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Urdhwagata Roga & Pitta Vikara Related Disorders

आयुर्तरंगिणी

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(मंत्री, आयुष एवं आयुष शिक्षा, उत्तराखण्ड)

ई-मैगजीन के पाठकों के लिए

मंत्री, आयुष एवं आयुष शिक्षा का संदेश

प्रिय पाठकों,

हमारे लिए यह अत्यंत हर्ष एवं संतोष का विषय है कि "आयुर्तरंगिणी" ई-मैगजीन के माध्यम से उत्तराखण्ड राज्य में आयुष चिकित्सा पद्धतियों, जनस्वास्थ्य से जुड़े महत्वपूर्ण विषयों तथा आयुष विभाग की विभिन्न जनकल्याणकारी गतिविधियों को प्रभावी रूप से जनसामान्य तक पहुँचाया जा रहा है। यह पत्रिका आयुष के वैज्ञानिक, व्यावहारिक एवं जनोपयोगी स्वरूप को समाज के समक्ष प्रस्तुत करने का एक सशक्त माध्यम बनकर उभर रही है।

भारत की प्राचीन चिकित्सा परंपरा में आयुर्वेद को जीवन विज्ञान का दर्जा प्राप्त है। आयुर्वेद केवल रोगोपचार तक सीमित नहीं, बल्कि स्वास्थ्य संरक्षण एवं समग्र जीवनशैली के माध्यम से रोगों की रोकथाम पर भी बल देता है। वर्तमान समय में अनियमित दिनचर्या, असंतुलित आहार, मानसिक तनाव एवं बदलती जीवनशैली के कारण ऊर्ध्वगत रोग एवं पित्त विकार से संबंधित समस्याएँ निरंतर बढ़ रही हैं। ऐसे में आयुर्वेद की निवारक एवं उपचारात्मक अवधारणाएँ अत्यंत प्रासंगिक सिद्ध होती हैं।

"आयुर्तरंगिणी" का यह विशेषांक "ऊर्ध्वगत रोग एवं पित्त विकार (Urdhwagata Roga & Pitta Vikara)" विषय पर आधारित है। इसमें ऊर्ध्वजत्रुगत एवं पित्तजन्य रोगों की आयुर्वेदिक अवधारणा, निदान, उपचार, पथ्य-अपथ्य, पंचकर्म तथा आधुनिक जीवनशैली के संदर्भ में आयुर्वेद की उपयोगिता को सरल एवं वैज्ञानिक दृष्टिकोण से प्रस्तुत किया गया है। यह विशेषांक स्वास्थ्य जागरूकता बढ़ाने तथा आयुर्वेद के समग्र दृष्टिकोण को जनसामान्य तक पहुँचाने का एक सराहनीय प्रयास है।

मुझे विश्वास है कि यह विशेषांक विद्यार्थियों, शोधकर्ताओं, चिकित्सकों, स्वास्थ्यकर्मियों तथा आम नागरिकों के लिए समान रूप से उपयोगी एवं ज्ञानवर्धक सिद्ध होगा। मैं इसके प्रकाशन से जुड़े सभी अधिकारियों, विशेषज्ञों, लेखकों एवं सहयोगियों को हार्दिक बधाई एवं शुभकामनाएँ देता हूँ तथा आशा करता हूँ कि "आयुर्तरंगिणी" भविष्य में भी आयुष के प्रचार-प्रसार, जनजागरूकता एवं स्वस्थ समाज के निर्माण में अपनी महत्वपूर्ण भूमिका निभाती रहेगी।

आयुर्तरंगिणी

रंजना राजगुरु (आई०ए०एस)
(सचिव, आयुष एवं आयुष शिक्षा विभाग,
उत्तराखंड शासन)

ई-मैगजीन के पाठकों के लिए

सचिव, आयुष एवं आयुष शिक्षा की कलम से

प्रिय पाठकों,

"आयुर्तरंगिणी" ई-मैगजीन के इस विशेषांक के प्रकाशन पर मुझे अत्यंत प्रसन्नता हो रही है। यह पत्रिका केवल ज्ञान के आदान-प्रदान का माध्यम नहीं, बल्कि आयुष के सिद्धांतों, वैज्ञानिक दृष्टिकोण एवं जनस्वास्थ्य से जुड़े महत्वपूर्ण विषयों को समाज तक प्रभावी रूप से पहुँचाने का एक सशक्त प्रयास है।

माननीय आयुष एवं आयुष शिक्षा मंत्री जी के कुशल नेतृत्व एवं मार्गदर्शन में राज्य में आयुष सेवाओं को अधिक सुदृढ़, सुलभ एवं जनकेंद्रित बनाने की दिशा में निरंतर कार्य किया जा रहा है। राष्ट्रीय आयुष मिशन के अंतर्गत विभिन्न योजनाओं, जनजागरूकता कार्यक्रमों एवं नवाचारों के माध्यम से स्वास्थ्य सेवाओं के विस्तार एवं गुणवत्ता संवर्धन हेतु उल्लेखनीय प्रयास किए जा रहे हैं।

"आयुर्तरंगिणी" का यह विशेषांक "ऊर्ध्वगत रोग एवं पित्त विकार (Urdhwagata Roga & Pitta Vikara) Special Edition" विषय पर आधारित है। वर्तमान समय में अनियमित दिनचर्या, असंतुलित आहार, मानसिक तनाव तथा बदलती जीवनशैली के कारण ऊर्ध्वगत रोगों एवं पित्तजन्य विकारों की समस्याएँ निरंतर बढ़ रही हैं। ऐसे परिदृश्य में आयुर्वेद अपनी समग्र, निवारक एवं स्वास्थ्यवर्धक अवधारणाओं के माध्यम से इन रोगों के प्रभावी प्रबंधन तथा स्वास्थ्य संरक्षण का सशक्त मार्ग प्रस्तुत करता है।

इस विशेषांक में ऊर्ध्वजत्रुगत रोगों एवं पित्त विकारों की आयुर्वेदिक अवधारणाओं, रोगों के कारणों, निदान, रोकथाम, पथ्य-अपथ्य, औषधीय प्रबंधन तथा पंचकर्म चिकित्सा की उपयोगिता पर विशेष रूप से प्रकाश डाला गया है। साथ ही आधुनिक जीवनशैली के संदर्भ में आयुर्वेद की प्रासंगिकता को सरल एवं वैज्ञानिक दृष्टिकोण से प्रस्तुत किया गया है, जिससे पाठकों को स्वास्थ्य संरक्षण एवं रोग-निवारण संबंधी व्यवहारिक एवं उपयोगी जानकारी प्राप्त होगी।

मुझे विश्वास है कि यह विशेषांक विद्यार्थियों, चिकित्सकों, शोधकर्ताओं एवं सामान्य जनमानस के लिए समान रूप से उपयोगी एवं ज्ञानवर्धक सिद्ध होगा। मैं सभी पाठकों से अपेक्षा करती हूँ कि वे इस ज्ञानवर्धक प्रयास से जुड़ें तथा आयुष की उपयोगिता एवं स्वास्थ्य संरक्षण के संदेश को जन-जन तक पहुँचाने में अपना महत्वपूर्ण योगदान प्रदान करें।

आयुर्तरंगिणी

डॉ. विजय कुमार जोगदण्डे (आई०ए०एस)
(अपर सचिव, आयुष एवं आयुष शिक्षा विभाग,
उत्तराखंड शासन)

ई-मैगजीन के पाठकों के लिए

अपर सचिव, आयुष एवं आयुष शिक्षा की कलम से

प्रिय पाठकों,

"आयुर्तरंगिणी" के इस विशेषांक को आपके समक्ष प्रस्तुत करते हुए मुझे अत्यंत हर्ष का अनुभव हो रहा है। यह प्रयास आयुष के विविध आयामों, स्वास्थ्य संबंधी उपयोगी जानकारियों तथा जनस्वास्थ्य से जुड़े महत्वपूर्ण विषयों को एक मंच पर लाने का एक सार्थक माध्यम है।

मैं इस अवसर पर माननीय आयुष एवं आयुष शिक्षा मंत्री जी के दूरदर्शी नेतृत्व एवं सतत प्रेरणा तथा सचिव महोदया, आयुष एवं आयुष शिक्षा विभाग के मार्गदर्शन एवं सहयोग के प्रति हार्दिक आभार व्यक्त करता हूँ, जिनके निरंतर समर्थन से आयुष सेवाओं के विस्तार, जनजागरूकता एवं जनकल्याण से जुड़े अनेक महत्वपूर्ण प्रयास सफलतापूर्वक संचालित हो रहे हैं।

इस विशेषांक का विषय "ऊर्ध्वगत रोग एवं पित्त विकार (Urdhwagata Roga & Pitta Vikara) Special Edition" वर्तमान समय की स्वास्थ्य आवश्यकताओं के अनुरूप अत्यंत प्रासंगिक है। इसके अंतर्गत ऊर्ध्वजत्रुगत रोगों एवं पित्त विकारों की आयुर्वेदिक अवधारणाओं, रोगोत्पत्ति, निदान, निवारण एवं प्रबंधन के साथ-साथ पथ्य-अपथ्य, दिनचर्या, ऋतुचर्या, जीवनशैली प्रबंधन, औषधीय उपचार तथा पंचकर्म चिकित्सा की उपयोगिता पर विशेष सामग्री प्रस्तुत की गई है, जो स्वास्थ्य संरक्षण एवं रोग-निवारण के व्यावहारिक पहलुओं को सरल एवं वैज्ञानिक रूप में स्पष्ट करती है।

मुझे विश्वास है कि यह विशेषांक चिकित्सकों, विद्यार्थियों, शोधकर्ताओं, स्वास्थ्यकर्मियों तथा सामान्य जनमानस सभी के लिए समान रूप से लाभकारी एवं ज्ञानवर्धक सिद्ध होगा। मैं सभी पाठकों से आग्रह करता हूँ कि वे इस विशेषांक का अध्ययन करें तथा आयुर्वेद के सिद्धांतों एवं स्वास्थ्यवर्धक जीवनशैली को अपने दैनिक जीवन में अपनाकर स्वस्थ समाज के निर्माण में सहभागी बनें।

इस प्रकाशन से जुड़े सभी अधिकारियों, विशेषज्ञों, लेखकों एवं सहयोगियों को हार्दिक शुभकामनाएँ एवं बधाई।

आयुर्तरंगिणी

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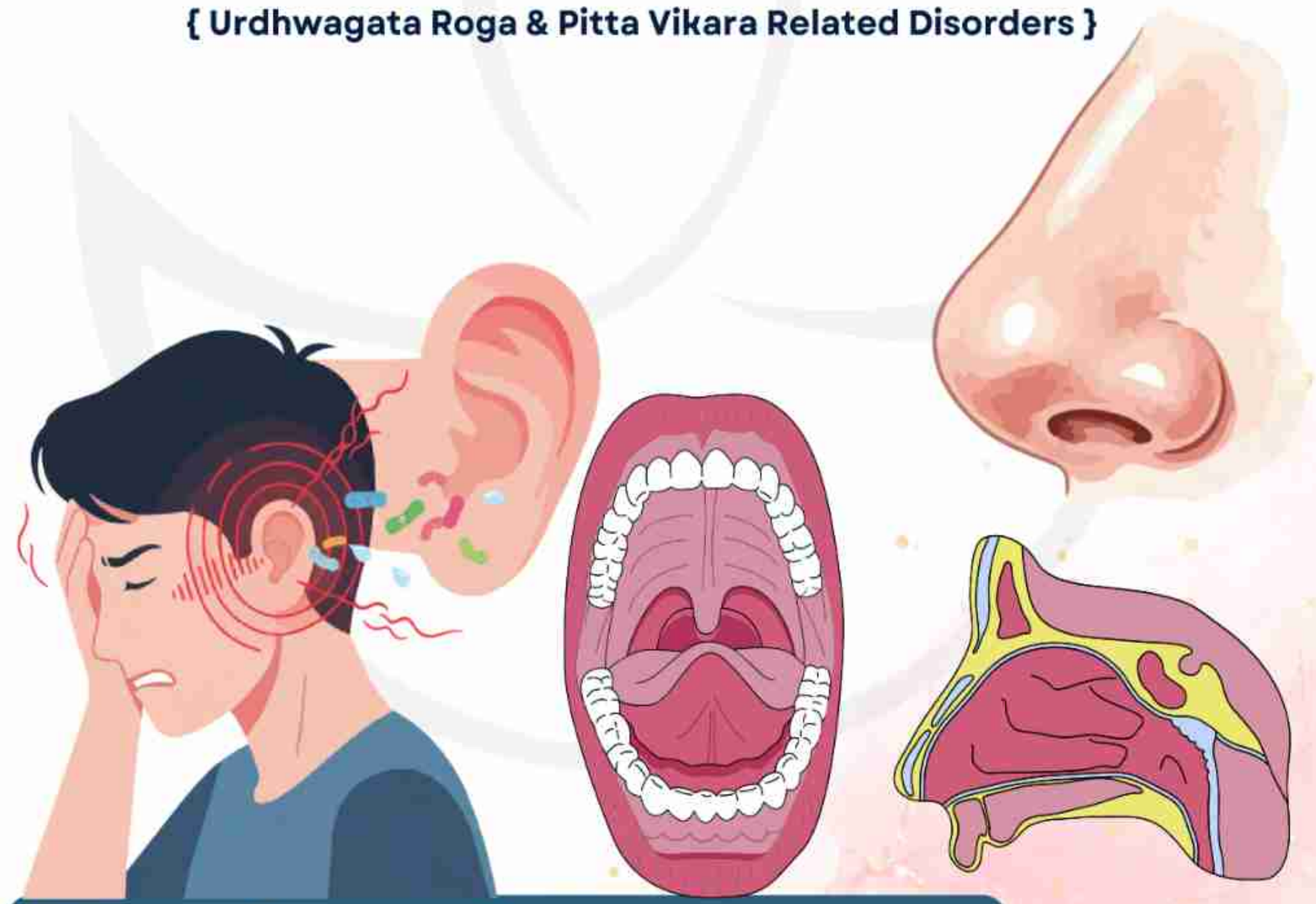
(विशेषांक)

"ऊर्ध्वगत रोग एवं पित्त विकार"

{ Urdhwagata Roga & Pitta Vikara Related Disorders }



Ayurvedic Management of
Khalitya (Hair loss) and Palitya (premature graying of hair)

Dr UMESH BHARTI
Medical Officer in charge
Ayushman Arogya mandir okhlanja
Champawat

Khalitya (hair loss) and Palitya (premature greying of hair) are classified as Urdhwajatrugata Rogas in Ayurveda. Their management aims to balance the aggravated doshas, nourish the hair follicles, and prevent further progression.

1. Nidana Parivarjana (Avoidance of Causative Factors)

The first step is to avoid factors that aggravate the doshas. Patients are advised to avoid excessive spicy, sour, salty, and oily foods, manage stress, ensure adequate sleep, and refrain from smoking and alcohol consumption.

2. Shodhana Chikitsa (Purification Therapy)

Purification therapies help eliminate vitiated doshas from the body. Virechana is particularly useful in Pitta-dominant cases. Nasya with medicated oils nourishes the tissues of the head and scalp. In selected cases, Raktamokshana may be considered when there is significant Rakta and Pitta involvement.

3. Shamana Chikitsa (Pacifying Therapy)

Internal medicines are selected according to the patient's constitution and dosha predominance. Herbs and formulations such as Bhringaraja, Amalaki, Guduchi, Yashtimadhu, and Bhringarajasava are commonly used to reduce hair fall, improve hair quality, and slow premature greying.

4. Vahya Chikitsa (External Therapies)

External therapies include regular Shiro Abhyanga (head massage) with medicated oils such as Bhringaraj Taila or Neelibhringadi Taila. Shirodhara may also be beneficial, particularly in stress-related hair disorders, by promoting relaxation and supporting scalp health.

5. Rasayana Therapy

Rasayana therapy helps rejuvenate the body and nourish the hair. Preparations containing Amalaki, Guduchi, and Chyawanprash are traditionally used to promote healthy hair growth and delay premature ageing.

6. Diet and Lifestyle

A balanced diet rich in proteins, iron, vitamins, fresh fruits, green vegetables, milk, and ghee supports healthy hair. Regular exercise, yoga, meditation, adequate hydration, and proper sleep further help maintain healthy hair and reduce stress, which is a common contributing factor.

The Ayurvedic management of Khalitya and Palitya follows a holistic approach that combines dietary and lifestyle modifications, purification therapies, internal medicines, external treatments, and rejuvenation therapy. Early intervention along with regular follow-up can help reduce hair loss, delay premature greying, and improve overall scalp and hair health.

Ardhavabhedaka (Migraine):
An Ayurvedic Perspective

Dr SUMAN KANAUJIYA
MEDICAL OFFICER IN CHARGE
RAJKKIYA AYURVEDIC CHIKITSALAYA NAGAR
CHAMPAWAT

Ardhavabhedaka is one of the Shirorogas (diseases of the head) described in Ayurveda. The word Ardhavabhedaka means "splitting pain in one half of the head." It is considered the Ayurvedic counterpart of migraine because of its similar symptoms, particularly recurrentunilateral headache.

Etiology (Nidana)

According to Ayurveda, Ardhavabhedaka is mainly caused by the aggravation of Vata dosha, often associated with Pitta or Kapha. Common causative factors include:

- Irregular eating habits and skipping meals
- Excessive consumption of spicy, dry, or incompatible foods
- Mental stress, anxiety, and excessive thinking
- Lack of sleep or disturbed sleep
- Exposure to bright sunlight, cold wind, or loud noise
- Suppression of natural urges

Etiology (Nidana)

Dinacharya refers to a structured daily regimen designed to maintain physical and mental well-being. Ayurveda recommends waking up during Brahma Muhurta, which aligns with the body's circadian rhythm and supports metabolic homeostasis. Scientific evidence suggests that disrupted sleep cycles and irregular schedules negatively affect liver metabolism, promoting fat accumulation and metabolic dysfunction.

Regular physical activity is another essential component of Dinacharya. Practices such as yoga and exercise improve blood circulation and metabolic activity. Specific yogic postures, including Bhujangasana, Ardha Matsyendrasana, and Pavanamuktasana, may improve abdominal circulation and support digestive and hepatic functions.

Ayurveda also advocates Abhyanga, adequate sleep, and proper hygiene to maintain doshic balance, particularly Vata Dosha, which indirectly influences digestion and metabolism. Timely food intake is equally important, as irregular eating patterns can weaken Agni (digestive fire), resulting in the formation of Ama, which may place an additional burden on liver function.

Clinical Features (Lakshana)

Patients with Ardhavabhedaka commonly present with :

- Severe throbbing or piercing pain affecting one side of the head.
- Recurrent attacks of headache.
- Nausea and vomiting.
- Sensitivity to light (photophobia) and sound (phonophobia).
- Dizziness or a feeling of heaviness.
- Pain that worsens with physical activity and often improves after adequate rest or sleep.

Ayurvedic Management

The management of Ardhavabhedaka focuses on correcting the underlying doshic imbalance, relieving symptoms, and preventing recurrence.

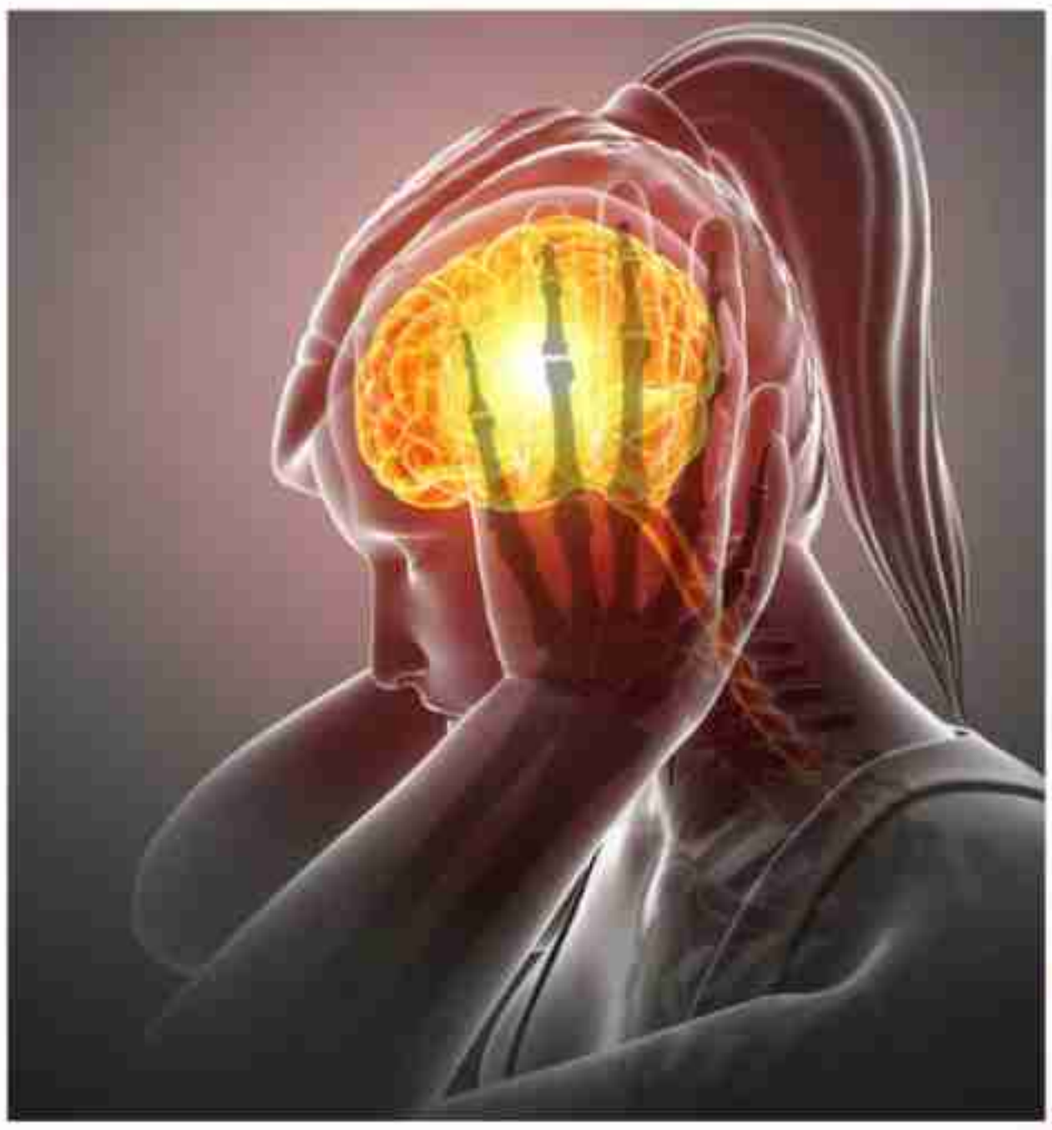
1. Nidana Parivarjana (Avoidance of Causative Factors)
The patient is advised to maintain regular meal timings, avoid known headache triggers, manage stress effectively, and ensure adequate sleep.

2. Shodhana Chikitsa (Purification Therapy)
Depending on the patient's condition, therapies such as Nasya, Virechana, and Basti may be recommended to eliminate aggravated doshas and restore balance.

3. Shamana Chikitsa (Palliative Treatment)
Ayurvedic formulations such as Pathyadi Kwatha, Godanti Bhasma, and Sutashekhara Rasa, along with herbs like Brahmi and Jatamansi, are commonly used to relieve headache and support nervous system function. The choice of medicine depends on the patient's Prakriti, Dosha, and clinical condition.

4. External Therapies
External treatments like Shiro Abhyanga (head massage), Shirodhara, Shiro Lepa, and Nasya help reduce headache intensity, promote relaxation, and improve overall well-being.

5. Diet and Lifestyle
A healthy lifestyle plays an important role in preventing migraine attacks. Patients are encouraged to eat a balanced diet, stay hydrated, maintain a regular sleep schedule, practice yoga and meditation, and avoid fasting, excessive screen time, and other individual migraine triggers. Ardhavabhedaka is a Vata-predominant Shiroroga that closely resembles migraine. Ayurveda adopts a holistic approach by addressing the root cause through dietary and lifestyle modifications, purification therapies, internal medications, and external treatments. With appropriate management and regular follow-up, the frequency and severity of migraine attacks can be significantly reduced, leading to a better quality of life.



Gut-Liver Axis from an Ayurvedic Perspective:
An Integrative Scientific Review

Dr Bhaskar Mehandiratta
M.S. (Ayu.)
SAD Raushal,
Champawat

Abstract
The gut-liver axis represents the bidirectional anatomical and physiological communication between the gastrointestinal tract and the liver through the portal circulation, biliary system, immune signaling, and Gut Microbiota. Disturbances in this axis contribute to numerous disorders, including non-alcoholic fatty liver disease (NAFLD), cirrhosis, inflammatory bowel disease, and metabolic syndrome. Ayurveda, although not describing the gut-liver axis in modern terminology, presents a remarkably similar concept through the interrelationship of Agni (digestive fire), Grahani (intestinal function), Yakrit (liver), Rasa-Rakta Dhatu formation, Dosha balance, and Ama (metabolic toxins). This review explores the gut-liver axis from an Ayurvedic standpoint and correlates classical principles with current biomedical understanding.

Introduction
The human gastrointestinal tract and liver are anatomically and functionally interconnected. Approximately 70-75% of hepatic blood supply originates from the portal vein, carrying nutrients, microbial metabolites, endotoxins, and inflammatory mediators directly from the intestine to the liver. Therefore, intestinal health significantly influences hepatic physiology.

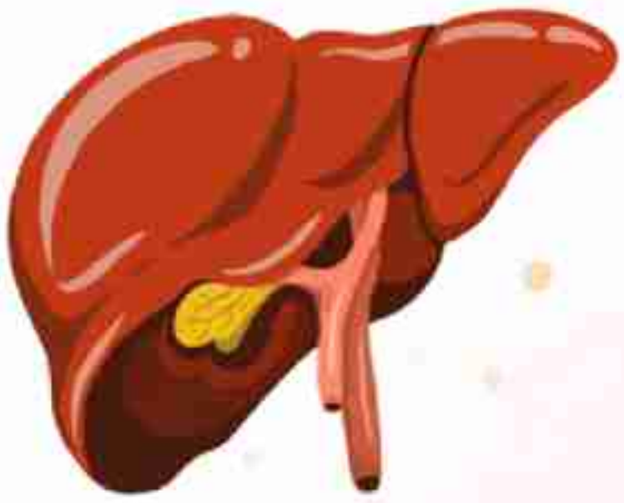
Ayurveda considers digestion to be the cornerstone of health. Agni governs digestion, metabolism, tissue nourishment, immunity, and longevity. Disturbance of Agni initiates disease through the production of Ama, which spreads systemically and affects organs including the liver (Yakrit).

The classical Ayurvedic understanding remarkably parallels the modern concept of the gut-liver axis.

Ayurvedic Concept of the Gut-Liver Relationship
Ayurveda emphasizes that proper digestion forms healthy tissues. The first tissue (Rasa Dhatu) generated after digestion transforms to Rakta Dhatu, a process in which Yakrit plays an essential role.

Acharya Vagbhata states:

"रोगाः सर्वेऽपि मन्दाग्नौ।"



Almost all diseases originate from impaired digestive fire (Mandagni).

This statement establishes digestive dysfunction as the primary event in disease pathogenesis, closely resembling the modern understanding that gut dysfunction precedes many hepatic disorders.

Agni: The Central Regulator
Agni is responsible for:
- Digestion of food
- Absorption of nutrients
- Metabolic transformation
- Tissue nourishment
- Elimination of waste

our conditions of Agni are described:

- Sama Agni
- Vishama Agni
- Tikshna Agni
- Manda Agni

Among these, **Mandagni** leads to incomplete digestion and formation of **Ama**, comparable to microbial toxins, endotoxins, and harmful metabolites generated during intestinal dysbiosis.

Ama and Gut Dysbiosis

Ama is described as incompletely metabolized, toxic material resulting from impaired digestion.
Modern medicine recognizes similar pathological substances:

- Lipopolysaccharides (LPS)
- Endotoxins
- Bacterial metabolites
- Reactive oxygen species
- Pro-inflammatory cytokines

These molecules cross an impaired intestinal barrier ("leaky gut"), enter portal circulation, and trigger hepatic inflammation.
Thus:
Ama ≈ toxic metabolic products associated with intestinal dysbiosis.

Grahani and Intestinal Integrity

Grahani is regarded as the seat of Agni.

1. **Modern physiology correlates Grahani with:**

- Small intestine
- Intestinal mucosal barrier
- Digestive enzymes
- Gut-associated lymphoid tissue (GALT)

2. **When Grahani becomes weak due to Mandagni:**

- Intestinal permeability increases,
- microbiota become imbalanced,
- toxins enter portal circulation, which directly affects the liver.

Yakrit in Ayurveda

Although classical texts describe Yakrit less extensively than modern hepatology, it is recognized as an important organ involved in Rakta formation and Pitta metabolism.
Sushruta describes:

"यकृत् प्लीहा रुधिरस्य मूलम्।"

Meaning:
"The liver and spleen are the principal seats of blood."
Modern hepatology confirms similar functions:

- protein synthesis
- detoxification
- bile secretion
- immune surveillance
- metabolism
- nutrient storage

Thus, healthy Yakrit depends upon healthy digestion.

Pitta, Bile and the Gut–Liver Axis

Ayurveda identifies **Pachaka Pitta** as the digestive component responsible for food transformation.

Modern correlation includes:
- bile acids
- digestive enzymes
- hepatic metabolism

Bile acids also regulate:
- gut microbiota
- intestinal immunity
- glucose metabolism
- lipid metabolism

Similarly, balanced Pachaka Pitta maintains proper digestion and microbial homeostasis.

Modern Pathophysiological Correlation

Current understanding of gut-liver axis dysfunction includes:
1. Gut microbiota imbalance
2. Increased intestinal permeability
3. Portal endotoxemia
4. Kupffer cell activation
5. Cytokine release
6. Hepatic inflammation
7. Fibrosis

Ayurveda explains the same sequence as:
Mandagni →Ama →Dosha aggravation →Srotorodha→Yakrit Dushti →Disease manifestation.
This represents a striking conceptual similarity despite differing terminologies.

Ayurvedic Therapeutic Principles

Treatment focuses on restoring digestive physiology before targeting liver disease.

1. Deepana and Pachana

These therapies improve Agni and digest Ama.
Common herbs:
- Chitraka (*Plumbago zeylanica*)
- Pippali (*Piper longum*)
- Shunthi (*Zingiber officinale*)
- Musta (*Cyperus rotundus*)

2. Correction of Grahani

Herbs supporting intestinal health include:
- Bilva
- Kutaja
- Ativisha
- Nagakesara

These improve intestinal absorption and reduce Ama formation.

3. Yakrit-Protective Herbs

Important hepatoprotective drugs include:
- Bhumyamalaki
- Guduchi
- Kalmegha
- Bhringaraja
- Katuki
- Punarnava

Experimental studies demonstrate antioxidant, anti-inflammatory, hepatoprotective, and immunomodulatory actions.

4. Panchakarma

After proper preparation, purification therapies help eliminate accumulated Doshas. Useful procedures include:

- Virechana
- Basti
- Raktamokshana (selected conditions)

Virechana is especially beneficial in Pitta-dominant hepatic disorders.

5. Diet and Lifestyle

Ayurveda strongly emphasizes dietary regulation.
Recommended:

- freshly cooked food
- regular meal timings
- light digestible diet
- adequate sleep
- stress reduction
- regular physical activity

Avoid:

- overeating
- incompatible foods (Viruddha Ahara)
- excessive alcohol
- processed foods
- chronic stress

These measures also improve gut microbial diversity according to modern research.

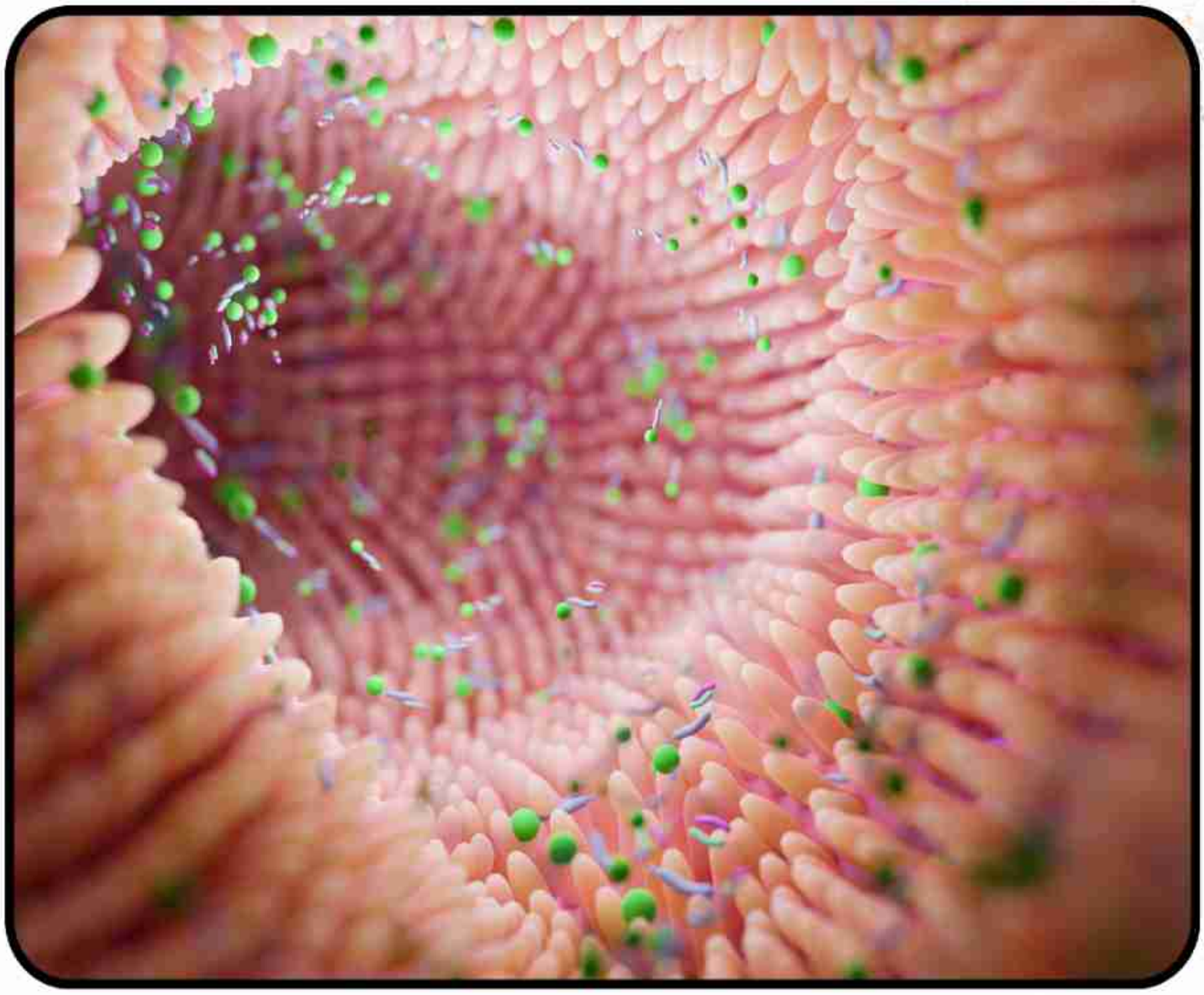
Scientific Integration

Modern Concept	Ayurvedic Correlation
Gut microbiota	Intestinal Agni and Grahani balance
Leaky gut	Grahani Dushti
Endotoxins	Ama
Hepatic inflammation	Yakrit Dushti
Chronic inflammation	Dosha aggravation
Metabolic syndrome	Santarpanajanya Vikara
Liver detoxification	Pachaka Pitta and Dhatvagni

Conclusion

The gut-liver axis exemplifies the intimate relationship between gastrointestinal health and hepatic function. Ayurveda recognised this interdependence thousands of years ago through the concepts of Agni, Grahani, Ama, Yakrit, and Dosha equilibrium. Impaired digestion leads to Ama formation, disruption of Grahani, and eventual liver dysfunction—an explanation that closely parallels modern mechanisms involving dysbiosis, increased intestinal

permeability, endotoxemia, and hepatic inflammation. Ayurvedic interventions emphasising Agni restoration, Ama digestion, dietary regulation, Panchakarma, and hepatoprotective herbal therapies provide a holistic framework for maintaining gut-liver homeostasis. Integrating these classical principles with contemporary biomedical knowledge may offer novel preventive and therapeutic approaches for chronic liver and gastrointestinal diseases while strengthening the scientific relevance of Ayurveda in modern healthcare.



Clinical Efficacy of Deepana, Pachana, and Virechana Chikitsa in the Management of Pitta Disorders:

A Comprehensive Ayurvedic Perspective

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ABSTRACT:-

Background: Pitta Dosha governs thermogenesis, biotransformation, and systemic metabolism in human physiology. Pathological derangement of Pitta results in a spectrum of inflammatory, hepatobiliary, and gastrointestinal disorders (Paittika Vikara). Traditional Ayurvedic therapeutics advocate a systematic bio-purificatory protocol starting with Deepana (appetizers) and Pachana (digestives), concluding with Virechana (therapeutic purgation).

Objective: To critically analyze the clinical rationale, pharmacological mechanisms, and synergistic efficacy of the Deepana-Pachana-Virechana triad in managing Pitta-dominant disorders.

Methods: A comprehensive review of classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya) was synthesized with modern physiological concepts of enterohepatic circulation and gut microbiome modulation.

Discussion: Vitiated Pitta frequently amalgamates with Ama (metabolic endotoxins), creating a highly inflammatory Sama Pitta state. Direct purgation in this state is contraindicated. Deepana and Pachana strategically dismantle Ama without exacerbating Pitta, mobilizing toxins from peripheral tissues (Shakha) to the gastrointestinal tract (Koshtha). Subsequent Virechana induces targeted expulsion of these morbid factors, resetting metabolic pathways.

Conclusion: The sequential administration of Deepana, Pachana, and Virechana represents a highly sophisticated, scientifically viable protocol for systemic detoxification. It provides a curative framework for chronic inflammatory and metabolic conditions, emphasizing the necessity of preparatory phases before extreme bio-purification.

KEYWORDS:- Pitta Dosha, Virechana, Deepana, Pachana, Shodhana, Enterohepatic Circulation, Ayurveda, Endotoxemia.

1. INTRODUCTION:-

In the fundamental doctrines of Ayurveda, homeostasis is maintained by the dynamic equilibrium of the Tridosha (Vata, Pitta, and Kapha). Pitta Dosha, primarily constituted of Agni (Fire) and Jala (Water) elements, acts as the primary biological vector for digestion, thermal regulation, endocrine function, and cellular metabolism.

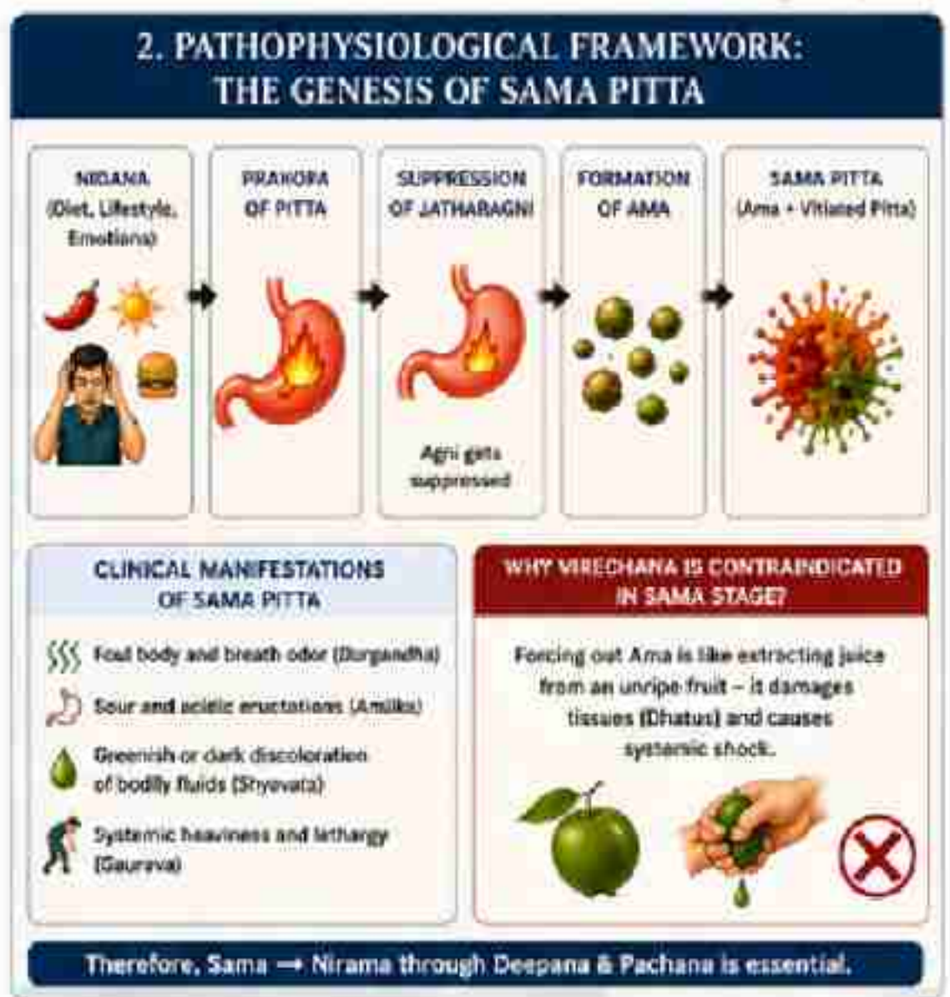
Due to etiological factors such as the consumption of Katu (pungent), Amla (sour), and Ushna (hot) foods,

environmental triggers, or emotional stress (anger and grief), Pitta undergoes Prakopa (vitiation). This vitiation disrupts the Ashraya-Ashrayi Bhava (resident-habitat relationship) between Pitta and Rakta (blood), leading to severe Paittika Vikaras including Amlapitta (hyperchlorhydria), Kamala (jaundice), Visarpa (herpes/erysipelas), and Raktapitta (bleeding diathesis). Classical management dictates that mere palliative care (Shamana) is insufficient for profound vitiation. Shodhana (bio-purification) is mandatory to prevent recurrence. Acharya Charaka designates Virechana (therapeutic purgation) as the supreme therapy for Pitta.

2. PATHOPHYSIOLOGICAL FRAMEWORK: THE GENESIS OF SAMA PITTA:-

To comprehend the clinical necessity of the preparatory therapies, one must examine the pathogenesis (Samprapti) of Pitta disorders. Vitiated Pitta paradoxically causes a suppression of Jatharagni (primary digestive fire) due to its liquid (Drava) quality overpowering its hot (Ushna) quality–akin to boiling water extinguishing a flame.

This hypofunction of Agni results in incomplete digestion, generating Ama–a highly reactive, antigenic, and lipophilic biochemical byproduct. When Ama binds with vitiated Pitta, it forms Sama Pitta.



Clinical Manifestations of Sama Pitta:

- Foul body and breath odor (Durgandha)
- Sour and acidic eructations (Amlika)
- Greenish or dark discoloration of bodily fluids (Shyavata)
- Systemic heaviness and lethargy (Gaurava)

Administering Virechana during the Sama stage is strictly contraindicated. The classical texts warn that extracting embedded Ama by force is comparable to extracting juice from an unripe fruit; it destroys the structural integrity of the tissues (Dhatus). The transition from Sama to Nirama (toxin-free) via Deepana and Pachana is clinically imperative.

3.DEEPANA AND PACHANA: PHARMACOLOGICAL OPTIMIZATION:-

The primary objective of the pre-purification phase is twofold: to kindle the metabolic fire (Agnideepti) and to enzymatically degrade the endotoxins (Ama Pacha). Because Pitta is inherently hot and sharp, selecting the correct pharmacological agents is a delicate clinical exercise.

3.1 Deepana Chikitsa (Appetizers and Metabolic Stimulants):-

Deepana drugs stimulate gastric and pancreatic secretions but lack the specific potency to digest Ama.

In Pitta disorders, typical pungent (Katu) Deepana drugs like dry ginger or black pepper are contraindicated as they exacerbate the heat. Instead, practitioners must utilize herbs with a Tikta (bitter) and Kashaya (astringent) Rasa (taste). Through their specific Prabhava (inherent unique action), these bitter herbs stimulate the vagus nerve and enteric nervous system to enhance digestion while simultaneously exerting a cooling (Sheeta) effect on systemic inflammation.

Key Deepana Agents for Pitta:

- Guduchi (Tinospora cordifolia)
- Kiratatikta (Swertia chirata)
- Musta (Cyperus rotundus)

3.2 Pachana Chikitsa (Digestives and Detoxifiers):-

Pachana drugs actively dismantle the complex molecular structure of Ama, detaching it from cellular receptors without necessarily increasing the digestive fire. They ensure the neutralization of circulating pro-inflammatory cytokines.

Key Pachana Agents for Pitta:

- Parpataka (Fumaria indica)
- Ushira (Vetiveria zizanioides)
- Chandana (Santalum album)

3.3 Clinical Parameters of Transition (Nirama Lakshanas):-

Diagnostic Parameter	Sama Stage (Pathological)	Nirama Stage (Prepared for Virechana)
Appetite	Anorexia (Aruchi)	Timely hunger (Kshudha Bodha)
Bowel Movement	Sticky, foul-smelling, heavy stools	Well-formed stools, clear evacuation, absence of fetor
Systemic Feeling	Heaviness (Gaurava), lethargy	Lightness (Laghuta), improved energy and enthusiasm
Eructation	Sour, acidic eructation (Amlika Udgara)	Clear eructation (Shuddha Udgara)

Following 3 to 7 days of simultaneous Deepana-Pachana therapy, the appearance of Nirama Lakshanas (toxin-free symptoms) signals that the patient is ready for internal oleation (Snehapana) and subsequent Virechana.

4.VIRECHANA CHIKITSA: THE APEX MODALITY FOR PITTA EXCRETION:-

Virechana involves the controlled, therapeutic induction of purgation to expel morbid Pitta from the gastrointestinal tract. Acharya Vagbhata's dictum, "Virekam Pittaharanaam," establishes it as the ultimate therapy for Pitta.

4.1 Biological Mechanism and Modern Correlation:-

The primary functional seat (Mulasthana) of Pitta is the lower stomach and small intestine (Grahani). Virechana targets this exact anatomical zone. By inducing a state of controlled hypermotility and secretory diarrhea, Virechana prevents the systemic reabsorption of toxins.

From a biomedical perspective, Virechana is closely linked to the enterohepatic circulation. By accelerating bowel transit time and promoting the excretion of bile, the liver is forced to synthesize new bile acids from circulating cholesterol. This drastically lowers systemic bilirubin, reduces hepatic portal congestion, and clears pro-inflammatory mediators from the systemic circulation, effectively suppressing chronic inflammatory cascades.

4.2 Targeted Selection of Virechana Dravyas:-

The selection of the purgative is highly individualized, based on the patient's gut sensitivity (Koshtha) and the specific nature of the disease

Target Condition / Koshtha	Recommended Virechana Herb		Pharmacological Rationale
Mridu Koshtha (Sensitive/Soft Bowel)	Aragvadha (Cassia fistula)	Draksha (Vitis vinifera)	Acts mildly; hydrates the colon without causing cramping or electrolyte imbalance.
Hepatobiliary Disorders (Kamala/Jaundice)	Katuki (Picrorhiza kurroa)	Trivrit (Operculina turpethum)	Exhibits hepatoprotective and cholagogue actions; facilitates drainage of stagnant bile from the hepatobiliary system.
Dermatological Pitta Disorders (Visarpa/Eczema)	Patola (Trichosanthes dioica)	Nimba (Azadirachta indica)	Possesses Raktashodhaka (blood-purifying) activity; helps eliminate toxins implicated in cutaneous manifestations.
Krura Koshtha (Hard Bowel with Vata Predominance)	Danti (Baliospermum montanum)		Strong, penetrating (Tikshna) purgative action; overcomes Vata-induced resistance in the colon and facilitates effective bowel evacuation.

4.3 Paschat Karma: The Samsarjana Krama (Dietary Rehabilitation):-

Post-Virechana, the expulsion of fluids and Doshas leaves the gastrointestinal tract highly sensitive, and the Jatharagni severely diminished. If a normal diet is immediately resumed, it will instantly generate fresh Ama, triggering a relapse (Vyapad). To prevent this, a meticulously graded dietary protocol known as Samsarjana Krama is instituted for 3 to 7 days:

- Peya: Extremely thin, watery rice gruel (hydration and electrolyte restoration).
- Vilepi: Thicker rice gruel (introduces easily digestible carbohydrates).
- Yusha: Clear lentil soup (introduces light plant-based proteins).
- Mamsa Rasa: Meat broth or a regular balanced diet (restores full structural strength and fat).

This incremental loading ensures the complete stabilization of the digestive mucosal barrier and the microbiome.

5. CLINICAL DISCUSSION AND IMPLICATIONS:-

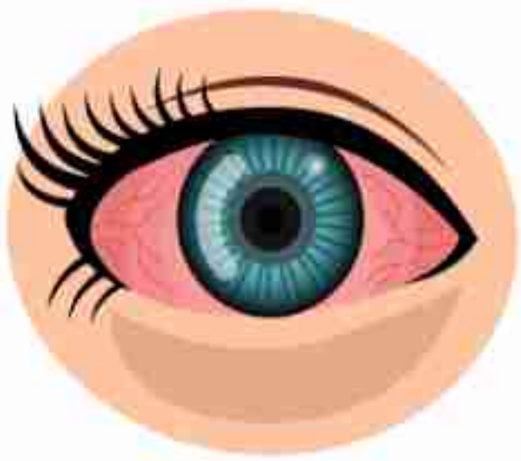
The architectural brilliance of the Ayurvedic protocol lies in its sequential logic. Attempting to suppress Pitta disorders with cold (Sheeta) palliative medicines without addressing the underlying Ama leads to Sroto Avarodha (channel blockages). This often results in the mutation of a simple gastrointestinal issue into systemic autoimmune or deep-seated dermatological pathologies.

By employing bitter and astringent herbs during the Deepana and Pachana phase, the physician safely modulates the digestive fire while quelling inflammation. The subsequent Virechana acts as a systemic "reset." Clinical trials assessing classical Virechana have demonstrated statistically significant reductions in serum ALT, AST, and alkaline phosphatase levels, alongside dramatic improvements in inflammatory bowel markers and psoriatic lesions. This triad proves that in Ayurveda, purification is not a single event, but a carefully orchestrated biological process.

6. CONCLUSION:-

The integration of Deepana, Pachana, and Virechana is not merely an empirical tradition but a highly rational, scientifically sound therapeutic triad. In the management of Paittika Vikaras, omitting the preparatory digestion of endotoxins (Ama) compromises the safety and efficacy of purgation. When executed with precision, this protocol effectively severs the root pathogenesis of Pitta disorders. It facilitates profound cellular detoxification, restores immuno-metabolic homeostasis, and stands as a premier non-invasive intervention in the landscape of global integrative medicine.

Pittaja Netra Roga (Allergic Conjuctivitis):
An Ayurvedic Review



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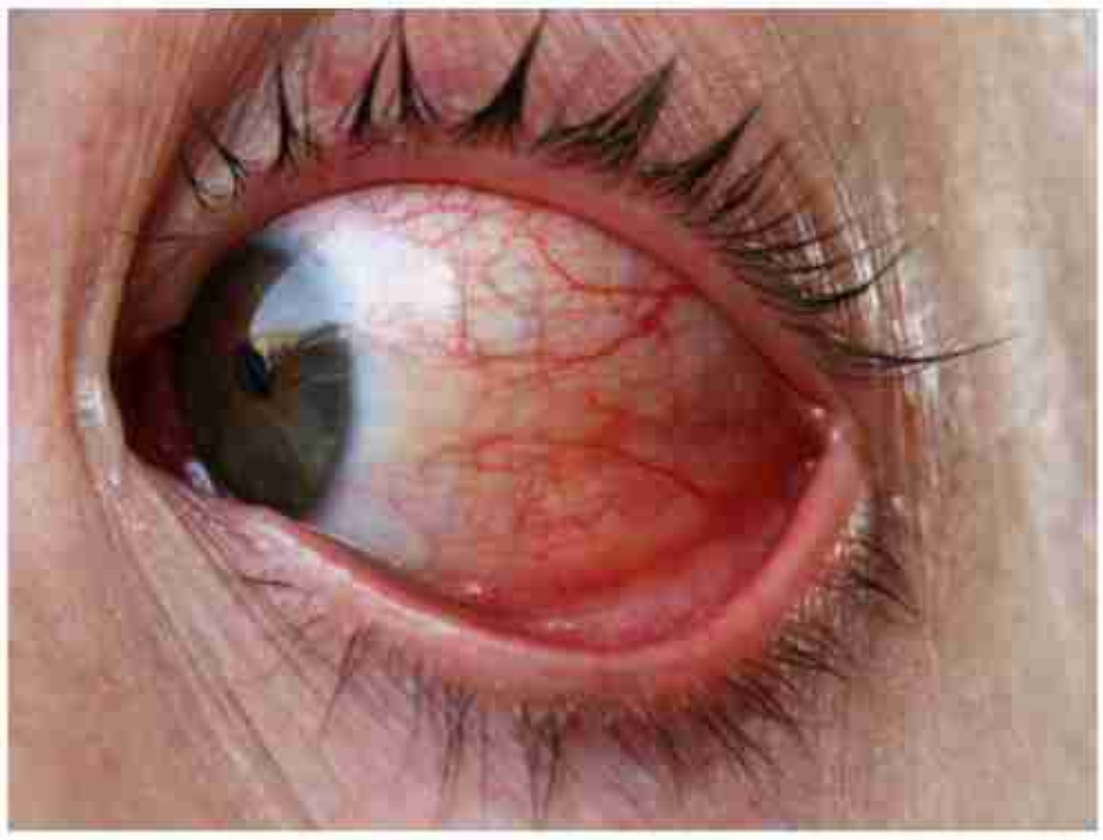
Abstract:
Allergic Conjunctivitis is a common ocular disorder characterized by intense itching, burning sensation in the eyes associated with watery discharge and mild photophobia.
It is the inflammation of conjunctiva due to allergic or hypersensitivity reactions which may be immediate or delayed. Although it is not described as a single disease entity in Ayurveda, its clinical presentation closely resembles Abhishyanda described in classical texts. Ayurveda emphasizes Nidana Parivarjana (avoidance of causative factors), Shodhana, Shamana therapy and local ocular procedures for effective management.
This review discusses the Ayurvedic concept, pathogenesis, clinical features, diagnosis and management of allergic conjunctivitis in correlation with Pittaja netra roga.

Keywords: Pittaja netra roga, Abishyanda, Allergic Conjunctivitis, Netra roga

Introduction
Netra has been described as one of the Gyanendriyas in Ayurveda(2). Acharya Sushruta has described 76 eye diseases among which Abhishyanda is considered the root of many ocular disorders.

Allergic conjunctivitis is a prevalent ocular condition encountered by ophthalmologists and cornea specialists, affecting up to 40% of the population(3).
Modern treatment primarily includes anti-histaminic drugs, steroid eye drops, mast cell stabilizers and cold compresses(4).
Ayurveda offers a holistic approach through dietary regulation, lifestyle modification, herbal medicines and local ocular therapies aimed at correcting the underlying dosha imbalance.



Aims and Objectives:
Aim:
To review the Ayurvedic concept of Pittaja netra roga in correlation with Allergic conjunctivitis.
Objective:
To review classical descriptions of *Abhishyanda*.
To correlate Allergic conjunctivitis with *Pittaja netra roga*.

Allergic Conjunctivitis: Modern Perspective: -

It is an IgE mediated hypersensitivity reaction of conjunctiva following exposure to allergens.

- Etiology: Pollens, grass, animal dander, house dust and mite(5).
- Pathology: Pathology comprises vascular, cellular and conjunctival responses.
- Clinical Features: Symptoms include intense itching and burning sensation in the eyes, watery discharge and mild photophobia.
- Signs include hyperemia and chemosis of conjunctiva, oedema of lids.

Abhishyanda: Ayurvedic Perspective: -

The clinical features of allergic conjunctivitis closely resemble Abhishyanda.

- Nidana: Entering into the water body after soaking in the sun, continuous weeping, anger, grief, disturbance in the sleep-wake cycle, fermented foods, sour foods etc(6).
- Samprapti: Due to Nidana sevana, the vitiated Vatadi doshas follow the siras and move in upward direction. There, on reaching the netra region, produce various eye diseases including Abhishyanda(7).

Clinical Features:

- *Daha* (Burning sensation)
- *Paka* (Suppuration)
- Excessive lacrimation

Diagnosis: (*Ayurveda: Nidana*)

- *Dosha* predominance
- *Dushya*
- *Ashtavidha Pariksha*
- *Dashvidha Pariksha*

Modern:

- Visual Acuity
- Slit lamp examination
- Conjuctival examination

Treatment:

- Nidana parivarjana
- Shodhana Therapy- Raktamokshana
  Virechana karma
  Nasya karma
- Shamana Therapy
- Local eye procedures (Kriyakalpa)(8) :-

1. Seka
2. Tarpana
3. Ashchyotana
4. Anjana
5. Vidalaka
6. Putapaka

***Pathya*:** *Ghrita*, Milk, *Triphala*, Pomegranate, *Saindhava*, *Sita*(9).
***Apathya*:** Fermented foods, Alcohol, *Kulattha*, *Masha*, Anger, Grief, Excess tea and coffee(10.)

Discussion:

Allergic conjunctivitis can be considered as *Abhishyanda* (*Pittaja netra roga*).
While the modern treatment consists of anti- histamines, mast cell stabilizers and steroids, *Ayurveda* aims not only to relieve symptoms but also to restore dosha imbalance, improve ocular health and prevent recurrence through individualized therapy and lifestyle modification.

Conclusion:

Thus, we can conclude that Allergic conjunctivitis shows a close resemblance to *Abhishyanda* (*Pittaja netra roga*) based on the signs and symptoms. The integration of the Ayurvedic approach offers a comprehensive strategy for symptom relief, prevention of recurrence and maintenance of ocular health.

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Pharmacodynamic Action of Laghu Sutashekhara Rasa in Reversing Avarana Pathology in Pittaja Shirahshoola

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Introduction

In modern clinical practice, Pittaja Shirahshoola is frequently correlated with vascular headaches, tension headaches, and gastric migraines. While conventional medicine often treats these as localized neurological or neurovascular events, classical Ayurvedic literature provides a profound systemic perspective, categorizing it under Urdhwagata Roga (upward-moving disorders) [1]. The root of this specific pathology rarely lies in the Shiras (head) itself; rather, it originates in the Amashaya (stomach) and Grahani (duodenum) [2].

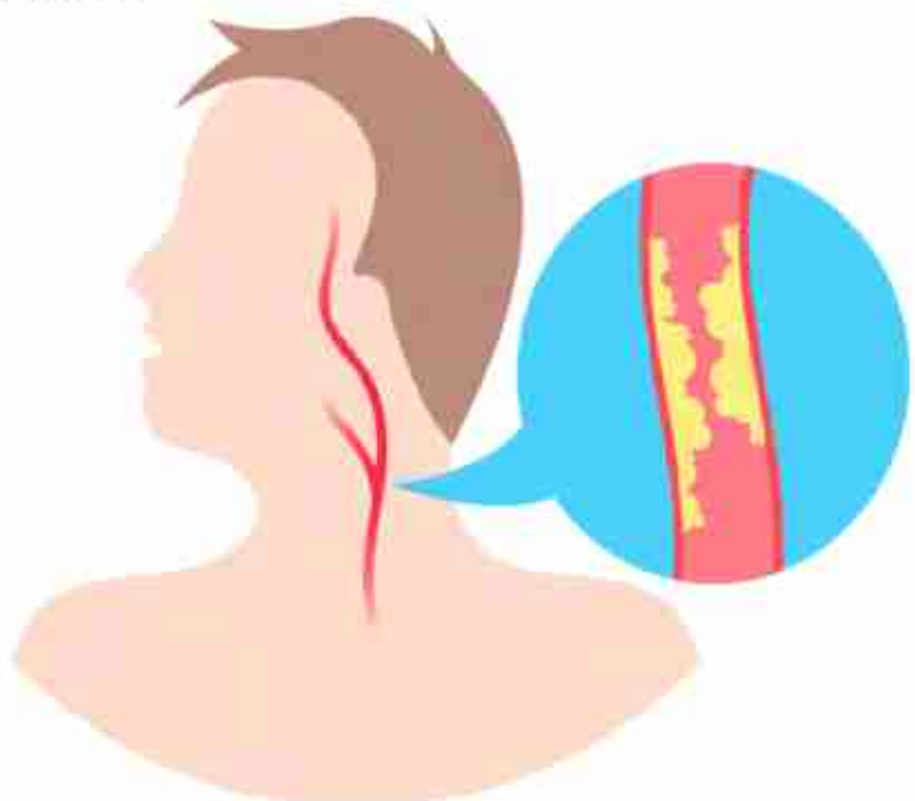
Understanding Pittaja Shirahshoola requires looking beyond localized Pitta aggravation to analyze the complex mechanism of Avarana (obstruction) along the gastrointestinal tract. By addressing the pathology at the gastric level, Ayurvedic interventions–specifically Amapachana and Pitta-shamana therapies–offer sustainable relief without the mucosal irritation associated with modern non-steroidal anti-inflammatory drugs (NSAIDs) [3].

Samprapti (Avavarn Janya) of Pittaj Shirahshool

The classical manifestation of Pittaja Shirahshoola is characterized by throbbing pain, an intense burning sensation (Daha), photophobia, and localized inflammation (Paka) [4]. To understand the cephalic manifestation of these symptoms, we must examine the functional obstruction occurring in the gastrointestinal tract.

When a patient routinely indulges in Nidana (causative factors) such as excessive Ushna (hot), Tikshna (sharp), and Vidahi (acid-forming) foods, the physiological Balwan Agni (strong digestive fire) is disrupted [5]. This leads to the formation of Vidagdha Pachaka Pitta (highly acidic, sour indigestion), often accompanied by Ama (metabolic toxins) and sluggish Kledaka Kapha [2].

This stagnant, acidic environment acts as a powerful Avaraka (covering entity). It physically and functionally blocks the natural pathway of Samana Vayu, the bio-motor force responsible for digestion and the downward movement (Anulomana) of metabolic products [6]. This specific condition –Pittavruta Samana Vayu (Samana Vayu obstructed by Pitta)–forces the localized Vata to undergo Pratiloma Gati (retrograde or upward movement).



As this obstructed Vata pushes upwards (Urdhwagati), it carries the highly irritant qualities of the Vidagdha Pitta into the Urdhwa Srotas (upper channels) [7]. Upon reaching the cranial region, this displaced Pitta lodges in the Raktavaha Srotas (blood vessels) of the head, culminating in the neurovascular dilation and pain characteristic of Pittaja Shirahshoola [4].

Samprapti Vighatana by Laghusootshekar Ras

Understanding this Avarana pathology clarifies why purely topical, cooling (Sheeta) applications to the head provide only transient relief. To achieve a clinical cure, the intervention must break the functional obstruction in the gut.

Laghu Sutashekhara Rasa is a highly effective, Nirgarbha (free from mercury and sulfur) formulation tailored for this exact pathogenesis [8]. Its core ingredients target the root cause synergistically:

- Shunthi (Zingiber officinale): Acting as a potent Amopachaka (digestant) and Srotoshodhaka (channel clearer), Shunthi directly targets the Avarana in the Amashaya. Modern pharmacological studies validate its prokinetic properties, demonstrating its ability to accelerate gastric emptying and relieve functional dyspepsia [9]. By digesting Ama and clearing the Drava Pitta obstruction, it allows Samana Vayu to resume its normal downward course (Anulomana), halting the upward propulsion of Pitta.
- Shuddha Gairika (Purified Red Ochre): Described extensively in Rasa Shastra for its Sheeta (cold), Madhura (sweet), and Kashaya (astringent) properties, purified Gairika acts as a supreme Pitta-pacifier and natural antacid [10]. It neutralizes the residual heat, vascular irritation, and acidic qualities of the displaced Pitta in the Urdhwa Srotas.
- Nagavalli Swarasa (Betel Leaf Juice) Bhavana: Trituration in betel leaf juice enhances the bioavailability of the formulation, acting as a Yogavahi (catalyst) that delivers the therapeutic action swiftly to the affected channels.

Clinically, a dose of 250 to 500 mg administered with a Pitta-pacifying Anupana (such as milk or Amalaki Swarasa) significantly reduces both the frequency and intensity of these gastric migraines [3][8].

Pathya-Apathya

Because Nidana Parivarjana (avoidance of causative factors) remains the primary line of treatment, patients must adopt a Pitta-pacifying regimen to prevent the recurrence of Vidagdha Pitta [5].

- Pathya (Favorable): Incorporation of Madhura (sweet), Tikta (bitter), and Kashaya (astringent) tastes. Intake of old rice, barley, Draksha (raisins), and Amalaki is beneficial.
- Apathya (Unfavorable): Complete cessation of spicy, deep-fried, fermented, and sour foods. Skipping meals or late-night eating directly aggravates Pachaka Pitta and strictly contraindicates the management of Urdhwagata Roga [5].

Conclusion

Pittaja Shirahshoola vividly illustrates the profound Ayurvedic concept of systemic pathogenesis. It demonstrates how the disruption of gastric motility (Samana Vayu) by acidic accumulations (Vidagdha Pitta) leads to severe cephalic symptoms. By utilizing targeted, structurally rational formulations like Laghu Sutashekhara Rasa, practitioners can effectively break this Avarana, restore Balwan Agni, and provide comprehensive, root-cause resolution for Urdhwagata Roga.

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Tikta-Amla Udgara and Acid Regurgitation: An Ayurvedic-Modern Perspective on Pathogenesis, Prevention and Management

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ABSTRACT

Acid regurgitation and sour belching are common gastrointestinal complaints increasingly associated with changing dietary habits, irregular meal timings, stress, and sedentary lifestyles. In Ayurveda, Tikta-Amla Udgara, characterized by bitter and sour eructation, is described as an important manifestation associated with Amlapitta, aggravated Pitta, and impaired digestive function. Although Ayurvedic concepts cannot be considered directly equivalent to modern disease entities, Tikta-Amla Udgara shows clinical similarities with acid regurgitation, gastroesophageal reflux disease (GERD), and certain manifestations of functional dyspepsia. Ayurveda provides a holistic framework for understanding these conditions through the concepts of Agni, Dosha, Ahara, and Vihara. The present article discusses Tikta-Amla Udgara from Ayurvedic and modern perspectives, with emphasis on etiopathogenesis, clinical manifestations, preventive strategies, dietary and lifestyle management, and evidence-informed use of selected medicinal plants. Integrating classical Ayurvedic principles with contemporary scientific understanding may contribute to improved awareness, prevention, and holistic management of acid-peptic disorders.

Keywords: Tikta-Amla Udgara; Amlapitta; Pitta; Agni; Acid Regurgitation; GERD; Ayurveda

Introduction

Acid regurgitation, sour belching, heartburn, and upper gastrointestinal discomfort are common health problems affecting people across different age groups. Gastroesophageal reflux disease (GERD) is among the most frequently encountered gastrointestinal disorders worldwide and may considerably affect health and quality of life [1,2]. Rapid changes in dietary habits, consumption of highly processed foods, irregular meal timings, inadequate sleep, stress, physical inactivity, obesity, and late-night eating may contribute to the development or aggravation of reflux-related complaints [1,3]. Modern medicine commonly associates recurrent acid regurgitation and heartburn with GERD, while similar symptoms may also occur in functional dyspepsia and other upper gastrointestinal disorders [1,4]. Ayurveda offers a broader perspective by emphasizing the functional relationship between Agni (digestive and metabolic capacity), Pitta, dietary practices, lifestyle, and individual susceptibility. Tikta-Amla Udgara, referring to bitter and sour eructation, is an important clinical manifestation described in association with Amlapitta in Ayurvedic literature [5]. Understanding this condition through an Ayurvedic-modern perspective may support preventive strategies and promote greater public awareness regarding digestive health.

Ayurvedic Understanding of Tikta-Amla Udgara

In Ayurveda, proper digestion and metabolism depend on the balanced functioning of Agni. Classical Ayurvedic literature considers Agni fundamental to digestion, metabolism, nourishment, and maintenance of health [6]. Improper dietary habits and unhealthy lifestyles may disturb Agni and aggravate the Doshas, particularly Pitta. Excessive intake of Amla (sour), Katu (pungent), Ushna (hot), Vidahi (irritating), and excessively oily foods, along with irregular eating patterns, may contribute to Pitta aggravation and disturbed digestion [5,6]. When ingested food undergoes improper digestion and develops Vidagdha characteristics due to aggravated Pitta, symptoms such as sour or bitter belching, burning sensations, indigestion, nausea, and discomfort may occur. The upward manifestation of aggravated Pitta and altered digestive processes may result in features associated with Urdhwagata Amlapitta, including Tikta-Amla Udgara [5].

The Ayurvedic pathogenesis may be conceptually represented as:

Nidana Sevana → Agni Dushti → Vidagdha Ahara → Pitta Prakopa → Amlata/Tiktata → Urdhwagati → Tikta-Amla Udgara

Thus, Ayurveda views Tikta-Amla Udgara not merely as an isolated symptom but as a manifestation of disturbed digestive function, aggravated Pitta, inappropriate dietary practices, and lifestyle imbalance.

Ayurvedic-Modern Mapping

Tikta-Amla Udgara presents certain clinical similarities with acid regurgitation and sour or bitter belching described in modern medicine. Urdhwagata Amlapitta may show features resembling acid reflux or GERD-like presentations, while Hrit-Kantha Daha can be clinically compared with burning sensations in the chest and throat. Similarly, Avipaka may resemble indigestion, Aruchi may present as reduced appetite, and Chhardi may correspond with nausea or vomiting [1,5]. These associations should be understood as conceptual and clinical parallels rather than exact disease equivalence. Ayurvedic diagnosis is based on individualized assessment of Dosha, Agni, Prakriti, dietary habits, lifestyle, and other clinical factors, whereas modern diagnostic systems use defined clinical, endoscopic, and physiological criteria [1,4].

Etiology and Pathogenesis: An Integrative Perspective

From an Ayurvedic perspective, the development of Tikta-Amla Udgara is primarily associated with repeated exposure to Pitta-aggravating dietary and lifestyle factors. Excessive consumption of sour, spicy, fried, oily, and irritating foods, overeating, eating before the previous meal is properly digested, irregular meal timings, and inappropriate dietary practices may impair digestive function and aggravate Pitta [5,6]. Psychological and lifestyle factors may also influence digestive health. Stress, inadequate sleep, and sedentary behaviour may contribute to gastrointestinal disturbances. From a modern perspective, acid regurgitation occurs when gastric contents reflux into the oesophagus. Factors including dysfunction of the lower oesophageal sphincter, obesity, large meals, late-night eating, and certain individual dietary triggers may contribute to reflux symptoms [1,3]. Despite differences in terminology and theoretical frameworks, both Ayurvedic and modern perspectives highlight the importance of dietary patterns, lifestyle, and digestive function in the development and management of upper gastrointestinal complaints.

Clinical Manifestations

Common manifestations associated with Tikta-Amla Udgara and Urdhwagata Amlapitta may include sour or bitter belching, burning sensation in the chest or throat, indigestion, nausea, reduced appetite, abdominal discomfort, and a feeling of heaviness after meals [5]. The nature and severity of symptoms may vary according to individual constitution, dietary habits, lifestyle, and the degree of Dosha involvement. Persistent symptoms, difficulty swallowing, gastrointestinal bleeding, unexplained weight loss, recurrent vomiting, or severe chest pain require prompt medical evaluation [1].

Ayurvedic Approach to Management

Ayurvedic management begins with Nidana Parivarjana, or avoidance of causative and aggravating factors. Identifying inappropriate foods, irregular eating patterns, stress, inadequate sleep, and other lifestyle triggers is essential for long-term management. Dietary and lifestyle modification forms the foundation of management. Meals should be consumed at regular times and in appropriate quantities according to individual digestive capacity. Overeating and frequent consumption of excessively spicy, oily, sour, and irritating foods should be avoided. Therapeutic approaches may include appropriate Shamana Chikitsa and correction of disturbed digestive function based on the patient's clinical condition and Dosha assessment. Deepana and Pachana approaches may be considered where clinically appropriate, while Pitta-pacifying interventions may help restore balance [6]. Virechana is an important Ayurvedic therapeutic procedure traditionally associated with the management of aggravated Pitta. However, it should be performed only after proper clinical assessment and under the supervision of a qualified Ayurvedic physician.

Pathya–Apathya and Lifestyle Management

Diet and lifestyle play important roles in both the prevention and management of acid-peptic complaints. Modern clinical guidelines also recognize lifestyle interventions, including weight management among overweight individuals and avoidance of meals close to bedtime, as useful measures for managing GERD symptoms [1].

Pathya (Preferable Practices)	Apathya (Practices to Avoid)
Regular and moderate meals	Overeating and irregular meals
Fresh and easily digestible food	Excessively spicy, oily, and fried foods
Adequate hydration	Excessive intake of irritating beverages
Appropriate meal timings	Late-night eating
Pitta-pacifying dietary practices	Excessive sour and Vidahi foods
Adequate sleep and stress management	Lying down immediately after meals

Individual responses to foods may differ; therefore, identifying and avoiding personal dietary triggers is important rather than recommending universal restriction of all potentially triggering foods [1].

Evidence-Informed Perspective on Selected Ayurvedic Plants

Several medicinal plants are traditionally used in Ayurveda for Pitta-related and gastrointestinal complaints.

- Amalaki (Phyllanthus emblica L.) is widely recognized in Ayurveda for its Pitta-pacifying and Rasayana properties. The plant contains several bioactive compounds and has been investigated for antioxidant, anti-inflammatory, and gastroprotective activities [7].
- Yashtimadhu (Glycyrrhiza glabra L.) has traditionally been used for gastrointestinal complaints and has attracted scientific attention for its potential anti-inflammatory and gastroprotective properties [8]. However, excessive or prolonged consumption of glycyrrhizin-containing licorice products may cause adverse effects and should be used cautiously [9].

- **Guduchi (*Tinospora cordifolia*)** is traditionally valued in Ayurveda and has been studied for various biological activities [10]. However, medicinal herbs should not be considered universally safe solely because of their natural origin, and their use should be guided by appropriate professional advice.
- **Shatavari (*Asparagus racemosus*)** is another important Ayurvedic medicinal plant investigated for several pharmacological properties, including its potential effects on gastrointestinal health [11]. **Draksha (*Vitis vinifera*)** is also used traditionally and contains bioactive compounds with antioxidant properties [12].

Although these plants have important traditional applications and emerging scientific evidence, their therapeutic use should be individualized and undertaken under qualified professional guidance. Further well-designed clinical studies are required to establish their effectiveness, appropriate dosage, and safety in specific acid-peptic disorders.

Prevention and Public Health Relevance

The increasing occurrence of acidity, reflux symptoms, and digestive discomfort highlights the importance of public awareness and preventive health practices. Regular meal timings, appropriate food quantity, avoidance of individual trigger foods, adequate sleep, physical activity, stress management, and avoidance of lying down immediately after meals can support digestive health [1,3].

Ayurveda's emphasis on Ahara, Vihara, Agni, and individualized preventive care provides a valuable framework for promoting healthy dietary and lifestyle practices. At the same time, recurrent or severe symptoms should not be managed solely through self-medication, as they may require professional diagnosis and treatment.

Conclusion

Tikta-Amla Udgara is an important Ayurvedic clinical manifestation associated with disturbed Agni, aggravated Pitta, and inappropriate dietary and lifestyle practices. Its symptoms show conceptual similarities with acid regurgitation, sour belching, and certain GERD-like presentations, although direct disease equivalence should be avoided. Ayurveda offers a comprehensive approach based on Nidana Parivarjana, dietary regulation, lifestyle modification, individualized therapeutic interventions, and prevention. Integrating classical Ayurvedic understanding with contemporary scientific knowledge can improve public awareness and support a holistic approach to digestive health. Further interdisciplinary and evidence-based research exploring Ayurvedic concepts and therapeutic interventions may strengthen their relevance in the prevention and management of acid-peptic disorders.

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अम्लपित्त (Acidity): कारण, लक्षण और आयुर्वेदिक उपचार

डॉ प्रीति टम्टा
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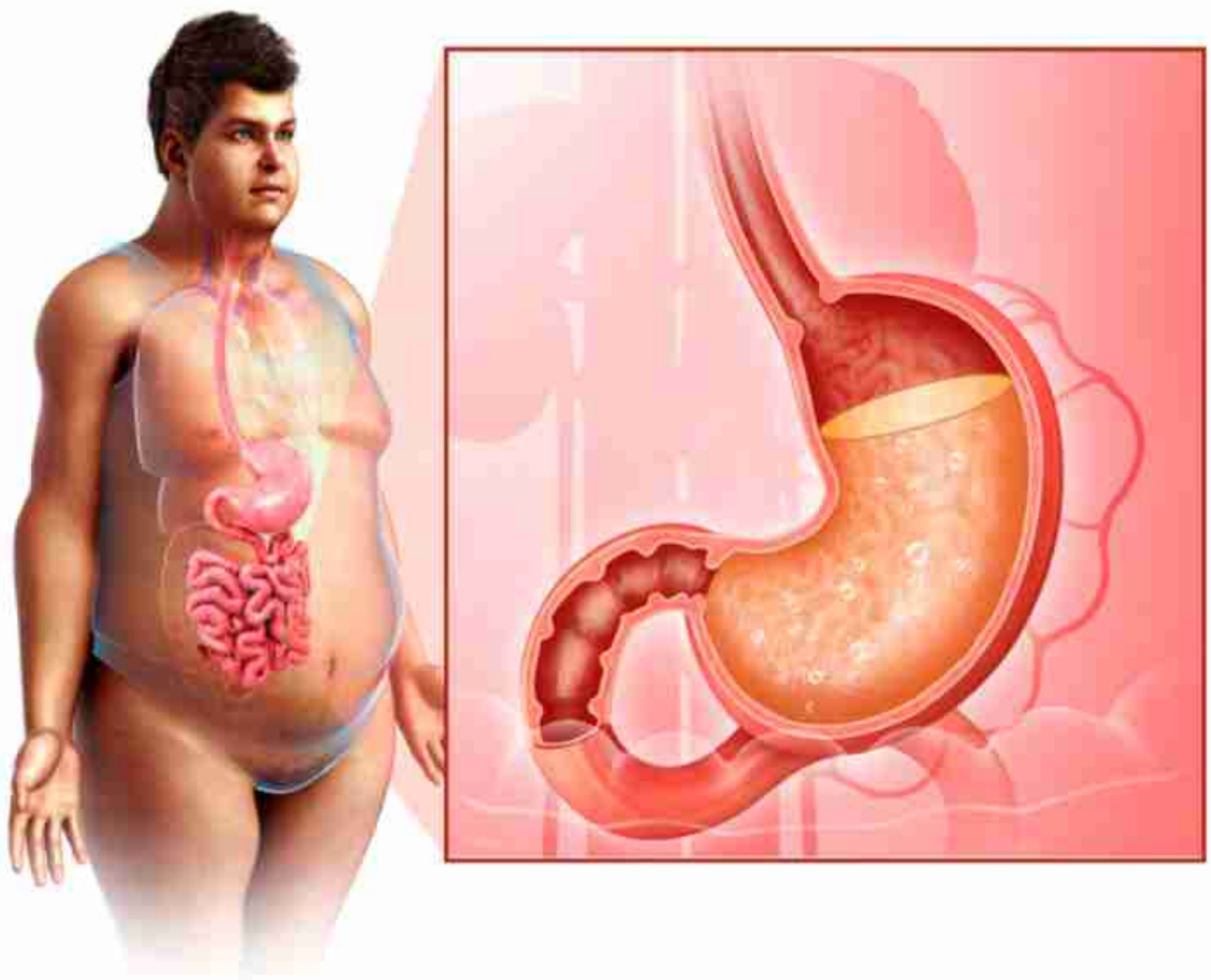
आचार्य चरक और माधव निदान आदि ग्रंथों में अम्लपित्त को एक ऐसा विकार माना गया है जिसमें पित्त दोष अम्ल (अत्यधिक खट्टा गुण) को प्राप्त कर लेता है।

- साधारण भाषा में कहें तो यह **पेट में अधिक अम्ल (acid) बनने से होने वाला रोग है।**

कारण (Etiological factors)

आयुर्वेद में अम्लपित्त के प्रमुख कारण हैं:

- अधिक **मसालेदार, तैलीय, खट्टे और नमकीन भोजन** करना।
- **अत्यधिक उपवास या अनियमित भोजन की आदतें।**
- ज्यादा **चाय, कॉफ़ी, मद्यपान।**
- **मानसिक तनाव, क्रोध, चिंता।**
- रात्रि जागरण, असमय भोजन और अस्वस्थ जीवनशैली।



लक्षण-(Lakshana – Symptoms)

- उर्ध्वगामी अम्लपित्त (acid ऊपर की ओर आना)
  - खट्टी डकारें
  - छाती में जलन
  - मुख में खट्टा स्वाद
- अधोगामी अम्लपित्त (acid नीचे की ओर जाना):
  - पेट में जलन
  - उल्टी, मितली
  - दस्त, कभी-कभी जलनयुक्त मल

अन्य लक्षण: अरुचि (भूख न लगना), सिर में भारीपन, आलस्य।

प्रकार (Types)-

- **उर्ध्वगामी अम्लपित्त** - जब अम्ल ऊपर की ओर (डकार, उल्टी, छाती जलन) जाता है।
- **अधोगामी अम्लपित्त** - जब अम्ल नीचे की ओर (दस्त, पेट दर्द, गुदा में जलन) जाता है।

उपचार (Management)

आयुर्वेद में अम्लपित्त का उपचार पित्तशामक औषधि, पथ्य-अपथ्य और पंचकर्म के द्वारा किया जाता है।

- औषधियाँ:
  - अविपत्तिकार चूर्ण
  - कामदुधा रस
  - शंख वटी
  - आमलकी चूर्ण
  - गिलोय सत्व

पंचकर्म:

- विरेचन (purgation therapy) – पित्त दोष को निकालने हेतु।
- शीतल पेय व द्रव का सेवन।

पथ्य आहार-विहार:

- ठंडे, हल्के, सुपाच्य भोजन (दूध, मूंग की खिचड़ी, आमलकी)।
- मसालेदार, तैलीय, खट्टा और फास्ट फूड से परहेज।
- तनाव, जागरण और मद्यपान से बचना।

Modern lifestyle and Gut Health:

Tuning it with Ayurvedic Wisdom

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The modern lifestyle runs on a hyper-connected, high-speed engine. We swallow emails at breakfast, skip lunches for meetings, and scroll through social media under midnight blue light. While our digital world expands, our physical world shrinks, reducing our health to a single, overlooked epicenter: the gut.

Today's fast-paced habits have disrupted our internal ecosystems, leading to a silent epidemic of bloating, fatigue, and chronic inflammation. This is because modern stress does not just stay in our heads. It alters our gut bacteria and stalls digestion.

In the classical Ayurvedic paradigm, optimal gut health is the foundational pillar of longevity (Ayus), systemic immunity (Ojas), and psycho-emotional equilibrium (Prasanna Manas). While modern medicine increasingly centers its research on the human gut microbiome, classical Ayurvedic texts–primarily the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya–predated these findings by thousands of years, establishing that almost all chronic systemic diseases originate from functional anomalies within the gastrointestinal tract.

This extract synthesizes the core philosophical constructs of Ayurvedic gastroenterology, analyzes the foundational governing metabolic health principles mentioned in the texts, maps traditional dietary frameworks onto modern physiological needs, and provides a structured blueprint for adapting the ancient science of Agni (digestive fire) to counteract the pathological stressors of contemporary modern lifestyle patterns.

The Mechanics of Modern Stress

The cornerstone definition of a healthy individual comes from the **Sushruta Samhita** which clearly defines that Health is not just merely absence of disease; it is the perfect balance of bio-energies (Vata, Pitta, Kapha), digestion, tissues, waste elimination, and a joyful spirit.

समदोषःसमाग्निश्चसमधातुमलक्रियः।
प्रसन्नात्मेन्द्रियमनाःस्वस्थइत्यभिधीयते॥
– सुश्रुत संहिता, सूत्रस्थान (१५/४१)

True health requires a balanced mind, clear senses, and–crucially–***Samagni***, a perfectly balanced digestive fire. Ayurveda views **Agni** as the internal surrogate of the sun. Just as the sun drives life on Earth, Agni drives life within the human body.Ayurveda, the ancient science of life, views the digestive system as the cornerstone of human health. It teaches that we are not just what we eat, but what we digest. At the heart of this philosophy is *Agni*, the metabolic fire. A strong *Agni* extracts nutrition and joy from life.

Mistreating the Fire(Agni): Concept of 'Ama'

What happens when we mistreat this inner fire? When we throw damp wood onto a weak flame, it does not burn; it smokes and chokes. In the human body, when Agni becomes sluggish (*Manda Agni*), food stagnates. The master physician **Vagbhata** describes the resulting catastrophe in the ***Ashtanga Hridayam***:

ऊष्मणोऽल्पबलत्वेन धातुमाद्यमपाचितम्।
दुष्टमामाशयगतं रसमामं प्रचक्षते॥
–अष्टांग हृदयम, सूत्रस्थान

Conversely, a weak Agni creates Ama, a toxic, sticky byproduct of undigested food and emotions. Today's lifestyle–defined by processed foods, erratic eating schedules, and chronic emotional stress–acts like cold water thrown onto this sacred internal flame. When you are constantly stressed, your nervous system triggers a "fight-or-flight" response. This response actively pulls blood and energy away from your digestive organs, freezing your Agni and allowing toxins to accumulate.When food is not completely broken down due to a weak or erratic Agni, it ferments in the gastrointestinal tract. This sticky, foul-smelling substance is called Ama. This Ama clogs the micro-channels (Srotas) of the body. This blockage prevents nutrients from reaching the organs and stops metabolic waste from leaving. Ayurveda teaches that nearly all chronic, non-communicable diseases (metabolic disorders) are simply Ama that have settled deep into vulnerable tissues over time.

Reclaiming gut health through Ayurveda

In Ayurveda **protecting *Agni* (the digestive fire) is considered the foundation of all health**, as a balanced *Agni* (*Samagni*) prevents the accumulation of toxic digestive byproducts (*Ama*). Classical Ayurvedic texts outline detailed lifestyle and dietary guidelines (*Ahara Vidhi Vidhana* and *Dinacharya*) to preserve this inner fire and maintain gut health.

Ahara Vidhi Vidhana (Dietary Rules for Eating)

The *Charaka Samhita* emphasizes not just *what* you eat, but *how* you eat to safeguard *Jatharagni* (the main central digestive fire).

- **Favor Warm, Cooked Foods**: Warm meals naturally stoke *Agni* and are softer in texture, making them easier for the gut to break down compared to cold or raw foods.
- **Avoid Ice and Cold Liquids**: Drinking iced water or refrigerated beverages explicitly douses the metabolic fire and dilutes active digestive juices.
- **Eat with Undivided Attention**: Avoid distractions like phones, television, or stressful conversations while eating. Mindful eating triggers the initial cephalic phase of digestion, preparing stomach acids and enzymes.
- **Chew Thoroughly**: Ensure food is well chewed and broken down before swallowing to ease mechanical stress on the gastrointestinal tract.
- **Do Not Overeat**: Consume food only up to a third or half of your stomach capacity, leaving physical space for the digestive forces to churn the food.

Time and Spatial Rhythms

Ayurveda underscores that the gut operates on strict environmental and biological clocks.

- **Align with the Sun (Midday Peak)**: Eat your largest, heaviest meal at lunchtime when the sun is highest, matching the peak strength of *Agni* and natural circadian bile secretion. Keep breakfast and dinner light.
- **Allow Intermeal Fasting**: Wait 3 to 5 hours for the previous meal to fully digest before eating again. Continuous snacking smothers *Agni* and interrupts the migrating motor complex (the gut's internal housekeeping cycle).
- **Eat Early Dinners**: Complete your final meal at least 2 to 3 hours before sleep so the body's slowed down nighttime metabolism isn't overburdened.

Dinacharya (Daily Routine Rituals)

A structured daily routine stabilizes the enteric nervous system and keeps digestion predictable.

- **Jihwa Prakshalana (Tongue Scraping)**: Scraping the tongue with a metal scraper immediately upon waking clears overnight toxic buildup (*Ama*) and stimulates your digestive reflex pathways.

- **Ushapan (Warm Water on Waking)**: Drinking a glass of warm water first thing in the morning gently cleanses the gastrointestinal tract and prompts smooth morning elimination.
- **Shatapadi (The 100-Step Walk)**: Take a short, gentle walk of exactly 100 paces immediately after your main meals to promote mechanical stomach motility without taxing your systemic circulation

Rituracharya (Seasonal Adjustments)

Environmental shifts also alter the state of doshas and internal fire in the body. Like Spring Transitions: For example, during early spring, Kapha accumulated over the winter begins to liquefy under the sun, naturally weakening Agni. Ayurveda advises a light(laghu) diet, reducing heavy or greasy foods, and integrating warming spices to prevent mucus congestion and sluggish digestion.

Spices and Herbal Companions

Traditional formulations and common kitchen spices act as *Deepana* (appetizers that stoke *Agni*) and *Pachana* (digestives that clear toxins).

- **Ginger (*Shunthi*)**: Regarded as the foremost Ayurvedic digestive herb, taking a slice of fresh ginger with a pinch of rock salt before meals kindles a sluggish fire.
- **Cumin, Fennel, and Coriander**: Incorporating these carminative spices into cooking or sipping them as a warm tea relieves bloating, neutralizes excess acid, and improves nutrient absorption.
- **Triphala**: A classical combination of three fruits (*Amalaki, Bibhitaki, and Haritaki*) taken before bed to support regular bowel movements, tone the colonic tissue, and support microbial balance.
- **Buttermilk (*Takra*)**: Freshly churned buttermilk with the butter removed is highly praised in texts as a restorative tonic for irritable bowel issues, hyperacidity, and stabilizing gut flora.

CLINICAL CONCLUSION

The traditional Ayurvedic perspective offers a sophisticated, highly functional framework for managing modern gastrointestinal and metabolic disorders. By recognizing that the gut is an eco-system governed by the metaphorical fire of *Agni*, and that chronic modern diseases are often the result of low-grade toxic buildup (*Ama*), we can make intentional changes to our daily habits. Aligning our meals with natural biological rhythms, using carminative spices, eating mindfully, and committing to proper rest can help stabilize our metabolic health, improve our immunity, and support long-term vitality.

Case Study: Ayurvedic Management of Jeerna Pratishyaya (Chronic Rhinitis)

in a Pediatric Patient

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Abstract

Jeerna Pratishyaya (Chronic Rhinitis) is a common disorder in children, characterized by persistent nasal obstruction, rhinorrhea, sneezing, and recurrent upper respiratory symptoms. It adversely affects sleep, concentration, and quality of life. This case demonstrates significant clinical improvement in an 8-year-old child with chronic rhinitis following Ayurvedic management over a period of 16 days.

Patient Details

- Name: Vedansh
- Age: 8 years
- Sex: Male

Chief Complaint

- Recurrent nasal blockage
- Running nose
- Sneezing episodes
- Symptoms persisting for **5 years**

Modern Diagnosis

- Chronic Rhinitis

Ayurvedic Diagnosis

- Jeerna Pratishyaya

Treatment Protocol

1. **Laxmi Vilas Ras** - 1 tablet twice daily with lukewarm water.
2. **Chitrakadi Vati** - 1 tablet three times daily, chewed 15 minutes before meals.
3. **Amlycure Syrup (Aimil)** - As per pediatric dosage.
4. **Anu Taila Nasya** - Administered as per age-appropriate Ayurvedic practice.

Outcome

After **16 days** of treatment:

- Marked reduction in nasal obstruction.
- Significant decrease in rhinorrhea.
- Sneezing episodes greatly reduced.
- Improved nasal breathing and overall comfort.
- Child became more active with better day-to-day functioning.

No adverse effects were reported during the treatment period.

Discussion

Jeerna Pratishyaya is primarily associated with vitiation of Kapha and Vata dosha. The selected treatment aimed to improve Agni, reduce Kapha accumulation, clear the nasal passages, and restore normal function of the Urdhvajatrugata Srotas.

- **Laxmi Vilas Ras** was used for its Kapha-shamaka and respiratory-supportive properties.
- **Chitrakadi Vati** was prescribed to enhance digestion and correct Agnimandya, thereby reducing Ama formation.
- **Amlycure Syrup** was administered as supportive therapy.
- **Anu Taila Nasya** helped lubricate the nasal mucosa, facilitate clearance of accumulated Doshas, and improve nasal patency.

The rapid symptomatic improvement observed within 16 days highlights the potential role of individualized Ayurvedic management in pediatric Jeerna Pratishyaya.

Conclusion

This case suggests that Ayurvedic intervention may provide effective symptomatic relief in children with Jeerna Pratishyaya (Chronic Rhinitis). Larger clinical studies with standardized outcome measures and longer follow-up are needed to further evaluate its efficacy.

Keywords: Jeerna Pratishyaya, Chronic Rhinitis, Pediatrics, Nasya, Anu Taila, Laxmi Vilas Ras, Chitrakadi Vati, Ayurveda

Aahar and Vihar in Amlapitta
(Ayurvedic Perspective)

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Aahar (Diet)-

Diet plays a vital role in the management of **Amlapitta**. According to Ayurveda, foods that are **Madhura (sweet), Tikta (bitter), Kashaya (astringent), Sheeta (cooling), Laghu (light), and easily digestible** help pacify aggravated **Pitta Dosha** and improve digestive fire (Agni).

Pathya Aahar (Recommended Foods)-

- Old rice (Purana Shali), wheat, and barley
- Green gram (Mudga)
- Bottle gourd (Lauki), ash gourd, pumpkin, ridge gourd, and cucumber
- Pomegranate, ripe banana, apple, and sweet grapes
- Coconut water
- Cow's milk (if well tolerated)
- Buttermilk (prepared according to Ayurvedic principles)
- Ghee in moderate quantity
- Freshly prepared, warm, and light meals

Apathya Aahar (Foods to Avoid)-

- Spicy, oily, fried, and junk foods
- Excessively sour, salty, and pungent foods
- Fermented foods and pickles
- Tea, coffee, carbonated drinks, and alcohol
- Processed and packaged foods
- Excess sweets and bakery products
- Overeating, fasting for long periods, and irregular meal timings
- Late-night meals

Vihar (Lifestyle)-

Along with diet, proper lifestyle is essential for the successful management of Amlapitta.

Pathya Vihar (Recommended Lifestyle)

- Eat meals at regular timings.
- Eat only after the previous meal has been digested.
- Get 7-8 hours of adequate sleep.
- Practice yoga, meditation, and Pranayama to reduce stress.
- Perform moderate physical activity such as walking.
- Stay hydrated and maintain a calm mind while eating.

Apathya Vihar (Lifestyle to Avoid)-

- Sleeping immediately after meals.
- Staying awake late at night.
- Excessive physical exertion.
- Mental stress, anger, anxiety, and worry.
- Smoking and alcohol consumption.
- Suppression of natural urges (Vegadharana).
- Prolonged fasting or skipping meals.

Conclusion-

Proper **Aahar and Vihar** are the foundation of Ayurvedic management of Amlapitta. Following a Pitta-pacifying diet along with healthy lifestyle practices helps restore **Agni**, balance **Pitta Dosha**, relieve symptoms such as heartburn and acid regurgitation, and prevent recurrence of the disease.

UNDERSTANDING PARINAMA SHOOLA:

AN AYURVEDIC PERSPECTIVE

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INTRODUCTION

Ayurveda, one of the world's oldest traditional systems of medicine, is recognized for its holistic principles and time-tested therapeutic approach. It emphasizes the maintenance of physical, mental, social, and spiritual well-being through a balanced lifestyle and appropriate treatment. Rooted in the philosophy of the Atharva Veda, Ayurveda continues to gain global acceptance for its herbal and herbo-mineral formulations. Among the fundamental concepts of Ayurveda, Agni holds a central position. Among the fundamental concept of ayurveda, agni hold central position. Healthy Agni maintains normal physiological functions, whereas impaired Agni (Mandagni) leads to incomplete digestion and the formation of Ama, a toxic metabolic by-product considered the root cause of many diseases.

The consumption of Viruddha Ahara (incompatible diet) is one of the major causes of Agni impairment. It disturbs digestion and tissue metabolism, promotes Ama formation, and contributes to the development of various gastrointestinal and systemic disorders. Among these, Shoola (pain) is a common clinical manifestation. Therefore, understanding the role of Agni, Ama, and Viruddha Ahara is essential for the prevention and effective Ayurvedic management of Shoola.

NIDAN

The development of Shoola is closely associated with Viruddha Ahara (incompatible diet), which impairs digestion, disrupts tissue metabolism, and promotes disease. Foods that are incompatible with the body's metabolic processes are termed Viruddha Ahara in Ayurveda.The major etiological factors include:Viruddha Ahara and Dushita Ahara, along with excessive consumption of Amla (sour/fermented foods) such as curd, idli, dosa, dhokla, vada, and pickles, as well as Vidahi and Abhishyandi foods like alcohol, Kulattha, and fried grains, which aggravate Pitta Dosha.Improper dietary habits, including Abhojana (fasting), Athibhojana (overeating), and Adhyashana (eating before the previous meal is digested), which disturb normal digestion.Psychological factors such as Chinta (anxiety), Krodha (anger), Bhaya (fear), and Shoka (grief), which further contribute to the pathogenesis of Shoola.

SAMPRAPTI

According to Ayurveda, Pitta Dosha normally possesses Katu and Tikta Rasa with Laghu Guna. The intake of etiological factors (Nidana Sevana) impairs Agni (Mandagni), leading to the vitiation of Pitta and the formation of Vidagdha Pitta or Sama Pitta. This altered Pitta causes improper digestion of food, resulting in the formation of acidic and incompletely digested chyme.As the condition progresses, the vitiated Pitta may reflux upward, producing symptoms such as nausea, excessive thirst, sour or bitter eructation, acid vomiting, abdominal pain or discomfort, burning sensation, severe indigestion, and occasionally fever with systemic manifestations.

RUPA

The common clinical features of Amlapitta include Avipaka (indigestion), Utklesha (nausea), Aruchi (loss of appetite), Tikta-Amla Udgara (bitter or sour eructation), Gaurava (abdominal heaviness), and Hrit-Kantha Daha (heartburn/pyrosis).

According to Kashyapa, additional manifestations include Antrakujana (borborygmi), Udara Adhmana (abdominal distension), Vitabheda (diarrhoea), and Hrid Shoola (cardiac or epigastric pain)

SHOOLA

In Ayurveda, chronic and subacute abdominal pain is primarily described under Gulma by Acharya Sushruta. Disorders such as Visuchika, Alasaka, and Gulma commonly present with abdominal pain, making Shoola a major clinical manifestation. The term Shoola refers to sharp, stabbing, pricking, or colicky pain arising from the hollow abdominal viscera. Among the eight classical types of Shoola, Annadrava Shoola and Parinama Shoola closely resemble the clinical features of gastric ulcer and duodenal ulcer, respectively. Therefore, Shoola is considered an important symptom in the diagnosis of various gastrointestinal disorders.

PARINAM SHOOLA

Parinama Shoola has been elaborately described by Madhavakara and commentator Vijayarakshita. It is characterized by abdominal colicky pain that occurs during the digestion of food, typically 3-4 hours after meals, when the food reaches the intestine. This condition is considered an Avarana-janya Tridoshaja Vyadhi in Ayurveda.

SYNONYM

- Annadrava Shoola
- Pakidoshaja shoola
- Annavidahaja shola

NIDAN

The important causative factors of Parinama Shoola include: Excessive physical exertion Sleep deprivation or late-night wakefulness Consumption of excessively dry, fat free, or incompatible foods (Viruddha Ahara) Prolonged fasting and irregular meal timings Psychological stress, anxiety, grief, and worry Trauma or severe injury Frequent intake of cold, stale, fermented, and alcoholic foods and beverages

SAMPRAPTI OF PARINAM SHOOL

Ruksha Ahara + Vishamashana + Langhana (Dry food, irregular meals, fasting) Vata Aggravation of Vata Dosha Avarana (Obstruction) of Pitta & Kapha by Impaired digestive process (Agni disturbance) Pitta and protective Kapha formation) Imbalance between Pachaka Damage to gastric/duodenal mucosa (Vrana Pain during digestion (Pittaja Kala) Parinama ShoolaKey Concept: According to Vijayarakshita, Pitta is the predominant Dosha in Parinama Shoola, while Madhava Nidana emphasizes Kapha-Pitta Avarana as the chief mechanism leading to pain.

RUPA

The cardinal symptom of Parinama Shoola is abdominal pain, which may be localized to the epigastric, right or left hypochondriac, umbilical, right or left iliac, hypogastric, or retrosternal regions. The pain typically subsides after food intake, vomiting, or once digestion is complete.

CLASSIFICATION

According to Madhavakara, Parinama Shoola is classified into seven types

- Vataja
- Pittaja
- Kaphaja
- Three Samsargaja (dual-dosha types)
- One Sannipataja (Tridoshaja)

PROGNOSIS

The prognosis is generally poor in:Tridoshaja (Sannipataja) Parinama Shoola Patients with Kshina Mamsa Bala (emaciation or poor physical strength) associated with Mandagni (impaired digestive fire).

TREATMENT

1. Acid Reduction herbs such as Madhuyashti, Shatavari, Yashtimadhu, Triphala, Amrita, and Pravala Panchamrita help neutralize excess acid and decrease its secretion.
2. Pain Relief herbs like Hingu, Katuki, Haritaki, Avipattikara Churna, Havan Bhaskar Churna, and Panch Sakara Churna help relieve pain by reducing gas and improving bowel movements.
3. Healing of Stomach Lining Herbs such as Shatavari, Madhuyashti, Draksha, Guduchi, and Amalaki strengthen the stomach's protective barrier and support repair of damaged mucosal tissue.
4. Improved digestion Digestive herbs like Shatapushpa, Ginger, Ajmoda, Dhaniya, Hingwastaka churna, Jirakadi vati and Lasunadi vati stimulates digestive enzymes & improve digestion.

Diet and Lifestyle Guidelines

- Eat three small meals a day. Avoid staying hungry for long periods or overeating.
- Eat slowly and chew your food well.
- Sit upright while eating and remain sitting for at least 1 hour after meals.
- Do not eat within 3 hours before going to bed. Eating late at night can increase stomach acid production.
- Avoid foods and drinks that may worsen acidity, such as:

Conclusion

Chronic abdominal pain may develop as a consequence of prolonged Ajeerna and Amlapitta

- Viruddha Ahara, stress, and physical inactivity are the major contributing factors
- Parinama Shoola and Annadrava Shoola are predominantly Tridoshaja disorders with Pitta dominance and may be correlated with Peptic Ulcer Disease
- Management primarily focuses on Pitta shamana (pacification of Pitta) and Vata anulomana (normalization of Vata).

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Effect of sequential Nasya Therapy with Shadbindu Taila and Ksheerbala Taila in the Management of Pittaj Shirashoole (Migraine):

A Case Study

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Abstract

Background

In Ayurveda, the clinical features of headache may resemble different types of *Shirashoola* depending upon the predominance of *Dosha*. In *Pittaja Shirashoola* patients with symptoms such as burning sensation, redness of the eyes, aggravation by heat, nausea, and vomiting. The condition may be correlated with Migraine is a chronic neurological disorder characterized by recurrent attacks of unilateral headache associated with nausea, vomiting, photophobia, and phonophobia. These recurrent episodes adversely affect the patient's quality of life. *Nasya Karma* is regarded as the principal therapeutic procedure for diseases affecting the head and neck region (*Urdhvajatrugata Vikara*). The present case study evaluates the therapeutic effect of sequential *Nasya* using *Shadbindu Taila* for three days followed by *Ksheerbala Taila* for four days.

Case Presentation

A 36-year-old female presented with a history of recurrent unilateral headache for the past 6-7 years. Headache episodes occurred approximately every 15 days and were associated with nausea, vomiting, photophobia, phonophobia, facial swelling, and redness of the eyes after bathing. These symptoms significantly affected her daily activities and overall quality of life.

Intervention

The patient received *Shadbindu Taila Nasya* for three consecutive days followed by *Ksheerbala Taila Nasya* for four consecutive days according to standard Ayurvedic procedures.

Results

Following therapy, there was a reduction in headache intensity and frequency. Associated symptoms such as nausea, vomiting, photophobia, phonophobia, facial swelling, and redness of the eyes also improved. No adverse effects were observed.

Conclusion

Sequential *Nasya* therapy with *Shadbindu Taila* followed by *Ksheerbala Taila* demonstrated beneficial clinical effects in this case of *Pittaja Shirashoola* (migraine). Further controlled clinical studies are required to validate these observations.

Keywords: Pittaja Shirashoola, Migraine, Nasya Karma, Shadbindu Taila, Ksheerbala Taila, Case Study.

Introduction

Ayurveda describes headache disorders under the broad heading of *Shiroroga*. *Pittaja Shirashoola* develops due to vitiation of *Pitta Dosha*, producing severe headache associated with burning sensation, redness of the eyes, intolerance to heat and light, irritability, nausea, and vomiting[1,2]. The symptoms observed in the present patient showed predominance of *Pitta* along with *Vata-Kapha* involvement.

Migraine is one of the most common neurological disorders worldwide and is characterized by recurrent attacks of unilateral pulsating headache lasting for several hours, frequently accompanied by nausea, vomiting, photophobia, and phonophobia.3 It predominantly affects women and significantly reduces work productivity and quality of life.

Nasya Karma is one of the Panchakarma procedures specifically indicated for diseases above the clavicle5,6. *Shadbindu Taila* is traditionally used because of its *Tridoshahara*, *Shothahara*, and *Vedanasthapana* properties7, while *Ksheerbala Taila* is valued for its *Vata-Pittahara*, *Balya*, *Brimhana*, and *Rasayana* actions8. Sequential administration may provide both dosha pacification and tissue nourishment.

Aim

To evaluate the effect of sequential Nasya therapy with Shadbindu Taila for three days followed by Ksheerbala Taila for four days in the management of Pittaja Shirashoola (migraine).

Case Report

NAME: XYZ
AGE: 36 YEARS
GENDER: MALE
RESIDENCE: Banjarawala Dehradun

History of present illness

A 36-year-old female presented to the *Ayurvedic* outpatient department with complaints of recurrent unilateral headache for the past 6-7 years. Headache episodes occurred approximately twice every month and were associated with nausea, vomiting, intolerance to bright light (*photophobia*), intolerance to loud sounds (*phonophobia*), facial swelling, and redness of the eyes after bathing. These symptoms significantly interfered with her household work and daily routine. She had previously received conventional symptomatic treatment, which provided only temporary relief.

The patient had no significant family history of migraine and followed a vegetarian diet. Her appetite was reduced, sleep was disturbed due to recurrent headaches, and there was no history of addiction. General examination revealed stable vital signs with blood pressure of 110/70 mmHg and pulse rate of 72/min. Systemic examination: Unremarkable

Samprapti Ghataka of Pittaja Shirashoola9 (Migraine)

Dosha	Pitta Pradhana, Vata Anubandha (Pitta sanshlisth Vata-Kapha)
Dushya	Rasa, Rakta, Mamsa
Upadhatu	Sira

Assessment criteria

- Unilateral headache intensity
- Nausea
- Vomiting
- Photophobia
- Phonophobia
- Redness of the eyes
- Facial swelling
- Frequency of headache episodes

Treatment Protocol

Procedure	Medicine	Quantity	Duration
Sodhan Nasya	*Shadbindu Taila*	6-6 drop in each nostril	3 days
Bringhan Nasya	*Ksheerbala Taila*	8-8 drops in each nostril	4 days

Purva Karma

- Mukhabhyanga with Ksheerbala taila
- Patta Swedana/ Mild fomentation over face and forehead

Pradhana Karma

- Shadbindu Taila Nasya for 3 consecutive days
- Ksheerbala Taila Nasya for the next 4 consecutive days

Paschat Karma

- Kaval with Saindhav Lavana yukta jala
- Dhumpan
- Keep in calm environment.

Case Report

Advise

- Avoid spicy, oily, and excessively sour foods
- Avoid fasting and sleep deprivation
- Avoid prolonged exposure to sunlight
- Maintain adequate hydration
- Practice regular sleep habits and stress reduction

After Treatment Clinical Status

Signs & Symptoms	Status
Unilateral headache	Improved (Mild)
Nausea	Absent
Vomiting	Absent
Photophobia	Mild
Phonophobia	Mild
Redness of eyes	Absent
Facial swelling	Absent
Frequency of headache episodes	Reduced significantly

Discussion

According to Ayurveda, *Pittaja Shirashoola* develops due to aggravation of *Pitta Dosha*, frequently associated with *Vata*. The patient's symptoms–including unilateral headache, nausea, vomiting, redness of the eyes, and intolerance to bright light–suggested predominance of *Pitta* with *Vata* involvement.

Nasya Karma acts directly on the Urdhvajatru Pradesha and is described as the treatment of choice for disorders affecting the head. Shadbindu Taila is traditionally indicated for diseases of the head and nose. Its pharmacological properties may help reduce inflammation, improve local circulation, and alleviate pain by pacifying aggravated Doshas.

Ksheerbala Taila contains Bala, milk, and sesame oil and is traditionally regarded as Vata-Pittahara, Balya, and Brimhana. Following the initial cleansing and Dosha-pacifying effect of Shadbindu Taila, Ksheerbala Taila may help nourish tissues, stabilize aggravated Vata, and support sustained relief from symptoms.

Conclusion

This case study demonstrates that sequential *Nasya* therapy using *Shadbindu Taila* for three days followed by *Ksheerbala Taila* for four days was associated with clinical improvement in a 36-year-old female patient diagnosed with *Pittaja Shirashoola* (migraine). Improvements were observed in headache intensity, associated symptoms, and quality of life without adverse effects. Further randomized controlled clinical trials are recommended to establish the efficacy and safety of this therapeutic protocol.

Patient Consent

Written informed consent was obtained from the patient before treatment and for publication of this case report while maintaining confidentiality.

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A Clinical Study On The Role Of Viddhakarma Along With Ayurvedic Formulations in Vataj Pratishyay

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Abstract

Vataj Pratishyaya, commonly correlated with allergic rhinitis in modern medicine, is a nasal disorder characterized by symptoms such as frequent sneezing, nasal obstruction, dryness, and thin nasal discharge. It arises primarily due to vitiation of Vata Dosha. With increasing environmental allergens and lifestyle imbalances, its prevalence has risen. Conventional treatments provide symptomatic relief but often fail to address the root cause. Ayurveda offers a holistic approach through internal medication and para-surgical procedures like Viddhakarma, which can help balance the Doshas and remove the underlying pathology. Viddhakarma, when combined with classical Ayurvedic formulations, offers a more effective and sustainable treatment approach for Vataj Pratishyaya. This combination therapy helps in reducing hypersensitivity, enhancing nasal patency, and improving overall patient quality of life.

Keywords: Vataj Pratishyaya, Viddhakarma, Allergic Rhinitis, Ayurveda, Doshas

Introduction

Pratishyaya - The term *Pratishyaya* means '*pratikshanam shyayate ith Pratishyaya*' means continuous secretion from *nasa* is known as *Pratishyaya* 1. *Pratishyaya* is a well-described *Nasa Roga* in Ayurvedic classics, encompassing various types based on *Dosha* predominance. Among them, *Vataj Pratishyaya* is considered a prominent and commonly encountered subtype, primarily resulting from the vitiation of *Vata Dosha* either alone or in association with other *Doshas*. *Vataj Pratishyaya* is characterized by frequent sneezing, clear watery nasal discharge (*Pravaha Srava*), nasal obstruction, dryness of nasal mucosa, headache, and sometimes anosmia (loss of smell). These symptoms closely resemble allergic rhinitis in modern medicine, especially the non-infectious, chronic, and seasonal variants.

According to Ayurveda, causative factors of *Vataj Pratishyaya* include ***Ati Vata Sevana*** (excess exposure to cold, dry air), ***Vega Dharana*** (suppression of natural urges), ***Ratri Jagarana*** (night awakening), ***Alpa Ahara***, and other lifestyle habits that aggravate *Vata Dosha*. Once vitiated, *Vata* accumulates in the ***Urdhva Jatru*** **(head and neck region)** and disturbs the normal functioning of the nasal passages.

CASE STUDY

A 5 year old Male child with the complaints of :

- Excessive nasal discharge (Rhinorrhoea)
- Excessive sneezing (>15 times in a Morning and >10 times in Night)
- Nasal blockage
- Cough

According to the patient's attendant, he was asymptomatic 1 yrs back .The patient took allopathic treatment from the nearest hospital for 3 months & got symptomatic relief. With above these complaints she came to Rishikul Ayurvedic Hospital for further management

HISTORY OF PAST ILLNESS : The subject has no systemic illness.

Aggravating Factors :

- Exposure to dust
- Cold climate
- Frozen foods
- Stress
- Gastric upset

General Information :

Weight -17. 9 kg	**Height-**106 cm
Expected weight- 18 kg	**Expected height-**107 cm
Cyanosis - Absent	**Clubbing**-Absent
Edema-Absent	**Head & face**-B/L symmetrical
Anemia-Absent	**Mouth & throat**-Tonsils are enlarged, dentation proper
Icterus-Absent	**Tongue**-Coated
Lymph nodes-Not enlarged	**Neck**-Trachea centrally placed
Hairs-Thick and shiny black	**Nails**-Smooth with no grooves

FAMILY HISTORY :

- Maternal - Healthy
- Paternal - Healthy
- Number of siblings - 1 elder sisters(healthy)

IMMUNIZATION HISTORY : Immunized for age

DEVELOPMENT HISTORY :

- Gross motor milestones
- Fine motor milestones Appropriate as per developmental age
- Social/personal milestones

PERSONAL HISTORY

- *Ahara*- Veg.
- *Vihara* - Addiction- Tea
- Bowel Habit- *Prakruta*, regular, once a day
- *Nidra - Swapndarshana*
- *Mutra*- 3-4 times/ day & 1-2 times/night

EXAMINATION

Ashta Sthana Pareeksha

1. Nadi:Vata Pradhana Kapha Anubandha, 72/min
2. Mutra: Prakruta, 3 to 4 times/day,1-2 times at night
3. Mala: Prakruta, regular, once a day
4. Jihwa: Lipta
5. Shabda: Hoarseness of voice
6. Sparsha: Samyaka
7. Druk: Aawila
8. Akruti: Madhyama

LOCAL EXAMINATION

NOSE

- Nasal Mucosa- Pale, Bluish
- Discharge- Rhinorrhe
- Turbinate -Septum Bilateral nostril Inferior turbinate hypertrophy
- Septal- mucosal Thickening

DIAGNOSIS- Based on the history and clinical examination, the case was clinically diagnosed as a *Vataj Pratishyaya* (Allergic Rhinitis).

CHIKITSA-

Chikitsa given in 4 Steps :

1. *Nidana Parivarjana*
2. *Viddhakarma* and *Aushadha Chikitsa*
3. *Pathya- Apathya*

1. ***Nidana Parivarjana :*** *Nidana Parivarjana* is one of the most effective and preventive principles in *Ayurveda*. It emphasizes the elimination of disease-causing factors–whether related to *Ahara* (diet) or *Vihara* (lifestyle)–as a primary approach for both prevention and
treatment of diseases.

2. *Viddhakarma and Aushadha Chikitsa*

- ***Viddhakarma* in *Upnasika***

Procedure: *Viddhakarma*
Site: *Upnasika* (nasal region)
Duration: 3 consecutive days
Condition: *Vataj Pratishyay*/Allergic Rhinitis
Indication: Patient presented with classical symptoms of *Vataj Pratishyay* – frequent sneezing, nasal obstruction, and clear watery nasal discharge.
Treatment: *Viddhakarma* was performed in the Upnasika marma sthana for 3 days using a sterile blood-letting lancet (*shastrakarma*) under aseptic conditions.

- ***Aushadha Chikitsa***

1. *Sitopaladi Churna* 1 gm bid with honey
2. *Haridra khanda* 1 spoon with milk at night × 7 days
3. *Nishamrit Vati* 1 bid
4. *Anu Tailam Nasya* OD at morning

1. **Pathya- Apathya : 2**

Pathya	Apathya
• Always cover mouth and nose while moving outside in dust or polluted area. • Shiroabhyanga with Oil. • Take hot water. • Vegetables to eat- Brinjal, Beans, Radish, Garlic as food supplement. • Take Mudga Yush as soft, liquid diet.. • Take one tsf Ghee when eating food for better digestion. • Take Light and healthy food.	• Direct Exposure to Wind And Dust. • Headbath • Sleeping Day time. • Abhshyandi Ahara Sevan. • More Anger, Shoka, Crying, To retain urine and stool for long time. • Cold drinks, ice cream and other refrigerated items.

DISCUSSION :

The present case of *Vataj Pratishyay* (allergic rhinitis with Vata dominance) was managed using a combination of *Shastra Karma* (*Viddhakarma*), *Aushadha Chikitsa*, and *Nidana Parivarjana*. The patient exhibited classical symptoms including frequent sneezing, nasal obstruction, and watery nasal discharge, suggestive of aggravated *Vata dosha* in the *Urdhva Jatru* region.

1. ***Nidana Parivarjana* (Avoidance of Triggers)**

To prevent recurrence, the patient was advised strict *Nidana Parivarjana*, including:

- Avoid exposure **to** dust, cold air, and allergens
- Avoid milk and dairy products, which aggravate *Ka*pha
- Maintain warm, light, and easily digestible diet
- Avoid daytime sleeping, overexertion, and mental stress

2. **Viddhakarma in Upnasika**

Viddhakarma, was performed at the Upnasika Marma Sthana (nasal region) for 3 consecutive days using a sterile lancet under aseptic conditions.

- Therapeutic Rationale: Viddhakarma facilitates the elimination of vitiated Rakta and Doshas, particularly Vata-Kapha, localized in the nasal sinuses. It also relieves Shotha (inflammation), reduces Srotorodha (obstruction in channels), and helps pacify the aggravated Vata, which is primarily responsible for dryness and sneezing.
- Clinical Observation: The patient reported a noticeable reduction in nasal stuffiness and frequency of sneezing, along with improved nasal patency by the third day of therapy.

Aushadha Chikitsa

Concomitant Ayurvedic medication was administered to support systemic dosha balance and prevent recurrence:

1. ***Sitopaladi Churna*** -

- Ingredient: *Sitopala, Vanshlochan*), *Pippali, Ela ,Tvak*
- Acts as *Kapha-Vata hara*, bronchodilator, and expectorant.

2. ***Haridra Khanda*** - **3**
- Ingredient: *Haridra, Daruharidra, Trivrit, Haritaki, Bibhitaki, Amalaki, Nagarmotha, Ajwain, Pippali, Marich, Shunthi, Ela, Tejpatra, Dalchini, Sarkara, and Ghrita.*
- *Raktashodhaka* and *Kandughna*, effective in allergic conditions. It helps stop sneezing and reduces nasal congestion and postnasal drip.

3. **Nishamrit Vati –**
- Ingredients : Haridra, Amalaki, Guduchi, Shilajit, Katuki, and Meshashringi.
- Rasayana that boosts immunity, supports metabolism, and purifies blood.

4. **Anu Tailam Nasya 4–**
- Helps maintain Urdhvajatru shuddhi, prevents recurrence, and supports sensory organ health.

CONCLUSION

This case reflects the effectiveness of *Viddhakarma* as a localized therapy in *Vataj Pratishyay*, especially when supported with appropriate internal medicines and lifestyle modification. The integrative approach not only provided symptomatic relief but also aimed at breaking the allergic-inflammatory cycle, highlighting Ayurveda strength in managing chronic upper respiratory conditions.

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गर्मी के मौसम में पित्त विकारों की रोकथाम : आयुर्वेद की भूमिका

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भूमिका

"स्वस्थस्य स्वास्थ्य रक्षणम् आतुरस्य विकार प्रशमनं च।"

"चरक संहिता, सूत्रस्थान"

आयुर्वेद का मुख्य उद्देश्य केवल रोगों का उपचार करना ही नहीं, बल्कि स्वस्थ व्यक्ति के स्वास्थ्य की रक्षा करना भी है। इसी कारण आयुर्वेद में ऋतु के अनुसार आहार-विहार और दिनचर्या अपनाने पर विशेष बल दिया गया है। वर्तमान समय में बढ़ती गर्मी, बदलती जीवनशैली, अनियमित भोजन, मानसिक तनाव तथा अधिक मिर्च-मसाले और जंक फूड के सेवन के कारण पित्त से संबंधित विकार तेजी से बढ़ रहे हैं। गर्मियों के मौसम में शरीर से अधिक पसीना निकलने के कारण जल की कमी हो जाती है। यदि इस समय खान-पान और दिनचर्या पर ध्यान न दिया जाए तो अम्लपित्त, सीने में जलन, खट्टी डकारें, मुँह के छाले, गले में जलन, अधिक प्यास तथा अपच जैसी समस्याएँ अधिक देखने को मिलती हैं।

सरकारी आयुर्वेद चिकित्सालयों की ओपीडी में भी गर्मियों के दौरान ऐसे रोगियों की संख्या बढ़ जाती है। इनमें से अधिकांश समस्याएँ गंभीर रोग नहीं होतीं, लेकिन समय रहते ध्यान न देने पर व्यक्ति के दैनिक जीवन, कार्यक्षमता और स्वास्थ्य पर प्रभाव डाल सकती हैं। इसलिए उपचार के साथ-साथ इनकी रोकथाम भी उतनी ही आवश्यक है।

आयुर्वेदिक दृष्टिकोण

आयुर्वेद के अनुसार पित्त शरीर की पाचन क्रिया, शरीर की ऊष्मा, वर्ण, बुद्धि तथा दृष्टि का प्रमुख नियामक है। जब पित्त संतुलित रहता है तब शरीर की सभी क्रियाएँ सामान्य रुप से चलती रहती हैं, लेकिन अनुचित आहार और जीवनशैली के कारण पित्त बढ़ने लगता है। अत्यधिक तीखा, खट्टा, नमकीन और तला हुआ भोजन, अधिक धूप में रहना, देर रात तक जागना, खाली पेट रहना तथा क्रोध और तनाव पित्त वृद्धि के प्रमुख कारण माने गए हैं।

गर्मी के मौसम में शरीर से द्रव की अधिक हानि होती है। यदि इस समय पर्याप्त पानी न पिया जाए और बार-बार बाहर का भोजन किया जाए, तो पित्त के लक्षण और स्पष्ट हो सकते हैं। आयुर्वेद ऐसे समय में केवल औषधियों पर निर्भर रहने के बजाय उचित आहार, दिनचर्या और ऋतुचर्या का पालन करने की सलाह देता है। यही इसकी निवारक चिकित्सा की सबसे बड़ी विशेषता है।

आधुनिक परिप्रेक्ष्य

आधुनिक चिकित्सा के अनुसार भी अधिक गर्मी, निर्जलीकरण, अनियमित भोजन तथा तनाव का प्रभाव पाचन तंत्र पर पड़ता है। ऐसे में एसिडिटी, अपच, गैस तथा पेट में जलन जैसी समस्याएँ बढ़ सकती हैं। पर्याप्त पानी पीना, संतुलित भोजन करना और समय पर भोजन करना इन समस्याओं से बचाव में सहायक हो सकता है।

पित्त विकारों की रोकथाम में आयुर्वेद की भूमिका

आयुर्वेद में रोग होने के बाद उपचार करने से अधिक महत्व रोगों की रोकथाम को दिया गया है। गर्मी के मौसम में यदि कुछ सरल बातों का ध्यान रखा जाए तो पित्त से होने वाली अधिकांश समस्याओं से बचा जा सकता है।

सबसे पहले भोजन पर विशेष ध्यान देना चाहिए। इस मौसम में हल्का, सुपाच्य और ताज़ा भोजन लेना अधिक लाभदायक रहता है। जौ, मूंग, पुराना चावल, लौकी, तोरी, परवल जैसी सब्जियाँ तथा अनार, द्राक्षा और आमलकी जैसे फल पित्त को संतुलित रखने में सहायक माने गए हैं। भोजन हमेशा समय पर करना चाहिए। लंबे समय तक खाली पेट रहने या एक साथ बहुत अधिक भोजन करने से बचना चाहिए।

पर्याप्त मात्रा में स्वच्छ जल का सेवन भी आवश्यक है। अधिक पसीना आने के कारण शरीर से जल और लवण की कमी हो सकती है। इसलिए दिनभर थोड़ी-थोड़ी मात्रा में पानी पीना चाहिए। आवश्यकता अनुसार छाछ, नारियल पानी तथा अन्य प्राकृतिक पेय भी लिए जा सकते हैं। इसके विपरीत अत्यधिक ठंडे, कार्बोनेटेड और अधिक मीठे पेयों का नियमित सेवन उचित नहीं माना जाता।

दिनचर्या भी उतनी ही महत्वपूर्ण है। दोपहर की तेज धूप में अनावश्यक रुप से बाहर निकलने से बचना चाहिए। हल्के सूती वस्त्र पहनना, पर्याप्त नींद लेना तथा योग, प्राणायाम और ध्यान जैसी गतिविधियों को दिनचर्या का हिस्सा बनाना लाभदायक होता है। मानसिक तनाव और क्रोध भी पित्त वृद्धि के कारण माने गए हैं, इसलिए मानसिक संतुलन बनाए रखना आवश्यक है।

पथ्य एवं अपथ्य

पथ्य:

- मूंग, जौ, पुराना चावल
- लौकी, तोरी, परवल
- आमलकी, अनार, द्राक्ष
- पर्याप्त स्वच्छ जल
- समय पर भोजन

अपथ्य:

- अधिक मिर्च-मसाले
- तला हुआ भोजन
- जंक फूड
- कार्बोनेटेड एवं अत्यधिक मीठे पेय
- देर रात भोजन एवं भोजन छोड़ना

जनस्वास्थ्य में आयुर्वेद की भूमिका

आज जीवनशैली से जुड़े रोग तेजी से बढ़ रहे हैं। ऐसे समय में आयुर्वेद की निवारक अवधारणाएँ पहले से अधिक महत्वपूर्ण हो गई हैं। प्राथमिक स्वास्थ्य केन्द्रों, आयुष चिकित्सालयों, विद्यालयों तथा सामुदायिक स्वास्थ्य शिविरों के माध्यम से ऋतुचर्या, पथ्य-अपथ्य तथा संतुलित जीवनशैली के बारे में लोगों को जागरुक किया जा सकता है। यदि लोग छोटी-छोटी सावधानियाँ अपनाएँ, तो पित्त विकारों के साथ-साथ अनेक पाचन संबंधी समस्याओं की रोकथाम भी संभव है।

पित्त विकारों का आयुर्वेदिक उपचार

पित्त विकारों के उपचार में आयुर्वेद रोगी की प्रकृति, दोषों की अवस्था तथा रोग की तीव्रता का सम्यक् मूल्यांकन कर उपचार करता है। सामान्यतः अम्लपित्त एवं अन्य पित्तजन्य विकारों में चिकित्सकीय परामर्शानुसार आमलकी, यष्टिमधु, गुडूची, शतावरी, अविपत्तिकर चूर्ण तथा कामदुधा रस जैसी आयुर्वेदिक औषधियों का प्रयोग किया जा सकता है। आवश्यकता अनुसार पंचकर्म की विरेचन चिकित्सा भी लाभकारी मानी गई है। किसी भी औषधि का सेवन योग्य आयुर्वेद चिकित्सक की सलाह से ही करना चाहिए।

निष्कर्ष

समदोषः समाग्निश्च समधातुमलक्रियः।
प्रसन्नात्मेन्द्रियमनः स्वस्थ इत्यभिधीयते॥

(सुश्रुत संहिता, सूत्रस्थान 15/48)

आयुर्वेद हमें सिखाता है कि स्वस्थ जीवन केवल औषधियों पर निर्भर नहीं करता, बल्कि संतुलित आहार, नियमित दिनचर्या, मानसिक शांति और प्रकृति के अनुरुप जीवनशैली पर आधारित होता है। गर्मी के मौसम में यदि ऋतु के अनुसार आहार-विहार अपनाया जाए, पर्याप्त जल सेवन किया जाए और पित्त बढ़ाने वाली आदतों से बचा जाए, तो अधिकांश पित्त विकारों की रोकथाम संभव है। इसलिए आयुर्वेद का निवारक दृष्टिकोण केवल व्यक्तिगत स्वास्थ्य ही नहीं, बल्कि जनस्वास्थ्य की दृष्टि से भी अत्यंत उपयोगी और प्रासंगिक है।

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Role of Ayurveda in the management of Asrigdara – A case study

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Introduction-

Dysfunctional uterine bleeding (DUB) is one of the most prevalent gynaecological concerns affecting women across adolescent or perimenopausal age groups, significantly impacting their physical, emotional, and social well-being. It occurs in the absence of any identifiable organic pelvic pathology, pregnancy, systemic disease or medication-induced causes. DUB may present as excessive menstrual bleeding, irregular bleeding, prolonged menstrual bleeding or frequent menstrual cycles. It occurs mostly in adolescent or perimenopausal periods due to immaturity or decline in hypothalamic-pituitary-ovarian axis function. The underlying mechanism involves hormonal imbalance, resulting in abnormal endometrial growth and shedding.

In Ayurveda, these conditions are described under the term Asrigdara, a condition described under Rakta Pradoshaja Vikara and Yonivyapad. It is characterized by excessive or prolonged menstrual bleeding (Ati Pravritti of Artava) and is primarily attributed to the vitiation of Pitta Dosha and Rakta Dhatu. Due to Nidan Sevan (excessive intake of spicy, sour food, alcohol, stress, overexertion etc) Pitta Dosha becomes aggravated. Simultaneously Apana Vata undergoes Vaigunya leading to impairment of its normal role in regular menstruation. The aggravated Pitta vitiates Rakta and Artava resulting in qualitative and quantitative abnormalities of the menstrual blood. Consequently, Aratavaha Srotas and Raktavaha Srotas become vitiated producing excessive flow. The pathological process localizes in the Garbhashaya, causing Garbhasaya Dusthi, as a result, there is Atipravriti of Artava, manifested clinically as excessive or prolonged uterine bleeding, which is known as Asrigdar.

Management of Asrigdara in Ayurveda includes principles such as Pitta-Shamana (pacification of Pitta), Rakta-Stambhana (hemostasis), and Garbhashaya-Balya (strengthening of the uterus). A case report is presented, where a patient with Asrigdar was successfully managed using internal medicines Pradrantak Lauh, Pushyanug Churna and Lodhrasav.

Case Report –

A 19 years old female patient came to the O.P.D. of *Rajkiya Ayurvedic Chikitsalaya Raiagar* Pithoragarh with following complaints since last 1 month, she had taken treatment at different places but didn't get satisfactory relief in complaints.

- Abdominal Pain.
- Weakness
- Regular Vaginal Bleeding

Patient details

Past history- No history of HTN, DM.

Family history- No paternal or maternal history.

Personal History - Occupation: Student

Lifestyle: Sedentary

Food habit: Irregular pattern

Diet: Mixed Diet
Appetite: Moderate
Bowel: Clear
Micturition: 7-8 times per day
Sleep: Disturbed
Habits: High Intake of tea (4-5 times daily)
Menstrual history
LMP - 08/10/2024
Menstrual cycle- 4 -5 days/month
Menstrual flow - 4-5 pads per day
Cycle duration = 28-30 days (Pain during flow)
menses - Irregular
Marital history - Unmarried

Systemic examination

1. Respiratory System: Bilateral chest clear, air entry bilaterally equal, no added sounds.
2. Cardiovascular System: S1 and S2 heart sounds audible, no murmurs detected.
3. Central Nervous System (CNS): Patient is conscious, alert, and well-oriented to time, place, and person; all superficial reflexes are intact.
4. Gastrointestinal System (GIT): Abdomen soft and non-tender, bowel sounds audible, no abnormalities detected.

Assessment Criteria -

Parameters	**0**	**1**	**2**	**3**
Amount of menstrual bleeding	Normal	Mildly increased	Moderately increased	Severely increased
Duration of bleeding	3-7 days	8-10 days	11-14 days	>14 days
Number of sanitary Pads	<3	4	6	>8
Passage of clots	None	Occasional	Frequent	Large/multiple
Interval between Cycles	21-35 days	18-20 days	10-17 days	>10 days
Lower abdominal pain	None	Mild	Moderate	Severe
Weakness/fatigue	None	Mild	Moderate	Severe
Pallor	Absent	Mild	Moderate	Severe

TREATMENT PROTOCOL -

Table no. 2: *Shaman Chikitsa* First Visit (14/11/2024)

S.no.	Medicine	Dose	Duration
1	**Pradrantak Lauh**	1 tab Bid	07 days
2	**Pushyanug Churna**	3 gm Bid with Tandulodak	07 days
3	**Lodhrasav**	20 ml bid with same amount of water	07 days

Pathya-Apathya (Recommended Diet and Lifestyle Modifications)

- The patient was advised to follow specific Ahara (dietary) and Vihara (lifestyle) guidelines as part of her treatment protocol:

Ahara (Dietary Recommendations)

- Drink plenty of water to maintain hydration.
- Take a high-fibre diet with fresh fruits and green leafy vegetables.
- Intake of garlic, meat soup (*Māṁsa Rasa*), and rice water (*Kanji*) was encouraged for nourishment and digestive support.

Vihar (Lifestyle Recommendations)

- Keep the genital area clean and dry at all times.
- Maintain proper personal hygiene.

Symptoms	B.T.	1st follow up	2nd follow up	3rd follow up	A.T.
Amount of menstrual bleeding	2	1	1	1	0
Duration of bleeding	3	0	0	0	0
Number of sanitary Pads	2	2	2	1	1
Passage of clots	2	1	1	0	0
Interval between Cycles	3	0	0	0	0
Lower abdominal pain	2	1	1	0	0
Weakness/fatigue	2	1	1	0	0
Pallor	1	1	1	1	0

DISCUSSION

Asrigdar can be managed very well by Ayurveda, in this case patient presented with complaints of Prolonged Bleeding, Abdominal Pain and weakness. Improvement was observed within 3-5 days after starting of treatment and no complaint of Prolonged Bleeding, Abdominal Pain and weakness after taking treatment for 2 months.

Pradarantak Lauha is an important Ayurvedic Herbo-mineral formulation used in the management of *Asrigdara* due to its *Rakta-Stambhana* (haemostatic), *Pitta-Shamana*, *Garbhashaya-Balya* (uterine tonic) and *Rasayana* properties. It contains *Lauha Bhasma*, which replenishes iron stores, improves Rakta Dhatu, and corrects the anaemia commonly associated with prolonged menstrual blood loss. The formulation also includes *Kashaya Rasa* herbs such as *Lodhra*, *Ashoka*, *Nagakesara*, and *Amalaki*, which help arrest excessive uterine bleeding by promoting vasoconstriction, enhancing endometrial repair, and stabilizing the uterine vasculature. Its *Pitta-Shamana* action reduces excessive bleeding caused by aggravated *Pitta* and *Rakta Dosha*, while *Deepana-Pachana* herbs improve digestion, eliminate *Ama*, and normalize *Apana Vata*, thereby restoring regular menstrual function. Collectively, *Pradarantak Lauha* controls excessive bleeding, strengthens the uterus, improves haemoglobin levels.

Pushyanuga Churna has *Rakta-Stambhana* (haemostatic), *Pitta-Shamana*, *Grahi* (absorbent), and *Garbhashaya-Balya* (uterine strengthening) properties. The formulation contains predominantly *Kashaya Rasa* herbs such as *Patha*, *Manjistha*, *Arjuna*, and *Mochrasa*, which help arrest excessive uterine bleeding by promoting vasoconstriction, enhancing endometrial stability, and improving tissue healing. It pacifies aggravated *Pitta* and *Rakta Dosha*, thereby reducing excessive menstrual blood loss, while its *Grahi* action decreases abnormal uterine discharge. The presence of *Deepana-Pachana* herbs corrects *Agnimandya*, digests *Ama*, and restores the normal function of *Apana Vata*, leading to proper regulation of menstruation. Thus, *Pushyanuga Churna* controls excessive bleeding, reduces inflammation, strengthens the uterus, and restores normal menstrual physiology in patients with *Asrigdara*.

Lodhrasava acts in Asrigdara primarily through its Rakta-Stambhana, Pitta-Shamana, and Garbhashaya-Balya properties. The chief ingredient, Lodhra, possesses Kashaya Rasa, which helps constrict blood vessels, promotes tissue healing, and controls excessive uterine bleeding. It pacifies aggravated Pitta and stabilizes Rakta Dhatu, thereby reducing abnormal menstrual blood loss. The formulation also contains herbs such as Musta, Triphala, and Dhataki, which exhibit Deepana-Pachana action, improve digestion, remove Ama, reduce inflammation, and restore the normal function of Apana Vata. Together, these actions strengthen the uterus, improve endometrial health, regulate menstrual flow, and effectively alleviate the symptoms of Asrigdara.

Conclusion-

The present case study demonstrates that Ayurvedic management can be effective in the treatment of Asrigdara (Dysfunctional Uterine Bleeding). Administration of Lodhrasava, Pushyanuga Churna, and Pradarantaka Lauha, along with appropriate dietary and lifestyle modifications, resulted in a significant reduction in the duration and quantity of menstrual bleeding, improvement in associated symptoms such as weakness and fatigue, and restoration of a regular menstrual cycle. The therapeutic effect may be attributed to the Rakta-Stambhana, Pitta-Shamana, Garbhashaya-Balya, Deepana-Pachana, and Rasayana properties of the formulations, which help control excessive uterine bleeding, strengthen the uterus, correct Rakta Dhatu depletion, and normalize the function of Apana Vata. This case suggests that Ayurvedic treatment offers a safe, holistic, and effective approach for the management of Asrigdara; however, larger clinical studies are required to further establish its efficacy and validate these findings.

PITTAJA MUKHAPAKA (STOMATITIS): AN AYURVEDIC APPROACH TO TREATMENT

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Abstract

Recurrent aphthous stomatitis (modern) corresponds well with Pittaja Mukhapaka (Ayurvedic) oral disorder described under Mukha Roga. Its clinical profile of burning, redness and painful ulceration is well established, but the power of Ayurveda is its firm multi-level treatment structure. This article is focused on that management framework, with emphasis on cause elimination, internal purification and pacification therapies, oral specific therapies like Gandusha and Kavala, single or compound drug formulations and supportive dietary regulation based on the classical texts and clinical evidence published from 2021 to 2026.

Keywords: Pittaja Mukhapaka, Stomatitis Treatment, Gandusha, Kavala, Shamana Chikitsa, Shodhana Chikitsa, Ayurvedic Oral Care

Introduction

Recurrent aphthous stomatitis affects a significant portion of the world's population, and the main treatment for the condition is symptomatic–usually involving the use of topical steroids, analgesics, and antiseptics–alongside treatment of any secondary bacterial infections. These can help relieve discomfort, but they are unlikely to prevent the headache returning and longer-term use can have side effects. In Ayurveda the condition known as Pittaja Mukhapaka is seen not only as a local mouth lesion but as a symptom of the Pitta Dosha aggravation and vitiation of Rakta Dhatu in the oral mucosa. Since the disease is caused by an imbalance of doshas in the whole body, the Ayurvedic treatment will aim to balance the doshas in the root cause along with curing the local lesion.

Principles Guiding Treatment

The four coordinated treatment methods for Pittaja Mukhapaka are elimination of the factors, elimination of excess Pitta and disturbance of blood, pacification of residual disturbance with cooling internal medicine and application of local treatment directly to mouth. All four are accompanied with diet and daily-routine correction: neglecting any of these means that none of them can help.

1. Nidana Parivarjana (Removing the Cause)

The first step in treatment is to identify and eliminate the foods that may have provoked Pitta in the first place–excessive spicy, sour, salty or fermented foods, alcohol, tobacco, prolonged exposure to heat, suppressed anger or stress, disruption of sleep and poor oral hygiene. This first step is necessary to give later treatments a chance of relief as the aggravating influence still continues to drive the inflammation.

2. Shodhana Chikitsa (Biopurification)

If the Pitta and Rakta vitiation has been identified, classical texts state that cleansing rather than suppression is to be done. Virechana (therapeutic purgation) is recommended to remove excess Pitta from its seat and Raktamokshana (controlled bloodletting) is indicated in certain recurrent or severe cases for the removal of local congestion of vitiated blood in the oral tissue. The idea behind these procedures is to eliminate the toxic load, not just the symptoms on the surface.

3. Shamana Chikitsa (Internal Palliative Medicines)

Cooling and blood-purifying internal medicines are prescribed for milder or nonrecurrent presentations and as a post Shodhana treatment. Single herbs are commonly used and include Yashtimadhu (Glycyrrhiza glabra) for its anti-inflammatory and mucosal healing effects, Guduchi (Tinospora cordifolia) for its immunomodulatory and Pitta pacifying properties, Amalaki (Emblica officinalis) for its antioxidant properties, and Tribhuvana Khadira (Acacia catechu) for its antimicrobial and astringent properties, which aid in ulcer healing. Classical usage also includes compound preparations like Sutshekhar Rasa, Kamadudha Rasa and Praval Pishti for burning sensation and excess acidity associated with Pitta aggravation.

4. Local Therapies (Kriya Kalpa) — Direct Oral Care

The procedures directly applied to the mouth are particularly emphasized in Ayurveda as the lesion present should be cared for locally in order to bring relief and disinfection, while the systemic correction is also important.

The technique of Gandusha is to hold a medicinal solution in the mouth without any motion, until the mouth is full and it causes slight discomfort, then spitting it out. The randomized controlled trial study on Jatyadi Kwatha Gandusha revealed statistically significant decrease in burning sensation, ulcer size, pain and inflammation when compared to baseline which indicates effectiveness of this intervention for aphthous ulcer.

Kavala is a similar, but more active procedure, in which the medicated liquid is gargled and swished around in the mouth prior to being expelled, providing both mechanical cleaning of the ulcerated surface as well as the active local action of the medicine.

Pratisarana is the application of a herbal paste or powder directly on the ulcer area providing direct anti-inflammatory and anti-microbial contact with the ulcer.

A separate clinical trial, where Triphala Kwatha was used along with Madhu mukha dhavana (oral wash using honey) showed significant improvement in Mukhapaka symptoms, which further highlights the benefit of oral wash using decoction as a readily available adjunct therapy.

Diet and Lifestyle (Pathya-Apathya)

During therapy, it is recommended that the patient consumes more cooling, easily digestible foods like milk, ghee, sweet fruits, etc., and that the patient avoid spicy, sour, fried, very hot foods, alcohol and tobacco. Sleep, stress reduction and proper oral hygiene are believed to be important supportive measures that help prevent relapse after the acute lesion is healed.

Integrating the Approach

The unique aspect of Ayurvedic management is not the individual medicine used, but the order in which these therapies are applied: removal of the cause(s) first, then purification if appropriate, then pacification (curbing the doshic disturbance), and finally local therapies (to speed up the healing of the mucosa), all backed up by dietary discipline. There are limited but encouraging clinical studies conducted on Jatyadi Kwatha Gandusha and Triphala Kwatha along with Madhu Mukha Dhavana which demonstrated a significant decrease in pain, ulcer size and burning micturition.

Conclusion

Pittaja Mukhapaka requires a well-structured Ayurvedic protocol involving both the systemic and local condition of the oral lesion. The combination of cause elimination, selective purification, cooling of internal medicines and targeted procedures like Gandusha, Kavala, Pratisarana provides a line of treatment not just for the relief of symptoms, but for preventing recurrence; this is where conventional therapy still has a way to go. Further larger randomized trials are required to standardize dose, formulation and duration of these therapeutic options to ensure that Ayurvedic oral care can be confidently included in the mainstream of the management of stomatitis.

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Daruharidra and Nimb and Mulethi Praseka in management of Pittaj Abhishyanda – A single case study

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Abstract

Pittaj abhishyanda is described in Sushruta samhita as one of the type of Abhishyanda in Sarvagata rogas. Acute bacterial conjunctivitis is a type of contagious disease of conjunctiva. If it remain untreated can shows corneal involvement like corneal ulceration, and may have permanent opacity leading to blindness. The established treatment includes instillation of eyedrops like antibacterial and steroidal. However overuse of these drugs leads to resistance, making them ineffective. So the need of the hour is to develop some alternative method of treatment. Due to similarity in clinical features, the disease Pittaj Abhishyanda can be compared with acute bacterial conjunctivitis. Here in this study we have decided to see the efficacy of praseka done with kwath of Daruharidra, Nimb, Mulethi on pittaj Abhishyanda wsr to acute bacterial conjunctivitis. The study has shown excellent results in reducing symptoms like netra daha(burning sensation), netra shoph (swelling), netra kleda (mucoprulent discharge), netra toda(pain).

Keywords - Pittaj Abhishyanda, Acute bacterial conjunctivitis, Praseka.

Introduction –

Acharaya Sushruta has described the disease abhiashyanda in 17 types of sarvagata roga.i Abhishyanda is the contagious diasease and becomes the cause for most of the eye disease.ii According to Ayurveda it is an aupsargic vyadhi, which is caused by contamination of eye discharge. In ayurvedic text Pittaj abhishyanda is described amongst the four types of abhishyanda, divided on the basis of doshik predominance.

The symptoms of Pittaj Abhishyanda are Daha (burning sensation), Prapak, Shishirabhinandata (feel better after cold exposure), Dhoomayana (smoky vision), Ushnashruta (hot lacrimation). Symptoms of conjunctivitis is similar to Abhishyanda in Ayurveda. Conjunctivitis is the inflammation of conjunctiva classically defined as conjunctival hyperaemia associated with discharge which may be watery, mucoid, mucopurulent or purulent.iii

Pittaj abhishyanda can be more relatively compared with acute bacterial conjucnctivitis due to similarity in clinical features. Acute bacterial conjunctivitis is characterised by the marked conjunctival hyperaemia, discomfort, foreign sensation, grittiness, burning sensation, blurring of vision due to mucous flakes in front of cornea, photophobia etc.iv Further as also described earlier, Acharya has cautioned Abhishyanda can be manifested as a result of contagious etiology and disease spread from one person to another.v

The established treatment of acute bacterial conjunctivitis includes topical antibiotics, irrigation of conjunctival sac with sterile saline, anti-inflammatory, analgesics and dark goggles.vi

However this management gives only symptomatic relief and disease can occur again which in long term causes occasional complications like superficial punctuate epitheliopatyhy, blepharitis, marginal corneal ulceration, superficial keratitis and dacryocystitis.vii

The purpose of this study is to find solution treating pittaj abhishyanda instead of providing temporary effect and reccurrence with AYURVEDIC procedures as an alternate for repeated steroid, antibiotics as symptomatic treatment.

Material and methods

Case report-

A 18 year patient presented with sudden onset of symptom of redness in eye, irritation, blurring of vision, sticky discharge from last 3-4 days. No medical history was present. No ocular surgical history was present. No history of any allergic reaction till now. After the proper assessment and examination of the case clinical diagnosis of pittaj abhishyanda was made.

Personal history

Diet- Non vegetarian
Apetite- Normal
Bowel movement- Regular
Addiction - None
Astavidha pariksha
Nadi- Pitta pradhan vattaj
Mala- Prakruta
Jrihva- Nirama
Sdhabda- Spastha
Druka- Prakruta
Akriti- Madhyama

Ocular examination

OD-
Eyelid- Upper eyelid swollen
Eyelid margins- Flakes of mucous seen at lower lid margin and upper lid margin
Canthii- Flakes of mucus seen at medial canthus.
Lacrimal apparatus- Regurgitation test negative
Conjunctiva- Congestion present in both palpebral and bulbar conjunctiva
Fornices- Mucous flakes present in lower fornix and medial fornix.
Anterior chamber - Normal depth.
Lens - Normal, jet black colour
Fundus - No abnormality detected
OS- No abnormality detected.

Visual acuity examination-

OD	OS
6/18	6/6

NEAR VISION- N6

No color blindness

Material and methods-

Aim of study - To study the efficacy of Nimb, Mulethi and Daruharidra seka in pittaj abhishyanda WSR to mucopurulent conjunctivitis.
Type of study- Single case study
Place of study- Shivalik institute of Ayurveda and research, Jhajhra, Dehradun.

Treatment given -

Patient was treated with the Netra seka of freshly prepared kwath of Daruharidra, Mulethi, Nimb for 10 days in the kriyakalpa department. The used kwath of one day was disposed off after the treatment and freshly prepared kwath was used every day.

Patient was followed up daily for the progress. The symptoms were regressing daily and there was improvement in the condition of eye.

Preparation kwath for praseka - 3 gm of Yastimadhu, 3 gm of Nimb, 3 gm of Daruharidra was taken. All these three powders were put in the 500 ml of water and was made to boil to remain ½ of the total content. Then this was cool to the room temperature and was filtered through the sieve for three times to remove all the coarse particles from the kwath and left with the clear fluid. This was used in the therapy. All aseptic precautions were taken while preparing the kwath.
In this way the kwath was prepared and it was then used for the netra praseka.

Method of application of seka- The patient was asked to lie in the supine position and the kwath was poured onto the ocular surface (right eye) from the height of four anguals for the duration of 20 mins in each right eye. Same procedure was repeated every day.

Observation of assessment criteria-

Observations	Before treatment	On fifth day of praseka	On tenth day of praseka
Netra daha(burning sensation)	++	+	Not present
Netralalima(redness)	+++	++	Absent
Netra kleda(mucopurulent discharge)	++++	++	Absent
Netra shoph(eyelid swelling)	++	Absent	Absent
Netra toda(pricking pain in eyes)	+	Absent	Absent

Discussion

The mechanism of action of any drug depends upon its properties as well as its molecular sturucture and its associated properties. For explaining the mechanism of action of a particular drug on a particular disease we should thoroughly understand the samprapti and pathology of the disease along with the physiology of particular organ and system. The samprapti of pittaj abhishyanda which is available in our text is used for explaining the mechanism of drug action. The mode of action of the drugs used in the treatment can be understood on the basis of inherent properties of the drugs.
Thr drugs having Tikta- Kashya rasa, laghu, ruksha gunas and katu vipaka is having kaphhara properties. The sleshmaopasana properties are attained by tikta rasa. Kashya rasa shows its shoshana and sleshma prashmana properties. The drugs having madhura vipaka posses asayana, chakshushaya, jivaniyam, balaya, properties. Because of its Rasayana action it substantiate and vitiate dhatu as well as cornea is nourished, thus by improving the functional capacity of the eye, there is decline in various symptoms. Madhura vipaka and madhura rasa also pacifies pitta dosa, which is the most important factor responsible for this disorder. Shitta virya has pitta shaman, rasayan chakshushya and pittashamak effect and simultaneously shitta virya helps in maintaining the shita satmaya of drishti which is therapeutic property of the drishti. The drugs having kandughn properties have antibacterial effect thus helping in reduction of netra kleda (mucoprulent discharge). Because of the above said inherented properties of drugs,

drugs like Nimb, Mulethi and Daruharidra cleares srotasa(channel), thus allowed free movement of vata, pitta and kapha and results into tridosa shamana. This pitaa after shaman performs normal function of the visual perception.

Conclusion

At this particular juncture the Fruitful conclusion has automatically emerged through the discussion of available concept and obtained symptomatical data. There was drastically reduction in symtoms of pittaj abhishyanda on last day of follow up as compared to first day of OPD visitation after the netra seka of nimb, mulethi and daruharidra was done. This shows that the above mentioned kwath has shown good results in lakshanas of pittaj abhishyanda like netradha (burning of eyes), netra lalima (congestion), shishirabhnanda, netra shoph (eyelid sweliing), netra kleda (mucoprulent discharge), netra toda (pain and foreign body sensation).

Further scope for study-

1. Study can be done on larger population for longer duration of time as it has less to no side effects.
2. Study can be done on treating conjunctivities by using seka with pitta har oral medication and piitahar ahar vihar.

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