



MPASVO



GISI Impact Factor 0.2310
September & November 2014
Volume-8 Number- 5 & 6
ISSN 0973-9777
ijraeditor@yahoo.in

September & November 2014

Volume-8

Number-5 & 6

www.anvikshikijournal.com

Science

The Indian Journal of Research

Anvikshiki

Bi-monthly International Journal of all Research

Published on
Behalf of the MPASVO in association with
the Member's of Anvikshiki
&
* Saarc: International Journal of Research
* Asian Journal of Modern & Ayurvedic Medical Science
Varanasi, U.P. INDIA

Anvikshiki

The Indian Journal of Research

Bi-Monthly International Journal of All Research

Editor in Chief

Dr. Maneesha Shukla, maneeshashukla76@rediffmail.com

Review Editors

Prof. H. D. Khanna, Head Department of Biophysics, Institute of Medical Sciences Banaras Hindu University, Varanasi U.P. India
Ranjana S. Khanna, Department of Chemistry, Faculty of Science, Banaras Hindu University, Varanasi U.P. India

Editors

Dr. Mahendra Shukla, Dr. Anshumala Mishra

Editorial Board

Dr. Bhavna Gupta, Dr. Sapana Bharti, Dr. Pavan Kumar Dubey, Dr. Atul Pratap Singh, Dr. Sangeeta Jain, Dr. Arti Bansal, Dr. Rani Singh, Dr. Kanchan Dhingra, Dr. Gouri Chauhan, Dr. Rajesh, Dr. Kala Joshi, Dr. Nishi Rani, Dr. Madhulika, Dr. Renu Kumari, Anita Verma, Dr. Sweety Bandopadhyaya, Dr. Pintu Kumar, Dr. Archana Sharma, Dr. Sunita Tripathy, Dr. Nilu Kumari, Asha Meena, Tanmay Chatterjee, Madhulika Sinha, Anand Raghuvanshi, Nand Kishore, Shyam Kishore, Renu Chaudhry, Vimlesh Singh, Akhilesh Radhwaj Singh, Dinesh Meena, Gunjan, Vineet Singh, Nilmani Tripathy, Anju Bala

International Advisory Board

Dr. Javad Khalatbari (Tonekabon, Iran.), Dr. Shohreh Ghorbanshiroudi (Tonekabon, Iran.), Mohammad Mojtaba Keikhayfarzaneh (Zahedan, Iran.), Saeedeh Motamed (Tonekabon, Iran.), Majid Karimzadeh (Iran), Phra Boonserm Sritha (Thailand), Rev. Dodamgoda Sumanasara (Kalutara South), Ven. Kendagalle Sumanaransi Thero (Srilanka), Phra Chutidech Sansombat (Bangkok, Thailand), Rev. T. Dhammaratana (Srilanka), P. Treerachi Sodama (Thailand), Sita Ram Bahadur Thapa (Nepal)

Manager

Maheshwar Shukla, maheshwar.shukla@rediffmail.com

Abstracts and Indexing

<http://nkrc.niscair.res.in/browseByTitle.php?Keword=A, ICMJE>, www.icmje.org, Academia.edu, banaras.academia.edu, ebookbrowse.com, [BitLibrary!](http://BitLibrary.net) <http://www.bitlib.net/>, Tech eBooks, freetechebooks.com, ARTAPP.NET, artapp.net, [Catechu PDF / printfu.org](http://Catechu PDF/printfu.org), File Away, www.fileaway.info, KMLE 의학 검색 엔진, [library.com](http://www.library.com), <http://www.docslibrary.com>, MyCelular.ORG, Android Tips, Apps, Theme and Phone Reviews <http://dandroidtips.com>, <http://www.edu-doc.com>, www.themarketingcorp.com, Dunia Ebook, Gratis duniaebook.net, www.cn.doc-cafes.com, Google, <http://scholar.google.co.in>, Website : www.onlineijra.com, Motilal Banarasi Das Index, Motilal Banarasi Das Index, Delhi. Banaras Hindu University Journal Index, Varanasi. www.bhu.ac.in, D.K.Publication Index, Delhi. National Institute of Science Communication and Information Resources Index, New Delhi.

Subscriptions

Anvikshiki, The Indian Journal of Research is Published every two months (January, March, May, July, September and November) by mpsavo Press, Varanasi, U.P. India. A Subscription to The Indian Journal of Research : Anvikshiki Comprises 6 Issues in Hindi and 6 in English and 3 Extra Issues. Prices include Postage by Surface mail, or For Subscription in the India by Speed Post. Airmail rates are also available on request. Annual Subscriptions Rates (Volume 8, 6 Issues in Hindi, 6 Issues in English and Few Special Issues of Science 2014):

Subscribers

Institutional and Personal : Inland 5,000 +1000 Rs. P.C., Single 1500+100 Rs.P.C., Overseas 6000+2000Rs. P.C., Single 1000+500 Rs.P. C.

Advertising & Appeal

Inquiries about advertising should be sent to editor's address. Anvikshiki is a self financed Journal and support through any kind of cash shall be highly appreciated. Membership or subscription fees may be submitted via demand draft in favor of Dr. Maneesha Shukla and should be sent at the address given below. Sbi core banking cheques will also be accepted.

All correspondence related to the Journal should be addressed to

B.32/16 A., Flat No.2/1, Gopalkunj, Nariya, Lanka, Varanasi, U.P., India

Mobile : 09935784387, Tel.0542-2310539, e-mail : maneeshashukla76@rediffmail.com, www.anvikshikijournal.com

Office Time : 3-5 P.M. (Sunday off)

Journal set by : Maheshwar Shukla, maheshwar.shukla@rediffmail.com

Printed by : mpsavo Press

Date of Publication : 1 November 2014



Maneesha Publication

(Letter No. V-34564, Reg. 533/2007-2008)

B-32/16-A-2/1, Gopalkunj, Nariya, Lanka

Varanasi, U.P., India

Anvikshiki

The Indian Journal of Research

Volume 8 Number 5&6 September&November 2014

Science Papers

“An Experimental Study Of Effect Of Amalkirasayan And Amalkiswaras With Help Of Electron Microscopy” 1-9
Dr. Pramod Anand Tiwari

Incidence Of Helminth Infection In Common Myna (*Acridotheres Tristis*) : A Monthly Break-up 10-16
Gayatri Singh

Role Of Zinc And Iron In Pre-term Labor 17-21
Dr Sunita Tripathy and Dr Ragini Srivastava

Comparative Evaluation Of Different Types of Kshar Sutras In Management Of Pilonidal Sinus (Nadi Vrana) 22-27
V Saxena, L Singh and M Sahu

Review Of The Factors Influencing Male Infertility 28-34
Vikas Kumar

Standardization Of Preparation Of Udumber Based Kshara Sutra 35-41
V Saxena, L Singh and M Sahu

A Case Of Septic Abortion With Uterine Perforation With Fetal Bones In Abdominal Cavity 42-44
Dr Anjali Rani and Dr Kalpana Singh

Radiation Characteristic Of Metallic Nano-particle With Application To Nano-antenna 45-51
Anand Mohan

General Concept Of The Universe 52-53
Nitish Srivastava

Analysis Of Inter Digital Capacitors 54-58
Dr. Udit Kumar Yadav and Dr. Somnath Pathak

Synthesis Of Bi-metallic Nanoparticles And Analysis Of Their Performances 59-64
Anand Mohan

Efficacy Of Placental Extract In Oral Submucous Fibrosis: A Clinical Study 65-71
Dr. Amber Kesarwani and Dr. Rajesh Kumar

Role Of Ama W.s.r. To Physiological Changes In Gut 72-76
Dr. Sarita Mishra

A Green Technology For Control Of Pollution And Recovery Of Metal 77-81
Darpan Singh and Vishrut Chaudhary

Effect Of Life Style On Fertility 82-86
Dr. Sarita Mishra

Risk Factors Related To Non-observance Of *Ritucharya* In *Tamaka Svasa* (Bronchial Asthma) 87-91
R. Jaiswal and N. Nathani

Risk Factors Related To Non-observance Of *Ritucharya* In *Pratisyaya* (Allergic Rhinitis) 92-96
R. Jaiswal

PRINT ISSN 0973-9777, WEBSITE ISSN 0973-9777

RISK FACTORS RELATED TO NON-OBSERVANCE OF *RITUCHARYA* IN *TAMAKA SVASA* (BRONCHIAL ASTHMA)

R. JAISWAL* AND N. NATHANI**

Declaration

The Declaration of the authors for publication of Research Paper in The Indian Journal of Research Anvikshiki ISSN 0973-9777 Bi-monthly International Journal of all Research: We, R. Jaiswal and N. Nathani the authors of the research paper entitled RISK FACTORS RELATED TO NON-OBSERVANCE OF *RITUCHARYA* IN *TAMAKA SVASA* (BRONCHIAL ASTHMA) declare that , We take the responsibility of the content and material of our paper as We ourself have written it and also have read the manuscript of our paper carefully. Also, We hereby give our consent to publish our paper in Anvikshiki journal , This research paper is our original work and no part of it or it's similar version is published or has been sent for publication anywhere else. We authorise the Editorial Board of the Journal to modify and edit the manuscript. We also give our consent to the Editor of Anvikshiki Journal to own the copyright of our research paper.

Abstract

Ritucharya is the basic and very important concept of Svasthavritta. Observance of Ritucharya brings about strength, complexion, happiness and longevity without disturbing the equilibrium of Dhatu and Dosa of the body. Non-observance of Ritucharya leads to disequilibrium of Dosa², which comes out as various diseases like TamakaSvasa etc. The increasing global prevalence of asthma, the large burden it now imposes on patients, and high health care costs have led to extensive research into its mechanisms and treatment. Asthmatics harbor a special type of inflammation in the airways that make them more responsive to the changes in the environmental factors. Therefore this study was planned to assess the variations in the prevalence of Tamaka Svasa with seasonal variation and to find out the observance and non-observance factors of Ritucharya of different season in respect of Tamaka Svasa disease and to assess the role of non- observance factors (risk factors) in the prevalence of Tamaka Svasa. Total 76 (49males and 27 females) Tamaka Svasa cases between age 20-60 were included in the study. Assessment of observance and non- observance was done on the basis of a specific Ritucharya based proforma. On evaluation of these survey studies, significant seasonal variations in the prevalence of Tamaka Svasa were observed. Tamaka Svasa showed higher prevalence in Hemanta, Vasant and Varsaseasons. The main risk factors are the exposure to cold, rain and cloudy sky; sedentary life style; late morning awakening; intake of buffalo's milk and its products; intake of fruits like banana, guava etc. and intake of fruits and their juices in evening; living in humid environment; and intake of curd.

Key Words: Ritucharya, Amlapitta, Viruddha, Dosa

*(corresponding author) Assistant Professor Department of *Swasthyavritta* and Yoga, Dayanand Ayurvedic PG Medical College and Hospital Siwan (Bihar) India. e-Mail : vaidyarahuljaiswal02@gmail.com

**Associate Professor & Head Department of *Swasthyavritta* and Yoga, Institute of Medical Sciences Banaras Hindu University Varanasi (U.P.) India.

Introduction

Asthma is one of the most common chronic diseases globally and currently affects ~300 million people. The prevalence of asthma has risen in affluent countries over the last 30 years but now appears to have stabilized, with ~10-12% of adults and 15% of children affected by the disease. In developing countries where the prevalence of asthma had been much lower, there is a rising incidence that appears to be associated with increased urbanization¹. Varanasi city of Uttar Pradesh is a fine example of un-planned urbanization, in which the asthma shows high rising incidence from 2003 with the start of project of sewerage system. Asthma is heterogeneous disease with interplay between genetics and environmental factors². Well established various etiological factors with its patho-physiological role in the development of *Tamaka Svasa* had been mentioned in the *Ayurveda*. *Acharya charak* explained the relation between hot, cold and cloudy environment with the prevalence rate of *Tamaka Svasa*³. *Ritucharya* concept is framed in such a way to decrease the prevalence rate of diseases shows seasonal dependency. Observance balance the equilibrium of *Dosa* and *Dhatu* of the body and the individual never suffers from diseases thus helps in decreasing the prevalence of various diseases and hence decreases the health care cost and morbidity.

Material and Methods

The study was conducted in *Svasthyarakshana* Clinic and in the OPD of *Kayachikitsa* of Sir Sundar Lal Hospital, IMS, BHU, Varanasi.

Selection of sample: Patients of different age group, gender and socio-economic status was registered on the basis of following criteria. Cases of *Tamak Svasa* based on clinical sign and symptoms of age group between 20-60 years were selected for study. Age below 20 years and above 60 years, cases with associated other diseases and complications and accidental cases were excluded in the sampling process.

Plan of study: The case suffering from *Tamak Svasa* was registered and survey was done on the basis of a specific *Ritucharya* based proforma. To enquire the dietary habits and physical activities (*Ahara* and *Vihara*) followed by these patients in different seasons. To assess the relationship between different seasons and prevalence of *Tamak Svasa*, the cases was registered in six seasons. The registered cases of both rural and urban habitat were assessed for observance or non-observance of *Ritucharya* on the basis of frequency and pattern of the use of food articles and behavior observed in six seasons. To assess the impact of non-observance of *Ritucharya* (risk factors) these factors was categorized under six seasons.

Statistical method of assessment: The collected data was tabulated in the master chart. For finding the results the data was analyzed on the basis of percentage. Relation between seasonal variation and prevalence of *Tamak Svasa* disease was tested on the basis of Chi-square test.

Result

Registration of 100 cases had been put out as a target for the study, out of 100 only 76 cases had been registered. Out of 76, 27 cases of female and 49 cases of male were registered.

TABLE 1 Showing Age Distribution of cases⁵

Season Age Group	No.	Br. Asthma(76)	%
21-30	52		68.42

RISK FACTORS RELATED TO NON-OBSERVANCE OF *RITUCHARYA* IN *TAMAKA SVASA* (BRONCHIAL ASTHMA)

31-40	09	11.84
41-50	11	14.47
51-60	04	5.26

It was evident from the table 1 that maximum prevalence of cases of *TamakaSvasa*(68%) were in 21-30 years age-group whereas minimum cases were in 51-60 years age-group.

T A B L E 2 Showing the prevalence of *TamakaSvasa* in different seasons⁶

Disease Season	No.	Asthma(76)	%
<i>Hemanta</i>	19		25
<i>Sisira</i>	14		18.42
<i>Vasanta</i>	15		19.73
<i>Grisma</i>	03		3.94
<i>Varsa</i>	17		22.36
<i>Sarad</i>	08		10.52
χ^2 test		$\chi^2 = 14.32$	
p value		p < .01	

It was evident from the table-2 that prevalence of *Tamaka Svasa* shows highly significant (p <.001) relation with the seasonal variation. Maximum prevalence of *Tamaka Svasa* was observed in *HemantaRitu* (25%) and minimum in *Grisma*(4%).

T A B L E 3 Risk factors related to Non-observance of *Ritucharya* in *TamakaSvasa* (*Bronchial Asthma*)cases⁷

Seasons Risk factors	<i>Hemanta</i> (19)		<i>Sisira</i> (14)		<i>Vasanta</i> (15)		<i>Grisma</i> (03)		<i>Varsa</i> (17)		<i>Sarad</i> (08)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Exposure to cold, wind/air; cooler; fan; A.C.), rain, cloudy sky	17	89.47	12	85.71	07	46.66	02	66.66	11	64.70	01	12.5
Exposure to dust	12	63.15	09	64.28	12	80.00	03	100	00		04	50.00
Exposure to smoke, fumes	07	36.84	05	35.71	06	40.00	01	33.33	07	41.17	03	37.5
Occupational exposure	02	10.52	01	07.14	00	00.00	00		01	05.88	01	12.5
Type of house –Non ventilated and humid	06	31.57	08	57.14	03	20.00	01	33.33	09	52.94	02	25.00
Physical activity – sedentary	09	47.36	09	62.28	07	46.66	03	100	12	70.58	02	25.00
Late morning awakening 7-9 A.M.or more	12	63.15	08	57.14	06	40.00	02	66.66	11	64.70	04	50.00
Day time sleeping	05	26.31	03	21.42	04	26.66	03	100	04	23.52	02	25.00
Intake of rice at night	3	15.78	02	14.28	02	13.33	02	66.66	04	23.52	00	00.00
Intake of cold item – cold water, cold drink ice-creams	03	15.78	01	07.14	06	40.00	02	66.66	05	29.41	03	37.5
Intake of curd	04	21.04	02	14.28	08	53.33	03	100	02	52.94	03	37.5
Intake of <i>lassi</i>	02	10.52	00	00	04	26.66	02	66.66	07	41.17	01	12.5
Intake of buffalo's milk, ghee and items	13	68.42	08	57.14	07	46.66	03	100	06	35.29	04	50.00
Intake of fruits like – Banana, Guava in evening; Vit. C rich fruits and juices at evening	14	73.68	06	42.84	07	46.66	02	66.66	09	52.95	04	50.00

It is evident from the above table that maximum numbers of cases (19) of *TamakaSvasa* (Bronchial Asthma) were found in *Hemanta* season. Exposure to cold (such as cold air, cooler, fans, A.C.), rain, cloud sky; exposure to dust; sedentary lifestyles; non-ventilated and humid type of house; intake of buffalo's milk, ghee and its products; and intake of curd were the risk factors observed in cases of *TamakaSvasa* (Bronchial Asthma). The major risk factors followed by them in *Hemanta* season were: exposure to cold, cloudy sky (89%); intake of fruits like banana, guava and fruit juice at night (73%); intake of buffalo's milk, ghee and its products (68%); exposure to dust (63%); late morning awakening (> 8 AM in 63%); and sedentary lifestyles (47%).

Discussion

Seasonal Variation; In this study we observed a relationship between seasonal variation and *TamakaSvasa* in parlance of ancient science of Ayurveda. It was observed that prevalence of *TamakaSvasa* (Bronchial Asthma, p value <.01) showed significant relation with the seasonal variation. During the period of *Hemanta*, *Vasanta* and *Varsa* the percentage of their prevalence was highest, 25%, 19% and 22% respectively.

According to *Ayurveda*, *Hemanta* is the period in which *Kaphadosa* get accumulated and *Vata* get vitiated due to non-observance of *Hemantacharya*, this accumulated *Kaphadosa* get vitiated in the *Vasanta* period. *Varsa* is the period in which *Vatadosa* get vitiated. Higher percentage of Asthma (*Vata-Kapha* disorders) during this period supports the above belief⁸.

The Impact of Non-observance of Ritucharya on the TamakaSvasa; According to *Ayurveda*, Asthma is *Vata – kaphaja* disease. Asthma gets aggravated in the *Varsa*, *Hemanta*, *Sisira* and *Vasanta* seasons. The exposure to cold, rain and cloudy sky; exposure to dust; exposure to smoke, fog; intake of *Kaphavardhaka* diet are mentioned as the important etiological factors for Asthma in the *Ayurvedic* description of *TamakaSvasa*. Cloudy sky; rain and humid environment of *Varsa* season; cold, blow of eastern wind and dryness of *Hemanta* and *Sisira* season; and vitiation of *Kapha* in *Vasanta* season are the important causative factors to aggregate Asthma⁹. In modern science cold and dry air of winter season leads to excessive dehydration of nasal passage and the upper respiratory tract and there is increased chance of microbial and viral infection. Warm and humid weather of *Varsa* season is host to a variety of infectious diseases. *Vasanta* season is the season of pollens, which are known allergens in case of Asthma. Thus these explanation support the finding of etiological factors in the study.

Conclusion

TamakaSvasa (Bronchial Asthma) shows higher prevalence in *Hemanta*, *Vasanta* and *Varsa* seasons. The main risk factors are the exposure to cold, rain and cloudy sky; sedentary life style; late morning awakening; intake of buffalo's milk and its products; intake of fruits like banana, guava etc. and intake of fruits and their juices in evening; living in humid environment; and intake of curd.

REFERENCE

¹FAUCI, BRAUNWALD, KASPER, HAUSER, LONGO, JAMESON, LOSCALZO: Harrison's principles of Internal Medicine Vol-11, New York, Chicago, New Delhi, Sydney Toronto, Seventeen Edition 2008: pp. 1596

²FAUCI, BRAUNWALD, KASPER, HAUSER, LONGO, JAMESON, LOSCALZO: Harrison's principles of Internal Medicine Vol-11, New York, Chicago, New Delhi, Sydney Toronto, Seventeen Edition 2008: pp. 1596

³PAN. KASHINATH SASTRI, GANGASAHAYA PANDEY : Caraka Samhita Vol. 2, (C.Chi. 17/60-62) Chaukhambha Sanskrit Sansthan Varanasi 2002: pp.440

⁴SATYANARANA SHASTRI, PAN. KASHINATH PANDEY, GORAKHA NATH CHATURVEDI: Caraka Samhita Vol. 1, (C.Su. 6/3) Chaukhambha Bharti Academy Varanasi 2013: pp.134

⁵Rahul Jaiswal Guided by Neeru Nathani (Supervisor), PROF. S.K. TIWARI (Co-supervisor), “A Study on *Rtucarya and its Relation with Prevalance of Diseases*” Dept. of Swasthavritta and Yoga F.O.A., I.M.S. BHU Varanasi 221005, 2011:pp. 85

⁶Rahul Jaiswal Guided by Neeru Nathani (Supervisor), PROF. S.K. TIWARI (Co-supervisor), “A Study on *Rtucarya and its Relation with Prevalance of Diseases*” Dept. of Swasthavritta and Yoga F.O.A., I.M.S. BHU Varanasi 221005, 2011:pp. 87

⁷Rahul Jaiswal Guided by Neeru Nathani (Supervisor), PROF. S.K. TIWARI (Co-supervisor), “A Study on *Rtucarya and its Relation with Prevalance of Diseases*” Dept. of Swasthavritta and Yoga F.O.A., I.M.S. BHU Varanasi 221005, 2011:pp. 115

⁸Rahul Jaiswal Guided by Neeru Nathani (Supervisor), PROF. S.K. TIWARI (Co-supervisor), “A Study on *Rtucarya and its Relation with Prevalance of Diseases*” Dept. of Swasthavritta and Yoga F.O.A., I.M.S. BHU Varanasi 221005, 2011:pp. 133

⁹Rahul Jaiswal Guided by Neeru Nathani (Supervisor), PROF. S.K. TIWARI (Co-supervisor), “A Study on *Rtucarya and its Relation with Prevalance of Diseases*” Dept. of Swasthavritta and Yoga F.O.A., I.M.S. BHU Varanasi 221005, 2011:pp. 148

Other MPASVO Journals

Saarc: International Journal of Research

(Six Monthly Journal)

www.anvikshikijournal.com

Asian Journal of Modern & Ayurvedic Medical Science

(Six Monthly Journal)

www.ajmams.com



www.onlineijra.com

ISSN 0973-9777



09739777

₹ 1500/-