

“MAJJADHATU VIKRUTI (PAKSHAVADH INDIVIDUALS) AND ITS RELATION WITH PRAMAN SHARIR W.S.R. TO SAMA AYAM & VISTARA”

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ABSTRACT

Ayurveda is the science of life in which different samhitas represents the various aspects of life. In this Rachana sharir is one of the subject concern with the study of size, shape, measurement & detail structure of different parts as well as sub-parts of our body. Whereas the measurements of our body come under the concept – ‘Praman sharir’. “Pramana-sharira” has been elaborated in different Ayurvedic samhitas by different way. Anguli pramana is one of the type of measurement used in Ayurveda for measuring the dimensions like Ayama (height), Vistara (Length from the tip of middle finger of right hand to the same of left hand in expanded position i.e. arm span), etc. of different parts and sub-parts of human body. According to hypothesis about ‘Sama Ayam-Vistara given in Charak-samhita Vimana-sthana 8/118, in healthy person, Ayu (longevity of life), Bala(Physical & Mental - Strength) etc. are best at its maximum if difference in Ayam & Vistara is less. Whereas the difference in Ayam & Vistara increases or decreases, Ayu & Bala will be more or less respectively. In this research project scholar has elaborated the relation of Sama Ayam-Vistara with Pakshavadh individuals under Majjadhatu vikruti as an unhealthy status of a person. The statistical analysis illustrates that the average difference in Ayam & Vistara in Majjadhatu vikruti individuals lies approximate 2 to 4 angula. The outcome of the research project shows the considerable association between Majjadhatu vikruti individuals and difference in Ayam and Vistara. So the concept of ‘Sama Ayam-Vistara’ helps us to give an idea about the Healthy or Unhealthy status of an individual at its best.

Index Terms: Pakshavadh Individuals, Majjadhatu vikruti, Sama Ayam-Vistara relation.

I. INTRODUCTION:

In Ayurveda *Rachana sharir* is the subject concern with the study of size, shape, measurement & detail structure of different parts as well as sub-parts of our body. In Ayurveda in Sushrut samhita under the concept of *pramanvat sharir*, Sushrutacharya has elaborated the *pramanvat sharir* and its relation with good health as well as longevity of life. On the basis of same concept Charakacharya has explained the concept of *Sama Ayam-Vistara*. It was observed whereas the difference in Ayam & Vistara is zero or less, the person remains healthy with longevity of life. It was also observed, whereas difference in Ayam & Vistara lies between 0 to 2 *angula* then *Bala* of an individual lies at its maximum. Whereas the difference in Ayam & Vistara lies between 2 to 4 *angula* then *Bala* of an individual lies at its medium and as difference between Ayam & Vistara lies above 4 *angula* then the *Bala* of an individual lies at its minimum. In the present study, the relation of *Sama Ayam-Vistara* with unhealthy persons related with *Majjadhatu vikruti* was considered. In this also the scholar has selected only individuals with Pakshavadh as a *Majjadhatu vikruti* to evaluate the hypothesis. The main aim of this research study was an evaluation of *Sama Ayam Vistara* in individuals with Pakshavadh as *Majjadhatu vikruti*.

II. AIMS & OBJECTIVES:

2.1 Aim :

- Evaluate the *Sama Ayam Vistara* in individuals with Pakshavadh.

2.2 Objectives :

- Find out the relation of difference in *Ayam-Vistara* in the individuals with *Majjadhatu vikruti*

III. MATERIALS & METHOD:

3.1 Materials:

- Total 10 Individuals of either sex were considered for the research project.
- Individuals of either sex of 25 years to 60 years were taken for the present study.
- Screw gauge micrometer to measure the *Swanguli praman* of an individuals.
- Measuring Tape, Scale to measure the *Ayam & Vistara* of an individuals.
- Case paper proforma for the detail information about Congenital / Developmental mental deformity & the all measurements.

3.2 Inclusion criteria:

- *Majjadhatu vikruti* individuals with Pakshavadh.
- Individuals of either sex of 25 years to 60 years.

3.3 Exclusion Criteria:

- Pakshavadh individuals with accidental, traumatic injury.

3.4 Methodology:

- The detail information of the already diagnosed *Majjadhatu vikruti* individuals with Pakshavadh was taken by information sheets with details of the concern deformity.

3.5 The different measurements as below were recorded :

- a) *Swanguli praman* was measured by Screw gauge.
- b) *Ayam* was measured by measuring tape.
- c) *Vistara* was also measured by measuring tape.

The details of all foresaid measurements are furnished as below.

a) Measurement of *Swanguli-Praman* :

For this measurement length of proximal inter-phalangeal joint of the middle finger of the hand was considered. As shown in the image below. For this measurement of *Swanguli praman* right hand was considered in right handed person and left hand in left handed person. The measurement was taken by using Screw gauge micrometer. The reading comes in mm, which is converted into cm and recorded in information sheet.

Fig 1.



- The **Ayama & Vistara** of the individuals were taken by measuring tape and then readings were recorded with dividing it by Swanguli-praman to convert it in Anguli praman.

b) Measurement of Ayam :

For this measurement the Height of a person was considered as shown in following image. The height of a person is measured in cm and converted into *Angula*.

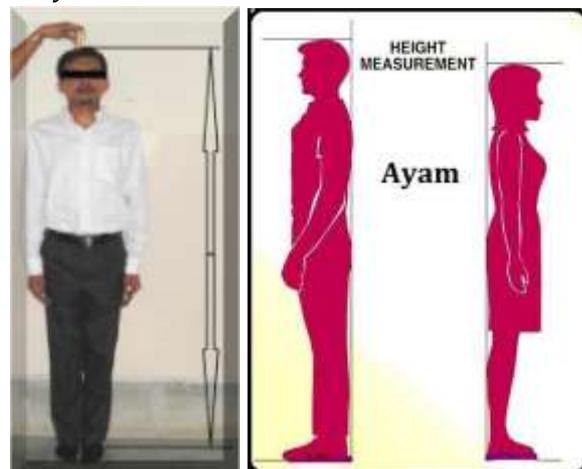
If the measurement of height is considered as 'H' cm,

Swanguli Praman is considered as 'S', and *Ayam* is considered as 'A'

Then *Ayam* (A) is equal to:

$$A = \frac{H}{S} \text{ angula}$$

Fig 2. Measurement of Ayam



c) Measurement of Vistara :

For this measurement the length from the tip of middle finger of right hand to the same of left hand in expanded position was taken as shown in following image. This measurement (Arm span) was measured in cm and the converted into *Angula*.

If this measurement is considered as 'B' cm,

Swanguli Praman is considered as 'S', and *Vistara* is considered as 'V'

The *Vistara* is equal to:

$$V = \frac{B}{S} \text{ angula.}$$

Fig.3 Measurement of *Vistara*

- After the record of all these measurements the difference in the *Ayam* and *Vistara* was calculated and recorded in case paper.
- Information about already diagnosed *Majjadhatu vikruti* individuals with Pakshavadh was recorded in case paper.
- Then all the observations were recorded collectively in different tabulating form. Then all this data was furnished for statistical analysis.

IV. OBSERVATIONS & RESULTS:

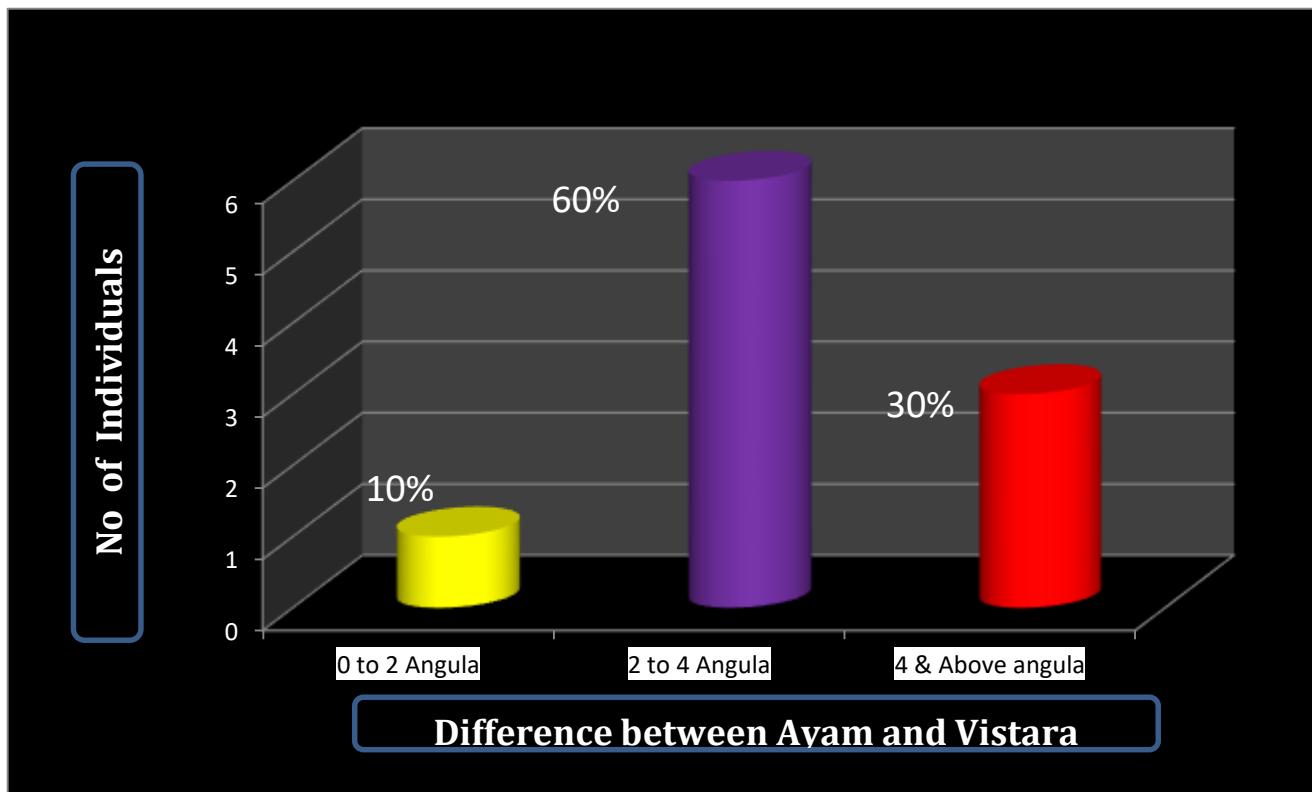
4.1 Observations :

Table no 1 : Observations : Pakshavadh individuals under Majja-Dhatu Vikruti								
Sr No	Deformity	Gender	Swanguli Praman in cm	Ayam		Vistara		Ayam & Vistara Difference
				In cm	In Angula	In cm	In Angula	
1	Pakshavadh	F	1.74	160.4	92.1839	166.5	95.6897	6.1
2	Pakshavadh	M	1.72	174.5	101.453	179.5	104.36	5
3	Pakshavadh	M	1.71	168	98.2456	171.5	100.292	3.5
4	Pakshavadh	M	1.84	169.5	92.1196	172.5	93.75	3
5	Pakshavadh	F	1.73	164	94.7977	173.5	100.289	9.5
6	Pakshavadh	M	1.81	166	91.7127	171.5	94.7514	5.5
7	Pakshavadh	F	1.72	160.5	93.314	168.5	97.9651	8
8	Pakshavadh	F	1.72	163.5	95.0581	169.5	98.5465	6
9	Pakshavadh	F	1.81	157.6	87.0718	164.5	90.884	6.9
10	Pakshavadh	F	1.72	167.5	97.3837	175.6	102.093	8.1

4.2 Results :

The Statistical analysis show the following results:

- ❖ 10 % individuals have 0 to 2 *angula* difference between *Ayam* & *Vistara*.
- ❖ 60 % individuals have 2 to 4 *angula* difference between *Ayam* & *Vistara* and
- ❖ 30 % individuals have difference between *Ayam* & *Vistara* as 4 *angula* & above.



Graph no. 1: Majjadhatu Vikruti Individuals & Difference in Ayam & Vistara

V. DISCUSSION:

In the healthy individuals, according to the concept of *Sama Ayam-Vistara* the difference in the *Ayam* & *Vistara* is smaller or negligible. Whereas we can say that the individual with approximate equal of *Ayam* & *Vistara* is a healthy individual and the individual with greater difference in *Ayam* & *Vistara* leads with unhealthy category. Arbitrarily this was considered for the evaluation of the study only. Because the individual with greater difference in *Ayam* & *Vistara* may not leads to be unhealthy all times.

The outcome of the concern research project shows the average association between the type of deformity & difference in *Ayam* & *Vistara*.

In *Majjadhatu vikruti* individuals it was observed that

- 10% individuals have 0 to 2 *angula* difference between *Ayam* & *Vistara*.
- 60% individuals have 2 to 4 *angula* difference between *Ayam* & *Vistara* and
- 30% individuals have difference between *Ayam* & *Vistara* as 4 *angula* & above.

The highlighted cases shows the outcome as below

- Overall maximum no of cases has the difference in *Ayam* & *Vistara* is 2 to 4 *angula* .

The analysis of the observations shows the average association between the *Majjadhatu vikruti* individuals with Pakshavadh and difference in *Ayam* and *Vistara*. The outcome of the research projects shows the considerable associations in the category 2 to 4 *angula* difference in *Ayam* & *Vistara*.

VI. CONCLUSION:

- Whereas from above outcome it can be stated that, in *Majjadhatu vikruti* individuals with Pakshavadh the difference in *Ayam* & *Vistara* in majority lies approximate 2 to 4 angula.
- *It's also observed that* in *Majjadhatu vikruti* individuals with Pakshavadh the difference in *Ayam* & *Vistara* is little bit in the category 4 angula & above it & seen very less in 0 to 2 angula.
- The Statistical analysis shows the difference in *Ayam* and *Vistara* is average in Pakshavadh individuals under the *Majjadhatu vikruti*
- So the concept of '*Sama Ayam-Vistara*' helps us to give an idea about the Healthy or Unhealthy status of an individual at its best.

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