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Research Article

STUDY OF MAMSAWAHA SROTODUSHTI WITH SPECIAL REFERENCE TO BHUKTOTTARA DIWASWAP

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ABSTRACT

Ayurveda states its versatility in Vyadhınıdana (diagnosis). It has also stated important and unique feature of Ayurveda Sharir (anatomy) i.e. Srotas (channel) which is of immense use in Vyadhınıdana, Vyadhınıdan

Keywords: Mamsawaha Srotodushti, Bhuktottar Diwaswap, Hetu.

INTRODUCTION

Ayurveda the ancient Indian system of living is derived from the Vedas. The aim of Ayurveda is not only healing of the sick but also prevention of its occurrence and promoting health aspects-preservation of life. In Ayurveda, Ahara (proper diet), Nidra (proper sleep) and Bramhacharya (abstinence) have got very much importance as they are responsible for one's life as well as death. These are called as 'Trayopastambha' i.e. these are the three Upstambha means poles which do the work of supporting life. Trayopstambha are responsible for Swasthya (healthiness) similar to Prakrut Dosha, Dhatu and Mala. As the pillars are the backbones for building a home, similarly these Trayopstambha are backbone for building a healthy body.2 Out of these, Nidra has got much importance in life. If Nidra is not taken properly Swasthya cannot be maintained. All major aspects of life are dependent on Nidra. When this Nidra is taken at day time after lunch/meal it is called Bhuktottar Diwaswap. Only in some conditions Diwaswap plays the role of Swasthya maintaince otherwise it is the most important Viharhetu in Vyadhisamprapti (pathogenesis). Charakacharya told that Bhuktottar Diwaswap causes Mamsawaha Srotodushti.

AIMS AND OBJECTIVES:

- To study the concept of Diwaswap.
- To study the relation of Bhuktottar Diwaswap with Mamsawaha Srotodushti.
- To study the other symptoms of Mamsawaha Srotodushti due to Bhuktottar Diwaswap which are not mentioned in the text.

MATERIALS AND METHODS:

- Ayurvedic texts like Charakasamhita, Sushrutasamhita and Ashtangahrudayam along with available commentaries were referred.
- The questionnaire prepared was related to the complaints of an individual, duration of complaints & gradation &

- severity of the complaints, duration of time of *Bhuktottar Diwaswap* in a day & in a week, position of sleeping, etc.
- To achieve more preciseness of the results of survey, experimental group (B.D. group, having Bhuktottar Diwaswap) 'E', sample size-100 and control group-(Non B.D. group, not having Bhuktottar Diwaswap) 'C', sample size-100 were done.

Nidra Concept:

Charakacharya has mentioned six types of Nidra and Sushrutacharya has mentioned three types of Nidra.6 Diwaswap comes under Tamobhava type of Nidra. Nidra should be taken at night time only. One should not take Diwaswap except when it is necessary. Ayurveda doesn't give the permission to have Diwaswap in all Rutus (seasons) except Grishma Rutu. Sushrutacharya has mentioned the duration for Diwaswap for whom it is necessary and it is 48 minutes. [8] But one should not have Diwaswap after meal because that leads to Vikruti (abnormality). To nullify the effect of Ratri- jagarana, Diwaswap which should be specifically Abhuktawat (before meal) is suggested. It means to compensate the Ratri- jagarana, half the time period of Ratri -jagarana, Abhuktawata Diwaswap can be taken and if it is taken after meal it could be Doshprakopaka. B Diwaswap plays important role in some diseases & maintains Swasthya. In such situations Abhuktawata Diwaswap helps to achieve Dhatusamya (maintaince of the eqalibrium of tissue elements) and Sharirpushti.9 Granthakaras has stated the conditions where the Diwaswap is strictly prohibited because it causes diseases. 10 According to Charaka and Vagbhata 11 Diwaswap is Kaphapitta Prakopaka and according to Sushrut it is Sarvadoshaprakopaka. [8] When Diwaswap is taken after lunch it leads to Kaphaprakopa and Agninaasha. 12 Charakacharya states that Bhuktottar Diwaswap causes Srotodushti 4, Kaphaja Grahani 13, Shonitprabhava Vikara (diseases caused by Rakta Dosha) 14 and Stanyadushti (vitiation of breast milk). 15

Table 1: Association Of Bhuktottar Diwaswan with Multiple Symptoms.

No. of symptoms	P	'E' group	'C' group	Total
0	Count in %	04	63	67
1	Count in %	14	30	44
2	Count in %	41	03	44
3	Count in %	19	02	21
4	Count in %	17	02	19
5	Count in %	04	00	04
6	Count in %	01	00	01
	Total count	100%	100%	200%

Table 2: Association Of Time Bhuktottar Diwaswap with no. of Symptoms

no.of symptoms	Time to sleep after lunch				Total
Within min.	Within 15 min.	After 15 min	After 30 min.	After 1 hour	
0	00	01	02	01	04
1	00	00	10	04	14
2	05	02	27	05	39
3	01	02	16	00	19
4	03	01	08	05	17
5	00	00	00	04	04
6	01	00	00	00	01
Total	10	06	63	19	98

Table 3: Association Of Bhuktottar Diwaswap Duration with no. of Symptoms

No. of symptoms	Duration	În	hours	Total
	1 hr.	2 hr.	3 hr.	
0	00	03	01	04
1	04	09	01	14
2	14	20	05	39
3	04	10	05	19
4	04	06	06	16
5	00	03	01	04
6	00	01	00	01
	26	52	19	97

Table 4: Association Of Bhuktottar Diwaswap for no. of yrs. with no. of Symptoms

No. of symptoms	Bhuktottar Diwaswap for no. of years			Total
	<4	5-<10	>=10	
0	01	01	02	04
1	07	01	06	14
2	16	12	13	41
3	06	06	07	19
4	05	04	08	17
5	01	00	03	04
6	00	01	00	01
Total	36	25	39	100

OBSERVATIONS & RESULTS:

The survey was carried out for sample size of 200 for 'E' & 'C' group. Subjects were equally distributed in both groups. The subgroup wise distribution of the population according to age, sex, education, occupation & marital status were also equal. The association between the symptoms by 'E' & 'C' group with that of Bhuktottar Diwaswap was tested using chi-square(X2) test. Out of all Mamsawaha Srotodushti symptoms Kila (pile), Granthi (tumour like growth), Dhamani Shaithilya, Udarvruddhi (enlargement of abdomen), Gurugatrata (heaviness of body part). Pratishyaya (cold), Twachavikara (skin diseases), Sphik-Oshtha-Upastha-Uru-Ura-Kaksha-Pindika-Udara-Gala-Ganda Vriddhi (enlargement of buttocks-lips-penis-thighchest-axila-calf-abdomen-neck-chick) found statistically significant [16]. Though X2 tells about the association, the strength/magnitude of association can't be said. For that relative risk (RR) of those symptoms were calculated. It was found that Kila, Granthi, Udaravruddhi, Pratishyaya, Twachavikara & Sphikadivruddhi are at high risk.

DISCUSSION:

It was found that Diwaswap is abnormal. The subjects for whom Diwaswap is indicated, some rules has mentioned & it should be taken Abhuktawata, for 48 mins., in Grishma Rutu & by Diwaswap indicated person. It was found that Bhuktottar Diwaswap is capable of producing many diseases including Mamsawaha Srotodushti. It was found that Bhuktottar Diwaswap has got more gradation for Doshaprakopa than Diwaswap. The symptoms Galashundika (tonsillitis), Galaganda (goiter), Rauksha (dryness), Toda (throbbing pain), Gatrasada (weakness in body parts), Akshiglani (weakness of eye), Sandhivedana (pain in joints), Karnavikara (diseases of ear), Sphikadi reduction were not found statistically significant (P>0.05). It could not be associated with Mamsawaha Srotodushti due to Bhuktottar Diwaswap. The symptoms Adhimamsa (granuloma), Arbuda (myoma), Galashaluka (uvulitis), Putimamsa (sloughing of flesh), Alaji (boils), Gandamala (cervical adenitis), Upjivhika (inflammation of epiglottis) & Snayuvikara (diseases of ligament) were not found in 'E' &'C' group. So in case of the symptoms which were not found statistically significant & the symptoms which were not found in 'E' & 'C' group may have need more Hetu Bala by accompany of other specified

Hetu (Abhishyandi, Sthula & Guru Ahara) for to be statistically significant. Though association of Bhuktottar Diwaswap & Mamsawaha Srotodushti is proved with the symptoms, there might be other Hetu (Abhishyandi, Sthula & Guru Ahara) also causing Mamsawaha Srotodushti. So it was not possible to say that Bhuktottar Diwaswap is one & only the Hetu of Mamsawaha Srotodushti. In case of other complaints, many symptoms were found but none of them was found statistically significant, so were not associated with Bhuktottar Diwaswap & Mamsawaha Srotodushti. Also it was found that the symptoms which are found to be statistically significant, in most of the subjects they are found to be started after having Bhuktottar Diwaswap. As well as it has been statistically found that relative risks in 'E' group for Sphikadi Vruddhi is maximum (11 times) & for Twachavikara is minimum(2.25 times) in associated symptoms to Mamsawaha Srotodushti than 'C' group. The relative risk of other significant symptoms is in-between. Therefore the risk factor of the subjects having Bhuktottar Diwaswap is significantly on higher side. It was found that there was association between time period of Bhuktottar Diwaswap after lunch & no. of symptoms, as the time period (within 15 min, after 15min., 30 min., 1hr. of lunch) of having Bhuktottar Diwaswap increases the percentage of showing multiple symptoms (2 or more) decreases. Similarly as the time period (1hr., 2 hr., 3 hr.) increases percentage of showing 2 or more symptoms almost increases. As the no. of years of Bhuktottar Diwaswap increases percentage of showing more than 2 symptoms increases.

CONCLUSION:

- Nidra has got much importance to maintain healthy life.
- Diwaswap is abnormal. it is indicated

A bhuktawat

For 48 minutes

In Diwaswap Arha

In Grishma Rtu

- As Diwaswap plays important role in maintaining Dhatusamya of Diwaswap Arha, it also plays important role in Vikarotpatti in Diwaswap Anarha.
- Bhuktottar Diwaswap is responsible for Vyadhijanana.

• Bhuktottrar Diwaswap found to be associated with Mamsawaha Srotodushti-

Kila- (P=0.0003)

Granthi-(P=0.009)

Dhamanishaithilya-(P=0.003)

Udarvruddhi-(P=0.000)

Gurugatrata-(P=0.000)

Pratishaya-(P=0.0005)

Twachavikara-(P=0.0359)

Spikadi Vruddhi-(P=0.000

 Bhuktottara Diwaswap is Doshaprakopaka & Raktaprakopa but gradation for Kaphapittaprakopa is more.

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