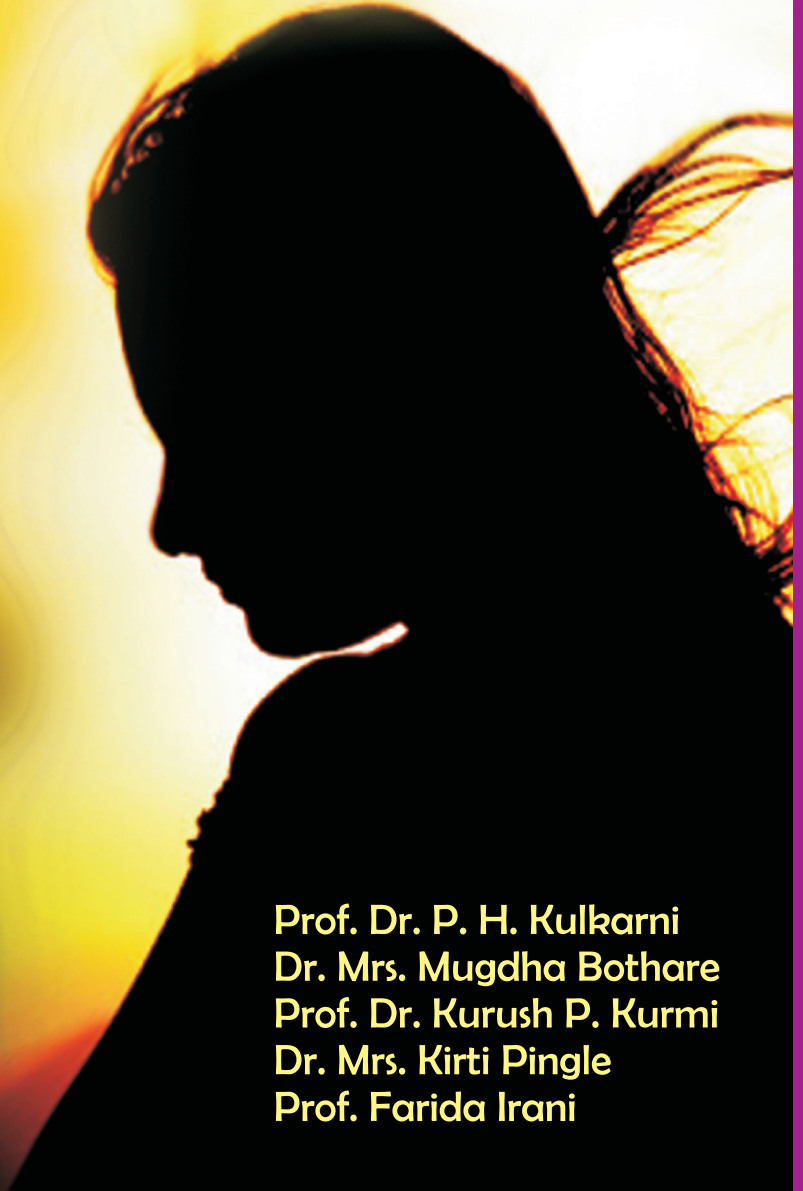


STREE ROGA

- The Gynaecology In Ayurveda



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STREEROGA -

The Gyanecology in Ayurveda

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Deerghayu International
2016



ò **STREEROGA - The Gyanecology in Ayurveda**

ò **Ayurveda Education Series** : ISS No. 0970-7158 - No. 297

ò **Author / Editor** : **Prof.Dr.P.H.Kulkarni**

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ò **First Edition** : April 2013 e-book
March 2016 - Print Book

ò **Published by** : Deerghayu International
(A quarterly journal for Ayurveda & Health Services)
36, Kothrud gaathan, Opp. Mhatoba/
Navagraha Maruti Mandir/Bodhi Vruksha,
Pune - 411 038, India.
Tel.: 91-20-25382130/65207073
email : deerghayuinternational@gmail.com

ò **Typesetting by** : Graphicon, Pune

ò **Printed at** **Kushal Mudran**
6B, Vijayshree Hsg. Society,
New D. P. Road, Kothrud,
Pune - 411 038
Phone : 020 - 25380673

ò **Price** Rs.400/-

Dedication

Dedicated to Late Dr.Hanmant Narayana Phadnis,
Leading Gynaecologist of Pune City,

Teacher, Social worker & Spiritual Guru to many.

Fifty years back he accepted me (P. H. Kulkarni) as
his first assistant for his gynaecological operations
for seven years & I could learn many practical
aspects of the science.

Dr. P. H. Kulkarni
Dr. Mrs. Mugdha Bothare
Prof. Dr. Kurush P. Kurmi
Dr. Mrs. Kirti Pingle
Prof. Farida Irani

Sydney, Australia
September 2010

Preface

Stree Roga/Gynaecology is very important subject in the medical field/Ayurveda Science. With recent advances in the science area, Ayurveda procedures are modified & Ayurvedic remedies tested in the hospitals, laboratories & research institutes.

Let this improved & enriched information useful for students, practitioners & patients. Wholistic approach to health is beneficial

Prof.Dr.P.H.Kulkarni

Pune

26th April 2012

Acknowledgement

Sincere thanks are due to Dr. Manish Patwardhan, Oriental Ayurveda Health Products Pvt. Ltd. for significant contribution for this work.

Editor

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1

Anatomy - Sharir Rachana

Anatomy : It consists of external genital organs & internal genital organs.

1. External Genital Organs.

1. Vulva

- a) Mons Veneris b) Labia Majora c) Labia Minora d) clitoris
- e) Vestibule

The Anatomy of the Female Genital Tract

2. Internal Genital Organs

- 1) Vagina 2) Uterus 3) Fallopian tubes 4) Ovary

3. Accessaory organs

- 1) Breast

4. Streesharir (Female Anatomy)

1.1 Vulva

The External female genitalis are collectively knwon as vulva & it includes a) mons verenis b) labia majora c) labia minora d) clitoris e) vestibule

- a) Mons verenis** - It is a flat pad laying in front of symphysis pubis.

b) Labia majora - Two large folds forming the boundry of vulva.

Composed of skin & fat muscular tissue blood vessles, nerves, large no. of sebaceous glands 3 inch long.

During puberty hair grow on lateral aspect.

c) Labia minora - Two small folds between uppen part of labia minora. - contain erectile tissue.

d) Clitoris - Small errectile body corresponding with the penis of male.

e) Vestibule - Limited on either side by labial folds & leads to vagina. There are four openings into the vestibule.

Hymen - Thin membranous diaphragm centrally perforated to allow the menstrual discharge to drain away.

2. Internal genital organs

2.1 Vagina -

It is the passage which communicates uterus with exterior. It is about 6 to 7.5 cms. in depth & is lined by stratified squamous epithelium. It is an organ of sexual act.

2.2 Uterus -

It is a thick, hollow, muscular organ about 7 cms. in the pelvis between rectum behind & the bladder in front.

It communicates below with the vagina & above the uterine tubes open into it.

The uterus is divided into 3 parts.

1) Fundus 2) Body 3) Cervix

There are four types of ligaments that hold the uterus in the position.

a) Pair of broad ligaments

b) Pair of round ligaments

3) Pair of cervical ligaments

4) Pair of uterosacral ligaments.

2.3 Fallopian Tubes (Uterine tubes)

They are two in number - right & left one on each side from the upper part of uterus towards the sides of pelvis.

They are about 4" in length.

They are divided into 3 parts.

- 1) Infundibulum - upper, narrower & starting part from uterus.
- 2) Ampulla - enlarged, curved & bent portion of the tube.
- 3) Fimbriated margin - end part of uterine tube ending with ovary.

2.4 Ovary

They are female gonads.

Each ovary is placed one on each side of the uterus, below the fallopian tube & are attached to the back of the broad ligament of the uterus.

3) Breast - Mammary glands

They are the accessory glands of the female reproductive system which secretes milk. The weight & the size of the breast vary. They enlarge at puberty & increase in size during pregnancy & after delivery. They externally have a structure called as nipple which is in the middle of convex breast which consists of skin & erectile tissue. The skin is dark in colour. The nipple is encircled by a tinted area called as areola.

4) Stree sharir - (Female Anatomy)

According to Ayurveda, yoni (vagina) should be convex, shakatakar.

There are two extra Aashay (organs) in females

- 1) Stanyashay (Breast)
- 2) Garbhashay (Uterus)



2

Physiology - Sharir Kriya

Physiology

a) Puberty in female includes the features

1. Uterus, Uterine tubes & ovaries reach maturity.
2. Menstrual cycle & ovulation begins (Menarch)
3. Breast develop & enlarge
4. Growth of pubic hair
5. Increase in growth rate & widening of pelvis

b) Physiology of menstruation

Menstruation is a cyclic bleeding from uterus of an adult female at an interval of lunar month (28 days) on an average. The period changes slightly in many normal & healthy women.

It is painless, silent bleeding continuing from 3 to 5 days (Blood is 10-15 ml.). This blood does not clot because it is already fibrinolysed.

There are three phases

1) Proliferation phase

In this stage endometrium becomes thicker by rapid cell multiplication. This phase ends when ovulation occurs & oestrogen production stops.

2) Secretory phase

Immediately after ovulation, under the influence of progesterone; the endometrium increases in thickness & becomes ready for implantation of fertilized ovum. This phase lasts for 10-14 days.

If the implantation of fertilized ovum occurs; the endometrium grows further & menstrual cycle is interrupted. If the ovum is not fertilised, then cycle enters the next stage.

3) Menstrual phase

If the ovum is not fertilised; the high level of progesterone inhibits the activity of pituitary gland & progesterone production is decreased. The lining of the uterus degenerates & breaks down after the 14th day of ovulation. This causes beginning of menstruation.

C) Menopause

It is the period which occurs between the age group of 45-55 years marking the end of child bearing period. This is because ovaries become nonresponsive to Follicular Stimulating Hormone (F.S.H.) & Lutin Hormone (L.H.) stimulation.

It is characterised by-

- 1) The breasts shrink
- 2) Sex organ atrophy
- 3) Pelvic hair become sparse
- 4) Sweating, palpitation causing discomfort & disturbance of normal sleep pattern.

D) Kriya

From 12th to 50th yrs. of female 'Raja' is thrown out of vagina. The Vyan & Apan vayu are responsible for the same.

Quantity - Four Anjali (Fistful)

The quantity of Raja varies according to prakruti.

There are specific types of rules & regulations to be followed in these 4-5 days.



3

Disorders & Treatments

3.1 Menstrual disorders

3.1.1 Amenorrhoea (Anartava)

Absence of menstruation

Causes

a) Physiological

1. During pregnancy
2. During lactation
3. Before puberty
4. After menopause

b) Pathological - 2 types

1. Primary
2. Secondary

Primary - Menarche does not occur upto or over 18 years of age.

Secondary - Stop of menses occur for three or more cycles following normal menstrual functions.

Primary Amenorrhoea

Causes

1. Congenital absence of utero vaginal canal or uterus.
2. Congenital obstruction in lower genital tract.

3. Juvenile diabetes mellitus
4. Hypothyroidism
5. Psychological
6. Injuries or disease in brain
7. Anaemia, Tuberculosis
8. Weight less than 40 kg, more than 70 kg.

B) Secondary Amenorrhoea

Causes

1. Obstruction at lower genital tract
2. Radiation
3. Tuberculosis, Endometritis.
4. Premature menopause
5. Diabetes mellitus
6. Mental disease, Emotional shock
7. Excess weight, obesity
8. Injuries to brain, meningitis, epilepsy
9. Enteric fever
10. Oral contraceptive pills.

3.1.2 Rajaksheenata - Oligomenorrhoea

1. Physiological
2. Pathological
 - a) As a disease
 - b) As a symptom in other disease.

Causes

1. Holding the 13 natural urges (vegavrodha)
2. Mental tension (Stress)
3. Vata vitiating food & behaviour

4. Fasting
5. Excess cold eating.

Treatment

Jeevaniya Gan (Rejuvenating group of Herbs)

Internal

1. Shatavari powder 1/2 tsp. - 2 times
2. Ashwagandha powder - 1/2 tsp. - 2 times
3. Yastimadhu - 1/4 tsp. - 2 times
4. Chandraprabha vati - 250 mg. - 2 times
5. Dashamoolarista - 10 ml. - 2 times after meals.
6. Drakshasava - 10 ml. - 2 times after meals.
7. ARYA/ Famia Tablets - 1 tablet 3 times a day.
8. Raktawardhak 1/2 tsp with food - 2 times a day.

Diet

Milk, ghee, wheat, sesame, black gram, eggs, mutton soup are useful

Vihar

Exercise of walking at least for 30 minutes.

Yogasanas

Padmasana (Lotus position), vajrasana, Ugrasana

Panchakarma

- a. Snehana + Swedanan
- b. Basti (Medicated enema)

3.1.2 - Oligomenorrhoea

- a. 2 types
 1. Physiological
 2. Pathological

b. Causes

1. Congenital malformation of genital tract.
2. Uterine - Traumatic due to excessive curattage, endometrial tuberulosis.

3. Ovarian - 1) Dysgenesis / agenesis

2. Radiation to ovaries
3. Persistant follicle cysts.

1. In Shandhiyoni

Congenital - No treatment

2. Vandhyayoni

Cause - Dhatukshay (Tissue loss)

Treatment - Oleation & Brinhan

3. Arajaska yonivyapat

Due to vitiation of pitta, excessive heat is produced resulting in amenorrhoea oligomenorrhoea.

Treatment

1. Uttarbasti (Vaginal douche) of kutaja decoction
2. Medicated cow's ghee. (Medicated with jeevaniya gana - rejuvenating plants)

Because of vitiation of vata

Treatment

Uttarbasti of Jeevaniya gana

Oligomenorrhoea can be (1) in anaemia (2) in obesity

Treatment is to be given for above mentioned diseases.

1. Tablet ARYA/ Famia 1 tablet 3 times a day for 3 month (3 Menstrual Cycles)
2. Shatavari Kalpa 2 tsp 2 times a day with milk.
3. Raktawardhak 1/2 tsp 2 times a day with food/meals

Yogasana

1. Paschimottanasana 2. Matsyasana 3. Ugrasana 4. Shalabhasana

3.1.3 Dysmenorrhoea & premenstrual syndrome

No specific treatment.

1. Aspirin - prostaglandin antagonist
2. Hormonal therapy

Low dose oestrogen if bleeding is heavy. Progesterone if scanty.

3.1.4 - Udavarta Yonivyapat

Causes

Suppression of natural urges

Aggravated dosha

Symptoms

Heavyness in abdomen/pelvic region. Pain in abdomen, low backache with constipation. Pain during menstruation or dysmenorrhoea.

Treatment

Oleation, local fomentation

Panchakarma

1. Anuvasana basti of trivrut (operculina ipomoea) oil
2. Medicated ksheer basti with dashamool
3. Castor oil basti

Shaman

1. Shankhavati 1-2 tablets 2-3 times a day.
2. Devadarvyadi kwath 20 ml 2 times a day.

3. Milk medicated with bhallatak (Marking nut)

Rasayana

1. Vatagajankush 1-2 tablets 2-3 times a day.
 2. Bhallatakavaleha 3-5 gms 2 times with food.
- Musta powder 1/4 tsp & 1/4 tsp dry ginger 5 day before.

3.1.5 - Leucorrhoea

1. Physiological - No specific treatment
2. Due to pathogens

1. Trichomoniasis 2. Candidiasis 3. Non specific bacterial vaginitis.

Trichomoniasis - Urethritis, moderate to profuse discharge which is greenish in colour & frothy. Itching & irritation in & around vagina

Treatment

1. Sookshmatrithala 2 tablets 3 times a day.
2. Vaginal pessaries.

3.1.6 - Upapluta Yonivyapat

Causes

Kaphakara Aahar (food), holding urges of vomiting & cough
Doshas involved - kapha, vata

Symptoms

Discharge - whitish, pain in vulva & vagina, bodyache, constipation, nausea.

Snehan

Oleation swedan - fomentation

Shodhan

Triphala kwath uttarbasti, mild purgation - Abhayarishta 20

ml. 2 times/day; Sukhasarak vati 2 tablets at night.

Shaman

External - Application of dhatakyadi oil.

Internal - Chandraprabha 2 tabs 3 times a day, Lodharasava 20 ml. 2-3 times a day.

3.1.7 - Menorrhagia

Excessive bleeding in amount and duration, Blood loss more than 80 ml.

Metrorrhagia - Intermenstrual irregular uterine bleeding

Causes

1. Pelvic inflammatory disease
2. Cancer of cervix/endometrium
3. Uterine fibroid/tumour
4. Dysfunctional uterine bleeding
5. Excess sexual intercourse
6. Uterine polyps, tuberculous endometritis.

Treatment

1. Bed rest, 2. Treat according to cause, 3. Surgery.

3.1.8 - Rajovruddhi

Causes

Excessive hot & spicy food

Treatment

Shodhan

1. Mocharasa pichha basti

Oral

1. Mocharasa(Bombax Malabarica) + Lajjalu(Mimosa pudico)

Linn) + Kutaj (Holarrhena antidysentericz Linn) decoction

2. Vasaghruta (ghee with adhatoda vasica) + honey

3. Usheer (Khus)

4. Chandan (sandal wood)

5. Kutaj (kurchi) with rice water (The water after washing the rice)

Ashokarista + Lodhrasava 10 ml. after lunch & dinner.

Tab. AL/Famia 1-2 tablets 3 times a day - 3 months.

Specific

1. Vataja - Where there is more pain

Bolaparpati + Kutajarishta

2. Pittaja

Praval + Modharasa

Chandrakala

Usheerasava

3. Kaphaj

Lodhra + Lajjalu

Shankhabhasma

Tab. Agravata 1 tablet 3 times a day.

7. Dysfunctional uterine bleeding

The excessive uterine bleeding without any organic cause is called as dysfunctional uterine bleeding

Types

1. Regular - menorrhagia, polymenorrhagia

2. Irregular - Endocrinal dysfunction

Clinical feature

1. Menorrhagia, polymenorrhoea, metrorrhagia.

2. Weakness, palpitation
3. Patient looks anaemic

Pradar

Treatment

same as menorrhagia
Uttarbasti of panchawallkal + alum,
Chandanadi oil.

3.1.9 - Vaginitis (Other than STD)

e.g. Moniliasis, Trichomoniasis, Acharana, Kaphaja, yonivyapad

Treatment

1. Snehan - Shatavari, Ashwagandha oil
2. Swedan - Rock salt water, Dashamool decoction
3. Vaginal irrigation with Triphala + Dashmool decoction
4. Tampons - (1) Triphala + Honey + Salt (2) Honey tampons
5. Application of Karanja oil
6. Sitz bath with Triphala decoction

Oral

1. Gandhak rasayan 250 mg. thrice a day.
2. Sookshma Triphala 250 mg. thrice a day.
3. Chandraprabha vati 250 mg. twice a day.
4. Aarogyavardhini 250 mg. twice a day.

3.1.10 - Lesions of Vulva Cyst of Bartholin's gland

Picture

Treatment - Surgical Excision

1. Bandaging
2. Garlic, vidang, turmeric + honey tampon
3. Tab. Kanchanar guggulu 2 tablets thrice a day.

3.1.11 - Cervical polyps

Four types of treatments

1. Medicine
2. Ksharkarma
3. Agnikarma
4. Surgical intervention.

3.1.12 - Cervical Erosion

Development of a reddish area on the portio vaginalis around the external OS of cervix 1. congenital 2. Acquired

Causes

1. Physiological e.g. pregnancy, during puberty
2. Bacterial infection - Gonococcal

Clinical features

1. White discharge
2. Bleeding after sexual intercourse
3. Backache, Arthritis, muscular pain
4. Increase in frequency of micturation
5. Infertility
6. Itching of vulva
7. Anaemia

Treatment

1. Ksharakarma with yavakshar followed by immediate application of ghee

2. Tampon of Yashtimadhu ghrut

3.1.13 - Ovarian cyst

Latakaranj powder 1 gm. - twice a day - 3 months

Tab. Kanchanar guggulu - 2 tablets 3 times a day.

Tab. Sookshma Triphala 2 tablets 3 times a day.

Tab. Aggravata 1 tablet 3 times a day.

3.1.14 - Uterine prolapse

It is the protrusion of vaginal walls at the vaginal orifice where the cervix of uterus may be pushed down to the level of vulva. In the extreme cases; the whole uterus & whole of both vaginal walls may be extruded from the vagina.

Types

1. 1^o Descent of the cervix in the vagina.
2. 2^o Descent of cervix to the introitus.
3. 3^o Descent of cervix outside the introitus.
4. 4^o All the uterus outside the introitus.

Treatment

Mahayoni

1. Oleation
2. Fomentation
3. Vaginal douche of Nishottar oil
4. Vaginal Tampon of Mushakadi oil/bahubija oil
5. Tab. Amex 2 tablets 3 times a day.
6. Tab. Aggravata 1 tablet 3 times a day.

3.1.15 - Breast Abscess

Pachyaman stage

1. Lepa with lepagoli or kalabol.
2. Sookshma Triphala 2 tablets 3 times a day.
3. Krumimudgarasa 2 tablets 3 times a day.
4. Vidangarishta 20 ml. with water 3 times a day.

3.1.16 - Infertility (Vandhyatwa)

A woman not conceiving after one year of sexual relation without contraception. This is of two types.

1. Primary - conception has never occurred.
2. Secondary - conception has failed to occur after a period of fertility.

Causes

1. Unhealthy sperms.
2. Fault in transportation of sperm from external os to uterine cavity & fallopian tube.
3. Unhealthy ovum produced by ovary.
4. Physiological infertility
 - i. Before puberty
 - ii. After menopause
 - iii. During pregnancy
 - iv. During lactation
5. Faulty male factors - Obesity, weakness, heavy smokers, alcoholic, hypothyroidism, defective spermatogenesis, varicocele, hydrocoele, prolonged exposure to heat, genital tract obstruction & swelling, inadequate coitus.
6. Faulty female factors -

Pulmonary tuberculosis, severe anaemia, aged (over 40 years), obesity, thyroid disturbances, polycystic ovarian disease, fear, marital disharmony, psychological reasons, narrow vagina, tight hymen, vaginal stenosis,

vaginitis, high vaginal acidity, intercervical obstruction, chronic cervicitis, cervical erosion, cervical fibroid, polyp, uterine malformations, tubercular endometritis chronic oophoritis, ovarian tumours.

According to Ayurveda

The infertility is mainly due to anatomical deformities in uterus, fallopian tubes, ovary, vagina etc. It also includes physiological deformity including cervical stenosis, block of fallopian tubes.

Infertility is also due to mental problems including depression, nervousness (vishad)

Infertility is due to problems in sperms also.

Diet has got important role in infertility. Eating frequently, eating incompatible diet, taking inadequate diet has bad effect on production of dhatu., resulting in infertility.

Treatment

Treatment is given according to cause. It includes the treatment to stimulate Dhatwagni (The fire which stimulates the formation of Dhatu)

Also uterus being the site of foetus, the treatment which strengthens the uterus is given.

Shaman

1. Shatavari kalpa 2 tsp twice a day
 2. Aarogyavardhini 500 mg. twice a day.
 3. Hingwashtak choorna - 250 mg. before lunch & dinner
 4. Tab Pacetone 2 tabs. twice a day.
 5. Raktavardhak 1/2 tsp. - twice a day
 6. Falaghruta - 1 tsp. twice a day.
- Falaghruta tablets 2 tabs 3 times a day.

7. Heerak bhasma vati 1 tab 2 times a day.

Shodhan

1. Basti - Alternate anuvasan & asthapan basti

1. Anuvasana 100 ml. Sesame oil + Rock salt + honey

2. Asthapan

120 ml. Dashamool decoction + 10 ml. sesame oil + honey
& pinch of rock salt.

2. Nasya - One drop of ginger juice + 1/2 tsf milk + sugar

8 drops of the above mentioned milk once a day early morning. This nasya helps in problems of menstruation.



4.

A Comparative Study of Shukra and Artava in Relation to Modern Science

Vd. Ashok G. Wali
Panchbhoutic Chikitsalaya, Rajaram Puri,
10th Lane, Kolhapur

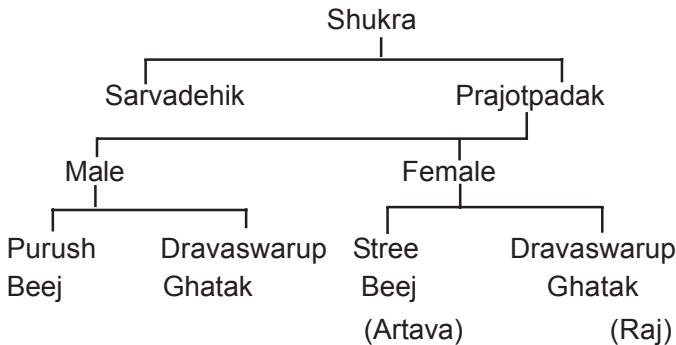
What is Shukra?

The Dosha, Dhatu and Mala are the main roots of the body means three doshas, seven dhatus and three malas form the fundamental (functional) units of the body. (A.S.Sutra - 11/1)

According to Ayurveda, Shukra is a seventh dhatu. It is a final essence of all dhatus. (Amarkosh 6/2/62)

There are two types of Shukra (Sushrut Sharir 4/20) & (Sootra 14/18)

(Reproductive tissue) Shukra is all over the body since birth to death and the Prajoutpadak Shukra at Puberty is produced in male and female



The prajotpadak shukra is divided in two parts i.e. Male shukra and Female shukra

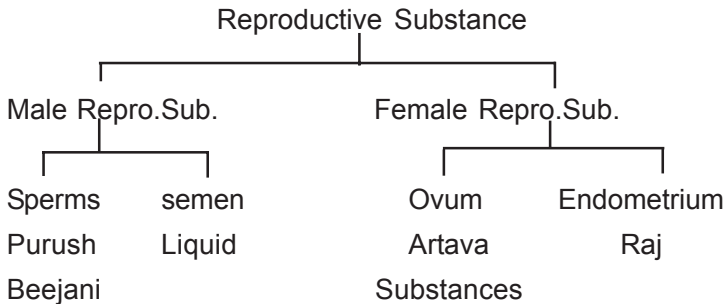
Male shukra dhatu is described in Ayurveda as 'Shukra', is not divided in Purush Beej and other.

Male shukra divided into two parts i.e. Purush Beej and Dravaswarup Ghatak

The female shukra is divided into two parts i.e. 'Stree beej' known as 'Artava' and the 'Dravaswarup Ghatak' known as 'Raj'.

Prajotpadak Shukra and Modern Science

The Prajotpadak Shukra means, the substance which plays a main role in reproduction, Prajoutpadak means reproduction and shukra means the substances hence Prajoutpadak Shukra means 'Reproductive Substances'



These reproductive substances are different in male and female. The male reproductive substance is called 'Semen' which contains sperms and some liquid substances means secretions from semeniferous tubules, rete testes, epidymis, vas deference, seminal vesicles, prostate, bulbo urethral glands etc.

In female ovum and endometrium.

To avoid the confusion regarding Artava and Raj, the Central Council of Indian Medicine (C.C.I.M.) has described 'Artava' as equal to Dimb or Ovum and Raj as Endometrium

A) Purush Shukra (Male Reproductive Substance)

Purush Shukra means a male reproductive substance known as semen

1) Avayava (Organs)

Purush shukra is mainly situated in 'Mushka'. The roots of Sushruta and this srotas starts from 'Varushana' and 'Shepha' says Charak. According to Sushruta, the roots relates with 'Stan' adn 'Vrushan'.

According to modern science the semen (purush shukra) is defined as fecundating fluid of the male.

The spermatogenesis takes place in testes (Vrushana) which are reproductive glands suspended in the scrotum (Muskha). These testes are two in numbers. The modern science maintained other organs i.e. seminiferus tubules, rete testes, epididymis vas deference, seminal vesical, ejaculatory ducts which are two in numbers and lastly they opens in urethra (Shepha)

In Ayurveda only vrushana (testes) and the shepha (urethra) are described as one can see these two organs by naked eyes

2) Shukra Swarup (Nature of semen)

The nature of shukra, meaningly, the shukra which is rich in fertilisaiton, looks like sphatika(crystal), semiliquid, smelling like honey, sweet, its colour is as ghee or oil, sticky, heavy and viscous.

According to modern science external appearance of semen is semiliquid, stickly, transperent, milkywhite or having a blue tinge and having particular odour, which becomes liquid within 10 to 15 minutes.

The nature of semen according to modern science is as same as shukra stated in Ayurveda.

Why in Ayurveda it is called as Shukra and not beejani? and why in modern science it is called, semen and not sperms?

Actually, Ayurveda knows very well about the beej (sperm) but it is not stated directly anywhere in granthas. But Ayurveda told the exact picture of (semen) liquid substances which is observed by naked eyes. these beejani (sperms) are not visible to naked eyes because they are microscopic in structure, but the functions of the beejani are well known to Ayurveda, hence

The modern science is a developing science when Dr. Leeuwel Hock studied semen (liquid substances) in 1677 he found the sperms in semen. When this semen was studied further, this semen was found having only 5% sperms and 95% other substances meaning that the total percentage of sperms is very less as compared to other substances. So the modern science named it only 'Semen', which includes sperms and Ayurveda named 'Shukra' which included beejani.

So the observations made by Ayurveda and modern science are comparatively same.

3. Shukra Guna - Characterstics of Semen

The shukra having a cold property.

In Ayurveda the five element theory plays very improtant role because our body is made-up of these five elements. The shukra is also composed of five elements.

Shukra having property of 'Apa' mahabhoot, and Artava (Ovum) having property of 'Tej' mahabhoot. But if this shukra and artava having property of Apa and Tej mahabhootas respectively, they also having a characterstics of other four elements, which are in less quantity.

All dravyas (substances) are made up of the elements so these shukra and Artava are also having characterstics of five elements.

The characteristic of one element or others, enter into other elements i.e. one element help the other elements by reducing its own characterstics or one element allows to increase the qualities of other element

As shukra having the property of 'Apa' mahabhoota and

the characteristics of 'Apa' mahabhoota is stated in Ayurveda as

1) Rasa :

Ras is the taste of dravyas and can explain the effects of the dravyas to a certain extent. e.g. dravya with sweet taste leads to growth of all tissues and increases their functional capacity. Shukra having the taste madhura means sweet.

2) Rasanedriya -

The taste of dravyas means Ras. which is to be confirmed only by the organ 'Jivha' (tongue). So the tongue is the main organ of the apa mahabhoota.

3) Sarvadravasamuh :

Meaningfully the liquid states i.e. water balance in body. moisture, all types of secretions, all types of hormones etc. Shukra having some liquid substances so it is one of the dravasamuh

4) Guruta :

Means heavyness. Every liquid having its own weight so the Apa mahabhoot having characteristics of Guruta. Shukra is stated as Guru menas semen having characteristic of heavyness.

5) Shaitya :

Means cold that menas the temperature below the normal level is called Shaitya (cold). Shukra having a property of 'Soumya' means 'Shaitya' which is the characteristic of Apa mahabhoot.

6) Sneha :

Means stickiness or viscosity. Sneha is one of the characteristic of Apa mahabhoota. This characteristic is also seen in shukra.

7) RET :

means discharge. Shukra having liquid state so it discharged from body.

These all characteristics of Apa mahabhoota and the characteristics of shukra dhatu are the same

semen having property of 'Apa' mahabhoota meaning that semen is cold.

According to modern science, the following points should prove that the shukra is Soumya, meaning that 'Semen is cold'

- 1) Testes where spermatogenesis takes place, these testes are drawn out of body because testes are situated in scrotum just below the abdomen hanging from the body.
- 2) The skin of scrotum (Muskha) is wrinkled and contain lot of sweat glands which by evaporation decreases the heat of scrotum keeping the testes cool.
- 3) If the testes are undescended there is no spermatogenesis because they are functionless due to the abdominal heat.
- 4) For artificial insemination the semen is kept in ice box routinely and used where it is required with giving small quantity of heat by holding the test tube in the hand or axilla.
- 5) Because it is 'soumya' means having a characteristic of cold, the semen and the sperms can stand at any temp. below 0° C in the frozen state. Hence is kept in liquid nitrogen having the -80°C temp. where the sperms become standstill, immobile but in living state means sperms are not dead.
- 6) Modern science states that some of the substances in semen have a nitrogen base (i.e. spermine, choline and ergothioneine.)
- 7) Semen when it comes out becomes liquid within 10 to 15 minutes. Hence it have property of Sarvadravsamuh.

These points may prove that 'Shoumayam Shukram'

meaning semen having a characteristic of cold according to modern science.

4) Shukra karma (Functions of Semen)

In Ayurveda the Karma of Shukra is stated as

The karma of shukra is Garbhautpad. (Reproduction)

According to modern science the function of semen which contains sperms, is the reproduction.

B) Stree Shukra (Female Reproduction Substance)

Stree shukra means a female reproductive substance. Stree shukra is divided according to C.C.I.M. rule i.e. ovum and endometrium, because menses contains the ovum and endometrium. Here ovum means 'Artava' and endometrium means 'Raj'.

1) Avayava (Organs)

In Ayurveda it states that, this Artava vaha srotas are two in numbers and the roots of this srotas is 'Aratavahini Dhamini and Garbhashaya'. Here Aratavahini Dhamini means fallopian tube and Garbhashaya means Uterus.

Every month 'Ras' dhatu turns to shukra to produce artava (Ovum)

Artava i.e. beej produced by beejraktavaha sira (fallopian tube) with the help of nutrition which is very sukshma and this artava comes in the garbhashaya every month.

According to modern science, the ovum (artava) is defined as egg cell or reproductive cell produced by a female.

This ovum is formed in ovary after maturation it comes in fallopian tube (artavahini dhamani, or beejraktavaha sira) which leads to uterus (garbhashaya) every month.

2) Artava Swarup (Nature of ovum)

In Ayurveda there are no any details of this artava (ovum). It is stated only that, this artava is very sukshma just like 2 or 3 fraction of a drop.

meaning that, rutu i.e. a specific period of a female having a menstrual cycle. when the conception is highly possible that period may be 12th day or 16th day or total 5 days (from 12th to 16th days) which is parallel to modern concepts which indicates the days 14 + 2. Again Ayurveda stated that

meaning that, sometime artava having no beej means Ayurveda has to say about the unovulatory menstrual cycle.

In modern science, diameter of the ovum (secondary oocyte) is about 100 u. So this size of ovum is very munute, perfect, peculiar, rounded, which will see under microscope only.

Ovulation occurs at about 14th day in 28 days a cycle.

3) Raj Swarup (Nature of Menses)

रसादेव स्त्रीयो रक्तं रजः संज्ञं प्रवर्तते ।

तद् वर्षाद् द्वादशादूर्ध्वं याति पंचाशत क्षयम् ॥

सु.शा.१४/६

रजः संज्ञामिती संज्ञातरमेतत् स्त्रीयोनिप्रवृत्तस्य रस्कतस्य

ऋतुकालजं रक्तमेव रजः संज्ञमुच्चे इत्यर्थः ।

सु.सू.१४/१०, डल्हणटीका

मासेनोपचितं काले धमनीभ्यां तदार्तवम्

ईषतकृष्णं विगंधं च वायुर्योनिमुखं नयेत् ॥

सु.शा.३/१०

शाशासूक प्रतिमं यत्तु यद्धा लाक्षारसापमम् ।

तदार्तवं प्रशंसन्ति यद्धासो न विरंजयेत् ॥

सु.शा.२/१७

स्त्रीणां रजसः अंजलयश्चत्वारः ।

अ.सं.शा.५/१२४

These all slokas states about the 'Raj'. It should be noted that here the description under the name of artava is the description of 'Raj, Rakta, Shonita, Bahya Pushpa, which is equal to menstrual flow.

The Raj is flow of blood, means menses is started in female at the age of 12 years and is continued throughout life and ceases at the age of the age of 50 years.

This Raj is produce of Ras dhatu which gets accumulated in uterus for one month.

The Raj is called as blood which comes through vagina in menstrual period.

The Raj is just like Ras and rakta dhatu, which can not flow fast.

The external appearance of 'Raj' resembles to the colour of the blood of rabbit or it resembles the juice of Laksha, which is also red in colour. The stains of this Raj on cloth, when washed disappear. This type of Raj is known to be the best one.

Raj having black red colour and having a particular odour. It may be slightly blackish in colour, which is takent by Apan vayu to the vaginal orifice.

According to modern science, the menses occurs in the age of 12 (menarchae) and it disappears at the age of 50 (menopause)

In the shedding process there is clotting and fibrinolysis so that non clotted dark red blood with tissue bits is discharged for 4 to 5 days.

The total amount of discharge is about 80 ml. having 30-40 ml. blood, stripped of endometrium, mucus, leucocytes and unfertilised ovum, the quantity of blood is maximum so it looks like blood red.

4) Artava Guna (Characterstics of Ovum)

The artava having a hot property. The female shukra i.e. artava having a property of Tej mahabhoota. Here 'Agney'

means 'hot'. But as artava having hot property of 'Tej' mahabhoot. it also has the characteristics of other 4 elements which are less in quantity.

The characteristics of Tej mahabhoot are as follows.

- 1) Rupam : Means structure. The artava having a structure like 2-3 fraction of drop means the structure of artava is very small and rounded.
- 2) Rupendriya : The rupam (structure) is visible or is confirmed by eyes only so the main organ of Tej mahabhoot is eye.
- 3) Varna : means colour. Red or brownish is a colour of Tej Mahabhoot.
- 4) Santapa : means body temperature. Because of hot property, if Tej mahabhoot increases in the body the property hot is also increases meaning that the temperature of body increases.
- 5) Bhrajeershnuta : Means luster. Because of heat the digestion takes place and body having brightening changes.
- 6) Pakti : Means digestion. Any digestion happening in the body is due to this Tej mahabhoot's Pakti characteristics. Tej mahabhoot digest all the things in the body.
- 7) Amarsh : Means irritation. If Tej mahabhoot increases the hot property is also increases meaning the body temperature increases which is unbearable to body. so it irritates.
- 8) Taikshnyam : This is power of conversion of the nutrients into digestible form for embryo.

These all characteristics of Tej mahabhoot and the property of Artava, both are same. So Ayurveda states that meaning Artava (ovum) having hot property as compared to modern, the ovum is hot. So in the modern science the following points should prove that the ovum having hot property.

- 1) The structure of ovum is perfect, peculiar, rounded which can be seen by microscope.
- 2) The colour of ovum is brown.
- 3) At the time of ovulation the body temp. of female increases about 0.4 to 0.8° F. and if the conception occurs the temperature of body remains high upto delivery and temperature diffuses when the menstruation starts and after delivery.
- 4) When the menses starts there are lot of chemical changes taking place through out body which cause brightness of the skin. the tenderness of skin in female.
- 5) This hot ovum having power of digestion which digest the head of the sperm and these digestion continues in the embryo. Producing various types of cells, which differ anatomically and physiologically, ultimately producing each and every structure of developing embryo upto full development of child.
- 6) When the menstrual cycle starts in female known as 'menarchae' conditions in the female may be of irritating type. They are disturbed psychologically.
- 7) The digestion of embryo is nurished by the specially digested nutrients which are converted from digestion made by trophoblastic cells (sukshama garbha poshan in Ayurveda)
- 8) Because Artava is agneya there seems a continuous process of digestion in it. Firstly a primary oocyte along with one polar body is produced.

Then digestion is continued and a nature ovum (secondary oocyte) with two polar bodies is produced and if the conception occurs this process of digestion is continued from embryo to fetus.

It may prove that the ovum having hot property.

5) Artava Karma (Function of Ovum)

The ovum and sperm produces Garbha (embryo)

According to modern science ovum digests the head of sperm to form embryo.

Conclusions

- 1) In Ayurveda we find references regarding sarvadehik and prajotpadak shukra. Out of this prajotpadak shukra's references relates with modern science. Here sarvadehik shukra remains for research studies.
- 2) After physical maturity only shukra (semen) and artava (ovum) are seen as described in Ayurved which matches according to modern science.
- 3) Modern science has proved that there are sperms in male semen and ovum in female which was earlier described in Ayurveda.
- 4) Also Ayurveda has to say indirectly about the chromosomes and genes as it compare with a beej, beejbhag and beejbhagavayavani.
- 5) The confusion between Artava and Raj in ayurveda is been solved by C.C.I.M. Even after having solution the raj rakta. Shonita is shows descripton of menses as described in modern science.
- 6) Similarly it is observed regarding organs in both male and female. Where in Ayurveda just traced the position but modern science has located the exact position.
- 7) External appearance of semen and menses the same as described in Ayurveda and modern science.
- 8) Characterstics as described in ayurveda and modern science of shukra and artava are same.
- 9) Functionally both shukra and artava are the same as described in ayurveda and modern science.

Acknowledgement

My respected teacher and my guide- Dr.D.R.Bhakara

Dr.M.N.Tambe, **My Colleagues** - Dr.Vivek Haladavaneekar (Kolhapur), Dr.(Mr.&Mrs.) Suru (Pune), **My special thanks** - Dr.(Mrs.)Asha Wali, Prof.Mr.S.A.Kumbhar, Mr.S.B.Patil

Bibliography

- 1) Ashtang Sangrah by Vd.A.D.Athawale
Published by Ayurvedya Mudranalaya, Pune.
- 2) Charak Samhita by Jadavaji T.Acharya
Published by Chaukhambha Orientalia,
Varanasi, Edition 3rd, 1941
- 3) Chakradatta by Pandit Jagannathasharama Bajpeyee.
Published by the Proprietor, Shri.Laxmi Venkateshwar Steam
Press, Kalyan - Mumbai Edition 4th, 1959
- 4) Doshdhatumalavidyan - By S.G.Vartak, Published by
Ayurved Anusandhan Pratisthan, Worali, Mumbai - 18
- 5) Doshdhatumalavidyan - By G.A.Phadke, Published by
G.A.Phadake, Satara, Edition 6th, 1986
- 6) Panchabhautik Chikitsa, Part I, By Vd. A.V.Datar,
Published by V.P.Datar, Sangli, Edition 2nd, 1990
- 7) Sarth Waghbhat by Dr. Ganesh K.Garde. Published by
Chaukhambha Orientalla, Varanasi, Edition 4th, 1980
- 9) A Critical Study of some important Srotas from Ayurvedic
Samhitas in relation to Embryology. Thesis for Doctor of
Philosophy by Dr.D.R.Bhakare, Oct. 1986 (Pune
University)
- 10) An Approach to Indian Classical Genetic with a particular
reference to Sex Chromosomes, Waghbhat. June 1983.
Article by Dr. Tiwari, Dr. Bhargava, Dr.Thatte.
- 11) Ayurveda Revisited by Dr. Sharadini Dahanukar and
Dr. Urmilla Thatte.
- 12) Clinical Diagnosis by Laboratory Methods By Todd
Sanford Edition 14th.

- 13) Grey's Anatomy : By Davis, Published New Impression 1978, Longmans Green and Co.Ltd. London. Edition 33rd 1962.
- 14) Human Physiology Vol. II by C.C.Chatterjee, Published by A.K.Chatterjee Kolkota, Edition 10th, 1988
- 15) Readers Digest Monthly : May 82, Sep.85, July 86, March 85
- 16) The Oxford Mini Dictionary by Hawkins, Published by Delhi Oxford Uni. Press, Edition 2nd, 1989
- 17) Text Book of Obstertrics by C.S.Dawn, Published by Shreemati Arti Dawn Kolkata, 14, Edition 8th 1982



5.

Premenstrual syndrome

Definition

Premanstrual syndrome (PMS) is symptom or collection of symptoms that occurs regularly in relation to the menstrual cycle, with the onset of symptoms 5 to 11 days before the onset of menses and resolution of symptoms with menses or shortly thereafter.

Alternative Names :

PMS

Causes, incidence and risk factors

An exact cause of PMS has not been indentified; however, it may be related to social, cultural, biological and psychological factors. PMS can occur with apparently normal ovarial function (regular ovulatory cycles). PMS is estimated to affect 70% to 90% of women during their childbearing years. Between 30% and 40% of women are thought to have PMS symptoms severe enough to interfere with daily living activities, and 10% are believed to have symptoms so severe they ae considered disabling.

The incidence is higher in women between their late 20s and early 40s, those with at least one child, those with family

history of a major depression disorder, or women with past medical history of either postpartum depression or an affective mood disorder.

As many as 50-60% of women with severe PMS have an underlying psychiatric disorder.

See also premenstrual dysphoric disorder (PMDD)

Premenstrual syndrome

Alternative Names : PMS

Symptoms

A wide range of physical or emotional symptoms have been associated with PMS. By definition, such symptoms must occur during the second half of the menstrual cycle (14 days or more after the first day of the menstrual period) and be absent for about 7 days after a menstrual period ends (during the first half of the menstrual cycle.)

The most common symptoms include

Physical symptoms

Headache, swelling of ankles, feet and hands, backache, abdominal cramps or heaviness, abdominal pain, abdominal fullness, gaseous, muscle spasms, breast tenderness, weight gain, recurrent cold sores (herpes labialis), acne flare-up, nausea, bloating, bowel changes (constipation or diarrhea), decreased coordination, food cravings, decreased tolerance to sensory input (noise, light), menstruation painful.

Other symptoms

Anxiety or panic, confusion, difficulty concentrating, forgetfulness, poor judgement, depression, irritability, hostility or aggressive behaviour, increased in guilt feelings, fatigue or lethargy, decreased self image, libido (sex drive) changes, paranoia or increased fears, slow, sluggish, lethargic movement, low self-esteem, loss of libido (sex drive), over-reaction to sensory stimulus (lights, noises etc.), paranoid (unfounded feeling of persecution)

Signs and tests

There are no physical examination findings or lab tests specific to the diagnosis of PMS. It is important that a complete history, physical examination (including pelvic exam), and in some instances a psychiatric evaluation be conducted to rule out other potential causes for symptoms that may be attributed to PMS.

A symptom calendar can help women identify the most troublesome symptoms and to confirm the diagnosis of PMS

Recommended Treatment

1. Tab. Pacetone 2-2 with milk.
2. Saraswatarishta 10-20 ml with equal amount of water after food.
3. Tab Suvarna sootshekhar 1 in morning.
4. Regular exercise, breathing exercise, meditation, light food, plenty of water, fruits & vegetable.



6.

Amenorrhea - Primary

Definition

This condition is the absence of any menstrual flow in woman who has never menstruated by the age of 16.

Alternative Names

Primary amenorrhea; No periods, Absent periods, Absent menses.

Causes, incidence and risk factors

Most girls begin menstruating between ages 9 and 18, with an average around 12 years old. Primary amenorrhea is not considered to have occurred until a girl is beyond age 16, if she has undergone other normal changes that occur during puberty. Primary amenorrhea may occur with or without other signs of puberty. There are many possible causes of primary amenorrhea:

Drastic weight reduction (resulting from poverty, fad dieting, anorexia nervosa, bulimia, very strenuous exercise or other cause)

Malnutrition

Genital abnormalities present since birth (absence of the uterus or vagina, vaginal septum, cervical stenosis, imperforate

hymen)

Hypoglycemia

Extreme obesity.

Gonadal dysgenesis

Hypothyroidism and hyperthyroidism

Chronic (long term) illness, Cystic fibrosis, Cushing's disease, polycystic ovarian disease, Galactorrhea, Chromosomal abnormalities such as Turner's syndrome (XO), or Swyer's syndrome (XY), Hypogonadotropic hypogonadism

Testicular feminization syndrome, Congenital heart disease (cyanotic), Congenital adrenal hyperplasia, Craniopharyngioma, Ovarian tumors, Adrenal tumors, Prader-Willi syndrome, Pregnancy, Primary amenorrhea in the United States occurs in less than 0.1% of girls.

Amenorrhea - Primary

Signs and tests

Physical examination and medical history

Urine pregnancy test

Progesterone withdrawal

Chromosome analysis,

Serum chemistry (serum gonadotropin)

LH, FSH

Prolactin

TSH, T3 and T4

Urine chemistry, 17-ketosteroids

Head CT

Head MRI scan

Ultrasound pelvic region

Laparoscopy

7.

Endometritis Symptoms

General discomfort, uneasiness or ill feeling (Malaise), a fever, which may range from low grade (100 to 102 degrees Fahrenheit) to high grade (103 to 104 degrees Fahrenheit)

Lower abdominal or pelvic pain (uterine pain)

Abnormal vaginal bleeding

Abnormal vaginal discharge

Increased amount, unusual colour, consistency or odour, discomfort with bowel movement (constipation may occur), abdominal distention.

Signs and tests

Palpation of the lower abdomen may show abdominal tenderness, bowel sounds may be decreased. Upon pelvic examination, the uterus is tender and there may be tenderness with manipulation of the cervix. A cervical discharge may be noted.

During diagnosis of endometritis, the tests performed include;

A WBC (white blood count) elevated

An ESR (Erythrocyte Sedimentation Rate) elevated.

Endocervical cultures for Chlamydia gonorrhoea and other organisms.

An endometrial biopsy, laparoscopy.



8.

Endometriosis

Definition

Endometriosis is a condition in which the tissue that normally lines the uterus (endometrium) grows in other areas of the body, causing pain, irregular bleeding and frequently infertility.

The tissue growth typically occurs in the pelvic area, outside of the uterus, on the ovaries, bowel, rectum, bladder and the delicate lining of the pelvis, but it can occur in other areas of the body as well.

Causes, incidence and risk factors

The cause of endometriosis is unknown. However, a number of theories have been proposed. The retrograde - menstruation theory proposes that endometrial cells (loosened during menstruation) may “back up” through the fallopian tubes into the pelvis, where they implant and grow in the pelvic and/or abdominal cavities.

The immune system theory suggests that a deficiency in the immune system allows menstrual tissue to implant and grow in areas other than the uterine lining. Another theory suggests that the cells lining the abdominal cavity may spontaneously develop endometriosis. A genetic theory proposes that certain families may exhibit predisposing factors that lead to

endometrioiss. Once the endometrial cells implant in tissue outside of the uterus, they may become a problem. Each month the ovaries produce hormones that stimulate the cells of the uterine lining to multiply and prepare for a fertilized egg (swell and thicken).

The endometrial cells outside of the uterus also respond to this signal, but they lack the ability to then separate themselves from the surrounding tissue and slough off during the next menstrual period. They sometimes bleed a little bit, but they heal and are stimulated again during the next cycle.

This ongoing process can cause scarring and adhesions in the tubes and ovaries, and around the tubal fimbriae (fingerlike projections at the end of the fallopian tubes). These adhesions can make transfer of an ovum from ovary to the fallopian tube difficult or impossible. They can also stop passage of a fertilized egg down the fallopian tube to the uterus.

Once in a while the growing cells will penetrate the tough covering of the ovary and begin to multiply. These cells can collect large amounts of blood and form what is called, appropriately, an ovarian blood cyst (endometrioma)

Ovarian blood cysts have been known to grow to the size of a hen's egg or even an orange and are usually painful. Over time the collected blood darkens and for this reason, the cysts are frequently called chocolate cysts.

Endometriosis is a common problem among women, and it occurs in an estimated 10% of them during their reproductive years. The prevalence may be as high as 25% to 35% among infertile women. Although endometriosis is typically diagnosed between the ages of 25 to 35, the problem probably begins about the time that regular menstruation begins.

A woman who has a mother or sister with endometriosis has a risk of developing endometriosis is 6 times greater than that of the general population. Other possible risk factors include early onset of menstrual periods, regular menstrual

cycles, and periods lasting 7 or more days.

Endometriosis Symptoms

Increasingly painful periods

Lower abdominal pain or pelvic cramps that can be felt for a week or two before menstruation and/or during menstruation (the pain and cramps may be steady and dull or quite severe)
Pelvic or low back pain that may occur at any time during the menstrual cycle.

Pain during or following sexual intercourse, pain with bowel movements, premenstrual spotting

Infertility

Note : Frequently, symptoms may not be present, in fact, some women with severe cases of endometriosis have no pain at all, while some women with only a few small adhesions have severe discomfort.

Signs and tests

A pelvic examination may reveal the presence of tender nodules, with a lumpy consistency. These are often found in the posterior vaginal wall or adnexa (ovary regions), and they may sometimes be felt in healed wound scars (especially those from episiotomy and caesarian) there may be pain with uterine motion.

The uterus may be fixed or retroverted. A pelvic ultrasound test may detect an endometrioma on an ovary. A laproscopy is necessary for definite diagnosis, but most patients can start treatment without this.

Recomended Treatment

Snehana, Swedan, Kati Basti

Tab. Pacetone, Sookshma Triphala

Tab. Famia



9.

Menopause

Definition

Menopause is the transition period in a woman's life when the ovaries stop producing eggs, the body decreases the production of the female hormones estrogen and progesterone, and menstrual activity diminishes and eventually ceases.

Alternative Names

Perimenopause, postmenopause

Causes, incidence and risk factors

Menopause is a natural event which normally occurs between the ages of 45 and 55, beginning on average at age 51.

During menopause, ovulation (egg production) stops and menstruation becomes less frequent, eventually stopping altogether, once menopause is complete (called postmenopause), woman can no longer become pregnant.

The symptoms of menopause are caused by changes in estrogen and progesterone levels. As the ovaries become less functional, they produce less of these hormones and the body responds accordingly. The specific symptoms you experience and how significant (mild, moderate or severe) varies from woman to woman.

In some women, menstrual flow comes to a sudden halt. More commonly, however, it tapers off, both in amount and duration of flow. During this time, often called perimenopause, your menstrual periods generally become either more closely or more widely spaced. This irregularity may last for 1 to 3 years before menstruation finally ends completely.

A gradual decrease of estrogen generally allows your body to slowly adjust to the hormonal changes. When estrogen drops suddenly, as is seen when the ovaries are removed surgically (called surgical menopause), symptoms can be more severe.

Menopause Alternative names

Perimenopause, Postmenopause

Symptoms

The potential symptoms of menopause, which can last from 1 to 3 years, include hot flashes and skin flushing, night sweats, insomnia, mood changes including frequent swings of irritability, depression, and anxiety, irregular menstrual periods, spotting of blood in between periods, vaginal dryness and painful sexual intercourse, decreased sex drive, vaginal infections, urinary tract infections.

In addition, the long term risks of menopause include, bone loss and eventual osteoporosis.

Changes in cholesterol levels and heart disease.

Signs and tests

Blood and urine tests can be used to measure hormone levels that may indicate when a woman is close to menopause or has already gone through menopause. Example of these tests include

Estradiol, FSH, LH

A pap smear may indicate changes in the vaginal lining caused by changes in estrogen levels. A bone density test may be performed to screen for low bone density levels seen with osteoporosis.

Recomended Treatment

Tab Pacetone, Tab Yashocal,

Suvarna Sootshekhar, Hanuman sanjeevani, snehana,
swedana & exercise



10.

Modern Day Menstruation

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The women population in India shows very stark contrast. On one hand there are richest women who probably have every luxury and comfort at their disposal while on the other hand are immunerable poor, illiterate women for whom coming out of their homes is also a very big luxury. As a result of this contrast, their sanitationm nutritional status, life styles, food habits, outlook, thinking and medical care availabel to them also differ enormously. The only similarity in this diversified plethora of Indian women is that they all have the same feminine anatomy and physiology. Menarche, menstrual cycle and menopause are undoubtedly very important milestones in their lives and they have manifold effects on their health and personalities.

Tradionally the menstruation of woman always received tremendous attendion in Indian households. Women used to remain in seclusion during menses and there were lot of restriction on their movements and activities. Today such approach is found to sound impracticable, irrational and orthodox. However, one also needs to try and understand those sublte changes which menstruation triggers in a woman and their effects on woman's physical, mental and spiritual state.

The menstrual blood has been called 'Raja' in Ayurvedic

literature. The word 'Raja' also figures in another context of Trigunas. Sattva, Raja and Tama are supposed to form the basis of the entire universe. According to Sankhya philosophy, all living and non-living things are supposed to be formed out of various combinations of these Trigunas. Each of these three terms has its own characteristics and effects. e.g.

Satva guna brings clarity, lightness, stability, cleanliness, enlightenment

Raja guna brings instability, fluctuations & changes.

Tama guna brings lethargy, laziness, uncleanliness & destruction.

All the three characters have influence not just on the physical and physiological levels of an individual but also on intelligence, memory, mind, mental activities like thinking and even on soul of the person. So when a person is more under influence of Satva, there is more clarity, lightness, stability and cleanliness in his body, physiology, mental activities and actions. As against this the influence of Raja causes instability, fluctuations & changes in his body, physiology, mental activities and actions while influence of Tama leads to lethargy, laziness, uncleanliness and destruction in his body, physiology, mental activities, actions. During the menstrual cycle, Raja guna is supposed to increase in body, physiology, mental activities and actions of the woman, that's why the menstrual blood has been called Raja in Ayurveda. This is a very subtle meaning that is hidden in this terminology. No other science in the world has probably studied and defined the menstrual changes so pertinently and minutely.

If we analyse the physiological changes observed in woman's body during menses, they strongly reflect this fact. The main changes and problems experienced by women during menses are as follows

Rise in body temperature

Stimulation in breasts

Horripilation on body
Sweating
Pains in lower abdomen
Pains in lumber region & thighs
Hotness in vagina
Constipation
Mental instability & mood swings
Irritation, Nervousness
Sleep disturbances, depression
Rise in blood pressure (in some women)

Majority of these changes indicate the strong increase of Raja guna on physical as well as mental level of the woman. Now if one wants to keep these changes at bay and avoid their aggravation, then the woman will have to follow proper life style and dietary regimen and make sure that Raja guna does not increase any more in the body and mind. Hectic activities, heavy, work load, tensions, conflicts, spicy food, non-veg food like flesh, alcohol, smoking, travelling, sexual intercourse, overflowing emotions etc. are bound to increase Raja guna and make the woman's conditions even worse. It was because of this reason that menstruating women were asked to remain in isolation and avoid any stressful activities in the past Indian societies.

The goal of any religious and spiritual activity is to increase Satva guna and eliminate Raja & Tama gunas. Since there is tremendous increase of Raja guna in woman's body during menses, the menstrual period was not thought to be the ideal time for her to pursue any type of religious and spiritual activities. That's why woman are not allowed to take part in any religious and spiritual activities during their menses in Hindu community.

Regretably however, all these traditional restrictions have been deemed as irrational and foolish by modern Indian society without really understanding the logic and purpose behind them. Many educated Indian girls and women follow quite improper

and harmful life style and dietary regimen during menses and as a result suffer from many menses related problems. The real tribute to our ancestors would be understand their approach and respect it if it is really correct.



11.

Hepatotoxic Effect of Modern Drugs Used as Ovulation Inducers

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Shukra is the 7th Dhatu in the concept Saptadhatu described in ayurveda. Shukradhatu is present in male as well as female. Shukradhatu can be explained in two ways.

- 1) Sarvadehik shukra
- 2) Beeja required for productivity.

In the second way, we can consider ovum as Stree-shukra. Hence the topic related with ovulation inducers is chosen here.

Ovulation inducers are

1. Bromocriptine
2. Clomifene

Bromocriptine is not contraindicated in liver diseases

Clomifene is contraindicated in liver dysfunction.

As far as liver health is considered it is clear that clomifene should not be used if there is any chance of damaging liver anatomically or physiologically.

But bromocriptine has a wide range of action area while the clomifene action is concentrated on ovulation induction only. Hence the requirement possibility of clomifene is more.

If a patient is taking clomifene for ovulation induction, the

concerned doctor must be aware of the patient's liver condition.

The use of clomifene in the liver dysfunction case will cause drug toxic bilirubinemia leading to the disease described in Ayurveda as bahupitta kamala. Bahupitta kamala and ovulation together will lead to pregnancy with bilirubinemia and the issue will not be healthy.

Ayurvedic treatment can give quite helping hand in the case where clomifene use is compulsory and we can protect the liver from damaging or already if liver dysfunction is there we can first cure it and then allow clomifene to be used with a protective treatment to cure liver.



12.

Aarya Tablets in Gynecological Disorders

Dr.Kurush Kurmi

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Aarya is the product designed by Oriental Ayurveda Health Products Pvt.Ltd. To treat most common gynecological problems such as Leucorrhoea & Menorrhagia associated with various causes.

It is a pioneer concept based on the Ghana (Extract) to improve the potency, stability and bioavailability of the product.

Ingredients :

Each tablet of 250 mg contains Ghanas (water extracts) of

- | | |
|---|--------|
| 1. Ashoka (Saraca indica) | 50 mg |
| 2. Lodhra (Symplocos racemosa) | 50 mg |
| 3. Dhataki (Woodfordia funcitosa) | 50 mg |
| 4. Mocharasa (Sap of Bombax Malabarica) | 50 mg. |

Therapeutic action

Ashoka (Saraca indica) - Though Ashoka is famous for its uses in menorrhagia & uterine abnormalities, this action is not mentioned in Charaka Samhita, Shushruta Samhita, Vagbhata, Bhava Prakash, Raja Nighantu & Dhanvantari Nighantu. Shushrutacharya has indicated its use in Yonidosha. While describing it under the classification Lodhradi Gana. Vrinda was the first who used it in Raktapradara.

Its properties are -

Cooling or refrigerant (shita), Astringent (kashaya), Bitter (tikta), Vedanasthapak (analgesic), Grahi (restorative), Raktasangrahak (blood restorative), Tridoshaghana (balances all the three doshas) also useful in Daha (burning sensation), Trisha (thirst), Krimi (worms), Shosha (cachexia), & rakta dosha hara (blood purifier).

In addition to this Dr. K.M.Nadkarni has described its more qualities in Indian Materia Media viz.

It is strongly astringent & uterine sedative. It acts directly on the muscular fibers of uterus. It has stimulating effect on the endometrium & ovarian tissues.

Bark is much useful in uterine affections especially in menorrhagia due to uterine fibroids and other causes.

Bark is also useful in internal bleeding hemorrhoids & also hemorrhagic dysentery.

According to Indigenous Drug Report, Madras, liquid extract of the bark was tried in cases of menorrhagia & found to do considerable good.

Lodhra -

Grahi (Restorative), Kashaya (astringent), Laghu (light), Chakshushya (Good for the eyes), Kapha pitta hara, cooling, haemostatic, heals wounds, alterative, raktapittahara, atisaraghna & pradara, also useful in Raktavikara & shotha (oedema).

It promotes contraction of small blood vessels & arrests bleeding. It also helps to rejuvenate mucosal membrane & helps to arrest white or any type of discharge due to its Grahi (Restorative) action. Excellent tonic for Raktapradar (bleeding per vagina) & Shwetapradar (Leukorrhoea)

In Unani & Siddha it is described to use it to arrest uterine hemorrhages & abnormal secretions, it is aphrodisiac & can be used for inflammation of the eyes.

It is also used in case of menorrhagia due to relaxation of the uterus.

In Mumbai Bark is often employed in the preparation of plasters & is supposed to promote resolution of inflammatory masses & exudates.

It is also used in liver, dysentery & liver complaints.

The medical professionals very frequently use alcoholic extract & water extract as astringent for looseness of the bowel. (Ref. Indian Materia Medica by Dr. Nadkarni)

Dhataki -

Katu (pungent), Kashaya (astringent), shita (refrigent), Laghu (light), Trishna (thirst), Atisara (diarrhoea), Raktapitta (bleeding disorders), Visarpa hara (herpes & erysipelas), Sangrahaka (restorative), Stimulant, anti toxic, heals & cures wounds. Flowers are mainly used & are astringent & tonic when dried. These flowers are used for dysentery, diarrhoea & other bowel complaints, internal haemorrhages & leucorrhoea, menorrhagia.

Externally powdered flowers are sprinkled over foul ulcers and wounds for diminishing their discharge & promoting granulations.

A confection of dhataki is used as stimulant & astringent given in dysentery & to check haemorrhages & chronic discharges such as menorrhagia & leucorrhoea. According to indigenous Drug Report, Madras, this was tried & had given satisfactory results in dysentery.

Dried flowers are also useful in disorders of the mucosal membranes, haemorrhoids & derangement of liver.

They are also considered a safe stimulant in pregnancy.

Manjishtha -

Madhur (sweet), Tikta (bitter), Kashaya (astringent), Swaryya (improved voice), Varnya (improves complexion), Ushna (warm) Kaphaghnashothaghna (anti-inflammatory) Yoni roga (diseases of the female genital tract), Netra & karna rogaghna (Cures eyes

& ear diseases), Raktatissra (dysentery), Kushtha (skin diseases), Raktadoshaghna (purifies blood), Visarpa (erysepales), Vrana (wounds), Prameha, grahi (restorative, alterative), contract uterine tissues, heals ulcers, diuretic, analgesic.

Mocharasa (Sap of Bombax malaberica) -

It is astringent, refrigerent, restorative, unctuous, vrushya (aphrodisiac), pravahikahara (cures colitis), atisara (diarrhoea), ama, kapha, pitta hara, raktavikarghna (purifies blood), reduces burning, shonitsthapana (Haemostatic), analgesic, balya (alterative)

Pharmacological action

1. Action of Aryaa on dosha - Aarya is vatahara, pittahara & kaphahara in action.
2. Action on Dhatus - Aarya is digestive, rejuvenator. It acts on rasa, rakta, mansa, meda, asthi, majja, shukra dhatu. It is rejuvenator, alterative, stimulant, astringent, blood restorative, haemostatic, heals & cures ulcers, absorbs the pathological discharges.
3. Action on mala - Aarya is astringent, anti-toxic, appetizer, digestive & hence detoxifies all the system, removes ama.
4. Action on srotasa - Aarya mainly acts on rasavahasrotasa, raktavahasrotasa, mansavahasrotasa, artavavahasrotasa. Aarya is astringent, uterine tonic & rejuvenates the Artavahasrotasa functionally.
5. Action on agni - Aarya is appetizer, digestive. It improves quality of Agni i.e. Koshthgni & also dhatvagni digests Ama.
6. Action on organs (avayava) - Aarya is rejuvenator, alterative, stimulant to all the body organs. It is agnideepak, Amapachak, anti-toxic, emolient. Its main action is on uterus, ovaries & other female reproductive organs, endocrine glands due to astringent, haemostatic, restorative & vednasthapak action. It gives

tone to uterus hence acts on diseases like menorrhagea leucorrhoea. It's lekhana action can be proved by its use in uterine bleeding or non bleeding fibroids. It purifies & rejuvenates the mucosal membranes of the genital tract & checks the leucorrhoea. It stimulates the ovary, rejuvenates its functions & help to normalize the ovarian hormonal functions. It contract the uterine muscles obliterates the blood vessels & thus directly helps to stop the bleeding.

Aarya is excellent rasayana & tonic for female reproductive system. It stimulates endometrium, ovarian tissue, endocrine glands & hence regulates the hormonal levels in the body which is essential for normal menstruation & related physiology. It nourishes all dhatu & improves body metabolism. It also increases blood quality & strengthens all the systems. Aarya is astringent & restorative to the blood & hence used in menorrhagea, metrorrhagea, postpartum hemorrhage, menstrual disorders. It regulates the menstrual flow by nourishing the blood vessels. It acts as anti microbial, antiseptic, anti-inflammatory.

Administration -

1 table 3 times daily or as per physicians advise.

Indications

It helps to maintain normal menstrual physiology.

Shwetapradar (Leucorrhoea of Bacterial or fungal origin)

Raktapradar (menorrhagia) It is indicated in menorrhagia or as symptomatic in vaginal bleeding associated with all other causes.

Atyartava (Metrorrhagias of various etiologies)

Dysmenorrhea, Menstrual disorders,

Atonic uterine disorders, Ojakshaya.

Note : Tab Femia having same indications



13.

Raktagulma - An Ayurvedic View

Dr. Bhairavi s. Joshi

Introduction

Gulma i.e. Tumour and Rakta i.e. blood, tumour related to the gynaecological system is Rakta gulma. As the necessary garbha koshta and menstrual cycle is related to women. Rakta gulma is only a feminine disease.

Presentation of the Gulma

1. As Zalkat vruksha
2. Circular in shape
3. Unpredeictable origin
4. Sthirapachayavan
5. Sparshopalabdha
6. Nirashraya & independent
7. Made up of doshas & resides in doshas like an air bubble in water.

Nidan (Causes)

1. Vegvidharan
2. Ahitakar Aahar & vihar
3. Indulgence in intercourse

4. Menstrual disturbances

Dosha Vat

Dushya (Nirashray) Rakta

Srotasa Rajavaha, Aartav vaha

Dhatu Rakta

Updhatu Raj

Sthana Uterus, ovaries

Purva Roopa i) Pratilomit apan vayu ii) Agni vikruti
iii) Menstrual disturbance

Roopa Lakshana

- 1 General Agnimandya, constipation, antrakujan & aanah
- 2 Menstrual i) Ammenorrhea, ii) irregular, heavy menses iii) Menstrual flow disturbance
- 3 Sthanik (local) Per abdominally or per vaginally tumour is felt.
- 4 Breast i) Engorgement ii) pain iii) yellow sticky discharge.

Samprapti

Nidan seva during sutika avastha, post abortion period & post menstrual period, vat prakop in koshta, pitta & kapha dushti, prakupit dosha enter Raj vaha aartav vah srotasa, rakta aavarodh, accumulation of rakta & vat dosh in garbha koshta - formation of gulma.

Chikitsa

Aushadhi Shastra karma - removal of tumour with uterus or ovaries

Apanrudhbhav Panchakarma

Raktapradar Pichu Snehan

Raktastambhan Kalka Swedan

Samshaman	Raktamokshana
Pakvirodhi	Snehavirechan
Balya	Basti
Gulmashiaithylyakara	Tumor loosening

Medicines

1. Ekeri Dravya for e.g.
Kasis, shilajatu, hingu, pippali, bilwa, aahaliv, patha
2. Churna - Hingvadi, bhaskarlavan
3. Yoga - Arkapushpa yoga
4. Aasav - Kumaryasav, Dashmularishta
5. Ghruta - Palasha kshar ghruta, panchagavya, kalyanak
6. Rasa - Agnimukhi, Kavyadrassa, Marachar, gulmakuthar
7. Kshar - Vajra, shankhdrav, samudradi
8. Gutti & vati - Kankayan, Chitraksharadi, Shankha, Vrushavati.

Reference

A.E.S. No.53, 3rd International Ayurveda Conference
Proceedings 1993



14.

Use of Triphala Kwath in Shweta pradar (Leucorrhoea)

Dr. Rakesh Kumar Singh M.D.

Dr. C.S.Londhe, M.A.Sc. F.I.I.M.

Introduction

There is a symptom of pouring out the white discharge per vagina. Vaginal infection is the commonest cause of leucorrhoea, which is the commonest known Gynecological problem

The symptom occurs in all age groups either physiologically or pathologically. Low socioeconomic status is more vulnerable. If neglected, it may give rise to serious complication, hence effective treatment of shwet pradar (leucorrhoea) is essential at an early date.

Etiology

In ayurvedic texts it is thoroughly described. This symptom occurs as a result of kapha and vata doshadhikya. But amongst them kapha is the main dosha producing leucorrhoea, stated in Charak Samhita.

The colour, feel, consistency of leucorrhoea is also similar to gunas of kapha dosha which are very well elucidated in Ashtanga Hridya Samhita. Kapha is Svadu (sweet), Snigdha (unctuous), Mrudu (soft), Shita (cold), Sthira (stable), Slakshna (smooth), Picchila (sticky), Guru (heavy), Sandra (dense), Manda (sluggish) and Shukla (white) by nature, when in the

state of avidagdha (proper digestion) it is sweet in taste. In the state of vidagdha (improper digestion), it has saline taste.

Types of Discharge

1. Tanu : Thin watery, kaphaprakopa is accompany with its pittaparakopa of its dravyaguna specially.
2. Picchila - Slippery, lubricous, kaphaprakopa especially of its picchile and styana guna accompanied with vataparakopa of its chala guna.
3. Styana - thick, bulky. It denotes kapha prakopa in a stage of samavastha.
4. Aavil tantula - Sticky and watery - kapha prakopa of samavastha and accompanied with vata prakopa
5. Durgandhi - pitta - durgandhi offensive, pitta yellowish kaphaprakop with pitta prakop.

According to modern science it is divided into two groups

1. Physiological

Normal secretions from vulva, vagina, cervix show an increase under following conditions

- a) Some new born gets leucorrhoea for a week due to maternal oestrogen.
- b. At puberty due to hormone effect, which corrects itself.
- c. At about ovulation and early pregnancy
- d. During sexual excitement. This excess of secretion is usually enough to moisten the vulva and occasionally pours out to stain the under clothing.

2. Pathological

- a. General health cause - one third
- b. Genital causes - two third

General health causes are those of

1. ill health and under nutrition
2. Dysfunctional (endocrinal, marital dishermony and

psychosomatic)

3. Psychological

b.Genital causes involve the entire Genital tract. The important causes of leucorrhoea are illhealth, anaemia, colitis, vaginitis, cervical erosion, genital prolapse and cervical carcinoma.

Clinically the causative factors can be elicited according to period of woman's life.

1. Before puberty - vulva - vaginitis in children causing mucopurulent discharge, due to foreign body inside the vagina.
2. After puberty in young virgin - poor general health, unclean personal hygiene, anaemia, colitis, endocrine dysfunction, masturbation and rarely vaginal cervical erosion are the responsible factors.
3. Nulliparous married women - Trichomonas and monilia vaginitis are common causes.
4. Post child birth - This is largely due to puerperal cervical erosion which is considered physiological.
5. Parous women during the child bearing period cervical erosion and chronic cervicitis are the commonest causes.
6. Premenopausal women ; Uterine polypi, decubitus ulcer in genital prolapse uterine fibroid and uterine carcinoma are the important factors.
7. Post menopausal women - Carcinoma of the genital tract, genital prolapse, retained ring pessary, senile vaginitis and endometritis pyometra are the important factors.

If all the above causes according the period factors of women's life are not treated well may develop complication.

In Ayurveda yonivyapad is a separate chapter given in charak samhita. There are 20 yonivyapada (Diseases of female genital organ) of which the following yonivyapad have the symptom of shwet pradar (leucorrhoea) are

1. Upapluta yonivyapad
2. Asamvritamukhi
3. Karnini yonivyapad
4. Kaphaj yonivyapad and
5. Acharna

Treatment

According to basic principles of Ayurveda the line of treatment are the following therapies useful for the alleviation of kaphas

1. Administration of emetic and inhalation therapies with sharp drugs
2. Intake fo light and ununcetuous food
3. Exercise, smoking, gandusha
4. Drugs which reduce fat
5. Fomentation therapy
6. Intake of old yava, godhuma, honey and meat of jangala animals.
7. Salya types of meat preparation
8. Old alcoholic drinks and
9. To avoid day sleep

Here I have selected Triphala Kwath to aliviate the kapha dosha which dominates in swet pradar, its ingredients are as follows

Amalaki - Phyllanthus Emblica

Guna - Laghu, ruksha, shita

Rasa - pancha rasa (except lavan), amla pradhan

Vipak - madhur

Virya - shita

Haritaki - Terminalia Chebula

Guna - Laghu, ruksha

Rasa - Pancharasa (except lavan), kashaya pradhan

Vipak - Ushna

Prabhav - Tridosahar

Bibhitak - Terminalia Belerica

Guna - Ruksha, laghu

Rasa - Kashaya

Vipak - Madhur

Virya - Ushna

All the above ingredients have kaphaghna action (aliviate kapha dosha) so it has the good effect on shwet pradar.

As there is no specific management in modern medicine, while the effect of luke warm Triphala Kwath by introducing into vaginal cavity (i.e. to give Uttarbasti) cures the symptom within 5 days.

Dosage of ingredients

Amalaki churna - 900 gms

Bibhitak churna - 800 gms

Karitaki churna - 800 gms

Prepare the kwath. The kwath used in luke warm state so that it gives the fomentation and also acts the medicinal value of its properties.

I exmined and observed 83 patients complaining of leucorrhoea, of which 47 patients came for regular follow up

29 patients were cured completely in 5 days.

18 patients got partial relief of the symptoms

Thus the above data concludes that 60% of patients got cured and 30% got partial relief.

As in the case of physiological cause which I have not

included in the above data as it was diagnosed in the begining by introducing plain luke warm water as placebo.

I can recommend that the luke warm Triphala Kwath is very much useful in shwet pradar (leucorrhoea)

References

- 1) Marathi Charak Samhita - Chikitsa Sthana Chapter 30
- 2) Yoga Ratnakar - Chikitsa Sthana - Chapter 24,26
- 3) Marathi Sushrut Samhita Sutra Sthana 82, 83, 15, 18, 21, 24
- 4) Ashtanga Hridaya - Sutra Sthana Chapter 12
- 5) Text Book of Gyanaecology - C.S.Dawn



15.

Clinical Assessment of Ashokarista and Lodhrasava Ghanasar in Gynaecological Disorders

Vd. Mrs. Pradnya M. Akkalkotkar

Introduction

To maintain ecological and natural harmony; reproduction of progeni is a must phenomenon. For the sake of natural and healthy progeni; health of the female contributes a lot.

Female attend out door departments for very common gynaecological complaints.

Ashokarista and Lodhrasava are Ayurvedic herbal products which are proved to be useful in many gynaecological disorders.

Many times women particularly working women find difficult to carry and take a medicine in a liquid form. So it was thought to prepare Ghanasara of these liquids so that the administration of the drug becomes easier. It was further decided to conduct clinical trials for its efficacy.

Trials of these drugs were taken for following problems

Menorrhagia, Leucorrhoea, Irregular menstrual cycles, Dysmenorrhoea, single symptom or complex symptoms.

Drug Used

Drug - Ashokarista + Lodhrasava of Ayurved Rasashala in equal quantity

Chansara is prepared & tablets of 250 mg. weight are prepared. The main properties of the contents - Mainly Ashok and Lodhra.

Properties of the contents

Ashok : It improves uterine tone, regulates excessive bleeding, improves uterine functioning and therefore called as Uterine Rasayana.

Lodhra : Because of the Kashyarasa (astringent) used in excessive vaginal bleeding. Also used to tone the muscles of uterus. Therefore used in the gynaecological disorders related to rakta.

The other contents act on the Vata-pitta doshas.

The total mixture is useful to correct vata pitta disorders.

Materials and Methods

Drugs used

Ashokarista - Lodhrasava - equal proportion

Ghanasara - Tablets

Weight - 250 mg.

Dosage

2 tablets Rasayanakala and 2-2 tablets apanakala.

Total 51 patients were randomly selected inspite of their economical, social and residential conditions.

The patients complaining Dysmenorrhoea, Menorrhagia, Leucorrhoea, and irregular menstrual period were selected.

Patients of carcinoma or having neoplasms were excluded.

Diet restrictions were given to each and every patient according to concepts of Ayurveda.

Ten patients were treated by placebo as a control group.

The control group was given sucrose tablets used in same dose and manner.

The treatment was given from thirty to ninety days depending

on the severity of the symptoms. The dosage was the same.

Patients were checked periodically and findings were recorded. The results were concluded as per following :

a) 80% relief in 1-3 months with no recurrence after 3 months were called as excellent results.

b) Good - 60% relief within average 3 months of treatment but recurrence once or twice within further three months.

c) Moderate - 30% relief. Symptoms though reduced but still persistant.

Data & Analysis

Total number of patients - 51

A.L.Ghanasara Tablets -41

Placebo - 10

Prakruti

1. Vatapradhan Pittanubandhi	13
2. Vatapradhan Kaphanubandhi	02
3. Pittapradhan Vatanubandhi	11
4. Pittapradhan Kaphanubandhi	07
5. Kaphapradhan Vatanubandhi	03
6. Kaphapradhan Pittanubandhi	05

Symptoms groups

a) Single symptom

1. Monorrhagia	11
2. Leucorrhoea	03
3. Irregular menstrual cycle	09
4. Dysmenorrhoea	08

b) Complex symptoms

1. Irregular menstruation + Dysmenorrhoea	04
2. Menorrhagia + Leucorrhoea	03

3. Dysmenorrhoea + Leucorrhoea 03

Duration of Treatment

1. Less than 28 days 02

2. 28 - 30 days 60

3. 60 days 11

4. 90 days 22

Relief

1. Moderate 03

2. Good 18

3. Excellent 20

Discussion

AL Ghansar tablets were very much effective on the menorrhagia and leucorrhoea problems. Also it showed remarkable cure in irregular menstruation cycle.

Usually in menorrhagia; there are per vaginal clot mixed bleeding. By the use of this drug the clot formation was reduced. Also some patients noted that the bad smell of the discharge was less after the treatment.

Most of the patients were in between 20-40 years age group.

Majority of the patients were of Vata-Pitta prakriti.

For best results treatment upto 3 months was necessary.

Tablet form was easy to administer

No patient complained of any side effect.

Conclusion

A.L.Ghansar tablets are effective, without any side effect in the management of gynaecological disorders with special reference to menorrhagia and leucorrhoea.

Acknowledgement

Thanks are due to Prof.Dr.P.H.Kulkarni, Pune, Sponsor of the project, Institute of Indian Medicine Pune for Research

facilities.

References :

- 1) Clinical Assessment of AL Globules (sookshma/Nano) in the Gynaecological disorders - Dr.P.H.Kulkarni
- 2) Ayurvediya Aushadhe - Editor - Prof. Dr.P.H.Kulkarni
- 3) Ayurveda Research Papaers III (1995), Prof.Dr. P.H.Kulkarni Ayurveda Rasashala



16.

Effect of A.L.Tablets & Shatavari Ghana on Dysmenorrhoea

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Abstract

Concept of Dysmenorrhoea and kashta artava co-insides with each other. Symptoms of kashta artava are closely related to symptoms of Udavarta yoni vyapat. To overcome this disease I have given A.L.Tablet (Ayurveda Rasashala, Pune) & tablet shatavari ghana (Chaitanya Pharma, Nasik) for minimum 3 successive months. Dose of A.L.Tablets was 2 BID & Shatavari ghana 1 TDS. In few patients duration of treatment varies with their complaints.

In this project, I observed total 50 patients who were selected in O.P.D. on randomised basis. After 3 months follow up; I concluded that this combination of drug therapy is very useful in Dysmenorrhoea. Out of 50 patients 75% patient got complete recovery & rest 25% got better recovery.

Now a days dysmenorrhoea is very common gyneacological complaint, which affects patients physiological as well as psychological status. In routine practice this complaint is treated with anti-spasmodic & antidepressant drugs, but this is not curative treatment. Hence patient has to rely upon same type of drugs in every menstrual cycle.

Considering all these points, being Ayurvedic consultant I

tried particular ayurvedic drugs with particular line of treatment in such type of cases.

Ayurvedic concepts

Dysmenorrhoea is a menstruation in which painful flow is the complaint. In ayurved dysmenorrhoea is considered under title 'Yoni-vyapat' as one fo the symptom of 'Udavarta yoni - vyapat'.

Causative factors

Vat dosha is the main factor which is responsible for all type of Yoni-vyapat. In Ayurved total life span is divided into kaphaj, pittaj & vataj kal (time) which can be described as

Infantile age - kaphaj, Puberty - pittaj, Old age - vataj

Dysmenorrhoea is a menstrual disorder which is observed in pittaj kal. This point is important in context to pathogenesis & prognosis of dysmenorrhoea.

General

Faulty dietary & behavioural habits i.e. habit to supress natural urge for long period, fasting for long time, heavy exercise, excess of sex, mental worries, excessive use of panchakarma, excessive intake of spicy food, repeated intake of diet with cold property.

Local - frequent use of curetting procedure, P.I.D., Maldevelopment of uterus.

Pathogenesis (Samprapti)

In Ayurveda, lower abdomen is said to be functioning unit of Apan vayu. In normal condition evacuation of bowel, urine excretion, menstrual bleeding is governed by apan-vayu. Due to above said causative factors, 'Apan' gets disturbed in its function. There is rise in Rukshatva, chalatva and laghutva properties of vat and as age group of patients is also 'pitta' dominating period; Aahar-vihar enriched with pitta aggravating factors can aggravate Ushnatva of 'Rakta'. Due to this Saratva (moving) & Dravatva (liquid) get diminished & finally painful menstruation which is known as Dysmenorrhoea.

Treatment

In this project treated all patients with A.L. Tabs & Shatavari ghana.

A.L. Tablets

It is purely herbal & proprietary ayurvedic medicine of Ayurveda Rasashala, Pune. Ashoka & Lodhra are main ingredients of this tablet. Each tablet is of 250 mg. weight.

Dose - 2 BID along with water.

Shatavari Ghana

This is purely ayurvedic medicine, prepared from Shatavari using 'Ghansar' type of preparation method.

Dose- 1 TDS with cold water.

Collective action of combination - contents of A.L. Tablets are mainly vat-pitta shamak, rakta stambhak, rakta-shodhak. Ashoka & Lodhra have good action on uterus. They enhance uterine contractions & make easy to excrete normal menstrual flow. They also maintain blood circulation of Uterus. Due to Kashaya ras vasoconstriction of uterine vessels take place. They also increase Uterine tone.

Shatavari acts on Uterus so as to increase uterine tone, holding capacity (dharan) & it regulates uterine function. It nourishes Mansa dhatu hence directly acts on myometrium. It also regulates hormonal imbalance. Shatavari has good action on all 7 dhatus. It acts as medhya which helps to regularise psychological disturbance of patient in every menstruation. It also accelerate action of other medicines.

Discussion

In Ayurvedic ancient samhitas dysmenorrhoea is described as symptom but not as a disease. Now a days most of the patients give history of dysmenorrhoea.

In past generations, the role of female in society was very limited. Now a days social approach of women is changed. Their outdoor activities are going on increasing. Due to family as well as social responsibilities, female have to face many

circumstances which give mental stress to these females. They generally eat spicy food. All these things are contraindicated for women in menses. Due to heavy daily schedule these women can't take sufficient rest & can't pay attention to personal hygiene. All these things are contraindicated to woman in menses and these leads to menstrual disorders.

Anatomically, female body is designed so as to create new generation & menstruation is the process of expelling dead ovum along with structural changes occurred for the sake of fertilization. It is expected not to interfere this natural process. But as many women have to attend many responsibilities every day, they have to do family planning or postponement of menstruation. For this, they usually take oral contraceptives pills which is against nature. This also leads to menstrual disorders.

Observations

After treating 50 patients with combination of A.L. Tablets+ Shatavari ghana I observed that this combination is very effective in dysmenorrhoea. There is decrease in intensity of pain & shortening the duration of pain. This combination also regularises the menstrual cycle. It also acts effectively in cases of oligomenorrhoea & menororrhagia. Those women using contraceptive pills or device got better relief from dysmenorrhoea. This combination also improves psychological status of patient. Premenstrual tension also get reduced. Associated digestive complaints also get normalised. 80% of patients got complete recovery.

Conclusion

After treating 50 patients I conclude that A.L. tablet & SHatavari ghana is effective combination in treatment of dysmenorrhoea & associated complaints.

References

- Ayurveda Therapy - Prof.Dr.P.H.Kulkarni (1995)
- Prof.Dr.P.H.Kulkarni's Ayurveda Research Papers (1999)
- Ayurveda for Women - Prof.Dr.P.H.Kulkarni & Dr.Pradnya Akkalkotkar (2000)



17.

Fertility Control & Ayurveda

Dr. Mrs.Kumud Nagral, Mumbai

Fertility control methods have attained much importance as one of the major aids to curb the population growth threatening the Socio-economic fabric of today's era.

In ancient times, when the science of Ayurveda was unfolding the truths of human body and mind, the socio-economic conditions were such that more man power was desirable and hence a large family norm was in vogue. Hence in Ayurveda, rather than the number of children or limiting the same, Suprajanan-healthy progeny and safe motherhood are dealt with at length. Even then limited number with quality was stressed upon.

वरमेको गुणी पुत्रो न मूर्खशतान्यपि ।
एकश्चन्द्रस्तमो हन्ति न च तारागणोऽपिच ॥
एके नाऽपि सुपुत्रेण सिंहि स्वपिति निर्भयम् ।
सहैव दशाभिः पुत्रैः भारं वहति रासङ्गि ॥

One virtuous child is preferred to hundred foolish one; just as moon banishes darkness and not the cluster of stars; with only one cub the lioness can rest peacefully; with ten offsprings they drags on with the burden. It was advocated to improve the quality of life. For that matter, process of conception was

also studied elaborately. At the same time, because the sexual pleasure and conception are given equal importance. Naturally, sexual pleasure without conception is also dealt with in details. Even today all the fertility control methods are designed to prevent pregnancy resulting from sexual acts.

The chain of events leading to conception are release of semen into the vagina by the action of Vayu and Teja. Entry of the same into the uterus through the, meeting of the artava beej which has already arrived from the ovary in a similar fashion resulting in union and nidation in the uterine bed. Hence it is nominclertured as Garbhadan.

For successful outcome of Garbhadan, four factors are necessary-

1. Rutukal i.e. Fertile Period in relation to menstrual cycle. It is a specific stage in menstrual cycle of a woman where in conception is likely.

शोणित दर्शनोपलक्षितो गर्भग्रहणसमर्थकालः ।

2. Kshetra i.e. soil - normal female genital tract.
3. Ambu i.e. Nutrition
4. Beej i.e. Seed-Shukrabeej (sperm) and Artavabeej (ovum) and their union

संशुज्यमानो गर्भो गर्भाशयम अनुप्रविश्य अवतिष्ठते ।

Unified seed enters the uterus and takes hold in uterine bed Life enters during the union and thus TRIO is created which takes nidation. Then and then only it is called GARBHA.

If any of these factors are hampered, conception may not take place. While trying to prevent conception, we have to take cognizance of this fact. As we are discussing prevention of conception, we may not consider the third factors i.e. Ambu as it mainly comes in the picture after conception. But the other factors directly contribute to the process and the aim is to negate their roles. There can be various approaches to the task. But ultimate aim is that the seeds should not meet and

even if they meet, the resultant union should not get nidation in the uterus. Let us see how these factors can be utilised to control fertility.

1. Rutukal - To have intercourse beyond fertile period

Though described in different samhitas in different words, conclusion is the same - first four days are prohibited, next twelve days are fertile, further twelve days are unfertile. Hence to have sex from seventeen to twenty eight day is one of the methods. Today we have markers of ovulation like basal body temperature and cervical mucus method. Even then post ovulatory period is supposed to be safest. It is worth nothing that the classical signs of Rutumati

2. Kshetra - Methods related to soil (Female genital tract)

The sperm traverses the female genital tract. Its progress is hampered by substances which either stop mechanically, inactivate or kill it in vagina or uterus. Since vagina is more accessible, these methods are tried in vagina namely a) Tampons impregnated in oil rock salt b) Dhattoramoola powder c) Fumigation by Nimbakasta d) Coitus interruptus.

3. Beej - Method related to ovulation and nidation

Prevention of ovulation can be done by consuming particular type of jaggery, powder of Pippian vidanga-tankan milk, patha leaves, rasanjana powder with water and prevention of nidation by consuming tandooliyak roots, aarnal, japa flowers, haridra granthi, agnitaru root with tushatoya.

For MTP,(Medical Termination of Pregnancy) following measures are prescribed

- a. Local insertion of stump of Erand leaves
- b. Fumigation by substances like bhurjapatra, gunjana beej.
- c. Oral - chitrakamool pasted with nirgundi & honey, kushtha & languliroot, kalam wiht milk.

Number of concepts and recipies are mentioned in the authentic literature of Ayurveda which can be utilised individual

or along with modern methods of contraception to enrich the programme of Fertility Control.

Referance

Musing Ayurveda 1992



18.

Role of Uttarbasti in Infertility

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A mother is a mother still the holiest thing alive - Coloridge

Great thinkers, philosophers, dramatists, novelists and a large number of scholars have said many good things about mother & mother hood is a boon bestowed upon women in general by the God. But in our society, we find two extremes. At one end we find women conceiving almost every year while at the other end ladies not conceiving even after years of marriages & normal sex life.

Infertility means inability to conceive after one year of frequent unprotected sexual life.

In male dominating society of India. For infertility, female partner is generally blamed. She becomes the victim of social gossip for her barrenness. Infertility brings forth family unhappiness & psychosomatic disorder. No doubt there are various modern methods to investigate & treat the infertility but they are quite expensive and complicated. For this comprehensive approach has to be thought of and uttarbasti chikitsa described in Ayurvedic texts suits the best.

Definition of uttarbasti

उत्तरमार्गदीयमानतया वा श्रेष्ठ गुणतया उत्तरबस्तिः।

Uttarbasti means basti which is given in upper (uttar) passage i.e. urinary or vaginal passage than the usual anal passage or basti which is superior in quality.

स निरुहादुत्तरेण वा मार्गेण दीयते इत्युत्तरबस्तिः ।

Basti which is used after niruhabasti is called uttarbasti

Benefits of Uttarbasti

बस्तिजेषु विकारेषु योनिविभ्रंशजेषु च ।
योनिशूलैषु तीव्रेषु योनिव्यापत्स्वसृग्द रे ॥
अप्रस्रवति मत्रे च बिन्दु बिन्दु स्रवत्यपि ।
विद्ध्यादुत्तर बस्ति.....

च.सि.९/६३-६४

Uttarbasti is beneficial in

Urinary disorders - retention of urine dribbling micturation severe dysuric.

Menstrual disorders - menometrorrhagia, amenorrhoea, dysmenorrhoea.

Gynecological disorders - vaginal pain, utero vaginal prolapse, infertility.

Best period for use of uttarbasti

स्त्रीणाम् आर्तवकाले तु प्रतिकर्म तदाचरेत् ।
गर्भासना सुखं स्नेहं तदा दत्ते ह्यपावृता ॥
गर्भं योनिस्तदा शीघ्रं जिते गृणहाति मास्ते ॥

च.सि.९/६३-६३

During the rutukal, just after the menstrual bleeding is over, internal os of uterus is open hence it receives the uttarbasti easily & causes suppression of vayu & this helps in conception of the woman.

द्वित्रा : स्थापन शुद्धेभ्यो विद्ध्याब्दस्तिमुत्तरम् ।

अ.ह.सू. १९/७०

Uttarbasti should be given to the woman after purificatory procedure of her body by using two or three asthapanas (decoction enema given per anum).

The quantity of decoction & oleaginous substance for uttarbasti

स्नेहस्य प्रसूतं स्वाङ्गुलीमूल संमितम् ।
देयं प्रमाणं परमवर्गं बुद्धिविकल्पितम् ॥
गर्भाशय विशुद्धयर्थं स्नेहेन द्विगुणेन तु ॥

सु.चि. ३७/१०६

The quantity of oleaginous substance of uttarbasti to be given in urinary passage, should be one prasmatha (palm of hand stretched out & hollow as if to hold liquid or handful) for all severe disease during the reproductive life or age of a woman. If the strength of disease or patient is medium or less, the quantity should be half or less as decided by the physician with his discretion. For uterus the quantity of oleaginous substance should be two prasrut. Decoction quantity should also be two prasruta.

The method of giving the uttarbasti

उत्तानायाः शयानायाः सम्यक् सकोच्य सविथनो ।
उर्ध्वजान्वस्रिचतुरानहोरात्रेण योजयेत् ॥
बस्तिस्त्रिरात्रमेवं च स्नेहमात्रां विवर्द्धयन् ।
त्र्यहमेव च विश्रम्य प्रणिदध्यात्पुनस्रहम् ॥

अ.ह.सू.१९/८१-८२

The women should be placed in supine position with flexed thighs & elevated knees. The nozzle should be inserted in urinary or vaginal passage slowly with steady hand following the direction of the passage. In day & night (24 hours) total two, three or four bastis should be given. The procedure should be continued for three days with gradual increase in the quantity of oleaginous substance. After giving rest for three days, the procedure should be repeated for another three days.

After discussing the theoretical aspects of uttarbasti I now turn to my subject properly.

Aim

Role of uttarbasti in infertility treatment

Criteria for selection of patient

While treating the infertility cases no specific criteria is applied. I have treated, the age group of 25 to 35 years who were infertile for more than three to fifteen years. Most of the women among these cases had tried the treatment of other pathies but couldn't succeed & then decided to take Ayurvedic treatment. I have also treated the cases of secondary sterility & habitual abortion who had aborted for more than three times.

Durg selection

This was decided as per the cause of infertility for which following factors were taken into account for the formation of groups. Factors responsible for successful fertility

- Healthy motile sperm
- Proper sperm transport
- Proper ovulation
- patent fallopian tubes
- Implantation in a matured endometrium

In most of the couples no obvious abnormality can be found to explain infertility which can be confirmed with the help of latest available examination such as hormonal assays, ultrasound sonography, laparoscopy etc.

Woman who has got menstrual disorders, hypomenorrhoea, oligomenorrhoea, menometrorrhagia.

The effect of uttarbasti can be of three types viz. shodhan, shamana, brinhan, depending on the abnormality to be treated the type of uttarbasti drug was chosen like kshar tel, bala or yashtimadhu tel, phalghrut respectively.

Shodhan - hypomenorrhoea, oligomenorrhoea - kshar tel

Shaman - meno metrorrhagia - bala or yashtimadhu tel

Brihan - habitual abortion, miscarriage & others - phalghrut

Best period for uttarbasti treatment

Within first week after menstrual bleeding is over generally 5th, 6th, 7th day of menstruation.

Instruments for uttarbasti

- Swab holding forceps
- Sim's speculum
- Anterior vaginal wall retractor
- Volesellum or Allis forceps
- Uterine sound
- Artificial insemination cannula
- Syringe 10ccc
- Uttarbasti material

Pre-uttarbasti preparation

Half an hour before the uttarbasti

Nirubasti of Dashmool decoction (enema)

Viginal douche

Application of oil (sesamum or panchguna tel) & hot water bag formentation over the lower abdominal region

Procedure of uttarbasti

- Asked the patient to empty her bladder before uttarbasti
- Supine position with flexed thighs & elevated knees
- Painting of vulva & vagina with an antiseptic
- Drapping with sterile linens
- Dilatation of vagina with sim's speculum & anterior vaginal wall retractor
- Graspd the anterior lip of cervix with Allis forceps pulled down near vaginal introitus

- Introduced the uterine sound to know the length & position of the uterus
- Syringe filled with uttarbasti material is attached to the cannula & the material is pushed inside the uterine cavity with slow & steady pressure. Asked the patient to hold the breath to avoid the return of uttarbasti material. Generally 5 cc to 7 cc of uttarbasti material is pushed inside the uterine cavity.

Take out all the instruments & put tampon in vagina

After Uttarbasti

Keep patient in headlow position atleast for one hour

Avoid coitus, excessive work

Repeat the same procedure for next two more days

Improvement

Most of the women conceive within three days course of uttarbasti in first month only. While some need two or three courses of three days each.

To improve the success rate of uttarbasti treatment, the shastrokta basti chikitsa should be done in the month previous to that of giving uttarbasti which causes the balancing of vat & reduce the disorders of the menstruation.

The course of five matra bastis

60 ml of sahachar tel should be given per anum for first three days.

4th day - first give the matrastis followed by the niruhbasti of 1 litre dashmool decoction.

5th day - again 60 ml sahachar tel matra basti Yog or Kal basti same day.

Eight or fifteen bastis courses called yog or kal basti samuday respectively.

In both courses

First & last basti is snehbasti - sesamum oil (til tel) 250 ml should be given per anum.

Middle six or thirteen bastis - alternate niruh & anuvasan

Niruhbasti - 1 litre dashmool decoction

Anuvasan basti - 125 ml sesamum oil

Result

- I have treated 35 infertile women by uttarbasti out of which 25 women conceived.
- 12 women conceived within first month of treatment
- 7 women conceived within second month of treatment
- 6 women conceived within third month of treatment
- 5 women didn't conceived but got rid of menstrual disorders.
- 5 women didn't report for follow-up
- Success rate is 71.43%

Thus the uttarbasti is easy, safe, economic & simple. Outdoor procedure and hence in my considered opinion, this method for treating infertility should be used & tried out in maximum number of cases for such a high success rate.



19.

Functional Enhancement of the Female Reproductive System - Restoring Fertility through Ayurveda

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Introduction

The causes of infertility have been studied from current scientific knowledge, and integrated with Ayurvedic principles of restoring health by balancing the three doshas (the three aspects of the psycho-physiological constitution of man), and recommendations have been made for reversing infertility, using ancient ayurvedic knowledge. Building of Ojas and utilizing those herbal formulations, which have been known and used for centuries to aid in conception, have been suggested. Methods of coping with or making changes to the dietary as well as the psychological factors have also been considered and suggested. Use of prescription medications has been discouraged, due to their well known and lasting side effects.

Couples desiring to have a child but not succeeding in conceiving are in constant search of a miracle cure. Because of our dependence on western medicine, they seek assistance from allopathic fertility clinics, to no avail, and only turn to natural healing methods as a last resort. This paper explains both the scientific understanding of the causes of infertility as well as the Ayurvedic means of pinpointing, correcting and reversing the causes of infertility.

'Ayurveda', the ancient Indian Science deals with the three dimensional psychophysiological constitution of man. It looks at the human body as a whole, integratively and looks not to the treatment of disease but to the building of the human body by detecting and correcting the interferences in the nervous system and major organs. This paper addresses the chemical, physical and physiological components which have been known to cause infertility, and offers solutions for restoring the natural process of fertilization by removing the interferences which cause infertility. Ayurveda refers to the fundamental principles, the three dosha, vata, pitta and kapha, which function not only through physiology but also throughout nature as a whole. The varying degrees to which these principles are expressed, determines our psychological and physiological tendencies, creating our different strengths and vulnerabilities. The interference which Ayurveda refers to, is the imbalance of the three dosha, ojas, gunas and dhatus and the extent to which they are either depleted or in excess. Ayurveda aims to bring about a perfect balance of these fundamental principles in the body. Referring to the anatomy and physiology of the female body, this will be accomplished by enhancing the endocrine system in general and the pituitary gland in particular as well as the central nervous system in general and the hypothalamus and the L4-S4 pelvic nerves in particular.

Diseases of the female reproductive system

Ayurveda has a special branch of gynaecological medicine for the treatment of diseases of the female reproductive system. These diseases are primarily reflected in the disorders of the menstrual cycle. Other more severe conditions can develop from the hormonal imbalances that disturb the menstrual cycle. The menstrual cycle is an indication of the state of the health of the female. A regular menstrual cycle, the absence of pain and tension, smooth flow and balanced emotions are indicators of good health. However most females suffer some discomfort and pain during this period.

The normal function of the reproductive system and the

menstrual cycle, can be affected by many factors e.g., excessive physical exercise, diet, life-style and above all emotional instability, which creates an imbalance of the ojas, three dosha/humors and the seven dhatus. The following are disorders and diseases of the female reproductive system.

Menstrual disorders of the female reproductive system

Most gynaecological disorders involve irregular, delayed or difficult and excessive menstruation. These difficulties are treated with therapies which balance the three dosha/humors. These symptoms are normally due to vata imbalance and in some cases pitta and kapha. These disorders are the following

Amenorrhoea (Anartava) Dysmenorrhoea (Rajakshinata)
Menorrhagia (Raja-vidhi) Metrorrhagia (Rakta pradara)
Leucorrhoea (Shweta pradara) Uterine cysts & tumors
Pelvic inflammatory diseases (PID)

Endometritis and Endometriosis and last miscarriage and abortion.

Ayurvedic Anatomical and Psycho-Physiological Considerations -

Summarized below is a review of some anatomical correlations of causes of infertility by psycho-physiological constitutional types.

Vata

The mouth of the cervix is dry. Fallopian tubes become dry due to vaginal dryness. Uterus prolapses. Due to dryness, sperm can not stick to conceive, hormonal imbalance, excessive flow

Pitta

Excessive bleeding, inflammation and pain
Hot flow, burning pain in the uterus

Fallopian tube inflammation, stopping of ovulation and abnormal function.

Small blisters, fibroids, ulcers

Due to heat, sperm can not survive to conceive

Big tumors occur due to Rakta derangement

Ovarian cysts occur due to pitta-vata aggravation.

Yellowish, strong odor, hot flow.

Kapha

Cool, stickiness, cysts.

Thickening of uterus lining

Excess kapha leads to white discharge, irregular bleeding and irregular cycle times.

The primary causes of infertility An Ayurvedic Perspective

1. Diminished shukra and ojas

Shukra (the sperm) the reproductive fluid, is the tissue which leaves the body during sexual intercourse to unite with the ovum during ovulation. Zinc is a major factor for a high sperm count, as are nutrients which enhance thyroid function. The spinal pathways for the digestive organs and the male genitalia are the same and therefore antagonists to digestive enzymes can also impair male sexual function, zinc level and therefore the ability of the sperm to merge with the ovum.

Ojas is the purest form of all tissues. Strong ojas is very essential for fertility in particular and immunity, strength and brightness in general. Sign of diminished ojas are fear, worry, loss of complexion, emaciation, roughness, cheerlessness, pain in the sense organs and decreased immunity.

The following ailments can cause female infertility

Coeliac disease and ovary malfunction increase the risk of female infertility often presenting itself as Endometriosis (epidemiological studies indicate that between 25% and 50% of females afflicted with Endometriosis are infertile). Luteal Phase Defect is a frequent underlying cause of female infertility and ovarian cysts are responsible for many cases of female infertility.

Excessive production/secretion of prolactin (hyperprolactinemia) can cause female infertility.

Ojas, Stress and Central Nervous System (CNS)

Interference

The signs of diminished Ojas above are caused by persistent emotional stress from anger, fear, worry, prolonged fasting, extreme exertion, excessive sex (according to constitution), too much exposure to the sun, sleep deprivation and cold-dry diet. Hans Selye showed the link between the CNS and Immunity in 1946 and Lichstenstein further elaborated on the physiology of fear and anger in 1955, and the physiological effects of fear and anger on all body systems, including the CNS, endocrine, immune and reproductive systems.

In addition chemicals such as alcohol and tobacco and foods such as caffeine, refined carbohydrates as well as medications all impair physiological function. Studies of teratology have created a list of 71 teratogens that deform the embryo and possibly impair ovulation and/or fertilization.

Ayurvedic medicinal herbs for infertility

The most commonly known and used herbs such as Shatavari (*asparagus racemosus*), Ashwagandha (*withania somnifera*), Amalaki (*emblica officinalis*) and herbal formulas such as shakti prana and chyavanprash are extremely useful formulations which help create the synergistic hormonal balance between the F.S.H. and the L.H. Some herbs have been used specifically for reversing infertility.

Dietary management of infertility - adding or avoiding certain foods

Dietary management, strict compliance and adherence to ojas building foods, is to avoid the substances which diminish the Ojas. This is critical as it regulates ovulation and enhances fertilization. Food such as ghee, milk, dates, almonds, basmati rice and avocados help replenish and build ojas.

The following substances cause, increase and exacerbate female infertility and must therefore be avoided.

Monosodium Glutamate (MSG) and other artificial flavouring and colouring (Nutra sweet etc.)

Trans-Fatty acids which can cause female infertility and cancer.

Excessive consumption of caffeine and alcohol.

Tobacco, smoking etc.

Recommendations for fertility from & Ayurvedic Perspective

- a) Dr.Athavale quotes "Conception occurs only when: An individual soul is ready for rebirth, i.e. to undergo the fruits of actions of his past lives. sperm and ovum are healthy.
- b) Maternal passages i.e. fallopian tubes, uterus and vagina are healthy, patent and well developed.
- c) Intercourse (Rutukala) takes place at an appropriate time i.e. between 4th and 16th day counting from the first day of the monthly period.

Ayurvedic Health Enhancement

1. Rejuvenation Therapy (Rasayana)

The word rejuvenation in Ayurveda is Rasayana, which literally means "Path of Rasa". Dr.Robert Swoboda quotes : To walk the Path of Rasa you must purify and nourish your physical Rasadhātu, since Rasa is the raw material from which the other dhatus are formed. Healthy Rasa dhātu is the first step in the physical production of healthy shukra, from which Ojas is directly produced. Careful selection of food tastes (Rasas) and control of emotions (Rajas), ensures production of healthy Rasa dhātu and therefore healthy shukra and ojas. Because sweet is the best nourishment for shukra, therefore rejuvenation requires creation of powerful sweetness to the body and mind. Honey (madhu) is made of pollen, the essence of plants and sugar

(shukra) is from the sugar plant, therefore both are increasing the human shukra, according to the principle of “like increases like”. As we all know that honey is predigested food by the bees themselves. The honey, can be absorbed by the body without having to be first predigested, therefore, honey is innately rejuvenating. Honey, like most rejuvenators are aphrodisiacs, because both classes of substances increase shukra dhatu. If rejuvenating effect is required, than you must avoid arousal and contain the energy within you so it can be digested into Ojas. Ayurveda separates the sciences of virilization and rejuvenation because virilization, besides increasing shukra, also involves techniques for enhancing both sexual pleasure and fertility. Charak, the chief Ayurvedic author, says “That the best of all virilizers is a partner who loves you.” Virilization is rejuvenation for Shukra dhatu and it is ‘prejuvenation’ for the child. Virilization is a method for selecting the healthiest possible genes a couple can muster to create a child with the healthiest possible constitution. Increase in Shukra is also the goal of physical rejuvenation which requires strict discipline. The effect you obtain is directly proportional to the discipline you follow. Some self controlled people use discipline alone for rejuvenation and utilize their inherent Prana, Tejas and Ojas. Modern research has proven that there are two guaranteed ways to live longer; decrease your body temperature and decrease your food intake. It has been estimated that if normal body temperature could be reduced by a mere 3°F, we could possibly live an extra thirty years. If one can not control your emotions perfectly. You will be unable to rejuvenate your self with discipline alone because fiery emotion will burn away your Ojas as it collects and frigid emotion will dry it up. Vata and Pitta usually need substances, Vata because their dryness exhausts Ojas and Pitta because their inner fire burns Ojas. even one month of physical and mental rest withdrawing from the world, is really a minimum to obtain any kind of significant effect, although any retreat even for few days is bound to be beneficial.

Rejuvenation substances must be consumed early in the morning well before breakfast so that it need not compete with food or digestion. This important so that any abnormal metabolism or emotions which might develop during the day will not disturb rejuvenating effect. Rejuvenating substances must at least be consumed for three weeks for it to have a minimal effect, six weeks would be even better.

During this period the person must avoid everything, including extensive travel, loud music or extensive speaking, violent behaviour and any vata disturbing activities that would destroy Ojas. Meditation and mild exercise are desirable during the rejuvenating period. In addition to previously mentioned herbs there are other mercury based rejuvenators; Lakshmi Vilasa Rasa, Vasanta Kusumakara Rasa, Suvarna Malini Vasanta and others.

It is also very important that rejuvenation therapy is given according to specific constitution e.g. excess of vata should be eliminated between summer and fall, excess of pitta should be eliminated in the interim between spring and summer and removal of excess of Kapha when winter has dies and spring has not yet started.

The action of Rasayana regimens are

To increase body tissues

To increase digestive power

To increase the metabolic process at a tissue level or to improve endocrine gland function

To remove waste products or excess tissues in the body.

To increase the functional capacity of the brain.

To increase the strength and immunity of the body.

To destroy diseases and establish homeostasis of energy, which prevents early ageing.

2) Ayurvedic Regimen for Optimal Health

Ayurveda is not just a system of medicine but a science of health promotion designed to increase. Our well-being and happiness in all aspects. It shows us not only how to treat disease but how to live in such a way as to arrive at optimum health and the maximum utilization of our faculties, which according to Yoga and Ayurveda are almost unlimited.

Maintenance of a healthy life by one's own nature. According to the Ayurvedic science of life and the Yogic science of self-realization, harmony is our natural state. Yet to maintain this condition we must know our nature and learn to live according to its real needs. This is the key to health. It is this science of self-care that teaches us to live healthily and happily until death.

In order to achieve a healthy and happy life, each one of us should observe certain disciplines or duties. They are the following

Daily regimen

Dietary requirement according to individual constitution

Seasonal regimen

Occasional duties

Precautionary observances in sexual activity.

General rules of conduct for the well-being of society

Precautionary measures against untimely old age.

Conduct and practices to achieve self-realization.

The Ayurvedic regime of right living is designed for maintenance of health, achievement of a long, healthy, active life, providing relief from pain and disease, allowing satisfactory enjoyment of the pleasure of life and attainment of self realization. In short, Ayurveda helps the individual to achieve the four

main objectives of human life. These are Dharma-service

to society. Artha - service to family, Karma - service to self and Moksha - self realization.

According to Sushruta, "An ideal healthy person is an individual who has a balanced constitution. People who have a balanced condition from birth are able to digest the correct amount of food and maintain proper elimination. Their systems and organs function normally and they have a happy state of mind.

Therefore, even if the couple is fertile, the interior quality of sperm and ovum, disease of uterus, improper diet, physical weakness following a disease and psychological factors may delay the conception.

Conclusion

Although modern science has an excellent understanding of the causes of infertility from a typical, fragmented understanding of the female reproductive system, it fails to incorporate in its therapeutic approaches, the immune, digestive, circulatory and nervous systems, all so essential for the process of fertilization. Similar to western medicine's management of all diseases, infertility too is managed only by looking at the female reproductive system components. Ayurveda, on the other hand, looks at the individual constitutional types, enhances the body systems that integratively participate in the process of fertilization and hence serves as a better alternative for reaching fertilization. It accomplishes that by building the Ojas, enhancing F.S.H. and L.H. synergic balance, increasing eggs in the ovaries, stimulates the hypothalamus and pituitary glands in a way which indirectly induces the ovaries to ripen and release eggs.

In this manner, we are actually avoiding the harmful effect of medications such as clomiphene, which reportedly increases the risk of ovarian cancer by 250%.

It is therefore the author's hypothesis that managing the emotional and chemical factors utilizing an Ayurvedic understanding of the Psycho-physiological composition of man

and creating synergic hormonal balance and building the Ojas, are the two most significant factors in restoring fertility.

From beginning to end

Plant a seed of grain, in a desert of sand,
where the sun is strong and climate wrong,
where there is not simple shade, or a drop of rain
for the growth of this little seed of grain
with the hot sun's shining rays, stroking
the little seed of grain, in a hot desert sand,
silent winds, cries the little seed of grain,
bring me, strong winds and stormy rain.
For I loudly cry, take me to a far place,
where the soil's moist, soft and rich,
for a little seed of grain will gladly,
sprout its shoot, and grow to a rich
lustrous green, healthy and fertile pitch.



20.

Case Study - Regulation Of Menstrual Cycle, Ovulation and Successful Conception after thirteen years with the Use of Alternative Therapies.

Farida Irani,

Ayurveda Practitioner, Sydney, Australia.

Name : Rosemary Watson (real name concealed at patient's request)

Date of Birth : 7th June 1968

Place of Birth : Sydney, Australia

Past History : Asthama as a child

Scoliosis of 60 degrees and so had a steel rod fixed alongside the spine

Occasional migraines and neck problems

Bowel movement regular

Appeared anaemic

No history of diabetes, epilepsy, urinary infections or hepatitis.

On contraceptive pill for nine years

Polycystic ovaries

Very stressed

This is a classic case study which involves a multitude of modalities such as Reflexology, Aroma therapy, Ayurveda Aromatherapy, colour therapy, remedial treatments, energy

balance, pranic healing, ayurveda medicine and Bowen Technique.

Rosemary was brought to me by her mother first of the 16th February 1996 as she was getting married and needed to get rid of the stress from the excitement of the oncoming marriage.

After taking down her history as mentioned above I started with her feet which were very tense and taut.

Reflexology helps greatly in releasing stress. It is a technique that is used on specific zones of the feet. These zones reflect the entire body and addresses the mind-body and emotions. The endocrine system is beautifully mapped out on the different reflexes and I have had some excellent results with this technique and the use of the chromo-therapy torch. This torch has various coloured filters and a quartz crystal. The electro magnetic energy of the quartz crystal transmits the colour through the feet into the specific zone thereby stimulating and balancing the meridians, the neurological pathways and the emotions. we are all made up of sound and colour so it is a vibratory technique.

Then we proceeded with a full lymphatic drainage with a specially prepared Aromatherapy blend. The blend was for relaxation and also to uplift her spirit. It was a euphoric one as again aromatherapy essential oils go through the skin and the hair follicles into the blood stream and a change is noticed in a presenting conditions in less than 48 hours (if acute). The blend was in a base oil of jojoba, sesame, grapeseed with essential oils of orange for joy. Patchouli for sensuality, sandalwood for grounding and to calm the whole system, bergamot for confidence and to uplift her moods as it is a great antidepressant and frankincense to give strength and to alleviate fear. A combination of different massage techniques such as Aromatherapy, Lymphatic drainage, Acupressure, Remedial work to release muscular tension together with Moxabustion. (An ancient Chinese technique wherein a cigar made up of mugwort is lit and heat is applied on specific

pressure points to draw out tension, pain and release blockages. It also has a positive effect on the nervous system). A blend which we have called 'aches and pains' comprising of warming oils such as sesame, peppermint, ginger, black pepper, camphor, lemongrass and eucalyptus was used to release the tension from the shoulders, neck and upper back. She was given a full head massage as well. Energy balance was also done to balance the chakras and the euphoric blend was given to her to use everyday as homework. With aromatic oils, we recommend using them after a shower as they work on all levels and the olfactory system plays a vital role. Also vaporising of the oils helps as the molecules go through the nasal mucosa to the limbic region of the brain and the chemical messengers respond in less than four seconds. She was floating at the end of it and apparently looked relaxed, euphoric sensual and radiant on her wedding day.

5th Nov 1996. Came back for consultation. Problem - No menstrual cycle for nine months after discontinuing the contraceptive pill. She was on the pill for nine years and so the endocrine and reproductive system had an adverse effect.

Reflexology and colour therapy : Right foot uterus zone which is medially located near ankle (below and the side of the medial Malleolus), was very sore. Also the bladder zone, which is medial side of foot (close to the arch), above the uterus zone, was sore. Used colour red to stimulate on uterus and ovaries (lateral ankle zone - lateral malleolus) and on pressure point spleen 6 and spleen 9

Received good reaction. She felt the colour go through and a stimulating tingling effect was felt through the crystal. Then proceeded with remedial techniques. The ear pressure points were very sore and the lymphatics were all clogged. Was also very stressed mentally and emotionally. Again with the oils and body and energetic works, managed to get the stress out and recommended warm foods and herbal teas with ginger, turmeric, cumin, coriander, honey and fresh lemon. The

menstruation commenced within two days after nine months!!

12th Nov. 1996. : The uterus reflexes and spleen 6 and 9 were still sore though not half as sore as before. The flow was normal, not heavy and lasted for five days.

9th January 1997 : Periods were normal and regular. This month the flow continued for seven days and was painless. (Used to be painful before being put on contraceptive nine years ago). So obviously the Reflexology, oils and the remedial and lymphatic drainages helped to ease and release the blockages. Also I have found energy balancing of the meridians and the chakras to be very effective together with the colour therapy. I always recommend meditation, breathing techniques, proper wholesome diet, warm water, fresh fruits and vegetables and ghee, mung and basamati rice, which is missing from western diets.

Her back was painful so again the moxa and remedial work rectified it. Headache was there and very tense in the shoulders. Used the 'aches and pains' blend and also other essential oils such as lavender, tulsi, sandalwood and rose.

Did not come for treatments again till March 2000

March 2000 : Status of health - started on a fertility programme in early 1999. She was given drug called clomid to induce ovulation. When this was not successful, the medical specilists suggested to her to go in for an IVF programme. She consented.

In May 99 she was given a prior ovulation induction treatment, the procedure of which is similar to the IVF procedure. So it was like mini IVF.

This was followed up in August 99.

The IVF procedure was then performed before Christman 1999 (Dec. 99).

All three procedures failed and she did not have her menstrual cycle for five and a half months when she visited my

clinic in March 2000. This shows the cycle stopped since the 2nd ovulation induction programme in August. These are painful procedures and she was emotionally wrecked by then.

She also had polycystic ovaries for the past five years.

I suggested the Bowen Technique.

What is the Bowen Technique?

Bowen needs to be administered just once a week. Specific moves are made and the person is left alone after each move so as to allow the body to do its own rectification.

Since we cannot use oils or any other technique during the Bowen technique (which is so finely tuned that any other manipulation or massage just negates it) I gave her Ayurveda aromatherapy oils to apply.

The oils of Davana (*Artemesia pallens*) was given to apply neat on the ovaries and the uterus. Davana is well known for rectifying the reproductive system, ovarian cysts and disorders and is an excellent uterine tonic. It is good for anger and assists in regulating menstruation and even menopause. I suggested she sticks patches of Davana on both her ovaries. A blend was made of base oils of sesame, ashwagandha (*withania somnifera*), mogra (*jasminsambac*), saffron (*crocussativus*), frankincense (*bosewellia carteri*), sandalwood (*santalum album* and rose (*rosa damascena*). All these oils were to prepare her womb and stimulate the entire reproductive system. Also the oils of frankincense and sandalwood not only work on the genito urinary system but would assist in grounding her and getting rid of the fear of not being able to conceive. The rose, saffron and the mogra would work on the heart and the solar plexus chakra besides the reproductive and also assist in builing up her self esteem.

The Narayana taila was given to her to apply before her shower and the aromatherapy oils after the shower as they work on the physical, mental and emotional levels. The oils were to be applied at night as well, particularly on the head,

abdomen and feet.

I recommended to her to have ginger, lemon and honey tea and add turmeric and cumin, coriander to her foods and diet. Mung dal, ghee and basmati rice were added to her diet.

Kanchanar guggul for ovarian cysts and AL tablets for regulating her cycle were given in dosage of 2x2x2 and 1x1x1 respectively (these were given in consultation with Prof.Dr.P.H.Kulkarni)

We did pranic therapy on the auric level and this helped in balancing the charkas using different colours and also took her through guided meditations and visualisation from time to time.

Shatavari kalpa and Raktavardak were given to be taken morning and night. 1/2 teaspoon of raktavardhak twice a day and a tablespoon of Shatavari in warm milk morning and night.

Also gave her anu taila as nasya treatment, 2 drops in each nostril morning and night.

April 2000 : After weekly treatments from March onwards the menstrual cycle started 3rd week of April.

May 2000 : Again went for prior induction procedure.

22nd June 2000 : Menstrual cycle had stopped again.

We continued on a weekly basis with the Bowen and then fitted in a full body treatment with reflexology in between giving the body and the mind a variation and break.

July 2000 : Prof.Dr.P.H.Kulkarni visited Sydney and gave her a consultation

He recommended to continue with AL, Kanchanar guggul, Shatavari kalpa and Raktavardhak. He also recommended Agravat 1x1x1, Triphala churna 1/4 teaspoon in 1 cup of hot water, infuse and drink.

1/4 teaspoon of turmeric powder and one teaspoon honey to be licked.

Phalaghruta tablet 2x2x2 (It was not in stock then)

Recommended to avoid cheese, yogurt, butter, oil and encouraged cumin, ginger, lemon, coriander in her diet.

Her prakruti is Vata/Pitta.

Narayan oil was to be continued as Snehen on whole body and Swedan thereafter with warm shower.

Madhavi oil was recommended to be applied on the umbilicus at night.

July 2000 and August 2000 : Menstrual cycle was now every two months.

Regular weekly treatments of Bowen were given with a fortnightly gap in between. She felt very energised and in good health with all the treatments, diet, oils and the ayurveda medicines and tonics.

No treatment were given in September up to mid October 2000 as I was overseas. She had normal massage during that time.

She went for an ovulation induction programme again in October 2000.

November and December 2000 : Back for Bowen treatments.

February 2001 : Transfer was done in Feb. 2001 (IVF) which was a failure again.

March 2001 : Again resumed treatments and in March 2001 she had conceived !!

She now comes for a Bowen every once a month. Is in excellent health and the foetus is progressing very well.

Oils used now are the Lotus, saffron, gul, heena and lavender. She has stopped all medicines but is continuing with Shatavari Kalpa and Raktavardhak.

This is the result of a classic combination of Bowen, Reflexology, Ayurveda, Aromatherapy, Stress Management, Meditation, Energy balance, exercise and right diet.

I have been able to successfully treat another case of infertility with only the Bowen therapy used. Conception took place in two months time after attempting for seven years

The Bowen Technique as Tom Bowen said is 'truly a gift from God' I intend teaching it in India next year.



21.

Use of Madhu (Honey) in Cervical Erosion - A Histological Study

Dr. Mrs.S.A.Gokhale - Nagpur

The study of the body at the cellular level of organization is important because many activities essential to life take place in cells and many disease processes originate in cell only.

A cell is defined as the basic living structural and junctional unit of the body.

Though the cells are highly organised units, they do not function in isolation. They work together in a group called tissue. In tissue cells may be flat, cubelike, or columnar or resemble a cross between shapes.

The tissues of the body perform many functions like protection, filtration, absorption, secretion, movement, transport and defence against diseases. Damage to tissue interferes with these vital functions. The injury can have various causes. It could be a result of mechanical trauma.

The inflammation at any part of body is usually characterised by four fundamental symptoms. Redness, pain, heat and swelling; many a time there is loss of function which depends upon the site and extent of injury. When inflamed tissue is shed many times, it produces an open sore called Vran or Ulcer.

Tissue repair is a process in which new tissues replace dead

or damaged cells. New cells originate by cell duplication from the stroma (the supporting connective tissue) or from the parenchyma, these are the cells which form the functioning part of the organ. If only parenchymal elements accomplish the repair then only the perfect reconstruction of the injured tissue may occur. When fibroblast cells of the stroma take part in repair, the tissue will be replaced by fibroblast, the condition is known as fibrosis. The tissue does not perform the function of parenchymal tissue, therefore the function of the tissue is impaired.

In Ayurveda, Vran is defined as, it is because of the tissue damage in inflammation.

Samprapti of Vran - (increased doshas) Prakupit doshas come out of the inflamed part as Vran.

This Nij Vran can occur at any place or in any organ.

Clinically cervical erosion is the development of reddened area on the portio vaginatis around the external os. The condition is often described to the patient as ulcer but it is not ulcer.

Pathologically it is a replacement of the stratified squamous epithelium of the portio vaginatis by the columnar epithelium of endocervix. When microscopically seen the eroded area around the ext. os show the covering of columnar epithelium with the formation of new glands.

The endocervix and cervical stroma show chronic inflammation.

Aim and Object

To see whether with the treatment of Madhu, the original stratified squamous epithelium layer is established or fibrosis takes place.

Methodology:

10 cases of cervical erosion were chosen. Diabetes mellitus and carcinoma cervix were excluded. Light scraping of eroded area done. Slide is prepared of every patient. Madhu touch

for 7 to 10 days depending upon the extension of area of erosion done.

Observations

Macroscopic observations noted in 10 days. Again histological study done.

Discussion

In Ayurveda 4 types of Vranavastha are stated

1. Dushtavastha
2. Shuddhavastha
3. Ruhyamanavastha
4. Rudhavastha

In Dushtavastha, the vran is dushta. There is a layer of dushta dosh layer on the vran. Some kind of strav is also present.

In Shuddhavastha, the vran is without any dushta vran symptom. The border of the vran is blackish, painless, no stray. We get this avastha after treatment. In Ruyamanavastha, the borders of the vran come nearer. Mrudu mansankur (granulation tissues) are formed. Blood supply is increased in vran. Rudhavastha (Healed ulcer) when there is no pain, no inflammation. Twakvarna when it is called rudhavran.

Exactly the same is the modern concept. The repair involves rapid cell division, manufacture of new collagen fibres to provide strength and increased vascularity. All these processes create actively growing new connective tissues called granulation tissues. This tissues forms across the stroma gap is then filled with tissue.

In cervical erosion there is inflammation and wound (ulcer), this is due to the replacement of stratified squamous epithelium by columnar epithelium.

Madhu is Tridoshanghna, does lekhan and thenropen. Because it is tridosghna, cervical erosion of any dosh origin. It will act on the vran. As it does lekhan, the columnar epithelial

layer is scraped out and the new cell of squamous cells originating from the paranchaymal layer is established.

Out of 50 persons treated in pakwasa hospital. The histological study of 10 cases is observed of differnt age group and religion.

Result

The healing of cervical erosion is with its original stratified squamous cells epithelium.

Referance

AES, 44,

Biorythm, Editor Prof. Dr. P.H. Kulkarni 1995



22.

The effect of Prasham in Menopausal Syndrome

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Ahmednagar

Prof.Dr.A.R.Shitre, Dean, University of Pune.

Introduction

Though the menopause is a natural process in the life of every woman, it is not smooth & palatable to each one. There are variety of symptom complex which start very slowly as a premenopausal state to complete menopause & there after too.

Previously most of the women were adjusting this critical state of their life as a natural process and many times the complication were ignored or treated by various traditional ways. The sociological atmosphere in those days was quite different, as most of the families were joint families and the lady was engaged with her other family matter and was having good thought of exchange between other lady family members.

Moreover her total gestation period was natural & no artificial disturbance was practiced such as contraceptives, hormonal pills, prepone or postponement of normal menstrual cycle by way of hormonal medicines.

Most of the women were house wives and were not under the socioeconomic pressure like today. Hence in those days though many of them might have suffered, still it was granted & treated as a normal functional condition.

Menopause (Rajo-nivrutti)

It is a physiological process due to cessation of ovarian follicular functions, refers as final cessation of Menstruation which is also a gradual slow process called climatic during which the woman gradually changes from the reproductive life into one of senescence. There is a regression of genital function accompanied by variety of symptoms associated with local pelvic & general bodily anatomical & physiological changes resulting into psychosomatic changes too.

According to Ayurveda monthly menstrual flow (Raja) is a cleansing process of a woman keeping her Dosha - Dhatu - Mala in appropriate state.

Hence it was observed that diseases like diabetes was not very common in women.

This menstruation is monthly cyclical process which starts at the age of twelve and ceases at the age of fifty. The flow remains for 3 days to 5 days.

In Ayurveda much information is not available regarding Menopause i.e. rajo-nivrutti because it was treated as a normal physiological state. But some vitiated conditions like Metropathia are described as 'Asrugadara Yoni'. Similarly early menopause as Arajaskea or Lohitkshaya Yoni.

Menopausal Syndrome

It is an important climatic disturbance resulting into various anatomical - physiological as well psychological changes in the woman. Mostly it is to lack of oestrogen.

Causes

Vata dosha gets vitiated due to excessive use of cleansing process or regressive process, holding of natural urges, incompatible diet, psychological disturbances, excessive exercise, fasting. Sex and also during the menopausal period. Naturally the Vata dosha is vitiated due to old age resulting into various psycho-somatic symptoms.

Due to old age ovarian response is limited to follicular

development and production of estrogens without phenomena of ovulation & progesterone secretion resulting into irregular ovulations. Finally ovary loses their ability to respond to pituitary stimulations. The ovaries become smaller & pale & shrunk with irregularity in the surface.

The thyroid activity is also impaired resulting into fatigue and weight gain.

Signs & Symptoms

1. Hot flushes : It is a vasomotor phenomenon in which the skin around neck, face & head becomes red, warm & perspires profusely. It is mostly during night & after awakening from sleep. It may disturb the sleep it lasts for minute or so and is frequent. It is the best criteria for judging the severity of climatic period.
2. Menstrual Variations : The monthly cycle is altered. In some cases excessive & prolonged bleeding (Asrudgara) continues and which needs to be investigated for local organic lesions like Cancer, Cervix, Metropathia.
3. Emotional Irritability : This is purely psychological or psychosomatic phenomena causing nervousness, anxiety, sense of old age and feeling of losing appeal as woman. She cries easily as well flares up at her family & friends. Becomes irritable & short tempered. In some cases severe depression is a major problem.
4. Fatigue : Due to metabolic disturbances - she gets easily tired.
5. Headache, pain in joints, backache.
6. Insomnia or disturbed sleep
7. Sex - Libido is altered - some gains while some loses.
8. Weight gain - increased fat deposition around the hip, buttocks & abdomen.
9. Gradual loss of elastic tissue in the skin resulting into

wrinkles. More common at lower abdomen, vulva. The clitoris become smaller & uterus gradually shrinks - Stenosis of cervical canal. The endometrium becomes inactive. The vagina is dry due to lack of mucous secretion.

Treatment

Many gynaecologists considered these menopausal discomforts being a natural phenomenon to be accepted and suffered without complaining and that therapy is akin to a crime against nature.

Now when the advantage of orally potent estrogen & other hormonal preparations - are available most of the women are treated with them along with sedatives, tranquilizers & analgesics. The prolonged use may land into certain complications too.

Prasham therapy

Hence a trial of some non-hormonal preparations with simple herbal medicines were tried.

About Prasham

Prasham is a proprietary medicine marketed by Ayurved Rasashala, Pune. It is in liquid form and advocated by the company as a nervine tonic, suggested in various disorders of mind and body. It calms the mind yet retains the alertness. So it is not a tranquilizer as such not a anti-depressant too. The synergistic action of the ingredients is responsible for equilibrium stage.

Principle contents of the Product

1. Jatamansi (*Nardostachys jatamansi*)
2. Vacha (*Acorus calamus*)
3. Khurasani owa (*Hyocymus niger*)
4. Brahmi (*Herpestis Moniera*)
5. Tagar (*Valerrians wallichii*)
6. Sarpagandha (*Rauwolfia serpentina*)

1) Jatamansi

It is from valerian family indicating its strongness - Latin name - *Nardostachys jatamansi*

The Ayurvedic name suggests its external appearance having long hair (jata) on flabby fleshy root.

Properties

It is light (laghu), oily (snigdha), penetrating (tikshna), cold (sheet)

Taste : Bitter (tikta), astringent (kashay), sweet (madhur)

Special effects : It is specially useful in mental disorders.

Effect of doshas : Being oily it diminishes Vata, astringent & sweet tastes diminishes pitta & bitter taste with light & penetrating properties diminishes kapha. Thus it act on tridoshas.

Function : It has multifold action on digestive, circulatory, respiratory & nervous system specially as well as on endocrines. It is medhya (increases intelligence). As it is anti convulsant useful in conclusive diseases. By regulating psycho-somatic disorders it improves general appearance as well complexion.

2) Vacha

Latin name : *Acorus calamus*, English name : Sweet flag.

Vacha means to increase speech property. It is a fleshy type root, having multiple nodes.

Properties : It contains volatile oil Acurine, Eugenol & Asarone & Caffiene as an active principles. It is light (laghu), hot (ushna), penetrating (tikshna) with bitter (tikta) & pungent (katu) tastes

Special Effects : Medhya & useful in mental disorders.

Effect on doshas : It diminishes kapha & vata & increases pitta.

Functions : It is local irritant & analgesic, anti-convulsive & hypnotics as well as antiseptic in nature. It is used as Nasya

(Nasal applicaiton) in headache, sinusitis, epilepsy, loss of concentration & violence stage of psychological disorders.

3) Khurasani Ova

Family : Solanaceae, Latin name : *Hyocymus niger*

English name - Hen - bane

Properties : It contains oily substances Hyocyamine & Hyoscine.

It is a small seed which is hot, heavy, dry with bitter & pungent tastes.

Special effects : Anti convulsant, analgesic, hypnotic, tranquilizer medhya, keshya (improves quality of hair)

Functions : It is used as soothing medicine in psychological disturbaces - it diminishes vata, pitta dosha.

4) Brahmi

Family : Scrophulariaceae Latin Name : *Herpestis Monniera* (i.e. spreading Neditace)

Its leaves are mainly used.

Properties : Cold, sweet, bitter & astringent in taste.

Special effects : Anti convulsant, analgesic, hypnotic, tranquilizer medhya, keshya (improves quality of hair)

Functions : It is used as soothing medicine in psychological disturbances. It diminishes vata & pitta doshas.

5) Tagar

Family : Valerianaceae

Latin name : *Valeriana wallichii*

English name : Wax - flower

Properties : It is oily, hot with bitter and astringent tastes. It is mild laxative.

Special Effects : Analgesic, Medhya, anticonvulsant, Nervine brass tonic.

6)Sarpagandha

Family : Apocynaceae

Latin name : Rauwolfia serpentina

Parts used : Root

Properties : It is dry, hot and bitter in taste. It increases pitta and alleaviates vata and kapha and vata doshas. Used in digestive disturbances, worms, respiratory diseases. It is medhya, rasayana and used in various psychological disorders.

Composition of Prasham

Each 100 cc of Prasham contains the aqueous extracts of

Vekhand	Acrus Calamus	100 mgms
Pimpalmool	Piper longus	100 mgms
Tagarmool	Valeriana wallichii	200 mgms
Sarpagandha	Rauwi serpentina	200 mgms
Khuasaniowa	Hyoscyomus niger	200 mgms
Jatamansi	Nadastachyl jatamansi	400 mgms
Brahmi	Herpestis Monniera	400 mgms

Methodology

1) Selection of patients

The patients (women) with the symptoms of climetric changes were examined and interogated as per routine examinations as well as pervaginal examination to rule out organic diseases like Ca.cervix.

2) The project limited to only psycho-somatic disorders in relation to menopausal syndrome only.

3) Interview of the patients privately in person only was carried regarding past illness, family atmosphere, socio-economic status.

4) Interview of near relatives like husband, daughter, mother, nearest friend, to find out behavioural changes.

5) Routine investigation like Hb%, RBC, WBC counts, BSL, BP were recorded time to time.

- 6) Uses of contraceptives majors - hormonal oral pills, operations and other factors were recorded.
- 7) Groups - After examination and interview as above the patients were divided mainly into two groups a) Increased irritability - 1 Group b) Depression - D Group

Prasham Therapy

- 1) Each patient was given 15 ml. Prasham liquid medicine twice a day - morning and night only. minimum for 45 days.
- 2) All other medicines were discontinued with the consultation of patients except for anti-diabetics, beta-blockers and other specific if any.

Follow -up

After every week the patient was examined and interviewed in relation to her previous problems. Also during menstrual period the patients were examined to find out the nature of period and mental and physical condition of the patient.

Statistics

- 1) Total number of patients under project - 34
- 2) No. of patients discarded due to discontinuation of treatment before 3 weeks - 3

Actual number of patients considered for statistics - 30

3)Age group	Age group	No. of patients	i group	ii group
	30-40	08	6	2
	41-50	22	12	10

- 4)Above fifty only two patients - but which one discontinued (hence not considered this group)

	Total	(i)	(ii)
5) No. of patients undergone hysterectomy	5	3	2
6) No.of patients who tried oral	12	6	6

Contraceptives more than 2 yrs.

7) No. of patients undergone tubectomy	9	5	4
8) No. of patients who had only female child	2	0	2
9) No. of patients with sterility	3	1	2
10) Constitution Aspects			
1. Vatala	12	10	2
2. Pittala	8	5	3
3. Sleshmala	10	3	7

Observations

Assessment of the therapy results were grouped as good - moderate and poor based on relief the patient in her symptomatology as follows

1. Total symptoms considered for assessment - 10

Good relief more than 7 ref as G

Moderate relief between 4 to 7 ref.M

Poor below 3 - ref. as P

Results

1) Out of total 30 patients treated with Prasham

Good result -	9	6	3
Moderate -	14	10	4
Poor -	7	2	5
	30	18	12

Constitutional

Vatala (12)

Good -	3	3	-
Moderate -	6	5	1
poor -	3	1	2

Pittala (8)

Good -	2	2	0
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Moderate -	4	2	2
Poor -	2	1	1
Sleshmala (10)			
Good -	4	2	2
Moderate -	4	1	3
Poor -	2	0	2
Patients on oral pills (2)			
Good -	4	3	1
Moderate -	6	3	3
Poor -	2	0	2
Patients operated for Hysterecotomy (5)			
Good -	0	-	-
Moderate -	3	2	1
Poor -	2	1	1
Patients operated for Tubectomy (9)			
Good -	3	2	1
Moderate -	5	3	2
Poor -	1	1	-

Conclusion

1. Out of 30 patients the overall response of the patient with the Prasham therapy is definitely encouraging as 9 to 14 patients showed good and moderate response respectively.
2. The contents of the Prasham are mostly vata and kapha diminishing hence showed good result in these persons of these constitutions. 8 pittala constitution persons showed more than 50% response.
3. The medicine is useful in both conditions i.e. irritating and depression more useful in irrestable condition as most of the ingredients in Prasham having soothing and tranquilizing properties.

4. Patients undergone hysterectomy as well tubectomy showed comperatively good result, the same case in normal treatment patients too. This shows that "Prasham" is not disturbing hormonal balance, not increasing or decreasing the levels of the hormones so it can be used safely in younger ones.
5. The mental status of patients improved e.g. activeness, memory.
6. The bleeding tendency was also controlled due to the astringent property of the most ingredients supported by cold controlled to astringent property of the most ingredients supported by cold and soothing properties.
7. Anti convulsive property of the medicine acts on physical and mental level and gives overall improvement in many psychosomatic symptoms. Hence 'Prasham' is a drug of choice in the front line of treatment in menopausal syndrome.

Acknowledgements

I sincerely express my great thanks to Prof.Dr.P.H.Kulkarni, Ayurveda Rasashala, Pune and Institute of Indian Medicine, Pune-29.

References

1. Sushruta Samhita by Dr.B.G.Ghanekar 5th Edn. 1975
2. Kashayapa Samhita by Choukhamba Prakashana, Varanasi 2nd Edn. 1976
3. Kaumar Bhrulya Tantra by Vd. Nirmala Rajwade 1st Edn. 1974
4. Dravya Gun Vidnyan by Kurtadkar Shastri.
5. Text book of Gynecology by John Brewer and Edwin 2nd Edn. 1967
6. Dravya Guna Vidyan by Vd.V.M.Gogate 1st Edn.



23.

M.D.Ayurveda Thesis Abstracts

23.1 To Study the effect of Rajhpravartani vati in Rajorodha (Amenorrhoea)

Vd. Mahesh Shripad Kotbagi/Vd.Suhas D.Herlekar
1998, Pune University

Rajodoshas (Menstrual problems) are much commonly seen. Hence the present project has been undertaken

Materials & Methods

Patient's selection	20-45 age group suffering from amenorrhoea. Non pregnant patients only. Simple, uncomplicated, educated persons.
Total patients	30
Drug	Rajpravartani vati (Ingredients - Ashoka (saraca indica), Lodhra (symplocos racemosus), Manjishtha (rubia cordifolia), 4 tabs each day after food.
Total duration	30 days

Rejection criteria

1. Patients below 18, above 45 years
2. Hypertensive, diabetic, obese patients
3. Diseases like cancer
4. Having convulsive disorders
5. Cardiac diseases
6. Mentally retarded
7. Unco-operative & irregular patients

Results & Conclusions

1. Raj pravartani vati acts in a very good manner in inducition of Rajpravartan.
2. There are no side effects even the treatment is taken for a long period.

23.2 Assessment of effect of 'Vidanga' (Embelia ribes) in Raja ksheenata (Oligomenorrhoea)

Vd. Kalpana V.Pandit / Vd. Meera M.Paranjape

October 1998, Pune University

Vidang is Agneya (hot potency) & Raja (menstrual fluid) is Agneya. Hence can vidang act as rajvridhikar (increase menstrual fluid)? Also vidang acts on rasa dhatu (plasma/lymph) & Raja is its upadhatu (subtissue). Therefore it should act on raja also.

Hence, though Vidanga' is not mentioned in old texts to use in Raja kshaya to see its effect, the present work has been carried out.

Materials & Methods

Criteria of selection of patients

1. Raja Pravartan should be less than 3 days
2. No need of taking pad in 3 days.

Drug Vidanga choorna 500 mg.(b.d.) Apankal with water/jal (after food)

For 3 successive months, the treatment continued and observed.

Upashaya (relief) (Assessment criteria)

- a. Srava (bleeding) 1 or 2 pads required per day.
- b. The span between two menstrual two menstrual cycles reduced to 30 days (45-60-90)
- c. Srava + 30 days.
- d. Anupashaya - no effects on both

Observations

Age	Patients	A	B	C	D	Upashaya (relief)
20-25 years	9	3	2	3	1	8 (89%)
25-30 years	11	3	1	7	0	11 (100%)
10-15 years	1	1				
15-20 years	6	1	2	1	2	
30-35 years	6	5		1		
35-49 years	7	4	1	2		
Total	40	17	6	14	3	

Conclusion

Vidang is effective drug in Rajksheenata (Oligomenorrhoea)

23.3 To study the upadravas (complications) caused by Artav vaha srotas vedhan (surgical procedure on female genital tract)

Vd. Nivedita N. Soman/Vd. Durga Paranjape
1988, Pune University

Operations lead to Khavaiguna (disturbed structure/space in tissues) hence leads to other complications, therefore

operations on Artav vaha srotas can cause 'Upadravas' (complications) and Udarkas (sequelae). To study them is the aim of this project

Materials & Methods

Patients	Tubectomy	Caeserian section	D&C	Hysterectomy
105	40	22	25	18
%	39	21	24	11

Patients were asked questions & observations (answers) were noted.

Observations

Patients	Artavnash (Amenorrhoea)	Maithuna Sahishnuta (dysparunia)	Ojavikruti (immunity Disturbouces)	shula (pain)
1.105	20	16	28	41
%	19	15.23	2.66	37.61
2. Artavnash (Amenorrhoea)				
	1	2	3	4
	20	7	6	7
	%	35	30	35
3. Maithunasahishnuta (dysparunia)				
16	5	3	3	5
%	31.25	18.75	18.75	31.25
4. Ojavikruti (Immunity disturbances)				
28	14	3	5	6
%	50	10.71	17.85	21.42
5. Shula (pain)				
41	14	10	10	7
%	34.14	24.35	24.35	17.07

Conclusion

Artavaha srotovedh (Female genital tract) leads vata- (Vat-moving energy) vikruti, ras & oja vikruti, kshaya.

23.4 Arbud in Artavavaha srotas Udavarta and diagnostic study

Vd. Manda Sanjog Ghorpade/Vd. A.B.Patankar
1997-98, Pune University

There are many new diseases coming forward just like AIDS & Cancer etc. Therefore we should know their pathogenesis as regards to Ayurved.

Aims & Objectives

1. To define what is srotas (channel) & Udavarta (Symptoms due to suppressing natural urges)
2. To find similarity as well as difference between 'Shoth' (Oedema)
Granthi (tumour) Gulm (soft tumour) & Arbud (hard swelling)
3. To describe modern view & compare it with ancient (Ayurvedic) concept.
4. To conduct experiment (clinical trials)

Methodology

Total patients 60

Random selection was done

Examination - Both Ayurvedic & modern methods were applied for diagnosis.

Observations - Age groups

year	15-25	26-35	36-45	46-55	56-65	66-75
Patients	3	12	25	7	11	2
%	5	20	41.57	11.67	18.33	3.33

Marriage age

years	less than 16	16-25	More than 25
Patients	30	27	3
%	50	45	5

Inference

Family planning operation can cause Vedhan, therefore avarodh in Mutravaha & Purishvaha srotasas & ultimately artavavah srotas avarodh (obstruciton) & artav dushti (Menstrual pathology) & udavarta takes place.

23.5 To assess the effect of 'Dashmul siddha' ksheer basti in Udavarta Yoni vyapad (Vaginal Diseases)

Vd. Madhuri Sanjay Bhalgat/ Vd. Suhas D. Herlekar
October 1998, Pune University

Yonivyapad is mainly created by the vitiated 'vata doshas' & dashmul is best vatashamak drug, hence author has decided to work on it.

Materials & Methods

1. Criteria of seleciton

1. Patients - 15 to 50 age
2. Udavarta yoni vyapad lakshana presenting symptom

2. Criteria for exclusion

1. Patients suffering form contageous diseases
2. Weak patients
3. Hypertension, malaria, leprosy, asthma patients
4. Post operative patients

Drug

Dashmul siddha ksheer 500 ml 40° C temperature 3 to 5 minutes. 3 to 6 months

Observation Results

Dashmul siddha ksheerbasti is 85% effective in Udavarta yonivyapad and also acts as apunarbhava (norecurrence) without any side effects.

23.6 To study erosion of Cervix and its treatment

Varpe Anil Balakrishan / Vd. Mrs.Pushpa Tulpule

May 1988, Pune University

Contraceptive pills, intrauterine devices, abortions, operative etc. causes garbhashayamukhpak (erosion of cervix) and all these factors are regularly practiced, by the people now a days. Hence occurrence of Garbhashayamukhpak is very common. Hence the subject is selected.

Materials & Methods

Drug external	Internal
Yava kshar	Gulwel satwa 1 gm
Pratisaran for	once a day ghrit (anupan)
100 matra	
Periodical check up after 4 days	

Tila taila pratisaran (sesame oil painting) was done afterwards.

Observations

1. Prakruti

Vat	Pitta	Kapha
11	29	8
22.92%	60.42%	16.66%

2. Pratisaran (applicaitons) times	patients	%
3	19	47.5
4	14	35
5	2	5
6	5	12.5

3. Upashaya (relief)	40	83.33
Anupashaya (No relief)	6	12.50
Punarubhava (recurrence)	2	4.17

Conclusion

1. Kshar chikitsa (Cauterisation) is very useful in garbhashaya mukhpak
Electic cauterisation 62%
Kryo surgary 82%
Kshar chikitsa 83.33%
2. Recurrance is also very less (4.17%)
3. But the patient has to go for chikitsa at least for 3 times.

23.7 Effects of A.L.tablets & Shatavari Ghana on Dysmenorrhoea. - Dr. Meena Pendharkar (2000)

Abstract

Ingredients of A.L.Tablets

Ashok sal, Priyangu, Tej patra, Daru haridra, Pugiphala, Mire, Neelkamal, Bharangi, Nagarmotha, Triphala, Tagar, Chavak, Amra beej, Chitrak, Adulsa, Pimpalmool, Lodhra, Koolinjan, Kachora, Indrayava, Velchi, Nagkeshar, Owa, Kada.

All above contents together get processed in Ashoka & Lodhra decoction tablets - 250 mg dose - 2 bid along with water

Observations

I observed 50 cases in details. I have divided these 50 cases in groups.

- a) Patients treated with A.L.tablets
- b) Patients treated with combination of A.L. tablets & Shatavari Ghana.

Conclusion

Though dysmenorrhoea is described as a symptom in

ancient Samhitas, we have to face this complaint in large number of patients as major problem.

Though it was mentioned that occurrence of dysmenorrhoea is more in teenager group & newly married women, it is commonly observed in age of thirty & onward along with above said group of patients.

Dysmenorrhoea is generally present along with irregular menses or metrorrhagia.

Psychological factors also plays important role in Dysmenorrhoea it is concluded that combination of A.L.tablets & tabs Shatavari ghana is more effective in Dysmenorrhoea. It not only improves physical status but also mental status of the patients. It also helps to shorten course of treatment. With the help of proper exercise & proper nourishment we can reduce intensity of Dysmenorrhoea.

23.8 A Study of Dysmenorrhoea

Vd. Shakuntala Pandit, Vd. Tulpule Pushpa

April 1988, Pune University

Rajaswala charya (routine during menstruation) is not followed by the women, other factors are also responsible. It causes many menstrual problems out of which 'Kashtartava' (Dysmenorrhoea) is common.

Aims & Objects

1. To know what are the causes (hetus) of Kashtartava (Dysmenorrhoea)
2. To find a effective medicine/solution on it

Materials & Methods

- | | | |
|---------------------|------------------|---------------------|
| 1. Shatavari Ghrita | 2. Bhallatakasav | 3. Triphala choorna |
| 1 tsf. b.d. | 2 tsf b.d. | 1 gm b.d. |
| (for 15 patients) | | |
| 1 tsf. choorna | 15 days after | after 21 days |

(for 20 patients) menstruation menstruation

For 3 months

3 months for follow up, detailed history was taken

Total 35 patients

Observation

1. Vartivat vedana (gripping pain)	11 -	31.43%
Todavata vedana (continuons pain)	21 -	60.00%
Bhedavata vedana (piercing pain)	03 -	8.57%
2. Laxanani (Symptoms)		
Rajjaksheenata (oligomenstruation)	-	62.58%
Udar shoola (abdominal pain)	-	100.00%
Kati shoola (backache)	-	100.00%
Malavasthambha (constipation)	-	68.57%
Aniyamit Raja (irregular menstruation)	-	54.29%
Padashula (pain in feet)	-	48.57%

Conclusion

Shatavari ghrita, Bhallatakasav and Triphala choorna are effective drugs on Kashtartva without any side effects.

23.9 Prakruti (constitution) & Raj Pravrutti (Menstruation) - A study

Vd. Patil Sujata, Vd. Londhe C.S. (1994)
(University of Pune)

According to the description of Prakruti (body constitution) in ancient Ayurvedic books, samhitas, many characteristics are discussed in details, but those are mainly related with purush deha. (male body). Hence the present topic has been chosen to find out results in female body.

Aims & objects

To find out if there is any co-relation between body

constitution and menstruation.

Materials & Methods

Female - age between 16-40 years were selected.

Parikshan/ Examination

1. History of menstruation
2. Previous three menstrual cycles
3. Gandh (smell), Varna (colour) Swaroop (characterstics) of menstrual discharge.

Gradation - duration of 5 days of menstrual flow

1. Pads less than 4 - alpa raja (oligomenorrhoea)
2. Pads 5 to 7 - Madhyama (medium flow)
3. Pads more than 7 - adhik (excess)

Total 100 females

Observation :

1. Rajasrava (menstrual Bleeding) & Prakruti (Constitution)

	Alpa	Madhyam	Adhik
Kapha Pradham	30%	61%	5%
(46) Predominent	14	28	4
Vatapradhan	73%	27%	-
30	22	8	
Pitta Pradhan	-	25%	75%
24		6	18

2. Rajakal (days of menstruation) & Prakruti

Days	3rd	4th	5th	6th	7th
Kapha	9%	35%	52%	4%	-
(46)					
Vata	53%	37%	10%	-	-
(30)					

Pitta - 85% 25% 50% 17%
(24)

Conclusion

1. Vataprakruti - Rajpravrutti starts at late age less quantity of srava 3-4 days, irregular
2. Pitta prakruti - Rajpravrutti starts at earlier age, more quantity, 6-7 days.
3. Kapha - Raja pravrutti earlier, medium, 4-5 days

23.10 To assess the efficacy of 'Udumbar (Ficus racemosa) siddha tail' pichu (cotton swab) in Yonigat shwetasrava (Leukorrhoea)

Vd. Seema R.Ghodekar / Vd. Sudha Mahadeokar
(1996), Pune University

The most common problem the female come across is Leukorrhoea (Shwetasrava) now a days. Charakacharya described Udumbar siddha tail to assess the efficacy

Object

Tail as told by (Charak Chikitsa Adhyay 30 172-75)

Materials & Methods

Period	6 hours
Total	7 days
Follow up	4th & 7th day
Medicine	Udumbar siddha tail
Route	Vaginal Pichhu
Patients	15 (only pichu)
Internal medication	
Vatachoorna	- 1gm b.d. for 7 days
Patients - 15 (both simultaneously)	

Observations

1. Karnini Yonivyapad 9
2. Paripluta (inflammation) 3
3. Upapluta (Leucorrhoea) 1
4. Prasransir 2
5. Yonidushti (inflamedvagina) 9
6. Dhatu kshayajanya (dryness) 4
7. Sarvadehia vyadi 2
(General systemic disease)

Total points	Upashaya	Unupashaya
30	29	1

Conclusion

Due to 'Udumbar siddha tail' pichu the yoni gets rid of different kinds of srava, and during about 7 days, as told by Charakacharya.

23.11 Study of Rohitak (Tecomella Undulata) churna in Leucorrhoea.

Vd. Samhita Joshi/Vd. Sulabha Phadnis
(1996) Pune University

Shwetapradar (Leucorrhoea) is a very common disease found among females, due to which their daily routine gets upset.

The causes may be very simple upto neoplasm.

Aims & objects

1. To find out the different causes of Shwetapradar
2. To assess the effect of single herbal powder - Rohitak in the shwetapradar

Materials & Methods

1. Inclusion criteria - patients complaining white discharge through vagina between age group of 15 to 45 years.

2. Exclusion criteria - pregnant women (as it is physiological phenomenon)
3. Other investigation - 1. WBC 2. VDRL 3. Blood sugar
4. White discharge was examined on glass slide - macroscopically.
5. Drug induction - Rohitak powder - 1-3 gm twice a day upto 7-15 days with tandulodak (rice water)
6. Criteria of assessment
 1. Upashay (relief) - Total emmission of Shwetasrava (less) - Other symptoms decreased treatment for 7-15 days
 2. Upashaya (Alpa) - Partially shwetasrava decreased other symptoms decreased partially treatment for more than 15 days.
 3. Anupashaya - No effect of shwetasrava, no change in other symptoms, treatment for 15 days

Observations

Upashaya (relief)	50	62.50%
Alpa upashaya (little relief)	18	22.50%
Anupashaya (no relief)	12	15%

Inference

1. Rohitak choorna is most effective in Shwetapradar patients having kaphapradhan vatanubhandhi prakruti, vatapradhan kaphanubandhi prakruti.
2. Patients having cervical tumour, or Gonorrhoea like diseases, got no relief at all.

23.12 To study Shalmalighrita (salmalia malbarica ghee) in Raktapradar (Vaginal bleeding)

Vd. Murlidhar S. Kharade / Vd. N.S.Shukla

(1998), Pune University)

Materials & Methods

50 patients randomly selected

Criteria of selection

1. 20-40 years age
2. Not taking internally hormonal or haemostatic medicines at least 1 to 1.1/2 month
3. Suffering only from Raktapradar.

Criteria of exclusion

1. Suffering from blood diseases
2. Hb% - less than 6

Degree - symptoms - Teevra (Excessive) +++

Madhyam (Medium) ++

Alpa (Less) +

No 0

Artav srav (Bleeding)

11 to 15 pads - Alpa (less)

16 to 20 pads - Madhyam (medium)

more than 20 pads - Teevra (excessive)

Hb% 7 gm% - Alpa (less)

7.1 to 9 gms - Madhyam (Medium)

More than 9 gms - Teevra (Excessive)

Investigations

1. Hb%, 2. TLC, 3. DLC, 4. BT, 5. CT 6. ESR 7. Platelet count, 8. BSL

Drug

Shalmali Ghrith - 10-20 gms orally with warm water for 3 months

Uttam Upashaya (excellent relief) - 75% to 90% or more

Madhyam upashaya (medium relief) - 50 to 75%
Alpa upashaya (little relief) - 25 to 50%
Anupashaya (no relief) - less than 25%

Observations

1. Married	Unmarried	
42	8	
84%	16%	
2. Prakruti		
Vatapradhan	12 patients	24%
Pittapradhan	30 patients	60%
Kaphapradhan	8	16%
3. Uttam upashaya	35	
Madhyam upashaya	13	
Alpa	2	
Anupashaya	0	

Conclusion

Shalmali Ghrit is effective drug in Pittaj Raktapradar (vaginal bleeding)

23.13 To assess the efficacy of 'Nagakeshar' (mesua ferra) choorna in 'Raktapradar' (Vaginal bleeding)

Vd. Sunita Rajaram Patil / Dr.Mrs. N.S.Shukla
(1998), Pune University

Raktapradar is a disease which can lead to very serious problems, like Pandu, Dhatukshaya, Death. Hence to overcome it as early as possible is very important to treat patients.

To take single drug in the form of choorna (powder) is easier, hence, the 'Nagakeshar' was selected.

Materials & Methods

Drug	Nagakeshar choorna
Dose	2 gms per day b.d.
Vehicle	Navanit & sharkara (butter+sugar)
No. of patients	40
Duration	30 days
first 7 days	2 gm b.d.
afterwards	2 gm once a day

Patients were observed for 2-3 months thereafter for the symptoms of 'Raktapradar'.

Observations

1. Hetu (Causes)	Points	
Aharaj (Food)	15	
Viharaj (Activity)	24	
Manasik (Psychological)	13	
2. Prasav (Childbirth)	Patients	%
1. Anapatya (No issues)	10	25.00%
2. 1.2 Prasava (deliveries)	13	32.50%
3. Bahuprasara (manydeliveries)	17	42.50%
3. Vataj	21	52.5%
Pittaj	13	32.5%
Kaphaj	6	15%
4. Upashaya		
Poorna (complete)	30	75%
Alpa (little)	7	17.5%
Anupashaya (no relief)	3	7.5%

Conclusion

Nagkeshar choorna is very effective in Raktapradar when taken with navanit & sharkara.

23.14 To assess the efficacy of “Mocharassiddha Ksheera” on Raktapradar (Menorrhagoea)

Vd. Mrs. Chhaya S. Kulkarni/Vd. Nila S. Shukla
(1996-97) Pune University

Rakta Pradar is a very common disease, ‘Mocharas’ (shalmali/silk cotton tree) is a drug from shonitsthapangan, (Haemostatic) hence to observe, its efficacy the project is undertaken.

Methodology

Patients having the main/chief symptoms as

1. Prabhut Yonigat raktasrava (Profuse vaginal bleeding) were chosen.
2. Adhodarshul, (lower abdominal pain), katishul (backache)

Exclusion of patients having

complications (asadhya laxanas)
granthi, arbud (cancer) like disease

Drug - 2 gm mocharas choorna + 50 ml. dugdh, 50 ml. water/
jal, ksheerpak (boiled with milk)

Kal (Time) - morning / prabhat kal.

Follow-up

Every 15 days after patients were checked for 1 1/2 months. Then every month after MC has started, the patients were checked for successive 3 months.

Laboratory - Hb%, BT, CT investigations.

Total - 40 patients

Observations

- | | | | |
|----|-----|-------|---------------|
| 1. | Vat | Pitta | Kaphaprakruti |
|----|-----|-------|---------------|

	31.25%	43.75%	25%
2.	Upashaya (relief)	Anupashaya (No relief)	
	87.5%	12.5%	

Conclusion

Mochavas siddha ksheer is very effective on Raktapradar.

23.15 Assessment of action of Udumber (Ficus racemosa) in Raktapradar (Meniorrhoea)

Vd. Rama Parag Khatawkar/Vd. Pushpa Tulpule

May 1988/ Pune University

Rakta Pradar is a very serious disease which can require early hysterectomy which can lead Ojakshay. Hence the present topic has been selected.

Udumber is a drug which is effective in Raktarsh & Raktapitta also Raktatisar. Therefore according to old texts. Rakta pradar should be treated like the above three diseases, hence Udumber is selected for the project, to assess its action.

Materials & Methods

Drug Udumbaravaleha (self made)

10-20 gms 2 to 3 times a day

20-40 gms 3 to 4 times (when bleeding +++)

morning - 9 Evening 4 O'clock

Selection criteria

1. Prabhut Yonigat Raktasrav (excessive vaginal bleeding), all symptoms according to text

2. Angamarda, Vedana (pain) (Bodyache) should fulfill

Investigation Total patients - 35

BT Follow-up per month

CT Total 6 months (3 months treat)

Hb 3 months - follow up

Observation

1.	Patients	%	Dosha
	13	37.14%	kaphaj
	11	31.43%	vataj
	11	31.43%	pittaj
2.	Married	-	94.39%
	Unmarried	-	5.71%
3.	Upashaya	-	(relief)
	Alpaupashaya	-	(less relief) 25.71%
	Anupashaya	-	(No relief) 2.86%

Conclusion

Udumbaravaleha is very effective drug in the treatment of Raktapradar.

23.16 To assess the efficacy of Sariva (Indian Sarsaparila) on Raktapradar (Vaginal Bleeding)

Vd. Aparna Bakare/Vd. Meera Paranjape

Oct. 1997 - Pune University

Rajjaswala paricharya (Menstrual period routine) cannot be followed in today's fast life, hence many problems, disorders related to M.C.(Rajja Pravartana) are observed.

Also to take choorna is more easier, hence Tridoshaghna & Rakta Sthambhak Sariva selected.

Methodology

Patients complaining of

1. Ati raja pravartan (Excessive vaginal bleeding)
2. Vedanayukta pravartan (Painful defaecation)
3. Angamarda pravartan (Body ache)

were diagnosed as suffering from Raktapradar.

Dose : 500 mg three times a day with cold water for 3 months

Criteria

1. Amount of Rajja (Vaginal bleeding)
2. Swaroop of Rajja
3. Varna (Colour)
4. Gandha (smell) & other symptoms

Total patients - 35

Observations

Prakruti

Vata	Pitta	Kapha
34.38%	22.86%	42.86%

Upashaya (Relief)

Poorna (Total)	Alpa (Small amount)	No relief
80%	14.29%	5.71%

Katishul (Backache)

67.74%	29.03%	3.23%
--------	--------	-------

Conclusion

1. Sariva is effective on all three types of doshaj raktapradars
2. Pradar vyadhi is more observed in
 1. Married women
 2. Before menopause
 3. Multiparae
 4. Kaphpradhan prakruti

23.17 Antifertility effect of Carrot seed

Vd. N.B.Bawachkar/Vd.Durga Paranjape
(1988) Pune University

Introduction

Modern contraceptive pills or devices have many side effects, such as backache, abdominal pain etc. Hence to find

out effective and having least side effects, contraceptive drug is the aim of the project. Yogaratnakar has stated many drugs and formulate out of which Carrot Seed (*Daucas carota*), is chosen to observe its effect on ovulation.

Aims & objects

To find out effect of Carrotseed on ovulation and ultimately on Garbhasambhava (fertilization/pregnancy)

Methods & Materials

Drug - Carrot seeds

10 gms tablets with warm water for 4 days.

During Rajkal (menstuation)-4 days) Rutukal (12 days after menstrual period)

Raj + Rutukal was given

Total duration - 3 months

Investigations

1. Vaginal cytology

1. Two times before starting the treatment

1st MC - 10th to 13th day 1st slide

2nd MC - 18th to 21st day - 2nd slide

2. Cervical mucus test (C.M.)

Vaginal cytology + c.m. test was done clinically and microscopically on 15th/16th day to see whether ovulation took place.

Selection of patient

1. Patients who had undergone tubectomy

2. 20-40 age

3. Regular Menstrual cycle

4. Non-lactating

Observation

Patients Effect on ovulation

36	0 patients	
2. 36	Katishula/backache	Upashaya/reliefRajaf
	26 patients 72.23%	26 patients 100%
3. 36	Raja Ksheenata (Oligo menorrhoea)	
	3 patients 22.22 %	8 patients 100%
4. 36	Kashtartava (Dysmenorrhoea)	
	4 patients 11.11%	4 patients 100%
5.36	Uadrava -Atyartave (complication/menorrhageo)	
	2 patients 5.55%	

Conclusion

1. Carrot seed has to effect on ovulation.
2. It has excellent effects on side - effects produced by tubectomy.
3. Atyartava - profuse bleeding was noted.
4. According to another project on albino mice - carrotseeds has very good artifertility action, preventing implantation.

23.18 Treatment of Abortion

Dr.Londhe C.S./Vd. Mrs.Tulpule, 1983 - University of Pune

Introduction

Garbhini paricharya (parental care) is not followed by many women, now a days. Therefore the occurrence of abortions has increased.

Yogaratkarnakar has mentioned the treatment of abortions, or management of Raktasarav during pregnancy.

Aims & Objectives

To assess the efficacy of Ayurvedic Medicine for medicines for abortions

Materials & Methods

Drug - Nagkeshar choorna - 500 mg

Kamalnal choorna - 500 mg - mix well

Dose - 500 mg each

Vehicle - sugar, milk

Time - 2 times a day (before food)

Conclusion

1. When Ritu or Ambu dushti is existing one can get very good effects by using Kamalnal & Nagkeshar choorna with milk & sugar.

23.19 Yoga at Menopause

Dr.Mrs.Nivedita J.Phadke, Dr.P.H.Kulkarni(1995)

Abstract

Gr.I	No. of Cases	:	18 (Premenopausal group)
	Age group	:	38-42 Yrs.
	Previous condition	:	Irregular menses, obesity, tiredness, irritability, nervousness, backache, acidity, constipation, & flatulence
	Investigation	:	Hb%, BSL (F), cholesterol, LH, FSH, T3, T4, TSH, BP, ECG, X-ray, USG of Uterus.

6 months yogic exercises were given & symptoms & investigations were assessed.

After 3 years of yogic exercise again symptoms & investigations were assessed

Gr.II	Menopausal group		
	No. of cases	:	21
	Age group	:	45-52 yrs.

Symptoms were studied & investigations were done as above. The results were checked after 6 months & 3 years.

Gr. III Post menopausal group

No of cases	:	8
Age group	:	50-60 yrs.

Results were studied after 6 months & 3 years treatment.

Gr. IV	Seriously ill group
The specific	1) Asanas were taught to patients
	2) Pranayam (breathing techniques)
	3) Meditation (Dhyana)
	4) Yogic diet

Conclusion

- 1) Premenopausal stage - prevented troublesome symptoms & delayed aging
- 2) Menopausal state - Yoga relieved symptoms & also delayed further aging.
- 3) Post menopausal stage - Yoga gave the relief but it could not replace the degenerated tissues but it could prevent further loss.
- 4) It was interesting to observe that by removing congestion & improving blood circulation, yoga could stimulate aging ovaries to function for longer time.
- 5) Yoga could stimulate extra genital sources of estrogen like cortical stroma, interstitial portion of ovary, adrenal cortex, extra glandular adipose tissue of ovary & deranges, fat in various areas of body, brain, brain fat, hypothalamus.
- 6) Thus enough, natural, endogenous estrogen was available to cope up with efficiency after menopause.
Sr.Estrogen level was maintained. LH,FSH levels were controlled. This prevented long term symptoms after menopause.

23.20 Animal experiment of Ayurvedic medicine

Dr.Mrs.Aruna Kanase Ph.D. - Kolhapur (1994)

In this thesis action of Mandur Bhasma, Tamra Bhasma & plumbago zeylenica root powder was administered in albino rats.

Materials & Methods

- 1) Swiss norwegian albino rats (male) bred in the departmental animal house were used for experiment. They were 10 days old & wt.125-150 gm. Liquid paraffin & CCL4 + liq paraffin were injected subcutaneously. Mandura bhasma was administered orally for 11 days.
- 2) Haffkine strain male albino rats (wt.175 gms) bred in the departmental animal house. Somnathi tamra bhasma (5mg/kg body wt) was administered orally to rats using honey (0.1ml/kg bdoiy wt.) as vehicle. Equal quantity of honey was given to control group. Every time 5 rats were killed by either anaesthesia at intervals of 0,30,60,90,120,150,180,240,300 minutes after tamra bhasma treatment, spleens were dissected out & pieces of 2 mm thickness were fixed in neutral formaline. The wax sections of fixed tissue were prepared by routine laboratory procedures. These sections were stained for ferric & ferrous ions.
- 3) Female albino rats used were of swiss Norwegian strain, weighing 150-200 gm & of 125 days old. Rats used were of proven fertility & exhibited normal estrous cycle. They were mated with fertile males at late proestrus or early esters. The day on which sperms were observed in vaginal smear was designated as day of pregnancy. Root powder of P.Zeylanica was given orally. After experiment, rats were killed using ether anaesthesia. Ovary, uterus & cervix & vagina were immediately transferred to chilled CAF (Calcium Acetate formalin)

Result

- 1) Effect of Mandur Bhasma on hypolytic activites of liver, kidney & adipose tissue of albino rat during CCL4 induced hepatic injury.

The activities of acid lipase, alkaline lipase, lipoprotein lipase & hormone sensitive lipase excibited significant alterations during CCL4 induced hepatic injury, indicating a role of these enzymens in mobilisation fat from adipose tissue & accumulations of fat in liver & kidney. Simulataneous treatment with mandur bhasma prevented paraffin, mediated & CCl4 mediated changes in the enzyme activities. These results suggest the hepatoprotective role of mandur bhasma during CCL4 induced hepatic injury.

- 2) Tamra Bhasma mediated changes in iron in the spleen of albino rats. Treatment of Tamra Bhasma caused ascillatory changes in deposition of iron in spleen. Almost all forritin & hamosiderin & bile pigments were removed from spleen with in 30 min. Again Fe2 & Fe3 appeared in spleen at 90 min & 150 min. Later on depasites of Fe2 & Fe3 reduced at 180 to 240 minuted & then returned to normal levels at 300 minutes. On the contrary haemosiderins & bile pigments did not appear after 30 minutes throughout whole experimental period.
- 3) The alterations in various types of glycosaminogly cans (GAG) have been studied on overy, uterus, cernix & vagina of pregnant rat & Plumbago Zeylanica root powder coral administration induced aborted rats.

The results showed that elongated PAS tve luteal cells distribted at periphery of corpus luteum which were hypertrophied during pregnancy. These cells abolished in aborted rats. Pregnant rat uterus showed very few GAG. In aborted rat uterus which was resembling diestrus uterus showed NMPD GAG & Mucoproteins CMP



24.

Ayurvedic Compound Drugs

24.1 ASHOKARISHTA

Reference : Bhaishajya Ratnavali (Striogadhikar)

Nature of Product : Self generated alcoholic preparation.

Ingredients : 10 ml. Ashokarishta contains approx. :

SANSKRIT	LATIN	ENGLISH	QUANTITY
Ashoka	Saraka Indica	-	2 gm.
Daruharidra	Berberis Aristata	Indian Berberry	20 mg.
Nilotpal	Nymphaea Stellata	Indian Blue water Lily	20 mg.
Triphala	Ter. Chebula. Ter Belerica, Emb. Officinalis	Three myrobalans	20 mh
Amrabeej	Mangifera indica	Mango seed	20 mg.
Vasa	Adhatoda vasica	Malbar nut	20 mg.
Jirakdwaya	Cuminum cyminum	Cumin seed	20 mg.
	Carum caraway	Black caraway	20 mg.
Kusta	Cyperus rotundus	Nutgrass	20 mg.
Shunthi	Zingiber officinale	Dry ginger	20 mg.
Chandan	Santalum album	White sandalwood	20 mg.

Dosage : 2 to 4 spoons with water after meal 2 times.

Indications : Metrorrhagia, vaginal pain, menstrual disorders, fever, piles, bleeding piles, urinary disorder, anorexia, diabetes, oedema.

Research Reference : Effect of A.L. Globules Ashokarishta + Lodhrasav Sookshma in gynecological disorder -

Prof.Dr.P.H.Kulkarni.

24.2 KANCHANAR GUGGUL

Reference : Sharangadhar Samhita

Nature of Product : Tablet

Ingredients : 250 mg. tablet contains approx. :

SANSKRIT	LATIN	ENGLISH	QUANTITY
Kanchanartwak	Eauhinia variegata	Mountain ebony	62.5 mg.
Haritaki	Terminalia chebula	Chebolic myrobalan	12.5 mg.
Amalaki	Emblica officinalis	Emblic myrobalan	12.5 mg.
Bibheetaka	Terminali belerica	Beleric myrobalan	12.5 mg.
Shunthi	Zingiber officinale	Dry ginger	6 mg.
Maricha	Piper nigrum	Black pepper	6 mg.
Pippali	Piper longum	Long pepper	6 mg.
Varun	Cretaeva nurvala	Three leaved caper	1.5 mg.
Twak	Cinnamomum zeylanicaum	Cinnamon bark	1.5 mg.
Ela	Elettaria cardamomum	Lesser cardamom	1.5 mg.
Tamalpatra	Cinnamomum tamala	Cassia leaf	1.5 mg.
Guggul	Balsamodendron mukul	Purified Indian bedellium	12.5 mg.

Dosage : 2 to 3 tablets 2 to 3 times with warm water.

Indications : Cervical lymphadenitis, benign and other tumours.

24.3 LASUNADI VATI

Reference : Ayurveda Therapy

Nature of Product : Tablets.

Ingredients : 250 mg. tablet contains approx. :

SANSKRIT	LATIN	ENGLISH	QUANTITY
Rason	Allium sativum	Garlic	35 mg.
Shunthi	Zingiber officinale	Dry ginger	35 mg.
Maricha	Piper nigrum	Black pepper	35 mg.
Pippali	Piper longum	Long pepper	35 mg.
Hingu	Ferula foetida	Asafoetida	35 mg.
Saindhav	-	Rock salt	35 mg.
Gandhaka	Sulphur	Purified sulphur	35 mg.

Processed in Nambir ras (Lime juice)

Dosage : 1 to 2 tablets 3 times a day with warm water

Indications : Anorexia, indigestion, abdominal pain.

24.4 LODHRASAVA

Reference : Charak Samhita Prameha Chikitsa, Bharat Bhaishajya Ratnakar No. 5969.

Nature of Product : Self generated alcoholic preparation.

Ingredients : 10 ml. Lodhrasava contains approx. :

SANSKRIT	LATIN	ENGLISH	QUANTITY
Lodhra	Symplocos recemosa	Lodh	20 mg.
Madhu	Mel depuratum	Honey	3.2 gm.
Karchur	Curcuma zedoria	Zedoary	20 mg.
Pushkarmool	Saussurea lappa	-	20 mg.
Moorva	Clematis gouriana	Bow string hemp	20 mg.
Ela	Elettaria cardamomum	Lesser cardamom	20 mg.
Vidanga	Embelia ribes	Embelia fruits	20 mg.
Haritaki	Terminalia chebula	Chebolic myrobalan	20 mg.
Bibheetak	Terminalia belerica	Beleric myrobalan	20 mg.
Amalaki	Emblica officinalis	Emblc myrobalan	20 mg.
Ajamoda	Carum copticum	Ajova seeds	20 mg.
Priyangu	Callicarpa macrophylla	-	20 mg.
Pooga	Areca catechu	Betel nut	20 mg.
Indrayava	Citrullus colocynthis	Colocynth	20 mg.
Kiratatikta	Swertia chirata	Chiretta	20 mg.
Katuka	Picrorhiza kurroa	Helleborne	20 mg.
Bharangi	Clerodendron serratum	Beetle killer root	20 mg.
Tagar	Valeriana wallichii	Indian valerian	20 mg.
Pippalimool	Piper longum	Root of long pepper	20 mg.

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Kushtha	Alpinea galanga	Java galangal	20 mg.
Ativisha	Aconitum heterophyllum	Atis	20 mg.
Patha	Cissampelos pareira	False pareira brava	20 mg.
Indrayava	Holarrhena antidysenterica.	Kurchi seeds	20 mg.
Nagkeshar	Mesua ferrae	Mesua	20 mg.
Kutajatwak	Holarrhena antidysenterica	Kurchi bark	20 mg.
Nakhi	Helix aspera	Apple snail operculum	20 mg.
Patra	Cinnamomum tamala	Casia leaf	20 mg.
Maricha	Piper nigrum	Black pepper	20 mg.
Musta	Cyperus rotundus	Nut grass	20 mg.

Dosage : 2 to 4 spoon 2 times with water after meal.

Indications : Obstinate urinary disorders including diabetes mellitus due to aggravated kapha and pitta dosha, piles, anaemia, anorexia, sprue, obstinate skin diseases especially lichen. Female genital disorders.

24.5 SANJIVANI GUTI

Reference : sharangdhar Samhita

Nature of Product : Tablets

Ingredients : 125 mg. tablet contains approx.

SANSKRIT	LATIN	ENGLISH	QUANTITY
Vidanga	Embelia ribes	Embelia fruits	12 mg.
Shunti	Zingiber officinale	Dry ginger	12 mg.
Pippali	Piper longum	Long pepper	12 mg.
Haritaki	Terminalia chebula	Chebolic myrobalan	12 mg.
Amalali	Emblica officinalis	Emblic myrobalan	12 mg.
Bibheetak	Terminalia belerica	Beleric myrobalan	12 mg.
Vacha	Acorus calamus	Sweet flag	12 mg.
Guduchi	Tinospora cordifolia	Tinospora	12 mg.
Bhallataka	Semecarpus anacardium	Marking nut	12 mg.
Vatsanabha	Aconitum ferox	Aconite purified	12 mg.

Processed in Gomutra

Dosage : 1 to 2 tablets 2 to 3 times a day with warm water.

Indications : Diarrhoea, dysentery, indigestion, abdominal pain, worm infestation, teething trouble.

Research References : To assess the antiviral activity of Sanjivani Gutti Dr. Shubhada Bopagamage (Slovakia), Prof.Dr.P.H.Kulkarni, Rota Virus and Sanjivani Gutti, Dr.Shubhada Bopagamage (Slovakia) Pro.Dr.P.H.Kulkarni.

24.6 SUVARNA BHASMA

Reference : Ayurveda Therapy

Nature of Product : Bhasma (calx) powder

Ingredients : 125 mg. bhasma contains approx.

SANSKRIT	LATIN	ENGLISH	QUANTITY
Suvarna bhasma	Aurum	Calx of gold	125 mg

Processed with purified mercury, sulphur, chalcopyrites.

Dosage : 62.5 mg. to 125 mg. 1 to 2 times with milk, honey or ghee

Indications : It is promoter of strength, brightens skin complexion, tonic, rejuvenator, aphrodisiac, useful for eyes, intelligence and memory. It is antidote to poison. It is used in phthisis, insanity, sprue, anaemia, diabetes and heart diseases.

24.7 SUVARNA MAKSHIK BHASMA

Reference : Rasamrut

Nature of Product : Bhasma (calx) powder

Ingredients : 125 mg. Suvarnamakshik bhasma contains approx.

SANSKRIT	LATIN	ENGLISH	QUANTITY
Suvarna makshik	Ferri sulphuratum	Iron pyrites	125 mg.

Processed with sulphur, lemon, aloe and rock salt.

Dosage : 125 mg. to 250 mg. 2 to 3 times with honey or milk.

Indications : Diseases due to aggravation of pitta, anaemia. It have cooling effect. It is antidote to poison aphrodisiac, rasayan (tissue rejuvenator), useful for eyes.



25.

Food as Medicine

Gynaecological Disorders (Diseases of Woman)

1. Menarc means starting of menstrual period in a girl at about 12 to 15 years of age. It is a period of puberty. Girl transforms into a grown woman (menses). There is a development of reproductive organs.

If this period is delayed, Sesame Seed are to be included in diet or eaten 1/4 tea spoon with sugar, honey etc. It is useful.

2. Menstrual period occurs normally at 28-30 days. It is discharge of blood through uterus for 3-5 days. If it delayed Carrot is useful, hence include in the diet.

Drum sticks are useful.

Raw papaya is useful. There is a contraction of muscles of uterus and by that helps for regular menstrual cycle.

Raw pipeapple is also useful.

3. If foetus expels out before completion of seven months it is known as miscarriage. It may due to endometritis, nephritis, displacement of uterus, diseases like syphilis gonorrhoea etc. abnormal growth of foetus defects in ovum, sperms, toximia of pregnancies etc. If there is a

habitual abortion or miscarriage then wheat oil, rice oil, cotton seed oil, peanut oil (sweet oil) etc. are to be included in diet. It is useful.

4. Bleeding per vaginum means Menorrhagia. Sometimes it is more. *Emblica officinalis* (amalaki) and honey are useful in this conditions.

Use lemon juice. it is useful. AL Tablets/Globules three times a day for three cycles.

5. Leukorrhoea means white discharge through vagina. Sometimes it may be yellowish. It may have some smell. It may be with menstrual cycle or in between menstrual cycle.

Fig is very useful in such conditions

Amalaki is very useful. Rock melon is good for relief.

6. Sterility may be primary or secondary. There are various causes. It is due to deficiency of vit.E. Wheat germs, wheat oil, cotton seed oil, rice husk, vegetables are to be included in the diet. It is useful, (GPR) two pregnancy tablets 2-3 times a day for 3-6 months.

7. If baby is breast fed and there is no milk, or less milk, then for increasing it, sesame seeds are useful.

Barley, wheat, mung soup, popcorn, milk, ghee, grapes, bananas, sugar are useful in many diseases of women.



26.

Yoga - For Women

Mrs. Pushpa Verma Mauckisch, Germany

Yoga is a science which brings body, mind and soul in harmony. It gives grounding to the practitioner by bringing the Inner and Outer in harmony. Life in today's world is such that lot of energy is wasted by flowing in wrong directions. One needs to recollect energy for smooth balanced life. Yoga is a simple and easy process to recollect the human energy.

Yoga is very important for woman as she has to pass through various phases in life physically, emotionally and socially. For example, menstrual cycle, marriage, pregnancy, birth of child and caring of child, children going away and menopause. During these phases, Yoga is very helpful to keep the balance of mind & body.

Menstrual cycle

At the time of menstrual cycle, Omkar, Tratak ,Neck exercises, Karan Dhoti, Bhramari, Asanas are very helpful in general. Veerasana (or Vajrasana) gives great relief in stomachache, leg pains/heaviness, knee and ankle pains. Makarasana helps in backaches. Paschimotatnasana and Yogmudra keep the mind cool and remove stress. Pavanmuktasana helps in gases produced during menstruation. Surya Namaskara keeps the body active and mind free from depression. Shavasana keeps one relaxed and recollects

energy during the period.

Marriage

Marriage is the most important and emotional process of woman's life. She has to leave her home, people and friends where she was very safe and protected. After marriage, she goes to live in a new atmosphere. She faces new surroundings. It is not easy to get accustomed to situation overnight. May be at times she looks relaxed and easy but her mind is very busy in thought processing. (Before marriage, she kept her body very safe and precious by taking great care of it and now after marriage she has to share this very personal thing with somebody else.) This is very difficult phase physically and emotionally. To pass through this phase of life. Omkar, Nadi-shodhana, Pranayam, Autarmukki Yogmudra, Halasana, Yogmudra, Nitya Bhav, Pavanuktasana, Makarasana, Suryanamaskar and Shavasana are very helpful. Autarmukki mudra is especially very important to overcome the facts of marriage. It keeps the woman connected with the inner herself. She doesn't get swayed with surroundings and feel lost. She feels at home. Physically her breathing process remains in harmony with a relaxed mind. This gives grounding to accept the new life.

Pregnancy

Woman goes through many physical and hormonal changes in the body. Due to these, she has to pass through different emotional stages e.g. fear & excitement. Going through pregnancy is an adventure and strange experience. The beginning is very exciting and happy but as time passes, the hormonal, emotional and physical changes become disturbing. For ex. backache, vomiting, difficulty in sitting & moving. These changes make the women loose in flexibility in activity. She has to remember that she is pregnant so she must not do certain things. During pregnancy Omkar, Bhramari, Pranayam, Simhasana, Ardhamakarasana, Shishuasana, Neti, Neck exercises, Inner journey and shavasana are very helpful. Neti is very helpful because it keeps the ear, nose and throat connections clear. Vomiting and bad taste in the mouth can be

reduced. Also keeps the breathing system healthy. Simhasana keeps the digestive system healthy. Shishuasana keeps the woman with the feelings of child and his growth. The flexibility of back is maintained. It helps to develop the motherhood in the woman. The inner journey helps to keep the emotional process in balance. This results in healthy development of the foetus.

Birth of child

Pranayam and Bandhas are very helpful for easy delivery and the changes thereafter.

Bringing up the child and the child going away after growing - Taking care of a child is very hectic job for the woman as mother. She has to neglect herself and so many other important things for the sake of her child. Halasana removes stress and keeps the body relaxed and gives joy of being a mother. Inner journey and Shavasana helps to recollect the energy and keep the emotions in balance. Neti is very useful for breast feeding mothers. It keeps good flow of milk.

Menopause

Suryanamaskara is very important during this phase of life. It keeps the heart healthy as menopause affects the heart. It keeps the blood circulation and respiratory system good leading to healthy heart. Also excess of fats gets away and keeps the woman active.

In short Yoga is very important for woman. Omkar, Bhramari, Pranayam, Tratak, Neck exercises, Karan dhoti, Neti, Antarmukhi, Yoga mudra, Nadi shodhana, Vajrasana, Halasana, Paschimottasana, Makarasana, Yoga Mudra, Pavan muktasana, Simhasana, Shishuasana, Suryanamaskar, Inner journey, Shavasana and satsang (listening to good things) are very important in a woman's life to keep her active healthy, strong, cheerful and thus beautiful and balanced at all the times. By way of Yoga one can do more work without stress and remain joyous.

Yoga should be practiced everyday or at least twice a week.

(Ref.: International Conference, Pune, India, 1995)



27.

ACKNOWLEDGEMENT

We respectfully acknowledge valuable help of

1. Dr. Manish Patwardhan , Pune
2. Dr. Mrs.Pradnya Akkalkotkar, Pune
3. Dr. Ashok Wali, Kolhapur
4. Dr.Abhijit Mhalank, Pune
5. Dr. Madhuri Petkar, Pune
6. Dr.Kurush Kurmi, Pune
7. Dr.Bhairavi S. Joshi, Pune
8. Dr.Sing, Late Dr.Londhe, Pune
9. Dr.Mrs.Meena Pendharkar, Karad
10. Dr.Mrs.Kumud Nagral, Mumbai
11. Late Dr.Mrs.Vanita Rege, Mumabi
12. Jennie Tranpeva Radin, Australia
13. Ms.Farida Sheriyar Irani, Australia
14. Dr.Mrs. S.A.Gokhale, Nagpur
15. Dr.Mrs.Ashwini Bora/Late Dr.A.R.Shitre, Ahmednagar

16. Dr.Mahesh Kothari/Dr.Suhas Herlekar, Pune
17. Dr.Kalpana Pandit/Dr.Meera Paranjape, Pune
18. Dr.Nivedita Soman/Late Dr.Durga Paranjape, Pune
19. Dr.Manda Ghorpade/Dr.A.B.Patankar, Pune
20. Dr.Madhuri Bhalgat/Dr.Suhas Herlekar, Pune
21. Dr.Anil Varpe/Dr.Pushpa Tulpule, Pune
22. Dr.Shakuntala Pandit/Dr.Pushpa Tulpule, Pune
23. Dr.Sujata Patil/Late Dr. Londhe C.S., Pune
24. Dr.Seema Ghodekar/Dr.Sudha Mahadeokar, Pune
25. Dr.Samhita Joshi/Dr.Sulabha Phadnis, Ahmednagar
26. Dr.Muralidhar Kharade/Dr.Neela Shukla, Nasik
27. Dr. Sunita Patil/Dr.Neela Shukla, Nasik
28. Dr.Chhaya Kulkarni/Dr.Neela Shukla, Nasik
29. Dr.Rama Khatavkar/Dr.Pushpa Tulpule, Pune
30. Dr. Aparna Bakare/Dr.Meera Paranjape, Pune
31. Dr.N.B.Bawachkar/Late Dr.Durga Paranjape, Pune
32. Dr.Nivedita Phadke, Kolhapur
33. Dr.Aruna Kanase, Kolhapur
34. Mrs. Pushpa Verma Mauckisch, Germany.



28.

REFERENCES

References

१. शुक्रशोणित जीवसंयोगे तु खलु कुक्षिकगते गर्भसंज्ञा भवति । च.शा.२-३,
सु.शा.५-३
- २) केचिदाहुरहोरात्रात षडपादपरे परे ।
मासात्प्रयाति शुक्रत्वमन्नं पाकक्रमादिति ॥ - अ.सं.शा. ६-७७
- ३) तत्तुक्षीर इव सपिरिक्षुरस इव गुडः शरीरे शुक्रधरां
कलामाश्रित्य सर्वांगव्यापितयास्थितं विशेषतश्चमज्जापुष्करतनेषु । - अ.सं.
२.७
रस इक्षौ यथा दधि सर्पिस्तैलं तिले तथा ।
सर्वत्रानुगतं देहे शुक्र संस्पर्शने तथा ॥
च.चि.२-४, सु.शा.४-२०
- ४) सप्तमीशुक्रधरा नाम द्व्यंगुले दक्षिणे पार्श्वे वसति

द्वारस्य चाधोमूत्रमार्गमाश्रिता सकलशरीरव्यापिनी

शुक्रं प्रवर्तयति । अ.सं.शा. ५-४१

सप्तमी शुक्रधरा या सर्वप्राणिनां सर्वशरीरव्यापिनी ।

५) शुक्रवाहिनां स्तनौ मुष्कौ मज्जा च । - अ.सं.शा. ६-४३

शुक्रवहानां स्नातसां वृषणौ मूलंशेफश्च । - च.वि.५-८

शुक्रवहैद्वै, तयोर्मूलम् स्तनौ वृषणौ च । सु.शा.७-२१

६) यथा च बालस्य जीर्णस्य वा तरोः पुष्पफलं पुष्पफलस्य

वा तद्विधस्य गन्धौ नोपलभ्यते तथैव नोनषोडश

तीतसप्ततिवर्षस्य पुंसः शुक्रसेकादयः योषितश्चो

नद्वादशातीतपंचाशद्धर्षाया रजस्तन्यादय इति । - अ.सं.शा.१-१, सु.सू.२४-५२, च.चि. २-४-३६

७) प्रीणनं जीवनं लेपः स्नेहोधारण पूरणे ।

गर्भोत्पादश्च कर्माणि धातूनां क्रमशो विदुः ॥ - अ.सं.सू. १-३३

हर्षबल गर्भोत्पादनैः शुक्रम् । अ.सं.सू.१६-४

धैर्यं च्यवनं प्रीति र्देहबलं हर्षं बीजर्थं च । - सु.सू. १५-७

८) तत एव च शुक्रस्य बाहुल्यात्पुमान् आर्तवस्य

बाहुल्यात्स्त्री, तयोः साम्ये नपुंसकम् । - अ.सं.शा.१-५

कस्मात् प्रजां स्त्री विकृतां प्रसूते -

वीजात्म कर्माशय कालदोषैः - च.शा.१-१८-२६

शुक्रस्यदोषात् क्लैब्यं अहर्षणम् रोगिर्वा

क्लीबमल्यायुर्विरूपो वा जायते । च.सू.२८-२८

९) दौर्बल्यमुखशोषश्च पाण्डुत्वं सदनम् श्रमः ।

क्लैव्यं शुकाविसर्गश्च क्षीणशुक्रस्य लक्षणम् ॥ - च.सू.१०-१६

श्रमदौर्बल्यास्यशोषतिमिरदर्शनांगपाण्डुतासदनक्लैव्य-

मुष्कतोदमेद्वधूमयनौश्विराच्चनिपेकेण सरलनिपेकेण वा शुक्रम । - अ.सू.१६-१०

शुक्रक्षये मेद्ववृषणवेदनाऽअशक्तिमैथने चिराद्वा प्रसेकः

प्रसेके चाऽएपरक्तशुक्रदर्शनम् । सु.सू. १५-१३

१०) न चास्या जायते गर्भः पतति प्रसवत्यपि ।

शुक्रं हि पुष्टं सापत्यं सदारं वाघते नरम् ॥ - च.सू.२८-१७

नरस्य स्त्रीस्वरत्वं वा स्त्रियम् वा पुरुषस्वरां ।

आमगर्थच्युतिं वापि गर्भव्यापात्तिजान्विदुः ॥

भेलसंहिता, सूत्रस्था ११-१५

११) शुक्राश्मरीभतिप्रादुर्थावं च । - सु.सू.१५-१६, अं.सं. १६-७

१२) च.सू.७-१०, सु.उ.५५-१५, अं.सं.सु. ५-२३

१३) च.चि.३०-१३६, सु.शा. २-३

१४) शुक्रं तदस्य प्रवदन्ति धाराः यद्धीयते गर्भसमुद्भवाय ।

वाय्वव्यग्निभूम्यब्गुणपादवत्तत षड्ग्यो रसेभ्यः

प्रभवश्च तस्य ॥ च.शा. २-२

१५) आहारस्य परम् घामः शुक्रं तद्रक्ष्यमात्मनः ।

क्षयो हास्य बहून् रोगान् मरणं वा नियच्छति ॥ - च.नि.६-६

१६) च.वि. ८-१०६, सु.सू ३५-१८

१७) बहलं बहु च यच्छुक्रं फलवत्तदसंशयम् । - च.चि.२(४-२०)

स्फटिकाभम् द्रवं स्निग्धं मधुरम् मधुगन्धि च ।

शुक्रमिच्छन्ति केचित्तु तैलक्षौद्रनिमं तथा ॥ - सु.शा. २-१३, अ.सं.शा. १-६

- १८) यथा च पुष्प मध्ये फलम् निर्वृतं सुसूक्ष्ममस्ति न च उपलभ्यते ।
तथा स्त्रीपुंसयोः शोणितशुक्रे कालोवेक्षां स्वकर्माविक्षे च भवतः ।
षोडशवरषयोहि शोणित शुक्रयोर्मध्ये प्रभवतः, अर्वामपि
यदाहाराविशेषादारोभ्याच्च
पूर्णोभवत इति परिणत् । - का. शं. जाति. ४
- १९) स्तन्यं रजो वसा स्वेदो दन्ताः केशास्तथैव च ।
ओजश्च सप्तधातूनां क्रमात् सप्तोपधातवः ॥
भा. पूर्वखण्ड गर्भप्रकरण, अध्याय ३-२१२
- २०) सु.सू. १४-१५, शा. २-५७, ३-२०, ४-२४, अं.सं.शा. १-१०, २-१०
- २१) च.चि. ३०-२२२, २२३, २२४; अ.शा. १-२०, सु.शा.२-१०
- २२) सु.सू. १५-१२
- २३) सु.सू. १५-१६
- २४) सु.सू. १५-५
- २५) सु.शा. ६-२२
- २६) योपितोऽपि स्रवन्त्येव शुक्रं पुंससमागमे ।
गर्भस्य तन्न किञ्चितु करोतीति न चिन्त्यते ॥ - अ.सं.शा.१०
- २७) घृतपिण्डो यथैवाग्निमाश्रितः प्रविलीयते ।
विसर्पत्यार्तवं नार्यास्तथापुंसां समागमे ॥ सु.शा.२-३
- २८) यदानार्यावुपेयातां वृषस्यन्त्यौ कथंचन ।
मुंचन्त्यौ शुक्रमन्योऽन्यमनस्थिस्तत्र जायते ॥ - सु.शा. २-५
- २९) एवं मासेन रसः शुक्रे भवति स्त्रीर्णाचार्तयम् । सु.सू. २४-२
- ३०) स्त्रीणाम गर्भोपयोगि स्यादार्तवं सर्वसम्पतम् ।

तासामपि बलं वर्णं शुक्रं पुष्टिं करोति हि ॥

एतेन स्त्रीणां सप्तमोधातुरार्तवं शुक्रमष्टममिति

बोधितम् । आशयाधिक्यवत् ।

भावप्रकाश पूर्वखण्ड - गर्भप्रकरण ३-१०



29.

Bibliography / References

-
1. Charak Samhita, Sagar Prakashan, 1983
 2. Sushrut Samhita, Sagar Prakashan, 1983
 3. Vagbhata , 2012
 4. Kaumarbhrutya Tantra
 5. Dravyaguna Vidyan (Priyavrat Sharma)
 6. Siddhaushadhi Sanghraha
 7. Chikistapradipa, B.V.Gokhale
 8. Text book of Obstertreics (C.S.Dawn)
 9. Practicle Obsterics & Gynaecology (Prof.Ajit Virkud)
 10. Savills Systems of clinical medicine
 11. Encyclopedia of Ayurveda - Prof.Dr.P.H.Kulkarni 2005
 12. Ayurveda Therapy - Prof.Dr.P.H.Kulkarni, 2000
 13. Deerghayu International Vol.I - 1984 to Vol. 27- 2011.
 14. Institute of Indian Medicine, Post graduate Thesis.
 15. Ayurveda Encyclopedia - Prof. Dr.P.H.Kulkarni, Srisatgum Publications, Delhi, 2005
 16. Ayurveda Therapy - Prof.Dr.P.H.Kulkarni, Ayurveda

Rasashala, Pune, 1996

17. Deerghayu International, Vol. 1 to 28, 1984 to 2012, Pune.

18. Proceedings of 25 International Conferences from 1991 to 2005



Pandurang Hari Kulkarni

(DOB 09-03-1935).

B.A.M.&S. (Pune University), FIIM, Ayurveda Varidhi.

- **Ayurveda Practice** since 1961 (55 years)
- **Ayurveda Teaching** in India since 1962 (54 yrs.)
- **Ayurveda Teaching overseas** since 1984 (30 yrs)
- **Ayurveda Research** since 1962 (53 yrs)
- **Worked in Ayurveda organisation** since 1962 - National Integrated Medical Association (53 yrs)
- **Started new Ayurveda Institute** - Janata Arogya Mandal (1968) Institute of Indian Medicine (1980), Ayurveda Academy (1993)
- **Editor** of Ayurveda Journal since 1975
- **Established a journal, serial** i) Deerghayu International since 1984 ii) Deerghayu Marathi Anual since 1983 iii) Ayurveda Shikshan Mala (Ayurveda Education Series since 1978 iv) Sahitya Anand Malal since 1984.
- **Ayurveda Books** authored/co-authored since 1973 nos. 286
- **Worked in Universities**, state/central govt. Ayurveda comitties since 1965.
- **Worked as organiser**, National or International Conferences/Seminars - As prerident 42 in India, as Patron overseas 20.
- **Worked in Ayurveda Pharmacy/Arya Aushadhi Tejamrut** Since 1961. As president of Ayurveda Rasashala, Pune from 1988 to 2002.
- **Invented new formulas of Ayurveda Drugs** 30, since 1984
- **Worked with socio Medical organisation** - Janata Arogya Mandal since 1968 - Rashtriya Shikshan Mandal - 1966, - Friends of Brain Injured - Australia (FBI).

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Associate Professor, Dr. D. Y. Patil College of Ayurveda, Pimpri, Pune,
Maharashtra University of Health Sciences

- Ayurveda Practitioner since 1999
- Founder Director, International Ayurveda Pandurang Panchakarma Research Institute.
- Reader, Ayurveda Panchakarma, Padmshri Dr. D. Y. Patil Ayurveda College and Research Centre, Pimpri, Pune.
- Author 'Kayachikitsa Sootrani' from Charak Samhita' a book
- Co-editor - 1) Friendly Ayurved Panchakarma in 21st Century
2) Ayurveda Panchakarma Research Papers
3) Stree Roga, The Gynaecology in Ayurveda
4) Anna - Ayurvedic Healthy Diet. (Print Book)
5) Swastha - The Eternal Life
6) Shishu Helath in Ayurveda
7) English Charak Samhita
8) Heart Care - Hrudayam
- Active Member of Sahitya Anand Mala, A Marathi Literary movement.

Prof. Dr. Kurush P. Kurmi

B.A.M.S., D.G.O., F.I.I.M., M.D. (Italy)

- Visiting Faculty, European Ayurveda Academy, Europe, since 2004.
- Managing Director, Shriyash Ayurveda, an Ayurveda Pharmacy.
- Organiser of many International Ayurveda Conferences during last ten years.
- Recipient of many International Awards
- Co-Author : Streeroga - The Gynaecology in Ayurveda
Heart Care - Hrudayam

Dr. Kirti Pingle

B.A.M.S. M.D. (Ayurveda), Gold Medalist, F.I.I.M,
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Ayurveda Consultant in India & USA

- May 2015- “Pravasi Rattan/ Mahatma Gandhi award” for Excellence in Ayurvedic Practice in Washington DC USA
- Jan 2015 – “Bharat Gourav/ Pride of India Award” for achievements in Ayurveda, providing excellent services internationally
- Jan 2014 - “Hind Rattan Award/ Jewel Of India Award” "outstanding services, and contributions for keeping the "Flag of India High" by NRI Welfare Society, a division of government of India at 33rd International Congress of non-resident Indians (NRIs)
- Dec 2013 - Guest Lecture: AAPNA Tele Conference.
- Jun 2008 - present: Co-editor for “Deerghayu International”, a scientific journal publishing latest research work in the fields of Ayurveda.
- Feb 2007 - Gold Medal for M.D. Ayurveda Thesis.
- Jul 2006 - Ranked first in the subject Rog-Nidan for MD in Bharati Vidyapeeth College of Ayurveda.
- Ayurvedic consulting practice in India & USA.
- Certificate Course in Child Health (C.C.H.) in Pune, India, 2003.
- Various Seminars attended in India and USA.
- NAMA: National Ayurvedic Medical Association – this is national organization presenting Ayurvedic professionals in United states of America
- NIMA: Member of National Integrated Medical Association, India
- Co-Author - Heart Care - Hrudayam

Farida Irani

Director/Founder Holistic Health Practitioner / Bowen Therapy

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D Ref, D Bow, member of A.T.M.S, I.A.A.M.A., B.A.A, A.A.P.A, B.T.A.A. ,

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Farida spends her time speaking at international conferences, teaching at the Subtle Energies College of Ayurveda Aromatherapy, running her clinic, volunteer works and propagating the health sciences. Farida is the Co-Founder of Ayurveda Yoga Australia, which holds the International Ayurveda & Yoga Conference. Farida is also responsible for bringing the Australian science of Bowtech, the original Bowen Therapy, to India and Taiwan.

Farida continues to promote these sciences through her work and remains dedicated to helping and encouraging people to attain a well-balanced lifestyle.***

32% Indians suffer miscarriages, finds study; global rate only 10%

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Mumbai: Indian women seem more likely than other ethnicities to miscarry their first pregnancy or suffer recurrent miscarriages, said a new study by a city doctor.

The five-city study, which was published in *The Journal of Obstetrics and Gynecology of India*, said 32% of the 2,400-odd participants had suffered spontaneous miscarriage. Miscarriage or spontaneous abortion without medi-

GRIM DIAGNOSIS

- ▶ Recurrent miscarriages among Indians at 7.5%; across the world it is 1-2%
- ▶ Genetic history, anatomical structure and infections to blame
- ▶ 2,400 women screened in 5-city study in Mumbai, Delhi, Kolkata, Ahmedabad and Bengaluru

cal means to terminate a pregnancy has so far been presumed to be 10% across the globe.

The study's lead author Dr

Ameet Patki said the main finding was that recurrent spontaneous miscarriage was as high as 7.5% among Indian women. His paper said globally, recurrent pregnancy losses were pegged at 0.8-1.4% of all pregnancies.

"We found the main causes for these repeated miscarriages were genetic, history of infections such as tuberculosis, or structural defects in the women's uterus," said Patki.

▶ Scanner on infection, P 13

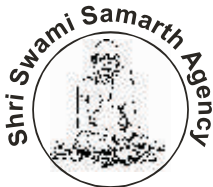


Books by Prof. Dr. P. H. Kulkarni, Mahavaidya

- 1) Ayurveda Chikitsa, pgs. 122, Rs., 200/-
- 2) Ayurveda Care/Cure Digestive System, pgs. 185., Rs. 300/-
- 3) Ayurveda & Diabetic Disorders
- 4) Ayurveda Aahar/Diet, Pages 240, Rs. 300/-
- 5) Ayurveda and Hepatic Disorders, Pages, 228, Rs. 300/-
- 6) Ayurveda Herbs for Health, Pages 167, Rs. 350/-.
- 7) Ayurveda Herbs, pgs. 147, Rs. 300/- ,
- 8) Ayurveda Minarals, Pags, 96; Rs. 150/- .
- 9) Ayurveda Nidan, Pages 148., Rs. 300/-
- 10) Ayurveda Panchakarma, Pages, 130, Rs. 250/-
- 11) Ayurveda Philisophy and Practice, Pages 95 ; Rs. 250/-.
- 12) Ayurveda Research Papers, pgs., 224, Rs. 300/-
- 13) Ayurveda Soundaryam, Pages 148, Rs. 200/-
- 14) Ayurveda subtle Medicines, Pages 67, Rs. 200/-
- 15) Ayurveda Therapeutics, Pages 220, Rs. 200/-
- 16) Ayurveda Therapy, Pages 417, Rs. 700/-
- 17) Ayurveda Upachar, pgs. 133, Rs. 200/-
- 18) Ayurveda Vajikaran, Pages 189, Rs. 200/-
- 19) Ayurveda Vistas, Pages 280; Rs. 250/- .
- 20) Ayurvedic Aahar : The Scientific Diet, Pages 190 with cd rom, Rs. 1200/- Pune).
- 21) Ayurvedic Plants multilingual Dictionary
- 22) Baal Ayurveda, Pages 136; Rs. 200/-
- 23) Biorythm, Pages 222, Rs. 200/-
- 24) Bronchial Asthma pgs. 155, Rs. 200/- ,
- 25) Cancer and Aids, Pages 262; Rs. 300/- .
- 26) Contribution of Institute of Indian Medicine to Ayurveda, Pages, 96. Rs. 300
- 27) Experiments with Drugs of Ayurveda, Pages 119; Rs. 300/-
- 28) Five Cleansing Procedures - Panchakarma & Ayurveda, Pages 176; Rs. 350/
- 29) Fundamentals of Ayurvedic Medicine, Pages 138; Rs. 300/-
- 30) Hand Book of Clinical Ayurveda Practice
- 31) Heart Care in Ayurveda, Pages 247, Rs. 200/-
- 32) Holistic Management of Gastrointestinal Disorders, pgs. 181, Rs. 300/- ,
- 33) Hrud Spandan - The Heart Care
- 34) Joint Disorders care in Ayurveda, pgs. 211, Rs. 300/-
- 35) Kaychikitsa (Ayurvedic Treatment), Pages 248, Rs. 300/-.
- 36) Kidney Disorders Care & Cure in Ayurveda, Pages 271; Rs. 750/- .
- 37) Know Ayurved
- 38) Mahasrotas-The Digestive System Ayurveda Care/Cure, Pgs. 185, Rs. 300/-

- 39) Mental Health, Care & Cure in Ayurveda, Pages 307; Rs. 750/-
- 40) Musing Ayurveda, Pgs. 239, Rs. 200/-
- 41) Neurological Disorders and Care in Ayurveda, Pages 199; Rs., 300/-.
- 42) Obesity and Holistic Medicine, Pgs. 100 Rs. 200/-
- 43) Panchakarma in Ayurveda (Papers), Pages 114, Rs. 150/-
- 44) Prameh-Veda, Pages 192; Rs.300/- (Pune).
- 45) Prof. Dr. PHK Research Papers, Pages 224, Rs. 300/-
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