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ABRIDGE OF PAST POST GRADUATE THESIS IN SHALYA TANTRA DEPARTMENT AT AYURVEDA INSTITUTE RAHURI

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ABSTRACT

Research is a natural mechanism of human beings to answer against a problem. Framing and conducting a research work (project) is a challenging task for researcher (Principal investigator) in ancient time and even in today's era. Review of past research is difficult if not available at a glance in soft copy as well as hard copy because reviewing of literature is initial step of research outlook (Hypothesis/synopsis). In advanced electronic era, many search engines (website/portal) are available with their limitations. The number of research works with integrative approaches were carried out in *Shalya Tantra* Department at Ayurveda Institute Rahuri. For the present study 45 post graduate thesis of *Shalya Tantra* Department were searched in the departmental and institutional central library since April 2017 and completed on Sept 2019. In the present article an attempt has been made to review and summarized post graduate thesis by expert faculty of the same subject. Summarization of each and every thesis carried out under the heading of aims and objectives, methodology, observation and results with inferences of the study. The present article is definitely helpful to the new researcher to decide extended of previous research study, to observe relevantness of study, to select the problems, to clarify of discrepancy during study and to refer as a pilot study.

KEYWORDS

Post Graduate Thesis, *Shalya Tantra* Department, Summarization and Brief review.

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INTRODUCTION

To search, collect and review of past researches is difficult if not available at a glance in the form of hard copy as well as soft copy. Documentation of soft copy may be spoiled due to any mishapped and hardcopy is not durable for longer duration, so both versions are important to collect and preserve the literature. Post Graduates education in *Shalyatantra* department has been started since 1999 at *Ayurveda*

Institute Rahuri. From that time practical oriented, qualitative and good number of research works had been carried out on various topics of *Shalyatantra* at Rahuri. The detailed information of research methodology and result of these research works were submitted in the form of thesis. Because of non availability of electronic appliances before 2 decades, these thesis are not published since 1999. These all data base is available only in home institutional library hence this knowledge is limited to present institute. Those who have lust for learning prefers for easy access and availability of data base or literatures on electronic media so that they can search, collect and review it as per their necessity. Similarly students those are learning at different institute cannot use this data or information due to lack of communication and inaccessibility of thesis on digital modules. So it is need of time to upload all these research studies (Thesis) on electronic media for easy assessment and easy review of literatures. Though uploading of thesis is technically easy but each and every thesis is difficult to review completely for scholars, practitioners and researchers. So goal of present study is only summarization of this thesis with the help of peer reviewer or expert faculty of that subject and not uploading thesis page to page. Hence after summarization of these entire thesis including aims, research methodology, observations, result, and conclusion is become quite easy to review number of thesis at a time. Also such types of research study material or information is beneficial to review previous study in shorter duration. Simple access of data by researchers of Ayurveda through internet is need of time and research based knowledge is also important for development of research path. It is mandatory to review previously carried out research data or information with references to provide relevant and innovative research, for that availability of such research data or information on internet or electronic media is necessary so that it can give concrete solution and correct direction for future research. Otherwise number of drawbacks will be found in research study such as bias study, repetition, spending too much time for pilot study, getting incomplete information

etc. Online data base is very convenient to research scholars who are interested to prepare their research projects in the field of *Ayurveda*. The present article will also be helpful to researchers to decide extent of previous research, to observe relevancy of study, to select the problem, use as a pilot study and preclinical study in the field of *Shalyatantra* in *Ayurveda*. It will also helpful to researchers and scholars in planning and development of their research works.

As per the context of *Sampuran* of *Charak Samhita*, *Acharya Durdabala* mentioned principles of *Shilouccha Nyaya* which stated that, compiled literature is collected from various sources with different angles. Similarly authors are also trying to put their efforts to collect, review and to summarise Post Graduate thesis from various sources with different angles.

MATERIAL AND METHODS

In this review article, 45 Post Graduate thesis works since 1999 to till date, which were carried out in *shalyatantra* Department of svnht's *Ayurveda* College Rahuri and submitted in the University for the Fulfilment of Post Graduate degree course. From the Institutional library ,all these Post-Graduate thesis work were searched, collected, reviewed, and summarized with consideration of aims, methodology, observations and conclusion of each and every thesis by expert faculty of the shalyatantra department from the present institute.

Review and Summarization of Thesis

The present post graduate thesis entitled "Study the efficacy of *Pratisarana Agnikarma* in the management of *Kadara W.S.R.To Corn*." The aim of study was to study the efficacy of *Pratisarana Agnikarma* in management of *Kadara*. Literature section deals with historical aspect and *Nidana Panchaka of Kadara* with comparative analysis of callosity and corn including treatment, prognosis and complications. The disease *Kadara* is explained in *Kshudra Roga*. It is said that repeated injuries and friction to the sole with thorns, stones, etc .leads to this condition. The material used for this study were *Panchadhatu Agnikarma Shalaka* weighing 100 gm and innovated by Prof. P.D. Gupta .Sterile surgical

instruments with aseptic precautions and other essential materials were used for surgical excision procedure. After registration and fulfillment of inclusion criteria followed by informed consent of the patients were divided into two groups. Group A patient was treated with *Pratisarana Agnikarma Chikitsa* with red hot *Panchadhatu Shalaka* upto *Samakyadagdh Lakashana* followed by application of *Kumari Swaras* with dusting of *Yashtimadhu Churna* and *Jatyadighruta* and the same methodology was used in 30 patients for two settings at an interval of 7 days. Group B patient was treated with surgical excision upto dermal layer under infiltration anesthesia of 2% plain lignocaine and with aseptic precautions, painting, drapping and isolation of part with monitoring of vital parameters followed by cleaning and dressing upto complete healing. Patient was advised oral medications antibiotic, analgesic and inflammatory, antacid for 5 days and same methodology was used for 30 patients. The patients of both group were observed for every 7 days upto 1 month. The observation of study were highlighted with age, sex, occupations, weight, education, affected site, size, shape, Nature and type of footwear, cardinal and associated complaints, *Trividha Pariksha*, *Ashtavidha Pariksha*, *Dashavidha Pariksha*, previous treatment and Patients tolerance of the disease stage with treatment schedule. The result of *Agnikarma Chikitsa* group shows relief in *Vedana* 93.51%, *Hyperkeratosis* 96.03%, *Elevation* 96%, *Sparaashahtava* 96.42%, *Ulceration* 92.03%, *Discharge* 80% and *Consistency* 91.25%. The overall effect of study was 63.33% cured, 23.33% Moderately Improved, 13.33% Improved. The Maximum cured effect was observed in 41-50 age group.

The result of surgical excision group shows relief in *Vedana* 59.09%, *Hyperkeratosis* 82.47%, *Elevation* 74.32%, *Sparaashahtava* 34.01%, *Ulceration* 18.18%, *Discharge* 14.28% and *Consistency* 67.39%. The overall effect of study was 26.66% cured, 40% Moderately Improved, 33.33% Improved. The Maximum cured effect was observed in 41-50 age group. Study concluded that *Agnikarma Chikitsa* is OPD procedure with minimum trauma

without recurrence As per *Ayurvedic* concept *Kadara* may develop as the vitiation of *Vata* with *Kapha dosha*. *Vata* and *Kapha dosha* have been considered as the important factors for pathogenesis of *shotha* (inflammation) and *Shoola* (pain). *Agnikarma* (Cauterization) introduces heat in the affected area. This heat is *Ushna*, *Tikshana*, *Laghu*, *Sukshma*, *Vyavyayi* and *Vikashi* in properties, which is helpful to break the *kapha* thus reducing *Shotha* and ultimately *Vata dosha* gets pacify so that *Shoola* (Pain) is relived. *Agnikarma Chikitsa* act instant to relieved cardinal and associated complaints as well as to break the pathogenesis with cost effective as compared to surgical excision. *Agnikarma Chikitsa* enables the patient to do his or her daily routine activities within a few minutes of *Agnikarma Chikitsa*.

The present post graduate thesis entitled "To study the effect of *Kumari Majja* for local application on *Agni Dagdha Vrana* (Burn)". The aim of study was to study the efficacy of *Kumari Majja* (*Aloe Vera* pulp) in management of *Dagdha vrana* (Burn). Literature section deals with skin anatomy and physiology, historical aspect and *Nidana Panchaka* of *Dagdha* (burn) as mentioned in *Sushruta* and *Charaka* with modern comparative analysis of Burn and other varieties including preventive aspect, primary aids, Fluid and electrolyte imbalance, treatment, prognosis and complications with management. *Acharya Sushruta* had explained various important topics long years ago which are explained and developed by modern science in present period, such as *KarnaNasa Oshta Sandhan*. *Asthvidh Shashtra Karma*, *Asthi Bhagna*, *Kshara Chikitsa*, *Agni Dagdha*. As *Kumari Majja* is good for *Vranropana*, *shulashamana* and retained moisture which promoted faster wound healing as well as prevent eschar formation. The material used for this study were *Kumari Majja* (*Alove Vera* pulp), distilled water and ointment *soframycin*. Sterile surgical instruments with aseptic precautions and other supportive materials were used for local application. After registration and fulfillment of inclusion criteria (superficial and less than 20% of 5 to 60 age group) followed by informed consent of the patients, All the patients were divided into two

groups. Group A patient was treated with application of *Kumari Majja* in a single layer approximately 3mm of thickness twice daily followed by light and loose sterile dressing done upto healing of *Agnidagdha Vrana* and same methodology was used for 30 patients. Group B patient was treated with application of ointment soframycin twice daily followed by light and loose sterile dressing done upto healing of *Agnidagdha Vrana* and Same methodology was used for 30 patients. In both the group, patient was advised oral medications antibiotic, analgesic and inflammatory, antacid for 5 days as per age and weight criteria. Patients were observed with aseptic precautions, painting, drapping and isolation of part with monitoring of vital parameters. The patients of both groups were observed for every 7 days upto 1 month. The observation of study were highlighted with age, sex, occupations, education, affected site, percentage of burn, Nature and type of Burn, cardinal and associated complaints, *Trividha Pariksha*, *Ashtavidha Pariksha*, *Dashavidha Pariksha*, previous treatment and Patients tolerance of the disease stage with present treatment schedule. The result of *Kumarimajja* local application group shows relief in *Vrana Vedana* 93.51%, *Vrana Vrana* 96.03%, *Vranastrav* 96%, *Vrana Gandha* 96.42%, *Vrana Akruti* 92.03%, The overall effect of study was 86.67% cured, 10% Moderately Improved, 3.33% Improved. The Maximum cured effect was observed in 10-20 age group. The result of ointment soframycin local application group shows relief in *Vrana Vedana* 87.47%, *Vrana Vrana* 91.23%, *Vranastrav* 86%, *Vrana Gandha* 83.18%, *Vrana Akruti* 82.62%, The overall effect of study was 49.55% cured, 36.63% Moderately Improved, 13.32% Improved. The Maximum cured effect was observed in 20-30 age group.

Study concluded that local application of *Kumari Majja* (Alove Vera pulp) reduces *Vrana Vedana*, *Vrana Strava*, *Vrana Gandha* and *Vrana Akruti*. In all the patients, at the site of burn discoloration, post burn contracture and keloid absolutely not observed. It act as instant to relieved cardinal complaints and prevent further infection with cost and cosmetic benefit as compared to soframycin application.

Kumari Majja may be act as Anti Inflammatory, Antiulcerogenic, Anaesthetic, Antiseptic, Antibacterial and Antifungal. .

The present post graduate thesis entitled “To study the efficacy of *Rasona Kalka in Ashti Sandhana*”. The aim of study was to study the efficacy of *Rasona Kalka in Ashti Sandhana*. Literature section deals with anatomy and physiology of *Asthi Dhatu*, *Asthi*, historical aspect and *Nidana Panchaka* of *Bhagna* (Fracture) as mentioned in *Sushruta Samhita* and other *Acharayas* with modern comparative analysis of fracture including preventive aspect, stages of Fracture healing and affecting factors, primary aids, fluid and electrolyte imbalance, treatment, prognosis and complications with management. In Ayurveda fracture is known by the name of *Bhagna*. In the definition of *Bhagna*, it is said that “*Gatravishalesha*” or “*Gatravichuranan*”. Various kinds of fracture may be caused from a variety of causes, such falling down, pressure, blow, violent jerking or by the bites of ferocious beasts etc. These causes may be grouped under the two main subdivision such as *sandhi muktam* (Dislocation) and *Kanda Bhagnam* (Fracture). *Sushruta* described *Kushabandhan*, *Aalepa*, *Kapatshayana*, *Bhagnasthapana*, and internal bone healing promoter herbomineral formulation. They also advised Post fracture rehabilitation treatment as holding the *Murtikka Pinda* (Smooth consistency), *Lavanpinda* (Firm consistency) and lastly *Pashana* (stony consistency) to develop strength and improvement in daily activities. In *Kusanyojana Bhagna* (malunion Fracture), *Aapothya* (Refractured) treatment advised to correct deformities and disabilities. “The material used for this study was *Rasona* (Garlic) *Kalka* and osteocalcium’. Garlic is a highly researched herbal product and has been used for a number of health conditions. The chief factor responsible for these curative effects from garlic is its biologically active ingredients. Garlic contains sulphur containing compounds like alliin, enzymes like alliinase and products produced by the enzymatic reactions between alliin and alliinase like allicin. Garlic has anti-inflammatory action, antioxidant, antimicrobial agent and beneficial effects in maintaining a healthy metabolic state in

people suffering from diseases. After registration and fulfillment of inclusion criteria (simple, closed and single fracture of limbs from 16 to 70 age group) followed by informed consent of the patients were divided into two groups. Group A patient was treated with *Rasona Kalka* 5gm twice daily for 21 days, same methodology was used for 30 patients. Group B patient was treated with Tablet Osteocalcium twice daily for 21 days same methodology was used for 30 patients. In both the group, patient was advised strictly immobilization at the site of fracture, oral medications like antibiotic, analgesic and inflammatory, antacid as per age and weight criteria. The patients of both groups were observed for every 7 days upto 1 month. The observation of study were highlighted with age, sex, occupations, education, affected site, Nature and type of Fracture, cardinal and associated complaints, *Trividha Pariksha*, *Ashtavidha Pariksha*, *Dashavidha Pariksh*, and Patients tolerance of the disease stage with present treatment schedule. The result of *Rasona Kalka* group shows relief in *Ruja* 83.51%, *Shotha* 86.03%, *Sparshasahatwa* 76%, deformity 76.42%, Loss of Function 81.03%, Callus Formation 94%. The overall effect of study was 79.98% cured, 19.98% Not Cured. The Maximum cured effect was observed in 30-40 age groups. The result of Tablet Osteocalcium group shows relief in *Ruja* 73.51%, *Shotha* 87.29%, *Sparshasahatwa* 84%, deformity 69.45%, Loss of Function 91.34%, Callus Formation 92%. The overall effect of study was 53.28% cured, 16.65% Moderately Improved, 29.97% Improved. The Maximum cured effect was observed in 20-30 age group. Study concluded that *Rasona Kalka* possesses *Ashti Sandhankara* property which promotes early healing of a fracture. *Rasona Kalka* decreases Pain and oedema, so the need of analgesic drugs decreased and early movements are possible reduces. It act as Antimicrobial property and prevent further infection with cost benefit as compared Tablet osteocalcium. The drug used *Rasona* is easily available and cheaper with antioxidant properties. The presentpost graduate thesis entitled "To Study the clinical efficacy of *Agnikarma* at different location in the management of *Grudhrasi* W.S.R.Tosciatica". The aim of study was to study

the efficacy of *Agnikarma* therapy at different location in management of *Grudhrasi*. Literature section deals with historical aspect and *Nidana Panchaka* of *Grudhrasi* with comparative analysis of sciatica and including treatment, prognosis and complications. The disease *Ghridhrasi* is characterized by *ruka* in the *kati* region which will be radiating towards lower limb with cardinal symptoms like "Sakthanshepananigruhat (Straight Leg Raising Test). 80% of population in modern industrial society experiences back pain at sometimes during their life, fortunately in some of these subsides within a month but unfortunately 70% of these pains recurs and may get converted into diseases like spondylitis, spondylosis, and intervertebral disc prolapse. The material used for this study were *Panchadhatu Agnikarma Shalaka* weighing 100gm and innovated by Prof. P.D. Gupta. Sterile surgical instruments with aseptic precautions and other essential materials were used for the same. After registration and fulfillment of inclusion criteria followed by informed consent of the patients were divided into 4 groups. Group A patient was treated with *Agnikarma Chikitsa* at *Kati* (Lumber region) with red hot *Panchadhatushalaka* upto *Samakyadagdh Lakashana* Followed by application of *Kumara Swaras* with dusting of *Yashtimadhu Churna* and same methodology was used in 30 patients for 4 sittings at an interval of 7 days. Group B patient was treated with *Agnikarma Chikitsa* at *Nitamb* (Gluteal region) with red hot *Panchadhatu Shalaka* upto *Samakyadagdh Lakashana* Followed by application of *Kumara Swaras* with dusting of *Yashtimadhu Churna* and same methodology was used in 30 patients for 4 sittings at an interval of 7 days. Group C patient was treated with *Agnikarma Chikitsa* at *Indrabasti Marma* (Calf region) with red hot *Panchadhatu Shalaka* upto *Samakyadagdh Lakashana* Followed by application of *Kumara Swaras* with dusting of *Yashtimadhu Churna* and same methodology was used in 30 patients for 4 settings at an interval of 7 days. Group D Patient was treated with *Agnikarma Chikitsa* at *Gulf* (Ankle region) with red hot *Panchadhatu Shalaka* upto *Samakyadagdh Lakashana* followed by application of *Kumari Swaras* with dusting of *Yashtimadhu*

Churna and same methodology was used in 30 patients for 4 settings at an interval of 7 days and same methodology was used for 30 patients. The patients of all group were observed for every 7 days upto 1 month. The observation of study were highlighted with age, sex, occupations, weight, education, affected site, size, shape, nature and type of footwear, cardinal and associated complaints, *Trividha Pariksha*, *Ashtavidha Pariksha*, *Dashavidha Pariksha*, previous treatment and Patients tolerance of the disease stage with treatment schedule. The result of *Agnikarma chikitsa at Kati* group (Group A) shows relief in *Ruka* 33%, *Toda* 16%, *Stambha* 50%, *Spandana* 33%, *Aruchi* 66%, *Tandra* 65%, *Gaurav* 17%, SLR test 57%, Scoliosis 33%, Reflex 45%. The overall effect of study was 00% cured 37%, Moderately Improved, 53% Improved, Not Improved 10%. The Maximum moderately improved effect was observed in 30-40 age group.

The result of *Agnikarma Chikitsa at Nitamb* group (Group B) shows relief in *Ruka* 76%, *Toda* 41%, *Stambha* 57%, *Spandana* 79%, *Aruchi* 37%, *Tandra* 20%, *Gaurav* 52%, SLR test 56%, Scoliosis 20%, Reflex 39%. The overall effect of study was 10% cured, 57% Moderately Improved, 20% Improved, Not Improved 13%. The Maximum cured effect was observed in 40-50 age group.

The result of *Agnikarma Chikitsa at Indrabasti Marma* Region group (Group C) shows relief in *Ruka* 82%, *Toda* 40%, *Stambha* 59%, *Spandana* 69%, *Aruchi* 51%, *Tandra* 22%, *Gaurav* 47%, SLR test 52%, Scoliosis 40%, Reflex 39%. The overall effect of study was 3% cured, 60%, Moderately Improved, 24% Improved, Not Improved 13%. The Maximum cured effect was observed in 40-50 age group.

The result of *Agnikarma Chikitsa at Gulf* region group (Group D) shows relief in *Ruka* 82%, *Toda* 42%, *Stambha* 48%, *Spandana* 78%, *Aruchi* 40%, *Tandra* 12%, *Gaurav* 52%, SLR test 53%, Scoliosis 33%, Reflex 38%. The overall effect of study was 10% cured, 53%, Moderately Improved, 30% Improved, Not Improved 07%. The Maximum cured effect was observed in 40-50 age groups.

Study concluded that *Gridhrasi* is one of the most common disorders of the lumbar vertebra where the compression of the sciatic nerve causes pain in the lumbar and radiates to the posterior aspect of the lower limbs. *Agnikarma Chikitsa* is OPD procedure with minimum trauma without recurrence. *Agnikarma Chikitsa at Nitamb* (Group B) is more effective as compared to other location in *Grudhrasi*. *Agnikarma Chikitsa* act instant to relieved cardinal and associated complaints as well as to break the pathogenesis with cost effective benefit as compared to medicinal and surgical parameter. The present study reflects location (site) of *Agnikarma Chikitsa* in *Grudhrasi* (Sciatica), may be effective where pain severity is peak (wherever there is pain, there is *Agnikarma Chikitsa* “*Yatra Yatra Ruka Tatra Tatra Agnikarma*”).

The present post graduate thesis entitled “To study the *Ropana* effect of *Daravi taila* in *Sadya Vrana*” The aim of study was to study the *Ropana* efficacy of *Darvitaila* in management of *Sadya Vrana*. Literature section deals with skin anatomy and physiology according to ancient and Modern, historical aspect and *Nidana Panchaka* of *Sadhy Vrana* as mentioned in *Sushruta*, *Charaka* and *Vaghabat* with modern comparative analysis of wound and other varieties including preventive aspect, primary aids, fluid and electrolyte imbalance, Plasma and blood loss, treatment, prognosis and complications with management of Scar which is do not disappears throughout life. The scar present on cosmetic site looks ugly. Hence it should be minimized for smart look. While explaining the scope of *Shalyatantra*, *Acharya Sushruta* has mentioned *Vrana* as a major part of surgery. As per *Svabhavoparamvaad* stated that healing of any pathology condition happens naturally. Therefore, healing of *Vrana* is also a natural process of the body but *Vrana* should be protected from *Dosha Dushiti* and from various microorganisms. The material used for this study was *Darvi Taila* (*Berberis Aristata*), and *Betadin* Solution. Sterile surgical instruments with aseptic precautions and other supportive materials were used for local application. After registration and fulfillment of inclusion criteria followed by informed consent of the patients were

divided into two groups. Group A patient was treated with application of *Darvi Taila*, prior cleaning done with hydrogen peroxide and normal saline once daily followed by light and loose sterile dressing done upto healing of *Sadhya Vrana*, same methodology was used for 30 patients .

Group B patient was treated with application of betadin Solution, prior cleaning done with hydrogen peroxide and normal saline once daily followed by light and loose sterile dressing done upto healing of *Sadhya Vrana*, same methodology was used for 30 patients. In both the group, patient was advised oral medications like antibiotic, analgesic and inflammatory, antacid for 5 days as per age and weight criteria. Patients were observed with aseptic precautions, painting, drapping and isolation of part with monitoring of vital parameters. The patients of both groups were observed for every 7 days upto 1 month. The observation of study were highlighted with age, sex, occupations, education, affected site, dimension of wound, Nature and type of wound, cardinal and associated complaints, *Trividha Pariksha*, *Ashtavidha Pariksha*, *Dashavidha Pariksha*, previous treatment and Patients tolerance of the disease stage with present treatment schedule. The result of group A *Darvi Taila* local application group shows relief in *Vrana Vedana* 83.41%, *Vrana Vrana* 86.43%, *Vranastrav* 92%, *Vrana Gandha* 92.47%, *Vrana Akruti* 82.03%, *Vranatal* 90%, *Kandu / Itching* 93%, *SthanikaTapaman* 98%, *Sparshashahatva* 92%, *Daha* 95%, *Vrana Avashta* 93%, *Shotha* 96%, The overall effect of study was 90 cured, 10% Moderately Improved. The Maximum cured effect was observed in 20-30 age group.

The result of group B Betadin solution local application group shows relief in *Vrana Vedana* 63.21%, *Vrana Vrana* 81.73%, *Vranastrav* 89%, *Vrana Gandha* 91.48%, *Vrana Akruti* 62.03%, *Vrana Tal* 94%, *Kandu/Itching* 97%, *Sthanika Tapaman* 85%, *Sparshashahatva* 78%, *Daha* 85%, *Vrana Avashta* 88%, *Shotha* 79%, The overall effect of study was 90 cured, 10% Moderately Improved. The Maximum cured effect was observed in 20-30 age group. Study concluded that, *Acharaya Sushruta* has mentioned *Darvi* as *Sthiridhatukarta* and *klednashaka*. *Darvi* is one of the oldest cultivated

herbal plants in history. This contains readily and highly researched bioflavonoids with antihistamine and anti-inflammatory effects.

The local application of *Darvi Taila* had *Ropana* effect due to *Madhur Vipak* and *Ushna Guna* which prevent *Kleda* formation in wound and thus resulting *Ropana Karma*. *Vedanashamak* and *Shothagna* effect of *Darvi Taila* is due to its *Ushna Virya* and *Tikta Rasa*. *Darvi Taila* reduces *Vrana Vedana*, *Vrana Strava*, *Vrana Kandu*, *Vrana Gandha*, and *Vrana Akruti*. It acts as instant to relieve burning sensation and pain with cost and cosmetic benefit as compared to betadin solution. *Darvi taila* application is non-irritant and without toxic effect.

The present post graduate thesis entitled “To study the efficacy of *Kapardika Bhasma* in *Kandabhagna*”. The aim of study was to study the efficacy of *Kapardika Bhasma* in *Ashti Sandhana*. Literature section deals with anatomy and physiology of *Asthi Dhatu*, *Asthi*, Historical aspect and *Nidana Panchaka of Kanda- Bhagna* (Fracture) as mentioned in *Sushruta* and other *Acharayas* with modern comparative analysis of fracture including type, preventive aspect, stages of Fracture healing and affecting factors, primary aids, fluid and electrolyte imbalance, treatment, prognosis and complications with management. Fracture healing involves a complex and sequential set of events to restore injured bone to pre fracture condition. Among the different types of fractures, ancient Indian surgeons gave importance to the fractures of thigh, spines, shafts of long bones and pelvic region. The principles laid down by *Sushruta* are so relevant that they are even practiced by today’s orthopedic surgeons. *Sushruta* has mentioned different medicines, formulation, rejuvenators and dietary restriction for the rapid and complete healing of fracture. The material used for this study were *Kapardika Bhasma* and osteocalcium. After registration and fulfillment of inclusion criteria (simple, closed and single fracture of limbs from 16 to 70 age group) followed by informed consent of the patients were divided into two groups. Group A patient was treated with *Kapardika Bhasma* 250mg thrice daily for 21 days, same methodology was used for 30 patients. Group B patient was treated with

Tablet Osteocalcium twice daily for 21 days. Same methodology was used for 30 patients. In both the group, patient was advised strictly Immobilization of fracture, oral medications like antibiotic, analgesic and inflammatory, antacid as per age and weight criteria. The patients of both groups were observed for every 7 days upto 1 month. The observation of study were highlighted with age, sex, occupations, education, affected site, nature and type of Fracture, cardinal and associated complaints, *Trividha Pariksha*, *Ashtavidha Pariksha*, *Dashavidha Pariksh*, and Patients tolerance of the disease stage with present treatment schedule. The result of *Kapardika Bhasma* groups shows relief in *Ruja* 80%, *Shohta* 84.33%, *Sparshasahatwa* 71%, deformity 74.22%, Loss of Function 86.73%, Callus Formation 93%. The overall effect of study was 76% cured, 24% Improved. The Maximum cured effect was observed in 30-40 age group. The result of Tablet Osteocalcium group shows relief in *Ruja* 63.51%, *Shohta* 89.89%, *Sparshasahatwa* 88%, deformity 79.45 %, Loss of Function 90.84%, Callus Formation 93%. The overall effect of study was 60% cured, 40%. The Maximum cured effect was observed in 30-40 age groups. Study concluded that *Kapardika Bhasma* possesses *Ashthi Sandhankara* property which promotes early healing of a fracture. *Kapardika Bhasma* decreases Pain and oedema so early movements are possible of the affected part. *Kapardikabhasma* has presence of vital nutrients like zinc, iron, phosphorus, copper, sulfur and calcium carbonate. It act as Antimicrobial property and prevent further infection with cost benefit as compared to Tablet osteocalcium. The Drug used, *Kapardika Bhasma* is easily Available and Cheaper. The present post graduate thesis entitled "To Define a Protocol for Examination and First aid in Polytrauma Patient In Relation to *Marma* of *Urdhvasakha*". The aim of study was to define a protocol for examination and primary treatment in poly trauma patient of *Urdhvasakha* *Marma*. *Marma* is *Prana* with element of *Agni Soma Vayu* so comprehensive knowledge of it is essential for physician especially to surgeon. The knowledge of these *Marmas* helps the surgeon to protect vital parts and conduct surgery with caution so as to injured

them. Thus preventing possible complication of surgery including functional and structural damage, deformities and or death. Men are always exposed to the risk of injuries from different kinds of weapon. Literature section deals with anatomy and physiology of *Marma*. Describing *Marma* (fatal spot) in detail along with mention of effect of injury to these stand as well testimony to the deep knowledge of anatomy and efficient management of wounds (trauma), A recent trend among some *Ayurveda* scholars is an attempt to equate and correlate knowledge of *Marma* with the ancient Chinese method of treatment known as acupuncture. While *Ayurveda* describe the *Marma* as a seat of *Prana* and any injury major or minor to these brings about many troubles and even death. Describing each *Marma* in detail in mainly intended to warn the surgenos not to cause any injury to this vital energy and when these are stimulated by inserting sharp needles.

Lastly, review of literature concluded with Investigations, treatment of *Marmavidhdha*, prognosis and complications.

The material used for this study were blood pressure apparatus, Stethoscope, Hammer, measuring tape, dressing material, splint. After registration and fulfillment of inclusion criteria (simple injury and oriented to time, place and person, patient selected from 16 to 70 age group) followed by informed consent of the patients. Group A (experimental) patient was examine on the basis of inspection, palpation percussion and auscultation and treated with basic parameters of *Marmaaghat*. In this trial group patient was studied on the basis of *Marmasharir* and its *Aaghata*, same methodology was used for 30 patients. Group B (Control) patient was examine on the basis of inspection, palpation percussion and auscultation and treated with basic parameters of *Marmaaghat*. In this trial group patient was not studied on the basis of *Marmasharir* and its *Aaghata*, same methodology was used for 30 patients. In both the group, patient was advised strictly Immobilization, oral medications like antibiotic, analgesic and inflammatory, antacid as per age and weight criteria. The patients of both groups were observed for every 3 days upto 1 month.

The observation of study were highlighted with age, *Prakruti*, sex, occupations, education, affected site, Nature and type of *Marmaghata*, cardinal and associated complaints, *Trividha Pariksha*, *Ashtavidha Pariksha*, *Dashavidha Pariksh* and Patients tolerance of the disease stage with present treatment schedule. The result of experimental group (Consideration of *Marmaghat* principles) shows relief in *Ruja* 90%, *Shotha* 88.63%, *Sparshasahatwa* 81%, *Raktasrava* 89%, *Kampana* 87%, *Hastastabdata* 88%, *Hastasyabhramana* 93%, *Akshep* 91%. The overall effect of study was 87% cured, 13% Improved. Consideration of *Marmaghat* principles in the injury of *Marma*, the *Vikalangata* (deformity) was less as compared to without consideration of *Marmaghat* Principles in the injury of *Marma*. The Maximum cured effect was observed in 30-40 age groups.

The result of control group (without consideration of *Marmaghat* principles) shows relief in *Ruja* 81%, *Shotha* 78.63%, *Sparshasahatwa* 87%, *Raktasrava* 82%, *Kampana* 83%, *Hastastabdata* 84%, *Hastasyabhramana* 83%, *Akshep* 85%. The overall effect of study was 73% cured, 25% Improved and 02% not improved. The Maximum cured effect was observed in 20-30 age groups. Study concluded that Consideration of *Marmaghat* principles in the *Marma* injury possesses *Sadhyakara* which promotes early healing of an injury. Consideration of *Marmaghat* principles in *Marma* injury, decreases disability and morbidity was reduced so early movements are possible of the affected part. The assessment of *Marmaghat* was done accurately. The *Marmaghat Vidhalakshana* should be used to diagnose and also to decide prognosis of the *Marma* injury which is easily available and cheaper methodology in medical practices.

The present Post Graduate thesis entitled "To study the effect of *Romshatan* with reference to *Shashti Upakrama*" The aim of study was to study the effect of *Romshatan* with help of *Shashti Upakrama*. Reviews of literature described as *Shushrut* have mentioned 60 methods for treatment of *Vrana*. *Romshatana* is one of the wound healing methods. *Romshatana* means removal of hair which is necessary for wound healing. *Shushrut* have

mentioned various *Romshatana* methods which include herbal, mineral, herbo-mineral and instrumental. Lastly review of literature concludes investigation, complication prognosis and management of *Romshatana*. The material used for the study was purified *Hartal* (Yellow Arsenic) and purified *Shankha* (incinerated chonch shell), unpurified *Hartal* and unpurified *Shankha* and *Kanjeer*. After registration and fulfilment of inclusion criteria (Those patients were selected for major and minor surgical procedures having age 12 years to 60 years of both the sex i.e male and female's) followed by informed consents of the patients which prepared and treated as per methodology for the present study. Group A (experimental) patient was treated with 1 part of purified *Hartal Churna* and 2 parts purified *Shankh Churna*. Patients were marked with stamp having size 5×5cm at the site of *Romshatana*. *Lepa* thickness was about 2-3mm. After enough drying of *lepa*, it was removed in *Pratiloma Dish*. After removal of *Lepa* impression of stamp was seen and it was seen pale then reprint of stamp done to avoid error on next day. In present study 8 days of daily application of prepared *lepa* was done on patient at same site. Same methodology was used for 30 patients. Group B (control) Patient was treated with 1 part of unpurified *Hartal Churna* and 2 parts unpurified *Shankh Churna*. Patients were marked with stamp having size 5×5 cm on the site of *Romshatana*. *Lepa* thickness was about 2-3mm. After enough drying of *lepa*, it was removed in *Pratiloma Disha*. After removal of *lepa* impression of stamp was seen and it was seen pale then reprint of stamp done to avoid error on next day. In present study 8 days of daily application of prepared *lepa* was done on patient at same site. Same methodology was used for 30 patients. In both the group patient was advised not to wash the *Romshatana* site upto completion of treatment. The patients of both groups were observed for every 4th day and 8th day. The observation of study were highlighted with *Prakriti*, sex, age, diet habit, site of applications, occupation, graphical representation of local reaction, texture of skin, cardinal and associated complaint, *Trividha Pariksha*, *Ashtavidh Pariksha*, *Dashvidh Pariksha* and patients tolerance of the *Romshatana* site.

The result of experimental group (purified *hartal* and purified *Shankh* with *Kanjee*) and control group (unpurified *hartal* and unpurified *Shankh* with *Kanjee*) shows that application of *Romshatana* for 8 days having no result.

In present study we have seen local reaction in very few patients' i.e 7 patients in Group A i.e 11.69%, 6 patients in Group B, i.e 10.02%. Total - 13 patients i.e 21.71% result may be improved by giving more *Bhavna* of *Kanjee* during *lepa* preparation, by applying *lepa* for more than 8 days, by enlarging sample size, by use of *Sneha Kalpana in lepa Kalpana*.

Conclusion: study conclude that number of hairs and hair length was reduced satisfactory.

The present post graduate thesis entitled "study of efficacy of *Nirgundi Tail* in the management of *Vrana (Kshataj Vrana)*". The aim of study was to study the efficacy of *Nirgundi Tail in Kshataj Vrana*. Literature section deals with the; *Vrana*, its definition, its types according to *Ayurveda* i.e. *Nija vrana and Agantuja vrana*. *Agantuja vrana* further classified as *Chhinna, Bhinna, Viddha, Kshataj, Pitchita, Ghrishta Vrana* etc. It also describes classification of *Vrana* according to *Hetu, Sadhyasadhyatwa*, treatment of *Vrana* i.e. *Shashti Upakrama* as directed by *Aacharya Sushrut*. And *Vrana Bandhan* and *Dravyas* used for it. Lastly review of literature concludes investigation, prognosis, complications and management of *Vrana*. The material used for study were *Nirgundi Tail* and *til Tail*. After registration and fulfillment of inclusion criteria (age group of 15 -50 yrs both the sexes having sign and symptoms of *Vrana*) followed by informed consent of the patients prepared and treated as per methodology, mentioned for the present study. Group A - (experimental) patient was treated with external application of *Nirgundi Tail Pitchu* 20ml twice in a day and sterile bandage was applied over the *Pichu* and the same method was used for 3 weeks. Patient was advised salt free diet and excessive exercise, *Maithuna* was restricted and the same methodology was used for 15 patients. Group B - (Control) patient was treated with external application of *Til Tail Pitchu* 20ml twice in a day and sterile bandage was applied over the *Pichu* and

the same method was used for 3 weeks Patient was advised salt free diet and excessive exercise, *Maithuna* was restricted and the same methodology was used for 15 patients. In both the groups, patient was advised to oral medication antibiotics, analgesic, antacids as per age and weight criteria. The patients of both groups were observed for every 3 days. The observations of study were highlighted with; Age, Sex, Marital status, types of *Vrana*, Diet, *Desh, Prakriti*, Occupation, Addiction, cardinal and associated complaints, *Trividh Pariksha, Ashtavidh Pariksha, Dashvidh Pariksha* and patients' tolerance of the disease stage with present treatment schedule. The result of experimental group (*Nirgundi Taila*) shows relief in pain 90%, swelling 94%, bleeding 90%, secretion 93%, tenderness 96%, The overall effect of study was 89% cured, 11% improved. The maximum cured effect was observed in age group of 20-30 yrs. *Nirgundi Taila* shows significant effect as good *Shothahar* and fast *Vranaropak*. The result of control group (*Tila Taila*) shows relief in pain 82% swelling 80%, bleeding 81%, secretion 78%, Tenderness 85%. The overall effect of study was 77% cured, 23% improved. The maximum cured effect was observed in age group of 20-30yrs. Study concluded that *Nirgundi Tail* is therapeutically more effective and cheap than *Tila Taila* and is easily available.

The present post graduate thesis entitled to "Efficacy of *Yavamashi* with *Tiltaila* on *Samyakdagdha Vrana*". The aim of study was to study *Yavamashi* with *Tila Taila* on *Samyakdagdha Vrana*. Literature section deals with the Anatomy and physiology of the skin, *Vranavidhnyana* - Types of *Daghdvrana. Plusta, Durdaghdha, Samyakdagdha, Atidaghdha*. Special view of *Daghdvrana*. A modern review of burn - A burn is accidental as well as suicidal injury encountered by surgeon in day today practice. *Sushrut* explained *Dagdha Vrana* and its management in 12th *Adhaya of Sutrasthan*. Causes of burn, classification of burn, pathophysiology of burn, Evan's classification of musculoskeletal changes in burn. Lastly review of this literature concludes investigation, prognosis complications and management of the *Samyakdagdha Vrana*. The material used for the study was *Mashikalpa* of *Yava*

with oil of *Tila* and Silver Sulphadiazine, Ointment. After Registration and fulfillment of inclusion criteria (patient of age between 10yrs to 15 yrs, patient burns less than 10% according to rule of nine, patients having *Pramadagdha Vrana* - But out of various type only patient having *Samyakdagdha Vrana* and having 2° superficial burn according to the modern science which is as similar as *Samyakdagdha Vrana*) followed by informed consent of the patients prepared and treated as per methodology, mentioned for the present study. Group A (Experimental) patient was treated with, Purvakarma- *Samyakdagdha Vrana* cleaned with normal saline, Pradhan karma- Sterile gauze from mixture of *Yavamashi* with *Tila Taila* taken by maintaining thickness of mixture over gauze upto 2 to 3 mm and applied over subjected *Samyakdagdha Vrana* with all aseptic precautions and named as trial group. Subjected *Samyakdagdha Vrana* covered from all sides maintaining thickness upto 2-3mm of the formulation. Close dressing done with sterile roller bandage.

Paschat karma- Light close dressing kept as it was at the time of next dressing previous *lepa* was removed completely by removing the gauze that is after 24 hrs of the first dressing. All the above *Karma* was done with all aseptic precautions and maintaining sterilization and the same methodology was used for 30 patients.

Group B (Controlled) patient was treated with Purvakarma- *Samyakdagdha Vrana* cleaned with normal saline, Pradhan karma- Sterile gauze from mixture of silver sulphadiazine taken by maintaining thickness of mixture over gauze upto 2 to 3mm and applied over subjected *Samyakdagdha Vrana* with all aseptic precautions and named as trial group. Subjected *Samyakdagdha Vrana* covered from all sides maintaining thickness upto 2-3mm. of the formulation. Close dressing done with sterile roller bandage.

Paschat karma- Light close dressing kept as it was. At the time of next dressing previous *lepa* was removed completely by removing the gauze that is after 24 hrs of the first dressing. All the above *Karma* was done with all aseptic precautions and maintaining sterilisation. And the same methodology was used

for 30 patients. In both the group, patient was advised oral medication, antibiotics analgesics, antacids, as per age and weight criteria. The patients of both groups were observed for every alternate day for 15 days. The observation of study were highlighted with *Prakriti*, % of burn, site of application, occupation, age, nature and type of burn, sex, diet habits, *Desh*, cardinal and associated complaints, *Trividh Pariksha*, *Ashtividh Pariksha*, *Dashvidh Pariksha* and patients tolerance of the diseased stage with present treatment schedule. The result of Experimental group (*Yavamashikalp*) shows relief in *Vrana Vedna*-90%, For *Vrana Varna*-92%, For *Vranastrava* -91%, For *Vranagandha* -90%. The overall effect of study was 90% was cured 10% Improved. The maximum cured effect was observed in 20-30 yrs age group. The result of controlled group (Silver Sulphadiazine) - shows relief in. *Vrana Vedna*-80%, For *Vranavarna*-82%, For *Vranastrava* -81%, For *Vranagandha* -80%. The overall effect of study was 80% was cured 20%. Improved the maximum cured effect was observed in 20-30 yrs age group. The result of controlled group shows that, it heals the *Samyakdagdha Vrana* rapidly but scar ugly. Study concluded that application of *Yavamashi* with *tila taila* over *Samyakdagdha Vrana* is highly significant to reduce *Vranvedana* and to decrease *Vranastrava* from the *Samyakdagdha Vrana*.

DISCUSSION

In the present article an attempt has been made to review Post Graduate dissertation of shalyatantra speciality. This scientific evidence definitely impact Indian system of medicine to apply different formulation according to the nature and type of *Samprapti* which gives satisfactory results. On the other hand, for the validation of these researches required Randomized Clinical Trials (RCTs) on more number of patients at multicenter.

The importance of online data is mentioned as

1. The skill to examine multiple areas simultaneously.
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Electronic information technology and Data Mining like DHARA, Ayush Portal and Pub-Med published only research paper after an internal and external peer review and does not index Post Graduate thesis/dissertation so that an attempt has been made to publish Post Graduate thesis/ dissertation on electronic/online mode after brief summarization and review by expert and higher faculty of the same speciality.

CONCLUSION

There is no doubt about Post Graduate scholars and supervisors of present institute those made significant contribution in the field of *Shalya Tantra* speciality in Ayurveda. They sharing role of *Shalya Tantra* treatment modalities in modern surgical era to avoid maximum surgical trauma which may be beneficial to society throughout the world. All the Post Graduate scholar and supervisor studied research methodology and pin point observation to give the answer of hypothesis and queries arising in the mind of researcher. This knowledge is very beneficial to every student, practitioner, researcher and teacher in today and forever. The present study summarization and review on digital module will provide the guidelines for further research work in the area of *Shalya Tantra*.

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CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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