional athletes to not only improve purity of body and overall physical wellbeing, but to also enhance one's concentration ability as well. Swami Vishnudevananda highlights this point, he states "when the body is free from physical impurities, the concentration power of the mind increases to a very high degree." Pranayama can also help to energise and revitalize the body. The prescription of Yoga asanas also help to develop the control and concentration of the mind. Being able to hold a posture with steadiness, relaxation and comfort requires that a person is able to focus their mind for an extended period of time. This helps for developing strength and concentration in mind / body and is beneficial to playing sports at highly competitive levels. Asanas also help to create harmony and balance between the mind and body and help to achieve a healthy body and stable mind, they are aids for controlling the mind through physical discipline. Through asana the functioning and efficiency of internal organs is improved and this consequently effects all other parts of the body in a positive manner. Cells are nourished and revitalized and the internal functioning of body organs is enhanced.

The importance of yoga can be described through the following aspects:

Breathing & Yoga: Breathing is directly related to the performance. A player can reduce the anxiety and improve concentration through deep breathing. Meditation trains the mind to block out all worries of game and helps to focus on the present situation. One of the greatest living batsmen in the world in cricket vivo Richard of West Indies had to bat low down in the test because of headache due to sinus. Yoga regards sinus as a minor problem as it can be cured

through breathing techniques. Many players experience stress and anxiety especially at the time of competition. Breathing techniques can contribute in lessening anxiety and pressure of those moments.

Core strength mechanism: - Yoga postures are all about building core strength. Core strength exercises strengthen the core muscles like abdominal muscles, back muscles, hip flexors, hip adductors, gluteal, diaphragm muscles etc. Strong core muscles make it easier to do varied kind of physical activities. Core exercises train the muscles in pelvis, lower back, hips and abdomen to work in harmony. This leads to better balance and stability, whether on the playing field or in daily activities. In fact, most sports and other physical activities depend on stable core muscles.

Yoga balance exercise & athlete: - Yoga improves balance which is very much needed in every game. By practicing balancing moves in yoga, player can learn where to find the centre of gravity or balance, and then movements can be adjusted according to the situations

Strength & Yoga:- Yoga increases an athlete's strength. Strengthening in yoga requires entire body to be working as a unit so that the strengthening one muscle group is connected to that of another muscle group. Yoga works on muscles that support the spine and strengthening them, gives the body more flexibility. Yoga balances out posture, improving alignment when the body is out of alignment. Regular exercises make strong body to feel good.

Kinesthetic: - Yoga discover and explore Kinesthetic awareness. It has a wonderful effect on every team sport because it helps to be more aware of both the teammates and the opposition.

Agility & yoga: - Agility is an ability of individual to move body position easily and quickly according to the situation. Yoga helps in improving agility. The combination of total body strength, flexibility, posture and balance is aimed to improve body's ability to move freely, quickly and without pain.

Yoga and Nervous System: - The human body is a very efficient, self generating chemical factory as well as giant power station practically regulated by the nervous system, resulting in excessive release of chemical from the glands under great pressure. Yoga practices provide a large variety of nervous stimulation and increases efficiency of the nerves

Conclusion: Yoga is able to mobilize joints, stretch tissues and ligaments, tone muscles, bring flexibility to the spine and strengthen internal organs. Yoga exercises are based on the formula of stretching, relaxation, deep breathing, increasing circulation and concentration. As such, yoga is beneficial to a professional athlete as it enables them to strengthen their concentration ability, foster a calm and relaxed mind, enhance the mind / body connection allowing an athlete to have greater muscle coordination and fluidity of movement. Yoga is also beneficial to a professional athlete as it positively contributes to the health and vitality of the body, strengthens internal organs such as the heart, lungs and liver and helps to maintain fitness and agility. Yoga also helps to reduce stress and anxiety, cultivate self-confidence and self-belief. All of these elements are pivotal to sporting excellence and peak performance. As highlighted above, in order to perform a sporting action efficiently and effectively, a person needs to have a high degree of concentration and focus with a mind that is calm and controlled. Swami Sivananda states the importance of mind control; he asserts "without concentration you cannot have success in any walk of life". Yoga can help a sportsperson to have evenness of mind and control

of their thoughts even during stress and/or adversity. Yoga is able to help a person have control over their body through control of their mind. As such, Yoga can play a key role in cultivating mind control and concentration which helps a sportsperson to perform at their peak level.

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Prevention of Svitra Kustha with special reference to Viruddhahara

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Abstract: This article explores the Ayurvedic approach to preventing Svitra kustha (leukoderma or vitiligo), focusing on dietary practices and lifestyle modifications. Ayurveda, the ancient science of life, highlights the importance of Ahara (diet), Nidra (sleep), and Brahmacarya (celibacy), with Ahara being the most critical for health. Diet is viewed as a primary factor in maintaining balance in the body and preventing disease, particularly through the regulation of the doshas (Vata, Pitta, and Kapha). Svitra, a chronic skin condition characterized by depigmented patches, is linked to imbalances in Vata and Pitta doshas. Viruddhahara, or incompatible food combinations, is identified as a significant cause of dosha imbalance, leading to conditions like Svitra kustha. Ayurvedic texts emphasize avoiding Viruddhahara to prevent unwanted waste materials accumulation (Ama) and digestive disturbances that contribute to skin diseases. Preventive dietary measures include consuming a Satvik Aahara (wholesome, easily digestible foods), following a Dinacharya (daily routine), and adjusting diet according to the seasons (Ritucharya). Additionally, regular physical exercise, stress management practices like yoga and meditation, and the use of Rasayana therapies (rejuvenating herbs) are recommended to support skin health. The holistic approach integrates diet, lifestyle, and mental well-being, aiming to balance the body's internal systems and prevent Svitra kustha. While more research is needed to validate these practices, the Ayurvedic framework offers a comprehensive and preventive approach to managing chronic skin conditions like Svitra kustha, combining ancient wisdom with modern health perspectives.

Key words- Svitra Kustha, Viruddhahara, dietary measures, Ama.

Introduction

Ayurveda, the ancient science of life, encompasses fundamental principles for maintaining a healthy lifestyle. It provides comprehensive guidance for individuals, both in good health and facing ailments, to preserve wellness throughout all stages of life. Among its pillars, Ahara (diet), Nidra (sleep), and Brahmacarya (celibacy) are essential¹, with Ahara being prioritized, emphasizing its critical role. Throughout history, food has been recognized as vital for human health, from nourishment to reproduction. It supplies the body with essential bioenergy through nutrients such as proteins, carbohydrates, fats, minerals, vitamins, and water. The practice of Aharavidhi (dietetics) is an ancient and sophisticated art, acknowledging

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nutrition's significance in body growth, development, and maintenance. Dietetics, the practical application of nutritional principles, involves planning meals for both healthy individuals and those with illnesses.

Ayurveda provides guidelines for dietary practices, emphasizing that adherence to these codes are crucial for reaping the benefits of food. Deviations from these dietary norms can lead to health issues. This non-compliance may be due to various factors. Ayurveda has long recognized the link between dietary habits and health, with recent scientific interest corroborating the role of diet in chronic diseases and heart ailments. Thus, there's a growing recognition that natural approaches, including dietary modifications, should be prioritized over medications for managing chronic conditions and non-emergency situations.

Throughout life, humans naturally seek change, and this inclination extends to their food and dietary habits. Unfortunately, due to ignorance or carelessness, individuals often overlook the harmfulness or harmlessness of their dietary choices. Consequently, they may face consequences for their uninformed decisions. According to Ayurveda, food that is non-beneficial or harmful is termed as Ahita Ahara², encompassing various items. Ayurveda introduces the concept of Viruddhahara, which is considered synonymous with Ahita Ahara due to its detrimental effects. Charaka describes Viruddhahara as food items that, instead of expelling morbid humors from the body, contribute to their accumulation. Additionally, he states that dietary substances antagonistic to bodily elements tend to disrupt the system.³ Viruddhahara serves as a significant causative factor for numerous diseases, ranging from mild to severe, acute to chronic, including serious ailments and genetic disturbances, sometimes resulting in death.⁴ This highlights the potent and lethal nature of Viruddha Ahara. Despite its profound impact, insufficient attention has been given to the causative factors and treatment of Viruddhahara in both Ayurveda and modern science. This presents a pressing issue for individuals who frequently consume incompatible food.

In viruddhahara one disease mentioned is kilas, which is also known as Svitra kustha. One soul-harrowing disease among various skin ailments is Svitra. It proves to be extremely distressing for both patients and physicians alike. For patients, it presents a major challenge due to its unsightly appearance, which can disrupt personal, familial, and social aspects of life. Additionally, the long-term treatment adds to their distress. For physicians, Svitra kustha poses a significant challenge as there is a lack of specific remedies for achieving a radical cure, and its prognosis tends to be poor. In Ayurveda, all skin diseases are classified under the heading of Kushtha, further divided into Maha Kushtha and Kshudra Kushtha.⁵ However, Svitra kustha was not initially categorized among the various types of Kushtha in the Brihattrayi. It was later included by various Acharyas. Although Svitra kustha is mentioned alongside other types of Kushtha, the distinction lies in its non-secretory and non-infectious nature, its involvement limited to the skin (Twak), unique causative factors, incurable symptoms, and chronicity. According to modern dermatology, Svitra kustha can be correlated with Vitiligo and Leucoderma. Svitra kustha is not a disease exclusive to the present era; it has afflicted humanity for a long time. Its impact extends beyond physical health, affecting mental well-being and social relationships. Superstitious beliefs regarding its contagious nature and its effect on

appearance contribute to societal neglect of those suffering from Svitra kustha. Svitra kustha is not a disease exclusive to the present era; it has afflicted humanity for a long time. Its impact extends beyond physical health, affecting mental well-being and social relationships. Superstitious beliefs regarding its contagious nature and its effect on appearance contribute to societal neglect of those suffering from Svitra kustha. Melanin pigment, responsible for skin color, is found in the external layer of the skin.⁶ In modern medicine, the whitening of skin in conditions like Svitra kustha is attributed to a deficiency of this pigment, either locally or throughout the body. Treatment options in modern medicine often include PUVA therapy and corticosteroids, which carry potential side effects such as skin burning, erythema, nausea, and increased risk of certain cancers. Given these challenges, there is a growing need for safer, simpler, and more effective approaches to managing Svitra kustha. The world eagerly awaits beneficial remedies from Ayurveda, with its holistic approach to health and well-being, to address this pressing issue.

Aims and objective-The aim of this analysis is to explore and interpret the Ayurvedic guidelines for preventing **Svitra kustha** (leukoderma or vitiligo), specifically focusing on the role of **dietary practices** in managing and preventing the condition. The goal is to understand how Ayurveda recommends maintaining a balance of the **doshas** (especially Pitta), which can be disrupted in Svitra kustha, and how dietary adjustments can support skin health and prevent further complications.

Material and Methods: A comprehensive collection exploration and interpretation of subject matter from different sources. The Ayurvedic literature to explore the prevention of Svitra Kushtha, focusing on pathogenic insights derived from classical texts such as Charaka Samhita, Sushruta Samhita, and Astanga Hridaya Samhita. These foundational texts outline the intricate mechanisms by which imbalances in the doshas (Vata, Pitta, and Kapha) lead to skin conditions labelled under the broader category of Kushtha, including Svitra kustha (leucoderma).

An essential aspect of this article is examining the principles of Viruddhahara, or incompatible foods, which play a critical role in exacerbating dosha imbalances and thereby contributing to the pathogenesis of skin diseases.

Through synthesis of ancient Ayurvedic prescriptions with contemporary research, this review unfolds a multifaceted approach that includes dietary regulation, lifestyle adaptations, and therapeutic interventions like Panchakarma, fostering a holistic framework for Svitra prevention. This integrative approach reaffirms the relevance of ancient wisdom in addressing modern health challenges, offering timeless strategies for managing chronic skin conditions through balanced diets and preventative practices rooted in Ayurvedic doctrine.

Results: Ayurvedic texts present Svitra Kushtha, akin to conditions like vitiligo and leucoderma, as a manifestation primarily due to the vitiation of Vata and Pitta doshas. This imbalance is often precipitated by an array of lifestyle and dietary factors that disrupt bodily homeostasis.

Pathogenesis Factors:

Agni Vaishamya: This refers to the imbalance of digestive power, Agni, which is critical for proper metabolism and elimination of toxins. When Agni is disturbed, it leads to the accumulation of Ama (unwanted waste materials), which play a key role in the development of

skin disorders.⁷

Aahara Abhyasa: Unwholesome dietary habits, particularly the intake of heavy, oily, and spicy foods, can lead to dosha aggravation, further contributing to Svitra kustha.⁸

Vyayama Abhyasa: A sedentary lifestyle lacking in physical exercise stagnates bodily functions and contributes to the imbalance of doshas.

Manaha Abhyasa: Emotional and mental stresses are recognized as potent factors that disrupt mental equilibrium, thereby affecting physical health.

Viruddhahara Principles and Preventive Measures:

Dietary Modifications:

Dinacharya: Establishing a consistent daily routine that includes early rising and aligned meal times supports digestive regularity and balances doshas.

Ritucharya: Adjusting diet and lifestyle according to the seasons helps in harmonizing bodily functions with natural rhythms, strengthening resistance to stressors and illness.

Satvik Aahara: Consuming a Satvik diet, which is replete with fresh, wholesome, and easily digestible foods, helps in maintaining Agni and balancing doshas.

Avoiding Viruddha Aahara: Steering clear of incompatible food combinations, like milk with fish, is emphasized to prevent digestive disturbances and prevent ama formation.

Lifestyle Modifications:

Regular Exercise: Participation in moderate exercises like yoga promotes better blood circulation and metabolism, assisting in the maintenance of healthy dosha levels.

Stress Management Techniques: Incorporating relaxation practices such as yoga, meditation, and pranayama helps in alleviating stress and emotional upheaval, leading to enhanced centering and mental peace.

Rasayana Therapies: These therapies involve specific herbs and minerals that rejuvenate and strengthen the body's systems, boosting immunity and promoting longevity.

Immunomodulatory Herbs: Leveraging herbs known for enhancing immune responses, such as Ashwagandha and Tulsi, is recommended to build natural defenses against imbalances.

Through such a structured approach integrating dietary and lifestyle adjustments, Ayurvedic practices strive not only to cure but also to prevent conditions like Svitra Kushtha, offering a holistic blueprint for maintaining health and harmony.

Discussion: The principles of Viruddhahara, as articulated in Ayurvedic practice, present a promising holistic framework for managing and potentially preventing Svitra Kushtha, despite the need for more research to fully understand their scientific mechanisms. By emphasizing the prevention of food incompatibilities, Viruddhahara addresses core imbalances in digestion, metabolism, and immunity that are believed to be pivotal in the manifestation of skin diseases such as Svitra kustha.

Key Benefits:

Enhance Detoxification: The correct practice of Viruddhahara facilitates the body's

detoxification processes. By preventing incompatible food combinations that can impair digestion and lead to ama accumulation, the principles enable the body to efficiently eliminate metabolic waste. This reduction in Ama (unwanted waste materials) is essential for maintaining skin health and preventing disease.

Boost Immunity: By stabilizing the digestive system and supporting the assimilation of nutrients, Viruddhahara can enhance the body's immune function. A robust immune system is critical in effectively combating infections and mitigating autoimmune responses, which are sometimes implicated in pigmentary disorders like Svitra kustha.

Improve Quality of Life: Adhering to Viruddhahara and aligned Ayurvedic practices fosters holistic well-being beyond physical health. By promoting balance and mitigating disease impacts, individuals experience improved mental clarity, emotional stability, and a more harmonious lifestyle, thereby significantly enhancing their overall quality of life while living with Svitra kustha.

The integrative application of these principles not only addresses the symptoms but also the root causes, reflecting Ayurveda's enduring holistic philosophy.

Conclusion:

Viruddhahara principles, deeply embedded in Ayurvedic tradition, provide a comprehensive framework for mitigating Svitra Kushtha through a harmonious blend of diet, lifestyle, and mental-emotional care. This ancient approach advocates for the avoidance of incompatible food combinations that disrupt the digestive power (Agni) and lead to doshic imbalances, which are believed to contribute to skin disorders.

These principles extend beyond mere dietary guidelines; they encompass a lifestyle philosophy that resonates with preventive health care. In modern contexts, Viruddhahara can complement existing medical treatments by enhancing the body's natural self-regulatory mechanisms. By fostering balanced nutrition and digestion, helps in reducing ama accumulation and improving immunity, thereby augmenting traditional medical interventions aimed at skin health.

Moreover, the emphasis on mental-emotional balance through practices like yoga and meditation, part of the broader Ayurvedic lifestyle, aids in stress reduction and emotional well-being. These aspects are crucial, as stress and emotional disturbances can exacerbate skin conditions.

Current gaps in scientific research necessitate robust studies to validate Viruddhaharabased strategies for Svitra kustha prevention effectively. Through empirical exploration and clinical trials, integrating Ayurvedic insights with modern medical science could refine Svitra kustha control and elimination approaches, potentially leading to more tailored and efficacious outcomes. This synergistic approach offers a path towards comprehensive healthcare, aligning ancient wisdom with contemporary medical practice.

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Conflict of Interest- Nil

The Impact of Yoga on Cardiovascular Health: A Holistic Approach to Hypertension and Stress Management

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Abstract: Yoga has emerged as a complementary approach to managing stress and hypertension, leveraging its multidimensional benefits on physical, psychological, and physiological health. This paper methodically investigates the viability of yoga in lessening Strses and blood weight, integrating findings from meta-analyses and randomized controlled trials (RCTs). Evidence suggests that yoga interventions, combining posture (asanas), controlled breathing (pranayama), and contemplation, noteworthy decreases in oxidative Strses markers and upgrades in autonomic control. This study highlights yoga's role in mitigating hypertension through mechanisms such as reduced cortisol levels, enhanced antioxidant activity, and improved vascular function. The findings support yoga as a viable, cost-effective intervention for hypertension, particularly among at-risk populations. Future research should refine intervention protocols and explore long-term outcomes.

Keywords: Yoga, Strses, Hypertension, Oxidative Stress

Introduction: Hypertension remains a global health challenge, with its prevalence contributing to significant cardiovascular morbidity and mortality. Despite advances in pharmacological treatments, adherence issues, side effects, and cost barriers necessitate alternative approaches [1,2]. Stress, a key modifiable risk factor for hypertension, worsens the condition by continuously activating the hypothalamic-pituitary-adrenal (HPA) pivot and thoughtful anxious framework (SNS), coming about in expanded blood weight (BP) and systemic aggravation [3, 4]. Yoga, a centuries-old practice originating in India, has garnered attention for its holistic impact on health. Incorporating asanas, pranayama, and meditation, yoga addresses both physiological and psychological aspects of stress and hypertension. Unlike conventional exercise, yoga emphasizes relaxation and mindfulness, reducing oxidative stress and improving endothelial function [5, 6]. Previous studies have demonstrated yoga's potential to lower systolic and diastolic BP, enhance antioxidant defenses, and decrease stress markers such as cortisol. However, the heterogeneity of interventions and populations studied presents challenges in drawing definitive conclusions. This paper synthesizes evidence from recent RCTs and systematic reviews to evaluate yoga's role in managing stress and hypertension, emphasizing its mechanistic underpinnings and clinical implications [7, 8].

Yoga: Yoga is an antiquated hone that combines physical stances (asanas), breathing works out (pranayama), and contemplation procedures to advance adjust and agreement in both the body

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and intellect. Its roots trace back thousands of years in India, where it was developed as a comprehensive system aimed at enhancing physical, mental, and spiritual well-being. In contemporary settings, yoga has become a widely adopted practice for its therapeutic effects on a range of health conditions, including stress, anxiety, cardiovascular diseases, and hypertension. Unlike conventional exercise, yoga emphasizes mindful movement, breath control, and deep relaxation, providing a unique approach to wellness [9, 10]. Research indicates that regular yoga practice can improve flexibility, strength, and overall fitness, but its benefits extend beyond the physical domain. By fostering mindfulness and reducing stress hormones like cortisol, yoga improves mental clarity and emotional resilience. Additionally, pranayama enhances lung capacity and oxygen delivery, Contemplation makes a difference stabilize the autonomic apprehensive framework, driving to a diminishment in heart rate and blood weight. Together, these elements make yoga a comprehensive intervention for improving cardiovascular health and stress management [11, 12].

Clinical trials have demonstrated that yoga interventions significantly lower systolic and diastolic blood pressure, especially in hypertensive individuals. Moreover, yoga's ability to reduce oxidative stress and inflammation makes it an effective complementary therapy for chronic conditions. As a non-invasive, cost-effective, and accessible practice, yoga continues to gain recognition for its wide-ranging health benefits [13, 14].

Hypertension: Hypertension could be a diligent condition in which the drive of blood against the arterial walls is reliably hoisted. It could be a noteworthy supporter to the advancement of cardiovascular infections such as heart assaults, strokes and kidney disappointment. The condition affects billions globally with prevalence steadily rising due to aging populations, unhealthy diets, physical inactivity and increased stress levels [3, 15]. Blood weight is measured utilizing two parameters: systolic weight (the constrain amid heartbeats) and diastolic weight (the drive amid heart unwinding). Hypertension is analyzed when blood weight reliably surpasses 140/90 mmHg, in spite of the fact that rules may change somewhat between nations. The condition often remains asymptomatic for years, earning it the nickname "silent killer," as untreated hypertension can result in severe complications [16]. Stress is one of the primary contributors to hypertension, activating the HPA axis and SNS, which elevate blood pressure through vasoconstriction and increased cardiac output. Long-term stress also leads to chronic inflammation endothelial dysfunction and oxidative stress further exacerbating hypertension [4]. Lifestyle factors including excessive salt intake, obesity, and alcohol consumption further contribute to the development of hypertension. Despite the availability of pharmacological treatments, adherence remains a challenge due to side effects, costs and lack of awareness. Non-pharmacological interventions including yoga, dietary changes and stress management, have gained traction as effective strategies for managing hypertension. These approaches focus on addressing root causes such as stress and poor lifestyle habits, providing sustainable and holistic solutions [17].

Stress: Stress is both a physiological and mental reaction to outside or inside challenges, commonly known as stressors. Whereas intense Stress can be versatile, inveterate push adversely impacts wellbeing, contributing to conditions such as hypertension, uneasiness and

cardiovascular maladies [4, 18]. The push reaction is directed by the HPA pivot and SNS, which get ready the body for a "battle or flight" response by discharging hormones such as cortisol and adrenaline. These hormones increment heart rate, blood weight, and glucose levels, making a difference the body react to prompt dangers. However, when stress becomes chronic, this adaptive mechanism becomes dysregulated, resulting in high blood pressure, systemic inflammation, and weakened immunity [19]. Psychological stress arises from various sources, such as work pressures, financial challenges, and interpersonal conflicts. Physiological stress may arise from illness, pain or other physical challenges. Both forms of stress have cumulative effects on health making stress management essential for long-term well-being [6].

Yoga offers a proven method for mitigating stress by promoting relaxation and mindfulness. Practices like pranayama and meditation directly counteract the stress response activating the parasympathetic nervous system (PNS). This reduces cortisol levels, stabilizes heart rate and lowers blood pressure. Furthermore, yoga enhances emotional resilience, enabling individuals to cope with stress more effectively [20]. Incorporating stress management into daily life is crucial for preventing chronic diseases and improving overall health. Strategies like regular physical activity, yoga and mindfulness practices have been proven to effectively reduce stress levels, leading to improvements in both mental and physical health [11].

- **Methodology**: This consider compiled information from randomized controlled trials (RCTs), orderly audits, and meta-analyses to survey the impact of yoga on push and hypertension. The inclusion criteria were as follows
- Participants: Adults diagnosed with prehypertension or hypertension.
- Interventions: Yoga practices explicitly incorporating asanas, pranayama, and meditation.
- Outcome Measures: Blood pressure readings, oxidative stress markers and stress hormone levels.

Data Collection: Databases such as PubMed, Scopus, and Google Researcher were looked utilizing watchwords like "yoga" "stress," "hypertension," and "oxidative stress." A total of 30 studies were initially identified, with 17 meeting the inclusion criteria after a thorough screening process.

Study Design: The included studies were either RCTs or systematic reviews conducted over durations ranging from 6 weeks to 12 months. Interventions varied in intensity and frequency but predominantly adhered to a structured yoga protocol. Control groups included either no intervention, standard care, or alternative physical activities such as walking.

Data Analysis: Quantitative data were extracted and tabulated, focusing on mean changes in systolic and diastolic blood pressure, serum cortisol levels, and oxidative stress markers like MDA and SOD. Statistical significance was assessed using p-values and confidence intervals as reported in the original studies. Four tables were constructed to present key findings systematically [9, 10].

Results: This examination appeared noteworthy diminishments in both systolic and diastolic blood weight among members practicing yoga. In considers utilizing the "3-element yoga" show, systolic blood weight diminished by an normal of 8.17 mmHg, whereas diastolic weight

dropped by 6.14 mmHg. These findings were consistent across diverse populations and intervention durations [1, 3].

Table 1: Reduction in Blood Pressure Across Studies

Study	Intervention	SBP Reduction (mmHg)	DBP Reduction (mmHg)
Hagins et al. (2013)	3-element yoga	-4.17	-3.62
Patil et al. (2014)	Integrated yoga	-12.21	-1.15
Pascoe et al. (2017)	MBSR-based yoga	-8.17	-6.14

Oxidative stress markers showed marked improvement in the yoga groups. Serum MDA levels, an indicator of oxidative damage, significantly decreased, while antioxidant enzymes such as SOD and GSH showed enhanced activity. For instance, in Patil et al.'s (2014) study, MDA levels decreased by 20%, and SOD activity increased by 15% after a 12-week yoga intervention [2].

Table 2: Oxidative Stress Marker Changes

Marker	Yoga Group	Control Group	p-value
MDA (nmol/L)	Decreased	Increased	< 0.001
SOD (U/mL)	Increased	No change	0.007
GSH (μM)	Increased	No change	0.002

Stress hormone regulation was another key outcome. Participants practicing yoga exhibited lower cortisol levels, particularly in the evening. This aligns with yoga's role in enhancing parasympathetic activity and mitigating the chronic stress response [11].

Table 3: Cortisol and Stress Regulation

Parameter	Pre-intervention	Post-intervention	Change
Morning Cortisol	Elevated	Reduced	Significant
Evening Cortisol	Elevated	Reduced	Significant

Participant adherence was high, averaging 85-90% across studies. Adverse events were minimal, underscoring yoga's safety and feasibility as an intervention. These findings highlight yoga's potential as a cost-effective, non-invasive approach to managing hypertension and stress, warranting its inclusion in public health strategies [10, 12].

Table 4: Participant Adherence and Outcomes

Study	Adherence (%)	Significant Outcome	Adverse Events
Hagins et al. (2013)	85	BP Reduction	None
Patil et al. (2014)	90	Oxidative Stress Reduction	None
Pascoe et al. (2017)	88	Cortisol Regulation	None

Discussion: Yoga effectively reduces stress and hypertension through multiple mechanisms. The observed reduction in oxidative stress markers, such as MDA and increased antioxidants like SOD and GSH, highlights yoga's role in improving endothelial function. Decreased cortisol levels align with improved autonomic regulation, supporting yoga as a stress management tool [11, 12]. These physiological benefits translate into clinically meaningful BP reductions, particularly in at-risk populations [13]. The integrative nature of yoga—combining physical, mental, and breathing exercises—distinguishes it from conventional therapies. While pharmacological treatments target BP directly, yoga addresses underlying causes such as stress and inflammation. However, variability in intervention designs underscores the need for standardized protocols to maximize efficacy [14, 15].

Conclusion: Yoga presents a promising and effective complementary approach for managing hypertension and stress, offering multiple physiological and psychological benefits. The synthesis of randomized controlled trials (RCTs) and systematic reviews in This study offers strong evidence that yoga, through its integrated practices of postures (asanas), breathing techniques (pranayama), and meditation, can significantly reduce both systolic and diastolic blood pressure, making it a viable non-pharmacological intervention for individuals with hypertension. The reductions in blood pressure observed across studies—ranging from modest to substantial—suggest that yoga can be an essential part of a comprehensive strategy to manage hypertension, particularly in individuals for whom traditional pharmacological treatments may not be ideal or effective due to side effects or non-adherence. The impact of yoga on oxidative stress markers, such as a reduction in malondialdehyde (MDA) levels and enhancement of antioxidant enzymes like superoxide dismutase (SOD) and glutathione (GSH), further supports its role in improving vascular health. By reducing oxidative stress, yoga helps alleviate the harmful effects of chronic inflammation and endothelial dysfunction, both of which are major contributors to the improvement of hypertension and cardiovascular illnesses. Additionally, the observed decrease in cortisol levels—an important stress hormone—suggests that yoga enhances parasympathetic nervous system activity, which helps in reducing the harmful impacts of stress on the cardiovascular system. The overall safety and feasibility of yoga as an intervention, with high participant adherence and minimal adverse events, highlight its practicality in real-world settings. The evidence from this study underscores yoga's potential as an accessible, cost-effective, and sustainable method for improving cardiovascular health and stress management, particularly in individuals with prehypertension or hypertension.

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Wonder of Aganikarma Therapy in the Treatment of Kadar (Corn): A (Case Report)

Dr. Pankaj Kumar Bharti*

Introduction: Kadar is similar to a callus or corn in modern medicine. In **Shushrut Samhita** Kadar is defined as one of the "**Kshudra-roga**" associated with an imbalance of **Vata** and **Kapha Doshas.** It refers to the thickening and hardening of the skin, primarily caused by repeated friction, pressure or irritation. It generally occurs on the top and sides of toe and cause pain, discomfort, and difficulty in walking.

Agnikarma, also known as thermal cauterization, is a specialized Ayurvedic procedure that involves the therapeutic application of heat or fire through metallic tools, herbal preparations, or other mediums to treat various diseases. Agnikarma therapy offering significant relief in various chronic and painful conditions. It is especially valued for its precision and minimum recurrence.

In reference to treatment of Kadar Acharya Sushruta mentioned in Shushrut Samhita Agnikarma should be carried. Heat application in affected area helps to soften and remove the thickened skin layers, alleviates the Vata and Kapha Doshas addressing the root cause of Kadar, increase blood circulation, promoting healing and preventing recurrence and provide instant pain relief by desensitizing the nerve endings in the affected area.

A case study of Kadar is reported here which was treated by Agnikarma with **Panchadhatu Shalaka**:(Rod) in 8th sittings at an interval of 7 days. After these settings the patient completely subside the

Kadar and got relief from pain and swelling.

A 17 Yrs. Old girl came to OPD No15, Sangyaharan Vedanahar Clinic in Sir Sunder Lal Hospital BHU, with complaints of Severe Pain in Left Planter Region and Restriction of movement for past few months. She also had swelling over Planter Region.

History of Presenting Complaints:

The patient was apparently normal before 11 months. Gradually she developed pain swelling on her left Planter Region. She did not seek any medical assistance and ignored the symptoms. Later she developed pain which aggravated during morning hours. She currently under Homeopathic medication for the same for past Ten months and found a little relief.

Relevant occupational and Socio-Economic history:

She studies in DPS School Varanasi and expand more time to study and tuition. And she belonging Medium class family.

Personal Detail

Diet: Mixed time her favorite dish is chicken.

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Sleep: 7-8 hours.

Bowel :2/day Nil/night, No constipation

Bladder: 4-5/day 1/night

Exercise: Nil Addiction: Nil Vital Examination BP: 116/76 mm of Hg Heart Rate: 78/min Nadi: Kapha-pitta

Inspection-Multiple Hard, round shape growth Swelling and Mild Redness Present

Palpation- Mild Usna

Systemic Examination

Nature of Pain – Cramping Pain

Burning Sensation - No

Investigation

Hb = 12gm%

TC = 7600/cu.mm

 $DC = P_{58} \; L_{37} \; E_{02} \; M_{03} \; B_{00}$

RBC = 4 mil/Cumm

PLT = 2.3 lac/Cumm

ESR = 38%

RBS = 99mg/dl

HBsAg = -ve

HIV= Non reactive

Vyadhi Prakarnam

Kapha-pittaja Vyadhi

Final Diagnosis: - Corn (Kadar)



Treatment

1st Phase

Objective: -

To reduce the redness and edema (sopha)

- 1. Kanchanar Guggulu
- 2. Goksuradi Guggulu {For reducing Sopha}
- 3. Kaishore Guggulu

External

Poorvakarma:

Patients were counseled and explained about the procedure in order to make them mentally



aware about and accept the events of treatment. Before starting the procedure Panchadhatu Shalaka of *Bindu type projection*, artery forceps, and sponge holding forceps, gauge pieces, cotton, Triphalakwath, Ghritkumari pulp, Yashtimadhu churna, adhesive tape, and Cotton bandage were all kept ready. The site of Agni Karma application was painted with Triphalakwath.

Pradhanakarma:

Patients were kept in a position suitable for the performance of the procedure. The Panchadhatu Shalaka was heated to red-hot and bindu type mansa vrana were made on the most tender spot of the affected part,



by applying it for a fraction of a second, so that samayak mansa dagdha lakshanas occured i.e. Shabda pradurbhava, Durgandhata etc.

Paschatkarma:



The vrana was dressed with Ghritkumari pulp and dusting of Yastimadhu churna with the help of gauze pieces. Patient was advised to keep the area dry, clean, avoid exertion and unwholesome diet and come after one week.

Repeatedly this treatment is continued for Eight week. The Progress of treatment



Finally, treatment of 1st Phase is continuing after 8th sitting of aganikarma all corn is Removed and redness and Sopha is completely subside.



Advice to the patient: -

- 1. To continue oral drug for 15 days.
- 2. Minimal pressure on left planter Region.
- 3. Follow plain path.
- 4. If feel exertion dips the limb in hot water
- 5. Application of appropriate size extra heel under shoes.

Present Condition: -

The patient is on regular follow up and her pain, redness and sopha are totally subsiding. The reoccurrence of corn is not reported after Three Year. She is now walking freely.

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विभिन्न हठयौगिक ग्रंथों में वर्णित साधक-बाधक तत्व का विवेचनात्मक अध्ययन

सौम्या* डॉ. नीलिमा पाठक* *

अमूर्त: प्रस्तुत शोध अध्ययन में विभिन्न हठयोग ग्रंथों के अध्ययन एवं हठयोगियों के साक्षात्कार के आधार पर वर्णित साधक-बाधक तत्त्व की विवेचना पर अध्ययन किया है। साधक-बाधक तत्व की अवधारणा, जो आध्यात्मिक और दार्शिनक प्रथाओं में सहायक और निरोधात्मक तत्त्वों को संदर्भित करती है, विभिन्न यौगिक ग्रंथों में व्यापक चर्चा का विषय रही है। इस शोध पत्र का उद्देश्य हठप्रदीपिका, घेरण्ड-संहिता, शिव संहिता जैसे ग्रंथों में वर्णित साधक-बाधक तत्त्व का व्यापक अध्ययन प्रदान करना हैं।

प्रस्तावना: योग की अनेक साधनाएं है जिनमें हठयोग का भी वर्णन मिलता हैं। जो हमें स्थूल से सूक्ष्म की ओर ले जाती है। हठयोग दो शब्दों से मिलकर बना है। ह और ठ जिसको पिंगला और इडा भी कहा जाता हैं नाथ योगियों के अनुसार प्राण का प्रवाह इड़ा और पिंगला में होता है हठयोग ग्रंथ सिद्ध सिद्धांत पद्धित में महायोगी गुरु गोरक्षनाथ जी ने स्वयं कहा है —

हकारः कीर्तितः सूर्यष्ठकारश्चन्द्र उच्चते। सूर्याचन्द्रमसोर्योगाद् हठयोगो निगद्यते।।2।।

सूर्य (प्राण) को "ह" कहा जाता है और चन्द्र (अपान) को " ठ" कहते है। इन्ही "ह" और "ठ" (प्राण तथा अपान) के योग को हठयोग कहा जाता है। भारतीय संस्कृति की जड़ों में योग है। जहां योग विभिन्न रूपो मे विद्यमान है उन्ही में से एक रूप में हठयोग भी है। हठयोगियों के अनुसार आसन, षट्कर्म, मुद्रा, प्राणायाम आदि के अभ्यास के द्वारा आत्मा का परमात्मा से साक्षात्कार रूप में चित्त वृत्तियो का निरोध हठयोग है। हठयोग में योगी की शारीरिक शुद्धि को महत्वपूर्ण स्थान दिया जाता है साधक को सिद्धि की ओर अग्रसर किया जाता है। इस्लिए योगी साधक-बाधक तत्त्व का ज्ञान होना आवशयक है।

साधक-बाधक तत्त्वों का अध्ययन करने से एक योग मार्ग पर प्राप्ति की प्रक्रिया को समझने में सहायता प्राप्त करता है। इससे उसे अपने मार्ग पिरप्रेक्ष्य में महत्वपूर्ण परिवर्तन करने की क्षमता मिलती है और उसे पूर्णता की दिशा में आगे बढ़ने में मदद मिलती है। साधक-बाधक तत्त्वों का अध्ययन करने के लिए विभिन्न हठयौगिक ग्रन्थों का महत्वपूर्ण स्थान है। प्राचीन समय से ही भारतीय साहित्य में योग के महत्वपूर्ण ग्रन्थ मिलते हैं, जिनमें साधक-बाधक तत्त्वों का विस्तारपूर्ण विवेचन है। साधक बाधक तत्त्व की अवधारणा भारतीय दार्शनिक और आध्यात्मिक परंपराओं में गहराई से निहित है। यह उन तत्वों को संदर्भित करता है जो आत्म-प्राप्ति और आध्यात्मिक विकास के पथ पर किसी व्यक्ति की प्रगति का समर्थन या बाधा डालते हैं। ये तत्व न केवल व्यक्तिगत स्तर पर प्रासंगिक हैं बल्कि सामाजिक संरचनाओं और सांस्कृतिक प्रथाओं पर भी गहरा प्रभाव डालते है। इस शोध पत्र का उद्देश्य साधक-बाधक तत्व और समकालीन समय में इसकी प्रासंगिकता की गहरी समझ हासिल करने के लिए इन ग्रंथों में गहराई से जाना है।

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स्वास्थ्य संवर्धन में श्रीमद्भगवद्गीता वर्णित आहार और निष्काम कर्म योग की भूमिका

हठप्रदीपिकाः हठ-प्रदीपिका में साधक-बाधक तत्त्वों के प्रकार, प्रक्रिया, प्रसिद्धि-लक्षण, महत्व का वर्णन किया है। हठ-प्रदीपिका के अनुसार बाधक तत्त्वः

अत्याहार: प्रयासश्च प्रजल्पो नियमाग्रह:। जनसङ्गश्च लौल्यं च षड्भिर्योगो विनश्यति।। 1/15॥

अर्थात अधिक भोजन, अधिक श्रम, अधिक बोलना, नियम पालन में आग्रह, अधिक लोक सम्र्पक तथा मन की चंचलता यह छः योग को नष्ट करने वाले तत्त्व है अर्थात् योग मार्ग में प्रगति के लिए बाधक है।उपर्युक्त ष्लोकानुसार जो विध्न बताये गये हैं उनकी व्याख्या अधोवर्णित है-

- 1 अत्याहार- आहार के अधिक मात्रा में ग्रहण से षरीर की जठराग्नि अधिक मात्रा में खर्च होती है तथा विभिन्न प्रकार के पाचन संबंधि रोग जैसे अपच, कब्ज, अम्लता, अग्निमांप आदि उत्पन्न होते है। यदि साधक अपनी ऊर्जा साधना में लगने के स्थान पर पाचन क्रि्रयाओं हेतु खर्च करता है या पाचन रोगों से निराकरण हेतु षट्कर्म, आदि क्रियाओं के अभ्यास में समय नष्ट करता है जिससे योग साधना प्राकृतिक रूप से बाधित होती है।
- 2 प्रयास- अत्यधिक प्रयास या अत्यधिक परिश्रम करने से भी योग मार्ग में बाधा उत्पन्न होती है। अत्यधिक परिश्रम का अर्थ ज्यादा षारीरिक श्रम अथवा मेहनत करना होता है। ज्यादा षारीरिक श्रम करने से षरीर की षक्ति अधिक मात्रा में खर्च होती है तो योग साधना के समय साधक को आलस आना षुरू हो जाता है। जिससे वह पूरी ऊर्जा के साथ योग साधना नहीं कर पाता है। इसलिए योगी को अनावष्यक षारीरिक श्रम से बचना चाहिए।
- 3 प्रजल्प- प्रजल्प अर्थात् अत्याधिक बोलना भी योग मार्ग में बाधा उत्पन्न करने वाला बाधक तत्त्व है। जो व्यक्ति अत्याधिक बोलता है उसका मन कभी स्थिर नहीं रह सकता है। साथ ही अधिक बोलने से षरीर की ऊर्जा भी ज्यादा खर्च होती है। साधक की जो ऊर्जा योग साधना में लगनी चाहिए वह अत्यधिक बोलने में व्यर्थ हो जाती है। इसके अलावा अधिक बोलने से व्यक्ति की बात की महत्ता भी कम हो जाती है। इसलिए योग साधक को बेकार की बकवास से बचना चाहिए।
- 4 नियमाग्रह:- वह सिद्धान्त या दिषा-निर्देष जिनका पालन किसी विषेष लक्ष्य की प्राप्ति के लिए किया जाता है वह नियम कहलाते हैं। इन आवष्यक दिषा-निर्देष के पालन से ही हम अपने विषेष प्रयोजन सिद्ध करते हैं। लेकिन कुछ व्यक्ति इन नियमों का पालन करने में कुछ ज्यादा ही कठोर हो जाते हैं। वह यह मानने लगते हैं कि इसी नियम का पालन किया जाना चाहिए अन्य किसी और नियम का नही। इससे वह एक ही नियम के प्रति ज्यादा कठोर हो जाते है। इसे एक प्रकार का हठ भी कह सकते हैं। जिस प्रकार एक बच्चा किसी खिलौने के लिए हठ कर लेता है और उसके न मिलने की स्थिति में वह काफी उत्पात भी मचाता है और रूष्ट भी हो जाता है। अतः एक योग साधक को इस प्रकार के हठ अर्थात् नियमाग्रह से बचना चाहिए।
- 5 जनसंग:- जनसंग अर्थात ज्यादा व्यक्तियों के सम्पर्क में रहने से भी योग मार्ग में सिद्धि प्राप्त नही होती है। जनसंग को योग मार्ग में बाधक माना है। इसलिए एक योग साधक को जनसंग का पिरत्याग करना चाहिए। जो योग साधक ज्यादा लोगों के सम्प्रक में रहता है वह योग मार्ग में आगे नहीं बढ़ पाता है, क्योंकि सभी व्यक्ति अलग-अलग स्वभाव वाले होते हैं। उनमें कुछ सात्विक प्रवृत्ति के होते हैं तो कुछ राजिसक व तामिसक प्रवृत्ति के होते हैं। सात्विक प्रवृत्ति के व्यक्तियों से सम्पर्क

स्थापित करने में कोई नुकसान नहीं होता है। लेकिन राजिसक व तामिसक प्रवृत्ति के लोगों से सम्पर्क रखने से साधना में विध्न पड़ता है। इसलिए योगी को अत्यधिक लोगों के सम्पर्क से बचना चाहिए। योग मार्ग में सफलता प्राप्त करने के लिए यह आवश्यक है।

6 लौल्यं:- मन की चंचल प्रवृत्ति को भी योग में बाधक माना गया है। जब व्यक्ति का मन चंचल होता है तो उसकी किसी भी कार्य में एकाग्रता नहीं बन पाती है। एकाग्रता के अभाव में वो किसी भी कार्य को सफलतापूर्वक नहीं कर पाता है। किसी भी कार्य के सफलता और असफलता के बीच एकाग्रता का ही अंतर होता है। किसी कार्य को करते हुए यदि वक्त अगर मन एकाग्र है तो वह कार्य निश्चित तौर से सफल होता है और कार्य को करते हुए मन में एकाग्रता नहीं है अथवा एकाग्रता का अभाव है तो व्यक्ति उस कार्य में सफल नहीं हो पायेगा। मन की चंचलता योग मार्ग का बहुत बड़ा बाधक तत्त्व है। इसलिए योग की सिद्धि के लिए मन की चंचलता को दूर करना अति आवष्यक है।

योग ग्रंथ हठप्रदीपिका के अनुसार तत्त्व:-

उत्साहात्साद्धैर्यात्तत्त्वज्ञानाष्च निष्चयात्। जनसंगपरित्यागात्षड्भिर्योगः प्रसिद्धयति॥ 1/16॥

अर्थात् उत्साह, साहस, धैर्य, तत्त्व ज्ञान, दृढ़ निष्चय तथा जनसंग परित्याग, इन छहः साधक तŸवों से योग की सिद्धि होती है

उपर्युक्त ष्लोकानुसार जो विध्न बताये गये हैं उनकी व्याख्या अधोवर्णित है -

- 1. उत्साह:- स्वामी स्वात्माराम ने उत्साह को प्रथम साधक तत्त्व माना है। उत्साह का अर्थ है हिम्मत या हौसला। उत्साह सबसे महत्वपूर्ण इसलिए है क्योंकि उत्साह ही वह साधन है जिससे बाकी के सभी साधनों का पालन किया जा सकता है। उत्साह के न होने से कोई भी व्यक्ति अपने लक्ष्य को प्राप्त नहीं कर सकता। उत्साह है तो आप पहाड़ की चोटी को छू सकते हैं और यदि उत्साह नहीं है तो आपका जमीन पर चलना भी कठिन है। जब कोई भी साधक उत्साह साधना की षुरूआत करता है तो वह साधना में निरन्तर सफलता प्राप्त करता है।
- 2. साहस:- साहस को दूसरा साधक तत्त्व माना गया है। साहस के बिना आज तक कोई भी महान कार्य पूरा नहीं हुआ है। उत्साह से ही साहस का जन्म होता है। साधना में साहस का होना अनिवार्य है। साहस के साथ साधना करने से विष्वास बढ़ता है। अतःयोग साधना में साहस का होना अति आवष्यक है।
- 3. धैर्य:- धैर्य का अर्थ है सब्र करना या उतावलापन का न होना। धैर्य की आवष्यकता केवल योग साधना में ही नहीं बल्कि जिन्दगी के हर मोड़ पर होता है। बिना धैर्य के कोई भी व्यक्ति जीवन में अपने लक्ष्य को प्राप्त नहीं कर सकता। धैर्य वो चाबी है जो सभी बन्द दरवाजों को खोलती है। बहुत बार देखने में आता है कि नया योग साधक योग साधना प्रारम्भ करते ही यह चाहता है कि मुझे अति षीघ्र सफलता मिल जाए। यह जो उतावलापन है यह योग मार्ग में बाधक हैं प्रत्येक साधक को सब्र के साथ योग साधना में अग्रसर होना चाहिए। कहा भी है कि सब का फल मीठा होता है। अतः धैर्य भी योग साधना की सिद्धि में अति महत्वपूर्ण भूमिका निभाता है।
- 4. तत्त्व ज्ञान:- तत्त्व ज्ञान का अर्थ है किसी भी वस्तु या पदार्थ का यथार्थ अर्थात् सही ज्ञान होना। जब तक हमें किसी भी वस्तु या पदार्थ का सही-सही ज्ञान या उसकी वास्तविक जानकारी नहीं होती है, तब तक हम उनके स्वरूप को नहीं समझ

स्वास्थ्य संवर्धन में श्रीमद्भगवद्गीता वर्णित आहार और निष्काम कर्म योग की भूमिका

सकते। इसिलए किसी भी मार्ग में सफलता प्राप्त करने के लिए सबसे पहले हमें उस पदार्थ या वस्तु की सही जानकारी होनी चाहिए। यदि हमें किसी पदार्थ का वास्तविक ज्ञान नहीं है तो वह एक प्रकार का अस्मिता नामक क्लेष कहलाता है और क्लेष हमें योग मार्ग से दूर हटाने का कार्य करते हैं। इसिलए योग साधना में सफलता प्राप्त करने के लिए तत्त्व ज्ञान का होना अनिवार्य है।

5. दृढ़ निष्चय:- दृढ़ निष्चय एक ऐसा षब्द है। जिसे सुनते ही व्यक्ति में आत्म विष्वास भर जाता है। दृढ़ निष्चय का अर्थ है किसी भी कार्य को करने के लिए संकल्पित होना। जब हम किसी काम को करने के लिए वचन बद्ध होना या एक ही निष्चय के प्रति समर्पित होना दृढ़ निष्चय कहलाता है। बहुत सारे व्यक्तियों का मानना है कि एक मार्ग में यदि सफलता न मिले तो दूसरा विकल्प अपना लेना चाहिए। इस प्रकार कार्य न होने की अवस्था में आपके दूसरे विकल्प को अपनाना दृढ़ निष्चय और विष्वास की कमी को दर्षाता है। सफलता और असफलता के बीच कुछ है तो वह दृढ़ निष्चय ही हैं। जीवन में दृढ़ निष्चय का होना आपकी सफलता को पक्का करता है। अतः योग साधक को दृढ़ निष्चय वाला होना चाहिए।

6 जनसंग पित्याग:- जनसंग का अर्थ है बहुत सारे व्यक्तियों में सम्प्रक बनाना। जनसंग को योग मार्ग में बाधक माना गया है। इसलिए एक योग साधक को जनसंग का पित्याग करना चाहिए। ज्यादा लोगों के सम्प्रक में जो योगी रहता है वह योग मार्ग में नहीं बढ़ पाता है। क्योंकि सभी व्यक्ति अलग-अलग स्वभाव वाले होते हैं। उनमें कुछ सात्विक प्रवृत्ति के होते हैं तो कुछ राजिसक व तामिसक प्रवृत्ति के होते हैं। सात्विक प्रवृत्ति के व्यक्तियों से सम्प्रक स्थापित करने में कोई नुकसान नहीं होता है। राजिसक व तामिसक प्रवृत्ति के लोगों से सम्प्रक रखने से साधना में विध्न पड़ता है। इसलिए योगी को अत्यधिक लोगों के सम्प्रक से बचना चाहिए। योग मार्ग में सफलता प्राप्त करने के लिए यह आवष्यक है।

शिव संहिता के अनुसार योग के बाधक तत्त्व-

न भवेत् सङ्गयुक्तानां तथाविश्वासिनामपि।
गुरुपूजाविहीनानां तथा च बहुसंगिनाम्।।3/7।।
मिथ्यावादरतानां च तथा निष्ठरभाषिणाम्।
गुरुसन्तोषहीनानां न सिद्धिः स्यात् कदाचन।। 3/18।।

च्याख्या- जो पुरुष सांसारिक कार्यों में निरत रहने वाले व्यक्तियों से अत्यधिक सम्पर्क रखते हैं तो उनसे भी सिद्धियाँ दूर रहती हैं। इसी प्रकार अविश्वासी तथा अश्रद्धालु पुरुष भी सिद्धियों को प्राप्त करने से वंचित रह जाया करते है। मिथ्यावादी, कर्कश वाणी बोलने वाले तथा गुरु के परितोष का ध्यान न रखने वाले व्यक्तियों की भी यही दशा होती है। अर्थात् वे सिद्धि-प्राप्ति हेतु सदा ही अयोग्य साबित होते हैं।

शिव संहिता के अनुसार योग के साधक तत्त्व-

फिलिष्यतीति विश्वासः सिद्धेः प्रथमलक्षणम् । द्वितीयं श्रद्धया युक्त तृतीयं गुरुपूजनम् ॥ 3/19॥ चतुर्थं समताभावं पञ्चमेन्द्रियनिग्रहम् । षष्ठं च प्रमिताहारं सप्तमं नैव विद्यते ॥ 3/20॥

व्याख्या- योगशास्त्र में सिद्धि-प्राप्ति के छह लक्षण बतलाये गये हैं जो इस प्रकार से हैं- 1. मन में विश्वास की भावना, 2. श्रद्धावान होना, 3. गुरु-पूजा परायणता, 4. समस्त प्राणियों में सम्भाव, 5. इन्द्रियों का दमन तथा 6. संतुलित आहार-

ग्रहण। ये ही छह लक्षण मुख्यतः कहे गये हैं। इनके अतिरिक्त कोई सातवाँ लक्षण नहीं होता।

घेरण्ड संहिता के अनुसार योग के बाधक तत्त्व-

आदौ स्थानं तथा कालं मिताहारं तथा परम्। नाड़ीशुद्धिश्च तत् पश्चात् प्राणायामंच साधयेत ॥ 5/ 2॥

व्याख्या- साधक पहले स्थान तथा समय उसके बाद मिताहार और फिर नाड़ीशुद्धि को जानकर उनका पालन करे। उसके बाद ही उसे प्राणायाम की साधना का अभ्यास करना चाहिए।

घेरण्ड संहिता के अनुसार योग के साधक तत्त्व-

दूरदेशे तथारण्ये राजधान्यां तथान्तिके। योगारम्भं न कुर्वीत कृतेच सिद्धिहाभवेत् ॥ 5/ 3॥

साधक को निम्न स्थानों पर योग के अभ्यास को आरम्भ नहीं करना कहीं दूर स्थान पर अर्थात् अपने घर से बहुत दूर, जंगल अथवा वन में, बड़े नगरों में अर्थात् भीड़-भाड़ वाले स्थानों पर जहाँ पर बहुत अधिक लोग रहते हों। इन स्थानों पर योग करने से साधक को कभी भी योग में सिद्धि प्राप्त नहीं होती है।

निष्कर्ष:

साधक-बाधक तत्त्व की अवधारणा, या यौगिक अभ्यास में कारकों को सुविधाजनक बनाने और बाधित करने का सिद्धांत, विभिन्न यौगिक ग्रंथों में एक आवर्ती विषय है। इन सभी ग्रंथों में, आत्म-प्राप्ति के मार्ग पर प्रगति के लिए बाधाओं पर काबू पाने और आध्यात्मिक विकास के लिए अनुकूल परिस्थितियों को विकसित करने के विचार पर जोर दिया गया है। कुल मिलाकर, विभिन्न यौगिक ग्रंथों में साधक- बाधक तत्व का अध्ययन आध्यात्मिक व यौगिक विकास के लिए अनुकूल परिस्थितियों का पोषण करते हुए बाधाओं को पहचानने और उन पर काबू पाने के महत्व की सार्वभौमिक मान्यता को रेखांकित करता है। यह व्यापक समझ व्यक्तियों को आत्म-साक्षात्कार के उनके संबंधित पथों पर मार्ग दर्शन कर सकती है और विभिन्न परंपराओं में यौगिक अभ्यास की बहुमुखी प्रकृति की गहरी सराहना कर सकती है।

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स्वास्थ्य संवर्धन में श्रीमद्भगवद्गीता वर्णित आहार और निष्काम कर्म योग की भूमिका

साधना देवराही* मनन जी** प्रदीप कुमार मिश्रा ***

सारांश: वर्तमान समय में मनुष्य वैचारिक स्तर पर निकृष्टता की ओर जा रहा है, वैचारिक निकृष्टता से तात्पर्य विचारों की अस्थिरता, निम्न श्रेणी के विचार जिसके कारण लोभ, मोह, क्रोध आदि उत्पन्न होते हैं, और इन मनोविकार के कारण अनेक मानसिक बीमारी चिन्ता, अनिद्रा, तनाव जैसे विकार उत्पन्न होते हैं। मानसिक विकार उत्पन्न होने के कारण धीरेधीरे व्यक्ति प्राणों के स्तर पर क्षीण होता जाता है। प्राणों के स्तर पर अनियन्त्रण होने से शारीरिक रोग उत्पन्न होने लग जाते हैं। प्राण अर्थात् 'जीवनी शक्ति' प्राण के बिना जीवन की कल्पना सम्भव नहीं है। इसलिए रोग मुक्त होने के लिए प्राण का संतुलितहोना आवश्यक है।

हमारा शरीर पाँच कोशों से बना है इसलिए प्रत्येक कोश की शुद्धता आवश्यक है, किसी एक भी कोश में विकार होने से विकार रहित स्थित 'आनन्दमय कोश' को प्राप्त नहीं किया जा सकता है और इस कोश को विकार युक्त बनाने में नकारात्मक विचार, मानसिक अस्थिरता, गलत आहार सेवन आदि की अहम भूमिका है क्योंकि विचारों का सम्बन्ध मनोमय कोश से है। विचार जैसे ही असंतुलित होते हैं, मनोमय कोश में विकार उत्पन्न होने लगते हैं, और मनोमय कोश विकृत्त होने से प्राणमय कोश, अन्नमय कोश और विज्ञानमय कोश में विकृति आने लगती है जिसके कारण अनेकों शारीरिक और मानसिक विकार उत्पन्न होने लगते हैं। इसलिए वैचारिक स्तर पर सुदृढ़ता अति आवश्यक है। इस सुदृढ़ता के लिए निष्काम कर्मयोग और आहार की अहम भूमिका है क्योंकि जब व्यक्ति निष्कामी होता है तो वह कर्म फल के प्रति आसक्त नहीं होता है जिसके कारण वैचारिक स्थिरता बनी रहती है और सात्विक आहार के सेवन से अन्नमय कोश शुद्ध हो जाते हैं, और शारीरिक स्वास्थ्य की प्राप्त होती है। अतएव इस प्रकार से व्यक्ति यदि श्रीमद्भगवतगीता वर्णित निष्काम कर्म योग और आहार की अवधारणा को मननशील, विचारशील होकर अपने जीवन में धारण करे तो शारीरिक, मानसिक, सामाजिक और आध्यात्मिक स्वास्थ्य को प्राप्त कर सकता है।

शब्द कुंजी - मनोविकार, जीवनी शक्ति, पंचकोश, निष्काम कर्मयोग, आहार।

प्रस्तावना -

स्वास्थ्य की परिभाषा:

"समदोषः समाग्निश्च समधातुमलक्रियः प्रसन्नात्मेन्द्रियमनः स्वस्थडत्यभिधीयते॥"

अर्थात् जिसके वात, पित्त, कफ ये तीनों दोष समान हों, जठराग्नि सम हो, सप्त धातुएँ सम हो, मल विसर्जन की क्रिया ठीक हो तथा जिसका मन, इन्द्रियाँ एवं आत्मा सदा प्रसन्नचित्त रहते हो, वह व्यक्ति स्वस्थ माना जाता है।

"हितमिहायुसंमितंशरीरस्योक्तमत्यया। यस्योपदिष्टमिच्छन्ति जीवनं रक्षितुं स्मितम्॥"

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सुश्रुत संहिता शरीर और जीवन के संरक्षण पर बल देती है। यहाँ पर यह कहा गया है कि शरीर की देखभाल और जीवन के पालन के लिए उचित आहार, जीवनशैली, और चिकित्सा पद्धितयों को अपनाना चाहिए। यह श्लोक यह स्पष्ट करता है कि शरीर की रक्षा और स्वास्थ्य का संरक्षण जीवन के उद्देश्य के रूप में आवश्यक है।²

"शरीरेन्द्रिय सत्त्वात्म संयोगो धारि जीवितम्। नित्यगश्चानुबन्धश्च पर्यायैरायुरुच्यते॥"

अर्थात् शरीर (पंचमहाभूत), इन्द्रिय (5 ज्ञानेन्द्रियाँ + 5 कर्मेन्द्रियाँ), सत्त्व (मन), अर्थात् जब ज्ञानेन्द्रिय या कर्मेन्द्रिय के साथ संयुक्त होता है तभी किसी इन्द्रिय के द्वारा किया गया कार्य उचित ढंग से सम्पादित होता है और शरीर, मन, इन्द्रिय, आत्मा जहां इन चारों का संयोग होता है उसे आयु कहा जाता है। 3

सुखसंज्ञकमारोग्यं विकारो दुःखमेव च॥

अर्थात् आरोग्यता ही सुख है। बिना आरोग्यता के संसार के सभी सुखों (पुरुषार्थ चतुष्टय) का भोग संभव नहीं है। ⁴पुरुषार्थ चतुष्टय (1) धर्म (2) अर्थ, (3) काम, (4) मोक्षा

W.H.O के अनुसार व्यक्ति सम्पूर्ण रूप से वही स्वस्थ है जो शारीरिक, मानसिक, सामाजिक और आध्यात्मिक सभी स्तरों पर स्वस्थ है।

- 1. शारीरिक स्वास्थ्य- जब शरीर के सभी तन्त्र सुचारू रूप से कार्य कर रहे है, शरीर में किसी भी प्रकार की व्याधि न हो, हॉर्मोन्स आदि सन्तुलित हो तो आप शारीरिक स्तर पर स्वस्थ हो।
- 2. मानसिक स्वास्थ्य- विचारों के स्तर पर नियन्त्रण, काम, क्रोध, लोभ, मोह का अभाव ही मानसिक स्वास्थ्य है।
- 3. सामाजिक स्वास्थ्य- सामाजिक एकीकरण, सामाजिक योगदान, सामाजिक सामञ्जस्य, सामाजिक वास्तविकता और सामाजिक स्वीकृति इन सभी स्तरों पर सहज रहना ही सामाजिक स्वास्थ्य है।
- 4. आध्यात्मिक स्वास्थ्य- शारीरिक और मानसिक स्तर पर सुदृढ़ रहते हुए नैतिक और चारित्रिक स्तर पर उत्कृष्टता को प्राप्त करना ही आध्यात्मिक स्वास्थ्य है।

श्रीमद्भगवतगीता में आहार के विषय में विस्तृत चर्चा की गयी है –

युक्ताहारविहारस्य युक्तचेष्टस्य कर्मसु। युक्तस्वप्नावबोधस्य योगो भवति दुःखहा॥

अर्थात् दुःखों का नाश करने वाला योग यथायोग्य आहार और विहार करने वाले का कर्मों में यथायोग्य चेष्टा करने वाले का यथायोग्य सोने और जागने वाले का ही सिद्ध होता है।⁵

गीता में आहार के विषय में कहा गया है -

आहारस्त्विप सर्वस्य त्रिविधो भवति प्रिय:।

अर्थात् प्रकृति के भिन्न-भिन्न गुणों के अनुसार तीन प्रकार का होता है।6

आयुः सत्त्वबलारोग्यसुखप्रीतिविवर्धनाः।

रस्याः स्निग्धाः स्थिरा हृद्या आहाराः सात्त्विकप्रियाः॥

अर्थात् जो भोजन सात्विक व्यक्तियों को प्रिय होता है, वह आयु बढ़ाने वाला, जीवन को शुद्ध करने वाला तथा

स्वास्थ्य संवर्धन में श्रीमद्भगवद्गीता वर्णित आहार और निष्काम कर्म योग की भूमिका

बल, स्वास्थ्य, सुख तथा तृप्ति प्रदान करने वाला होता है। ऐसा भोजन रसमय, स्निग्ध, स्वास्थ्यप्रद तथा हृदय को भाने वाला होता है।⁷

कट्वम्ललवणात्युष्णतीक्ष्णरूक्षविदाहिनः। आहारा राजसस्येष्टा दुःखशोकामयप्रदाः॥

अर्थात् अत्यधिक तिक्त, खट्टे, नमकीन, गरम, चटपटे, रुखे तथा जलन उत्पन्न करने वाले भोजन रजोगुणी व्यक्तियों को प्रिय होते हैं। ऐसे भोजन दुःख, शोक तथा रोगो को उत्पन्न करने वाले हैं।8

यातयामं गतरसं पूति पर्युषितं च यत्। उच्छिष्टमपि चामेध्यं भोजनं तामसप्रियम्॥

अर्थात जो भोजन सड़ा हुआ, रसरिहत, दुर्गन्धित, बासी और जूठा है तथा जो महान् अपवित्र(मांस आदि) भी है,वह तामस मनुष्य को प्रिय होता है। इन सभी आहारों में स्वास्थ्य संवर्धन हेतु सात्त्विक आहार ही उपयुक्त है। व्याधिक्षमत्व बढ़ाने एवं स्वास्थ्य संवर्धन में आहार की भूमिका :हमारे शास्त्रों में आहार की महत्ता पर विशेष बल दिया गया है। आहार का सीधा सम्बन्ध हमारे अन्नमय कोश और मनोमय कोश है। शास्त्रों में कहा गया है कि जैसा खायें अन्न वैसा बने मन इसलिए दोनों कोशों की शुद्धि हेतु सात्त्विक आहार का सेवन आवश्यक है।

- आहार का सेवन शरीर में ताजगी और ऊर्जा का संचार करता है, जिससे शरीर की रोग प्रतिकारक क्षमता में सुधार होता है। सही आहार से शरीर को आवश्यक पोषक तत्व मिलते हैं, जो इम्यून सिस्टम को मजबूत बनाते हैं और रोगों से लड़ने की शक्ति बढ़ाते हैं।
- आयुर्वेद में यह माना जाता है कि आहार के सही प्रकार से सेवन से शरीर में) "धातु"tissues) का पोषण होता है, और) "अग्नि"digestive fire) ठीक रहती है, जिससे समग्र स्वास्थ्य में सुधार होता है।
- आयुर्वेद में शरीर को तीन मुख्य दोषों वात, पित्त और कफ द्वारा नियंत्रित किया जाता है। आहार इन दोषों को संतुलित करने में महत्वपूर्ण भूमिका निभाता है।
- अगर आहार दोषों के अनुसार नहीं होता, तो यह दोष असंतुलित हो जाते हैं और स्वास्थ्य समस्याएँ उत्पन्न होती हैं। उदाहरण स्वरूप, अधिक तला-भुना या गर्म आहार पित्त को बढ़ा सकता है, जबिक अधिक ठंडा आहार कफ दोष को बढ़ा सकता है।
- संतुलित आहार इन दोषों के संतुलन को बनाए रखने में मदद करता है, जिससे शरीर का आत्मरक्षा तंत्र (immune system) मजबूत होता है।
- सही आहार शरीर को आवश्यक ऊर्जा प्रदान करता है, जिससे शरीर की कार्यक्षमता में वृद्धि होती है। यह शरीर की रोग प्रतिकारक क्षमता को मजबूत करता है, जिससे व्यक्ति जल्दी बीमार नहीं पड़ता।
- आहार में फल, सिब्जियाँ, प्रोटीन, और आवश्यक विटामिन्स और मिनरल्स का संतुलित सेवन शरीर की सभी प्रणाली को सही ढंग से कार्य करने में मदद करता है।
- आहार केवल शारीरिक स्वास्थ्य के लिए नहीं, बल्कि मानिसक स्वास्थ्य के लिए भी महत्वपूर्ण है। आयुर्वेद में यह माना जाता है कि आहार का प्रभाव हमारी मानिसक स्थिति पर भी पड़ता है।

- ताजे, पौष्टिक और शुद्ध आहार से मन में शांति और संतुलन रहता है, जबिक अधिक मसालेदार या भारी आहार मानसिक तनाव और अशांति का कारण बन सकते हैं।
- अग्नि (digestive fire) को मजबूत करने के लिए आहार का सेवन महत्वपूर्ण होता है। सही प्रकार से पचने वाला आहार शरीर में सशक्तता और ताजगी लाता है, जबिक अपच और अव्यवस्थित आहार शरीर को कमजोर कर देता है और बीमारी की संभावना बढ़ा सकता है।
- आयुर्वेद में यह कहा गया है कि आहार का सेवन हमेशा ताजे और शुद्ध रूप में करना चाहिए, ताकि यह सही तरीके से पच सके और शरीर में समग्र स्वास्थ्य का संचार हो सके।¹⁰

स्वास्थ्य संवर्धन में निष्काम कर्मयोग की भूमिका -

निष्काम कर्मयोग से तात्पर्य अनासक्त भाव से किया गया कर्म, जो सुख-दुःख, शीत-उष्ण, जय-पराजय, यश-अपयश आदि से परे अपने कर्तव्य कर्म में लीन रहता है वही वास्तविक निष्काम कर्मयोगी है। परमात्मा स्वयं सृष्टि का संचालक होते हुए भी हमें बुद्धि देकर कर्मों का अधिष्ठाता बनाया है, हम सत्कर्म का मार्ग अपनाकर आत्मिक प्रगति की ओर बढ़ सकते हैं, लेकिन कर्म हमेशा अनासक्त भाव से हो एवं पारमार्थिक दृष्टिकोण से हो यह हमेशा चिन्तन में बने रहना चाहिए।

"कर्मण्येवाधिकारस्ते मा फलेषु कदाचन। मा कर्मफलहेतुर्भूर्मा ते संगोऽस्त्वकर्मणि"।।

अर्थात् तुम्हें अपना कर्म (कर्त्तव्य) करने का अधिकार है, किन्तु कर्म के फलों के तुम अधिकारी नहीं हो। तुम न तो कभी अपने आपको अपने कर्मों के फलों का कारण मानों, न ही कर्म न करने में कभी आसक्त हो।¹¹

सुखदुःखे समे कृत्वा लाभालाभौ जयाजयौ। ततो युद्धाय युज्यस्व नैवं पापमवाप्स्यसि ॥

अर्थात् तुम सुख या दुःख, हानि या लाभ, विजय या पराजय का विचार किये बिना युद्ध कर ऐसा करने पर तुम्हें कोई पाप नहीं लगेगा।

जब व्यक्ति सुख दुःख, हानि या लाभ, विजय या पराजय इन सबसे परे होकर कर्म को करता है तो स्वाभाविक रूप से कर्मों के परिणाम से उत्पन्न होने वाले सुख पीड़ा से मुक्त हो जाता है जिसके कारण मस्तिष्क पर उत्पन्न होने वाले अनावश्यक तनाव से मुक्त होकर आनन्द की स्थिति में स्थित रहते हैं। जिसके फलस्वरूप शारीरिक और मानसिक स्वास्थ्य की विशेष हानि नहीं होती। 12

"बुद्ध्या युक्तो यया पार्थ कर्मबन्धं प्रहास्यसि॥"

अर्थात् हे! पार्थ यदि इस प्रकार बुद्धि से युक्त होकर निष्कामी होकर कर्म करोगे तो तुम कर्म बन्धन से मुक्त हो सकते हो।¹³

नेहाभिक्रमनाशोऽस्ति प्रत्यवायो न विद्यते। स्वल्पमप्यस्य धर्मस्य त्रायते महतो भयात्।।

अर्थात् निष्काम कर्मयोग के मार्ग में न तो हानि होती है न ही ह्रास अपितु इस पथ पर की गई अल्प प्रगति भी महान् भय कर्म बन्धन से रक्षा कर सकती है।

स्वास्थ्य संवर्धन में श्रीमद्भगवद्गीता वर्णित आहार और निष्काम कर्म योग की भूमिका

जब मनुष्य फलेच्छा से विहीन होकर अनुष्ठान करता है तो समता के भाव दृढ होते जाते हैं. इसके विपरीत जब वह राग, द्वेष आदि से युक्त होकर कर्मों का अनुष्ठान करते हैं तो विषमता, इसी विषमता से जन्म-मरण रूप बन्धन होता है।" समता की महिमा भगवान् ने चार प्रकार से की है –

- 1. कर्मबन्धं प्रहास्यसि समता के द्वारा मनुष्य कर्मबन्धन से मुक्त हो जाता है।
- 2. नेहाभिक्रमनाशोऽस्ति इसके (समता) आरम्भ का भी नाश नहीं होता।
- 3. प्रत्यवायो न विद्यते- इसके अनुष्ठान का उल्टा फल भी नहीं होता।
- 4. 'स्वल्पमप्यस्य धर्मस्य त्रायते महतो भयात् इसका थोड़ा सा भी अनुष्ठान जन्म-मरण रूप महान् भय से रक्षा कर लेता है। 14

व्यवसायात्मिका बुद्धिरेकेह कुरुनन्दन। बहुशाखा ह्यनन्ताश्च बुद्धयोव्यवसायिनाम्।।

अर्थात् जो इस निष्काम कर्म के मार्ग पर चलते हैं वे दृढ़ निश्वयी होते हैं, लक्ष्य भी एक होता है. उसकी बुद्धि व्यवसायात्मिका (एक प्रकार की) की होती है और जो दृढ़ निश्चयी नहीं है उनकी बुद्धि अनेक शाखाओं में विभक्त रहती है।

"जो दृढ़ श्रद्धा से युक्त कृष्ण भावनामृत द्वारा मनुष्य जीवन की सर्वोच्च सिद्धि प्राप्त करेगा उसकी बुद्धि व्यवसायात्मिका बुद्धि कहलाती है।"¹⁵

> योगस्थः कुरु कर्माणि संगम त्यक्त्वा धनञ्जय। सिद्ध्यसिद्ध्योः समो भूत्वा समत्वं योग उच्यते॥

अर्थात् योग में स्थित होकर, समस्त आसक्ति का त्याग करते हुए सिद्धि और असिद्धि में समभाव से अपना कर्म करो। ऐसी समता योग कहलाती है। समता परमात्मा का स्वरूप है।¹⁶

इहैव तैर्जित: सर्गों येषां साम्ये स्थितं मन:

अर्थात् जिसका मन समता में स्थित हो गया है, उन लोगों ने जीवित अवस्था में ही संसार को जीत लिया है।¹⁷

योगस्थः सन् कुरु कर्माणि केवलमीश्वरार्थ तत्रापीश्वरो मे तुष्यत्विति सङ्ग त्यक्त्वा धनञ्जय। फलतृष्णाशून्येन क्रियमाणे कर्माणि सत्त्वशुद्धिजा ज्ञानप्राप्तिलक्षणा सिद्धिस्तद् विपर्ययजा असिद्धिस्तयोः सिद्धयसिद्धयोरपि समस्तुल्यो भूत्वा कुरु कर्माणि। कोऽसौ योगो यत्रस्थः कुर्वित्युक्तमिदमेव तत् सिद्धयसिद्धयोः समोभूत्वा समत्वं योग उच्यते।।

अर्थात् हे धनंजय ! योग में स्थित होकर केवल ईश्वर के लिये कर्म कर। उसमें भी ईश्वर मेरे पर प्रसन्न हो जाय इस संग (कामना) को छोड़कर कर्म कर। फलतृष्णारहित पुरुष के द्वारा कर्म किये जाने पर अन्तःकरण की शुद्धि से उत्पन्न होने वाली ज्ञान प्राप्ति तो सिद्धि है और उससे विपरीत ज्ञान प्राप्ति न होना असिद्धि है। ऐसी सिद्धि असिद्धि में सम होकर अर्थात् दोनों को तुल्य समझकर कर्म कर। वह कौन सा योग है, जिसमें स्थित होकर कर्म करने के लिये कहा है यही जो सिद्धि और असिद्धि में सम होना है, इसी को योग कहते हैं।18

बुद्धियुक्तो जहातीह उमे सुकृतदुष्कृते। तस्माद्योगाय युज्यस्व योगः कर्मसु कौशलम्।।

अर्थात् बुद्धि युक्त। समता से युक्त पुरुष जीवित अवस्था में ही पुण्य और पाप दोनों का त्याग कर कर्मों को करता है, इस प्रकार कर्मों की कुशलता ही योग है।

'योगः कर्मसु कौशलम् दो अर्थों में लिये जा सकते हैं –

- 1. 'कर्मसु कौशलं योगः अर्थात् कर्मों में कुशलता ही योग है।
- 2. कर्मसु योगः कौशलम् अर्थात् कर्मों में योग ही कुशलता है। 19

रागद्वेषवियुक्तैस्तु विषयानिन्द्रियैश्चरन्। आत्मवश्यैर्विधेयात्मा प्रसादमधिगच्छति॥ प्रसादे सर्वदुःखानां हानिरस्योपजायते। प्रसन्नचेतसो ह्याशु बुद्धिः पर्यवतिष्ठते॥

अर्थात् निष्कामी मनुष्य राग द्वेष से मुक्त होकर अपने इन्द्रियों को वश में करके विषयों का सेवन करता है, ऐसा करने से साधक के अन्तःकरण निर्मल होते जाते हैं, साधक के सम्पूर्ण दुःखों का नाश हो जाता है ऐसे शुद्ध चित्तवाले साधक जल्द ही अपने बुद्धि को परमात्मा में स्थिर कर लेता है।²⁰

उपर्युक्त श्रीमद्भगवतगीता में वर्णित निष्काम कर्मयोग के स्वरूप, लक्षण आदि को मनुष्य अपने जीवन में धारण करे तो निश्चित रूप मनुष्य को कर्म फलों के त्याग के कारण तात्कालिक शांति प्राप्त हो सकता है। कर्मणा बध्यते जन्तुः अर्थात् कर्मों से मनुष्य बंध जाता है। इसलिए मनुष्य को निष्कामी होकर कर्मों को करना चाहिए ऐसा करने से मस्तिष्क पर पड़ने वाले कर्मों के परिणाम के कारण उत्पन्न अतिभार / तनाव से राहत प्राप्त होती है। अतः निष्काम कर्मयोग की राह पर चलकर मानसिक और शारीरिक स्वास्थ्य का संवर्धन किया जा सकता है।²¹

निष्कर्ष: शरीर, इन्द्रिय, मन और आत्मा जब संयुक्त रूप से उचित ढंग से कार्य करते हैं तो व्यक्ति सभी स्तरों पर स्वस्थ रहता है और इन चारों का संयुक्त रूप से कार्य करने में निष्काम कर्म योग और आहार का मार्ग अति सरल और सहज साधन है। आहार का हमारे स्वास्थ्य पर गहरा प्रभाव पड़ता है। सही आहार न केवल शारीरिक स्वास्थ्य को बनाए रखता है, बल्कि यह मानसिक संतुलन और रोग प्रतिकारक क्षमता को भी बढ़ाता है। आयुर्वेद के अनुसार, आहार का चयन करते समय यह ध्यान रखना आवश्यक है कि वह शरीर के दोषों, मौसम, और व्यक्ति की आयु और मानसिक स्थिति के अनुसार उपयुक्त हो। स्वस्थ आहार से ही हम रोगों से बचते हैं और जीवन में समग्र स्वास्थ्य प्राप्त कर पाते हैं।

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- 3. सुश्रुत संहिता, सूत्रस्थान, श्लोक 1.1
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- 16. श्रीमद्भग्वद्गीता 2.41
- 17. श्रीमद्भग्वद्गीता 2.48
- 18. श्रीमद्भग्वद्गीता 5.19
- 19. शंकर भाष्य गीता 2.47
- 20. श्रीमद्भग्वद्गीता गीता 2.50
- 21. श्रीमद्भग्वद्गीता 2.64
- 22. श्रीमद्भग्वद्गीता 2.65

बौद्ध दर्शन एवं जैन दर्शन में योग का स्वरूप

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सारांश- बौद्ध दर्शन एवं जैन दर्शन में योग के विभिन्न अंगों के प्रमाण मिलते साथ-साथ पातंजल योग दर्शन से लगभग मेल भी खाते है। योग की पराकाष्ठा योग दर्शन में कैवल्य की प्राप्ति करना है वहीं बौद्ध दर्शन में निर्वाण प्राप्त करना, जैन दर्शन में दुःखों से मुक्ति प्राप्त करने के लिए योग साधना पर अत्यन्त बल दिया गया है। अतः योग केवल शारीरिक स्वास्थ्य तक सीमित न होकर मानसिक स्वास्थ्य, आध्यात्मिक स्वास्थ्य और अन्ततः मोक्ष प्राप्ति के लिए उपयोगी है। संसार के कर्म बन्धन, जीवन-मरण एवं दुःख से मुक्ति का परम् मार्ग है।

शब्द कुंजी- योग, बौद्ध दर्शन, जैन दर्शन

Ethical Clearance- Not Applicable

Conflict of author- None

परिचय- भारतीय दर्शन में कुल नौ दर्शन है उसमें से बौद्ध दर्शन एवं जैन दर्शन भी सिम्मिलत है। यह दोनों दर्शन नास्तिक दर्शन के रूप में माने जाते है परन्तु बुद्ध जी ने क्षणिक आत्मा की सत्ता स्वीकार किया है, जैनों ने जीवों को चैतन्यमुक्त कहा है। साथ ही साथ ये दोनों दर्शन मोक्ष की मान्यता को भी मानते हैं। बौद्ध दर्शन में मोक्ष को निर्वाण कहा गया है। जैनों ने अपने सिद्ध तीर्थकारों को ईश्वर की संज्ञा दी है।

बौद्ध दर्शन में निर्वाण प्राप्त के लिए साधना मार्ग का भी वर्णन किया गया है। इनके अनुसार जीवन दुःखमय है। संसार की हर एक वस्तु चाहे कितनी ही प्रिय हो उसके मूल में दुःख ही होता है। इस दुःख से मुक्ति पाने के लिए ही महात्मा बुद्ध ने साधना पद्धित की बात कही है। जिसमें योगांगों का महत्वपूर्ण स्थान है। यह दर्शन पुनर्जन्म को भी मानता है। इस कारण काम को भी मानता है। इन्होंने जन्म-मरण के चक्र से मुक्त हो जाना ही निर्वाण माना है।²

जैन दर्शन में कहा गया है कि जिस धर्म या साधनों से मनुष्य का शरीर एवं मन अपने वश में होता है वह साधन आत्मा को मोक्ष के साथ जोड़ने वाले हैं। इन्हीं साधनों को योग कहा जाता है।²

बौद्ध दर्शन में योग-

पातंजल योग सूत्र में अष्टांगयोग के अन्तर्गत अहिंसा, सत्य, अस्तेय, ब्रह्मचर्य, अपरिग्रह ये पाँच यम बताये गये है। इसी प्रकार जाँच नियम- शौच, संतोष, तप, स्वाध्याय और ईश्वर प्राणिधान है। बौद्ध दर्शन में भी यम एवं नियम का पालन करना अनिवार्य माना गया है।

बौद्ध दर्शन में नियम- अहिंसा, अपिरग्रह, ब्रह्मचर्य, सत्य, धर्म में श्रद्धा, दोपहर के बाद का भोजन निषेध, सुख-प्रद शैय्या व आसन का परित्याग विलास से अनासक्ति, सुगंधित द्रव्यों का निषेध तथा स्वर्ण या चाँदी आदि मूल्यवान वस्तुओं का निषेध यह सभी नियम मोक्ष मार्ग के साधक के लिए आवश्यक है।³

पातंजल योग सूत्र के अष्टांगयोग की तरह बौद्ध दर्शन में अष्टांगमार्ग की चर्चा की गई है।

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बौद्ध दर्शन एवं जैन दर्शन में योग का स्वरूप

अष्टांगमार्ग- यह मार्ग प्रज्ञा एवं शील के द्वारा ही समाधि को प्राप्त करता है। इस प्रकार के चरम बिन्दु निम्नलिखित है-

- 1. सम्यक् दृष्टि- मनुष्य के विचार या विश्वास कर्म के जनक हैं। चार आर्य सत्य- दुःख, दुःख का कारण, दुःख का नाश, दुःख नाश के उपाय का ज्ञान चित्त में बना रहता है यही 'सम्यक् दृष्टि' है।
- 2. सम्यक् संकल्प- राग, द्वेष, हिंसा आदि दुर्गुणों और सांसारिक विषयों का परित्याग करने का दृढ़ निश्चय करना ही 'सम्यक् संकल्प' है।
- 3. सम्यक् वाक्- मिथ्या, अनुचित तथा दुर्वचनों का परित्याग करना, जैसे देखा, सुना या अनुभव किया गया वैसा ही वाणी से बोलना वैसा ही आचरण करना सत्य वचनों की रक्षा करना, 'सम्यक् वाक्' है।
- 4. सम्यक् कर्म- हिंसा, पराई वस्तु की चोरी' वासना कोटि को इच्छा का परित्याग कर शुभ कर्म करना 'सम्यक् कर्म' है।
- 5. सम्यक् आजीव- धर्मानुसार एवं न्यायपूर्वक बिना किसी को हानि पहुँचाये अपना जीविकोपार्जन करना 'सम्यक् आजीव' है।
- 6. सम्यक् व्यायाम- सभी बुराई को नष्ट करके अच्छे कर्मों के लिए सदैव तत्पर रहना 'सम्यक् व्यायाम' है।
- 7. सम्यक स्मृति- काम, क्रोध, लोभ, मोह आदि दुर्गुणों को मिटाकर चित्त सग शुद्धि करना, सदैव आत्मचिंतन में लीन रहना 'सम्यक् स्मृति' है।
- 8. सम्यक् समाधि- चित्त को एकाग्रत कर राग-द्वेष आदि सांसारिक बन्धनों से अपने आपको मुक्त करना 'सम्यक् समाधि' है।⁴

बौद्ध दर्शन में आठ अंगों का पालन करना अनिवार्य है इससे अंतःकरण की शुद्धि होती है और ज्ञान का उदय होता है बौद्ध दर्शन में आसन का भी विधान है, महात्मा बुद्ध की मूर्ति प्रायः पद्मासन में मिलती है इन्होंने प्राणायाम का भी आदेश दिया है। आष्टांगिक मार्ग के अभ्यास द्वारा चित्र वृत्तियों पर नियंत्रण प्राप्त होता है —

बौद्ध दर्शन में त्रिरत्न 1- शील 2- समाधि 3- प्रज्ञा

- 1. शील- अर्थात शारीरिक मानसिक शुद्धि। ये साधना का प्रथम अंग है जिनका पालन करके साधक साधना मार्ग में उन्नत होता है।
- 2. समाधि- अर्थात् चित्त की एकाग्रता। अष्टांगमार्ग के द्वारा जब चित्त राग, द्वेष से रहित होकर शुद्ध हो जाता है और सरलता से एकाग्र हो जाता है।
- 3. प्रज्ञा- अर्थात परम। परमज्ञान भी शील और समाधि की पूर्णता से उदित होता है इसकी प्राप्ति से दुःख सज नाश संभव है।

बौद्ध साधना के अभ्यास का आधार 'शील' है। क्योंकि बौद्ध साधना में शील संपन्न साधक ही समाधि के अधिकारी हैं। ध्यान साधना आत्मा की उन्नति का आधार है।⁵

जो योगदर्शन के सम्प्रज्ञात समाधि के चारों अंगों के समान हैं।

जैन दर्शन में योग- ''जैन'' शब्द की उत्पत्ति ''जिन्न'' शब्द से हुई है। जहाँ 'जी' का अर्थ है- 'विजय'। इस प्रकार 'जिन्न'

का अर्थ है विजय प्राप्त करने वाला।

जैन के अनुसार वह सिद्ध पुरुष जिसमें राग, द्वेष तथा इन्द्रियों पर विजय प्राप्त करने को जिन्न अर्थात जितेन्द्रिय का अनुयायी हो, वह जिन्न है।⁶

योग 'युज' धातु से बना है जिसका अर्थ है समाधि और जोड़ना जैन आचार्यों ने इसी अर्थ में योग को स्वीकार किया है। योग की परिभाषा करते हुए जैन आचार्य 'यशोविजय' अपने ग्रन्थ 'द्वात्रिशिखा' में कहते है-

'मोक्षेण योजनादेव योगो द्वात्र निरूच्यते' % = 10/1

यही बात श्री हरिचन्द्र सूरी अपने ग्रन्थ 'योगिबिश्का' में कहते है-

'मुक्खेण जोयणाओ जोगो' श्लोक – 2

अर्थात् जिन-जिन साधनों द्वारा आत्मशुद्धि और मोक्ष का योग होता है, उन सभी साधनों को योग कहते हैं। पातंजल योग दर्शन में कहा गया है-

'योगाश्चित्तवृत्ति निरोधः' पथो. सू- 1/2

अर्थात चित्त की वृत्तियों (व्यापार) का सर्वथा निरोध हो जाना ही योग है।⁷ इसी प्रकार योग के भेद 'द्वात्रिशिका' में कहा गया है-

'यतः समितिगुप्तीनं प्रपंचो योग उत्तमः'

अर्थात् मन, वचन, शरीर को संयमित करने वाला धर्म व्यापार ही योग है क्योंकि जिस धर्म से मनुष्य शरीर एवं मन वश में होते हैं वे साधन आत्मा को मोक्ष के साथ जोड़ते हैं इसलिए इन साधनों को योग कहते हैं।² जैन दर्शन में तीन प्रकार के योग का वर्णन है-

- 1. सम्यक् दर्शन
- 2. सम्यक् ज्ञान
- 3. सम्यक् चरित्र
- 1. सम्यक् दर्शन- किसी भी उद्देश्य की प्राप्ति के लिए किये गए कार्य में श्रद्धा रखना जैन दर्शन में 'सम्यक् दर्शन' कहा गया।

'तत्वार्थश्रद्धानं सम्यग दर्शनम्'

- 2. सम्यक् ज्ञान- केवल श्रद्धा, विश्वास से कुछ नहीं होता, जिस विश्वास के साथ हम उस मार्ग पर चल रहे हैं, उनके सभी साधनों को, सभी रहस्यों का ज्ञान भी आवश्यक है इसे जैन दर्शन में 'सम्यक् ज्ञान' कहते हैं।
- 3. सम्यक् चिरत्र- श्रद्धा और ज्ञान तब तक फलीभूत नहीं होते जब तक चिरत्र शुद्ध न हो, मन राग, द्वेष, मोह आदि के बंधन से मुक्त न हो। साधक का आचार-विचार व्यवहार सभी पूर्ण विशुद्ध होना जैन दर्शन में 'सम्यक् चिरत्र' कहा गया है।⁸ ये तीनों को मोक्ष प्राप्ति का कारण होने से योग कहा गया है।

जैन दर्शन के पाँच महाव्रत- अहिंसा, सत्य, अस्तेय, ब्रह्मचर्य तथा अपिग्रह हैं जो पातंजल योग दर्शन के यम के समान ही हैं।

जैन दर्शन के दस धर्मों का पालन करना अनिवार्य है जो इस प्रकार हैं- 1. क्षमा 2. मृदुला 3. सरलता 4. शौच 5. सत्य 6. संयम 7. त्याग 8. औदासिन्य 9. ब्रह्मचर्य 10. अहिंसा।

इन धर्मों के पालन से कर्म का प्रवेश रूक जाता है, कर्म भावी जन्म-मरण का कारण नहीं बनता है। इसलिए इन्हें योग

साधना के रूप में माना गया है।

जैन दर्शन में ध्यान की चार अवस्थाऐं- 1. आर्त 2. रौद्र 3. धर्म 4. शुक्ल

इसमें से प्रथम दो ध्यान की अवस्था अति एवं रौद्र तमोगुणी हैं। यह साधक की प्रारंभिक अवस्था है। इसका उपयोग योग साधना के लिए नहीं किया जाता है। धर्म एवं शुक्ल ध्यान की योगोपयोगी अवस्थाऐं हैं। इसमें से भी शुक्ल ध्यान सभी दुःखों का संग्रह क्षणमात्र में नष्ट करने वाला है।⁹

जैन दर्शन में चित्त की चार अवस्थाऐं-

जैन दर्शन में विक्षिप्त, यातायात, संलिष्ठ और सुलीन ये चित्त की चार अवस्थाऐं हैं जो योगदर्शन के चित्त की पाँच अवस्थाओं के समान ही है। योग दर्शन में मुख्य रूप से अष्ट सिद्धियाँ का वर्णन है उसी तरह जैन मत में आचार्य हरिभद्र सूरि ने योग की आठ दृष्टियाँ बताई गयी हैं-

''मित्रा तारा बला दीप्ता स्थिरा कान्ता प्रथा परा। नामानि योगदृष्टिनां''।।¹⁰

जैन दर्शन में प्राणायाम का भी उल्लेख है और कहा गया है कि यह हठयोग का अंग है जो बलपूर्वक किया जाता है इसका अभ्यास केवल उन्हीं लोगों को करना चाहिए जिसकी इन्हें आवश्यकता है। जो इसे युक्तिपूर्वक कर सके।

योग दर्शन की भाँति जैन दर्शन में भी जीवन मुक्ति और विदेह मुक्ति का उल्लेख है। जैन दर्शन में कहा गया है कि विदेह मुक्ति के पश्चात् आत्मा फिर दोबारा संसार में लौटकर नहीं आती है।

निष्कर्ष- पातंजल योग दर्शन में वर्णित योग के कई अंग बौद्ध एवं जैन दर्शन में लगभग समान रूप से वर्णित है। अन्ततः हम कह सकते है कि योग के द्वारा ही जन्म-मरण एवं दुःखों से मुक्ति मिलती है और मोक्ष व निर्वाण की प्राप्ति होती है।

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कटिशूल और उच्चरक्तचाप के प्रबंधन में आयुर्वेद, योग (आसन व प्राणायाम) और एक्यूप्रेशर का संयुक्त प्रभाव : एक व्यक्तिगत अध्ययन

*सीता कुमारी * रजनीश कुमार गुप्ता ** डाँ0 भोला नाथ मौर्य

सार (Abstract): मानव स्वास्थ्य को बनाये रखने में योगासन, एक्यूप्रेशर और आयुर्वेद की भूमिका प्रमुख है। उम्र बढ़ने के साथ-साथ कमर दर्द, गर्दन दर्द और उच्चरक्तचाप का बढ़ना एक साधारण समस्या है। इसका प्रबंधन रोगी की स्थिति, तीव्र या दीर्घका लिक और इसके कारण पर निर्भर करता है। आयुर्वेद में यह वातव्याधि - रक्तजवात व्याधि के अन्तर्गत आता है। इसमें मरीज के वात दोष तथा रक्त दोष को साम्य अवस्था करते हुए चिकित्सा किया जाता है। इस केस स्टडी में मरीज को 6 माह से दिक्कत थी। दर्द कभीकभी- निचले अंगों में फैल जाता था, रोगी को चलने पर भी दर्द होता था, यह रोगी पहले तो स्थानीय चिकित्सक से एलोपैथिक उपचार तथा दर्द की दवा ले चुके थे। मरीज उपचार के प्रति समर्पित था और लगभग तीन माह से योग (आसन - प्राणायाम)एक्यूप्रेशर, तथा आयुर्वेद दवाओं के साथ रोगी को राहत देने का प्रयास किया गया।

प्रमुख शब्द: कटिशूल, गर्दन दर्द, उच्चरक्तचाप, आसन, प्राणायाम, एक्यूप्रेशर, आयुर्वेद उपचार, शिग्रु गुग्गुलु, कब्ज।

Conflict of Interest : None Ethical Clearance : N/A

परिचय: उम्र बढ़ने के साथ-साथ आजकल कमर दर्द, गर्दन दर्द, रक्तचाप तथा कब्ज की शिकायत बढ़ने लगी है। आयुर्वेद में कमर दर्द, गर्दन दर्द और कब्ज वातव्याधि के अन्तर्गत आता है। रक्त एवं वात से उत्पन्न रोगो में कमर ,जानु के मध्य शोथ अर्थात सूजन और अत्यधिक पीड़ा हो तो उसे वात रक्त से उत्पन्न कोष्ठशीर्ष रोग के नाम से जाना जाता है। रोगी के शरीर में वात की वृद्धि रोकने के लिये आयुर्वेदिक दवाओं के साथ -साथ योग व प्राणायाम का अभ्यास कराकर रोगी को अपना स्वास्थ्य उपचार करने का सलाह दिया गया।

एक व्यक्तिगत अध्ययन: एक पुरुष रोगी जिसकी आयु 62 वर्ष है जो पुलिस से रिटायर्ड है , अपने उपचार के लिए संज्ञाहरण बहिरंग (सर सुन्दरलाल चिकित्सा विज्ञान संस्थान, काशी हिन्दू विश्वविद्यालय वाराणसी) विभाग 15 में आये। वर्तमान रोग का इतिहास: मरीज पिछले 6 महीने से कमर दर्द ,गर्दन दर्द ,उच्चरक्तचाप तथा कब्ज की शिकायत लेकर विभाग में आता है। उन्होंने 6 महीने से दर्द को नजर अंदाज कर दिया और स्थानीय चिकित्सक से कुछ दर्द निवारक दवाएं लेते रहे। लेकिन बेहतर परिणाम नहीं मिला। दर्द निवारक क्रिया क्षणिक अवधि के लिए दर्द को कम कर देती थी।

दैहिक परिक्षण

MRD NO - 6250639, शारीरिक भार - 65Kg, शारीरिक लम्बाई - 173 cm, रक्तचाप- 150/94mmHg, **PR** -80/Min **Spo2**- 99%

^{*} शोध छात्रा, **शोध पर्यवेक्षक, संज्ञाहरण विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, कशी हिन्दू विश्वविद्यालय, वाराणसी।

Hb- 13.5 g/dL

Uric acid- 6.5 mg/dl

RA- -ve

Occupation- पुलिस से रिटायर्ड

SLR -76°

X-RAY- Degeneration) Change in spine(

निरीक्षण: मरीज में कोई लॉर्डियोसिस और किफोसिस नहीं पाया गया। मरीज की रीढ़ की हड्डी की जांच में कोई अन्य बड़ी असामान्यता नहीं देखी गई। मरीज की रीढ़ की हड्डी की जांच में कोई सूजन या सर्जिकल निशान नहीं दिखे।²

लक्षण: पीठ के निचले हिस्से में कमर के आस पास का दर्द जो निचले अंग तक ज्यादा फैलाव नहीं करता, एनोरेक्सिया और हल्के कब्ज से जुड़ा होता है।

Koshtha:- Krura

Prakriti: - Kapha-Vata.

Vaya: - Senior Citigen

Bala: - Madhyama

Agni: - Manda

नियोजित उपचार (Planning Treament)

योग (आसन, प्राणायाम): आचार्य पतंजिल ने योग की पहली निश्चित, एकीकृत और व्यापक प्रणाली को संहिताबद्ध किया है। उन्होंने पूरे योग सूत्र को समाधि, साधन, विभूति और कैवल्यपाद नामक चार चरणों में योग को खूबसूरती से विर्णित किया है। उन्होंने योग की पिरभाषा के साथ-साथ इसके आठ अंगों यानी अष्टांग योग को भी विस्तार से बताया है। घेरण्य संहिता में महर्षि घेरण्ड ने अपने शिष्य राजा चण्डकपालि को शुद्धिकरण की मुख्य छः क्रियाओं की शिक्षा दी है। द्वितीय अध्याय में महर्षि ने राजा को विभिन्न उपयोगी योगासनों से पिरचित कराया है। शुद्धिकरण के बाद आसनों का अभ्यास शारीरिक स्थिरता एवं दृढ़ता के लिए किया जाता है। यहाँ दृढ़ता का भी अर्थ है शरीर का स्थिर होना। आसनों के अभ्यास में यह याद रखना चाहिए कि आसन शरीर की एक स्थिति है। जब हम शरीर की एक स्थिति में लम्बी अवधि तक बिना किसी तनाव के, बिना किसी शारीरिक कष्ट के सुखपूर्वक रह सकते हैं, तब वह स्थिति आसन कहलाती है। आसनों की शिक्षा सबसे पहले महेश्वर शिव ने माता पार्वती को दी थी।

योग सूत्रों में भी आसनों की परिभाषा दी गयी है- 'स्थिरं सुखमासनम्' - जिस शारीरिक स्थिति में आप स्थिर रह सकें और सुख का अनुभव करें वह आसन है।³

अष्टांग योग का चतुर्थ अंग प्राणायाम है। चित्त की चंचलता का निरोधक प्राणायाम है।

'प्राण' और 'आयाम' - इन दो शब्दों के योग से बना है - प्राणायाम। प्राण 'जीवनी शक्ति' है, ऊर्जा है, जिसके बिना जीवन की कल्पना नहीं की जा सकती। आयाम है उसका 'ठहराव' या विस्तार। अर्थात् स्वेच्छा से प्राणों का संचालन करना प्राणायाम है।

योगसूत्रानुसार - तस्मिन् सति श्वासप्रश्वासयोर्गतिविच्छेदः प्राणायामः ॥ २/४९ ॥

अर्थात् उस आसन के सिद्ध हो जाने पर श्वास-प्रश्वास की गति को रोकना प्राणायाम है।4

सूक्ष्म योगिक अभ्यास: शरीर के जोड़ों को संचालित करने तथा शरीर को आसन करने के लिए तैयार करने के लिए सूक्ष्म व्यायाम कराया गया जो निम्न है- ग्रीवा संचालन, स्कन्द संचालन, किट संचालन, जानुसंधि- संचालन, गुल्फ संचालन।

आसन

ताड़ासन (Tadasan): इस आसन को करते समय साधक की स्थिति ताड़ के वृक्ष के समान लम्बी होती है, इसलिये इस आसन को ताड़ासन कहते हैं। किसी समतल भूमि पर दोनों पैरों को मिलाकर पंजों के बल खड़े होयें। दायीं बायीं दोनों भुजाओं को आकाश की तरफ खींचकर रखें। पूरे शरीर का वजन पंजों पर डालते हुये उसका खिंचाव ऊपर की ओर रखने की कोशिश करनी चाहिये। इस स्थिति में नाक से श्वांस लेकर उदर में वायु भरकर, वायु को भीतर रोककर एड़ियों को ऊपर उठाते हुये पंजों के बल पर खड़े रहने का प्रयास करना चाहिये। आसन को समाप्त करते समय पैरों व हाथों को नीचे लाकर नाक से श्वांस निकालने (रेचक) का कार्य करें।

ताड़ासन करने से निम्न लाभ होते हैं-

- 1. छोटे कद वाले व्यक्तियों को यह आसन अवश्य करना चाहिये, क्योंकि ये आसन लम्बाई बढ़ाने में सहायक होता है।
- 2. इसको करने से रीढ़ की हड़डी सीधी होती है।
- 3. मोटापा कम करने में ये आसन लाभदायक होता है।
- 4. यह आसन पाचन क्रिया को सुचारू रूप से करने तथा कब्ज की शिकायत को दूर करने में सहायक है।
- 5. यह आसन यौवन वृद्धि करता है।
- 7. यह शरीर को सुडौल बनाने में सहायक होता।
- 8. जिनके हाथ-पैर ठंडे रहते हों उन्हें इस आसन से लाभ मिलता है।

सावधानियाँ (Precautions)- इस आसन को करते समय निम्न सावधानियों को ध्यान में रखना चाहिये-

- 1. मोटे व्यक्तियों को जबरदस्ती इस आसन को नहीं करना चाहिये।
- 2. गर्भावस्था में यदि स्त्रियों को इस आसन को करते हुये दर्द महसूस हो तो भी इस आसन से परहेज करना चाहिये।

उत्तानपादासन: सबसे पहले पीठ के बल सीधे लेट जाएं। अपने हाथों को शरीर के बगल में रखें और पैरों को सीधा रखें। धीरे-धीरे गहरी श्वास लें और अपने शरीर को रिलैक्स करें। अब दोनों पैरों को एक साथ मिलाते हुए धीरे-धीरे 30 से 45 डिग्री के कोण तक उठाएं। अपने पैरों और घुटनों को सीधा रखें।

अपने पैरों को उठाते समय ध्यान रखें कि आपके हाथ और शरीर स्थिर रहें। इस स्थिति में 10 से 30 सेकंड तक रुकें और सामान्य श्वास लेते रहें। धीरे-धीरे समय बढ़ा सकते हैं। अब धीरे-धीरे श्वास छोड़ते हुए अपने पैरों को धीरे-धीरे नीचे लाएं और प्रारंभिक स्थिति में वापस आ जाएं, इस आसन को 3-5 बार दोहराएं।

लाभ: उत्तानपादासन पेट की मांसपेशियों को मजबूत करने, पाचन में सुधार लाने और कमर के दर्द को कम करने में मदद करता है। इसे नियमित रूप से करने से आपके शरीर की लचीलापन और शक्ति में वृद्धि होती है।

सावधानियां: अगर आपको पीठ या पेट में कोई समस्या है, तो इस आसन को करते समय सावधानी बरतें। किसी भी

प्रकार की दर्द या असुविधा होने पर तुरंत आसन को रोक दें।

भुजंगासन (Bhugangasana): भुजंग से तात्पर्य नाग या सर्प से होता है इसलिये इसको सर्पासन भी कहा जाता है। जमीन पर आसन बिछाकर पेट के बल सीधे लेट जायें। दोनों पैरों को एक-दूसरे से मिलाकर सीधे रखें। पैरों के तलवे ऊपर की तरफ व पैरों के नाखून जमीन से स्पर्श होने चाहियें। हाथों को छाती के पास मोड़कर पंजे जमीन पर छाती के बगल में रखें। हाथों की कुहनियाँ ऊपर उठी होनी चाहियें व माथा जमीन पर लगा होना चाहिये। धीरे-धीरे माथा को जमीन से उठाते हुये सिर को उठाकर ऊपर देखते जायें। इससे पीछे की ओर मुड़ने में आसानी होती है। कंधे व छाती भी ऊपर उठेगी परन्तु नाभि व इसके नीचे का बाकी शरीर जमीन पर रहना चाहिये। इसमें हाथों पर ज्यादा दबाव नहीं डालना चाहिये व पैरों को ढीला छोड़ देना चाहिये। इस स्थित में दस से तीस सेकंड तक आरामदायक स्थित में रहना चाहिये। आसन छोड़ते समय नीचे आकर माथा जमीन पर रखना चाहिये।

लाभ (Advantages) - भुजंगासन करने से व्यक्ति को निम्नलिखित लाभ होते हैं-

- पीठ के ऊपर वाले हिस्से में तथा गर्दन में स्थित मेरूदंड के भाग को तथा उसके आस-पास की पेशियों का अच्छा व्यायाम इस आसन द्वारा हो जाता है।
- 2. नियमित रूप से इस आसन को करने से गर्दन व कटिशूल की दिक्कतें दूर हो जाती हैं।
- 3. यह आसन मोटापे को दूर करता है।
- 4. यह रक्त संचार को तेज करता है।
- 5. यह स्त्रियों की जननेन्द्रियों एवं गर्भाशय को बल प्रदान करता है।
- 6. यह स्त्रियों के मासिक सम्बन्धी अनियमितता को नियमित करता है।
- 7. इसको करने से रीढ़ की हड़डी में लचीलापन व पेशियों में मजब्ती आती है।
- 8. यह आसन आलस्य को दूर भगाने वाला होता है।
- 9. इस आसन को रोज करने से फेफड़ों की क्षमता बढ़ती है।
- 10. यह आसन स्वप्न दोषों को दूर करता है।
- 11. इस आसन द्वारा यकृत (Liver) सम्बन्धी रोग व दोष दूर होते हैं।

सावधानियाँ (Precautions)- इस आसन को करते समय निम्न सावधानियों को ध्यान में रखना चाहिये –

- 1. गर्भवती महिलाओं को यह आसन नहीं करना चाहिये।
- 2. हार्निया के रोगियों के लिये यह आसन कष्टदायक होता है।
- 3. साधक को पीछे झुकते समय धीरे-धीरे झुकना चाहिये है।
- 4. इसमें धीमी गति से श्वसन लेना चाहिये।

शलभासन (Shalabhasana): पेट के बल लेटकर, दोनों हाथों को छाती के पास सीधा रखकर दोनों पैरों को थोड़ा सा ऊपर उठाना शलभासन कहलाता है। जमीन पर आसन बिछाकर पेट के बल लेट जायें। हाथों के पंजे कमर के पास रखकर मुट्ठी बन्द रखें। ठोड़ी जमीन पर रखे व दोनों पैरों को सीधे एक साथ रखें। यदि अर्द्ध शलभासन करना हो तो दाहिना पैर सीधा पांच से दस इंच ऊपर हवा में उठाये व थोड़ी देर इसी प्रकार रहे तत्पश्चात् नीचे करके पहले की तरह लेट जायें फिर उसी प्रकार बायां पैर उठायें। ऐसा करते समय घुटने मुझने नहीं चाहिये। पूर्ण शलभासन करते समय दोनों पैरों को एक साथ ऊपर

उठायें व इस स्थिति में 5-15 सेकंड तक रहें व फिर पैरों को नीचे ले आयें।

लाभ (Advantages)- इस आसन को करने से निम्नलिखित लाभ होते हैं-

- 1. इस आसन से कमर की ओर अधिक मात्रा में रक्तसंचरण होता है जिससे कमर की पेशियाँ सशक्त व मजबृत होती हैं।
- 2. कमर की निचली हड्डियाँ व उनके जोड़ सुदृढ़ होते हैं।
- 3. इस आसन को प्रतिदिन करने से कमर या पीठ दर्द नहीं होता।
- 4. इस आसन के करने से पैर व जाँघे सुडौल बनती है।
- 6. शलभासन करने से रोग प्रतिकारक शक्ति बढ़ती है।
- 9. मन धैर्यवान व स्थिर होता है, जिससे आत्मविश्वास बढ़ता है।
- 10. यह आसन स्त्रियों के लिये अति लाभप्रद होता है।
- 11. इस आसन द्वारा मानसिक तनाव दूर होता है।

सावधानियाँ (Precautions) इस आसन को करते समय निम्न बातों ध्यान में रखना चाहिये-

- 1. हार्निया से पीड़ित व्यक्तियों को ये आसन नहीं करना चाहिये।
- 2. अत्यधिक दर्द में यह आसन नहीं करना चाहिये।

मार्जरीआसन: मार्जरीआसन जिसे "बिल्ली आसन" भी कहा जाता है, रीढ़ की हड्डी को लचीला और मजबूत बनाने के लिए एक सरल और प्रभावी योगासन है। यह आसन विशेष रूप से पीठ दर्द और तनाव से राहत के लिए किया जाता है। तनाव से राहत मिलने से उच्चरक्तचाप में भी सकारात्मक प्रभाव मिलता है।

मार्जरीआसन करने की विधि: सबसे पहले अपने घुटनों और हाथों के बल ज़मीन पर आएं। घुटने कूल्हों के नीचे और हाथ कंधों के नीचे होने चाहिए। उंगलियां फैलाकर रखें और दृष्टि को आगे की ओर केंद्रित करें। श्वास लेते हुए पीठ को नीचे की ओर झुकाएं और सिर को ऊपर की ओर उठाएं। इस स्थिति में पीठ नीचे की ओर और नितंब और सिर ऊपर की ओर होते हैं। श्वास छोड़ते हुए पीठ को ऊपर की ओर उभारें और सिर को नीचे की ओर झुकाएं, जैसे कि बिल्ली डरने या आक्रमण की स्थिति में होती है। यह स्थिति पीठ के लिए आरामदायक खिंचाव प्रदान करती है। इस प्रक्रिया को श्वास के साथ तालमेल बिठाते हुए 5-10 बार दोहराएं।

मार्जरीआसन के लाभ:

- 1. इस आसन से रीढ़ की हड्डी का लचीलापन बढ़ता है और इससे जुड़े तनाव और कठोरता को कम करता है।
- 2. इस आसन का नियमित अभ्यास मानसिक तनाव और चिंता को कम करने में सहायक होता है।
- 3. पेट और आंतों की मालिश के कारण पाचन क्रिया में सुधार होता है और गैस से संबंधित समस्याओं में राहत मिलती है।
- 4. मार्जरीआसन पीठ के निचले हिस्से के दर्द को कम करने में मददगार होता है और मांसपेशियों को मजबूत बनाता है।
- 5. इस आसन से शरीर में रक्त का संचार बेहतर होता है, जिससे अंगों को पर्याप्त ऑक्सीजन मिलती है। यह आसन सभी आयु वर्ग के लोगों के लिए उपयुक्त है और इसे आसानी से घर पर भी किया जा सकता है।

नाड़ी शोधन प्राणायाम /अनुलोम-विलोम प्राणायाम : बाई नासिका से श्वास लय के साथ भरना एवं बिना रोके दाई नासिका से श्वास को बाहर छोड़ देना तथा दाई से छोड़ने के तुरन्त बाद दाई से सहज रूप से श्वास लेना एवं बिना श्वास को

रोके बाई से ही श्वास को एक लक्ष्य के साथ बाहर छोड़ना इस प्रक्रिया को बिना रुके लगभग 5 मिनट तक निरन्तर जारी रखना। यद्यपि प्रारम्भ में थकान होगी। अधिक बल का प्रयोग न करें एवं कोहनी को अधिक ऊपर उठाकर अनुलोम-विलोम न करें तो आप धीरे-धीरे 5-7 दिन में निरन्तर 5 मिनट अनुलोम-विलोम करने में समर्थ हो जायेंगे। 10 सेकण्ड में अनुलोम-विलोम प्राणायाम एक बार निष्पन्न होगा एवं 1मिनट में लगभग 6 बार। 5 मिनट की एक आवृत्ति में अनुलोम-विलोम लगभग 30 बार तथा स्वस्थ एवं सामान्य रोगों से ग्रस्त व्यक्ति के कुल निर्धारित समय 15 मिनट में लगभग 90 बार अनुलोम-विलोम निष्पन्न होगा। अभ्यास परिपक्व होने पर अनुलोम-विलोम प्राणायाम को लगातार 15 मिनट या आधा घंटा भी किया जा सकता है।

भ्रामरी प्राणायाम: श्वास पूरा अन्दर भरकर मध्यमा अंगुलियों से नासिका के मूल में आँख के पास से दोनों ओर से थोड़ा दबाएँ मन को आज्ञाचक्र में केन्द्रित रखें। अंगूठों के द्वारा दोनों कानों को पूरा बन्द कर लें। अब भ्रमर की भाँति गुंजन करते हुए नाद रूप में 'ओ३म्' का उच्चारण करते हुए श्वास को बाहर छोड़ दें। पुनः इसी प्रकार आवृत्ति करें। भ्रामरी प्राणायाम एक ऐसा प्राणायाम है जिसको किसी ध्यानात्मक आसन मे बैठकर कमर और गर्दन सीधा करके किया जाता है। इस प्राणायाम को किसी एकान्त या फिर पर्यावरण शांत हो तो करना चाहिए। यह भ्रामरी प्राणायाम तनाव को दूर करता है, बेहतर नींद के लिए इसे रात्रिकालीन नियमित योग के रूप मे शामिल किया जाता है। तनाव से राहत मिलने और नींद बेहतर होने से उच्चरक्तचाप में भी सकारात्मक प्रभाव मिलता है। भ्रामरी प्राणायाम पीनियल और पिट्यूटरी ग्रन्थिओ को उत्तेजित करके उन्हें लाभ पहुंचाता है। Note- सभी प्राणायाम को खाली पेट करना चाहिए, जिससे प्राणायाम का प्रभाव शरीर पर अधिक से अधिक हो इस प्राणायाम मे एक लम्बी गहरी श्वास अन्दर ले और फिर श्वास छोड़ते हुये नाक द्वारा गले से 'सांस को छोड़ते हुये भ्रमर की आवाज़ निकालते हैं। इसलिए इसे भ्रामरी प्राणायाम कहते है।

आयुर्वेद दवाएं (1) कुपिलू - 250 मि.प्रा., गोदन्ती 500 मि.प्रा., अश्वगंधा - 2 ग्रा०, अविपत्तिकर-2ग्रा०सुबह --शाम

- (2) शिग्रु गुग्गुलु -1gm सुबह -शाम
- (3) दशमूल क्वाथ -50 ml -सुबह -शाम
- (4) त्रिवृत लेह -1/2 चम्मच

प्रथम फालोअप : आराम मिला

15 वे दिन : Repeat all

दूसरा फालोअप : आराम मिला

30 वे दिन : Repeat all

तीसरा फालोअप : आराम मिला

45 वे दिन : Repeat all

एक्यूप्रेशर

उच्चरक्तचाप में उपयोगी एक्यूप्रेशर पॉइंट्स :- एक्यूप्रेशर पॉइंट्स शरीर के कई अंगों और प्रणालियों के ऊर्जा प्रवाह को संतुलित करता हैं। नियमित रूप से और सही तरीके से इन्हें दबाने से बेहतर परिणाम मिलते हैं।

उच्चरक्तचाप के लक्षणों को कम करने में प्रमुख एक्यूप्रेशर पॉइंट्स-

लिवर-3 (Liver-3 – Liv-3)

स्थान: यह पॉइंट पैर के अंगूठे और उसके बगल वाली अगुली के बीच में, उनके जोड़ के ऊपर स्थित होता है यानि यह पॉइंट मेटाटार्सल हड्डियों के जोड़ के ठीक ऊपर पाया जाता है।

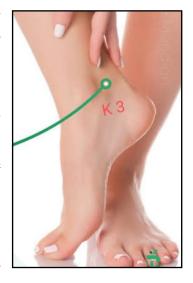


लाभ:

- 1- यह पॉइंट लिवर के ऊर्जा प्रवाह को संतुलित करने में मदद करता है, जिससे रक्तचाप को नियंत्रित किया जा सकता है। यह तनाव, चिड़चिड़ापन और उच्चरक्तचाप के कारण होने वाली समस्याओं को भी कम करता है।
- 2- यह पॉइंट तनाव और चिंता को कम करने में बहुत प्रभावी होता है।
- 3- यह लिवर के ऊर्जा प्रवाह (Qi) को संतुलित करता है, जिससे रक्तचाप को नियंत्रित करने में मदद मिलती है।

यह आंखों की रोशनी सुधारने, पाचन को बेहतर बनाने और मासिक धर्म के दर्द को कम करने में भी सहायक है।

पॉइंट को कैसे सक्रिय/उपयोग करें: अपनी उंगलियों का उपयोग करके धीरेधीर इस पॉइंट पर दबाव डालें या मटर के दाने को इस पॉइंट पर टेप से चिपका दे। लगभग 2-3 मिनट तक इस पॉइंट पर सर्कुलर मोशन में मसाज करें। दोनों पैरों पर इसे दोहराएं।



किडनी-3 (Kidney-3 – Kid-3)- स्थान: किडनी-3 पॉइंट टखने के पीछे, एड़ी की हड्डी और टखने के बीच स्थित होता है। यह पैर की आंतरिक तरफ होता है।

पॉइंट को कैसे सक्रिय/उपयोग करें : अपनी उंगलियों का उपयोग करके धीरे-धीरे इस पॉइंट पर दबाव डालें या मटर के दाने को इस पॉइंट पर टेप से चिपका दे। लगभग 2-3 मिनट तक इस पॉइंट पर सर्कुलर मोशन में मसाज करें। दोनों पैरों पर यह क्रिया करें।

लाभ:

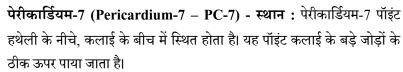
- 1- यह पॉइंट किडनी की ऊर्जा को पुनर्जीवित करने में मदद करता है।
- 2- यह शरीर में फ्लूइड बैलेंस को सुधारता है, जो उच्चरक्तचाप को नियंत्रित करने में सहायक होता है।
- 3- यह थकान, अनिद्रा, और कमजोरी को दूर करने में भी मदद करता है।

हार्ट -7 (Heart-7 – HT-7)- स्थान: यह पॉइंट कलाई के अंदर की तरफ छोटी अँगुली के आधार पर स्थित होता है। यह पॉइंट कलाई की हड्डी के उभार के पास होता है।

पॉइंट को कैसे सक्रिय/उपयोग करें : अपनी उंगलियों का उपयोग करके धीरे-धीरे इस पॉइंट पर दबाव डालें या मटर के दाने को इस पॉइंट पर टेप से चिपका दे। लगभग 2-3 मिनट तक इस पॉइंट पर सर्कुलर मोशन में मसाज करें।

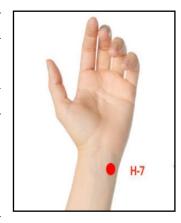
दोनों हाथ पर यह क्रिया करें।

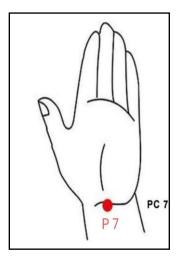
लाभ: यह पॉइंट Heart की ऊर्जा को पुनर्जीवित करने में मदद करता है। यह चिंता, तनाव और अनिद्रा को कम करता है। यह मानसिक शांति प्रदान करता है और उच्चरक्तचाप को नियंत्रित करता है।



पॉइंट को कैसे सक्रिय/उपयोग करें: अपनी उंगलियों का उपयोग करके धीरे-धीरे इस पॉइंट पर दबाव डालें या मटर के दाने को इस पॉइंट पर टेप से चिपका दे। लगभग 2-3 मिनट तक इस पॉइंट पर सर्कुलर मोशन में मसाज करें। दोनों हाथ पर यह क्रिया करें।

लाभ: यह पॉइंट पेरीकार्डियम की ऊर्जा को संतुलित करता है और उच्चरक्तचाप के कारण होने वाली समस्याओं को कम करता है। यह तनाव और मानसिक अशांति को दूर करता है। यह दिल की धड़कन को सामान्य करने और हृदय को मजबूत करने में मदद करता है।





उच्चरक्तचाप का एक्यूप्रेशर उपचार एक सुरक्षित और प्रभावी तरीका होता है। इन पॉइंट्स को नियमित रूप से दबाने से तनाव कम होता है, और शरीर की ऊर्जा संतुलित होती है, जिससे रक्तचाप नियंत्रित रहता है। यह उपचार प्राकृतिक है और इसे अन्य उपचारों के साथ भी उपयोग किया जा सकता है। एक्यूप्रेशर एक पूरक चिकित्सा है और गंभीर उच्चरक्तचाप के रोगियों में इसे चिकित्सकीय सलाह के साथ ही अपनाया जाना चाहिए।

प्रभाव (Result): कुल मिलाकर रोगी आगे की ओर झुकने और पीछे की ओर झुकने (ओवेस्ट्री लो बैक पैन इन्डेक्स) (तालिका संख्या 1) जैसे मापदण्डों में उल्लेखनिय सुधार बताया है। जीवन की गुणवत्ता में सुधार हुआ है। दर्द कम हुआ है

तथा उनके कार्यक्षमता में वृद्धि हुई है।

तालिका संख्या : 1.(ओलेस्ट्री लो बैक पेन इन्डेक्स)

इलाज के पहले

- 1. दर्द के कारण हिलना-डुलना कठिन था।
- 2. रोगी को कपड़े पहनने व धोने में कठिनाई होती थी और बिस्तर पर पड़ा रहता था।
- 3. कुछ भी उठा या ले नहीं जा सकता था |
- 4. ज्यादातर समय बिस्तर पर ही रहता था |
- 5. बैठने पर भी दर्द होता था।
- 6. रोगी के पास कोई सामाजिक जीवन नहीं था |

इलाज के दिन 45बाद

- 1. हिलने-डुलने पर कोई दर्द नहीं है।
- 2. रोगी किसी के बिना सामान्य रूप से अपनी देखभाल कर सकता है।
- रोगी बिना अतिरिक्त दर्द पैदा किए वजन उठा सकता है।
- 4. दर्द रोगी को किसी भी दूरी तक चलने से नहीं रोकता है।
- मरीज़ किसी भी कुर्सी पर जब तक चाहे बैठ सकता है।
- 6. सामान्य सामाजिक जीवन है।

तालिका संख्या: 2 (झुकने में राहत दिख रही है।)

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दलाज	स	पहल

- 1. आगे की ओर झुकने पर कष्टदायक
- 2. पीछे की ओर झकना कष्टदायक

इलाज के बाद

- 1. आगे की ओर झुकना-दर्द रहित
- 2. पीछे की ओर झुकना-दर्द रहित

SLR:

प्रथम फालोअप °80 :

दूसरा फालोअप °84:

तीसरा फालोअप °90:

उच्च रक्तचाप

	उच्च रक्तचाप	नाड़ी दर (Pulse Rate)
प्रथम फालोअप	144/90	80
दूसरी फालोअप	136/82	76
तीसरी फालोअप	120/80	78

उपचार व्यवस्था (Discussion): रोगी की स्थिति की गंभीरता को ध्यान में रखते हुये आयुर्वेद, योग अभ्यास तथा एक्यूप्रेशर के साथ उपचार की योजना बनाई गयी थी | आयुर्वेद की योजना इसलिए बनाई गयी क्योंकि रोगी को वातव्याधि थी इसलिए आयुर्वेद की दवाओं को देकर शरीर से वायु शमन किया गया, योग में आसन तथा प्राणायाम का अभ्यास कराकर रोगी के शारीरिक तथा मानसिक क्षमता को बढ़ाया गया, एक्यूप्रेशर की चिकित्सा को देकर रोगी के उच्चरक्तचाप

व शरीर में दर्द के स्थान को गतिशील तथा कार्यशील (शरीर के आन्तरिक मेरिडियम बिन्दु) बनाकर के रोगी की चिकित्सा की गयी। इससे रोगी के शरीर में हल्कापन भी महसुस हुआ और रोगी को आराम मिला। यह चिकित्सा का सयुक्त प्रबन्धन वात दोष की जड़ पर कार्य करता है, दर्द में कमी से राहत दिलाने में आशाजनक परिणाम देता है तथा तंत्रिका तंत्र की कार्यक्षमता को बढ़ाने का कार्य करता है।

निष्कर्ष- रोगी के शरीर में आये विसंगति कटिशूल और उच्च रक्तचाप को दूर करने के लिए और भी तरीके मौजूद है, लेकिन जो भी दवाएं और उपचार रोगी को बतायी गयी रोगी उपचार के प्रति समर्पित था इसलिए उसके शारीरिक तथा मानसिक व्याधि से निजात पाने में आवश्यक आराम मिला, जिससे उपरोक्त चिकित्सा प्रभावी रहा।

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प्रमुख उपनिषद् साहित्य एवं वैदिक दर्शनों में आत्मा का स्वरूप

मनन जी* साधना देवराही**

सारांश - आत्मा शब्द से तात्पर्य हमारी आन्तरिक शक्ति से है, जो हमारी शारीरिक शक्ति का संचालन करती है। जिस प्रकार व्यक्ति पौष्टिक भोजन,व्यायाम आदि के माध्यम से शारीरिक शक्ति को बढ़ाता है, ठीक उसी प्रकार व्यक्ति आत्म - शिक्त को तप एवं योगिक साधना से बढ़ाता है। आत्मा ही वह मूल शक्ति है, जो व्यक्ति के अन्दर सत् रूप में विद्यमान है, शाश्वत है तथा मृत्यु के पश्चात् भी जिसका विनाश नहीं होता है। इस विषय में भगवान् श्री कृष्ण गीता में कहते हैं। इस आत्मा न तो शस्त्र द्वारा काटा जा सकता, न अग्नि द्वारा जलाया जा सकता, न जल द्वारा भिगोया, न वायु द्वारा सुखाया जा सकता है। जो साधक आत्मा के इस वास्तविक स्वरूप को जान जाता है उसके अन्दर के मृत्यु आदि का भय दूर हो जाता है और ऐसे साधक आत्मा के विरूद्ध किसी प्रकार का कार्य नहीं करता है इसलिए आत्मा के वास्तविक स्वरूप को जानना आवश्यक है।

शब्द-कुंजी – आत्मा, आन्तरिक शक्ति, शारीरिक शक्ति, तप, गीता, अग्नि, वायु, योगिक साधना, शाश्वत आदि। प्रस्तावना – श्री युक्तेश्वर गिरि जी द्वारा रचित 'कैवल्य दर्शनम्' पुस्तक में कहा गया है कि यह पिवत्र आत्मा (कूटस्थ चैतन्य या पुरुषोत्तम) सनातन परमिता ईश्वर की प्रकृति की ही अभिव्यक्ति है। अतः यह स्वयं ईश्वर ही है, उसके अतिरिक्त कुछ नहीं। इसलिए उसकी प्रकाश किरणों के इन प्रतिबिम्बो को आभास चैतन्य या पुरुष या ईश्वर का पुत्र कहा जाता है।² ईशावास्योपनिषद में आत्मतत्त्व की महत्ता के विषय में कहा गया है कि आत्मतत्व द्वारा मोह एवं शोक से निवृत्ति हो जाती है।³

यह सम्पूर्ण ब्रह्माण्ड पञ्च - महाभूत द्वारा निर्मित है और हमारा शरीर भी इसी पञ्च - महाभूत का ही परिणाम है। "यत् ब्रह्माण्डे तत् पिण्डे" अर्थात् जो ब्रह्माण्ड में है वही पिण्ड अर्थात् शरीर में है। जिस स्थिति में (व्यक्ति) यह (मर्म) जान लेता है कि यह आत्मा तत्त्व ही समस्त भूतों के रूप में प्रकट हुआ है, तो उस एकत्व की अनुभूति की स्थिति में मोह

अथवा शोक से परे हो जाते हैं। केनोपनिषद् में कहा गया है कि परमात्मा की प्राप्ति का साधन आत्म बल है अर्थात् इन्द्रियाँ जब विषयों की तरफ जाकर उस ज्ञान को प्राप्त करती हैं, वह बोध है। इसके ठीक विपरीत जब इन्द्रियाँ सांसारिक भोगों से परे वैराग्य भाव से जो ज्ञान प्राप्त करती हैं वह प्रतिबोध है। इसी 'प्रतिबोध' से ही मनुष्य अमृतत्व को प्राप्त करता है और अत्म - शक्ति का जागरण हो जाता है। और व्यक्ति उसी आत्म – शक्ति से ही परमात्मा को प्राप्त करता है।

कठोपनिषद में आत्मा के विषय में कहा है कि यह नित्य ज्ञानस्वरूप आत्मा न तो उत्पन्न होता है और न ही मृत्यु को ही प्राप्त होता है। यह आत्मा न तो किसी अन्य से उत्पन्न हुआ है और न ही इससे ही कोई उत्पन्न हुआ है। यह आत्मा अजन्मा, नित्य, शाश्वत और क्षय तथा वृद्धि से रहित है। शरीर के नष्ट होने पर भी यह आत्मा विनष्ट नहीं होती है।⁵

प्रश्नोपनिषद में महर्षि पिप्पलाद अश्वल पुत्र कौसल्य द्वारा पूछे गये तृतीय प्रश्न के उत्तर में कहते हैं कि - प्राण की उत्पत्ति आत्मा से होती है। जिस प्रकार छाया देहधारी की देह से उत्पन्न होती है उसी प्रकार प्राण आत्मा से उत्पन्न होकर उसी के आश्रित रहता है। यह प्राण मन के संकल्प के अनुसार शरीर में प्रविष्ट होता है।

मुण्डकोपनिषद् में आत्मा रूपी ब्रह्म - प्राप्ति के उपाय के विषय में कहा गया है कि आत्मारूप उस ब्रह्म की प्राप्ति सत्यभाषण, तपश्चर्या, सम्यग्ज्ञान, ब्रह्मचर्य आदि निश्चित व्रतों से होती है। वह शुभ (उज्जवल) ज्योतिष्मान ब्रह्म शरीर के

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अन्दर अधिष्ठित रहता है, उसे वही योगी देख पाते हैं, जो स्वंय को दोषों से मुक्त कर लेते हैं अर्थात् उस आत्मा की प्राप्ति शुद्ध अन्तः करण के द्वारा प्राप्त होती है। 7 ऐतरेयोपनिषद् में आत्मा के कार्यों के बारे में कहा गया है कि जिस आत्मा की हम उपासना — अर्चना करते हैं, वह कौन है ? जिसके द्वारा प्राणी देखता है, जिसके द्वारा श्रवण करता है, जिसके द्वारा गन्धों को सूंघता है , जिसके माध्यम से वाक् शिक्त का विश्लेषण करता है और जिसके द्वारा स्वादु — अस्वादु का ज्ञान प्राप्त होता है। इन सबके पीछे आत्म शिक्त ही है। 8

छान्दोग्योपनिषद् में आत्मा के विषय में कहा गया है कि यह आत्मा 'ह्रदय' में स्थित है। ह्रदय का अर्थ 'हृदि अयम्' अर्थात् वह ह्रदय में है। जो इस रहस्य को जानता है, वह उसे बाहर ढूंढ़ने के स्थान पर ह्रदय के भीतर ढूंढ़ता है वह स्वर्ग को पा जाता है।⁹

सांख्य - दर्शन में आत्मा के विषय में कहा गया है कि आत्मा समस्त सृष्टि के लिए होती है, इसलिए इन महत् आदि का आरम्भ किसी अपने स्वार्थ के लिए नहीं होता।¹⁰ आगे सांख्यकारिका में पुरुष के अस्तित्व हेतु पांच अनुमानों को आधार बनाया गया है।¹¹

- 1. संघात परार्थत्वात् संसार के जितने भी भोग्य पदार्थ हैं सभी आत्मा के लिए हैं।
- 2. त्रिगुणादि विपर्ययात् पुरुष (आत्मा) तीनों गुणों से परे है।
- 3. अधिष्ठानात् पुरुष (आत्मा) का कोई अन्य चैतन्य अधिष्ठाता है।
- 4. भोक्तभावात् इस प्रकृति का भोक्ता है।
- 5. कैवल्यार्थ प्रवृते यह आत्मा कैवल्य के लिए तत्पर रहता है।

योगसूत्र में आत्मा के विषय में कहा गया है कि वह आत्मा सर्वथा शुद्ध, निर्विकार, कूटस्थ असंग है, लेकिन अविद्या के कारण दृश्य (प्रकृति) के साथ संयोग के कारण अपने स्वरूप में स्थित नहीं हो पाता लेकिन जब अविद्या का नाश हो जाता है तो प्रकृति और पुरुष अपने – अपने स्वरूप में स्थित हो जाते है। यद्यपि चेतनमात्र (ज्ञानस्वरूप आत्मा) स्वभाव से सर्वथा शुद्ध (निर्विकार) है।¹²

न्याय दर्शन में बाहर प्रमेय आत्मा, शरीर, इन्द्रिय, अर्थ, बुद्धि, मन, प्रवृत्ति, दोष, प्रेत्यभाव, फल, दुःख, अपवर्ग की बात कही है। इसमें भी सबसे प्रमुख आत्मा हैं। आत्मा के छः गुण है - इच्छा, द्वेष, प्रयत्न, सुख, दुःख और ज्ञान। वैशेषिक दर्शन में कहा गया है कि प्रवृत्ति और निवृत्ति आत्मा के अस्तित्व में साधन है। प्रवृत्ति से तात्पर्य है - राग, प्रयत्नपूर्वक किसी कार्य में चेष्टा इसके विपरीत निवृत्ति अर्थात् वैराग्य, प्रयत्नपूर्वक किसी को छोड़ने हटाने की चेष्टा करना। प्रयत्न के द्वारा ज्ञान को धारण कर राग और वैराग्य की ओर चेष्टा करना इस बात का प्रमाण है बिना आत्मतत्व के व्यक्ति प्रयत्न कैसे कर सकता है। क्योंकि हर चेष्टा, हर प्रयत्न - इन सभी को प्रेरित करने वाली कोई न कोई शक्ति है , वही शक्ति "आत्मा" है। भीमांसा दर्शन में विचारक आत्मा को शरीर, इन्द्रियों तथा बुद्धि से भिन्न मानते हैं। शरीर, इन्द्रिय और बुद्धि - ये सभी नष्ट होने वाले हैं। जिस समय बुद्धि अनुपस्थित रहती है आत्मा उस समय भी उपस्थित रहती है, जैसे कि निद्रावस्था में आत्मा इन्द्रिय नहीं है , क्योंकि इन्द्रियों के नष्ट हो जाने पर भी आत्मा विद्यमान रहती है।

वैदान्त दर्शन में आत्मा का स्वरूप में इस प्रकार से है – सभी दर्शन प्रस्थानत्रयी के आधार पर ही अपनी ज्ञानमीमांसा, तत्त्वमीमांसा और आचार्य मीमांसा को सिद्ध करते हैं किन्तु वेदान्तीय प्रतिपादन में भिन्नता का दृष्टिकोण प्रस्तुत करने में ब्रह्मसूत्र का अत्यधिक महत्व है। अतः उसी में प्रतिपादित 'आत्मा' पर विचार अपेक्षित है। सांख्य - दर्शन में प्रकृति को "प्रधान" नाम से जाना जाता है अतः संशय होता है कि क्या "आत्मा" गौण है – "गौणश्चेन्नात्मशब्दात्" अर्थात् 'आत्मन्' शब्द ही प्रधानता का अर्थ देता है, फलतः वह गौण नहीं हो सकता क्योंकि उपनिषदों में उसके लिए ही मोक्ष का उपदेश किया गया है। 18

प्रमुख उपनिषद् साहित्य एवं वैदिक दर्शनों में आत्मा का स्वरूप

शास्त्र में आत्मज्ञान को मोक्ष का साधन कहा है। आत्मज्ञान का तात्पर्य है – प्रकृति एवं प्राकृत जड़ जगत् से भिन्न चिद्रप आत्मा का साक्षात्कार।

सांख्य ने पुरुष को शुद्ध चैतन्य माना है। चैतन्य आत्मा में सर्वदा निवास करता है। आत्मा को जाग्रत, स्वप्नावस्था या सुषुप्तावस्था में से किसी भी अवस्था में माना जाय उसमें चैतन्य वर्तमान रहता है। इसलिए चैतन्य को आत्मा का गुण नहीं बल्कि स्वभाव माना गया है।¹⁹

सांख्य शंकर के आत्मा – सम्बन्धी विचार से सहमत नहीं है। शंकर ने आत्मा को चैतन्य के साथ आनन्दमय माना है। सांख्य आत्मा को आनन्दमय नही मानता है। आनन्द और चैतन्य विरोधात्मक गुण है।²⁰

निष्कर्ष – आत्मा एक मूलभूत सत् है जो व्यक्ति में अन्तर्निहित होता है। यह एक तेजपुञ्ज है, जो शाश्वत तत्व है और मृत्यु के पश्चात् भी जिसका विनाश नहीं होता। यह कभी परिवर्तनीय नहीं होता। इनका स्वाभाविक गुण है प्रसार करना और परमात्म तत्त्व में विलीन होना। आत्मा के इस यथार्थ स्वरूप को जान लेने के बाद मनुष्य मोह और शोक से परे हो जाते है और आत्मिनष्ठ भाव को प्राप्त करते हैं।

सन्दर्भ सूची:

- 1. नैनं छिन्दन्ति शस्त्राणि नैनं दहति पावकः। न चैनं क्लेदयन्त्यापो न शोषयति मारुतः॥ गीता २.२३
- 2. तत्सर्वज्ञप्रेमबीजं परं तदेव कूटस्थचैतन्यं। पुरुषोत्तमः तस्याभासः पुरुषः तस्मादभेदः॥ कैवल्य दर्शनम् १.५
- 3. यस्मिन्सर्वाणि भूतान्यात्मैवाभूद्विजानतः। तत्र को मोहः कः शोक एकत्वमनुपश्यतः॥ईशावास्योपनिषद १.७
- 4. प्रतिबोधविदितं मतममृतत्वं हि विन्दते। आत्मना विन्दते वीर्यं विद्यया विन्दतेऽमृतम्॥-केनोपनिषद २.४
- 5. न जायते म्रियते वा विपश्चिन्नायं कुतश्चिन्न बभूव कश्चित्। अजो नित्यःशाश्वतोऽयं पुराणो न हन्यते हन्यमाने शरीरे॥ -कठोपनिषद १.२.१७
- 6. आत्मन एष प्राणो जायते। यथैषा पुरुषे छायैतस्मिन्नेतदाततं मनोकृतेनायात्थस्मिञ्छरीरे॥ प्रश्नोपनिषद ३.३
- 7. सत्येन लभ्यस्तपसा ह्येष आत्मा सम्यगज्ञानेन ब्रह्मचर्येण नित्यम्। मुण्डकोपनिषद ३.१.५
- 8. कोऽयमात्मेति वयमुपास्महे कतरः स आत्मा येन - - चास्वादु च विजानाति॥ ऐतरेयोपनिषद ३.१.१
- 9. स वा एष आत्मा हिद तस्यैतदेव निरुक्तं हद्ययमिति तस्माद्धदयमहर्र्या एवंविप्स्वर्गं लोकमेति॥ छान्दोग्योपनिषद ८.३.३
- 10. आत्मार्थत्वात् सृष्टेनैषामात्यार्थ आरम्भः ॥ सांख्यसूत्र २.९१
- 11. सङ्घातपरार्थर्वात् त्रिगुणादिविपर्ययादिधष्ठानात्। पुरुषोऽस्ति भोक्तुभावात् कैवल्यार्थ प्रवृत्तेश्च॥ सांख्यकारिका श्लोक सं॰-१७
- 12. द्रष्टा दृशिमात्रः शुद्धोऽपि प्रत्ययानुपश्यः॥ योगसूत्र २.२
- 13. आत्मशरीरेन्द्रियार्थबुद्धिमनः प्रवृत्तिदोषप्रेत्यभावफलदुःखापवर्गास्तु प्रमेयम्॥ न्याय सूत्र १.१.६
- 14. इच्छाद्वेषप्रयत्नसुखदुःखज्ञानान्यात्मनो॥ वही १.१.१०
- 15. प्रवृत्तिनिवृत्ति च प्रत्यगात्मिन दृष्टे परत्र लिङ्गम॥ वैशेषिक सूत्र ३.१.१९
- 16. शरीरेन्द्रियबुद्धिभ्यो व्यतिरिक्तत्वमात्मनः। नित्यत्वं चेष्यते शेषं शरीरादि विनश्यति॥ श्लोकवार्तिक ७
- 17. ब्रह्म सूत्र १.१.६
- 18. तन्निष्ठस्य मोक्षोपदेशात्॥ वही १.१.७
- 19. सिन्हा प्रो॰ हरेन्द्र प्रसाद, भारतीय दर्शन की रूपरेखा, मोतीलाल बनारसीदास, १३वॉ संस्करण, २०१६, पृ॰ सं॰ २४२
- 20. सिन्हा प्रो॰ हरेन्द्र प्रसाद, भारतीय दर्शन की रूपरेखा, मोतीलाल बनारसीदास, १३वॉ संस्करण, २०१६ पृ॰ सं॰ २४३

आयुर्वेदसन्दर्भे गायत्रीमाहात्म्यम्

प्रो० हरीश्वरदीक्षितः *

सारांश:

गायत्री सर्वभूतानां प्राणिनां रक्षिकाशक्तिः आयुर्वेदसन्दर्भे स्वस्थस्य स्वास्थ्यरक्षणं आतुरस्य च विकारप्रशमनं इति आयुर्वेदस्य लक्ष्यम् वर्तते। सर्वेषां भूतानां प्राणिनां स्वास्थ्यसंरक्षणे गायत्री कथं उपकारिका अस्ति, इत्येतस्य विस्तृतं विवरणं अस्मिन् शोध निबन्धे अन्तर्निहितं वर्तते।

कुंजिका (Keywords): ॐ, भूः, भुवः, स्वः, भर्गः, धियः, धीमहि।

Conflict of Interest : Non Ethical Clearance : N/A

गायत्री मन्त्र - ॐ भूर्भुवः स्वः। तत्सिवतुर्वरेण्यं भर्गो देवस्य धीमहि। धियो यो नः प्रचोदयात्।

ऋषि - विश्वामित्र, देवता- सविता, छन्द- गायत्री ।

भूमिका -

सम्पूर्णेस्मिन् विश्वे गायत्री सर्वभूतानां संरक्षिकाशक्ति वर्तते। गायत्री मंत्रेण विशेषतः स्वास्थ्यसंरक्षणम् कर्तुं शक्यते। गायत्री वैदिकदेवस्य सूर्यस्य रिष्मशक्तिः अस्ति। सावित्री अस्य अपरा नाम् अस्ति। सावित्री कथनेनैव भगवतः भगवानभास्करस्य सूर्यस्य शक्तिबोधः भवति। अतोहि गायत्री सूर्यस्य शक्तिः अस्ति यया स्वास्थ्यसंरक्षणम् कर्तुं शक्यते।

गायत्री मंत्रस्य महिमा वेदेषु बहुविधावर्णितास्ति। आयुर्वेदे विविधेषु रोगेषु यथा कैंसर इत्यादि रोगेषु विकिरणचिकित्सा क्रियते। एवमेव प्राकृतिकचिकित्साविज्ञाने आयुर्वेदे सूर्यस्यरिष्टमभीः विकिरणचिकित्साविधीयते। सूर्यस्यरश्मयः प्राणिनां आरोग्यं कुर्वन्ति। एतस्मात् यत सम्पूर्णस्य लोकस्य प्रकाशकः देवतासूर्यः स एव आयुर्वेदे प्राकृतिकचिकित्सकः अस्ति। प्राकृतिकचिकित्सायाः वर्णनं कायचिकित्सासन्दर्भे चरकसंहितायां एवं च शल्यतंत्र सन्दर्भे सुश्रुतसंहितायां आधारभूतरूपेण दृश्यते।

वैदिकसन्दर्भे शास्त्राणां सम्पत्तिस्वरूपा वेदानां माता गायत्र्येव मन्यते। निश्चिततः चतुर्णां वेदानामुत्पत्ति एतदस्मादभवत्। वेदशब्दस्यार्थः- 'ज्ञानः'। ज्ञानस्य चत्वारः भेदाः सन्ति-ऋक्, यजुः सामथर्वादि। गायत्र्याः गर्भस्थज्ञानमत्यन्तविशुद्ध- सर्वाङ्गपूर्ण-परिमार्जिमस्ति यद् व्यक्तिविशेषसय लोक परलोकं शान्तिप्रदं निर्मातुं शक्नोति।

गायत्र्येव मता माता वेदानों शास्त्रसम्पदाम् । चत्वारोऽपि समुत्पन्ना वेदास्वस्या असंशयम् ॥

गायत्री सकलज्ञानवैभवभूत भगवान् वेदस्य मातृस्वरूपास्ति। नित्यसिद्धपरमेश्वरी ज्ञान-विज्ञानस्य मूर्तिः द्विजातिमात्रस्याराध्या देवी अस्ति। भगवती गायत्री दैहिक, दैविक, भौतिक, त्रिविधतापहन्त्री पराविद्या स्वरूपा, कामधेनुरिव सकल बल-बुद्धि-विद्या-ऐश्वर्य-तेज तथा परम कल्याणस्य प्रदात्री अस्ति। ऋषिः-महर्षिः-यतिः मुनिः सन्त रूपस्वी शैव शाक्त वैष्णवाश्च समस्तम सम्प्रदायानामविरोधाराध्या अस्ति।

गायत्री वेदमाताऽस्ति साऽऽद्या शक्तिर्मता भुवि। जगतां जननी चैव तामुपासेऽहमेव हि ॥

महर्षिवेदव्यासेनोक्तम् - यथा पुष्पाणां सारमधुः पयसां सारधृतः रसानां सारपयः तथा गायत्री समस्तवेदानां सारः। शास्त्रोक्तमन्त्रेषु गायत्रीमन्त्रमहिमा सर्वातिशायी अस्ति। गायत्री माहात्म्यं वेद-उपनिषद्-पुराण-धर्मशास्त्रेषु च

^{*} आचार्यः, वेदविभागस्य, संस्कृविद्याधर्मविज्ञानसङ्कायस्थ, काशीहिन्दूविश्वविद्यालयस्य, वाराणसी

आयुर्वेदसन्दर्भे गायत्रीमाहातम्यम्

विस्तरेणोपलभ्यते। मन्त्रं तु ऋक्यजुः साम-अथर्वादि समस्त- वैदिक संहितासु विस्तरेण वर्णितमस्ति। गायत्र्याः नामकरण 'गुरुमन्त्र':-

'गायन्तं त्रायते' इति गायत्री तथा 'सवितुरपत्यं इति सावित्री' अतः द्वौ व्युत्पत्त्यनुसारं मुख्य द्वौ नाम्नी स्तः। यस्याः ऋचायाः जप-कीर्त्तन-गान-ध्यानेन व उपासकक्लेशबहुल भवसागरात् तरन्ति अथवा या स्वकीयं अनन्योपासकं तारयति। प्रकृतेर्दुःखदासक्तया ज्ञान-विवेक-वैराग्येन मोचियत्वा, जीवात्मां स्वकीयं परमरक्षकानन्दकन्द माता, पिता, गुरु-सखाभिः सह संयोजयति। जाबालः सत्यकामादि मुनिकुमारौ बुद्धिशोधकस्य मन्त्रस्यानुष्ठानेन ज्ञानवानाप्तकामं निर्मितम्आस्ताम्। ऋषेः कथनं यत् गायत्र्याः अनुष्ठानं करणं वेदवक्ता विद्वद्भिः कुलैः कोऽपि अब्रहमवित् न भवति।

तस्मात्कालात् प्रभृति वैदिक वाङ्मयस्य ज्ञाता ईदृशः विश्वासः ईदृशी श्रद्धा-धारणांच निक्षिप्यन्ते यद्वेदत्रयीसाररूपपरमपावनमन्त्र गायत्री एवास्ति।

गायत्र्याः महनीयता -

मन्त्रद्रष्टाऋषयः गायत्रीमाध्यमेन किमपश्यत् अजानत् प्राप्नोत् च? इमाः तेषाम् रचितग्रन्थेषु तेषामेव शब्दाः प्रकटी कुर्वन्ति। यथा-

छान्दो० प्रपा०३, खं 12 संक्षेपास्ति- 'यद्वा गायत्री' शब्दाः समस्त ब्रह्मवाणी वेदत्रयी अस्या वाचकोऽस्ति। गायत्र्याः तेजसा शुद्ध ज्ञानवती बुद्धिः स्थावर-जङ्गमपदार्थानां यथार्थबोधयति। अनेन प्रकारेण पदार्थज्ञाने माध्यम-द्वारमात्रमेवास्ति। स्वयमेव स्थावर-जङ्गमात्मकं नास्ति। विश्वस्य समस्त वाग्भिः गायत्र्यां समीहन्ते। हस्य परिज्ञानं गायत्र्याः मन्थनं तस्मिन् संयमेन भवति।

'सर्वभूत' आधारा धरित्र्याः सममेव गायत्री सर्वासां छन्दसामाधारः। सर्वाछन्दांसि गायत्र्याः अधीना सन्ति। यथा कोऽपि पृथ्वी लङ्ध्य अस्याः बहिर्न तिष्ठति एवमेव गायत्र्यामुपासकस्य सर्वाभावनाः शुभकामनाः एकीभूता निहिता। एवं जीवात्मायाः पार्थिव शरीरेषु प्रतिष्ठितं प्राणान् सममेव गायत्र्याम् 'धर्म' प्रतिष्ठितम्। यथा या प्राणां देहपरित्यज्यान्यत्र न स्थातुं शक्नोति प्रत्युत् शरीरे स्थित्वा (तिष्ठ्य) उषित्वा रक्षन्ति तथैव गायत्री त्यक्त्वा 'धर्म' अन्यत्र न प्रतिष्ठितम् गायत्र्यां उसित्वा सा उपासकस्य गायत्र्या रक्षति- 'रक्षा-कवच सम गायत्रीं न लङ्धयति। (लङ्ध्य कार्ये समर्थो न भवति)।

पुरूषे देहं गायत्री स्वरूपमेवास्ति अन्तः शरीरे 'हृदयं' गायत्री स्वरूपमस्ति। यथा हृदयाधारे सूक्ष्मप्राणेन जीवन स्थितिंच हृदयं प्राणेन न त्यज्यते। पुरूषस्य रक्षति एतदेव गायत्री अपि उपासकस्य जीवनस्याधारः रक्षकः च। गायत्र्या त्रयः चरणाः चतुर्विश अक्षराणि तस्याः मुखसमेव सन्ति। सा तैः मुखैः परमपुरूषस्य गौरवगाथां कुर्वते (करोति) तथापि सम्पर्णूवर्णनं न कर्तुं शक्यते। एतत्सर्वाणि अक्षराणि ब्रह्मप्राप्तेः द्वारं सन्ति गायत्र्याः मुखानि, शब्दैः ब्रह्मबोधकाः सन्ति। गायत्री - छन्द महिमा -

गायत्री स्त्री नापितु चतुर्विंश अक्षराणि नाम एकः छन्दः वर्तते। अथर्ववेदस्य कां., 19, अनुवाक 3, सूक्त 21, मं0 अनुसार चतुर्वेदाः (चत्वारः वेदाः- गायत्री उष्णिक्, अनुष्टुप्, बृहती, पङ्क्तिः त्रिष्टुप् जगतीइत्यादि सप्तछन्दासु आबद्धाः। अस्याः अपि अष्ट-अष्टभेदात् 7×8=56 प्रविभागं भवन्ति। अतः गायत्री स्त्री नापितु नाम युक्ता छन्द गायत्री एव। अतः नानाविधैः वस्त्राभूषणैरलकृता नारी रूपेण यः प्रददाति सः अबुधजनाः सन्ति ते पण्डिताः न कथ्यन्ते। गायत्रीं पौराणिकाः एव वस्त्राभूषणैः सुसज्जिता नारीरूपमददात् । यथा- देवानाम् ब्रह्मा, विष्णुः मेहशश्च एषां शक्तीनां सरस्वती, लक्ष्मी, पार्वती एवमाद्याशक्तिः रूपे एकं विचित्रं रूपं मन्यन्ते। तथैव सविता-सूर्यस्य' रश्मीनेव नारीरूपा स्वीकृत्य अस्याराधना कृर्वते। अवश्यमेव मन्त्रं जपन्नेव भगवन्तं मातृरूपे स्मरणे कोऽपि आपितर्न प्रतीयते।

'चतुर्विंशत्यक्षरा गायत्री गायत्रं प्रातः सवनम्' तथा अष्टाक्षर छंह वा एकं गायत्र्यै पदम्'' 'गायत्री' वा 'सावित्री' -

यस्याः प्रत्येकपादे अष्ट अक्षराणि सन्ति त्रिपदा कथ्यते च तस्यै एव इदृशी उक्तिं यत् - 'वाग् वै गायत्री' - गायत्री

समग्र वेदवाणीं गायति। गायत्र्यां 'गाय'-'त्री' द्वौ पद्वौ स्तः। 'गय' नाम प्राणानां सर्वासामन्द्रियाणां चापि अस्ति। 'त्रै' स्त्रीलिंङ्ग 'त्री' निर्मीयते अतः सर्वान् प्रणावेगान् इन्द्रियांच 'प्रज्ञा'एवं कुमार्गगामी पथेनाभिरक्षति। उपासकस्य रक्षति अतएव सर्वोत्तमा एव मन्यते। यथा -

'अग्निमीके पुरोहितम् यज्ञस्य देवमृत्विजम्' एतत्प्रकारेण गायत्री महिमा वर्तते। 'गय' प्राणस्यास्ति।' आत्म शक्ति जागिरत्वा तम् प्रबुद्धप्रबृद्धंच कृत्वा तेषां गयानां प्राणानां गायत्री रक्षाकुर्वाणं समर्थो भवति। इयमुपदेष्टा गुरुशिष्योः तयोः रक्षिति। सावित्र्यां उपदेष्टां 'प्रतिग्रहस्य' दूषणाःपापस्यस्पर्शः च न भवति। तस्याः तपः तेजसा दोषौ भस्मीभूतं भवति। वेदः अस्ति माता यस्याः ईदृशी इयं वेदसुता गायत्री। इयं आद्याशिक्तं जगज्जननी अपि कथ्यते। ज्ञानीजन गायत्रीं भूलोकस्य 'कामधेनुः' प्रकल्प्यते। विश्वः अस्याश्रयगृहीत्वा लोक परलोकस्य ऐश्वर्यं प्राप्तु शक्नोति । बुधाः समस्तानां यौगिकसाधनानां मूलाधारः एतामेव मन्यन्ते । 'गायत्री पंचाङ्ग' अनुसारेण तेषां युगानां सर्वश्रेष्ठसिद्धीनेवाधिगच्छित। 'तमस्' प्रधान कालेऽपि 'गायत्री' एव तपः योगश्च सिद्दीनां माताऽपि मन्यते। गायत्र्यातिशयेन अन्य कमिप ध्यानं-साधनं च न वर्तते।

गायत्री तात्पर्य भावः -

'ॐ भूर्भुवः स्वः। तत्सिवतुर्वरेण्यं भर्गो देवस्य धीमिह। धियो यो नः प्रचोदयात्।' अर्थात् 'यः सर्वेषां रक्षकः विश्वस्य प्राणः सर्वदुःखनाशकः सर्वसुखप्रदायकः च परमेश्वरः अस्ति। सः सर्वव्यापक, सर्वसर्जकः सर्वश्रेष्ठः सर्वश्रह्दातु समर्थः शुद्धस्वरूपः दिव्यगुणैः युक्त देवस्याहं ध्यानं करोमि। यः अस्माकं बुद्धिमुत्तमं प्रचोदयात्। रूपे वर्णितम् अस्य महनीयताव्यापकतायारेव प्रमाणं यत् मनुस्मृतौ (2/81) गायत्री वेदानां मुखं मन्यतेएवप्रशस्यते। सिवता देवतायाः प्रार्थनाप्रयुक्त अस्मिन् मन्त्रे रहस्यमयी सूक्तयः सिन्निहिताः सिन्ति। तदापि विश्वस्य जनमानसाः स्वदैनिकव्यवहारे यत्र स्थानं प्रददाति तत्रापि अस्य बुद्धिवर्धकमन्त्रमपि मन्यन्ते। अस्य मन्त्रस्य संचरणशीलता व्यापकता परिलक्ष्यते यत् वैदिककाले सृजित मन्त्रः अद्य प्रत्येक यूवांवृद्धानां मुखारविन्दात् निःसृतः प्रस्फुटितः च। शौचादिकार्यात् निवृत्ताः स्नानाद्योपरानृतभगवत्स्मरणं करोति।

मनुस्मृतिकारेण मन्त्रस्य महनीयता-उपादेयतायाः चमत्कृत् भूत्वा उक्तम् - बुद्धिर्जानेन शुद्धयति। योगशास्त्रमपि कथ्यते-

'दृष्टा दृशिमान्नशुद्धोऽपि प्रत्ययानुपश्य'

अर्थात् चेतना-जीवात्मा-द्रष्टा-शक्तिः अस्ति तथापि बुद्धिवृत्यनुसारेण द्रष्टा।

'गायत्री प्रत्यग्ब्रह्मैक्य बोधिका'

अर्थात् गायत्री प्रत्यक्ष अद्वैत ब्रह्मबोधकास्ति। विश्वस्य जन्मदात्री प्रकृतिः विश्वस्य पोषकः पुरूषः। पितुः स्थानेन मातुः स्थानंतुसर्वश्रेष्ठाःसर्वोत्तमाः भवति इति।

स्पष्टतः सिद्धं यत् गायत्री मन्त्रस्य शुद्धोच्चारणेन मानवः स्वबुद्धि यत्र सात्त्विकतायुक्तं कुर्वते तत्र शुदॄबुद्ध्या सम्पृक्त मानवः स्वप्रत्येककार्येषु पाटवार्जनेन सह पथभ्रष्टोऽपि न भवति।

सन्दर्भ -

- 1. छान्दोग्योपनिषद् 33/17/1
- 2. बृहदारण्यकोपनिषद् 35/14/1
- 3. गायत्री वेदमाताऽस्ति साऽऽद्या शक्तिर्मता भुवि। जगतां जननी चैव तामुपासेऽहमेव हि।
- 4. भूलोकस्य गायत्री कामधेनुः बुधैः लोक आश्रयेणेनामुं सर्वमेवाधिगच्छति।
- 5. यौगिकानां समस्तानां साधनानां तु हे प्रिये। गायत्र्येव मता लोके मूलाधाराविदां परैः।

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Sangyaharan, Deptt. Of Shalya Tantra, I.M	.S., B.	H.U., Vara	nasi -	- 221005	;	
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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** क्रूतिदेव- 010/यूनिकोड (मंगल) 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 त्रृटि के लिए लेखक स्वयं जिम्मेदार होगा।
- 6. शोध निबन्ध में आवश्यक संशोधन का अधिकार प्रधान सम्पादक के पास स्रक्षित 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 जाएँगे।