किंमत २५ रुपये

ISSN - 0378 - 6463

Ayurvidya

आयुर्विद्या

Peer Reviewed Indexed
Research Journal of 21st Century
Dedicated to Ayurved...

।। श्री धन्वंतरये नम: ।।

राष्ट्रीय शिक्षण मंडळ, संचालित

आयुर्विद्या

मासिक

ISSN - 0378 - 6463

Rashtriya Shikshan Mandal's

AYURVIDYA

Magazine

शंखं चक्रं जलौकां दधतमृतघटं चारुदोर्भिश्चतुर्भि: ।
सूक्ष्मस्वच्छातिहृद्यांशुकपरिविलसन् मौलिमम्भोजनेत्रम् ।।
कालाम्भोदोज्वलाङ्गम् कटितटविलसच्चारुपीताम्बराढ्यम् ।
वन्दे धन्वन्तरितं निखिलगदवन प्रौढदावाग्निलीलम् ।।
नमामि धन्वंतरिमादिदेवं सुरासुरैवन्दितपादपङ्कजम् ।
लोके जरारुग्भयमृत्युनाशनं धातारमीशं विविधौषधीनाम् ।।

To know latest in "**AYURVED**" Read "**AYURVIDYA**"
A reflection of Ayurvedic Researches.

ISSUE NO. - 11 **APRIL - 2020**

PRICE Rs. 25/- Only.

नूतन वर्ष सर्वांना आरोग्यपूर्ण समृद्धीचे जावो हीच श्री धन्वंतरीचरणी प्रार्थना!

CONTENTS

"**AYURVIDYA**" Magazine is printed at 50/7/A, Dhayari - Narhe Road, Narhe Gaon, Tal. - Haveli, Pune -41 and Published at 583/2, Rasta Peth, Pune 11.
By Dr. D. P. Puranik on behalf of Rashtriya Shikshan Mandal, 25, Karve Road, Pune 4.

Rashtriya Shikshan Mandal's
AYURVIDYA
Magazine

About the Submission of Article and Research Paper

- The article / paper should be original and submitted **ONLY** to "**AYURVIDYA**"
- The **national norms** like Introduction, Objectives, Conceptual Study / Review of Literature, Methodology, Observations / Results, Conclusion, References, Bibliography etc. should strictly be followed. Marathi Articles / Research Paper are accepted at all levels. These norms are applicable to Review Articles also.
- **One side Printed copy** along with PP size own photo and fees should be submitted at office by courrier / post / in person between **1 to 4 pm on week days and 10 am to 1 pm on Saturday.**
- "**AYURVIDYA**" is a peer reviewed research journal, so after submission the article is examined by two experts and then if accepted, allotted for printing. So it takes atleast one month time for execution.
- Processing fees Rs. 1000/- should be paid by cheque / D.D. Drown in favour of "**AYURVIDYA MASIK**"
- **Review Articles may be written in "Marathi" if suitable as they carry same standard with more acceptance.**
- **Marathi Articles should also be written in the given protocol as -**

प्रस्तावना, संकलन, विमर्श / चर्चा, निरीक्षण, निष्कर्ष, संदर्भ इ.

Write Your Views / send your subscriptions

To

Editor - AYURVIDYA MASIK
583 / 2, Rasta Peth, Pune - 411 011.
E-mail : ayurvidyamasik@gmail.com
Phone : (020) 26336755, 26336429 **Fax :** (020) 26336428
Dr. D. P. Puranik - 09422506207 Dr. A. S. Inamdar - 09422003303
Dr. Vinaya Dixit - 09422516845

Payment by Cash / Cheuqes / D. D. :- in favour of

Payable at Pune Date : .....

Pay to **"AYURVIDYA MASIK"** .....

Rupees .....

..... Rs. .....

(Outstation Payment by D. D. Only)

"AYURVIDYA" MAGAZINE Subscription Rates : (Revised Rates Applicable from 1st Jan. 2014)

For Institutes -Each Issue Rs. 40/- Annual :- Rs. 400/- For 6 Years :- Rs. 2,000/-

For Individual Persons - For Each Issue :- Rs. 25/- Annual :- Rs. 250/- For 6 Years :- Rs. 1,000/-

ADVERTISEMENT RATES

Full Page - Inside Black & White - Rs. 1,600/- (Each Issue)
Half Page - Inside Black & White - Rs. 900/- (Each Issue)
Quarter Page - Inside Black & White - Rs. 500/- (Each Issue)

Attractive Packages for yearly contracts

संपादकीय

भय इथले संपत नाही!

डॉ. दिलीप पुराणिक

नोव्हेंबर/डिसेंबर २०१९ च्या दरम्यान चिनमधील वुहान शहरात प्रथम NOVEL CORONA VIRUS ची लागण झाली आणि जानेवारी २०२० मध्ये या विषाणूची साथ सुरू झाल्याचे जगासमोर उघडकीस आले. या विषाणूच्या संसर्गाचा वेग आणि तीव्रता एव्हढी प्रचंड होती की त्याची साथ सुरू झाल्यापासूनचे सत्य जगापासून लपवणे चिनसारख्या देशाला अशक्य झाले. या साथीचा वेग व झपाटा विलक्षण असल्याने सगळ्यांसाठी वुहान शहरातील रुग्णालयात उपलब्ध असलेल्या शय्या यांची संख्या अपूरी पडत असल्याने चिन सरकारला युद्ध पातळीवर यंत्रणा राबवून विस्तारीत जागेत सर्व प्रकारच्या सोयी असलेली नवीन अद्ययावत रुग्णालये सुरू करावी लागली. सर्व प्रकारच्या माध्यमांद्वारे चिनमधील या संदर्भातील हालचाली सचित्र जगासमोर आल्या आणि प्रथमच जगासमोर या विषाणूच्या संसर्गाच्या गांभिर्याची जाणीव झाली.

सुरवातीस CORONA विषाणूच्या संसर्गजन्य साथीचा प्रसार वुहान शहरापुरताच असल्याचा जागतिक समज होता. त्यामुळे चिन सोडून इतर सर्व प्रगत व विकसनशील देश बेफिकीर व काहींसे गाफील राहीले परंतु बघता बघता या व्याधीचे अक्राळ विक्राळ स्वरूप आणि त्याचा संसर्ग झाल्याचे इतर देशात निदर्शनात आल्याचे लक्षात आले आणि हे देश खडबडून जागे झाले. जागतिक स्तरावर या विषाणूबद्दल आणि त्याच्या प्रसाराबद्दल चर्चा सुरू झाली. World Health Organization च्या पदाधिकाऱ्यांनी या विषाणूच्या व्याधीस COVID 19 नाव दिले आणि त्याची भविष्यातील तीव्रता व भयानकता यांची जाणीव करून दिली. एवढे होईपर्यंत देखील अनेक पाश्चात्य देश या संसर्गजन्य व्याधीची तीव्रता मान्य करीत नव्हते. परंतू जेव्हा या देशांमध्येच विषाणूची लागण झाल्याचे व बघता बघता त्याचा प्रसार होवून रुग्णांचे मृत्यू होवू लागले तेव्हा अमेरीकेसह हे देश खडबडून जागे झाले.

आता जगभरात सुमारे एकशे तीसपेक्षाही अधिक देशात या विषाणूचा संसर्ग झाल्याचे निष्पन्न झाले आहे आणि काही देशात तर त्याची तीव्रता एवढी आहे कि त्यांनी मूळ व्याधीग्रस्त चिनदेशालाही मागे टाकले आहे. युरोपियन देशात या COVID 19 चा संसर्ग मोठ्या प्रमाणावर झाला असून मृत्युमुखी पडलेल्या रुग्णांची संख्याही खूप मोठी आहे. पर्यटकांसाठी अतिशय प्रसिद्ध असलेल्या इटली देशात आत्तापर्यंत या संसर्गामुळे मृत्युमुखी पडलेल्या रुग्णांची संख्या पाच हजारांवर गेली आहे. चिन देशात संसर्ग झालेल्या रुग्णांची संख्या नव्याने नगण्य झाली असली तरी आत्तापर्यंत सुमारे साडेतीन हजार मृत्यू नोंदवले गेले आहेत. अमेरीकेत सुमारे साडेचार हजार मृत्यू, इराणमध्ये सुमारे दोन हजार मृत्यू, फ्रान्समध्ये सुमारे साडेपाचशे मृत्यू अशी मृत्यू ओढवलेल्यांची संख्या असून फ्रान्स, जर्मनी, नेदरलँड, दक्षिण कोरीया या देशातील मृत्युंनीही शंभरी ओलांडल्याची वार्ता प्रसिद्ध आहे.

या विषाणूचा फैलाव होवू नये म्हणून अनेक राष्ट्रांनी अनेक निर्बंध घातले आहेत. त्यामध्ये प्रामुख्याने संचारावरील निर्बंध, बाधित देशातील नागरीकांच्या आगमनावरील निर्बंध महत्त्वाचे आहेत. अमेरीकेने सुरवातीलाच आणिबाणी घोशीत केल्याने त्या देशातील संसर्गाचा प्रसार अटोक्यात राहिला असे म्हणता येईल. भारतासह इतर अनेक देशांनी हवाईमार्ग दळण वळण बंद केले आहे. असे असूनही आत्ता जगभरातील विषाणू संसर्ग बाधितांची संख्या साडेतीन लाख एवढी प्रचंड आहे. तर आत्तापर्यंत मृत्यू झालेल्यांची संख्या तीस हजारांवर पाहोचली आहे.

भारतातही या विषाणूने पदार्पण केले असून हजारापेक्षाही अधिक विषाणूग्रस्त असून COVID 19 मुळे आत्तापर्यंत नऊ मृत्यू ओढवले आहेत. भारताची प्रचंड लोकसंख्या पहाता विषाणूचा प्रसार वेगाने होण्याची भिती सरकारसह सर्वांनाच भेडसावत आहे. केंद्र व राज्य सरकारांनी एकत्रपणे येवून युद्धपातळीवर प्रसार रोखण्यासाठी अनेक उपाय योजिले असून अनेक निर्बंध लोकजीवनावर घातले आहेत. लॉकडाऊन, शटडाऊन, संचारबंदी, रेल्वे वाहतूक बंद, सरकारी वाहतूक सेवा बंद असे अनेक निर्बंध आणले आहेत. पंतप्रधानांनी घोषित केलेल्या संचारबंदीलाही (Curfew) देशातील जनतेने उत्स्फुर्त प्रतिसाद दिला. एरवी बेशिस्तीचे पाईक असलेल्या पुणेकरांनीही विषाणूच्या भितीने का होईना आत्तापर्यंत संचारबंदी व निर्बंधांना चांगला प्रतिसाद दिला आहे हे विशेष.

COVID 19 ची साथ भविष्यात नक्की किती काळ टिकेल हे आत्ता या घडीला कोणीच सांगू शकत नाही आणि म्हणून सर्वच नागरिकांनी संयम ठेवून आहार, विहार, संचार यावरील निर्बंधांचे पालन केले तरच ही महामारी आटोक्यात राहील असे वाटते. अनेक वैद्यकीय, निमवैद्यकीय सेवावर्ती या राष्ट्रीय संकटाचा मुकाबला करण्यासाठी रात्रंदिवस झटत आहेत. त्यांच्या प्रयत्नांना यश लाभो हीच श्री धन्वंतरी चरणी प्रार्थना.

केवळ दैवावर भरवसा न ठेवता अमेरीका व फ्रान्स येथील शास्त्रज्ञांनी COVID 19 व्याधीवर त्वरीत परीणाम करणाऱ्या हायड्रॉक्सिक्लोरोक्विन आणि ॲझिथ्रोमायसिन या औषधांचा यशस्वी प्रयोग केला असून सुमारे सहा दिवसात बाधित रुग्ण बरा होत असल्याचे म्हटले आहे. या खेरीज या व्याधीवर प्रतिबंधक लस तयार करण्याचे प्रयत्नही युद्ध पातळीवर चालू आहे. शेवटी सद्य:परीस्थितीत एकच संदेश द्यावासा वाटतो, घाबरू नका, पण काळजी घ्या अर्थात स्वत:ची आणि समाजाचीही!

'वेदांच्या' मार्गदर्शनाने, यज्ञविधी आणि वृक्षांच्या सहाय्याने वायुप्रदूषण टाळूया

वैद्य मंजिरी कुलकर्णी, विभाग प्रमुख, द्रव्यगुण विभाग, एम.ई.एस. आयुर्वेद महाविद्यालय, खेड, रत्नागिरी.

भारतीय संस्कृतीला मिळालेले ज्ञानाचे भांडार म्हणजे 'चर्तुवेद'. 'वेद' हे विविध ज्ञान शाखांचे एक समृद्ध भांडार आहे. वेदांतून अनेक ज्ञान शाखांचा उगम झाला आहे. भारतीय संस्कृती वैदिक विचारधारेशी अनुरूप असून ही वैदिक विचारधारा वैज्ञानिक पण आहे. कारण विज्ञानाचा उगमच सूत्ररूपाने वेदातून झाला आहे. आधुनिकतेमुळे नैसर्गिक संपत्तीचे अतिरिक्त शोषण होत आहे. त्याचे दुष्परिणाम आज सजीव व निर्जीव दोन्हीपण भोगत आहेत. आधुनिक मानव बाह्य सुख अनुभवतो आहे. पण पर्यावरणाचा विचार मात्र त्याच्याकडून होत नाही. पर्यावरण, विज्ञान हा आजच्या काळात चिंतनाचा विषय आहे. वैदिक काळात पर्यावरण हा शब्द जरी वापरला गेला नसला तरी पर्यावरणाच्या समस्यांचा व त्यावरील ठोस उपायांचा सारासार विचार ह्या काळात पण झालेला दिसतो. सामाजिक व मानसिक विकारांच्या निवारणार्थ मानवी सदाचार, सद्‌गुण, संस्कार, आध्यात्मिक व वैज्ञानिक विचारांची सांगड घालून पर्यावरणाचा समतोल राखणे आवश्यक आहे.

वेद' व मानवाचे अतूट नाते आहे. मानवी शरीर विराट ब्रह्मांडाची लघुप्रतिकृती आहे. मानवी श्वासाचे मानवी जीवनात अनन्य साधारण महत्त्व आहे. मानवी जीवनाचा उद्‌घोष प्रथम वेदांनीच केला. जगाचा व मानव जातीच्या कल्याणाची विचारधारा प्रथम वेदांत प्रकट झाली. चेतन व अचेतन सृष्टीत सुसूत्रता राखायचे मार्गदर्शन वेदांनीच केले. महत्त्वाचे म्हणजे मानवी कल्याणासाठी पर्यावरणाचा विचार वेदांनीच केला. वेदांमध्ये ज्ञानाचा साठा आहे. पण विचार मात्र कायम मानव, निसर्ग हिताचाच आहे. मानव सोडून इतर सजीव सृष्टी सदोदित भूमंडळ संरक्षणाचाच विचार करते.

वेदात मानवी आरोग्य, चिकित्सा, संरक्षण, कृषी व त्याचबरोबर निसर्ग, पर्यावरणसुरक्षा व शुद्धता ह्याचा पण विचार केलेला आहे. 'पर्यावरण' हा शब्द वेदात नसला तरी ते संतुलित व शुद्ध ठेवण्याचे उपाय व मार्गदर्शन ऋषींनी आपल्या ज्ञानाने केलेले आहे. वायु, अग्नि व जल ही मूळ तत्वे असून त्यांच्या प्रदूषणाने सर्व प्राणी मात्रांचे व पृथ्वीचे जीवन धोक्यात येते, तसेच संतुलन बिघडते. निसर्गाच्या नियमाने वायू सर्व घटकांना संतुलित ठेवतो. त्यामुळे वायू प्रदूषणाने मानवावर स्वाभाविक दुष्परिणाम झालेला दिसतो.

परि +आवरण – पर्यावरण

पृथ्वीला चारही बाजूने जे आच्छादित आहे असे.

पर्यावरण मुख्यतः दूषित झाले ते वायुप्रदूषण, जलप्रदूषण व ध्वनीप्रदूषण तसेच लोकसंख्या विस्फोट इत्यादीने.

पर्यावरण दूषित होण्याची कारणे : नैसर्गिक साधनांचा त्याग करून यांत्रिक उपकरणांचा वापर.

प्राणी हे दैनंदिन जीवनात वापरणे कमी झाल्याने, वाहनांचा व यंत्राचा वापर वाढल्याने कंपोस्ट खते कमी झाली. धूर तसेच CO_2 चे प्रमाण वाढले. CO_2 मुळे श्वास व फुफ्फुस विकार वाढले. तर SO_2 मुळे ओझोनचा हवेतील थर कमी होवून त्वचाविकार, रक्तविकार, कॅन्सर इत्यादी वाढले. वेदांत तर वायूचे महत्त्व अनेक ठिकाणी सांगितले आहे.

उत वात पितासी न उत भ्रातोत नः सखा स नो जीवतवे कृधि।। (ऋ१०/१८६/२)

प्राणवायू हा पित्याप्रमाणे पालक,भावाप्रमाणे पालनपोषण करणारा आणि मित्रांप्रमाणे कल्याणकारी आहे. तो आपल्या जीवनाला शक्ती देणारा आहे. आयुर्वेद शास्त्रात शरीरातील त्रिदोषांमध्ये वायूच श्रेष्ठ असून तोच सर्व क्रियांवर नियंत्रण ठेवतो असे सांगितले आहे, **पित्तं पंगु कफं पंगु पंगवो मल धातवा:।**

वायुना यत्र नीयन्ते तत्र गच्छन्ति मेघवत्।।

'वेदांतील' वायु शुद्धीचे महत्व : वायू हा सृष्टीचा प्राण आहे. सर्व हालचाली, गती ह्या वायू व अग्नीचा परिणाम आहेत. म्हणून वायू शुद्ध असणे महत्वाचे आहे व तो शुद्ध ठेवणे मानवाचे कर्तव्य आहे.

वैदिक काळातील वायू अशुद्धीची कारणे : १) युद्धात वापरली जाणारी शस्त्रे, वज्रास्त्रे, अग्निबाण, बंदूका इत्यादी मधून निघणारे रासायनिक पदार्थ. **२)** प्राण्यांचे मलमूत्र. **३)** योद्ध्याची व मानवाची, प्राण्यांची प्रेते.

वैदिक काळातील वायुशुद्धीचे उपाय : १) उत्तम मंत्रोच्चारण व यज्ञविधी. **२)** शिल्प व वास्तुरचनेचा उत्तम विचार. **३)** घर शुद्ध हवेच्या ठिकाणी बांधावे. घराचे दरवाजे मोठे असावेत. जेणेकरून आतील दुषित हवा बाहेर जावून शुद्ध हवा वास्तूत प्रवेशित होईल.

सद्य परिस्थिती वायुशुद्धीचे उपाय : १) वायुप्रदूषण टाळण्यासाठी वृक्ष लागवड केली पाहिजे. कारण जंगले हीच पृथ्वीची फुफ्फुसे आहेत. आधुनिकतेच्या नावाखाली प्रचंड वृक्षहानी व वृक्षतोड होत आहे. ह्यामुळे वातावरणातील CO_2 प्रमाण प्रचंड वाढू लागले आहे. CO_2 चे प्रमाण वाढले तर त्याचा विपरीत परिणाम पावसावर होईल ह्याची पूर्वसूचना १९८९ सालीच United Nations Environmental Program या वैश्विक पर्यावरण संस्थेनी दिली आहे. **२)** देवराई पुन्हा तयार करण्यासाठी वड, पिंपळ, पळस, निंब व उदुम्बर इत्यादी वनस्पतींची परत लागवड करावी लागेल. वड व पिंपळाचे १ झाड हवेतील १७१२ किलो CO_2 शोषतात व २२५२ किलो O_2 निर्माण करतात. **३)** हवेतील काही विशिष्ट जंतू, किटाणू खाऊन हवा शुद्ध करतात. O_2 प्रमाण वाढवतात. वेदांनी सांगितलेला यज्ञविधी ह्या काळात पण पुनश्च वायू प्रदूषण दूर करण्यासाठी केला जाणे आवश्यक आहे. कारण यज्ञविधी हा एक वेदांनी सांगितलेला महत्वाचा वायु शुद्धी करण्याचा विधी आहे. यज्ञात आहुती दिलेल्या औषधी वनस्पती तुपासह अग्निशी संपर्कात आल्यावर प्राणी, मानव ह्यांना प्रभावित करतात.

वसो पवित्र मासि.... यज्ञपति हर्षित।।यजु. (१/२/८)

यज्ञ हा विधी वायु शुद्धी करणारा आहे. श्री भगवदगीतेत यज्ञविधीचे फायदे सांगितले आहेत. यज्ञात आहुती दिल्यावर १२ किमी परिसरात त्याचा फायदा होतो. पर्यावरण, उत्तम राखण्यासाठी

यज्ञाचा प्रसार व प्रचार होणे गरजेचे आहे.

यज्ञाद्यवति पर्जन्यः पर्जन्यादन्नसम्भवः।
अन्नाद् भवति भूतानि यज्ञ कर्म समुदभवम्।।

यज्ञविधीतली हवनाची दोन विशेष कार्य क्षेत्रे दिसतात.

१) जमिनीवरील प्राणीमात्र २) आंतरिक्ष

सर्व प्रथम हवन केलेली सामुग्री मनुष्य व प्राणी यांच्या फुफ्फुसामध्ये जावून रक्तात मिसळून हृदय व इतर अवयवांमध्ये जावून सक्रिय होते. वनस्पतींची तुपासह अग्निला आहुती देवून तिचे औषधीगुण कितीतरी पटीने वाढवून हवेत सोडले जातात. मनुष्य व इतर प्राणी ती आहुती श्वासाद्वारे ग्रहण करतात. रक्ताभिसरणातून ते परमाणू सर्वत्र शरीरात पोहचून उत्तम परिणाम घडवतात व स्वाभाविक क्रियांना अधिक सक्रिय करतात. (स्थूलतेत न्यून शक्ती असते पण सूक्ष्मतेमध्ये किती तरी अधिक पटीने शक्ती सामर्थ्य असते ह्याचा वापर येथे दिसतो.)

अग्नि हुतं हविः सम्यक् आदित्य उपतिष्ठति (मनुस्मृती)

अग्नित टाकलेल्या समिधा भस्म होवून हवेत पसरतात.

यज्ञात आहुतीसाठी वापरण्यात येणाऱ्या गोष्टी : १) तूप **२) सुगंधी द्रव्ये –** गुग्गुळ, जटामांसी, चंदन, अगरू, तुळसी, कर्पुर, लवंग. **३) बल देणारी द्रव्ये –** कंद, अन्न, तांदुळ, गहू, उडीद, साखर इ. **४) दुर्गंधी व जंतुनाशक द्रव्ये –** पळस, शमी, वड, बिल्व, खदिर.

काही वैज्ञानिकांची यज्ञाबाबतची मते : १) डॉ. स्वामी सत्यप्रकाश डी. एस. बी. ह्यांनी यज्ञावर विशेष संशोधन करून निष्कर्ष काढले आहेत. समिधा व तूप यांच्या परमाणूंपासून तयार होतो व तो हवेत पसरून रोगजंतूंना नष्ट करतो. घृत व समिधा ह्या प्रथम फुफ्फुस मग रक्त व हृदयावर कार्य करतात.

यज्ञाबाबत इतर वैज्ञानिकांचे मत : १) प्रो. ट्रिलवर्ट फ्रान्स – जळत्या साखरेत वायुशुद्ध करण्याचे सामर्थ्य आहे. देवी, कॉलरा, टी.बी. रोगांचे जंतू नष्ट होतात. **२)** डॉ. हैफ्फीन फ्रान्स – तुपाच्या ज्वलनाने अनेक जंतू तुपाच्या कणांच्या संपर्कात येतात व नष्ट होतात. डॉ. ट्रेक्ट – मनुका जाळल्या असता टायफॉइडचे जंतु ३० मिनीटात नष्ट होतात.

सद्यकाळातील यज्ञाचा उद्देश : १) हवेचे शुद्धीकरण २) वैयक्तिक व सामाजिक आरोग्य टिकवणे. ३) शारीरिक व हवेतील रोगजंतूंचा नाश करणे. ४) पर्यावरण संतुलित करून पर्जन्यास अनुकूल वातावरण तयार करणे.

यज्ञातील समिधा व तूप जळल्यावर २ महत्त्वाची कार्ये दिसून येतात. १) शुद्ध व रोगमुक्त हवा. २) घृतकण व सामग्रीचे कण हवे बरोबर वाष्पकणांना थंड करून पाऊस पाडण्यास मदत करतात. स्वतःचा प्रभाव जलकणांत टाकतात. ह्यामुळे पर्जन्यनिर्मिती व पर्यावरण शुद्धी होते. हवेतील दूषित धूर पावसाच्या नैसर्गिक प्रक्रियेस अडथळा निर्माण करू शकतो. यज्ञाचे कार्यक्षेत्र पृथ्वी व परिणामक्षेत्र अंतराळ आहे. म्हणूनच सद्यस्थितीत वायू प्रदूषण टाळण्यासाठी पुढील उपाय उत्तम ठरतील. १) यज्ञविधी हे कर्मकांड नसून त्याकडे वैज्ञानिक भूमिकेतून पहावे. २) वर उल्लेखलेल्या वृक्षांची लागवड व्हावी. ३) अग्नीहोत्रासारखा सोपा व सहज कमी खर्चिक असा विधी वैयक्तिकरित्या प्रत्येकाने करावा.

हार्दिक अभिनंदन व शुभेच्छा !

राष्ट्रीय शिक्षण मंडळाच्या सन २०२०–२०२५ साठी नियामक मंडळाच्या पंचवार्षिक निवडणूका नुकत्याच पार पडल्या. त्याचबरोबर आयुर्वेद रसशाळा समितीवरील प्रतिनिधी व मेहेंदळे दवाखाना समितीवरील प्रतिनिधींची निवडणूक पार पडली. सर्व निवडणूका बिनविरोध पार पडल्या. राष्ट्रीय शिक्षण मंडळाच्या नियामक मंडळाची (विश्वस्त) धूरा पुढील पदाधिकारी पार पाडणार आहेत.


डॉ. दिलीप प्रभाकर पुराणिक, अध्यक्ष


डॉ. भालचंद्र कृष्णाजी भागवत, उपाध्यक्ष


डॉ. राजेंद्र शशिशेखर हुपरीकर, सचिव


डॉ. रमेश नारायण गांगल, कोषपाल


डॉ. भालचंद्र गणेश धडफळे, सदस्य


डॉ. मधुकर रामचंद्र सातपुते, सदस्य


डॉ. विजय विश्वनाथ डोईफोडे, सदस्य


डॉ. सुहास नारायण परचुरे, सदस्य


ॲड. श्रीकांत नारायण पाटील, सदस्य


डॉ. संजय गुलाबराव गव्हाणे, सदस्य


प्राचार्य, डॉ. सदानंद विठ्ठल देशपांडे, सदस्य (पदसिद्ध)

आयुर्विद्या मासिक समितीतर्फे सर्व नूतन पदाधिकारी व सदस्यांचे हार्दिक अभिनंदन व कार्यकालासाठी हार्दिक शुभेच्छा.

Role Of Rasaushadhis In Kushta Chikitsa With Special Reference To Charaksamhita Kushta Chikitsa

Vd. Akshada Shitole, B.A.M.S., PG Scholar

Vd. Indira Ujagare, H.O.D. and Professor, Rasashastra Dept., Tilak Ayurved Mahavidyalay, Pune.

Introduction - In the present era skin diseases are a major issue of concern. The patient suffering from these issues suffers at a physical as well as psychological level as these skin disorders are considered as a social taboo. Skin diseases are quite common and often have a negative impact on an individual's health related quality of life. New study estimates the prevalence of skin disease stating it as the 4th most common to occur therefore it becomes a major agenda for the medical fraternity to look upon these skin issues.

Rasadravyas mainly constitute of the elements and the minerals present in the nature. They are highly stable and non perishable form of resources that occurred in the nature for yearsr together. After proper procedures like shodhana, marana they can be readily accepted by the body. The main asset of using these Rasadravyas is that there effect is long-lasting even in grave acute disorders. With the virtues of lesser doses, more palatability, higher potency and faster results the use of Rasadravyas in the treatment of skin diseases is significantly high.

In Ayurveda skin diseases are briefly classify under Kushta and Kilasa. The available literature also gives the clear focus about the broad as well as specifically no treatment for every aspect.Charakasamhita is considered as one of the main compendium for medicine. The Rasaushadhis listed in these scripture are briefly discussed in this paper along with its properties.

Aim and objectives - 1) To study the role of Rasaushadhis in Kushta chikitsa with reference to Charakasamhita. 2) To review the role of Rasaushadhis along with its basic properties and their action on stages of Kushta.

Materials and methods - 1) References as per the Charakasamhita are collected. 2) Also the concerned Rasagranthas are studied for the basic properties of the Rasaushadhis.

Conceptual review - The Tridoshas Vata, Pitta, Kafa get vitiated due to various reasons. These hetus mostly comprise of viruddha anna, viruddha vihar, extreme use of amla-lavan-katu Rasa, abhishyandi dravya, absence of exercise, exercise or vigorous movements immediately after food etc.Thus the provoked doshas through tiryaksiras reach bahyarogamarga which involves four main elements i.e Twak, Lasika, Mansa and Rakta. The four dushyas become morbid and loose their character. These vitiated body elements getting localised there, further vitiate themselves to produce Kushta. Charak mentions that Kushta is at first located in the skin and further it involves deeper Dhatus like Meda, Ashti etc. Jatharagni mandya and further Dhatvagni mandya is caused which leads to formation of Ama. This Ama plays an important role in pathogenesis of Kushta. The Kushta gets its properties from jeernatva and the dominant dosha due to which the line of treatment as well of mode of treatment differs.

Dushya - Tridosha

Dushya - Twak, Lasika, Mansa and Rakta

Adhishthan - Rakta

Vyadhimarga - Bahyamarga

Treatment of Kushta can be divided into two types: Antahparimarjana and Bahiparimarjan. Many formulations or yogas are explained in Charakasamhita of which enlisted below are the formulations comprising of one or more than one mineral constituent.

Antahparimarjana (internal administration)-

1) ShuddhaGandhak(sulphur)+ honey+ jatipatra leaves swaras(Jasminum grandiflorum)

2) Suvarnamakshik bhasma (copper pyrite)+ gomutra

3) ShuddhaParada (mercury) bhasma along with one of the above enlisted two yogas.

4) Parada bhasma along with Shilajatu (black bitumen) which is obtained from a diamond mine.

5) Parada bhasma along with Yogaraj Rasa.

6) Madhvasava- 8 Pala Loha prakshep (iron)

Bahyaparimarjan chikitsa (external application) -

1) Kanakshiri tail - saurashtri or kankshi (potash alum) as constituents.

2) Tiktekshwadi tail - Kasisa (Ferrous sulphate or green vitriol)

3) Lepa that includes Manashila (realgar), Kasisa (green vitriol) and made in a Tamra vessel.

(Table no. 1)

Rasadravya	Properties	Shloka
Gandhaka	Madhura- katu rasa, ushna virya, Agnikari, pachana, aam-mochana-shoshana, krumihar, rasayana	शुद्धगंधोहरेद्रोगान्कुष्ठमृत्युजरादिकान्..... कुष्ठान्यथाष्टाद शरोगसंघान्निवारयत्येवचराजरोगम्। गन्धाश्मातिरसायनः सुमधुरः पाकेकटूष्णोमतः। कण्डूकुष्ठ विसर्पदद्रुदलनोदीप्तानलः छ्छनः।।
Suvarna -makshik	Kashaya-madhura rasa, kafapittahar, tridoshanashak, yogavahi. etc	माक्षिकंतिक्तमधुरंमेहार्शःकृमिकुष्ठनुत्। सर्वरसायनाग्र्यः। दुःसाध्यरोगानपिसप्तवासरैःनैतेनतुल्योऽस्तिसुधारसोऽपि।।
Parada	Yogvaahi, rasayana, sarva-vyadhihara Basic constituent of most of the rasakalpas.	
Shilajit	Rasa according to its source, dehadardhyakara, agnimandyahar, shaithilyahara, lekhana, balya etc	मेहाग्निमान्द्यापह...मेदश्छेदकरं...सर्वत्वग्गदनाशनं...।
Loha	Tridoshahara, balakar, shaithilyahara, rasayan, agnimandyahara, kantikara etc	नानाकुष्ठनिबर्हणंबलकरं.....कुष्ठाग्निमान्यप्रणुत्। सौख्यालम्बिरसायनंमृतिहरंकिट्टंचकान्तादिवत्।।
Kasisa	Kashaya-amla Rasa, ushna, Netrya, keshya, lekhana, Vaat- kafahar etc	श्वित्रक्षयघ्न कचरञ्जननं परम। वातश्लेष्महरं केश्यं नेत्रं कण्डूविधप्रणुत्।। मत्रकृछाश्मरीश्वित्र नाशनं परिकीर्तिम।
Manashila	Katu- tikta Rasa, ushna, lekhana, kaaf-vaathar, varnya, rasayana, kanduhar, agnimandyahar,bhoot-upadrava-hara etc.	श्वासकासहराकामंभूतोपद्रवनाशिनी। अग्निमान्द्यक्षयानाहहन्त्रीकण्डूतिनाशिनी। रसायनीज्वरहरावर्ण्याकामंविषापहा।
Sourashtri	Kashaya-katu-amla Rasa, Tridosha shamak, sheeta virya, vrana-hita etc.	केश्याव्रणघ्नीविषनाशिनीच। श्वित्रापहानेत्रहितात्रिदोषशान्तिप्रदापारदजारिणीच।

4) Lepa comprising of Manashila and Kasisa (green vitriol)

5) Lepa of Manashila along with Barhipitta.

Discussion - All the Rasaushadhis used in Charakasamhita Kushta chikitsa are already enlisted above. Now the properties that they exhibit are reviewed in detail. (Table no. 1)

Inference - Rasadravyas like Gandhaka, Suvarnamakshik, Parada, loha can be used for internally in Kushta chikitsa mainly in form of rasayanas after sharirshodhana. They reduce the mansa- meda shaithilya,kleda, krumi etc also they improve the sarata of the dhatus, Agni and dhatuparinamanand thus eliminate Kushta.

The rasadravyas like Kasisa, Manashila, kankshi are indicated mostly in yogas for external application. They are all lekhana, tikshna, ushnavirya and hence can be used in vimlapana of stir, kathina, jeerna Kushta.Manashila and kasis are considered visha dravyas and therefore are sukshma, vyavayi, vikashi etc and hence help in vilayana of doshas. Kasis explained as kacha-shwitra-ranjana (one that colours hair and shwitra) can be successfully used in Kushta involving discoloration of skin.

Conclusion - On studying Kushta as a whole it is mainly found that along with the aharaj and viharaj factors, manasik factors plays important role in the manifestation of this disease. According to modern science also it is confirmed that the skin disorders can further manifest into grave psychological disorders and vice versa.Therefore there is need in the medical fraternity to consider the use of Rasaushadhis for the ensured treatment of the skin diseases.

Ayurveda thus gives a complete and the most promising answer to all the skin challenges that are erupting in the society and definitely prove to be great assistance to the mankind.

References - 1) Charakasamhita, Chakrapaani teeka, Chowkhamba prakashan Varanasi, page 454, 455,456, 458. 2) Dr Siddhinandan Mishra, Ayurvediya Rasashastra, Chowkhamba Prakashan, Varanasi .

A Randomized, Controlled Clinical Study To Evaluate Efficacy Of Balashairiya Tail Matra Basti In Sandhigat Vata Nirama Avastha With Special Reference To Janu Sandhi

Vd. Ashwini R. Shinde,
M.D. Scholar, Panchakarma.

Vd. Rajendra S. Huparikar, MD, Ph.D (Kayachikitsa) , H.O.D and Professor Panchakarma Department, T. A. M. V., Pune.

Introduction : Ayurveda is the science of life. The protocol of Ayurvedic chikitsa is to find out precise causative factors which are responsible for dosha dooshya sammurcchana i.e samprapti of disease and designing the treatment according to that causative factors (Hetus). If these Hetus are Apatarpanjanya then it leads to Dhatukshaya and it further leads to Vataprakopa. Vitiated and Prakupita Vata gets lodged in the joints, is known as 'Sandhigata Vata'. It is characterised by following lakshanas : Vatapoorna Drutisparsha,Sandhishotha, Aakunchan-prasaranesanyoho Savedana Pravrutti . In modern medicine it is characterized as the common joint condition in which loss of articular cartilage and periarticular bone remodeling it is called as 'Osteoarthritis'. In all joints mainly knee joint gets affected commonly, as being weight bearing joint. Practically large number of patients of Sandhigata Vata with knee joint are noticeable .Hence it is confirmed to procede work with Janu Sandhigata Vata.

Basti is potent treatment for Vata. Matra basti is type of Snehan Basti, used for Snehankarma .It can be given daily without major vyapadas . "Balashairiya Tail '' is coated in Vangasena Vatavyadhi chikitsa and Chakradatta Vatavyadhi chikitsa adhyaya contains vatahar, asthibalya, bruhan, Mamsavruddhikar, Shukravruddhikar properties which covers Rasayan and Vajikaran in its ambit.

AIM : To evaluate the efficacy of Balashairiya Tail Matra Basti in Sandhigata vata Nirama avastha with special reference to Janusandhi.

Objectives :

Primary objective : To clinically evaluate the role of Balashairiya Tail Matra Basti in Sandhigatavata Niramaavastha with special reference to Janusandhi for 7 days.

Secondary objectives : 1) To study the concept of Sandhigatavata with special referance to Janusandhi. 2) To standardize the ingredients as well as final product (Balashairiya tail).
3) To study the side effects of Balashairiya Tail if any.

Materials and methods : Total number of 60 patients of Janu Sandhigata Vata Niramavastha were selected, which were devided in to 2 groups i.e. Trial Group (Study Group) and Control Group, selected irrespective of sex, religion, economical status, education, occupation etc. in this study.

A) 1) Materials used for preparation of Balashairiya Tail (Trial Group) :
a) Sneha Dravya : Tila Tail
b) Kwatha Dravya : Balamoola Kwatha
c) Other Drava Dravya : 1) Gokshira (as equal proportion to kwatha) 2) Water
d) Kalka Dravya : Balamoola kalka
2) Tila Tail (Control Group)

B) Instruments required for administration of Balashairiya Tail Matra Basti and Tila Tail Matra Basti :
a) Vessels and measuring cylinder.
b) Glycerine Syringe 100 cc
c) Disposable simple rubber catheter no.10
d) Gas stove and cylinder
e) Disposable glove

1) Sneha Dravya : 2) kwatha Dravya :

3) Other Drava Dravya :

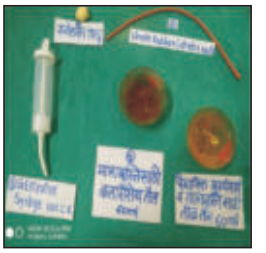
Preparation Of Balamool Kwatha :

Prepared Balashairiya Tail :

4) Kalka Dravya :

Balashairiya Taila Preparation :

Preparation For Giving Basti :



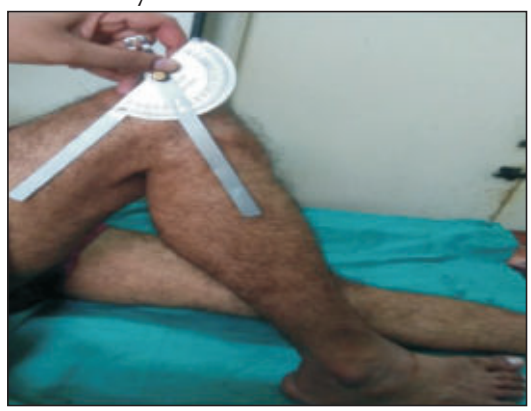
Steps of preparation of Balashairiya Tail :
I) Balamoola Kwatha preparation **II)** Addition of Tila Tail in Kwatha **III)** Addition of Goksheera in mixture of Taila and Kwatha **IV)** Preparation of Balamoola Kalka **V)** Addition of Kalka in mixture of Tail , Kwatha and Goksheera **VI)** Observation of Samyak Sneha Siddhi Lakshana **VII)** Siddha Balashairiya Tail.

2) Method of administration of Matra Basti for Trial and Control Group : Selected patients were randomly devided in to 2 groups (each containing 30 patients) .

Form : Matrabasti **Dose :** 60 ml **Kala :** Just after food ("Aardrapanina") taken as 'Madhyanha'. (12.30Noon) **Duration of therapy :** For 7 Days **Initial Assessment :** 1st Day **Follow up :** 7th And 14th Day **Route of administration :** Anal route.

Efficacy Parameter Evaluation : Assessment of Shool by Oxford pain chart and Visual analog scale score, Shotha, Vatapoorna Druti Sparsha, Graha, Prasarana Aakunchanayo Savedana Pravrutti were assessed as per Ayurveda texts, and Walking time, Goniometry, Rheumatoid and Arthritis Outcome Score were assessed as per the standard scale.

Goniometry :



All the parameters were measured during screening Day 1 , Day 7 (after completion of treatment), Day 14 (follow up).

Statistical Analysis : Statistical Analysis was carried out with the help of SPSS 22. For the Qualitative Data Friedman Anova Test and Mann Whitney Test were used. For the Quantitative Data Anova Test and Independent t Test were used.

Results : In this present Study, the trial was conducted on 60 Patients. Medication were assessed properly before and after Treatment. The results were mentioned in Mean ± SD format. The readings taken on day 0 and day 7 shows highly significant difference. There was decrease in all parameters on day 7 i.e. at the end of treatment. Balashairiya Tail Matra Basti showed statistically significant result in Janu Sandhigata Vata Niramavastha than Tila Tail Matra Basti. Effect of Balashairiya Tail Matra Basti was continued for longer period(up to 14 days).The average overall relief of the Symptoms (in %) was as follows :

Signs and Symptoms		% Relief Day 7	% Relief Day 14
Shool	Trial	53.1	79.7
	Control	60.4	62.3

Shotha	Trial	1.4	1.5
	Control	1.0	0.9
Vatapoornadruti Sparsha	Trial	71.9	81.3
	Control	43.8	43.8
Graha	Trial	66.0	83.0
	Control	60.4	58.5
Aakunchan Prasaranayo Pravruttishcha Savedana	Trial	55.0	81.7
	Control	44.8	60.3
Pain	Trial	41.1	53.3
	Control	38.6	39.8
Visual Analogue	Trial	60.1	61.7
	Control	45.6	43.7
Walking	Trial	3.9	3.9
	Control	3.3	2.5
Goniometry	Trial	8.1	7.9
	Control	5.1	3.3

Discussion : In this study, maximum patients were in the range of 41-60 years. As this age group going towards 'Jeernaavastha' (Hiyamana avastha) i.e towards old age , the strength of all Dhatu , Indriya , Veerya gets decline. Also in this age Vata prakopa gets started, hence high incidence of Sandhigata Vata was observed. Maximum patients were of female category. Females perform long standing work mostly in the kitchen also due to heavy domestic duties there is strain on weight bearing joint i.e. knee joint.Hence , frequency of getting Sandhigata Vata (in Janu Sandhi mainly) increases. Patients with Housewife profile were highest in numbers. Ati aayasa or shrama, standing for longer duration , Vishama aasana sthiti, excessive traveling, walking, riding bicycle, late night sleeping due to occupation leads to Vataprakopa.

Mode of action of Balashairiya Tail :

" बलानिष्क्वाथकल्काभ्यां तैलं पक्वं पयोन्वितम् ।
सर्ववातविकारघ्नमेवं शैरियसाधितम् ॥ १००॥'

चक्रदत्त (वातव्याधि चिकित्सा अध्याय)

Cumulative effect of Balashairiya Tail :

गुण	स्निग्ध, शीत, गुरु, पिच्छिल, श्लक्ष्ण, मृदु, सर, सूक्ष्म, मंद
रस	मधुर
वीर्य	उष्ण
विपाक	मधुर

कार्मुकता : स्नेहन, बल्य, बृंहण, रसायन, व्यवायि, जीवन कर्म

Samprapti Bhanga By Balashairiya Tail :

Vata Prakopa Due To Apatarpak Hetu
↓
Dhatukshaya
↓
Sandhisthita Raukshya, Parushya, Kharata
↓
Sandhi Shoola, Shotha, Graha, aatopa, Vatapoorna Druti Sparsha
↓
Snigdha, Sheeta, guru, Shlakshna, Mrudu, Sara, sukshma, manda Guna of Balashairiya Tail
↓
Sandhisthani Sthiratva, snehana, Dharana, Poorana
↓
Sandhigata Vata Upashaya

Conclusion : 1) Balashairiya Tail Matra Basti shows statistically significant result in Janu Sandhigata Vata Niramavastha than Tila Tail Matra Basti. 2) Balashairiya Tail have properties such as Snigdha, Sheeta, Guru, Shlakshna, Mrudu, Sara, Sukshma, Manda which decreases Dhatukshayajanya Vata Prakopa, it decreases Sandhisthita Raukshya, Parushata, Kharata. Action of this Balashairiya Tail Matra Basti mainly Snehana, Bruhana. It mainly counteracts the Ruksha, Laghu, Khara Guna of Vata. Hence there is upashaya in Sandhigata Vata Nirama Avastha.

References -1) Tripathi Ravidatta, Aacharya Vidyadhara Shukla, Charaka Samhita Chaukhamba Sanskrit Pratishthan Delhi , Chaukhamba Surabharati Prakashana Varanasi, Edition 2010. 2) Sri Taranath Tarkavachaspati ,Vachaspatyam, volume 6 , Chaukhamba Sanskrit series, Varanasi, Edition 1990 3) Shree Varadaprasad, Shree Haricharana, Shabdakalpadruma, (Volume 5), NAC Publishers, Edition 1988. 4) Venimadhavashasree Joshi, Narayana Hari Joshi, Aayurvedeeya Shabdakosha, arkateertha Lakshamanashastree Joshi Prakashaka 5) Kaviraj Ambikadatta Shastree, Sushruta Samhita Publisher Chaukhamba Sanskrit Sansthana, Edition 2011. 6) Bramhananda Tripathi, Ashtanga Hridaya, Chaukhamba Sanskrit Pratishthan Delhi, Chaukhamba Surabharati Prakashana Varanasi, Edition 2015. 7) Vaidya Ananta Damodar Aathavale , Ashtanga Samgraha ,Chikitsa sthana ,Vatavyadhi Chikitsa Adhyaya , 23 Shrimad Aatreya Prakashana , Pune.

Application Of Lepa In Shotha (Inflammation)

Vd. Snehal Bhagwan Akre, B.A.M.S.

Vd. Pramod V. Kulkarni, M.D. Kaychikitsa and Rognidan, Asso. Prof. Panchakarma Dept. T. A. M. V., Pune.

Introduction : The herbs are used for the treatment of the Roga (diseases). There are numerous formulations of herbs are described in various Samhita. Lepa Kalpana is the internal and external application of paste of herbs or its formulation. Lepas of various herbal drugs are mainly used in terms of therapeutic, cosmaceutics etc. as mentioned in classical treatment. The symptoms like Shoola (pain), Shotha (inflammation), Vaivarnya (discoloration of skin), Kandu (itching), etc. the diseases like Kushtha, Visarpa, Arsha, Khalitya, Palitya, Vatarakta, Dadru, Vidradhi, Shleepada, Visha (poisoning), etc. Lepa used for the external application. Shopha (inflammation) occurs as a result of aahariya and vihariya hetus of vitiated doshas or may be of traumatic origin. There are three main types of lepa i.e. doshaghna, vishaghna and varnya lepa described in Sharangdhar Samhita.

Aim: Application of Lepa in Shotha (Inflammation).

Objective: 1) To explain lepas described in Samhitas. **2)** To explain the efficacy of lepa in shotha.

Material and method : 1) References of Lepa have been collected from Brihatrayii. eCharak-samhita, Sushrut-samhita and Ashtang-hridayam and Laghutrayi i.e. Sharangadhara Samhita, Bhavprakasha and Madhav Nidan.

2) All data is compiled, analyzed and discussed through and in depth understanding about lepa mentioned in samhitas.

3) The typical lepa is to be observed by using in the patient.

Conceptual Study Revealed That :

Lepa : The herbs or formulation in the form of paste which is used for the internal and external application in shotha management.

Types of Lepa : According to Sushruta Samhita

1) Pralepa : It is the Shita (cold) lepa prepared from shita guna dravya. Application of pralepa is as Tanu (thin layered) and indicated in pitta Pradhan twaka rogas.

2) Pradeha : It is the Ushna (lukewarm) lepa which is prepared from Ushna virya dravyas. It is mainly used in vaat pradhan and Shleshmal doshaja twaka rogas.

3) Alepa : This lepa has moderate and mix action like both Pralepa and Pradeha.

According to Ashtanga-sangrahakara-

Ashtanga-sangraha has mentioned 10 different types of Lepa

1) Snaihika - This type of lepa contains sneha (oily) dravya and used on vatajvikara.

2) Nirvapana -This type of lepa contains sheetal dravya and used in pittaj vikar, vishvikar, agni-dagdha (burn), kshar-dagdh etc.

3) Prasadana - This lepa is same as nirvapana but used in vaat dushit rakta vikara.

4) Sthambhan - called as sthambhan (anticoagulant) which is used in excess bleeding.

5) Vilayana - This type of lepa used in apakva-shotha (swelling), kapha-meda vilayana, grathit-shotha containing Ushna Veerya dravya.

6) Pachana - This lepa contains Ushna and ruksha Veerya dravya and used in pachyaman-shothaj-vrana.

7) Peedana - This lepa contains ruksh and picchil dravya used on small vrana.

8) Shodhana - This lepa is used in shodhana of vrana.

9) Ropana - This lepa is used for ropana (healing) of vrana.

10) Savarnikarana - This type of lepa is used for changing pigmented colour to skin colour.

According to Sharangdhara Samhita

1) Doshaghna : It is used in the Shotha (inflammation) caused by vitiated doshas. Powdered drugs of Punarnava, Haridra, Shigru, Sarshapa, Shunthi separately and then mix it well.

2) Vishaghna : it is indicated in Jwara, Shotha, Visarpa, Kustha. The drugs used for this preparation is Shirishtwak, Yashtimool, Tagarkanda, Chandanmoola, Ela beej, Jatamansi, Haridra, Daruharidra, Balamool, Kusthamool and ghrita.

3) Varnya : It is indicated in Vyanga, improve colour and complexion of the skin. The formulation is of Raktachandana, Manjistha, Kustha, Lodhra, Priyangu, Vatankur, Masoor dal.

Width of lepa

a) Charaka: Tribhag - angushth (one third part of finger).

b) Sushruta: Ardra - mahish - charmavata (thickness of skin of buffalo).

c) Sharangdhara : 1) Doshaghna lepa - 1/4 anguli thick. **2) Vishaghnalepa -** 1/3 anguli thick. **3) Varnyalepa -**1/2 anguli thick.

Sneha praman in lepa for inflammation

1) Vataj - Shotha - 1/4 part of lepa.

2) Pittaj - Shotha -1/6 part of lepa.

3) Kaphaj - Shotha -1/8 part of lepa

Lepas are used in the form of single drug or in combination of drugs Among these some are described as follows.

Single drug application

1) Punarnava 2) Kanchanara 3) Gokshura
4) Deodaru 5) Nirgundi

Combination of drugs used for lepa

1) Dashamoola. 2) Dashamoola, Erandamool, Rasna, Punarnava. 3) Triphala. 4) Harit lepa.
5) Dashang lepa.

Punarnava has madhura, tikta rasa, ushna veerya and katu vipaka which is vaat-shamaka, shotha-hara. Studies have revealed that punarnava is an admirable diuretic, anti-inflammatory and is a heart tonic. The paste of roots of this plant is applied externally on the skin, it is beneficial in oedematous swellings, ulcers and skin diseases. Punarnava along with other herbs as Rasna, Shunthi etc. is used to treat swelling in conditions like Aam vaat (rheumatoid arthritis). In such cases rasna works as analgesic, shunthi works as aam-har i.e. does detoxification and Punarnava relieves the swelling. it is used for various purposes as in various panchkarma procedures like swedan (fomentation) where Punarnava roots and whole punaranva plant is used to relieve pain and swelling.

Kanchanara has Kashaya rasa, sheeta veerya, katu vipaka and ruksha-laghu guna. Ganda-mala-nashaka is the main property of kanchanara and it also has pitta-hara, twak-dosha hara, shotha-hara, lekhana properties. Phytochemical analysis of non woody aerial parts of Bauhinia variegata yielded 6 flavonoids with one triterpene caffeate. These seven compounds showed anti- inflammatory activity, they inhibited the lipo-poly-saccharides and interferon ã induced nitric oxide (NO) and cytokines.

(Ref-Koteswara RY, Shih-Hua F and Yew-Min T, Anti- inflammatory activity of flavanoids and a triterpene caffeate isolated from Bauhinia variegata. Phytotherapy Research 2008; 22: 957962.)

Gokshur has madhura rasa, sheeta veerya, madhura vipaka and guru snigdha guna. It is used as mutrala (diuretic) as well as shotha-hara. Churna of gokshura beej or whole plant use as external application in oedema, shotha, etc. Experiment on albino rat shows that the anti-inflammatory effect of root Kashaya and fruit Kashaya of Gokshura is used in the inhibition of the enzyme cyclo-oxygenase leading to the inhibition of prostaglandin synthesis. Both root and fruit of Gokshura, showed significant anti-inflammatory activity in albino rats. **Ref:** (Ankitha Sudheendran et. al.Anti-inflammatory activity of root and fruit of gokshura (tribulu sterrestris linn.) In albino rats.Int. J. Ayur. Pharma Research, 2017;5(7):1-4)

Dashamoola is a well known Swayathuhara Mahakashaya described in Charaka Samhita. Swayathu/Sopha is a disease dealt in Grantha, which can be compared to inflammation based on the clinical features. Swayathuhara/ Sophaghna can be interpreted as anti-inflammatory activity. The content of dhashmoola has vataghna, shothahara, shulaghna, jwarahar, etc. properties. The external application of dashamoola in the form of lepa relieve the pain, shotha (inflammation), daha (burning), etc.

The combination of dashamool, erandamool, rasna and punarnava is effective in shotha. All drayas are shows vatashamaka, shothahara, rechaka, swedopaga, etc. properties which has potency to relieve pain, shotha, daha by external application. Dashmool can be used in internal and external as well, it can be used in churna and bharad form. This depends on disease and rugna.

Harit Lepa contains dhattur, tentu, vatsnabh, it is effective in inflammatory conditions.

Discussion - Lepa are the topical medicament meant for external application. The herbal drugs are taken as mentioned in Samhitas with media applied on skin is the basic concept of lepa. An analytical interpretation of all information available in Grantha concerning Lepa Kalpa right from ingredients to indication are establishing richness of subject on the basis of academic and clinical acumen. Aacharyas have had emphasized each and every minute detail for best therapeutic and cosmetics effect.

The Ayurvedic products which are used for external (topically) application in the form of packs, oils, herbal powder, pastes, etc., are classified on the basis of the temperature, duration, and width. Many herbs has anti-inflammatory and anti-oxidant activity such as

eranda, rasna, punarnava, shunthi, dashmool, gokshura, daruharidra, etc.Ayurveda had developed the Lepa in the form of Churna, Kalka, Rasakriya, Mashi, Kshara, etc. Various bases are mentioned in Grantha they are olegenious (Taila, Ghrita, ShatadhautaGhrita, Siktataila). Now a days formulation of lepa are available in market such as dashang-lepa, bajarang-lepa, hirva-lepa, lepagoli etc.

Conclusion - Pain and inflammation is the most common complaint of the population being acute or chronic, hence local application of lepa is effective in reducing pain and inflammation due to vikrut (affected) doshas, and it is also used as vishaghn, varnya lepa in many diseases. Hence local application of lepas decreases the redness, itching, inflammation, Oushnya, gourav, thickening of the skin. There are several disease in which internal and external aushadh prakriya can be used. For this information one should go through charaka, sushruta etc. granthas.

References - 1) Agnivasha, Charak, Drudhabala. Charak Samhita Sutrasthana, Aragvadhiya Adhaya 3 Ayurveda Dipika Commentary by Chakrapanidatta In: Acharya YT, editor. Reprint Edition. Varanasi: Chaukhambha Surbharti Prakashan; 2008. 2) Sushruta, Sushrata Samhita, Sutra Sthana, Vranalepabandhavidi Adhayay 18/6 edited with Ayurveda Sandipika Hindi Commentary by Kaviraj Ambikadutta Shastri. Varanasi: Chaukhambha Sanskrita Sanstana; 1997. 3) Sushruta, Sushrata Samhita, Chikitsa Sthana, Anagatabadhpratishedh Adhaya 24/63 edited with Ayurveda Sandipika Hindi Commentary by Kaviraj Ambikadutta Shastri. Varanasi: Chaukhambha Sanskrita Sanstana; 1997. 4) Sushruta, Sushrata Samhita, Chikitsa Sthana, Vranachikitsa Adhaya 1 edited with Ayurveda Sandipika Hindi Commentary by Kaviraj Ambikadutta Shastri. Varanasi: Chaukhambha Sanskrita Sanstana; 1997. 5) Vagbhattacharya, Ashtang Samgraha Uttartantra, Vranapratishedha 30/8 Sashilekha Sanskrita Commentary by Indu. In: Sharma S, editor. Varanasi: Chaukhambha Sanskrita Series Office; 2012. 6) Vagbhattacharya, Ashtanghridaya, Sutra Sthana 22/14. Commentaries. Sarvangasundara of Arunadatta and Ayurveda Rasayan of Hemadri Annoted by Anna Moreshwar Kunte. In: Pt. Shastri HS, editor. Varanasi: Chaukhambha Surbharti Prakashan; 2010. 7) Sharangdhara, Sharangdhara samhita, uttarkhanda 11/1, Dipika commentary of Aadhmalla. In Vidyaqsagar PS editor. Varanasi,Chaukhamba surbharati prakashan,2011
8) Ilavarasan R, Mallika M, Venkataraman S. Anti-inflammatory and free radical scavenging activity of Ricinus communis root extract. J Ethnopharmacol. 2006;103:478 480. 9) Dang GK, Parekar RR, Kamat SK, Scindia AM, Rege NN. Antiinflammatory activity of Phyllanthus emblica, Plumbago zeylanica and Cyperus rotundus in acute models of inflammation. Phytother Res 2011:25;904-8.

अहवाल

कै. कृ. ना. भिडे आयुर्वेद संस्थेचा वर्धापनदिन संपन्न!

डॉ. भा. कृ. भागवत

राष्ट्रीय शिक्षण मंडळ संचलित कै. कृ. ना. भिडे आयुर्वेद संस्थेच्या वर्धापनदिनानिमित्त रविवार दि. १ मार्च २०२० रोजी विशेष समारंभाचे आयोजन करण्यात आले होते. समारंभास प्रमुख अतिथी म्हणून मा. डॉ. विजय डोईफोडे हे उपस्थित होते. डॉ. मधुकर सातपुते यांनी प्रास्ताविक करताना संस्थेच्या प्रगतीपथावरील वाटचालीची माहिती दिली व विविध उपक्रमांबद्दल उपस्थितांना ज्ञात केले. तसेच सर्वांचे हार्दिक स्वागत केले. प्रमुख अतिथी डॉ. डोईफोडे यांच्या हस्ते श्री धन्वतरीचे पूजन झाल्यानंतर श्री धन्वतरी स्तवनाचे मंगल चरण आळविण्यात आले. डॉ. डोईफोडे यांनी मनोगत व्यक्त करताना संस्थेने केलेल्या स्तुत्य उपक्रम व प्रगतीची प्रशंसा केली व भविष्यासाठी शुभेच्छा दिल्या. या प्रसंगी डॉ. दिलीप पुराणिक यांनी आपले विचार व्यक्त करताना संस्थेच्या प्रगतीत डॉ. सातपुते, डॉ. भा. कृ. भागवत व इतर चिकित्सकांचे बहुमोल योगदान असल्याचे सांगितले. डॉ. भागवत यांनी सर्व उपस्थितांचे तसेच डॉ. डोईफोडे यांचे आभार मानले.

समारंभास रा.शि. मंडळाच्या नियामक मंडळाचे सदस्य, कै. कृ. ना. भिडे आयुर्वेद संस्था समितीचे सदस्य, चिकित्सक, टिळक आयुर्वेद महाविद्यालयाचे प्राध्यापक मोठ्या संख्येने उपस्थित होते.

प्रमुख अतिथी डॉ. डोईफोडे यांचे स्वागत करताना डॉ. सातपुते प्रसंगी व्यासपीठावर उपस्थित डॉ. पुराणिक.

वर्धापनदिनानिमित्त आयोजित समारंभास उपस्थित समुदायासमोर प्रास्ताविक करताना डॉ. मधुकर सातपुते

Critical Review Of Langali (Gloriosa Superba) With Reference To Ayurvedic Literature

Dr. Dinesh R. Bahirwad,
B.A.M.S., P.G. Scholar,
Agadtantra Avum Vidhi Vaidyaka

Dr. Pramod P. Bhave, Professor and H.O.D,
Agadtantra Avum Vidhi Vaidyaka Dept.
T.A.M.V Pune.

Introduction - Plants are natural sources of bioactive compounds to treat life threatening diseases such as heart disease and cancer. Gloriosa superba is a perennial tuberous climbing herb which is known as Langali in Sanskrit. It belongs to Liliaceae family which contains alkaloids mainly colchicine and colchicoside. In the world market the seeds of this taxon are highly priced as they are the great source of alkaloids Colchicine and Colchicoside. It has significant medicinal importance and it is used in many tribal areas of India as a traditional medicine.

In Brihattrayi Gloriosa superba is described as 'Vanaspatijvish', In Sushrut Samhita it is described as Kandvish, in Laghutrayi and in all Ras-shatriygranthas it is described as a Upvish. Although it is a poisonus and harmful to the human life still Ayurveda mentioned the use of this plant in medical preparations.

योगादपिविषंतीक्ष्णं उत्तमंभेषजंभवेत् ।
ठोषजंचापिदुर्युक्तं तीक्ष्णंसंपद्यतेविषम् ॥-च. सू. १/१२७

In Charak Samhita stated that a poison can become an excellent remedy if we use in proper way and in a proper techniques and if we use a medicinal drug in improper way and techniques it will acts as a poison. For this various shodhan processes are described in ayurvedic text.

According to Yogratnakar shodhan of Langali-

लांगलीशुध्दिमायातिदिनंगोमूत्रसंस्थिता । यो. र

Langalikand is cut into pieces and soaked in Gomutra (cow's urine) for 24 hours. In Sushrut Samhita Chikitsasthan in chapter no.18 Langali lep is used in the treatment of Kaphaj Arbud.

Modern pharmacological and Clinical investigation have shown that Gloriosa superba has anticancer activity The review deals with review from Ayurvedic Samhita and moder literature related with vernacular names, synonyms, classification, geographical distriutio, external morphology, chemical constituents, and its Ayurved properties with pharmacological action.

Aims and Objectives - To review Langali (Gloriosa Superba) from available Ayurvedic Samhita, various texts, journals and modern literature.

Materials and Methods - Various Ayurved Samhitas with their commentaries by different authors, web search, various Textooks and peer reviewed journals were studied to get more information about Langali.

Review Of Literature -

Vernacular Names - English : Glory lily.
Hindi : Kalihari, Kalikari, Kathari, Kulhari, Langali.
Bengali : Bisha, Bishalanguli, Ulatchandal.
Guajarati : Shingdiovachanaga.
Kannada : Kolikutuma.
Malayalam : Kantal, Malattamara.
Marathi : Karianag, Nagkaria, Indai.
Punjabi : Mulim, Kariari.
Tamil : Akkinichilam, Anaravam, Illangali, Irumbu, Kodai, Tondari.
Telugu : Adavinabbhi, Agnisikha, Kalapagadda, Langali, Pottidumpa.
Tulu : Balipapu, Kenakannadapu.
Simhaleese : Neyaangalla, Niyangalla.
Burmese : Simadon, Hseemeetouk.
Canarease : Agmisikhe, Akkatangaballi, Huliyuguru, Nangulika, Kolikutuma.
Java : Akarsoengsang.
Oriya : Garbhhoghhatotono, Ognisikha, Panjangulia, Meheriaphhulo.
Urdu : Kulhar, Kanol.
Lushkar : Husangibdo, merkam-par.
Kano : Gudumarzom.
Deccan : Naktabachhnag.

Synonyms - Agnimukhi, Agnisikka, Ahijihoa, Anenta, Indrapushpika, Indrapushpi Kalikari, Kalahari, Garbhanuta Garbhapatini, Garbhaghatini Dipta / pradipta Nukta, Pushpassuarabha, Vahnivaktra, Vidyutjwala, Vahnisikka, Vishalya Runahota, Langaliki,

Languli, Swrnapushpa, Sikkajihoa, Shakrapushpi Hali, Halini, Haripriya Siri, Langali.

Classification - According to Avurveda -

1) Constituent - Chetana Dravya (Antaschetana)

2) Morphology - Karya Dravya.

3) Poisonous property- Sthawara (Upavisha) Irritant poison, Abortifacient.

4) Gana/varga - Moola Visha; Arkadi gana; Bhedaniya kashaya; Kutuka varga; kapha samshamniya varga.

Action on Tridosha - Vata- Vataghna

Kapha- kaphaghna **Pitta -** pitta saraka pittakar

Rasa Panchaka - Rasa - Katu , Tikta

Anurasa - Kashaya , Lavana **Virya-** Ushna

Vipaka- Katu

External Morphology Of Gloriosa Superba Linn - 1) A herbaceous tall glabrous branching climber root stock of arched, solid, fleshy-white, cylindrical tubers 15-30 by 2.3-3.cm, pointed at each ends. Depending upon the structure of tubers of Gloriosa superba there are 2 varicties of it **a)** The tubers which divides dichotomously branched of V-shape producing a new joint at the end of each branch, is supposed to be male plant. **b)** Which does not divide at all but appears as a single piece shooting into the ground is supposed to be female plant. **c)** Male plant tubers are frequently used for medicinal purpose. **d)** Roots are fibrous

2) Leaves : are alternate, sessile, opposite, scattered or in whorls of 3 lengths is about 7.5-15 by 2-4.5 cm. **Ovate-** Lanceolate acuminate, curriferous, tip ending in a tendril -like spiral, basecardate; nerves parallel

3) Stem : Is herbaceous, 3.6 meters long, given of from the angles of the young tubers.

4) Inflorescence : It is truly glorious as it produces-eye-catching, multicolored and uniquely structured flowers which remain on the plant for at least 7 days. Inflorescence having pendulous flowers. Subcarymbose towards the end of the branches close from the leaves.

5) Flowers : Flowers are large axillary, solitary, bracteates, regular, Bisexual, hypogynous, pedicellates (pedicels reflexes long tip deflexed).

6) Perianth : 3+3 free, persistent, sub equal, narrow, lincar-lanceolate and length of about 6 3 cm by 8-13 mm with crispy waved margins. It is greenish at first, then yellow, passing through orange and scarlet crimson.

7) Filament : 3.8-4.5 cm long spreading.

8) Pedicels : 7.5-15cm long, the tips deflexed

9) Sepals : Lanceolate, waved their whole length

10) Androecium : Stamen-6 with stout filiform-filaments **Anthers :** Nearly13cm long linear, dorsiflexed versatile, extrorse, filaments golden yellow, connective green.

11) Gynoecium : Tricarpilary, syncarpous, Ovary superior trilocular, one or more ovules in each cells (Loculas) Styls Filiform, stout, deflexed, Up to 5cm long Stigma trifid or 3 armed

12) Fruits : Septicidal capsule of about 4.5 by 2cm

13) Seeds : Numerous, endospermic warty and dorsally compressed

14) Floral formula : Br, P (3+3), A (3+3), G (3)

Gloriosa is monobasic with a genetic base X= 11 out of which some are diploid (2n= 22)

Some are Tetraploid (2n=44) and

Some are Octoploid (2n=88)

Useful parts of Glorlosa superba L : The tubers are mostly used for medicinal purpose. Although root flowers and leaves are also used as a medicine.

Chemical Constituents - The toxic properties of the drugs are due to the presence of alkaloids. (Gloriosa superba rhizome) Langali Kand also possess alkaloids and other Chemical constituents which are given below

Alkaloids - Colchicine (C22H22 06 H; M.P-1510-1520) Glaziovine (C22H25 O6 H; M.P-2480-2500) Superfine.

Salicylic Acid - Resins : Small amount of essential oils (Containing furfuraldehyde) Benzoic acid, Choline, Dextrose, Palmitic acid, Unsaturated Fatty acids, Fatty alcohol - M.P.770, Hydro carbon (M.P.63-65 0 C)

Phytosterol Stigmasterol (B-sitosterol)

Pharmacological Actios - 1) In Ayurved texts Langali described as having following pharmacological actions: Moola Visha; Arkadi gana; Bhedaniya kashaya; Kutuka varga; kapha samshamniya varga, Vataghna, Kaphagna and Pitta sarak. On the basis of above mentioned pharmacologicalactions, it is used in many medicinal preparations.

Indications - The Gloriosa superba Rhizome was widely indicated in Ayurveda Kasa, Agnimandhya, Daurbalya, Shotha, Vishamjvara, Kushtha roga, Gandamala, Vrana-apachi, Arsha, Vatarakta, Kastaprasava, Mudhagarbha, Indralupta, Pitika, Yuka-liksha-krimi-jantu, Aprarpatana, Garbhapatana, Krimikana, Unmantha, Anthah shalyapanayan, Vishajantu Damsha, Pooyameha, Shoola (colic) Itching and Thirst.

Matra / Dosage -

	Condition/Diseases	Dose
1	Therapeutic use	1-2 gm
2	As a Bitter tonic	1 to 2 Ratti in BD or TID dose/day
3	For laxative purpose	1 to 2 gm
4	For worm infestation	2 Ratti with Jaggary (250 mg)
5	For expulsion of fetus	2-3-Ratti-BD or TID/day (250 to 375 mg)
6	For expulsion of retained placenta	0.5-1gm
7	For Gonorrhea	Up to 12 grains-(750 mg) of Langali- Satva with honey -1

Description Of Lagali Accordig To Samhita -

Charak Samhita : in Sutrasthana : Langali moola is included in"Bhedaniya Kashaya sutrasthan ch4 and the leaves of Langali and their properties were given in sutrasthan ch.27 in shaka varga

Sharir Sthana : In chapter no. 8/34 and 38, Langali is included in Prasavapurva Sangrahaniya dravyas, and used for Nasya (snuff) in Anagata Prasava (prolong Labour).

Chikitsa Sthana : Langali is included in Sthawara moola Visha in chapter no. 23

Sushrut Samhita : Sutrasthan : Langali is used for "Shirodharana" in chapter no. 19-29. it was also included in Dravya for shodhana Varti ch. 37/13-15 Arkadi gana-ch.no.38-17

Langali kand is also mentioned in Sharir Sthana, Chikita Sthana, Kalpa Sthana and in Uttar Sthana as ingredient of several formularies of different kalpnas.

Ashtang Hridaya : Sutra sthana : Langali is included in Arkadi Gana ch no.16- 28 and also mentioned in various formulations as an ingredient in sharir sthana, Chikisa sthana and uttara sthana.

Ashtang Samgraha : Sutrasthan : Langali is included in Shaka varga in ch.no.7- 134

लघुरूष्णा सरा तिक्ता सोरूबका च लाङ्गली । अ.सं.सू.७/१३४

Kashyap Samhita : Sharir Sthana : Langali is also stated in Jatisutriya Adhyaya for easy delivery of fetus.

Nighantus - Langali is described in various Nighantus and classified in different groups, and its medicinal properties and uses are also described by them

Pharmacological Properties :

Effect in Gout : It relieves pain and inflammation in 12 to 24 hours without altering the metabolism or excretion of urates and without other analgesic effects. It binds to the intracellular protein tebulin, thereby preventing its polymerization into microtubules and leading to the inhibition of Leukocyte migration and phagocytosis.

Effect on Cell division - Pernice in 1989 was the First to note that colchicines influenced mitosis. Mitosis is arrested in the Metaphase, due to failure of spindle formation. Abnormal nuclear configurations ensue and the cells often die. The cells with highest rate of division are affected earliest. It also inhibits- Release of histamine Release of insulin. Movement of melanin granules.

Absorption distribution and excretion- Colchicine is rapidly absorbed orally and peak plasma level occurs in 0.5 to 5 hrs. Drug is metabolized mostly in intestinal tract, in bile and intestinal secretion. Therefore, in colchicine poisoning prominence of manifestation of intestinal signs and symptoms are seen. Kidney liver spleen and intestinal tract contain higher concentration of colchicines but it is largely excluded from heart skeletal muscle and brain also in leucocytes and urine for at least 9 days after single intravenous dose. Excretion of colchicines occurs in urine.

(See Tables)

Discussion - In Ayurvedic medicine many herbal drugs are used to cure and prevent diseases. According to the basic principle of Ayurveda every substance in the nature is made up of Panchmahabhoota and on that basis every substance can be used in the treatment of

diseases and maintenance of health.

Poisons are also used as remedy in various diseases and maintenance of health, but are always used only after shodhana process (i.e. Purification or detoxification process).

In this study Various Ayurved Samhitas with their commentaries by different authors, web search, various textbooks and peer reviewed journals were studied to get more information about Langali. Various medicinal formulations of Langali and there uses are also studied according to Samhita .

Conclusion - 1) The thorough review of Langali (Gloriosa Superba) shows that it is the popular drug used everywhere in the world, Epecially its use is described in detail in Ayurved Samhita.

2) From published literature its importance proves as medicine. By using Yuktipraman one can use this drug in different combination.

Referrences - 1) Kirtikar K.R and Basu B.D "Indian Medicinal Plants''Vol-3, Chaukambha Publications, 2ndEdition,NewDelhi, Page No 2527

2) Acharya Sharma P. Saptam adhya - Langali-Parichay, Dravyagun vidnyan (Vol.II); Reprint 2001:603, 604.

Observations -

References of Langali are observed in various ayurvedic texts. These are as follow.

Samhita	Sthan/Adhyay
Charak Samhita	Sutrasthan ch.4 and ch.27 Sharir sthan 8/34 and 38 Chikitsa sthan ch.23
Sushrut Samhita	Sutrasthan ch.19-29,ch.37/13-15 Ch.38/17 Sharir sthan ,Cikitsa sthan,Kalpa sthan and Uttar sthan
Ashtang Hriday	Sutrasthan ch.16/28
Ashtang Samgraha	Sutrasthan ch. 7/134
Kashyap Samhita	Sharir sthan- Jatisutriy Adhyay

Langali is described in various Nighantus and classified in different groups, and its medicinal properties and uses are also described by them

Sr. No	Name of Nighantu	Class/varga
1	Dhanvantari Nighantu (D.N)	Karviradi Varga
2	Nighantu Ratnakar (N.R)	Upavish Varga
3	Shaligram Nighantu (Sh.N)	Guduchyadi Varga
4	Bhavprakash Nighantu (B.P)	Guduchyadi Varga
5	Yoga Ratnakar (Y.R)	Upavish Varga
6	Raj Nighantu (R.N)	Shatavhadi Varga
7	Nighantu Adarsh (N.A)	Lashunadi Varga
8	Priya Nighantu (P.N)	Shatapushpadi Varga

Medicinal Formulation In Sushrut Samhita

Diseases	Kalp	References
Shodhan kashay	Varti kalka	Su.Su.37/13-15
Garbhsangahar	Lepa	Su.Sha.1/23
Aparapatanarth	Kwath, Asthapana, Uttarbasti	Su.Sha.10/28
Vrana	Taila / Gruta	Su. Chi 2/89-92
Arsha	Lepa	Su. Chi 6/12
Bhagandara	Choorna	Su. Chi 8/39
Bhagandara	Taila	Su. Chi 8/43-46
Vrana Shodhan	Taila	Su. Chi 8/50-52
Nadivrana	Taila Varti (Vajrak Tail)	Su. Chi 9/54-56
Sarvakushta, Dushitavrana	Taila Varti (Mahavajrak)	Su.Chi.9/57-83

Diseases	Kalp	References
Arbuda	Lepa	Su. Chi 18/35-36
Galganda	Taila, Vaman, Virechan, Dhoom	Su. Chi 18/48-50
Unmantha	Taila	Su. Chi 25/18-19
Udavarta	Ikshwakumooladi choorna	Su.U.sth. 55/49
Unmad	Brahmyadi Varti Awapid, Dhoom, Abhyanjana	South 62

Kalp Reference Of Ashtanghriday

Diseases	Kalp	Referances
Garbhasanga	Lepa	A.H. Sha 1/84
Arsha	Lepa	A.H. Chi 8/22
Arsha	Vati	A.H. Chi 8/160
Kushtha	Vati	A.H.Chi. 19/45
Shivtrakushtha	Lepa	A.H.Chi. 20/16
Vatavyadhi	Guggul	A.H. Chi 21/59
Vatarakta	Lepa, Vati	A.H.Chi.22/17
Unmada	Nasya	A.H.U.S. 6/39
Netragatsukra	Kshara	A.H.U.S.11/45
Unmanth	Nasya	A.H.U.S.18/45-46
Kaphaj Galganda	Lepa	A.H.U.S. 22/69
Indralupta	Lepa	A.H.U.S.22/69
Marmasandhigata vrana	Lepa	A.H.U.S. 25/44
Bhagandara	Shodhanarth	A.H.U.S.28/34
Gnadamalanashak	Taila and Nasya	A.H.U.S. 30/18-21
Vyantara Danshagada		A.H.U.S.36/70
Langali Rasayan		A.H.U.S.40/166-169

Medicinal Preparation Of Ashtang Samgraha

Diseases	Kalp	Referances
Upasthita Garbha	Kalka Internally	A.S. Sha 3/15
Garbhasanga	To tie externally	A.S. Sha 3/26
Garbhasanga	Lepa	A.S. Sha 3/29
Prasuta	Kalka, Taila, Pichoo, Anuwasana	A.S. Sha 3/31
Prasuta	Taila, Aasthapana	A.S. Sha 3/32
Arsha	Kshara, Kasisdi Taila	A.S. Chi 10/10
Kushtha	Lepa	A.S. Chi 21/12
Kushtha	Khadiradi Lepa	A.S. Chi 21/12
Kushtha	Khadiradi Lepa	A.S. Chi 21/60-66
Kushtha	Mustadi Kashaya, Vaman, Virechana	A.S. Chi 21/142
Shivtrakushtha	Sidhartha Taila, Raskriya	A.S. Chi 22/28-33
Shivtrakushtha	Lepa	A.S. Chi 22/37
Bhagandara	Jyotishmtyadi Lepa	A.S.U.ST.33/40
Bhagandara	Taila	A.S.U.ST. 33/44
Vyantara Damsha	Kalka	A.S.U.ST. 42/39
Kaphaja Sarpvisha Damsha	Tandulambu Kashaya	A.S.U.ST. 42/62
Sarpadamsha	Maha agad	A.S.U.ST. 42/89
Lootavisha	Choorna, Paan, Pradhamana	A.S.U.ST. 43/88
Shvitra	Savarnikarana Abhyanjan Taila	A.S.U.ST. 48/52
Moodhgarbha	Lepa	A.S.U.ST. 48/55

3) Acharya Trikamji Jadavji. Jatisutriya Shariram 8/34 and 38. The Charakasamhita of Agnivesa; Munshiram Manoharlal Publisher, 4th edition 1981, pg. no. 347
4) Dr. Sharma Anant Ram. Vranitopasaniya Adhyay - chapter 19/29. Susruta Samhita Sutrasthan; Chaukhambha Bharati Academy, Varanasi : (Vol-I), pg. no. 166.
5) Dr. Sharma Anant Ram. Mishrakadhyaya - Dravya for Sodhan Varti ch. 37/13-15, Susruta Samhita Sutrasthan; Chaukhambha Bharati Academy, Varanasi : (Vol-I), pg. no. 290.
6) Prof. Mishra Jotir. Annaswarupa vidnyaneeyam - Shak varga 7/134 Astangasamgraha, Sutrasthan; Chowkhamba Sanskrit series office, 3rd edition 2012, pg. no.60.
7) Prof. P.V. Tiwari. The features and management during second stage of labour 5/40. Kasyapa Samhita or Vrddhajivakiya Tantra, Sharir sthan, Chaukhambha Vishwabharati Varanasi; 1st edition 1996; pg.no145.
8) Dr. Guru Prasad Sharma. Karveer adichaturtho Vargaha-Langali shlok no 4/9.Dhanvantari Nighantu; Reprint 2008: 122
9) Sri Misra Brahmasankara and Sri Rupalalaji Vaisya. Bhavprakash of Sri Bhavmisra, Guduchyadi Varga. First part, 80-81; 11th edition ISBN 81-86937-44-7 (Vol-I);313.

शुक्रमेह (Spermatorrhoea) एक वेगळा रुग्ण विचार

डॉ. अशोक पवार, सह. प्राध्यापक,
एम. एस. (शल्य), एम.ई.एस. आयुर्वेद महाविद्यालय, रत्नागिरी.

डॉ. अनिश पंडीत,
एम. डी. (रोगनिदान)

Diabetes melitus म्हटल की प्रमेह आणि प्रमेह म्हटले की Diabetes हे समीकरणच आपण केलेले असते. पण hyperglycemia (DM) नसताना ही प्रमेह हे निदान करता येऊ शकते. तसेच DM च्या पण अनेक रुग्णाचे प्रमेहाशिवाय इतर निदान होऊ शकते. हीच आयुर्वेद निदान पद्धतीची विशेषता आहे. हाच विचार मांडणारी व आयुर्वेदीय निदानाचे महत्व सांगणारी नुकतीच झालेली चिकित्सालयातील केस...

सुकुमार रुग्ण पुरुष/२७ वर्षे

प्रधान तक्रार– १) वारंवार मूत्र प्रवर्तन विशेषतः नक्ते दर १५ रे २० मि.ने (वारंवार मूत्र प्रवर्तन इव संवेदना) २) तत्समये मूत्रदाह ५ ते ६ महिन्यापासून ३) भारक्षय ८–१० kg १ वर्षामध्ये ४) सशूल मल प्रवर्तन क्वचित काले.

पूर्व व्याधी वृत्त– १ वर्षभरात ५–६ वेळा USG - cystitis/appendicitis/colitis and allopthy treatment accordingly - but no relief.
Urine R and micro - many times. WNL except,
1) appearance. - heazy
2) occassional pus cell to 8-10 pus cell/hpf

हेतू – विदाही आहार, पंजाबी डिशेस dry fruits ओदनाधिक्य.

सामान्य परीक्षण– स्वेदाधिक्य, दक्षिण नेत्र आरक्तता, वारंवार सदाह मूत्र प्रवर्तन क्षुधा, मल सम्यक्.

निदान– पित्तज मूत्रकृच्छ.

चिकित्सा – १) शीतप्रभा १ गोळी व्यानोदान २) चंद्रप्रभा १ गोळी व्यानोदान ३) (अनंता + उशीर + यष्टी + गैरीक + शीतप्रभा + रसायन चूर्ण + शतावरी + श्व) व्यानोदान ४) उशिरासव २ चमचे औषध २ चमचे पाणी व्यानोदान ५) धान्यक फांट सकाळी १ कप. १० दिवस.

Follow Up - मूत्रदाह – अल्प उपशय वारंवार मूत्रता – उपशय नाही. हस्त मैथुनाविषयी विचारणा – मूत्रावाटे शुक्र धातू निर्गमन इति रुग्ण.

संप्राप्ती– मूत्रावाटे शुक्र निर्गमन – वारंवार मूत्रता – भारक्षय

संदर्भ – सामान्य क्षय हेतू –

कफ शोणितशुक्राणां मलानां चातिवर्तनम्। च.सू.१७

निदान : शुक्रमेह –

सापेक्ष निदान : पित्तज शुक्रप्रदोष

चिकित्सा – १) यथापूर्व २) फक्त पुडीतील औषधात सुवर्ण वंग मिश्रित केले ३) उशिरासव ऐवजी चंदनासव सुरु केले. ७ दिवस.

Follow Up - १) मूत्रदाह ९०% उपशय २) मूत्र वारंवारता – उपशय. रात्री केवल १ ते २ वेळा (पूर्वी दर १५–२० मि.ने) त्यानंतर आतापर्यंत आणखी २ पुन:परीक्षण झाली आहेत. रुग्णास मूत्रासंबंधी लक्षण अजिबात नाही. भार वृद्धी १.५ kg.

अशा semenuria चे निदान शुक्रमेह असा करता येऊ शकतो असे वाटते. प्रमेह म्हणजे तो दोषांचा चय पूर्वक प्रकोप होऊन चिरकालीन स्वरुपातच उत्पन्न होणारा व्याधी असाच आपण नेहमी विचार करतो. पण 'क्रियंतशिरसीय' अध्यायात वर्णन केलेल्या मधुमेहाच्या आवरण जन्य संप्राप्तीद्वारे आपण protienuria, semenuria, chyluria, तसेच stress induced DM तरुण रुग्णामधील DM यासारख्या Modern condition चा पण प्रमेहात विचार करू शकतो असे वाटते.

प्रकर्षण प्रभूतं प्रचुरं वारंवारं वा मेहति मूत्रत्यागं करोति

यस्मिन् रोगे स प्रमेहः।

अधिक मात्रेत वारंवार मूत्र प्रवर्तन होणारा व्याधी म्हणजे प्रमेह.

आयुर्वेदानुसार शरीरातील अतिरिक्त क्लेद हा मूत्रावाटे बाहेर पडतो पण बहुमूत्रता असताना हा क्लेद म्हणजे केवळ hyperglycemia असेल नाही तर protienuria, chyluria semenuria, hematuria यासारख्या pathological entities चाही विचार होऊ शकतो.

तेव्हा BSL वाढलेली नसताना ही शुक्रमेह असे आपण निदान करू शकतो असे वाटते म्हणून ही केस मांडली आहे. ग्रंथोक्त प्रमेह विचार हा अतिशय व्यापक असून बहुमूत्रता असणाऱ्या अनेक व्याधींचा त्यात समावेश होतो.

प्रत्येक वेळी hyperglycemia (Raised BSL) म्हणजेच प्रमेह अशी मानसिकता बदलणे आवश्यक आहे असे वाटते.

कार्मुकत्व : सदर रुग्णांमध्ये पित्तज मूत्राश्मरी निदानानुसार दिलेल्या चिकित्सेने उपशय मिळाला नाही. पण शुक्रमेह हे निदान करून चिकित्सेमध्ये सुवर्ण वंग (सुवर्ण राज वंगेश्वर) ह्या औषधाने उपशय मिळाला. कारण सुवर्ण वंग हे शुक्रवह स्रोतसावर कार्यकारी द्रव्य असून शुक्रवह स्रोतसाचे शैथिल्य दूर करून बल प्राप्त करून देते. तसेच उशिरासव आणि चंदनासव हे किंचित भेदाने एकाच अवस्थेत वापरली जाणारी औषधे, पण चंदनासव शुक्रमेहावर विशेष कार्यकारी असल्याने सदर संप्राप्ती भंग होण्यास विशेष उपयोगी ठरले.

संदर्भ सूची : १) चरक संहिता चक्रपाणि टीका यादवजी त्रिकमजी आचार्य प्रकाशक – चौखंबा सुरभारती प्रकाशन २००५ २) शारंगधर संहिता ३) माधवनिदान मधुकोष टीका मूळ लेखक – माधवकार. ब्रह्मानंद त्रिपाठी प्रकाशक – चौखंबा सुरभारती प्रकाशन वाराणसी, २००० ४) सिद्ध औषधीसंग्रह. लेखक वैद्यरत्न गो.आ. फडके.

Conceptual Study Of Common Skin Disorders In Children

Dr. Kalyani Aher, ((M. D. Kaumarbhritya), Assi. Prof. Ashtang Ayurved College, Pune.
Dr. Gajanan Cheke, (M.D. Kaumarbhritya), Asso. Prof. T.A.M.V., Pune.
Dr. Vikas Jaybhay, (M.D. Kaumarbhritya), Assi. Prof. T.A.M.V., Pune.

Introduction : The appearance of the skin reflects the general health of the baby. Just delivered babies are acrocyanotic / cyanotic which indicates their well being. The skin of the infants is very thin and the cutaneous blood vessels are prominent. There is little subcutaneous tissue and the skin hangs loosely over the limbs so the chances of dryness related disorders like contact dermatitis are very common in children. These babies are covered with a fine downy hair called lanugo; they are prone to hypothermia and ultimately skin disorders.

Babies skin especially of newnorns have a thin epidermis with poor barrier function. This results in a high loss of transepidermal water, leading to difficulties in fluid balance and temperature control and increased absorption of topically applied agents. The enhanced permeability of the skin has important toxicological and therapeutic implications. There is a risk of inadvertent poisoning by pharmacological and cleansing compounds applied to the skin.

A) Infantile seborrhoeic eczema:

Definition : Infantile seborrhoeic eczema is an acute, self-limiting, inflammatory dermatosis of early infancy.

Aetiology- The aetiology is unknown.

Clinical features : The condition affects infants under the age of 3 months and starts as thick yellow scales on the scalp and may spread to behind ears, folds of neck, axillary and nappy areas of baby.

It has been suggested that infantile seborrhoeic eczema may represent a clinical variant of atopic disease. There is undoubtedly an overlap between the two conditions. In some children, infantile seborrhoeic eczema may be persistent and resistant to treatment, showing increasing evidence of itching and a gradual transition into an atopic pattern of eczema. It is demonstrated that patients diagnosed as having seborrhoeic eczema in infancy subsequently had an increased incidence of atopy.

Treatment : Often no treatment at all is required, apart from a bland emollient (such as aqueous cream); for the more severely affected it may be necessary to use 0.5% or 1% hydrocortisone alone or in combination with an imidazole agent (Daktacort) The thick scaling of cradle-cap can be removed by the use of coconut or arachis oil massaged into the scalp prior to washing with a mild baby shampoo. Preparations of salicylic acid should be avoided because of its irritant effect and the risk of percutaneous absorption.

B) Nappy Rash:

Definition : Nappy rash refers to an acute inflammatory reaction of the skin associated with

wearing of nappies or diapers.

Aetiology : etiology of nappy rash is complex and multifactorial. Other factors include skin wetness, friction, the irritant effect of faecal enzymes, pH and consequent compromised barrier properties.

Clinical features : It is important to distinguish nappy rash from other skin disorders that may affect the perineum. Nappy rash in its most common form represents an irritant contact dermatitis due to the occlusive contact of urine and faeces with the skin. Ammonia from the bacterial decomposition of urine. The rash is usually bounded by the margins of the nappywith sparing of the inguinal folds. The skin is moist with an angry erythematous appearance. In some cases of prolonged contact, a papuloerosive eruption occurs with the formation of multiple small ulcers, called Jacquet'sulcers. The nappy area may be affected as part of infantile seborrhoeic eczema, and is usually associated with 'cradle-cap' as part of a more widespread eruption.

Candidiasis of the nappy area is common. It is usually a secondary infection and causes the skin to be bright red and scaly, with surrounding discrete satellite lesions and involvement of the skin folds.

Management of nappy rash : Prophylaxis a protective covering of zinc and castor oil, zinc cream or petroleum jelly is usually all that is required. Advice to parents should include: to leave off the nappy, when possible, to change the nappy frequently and to avoid the use of plastic pants. The new, more absorbent, disposable nappies are preferable.

Topical treatment an anti-Candida / hydrocortisone application; for example, nystatin + hydrocortisone (Nystaform HC, Timodine), miconazole + hydrocortisone (Daktacort) or clotrimazole + hydrocortisone (Canesten-HC).

Systemic treatment for candidiasis, treatment should also beaimed at clearing the gut reservoir with oral nystatin (Nystan) suspension or miconazole (Daktarin) gel.

C) Atopic Eczema :

Definition : Atopy implies a genetic predisposition to eczema, asthma and hayfever.

Eczema (Greek ekdin, to boil out') is a distinct pattern of inflammation of the skin, characterized histologically by spongiosis (epidermal oedema). The clinical features vary with the severity andchronicity of the lesion, from an acute weeping erythematous-papulovesicular eruption to a chronic dry scaly thickened skin. The terms 'eczema' and 'dermatitis' are often used synonymously.

Incidence : About 5-10 per cent of all infants develop atopic eczema. There is a general tendency towards spontaneous improvement throughout childhood and over 90 per cent will clear by the age of 15 years.

Aetiology - Genetic background - there is a recognized genetic predisposition, with some 70 per cent of affected children having a positive family history of atopy.

The pathogenesis of atopic eczema is at present ill-understood and represents a complex interrelationship between genetic, immunological and pharmacological factors.

a) Immunological abnormalities in children with atopic eczema usually have an eosinophilia and a raised IgE, and often produce multiple positive prick tests to a variety of common allergens. There is also evidence of a defect in cell-mediated immunity, with a reduction of suppressor T-lymphocytes (the increased Ige may besecondary to this).

b) Vascular and pharmacological abnormalities - The cutaneous vasculature shows a tendency to vasoconstriction, which gives rise to the typical facial pallor of these individuals. Instead of a normal weal and flare response, firm rubbing of the skin elicits dermographism as a white line along the site of pressure intradermal injection of acetylcholine produces an abnormal delayed blanch reaction in about 70 per cent of patients.

c) Infection Bacterial and viral infections are common and are frequently associated with an exacerbation of eczema. The skin is often heavily colonized with staphylococci, even without any evidence of infection.

d) Food allergies Children with atopic eczema, especially the young, are frequently intolerant of certain foods, in particular eggs, cows' milk, nuts and fish. This may manifest as nausea, gastrointestinal discomfort, diarrhoea or urticaria. This reaction to certain foods appears to become less of a problem as the child gets older. Breast-feeding should be encouraged as a matter of routine but there is no evidence that this reduces the risk of eczema.

e) Miscellaneous Phenylketonuria, Wiskott-Aldrich syndrome and certain of the immune deficiencies are associated with a disorder resembling atopic eczema.

Clinical features : Atopic eczema is usually not present at birth and tends to an after the age of 3 months. It often start with face. Any area can be affected, with a predilection for the flexures, especially in antecubital and poplitealfossae. Sometimes the extent aspects are involved. The

predominant symptom of atopic eczema is itching, and the baby is often fretful because of this. Rubbing and scratching the skin aggravate the eczema. The disease typically waxes and wanes, and an acute exacerbation is frequently related to skin infection. These children are susceptible to infection because of scratching and fissuring of the skin. As the child grows older, the affected skin becomes thick with accentuation of the normal skin creases; this is calledlichenification. The atopic child has characteristic facial with darkened skin folds below the eyes, due to persistent rubbing. These children usually have a dry flaky skin, and this dryness tend to exacerbate the itching. Many show deterioration during the winter months, when cold and low humidity increase the dryness of the skin; others are worse during the summer months, as a result heat and increased sweating. Keratosispilaris (follicular hyperkeratosis usually on the cheeks upper arms and thighs) and ichthyosisvulgaris are seen more frequently in atopic individuals.

Complications : Viral infections There is an increased susceptibility to warts and molluscacontagiosa. Children with atopic eczema also exhibit an abnormal response to certain other viruses, in particular herpes simplex. Exposure to the virus may result in widespread dissemination of herpes simplex lesions with associated toxemia(eczema herpeticum). Prompt treatment with intravenous acyclovir has revolutionized the outcome in these seriously ill children. It is important that parents be instructed to keep their children away from anyone with active 'cold sores'. A similier condition used to be seen after smallpox vaccination (eczema vaccinatum). Eyes Conjunctival irritation is a common symptom in atopic individuals. Keratoconus and cataract are rare, but serious, late complications.

Management : a) Emollients using: a bath oil (such as Oilatum, Balneum or Alpha Keri) with once-daily baths, twice-daily if necessary; a soap substitute such as emulsifying ointment or aqueous cream and a moisturizer applied frequently to all areas of the body. This helps the dry skin and reduces the pruritus, enabling a less potent topical steroid to be used.

b) Topical steroids Application of 1% hydrocortisone is usually sufficient, although occasionally a moderately potent topical steroid may be required. All steroids are best avoided on the face except when it is obviously necessary.

An acute exacerbation of eczema. This is often associated with secondary bacterial infection (usually Staphylococcus aureus and/or group A beta-haemolytic Streptococcus). Skin swabs for a bacteriology should be taken prior to therapy. It is important to check the antibiotic sensitivities. Resistant strains of staphylococci on the skin surface are common in this group of children. Suggestions for the treatment of acute weeping eczema include potassium permanganate baths or soaks, oral antibiotics and an appropriate steroid cream.

Chronic dry eczema : Maintenance treatment of eczema comprise emollients, a topical steroid ointment and an antihistamine elixir at night. Tar preparations, alone or in combination with hydrocortisone, are helpful. Occlusive medicated bandages, such as zinc paste and ichthammolichthopaste) underneath a dry elasticated bandage (such as Coban) are useful for treating excoriated lichenified eczema of the limbs. Evening primrose oil (Epogam) has been reported to be helpful in some patients.

c) Diet : With regard to dietary management, the clinician is faced with the problem of providing advice to parents who are usually convinced that the eczema is caused by something the child is eating. In fact, routine exclusion diets are usually unhelpful. Diets should be reserved for the very young with severe eczema non-responsive to conventional therapy and for those who have a clear history of specific food intolerance. The diets employed are usually avoidance of dairy products (substituting a soy or casein hydrolysate preparation for cows' milk) and sometimes avoidance of foods containing artificial additives. This should be for a trial period of 2 months and supervised by a dietician to ensure that the child is not at risk of nutritional deficiency

Allergy test Skin prick test and radioimmune quantification of Specific IgE antibodies (radioallergosorbent (RAST) test) are unnecessary and provide little guide to management.

The management of severe refractory atopic eczema remains a major challenge. The use of oral steroids should be avoided. Wet steroid wraps using tubular cotton bandages can be used as short-term (usually inpatient) treatment for acute erythrodermic eczema. Other experimental treatments that have been reported to be of benefit include photochemotherapy, thymic factor therapy and cyclosporin, none of which can be recommended for use in children.

General measures : The most important part of the management of these children is supportive care, appreciating that this as family problem. Time

should be spent at the initial consultation explaining to the parents the nature of the disease and emphasizing the excellent long-term prognosis. It is important to discuss with them the avoidance of any possible aggravating factors, which would include synthetic or woollen fabrics, clothing washed in biological detergents, irritant foods (e.g. citrus fruits or tomatoes) causing perioral eczema, cigarette smoke, dander from pets and house dust Nails should be kept short. Excessive heat should be avoided and the child should be dressed in cool loose cotton clothing. It is important that the atopic child be given guidance on the choice of a suitable career, to avoid contact with irritants which would aggravate and possibly potentiate the eczema (often seen as persistent hand eczema in young adult topics): for example. school-leavers, should be advised against taking up hairdressing or nursing, or industrial work in which they would be exposed to oils or degreasing agents.

D) Allergic Contact eczema (Dermatitis)

Definition : This occurs as a result of an allergy to a specific chemical comes into contact with the skin. It is due to a hypersensitivity reactions (type IV allergy) to a topical allergen sensitized individual. Allergic contact eczema in children uncommon, particularly below the age of 10 years.

Aetiology : The most common causes in pediatrics are : Nickel
Shoes (especially rubber)
Plants (especially poison ivy)
Adhesive bandages (Elastoplast) (colophony)
Topical medications
Cosmetics

Clinical features : The eczema may be limited to the area of contact and the diagnosis is obvious; often, however, recognition of a contact allergy is not apparent and, therefore, it is important to be aware of the possible diagnosis when taking a detailed history. Allergic contact eczema to plants, especially the potent allergens of the Rhus species (poison ivy), is particularly common in the USA; characteristically produces linear, vesicular lesions. If a substance is suspected causing a contact allergy, it may be applied as a patch test on area of unaffected skin, usually the back; this is routinely read at 48 and 96 hours. There is a standard, internationally agreed, 'batter of common sensitizing agents which are used for the investigation of these patients.

E) Impetigo

Definition : Impetigo is a superficial rapidly spreading skin infection with a brownish-yellow crust.

Bacteriology : The condition may be caused by Staphylococcus aureus, beta haemolytic streptococcus or a mixed infection.

Incidence : Impetigo, as a primary infection, is relatively uncommon. It tends to be associated with poor hygiene, malnutrition and overcrowding. Improved social conditions and antibiotics have been responsible for the decline in incidence.

Clinical features : Children between 4 and 7 years of age are most commonly affected. The face, particularly around the nose and mouth, and hands are sites of predilection. Superficial blisters appear which rupture easily, releasing a yellow exudate that dries and forms a honey-coloured crust. Impetigo may present as a bullous eruption, particularly in neonates and infants.

Management : a) Soaks either physiological (normal) saline or potassium permanganate soaks will help to remove the crust.

b) Topical antibiotics, such as mupirocin (Bactroban), chlortetracycline (Aureomycin) or fusidic acid (Fucidin), are useful for the treatment of early minor infections.

c) Systemic antibiotics Most cases of impetigo require a course of oral antibiotics (e.g. flucloxacillin or erythromycin). This is particularly important for streptococcal infections, to prevent the serious complication of glomerulonephritis.

Impetigo must be treated promptly and adequately, as it spreads rapidly and is contagious. To prevent spread of infection, the child should have a separate towel and should be kept away from school until the lesions have healed. Nasal swabs should be taken, not only from the patient but also from the whole family and close friends. If any staphylococcal carriers are found, treatment with mupirocin (Bactroban Nasal) ointment or with a cream containing chlorhexidine and neomycin (Naseptin) may be effective in eradicating the focus of infection.

F) Scabies -

Definition : Infestation with the mite (acarus), Sarcoptesscabiei, causes this contagious disorder.

Clinical features : The infection is transmitted by close physical contact, although the incubation period can be as long as 2 months. The fertilized female mite burrows into the outer layers of the skin, where she lays her eggs. The characteristic burrow is seen as a fine tortuous grey line. Typically, burrows are found in interdigital spaces, flexor aspects of the wrists and genitalia. Babies may become infested on the palms and soles and,

occasionally, on the face if suckling from infested nipples. In infants, lesions are commonly found on the soles and around the axillae. There is intense itching with a widespread excoriated papular eruption, which is caused by a hypersensitivity reaction to the mite or its excreta. This may become eczematized and secondarily infected. Topical steroids may mask the cutaneous signs. The pruritus is worse when the patient is warm in bed. The female mite is found at the blind end of the burrow and can be extracted with a needle:

Identification of the mite and/or its eggs should be attempted in allcases.

Treatment : All members of the household and close contacts should be treated simultaneously. Written instructions given to the patient and the family increase the likelihood of the correct procedure being followed. Benzyl benzoate is an effective treatment, although it is irritant to the skin and should not be used on children under the age of 10 years. Gamma benzene hexachloride is more suitable for children. After treatment, there may be residual irritation for a few weeks; of troublesome, Crotamiton (Eurax) cream will minimize this. Occasionally, nodular lesions persist after successful therapy.

Treatment of scabies : Day 1 Bath (prior to going to bed) - wash thoroughly with soap and rub the skin with a flannel, particularly those areas affected by the rash.

Dry briskly with a towel.

Apply the prescribed lotion or cream to the whole body from the chin downwards, including between the fingers and toes, the soles of the feet and the genitalia.

Allow time to dry.

Day 2 - After 24 hours repeat the application, without a bath.

Day 3 - The following morning wash off the preparation by bathing.

- Change bed linen, underwear and nightclothes, all used items must be washed.
- ALL members of the household and intimate contacts must be treated at the same time.
- After treatment, itching often remains for a few weeks; for this use calamine lotion.
- If the itching persists for longer and new 'spots' continue to appear - report to your doctor.

G) Psoriasis

Definition : Psoriasis is a chronic, relapsing, inflammatory skin disorder, characterized by red plaques covered with silvery scales. It is primarily a disease of young adults, but it can develop for the first time at any age although rarely before the age of 3 years.

Aetiology : There is a genetic predisposition to the development of psoriasis, although the mode of inheritance is unclear and probably polygenic; a family history of psoriasis is common. Typically, it relapses or remits spontaneously with variable disease-free intervals. In childhood the onset may be related to a streptococcal tonsillitis, otitis media, vaccination, insect bites or trauma, although often there is no obvious precipitating cause. Psychological factors are sometimes implicated, but are difficult to assess. Childhood psoriasis is more common in girls and there is evidence that early-onset psoriasis is associated with a more severe prognosis. In adolescents and young adults guttate psoriasis is common following a streptococcal infection.

Clinical features : The disease can assume many morphological patterns, affecting various sites : Chronic plaque psoriasis with a predilection to the extensor aspects.

Scalp : thick white scaly plaques involving the hair margin and ears.

Koebner phenomenon : psoriasis will develop at the site of trauma, operation wound or vaccination.

Guttate psoriasis : a shower of small lesions, like raindrops, predominantly on the trunk.

Flexural sites : intertrigo, which is often secondarily infected with Candida.

Penis : an erythematous scaly patch on the glans may occur.

Palmoplantarpustulosis : localized areas of inflamed skin studded with sterile yellowish-brown pustules.

Rare Severe forms of psoriasis : psoriasis may present with anerythroderma or a generalized pustular eruption associated with toxaemia.

Nails : the nails may be involved with characteristic pits, thickening and sometimes distal separation of the nail plate from the nail bed (onycholysis).

Psoriatic arthropathy : arthritis may complicate psoriasis and can precede the onset of the skin lesions. It is rare in children.

Treatment : Elimination of precipitating cause: If guttate psoriasis is present a search should be made for beta-haemolytic streptococcal infection, including a throat swab and antistreptolysin 0 titre. Should such infection be present, appropriate treatment with penicillin or erythromycin is required.

Ultraviolet light therapy : A course of ultraviolet-B (UVB), giving a minimal erythema dose, is often

helpful.

Tar and salicylic acid ointments : Tar has been used for the treatment of psoriasis for many years. Numerous preparations are available, all of which are messy but effective and safe. Tar baths are helpful as part of a regimen of treatment.

Dithranol : This is an anthracene derivative, which is probably the most effective topical agent for psoriasis. The Ingram regimen is still the mainstay treatment for psoriasis in the UK. After a tar bath and UVB exposure, dithranol in Lassar's paste (salicylic acid and zinc oxide paste) is accurately applied to the psoriatic plaques. The concentration of dithranol is gradually increased every few days to obtain the maximum therapeutic effect. It must be explained to the patient that dithranol produces a temporary brownish-purple staining of the skin and may, inadvertently, burn the surrounding normal skin. 'Short-contact therapy, leaving the dithranol on for 2-2 hours only each day, allows the child to be treated after school. The parents can be taught to do this treatment regimen at home. For routine outpatient use, dithranol is best applied in a cream or ointment base, such as Dithrocream, Anthranol or Psoradrate. Different formulations have been marketed, including incorporation into wax sticks which are used rather like a lipstick (Antraderm).

Topical steroids : These should not be used for the treatment of stable plaque psoriasis. They can be useful, however, for the treatment of psoriasis on the face, ears, flexures and genitalia.

Other forms of treatment : Severe psoriasis unresponsive to conventional topical therapy is uncommon in childhood. Potent systemic drugs such as methotrexate or etretinate an analogue of vitamin A) should be used in children only in exceptional cases (e.g generalized pustular psoriasis). Photochemotherapy (psoralen + ultraviolet-A, PUVA) is another last resort treatment for severe psoriasis and is not recommended for use in children.

H) Chickenpox Rashes

Aetiology : Chickenpox is caused by the varicella-zoster virus (of the DNA-herpesvirus group).

Clinical features : A 24-hour prodrome of malaise and low-grade fever is followed by successive crops of papulovesicles over a 3- to 5-day period. The eruption is characterized by the appearance of delicate teardrop' vesicles on an erythematous base. The vesicles become pustular and encrusted; typically, lesions at different stages are present at the same time. The mucous membranes of the mouth and throat are often involved.

Complications : It includepostinfectious encephalomyelitis and haemorrhagic (fulminating) varicella in immuno compromised individuals. Immunity An attack of chickenpox confers long-lasting immunity to varicella, but not to zoster.

Management: Locally use of Antipruritic agent like calamine lotion. No specific treatment, Mostly supportive management required.

I) Measles Rash

Aetiology : Measles is caused by an RNA-paramyxovirus.

Clinical features : Measles starts with a 3- to 4-day prodromal illness of high fever, malaise, cough, runny nose and puffy red eyes, followed by an erythematous macular rash. Koplik's spots are diagnostic and are visible before the onset of the rash as tiny white 'spots', like grains of salt, on the mucous membrane of the cheeks opposite the molars. The rash usually starts behind the ears and spreads over the face, trunk and limbs, lasting from 2 to 5 days. The erythematousmacules coalesce into large, irregular areas and finally fade as pale, slightly scaly lesions. At the peak of the illness, the child feels miserable and looks 'measley'. A persistent fever suggests a complication of the disorder.

Complications: The most common complications are respiratory infections, as bronchitis, bronchiolitis, croup and bronchopneumonia nia (about 4 per cent), with otitis media occurring in about 2.5 per cent; more rare and serious complications include encephalitis and subacute sclerosingpanencephalitis.

Prevention : Vaccine Routine immunization with combination vaccine for measles-mumps-rubella (MMR) at the age of 12-18 months.

J) Rubella Rash (German measles)

Aetiology : Rubella is caused by a serological type of RNA non arthropod-borne togavirus.

Clinical features : Rubella is a mild febrile illness with a discrete macular rash, and little or no prodromal symptoms. Sites first affected are the scalp and face, followed by a generalized spread, lasting 1-3 days. The rash tends to fade as it spreads. The pink lesions of rubella differ from the more vivid red lesions of measles. A notable feature of rubella is the involvement of the occipital, postauricular and cervical lymph nodes. The lymph adenopathy may precede the appearance of the rash, but usual subsides soon after the rash has disappeared.

Complications : Ordinarily, complications are rare. If infection is contracted in early pregnancy, however, the virus can cause congenital

abnormalities in the fetus.

Prevention : Vaccine MMR at 12-18 months of age is recommended.

Conclusion : As these all the skindisorders in children are not always secondary to pathological diseases, they are mostly related to atopy, dryness and allergic conditions and also babies are more prone to skin lesions due to low immunity and delicate skin structure. Mainstays of therapy is use emollients and product having skin friendly pH like soap etc. Occasionally depending upon type of skin lesion topical corticosteroids may be helpful.

References - 1) William H C. Epidemiology of skin diseases. In: Burns T Breathnach S COXN Griffiths editors, Rook's Textbook of dermatology. 7th ed. Oxford: Black well science; 2004; 81:06-21

2) Grover S,Ranyal R K,Bedi M K, A cross section of skin diseases in rural Allahabad. Indian J Dermatol 2008: 53 (4): 179- 181

3) Dwari B C,GhoshA,PaudelR,Kishore P, A clinico epidemiological study of 50 cases of cutaneous tuberculosis in tertiary care teaching hospital in pokhara, Nepal. Indian J Dermatol. 2010; 55 (3): 233 -237.

4) SarmaNilendru, Occupational allergic contact dermatitis among construction workers in India. Indian J Dermatol 2009; 54 (2) : 137 – 141.

5) AbedinS, NarangM, Gandhi V and Narang S. Efficacy of permethrin cream and oral Ivermectin in treatment of scabies. India J Pediatr 2007; 74 (10): 915 -916.

6) Alora-Palli, Maria B. Efficacy and toterability of a cosmetically acceptable coal Tar solution in the treatment of moderate plaque psoriasis: A controlled comparision with Calcipotriene (calcipotriol) cream. American journal of Clinical Dermatology: 2010; 2 (4): 275 – 283.

7) Davidsons Principle and Practice of Medicine. 20th edition. 2006; 1257-1315.

8) Dr. O.P. Ghai, Essential Pediatrics, CBS Publication, 2013.

9) www.scholar.google.co.in

Congratulations !!

A.I.M.S. Of India's New Central Council Executive Committee Elected !

After the General Body Meeting of AIMS of India on 20th March 2020, Proceeded by elections held for the year 2020-2022, following Central Council executive committee came into force.

Dr. R. N. Gangal honored the election officer post for AIMS of India elections for the year 2020 to 2022. **President-** Dr. S. V. Deshpande. **Immediate past president -** Dr. V. N. Shendye.
Vice Presidents - Dr N. V. Borse, Dr. Mihir Hajarnavis, Dr. Kalyani Bhat.
Gen. Secretary - Dr. Manjiri Deshpande. **Jt. Secretary -** Dr. Mohan Joshi, Dr. Priya Deshpande.
Treasurer - Dr. Rashmi Bhise. **Members -** Dr. Apporva Sangoram, Dr. Sachin Deshpande
Invitee Members - Dr. Saroj Patil, Dr. Neelakshi Pradhan.

Ayurvidya Masik Samiti extends heartiest congratulations to all new Executive Committee Board of AIMS of India.

अभिनंदन !

डॉ. विजय वि. डोईफोडे यांना जीवन गौरव पुरस्कार.

आयुर्वेदातील शैक्षणिक तथा प्रचार–प्रसारादी क्षेत्रात मौलीक व भरीव कामगिरी करून विशेष योगदान दिल्याबद्दल **प्रा. विजय वि. डोईफोडे** यांचा राष्ट्रीय आयुर्वेद विद्यापीठातर्फे **जीवन गौरव पुरस्कार** देवून सत्कार करण्यात आला. केंद्रीय आयुष विभाग राज्य मंत्री **ना. श्री. श्रीपाद नाईक** यांच्या हस्ते नवी दिल्ली येथे विज्ञान भवनात झालेल्या समारंभात सदर पुरस्कार डॉ. डोईफोडे यांनी स्विकारला. डॉ. विजय डोईफोडे यांनी सावित्रीबाई फुले पुणे विद्यापीठात आयुर्वेद विद्याशाखेचे अधिष्ठाता, आयुर्वेद विभाग प्रमुख तसेच टिळक आयुर्वेद महाविद्यालयाचे प्राचार्य म्हणून दीर्घ काळ जबाबदारी सांभाळली व आपल्या कार्यपद्धतीने विशेष ठसा उमटवला. ह्याबरोबरच राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष म्हणूनही त्यांची दहा वर्षांची कारकीर्द स्मरणीय ठरली.

राष्ट्रीय शिक्षण मंडळ, आयुर्वेद रसशाळा, टिळक आयुर्वेद महाविद्यालय, चेतन दत्ताजी गायकवाड इन्स्टिट्यूट ऑफ मॅनेजमेंट स्टडीज, नानल रुग्णालय, मेहेंदळे दवाखाना व आयुर्विद्या मासिक समितीतर्फे डॉ. विजय डोईफोडे यांचे पुरस्काराबद्दल हार्दिक अभिनंदन व शुभेच्छा.

ना. श्री. श्रीपाद नाईक यांच्या हस्ते जीवन गौरव पुरस्कार स्विकारताना प्रा. विजय वि. डोईफोडे

Role Of Diet And Lifestyle In Lifestyle Disorders

Dr. Asmita M. Narkar, Assistant Professor,
Agadtantra Avum Vidhivaidyaka, Tilak Ayurved Mahavidyalaya, Pune

Introduction: Ayurveda intensify prevention of disease, rejuvenation of our body system, (Swasthasya Swasthyas Rakshanama) and extension of life span. The profound premise and promise of Ayurveda is that through certain practices, not only can we prevent heart disease and make our headaches go away, but we can also better understand ourselves and the world around us, live a long healthy 100 life (Jivetsharadhahshatam---veda) in balance and harmony, achieve our fullest potential, and express our true inner nature on a daily basis.

Ayurveda provides an integrated approach to preventing and treating illness through lifestyle interventions and natural therapies. It is based on the view that the elements, forces and principles that comprise all of nature- and that holds it together and make it function- are also seen in human beings. Ayurvedic philosophy and practices link us to every aspect of ourselves and remind us that we are in union with every aspect of nature, each other and the entire universe. (Yatha Pinde Tatha Bramhande). There can be no mental health without physical health, and vice versa. In Ayurveda symptoms and diseases that could be categorized as mental thoughts or feelings are just as important as symptoms and diseases of the physical body. Both are due to imbalances within a person, and both are treated by restoring thenatural balance mentally and physically. In Ayurveda your whole life (Jivana) and lifestyle (Vihara) must be in harmony before you can enjoy true well-being. Viharachikitsa (lifestyle interventions) are a major ayurvedic preventive and therapeutic approach for life and health.

Aim and Objective : To Explore The Concept Of Hita, Ahita Aahar and Vihar (Beneficial and Non-Beneficial Diet and Lifestyle) As Per Ayurvedic Classics.

Top 10 lifestyle diseases : WHO mention through National Centre for Health statistics, National office of vital statistics states the top 10 lifestyles diseases in the world affecting health are as follows,

Alzheimer's disease, Arteriosclerosis, Cancer, Chronic liver disease/ Cirrhosis, Chronic Obstructive Pulmonary Diseases (COPD), Diabetes, Heart disease, Nephritis/CRF, Stoke, Obesity.

Lifestyle is a way a person lives. This includes pattern of social relations, consumption, entertainment and dress. A lifestyle typically also reflects an individual's altitudes, values or worldview.

The habits, attitudes, taste, moral standards, economic level etc. that together constitute the mode of living of an individual or group.

In sociology, a lifestyle is the way a person lives. A lifestyle is a characteristic bundle of behaviors that makes sense to both others and oneself in a given time and place, including social relations consumption, entertainment and dress. The behaviors and practices within lifestyles are a mixture of habits conventional ways of doing things and reasoned actions. Ayurveda have been discussed and emphasis has been given on the likely impact of Diet and Lifestyle on Lifestyle disorders.

Sadaatura due to wrong Lifestyle : These are persons who are always exposed to diseases due to their wrong lifestyle Agnivesha enquired from the preceptor (Acharya Atreya) about the persons who are regularly sick and also about their treatment. The preceptor replied that the persons who are daily exposed to wrong habits:

1) Srotriyas (People belonging to the priest class)
2) Raja-sevakas (servants of the king)
3) Veshyas (Coutesans)
4) Panya-Jivins (Merchants)

• **Priests :** The priests (Bramhins) life are always engaged in the study of the vedas, observance of different types of sacred vows (Vratas), performance of daily rituals (Agni-kriya) etc. they, thus fail to attend to regimens which are useful for their health.

• **King's servants :** King's servants life are always preoccupied with such acts as would cause the gratification of the king's mind. They cater to the requirements of other subordinates of the king and they are expose do excessive worry and fear, thus, they fail to attend to their regimens which are useful for their health.

• **Courtesans :** Depending upon the whims and the moods of men (Clients), the courtesan devotes herself to their entertainment constantlyby keeping her body clean, and by using various cosmetics as well as ornaments. Thus they fail to attend to their regimens which are useful for their health.

• **Merchants :** Merchants constantly lead a

sedentary lifestyle and being excessively attached to greediness involved in their profession of selling and purchasing goods. Thus, they fail to attend to the regimen in which are useful for their health

• **Common causes of their diseases :** All the above mentioned four categories of persons become regularly sick because of the following :

A) They always suppress the manifested natural urges **B)** They never take food in time **C)** They always void stool, urine etc. Untimely **D)** They resort to different regimens untimely.

Other persons (apart from priests, king's servants, Courtesan merchants resort to the above mentioned irregularities also become perpetually sick.

A Very Effective Prevention and Consultation of Disease throughVihara (Lifestyle) : For a healthy body we need to discourage the harmful lifestyle (Vihara) and find out the high risk population and make them adopt the real principles of lifestyle through sadvrittapalana (Cha. Su. And /53) etc.

I) Primary Preventin : Action taken prior before themanifestation of disease:

• Avoid "Vega dharana" and "Udheerana"

• Do "Ritu Anusara Shodhana"

• Adopt the Principles of "Pathya" in Ahara-Vihara"

• Adopt "Dinacharya", "Ritucharya" and "Ratricharya"

II) Secondary Prevention: Halts the progress of the disease at its incipient stage "Krithua sheethoshna varshanam Prathikaran yadha yadham prayojayeth kriyapraptham kriyakalam na hapayet" Thyagaha prajnaparadhanam.

III) Tertiary Prevention : to reduce &limit the impairment and help the system to come back to normalcy

• Therapeutic nutrition (Ahara based on Ahara vidhi vidhana etc.)

• Rasayana Sevana (Cha. Chi. 1/45)

• Rehabilitation at psychological (Satvavjaya), vocational and medical components (Aushadha)

Vihara A Strong Potential in consultation : An Ayurvedic therapist is focused on raising the awareness of the patient for better health through vihara and is concerned about social healthy relationships, work and spiritual growth in addition to the currently prevailing 'disease'.

• The mind-body personality (Mana and sharir)

• Stress management (Through Satva, Daiva etc. Chikitsa)

• Restful sleep techniques (Nidra)

• A daily balancing routine (Proper Dincharya)

• Mind-body integration (Sharir and Satva)

• Herbal supplementation (Yuktichikitsa)

• Nutrition for your unique constitutional type (Aharavidhi Vidhana based on Prakruti)

• Ayurvedic therapists believe that man does not need medicine if the diet is right, (Pathya sati… of Vaidya jeevanama of Lombiraja) and it is not medicine that is needed if the diet is wrong.

• The Ayurvedic vihara can be taken by anyone who is seeking greater health, balance, and well-being. You also gain an in-depth understanding of Ayurveda's timeless healing principles and learn practical tools for benefiting from this wisdom in your own life.

• Though it is best to learn about Ayurveda from experienced teachers, (Shastrana Guru Mukho… Su.Su.4/8). People can start learning the basic principles of Ayurveda through introductory books. Once Ayurveda lifestyle is in your heart you will find yourself being drawn to learn more about Ayurveda in whatever way is right for you.

A Healthy Lifestyle Model for Everyone : Ayurveda promotes a lifestyle that's in harmony with nature. It's used to treat a variety of ailments including depression and eating disorders. Below are the basic steps and details of how to follow Ayurvedic lifestyle.

Steps for an Ayurvedic daily lifestyle :

Step1: try to wake up between the hours of 4 A.M. and 5 A.M. the 2 hours before sunrise (A.H.Su.2/1) are supposed to be the purest of the day.

Step 2 : be sure to eliminate the body's waste products (A.S.Su3/3-5) at dawn to avoid illness.

Step 3 : Wash your face and eyes with water, warm decoction etc. (Su. Chi. 24). Add a drop of sesame oil to your ears (Cha. Su. 5/84). Put 1 to 2 drops of Anu oil in your nostrils to clear sinuses. (A.H. Su. 20/1)

Step 4 : Exercise early in the morning (Su. Su. 7/31-33) to keep disease away.

Step 5 : Consider getting an oil massage regularly (A.H.Su. 20/1) to delay aging.

Step 6 : Eat a light breakfast as per Ahara Vidhi Vidhana. (Cha.Vi. 1/24)

Step 7: try to obtain gainful employment that fits your type. (Cha. Su. 11/5)

Step 8 : Plan to have a light diner between 6 P.M. and 7 P.M. (Ni. R. 2nd Part, Dinacharya P70)

Step 9 : try to go to bed at about 10 P.M. to get at least 7 hours of sleep. (A.H. Su. 7)

Steps for an Ayurvedic Seasonal Lifestyle :

Step 1 : Follow seasonal recommendations to balance the Vata, Kapha and Pittadoshas. Each of these mind-body types is more active during

particular seasons. The seasonal directives for each mention in the table below are guides to keep them balanced.

Step 2 : Eat light foods and drink water. Have regular baths and oil massages and avoid napping during the day except summer. (Grishma)

Step 3 : During winter choose foods that are heavy and drink warm water, cow's milk or juice. Have a tub bath after your oil massage, dress warmly and exercise.

Step 4 : During summer drink more fluids & avoid foods that are pungent, acidic or salty. Wear light clothes and avoid strenuous exercise.

Step 5 : During spring avoid foods that are cold, sour, sweet or difficult to digest and avoid day time naps but have lots of oil massages and vigorous exercise. **(See Table 1)**

Examples of Hita Vihara (Lifestyle) :

I) Truth, Honesty, Mutual, loyalty, Respect for the elders, teachers, affectionate and friendly approach for all (Wishing and greeting others on various occasions would improve your interpersonal relationship with others and would bring youmore happiness and contentment) 'Achara Rasayana' (Cha. Chi. 1-4 /30-35)

II) Half an hour morning walk (Padagamanama) (A.H.Chi. 7/36 and 7/33). Would improve your stamina and would keep you cheerful and fresh throughout the day. It will also regulate the level of cholesterol in the blood.

III) Cultivate a habit of rational thinking (Sarvadharmeshu Madyamama A.H. Su 2/30) from all the angles before arriving at the conclusions of the decisions. Compassion and forgiveness would empower your healing power. "Ardra santhanatha…."

IV) Be active, senses alert, calm mind and happy soul (Prasannaatmendriya Manah…. Su. Su. 15/41) and enjoy the humor and comedy. Prasanna through laughter is the best medicine as it relaxes quickly and makes us sportive for any kind of situation. It also supports our healing process.

Benefits of Practicing a daily Lifestyle :

Suchita : Maintenance of hygiene.

Suprasannendriyata - Brightness of Indriyas.

Balalabha - Strengthens the body

Ayusholabha : Promote the health and longevity

Soumanasyata : Keep the mind at peace and harmony.

(Arundatta)

In order to follow a lifestyle for a good health as per (Kashyapa Acharya Khil 56-8). Ayurveda suggests a specific dailyroutine for each individual. This is based on the individual's basic body constitution (Known as "Dosha"). To be able to follow Ayurvedic principles, one not only needs to take Ayurvedic herbs and massages according but also follow an Ayurvedic lifestyle this suits his or her Dosha and Prakriti as per (A.H.Su.1/10)

Dinacharya is the ayurvedic term for daily routine. 'Dina' means day and 'Charya' means to follow. Following a proper Dinacharya is one of thebest methods to prevent disease, promote good health and prolong life.

Ayurveda places a lot of importance on the various times of the day and night which correspond with the three Doshas. Each Dosha dominates two cycles during the day and night as follows:

• The Kapha Dosha, which comprises the elements

Table no. 1: Ahara, Vihara and Shodhana according to the 6 seasons (Ritucharya) (A. H. Su. 3)

Season	Purification	Diet (Ahar) main Rasa and Guna	Vihara (Lifestyle)
Hemanta (Mild Winter)	----	Madhura, Amla, Lavana A.H.Su. 3 / 4-6	Snehana (Oilmassage), Swedana (Sudation), Exercise A.H.Su3/19and 50
Shishira (Strong Winter)	-----	Nutritious diet such as Madhura, Amla, Lavana (A.H.Su.3/ 4-6)	Use woolen blanket and cloths, exercise, Snehana (Oil massage), Swedana (Sudation) A.H.Su. 3/19 and 50
Vasanta (Spring)	Vamana (A.H.Su. 3/19)	Laghu and Ruksha specially Laja and Chanaka (Bengal gram)	Massage, exercise, fomentation
Grishma (Summer)	-----	Madhura, Laghu and Snigdha, Sheet Dravya and Light in digestion, seasonal fruits like Amra (Mango), Jamun	Cold air and Possible air passing through Ushira (Khasa)
Varsha (Rainy)	Basti (A.H.Su. 3/45)	Kashaya, Madhura Rasa and Amla, Laana, Snehayukta dravya; digestive, substance; Light diet, boiled and clean water, curd, whey, lemon; and Kshara Preparations.	Avoid sleeping on the ground, clear the dirty monsoon water from area.
Sharada (Autumn)	Virechan, (A.H.Su. 3 /45), Blood letting	Madhura, Kashaya Rasa Dravyas specially ghee and milk sweets; rice and its preparation diet, curds etc.	To sit in moon light in the first quarter of night, avoid exercise and heat

of water and earth, is strongest between 6 AM to 10 AM and 6 PM to 10 PM (A.H.Su.1/7)

• The PittaDosha, which comprises the elements of fire and water, is dominant between 10 AM to 2 PM and 10 PM to 2 AM (A.H. Su. 1/7)

• The Vata Dosha, which comprises the elements of air and space, is strongest between 2 AM to 6AM (A.H. Su.1/7)

Different Lifestyle for Different Doshik Personality (Prakruti): The Vata dominating person (Prepared from Cha. Vi. 8/98 and A.H.Sha. 3/85-89)

• As the Vata Dosha denotes activity, restlessness and irregularity, a vata dominant individual should aim to follow a regular routine every day.

• This includes waking up at the same time every day, eating food at set times every day and going to bed early, preferably around 10PM.

• They should avoid cold and dry foods. Relaxing yoga and meditation is a must for vata dominated people.

• Keeping oneself warm also helps to balance the Vata Dosha. Herbs such as Shatavari and Brahmi are beneficial for the balancing the Vata Dosha. The Pitta Dominating Person (Prepared from Cha. Vi. 8/97 and A.H.Sha 3/90-95)

• The Pitta Dosha denotes heat, fire and transformation. Such individuals should aim to follow a lifestyle that helps pacify fire. This includes consuming cooling and refreshing foods.

• Staying in a cool and refreshing environment also helps pacify the Pitta Dosha.

• People of this Dosha tends to get hungry more often than the other Dosha types. Therefore they should have small regular meals and snacks.

• Avoiding spicy foods also helps to balance the Pitta Dosha.

• Herbs like Triphala and Neem are good for balancing the Pitta Dosha. The Kapha dominating person (Prepared from Cha. Vi. 8/96 and A.H. Sha 3/96-103)

• The Kapha Dosha represents heaviness, stability and less movement. These individuals should exercise as often as possible and drink plenty of warm water.

• Yoga exercises such as the Sun Salutation helpsto remove lethargy and sluggishness. By maintaining a healthy metabolic rate, Kapha people can avoid getting overnight.

• Avoiding sweet foods helps to eliminate heaviness. Kapha individuals should aim to eat only when they are hungry.

• Keeping themselves warm and dry will als9 help balance this Dosha.

• Herbs such as Pippali and Ashwagandha help to balance the Kapha Dosha.

Following a lifestyle according to your body type not only helps to prevent disease but also prolongs life. An Ayurvedic lifestyle can be very easily integrated into your individual lifestyle. A lifestyle combine with herbs, foods, Yoga, exercises, massages according to ones Dosha helps to bring complete balance into one's life.

To Prevent and manage the "Life Style Disorders" adaptation of "Swasthavrittapalana" at physical, Mental, Social and spiritual level is the only available option. Ayurveda is the art of daily living in harmony with the laws of nature. Ayurveda is a practical, Medical science which promotes holistic health through prevention and curing health problems through recommended lifestyle changes. This knowledge of daily living was discover by sages through intensive meditation.

Circadian rhythms - the internal clocks generated within the body- are the fundamental components of all living beings. They help coordinate the timing of our internal bodily functions, as well as our interactions with the external world. Ayurveda reveals the secrets of these internal clocks and guides us to perform "right things at the right time." By following the ayurvedic lifestyle you can add years to your life and life to your years.

The ayurvedic lifestyle focuses on in-depth analysis of your health and possible imbalances. Detailed health history, determination of dosha (Vata, Pitta, Kapha) and the status of the dosha in the body is taken into consideration before recommending any appropriate Ayurvedic diet and ayurvedic lifestyle remedies.

The goal of Ayurveda is to make Ayurveda part of your daily living life and truly bring health and happiness to every aspect of your life. This is accomplished by living Ayurvedic lifestyle compromising meditation, yoga etc. When you incorporate Ayurveda into your life, you start feeling cheerful, radiant, light, open and ready to face the world's challenges.

Observations :

• The present day living conditions pose a diverse situation where on one hand the average life expectancy has increased whereas on the other, the state of health is facing a new question every day in the form of either a new type of disease or some unknown problem endangering the Human Life. Thus, today's scenario of health is something like that Man has added Years to his LIFE but is somehow missing LIFE in those years.

• According to a report of WHO on primary Health

Care, stating that the there is an "Inability of health services. health system is not meeting the stated demands and changing needs". Whenever the aspect of Health in Toto is to be considered, it has to be looked upon from all nook and corners and including the diet, life style and the living conditions.

• Millions of people are yearly dying due to unhealthy conditions. Even with the advent of excellent techniques and astonishing advancement in medical science and technology, the humanity is left with innumerable health problems and hazards. Most of the diseases have direct or indirect link with the type of food consumed, food habits and/or life style. According to a survey about the role of food/food habits in disease production, it has been reported that 80% of the top ten killing diseases of the world are due to wrong food habits"

• Reviewing the current practice of Diet and Lifestyle including the mode of food preparation, raw materials, food combinations and food timings, timings of work and rest, types of work, the modes of entertainment and recreation, surrounding environment etc. are really in a state where it is very essential to focus if the tranquility, sanctity and fruitfulness of a human LIFE is to be maintained.

• All ancient 'Science of Life' like Ayurveda etc. have given due importance to this thought while considering the situations of health and disease.

• In today's context health is the supreme foundation for the achievements of life. Therefore Ayurveda aims to maintain the condition of health (Swasthya Rakshana) since disease are dependent on various factors and among them diet (Ahara) is the most important one.

• Ahara is not only needed for the continuity of life, but for Bala, Varna, Upashya etc. also. The proper diet if taken in proper manner will lead to better health. On the contrary if not taken in proper manner can lead to diseases. (Cha. Su. 25/29).

• Vihara, Aahara as well as the method of its intake both have equal importance, according to Ayurveda.

Discussion : Nowadays with the rush and fast life people are not havingenough time to develop and live a proper lifestyle and eat a proper diet. With this lot of lifestyle diseases are coming up. Lifestyle diseases are now a world threat and the perspective to visualize its management has shifted from holistic to drug oriented with the advent of time from ancient to modern. Therefore, till few years before the revival of the holistic inclusion, the lifestyle and diet were not being much focused upon its management. Aahara (Diet) is a substance that is taken through the mouth for the body sustenance, maintenance and repair. Aahara (Diet) is the strong base for healthy humanity and should be treated as a Sadhana will eating and understanding its utmost importance in achievement of Purushartha Chathushathaya.

The Aahar vidhi vidhana is another very important tool which needs to be adopted and understand by people while eating their food as Ahara has direct impact on our personality and mind dynamism. Vihara (Lifestyle) is the way a person lives and respond towards different activities. Lifestyle disorders are having strong relation with wrong lifestyle and food habit and during its management both lifestyle and right diet modification need to be given utmost importance as per with medicine.

Conclusion : Everyone need to really understand that a Hita diet need to be in proper Matra (Amount),Kala (Time), Kriya (Method of preparation), Bhumi (Habitat), Deha (Body Constituent) and Dosha as per different age group of the person. It is high time now to revive the Hitakara diets as mention by our different Acharyas to the world (Refer table) and use it in our routine life by ourselves. These tables can be used as model charts in everyone Kitchen. When wrong lifestyle generates diseases, mere treatment with Medicine will not be enough; its modification is highly needed for effective result. Diet & lifestyle is a great tool which is highly and regularly needed by the physician world to be more practice in treatment especially in lifestyle disorders.

References : 1) Charaka Samhita, Bhagwan Dash and Ramkarana Sharma, Vol. 1 to 6. Chowkhamba Sanskrit series office, Varanasi, Third Edition, 2002

2) National centre for health statistics, National office of vital statistics, 1947-for the year 2000 (Page 67) and for the year 2008 (Page 55)

3) Bhagwan Dash and Ramakrarana Sharma, Charaka Samhita, Vol.1 to 6, chowkhamba Sanskrit Sense office, Varanasi, Third Edition, 2002

4) Kaviraj Ambikadatta Shastri, Sushrut Samhita, (Part I and II) Chaukhamba Sanskrit Sansthana, Varanasi Fourteenth Edition, 2001

5) Prof. K. R. Srikantha, Murthy, Krishnadas Academy, Ashtang Hridaya with English commentary, Ayurveda series 27, Varanasi, 5th edition 2001.

6) Ashtang Sangraha With The Sasilekha Sanskrit Commentary By Indu Edited By Dr. Shivaprasad Sharma, Chaukhamba Sanskrit Series office Varanasi, edition 2006

7) Nighantu Ratnakar, 2nd Part, Dinacharya Page No. 70.

8) P.V. Tiwari, Kashyap Samhita by Vriddha Jivaka English Translation and Commentary, I edition, Chaukhamba Vishva Bharti Varanasi, 1996.

उपसंपादकीय

थरारक अनुभव!

– डॉ. सौ. विनया दीक्षित

स्वातंत्र्यपूर्व काळातील थरारक अनुभव वाचले होते, ऐकले होते पण त्या अनुभवांची दाहकता व कठोरता आजमितीला समजत आहे. अठराशे पन्नास ते एकोणीसशे सत्तेचाळीस या परकीय राजवटीच्या काळात वर्तमानपत्र मग ते कलकत्ता, मद्रास, पुणे वा मुंबई कुठलेही, कुठल्याही भाषेतले असो जे जे स्वातंत्र्याची भाषा छापणारे आहे ते ते सरकारी नाराजीचा निशाणा होते.

छापखान्यासाठी तुटपुंजी आर्थिक सोय, संचारबंदी, प्लेगसारख्या गावंच्या गावं निर्मनुष्य करणाऱ्या साथींचे आजार, कडक सरकारी अधिकाऱ्यांची नजर व विविध स्तरावरची बंदी–पाबंदी यामुळे कागदाची उपलब्धता, रात्रभर दोन–चार विश्वासू सहकाऱ्यांबरोबर धीराने बातम्यांचे लेखन व संपादकीय भाष्याची अक्षरे जोडणी छपाई करुन सकाळी अतिशय गुप्ततेने जनमानसांपर्यंत वर्तमानपत्र पोहचवणे हे मोठे थरारक होते.

आजही लॉकडऊन परिस्थितीत न भूतो असा अनुभव आयुर्विद्याच्या समितीस येत आहे. सरकारी संचारबंदीचे सर्व नियम समाजाच्या आरोग्यासाठी व राष्ट्रहितासाठीच आहेत हे पूर्णत: पटल्यामुळे ते तोडण्याची इच्छाच नाही. तरीही वेळेवर अंक जोडणी व छपाई व प्रसिद्धी करणे हे प्रकाशनाचे कर्तव्य वचनबद्धतेने पार पाडणे मोठेच आव्हानात्मक अनुभव देणारे आहे.

सर्वच दुकानदारी बंद असली तरी नवीन आधुनिक डिजीटल संपर्क व्यवस्था व प्रकाशन कामात सहकार्य करणाऱ्यांची कर्तव्यनिष्ठा यामुळेच अंकाची पूर्तता होणे शक्य झाले आहे. समाजिक आरोग्याचे भान व नियम संभाळून आरोग्यातील संशोधन व शास्त्रीय लेखन वाचकांपर्यंत नियमितपणे पोहोचवण्याची जबाबदारी घेतलेले हे संपादक मंडळ एकत्रितपणे प्रधान संपादक व अध्यक्षांच्या मार्गदर्शनाखाली हे आव्हान पेलण्यास समर्थ ठरले आहे.

जागतिक आरोग्याची करोना स्वरुपातील महामारी आपण सर्व नियम व शिस्त पाळून दूर पळवूच. भारतीय समाज एकजूटीत नेहमीच समंजस राहिला आहे. २०१५ पासून पाच वर्षांसाठी कार्यभार स्विकारलेल्या या आयुर्विद्या समितीचा हा शेवटचा अंक – एप्रिल २०२०, परंतु इतक्या वर्षांत विविध अनुभव होते ते सगळे दूर सारून इतका आव्हानात्मक प्रकाशनाची वेळ आणणारा हा एकमेव!

एक एप्रिल हा रा.शि.मंडळ संचालित सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडीज अँड रिसर्च इन आयुर्वेद या पद्व्युत्तर संस्थेचा वर्धापनदिन. या निमित्ताने आयुर्विद्यातर्फे या संस्थेस शुभेच्छा! भविष्यातील अशाप्रकारच्या जागतिक सांसर्गिक रोगराई पासून बचाव करणारे व मनुष्याचे व्याधीक्षमत्वबल वाढवणारे आयुर्वेदीय कल्प व उपचार संशोधन करुन अमलात आणण्यास हातभार लावावा अशी विनंती या निमित्ताने या संस्थेप्रती व्यक्त करत आहे.

उपसंपादक व सचिव म्हणून भरपूर प्रतिसाद व स्नेह देणाऱ्या आयुर्विद्याच्या सर्व वाचकांना, जाहिरातदारांना, लेखकांना, मुद्रकांना व संपादक सहकारी मंडळास तसेच मा. डॉ. दि. प्र. पुराणिक, अध्यक्ष व प्रधान संपादक आयुर्विद्या मासिक समिती यांना मन:पूर्वक धन्यवाद! श्री धन्वंतरी कृपेने सर्वांना सुदृढ आयुआरोग्य लाभो हिच प्रार्थना!