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# GURUKUL'S C.M.E



*A Quarterly Magazine For  
Medicine Reorientation*

## KNOWLEDGE BUILDS CONFIDENCE

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### अजमोद



## Editor's Desk

Dear Doctor,

This special issue on 'Mand Agni' the writeups contributed by expert ayurvedists highlights its clinical importance.

To begin with age old, ancient ayurvedic restorative butter milk (**Takra**) for controlling aging besides radical correction of mand agni causing disorders; assessment of various non home made eatables specially fast & packaged food items (**Vaiparik Khadhyo Syojan**) on mand agni; addressing the evolving of hunger (**Kshudha**); discussing various medicine (**Herbs**) & its medicaments (**Shastriya Yog**) used in clinical practice; pharmaceutical development of **ajmondadi churan** to chewable tablet.

Clinical application of **Shunthi** powder as first line of management besides a case study on jaundice (**Kamla**) and the last one list of **Agnideepana & Amapachana** ayurvedic drugs are some of the informative articles.

Thanks, with Regards

**Dr. Shruti**  
Co-Editor



**Dr. Dinesh Vasishth**  
Ph.D (Internal Medicine, Ayurveda), M.B.A

***Celebrate National Ayurved Day  
On  
Bhagwan Dhanwantri Diwas***



**Subh Deepawali 2023**

***Ayurved For One Health***

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## ***Gurukul's C.M.E.***

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## ***Chintan!***

### **DEFORESTATION & AYURVED**

*Dear Doctor,*

*As we are aware that cutting of forest trees is on the rise for domestic & commercial needs.*

*It is affecting negatively ecosystem & biodiversity. So broadly speaking the climate, crops & constitution of living beings is deteriorating simultaneously in quality as well as quantity.*

*According to ayurved, Panchmahabutas (**Earth, Water, Sun, Air & Sky**) get afflicted so are the trees, plants producing herbs (**Kashth Aushadhi**) & minerals (**Khanij**).*

*Let's think over!*

- 1. We the real **ambassadors** of ayurved owe responsibility to educate society to save the planet by ayurvedic doctrine.*
- 2. Lets promote preventive medicine (**Swasthvir**) principles for life style management to decrease the number of ayurvedic medicines.*
- 3. Preference of **manufactured medicines** based on quality & standardisation of raw material (herbs) should be given.*
- 4. Age old ethical & pharmacy methods explained in **Ras-Shastra** texts should be adopted.*
- 5. Less number of Ayurvedic formulations (**Shastirya Yog**) should be advised although single herb works on **tridosh** should be used.*
- 6. **Proprietary medicines** commonly in practice with insufficient or meager amount of doses besides many a herbs in them should be discouraged.*
- 7. Realisation of plantation & self care of herbs as hobby among growing children & parents on special occasions e.g. birthdays, anniversaries be made.*
- 8. Preserve trees **the green lungs of earth** by spreading public awareness for all round cleanliness, disinfection & deposition of used material on earth in daily life.*
- 9. Conclusively **plants, trees** and surrounding environment should be protected at all cost because these are the backbone of ayurvedic medical system as well as mandatory for the future generations.*





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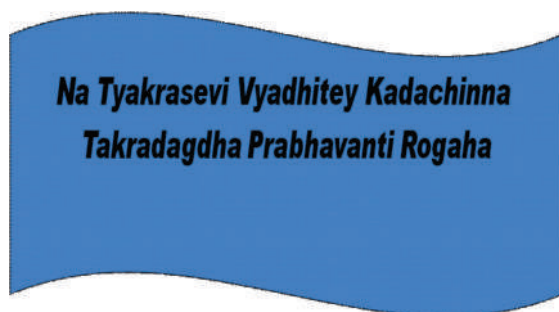
## **'TAKRA KALPANA' The Best In The Management Of Hepatobiliary Disorders**

**Takra Kalpana** (formulations prepared with Buttermilk) is explained well in the Ayurveda clinical management both as bhaishajya (as medicine) and also as a diet article. More precisely, its use is visible in the clinical practice in various hepatobiliary diseases.

The importance of such takra as explained in the classics is as below:

- Those who indulge in the regular takra in daily life, will never fall ill,
- Just like the Amritapanam is giving longevity to the angels, the takra is bringing the same longevity to the human beings on earth.

**Fig.1-Importance of Takra for Human being**



( Ref. Bh.Pr. M.Kh. Granhi Chikitsa)



As discussed above, the importance of takra in the hepatobiliary diseases, let us first understand the spectrum of hepato biliary diseases as given in Ayurveda.

### **Spectrum of Hepatobiliary diseases**

#### **1) Kamala**

-Sakhashrita Kamala / Kostashrita Kamala  
Ubhayashrita Kamala.

-Svatantra Kamala / Paratantra Kamala

-Pandu ke Rupa

-Haritokta Pandu Bheda

-Upadrova of other diseases

#### **2) Jirna Kamala**

-Kumbha Kamala / Halimaka / Paanaki

#### **3) Vyakrit Plihodara**

-Yakridalyudara, Yakridotadora.

#### **4) Others**

-Agnimandya, Aruchi, Atisara, Grahani, Arsha, Udara, Gulma.

To treat this spectrum of hepatobiliary diseases, the takra can be used as detailed in ayurvedic classics.

Takra varieties: Takra can be prepared in various forms based on the water quantity added to it. Its effects on the tridosha also varies as per the composition of takra as explained below: (Ref. Table-1)

## Various forms of takra and its uses

| TAKRA | Forms                               |                  |
|-------|-------------------------------------|------------------|
|       | 1) Ghola - Nirjala ( SARA) -        | Vatapitta Shamak |
|       | 2) Mathita - Nirjala ( Sara Sahita) | Kaphpitta        |
|       | 3) Udaswita - ½ Jala                | Kapha Vardhak    |
|       | 4) Takra - ¼ Jala                   | Tridosahara      |

Takra Guna: The takra if prepared well, possessing the following guna, virya and vipaka through which it acts.

- Kashaya - Madhura - Amla
- Ushma Virya
- Grahi, Deepana, Vrishya.

Takra Uses: The takra, if used properly will show effects on dosha, dhatu, srotas and other components as below: Ref. Table-2, Table-3, Table-4.

## Effects of Takra on Dosha, Dhau, Mala, Ojus, and Bala

|              |   |
|--------------|---|
| <b>Dosha</b> | Vatahara, Kaphajanaka, Pitta Shamaka      |
| <b>Dhatu</b> | Preenana, Vrishya, Rasa – Shukra Vardhaka |
| <b>Mala-</b> | Vatanulomana                              |
| <b>Ojasa</b> | Ojovardhaka                               |
| <b>Bala</b>  | Balavardhaka.                             |

## Effects of Takra on Srotas

| Effects on Srotas   |                   |
|---------------------|-------------------|
| <b>Pranavaha</b>    | Preenana, Tarpana |
| <b>Annavaaha</b>    | Rochaka           |
| <b>Udakavaha</b>    | Vardhaka          |
| <b>Rasa Vaha</b>    | Rasavardhaka      |
| <b>Shukra Vaha</b>  | Vrishya           |
| <b>Mutra Vaha</b>   | Vastishoolaa hara |
| <b>Purisha Vaha</b> | Anulomana         |

## Effects of Takra on Marma

| MARMA             |                              |
|-------------------|------------------------------|
| <b>Guda Marma</b> | Arsha                        |
| <b>Hridya</b>     | Preenana                     |
| <b>Basti</b>      | Mutaa krichhra<br>Mutra Daha |

Days of administration : It is often seen in the clinical practice that, Takra if used in the proper dosage in the increasing order and mentioned in the decreeing order as mentioned below, it will improve the conditions AGNIMANDYA, ARUCHI, ATISARA, GULMA, UDARA, ARSHA, GRAHANI. The same may be repeated for either 7,10,15,30 days for better results. (ref. Table- 5).

## Preferred dosage pattern of Takra

Gradual increase and then Gradual Decrease manner

| Preferred dosage of takra –Day wise                     |
|---|
| 25 ml – 1 <sup>st</sup> day                             |
| 50 ml – 2 <sup>nd</sup> day                             |
| 75 ml – 3 <sup>rd</sup> day                             |
| 100 ml – 4 <sup>th</sup> day                            |
| 150 ml – 5 <sup>th</sup> day                            |
| 200 ml – 6 <sup>th</sup> day                            |
| 250 ml – 7 <sup>th</sup> day and then gradual decrease. |

## GURUKUL'S C.M.E.

**Takra Yoga** (formulations made out of Takra):

• **Takra Mandura** ( Ref. Bhaisajya.Ka. ) Pandu Chikitsa.

• **Takra Vati** ( Ref. Bhaisajya.ka ) Shotharoga Chikitsa.

• **Takrarishhta** ( Ref. Bhaisajya.Ka. ) Grahani Chikitsa

**Takra Aphyia:** Takra should not be administered for the patients to the patients, who are suffering

with disease like Kshat, Durbala, Moorcha, Bhrama, Daha, Raktapitta (Ref. Grahni Chikitsa - Bh. Pr.Ma. khanda)

### References

•Charaka SutraSthna – 27/229

• Charaka Chikitsa Sthana –Arsha Chikitsa – 14 / 77- 88 Grahni Chikitsa - 15 / 117 – 119, Atisara Chikitsa – 19 / 24.

• Bhava Prakasha - Madhyam Khanda - Atisara , Grahani, Arsha.



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**विभिन्न खाद्य संयोजन और अग्नि पर प्रभाव****प्रस्ताव**

आज बाजार में गैस और अपच की गोलियों के साथ-साथ पेट के लिए पाचन और आहार संबंधी अनेक उपचारों को देखना कोई आश्चर्य की बात नहीं है। इनमें से अधिकांश स्थितियाँ संभवतः खराब भोजन संयोजन से शुरू होती हैं। आहार के बारे में बढ़ती चिंता और इस विषय पर कई सिद्धांतों के बीच यह बहुत बहस का विषय है।

vk qh] mi plj dk , d çkphu l exzfoKku] fdl h Q fä  
ds l fo/ku ea' kfe y rlo ds v k k j i j l gh v k k j fu/  
k j r d j u s d s f y , , d r k f d z l - f " V d k k ç n k u d j r k  
g % o k r ] f i ù k v k j d Q A यह दृष्टिकोण विभिन्न खाद्य समूहों  
से खाने पर आधारित, संतुलित आहार के समकालीन दृष्टिकोण  
से काफी अलग है। आयुर्वेद का मानना है कि व्यक्ति को समझना



वास्तव में संतुलित आहार खोजने की कुंजी है। यह सिखाता है कि पेट और पाचन तंत्र में जठर अग्नि या अग्नि मुख्य द्वार है जिसके माध्यम से पोषक तत्व ऊतकों में प्रवेश करते हैं और फिर जीवन कार्यों को बनाए रखने के लिए व्यक्तिगत कोशिकाओं में चले जाते हैं।

आयुर्वेद के अनुसार, प्रत्येक भोजन का अपना स्वाद (रस), गर्म या ठंडा करने वाली ऊर्जा (वीर्य) और पाचन के बाद का प्रभाव (विपाक) होता है। कुछ में प्रभाव भी होता है, जो एक अस्पष्ट प्रभाव है। इसलिए जबकि यह सच है कि किसी व्यक्ति की अग्नि काफी हद तक यह निर्धारित करती है कि भोजन कितना अच्छी तरह या खराब पचता है, भोजन संयोजन भी बहुत महत्वपूर्ण हैं। जब अलग-अलग स्वाद, ऊर्जा और पाचन के बाद के प्रभाव वाले दो या दो से अधिक खाद्य पदार्थों को मिलाया जाता है, तो अग्नि अतिभारित हो सकती है, एंजाइम प्रणाली को बाधित कर सकती है और परिणामस्वरूप विषाक्त पदार्थों का उत्पादन हो सकता है। फिर भी यही खाद्य पदार्थ, यदि अलग-अलग खाए जाएं, तो अग्नि को अच्छी तरह से उत्तेजित कर सकते हैं, अधिक तेजी से पच सकते हैं और यहां तक कि अमा को जलाने में भी मदद कर सकते हैं।

खराब संयोजन से अपच, किण्वन, सड़न और गैस का निर्माण हो सकता है और लंबे समय तक रहने



पर विषाक्तता और बीमारी हो सकती है। उदाहरण के लिए, दूध के साथ केला खाने से अग्नि कम हो सकती है, आंतों की वनस्पतियां बदल सकती हैं, विषाक्त पदार्थ पैदा हो सकते हैं और साइनस जमाव, सर्दी, खांसी और एलर्जी हो सकती है। हालाँकि इन दोनों खाद्य पदार्थों में मीठा स्वाद और ठंडी ऊर्जा होती है, लेकिन पाचन के बाद उनका प्रभाव बहुत अलग होता है – केले खट्टे होते हैं जबकि दूध मीठा होता है। इससे हमारे पाचन तंत्र में भ्रम पैदा होता है और इसके परिणामस्वरूप विषाक्त पदार्थ, एलर्जी और अन्य असंतुलन हो सकते हैं।

इसी तरह दूध और खरबूजे को भी एक साथ नहीं खाना चाहिए। दोनों शीतल हैं, लेकिन दूध रेचक और खरबूजा मूत्रवर्धक है। दूध को पचने में अधिक समय लगता है। इसके अलावा इसे पचाने के लिए पेट में एसिड की आवश्यकता होती है। खरबूजा दूध को फटने का कारण बनता है, इसलिए आयुर्वेद खट्टे खाद्य पदार्थों के साथ दूध न लेने की सलाह देता है। ये असंगत भोजन संयोजन न केवल पाचन को बिगाड़ते हैं बल्कि हमारी कोशिकाओं की बुद्धि में भी भ्रम पैदा करते हैं, जिससे कई अलग-अलग बीमारियाँ हो सकती हैं। इससे पहले कि आप कहें “यह बहुत जटिल है, मैं इसे कैसे समझ पाऊंगा?”, आपको इन अवधारणाओं से परिचित कराने के लिए कुछ उपयोगी दिशानिर्देश हैं। और याद रखें कि आयुर्वेद “धीरे चलो” विचारधारा का प्रबल समर्थक है। हो सकता है कि आप खुद को फल खाकर खाद्य संयोजन से परिचित कराना चाहें, क्योंकि कई फल अन्य भोजन के साथ मिश्रित होने पर पेट में खट्टी और अपाच्य “शराब” बनाते हैं। एक बार जब आप अपने खान-पान की आदतों में इस बदलाव को अपना लें, तो नीचे दी गई सूची से अन्य सुझावों को आजमाएँ। एक सामान्य सिद्धांत के रूप में, बहुत सारे कच्चे और पके हुए खाद्य पदार्थ एक साथ या बचे हुए ताजे खाद्य पदार्थों के साथ खाने से बचें।

fofHku dkd t k [kjc [k] l a k t uladsçHko dks de dj l drsga

- एक मजबूत पाचन अग्नि (यदि हम इतने भाग्यशाली हैं) “खराब” खाद्य संयोजनों से निपटने के लिए सबसे शक्तिशाली उपकरण हो सकती है।
- संयोजन में शामिल प्रत्येक भोजन की अलग-अलग मात्रा कभी-कभी महत्वपूर्ण रूप से मदद कर सकती है। उदाहरण के लिए, वजन के हिसाब से घी और शहद की समान मात्रा एक खराब संयोजन है – घी ठंडा होता है, लेकिन शहद गर्म होता है – जबकि 2:1 अनुपात का मिश्रण विषाक्त नहीं होता है। प्रहबव, अनिर्वचनीय।
- भोजन को अनुकूल बनाने या उसके शक्तिशाली प्रभाव को कम करने के लिए अक्सर आयुर्वेदिक खाना पकाने में मसाले और जड़ी-बूटियाँ मिलाई जाती हैं, उदाहरण के लिए। बहुत मसालेदार भोजन में ठंडा करने वाला धनिया।
- यदि कई वर्षों के उपयोग के कारण हमारा शरीर एक निश्चित खाद्य संयोजन का आदी हो गया

है, जैसे कि सेब के साथ पनीर खाना, तो संभावना है कि हमारे शरीर ने कुछ अनुकूलन कर लिया है या इसका आदी हो गया है। इसका मतलब यह नहीं है कि हमें इस अभ्यास को जारी रखना चाहिए, बल्कि यह बताना है कि सेब और पनीर खाने वाले नए लोगों को अपच का गंभीर मामला क्यों अनुभव हो सकता है जबकि "पुराने समय का" इसे पर्याप्त रूप से पचा लेता है।

- एंटीडोट्स, जैसे कॉफी में इलायची, या आलू के साथ घी और काली मिर्च, अक्सर मदद कर सकते हैं कुछ नकारात्मक प्रभावों को कम करें। (कॉफी उत्तेजक है और अंततः सिस्टम के लिए निराशाजनक है, और आलू गैस का कारण बनता है)।

- यदि अलग-अलग और संभवतः उत्तेजक गुणों वाले खाद्य पदार्थ, जैसे कि सब्जियों का मिश्रण, एक ही बर्तन में एक साथ पकाया जाता है, तो खाद्य पदार्थ एक साथ रहना सीख जाते हैं। उचित मसालों और जड़ी-बूटियों का उपयोग करने से भी इसमें मदद मिलती है।

- कभी-कभी 'खराब' संयोजन खाने से आमतौर पर पाचन बहुत अधिक खराब नहीं होता है।

**ikpu eal gk rk dsfy, dN mi ; lsh ; fä ; k**

- अग्नि को उत्तेजित करने के लिए प्रत्येक भोजन से पहले आधा चम्मच ताजा कसा हुआ अदरक एक चुटकी सेंधा नमक के साथ खाएं।

- नमक पाचन में भी सहायता करता है, और पानी बनाए रखने में मदद करता है।

- क्षार पाचन में मदद करते हैं और जठर अग्नि को नियंत्रित करते हैं।

- घी अग्नि को उत्तेजित करता है और पाचन में सुधार करता है।

- भोजन के दौरान गर्म पानी के छोटे घूंट भोजन के पाचन और अवशोषण में सहायता करेंगे। ठंडा पानी न पियें क्योंकि यह अग्नि और पाचन को धीमा कर देता है। वास्तव में ज्यादातर परिस्थितियों में बर्फ का पानी नहीं पीना चाहिए, क्योंकि यह सिस्टम के लिए बहुत चौंकाने वाला होता है।

- अच्छे पाचन के लिए उचित चबाना आवश्यक है, यह सुनिश्चित करना कि भोजन लार के साथ अच्छी तरह से मिश्रित हो जाए।

- भोजन के अंत में एक कप लस्सी भी पाचन प्रक्रिया में सहायता करती है। 1 कप पानी में ( कप दही, 2 चुटकी अदरक और जीरा पाउडर मिलाकर बनाएं।

- आदर्श रूप से, पेट को एक तिहाई भोजन से भरना चाहिए, एक तिहाई तरल पदार्थ से और एक तिहाई खाली होना चाहिए।

निम्नलिखित तालिका में कुछ असंगत खाद्य संयोजनों की सूची दी गई है, जिनसे बचना चाहिए:

[illegible][illegible][illegible]



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ॐ M jkt ho i ॐ  
एम. डी. (आयुर्वेद) शल्य चिकित्सा  
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## gea Hw k D; kaxrh gS

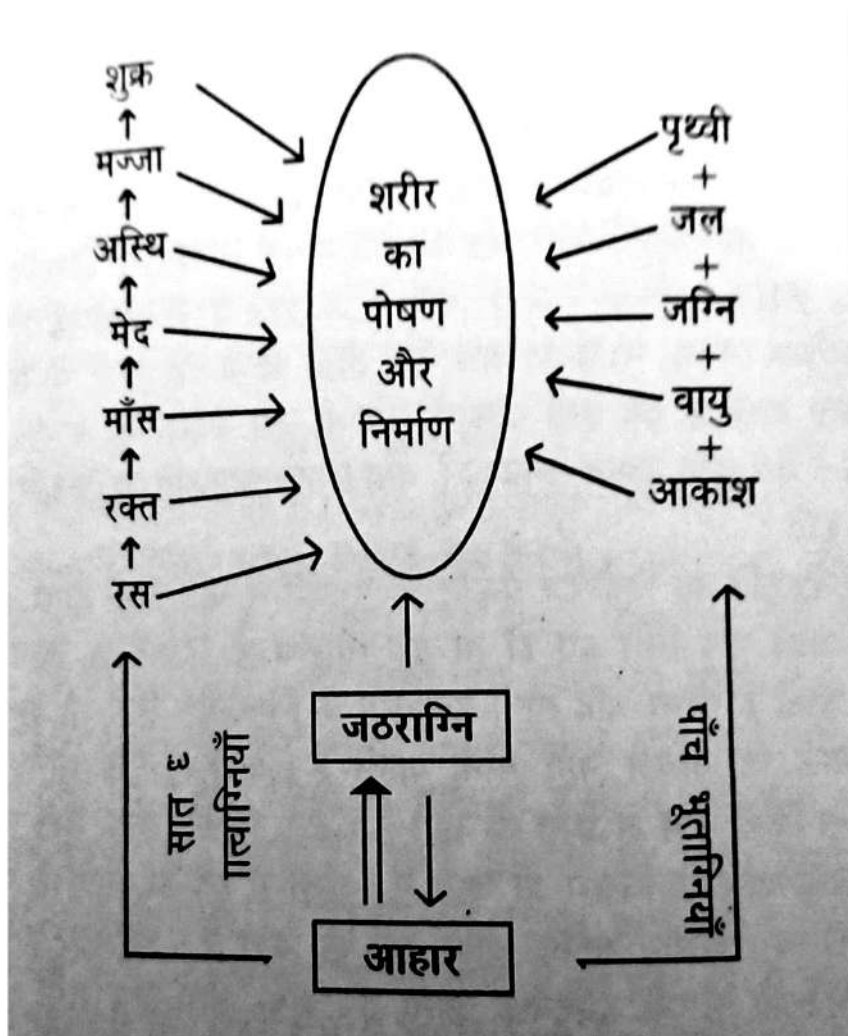
{k k % v k'; drk , oam R f l k & शरीर शब्द की व्याख्या आयुर्वेद में कई तरीकों से बताई गई है। जिनमें से एक P k; Zs bfr ' k j h B यहाँ पर लेना उचित होगा जिसका अर्थ है कि जिसका प्रतिक्षण नाश होता रहता है उसे शरीर कहते हैं। इसे हम इस तरह भी कह सकते हैं कि जिसमें हमें हमेशा तोड़— फोड़ होती रहती है उसे शरीर कहते हैं। अतः इस तोड़— फोड़ की पूर्ति करने के लिए और शरीर को स्थिर रखने के लिए हमें शरीर वृद्धि कर भावों का उपयोग करना पड़ता है। ये शरीर वृद्धिकर भाव हमें आहार से प्राप्त होते हैं और आहार की आवश्यकता होने पर हमें भूख का अहसास होता है क्योंकि हमारा शरीर भौतिक है। जिस—जिस महाभूत की आवश्यकता होती है उसी प्रकार के आहार की इच्छा अधिक होती है। यथा जल महाभूत की आवश्यकता होने पर हमें प्यास लगती है। खाए हुए आहार का पाचन हमारी अग्नियाँ करती हैं। अतः पाचन क्रिया को ठीक रखने के लिए हमारी अग्नियों का समरूप में होना अति आवश्यक है।

अग्नियाँ तेरह प्रकार की मानी जाती हैं —

- 1- vlgj i kpu grqt B j k Xu
- 2- i peg k h w l a d s i kpu grq i k p H w k Xu; k a
- 3- l Ir / k r y l a d s f u e l Z k e a d k e v k u s o k y h l k r / k r q v f Xu; k

इन अग्नियों में सबसे महत्वपूर्ण जठराग्नि है जो की आमाशय के अधः भाग में स्थित होकर आहार का पाचन करती हैं। आयुर्वेद के मतानुसार यदि जठराग्नि ठीक मात्रा में रहे तो बाकी दूसरी अग्नियाँ भी सम मात्रा में रहकर अपना कार्य ठीक प्रकार से करती रहती हैं। यदि जठराग्नि मंद या विषम हो जाए तो बाकी अग्नियाँ भी मंद या विषम पड़ जाती हैं और रस रक्तादि धातुओं का निर्माण भी ठीक प्रकार से नहीं हो पाता।

जिस प्रकार से बाह्य संसार में अग्नि को जलाए रखने के लिए ईंधन की आवश्यकता पड़ती है उसी प्रकार से जठराग्नि आदि अग्नियों को जलाए रखने हेतु हमें आहार रूपी ईंधन की आवश्यकता पड़ती है। ; f n vlgj u g l a g l o k r k v f Xu; k H h e h i M t k x h v l S / k j s / k j s g e k j h H w k H h l e k r g k u s y x s h और जब हमें भूख नहीं लगेगी तो हम कुछ खा भी नहीं सकेंगे और यदि



vr%ikpd vfxu dk l rfyf gkuk vko'; d gsa vfr l qk; k vfxuekn dk gkuk  
'kjh dk LoLF; gkuk ughngsa



***Gyan-Daan***

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**A Dissertation**  
**PHARMACEUTICO - Analytical Standardization**  
**Of Ajamodadi Choorna & Its Drug Modification As Chewable Tablet**

**ABSTRACT**

Ayurveda is a science of life, based on the Trisutra, Hetu, Linga and Aushadhi. Among these Aushadhi plays a major role in the treatment. Standardization of herbal formulations is important to calculate the quality of drugs, based on the concentration of their active principles. **Ajamodadi Choorna** is a classical formulation mentioned in **Bhaisajya ratnavali** with the indication **Swarbheda**. **This article highlights on pharmaceutico - analytical standardization of ajamodadichoorna and its drug modification as Ajamodadi chewable tablet.**

**INTRODUCTION**

The topic of drug standardization is particularly broad and deep. There is so much to know and so many seemingly contradictory theories on the subject of herbal medicines and their relationship with human physiology and mental function. For the purpose of research on standardization of herbal formulations and nutraceuticals, a profound knowledge is of utmost importance.

Aushadhi plays a major role in the treatment. In ayurveda chatuspada means bhishak, dravya, rogi, upasthata (2) dravya means ayurvedic medicine. Different dosage forms can be prepared by the physician according to his Yukti, considering Samyoga, Visheshakala and Samskara. There are

different dosage forms explained in Ayurveda, which have been originated from Panchavidha Kashaya Kalpana (Five basic formulations). i.e swarasa, kalka, kwath, hima and fant (3) Choorna is one of the form of kalka (4) Choorna is powder form of drugs either in single or compound. Ajamodadi Choorna is a classical formulation mentioned in Bhaisajyaratnavali (5) with the indication Swarbheda. The ingredients of Ajamodadi choorna are a) Ajamoda b) Haridra c) Amalaki d) Chitrakmoola e) Yavakshar, And textual dose is 1 karsha along with honey.

In earlier period medicine was available in abundant quantity so physicians used to prepare and administer them in fresh form. But, in today's modern era due to industrialization and deforestation availability of fresh herbs has become a major issue while conservation and standardization of the same is essential. Therefore present study will be an attempt to standardize and to evaluate efficacy of Ajamodadi Choorna for modification as tablet.

**AIMS & OBJECTIVES**

- 1) To prepare Ajamodadi churna as per classical method.
- 2) To prepare Ajamodadi chewable Tablets. (Wet granulation method)

3) Physico – chemical evaluation of Ajamodadi chewable Tablets.

### MATERIALS AND METHOD :

#### MATERIALS

• Ajamodadi choorna contains 5 drugs. They are  
a) Ajamoda b) Haridra Amalaki d) Chitrakmoola e) Yavakshar (Hordeum vulgare)

• Genuine raw material are collected from the authenticated sources.

#### Properties of contents of Ajamodadi Choorna

| Sl. No | Drug Name                   | Rasa                     | Guna                    | Virya | Vipaka  | Karma   |
|--------|-----------------------------|--------------------------|-------------------------|-------|---------|---|
| 1      | Ajamoda <sup>(6)</sup>      | Katu,Tikta,              | Ruksha ,Laghu, Teekshna | Ushna | Katu    | dipaniya, vatkaphagna Aruchihara hrudya,balya,                  |
| 2.     | Amalaki <sup>(7)</sup>      | Pancharasa except lavana | Laghu, Sara, Mrudu      | Shita | Madhura | Vrushya, Rasayana, Chakshusya, Sarvadoshaghna                   |
| 3      | Chitrakmoola <sup>(8)</sup> | Katu                     | Laghu, Ruksha, Tikshna  | Ushna | Katu    | Vatakaphahara, Grahi, Deepana, Pachana                          |
| 4      | Haridra <sup>(9)</sup>      | Tikta, Katu              | Ruksha                  | Ushna | Katu    | Anulomana, Rasayana, Hrdya, Lekhana                             |
| 5      | Yavakshar <sup>(10)</sup>   | Madhura                  | Ruksha Aguru Mrudu      | Shita | Katu    | Kaphapittahara, Medhavardhaka, Swaravardhaka, ,lekhana,Medohara |

#### METHOD

| Sr. No | Name         | Botanical name          | Part used   | Quantity | Chemical composition   |
|--------|--------------|-------------------------|-------------|----------|--|
| 1      | Ajamoda      | ApiumLeptophyllum       | Fruits      | 1 part   | Ascorbic acid and Gallotannis  |
| 2      | Amlaki       | Embilcaofficinalis      | Fruit       | 1 Part   | Golic acid, Tannic acid, Glucose,Cellulose,Minerals (calcium), Vitamin c |
| 3      | Chitrakmoola | Plumbagozeylanica Linn  | Root Bark   | 1 Part   | Plumbagin, Sucrose,  |
| 4      | Haridra      | Terminalia chebula Retz | Rhizomes    | 1 Part   | Ascorbic acid and gallotannins.  |
| 5      | Yavkshar     | Piper-longum Linn.      | Whole plant | 1 Part   | Tannis , Amino acid , Proteins , carbohydrates                           |

**AJAMODADI CHOORNA PREPARATION –**

- All the ingredients taken in equal quantity.
- then are finely powdered separately in pulveriser.
- After that Sieved through sieve number 85 - 120.
- All the powders were mixed together to form homogeneous mixture.
- Finally Stored in an air tight container.

**AJAMODADI CHEWABLE TABLET PREPARATION:**

- Prepared powder was subjected for preparation of chewable tablet by wet granulation method by using non aqueous solution.
- Known quantity of powder was weighed according to number of tablets to be compressed.
- Powder and other raw material were taken in a mortar and converted into a dough mass by adding required quantity of 10% PVP in ethanol as a granulating agent.
- The dough mass was passed through sieve number 10,
- The pellets obtained were dried in a tray drier at 60°C for 15 min.
- Dry granules were passed through sieve number 44, super imposed on sieve number 22 on a clean filter paper.
- The granules retained on sieve number 44 were collected and to this 10% of fines, the remaining quantity of sweetening agent, preservatives and suitable quantity of lubricant was added, mixed thoroughly and compressed into tablets.
- Obtained tablets were dried at room temperature.
- It was packed in airtight container.

Ajamodadi chewable Tablets were prepared in 3 sample & were analyzed separately.

Physico chemical parameters of the individual drugs and Ajamodadi chewable Tablets were suggestive of the quality and increased shelf life.

| Sl No | Ingredients                     | Quantity |
|-------|---------------------------------|----------|
| 1     | Ajamodadi churna                | 250 gms  |
| 2     | Milk powder                     | 250 mgs  |
| 3     | CCS (Cross Caramellose Sodium ) | 50 mgs   |
| 4     | Sucrose                         | 140 mgs  |
| 5     | Methyle paraben                 | 0.01%    |
| 6     | Propyl paraben                  | 0.05     |

**RESULTS****Physico-Chemical Study Of 3 Samples Of Ajamodadi Chewable Tablets(ACT).**

| Sr No | Test Parameter              | Test Results Obtained (%) |                  |          |
|-------|-----------------------------|---------------------------|------------------|----------|
|       |                             | ACT 1                     | ACT 2            | ACT 3    |
| 1     | colour                      | Buff                      | Light yellowish  | Buff     |
| 2     | odour                       | Aromatic                  | Characteristics. | Aromatic |
| 3     | Loss on drying at 105°C     | 1.04 %                    | 1.27 %           | 1.04 %   |
| 4     | Ash value                   | 2.86 %                    | 2.32 %           | 2.85 %   |
| 5     | Water soluble ash           | 1.2 %                     | 0.54 %           | 1.2 %    |
| 6     | Acid insoluble ash          | 0.11 %                    | 0.56 %           | 0.12 %   |
| 7     | Water solubl extractives    | 37.93 %                   | 37.17 %          | 37.87 %  |
| 8     | Alcohol Soluble Extractives | 43.72 %                   | 42.52 %          | 43.62 %  |
| 9     | pH                          | 6                         | 6                | 6        |

**ORGANOLEPTIC CHARACTERISTICS:**

The developed formulation was Buff coloured, Aromatic odour, in the samples of ACT 1 & 3. But In the sample ACT 3 had light yellowish in colour & Characteristics odour.

**LOSS ON DRYING:**

Moisture content of sample Ajamodadi chewable Tablets 1,2,3 was found

1.04% , 1.27%, & 1.04% respectively Low moisture content is desirable for higher stability of the formulation .

**ASH VALUE:**

Ash value of Ajamodadi chewable Tablets sample 1,2,3 was found 2.86 % , 2.32% & 2.85% respectively. This value was found to be reasonably low, which indicates low contamination. It is criteria for indentifying the purity of the drugs. Total ash is

inclusive of extraneous matter such as sand, soil etc adhering to the herbal drug .

### **WATER SOLUBLE ASH:**

Water soluble Ash of Ajamodadi chewable Tablets sample 1,2,3 was found 1.2 % , 0.54 % 1.2% respectively. This shows normal quality of the drugs and presence of more active principle in the sample.

### **ACID INSOLUBLE ASH:**

Acid insoluble ash of Ajamodadi chewable Tablets sample 1,2,3 was found 0.53 % , 0.56 % , 0.12 % respectively . This shows indicative of very less amount of nonphysiological components like silica, less adherent dirt and sand particles.

The water soluble extractive of Ajamodadi chewable Tablets sample 1,2,3 were found to be 37.93 % , 37.17 % , 37.87 % respectively and Alcohol soluble extractive of Ajamodadi chewable Tablets sample 1,2,3 were found to be 43.72 % , 42.52 % , 43.62 % respectively, indicating considerable amount of polar compounds in the sample. Extractive values are primarily useful for the determination of exhausted or adulterated drugs. The extractive value of the crude drug determines the quality as well as purity of the drug.

### **PH VALUE :**

pH of Ajamodadi chewable Tablets (sample 1,2,3) was 6, which is a weak basic. This indicates granules is gastric friendly, does not cause harm to the gastric mucosa and maintains integrity of gastric mucosa

This has shown acidic nature of formulation, due to the reason of use of ingredients.

### **HARDNESS TEST:**

The average hardness of Ajamodadi chewable Tablets (sample 1 & 3) samples were determined by Monsanto tablet hardness tester. The hardness was found to be 2 kg/cm<sup>2</sup> . This indicates Ajamodadi chewable Tablets was not brittle in nature & so it can be chewed without any difficulty.

### **FRIABILITY TEST**

It is a measure of Tablet strength. It was measured by Roche Friabilator. Friability of Ajamodadi chewable Tablets (sample 1 & 3) samples was found 0.46 kg/cm<sup>2</sup> (Table no 7). This is indicated acceptable form of Ajamodadi chewable Tablets & helps to carry easily with less percentage of breakage.

### **WEIGHT VARIATION TEST:**

Weight variation of Ajamodadi chewable Tablets (samples of 1 & 3) was found to be 99.53 & 99.50 % respectively . This indicates each tablet contains the proper amount of drugs & by this proper fixation of therapeutic dose can be achieved.

### **DISINTEGRATION TEST**

In this Test, at the end, all the tablets of Ajamodadi chewable Tablets samples (1 & 3) disintegrated completely in 1 min. without leaving any residue in the basket & can dissolve easily in mouth

### **DISSOLUTION TEST:**

samples of Ajamodadi chewable Tablets (1 & 3) was found to be 91.42 % & 91.37 % respectively. This is indicated optimum therapeutic effectiveness.

### **PARTICLE SIZE:**

Particle size of sample Ajamodadi chewable Tablets is 100 – 80 mesh size. This size is suitable for product performance, stability & appearance of the end product.

### **MICROBIAL CONTAMINATION:**

In sample Ajamodadi chewable Tablets was found to be absence of bacterial growth . This is indicated that processing was done in safety measures.

TLC reveals the presence of Python constituents in the Ajamodadi Chewable - R<sub>f</sub> values were 0.11 , 0.72 & 0.11.

Analysis of the data obtained from the analytical study suggests that the results are in within the limit.

### DISCUSSION

“Pharmaceutico - Analytical Standardization of Ajamodadi Choorna & Its Drug Modification As Ajamodadi Chewable Tablet” was taken in this study. Samples selected for the study shows that analytical standards were in accordance with API standards.

Physico chemical parameters of the individual drugs and Ajamodadi Chewable Tablet were suggestive of the quality and increased shelf life. Parameters results of Powdered drugs were as per the guidelines of Ayurvedic pharmacopoeia of India.

### CONCLUSION

- Analytical parameters of Ajamodadi churna were within the range as mentioned in the API and were suggestive of the genuinity of the raw material used and the quality of the end product obtained.

- Analysis of the data obtained from the analytical study suggests that the parameters will be useful for standardization of Ajamodadi Chewable Tablets.

### Reference

- 1) Dr.BrahmanadaTripathi, Charak Samhita of Maharshicharak,
- 2) The Ayurvedic Pharmacopoeia of India (API), etc.

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## **Clinical Study To Evaluate The Effect Of Shunthi Churna In The Management Of Mandagni**

### **Introduction :**

Agni is the consistent agent in the process of Paka (digestion). Agni is classified into thirteen varieties; i.e. Jatharagni, five Bhutagnis, seven Dhatwagnis. Therefore, Ayurvedic therapeutics always focuses on restoring normal status of Agni. There are numerous Ayurvedic drugs explained to be useful in such a diseased condition; termed as Deepaniya and Pachaniya. Agni converts food in the form of energy, which is responsible for all the vital functions of our body. According to Ayurveda root cause of all diseases is diminished Jatharagni (Mandagni). The drugs of this Deepaniya groups can be categorized them into three group viz; Deepaniya (stomachic).

Pachaniya (Digestants), and **Deepaniya-Pachaniya** (Stomachic and Digestants) on the basis of main therapeutic activity of herbs included in the group. According to **Sharangdhar Samhita**, Deepan karma is that, which stimulates Jatharagni (Agni Sandhukshan). In the same way Deepan Dravya can generate hunger by stimulating Jatharagni, in such way that mind will motivate person to eat food, but this stimulation is insufficient for the digestion of that food. **Pachaniya Dravya** digest Aama (undigested food) but is unable to perform **Agnideepana**. Action of Pachan Dravya can be understood on the basis of **Panchabhautik constitution** of six types Rasa (Taste). Mahasrotas as 'Mahachhidram Mahasaranam'. This clearly means the whole alimentary canal starting from mouth up to anus. '**Mahasrotas**' is place of

**Jatharagni**, process of **Awasthapaka** (hence place for Udirana of Dosha) & Pachana. Mahasrotas is also considered as '**Abhyantar Roga Marga**' among three of roga marga.

**Aacharya Vagbhata**, Madhava has described that all diseases are caused due to Mandagni. Aacharya Charaka has mentioned that if an individual is under psychological stress; even the wholesome food taken in proper quantity will not get properly digested. Main causes for the Mandagni are **abhojana, atibhojana, vishamashana, asatmyabhojana** etc. Agnimandya is a clinical condition characterized by Kshudamandya, Aruchi, Avipak, Amashaya pradeshi gaurav & Shirogaurav, Antrakunjan Pravahan. Agnimandya is a symptom and not a disease. Acharya has described Agnimandya as a main symptom in diseases like jwara, pandu, atisara, grahani, ajeerna, gulma, kamla, shotha, shwasa, pratishaya, arsha etc. Therefore today there is a need to find a safe and effective drug in the management of Agnimandya. In present study, ekamooliya prayoga of shunthi churna is used to treat Agnimandya. Shunthi is effectively used for Mandagni, Ajirna, Grahani, Atisara, Gulma etc. Anupana is very important factor for palatability of drug as well as in absorption, assimilation, efficacy of drug. In this study, **honey is taken as anupana**. Therefore, to ascertain its therapeutic effect in combating Agnimandya, a safe drug '**Shunthi churna**' is considered for research.

**AIM OF STUDY:** To evaluate the effect of Shunthi Churna in the management of Mandagni .

### **MATERIALS AND METHODS :**

Literary data was collected from Ayurvedic classics and scientific journals etc.

Raw drug Shunthi was procured from Pharmacy of Desh Bhagat Ayurvedic College and Hospital and preparation of Shunthi churna was also done here.

The trial drug – Shunthi churna has already been established for its standards, the results were analyzed and compared with the available standards and ensured the standards were complying with the established standards of the Shunthi churna available standards and ensured the standards were complying with the established standards of the Shunthi churna.

### **RESEARCH HYPOTHESIS:**

H0: Shunthi churna will be not effective in the management of Mandagni.

H1: Shunthi churna will be effective in management of Mandagni.

### **SOURCE OF DATA:**

Patients fulfilling the inclusion criteria and devoid of exclusion criteria were selected from the OPD, IPD Dept. of Kayachikitsa.

The patients were examined in detail as per proforma prepared for this study.

Patients were further subjected to the following criteria of inclusion,exclusion.

### **DIAGNOSTIC CRITERIA**

#### **INCLUSION CRITERIA :**

1. Patient having age in between 18 to 60 years, irrespective to sex and religion.
2. Patient presenting the features of Agnimandya.

#### **EXCLUSION CRITERIA:**

1. Patient having age less than 18 years and more than 60 years.

2. Patients suffering from any known acute or chronic illnesses that might interfere with study e.g. acute infections, malignancies, thyroid problems etc.

3. Patient having any associated life threatening medical or surgical disorders.

4. Patient with any long term medications that may interfere with the result like Diabetes etc will be excluded.

**Design:** Open Clinical Trial

**Groups:** Single group

**Sample size:** Diagnosed 40 patients of Agnimandya (Loss of Appetite) were registered with the help of research proforma prepared for the study.

Intervention- Shunthi churna

**Dose:** Patients were treated with Shunthi churna 1gm twice a day for all age groups for 15 days.

Route of administration: Oral administration

**Anupana:** Honey

**Aushadha Sevana Kala:** Before food

**Duration of study:** 15 Days

### **CRITERIA FOR ASSESSMENT OF RESULTS:**

I. Assessment was done based on presence of following classical

#### **signs and symptoms:**

Indigestion

Loss of taste

Salivation

Eructation

Utsaah

Feeling of lightness in the body

Assessment of tools

**Symptoms** - Abdominal distention, appetite, nausea, vomiting, heaviness in abdomen.

| Symptom              | Score-0  | Score-1  | Score-2   | Score-3  |
|----------------------|--|--|---|--|
| Abdominal distention | No distention  | Change in abdominal girth upto 1-2 cm and persists for 1-2 hrs after usual time of digestion, for 1-2 days.  | Change in abdominal girth 2-3cm and persist for 2-3 hrs after usual time of digestion, for 2-3 days   | Change in abdominal girth >3 cm and persists for >3 hr after usual time of digestion, for 3 days or more.  |
| Appetite             | Normal (Feeling of hunger as usual with complete digestion.) | Mild loss of appetite; (feeling of hunger appears after 2-3 hours of usual time with digestion, but not the normal, with reduced intake ) (for 1-2 days) | Moderate loss of appetite; (Feeling of hunger appears after 4-6 hours of usual time with digestion, but not the normal, with reduced intake.) (for 3-4 day) | Severe loss of appetite; (Feeling of hunger appears after >6 hr of usual time with digestion, but not the normal, with reduced intake) (Since > 4 day) |
| Nausea               | No   | Mild and occasional, nausea persists for 1-2 hrs of usual time of digestion, for 1-2 days.   | Moderate and frequent nausea persists for 3 hrs of usual time of digestion, for 2-4 days.   | Moderate and persistent, nausea persists for >3hrs of usual time of digestion or even after for 4 days or more   |
| Vomiting             | Nil  | Occasional (1-2 times/day) for one day   | Frequent (3-5 times/day) for 2-3 days   | Frequent (5-6 times/day). for 3 days or more   |
| Heaviness in abdomen | No   | Mild Heaviness persists for 1-2 hr after the usual time of digestion, for 1-   | Moderate Heaviness persists for 2-3 hr after the usual time of digestion,   | Moderate to Severe Heaviness persists for >3 hr after the usual time of  |

### STATISTICAL ANALYSIS

All the observation made on various parameters of the group was noted and the data was analyzed by using Mann Whitney U test as suggested by the statistician and the result of statistical analysis was interpreted in terms of mean and P value.

The obtained results were interpreted in the statistically terms as –

**Significant :**  $P < 0.05$

**Highly Significant :**  $P < 0.001$

### OBSERVATIONS AND RESULTS:

In the present study, 40 patients undergoing treatment were observed thoroughly and noted neatly. The observations are recorded and results were calculated by Mann Whitney U test.

#### Effect on Appetite

All 40 patients were having predominant complaint of loss of appetite.

Shunthi churna is having katu rasa which is having vaktra shodhana property. Due to ushna virya and rochana property it induces ruchi(desire) to eat food. Due to katu rasa, ushna virya, laghu guna, agnideepana and aamapachana properties it digest the aama present in the body which was formed due to Agnimandya and samyaka pachana of aahara is done due to agnideepana property. Hence, Shunthi with anupana Madhu increased the appetite in subjects which was statistically significant.

**Effect on Nausea and vomiting 18 patients and 08 patients out of 40 patients had complaint of nausea**

and vomiting respectively. Shunthi churna is having katu rasa which is possessing property of vaktra shodhana resulting in mukha shodhana, due to agnideepana, aamapachana properties. It digest the food properly due to bhukta shoshana, proper absorption of aahara rasa occurs which probably helped in reducing Nausea and vomiting.

According to modern medical science, Galanolactone is one of the constituent of Ginger, which is a competitive antagonist at ileal 5-HT receptors. Thus antiemesis could be brought about by effects on the gastric system through 5-HT antagonism.

**Effect on Abdominal distention,** heaviness in abdomen 14 patients, 21 patients and 24 had complaint of abdominal distention, heaviness in abdomen, out of 40 patients respectively. There were no cases of pathological abdominal distention. Although it is statistically significant, it is because of regularisation of bowel due to ushna virya, vata anulomaka property and property of breaking hard fecal matter, Shunthi churna relieves vibandha (Vibandhanuta) and abdominal distension and subsequently heaviness in abdomen which was statistically high.

Shunthi is said to be grahi as well as vibandhanuta. When the mala pravrutti is more, Shunthi being agni dominant, it absorbs the excess apyamsha. As a result it binds the mala, which has excess fluid and gives grahi effect and act as vibandhanuta, due to its Prabhava

### CONCLUSION

Thus, conclude that the drug Shunthi Churna is highly effective in treating Agnimandya.

### REFERENCES

1. Vagbhatta, Astanga Hrudaya, Nidana Sthana, dara Nidana Adhyaya, 2/1. Pt. Hari Sadashiva Shastri Paradakara, editor. Reprint ed. Varanasi: Chaukhambha Surabharati Prakashana; 2007.
2. Madhava Madhavanidanam Madhukosha Sanskrit commentary by Srivijayrakshita and Srikanthadatta with Vidyotini hindi commentary by Sudarshan Sastri and Prof. Y. Upadhyaya Chaukhamba Sanskrit Bhawan Varanasi edition 38 2002 Part I Udarroga nidanam chapter 36 verse 1 etc.





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## Ayurvedic Management Of Kamala (Jaundice) : A Case Study

**Introduction** - Jaundice also known as icterus is a yellowish pigmentation of the skin and eye due to high bilirubin level patients also complaints of fatigue, anorexia & nausea.<sup>1</sup> Modern medical science has only symptomatic specific treatment for many disease Kamala is one of them in all ayurvedic text nidan panchak with treatment of Kamala is given well. 'Kamala tu virechanam' is chikitsa sutra of kamala.<sup>2</sup> 'Treatment of Kamala (jaundice) must start with virechana this case study show that ayurvedic medicine which give effective result in jaundice.

**Objective** - To study the Hepatocellular jaundice from Ayurvedic perspective. - To observe the symptoms changes during treatment. - To improve the quality life of patient.

**Material And Method** - Through review of ayurvedic text and modern literature for jaundice was done particular case presented here was discussed here.

**Drug review** - **Suvarnatshekhar** - is an important medicine in ayurveda which acts on pitta dosha and reduces symptoms like heartburn, nausea, vomiting, abdominal pain etc.

**Aamalki** - pittaghna, pittavirechak, rasayan, dipan kamalahar **Phaltrikadi kadha** - pittahar, pitta rechana, yakrututtejaka, dipan, shothhar, Kamala pandu har, tridoshar, rasayan. **Trivutra leha** - Anuloman, pitta virechan

**Case Presentation** : A 32 year old male patient comes to kayachikitsa OPD No 5 with following complaints on 11/3/23 for ayurvedic treatment. **History of presenting complaints** : - Yellowish discoloration of skin - Icterus - Yellowish discoloration of urine - Anorexia - Generalized Weakness. **History of past illness** : - K/C/O - DM & HTN - M/H/O - Blood Transfusion & 2 FFP 1 Year ago - Jaundice 6 month ago - Sx/H/O - No any - Habit - Alcohol seen 20 year - Gutakha, Tobacco. **Personal history** : - Bowel - Constipation - Bladder - Yellowish discoloration of urine - Appetite - Poor - Sleep - altered - Built - Normal

**Astha Vidha Pariksha** - 1. Nadi (pulse) = 78 / min. 2. Mala (stool) = Vibandha (constipation) 3. Mutra (urine) = Pitavarniya. 4. Jihwa (tongue) = Ishat pita. 5. Agni = Kshudhamandya. 6. Shabda (speech) = prakrut (Normal) 7. Sparsha (skin) = Pitavarniya. 8. Druka (eyes) = Netrapitata. **Systemic Examination** - CNS - well oriented to person, place and time. **CVS system** : S1, S2 is audible, No murmur. **Respiratory system** : no obvious deformity, with B/L Clear chest, no added sound present.

**Investigation** : BUL - 16, Sr. Creatine - 06, BSL - 1) Fasting - 142.9 2) Postprandial (PP) - 243.0, PT - INR PT - 16.3 INR - 1.13, Ratio - 1.13, Control - 14.5

**Urine Routine And Microscopic** : Ec - occasional, Pc - occasional, Amorphous - Present, CXR (PA view)

No obvious Acute or active pulmonary lesion seen. Cardiac configuration appears normal

| Haemogram | 11/3/23 | 18/3/23 | 15/4/23 |
|-----------|---------|---------|---------|
| Hb        | 10.6    | 10.8    | 10.9    |
| RBC       | 2.46    | 2.56    | 3.01    |
| WBC       | 8640    | 9356    | 8340    |
| PLT       | 2.51    | 2.56    | 3.50    |

| LFT         | 11/3/23 | 18/3/23 | 15/4/23 | 26/4/23 |
|-------------|---------|---------|---------|---------|
| T.B.        | 14.5    | 15.4    | 10.8    | 7.8     |
| Direct Bili | 9.0     | 8.9     | 5.1     | 3.5     |
| SGOT        | 103     | 115     | 94.3    | 89.2    |
| SGPT        | 49.3    | 30.3    | 18.4    | 16.8    |

**Treatment schedule of patient -**

**1) Ayurvedic Medicine Chart -**

| Sr.No.                 | 11/3/23         | 18/3/23         | 15/4/23         | 26/4/23         |
|------------------------|-----------------|-----------------|-----------------|-----------------|
| Aamalki 500 mg         | TDS (Prabhukta) | TDS (Prabhukta) | TDS (Prabhukta) | TDS (Prabhukta) |
| Phaltrikadi kadha 20ml | TDS (Prabhukta) | TDS (Prabhukta) | TDS (Prabhukta) | TDS (Prabhukta) |
| Trivrutta leha         | 2 Spoon (Nisha) | 2 Spoon (Nisha) | 2 Spoon (Nisha) | 2 Spoon (Nisha) |
| Suvarnatshekhar        | 1 BD            | 1 BD            | 1 BD            | 1 BD            |

**2) Modern Medicine Chart -**

|                        | 11/3/23 | 18/3/23 | 15/4/23 | 26/4/23 |
|------------------------|---------|---------|---------|---------|
| Inj. Human Actrapid 5U | BD      | BD      | BD      | BD      |
| Tab. Amlip AT 5/50     | OD      | OD      | OD      | OD      |
| Tab. Udiliv 450mg      | BD      | BD      | BD      | BD      |

**Discussion** - General principle of Treatment of this disease is Shodhana and Sanshamana Chikitsa. Liver (yakrit) is the mula-sthana of Rakta. Rakta-Pitta has Ashray and Ashraayi sambhanda hence For elimination of vitiated Pitta Dosha virechan is the Best Chikitsa. From the above description it appears that the drug exerts An effect in breaking the pathogenesis of Kamala. They Act as Rasayana, improve Dhatu formation, are Tridoshaghna, Vatashamaka, Raktashodhaka, Pitta Sarana and therefore relieve signs and symptoms of Kamala. The Drugs have proved effective in relieving Cardinal features of Kamala. As the Drugs have established properties, it may be inferred that the Drugs are safe and suitable in management of Kamala. Regarding Mode of action we have rationally discussed above properties and Action which might be responsible to bring changes in sign and Symptoms of Kamala. This shows majority of action of the drug are Due to Guna prabhava. However, observing the outstanding changes in The condition of patients we have opinion that drug acts certainly by Dravya prabhava also. Therefore we may infer that the action of the Drug in improving the sign and symptoms of Kamala patients by Dravya guna prabhava.

**Observation** - In patients of jaundice there was marked reduction of Symptoms like Yellowish discoloration of skin.

- Change in icterus - Increases appetite - Hematological changes got improved

**Conclusion** - So it can be Concluded that these Ayurvedic medicines are very useful in treatment of kamala.



## Re Thoughts

1. There is no better tomorrow if you do not make the best of today.
2. Kindness costs cheap but values rich.
3. Anything positive is better than nothing negative.
4. Discipline is a short time plan for long time gain.
5. Honest & healthy relations are like drinking water no color, shape, place, taste but still very important.
6. Efforts are better than praises.
7. Only rust can destroy iron so is human ego.

## जरा विचारें

1. दूसरों की खुशी देखकर आनंदित होना स्वस्थ शरीर और मन की पहचान है।
2. यदि हम क्रोध और अहंकार करते हैं तो हमें नष्ट होने के लिए किसी दुश्मन की आवश्यकता नहीं।
3. रिश्ते बनाये रखने के लिए सिर्फ भावना देखें, संभावना नहीं।
4. किसी का मन और उसका मौन पढ़ने वाले लोग कम ही होते हैं।
5. हर पेड़ फल दे ये जरूरी नहीं, किसी की छाया भी बहुत आनंद देती है।
6. तारीफ यदि आपका दिन अच्छा बनाता है तो ताने भी आपका जीवन।
7. समस्याओं की भी एक उम्र होती है जिसका समाप्त होना निश्चित है सो धैर्य रखें।

India's oldest or first ayurvedic college was established on February 10, 1916 at Kolkata by the name of **J.B. Roy State Ayurvedic Medical College.**



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## **Clinical Application Of Agnideepana & Amapachana Medicines**

### **ABSTRACT**

**Jatharagni is very necessary for proper digestion, absorption and assimilation of food as well as medicine. With this desired effect of Shodhana therapy is achieved by Amapachana chikitsa one of the Poorvakarma as said by Acharya Sushruta.**

### **Introduction**

**Definition :** Ama means raw, uncooked, unripe, immature or undigested state of digestion.

This writeups highlights the basic aspects of Ama, Pachana, Amapachana, Agni and different formulations for it.

### **Nidana- (Etiology)**

**Aharaja: (Diet)** Guru, ruksha, sheeta, shuska, vidahi, Apavitra, apriya, Viruddha ahara

**Viharaja (Daily Life Style)** Diwaswapna , Manasika: Kama, Krodha, Lobha, Moha, Irsha, Lajja, Shoka, Abhimana.

**Lakshana-(Symptoms)** Srotorodha, Balabhramsha, Gourava, Anila moodhata, Aalasya, Apakti, Nisteeva, Malasanga, Aruchi and Klama.

**Pradoshaja Vikaras-(Diseases)** Ajeerna, Vishuchika, Alasaka, Grahani, Amavata, Amajashoola.

**Treatment principles:** Acharya Vagbhata said Pachana, Deepana, Snehana and Swedana and Based on Kala and Bala shodhana is carried out.

**Concept of Agni:** Ayurveda has described it important factor of digestion and metabolism. Agni is the invariable agent in the process of paka that is digestion and transformation. Ingested food is to be digested, absorbed and assimilated which is unavoidable as well as manadatory for the maintenance of life.

Based on the functions and site of the action agni has been divided into 13 types.

### **• Jatharagni- One, Bhutagni-5 and Dhatvagni-7**

The dhatvagni and bhutagni entirely depend on Kayagni. Any disturbances in kayagni directly impact on dhatvagni and bhutagni.

Agni plays important role in digestion and metabolism while any impairment will lead to formation of ama which is prime cause for all diseases. In such case amapachana chikitsa is the first line of treatment. Acharya **Charaka** said Jatharagni, Panchabutagni and Saptadhatvagni. The Bala and Prana depends on Agni need protection otherwise lead to death. The person's Ayu, Varna, Bala, Swasthya, Utsaha, Buddhi, Kaanti, Ojas, Teja, Agni and Prana all these are because of prabalata of Jatharagni. If Jatharagni becomes nashta or lost the person will not survive.

**Mandagni is the root cause for all the diseases. In the present era changing food habits and altered routines of the people leads to so many problems where ama is the prime one.**

### Deepana pachana:

According to Acharya **Sushruta** Deepana and Pachana is considered among poovakarma chikitsa. They are Deepana, Pachana/ Amapachana, Snehana and Swedana.

**Definition:** One which digests Ama is said to be Pachak and process is called as amapachana.

The drugs which stimulate or enhance the Agni. Jatharagni, Dhatwagni / Bhutagni without performing Amapachana.

Acharya **Vagbhata** said the drug which digests the ama (unripened food) is said to perform pachana karma. Pachana is considered to be a part of activity of agni having **shamana** action also.

### According to Dosha:

**Vatadosha**-Shuntikwatha, Rasnadikwatha

**Pittadosha**-Vasakwatha, Patolakwatha

**Kaphadosha**- Phalatrakwatha, Pichumanda nimbha kwatha.

**Deepana:** Deepana is one which kindles agni and initiates hunger and interest in taking food and helps in proper digestion of food. The dravyas which enhance the agni without undergoing pachana of ama like **Mishi Agnimahabhuyeshta**.

**Deepana gunakarma:** Amla, Lavana, Katurasa, Laghu, Ushna and Teekshnaguna, Katuvipaka, Ushnaveerya and Doshagnata vatakaphashamaka.

**Deepaniya Gana:** Pippali, Pippalimoola, Chavya, Chitraka, Srungavera, Amlavetas, Maricha, Ajamoda, Ballataka and Hingu.

**Deepana and Pachanadravya:** Pippali, Gambhari, Kantakari, Ativisha, Chitraka, Bilva, Trikatu and Triphala.

### Drinkable Amapachaka yogas:

**Ushanajala** -Deepana pachana basti vishodhanam  
Y.R, Ghrita- Agnivrudhikarma

**Gomutra**- Laghu Agnideepana, Saindhavalavana-  
Deepana kaphanashaka

**Yusha**- Laghu and Agni pradeepa, Takra-  
Agnimandye amritopamam, Sharangadhara.  
Dhanyadi kwatha- Deepana pachana,  
Amashoolaharam

**Danyanagara kwatha** – Pachana deepanasthata,  
**Shuntimanda**-Deepana pachanosmrta,  
Amalakyadichurna and Abhayadikalka – Deepana  
pachana

### Mode of action:

Deepana drugs do not help for digestion, but stimulate the appetite. These drugs possess the properties of Teja mahabhuta having Katu, Amla, Lavana rasas with ushna veerya, Teekshna. Ushna Laghu gunas. But some Acharyas consider deepana drugs predominant in Vayu of Pruthvi mahabuta (B.P). In fact Agni and Vayu mahabhutas should be predominant because Vayu is associated with Agni i.e Samanavayu is a stimulant of appetite. Therefore Vayu stimulates Agni.

Deepana drugs act from mouth to the pyloric end of stomach as tasty and pungent bitter foods stimulate the secretion of salivary juice.

### Total Action of Amapachana:

- Stimulation of Liver, • Dissolve toxins
- Enhance the Jatharagni and easily digests the medicine, • Better absorption of Medicine

**Treatment (Principles):** In the context of Ama chikitsa Acharya Vagbhata has mentioned the Poovakarmas as Pachana, Deepana, Snehana and Swedana. According to bala, Shodhana is carried out.

General guidelines about Matra, Anupana and Aushadhi sevanakala with special reference to Amapachana

Kala - Bhojana purva and Bhojana madya Anupana  
- Ushna jala, Takra, Vyadhyanusara, Matra -

## GURUKUL'S C.M.E.

3-5grams, 2-3 times/day. Duration - 3-5 days or until niramalakshana seen

### Different formulations:

**Churnas:** Panchakola, Ksharadravya, Pippalyadi, Lavanabhaskara, Shivaksharapachana, Hingwashtaka and Chitrakadi, Vaishwanara, Jeerakadi, Ajamodadi, Trikatu Panchasama.

**Vatis:** Chitrakadi, Lashunadi, Amapachana, Agnitundi, Hinguvachadi.

**Kwathas:** Pippalyadi, Bijapuradi, Dhanya panchaka and Shunti jeeraka

**Ghritas:** Chitrakaghrita, Pippalyadi Ghrita, Hapushadi Ghrita and Ksheerashatphala Ghrita.

**Asava/Aristhas:** Dashamularishta, Chavikasava, Panchakolasava and Jeerakadhyarishta.

General dosage, time and anupana for Amapachana:

• **Trikatu-** 3-5gram, Aushadha sevanakala: Before food, Anupana: Ushnajala. Indication: Kushta

• **Shuntiyadikwatha – Dose:** 3-5gram, Aushadha sevanakala: Before food, Anupana: Ushnajala.

Indication: Amavata

### • Vaishvanara

**Dose:** 3-5gram, Aushadha sevanakala: Before food, Anupana: Ushnajala.

**Indication:** Amavata

**Dose :** 3-5gram, Aushadha sevanakala: Before food, Anupana: Sukhoshnajala.

**Indication:** Amajashoola.

### • Agnitundi rasa/vati-

**Dose:** 250mg 1 tab, Aushadha sevanakala: After food, Anupana: Sukhoshnajala.

**Indication:** Jwara, Kasa, Atisara, Krimi and Agnimandhya

• **Chitrakadi gutika** (B.R, Cha.chi.15, C.D)- 1vati 2-3 times daily **Anupana:** Sukoshnajala/ Takra

### • Hingwashtakachurna

**Dose:** 3grams 2- 3times, Anupana: Sukhoshnajala

• **Lavanabhaskara churna** 1tsf tid Sukhoshnajala.

Great Greek thinker **Hippocrates** father of modern medicine says the theory of four humors blood, phlegm, yellow & black bile for equilibrium and health like Tridosh Theory.

*On behalf and consent of editorial board it is decided that articles/writeups sent by experts for publication of Gurukuls C.M.E quarterly magazine will be honoured a certificate of appreciation besides a meagre amount of Rs. 1000/- (One thousand only) as remuneration from the current issue of July, August, September 2023 onwards (Not of earlier issues).*

*The editorial board has the right/discreation to select the article /writeup describing ayurvedic fundamentals, scientific basis and clinical significance.*

*Editor*

*Dr. Dinesh Vasisth*



*Atithi*

*Vartalaap*

**Prof. (Em.) Dilip Prabhakar Puranik**

B.A.M. & S. (Pune Univesity)

F.F.A.S. (Mumbai, Maharashtra ) F.F.I.M (I.I. M. Pune)

Hon. Prof. (Dr.) D.P. Puranik Ji, Namaskar, Sir you are welcome as guest of honour in column 'Atithi Vartalaap' of quaterly magazine Gurukul's C.M.E.

**Q 1.** I feel privileged to interact with you a very senior and veteren ayurvedic of immense knowledge and reputation.

**Ans.** It is also my privilege to interact with a person who is also very determined and engaged not only in Medical profession but also in social activities.

**Q 2.** From where you graduated in 1970?

**Ans.** BAM&S (Poona University)-(An Integrated Medical course having parallal Studies of Ayurved and Modern Medicines) - Duration of course 4% years) from Tilak Ayurved Mahavidyalaya, Pune (Maharashtra)

**Q 3.** May I aske you what were you subject during post graduation - non clinical or clinical and when you completed and from where !

**Ans.** Post Graduation

**Q 4.** Would you please share your topic of thesis.

**Ans. 1)** F.I.I.M (Passed in April 1980) Guide - Prof.M.N. Choudhary College Tilak Ayurved Mahavidyalaya, Pune Maharashtra Faculty of Ayurvedic and Unani systems of Medicine (Mumbai) Maharashtra (Government Body which was conducting Graduate and Post Graduate Integrated Medical Courses) Subject Anaesthesia and Sammohan

Topic of Dissertation A Study of Parasik-Yawani As Pre-Anaesthetic Medication (Hypnotic.)  
2) F.I.I.M-Passed in 1995.

Examining Body-Institute of Indian Medicine. Pune.

Topic of Research - A Report on Pharmacological screening of Memerin (Capsule And Syrup)

**Q 5.** Sir its more than 50 years you have served ayurvedic freternity in various capicities and still growing-what makes you keep going & doing well in this long, execeptional journey?

**Ans.** For almost twenty years of my career after may graduation in 1970 April-

1) Engaged in the Departments of ENT And Anaesthesiology of Seth Tarachand Ramnath Hospital as Houseman and Registrar-2 Years Medical officer- 2 Years

Asst. Hon and Honoray Anaesthesiologist and E.N.T surge on- 1973 to 1992 (Rendered absolutely free service in Both Departments)



## GURUKUL'S C.M.E.

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2) 1980 to 1991-I was working as Hon Asso. Professor and Hon. Anaesthesiologist and ENT surgeon at Ashtang Ayurved Mahavidyalaya and Hospital (Rendered absolutely free service without any payment)

3) Professional Free lance Anaesthesiologist)

Worked as professional free lance Anaesthesiologist at various hospital of Surgeons, Gynaecologist ENT. Ortho etc of Modern Medicine. Simultaneously performed ENT surgeries like Tonsillectomy (N. number). S.MR etc & minor General surgeries. Profesjonest as Professor in Shalakyantra at Tilak Ayurved Mahavidyalaya, Pune in April 1992 (Full time past aided by Govt of Maharashtra) till 31st Aug 2006 at my superannuation.

Q 6. You had been teaching for more than four decades, would you please comment on changing trends if any in ayurvedic courses?

**Ans.** Now a days Ayurveda Teaching is fully Professional, Lack of dedication and Devotion in the work, especially hospital training (clinics) is hampered and improper.

Q 7. Guruji you had been teaching Shalya-Shalakya (E.N.T.) as well as Sangyacharya (Anaesthesiology) would you please throw light how you integrated or incorporated ancient medical science with modern one.

**Ans.** Since our total medical education and the Graduate and Post Graduate course was Designed officially with an Integrated system, I never found it difficult to "Teach and Treat" with Integrated approach Fortunately our students also grasp the things easily. As far as possible we insist on Ayurved and when it is inevitable, then we do not hesitate to use modern medicines. In Anesthesia we have to use Modern anesthetic drugs, but for Premedication and Post anaesthetic medication we insist on Ayurvedic drugs.

Q 8. As you had been associated to many universities e.g. B.H.U., Gujarat A.U., M.U.S.H. Nasik, Swami Ram T. Nanded, Sant T. Maharaj Nagpur & Pune it self. How would you rate in merit although all are following standards, curriculum, guidelines of C.C.I.M. & now N.C.I.S.M.?

**Ans.** Standards of B.H.U and that of M.U are definitely better.

Q 9. Besides teaching (Professorship), administration (Principal & Medical Superintendent) you are still doing the chief editorship of 'ayurvediya' monthly magazine & its half yearly international publication also. please share your experience of this different field.

**Ans.** I am working as Chief Editor of Ayurvediya Magazine, (Monthly Peer Reviewed Indexed Journal, Ayurvediya International e-ayurvediya and Arogyadeep Diwali since very long (23 Yrs) Fortunately our Editorial committee members are co-operative and competent and so, things become easy by distribution of responsibilities.

Q 10. What kind of surgeries you performed as teacher, guide and surgeon attached to Seth Tara Chand Hospital; Pune.

**Ans.** Surgeries.

My appointment as Professor was in Shalakyantra, and I

Performed following surgeries and thought to my students as well.

ENT-Tonsillectomy (N number must be in thousands)

SMR-Quite a few

Mastoidectomy-Assisted to my teachers.

## GURUKUL'S C.M.E.

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Q 11. Sir, it is always a pride for a teacher to see his disciples growing and working as surgeons in public or private institutions kindly introduce?

**Ans.** Yes of course, many of my Post Graduate and Ph.D passed students are doing excellent jobs and performing very skilled advanced surgeries either in their private surgical homes or in Institutes where they are appointed. It is very difficult to give names individually because number is great. But wherever they go and when they refer my name as "Guru", it is proud moment for me.

Q 12. How long you are serving director of C.P.G.S & R. in ayurved at Tilak Ayurved Mahavidalya, Pune?

**Ans.** I was appointed as Director of Centre for Post Graduate studies and Research in Ayurved on 1st Sept 2006 and since then I am working on that post till today.

Q 13. Which are the subjects imparting in P.G. under the center !

**Ans.** Subjects ) Samhita 2) Kriyasharic. 3) Rachana Shurir, 4) Rognidan 5) Rasashastra 6) Dravyaguna 7) Swaharuta 8) Agadtanta 9) Shalyatantra 10) Shalakyatantra 11) Balrog 12) Stri-rog 13) Panchakarma 14) Kayachikitsa are available for MDY MS as well as PD(Ay) (NCISM, Stano Govt and MURS approved).

Q 14. How many P. Gs (app.) have passed out !

**Ans.** No of PG-M.DMS(Ay) approximately 3000, Diploma 35 Ph.D-400.

Q 15. Respected Sir you have visied many countries e.g. Spain, France, Germany, Holland, U.S. & Srilanka for propagation of ayurveda kindly share your experience how people respond overseas.

**Ans.** In recent years Ayurved, and Yogs have are very popular in fig contries especially Germany Italy, Ruaia, Netherland, US, Sheilanka, There are many Ayurved Institutes nun by learned and trained people. Mary Foreign to Bharat for training and to learn Ayurved.

Q 16. You have been awarded as appriciation as teacher, social service, journalism at level of State Maharastra, Ayush National & International, I pray Bhagwan Dhanvantri to bless you good health and an award from Government of India.

**Ans.** Whatever I have achieved so far, diff Prises, Awards, Life Time Achievement Awards, Legend wands etc. I am very happy However I sincerely thank you for your pray for more Honours to me in future.

Q 17. Sir you having tremendous and unparalleled expertise behind you what is your suggestion in brief to dear readers and budding B.A.M.S. / M.D. (Ay.) / M. S. practitioners.

**Ans.** Message to BAMS, MDMS and Ph.D(Ay) wholes- You have very height future and it not only bright but it is colourful also.

Q 18. Concluding may I seek your blessing and advise towards Gurukul's C.M.E. quarterly magazine which is completing ten years of its publication.

**Ans.** I sincerely extend my Best wishes to you and Cuskal CME Magazine and Congratulate for successfully completing Ten Years tenure.

## Herbal Heritage

### AJMOD

**Hindi-** Ajmod,

**Sanskrit** - Ajmoda (Which smells like Goat)

**Latin** - Carum Roxburghianum,

**English** - Cariasoaindi

**Brief Description** - Ajwayan like plant is 1-3 feet in height

**Root-** Reddish Like

**Leaves-** Two pronged sword like

**Flowers-** Small white or greenish

**Fruits-** Oval, yellowish, bigger than that of Ajwayan.

**Chemical Composition-** Seeds contain 2.5% essence oil, stable oil 4.5%.

**Found** - In whole of India specially U.P., Punjab, Maharashtra.

#### Clinical Features-

**Gunn-** Laghu, Ruksh, Tikshan

**Rass-** Katu, Tikt

**Vipak** - Katu

**Virya-** Ushn

#### Therapeutics

1. It is **Kaph - Vat** Shamak & Pitt Vardhak.
2. Locally - **Aamvat Nashak**, (Analgesic, Anti-inflammatory, Anti Rheumatic).
3. Vaman Nashak - (**Anti Emetic**), **Agni-mandya** (Dyspepsia), **Adhyman** (Anti flatulant), **Udarshool** (Anti spasmodic), **Krimi nashak** (Anti helmenthic).
4. **Deepan-Pachan** (Digestive & Appetiser).
5. It is **Hirdya Utejak** (Cardiac Tonic for Bradycardia).
6. It is used for **Kaas** (Cough), Swas (Asthma), Hikka (Hi-Cupp).
7. In disorder of **Kashtartav** (Dysmenorrea), Klabya (Impotency).
8. For condition of **Basti shool** (Pelvic Pain & Inflammation).
9. It is **Mutrapravertak** (Diuretic).
10. Plant Part used is **Phal** (Fruit), **Dose** : 1-3 gms powder.

## Moving News

# Jaishankar commends AIIA for promoting holistic wellness




Dr S Jaishankar paid a visit to the esteemed All India Institute of Ayurveda. Speaking on the occasion, Minister of External Affairs India, Dr S Jaishankar, high-

lighted the global shift towards preventive measures witnessed since the onset of the pandemic. Prof Dr Tanuja Nesari, Director of AIIA, expressed her gratitude.

### EATING CHEESE CAN PREVENT BRAIN DISORDER: STUDY

According to researchers in Japan, eating cheese could lower the risk of dementia or any brain disorder. Cheese may contain certain nutrients that boost brain function. The research was done on 1,500 people over 65 years of age and it was found that those who consumed cheese regularly scored better in cognitive tests.



  
Every 10kg of  
extra weight  
reduces life by three  
years.

**PADMA SHRI DR PRADEEP CHOWBEY**, Chairman, Max Institute of Laparoscopic, Endoscopic and Bariatric Surgery, Max Super Speciality Hospital, Saket, New Delhi

Best graduation  
degree in life is  
**B.Calm**

Good Morning

**" Make a mind which never minds.  
Make a heart which never hurts.  
Make a touch which never pains  
and make a relation which never  
ends".** *Arun Arora Emm. Ayurvedist*

[illegible]







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### Composition

|   |        |
|---|--------|
| Each 500mg Capsule Contains                   |        |
| Shothaghani (Boerhaavia Diffusa) (Water Ext.) | 150 mg |
| Tiktshaak (Crataegva Nurvela) (Water Ext.)    | 150 mg |
| Trikantak (Tribulus Terrestris) (Water Ext.)  | 150 mg |
| Veenrikash (Terminalia Ajuna) (Water Ext.)    | 50 mg  |

**Bhavna** - Krimighna (Curcuma Longa), Joa (Barley)  
Amitashak Kwath (Sharangdhar Sanghita)

**Dose** : 1 Capsule 2-3 Times A Day For 3 Months

**Indications** : To Control Fever, Painful & Burning Conditions  
Of Kidney, Ureter, Bladder, Urethra, Prostate

MRP. 240/- (30 caps.)



### Composition

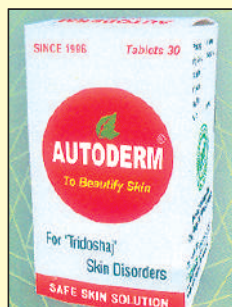
|                             |       |
|-----------------------------|-------|
| Each 500mg Capsule Contains |       |
| Shuddha Godanti Bhasma      | 300mg |
| Laxmi Vilas Ras             | 90mg  |
| Satva Ashwagandha           | 50mg  |
| Satva Tagardi Kwath         | 30mg  |
| Satva Patoladi Kwath        | 30mg  |

**Bhavna** - Amritashak Kwath, Panchtika Kwath  
Dashmool Kwath

**Dosage** 1 Capsule 2-3 Times A Day  
With Warm Water Or Milk For 3 Months

**Indications** : Acute or Chronic Headache  
Dizziness, Tremors, Sinusitis, Stress, Anxiety,  
Stress, Disturbed Sleep, Sinusitis, Migraine,  
Menopause & Viral Fever

MRP. 180/- (30 caps.)



### Composition

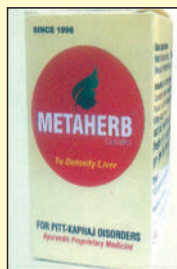
|   |        |
|---|--------|
| Each 500mg Tablet Contains                  |        |
| Gandhak Rasayan                             | 250 mg |
| Raktasar (Acacia Catechu) (Water Ext.)      | 100 mg |
| Beejak (Pterocarpus Marsupium) (Water Ext.) | 75 mg  |
| Kilim (Cedrus - Deodara) (Water Ext.)       | 75 mg  |

**Bhavna** - Mahamanjishthadi Kwath (Sh. S.)  
Patolaadi Kwath (Y. R.)

**Dose** 1 Tablet 2-3 Times A Day For 3 Months

**Indications** Remedy For Allergic, Inflammatory & Fungal Disorders  
e.g Boils, Urticaria, Acne, Eczema, Hair Loss, Herpes, Psoriasis, Diabetic  
& Old Age Irritation.

MRP. 240/- (30 Tab.)



### Composition

|  |       |
|--|-------|
| Each Capsule Contains                      |       |
| Kutki (Picrorhiza Kurroa) (Water Ext.)     | 250mg |
| Bhuaimia (Phyllanthus Niruri) (Water Ext.) | 250mg |

**Bhavna** - Amla, Jo, Haldi, Neem, Amrita, Punarnava

**Dose** 1 Capsule 2 Times After Meals For 3 Months

**Indications** For Controlling Hyper Acidity, Fatty-Liver,  
Constipation, Hepatitis A,B,C, Raised Cholesterol,  
Blood Sugar, Uric Acid & Body Weight (Obesity)

MRP. 210/- (30 caps.)



### Composition

|  |       |
|--|-------|
| Each 500mg Tablet Contains                   |       |
| Asgandhi (Withania Somnifera) (Water Ext.)   | 100mg |
| Arjun (Terminalia Arjuna, Roxb) (Water Ext.) | 100mg |
| Adrak (Zingiber Officinale) (Water Ext.)     | 100mg |
| Amrita (Tinospora Cordifolia) (Water Ext.)   | 100mg |
| Ali Rasa Asparagus Racemosus (Water Ext.)    | 100mg |

**Bhavna** - Dashmool Qwath & Trifla Qwath

**Dose** Adult : 1 Tablet Twice A Day  
Children Above 10 Years : 1 Tablet Daily

**Indications** To Enhance Energy, Immunity For Physical,  
Mental & Psychological Well Being.

MRP. 240/- (30 caps.)