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IDENTIFICATION OF SARPA-AYURVEDIC PERSPECTIVE

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INTRODUCTION
There are more than 3500 species of snakes, but only about 250 are venomous in the world. In India, 216 species are found, of which 52 are poisonous. Since the majority of snakes are non-venomous. For medico-legal purposes, snakes are classified into two groups, viz, poisonous and non-poisonous. This classification is not quite correct as some of the non-poisonous snakes can kill small animals by their poison. According to mode of action, poisons are classified in six groups, viz (1) corrosives (2) irritants (3) neurotics (4) cardiac (5) asphyxiants and (6) miscellaneous. Snakes come in the category of irritant poisons. High mortality is due to poor health services in rural areas and delay in getting the victim to a well-equipped health care facility, where anti snake venom can be administered. However, geographical and species variation, logistic, economic and production issues restrict the use of anti-snake venom. In India, snake bites take a heavy toll of human lives, and therefore warrant urgent attention.

Classification of the Snakes - Acharya Charaka classified Visha mainly into two categories. One of them is Jangamavisha (animal poison) and the other is Sthavaravisha (plant and mineral poisons). Acharya Sushruta classified Visha into two types. One of them is Sthavaravisha and its sites are ten and the another one is Jangamavisha and its sites are sixteen. Acharya Vagbhata classified Visha into two types. One of them is Akiramitavisha (natural poison) and this is again subdivided into two i.e. Sthavaravinda Jangama. The other one is the Krirtrimavisha which is called as Garavisha (unnatural or chemically prepared poison). Acharya Charaka described about the types of the poisonous animals. The poison of serpents, insects, rats, spiders, scorpions, house lizards, leeches, fishes, frogs, hornets, lizards, dogs, tigers, jackals, hyenas, mongooses and other fanged animals is known as Jangama Visha.

Classification of the Snakes[7] In the basic classification of the snakes two types
1) Divya - divine (mythical) and
2) Bhauma - terrestrial (living on the earth).

Key Words: Ancient Classification of Snakes, Bites, Characteristics, Inj. ASV
They are Vasuki, Takshaka, Anantasagara, Sagaralaya, Nanda, Upananda etc. are Divya (they are like fire in the fire alter (of the sacrifice), they always roar, cause rain, shine with brilliance and makes other things also shine by their light, support and maintain the world always; when enraged convert the world to ashes by their sight and breath; our salutations to them, for there is no treatment for their wrath (which is definitely fatal).

Table no. 1 Classification and number of Snakes according to Sushruta

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<tr>
<td>3.</td>
<td>Rajimanta (Kapha Pradhan)</td>
<td>10</td>
</tr>
<tr>
<td>4.</td>
<td>Nirvisha</td>
<td>12</td>
</tr>
<tr>
<td>5.</td>
<td>Vaikaranja and Vaikaranjaudabhava</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>

The terrestrial snakes are classified into five types. A) Darvikaara (hooded), B) Mandali (hoodless and painted with circular pathes or rings of varied colours on their skin), C) Rajimanta (hoodless and striped), D) Nirvisha (non-poisonous) and E) Vaikaranja (hybrid species). These five types of snakes are sub classified into eighty types,

Features of Darvikaarasarpadansha [10]
The site of bite of snake is seen elevated like tortoise back, dry, with small (thin)marks of teeth, associated with abnormal symptoms such as blue colour of the face, nails, urine, eye, faces and skin, fever with rigors, pain in the joints, loss of sleep, more yawning, rigidity of the neck, distention of the veins, catching pain of the head, anorexia, cough, dyspnoea, stiffness of the lower jaw, pain and twisting movement inside the abdomen, dryness and obstruction of the rectum, irrelevant speech, loss of movements, loss of consciousness just like a dead man, appearance of forth and saliva at the mouth, hiccups, rumbling sound in the throat, dry belching often and other symptoms of Vata, (vitiations).

Ancient classification of snakes: The origin of Visha is a part of mythology about Samudramanthana. Depending on the mythological habitat, they are divided into Divya (celestial) and Bhauma (terrestrial).

The term ‘Sarpa’ means that which spreads the hood; Phanee means that possesses phana (hood). The preview of our discussion is terrestrial snakes; they are again classified according to their features and Prakriti (Tridosha theory) as follows, (A.H.Utt.35/7)

Divya Sarpa-
A.S.Utt.41/2
Ananta, Takshaka, Vaasuki, Galika,
Karkotaka, Shamkhapala,
Padma, Mahapadma
Darvikaara, Mandali,
Rajimana, Nirvisha,
Vyantara

Bhauma Sarpa-
Su.Kalp.4/9-13
they exert their
Visha through
their mere sight
or exhalation
poison in their
fangs and they
bite

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### Table 2- description about snakes

<table>
<thead>
<tr>
<th>Snake Name</th>
<th>Darvikaara</th>
<th>Mandal,</th>
<th>Rajimana,</th>
<th>Nirvisha</th>
<th>Vakaranja</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoological interpretations with modern classification</td>
<td>Cobra and king cobra, hooded</td>
<td>Viper and nonpoisonous snakes like Python, Gous</td>
<td>hoodless and striped (streaked)</td>
<td>Non poisonous</td>
<td>Vyantara Hybrid type</td>
</tr>
<tr>
<td>Appearance</td>
<td>hooded snakes, odd shaped symbols like wheel of chariot (monocled cobra), umbrella, swastika, hook, plough (spectacled cobra), speedy movements</td>
<td>Without hood but have rounded Mandala (patches) over the body. They are almost sluggish in movements</td>
<td>Those snakes are decorated with different interpreting lines.</td>
<td>non-poisonous</td>
<td>Vyantara is more or less a generic snakes term implying the cross over species of the mentioned above</td>
</tr>
<tr>
<td>Doshaprakopata (Effect on Tridoshas)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Su.Kalp.4/22-24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vicharanakaal and Ghatakakaal (Time of movement)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.S.Utt.41/20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs of bite mark</td>
<td>C1.2/3/123-129</td>
<td>Signs of the bite mark: has minute mark of fangs, is black, congested with blood, tortoise-like and produces Vata disorders.</td>
<td>Signs of the bite mark: has big mark of fangs, is swollen, yellowish or yellow-red and causes all sorts of P disorders</td>
<td>Signs of the bite mark: the bite is slimy, with stable swelling, unctuous, pale, and having viscous blood and causes disorders of K.</td>
<td></td>
</tr>
<tr>
<td>Modern correlation with the species</td>
<td>Darveekar蛇 can be interpreted with the Modern view with the common cobra (Naja- naja) and king cobra (Najabungarus)</td>
<td>It can be interpreted with vipers</td>
<td>It can be interpreted with common krait2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awastha</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>,rutuprabhava(fatal period of life)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Su.Kalp.4/31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sarpovishahrasi (properties of Visha and Rasa)</td>
<td>Ruksah (rough) Karya (pungent) Ushna ( hot) Amla (sour)</td>
<td>Sheet (cold) Madhur</td>
<td></td>
<td>- Crossbreeds</td>
<td></td>
</tr>
<tr>
<td>Cha.chi.23/126</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3- Identifying the Sex of the Snake: Specific symptoms of bites by snakes of different sexes

| 1. Male | - is round-coiled, huge-bodied, with remarkable respiration, upward eyes, large head and even organs. - The sight or the pupils of the eyes of a person bitten by a male snake, is turned upwards. |
| 2. Female | - has the [opposite] characteristics from the male. - A bite by a female serpent exhibits such as downcast eyes and appearance of veins on the forehead. |
| 3. Eunuch Snake | - is terrorized [i.e. very fearful of humans] hopefully not ‘will terrorize’- attack] - a hermaphrodite (Nopansaka) snake makes the patient look sideways. |

### Table 4- Symptoms of Person Bitten by a Female Snake (Su.Kalp.4/36-39)

| Female Snake | The person looks downwards, has feeble voice and trembles. 1. Small eyes, tongue, mouth and head; bitten person looks downwards. With engorged blood vessels on the forehead. 2. Large head with average body (Cha.chi.23/132) |
| Male Snake: | Characteristics are contrary to the female snake bite. 1. Large or big eyes, tongue, mouth and rounded head; bitten person looks upwards. 2. Hood with large body, looks upwards and forceful inhalation. Cha.chi.23/131 3. Large or big body, eyes, tongue, head, sound, hood and looks upwards |
| Eunuch Snake | Symptoms are mixed, from both above. (Cha.chi.23/132). Mixed characteristics, less poisonous, poorly excitable, bitten person looks sideways |
Besides, there are several other cross-breeds. Distressing and Mild Bites.

### Table 5 - Description of the Fangs of the Snake:

<table>
<thead>
<tr>
<th>Four fangs present (two in each jaw)</th>
<th>Lower left fang</th>
<th>The upper left has the least poison</th>
<th>The upper right</th>
<th>The lower right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity of poison contained in the one drop, the quantity of a drop of water which falls from a cow hair when it is dipped in a cup of water and pulled out.</td>
<td>1 drop least</td>
<td>2 drops</td>
<td>3 drops</td>
<td>4 drops highest - deadliest</td>
</tr>
<tr>
<td>colour</td>
<td>yellow-coloured</td>
<td>white</td>
<td>blackish</td>
<td>red</td>
</tr>
</tbody>
</table>

The bites caused by fangs have the quantity of poison increased in progressive order and are similar to the fangs in colour. Then the lower left has the second-least poison. The two right fangs are the most troublesome. In addition, depending upon the appearance Sushruta categorises the snakes into Brahmana, kshatriya, Vaishya and Kshudra. This division may be seen as the influence of 'Chaturvarnya' - The deep-rooted caste system of Ancient India. Practically no significance can be found in this arrangement need to be explored. Biologist and Zoologist may search for logic in this context.

### Table 6: Characteristics of Brahmana, Kshatriya, Vaishya and Kshudraserpents (Su. Kalp. 4/25-28w.s.r. Vicharanakaal(time of wandering), Danshadiha(Direction of bite attack) and Doshaprapakota(Vitiation of humors))

<table>
<thead>
<tr>
<th>Sr.no.</th>
<th>Type</th>
<th>Characteristics/ Appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brahmana A.S.Utt.4/21</td>
<td>1.lyearly, sivery, golden, kapila and sweet smelling (Su.Kalp.) 2.Irritable, bluish, whithish, reddish with red face, yellow eyes, moves in holy places ( Medhadesh); Brahmana signs on the hood and with the smell of Vilvapushpa, Chandon, Ushira, Padma, Guggulu, Go out in the morning and bite from the front and increases all the three Doshas. ( Asht, Sun.)</td>
</tr>
<tr>
<td>2</td>
<td>Kshatriya A.S.Utt.4/22</td>
<td>2.lybody, short tempered, and easily excitable andwith symbols lok moon, umbrella or lotus (Su.Kalp.) 2.self-esteemed, brave, reddish eyes, easily irritable; colour- similar to Pakwa, Jambu, Kharjura, Draaksha,</td>
</tr>
</tbody>
</table>

---

broken Anjana etc. On the hood signs like Arda Chandra, Shreevatsa, Shankha, Chakra, Halaetc.smell- Jatt, Champaka, Punnaga, Parthara, or Jonka; go out at noon time; bite from right side and increases Vatadosh.(Asht, Sam.)

3 Vaishya
A.S.Utt.41/23
1. Black, diamond like, dull, or pigeon coloured. (Su.Sa.)
2. Colour – Parurata(pigeon), Vajra(diamond), Gomedaka (cats eye), Chhradhuma (root like), reddish and with rounded marking on the body. Smell- Basta, Aavi, Kashtha, Ksheera, Ghrutam; go out in the evening, bite from left side and increases Pitta Dosh.(Asht, Sam.)

4 Kshudra
A.S.Utt.41/24
1. Mixed colours (described as bufellowish, tigri and with rough skin. (Su.Sa.)
2. Colour- Godhoon, Mahisha, Elephant, Kardama and decorated with dots or lines, rough. Smell – Suraa, Shonita; go out after sun set, bite from back and increases Kaphadosha. (Asht, Sam.)

Table 7- Symptoms of the different stages of poisoning from the bite of a Darvikarasarpa, Mandalidansha, Rajimantadansha[12]

<table>
<thead>
<tr>
<th>Vega</th>
<th>Darvikarasarpadansha</th>
<th>Mandalidansha</th>
<th>Rajimantadansha</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>In first impulse (Prathamavega) Rakta(blood) gets vitiated, becomes blackish and there by produce darkish complexion of the body. The person feels as though ants are running all over his body.[13]</td>
<td>Spreads in the Rakta dhatu, and changes the colour to yellow. burning sensation all over the body, oedema on the bitten limb,</td>
<td>Affects the Rakta dhatu and changes the colour to dull white. Horripilations, person becomes pale,</td>
</tr>
<tr>
<td></td>
<td>In second impulse (dvarthavega) Maamsadhatu (muscular tissue) gets vitiated. Swelling occurs on the bitten site.</td>
<td>Vitiates Maamsadhatu, deepening of yellowish discoulouration; burning sensation all over the body, oedema on the bitten site,</td>
<td>spreads in Maamsa dhatu. Heaviness of body, becomes more pale,fatigue, oedema in the head.</td>
</tr>
<tr>
<td>2</td>
<td>In third impulse (trutiyaevega) Medodhatu (adipose tissue) gets vitiated. Swelling occurs on the bitten site.</td>
<td>Affects Medodhatu, blurring of vision, intense thirst, putrefaction at the site, sweating.</td>
<td>spreads in Medodhatu,dimness of Vision, Putrefaction at the site, excessive secretion of mucus from the nose, eyes, mouth etc.</td>
</tr>
<tr>
<td></td>
<td>In fourth impulse (Chaturthavega) the poison enters into Kostha and vititates the Kaphadosha there and produces symptoms such as excessive salivation, vomiting, joints pains and lethargy.</td>
<td>Enters Kostha and produces fever. (in addition to the above Lakhanas)</td>
<td>spreads in Kostha stiffness of neck, Heaviness of head, stiffness of neck (in addition)</td>
</tr>
<tr>
<td>3</td>
<td>In fifth impulse (Panchamavega) the poison enters into Asthidhatu (osseous tissue) and vititates the Pranavayu and Agni. This causes joints pains, hiccups and burning sensation.</td>
<td>Burning sensation all above the body (in addition to the above Lakhanas)</td>
<td>difficulty in speaking (dysphonia), (dysarthria); fever (in addition)</td>
</tr>
<tr>
<td></td>
<td>In sixth impulse (Shashtivega) the poison enters into Majjadhata (bone marrow) and also vititates the Grahani (Pittadharakala) causes severe pain in the chest, heaviness in the chest, delirium and diarrhoea.</td>
<td>same as that of Darvikara sarpadansha</td>
<td>same as that of Darvikara sarpadansha</td>
</tr>
<tr>
<td>6</td>
<td>In seventh impulse (Saptamavega) the poison enters into Shukradhatu (generative tissue) thereby extremely aggravates the Vyana, dislodges the Kapha even from the minute capillaries, producing secretions of lump-like phlegm from the mouth, a breaking pain in the waist and the back. Impaired functions of the mind, body, excessive salivation, perspiration and suppression of breath leading to death.</td>
<td>same as that of Darvikara sarpadansha</td>
<td>same as that of Darvikara sarpadansha</td>
</tr>
</tbody>
</table>

Significance of the Vega the signs and symptoms expressed in each Vega (stage) denotes the spread of the poison from one tissue to the other and is also therapeutically significant because the management depends on the stage at which the poison has spread in the body. When the poison has affected deeper tissues such as Majja and Shukru, it turns to be Asadhyta (incurable). It is mandatory for a Vishavaidya to have thorough knowledge of seven Vegas or stages to bring about effective therapy. [14] Table no. 7 helps to identify the snake according to symptoms arise in different Vegas (stages of poisoning).

Table 8: Types of Bite marks as per Charaka cha.Ch.13/ 135

<table>
<thead>
<tr>
<th>1. Goodh Sampedita</th>
<th>deeply seated, depth is the main dimension</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Vrutta</td>
<td>round in shape</td>
</tr>
<tr>
<td>3. Kostha</td>
<td>very painful</td>
</tr>
<tr>
<td>4. Lambit</td>
<td>dimension of length is more than breadth</td>
</tr>
<tr>
<td>5. Sarpit</td>
<td>having marks of fangs and inflammation</td>
</tr>
</tbody>
</table>
Sarpangabhihata – In persons who are afraid of snakes when touched by some part of the body of the snake, accidentally leads to activation of Vata which gets aggravated by fear, produces swelling (at the site of touch). This is known as Sarpangabhihata.

ShankaVisha - Persons walking in deep darkness tread on a thorn but suspect to have been bitten by a snake & develop symptoms of poisoning such as fever, vomiting, fainting & even feeling of burning sensation or exhaustion, delusion & diarrhoea. This condition is known as ShankaVisha. The concept is similar to phobias. Weak mentality leads to Shankavisha as Charaka considers psychological factors in causality of all the diseases he described in his text.

Treatment of the ShankaVisha and Sarpangabhihata – In this context Acharya Charaka explained about ShankaVisha and Sushruta explained about Sarpangabhihata, while Vagbhata has explained both types. Sita, Vaigandhika, Draksha, Payasya, Madhuka and Madhu should be consumed as a drink, water sanitised by the person, he should be sprinkled on the person, he should be consoled with courageous words and pleasant things, this is the treatment for Sarpangabhihatataas well as Shankavisha. After identifying that the there is no bite and all are psychological factors playing the role, just by consoling, patient’s treatment can be done.

General Treatment – In snake poisoning cases emergency treatment is required as the poison remains for a period of 100 Matra only at the site of the bite and then spreads throughout the body vitiating the blood and other tissues. Within this period, it, incising the site of bite and other treatments should be done quickly so that the poison does not spread in the body. Acharya Vagbhata still explains that the person who is bitten by the same snake or a lump of stone or mud tearing it was his teeth violently.

i. Arishthabandhana (Application of tourniquet) – Arishta (bad omen or bad prognosis) means unfavourable or which gives the indication of death. Obviously when the intensity of the poison increases it signifies the Arishta. As poison starts combining with the blood and gets separate all over the body successively it invading the other organs in the body. Thus, to prevent or stop the disasters, created by the poison the physician has to option the Bandhana. To stop the Arishta can be called Arishta bandhana. There is a analogy of dam which tries to control the heavy flow of river.

ii. Danshanigraha (Removing the fangs) – The teeth which are not on vital spots should be pulled out by squeezing the area of bite; symptoms of toxicity of poison will not develop (if the fangs are removed) when the seed is destroyed. Removing the teeth which are on vital spots leads to death and on the joints to distortion of the body. This concept is more relevant to removal of stings in honey bees as the venom sacs are sacrificed with the seed.

iii. Agnikarma(Cauterization)

iv. Achushana(sucking)

Table 9: Types of Bite marks as per Sushruta (Su. Kalp. 4/15-19)

<table>
<thead>
<tr>
<th>Name of bite mark</th>
<th>no. of teeth mark/s</th>
<th>Other findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.Sarpitam</td>
<td>1,2 or many</td>
<td>Oozing of very little blood, deep but raised wounds, abnormal in appearance, oedema, confined to the particular site.</td>
</tr>
<tr>
<td>2.Raditam</td>
<td>1,2 or many</td>
<td>Bitten area presented with reddish/yellowish/ bluish or whitish lines</td>
</tr>
<tr>
<td>3.Nirvisham</td>
<td>1,2 or many</td>
<td>No oedema, little bleeding, no other signs and symptoms of poisoning in the body.</td>
</tr>
<tr>
<td>4.Sarpangabhihatam</td>
<td>No Marks</td>
<td>Little oedema may present; No organic signs or symptoms.</td>
</tr>
</tbody>
</table>

Table 10 - Identification of bite marks as per Ashtanghrudaya

<table>
<thead>
<tr>
<th>Sr. no.</th>
<th>Name of bite mark</th>
<th>No.of teeth marks</th>
<th>Other findings</th>
<th>Poisonous/Non poisonous</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tundhatam</td>
<td>Nil</td>
<td>No bite marks presence of saliva</td>
<td>Non poisonous</td>
</tr>
<tr>
<td>2</td>
<td>Vailvedham</td>
<td>1/2</td>
<td>No bleeding</td>
<td>Non poisonous</td>
</tr>
<tr>
<td>3</td>
<td>Vaaluptam</td>
<td>2</td>
<td>bleeding from the site of the bite</td>
<td>poisonous but curable</td>
</tr>
<tr>
<td>4</td>
<td>Dashhtakam</td>
<td>3</td>
<td>Cut open wounds with continuous bleeding</td>
<td>poisonous with moderate prognosis</td>
</tr>
<tr>
<td>5</td>
<td>Dashtranipeetam</td>
<td>4</td>
<td>same as above</td>
<td>fatally poisonous</td>
</tr>
</tbody>
</table>

Table no. 8, 9 and 10 helps to know the prognosis of poison inserted just by seeing the bitemarks.
v. Siravyadhana (veinous section)
vi. Hridayavaranara (protecting of the heart)
vii. Vamana (emesis)

About Snake Venom - Snake venom is nothing but a complex structure of proteins (enzymes, non-enzymatic polypeptide toxins and non-toxic proteins). These include either activators or deactivators of physiological processes such as blood clotting, nerve transmission and mitochondrial activities like energy production. Some of these enzymes break down membranes to promote the spreading of venom while some others increase vascular permeability causing oedema, blistering, bruising and necrosis at the site of bite. The action of venom on our body depends on the quantity of venom injected at the site of bite. This is variable depending on the species of snake, size of snake, the mechanical efficiency of the bite, whether both fangs penetrated the skin, whether there were repeated strikes. This modern theory about the snake bite is exactly matching the Ayurvedic theory of four fangs containing different amount of venom. Injection of venom depends on the condition of the snake, at what time he was biting. Either because of the mechanical inefficiency or the snake’s control of venom discharge, a good number of snake bites by venomous snakes do not result in the injection of sufficient venom to cause clinical effects. Literature and studies show that about 50% of viper bites and 30% of cobra bites do not result in any symptoms or signs of envenomation.\(^{20}\) It is common occupational hazards mainly in farmers, plantation workers, herders and labour’s leading significant morbidity and mortality that remain largely unreported, though friend of a farmer according to food chain as a predator of rodents. Field workers are the main victims of this serpent. There is a huge need to explore the possibilities of resemblance with the sign and symptoms described according to bites, genders, stages of life, time of wandering, Seasonal Fatality, Ghatak kaal (fatal period). All such concepts may not be acceptable easily in modern era of science and technology but one may try to find out the truth behind all this explanation. The tools and methodology they use at that time can’t be predicted but their predictions and indications are time tested and proved time to time in various ways. Observations and repetitions, animal experiments on pets etc. can be found here and there in the basic texts. Such facts may not be heard by any biologist or zoologist, but this article may create some curiosity among the scholars to research further in theses aspects as there is very

DISCUSSION
From the above ten tables presented above one can have a good glimpse of the knowledge possessed by the Ayurvedic Acharyas. Though they didn’t have high mega pixel cameras like in Discovery channel, high profile animal houses but they had enough knowledge about various facets of life cycle of a snake, its types and fertilization. No. of eggs, classification on the basis of gender, age, Varnya, Fatal period, specific treatment for each type differently etc. what they discovered with least resources is quite impressive and compel anybody to think over what are the research methodologies they used to have such minute details about snake poisoning. In present era their classification is still relevant as much as that time. They people must have dissection of animals to know their genders as Sushruta had mentioned it under Mrutasanshodhana Vidhi in Sharirasthana. Monovalent and polyvalent ASV injections are the modern day treatment for snakebites. In Ayurveda different formulations for different types of snakebites are described which can be open a new window for scientists searching for new easy and cheap options for the snakebite management. India has a large repository of medicinal herbs, which have been used in folk medicine for treatment of snake bites. Though numerous herbal remedies are scientifically unsubstantiated, yet they cannot be glossed over due to their inherent advantages. They are practiced by diverse social groups for long, offering unconditional benefits. In view of limited presence of modern medical avenues in far flung areas, such a resource needs to be harnessed, as herbs are cheap, acceptable and often at the disposal of victims. Exhaustive ethno botanical studies in different regions of the country can help to undertake well designed scientific studies, for establishing therapeutic efficacy of various herbas for treating snake bites. The present article highlights an assortment of identification of snakes, snake bites, their personalized treatment in different stages of poisoning. Pinak tablet- is the first Ayurveda anti-venom medicine in India. Such alternative remedies may help to neutralize free circulating snake venom; they may help in slowing down effect of venom on our body or slowing down destruction of tissues. The Pune based Sasoon Hospital’s study of these tablets clearly states that they are an alternative to anti-venom serum. The study also shows that the group which was administered Pinak tablets showed faster recovery and required lesser number of anti-venom vials as compared to the other group.
CONCLUSION

Snakes possess utmost importance since ages and are worshiped as God. In the classic's classification based on the different characteristics but their practically applicability in observing the symptoms and treating accordingly is difficult in the present era. So, demand of the time is a greater number of seminars, CME should be conducted regarding identification of poisonous snakes as well as its line of treatment. More education and awareness regarding the identification of snakes in peripheral regions of India. Identification of snakes according to Ayurvedic classification may help to develop many such Agadas as first aid measures, specific to variety of snake identified.

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LANGHAN THERAPY IN BRIHAT TRAYI – A REVIEW ARTICLE

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ABSTRACT:
Langhan therapy described as a Upakrama in Brihat Trayi. A.S and A.H. narrated two Upakrama of disease among them one is Apatarpan. Apatarpan synonym is narrated as a Langhan. While Acharya Charak narrated Langhan as a one among the six Upokrama. Direct reference of Langhan is not found in Sushruta Samhita. Langhan means to produce lightness in the body. Langhan therapy is a most important aspect of any disease treatment. Without Upakrama proper treatment is not possible. Langhana is helpful to reach the medicine to the vitiated body factor or organ (Adhishthan). Langhan directly effect on the pathology of disease. The aim of this study is to describe the role of Langhan in treatment. For the study of Langhan therapy all the available reference of Brihat Trayi have been collected and analyzed in systematic manner.

Key Words: Langhana, Upakrama, Brihat-Trayi

INTRODUCTION:
Langhan is the most important treatment module. Most of disease treatment starts with Langhan therapy. In Ayurved so many synonyms of disease are mentioned among them one is Aamayal[1] means which produce from Ama (undigested material). Langhan is the most effective treatment for Ama. In Brihat-Trayi Sushruta Samhita not directly mentioned about Langhan. Langhan is narrated as a Apatarpan and first line of treatment of Shotha (swelling) by Acharya Sushruta. [2] Ashtanga hridaya, Ashtanga Samgraha and Charak Samhita narrated Langhan in detail.

Langhan is the procedure which makes body light. According to Acharya Charak Langhan can be done by 10 different methods [3] while Acharya Vagbhatta classify Langhan in two types i.e. Shodhan and shaman. Shodhan is of 5 types and shaman is of 7 types. [4]

1. Purification therapy (Shodhan) - in shodhan therapy first Dosa is aggravated by oleation and sudation then expel out from upper and lower pathway. These are as follows:
2. Vaman (vomiting) - in this therapy vitiated Kapha Dosa expel out from the mouth by the use of medicine like Madanphala.
3. Virechan (purgation) – in this therapy vitiated Pitta Dosa expel out from the anus.
4. Niruha Basti (dry enema) – medicated enema made from dry substance given by the way of anus. It is a best for elimination of vitiated Vata Dosha.
5. Nasya (nasal medication) - medicated oil or powder given through the nose. It eliminates Dosa of head and nose region.
6. Raktamokshana (bloodletting) – Vitiated blood let out from the body by the puncture in vein or leech or horn of animals. It expels the vitiated blood from body.
7. Shamana- procedures which not aggravate the Dosa but maintain its normal status is consider as a Shamana therapy. [5] These are as follows:
   a. Pipasa (thirst) – do not drink the water or any liquid in the condition of thirst.
   b. Marut (wind) – not consuming the wind from Eastern direction and live in a place which is devoid of direct breeze.
   c. Atap (sunnlight) - exposure to sunlight till lightness produce in body.
   d. Pachana (digestive drug) - Pachana is add by Acharya Vagbhatta. Pachana means to increase the digestion capacity by the use of digestive medicine.
   e. Deepan (carminative drug) – to stimulate the Agni (digestive fire).
   f. Upavas (fasting) - not consume any food.
   g. Vyayam (exercise) - activity which makes body stable and strong. Doing the exercise till sweating and lightness feel by body. [6]

Acharya charak not include Deepan and Raktamokshana in the Langhan Therapy. Indications of different types of Langhana are as follow:

Those persons who affected by excessive Kapha, pitta, rakta and mala combined with vitiated Vat, strong, obese cure by the purification therapy. Medium strength of diseases, occurred by the vitiation of Kapha and Pitta Dosha, vomiting, diarrhea, heart disease, colic pain, intestinal obstruction, fever, constipation, heaviness in body, excessive belching, nausea and anorexia are cured by Pachan type of Langhan. When these diseases are mild treated with fasting and thirst. Patient is strong and suffers from moderate diseases treat with exercise, exposure to sunlight and avoids the direct breeze.\(^{[7]}\)

**Properties of Langhana Dravya (substance)** - Laghu (easily digestible), Ushna (hot), Teekshna (sharp), Vishad (nonslimy), ruksa (dry), sukshma (easily enter in the small channels), Khara (rough), sar (mobility), kathina (hard).\(^{[8]}\)

**Symptoms of proper Langhan** - Proper excretion of flatus, urine and feces, lightness of the body, feeling of purity in heart, eructation, throat and mouth, subside the drowsiness and exhaustion, sweating, desire of food and feeling of hunger and thirst at a time. These symptoms are occurred without disturbing the body and mind.\(^{[9]}\)

**Symptoms of excessive Langhan** - Cracking pain in small joints of finger, body ache, cough, dryness of mouth, loss of appetite, anorexia, thirst, weakness of the ears and eyes, disturbance of mind, frequent upward movement of Vayu, bradycardia, loss of strength and digestive capacity.\(^{[10]}\) Acharya Vagbha described excess emaciation, obstruction to passage of stool, urine, pain in bladder, heart, head, thighs, sacral region and flanks, fever, vomiting etc. symptoms due to excessive Langhan.\(^{[11]}\)

**Treatment of symptoms arise by excessive Langhan** - Apply the diet and drugs having nourishing quality, don’t take any stress, live in happy mood, more use of nourishing substances and excessive sleeping are helpful in the condition arise by excessive Langhan.\(^{[12]}\)

**Symptoms arise by inadequate Langhan** - Acharya Charak mentioned common symptoms of inadequateness of all six Upakrma are not alleviate the particular disease but aggravates its symptoms.\(^{[13]}\)

**Langhan as a treatment of various diseases** - In treatment of fever Langhan is the first treatment.\(^{[14]}\) Here Langhan indicates the fast or light diet. In the vitiation of Rasavaha Srotas Langhan is the first line of treatment.\(^{[15]}\) Acharya Charak mentioned Langhan in the treatment of colic pain.\(^{[16]}\) Langhan is a treatment of Amajirna.\(^{[17]}\)

**Mode of action of Langhan therapy** - Langhan therapy increases the Agni, Vayu and Akash Mahabhuta in body. It stimulates the Agni and this Agni burnt all the vitiated Doshas of body. So condition of Dhatu Maintain and all the Doshas remain in their normal condition and do their normal work. Langhana clears the obstruction of channels so nutrient substance easily spread in body why Mild Langhana therapy also suggested before saturation.\(^{[18]}\)

**DISCUSSION**

Langhan therapy done with Dravya or without Dravya. Langhana karma is mainly done by two ways Shodhan and Shaman. Shodhan expels the aggravated Doshas from body. After elimination of vitiated Dosa body became light. In Shaman therapy Doshas subside in the body. Shaman type of Langhan is easily applicable. Shaman types of Langhan is further divide in two types, with medicine like Deepana, Pachana and without medicine like Control on thirst, fasting, avoid the direct breeze, exposure to sunlight and exercise.

Most of diseases have two stages, Aam and Niram in Aam stage of disease Langhan is a first line of treatment. Without Langhan if medicine prescribed it destroy the body. In Ayurveda treatment completed in three step. First step is Nidanparivarjan.\(^{[19]}\) Nidan are of two types Sannikritsha (near) and Viprakritha(far). Sannikritsha Nidan are Vitiated Dosh, Dhatu and Mal. Viprakritha Nidan is faulty diet and habits. Langhana is effective on both type of Nidana. By Shodhan vitiated Doshas are come out from body this helps in the Sannikritsha Nidanparivarjan. Vyayam reduces the excessive Meda Dhatu and kapha Dosa. Deepan and Pachana increase the capacity of digestion and digest the vitiated Doshas. Control on thirst, fasting, exposure to sunlight is helps in viprakritha Nidanparivarjan. Without avoidance of nidana effect of medicine is not possible. In this way Langhan therapy has dominant role in treatment. Treatment is incomplete without Nidanparivarjan. Nidanparivarjan stops the further pathology. Further duration of Langhana means how much extent Langhan should be applying on patient. When symptoms of proper Langhan arise and feeling of lightness in body one should stop the Langhan.

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A COMPREHENSIVE STUDY ON IMPORTANCE OF SHANKHA PRADESHA WITH SPECIAL REFERENCE TO SHANKHA MARMA

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A Comprehensive Study on Importance of Shankha Pradesha with Special Reference to Shankha Marma

ABSTRACT:
Shankha pradesha is the area located between ear and eyebrow. Shankha marma is one among sadya pranahara marma which is located in shankha pradesha. It is said that an injury at the region of sadhya pranahara marma leads to death in seven days. Hence it is important in point of current day road accidents. When structures located at the region of shankha marma are studied specifically through dissection it is found that the middle meningeal artery is located deep to the squamous part of temporal bone at this region. Here the bone is also found to be thinnest. In case of injury to shankha marma the death happens mainly due to haematoma produced by an extradural haemorrhage from middle meningeal artery.

Key Words: Shankha Pradesha, Sadyapranaharamarma, Shankha Marma, Agni Mahabhuta

INTRODUCTION
The shankha pradesha is an important pratyanga in our shareera. Shankha marma is an important sadyapranahara marma, located in the region of shankha.

Shankha Pradesha Shareera
The meaning of shankha is given as lalatasthi in Sabdha kalpa druma.[1] Dalhana defines shankha as the area located between the ear and the eye brow. According to Sushruta totally 10 sira are located in shanka pradesha. The two sira located at shanka sandhi pradesha are considered as avidhya.[2] Asti located near to the karna is kapoalasti.[3] The exact number of snayu located in shankha pradesha has not been told. The snayu located in head is said to be of pruthula type.[4]

Importance of shankha pradesha
1. In shiro roga and adhimantha agnikarma is indicated in shankha pradesha.[5] While doing the agnikarma one should avoid ½ angula pramana area of shankha marma.[6]
2. If following an injury bandana is needed, physician should do katwama type of bandana in Shankha pradesha.[7]
3. Karna shula can be produced due to vitiation of vata located in hanu, shankha shira, and greeva.[8]
4. Pain in shankha pradesha is given as a clinical symptom in many diseases like vataja pratishyaya,[9] vataja shioroga,[10] apatantraka,[11] mahan shwasa,[12] purvaroopa of all the shwasa,[13] vataja jwara,[14] and stabbata in this region is found in mahan hikka.[15]
5. Shankha bheda is one of the vataja nonatmaja vyadhhi.[16]

6. Aggravated pitta dosha in shankha pradesha produces the disease called shankhaka.[17]
7. Shankha is also considered as one among the praanayatana.[18]
8. Shankha are included under the pratyanga in Sushruta samhita and [19] Bhavaprakasha.[20]

Shankha Marma Shareera
Shankha marma is present above the level of tail of eyebrow and in between the ear and forehead.[21] According to Ashtanga hrudaya [22] and Ashtanga Sangraham[23] it is located near to ear, at the end of forehead. It falls under the following classifications of marma

Sthanansuara - Jaturdva marma
Rachanaanusuara - Asthi marma
Pramaanaanusuara - ½ Angula Sankyusuara - 2
Parimaanusuara - Sadyaprahara marma

Importance of shankha marma
Shankha marma is a sadhyaaprahara marma. In injury of sadhyaaprahara marma there will be improper functioning of indriya. That is the person will not be able to perceive sensations like smell taste etc. The functioning of mana and budhi also will alter. There will be
different types of pain and it will be severe. But death will be ultimate and can occur within in a period from the time of injury to 7 days, according to the severity of injury.[24]

**MATERIALS AND METHODS**

- The literature on sadhyaupanahara marma is collected from the brihatrayee laghutravaya and other classical books
- Regional anatomical study of shankha marma is done in 5 cadavers in Shareera Rachana dept of SDM College of Ayurveda, Udupi.

**RESULTS**

Shankha marma is located in the temple region, superficial to squamous part of temporal bone and below the pterion. Deep to this region the anterior branch of middle meningeal artery, temporal vessels, facial nerve & its branches passes.

**DISCUSSION**

**Discussion on shankha pradesha**

Explanation about shankha pradesha can be seen spread at different parts of the samhita. The word meaning of shankha is a cockle shell. Both charaka and sushruta accepted it as the asti located near the karna. The bone located near the karna is temporal bone. As it is having the shape of a cockle shell Acharya might have named it as shankha. Dahana limits the shankha pradesha as the area located between ear and eyebrow. Hence it can be considered as the region of temple. The temple is the lateral region on either side of the head above the zygomatic arch. It also lies between the ear and tail of eyebrows. Acharyas have also explained the different anatomical structures located at the region of shankha pradesha. Among the 10 sira located in this region 2 are considered as avedhya. It is told by acharya sushruta that if one by mistake cut an avedhya sira it can lead to death of the person. This sira might be present in the region of shankha marma. In the temporal region also we can see that 5 vessels are present

1) Superficial temporal vessels
2) Middle temporal vessels
3) Anterior deep temporal vessels
4) Posterior deep temporal vessels
5) Middle meningeal vessels

The one sandhi located in shankha Pradesha can be taken as temporo parietal joint as joints of sira pradesha are said to be of tunnasevani type. The kapalsthi located in the region of shankha can be taken as the squamous part of temporal bone. The temporal region of a healthy person is said to be as well occupied by mamsa. Here the temporalis muscle is a massive muscle filling the depression of temporal fossa. The shankha pradesha was given much importance that is why it is included in the group of pratyangas or minor parts of the body.

**Discussion on shankha marma**

Location: - It is located above the tail of the eye brow between the ear and forehead. That is it is located at the region of temple which lies superficial to the temporal fossa and squamous part of temporal bone.

Deep to this region anterior branch of middle meningeal artery passes. Prama is ½ angula, which can be considered as measurement including the circumference as well as the depth at the particular location.

The possible modern correlations of the panchatma sannipatha are -

- Mamsa – Temporalis muscle
- Sira – Superficial temporal vessels, deep temporal vessels, middle meningeal vessels.
- Snayu – Temporal fascia
- Sandhi – Joint between the squamous part of temporal bone and parietal bone, squamous part of temporal bone and greater wing of sphenoid bone.
- Asthi, squamous part of temporal bone

**Discussion on injury to shankha marma**

- The middle meningeal artery is of considerable surgical importance. It may be torn in fractures of temporal region of the skull and in injuries causing separation of dura mater from the bone without fracture. It leads to considerable haemorrhage between the dura and the bone producing compression of the brain.
- The term head injury includes injury to the skull and the brain. Haemorrhage from any intracranial vessel may occur in head injury and becomes responsible for causing brain compression.
- A blow on the thin bone of the temporal plate may be caused with a golf ball, cricket ball or football. This causes a fracture in the squamous part of the temporal bone which drives the dura inwards. Anterior and posterior branches of middle meningeal artery can be injured due to direct trauma of the fractured bone fragments against these arteries.
- Extradural haemorrhage from injury to the trunk of middle meningeal artery or one of its branches occurs due to relatively trivial injuries which come from lateral direction. The extradural haemorrhage is in the space outside the dura mater but inside the skull. The importance of extradural haemorrhage lies in the fact that it is amenable that if the case is not diagnosed at the right time the patient may die. The blood which escapes from the torn vessels passes in three directions.

1) Some of it passes outwards through the fracture to form a boggy swelling due to haematoma under the temporal muscle which also indicates the occurrence of extradural haemorrhage.
2) Some of escaping blood gravitates down into the base of the middle cranial fossa.
3) Some part of the escaping blood gradually moves upwards separating the dura mater from inside the skull just outside the underlying motor cortex of cerebral hemisphere.

This haematoma is most important. The amount of this haematoma depends on the ease with which the dura mater is stripped off from the inner surface of the skull. When the haematoma has reached a considerable size it causes sufficient rise in intracranial pressure to cause cerebral compression. Uncus herniates through tentorial hiatus and mid brain gets distorted at the tentorial hiatus. This causes pressure on the reticular system of the midbrain. The time taken to form such a big haematoma as to cause sufficient rise in intracranial pressure to cause unconsciousness following injury is known as ‘lucid interval’. With more haematoma formation and with greater rise of intracranial pressure death will occur.

Death can also be due to Post –traumatic Meningitis by the direct contamination of the Cerebrospinal fluid after a skull fracture. Left untreated bacterial meningitis is deadly, leading to death in hours to days.

Related journals suggest that motor vehicle crashes are the most common mechanism of injury in temporal bone fractures.

Other consequences of injuries
Other structures which can get damaged due to an injury to temporal region are, facial nerve deep temporal arteries and petrous part of temporal bone.

CONCLUSION
Shankha pradesha can be taken as the region of temple. The injury in shankha marma region on the temporal bone is the thinnest part of cranium and can easily be fractured after a blow.

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CRITICAL APPRAISAL OF PHARMACOLOGICAL ACTIVITIES OF KANTHYA MAHAKASHAYA

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CRITICAL APPRAISAL OF PHARMACOLOGICAL ACTIVITIES OF KANTHYA MAHAKASHAYA

INTRODUCTION
Charaka, in the fourth chapter of Sutrasthana of text Charak Samhita, specifies and describes fifty Mahakashaya with ten herbal drugs in each group. Each group of herbal drugs has specific pharmacological actions, with the same pharmacotherapeutic actions, to fight against a particular disease or disorder. The utility of said Mahakashaya is disease specific and has been prescribed in such a way that the combination provides effective guidelines for the Clinician. For example, Balya, Varnya Mahakashaya are related to body notions whereas Hridya, Kanthya related to organs with its diseases and functions. In this paper an attempt was made to critically analyze the ‘Kanthya Mahakashaya’ & its efficacy in Swarya and Kanthagat rog [southing for the larynx and voice]. As an organ Kantha [larynx] is one of the pranayatana or Marma Sthana [A place where Prana resides or located in human body] in Human body. Kanthay hitam kanthayam’, ‘kanthasthith swaray hitam kanthayam’. Kanthya Drugs acts on throat [pharynx, larynx], improves its functions & cures the vitiations caused by Doshas. Published literature on ancient & recent development in research related to Kanthya Mahakashaya considering various research articles published by scholars were reviewed. On evaluation of literature, out of ten Kanthya drugs, it was found that some drugs act as anti-inflammatory, some drugs act at the level of brain and nerves, improves quality of voice i.e. Swarya, some drugs decrease dryness and act as lubricant. Kanthya drugs not only act on laryngeal and pharyngeal diseases but also act on systemic diseases. Kanthya Mahakashaya Drugs are potential to treat Primary as well as secondary laryngeal & pharyngeal disorders.

AIM
The aim of this study was to critically evaluate the herbs mentioned in Charakokta Kanthya mahakashaya as a natural and safe remedy for kanthgat rog (diseases of larynx and pharynx) and also systemic diseases related to Thyroid like Hypothyroidism, Hyperthyroidism, Goitre etc.

MATERIAL AND METHOD:
Kanthya Mahakashaya

ABSTRACT:
Charaka, in the fourth chapter of Sutrasthana of text Charak Samhita, specifies and describes fifty Mahakashaya with ten herbal drugs in each group. Each group of herbal drugs has specific pharmacological actions, with the same pharmacotherapeutic actions, to fight against a particular disease or disorder. The utility of said Mahakashaya is disease specific and has been prescribed in such a way that the combination provides effective guidelines for the Clinician. For example, Balya, Varnya Mahakashaya are related to body notions whereas Hridya, Kanthya related to organs with its diseases and functions. In this paper an attempt was made to critically analyze the ‘Kanthya Mahakashaya’ & its efficacy in Swarya and Kanthagat rog [southing for the larynx and voice]. As an organ Kantha [larynx] is one of the pranayatana or Marma Sthana [A place where Prana resides or located in human body] in Human body. Kanthay hitam kanthayam’, ‘kanthasthith swaray hitam kanthayam’. Kanthya Drugs acts on throat [pharynx, larynx], improves its functions & cures the vitiations caused by Doshas.

Key Words: Kanthya Mahakashaya, Charaka Samhita, Ayurveda
Guna – Guru, Snigdha
Indications: Mutral, Swarbheda
Part used: Root
Dosage: 10 ml - 20 ml
Important preparations: Shukrashodhak, Kanthya, Balya
Therapeutic uses –
1. Ikshurasa is taken with honey and ghee for Swarbheda
2. Best diuretic drug

**Yashtimadhu**
Botanical name – Glycyrrhiza glabra Linn.
Family- fabaceae
Properties:
Rasa: Madhura
Vipaka: Madhura
Virya: sheeta
Guna – gur, snigdha
Indications: Vranashotha, Trishna, Visha Roga, Kshaya, Raktapitta, Hridroga
Part used: root
Dosage: powder 3 to 5 gm
Important preparations: Yashtyadi Churna
Therapeutic uses –
1. For hoarseness of voice Payasa prepared with Yashtimadhu should be taken with honey. [9]
2. It is described as sweet, demulcent, cooling and useful in inflammation, hoarseness and thirst. [9]

Medicinal properties:
It is used extensively as a demulcent, mild expectorant and anti inflammatory agent. It is also effective in sore throat with hoarseness of voice and cough.

Recent studies - The liquorice powder and extract was found to be effective in treatment of sore throat, cough and bronchial catarrh. It decreases irritation and produces expectorant effects. [17]

**Pippali**
Botanical name – Piper longum Linn
Family- Piperaceae
Properties:
Rasa: Katu
Virya: Ushna
Guna – Laghu, Snigdha, Tikshna
Indications: Udara, Plilaroha, Jwara, Kuhta, Prameha, Gula, Arsha
Part used: fruit, root
Dosage: 0.5 to 1 gm
Important preparations: Pippalyasava, Chousastha Pippali
Therapeutic uses –
1. Pippali and Haritaki should be taken for the hoarseness of voice. [9]
2. Vardhaman Pippali is taken in Gandamala. [9]
3. Powdered long pepper, administered with honey, is said to relieve cough, asthma, hoarseness, hiccup.
4. A mixture of Pippali, Pippali Mool, Marich and Adraka in equal parts is prescribed for catarrh and hoarseness.

Medicinal properties:
1. Anti-allergic activity of fruit has been studied. It reduced passive cutaneous anaphylaxis in rats. [7]
2. It is used in prevention of recurrent infection of throat and recurrent attacks of bronchial asthma. [7]

Recent studies-
This study was conducted in OPD for a child who has been recurrently having sore throat, pharyngitis, and tonsillitis. The syrup of Imunonet was found very effective in such cases. [18]

**Draksha**
Botanical name – Vitis vinifera
Family- Vitaceae
Properties:
Rasa: Madhur
Vipaka: Madhur
Virya: Sheeta
Guna – Guru, Snigdha
Indications: Jwara, Raktapitta, Kamala, Daha, Trishna
Part used: Fruit
Dosage: Juice 20 ml -40 ml
Important preparations: Draksharishta
Therapeutic uses:
1. Draksha is used in hoarseness.
2. Draksharishta is consider invigorating and nourishing used in cough, difficulty in breathing and hoarseness. [9]

Medicinal properties:
Draksha having madhur rasa, madhur vipak and sheeta virya also having snigdha guna decreases dryness and act as lubricant. also acts on vitiated vata cause by excessive talking (atibhashanam). Gives soothing effect to throat.

Recent studies-
Vitis vinifera play an important role in management of bronchial asthma by offering protection against ongoing inflammatory process underlying asthma through inhibition of histamine release, cytokine production. Also it is improving lung function by counteracting allergen induced bronchial hyper responsiveness and blocking the release of inflammatory cellular infiltration. [19]

**Vidari**
Botanical name – Pueraria tuberosa Dc.
Family- Leguminoseae
Properties:
Rasa: Madhura
Vipaka: Madhura
Virya: sheeta
Guna – Guru, Snigdha
Indications: Kshaya, Shukrameha, Mutrakrucha, Daha
Part used: Tuber
Dosage: 2 to 6 gm dry powder

Important preparations: Vidaryadi Kadha

Therapeutic uses:
1. Vidaryadi Gana is good for heart, nourishing the body, mitigates vata and pitta, indicated in shosh (emaciation), angamarda (body ache), urdhwashwahas (dyspnoea) and cough. Usually these symptoms are found in Hyperthyroidism. [13]

Medicinal properties:
Vidari having madhur rasa, madhur vipak and sheeta veerya pacifies vata and pitta vitiated due to excessive talking and improves quality of voice i.e. Swarya, some drugs decreases dryness and act as lubricant.

Recent studies-
Its anti-inflammatory property (by lowering CRP) is primarily medicated through its FR scavenging potential, which is involved in early steps of signal transduction in process of inflammation. [20]

Kantakari
Botanical name- Myrica nagi/Thum / Myrica esculenta
Family- Myricaceae

Properties:
Rasa: Kashaya
Vipaka: Katu
Virya: Ushna
Guna – Laghu, Tikshna
Indications: Jwara, Raktabitta, Arsha, Mukh rog.
Part used: Stem Bark, fruit
Dosage: Powder 3 to 5 gm

Important preparations: Katphaladi kwathui

Therapeutic uses-
1. Katphal powder is used for local application in Galagand. [12]
2. It’s taken orally to treat Pharyngitis and laryngitis. [4]

Recent studies-
Preliminary studies performed to see the efficacy of M. esculenta in decreasing bronchial hyper-responsiveness and bronchoconstriction through systematic studies on Broncho alveolar lavage, acetyl choline and histamine-induced bronchospasm, and lung cytology in guinea pigs. [21]

Hansapadi
Botanical name – Adiantum lunulatum Bur.
Family- Polypodiaceae

Properties:
Rasa: Madhur, Tikta
Vipaka: Madhur
Virya: Sheeta
Guna – Guru, Snigdha
Indications: Visarpa, Daha, Vrana, Atisara,
Part used: whole plant (panchanga)
Dosage: powder 1-3 gm, Fresh Juice 10 -20 ml

Important preparations: Hanspadyadi kashay, Madhuparnyadi tailam.

Therapeutic uses
1. In hoarseness of voice due to vata, Nasya should be taken with root of Hansapadi sidha tail. [9]
2. In Goitre, tail sidha with Hansapadi, Nimaba, Guduchi, Kataj should be taken orally [9]
3. Hanspadyaydi kadha indicated in Hypothyroidism. [14]

Recent studies-
In PTU induced hypothyroidism, the ethanol extract of Adiantum capillus increased the level of T3 and T4 significantly. [22]

Bruhati
Botanical name - Solanum indicum Linn.
Family- Solanaceae
Properties:
Rasa: Katu, Tikta
Vipaka: Katu
Virya: Ushna
Guna – Laghu, Ruksh

Indications: Shwas, Shula, Jwara, Chardi, Krumi

Part used: Root, Fruit, Seed
Dosage: Decoction 40 to 80 ml, powder 0.5 to 1 gm

Important preparations: Dashamoolarishta, Bruhatyadi Kwath

Therapeutic uses - decoction of Bruhati and Kantakari, Varun and Balo with resins useful in bronchitis [8]

Medicinal properties:
1. It is useful in asthma and dry cough. also it releases bronchospasm.
2. It is very useful in asthma.

Recent studies-
Solanum indicum could be very efficient in thinning of bronchial secretion in instances of acute bacterial trachea- bronchitis. [23]

Kantakari
Botanical name – Solanum xanthocarpum
Family- Solanaceae
Properties:
Rasa: Katu, Tikta
Vipaka: katu
Virya: Ushna
Guna – Laghu, Ruksha, Tikshna

Indications: Kasa, Shwas, Shoth, Hikka, Mutrakrucha, Ashmari

Part used: Whole Plant
Dosage: decoction 60 to 100 ml, powder 1 to 2 gm

Important preparations: Kantakari Ghruta, Vasa Kantakari Avalaha

Therapeutic uses
1. Kantakari is best drug for cough. [10]
2. Kantakari and pippali decoction is effective in each type of Kasa
3. Decoction of Kantakari, Guduchi, Sunthi, added with Pippali should be taken for cough, Facial paralysis, Chronic Coryza, Hoarseness of voice. [13]
4. Kantakari ghrut is indicated in Swarabheda [13]
Medicinal properties:
1. The juice of the berries is reported to be useful in sore throat.
2. Plant powder is anti-tussive and its beneficial effect in bronchial asthma and nonspecific cough. [6]

Recent studies - Juice of fruit Kantakari is used in sore throat.
1. Plant powder is anti-tussive and its effect on patient with bronchial asthma and nonspecific cough. [24]

RESULT

On evaluation of literature, out of ten Kanthya drugs, it was found that some drugs act as anti-inflammatory, some drugs act at the level of brain and nerves, improves quality of voice i.e. Swarya, some drugs decrease dryness and act as lubricant. Sariva having Tikta, Madhur Rasa, Madhur Vipak, Sheeta nourishes, gives strength to Kantha. Draksha acts as Swarya i.e. improves voice (acts on hoarseness). Yashtimadu acts on hoarseness due to excessive talking (Atibhashanat), heals sore throat, removes stickiness of Kapha (Styanata) which is found in sama kapha and gives mucolytic effect. Pippali acts on vitiated kapha as kantha is main shan of kapha. vidari act as swarya, improves voice also acts on hyperthyroidism. Kaitarya powder is useful in chronic Rhinitis as well tonsillitis. Hansapadi act on goiter, hypothyroidism. Brihati and Kantakari are best for bronchitis and reduce attacks of asthma, allergic rhinitis. Kanthya drugs not only act on laryngeal and pharyngeal diseases but also act on systemic diseases.

CONCLUSION

Kanthya Mahakashaya Drugs are potential to treat Primary as well as secondary laryngeal & pharyngeal disorders. On evaluation of literature on more things found that each drug of this mahakashay possesses diuretic property.

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TO STUDY THE APPLICATION OF SAMANYA VISHESHA SIDDHANTA
BY JANUBASTI IN SANDHIGATAVATA

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**ABSTRACT:**

In this era all the aspects of human being health are clearly mentioned. Due to changes in day-to-day life style, the superiority of human health is falling. Dreadful changes in life style have lead to disorders like shalya, prameha, sandhigat vata etc. Among these sandhigat vata is observed commonly in large populace. Along with old age, it is also prevalent in young generation. It is a disease of degeneration that means saptadhatu not get nourished ultimately results in dhatukhaya i.e degeneration, which hamper quality of life. Even taking the treatment of modern medicine like chronic use of analgesic affect patient badly. These adverse effects are extremely hazardous. For that purpose, one can adopt right treatment which gives instant and safe result, without hassle. So, Ayurveda gives preventive measures which serve our life healthy and management that grants constructive safe and sound outcome. Hence the treatments like to nourish the degenerative dhatu by using basic principle like samanya vishesh Siddhant i.e janubasti and essentiality of it for fast altering life style is discussed in full paper.

**Key Words:** Sandhigat Vata, Janubasti, Ayurveda

**MATERIAL OF STUDY:**

1. Literature reading to Samanya Vishesha Siddhanta and Sandhigatavata.
2. Diagnosed patients of Sandhigatavata from OPD & IPD of Ayurved College & Hospital.
3. Bala Taila.
4. Rasnadi Guggul.
5. Materials required for Janubasti [gas-stove, bowls, Cotton swab, flour of black gram, water, etc.]
6. Written informed consent was taken of all individuals included in the study.

**METHODOLOGY:**

Collection of literature regarding Samanya Vishesha Siddhanta from Various classical texts of Ayurveda mostly from Charak Samhita.

**Criteria for Diagnosis- Inclusion Criteria:**

1. Age – Above 50 yrs & below 70 yrs.
2. Sex – Male and female.
3. Patients diagnosed as Sandhigatavata having following literary symptomatology which are Shula, Shotha, Stambha, Sphutana, Akunchana-Prasara Pradhan etc.
4. Patients willing to take treatment.

**Exclusion Criteria:**

1. Age below 50 yrs & above 70 yrs.
2. Patients with any major illness or anatomical deformity or major surgical deformity and complaints associated with other diseases.
3. Patients having symptoms like Sparshaasahatwa, Araktvarnaata, Ushnasparshatwa etc. at knee joint.

Plan of the study:
A total number of 80 diagnosed patients of Sandhigatavata were registered from OPD and IPD of Ayurveda Hospital for the Study. The signs and symptoms of Sandhigatavata were as per Samhitas. Routine physical examination and local examination of Janusandhi was done for each patient. A definite change in the disease state of patient was observed during the study. Improvement noted was measured by using the standard methods of scoring for subjective and objective criteria.

Subjective criteria:
1. Sandhishula [Joint Pain]:

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Observation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0 [no pain]</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>1-3 [Mild pain]</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>4-6 [Moderate pain]</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>7-10 [Severe pain]</td>
<td>3</td>
</tr>
</tbody>
</table>

2. Sandhigraha

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Observation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No stiffness</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Stiffness after waking up in the morning</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Stiffness up to 5 minutes after waking up but relives after movements</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Stiffness continues for more than 5 minutes &amp; difficulty in movements</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Stiffness more than 15 minutes</td>
<td>4</td>
</tr>
</tbody>
</table>

3. Vatapurnadrutisparshatva :- [Crepitus]

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Observation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No crepitus</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Palpable crepitus on movements</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Audible crepitus on movements</td>
<td>2</td>
</tr>
</tbody>
</table>

4. Akunchan-Prasaraana Vedana : [Pain on movements of knee joint]

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Observation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0-29 degree</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>30-59 degree</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>60-89 degree</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>90-129 degree</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>130-180 degree</td>
<td>4</td>
</tr>
</tbody>
</table>

Follow Up:
Follow up was taken on 7th day.

Total Effect Of The Therapy:-

<table>
<thead>
<tr>
<th>Relief Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete relief</td>
<td>100%</td>
</tr>
<tr>
<td>Marked relief</td>
<td>75-99%</td>
</tr>
<tr>
<td>Moderate relief</td>
<td>50-74%</td>
</tr>
<tr>
<td>Mild relief</td>
<td>25-49%</td>
</tr>
<tr>
<td>No relief</td>
<td>0-24%</td>
</tr>
</tbody>
</table>

Statistical Analysis: -The obtained data was analysed statistically and expressed in terms of mean, standard deviation [± SD] and standard error [± SE]. Appropriate statistical test was applied to observe the significance of results obtained after treatment. The results obtained were interpreted accordingly.
**OBSERVATIONS AND RESULTS**

5.1. General Observations

**B) Age** - Maximum number of patients were found in age group 50 to 55 yrs and 61 to 65 yrs [each 24]. Sandhigatavata was found more prevalent in elder age group i.e. Vata Avastha of Vaya, probably in 5th and 6th decade. It may be due to dominance of Vata is in elder age and Sandhigatavata is Vata Vruddhi Jnaya Vyadhi.

**C) Gender** - Female patients [50] were found to be maximum in numbers. It was observed that Females were more prone to Sandhigatavata. May be because Vata Prakopaka Ahara and Vihara Sevana was found more in females.

**D) Occupation** - Housewives [31] were found maximum in number among all occupations.

**E) Prakruti** Maximum patients were found having Vata-Kapha [22] and Vata-Pitta [17] Prakriti. Total number of patients having Kapha Dosha as one of the constituents in Prakruti were 29. It is clear that patients having Vata Prakruti are more prone to Sandhigatavata. Sandhigatavata is mentioned as Vata Pradhan Vyadhi.

**g) Diet** Maximum patients [54] were found having veg diet.

**h) Agni** -Maximum patients were found with Vishama Agni [48]. Vishama Agni is more incident in Vata Prakruti people. It indicates Vata dominance in Samprapti of Sandhigatavata.

**i) Koshtha** - Maximum patients [32] were found of Krura Koshtha. So that Krura Koshtha may be called as an early indicator of Sandhigatavata.

**DISCUSSION**

Siddhantas are result of continuous practical work by many Acharyas. Hence they are fruitful in Chikitsa, these are actually a key factors for Chikitsa. In this study “Samanya-Vishesha” is the one of the basic important Siddhanta of the Ayurveda. The present study has been entitled as “Study of application of Samanya Vishesha Siddhanta by Janubasti in Sandhigatavata.”

**Selection of Disease:** Osteoarthritis is the most common problem and is most common joint disease with prevalence of 22% to 39% in India. In osteoarthritis the mostly affected joint is knee joint [41%]. As Osteoarthritis and Sandhigatavata have most of their signs and symptoms in common so Sandhigatavata can be correlated with osteoarthritis and hence Sandhigatavata with Janu Sandhi was selected for the study.

**Discussion on Samprapti** : Samprapti is a series of changes taking place during the production of disease from Nidan Sevana upto Rogotpatti. Though Sandhigatavata has no direct classical reference about the Samprapti it can be inferred that Samprapti of Sandhigatavata is same as that of Samanya Saprapiti of Vata Vyadhi. When we see the Samanya Samprapti of Vata Vyadhi we can analyze the process of Samprapti of Dhatukshaya. Nidana Sevana i.e. Laghu, Rukshadi Vata Prakopakara Ahara Vihara leads to the Vitiation of Vata, which leads to the Sanchaya and Vruddhi of Vata in its own Sthana initially; followed by its Prakopa where it starts to move to other parts of the body leading to Dhatukshaya. It then gets lodged in the Sandhis due to its special affinity to Asthi Dhatu [Ashraya-Ashrayee Bhava], Vayu with its inherent properties like Rukshhatva, Laghuta results in the drying up of the Shleshaka Kapha and Majja; as they lose their Snehansha. This further leads to the increase in Akasha and Vayu Tatva in Sandhis; leading to pathological changes that ultimately contribute in the manifestation of Sandhigatavata.

**Discussion on Selection of Janubasti :** This procedure is unique, in the sense comprising both Sneharana and Swedana or it may be considered as “Snehayukta Sweda”. Bahyasnehan [external application of oil] is mentioned as one of the therapeutic measures in curing various types of Vata disorders quickly and effectively due to its Vatahar as well as Bruhana [nourishing] and Pachana properties. Janubasti is also very cost-effective and less time consuming procedure. Locally it provides strength to Sandhi and other apparatus which are helpful in formation of Sandhi.

**Discussion on Selection of drug Rasnadi Guggul :** Guggul Kalpa is one such measure, which decreases Vata, provides strength to Sandhi with Rasayan properties. Moreover Acharya Sushruta has stated that it cures the Sandhigatavata Vyadhi within a Masa [Month] just like a thunder bolt destroys the tree.

**Statistical Analysis within Group A and Group B Subjective Parameters [By Wilcoxon Signed Ranks Test]**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptoms</th>
<th>Gr.</th>
<th>W</th>
<th>P</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sandishula</td>
<td>A</td>
<td>780</td>
<td>&lt;0.0001</td>
<td>Significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>630</td>
<td>&lt;0.0001</td>
<td>Significant</td>
</tr>
<tr>
<td>2</td>
<td>Sandigrahva</td>
<td>A</td>
<td>435</td>
<td>&lt;0.0001</td>
<td>Significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>171</td>
<td>&lt;0.0001</td>
<td>Significant</td>
</tr>
<tr>
<td>3</td>
<td>Vatapurnadruti</td>
<td>A</td>
<td>210</td>
<td>&lt;0.0001</td>
<td>Significant</td>
</tr>
</tbody>
</table>


Wilcoxon Signed Ranks test was applied to both groups separately to observe whether the difference between BT and AT score is significant or not.

**Group A**  
**Null Hypothesis** \([H_0]\) Rasnadi Guggul with Janubasti is not effective to reduce symptoms in the management of Sandhigatavata.

**Alternate Hypothesis** \([H_1]\) Rasnadi Guggul with Janubasti is effective to reduce symptoms in the management of Sandhigatavata.

In the case of all symptoms Sandhishul, Sandhigrahā, Vatapurnadruti Sparshatva and Akunchan-Prasaran Vedana the test has shown highly significant difference between BT and AT symptom scores. \(H_1\) is accepted and \(H_0\) is rejected here. It is hence concluded that Rasnadi Guggul with Janubasti is highly effective to reduce Sandhishul, Sandhigrahā, Vatapurnadruti Sparshatva and Akunchan-Prasaran Vedana symptoms in Sandhigatavata.

**Group B**  
**Null Hypothesis** \([H_0]\) Rasnadi Guggul alone is not effective to reduce symptoms in the management of Sandhigatavata.

**Changes in objective Parameters before and after treatment**  
**Objective Parameters [By Student’s t Test for Paired data]**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Parameters</th>
<th>Gr.</th>
<th>T</th>
<th>P</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Shotha</td>
<td>A</td>
<td>1.657</td>
<td>0.105</td>
<td>Not Significant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B</td>
<td>0.646</td>
<td>0.521</td>
<td>Not Significant</td>
</tr>
</tbody>
</table>

Paired t test was applied to both groups separately to observe whether the difference between BT and AT score is significant or not.

In case of objective parameter Shotha test has shown insignificant difference between BT and AT scores. It is hence concluded that both treatments were not effective to reduce Shotha in Sandhigatavata.

**Statistical Analysis in between the Group A and Group B**  
**Subjective Parameters [By Mann Whitney’s U Test]**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptom</th>
<th>U</th>
<th>P</th>
<th>Significance</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sandhishula</td>
<td>426</td>
<td>0.0002</td>
<td>Significant</td>
<td>A &gt; B</td>
</tr>
<tr>
<td>2</td>
<td>Sandhigrahā</td>
<td>517</td>
<td>0.0059</td>
<td>Significant</td>
<td>A &gt; B</td>
</tr>
<tr>
<td>3</td>
<td>Vatapurnadruti Sparshatva</td>
<td>420</td>
<td>0.0002</td>
<td>Significant</td>
<td>A &gt; B</td>
</tr>
<tr>
<td>4</td>
<td>Akunchan-Prasaran Vedana</td>
<td>562.5</td>
<td>0.0186</td>
<td>Significant</td>
<td>A &gt; B</td>
</tr>
</tbody>
</table>

Both groups were compared and analyzed statistically by Mann-Whitney’s U test.

**Objective Parameters [By Student’s t Test for Unpaired data]**

Unpaired t Test in between the Group A and Group B

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Parameters</th>
<th>t</th>
<th>P</th>
<th>Significance</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Shotha</td>
<td>1.491</td>
<td>0.14</td>
<td>Not Significant</td>
<td>A = B</td>
</tr>
</tbody>
</table>

Both groups were compared and analyzed statistically by Unpaired t test. In the case of Shotha the test has shown insignificant difference between mean differences of Group A and Group B. \(H_0\) is accepted and \(H_1\) is rejected here. Rasnadi Guggul with Janubasti is not effective than Rasnadi Guggul alone to reduce Shotha in Sandhigatavata.

It can be said that both the drugs are almost equally effective in above said symptoms. A little difference was observed between mean differences of Group A and Group B but this difference is not statistically significant because it is not greater than expected by chance.
Overall Effect of Therapy

Effect of Therapy according % Relief in Patients and in Symptoms

Relief in Patients

In Group A, 7 patients have shown Excellent improvement, 26 patients have shown Good improvement, 7 patients have shown Moderate improvement while none patients have shown Poor improvement.

In Group B, 1 patient has shown excellent improvement, 10 patients have shown Good improvement, 19 patients have shown Moderate improvement while 10 patients have shown Poor improvement.

Relief in Symptoms

In Group A, 0 symptoms have shown Excellent improvement, 03 symptoms have shown Good improvement, 1 symptom has shown Moderate improvement while 0 symptoms have shown Poor improvement.

In Group B, 0 symptoms have shown Excellent improvement, 0 symptoms have shown Good improvement, 04 symptoms have shown Moderate improvement while 0 symptoms have shown Poor improvement. Group A has shown better effect than Group B to reduce score in Patients and in Symptoms. Hence according to % Relief Rasnadi Guggul with Janubasti is more effective than Rasnadi Guggul alone in Sandhigatavata to reduce score in Patients and in Symptoms.

Effect of therapy according to Average Relief %

Average % Relief in Patients of Group A is 58.05% and Average % Relief in Patients of Group B is 32.45%. [Table 5.25]

Average % Relief in Symptoms of Group A is 57.37% and Average % Relief in Symptoms of Group B is 25.88%. Hence according to average % relief, Rasnadi Guggul with Janubasti is more effective than Rasnadi Guggul alone in Sandhigatavata to reduce score in Patients and in Symptoms.

According to statistical analysis Rasnadi Guggul with Janubasti is more effective than Rasnadi Guggul alone to reduce all symptoms in Sandhigatavata.

CONCLUSION

According to detailed description of literature study, Observations and results of clinical study in previous chapters, the conclusions are presented herewith,

➢ Samanya-Vishesha are defined under Shad Karanas in Ayurveda and these are very important in preventive as well as curative aspect.

➢ There were many Aharaj, Viharaj and Manas Hetus which cause Vataprapkopa and Sandhigatavata which verifies the Samanya Siddhanta.

➢ Janubasti with Rasnadi Guggul showed a statistically significant result in relieving the symptoms compared to Rasnadi Guggul.

➢ Janubasti with Bala Taila showed a significant result in reducing Sandhishula, Sandhiragraha, Vatapranadutti Sparshatva, Akunchan Prasaran Vedana. And it is safe, reliable, economical in Sandhigatavata.

➢ Clinical study showed that Janubasti is more effective in Sandhigatavata.

➢ Janubasti with Bala Taila was having opposite Gunas as that of in Sandhigatavata which verifies the Vishesha Siddhanta.

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SIGNIFICANCE OF AYURVEDIC FORMULATIONS IN LIFESTYLE INDUCED DIGESTIVE DISORDERS

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SIGNIFICANCE OF AYURVEDIC FORMULATIONS IN LIFESTYLE INDUCED DIGESTIVE DISORDERS

ABSTRACT:
In modern era, lifestyle disorders includes Obesity, Diabetes, Hypertension including digestive diseases such as IBS, Diarrhoea, GERD, etc. having symptoms like heartburn, constipation, vomiting, belching, bloating, gases, abdominal pain, nausea. This is due to sedentary work, improper food habits i.e. ingestion of bakery products like pizza, burgers, oily and spicy foods, cold drinks, and mental stress. All of these lead to unhealthy digestion and weakness of digestive system making a person susceptible to digestive disorders. Aim of the present study was to highlight significance of Ayurvedic formulations with reference to digestive disorders. Information regarding this context was collected and critically reviewed from published print and electronic media. Digestion is a catabolic process which includes ingestion, metabolism & excretion. Consumption of unhealthy food causes obstruction to normal physiology of digestive system & noxious effect to healthy individuals. This toxic residue known as Ama is the root cause of all diseases. Ama is sticky substance which blocks micro tubes of digestive glands which in turn results into disturbed cellular transport. Antacids & Pain killers are the only modern medicine used by many practitioners but these medicines give temporary effect and also may erode gastric flora. Ayurveda has lots of medicines to face such types of disorders which come under umbrella of Dipana, Pachana Dravya. Ayurveda is an ancient Indian system of medicine that has mentioned “strength of digestive system is most important determinant of our health & well being”. The Ayurvedic formulations discussed in this study are the potent drugs not only correct the digestive disorders but also help in rejuvenating the digestive system.

Key Words: Lifestyle disorders, Agni, Dipana, Pachana

INTRODUCTION:
Ayurveda is one of the ancient Indian systems of natural & holistic medicine[1], which mentioned about Swasthavrutta & Dincharya palana which is key of sound body. Charaka has mentioned ‘Matrashi Syat’ means quantity of food is matter for being healthy[2]. Agnimadnya is one of the root cause of all disorders. In modern era due to consumption of bakery products like biscuits, breads & fast food like pizza, burgers, panipuri have bad impact to our gut flora system. These results in constipation, belching, burning in chest, fullness in abdomen, stomach pain, diarrhoea, vomiting and many more. Due to Agnimadnya normal physiology of GI tract could not take place and Aam is formed. It is sticky substance which gets accumulated in microtubes of digestive gland and blocks the secretion of all digestive juices. Hence there is need of ignition of Jatharagni & Pachan of Ama. This was obtained by using Dipana & Pachana Dravyas. Annvaha & Rasvaha Srotodushi[3] involves in all gut related disorders having symptoms Ananabhilasha, Aruchi, Aviapaka, Chhardi. Charakacharya has mentioned Aamchikitsa protocol for treating such type of disorders. In this protocol ingested food should be properly digested and excreted out of the body otherwise it may get accumulated in some body cavity le khavaigunya & releases Amanvish which are harmful to our body. Based on Prakruti, Dosh, Bal dravyas has categorized into Anulomana, Sansran, Bhedan, Rechan[4] Using basic principles of Ayurveda I am going to review some common formulations which emphasizes healthy living standard.

AIM AND OBJECTIVES:
1. To highlight significance of Ayurvedic formulations with reference to digestive disorders
2. To study imperative Ayurvedic formulations prescribed in digestive disorders.
3. To highlight importance of pharmaceutical aspects in the therapeutic efficacy.

MATERIAL & METHODS
It includes some common Churnas, Vati, Asav, Arishtas & Parpati which are known for their potent therapeutic actions on digestive system disorders.

DISCUSSION
Consumption of apathyakar ahara vihara leads to agni dushti. According to prakruti, dosha, dushya, kala, bala Ayurvedic preparations can be categorised in Shodhana (Vamana, Virechana) & Shamama(Langhana). Such as in chronic constipation there is need of virechak dravyas, in mandagni we should give deepan dravyas, for ananabhilasha pachan dravyas helpful that enhances pachak pitta utpatti & make proper ahar rasa. Modern system has specific medicine for specific type of disorder but in Ayurvedic texts described formulations worked on many disorders due to presence of group of herbs which helps to increased their efficacy. Above preparations act as key for current lifestyle induced digestive disorders.
### Table No. 1: Showing Commonly Used Ayurvedic Digestive Formulations & Its Significance

<table>
<thead>
<tr>
<th>Sr No.</th>
<th>Formulations</th>
<th>Main Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lasunadi Vati [20]</td>
<td>a. Ushna Veerya, helps in pacification of Vata e.g. belching, abdominal distension, urdhvavata shamanam</td>
</tr>
</tbody>
</table>
CONCLUSION

From above information it can be concluded that toxic residue (Ama) coping with uncomfortable GI system. For counteract such situations proper Shodhan should be needed. And this can be achieved by using these formulations in an appropriate manner for wellness of human being. This can be helpful to face daily lifestyle diseases.

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THE ROLE OF CUPPING THERAPY IN PAIN MANAGEMENT ON THE AYURVEDIC PRINCIPLE OF RAKTAMOKSHAN W.S.R. TO SHRING & ALABU: A CONCEPTUAL STUDY

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THE ROLE OF CUPPING THERAPY IN PAIN MANAGEMENT ON THE AYURVEDIC PRINCIPLE OF RAKTAMOKSHAN W.S.R. TO SHRINGA & ALABU: A CONCEPTUAL STUDY

ABSTRACT:

Pain is an uncomfortable feeling that tells us something is wrong. In modern science pain killers, cautery, surgical interventions etc. are available, which have many side effects and costlier. These can be avoided with the help of Ayurvedic treatment. Sushrut had stated Raktamokshana as a major treatment and according to him it is an Ardha Chikitsa for pain. At that time the instrument used for Raktamokshana was Shringa, Alabu etc. Now days we can use modern instrument like cupping set instead of Shringa and Alabu to overcome the drawbacks of ancient instruments. In several painful conditions like sciatica, spondylitis, calcaneal spur etc. those hampers our daily activities. Ayurvedic principle of Raktamokshana by Pracchanshkrma can be easier, if done with the help of cupping set. This is a conceptual study for which various Ayurvedic texts like Brihattrayi, Laghutrayi and various modern medicine books and published research articles and paper and also information available on net is used. Vata Dosha is the most important factor in the pathophysiology of pain. Chinese cupping therapy can be equated with the Shringa. It works on the principle of vacuum extraction. If we apply cups, at the site of pain, after Pracchan Karma, it helps in Raktamokshana, as a result it helps to extract blood from the body which may be harmful and in turn, overcome potentially manifested disease, leading to physiological well-being. It acts mainly by increasing local blood circulation and relieving the pain in muscle. Cupping also acts as a deep tissue massager. Cupping therapy may be effective in local pain management on the Ayurvedic principle of Raktamokshana.

Key Words: Cupping Therapy; Raktamokshana; Vata Dosha; pain management

INTRODUCTION:

The international association for the study of pain has defined Pain, as an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. Effective pain treatment facilitates recovery from injury or surgery, aids rapid recovery of function [1]. The pain sensation is described in many ways like sharp, pricking, electric, dull ache, shooting, cutting and stabbing. It is produced by real or potential injury to the body [2]. In modern science pain killers, radiotherapy, physiotherapy, stimulation therapy and surgical intervention are available as a treatment. These treatments have many side effects and are also costlier. In Ayurvedic literature description of pain is under many synonyms’ like Vedana, Arati, Ardita Shula, Daha, Ruja, Pida, etc. Though different name of Shula, it is only due to the Vata Prakopa [3]. There are different treatment modalities in Ayurveda for management of pain like Snehana, Svedana, Basti, Agnikarma, Viddhakarma, Raktamokshana etc. These treatment modalities have minimum or no side effects and are chipper than modern treatment.

Raktamokshana: The letting out of blood is called Raktamokshana. It is considered as one of the Shodhana procedure. It is included in Panchakarma (five Shodhan Karma) [4]. Raktamokshana is one of the purification therapy where the disease causing factors are expelled out from the body so that relief from the disease symptomatology is there. As well as remission of the disease is avoided. Hence Raktamokshana is a half treatment in Shalya Tantra and Jalaauka, Shringa and Alabu are used for the same. Shringa is used for Vataj Raktadushti, Alabu is used for Kaphaj Raktadushti while Jalaauka is used to alleviate Pitta Dushti. [5]

Types of Raktamokshana:

There are two main types of Raktamokshana [6]

<table>
<thead>
<tr>
<th>Shastra Visravana</th>
<th>Anushashastra Visravana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sraveda</td>
<td>Shringa</td>
</tr>
<tr>
<td>Pracchan</td>
<td>Alabu</td>
</tr>
<tr>
<td></td>
<td>Jalauka</td>
</tr>
</tbody>
</table>

Cupping: There are two types of cupping therapy which are dry and wet cupping. In dry cupping no prick or incision are taken and application of cup on specific area is done and air inside the cup is removed by suction instrument hence vacuum has been created. While in wet cupping, small incision or prick is taken to draw blood in to the cup [7]. Reports are indicating that cupping has frequently used to relief pain and it also helps to relieve the harmful toxins by stimulating lymphatic system and clearing the blood vessels [8].

Drawback of Shringa and Alabu:

1) Spread of infection from one to another person because they are difficult to clean.
2) Unavailability of Shringa and Alabu
3) Limitations in size and shape
4) Limitations in vacuum creation because in Alabu vacuum creation is not controlled manually. In Shringa vacuum is created with the help of mouth suction and possibility of blood entering in mouth is there.
5) Difficult to handle and carry because of bigger size and longer length
6) Fungus, bacteria, and other pathogens can easily grow on it
7) They are not sophisticated to use because of size and shape
8) Shringa and Alabu are biological product so their degradation is faster than cups
9) There may be chance of burn injury to the patient during vacuum creation
10) Procedure by Shringa and Alabu is more expensive and time consuming than cupping

AIM & OBJECTIVE:

Give comfortable position to the patient
Take a small incision or prick at site of pain
Then apply proper size of cups
Remove all air from the cup with the help of suction instrument
Vacuum created in cups is act as a negative pressure and blood comes out
Keep it till the woe sing of blood is automatically stops then remove cups slowly

c) Paschat Karma (Post procedure): After removing cups clean the area which may be contused apply antiseptic medication to avoid further infection.

Mechanism of action modern point of view: In pre procedure Snehana and Swedana act as a superficial massage which helps to release stiffness in superficial tissue and make proper blood circulation that relives pain. On the other hand, if we do Pracchan Karma or by prickling and applied suction pressure works on Gate

CONTROL THEORY proposed by Psychologist Ronald Melzack and Anatomist Patrick Wall in 1965.

A. Mechanism of Gate Control at spinal level:
When pain stimulus is applied on any part of the body, besides pain receptors, the receptors of other sensation such as touch are also stimulated. When all these impulses reach the spinal cord through posterior nerve root, the fibres of touch sensation send collaterals to the neurons of pain pathway. The impulses of touch sensation passing through these collaterals inhibit the release of Glutamate and Substance P from the pain fibres. This closes the gate and the pain transmission is blocked.

B. Mechanism of Gate Control at Brain level:
If the gates in spinal cord are not closed, the pain signals reach the thalamus through lateral spinothalamic tract. The signals are processed in thalamus and send to sensory cortex. The perception of pain occurs in cortical level in cortex of the person’s
emotional status and previous experience. To minimise severity and extent of pain, brain sent massage back to spinal cord to close the gate by releasing pain relievers such as encephalin, dinorphin and endorphin. Now the pain stimulus is blocked and the persons feelless pain [9].

On the basis of Gate Control Theory if we perform the Pracchan Karma or prick the skin it acts as a stimulus which is send to brain via spinal cord. It releases endogenous analgesic called Endorphin as a result; pain decreases instantly and those toxins present locally came out through blood and supplementation of freshly oxygenated blood in that region occurs which normalises the pathological changes and improve the local function. Cups act as a vacuum instrument so it is basically used in deep massage. So the blood circulation in deep tissue is also increased and makes it normalise for function.

**DISCUSSION**

Vitiation of Tridosha can be responsible for commencement of pain. Chinese Cupping therapy can be equated with Shringa and Alabu according to size and shape of cups. It works on the principle of vacuum extraction. The drawback of Shringa and Alabu during Raktamokshana can be eliminated by using cupping set. We can say that Cupping is a modernised form of Shring and Alabu. That’s why in future cupping therapy play an important role in Raktamokshana instead of Shringa and Alabu.

According to Charak, Vata Dosha is mainly responsible for pain. In pre procedure of Raktamokshana, Snehan and Swedana should be done as a result it causes Vata Shamana so pain sensation becomes less [10]. In generalised treatment of Vata Vyadhi, Trasana treatment is also mentioned it means to decrease pain by giving some painful treatment [11]. On the basis of this concept in Raktamokshana by Cupping Therapy during Pracchan or pricking us gives Trasana treatment applied Suction cup is also a type of Trasana Chikitsa. The major symptom of Rakatvritta Vata is pain between Twak and Mansa and the main treatment for it is Raktamokshana [12]. The diseases having Vata Pradhan Samprapti and having localised pain can be treated with the help of Raktamokshana by cupping therapy.

**CONCLUSION**

Cupping might be more useful, cheap, safe and sophisticated therapy for Raktamokshana instead of Shringa and Alabu. But Cupping acts as local pain management tool rather than the systemic pain.

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ROLE OF RAKTAMOKSHAN (SIRAVEDHA) IN TINEA INFECTIONS

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ROLE OF RAKTAMOKSHAN (SIRAVEDHA) IN TINEA INFECTIONS

ABSTRACT:
Sushruta has described Raktu as one of the dosha and also as a basic component of body. In such cases, considering Raktu, as a causative factor in some of the blood borne diseases and skin diseases, Blood-letting has wide applications. Skin infections caused by dermatophytes grouped under Tinea infections. Lesion modified by site and named variously as Tinea capitis (scalp), T. faciei (face), T. corporis (trunk), T. cruris (groin), T. pedis (feet), T. mannum (hand), and T. unguium (nails). To validate the role of Siravedh (Raktamokshan) in Tinea Infections. The aim and Objectives of present study was to study Siravedh from Ayurvedic literature and to study Tinea Infections and Treatment. Skin diseases are one of the indications for Siravedh and from the Literature Review, it can be put forth that, in Tinea Infection which is skin disease (caused by dermatophytes), Tinea Procedure can be used. Allopathy treatment for Tinea infection includes Topical therapy with azoles, allylamines for localized infection and systemic therapy includes oral terbinafine/gra seofulvin/itraconazole for extensive/ recurrent tinea and nail/scalp infection. Though it gets recurrence, in that case Siravedh is one of the great treatments to relieve the patient from the disease and quality of life of individual gets improved. Siravedh can be effective method for the treatment for the recurrent Tinea Infections occurrence in the body affecting the health.

Key Words: Raktamokshan, Siravedha, Tinea infections

INTRODUCTION
Superficial fungal infections of the skin, hair and nails are common worldwide with a prevalence of 20-25% of which dermatophytes are the most common causative agents. The most common clinical morphology is tinea corporis and cruris. Though there are many allopathic drugs available for treatment still recurrence is there. Siravedh is one of the procedures of blood-letting which impure blood is let out from the local site for local or systemic any cause of illness.

AIM:
To validate the role of Siravedh (Raktamokshan) in Tinea Infections.

OBJECTIVES:
1. To study Siravedh from Ayurvedic literature.
2. To study Tinea Infections and Treatment.

MATERIAL & METHODS:
Material includes samhita and Textbook for the collection of Literature and Literature review is carried out.

Literature Review:
Aetiology of Tinea Infection: Trichophyton, Epidermophyton and Microsporum are the 3 genera of dermatophytes which infect the skin.

Morphology: Protype lesion is itchy, annular, polycyclic usually with clear center and an active margin. Scalp lesion is discoid areas of noncicatrical alopecia with easily pluckable hair.

Sites: Depending upon site of lesion named as Tinea capitis (scalp), Tinea faciei (face), Tinea corporis (trunk), Tinea cruris (groin), Tinea pedis (feet), Tinea mannum (hand) and Tinea unguium (nails).

TREATMENT:
Topical therapy with azoles and allylamines for localized infection. Though one strain of T. tonsurans and three strains each of T. rubrum showed resistance toazole. Systemic therapy with oral terbinafine, griseofulvin, itraconazole for extensive infection. Beside Pharmacotherapy, there are many important consideration while managing a case of Tinea infection. Improving hygiene of the skin, nails and hair i.e. the sites of tinea Infection. Avoidance of humidity and occlusive clothing: discontinuation of corticosteroid containing topical antifungal creams and close examination of possible carriers, i.e. family members and pets are important measure in the treatment of infection.

Siravedh
Characteristics of blood vitiated by Doshas - Froth, reddish, black, rough, thin, fast moving and non-coagulant should be known as vitiated by Vata. Blue, yellow, green, blackish with fishy odour, disliked by ants and flies, and non-coagulant is vitiated by Pitta while that vitiated by Kapha is like red ochre, liquid unctuous, cold, thick with delayed bleeding and muscle like colour. Blood vitiated by sannipata (aggregate of three doshas) exhibit all above characters. Blood similar like Indragopa (a red insect), not too thick and free from discoulouration should be taken as normal.

Siravedh Kaal:
1. Varsha Ratu (when atmosphere is clear)
2. Grishm Ratu (when Temperature is comparatively less)
3. Hemant Ritu (during afternoon)

Contraindication for Blood Letting: Generalised swelling, swelling in debilitated individual caused by sour diet, and in those suffering from anaemia, Piles, Abdominal enlargement and in condition of Pregnancy. In bad weather, in case of improper puncturing, just after having meal blood becomes thick and does not come out or oozes in small quantity. Blood does not come out in persons suffering from narcosis, fainting, excretion, Excessive sleep and Fear. The vitiated blood if not eliminated causes swelling, redness, suppuration and pain. These are the adverse consequences of the vitiated blood if not eliminated.

Types of Blood Letting:
1. Scarification (Prachan karma)
2. Venepuncture (Siravedhan)

The surgeon should perform bloodletting in moderate season (not too cold or too hot), in patient not sedated excessively or exposed to heat excessively, and after intake of Yavagu. After flowing out when blood is red and automatically stops, it should be known as pure and drained properly. Purification should be known as properly performed when blood comes out with speed neither too fast nor too slow and after losing impurity recovers its normal colour without any effort. Cessation of pain, decrease in intensity and disorder and cheerfulness of mind, these are the symptoms of proper Bloodletting.

Advantage/ Benefit of Bloodletting: Those undergoing blood – letting from time to time never suffer from skin diseases, cyst, inflammatory swelling and blood related disorder.

Limitation - As in presence of remnant impurity in blood, the disorder does not develop again, Blood-letting should be stopped even when there remains a little impurity but limit should never be transcended. The root of the body is blood and it is sustained verily by blood and should be protected carefully as blood is life.

RESULT
Skin diseases are one of the indications for Siravedh and from the Literature Review, it can be put forth that in Tinea Infection which are skin disease (caused by dermatophytes), Siravedh Procedure can be used.

DISCUSSION
Twagroga is one of the foremost indications for Raktamokshan. Hence Siravedh can be done in Twagrog where Rakta dhatu dushti is present along with twak or mansa dushti. Infact Raktamokshan is indicated in Sharad Ritu for all healthy Individual. Siravedh works by letting out vitiated blood, relieving the symptoms and curing the disease related to skin and blood. Tinea is skin infection caused by Dermatophytes and group of superficial fungal infection hence Twak and Rakta dushti is obviously present. There is no standard definition of chronic dermatophytosis in literature. However patients with disease duration of more than 6 months to 1 year, with or without recurrence, despite being treated with adequate course of antifungal drugs are considered as chronic dermatophytosis and Tinea infections come under that. Various factors including host agent, environmental, or topical corticosteroid abuse have been attributed for chronicity and recurrent dermatophytic infections in India. Means still there is presence of large no of allopathic treatment availability from modern science still chances of recurrences is there. For that purpose Siravedh becomes one of line of treatment in Tinea Infections caused by dermatophytes. It removes impure blood infected with dermatophytes reliving the recurrence of Tinea Infections.

CONCLUSION
The growing epidemic of recurrent/ chronic deramtophytosis or Tinea infections has led to the need for newer preparations. Siravedh can be very much helpful in the treatment of tinea Infection.

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