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Ayurvidya

Ayurvidya Masik

।। श्री धन्वंतरये नम: ।।

राष्ट्रीय शिक्षण मंडळ, संचालित

आयुर्विद्या

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AYURVIDYA

Magazine

शंखं चक्रं जलौकां दधतमृतघटं चारुदोर्भिश्चतुर्भि: ।
सूक्ष्मस्वच्छातिहृद्यांशुकपरिविलसन् मौलिमम्भोजनेत्रम् ।।
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संपादकीय

व्हॅक्सिन महिमा !

डॉ. दिलीप पुराणिक

"Covid 19" ह्या रोगाची महासाथ सुरू होवून आता वर्ष पूर्ण झाले आहे तरी ही महामारी अजून आटोक्यात येत नाही. किंबहुना अनेक ठिकाणी साथ आटोक्यात येत आहे असे वाटत असतानाच त्याचा फैलाव वाढत असून रुग्णसंख्याही वाढतेच आहे.

"Covid 19" ह्या रोगाची महासाथ येण्यापूर्वीही जगभरातील काही देशांना अथवा अनेक देशांना व्यापून टाकणाऱ्या रोगांच्या व्यापक साथी (Pandemic) येवून गेल्या आणि त्यात लक्षावधी माणसांचा बळी गेला. या मोठ्या रोगाच्या साथींमध्ये प्रामुख्याने समावेश होतो तो 1) Sapnish flu- ह्यामध्ये सुमारे 100 दशलक्ष लोकांचा बळी गेला. 2) Bubonic Plague or Black Death - (1346 - 1353) 3) Cholera-(1817) 4) SARS (2002-2004) 5) MERS (2012-2016) ह्यांचा.

ह्या महामारी (Pandemics) बरोबरच अनेक रोगांच्या साथी आल्या आणि त्यात कमी अधिक प्रमाणात मृत्यू ओढवले किंवा कायमची विकलांगता आली. ह्या रोगांमध्ये समावेश करावा लागेल तो 1) Small Pox (देवी) 2) Chicken Pox (कांजिण्या) 3) Measles (गोवर), 4) Typhoid and Paratyphoid 5) Tuberculosis (टीबी) 6) Diphtheria (घटसर्प) 7) Tetanus (धनुर्वात) 8) Pertussis or whooping cough (डांग्या खोकला) 9) Mumps (गालगुंड) इत्यादी व्याधींचा. ह्याखेरीज अलीकडच्या काळात जीवघेण्या ठरलेल्या व्याधींमध्ये Hepatitis B, HIV ह्या व्याधींचाही समावेश करावा लागेल.

वर उल्लेख केलेल्या रोगांच्या साथी तसेच रोग जसजसे येत गेले तसतसे त्यावर वैद्यकीय जगतात संशोधन होत गेले आणि अल्पावधीतच त्यावर परिणामकारक व अतिशय वेगाने लागू होणारी औषधे विकसित करण्यात संशोधकांना यश येत गेले. आणि त्यामुळे ह्या रोगांच्या साथी अल्पावधीतच आटोक्यात येत गेल्या. गंभीर स्वरुपाच्या रोगांवर जशी औषधे संशोधनाने विकसित करण्यात आली त्याचबरोबर हे रोग होवूच नयेत म्हणून प्रतिबंधात्मक उपाय शोधण्यातही वैद्यकीय संशोधकांना यश येत गेले. ह्याचेच फलस्वरुप म्हणून अनेक रोगांवरील vaccines (लशी) आता उपलब्ध झाली आहेत.

विविध रोगांवर vaccine देण्यामागील हेतू हा शरीराची immune system विकसित करून रोगापासून संरक्षण देणे हा असतो. व्हॅक्सिन **हे** oral, scratch, injection इत्यादी मार्गांनी शरीरात दिले जाते. Small pox vaccine ह्या जगातील पहिल्या vaccine चे जनक डॉ. एडवर्ड जेन्नर हे ब्रिटीश डॉक्टर होते आणि त्याचा शोध 1796 मध्ये लागला. भारतात 1802 मध्ये सदर लस उपलब्ध झाली. Scratch पद्धतीने टोचण्यात येणारी लस 1972 पर्यंत देण्यात येत असे. Taberculoris वरील BCG Vaccine Jonas Salk ह्यांनी विकसित केली व भारतात सन 1948 मध्ये उपलब्ध झाली. आणि सन 1962 पासून व्यापक स्तरावर सदर vaccine देण्यास सुरुवात झाली.

Typhoid vaccine- Almorth Edward Wright ह्यांनी विकसित केले आणि सन 1896 मध्ये प्रत्यक्षात उपयोग सुरू झाला. Cholera vaccine Ferran ह्यांनी 1885 मध्ये विकसित केले परंतु मोठ्या व व्यापक प्रमाणावर त्याचा सन 1955 मध्ये स्पेन देशात उपयोग सुरू झाला. Haffkine ह्यांनी Anticholera oral vaccine-VAXCHORA-1892 मध्ये विकसित केले.

ह्या vaccines खेरीज Anti Diphtheria vaccine - 1926, OPV (Oral Polio Vaccine), Anti Measles vaccine 1963, Mumps Vaccine 1967, Rubella Vaccine 1969, व MMR Vaccine (Measles, Mumps, Rubella) 1971 भारतात उपलब्ध आहेत. Triple Antigen (DPT) Vaccine, Hepatitis-B Vaccine देखील नियमितपणे भारतात दिली जातात.

विविध साथींचे रोग अथवा गंभीर व्याधी ह्यावर निश्चित वैद्यकीय इलाज परिणामकारक उपलब्ध असल्याने आणि प्रतिबंधात्मक लसी (vaccines) उपलब्ध असल्याने त्यांचा पुनरुद्भव झालेला फारसा आढळत नाही. परंतु "COVID 19" रोगाची साथ व त्याचा वेगाने जगभर झालेला फैलाव आणि ह्या रोगाने सर्व देशात लाखोंच्या संख्येने बळी घेतल्याने अक्षरश: हा:हाकार माजला आहे. अतिशय पुढारलेल्या वैद्यकीय जगताने त्यावरील औषधे व प्रतिबंधात्मक लस शोधण्यासाठी अविरत, अविश्रांत प्रयत्न चालू केले आहेत.

अनेक देशातील वैद्यकीय संशोधन संस्थांनी केलेल्या प्रयत्नांना यश मिळून आता "COVID 19" वर प्रतिबंधात्मक लस (vaccines) विकसित केल्या आहेत. भारतात देखील आतापर्यंत दोन लशीं विकसित करण्यात

आल्या आहेत. जगभरात सध्या उपलब्ध असलेली व्हॅक्सिन्स–

1) COVISHIED_(Oxford - Astrazeneca) vaccine - Effectiveness 62-90%-2 Doses. Type-Viral Vector.
2) COVAXIN - (Bharat Biotech) - Efficacy Rate - 81% - 2 Doses.
3) MODERNA- Effectiveness-95% -2 Doses Type RNA.
4) Pfizer Bio N Tech- Effectiveness - 95% -2 Doses. Type RNA.
5) Gamaleya (Sputnik v.) Effectiveness - 95% - 2 doses. Type RNA.

ह्या उपलब्ध असलेल्या व्हॅक्सिन्स खेरीज विकसित होत असलेली पुढील व्हॅक्सिन्स ही लवकरच उपलब्ध होण्याची शक्यता आहे. ह्यामध्ये

1) Zycov-Di - ByZydus-Cadila (Ahmadabad)
2) Biological E (Hyderabad) In collaboration with US based Dynavax and Baylor college of Medicine.
3) HGCO 19 - Indias 1st m RNA vaccine(Pune)
4) Bharat Biotech - Nasal vaccine
5) Dr. Reddy's Lab and Gamaleya National Centre-Russia-Sputnik V-vaccine
6) Serum Institute of India and American vaccine company -NOVAVAX यांची Covovax.

एकूणच उपलब्ध असलेल्या व उपलब्ध होणाऱ्या व्हॅक्सिन्सची संख्या विचार करता लवकरच बहुविध पर्याय निवड करण्यास उपलब्ध होऊ शकणार आहेत. हा दिवस लवकर येवो आणि सर्व जगाची COVID 19 च्या महामारीतून मुक्तता होवो हिच श्री धन्वंतरी चरणी प्रार्थना.

(आहारजिज्ञासा : आहार विषयाचा जागतिक व आयुर्वेदाच्या माध्यमातून वेध घेणारे सदर)

Animal Meat Global food : Part VII

Dr. A. B. Limaye, B. A. M. And S., F. F. A. M. (Anaesthesia), L. C. P. & S.

Fresh meat refers to meat that has not undergone any preserving process, other than chilling, Freezing or quick freezing, including meat that is vacuum wrapped or wrapped in a controlled atmosphere, In European Union you require veternary certificate regarding health of the animal before introducing the meat in the market.

Salting, Curing, Smoking and fermentation are the processes to preserve meat. Salt-cured meat or salted meat or fish preserved or cured with salt. Salting is done with dry salt. Salting inhibits the Growth of micro organisms by drawing water out of microbial cells through osmosis. Concentrations of salt upto 20% are required to kill most species of unwanted bacteria. Salted meat and fish are a staple diet in North Africa, Southern china, Scandinavia and costal Russia.

Smoking of meat is done with hard wood or wood pellets. Smoke adds, aroma and flavor of the wood which is used (Apple wood, Apricot wood, Almond wood etc). It helps meat preservation. There are two types of smoking cold smoking generally occurs below 90°F (32°c) and has more preservative value. Hot smoking occurs above 160°F (71°c). Smoked meats have the potential for promoting the growth of Listeria Bacteria LISTERIA can cause infection in pregnant mothers and it will be transmitted to foetus and new born.

During Smoking Polycyclic aromatic Hydrocarbons such as BENZOPYRENES are generated PAH have carcinogenic potential.

Fermentation has been used for thousands of years to develop flavor in anything from meat fish to vegetables. Many cultures have used fermented Fish sauce from Greek to Chinese. Fermented meat products are perceived as attractive gastronomic entities, contributing to cultural and Geographic distinctiveness.

Every country has traditional products such as 1)Suck (Turky) 2) Hungarian Salami 3) Milano

Salami (ITALY) 4) Salami aeros- (Greece) 5) Lupcheong (CHINA) 6)Summer Sausage (USA) 7)SALACHI CHON (SPAIN) 8) CHORIZO (MEXICO & SPAIN) 9) Pepperoni (USA & CANADA)

Priar to cooking fresh meat or processed meat is marinated. Marination is the process of soaking foods in a seasoned often acidic liquid before cooking. The liquid in question the "MARINADE'' can be either acidic (Yogurt or curd, Buttermilk, lemon juice Pomogranate juice or wine) or Enzymatic (Pine apple, Papaya Fig, Kiwi and giner or Galangal). Sometimes the liquid has a neutral PH In addition to these ingredients a marinate often contains oil, herb and spices to further flavor the food. The container used for marination should be glass or food safe plastic Metal including pottery glazes which can contain lead reacts with acid in marinade and should be avoided.

Raw pork, beff, poultry and seafood may contain harmful bacteria which may contaminate marinade. Marination should be done in Refrigerators to inhibit the bacterial growth, used marinade should not be made into sauce unless rendered safe by boiling before use.

MARINATION TIME (1) Seafood 15-30 minutes not more than hour 2) Bonless chicken breast – upto two hours. 3) Pork – four hours 4) Lamb – four to eight hours 5) Beff – 24 hours or more

Animal meats toughness is related to the collagen and elastin Fiber content in its connective tissues.

Acidic marination like Lemon juice or Vinegar work by denaturing proteins in the meat through disruption of hydrogen bonds in the collagen fibrils. The tissues are broken down which allows more moisture to be absorbed and results in a juicer product. By this acidic action meat is tenderized. The curd or yoghurt and buttermilk are the only ingredients to tenderized meat all the way through keeping texture all the same. The meat does not became mushy.

In enzymatic marination, enzymes from plants such as Bromelin in Pineapple, Papain in Papaya, Protease in ginger Ficin in Fig and Actinidin in Kiwi help to break down muscle protein into its constituent amino acids.

भोजनाऽग्रे सदा पथ्यं जिव्हा कण्ठ विशोधनम्।
अग्निसंजननं श्रेष्ठं लवणद्रिक भक्षणम्।। ''क्षेमकुतूहल''

The advise is everyday eat mashed ginger and salt at the start of the meal, It helps to kindle digestive fire, really the stomach becomes ready to digest proteins by activation of protease enzyme in ginger

Marinations kills pathogenic micro organisms in the meat. It enhances taste, texture, aroma, colour and over all acceptance of meat for consumption. It becomes easier for digestion. Reduces the risk of cancer after consumption.

In different cultures all over the world marination of meat and fish is done with traditional methods with local ingredients, herbs, spices and fruit juices.

Fresh leaves of following herbs are used 1) Basil 2) Parsley 3) Sage 4) Tarragon 5) Rosemary 6) Mint 7)Lemon grass 8) Kadhipatta 9) Garlic 10) Coriander.

The Following spices are used 1) Ginger 2) Galangal 3) Garlic 4) Blackpeper 5) Asafoetida 6) coriander 7) Turmeric 8) Onions

Fruits used 1)Lemon 2) Pomegranate 3) Papya 4)Pine apple 5) Fig 6) Kiwi 7) Olives

Animal products : 1) Yoghurt 2) Curd 3) Butter milk

Dry marination or Dry rubs is done with blend of spiecs, it does add flavour but dry rub does not tenderize meat. To get the most flavour, apply your rub of choice at least one hour before cooking meat.

Vd. Khemaraj Sharma has described in detail regarding "PRAKSHALAN" of animal meat and fish prior to cooking in "Khemakutuhal" grantha (1551). The concept is quite similar to marination.

स्थूलातिस्थूलविहितं सूक्ष्मात्सूक्ष्मतरं च तत्।
खण्डशः कलितं मांसं ध्यान्याहिङ्ग्वम्बुना क्रमात्।।

क्षालयित्वा पुनर्हिङगुतोयमिश्रं पचेत्ततः
हिङ्ग्वार्द्रजीरमरिचैर्यदुक्तं वेसवारकम्।।
तच्च तैले पचेत्पूर्वमाज्ये वा सात्म्ययोगतः।
अर्धस्विनै क्षिपेत्तक्रमथवा दाडिमीरसम्।।
सिद्धे पाके च दातव्यं चूर्णमुद्धूलनस्य यत्। ''क्षेमकुतूहल''

In a container mix well Asafoetida (Hinga) and Coriander seed powder in water. Immerse the cut meat pieces in it and wash properly. Then in another container mix Asafoetida powder in water and immerse the above said pieces in it.

Take a pan and heat oil or ghee in it. Add meat pieces to it and start shallow frying. Add "vesavar'' powder (Masala powder containing Asafoetida, Ginger or Sunthi, Coriander seeds and Black pepper) and water. When meat is half cooked, add Butter milk or Pomegranate juice and cook it to perfection, at the end add again vesavar powder.

PRAKASHALAN FOR Fish is as a follows.

मत्स्यखंडानि संघृष्य क्षालयेत्प्रथमं जले।
ततो बेसनतक्राभ्यां बहुशः क्षालयेत्पुनः।।
हरिद्राशुंठधान्याक कटुतैलैर्विमर्दयेत्।
प्रक्षाल्य हिंगुना लिम्पेद् गन्धस्तेनोपशाम्यति।। ''क्षेमकुतूहल''

Wash the fish under running water, Remove scales and fins, then cut head and tail. Cut the belly vertically and open it, remove all entrails, and wash the fish in water while rubbing. Then cut the fish into pieces. Make a emulsion of butter milk and Besan. Wash the fish pieces with this emulsion throughly.

Add powdered sunthi, Turmeric and Coriander seeds to mustard seed oil and mix well. Apply this mixture to fish pieces and scrub well and wash. Then apply Asafoetida powder paste to fish pieces. This helps to mask unpleasant fishy odour. Now the pieces are ready for cooking.

Animal meat, poultry and fish are "BRIMHAN'' dryas. By and larg they exibit Guru, Sheet, mrudu, snigdha, sthual, sthir, manda, pitchila and bahal gunasa. They require optimum "Agnibla'' for their proper digestion. Prakshalan dryas Asafoetida, ginger, cummin seeds, black pepper, Turmeric, coriander seeds, butter milk and pomegranate juice all are having ''USHNA'' Veerya and Deepan property which help digestion. Sunthi, Haridra, Maricha, Jirak all are "Ama" pachak and they help in ideal digestion of meat. The prakashalan dryas are having laghu and ruksha gunas, these gunas help for easy digestion.

VATCHAKADI, VACHADI and HARIDRADI ganas dryas are Meda and kapha nashak. The above spices belong to these gunas. Consumption of animal meat leads to obesity these dryas do not allow to accumulate meda(fat) in the body. Kapha Varadhan is restricted. Black pepper (MARICHA) is "PRAMATHI''

निजवीर्येण यद् द्रव्यं स्त्रोतोभ्यः दोषसंचयम्।
निरस्यति प्रमाथि स्यात् तद् यथा मरिचं बचा।। भावप्रकाश

Black pepper has got potent ushna veerya, able to clear the Srotas, it helps to clear Rasavaha srotas and micro channels. Haridra (Turmeric) has got importance. It is ''LEKHAN'' It is having Laghu, ushna, Tikshana, Ruksha and "Vishada" gunas. It is a scrapping agent. It can clear the srotas. It acts on accumulated kapha and meda.

According to Ayurveda curd yoghurt is not ideal for marination. Curd (Dahi) is "Abhishandi".

पैच्छिल्याद् गौरवाद् द्रव्यं रुध्वा रसवहाः सिराः।
धत्ते यद् गौरवं तत् स्याद् अभिष्यन्दि यथा दधि।। भा.प्र.

Due to Pichila and Guru gunas it creates obstruction in "Rasavah srotas.'' Butter milk is Ruksha and Laghu, it is ideal for marination. Charakacharya has discussed in detail regarding causes of "Premeha" (Diabetes)

Consuming everyday Anup masa and curd leads to Diabetes. We should try to avoid curd as far as possible and should follow the rules of Ayurveda for curd consumption.

The spices used for "PRAKSHALAN" need special address from modern angle.

The meat, poultry, and fish consumed by the majority of the public, is very high in heavy metals (Arsenic, CADMIUM Mercury and lead), pesticides and radiation. Research suggest that pesticides and radiations are

concentrated upto 30 times more in nonveg foods. The anti radition property of Turmeric and Ginger (Sunthi) helps to protect us from radiation.

Arsenic, Cadmium and Mercury disrupt the pancreas and you get Diabetes. The Lead is a well established risk factor for kidney disease, the renal function is impaired.

The coriander leaves and seeds and curcumin from Turmeric are chelating agents. They neutralize the heavy metal toxicity. Handful of coriander leaves every day in diet protects us from heavy metal toxicity. One gram of coriander powder every day helps hypothyroid patient to improve thyroid function, even obase patients are benefitted by weight loss.

Our body produces glutathione. It is a natural antioxidant mercury initiates oxidative stress. Glutalhoine is a carrier of mercury, thus enebaling its excretion. Murcury inhibits glutathione production in our body, and starts accumulating in body tissues. Curcumin from Turmeric is a glutathione enhancer, which promotes the production of glutathione and help us in neutralizing heavy metals like mercury. Black pepper with Turmeric enhances the activity of curcumin.

हरिद्रा लेखनीया, कुष्ठघ्नी, विषघ्नो च। चरक

Haridra (Turmeric) is ''VISHGHNA'' We should admire charak for his clinical expertise. Hats off to him! Turmeric is antibacterial, antiviral and antifungal Antibiotic resistant strains acquired from hospital (M.R.S.A.) can be treated with turmeric.

Respiratory infections during chemotherapy and Radiations can be tackled with the help of Turmeric. Turmeric with honey works well.

Coriander seeds have antibacterial effect against Salmonella, Listeria. P. aeruginosa, E.coli, S.aureus. K. pneumoniae. It helps in fungal infections.

It has got food preservation and anti spoilage activity, which helps to preserve meat recipe.

Cumin Seeds (Jirak) possess antibacterial and antifungal properties. Cumin seeds improve serum iron levels. It is katupowstik one gram cumin seed powder with ghee improves HB levels, and helps for weight loss.

All the above spices are able to control Blood sugar and cholesterol levels. The regular consumption helps to prevent cancer.

The P.H. scale ranges from 0 to 14. Pure water has a neutral P.H. of 7. Acids range from 0 to 6.9 and bases range from 7.1 to 14. The Human blood maintains a steady PH of 7.35 to 7.45 i.e. it is slightly alkaline.

Everyday during metabolism acids are produced. The lungs regulate blood P.H. Continuously by exhaling carbon dioxide. The kidneys regulate PH by excreating acids produced every day.

Mental stress, Deprivation of night sleep. Chewing and smoking Tobaco, soft drinks like Thums up, Tea, coffee and alcohol create acidosis.

The diet has got impact on the blood PH Meat, Poultry, fish and eggs, cheese, Maida Junk food artificial sweetners consumption give acidic load and then blood PH becomes acidic.

When blood P.H. becomes acidic, body attempts to equilibrate this environment by using present alkaline reserves.

The alkaline minerals like calcium, Magnesium, Potassium, sodium, zinc and boron, stored in bones and other tissues are used to neutralize the acids and blood PH is restored.

In 21 century with typical western diet and modern life style, we live with subclinical metabolic acidosis. This conceive various symptons 1) Headache 2) Gases 3) Bloating 4) Leg crams 5) Nervous 6) Depressed 7) Low energy.

We neglect these symptoms and due to acidosis body becomes deficient in alkaline minerals, the prize is osteoporosis. The sodium, potassium balance in the cells gets disturbed. Due to acidic atmosphere the cells

are deprived of optimum oxygen. The anaerobic bacteria start growing, and the life style diseases start to crop up.

It is proved that "Our enzymetic, Immunologic and repair mechanisms function well in the Alkaline medium. We must consume 60% Alkaline and 40% acidic diet every day for the disease free long life. When you are ill, the diet should be 80% Alkaline and 20% acidic.

DR. OTTO WARBURG who dedicated his life for researching "Cancer cells" won a "NOBEL PRIZE" for proving that cancer cells cannot survive in an alkaline environment.
The benefits of alkaline diet are 1) Abundance of physical energy 2) Better digestion 3) More youthful and elastic skin 4) Mental alertness.

The acidic minerals are chlorine, Bromin, Flurine, Sulphur, Phosphorus, Iodine, Silicon and copper. These are also useful for us; we have to manage the equilibrium; by adjusting diet and life style, for the healthy journey on the planet. Among the cereal grains hand pound Brown Rice (Rakta Shali) is alkaline. Millets, Bajara, Ragi, and Jowar all an alkaline. We must include them in our diet according to Ritu. All the vegetables and leafy greens are alkaline even Ambat chuka and Ambadi (Gogu).

All the seasonal fruits, except Peach, Plum and Cranberry are alkaline, Contrary to the belief that citrus family lemon, lime and orange are highly acidic, after digestion really. They are the best source of alkaline foods. Amalaki (Emblica officinalis) exbits alkaline effect. Tamarind and kokam (GARCINIA INDICA) used every day in Indian cooking help to maintain alkaline atmosphere. All Indian spices and herbs do the same job of maintaining alkaline P.H.

Pulses being plant proteins are mild acidic, but when sprouted they become alkaline. Raw sprouted beans is ideal source of proteins, fiber, minerals and vitamins. When cooked with spices and herbs, add fresh coconut and coriander leaves to cooked sprouted beans, it becomes amazing food.

Root vegetables like sweet potato, carrot and beets are source of alkali By and large dry fruits are mild acidic exception is almonds, pumkin seeds and dates they are alkaline. The walnut, cashew nut and ground nut are highly acidic in nature. We use ground nut in Indian cooking. Ground nut powder can be used in different salads and green vegetables like famous Aluchi Bhaji (colocasia leaves) Groundnut and jaggery ladu exhibit alkaline effect.

Fresh milk cream and Butter are having neutral PH. Milk with kharik powder, or milk with sunth, black pepper and Turmeric powder becomes ideal alkaline drink.

Processed meat canned meat and cold cuts are highly acidic than the fresh meat. In India we use herbs and spices while cooking meat, which helps to lower the acid load. While cooking Biryani it is mandatary to use fresh mint leaves (Pudina) generously, which enhances aroma and lowers acidity.

Egg omlet or Burgi, add chopped tomato, cabbage, coriander leaves onion, ginger, garlic and green chilies, it becomes ideal alkaline dish with fiber, minerals and fat and water soluble vitamins.

In all vratas and chaturmas, we abstain from non veg food. In day to day life, weekly we skip off non veg food on Monday, Thursday and Saturday. It helps us to protect from high acid load which is the root cause of all life style diseases. Religious fasting is a therapy to burn away accumulated toxins from body and mind, and to attain satwikata. From modern angle, we have to achieve ideal acid base balance, for mental and physical fitness.

Modern religious fasting diet of working class population is street food. It consists of Potato wefers, kachori, sabudana wada french fries and Ice cream. All these fried stuff and Ice cream are loaded with trasfacts and glycotoxins. This inflammatory diet with acid load leads to life style diseases "French Fries" generate ACRILAMIDE, which is a carcinogen

and harmful to growing foetus Pregnant women should avoid such diet during fasting. Soft drinks like Thumps up, coca cola and hot drinks like Tea and coffee are all caffeinated drinks, with high acidic load which lids to acidosis, during pregnancy they are harmful to foetus. All these drinks ruin the motto of "Religious fast". The traditional ethinic milk, Sunthi Milk, Kharik Milk, Butter Milk, Lime and Honey water, coconut water, all are healthy beverages, which help to maintain P.H. balance and nurish the body, even seasonal fruits help to maintain P.H. The vegetables like Ashgourd, Pumkin, cucumber, colocasia, potato, suran and sweet potato should be consumed.

The Rajgira and Variche Tandul (Bhagar) contain protein, fiber, minerals and vitamin. They are gluten free. Rajgira is packed with Squaline antioxident. Thalipit, Ladu, Khandavi are the useful recipes. Sabudana does not contain fiber, the protein content is poor.

The dry fruits in limited quantity can be consumed. Prayer, Pranayam and meditation during fast also help to maintain acid base balance.

पुरीषमल : समाधानकारक मलवेगप्रवर्तन म्हणजे काय?

वैद्य अनिकेत गिताराम घोटणकर, व्याख्याता, शारीरक्रिया विभाग,
सिद्धकला आयुर्वेद महाविद्यालय, संगमनेर.

प्रस्तावना : बद्धविट्कता किंवा मलावरोध हे कारण (हेतु) म्हणून यक्ष्मा, अजीर्ण, श्वास, कास, वातव्याधी इत्यादी विकारांत तर व्याधीचे लक्षण म्हणून अर्श, गुल्म, कृमी इ. व्याधींमध्ये माधव निदानामधे आलेले दिसते.

व्याधीची सम्प्राप्ति घडत असताना शरीर मलावरोध किंवा पुरीषमलासंबंधी विकृती अशी लक्षणे दाखवत असते परंतु ते आपल्या लक्षात येत नाही कारण 'समाधानकारक मलवेगप्रवृत्ती म्हणजे नक्की काय' हेच स्पष्ट नसते! किंबहुना तो विषय पडद्यामागेच राहतो.

रोज शौचाला होणे म्हणजे व्यवस्थित मलवेग आहे हे समजणे कितपत योग्य आहे। काहीजण २–४ दिवसांनी एकदा मलप्रवर्तन होत असेल तरी योग्य समजतात. तर दिवसातून ३–४ वेळा जाणे ही योग्य आहे असे वाटते; तर काही बुद्धिमान रुग्ण माहितीच्या बळावर (जाहिराती, you tube इ.) काही ना काही उपाय करतात आणि ते सुद्धा त्यांच्या चष्म्यातून योग्यच असते!

मलाचे योग्य किंवा अयोग्य स्वरुप नक्की कोणते याचे विश्लेषण करता यावे म्हणून हा लेखन प्रपंच!

चर्चा:

कृच्छ्रेणाल्पाल्पंसशब्दंसशूलमतिद्रवमतिग्रथितमत्युपवेशन।
–च.वि. ५/८

मलानाश्रित्य कुपिता भेदशोषप्रदूषणम्।
दोषामलानांकुर्वन्तिसन्गोत्सर्गावतीवच।। – च.सू.२८/२२

आनाहोदुर्गंधताग्रथितान्त्रता...सु.शा. ९/१२

समाधानकारक मलवेगप्रवर्तन म्हणजे शौचाला साफ होताना कोणत्याही तऱ्हेची विकृती (जोर करावा लागणे, कठीण मलप्रवृत्ती, कळ येणे, आग होणे, बराच वेळ लागणे, घाई लागणे, पोट फुगल्यासारखे वाटणे, मल चिकट–पातळ होणे किंवा बांधून न होणे, गुदद्वाराला चिकटणे, वारा सरणे, अधिक आवाज होणे, दुर्गंध येणे इत्यादी), न होता शौचाला सम्यक वेळ न लागता होणे आणि यामुळे शरीराला एक प्रकारचा हलकेपणा व मन शरीराला प्रसन्नता येणे. याउलट योग्यवेळी शौचाला साफ झाली नाही, अयोग्य वा कमी झाली आणि ही परंपरा बरेच दिवस चालू राहिली किंवा सवय लागली याला मलावरोध म्हणता येईल.

औषध घेतल्यावर पोट साफ होते औषध घेतले नाही की पुन्हा तीच तक्रार याचा अर्थ शरीरामध्ये जी पुरीष मलविकृती संबंधीची संप्राप्ती घडली आहे. ती भंग न झाल्याने तो त्रास पुन्हा पुन्हा होतो. पोट साफ होत नाही याचे प्रत्येकाचे वेगवेगळे कारण असू शकते; त्यानुसार प्रत्येकामध्ये घडलेली संप्राप्ती वेगळी आणि त्यासाठीची चिकित्सा वेगळी असते. त्यामुळे जाहिरातीत दाखवलेले किंवा एकच औषध प्रत्येकाला चालेल असे नाही. म्हणून पुरीष मलाचा विचार करताना कोणता हेतू घडला आणि त्यामुळे मलाबाबतीत कोणती लक्षणे दिसत आहेत, त्याचे कोणते कार्य बिघडले आहे, त्याच्या उत्पत्ती प्रक्रिये मध्ये कोणता दोष दुष्ट झाला आहे यानुसार आपण

चिकित्सेचा विचार करणे (उपाय ठरवणे) आवश्यक ठरते. (च.वि.५/२१, च.वि.५/८, सु.शा.४/१७, च.चि.१५/११)

कार्यावरुन कारणाची पडताळणी–

पुरीषमुपस्तंभंवाय्वाग्निधारणंच...' सु.सू.१५/४(२)

मल म्हणजे फक्त शरीरासाठी निरुपयोगी गोष्ट नव्हे. पुरीषमलावरील संदर्भानुसार शरीरातील अनावश्यक भाग बाहेर करण्याबरोबरच, शरीराचे धारण (उपस्तंभन) तथा वायू व अग्नीचे धारण हेही कार्य करत असतो. या गोष्टींचा एकमेकांवर परिणाम होताना दिसतो. मलाचे प्राकृत स्वरुप नसल्यास अग्नि किंवा वाताची विकृती आपल्या निदर्शनास येते. या संदर्भाने काही रुग्णानुभव पाहुयात.

रुग्ण १ रुग्ण अ (वय ८२)

लक्षणे–

रुग्ण इतिहास – आठ वर्षांपूर्वी मलप्रवृत्ती समयी आध्मान, उदर शूल इत्यादी

– कालांतराने त्याची तीव्रता वाढून सकष्टमलाप्रवर्तनव मला चे स्वरूप पिच्छिलदुर्गंधीयुक्त (त्यासाठी ॲलोपॅथिक औषधे सेवन)

सद्य लक्षणे – केवळ औषधे सेवनोत्तर मल प्रवृत्ती

– त्यानंतर अनियंत्रित मूत्रप्रवृत्ती (CA prostate-operated)

– गत ६ मासापासून उभय जानू संधी शूल, आयासेन श्वास इत्यादी

परीक्षणातः – क्रूरकोष्ठ

– गतरसवीर्य असे पर्युषित अन्न, पोहे, बिस्किटे इत्यादी हेतू वारंवार व अनेक दिवस सेवन

रुग्ण २ रुग्ण ब (वय २४)

लक्षणे–

रुग्ण इतिहास – सहा वर्षांपासून अनियमित मलप्रवृत्ती (२/७)

सद्य लक्षणे – मल स्वरुप भसरट, पिच्छिल, सकष्ट व असमाधानकारक

– ५ वर्षांपासून तारुण्यपिटीका व पालित्य

– १ मासपासून क्षुधामान्द्य

– १५ दिवसांपासून अम्लपित्त

परीक्षणतः – उशिरा उठणे तथा अध्यशन हे विहारात्मक हेतू

– बेकरीचे पदार्थ, पनीर, हरभरा डाळ असे आहारात्मक हेतू

संप्राप्ती – हेतुसेवन– अग्निमांद्य–मलदुष्टी–(दुर्लक्षित मलदुष्टीमुळे) धात्वग्निमान्द्य–अजीर्ण–अम्लपित्त–रस रक्तदुष्टी

रुग्ण ३ रुग्ण क (वय २६)

लक्षणे–

रुग्ण इतिहास – सहा मासपासून दररोज उदरे आध्मान

सद्य लक्षणे – असमाधानकारक, सकष्ट, कृष्णवर्णी मलप्रवृत्ति

– गुदमार्गी अधिमांस प्रचीती व दाह

– दुर्गंधी तथा मुहूर्बद्धमुहुर्द्रवमलप्रवृत्ति (गत ३ मासपासून)

परीक्षणतः – दररोज कच्चे पदार्थ (गुरु अन्न), विरुद्धाशन, अध्यशन, विषमाशन, अधिक अम्ल पदार्थ आदी हेतुंचे सेवन

संप्राप्ती – हेतुसेवन–पुरीषस्वरुपविकृति–पुरीष द्वारे अग्नि तथा वायुधारणाचे कार्यात विकृति–ग्रहणीदुष्टी

निरीक्षण: – वरील रुग्ण परीक्षण असे सांगते की पुरीष विकृती अनेक दिवस दुर्लक्षित राहिल्याने अग्नि आणि वात दोष यांच्या विकृती निर्माण होऊन अनेक व्याधी जन्माला येतात. अनेक दिवस हेतू सेवन सुरु असते आणि पुरीषाची विकृत निर्मिती सुरु असते. मात्र ती negligible समजली जाते. अनेक दिवस असलेले विकृत स्वरुप पुरीषवह स्रोतस आणि पर्यायाने अग्नि तथा वात दोषाची दुष्टी घडवते. ही विकृती पुढे अजीर्ण, ग्रहणी, वातव्याधी, श्वास, कास, कुष्ठ, अर्श, गुल्म, कृमी इत्यादी अनेक तीव्र व्याधींच्या जन्मास कारण ठरते. आजच्या काळात ज्याची जास्त चर्चा असते असे metabolic disorders जसे डायबिटीस, उच्च रक्तदाब, थायरॉईड आदी अनेक व्याधी या दुर्लक्षित गोष्टीमुळे पुढे जन्मास येऊ शकतात. म्हणूनच पुरीष मलाकडे नेहमीच लक्ष देणे आवश्यक आहे.

समाधानकारक मलप्रवृत्ति म्हणजे काय हे माहित नसल्याने जे आपले आहे तेच योग्य असे मानल्याने किंवा समजले तरी दुर्लक्ष केल्याने पुढचे व्याधी जन्म घेतात.

म्हणून पुढील महत्त्वाच्या बाबींवर लक्ष द्यावे

दर्शनः वर्ण, बांधीवपणा, पातळ इत्यादी

स्पर्शः उष्ण, शीत, कडक इत्यादी

प्रश्नः मलवेग प्रवर्तन समयी लक्षणे, प्रवर्तनाच्या वेळा, वारंवारता इत्यादी

निष्कर्षः – दोषधातुमलामुलंसदादेहस्य....अ.ह्र.सू.११/१

'मल' हे दोषधातु इतकेच महत्त्वाचे शरीराचे घटक आहेत. विशेष म्हणजे शरीरामध्ये प्रपंच चालू आहे हे समजण्याकरीता मल परीक्षण हा प्रभावी मार्ग आहे. त्याच्या रुपाने आपला देह आपल्याशी बोलत असतो.

'पुरीषमल' रोजच्या रोज तयार होतो आणि तो आपण पाहू शकतो. त्याला 'Daily scanner' असे म्हणले तरी काही वावगे ठरणार नाही. प्रत्येकाने स्वतः स्वतःचे वैद्य व्हावे आणि पुरीष परीक्षणातून भविष्यातील आरोग्याचे रक्षण करावे.

संग्रहः – पुढील संदर्भांच्या आधाराने विषयाची मांडणी केली आहे– १) चरकसंहिता –विमानस्थान ५, सूत्रस्थान २८, चिकित्सास्थान १५. २) सुश्रुतसंहिता–सूत्रस्थान १५, शारीरस्थान ४ व ९. ३) अष्टांगहृदय–सूत्रस्थान ९,११.

Management Of Vataja Shirashool By Shamana Nasya Karma - A Comparative Study

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Introduction - Today is the era of modernization and hectic lifestyle. Everybody is busy and having stressful life. Change in life style of modern human being has created several hormonal imbalance in biological system. Advancement in professional and social life has made people to indulge in faulty food and faulty daily regimens which includes consumption of junk food, working day night on computers, studying in inadequate light, exposure to flashy lights, increased mental pressure (stress) etc. contributes to developing Vataja Shirashool.

Vataja Shirashool is commonly seen in day to day medical practices. As per Ayurveda, the major cause of Vataja Shirashool are Atiuccha Bhashanat, Atibhashanat, Atisheeta annapana sevanat, Diwaswapa, Ratrau-jagaranat, Atihima sevanat, Vega avarodhat (suppression of natural urges of the body) like mala, mutra vegas etc. Abhighata, Upawasa, Atiyog of Vaman and Virechan karma being afflicted by Krodha, Bhaya, Chinta and Shoka etc.(Cha.Su.17/6,7).

As Vataja Shirashool being Urdhava jatrugata Vyadhi So, Nasya karma is selected as one of the way of treatment. As Nasya karma is Considered as a prime line of treatment in Urdhavajatrugata Vikaras from Vangasena Samhita(Vatarakta Adhyay), Madhukadi Tail 'Navana' nasya is selected for "Vataja Shirashool".

In the present study comparision is taken intentionally for understanding the efficacy of two taila's when used for Nasya karma & which is giving better results in relieving the symptoms of Vataj Shirashool i.e. Todavat vedana in Shankha, Bhrumadhya, Manya, Lalat Pradesh, Bhram, Prakash Asahayata, Karna Aswanan, Nishi ch atimatram (ativedana) etc. is seen.

So an attempt has been made to assess the effect of MADHUKADI TAIL and TILA TAILA NAVANA NASYA KARMA in management of VATAJA SHIRASHOOL.

"Shirah" is the important organ of the entire body. It has most valuable place in the "Trimarma". "Shirah" is the controlling authority of the entire body because of its vital power (marma sthana). No any channel connects directly to "Mashtishka" but it is connected through Sira, Prana vayu and Marma.

Life time prevalence of Vataja Shirashool is between 30% to 78%. It is most common in young adults with about 60% occurring in people over 20 years of Age. Considering the incidence of Vataja Shirashool, it becomes very important to find a cure and tackle remedy for this condition which would not only help to minimize the Shoola (Pain) but also help to avoid its recurrence in future. Shirashool being the Urdhavajatrugata Vikara, the Nasya Upakrama is best suited for the same (Vataja Shirashool).

'Nasya' is one of the important procedure of 'Panchakarma' and it is very useful in 'Urdhavajatrugata Rogas'. Acharyas has given tremendous importance to 'Nasya karma'. It is a treatment of various 'Nasagata' and 'Shirogata Vyadhis'. When any sneha dravya is given through the Nasya karma it is going to act on the root level to nullify the 'Dosha dushti' which are above the 'Urdhavajatrugata Pradesh'.

This Nasya karma is not only used for the 'Shodhana' but also for 'Shamana' Chikitsa. According to Ayurveda 'Nasa' is the gate way of 'Shira'.

Drugs having Vedanasthapana and Vatahara properties are ideal choice in management of Vataja Shirashool. Madhukadi tail consists of Yashtimadhu, Narikel kshira and Tila taila. These ingredients are known to

cause Vata alleviation (Shamana). Yashti madhu being Madhur Rasatmak, Madhur Vipaki helps in alleviating Vata dosha. Narikel kshira has same Gunas . Tail is best 'Vatashamaka'.

There is a wide scope of research to find out a safest remedy from Ayurveda for the management of Vataja Shirashool.

Nasya karma removes dosha dushti by its Ashukaritva guna and gives nourishment to all dhatus and at the same time taila acts as Snehana in condition of Vata aggravation. In the present Case Study, an attempt is made to formulate an effective, easily available and affordable formulation for management of Vataja Shirashool.

Aim - To Study the Comparision between Madhukadi Tail Nasya and Tila tail Nasya in the Management of Vataj Shirashool .

Objectives - 1) To clinically evaluate the role of Madhukadi Tail Nasya in Management of Vataj Shirashool.

2) To standardize the contents as well as final product (Madhukadi Tail).

3) To observe the changes in the main signs and symptoms of vataj shirashool.

Clinical Study-

Selection Of Patients - Total 60 patients were selected randomly who visited OPD of Kayachikitsa - Panchakarma of our Seth Tarachand Ramnath Ayurved Hospital having chief complaints like Todavat vedana in Shankha, Bhrumadhya, Manya and lalata Pradesh, bhrama, prakash asahayata, Nishi ch atimatram vedana and Karna aswanan. Out of 60 patients 30 patients of trial group and 30 patients of control group were taken. Patients were selected irrespective of Age, Gender, Religion, Occupations etc.. Patients were diagnosed as a case of Vataja Shirashoola and effectively treated with Madhukadi Tail Nasya Karma and Tail tail Nasya karma. Shamana Nasya was done with 8-8 drops of Madhukadi Taila and Tila taila.

General Examination - General Examinations, detail history and physical examination of the patients was done.

Nidan Panchak Of Vataja Shirashool -

Hetu - Ratraujagaranat, Viruddha ahara (Excessive intake junk foods like wafers, noodles), Vega avarodha, Ruksha, Sheeta padartha atisevana, guru and amla padartha atisevana, Ati chinta and Bhaya.

Lakshanas - Todavat vedana in Shankha, Bhrumadhya, Manya and Lalata Pradesh, Bhrama, Prakash Asahayata, Karna Aswanan, Nishi ch Atimatram vedana.

Samprapti -

Hetu Sevan
↓
Sthan samshray and vata prakop at shira pradesh
↓
rasa and rakta dhatu dushti and vimargagaman
↓
vataja shirashool

Vyadhi Vinishchay - Vataja Shirashool.

Ethical Considerations - In this study, no objection certificate was obtained from the institution ethical committee. Informed written consent of patient was taken prior to the initiation of the study.

Method Of Selection Of Study Patients (eligibility) -

Inclusion criteria - Patients of either gender between 20-70 years of age presenting following Symptoms of Vataj Shirashool.

A)1) Todavat vedana in Shankha, Bhrumadhya, Manya, Lalata Pradesh.

2) Bhram. **3)** Prakash Asahayata. **4)** Karna Aswanan (unable to bear loud sound). **5)** Nishi ch atimatram.

B) Patient who gave written consent and voluntary participation.

Exclusion criteria - • Condition like ankylosis, spondylosis. • Post traumatic headache • Inflammatory headache • Facial paralysis/Bell's palsy • Headache due to brain tumours Benign or malignant. • Fracture of skull.

Duration Of Study - Total duration of Study was 18 months (Feb19 Aug 2020)

Materials and Method -

Standardisation And Authentication Of Dravya - Standardisation and authentication of contents was done as per API Guidelines.

Preparation of Nasya dravya - From Vangasena Samhita, Madhukadi Tail was Selected for 'Vataja Shirashool'. Madhukadi Tail contains Yashtimadhu bharad, Narikel kshira and Tila tail. In which Yashtimadhu was used for Kwatha and kalka preparation. Madhukadi Tail was prepared by Standard method mentioned in Sharangadhar Samhita.(uttarkhand adhyay 8).

Contents	Property	Actions
Yashtimadhu	Rasa - Madhur, Vipaka - Madhur, Virya- Sheeta, Guna - Guru, Snigdha	Vedana Sthapaka, Vatashamaka, Balya
Narikel Kshira	Rasa - Madhur, Vipaka - Madhur, Virya - Sheeta, Guna - Guru, Snigdha	Shoola Prashamana, Brumhana, Dahashamaka.
Tila Taila	Rasa - Madhur, Kashay, Tikta. Vipaka - Madhur, Virya -Ushna, Guna-Guru, Sara, Sukshma, Laghutakar, Vyavayi, Vikasi, Vishada.	Balya, Rasayana, Dhatuposhan.

Dose Of Nasya Dravya - Dose of nasya dravya in each nostril was 8-8 drops.

Process of Nasya Karma - Nasya karma is mainly divided into 3 Stages mentioned in text books. 1) Purva karma 2) Pradhana karma 3) Paschat karma.

1) Purva karma - • Sthanik Snehana Warm tila tail was used for abhyanga on shira, mukha, greeva and manya Pradesh of patient.(for 10 min.) • Sthanik Swedana Sthanik Tapa sweda was given to the patient where abhyanga was done (Urdhva jatrugata Pradesh). Swedan was contraindicated to Shira Pradesh as it is a Marma Sthana. So, mrudu swedana was performed over shira, manya, nasa and greeva Pradesh.

2) Pradhana karma - • Oil was warmed, Exact measured quantity of sneha was taken in dropper or gokarna while patient was asked to tilt his head back(pralambita position). Then nose tip was raised with index finger of left hand and left nose was closed with another finger, nasya dravya was administered or instilled into the right nostril in drop by drop manner in continuous flow. • After administration of 8 drops of nasya dravya patient was asked to take dirgha swashan (deep breath). • Then same procedure was done for instillation of nasya dravya into left nostril.

3) Paschat karma - • After administration of Nasya dravya, Patient was kept in lying position for 100 matrakala (1 matrakala=1 unmesh nimesh).

• Alpa snehan was done by palm on shira, mukha, grivha and manya Pradesh (urdhavajatrugata pradesh).

• After snehan followed by Tapa sweda on Urdhavajatrugata Pradesh.

• The patient was asked to expel out the drug or medicated oil and Doshas which comes into throat.

• Gandoosh with Sukhoshana jala (warm water) near about 50ml was done to remove the dosha which is left behind for Kantha shuddhi.

• Patients were advised to take Pathya ahara during treatment and avoid all the hetu sevana. They were suggested to take Madhukadi Tail Nasya karma and Tila Tail Nasya Karma For 7 days. Due to Nasya karma with Madhukadi Tail, considerable improvement was seen in lakshanas of Vataja Shirashool. Follow Up of patients was taken on 7th and 14th day.

Study Design - Open Label Randomized Controlled Clinical Trial

Assesment Criteria -

1) Gradation for Todavat Vedana in Shankha, Bhrumadhya, Manya and Lalata Pradesh -

Grades	Score	Symptoms
+++	3	Severe Pain and forced to take rest
++	2	Moderate Pain and Forced to stop work
+	1	Bearable Pain
0	0	No Pain

2) Bhram -

Grades	Score	Symptoms
+++	3	Very often
++	2	Several times
+	1	Few times
0	0	None

3) Prakash Asahatva- (Photophobia) (Discomfort of eyes due to Light exposure)

Grades	Score	Symptoms
+++	3	Severe
++	2	Moderate
+	1	Mild
0	0	Absent

4) Karna Aswanan - (Unable to hear loud sound)

Grades	Score	Symptoms
+++	3	Severe
++	2	Moderate
+	1	Mild
0	0	None

5) Nishi ch atimatram (Nishi kale ativedana)-

Grades	Score	Symptoms
+++	3	Severe and Forced to take Medicine
++	2	Moderate and take rest
+	1	Mild Pain
0	0	No pain

Observations - After Shamana Nasya karma done for 7 days with Madhukadi Tail and Tila taila following observations were obtained.

Test For Analysis Of Qualitative Data - Statistics were used to describe the data, the frequency with the percentage for Qualitative Variables.

Kolmogorov Smirnov Test - This test is used when data obtained is Qualitative and Non parametric. It is used to see the difference between 0 days, 7days, 14 days in qualitative variables.

Mann Whitney U Test - Mann Whitney test was used to find out the difference between Trial and Control Group in qualitative variables. To get the Statistical significance i.e. P Value of the findings at the 0.001 level, master chart were reffered and conclusion was drawn accordingly.

Overall Relief in Percentage - The Overall relief in the symptoms of both trial group and control group is summarized in a single table given below. It is described with the help of percentage.

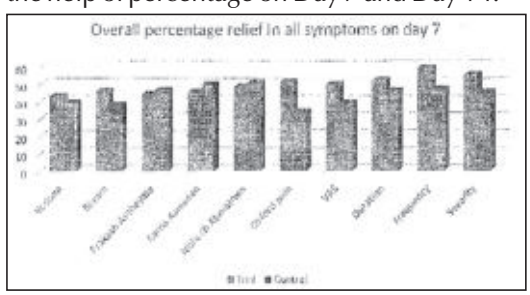
Trial group and Controlled Group comparison in Percentage -

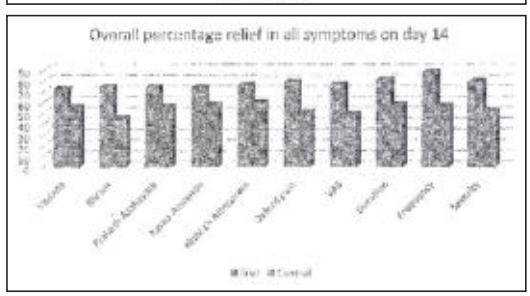
	Day7		Day 14	
Symptoms	Trial	Control	Trial	Control
Vedana	43.2%	39.2%	72.8%	55.7%
Bhram	46.3%	38.2%	74.6%	45.5%
Prakash Asahayata	44.3%	46.7%	74.3%	55.6%
Karna Aswanan	45.5%	50.0%	74.2%	57.9%
Nishi ch Atimatram	48.4%	50.9%	76.6%	60.0%
Oxford pain	51.3%	34.1%	78.9%	50.6%
VAS	50.0%	39.0%	77.0%	48.8%
Duration	52.3%	46.3%	81.5%	58.2%
Frequency	59.3%	46.8%	88.1%	56.5%
Severity	55.2%	45.2%	79.3%	51.6%

Comparing effects of Both taila for Nasya Karma and Relief in Vataja Shirashool lakshana's in Percentage -

Day	Madhukadi Taila (Trial group)	Tila Taila (Control group)
Day 7	49.68 %	48.64 %
Day 14	77.73 %	54.4 %

The overall relief in the symptoms of total 60 patients summarized and described with the help of percentage on Day 7 and Day 14.





Results - Clinical study includes selection of Total 60 patients randomly according to Inclusion criteria, which divided into 2 groups i.e. trial and control group. Detailed history of selected 60 patients were recorded in Case Record Form. The Consent of each patients was documented before treatment was started.

Related Pathya and Apathya were explained to the patients. Daily Observation regarding Nasya karma, paschat karma and side effects (if any) were noted. All assessment Criteria were assessed on 7th day and 14 th day.

There was Significant Relief in lakshanas of Vataja Shirashool after Madhukadi Tail Nasya Karma and tila tail nasya karma of 8-8 drops for 7 Days. There was more than 80% relief in symptoms of Vataja Shirashool by Nasya karma of Madhukadi tail as compared to tila tail.

Discussion - In Vataja Shirashool, due to hetu sevana Vata Prakopa occurs and leads to lakshanas like Todavat Vedana, Bhram, Prakash Asahayata, Karna Aswanan and Nishi ch Atimatram. Nasya Karma is considered as a prime Line of treatment for 'Urdhavajatrugata Vyadhi's'. So, Madhukadi Tail Nasya Karma was selected in Shamana Matra.

Drugs having Vedanasthapana and Vatahara properties are ideal choice in Management of Vataja Shirashool. Madhukadi Tail contains Yashtimadhu, Narikel Kshira and Tila tail, in which Yashtimadhu is used for both kwath and kalka preparation. The combine effect of this madhukadi tail is Snigdha, Balya, ushna and Vata shamaka and decreases the Shiroruja and lakshanas of Vataj shirashool. It helps in Samprapti bhanga of Vataja shirashool.

Action of Madhukadi Tail Nasya karma - Sthanik Snehana and Swedana are purva karma of Nasya karma, by these the strotas becomes soft and doshas in them get decreased resulting into Vata Shamana. During Nasya karma, medicated sneha is instilled into nasa. Prana vayu acts as an important element which promotes or help the nasya dravya to reach into shirah Pradesh by sukshama srotas and enters upto Shringataka Marma. Nasya dravya acts upto Shukma atishukma srotas by it's Ashukari guna and nasya dravyas having Vyavayi and Vikasi guna, due to this property results into Vata Shamana. Administration of Nasya karma easily alleviates the Urdhavajatrugata Vyadhi by alleviating the aggravated vata dosha and dosha dushti present in murdha Pradesh by its 'Ashukaritva guna'. After Nasya karma gandoosh with koshna jala is done.

After Nasya karma Dhumapana with Vatahara dravya is also effective in kantha shuddhi and Vata shamana. Madhukadi Tail Nasya works as a Balya, Indriya and Srotas Tarpaka, Snehana, Vikara upashama, Bruhana, Shirolaghav and helps in relieving lakshanas of Vataja Shirashool. Madhukadi tail due to its contents is a drug of choice for Vataja Shirashool as Vedana sthapaka, Dhatu pushtikar and Vata shamaka.

Pathya apathya is necessary to overcome Vataja Shirashool.

Action of Tila tail Nasya - Tila tail is Madhur, kashaya and Tikta rasatmaka, Madhur vipaki and Ushna viryatmak, balya and rasayana in Karma. It nourishes and strengthens all dhatus.. Also tila tail has Ushna, Vyavayi, Vikasi guna which acts upto the Sukshma strotas. Its guru and snigdha guna which ac's opposite to Vata dosha's laghu and ruksha guna decreases Vata prakopa and relieves lakshanas of Vataja Shirashool.Due to this property Tila tail Nasya is effective in Vataja Shirashool.

Conclusion - Vataja Shirashool is a common disorder and many people suffer through it. We can conclude here that Madhukadi tail nasya was found more effective in Vataja Shirashool due to Yashtimadhu, Narikel kshira and Tila tail. Action of Madhukadi Tail Nasya is Vata Shamaka, Vedana Sthanapana , Snehana and Dhatupushtikar. Madhukadi tail nasya was found to be good in alleviating Vata dosha and balya in Vataja shirashool.

This was a study in which administration of drug was done for 7 days period of time. From this it can be concluded that a long term administration of this tail can show a good result in reducing and pacifying the symptoms of vataj shirashool.

In this study no adverse effects were observed during or after treatment. Vataja shirashool closely resembles to tension type headache according to the symptoms found in both the diseases.

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Comprehensive Review Of Bahubeeja (Psidium guajava Linn.)

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Introduction - Bahubeeja (P. guajava), is mentioned in Phala varga in various Nighantus such as Madanpal Nighantu, Shaligram Nighantu etc.

पेरुकं तुवरं प्रोक्तं स्वाद्वम्लं कफकारकम्।
शुक्रलं वातपित्तघ्नं शीतलं च रसं मतम्।।(मदनपाल निघंटु, फलवर्ग, ६१ श्लोक)

Perukam increases kapha dosha because it is sweet and sour, it is sheeta in guna i.e. smoothening. it diminishes increased or vitiated vata and pitta doshas.it is an Aphrodisiac (shukral) it increases shrukra dhatu.

Bahubeeja is fruit bearing tree belonging to the Myrtaceae family.Bahubeeja grows nearly throughout India up to 1500 m in height and is cultivated commercially in almost all states. Adapts to different climatic conditions but prefers dry climates. The important Bahubeeja-growing states in India are Uttar Pradesh, Bihar, Maharashtra, Assam, West Bengal, Tamilnadu and Andhra Pradesh. A native of tropical America and also found in Africa and Asia.

The main habitual use known is as an anti-diarrhoeal. Other reported uses include gastroenteritis, dysentery, antibacterial colic pathogenic germs of the intestine. The leaves and bark of Bahubeeja tree have long history of medicinal uses, that is still employed today. Bahubeeja also known as the 'poor man's apple'.Nutritional value of Bahubeeja are often included among superfruits, being rich in dietary fibre, vitamins A and C, folic acid and the dietary minerals, potassium, copper and manganese, essential nutrients.

Bahubeeja is mentioned in phalavarga in various Nighantus such as Madanpal Nighantu etc.

Aim - To perform Comprehensive review of Bahubeeja.

Objectives - 1) To make compilation of relevant data about Bahubeejafrom relevant literature and methodical classification of compiled data.

2) To study and understand its importance and therapeutic utility.

Literature Reffered - Concerned Ayurvediya texts, relevant modern literature, all concerned previous research work, dissertations, articles, internet information sources are reffered.

Historical Review - Many references of Bahubeeja can be traced in various texts namely -

1) Madanpal Nighantu as phala varga
2) Shaligram Nighantu as phala varga
3) Nighantu Ratnakar as phala varga
4) Ayurveda Soukhyam - Todaranand
5) API
6) Database
7) Materia medica

However, in Bhrihatrayee and Laghu- trayee no reference of Bahubeeja could be traced, perhaps this plant was introduced in India much later.

Botanical Identity -

Botanical Name - Psidium guajava Linn.

Family- Myrtaceae.

Varieties - Psidium pyriferum (white), Psidium pomiferum (red).

Vernacular Names -

1) Arabic - Amrud, Judakaneh, Kamsharni.
2) Assami - Madhuria.
3) Bengali - Goaachhi, Peyara, Piyara.
4) Bumese - Malakalbeng.
5) English - Guava tree, common guava, Apple guava, Pear guava.
6) Gujarathi - Jamrukh.
7) Hindi - Amrood, Amarut, safedsafari.
8) Kannada - Gova, Sebbe, Jamaphala, Perala, Sibi, Sebe hannu, Balehannu.
9) Marathi - Peru, Jamba, Tupkel.

10) Malyalam - Koyya, Malakkapera, Pera, Atakkappalam.
11) Mexican - Arryan.
12) Nepali - Amuk.
13) Odiya - Bodajomo, Julabojamo, Pidudi, Jamo.
14) Parsian - Amrud.
15) Punjabi - Anjirzard, Amrud, Amrut.
16) Sanskrit - Draksa, Perala, Amaratafalam.
17) Sindhi - Zetton, Jamphala.
18) Tamil - Uyyakk-ondan, Koyya, Segappugoyya, Sengoyya, Sirugoyya, Vellaikoyya.
19) Telugu - Ettajama, Gova, Goyya, Jama, Tellajama, Jampandu, Goyyapandu.

Taxonomical / botanical Classification -

Table no. 1

Kingdom Plantae	**Plantae**
Subkingdom	Tracheobionta Vascular plants
Super division	Spermatophyte Seed plants
Division	Magnoliophyte Flower plants
Class	Magnoliopsida Dicotyledonous
Subclass	Rosidae
Order	Myrtales
Family	Myrtaceae
Subfamily	Myrtoideae
Tribe	Myrteae
Gender	Psidium
Species	Psidium guajava

Synonyms- Perukam, Dhridhabeeja, Bahubeeja, Amruta phalam, Amrutavha, Ruchiphalam, perala, Mriduphala, Peruka.

Geographical Distribution And Habitate -Guava is said to be cultivated in South Africa for commercial purpose and has been brought to country India by the Portuguese. As a fruit, Guava is very common in Asian countries but occupies a greater space in western countries mainly because of its medicinal properties. It is now cultivated in Southern Florida, Bermuda, and throughout the West Indies from the Bahamas and Cuba to Trinidad, and south to Brazil. The tree can be cultivated in any soil provided the climate is tropical or subtropical. India is the largest producer of Guava as on date followed by neighbouring country China. This tree is cultivated nearly all over India out of total cultivation, Uttar Pradesh, Maharashtra and Bihar are important state in its production. In Maharashtra Nashik, Jalgaon and Pune district are leading in its production.

Distribution - Figure no.1 (Guava Growing states)

Grown throughout India up to 1500 m and is cultivated commercially in almost all states including Uttar Pradesh, Bihar, Maharashtra, Assam, West Bengal, Andhra Pradesh and Tamilnadu, A native of tropical America (Mexico to peru, Brazil) and is also found in Africa and Asia.

Propogation And Cultivation - Bahubeeja can grow under a wide variety of climatic conditions but is highly susceptible to frost. It produces abundant crop of better-quality fruit in areas having a distinct winter than in tropical areas. It is highly resistant to drought and thrives best on sandy loam. Bahubeeja is propagated both by seeds and by cuttings. Its seeds are viable for several months, but it is desirable to sow them within the same year. Seeds germinate in 3-4 weeks in warm days. They are sown either in pots or in lines. Under favourable conditions the seedlings are ready for transplanting in the field or for grafting within 1 year. Seedlings are generally planted 4-6 m apart; grafted trees require a distance of 6-8 m. Proper manuring with application of farmyard manure improves size and quality of fruit. Inarching or grafting is the commercial method adopted for improvement of guava. The best time for this operation is the rainy season and the plant can be planted in the field after 4-5 months after grafting operation. Air layering has been found successful and is adopted on a commercial scale. Propagation by soft wood cuttings has also proved successful. Pruning in fruiting trees is generally done after harvesting the crop. Wilt is the most serious diseases of guava, which is caused by fusarium oxysporum, this is the Mealy scale and Mealy bug. The guava tree begins to bear small crops from its fourth year. It reaches full maturity and starts bearing large crops in its eight year and may continue to bear heavily for 30 years or more. A seedling tree of 8-10 years and

above may bear 400-500 fruits (about 60-80 kg) and a grafted or layered tree of the same age may bear as many as 1000-2000 fruits (about 180-310 kg).

Fruiting And Flowering Time - Guava produces two crops per year, a larger crop in the summer followed by a smaller crop in the early spring. The period of time between flowering and ripening of the fruit is 20-28 weeks.

Morphological Characters Of Psidium guajava Linn.

..... लघुबिल्वफलाकृतिः। (आयुर्वेद सौख्यं-टोडरानंद)

In Ayurveda saukhyam fruit of Bahubeeja is described as having shape of a small fruit like bel i.e. Eagle marmelos.

पेरुकं दृढबीजं च मांसलंचापृथकत्यत्यम।मृदुपीतं वर्तुळ च..।।(शालीग्राम निघंटु)

In Shaligram Nighantu Bahubeeja is described as fleshy fruit its seeds are hard endocarp and pericarp cannot be separated. It is soft, yellow when ripe, rounded berry type of fruit.

Tree of Bahubeeja is much branched small or medium sized.

Height : up to 8m.**Lateral growth :** 4 to 5 m. **Root :** Tape root. **Stem :** Erect, solid, woody, branched and smooth stem.

Leaves : Exstipulate, petiolate, simples opposite, decussate, oblong to ovate, entire, acute unicostate, reticulate. (oblong, entire, glabrous above and pubescent beneath, having 10 to 20 pairs of lateral nerves. These nerves are prominent beneath and strongly curved near the edges. They are joined by intermarginal veins.)

Inflorescence : Solitary, axillary.

Flowers : Bracteate, bracteolate pedicellate complete, hermaphrodite, actinomorphic, pentamerous, epigynous, white.

Calyx : Sepal 5, gamosepalous, imbricate, green.

Corolla : 5 petals, polypetalous, imbricate.

Androecium : Stamens many, polyandrous, dithecous, dorsifixed, extrorse

Gynoecium : Pentacarpellary, syncarpous, inferior, pentalocular, many ovules in each locule, axile placentation.

Fruit : Edible berry globose or pyriform berry.

Parts Used : Bark, flower, Fruit, leaf, root,

Pharmacological Description -

१) ..... तुवरं मधुराम्लकम् ।। (शालीग्राम निघंटु)

According to Shaligram Nighantu Bahubeeja fruit tastes sweet sour and astringent.

२) पेरुकं तुवरं प्रोक्तं स्वाद्वम्लं कफकारकम्।
शुक्रलं वातपित्तघ्नं शीतलं च रसं मतम्।। (मदनपाल निघंटु)

Bahubeeja increases kapha dosha because it is sweet and sour, it is sheeta in guna i.e. smoothening, it diminishes increased or vitiated vata and pitta doshas. It is aphrodisiac (shukral) it increases shukradhatu.

३) ततो अमृतफलं स्वादुतुवरं चातिशितलम। तीक्ष्णं गुरुकफकरं वातदं मदनाशकम। वृष्यं रुचि शुक्रकरं त्रिदोषघ्नं प्रकीर्तिकम।। (निघंटु रत्नाकर)

Varities -1) Khasi (seedless), 2)Vanga (elongate), 3)Gedi.

Latest horticulture study quotes manyvarieties as follows:

- L-49(Lucknow49)
- Allahabad safeda
- Banarasi
- Chittidar
- Harijha
- Red fleshed
- Arka Mridula
- Sindh
- Nasik
- Apple colour
- Behat coconut
- Mirzapuri
- Dharwar
- White supreme

Chemical Constituents -

Fruits - ethy - 2 - methyl - thiazolidine - 4 - (R) - carboxylate. Unripe fruits ester of hexahydroxy diphenic acid.

Stem bark - Leucocyanidin, luetic acid, ellagic acid, amritoside, guajavins, psidinins, psiguavin.

Leaves - Quercetin and its derivatives, sesquiguavaene, maslinic acid,3 sulphate, 3-glucoside, guajavanoic acid, obtusinin, guavanoic acid, guava coumaric acid, Asiatic acid, ilelatifol D, beta sitosterol.

Essential oils of leaves contain - myrcene, dl-limonene, caryophyllene, caryophyllene oxide, eugenol, 1,8-cineole, alpha and beta pinene, menthol, isopropyl alcohol, beta bisabolene, beta copaene, beta selinene, cadinene, cur cumene, beta caryophyllene, (E)-nerolidol, selin-11-en-4-alpha-ol.

Immature seeds - gibberellins A, A3, A4, A5, A6 and A7.Seeds hemicelluloses containing galactose, arabinose, uronic acid,

Roots - methyl arjunolate, beta sitosterol, quercetin, leucocyanidin, gallic acid, 2,3,4- trigalloyl-6-(m-trigalloyl) glucose.

Whole Plant - ellagitannins pedunculagin, casuarinin, stachyurin, tellimagradin, strictinin, casuariin, casuarictin, 2-3-hexahydroxy diphenyl glucose, isostrictinin.

Pharmacological Properties - Bahubeeja is a well-known traditional medicinal plant and is used in various indigenous systems of medicine. The fruits are often included among super fruits, being rich in dietary fiber, vitamins A and C, folic acid and

dietary minerals such as potassium, copper and manganese. Having a generally broad, low-calorie profile of essential nutrients, a single common guava (P. guajava) fruit contains about four times the amount of vitamin C as an orange. More recent ethnopharmacological studies showed that Bahubeeja is used in many parts of the world for the treatment of a number of diseases such as anti-inflammatory, for diabetes, hypertension, carries wounds, analgesic and antipyretic effects. The part of the plant mostly used is the leaves, fruits, bark and the roots. However, the plant as a whole is sometimes used for various medicinal purposes. The traditional uses of the plant are compiled according to the part of the plant used.

Pharmacological actions of leaf extract : The decoction or infusion of the leaves is used as febrifuge, antispasmodic and for rheumatism in India. It is also used to treat diarrhea and stomach ache in Columbia, Mexico, Maya, Nahuatl, Zapotec, USA and Mozambique. The leaves are used in USA as an antibiotic in the form of poultice or decoction for wounds, ulcers and tooth ache. In South Africa and Caribbean, extract of the leaves is used in management of diabetes and hypertension. Latin America, Central and West Africa and South East Asia use decoction of the leaves as gargle for sore throats, swelling of the mouth, laryngitis, external ulcers on the skin and vaginal irritations. The leaves are used for bacterial infections, diarrhea, blood cleansing and dysentery in Trinidad while in New Guinea, Samoa, Tonga, Niue, Futuna and Tahiti are used in the form of boiled preparation for itchy rashes caused by scabies. It is also used as an astringent and in lung problems. Psidium guajava leaves are applied externally on inflammations in Panama, Cuba, Costa Rica, Mexico, Nicaragua, Venezuela Mozambique, Guatemala and Argentina. In Uruguay, a decoction of the leaves is used as a douche in vagina and uterus especially in leucorrhoea. In Nigeria, south Africa, Ghana and Kenya, the leaves are used in treatment of conditions such as malaria, gastroenteritis, vomiting, diarrhea, dysentery wounds, ulcers, toothache, coughs, sore throat, inflamed gums and a number of other conditions.

Pharmacological actions of bark and root : The bark in the form of decoction and poultice is used as an astringent in the treatment of ulcers wounds and diarrhea in Philippines while in Panama, Bolivia and Venezuela, the bark is used in treatment of dysentery and skin ailments. In Kinshasa and Congo, the bark is used as antiamoebic as an infusion or decoction. In the form of decoction and poultice, it is used to expel the placenta after childbirth and in infections of the skin, caries, vaginal hemorrhage wounds, fever, dehydration and respiratory disturbances. The root is used in West Africa as a decoction to relieve diarrhea, coughs, stomachache, dysentery, toothaches, indigestion and constipation while in Philippines, Fiji and South Africa, the roots are used in the form of decoction and poultice as an astringent in ulcers wounds and in treatment of diarrhea.

Pharmacological action of whole plant : In general, the whole plant or it shoots are used in the form of infusion, decoction and paste as skin tonic in Tahiti and Samoa and as analgesia in painful menstruation, miscarriages, uterine bleeding, premature labor and wounds.

Therapeutic activities of plant : The Psidium guajava Linn. plant is used for a number of ailments in the history of folk medicine. Psidium guajava Linn. contains a number of major pharmacologically active ingredients responsible for major biological activities such as antidiarrheal, antimicrobial, antioxidant, cardioactive and hepatoprotective effects, anti-allergic and inflammatory effects, anti-plasmodial, anti-spasmodic, anti-nociceptive and anti-diabetic and finally antitussive activity.

Therapeutic Evaluation : A clinical trial of medicated oil prepared from fresh paste of leaves of Psidium guajava Linn. and Sesamum indicum L. (tila) was found useful in the management of acute fissure-in-ano and other local anal conditions associated with pain, inflammation and bleeding.

Wound Healing From time immemorial, Guava leaves have been used extensively on wound in the history of mankind. Guava leaves were made into a paste by grinding with little water or oil and the same was applied to the wound surface by ancient people of India and China. Tannins and flavonoids exhibit faster healing of experimental wound when a methanolic extract of guava leaves was applied locally twice daily. Many researchers have proved that ointment made from guava leaves can cure wound far faster than the market supplies. The leaves are washed, ground and extracted with oil to facilitate absorption a vehicle (mostly melted candle wax) is added to the extract. The final compound is then applied directly to the wound twice daily for 4 days

In a clinical study, Phyto drug (qg-5) developed

from guava leaves, standardized in quercetin content was administered in the form of capsules containing 500mg of the product to 50 patients with acute diarrheic disease, every 8 hours for 3 days. Result obtained showed that the used guava product decreased the duration of abdominal pain in these patients.

Country Wise Use Of Guava -

Trade - Guava often referred as 'apple of the tropics' is used in the preparation of guava cheese, jelly, juice, pulp and concentrate.

Toxicology - The LD50 of the ethanolic extract in mice was 188mg/kg. The LD50 of Guava leaf extract was more than 5gm/kg.

Nutritional Value Of Guava Fruit-

Table no. 2

Sr.No.	Nutrients	Content
1.	Moisture	2.8-5.5g
2.	Crude fibre	0.9-1.0g
3.	Protein	0.1-0.5mg
4.	Fat	0.43-0.7mg
5.	Ash	9.5-10mg
6.	Carbohydrate	9.1-17mg
7.	Calcium	17.8-30mg
8.	Phosphorous	0.30-0.70mg
9.	Iron	200-400 I.U.
10.	Carotene (Vitamin A)	0.046mg
11.	Thiamine	0.03-0.04mg
12.	Riboflavin	0.6-1.068mg
13.	Niacin	40 I.U.
14.	Vitamin	36-50mg

Observation - Extensive literature survey revealed that guava acclaimed as poor man's apple of the tropics has a long history of traditional use for a wide range of diseases. The fruit as well as its juice is freely consumed for its great taste and nutritional benefits. Much of the traditional uses have been validated by scientific research. A number of chemicals isolated from plants like quercetin, guaij averin, flavonoids and galactose-specific lecithin have shown promising activity in many human trials. The plant has been extensively studied in terms of pharmacological activity of its major components and the results indicate potent anti-diarrheal, antihypertensive, hepato protective, antioxidant, antimicrobial, hypoglycemic and antimutagenic activities.

Discussion - This fruit is one of the most important sources of medicines. It is popularly known as guava and has been used traditionally as a medicinal plant throughout the world for a number of ailments. The aim of this review is to present some chemical compounds in Psidium guajava and their pharmacological effects. Guava has a good amount of lycopene that is carotenoid phytonutrient. Lycopene has anti-tumour properties and protects from prostate cancer. Guava is rich in dietary fibre, which can reduce the sugar levels in the body and help diabetes patients take control of their health. People suffering from chronic pain can use the fruit and derive benefit from its anti-inflammatory properties. Guavas contain a mineral known as folate. It helps promote fertility in humans. Guava is rich in magnesium which acts as a nervous relaxant. It helps to relax muscles and nerves of the body. Guava has a capacity to shrink and contract any open tissues in your body. This has anti-bacterial properties that can push out the harmful toxins and bacteria from your body. Guava juice is an effective remedy to treat dengue fever. It is recommended to drink the guava juice at least three times in a day foreffective results. Pink guavas contain twice the amount of lycopene present in tomatoes. Lycopene is an antioxidant that protects our skin from being damaged by UV rays and environmental pollution.

Conclusion - In conclusion, these results show that guava (Psidium guajava) has Antioxidant,

Anti-diabetic, Antibacterial, Anti-diarrhoeal, Anti-hypotensive, Analgesic &anti-inflammatory, Anticancer, Anti-hypertensive, Antifungal, Antipyretic and high nutritional value. The whole fruit of this plant is edible. The fruit can be eaten raw or even cooked. Fruits are sliced and used as salads or desserts. Beverages are also prepared from the pulp of the fruit. Many varieties of delicacies such as jam, guava paste, and guava cheese are produced from the fruit.The leaves are also edible and have medicinal properties. Thisvital fruit should be cultivated more to meet the nutritional requirements at cheaper value.

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२) पेरुकं तुवरं प्रोक्तं स्वाद्वम्लं कफकारकम्।शुक्रलं वातपित्तघ्नं शीतलं च रसं मतम्।। (मदनपाल निघंटु)

३) ततो अमृतफलं स्वादुतुवरं चातिशितलम। तीक्ष्णं गुरुकफकरं वातदं मदनाशकम।वृष्यं रुचि शुक्रकरं त्रिदोषघ्नं प्रकीर्तिकम।। (निघंटु रत्नाकर)

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Cholecystitis with Accessory cystic duct - A Case Report

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Introduction - Acute cholecystitis occurs secondary to obstruction of cystic duct or common bile duct resulting in bile stasis with inflammation and oedema of the gall bladder wall. Nevertheless unrecognised anatomical variants of the cystic duct may cause different pathological disease variation in gall bladder disease. A 40yr male patient with chief complaints pain in abdomen afterwards was Provisionally diagnosed as cholecystitis on table was found with rare presentation of accessory cystic duct.

Objectives : To Study of the Surgical Management of Cholecystitis with Accessory cystic duct with a single case study.

Case Report :

Name - xyz. Age - 40yr. Gender - Male. Religion- Hindu. Occupation - Worker.

Main Complaints and Duration - Pain in abdomen at Right Hypochondriac region since 15 days. Vomiting once in a day.

Nausea++ . Having Fever for 4 days.

Past History - Not any Surgical History, Medical History and Not known case of DM/ HTN/ Asthma /Koch's .

Family History - Nothing specific Family History.

Physical Examination - GC- fare and afebrile **Pulse-** 82 / min **BP-** 120 / 80 mm of Hg.

CVS -S1 -S2 Normal **CNS-** concious Oriented RS **AEBE** - clear and Normal.

P/A - tenderness At Rt Hypochondriac region.

Bowel - Passed, **Micturition-**Clear.

General Examination - No pallor, No Icterus, No regional Lymphadenopathy.

Local Examination - On local examination demonstrated a Soft abdomen with tenderness in Rt Hypochondriac and epigastric region. No obvious Mass was observed on palpation.

Investigation - haematological Tests were Carried out which Showed Hb - 12 gm, WBC - 11000/cumm differential Count Showed N - 70 % L- 20 % E - 3 % M - 3 % Basophiles - 2 %, Urine - Normal, Renal Function-Normal, LFT - Total Bilirubin 0.67 mg/dl, Direct - 0.2 mg/dl, indirect - 0.47 mg/dl, Alkaline Phosphatase - 68 U/L Rest investigations likes BSL and Serology reported Normal.

ECG, chest x-ray - normal. HIV - Negative HbsAg -Negative .

USG - abdominal and pelvis showed - Multiple G.B. Stones of 4 to 5 mm in size with Changes of Cholecystitis. No intrahepatic biliary Radicle dilatation seen and CBD of normal dimension.

Treatment and Management - Conservative Management started with intravenous Fluids, Antibiotics, Inj. Supacef 1.5 gm IV BD Inj. Metrogyl 500 mg IV TDS and Analgesics with Nasogastric aspiration done and posted for laparoscopic Cholecystectomy.

Surgical Procedure -

Anaesthesia - General Anaesthesia.

Position - supine position. under all aseptic precautions , Painting and drepping was done.

Gall bladder was found distended, also few omental adhesion was found adhesionolysis was done with the help of cautery for the same. Callots triangle dissection was done to identify and dissect cystic artery and cystic duct. An additional Cystic node was also cauterized. The dissected Cystic duct and artery was clipped proximally and distally with the help of two clips on each ends and cut in the middle of both ends. The partially separate gallbladder from duct and artery was then separated from liver bed completely by confirming perfect heamostais. The specimen was taken out then.

Follow Up - Vital Parameters monitored. Gradually patient shifted on liquid-Semisolids and normal diet on 3rd day. The drain was observed it also reduced from 50 ml to 5 ml in three days patient was kept on antibiotics and analgesics Paranterally for three days. As patient has normal bowel. The drain was removed on 4th day and shifted on oral Antibiotics Tab. Augmentin 625 mg 1 BD, Tab. Pan 40 mg 1 OD, Tab. Arflur- P 1 BD -for five days and discharged

on first F/U Patient was found Asymptomatic, the Port site wounds were healed and Stitches were Removed.

On 19th post operative day patient came to hospital C/o Pain in abdomen, Abdomen distension was on physical examination. Pain at port was site, peristalsis ++, BP, Pulse, NAD, ultra sound examination carried observed biliary peritonitis was noticed. Haematology was done, everything found normal IV Inj. Monocef 1 gm iv BD, Inj. Metrogyl 500 mg IV TDS, Inj. pan 40 mg iv OD and iv fluids were started, Abdomen tapping was done GOLDEN BILE ASPIRATED was taken for Diagnostic Laparotomy explored by upper abdomen midline incision near about 1.5 lit. bile sucked rest of abdomen examination done, No biliary tract injury was seen clips applied to cystic duct was found in situ lavage given. Abdomen drain No. 28 was kept, fixed and Layerwise abdomen closure was done same treatment was continued for next three days gradually patient was shifted on oral medication and diet but GOLDEN BILE DRAN REMAINS OFF about 250 ml to 300 ml every day in post operative period, Finally considering biliary leak patient posted for ERCP procedure and Miracle seen III on 3rd post operative day the drain stopped and drain was removed. so it was Accessory Cystic duct which was tricalling.

Discussion and Conclusion - As 10% of population have anomalous billiary tree anatomy. It was surprising to find that the variant described in the above case. It is important not to assume that aberrant ducts such as the ones described are of no consequences. Because of abnormal duct presentation (anatomical variation)- patient showed above symptoms, delayed billiary peritonitis and surgical intervention was needed.

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श्रद्धांजली

"पंचकर्म गुरु" वैद्य प्र. ता. जोशी ह्यांचे दुःख निधन.

आयुर्वेद जगतात "पंचकर्म गुरु" म्हणून परिचित असलेल्या वैद्य श्री. प्र. ता. तथा नाना जोशी यांचे सोमवार दि. २९/३/२०२१ रोजी दुःखद निधन झाले. महाराष्ट्रातील धुळे ही वैद्य जोशी यांची कर्मभूमी परंतु शासकीय नोकरीत असताना व त्यानंतरही वैद्य जोशी यांनी आपले जीवन "पंचकर्म" विषयाच्या प्रचार व प्रसारासाठी व्यतित केले. वैद्य श्री. प्र. ता. जोशी यांच्या पंचकर्मातील समर्पित कामाची दखल घेऊन राष्ट्रीय शिक्षण मंडळाचा प्रतिष्ठित जीवन गौरव पुरस्कार वैद्य जोशी यांना लाभला होता.

राष्ट्रीय शिक्षण मंडळ व आयुर्विद्या मासिक समितीच्या वतीने वैद्य प्र. ता. तथा नाना जोशी ह्यांना सश्रद्ध श्रद्धांजली.

श्रद्धांजली

स्त्रीरोग तज्ज्ञ डॉ. लीला गोखले ह्यांचे दुःख निधन.

जुन्या काळातील सुप्रसिद्ध स्त्रीरोग तज्ज्ञ डॉ. लीला गोखले ह्यांचे वृद्धापकाळाने वयाच्या १०३ व्या वर्षी दुःख निधन झाले.

डॉ. गोखले ह्यांनी टिळक आयुर्वेद महाविद्यालयात स्त्रीरोग प्रसूती विषयात अध्यापनाचे काम केले. तसेच संलग्न शेठ ताराचंद रामनाथ रुग्णालयात मानद स्त्री–रोग प्रसूती तज्ज्ञ म्हणून अनेक वर्षे सेवा दिली.

आयुर्विद्या मासिक समिती, टिळक आयुर्वेद महाविद्यालय व शेठ ताराचंद हॉस्पिटल ह्यांच्या तर्फे डॉ. लीला गोखले ह्यांना विनम्र भावपूर्ण श्रद्धांजली.

अहवाल

राष्ट्रीय शिक्षण मंडळ – ९७ वा वर्धापन दिन समारंभ

डॉ. राजेंद्र श. हुपरीकर

राष्ट्रीय शिक्षण मंडळाच्या ९७ व्या वर्धापन दिनानिमित्त मंगळवार दि. ९/२/२०२१ रोजी विशेष समारंभाचे आयोजन एन.आय.एम.ए. सभागृह, टिळक आयुर्वेद महाविद्यालय येथे दुपारी २.३० वाजता केले होते.

या समारंभासाठी चाणक्य मंडळ ह्या संस्थेचे संस्थापक, संचालक **मा. श्री. अविनाश धर्माधिकारी** प्रमुख अतिथी म्हणून उपस्थित होते. समारंभाच्या अध्यक्षस्थानी **डॉ. दिलीप पुराणिक** हे होते.

मा. अध्यक्ष डॉ. पुराणिक व प्रमुख अतिथी श्री. अविनाश धर्माधिकारी ह्यांच्या हस्ते श्रीधन्वंतरीचे पूजन करण्यात आले. त्यानंतर श्री. धर्माधिकारी ह्यांच्या हस्ते कला दालनात आयोजित करण्यात आलेल्या आरोग्य विषयक चित्रकृती प्रदर्शनाचे उद्घाटन करण्यात आले. तसेच टिळक आयुर्वेद महाविद्यालयातील शारीर क्रिया, रोगनिदान व कायचिकित्सा विषयांच्या नूतनीकरण केलेल्या विभागांचेही मा. श्री. धर्माधिकारी ह्यांच्या हस्ते उद्घाटन करण्यात आले.

वर्धापन दिनाचा मुख्य समारंभ एन.आय.एम.ए. सभागृहात संपन्न झाला. व्यासपीठावर अध्यक्ष डॉ. दिलीप पुराणिक, प्रमुख अतिथी मा. श्री. अविनाश धर्माधिकारी, रा.शि.मंडळाचे उपाध्यक्ष डॉ. भा. कृ. भागवत, सचिव डॉ. राजेंद्र हुपरीकर, कोषपाल डॉ. र. ना. गांगल तसेच नियामक मंडळ सदस्य डॉ. भा. ग. धडफळे, डॉ. मधुकर सातपुते, डॉ. संजय गव्हाणे, डॉ. वि. वि. डोईफोडे, डॉ. सु. ना. परचुरे, ॲड. श्रीकांत पाटील व प्राचार्य डॉ. स. वि. देशपांडे विराजमान होते.

श्रीधन्वंतरी स्तवनाचे मंगल चरणांनी मंगलमय झालेल्या वातावरणात सचिव डॉ. राजेंद्र हुपरीकर ह्यांनी उपस्थितांचे हार्दिक स्वागत केले व थोडक्यात संस्थेच्या प्रगतीबाबत माहिती दिली.

मान्यवर अतिथींचा परीचय करून दिल्यानंतर त्यांचा यथायोग्य सत्कार करण्यात आला.

डॉ. जयंत केशव बर्डे ह्यांना **''जीवन गौरव पुरस्कार''** मा. श्री. अविनाश धर्माधिकारी ह्यांचे हस्ते देण्यात आला. डॉ. बर्डे ह्यांच्या सन्मानपत्राचे वाचन डॉ. हजरनवीस ह्यांनी केल्यानंतर पुणेरी पगडी, सन्मानपत्र, भेटवस्तू, शाल, रू. एकवीस हजार व पुष्पगुच्छ असा सत्कार डॉ. बर्डे ह्यांनी सपत्नीक टाळ्यांच्या गजरात स्विकारला. जुन्या आठवणींना उजाळा देत डॉ. बर्डे ह्यांनी सन्मानाबद्दल कृतज्ञता व्यक्त केली.

''जीवन गौरव पुरस्काराचे'' दुसरे मान्यवर **डॉ. अरविंद लिमये** ह्यांच्या सन्मानपत्राचे वाचन डॉ. विनया दीक्षित ह्यांनी केले. प्रमुख अतिथी मा. श्री. अविनाश धर्माधिकारी ह्यांनी पुणेरी पगडी, शाल, सन्मानपत्र, भेटवस्तू, रूपये एकवीस हजार व पुष्पगुच्छ देवून डॉ. लिमये व डॉ. सौ. लिमये ह्यांचा गौरव केला. डॉ. लिमये ह्यांनीही आपल्या यशस्वी जीवनाच्या निवडक आठवणींना अुजाळा देत आपले मनोगत व्यक्त केले.

मा. श्री. धर्माधिकारी ह्यांच्या हस्ते "**Ayurvidya International Jan. 2021 Volume** I " चे प्रकाशन झाल्यानंतर आपले मनोगत व्यक्त करतांना त्यांनी राष्ट्रीय शिक्षण मंडळाच्या गेल्या ९७ वर्षांच्या प्रगतीपथावरील वाटचालीचा गौरवपूर्ण शद्बात उल्लेख केला व शताद्बी वर्षासाठी शुभेच्छा दिल्या.

राष्ट्रीय शिक्षण मंडळ पुरस्कृत **''नानल चषक आंतरवैद्यकीय महाविद्यालयीन स्पर्धांच्या''** संयोजक डॉ.

राष्ट्रीय शिक्षण मंडळाच्या ९७ व्या वर्धापन दिनानिमित्त उपस्थित मान्यवर. डावीकडून डॉ. संजय गव्हाणे, डॉ. मधुकर सातपुते, डॉ. भालचद्र भागवत, डॉ. रमेश गांगल, डॉ. दिलीप पुराणिक, श्री. अविनाश धर्माधिकारी, डॉ. राजेंद्र हुपरीकर, डॉ. भालचंद्र धडफळे, डॉ. विजय डोईफोडे, डॉ. सुहास परचुरे, डॉ. सदानंद देशपांडे.

आयुर्विद्या इंटरनॅशनल, जानेवारी २०२१ व्हॉल्युम १ च्या प्रकाशन प्रसंगी डावीकडून – डॉ. गव्हाणे, डॉ. गांगल, डॉ. भागवत, डॉ. सातपुते, डॉ. पुराणिक, श्री. अविनाश धर्माधिकारी, डॉ. हुपरीकर, डॉ. देशपांडे, डॉ. दीक्षित, डॉ. हजरनवीस.

जीवनगौरव पुरस्काराचा स्विकार करताना मा. डॉ. जयंत बर्डे. प्रकाशचित्रात डावीकडून – डॉ. गव्हाणे, डॉ. गांगल, डॉ. पुराणिक, श्री. अविनाश धर्माधिकारी, डॉ. हुपरीकर, डॉ. बर्डे, सौ. बर्डे, डॉ. देशपांडे.

जीवनगौरव पुरस्काराचा स्विकार करताना मा. डॉ. अरविंद लिमये. प्रकाशचित्रात डावीकडून – डॉ. पुराणिक, श्री. अविनाश धर्माधिकारी, डॉ. हुपरीकर, डॉ. लिमये, सौ. लिमये.

आरोग्य प्रदर्शनाचे उद्घाटन. डावीकडून – डॉ. सौ. मंजिरी देशपांडे, डॉ. हुपरीकर, श्री. अविनाश धर्माधिकारी, डॉ. भागवत, डॉ. पुराणिक.

सौ. मंजिरी देशपांडे ह्यांनी स्पर्धांबाबत सविस्तर माहिती दिल्यानंतर स्पर्धेतील पारितोषिक विजेत्यांना व्यासपीठावरील सर्व मान्यवरांच्या हस्ते पारितोषिकांचे वितरण करण्यात आले.

डॉ. दिलीप पुराणिक ह्यांनी अध्यक्षपदावरून व्यक्त केलेल्या विचारात संस्थेच्या आगामी वाटचालीचा तसेच भविष्यकालीन योजनांचा उल्लेख केला. तसेच २०२३–२०२४ ह्या शताब्दी वर्षानिमित्त आयोजित करण्यात येणाऱ्या विविध कार्यक्रमात बहुसंख्येने सहभागी व्हावे असे उपस्थितांना आवाहन केले. संस्थेचे उपाध्यक्ष डॉ. भागवत ह्यांनी यथोचित आभार मानले. समारंभाचे सूत्र संचालन डॉ. मिहीर हजरनवीस व डॉ. विनया दीक्षित ह्यांनी नेहमीप्रमाणे नेटकेपणाने व समृद्ध भाषेत केले.

National Webinar on Pharmacovigillance

- Dr. Apoorva Sangoram

National Webinar on Awareness Programme on Pharmacovigillance and ADR was jointly organized by PPvC, Tilak Ayurved Mahavidyalaya, and A.I.M.S of India, under Ministry of AYUSH, New Delhi, on 26th February 2021 from 11am to 2 pm via Zoom App.

Total 54 participants were present for this workshop. Practitioners, Teaching Faculty, Nursing staff, MD Scholars, Coordinators and Programme Assistants from various PPvCs, IPvCs, Faculty from various Ayurveda Colleges attended this workshop.

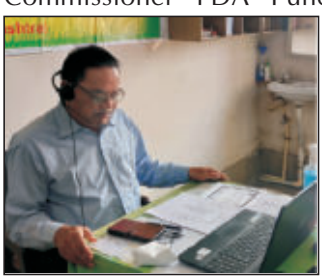
Webinar started with Dhanvantari Stavan recited by Dr. Gauri Gangal, Asst. Professor Dravyaguna Dept, Tilak Ayurved Mahavidyalay Pune. Then, Principal of Tilak Ayurved Mahavidyalay and President of A.I.M.S of India Dr. Sadanand Deshpande extended welcome address and highlighted the importance of Pharmacovigillance.

Dr. Vijaya Pandit, M.B.B.S. M.D., Professor and HOD Pharmacology with 33 years of teaching experience gave an insight into how the reporting system of ADR in Allopathic medicine was established. She highlighted the importance of Pharmacovigillance, monitoring of ADR in each stages of Drug development especially at Post Marketing stage. She explained the importance of De-Challenge and Re-Challenge. The main Aim is 'When in doubt, report!'

Mr. Dinesh Khinvasara, Asst. Commissioner FDA Pune delivered the second lecture on Misleading Advertisements. It has become a big challenge in front Drug Controllers. He underlined all the specifications mentioned in Drug & Magic remedies Act. He explained all the sections such as Section 3 and 4 is for Drugs, Section 2 (6) is for Magic drugs, Section 5 for Magic remedies, Section 8 for powers of entry, search etc. Conditions for exemption were explained in detail.

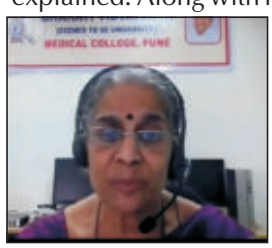
PPvC Coordinator and HOD Dravyaguna Department Prof. Dr. Apoorva Sangoram gave lecture on Ayurvedic aspect of Pharmacovigillance and ADR. Main objective of this lecture was to understand the zest of Pharmacovigillance explained in Ayurveda. As this term is not specifically mentioned but indirectly throughout the Samhita outline of ideal drug, doctor, nurse and patient has been stated clearly. If these guidelines are followed no harm shall take place. Accordingly, she explained this policy in the lecture such as Near Miss, Medication error, Adverse Drug Events, Administration errors. All points were explained along with examples to make everyone understand the terms. Also, what is Pharmacovigillance? What is ADR? Need for the creation of policy for Pharmacovigillance and ADR in ASU and H system of medicine was explained. Importance of reporting of ADR was highlighted in the lecture.

Similarly, the work undertaken by PPvC centre at Tilak Ayurved Mahavidyalay, which has started from November 2019 was explained. Along with recording and reporting



Dr. Sadanand Deshpande welcome address in the webinar.

Dr. Apoorva Sangoram delivering lecture on Ayurvedic perspective of pharmacovigillance



Dr. Vijaya Pandit delivering lecture on pharmacovigillance and ADR in modern perspective

Dr. Dinesh Khinvasara delivering lecture on Misleading advertisement

of ADRs at Seth Tarachand Ramnath Charitable Hospital, reporting of Misleading Advertisements appearing in the print media is also being recorded and reported to Intermediate Pharmacovigillance Centre and National Pharmacovigillance centre on a daily basis was elaborated in the lecture.

At the end Dr. Asmita Jadhav, Asst. Professor, Dravyaguna Department, Tilak Ayurved Mahavidyalaya proposed vote of thanks.

The Programme was conducted by Dr. Vaibhavi Sabne, Programme Assistant at PPvC Tilak Ayurved Mahavidyalaya. Technical support was given by, Dr. Pradnya Gathe, Asso. Dravyaguna Dept. and Dr. Sneha Kulkarni, Asso. Professor, Vd. Vrushali Kale, Vd. Shriya Deo, Vd. Suvarna Thatte, post graduate scholar of Dravyaguna Dept. helped in smooth conduction of the programme.

अभिनंदन!

डॉ. रमेश नारायण गांगल ह्यांना '' जीवन गौरव पुरस्कार'' प्रदान

महाराष्ट्र आरोग्य विज्ञान विद्यापीठाचा प्रतिष्ठीत ''**जीवन गौरव पुरस्कार'' डॉ. रमेश गांगल** ह्यांना जून २०२० मध्ये जाहीर झाला होता.

औरंगाबाद येथे भव्य समारंभात सदर पुरस्कार वैद्यकीय शिक्षण मंत्री, महाराष्ट्र शासन मा. ना. श्री. अमित देशमुख ह्यांच्या हस्ते डॉ. गांगल ह्यांनी टाळ्यांच्या गजरात स्विकारला.

ह्या प्रसंगी म. आ. वि. वि. चे प्रभारी कुलगुरु मा. डॉ. नितीन कळमळकर, माजी कुलगुरु डॉ. दिलीप म्हैसेकर, रजिस्ट्रार डॉ. कालीदास चव्हाण आदी मान्यवर उपस्थित होते.

पुरस्कार प्रदान प्रसंगी डावीकडून – डॉ. करमळकर (कुलगुरु), ना. श्री. अमित देशमूख, डॉ. रमेश गांगल, डॉ. जानकी गांगल, डॉ. म्हैसेकर, डॉ. चव्हाण.

डॉ. मनोज नेसरी ह्यांना पीएच. डी. (आयु.) प्राप्त.

डॉ. मनोज नेसरी ह्यांनी कायचिकित्सा विषयांतर्गत पीएच. डी. (आयु.) साठी महाराष्ट्र आरोग्य विज्ञान विद्यापीठास सादर केलेला "Study on National And International Regulations for Traditional Medicine with special Referrence To promotion of Ayurved" ह्या विषयावरील प्रबंध विद्यापीठाने मान्य केला असून डॉ. मनोज नेसरी हे पीएच.डी. पदवीसाठी पात्र असल्याचे जाहीर केले आहे. डॉ. नेसरी ह्यांनी प्रा. डॉ. राजेंद्र श. हुपरीकर ह्यांच्या मार्गदर्शनाखाली शोध प्रबंधाचे काम सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडीज अँड रिसर्च इन आयुर्वेद, टिळक आयुर्वेद महाविद्यालय येथे पूर्ण केले.

टिळक आयुर्वेद महाविद्यालय व आयुर्विद्या मासिक समितीच्या वतीने डॉ. मनोज नेसरी ह्यांचे पीएच.डी. च्या यशाबद्दल हार्दीक अभिनंदन व शुभेच्छा.

डॉ. सुभाष रानडे व डॉ. सौ. सुनंदा सुभाष रानडे ह्यांचा सन्मान

प्राचार्य डॉ. सुभाष वाघे, ज्युपिटर कॉलेज, नागपूर ह्यांनी लिहीलेल्या 'Text Boork of Roga Nidan' चे प्रकाशन नुकतेच शिवजयंतीच्या दिवशी समारंभपूर्वक संपन्न झाले.

ह्या पुस्तकाची विशेष बाब म्हणजे डॉ. वाघे ह्यांनी हे पुस्तक इंटरनॅशनल आयुर्वेद ॲकॅडेमीचे संस्थापक व सहसंस्थापक डॉ. सुभाष व डॉ. सुनंदा रानडे ह्या दांपत्याने आयुर्वेदाच्या प्रचार व प्रसारासाठी केलेल्या विशेष योगदानासाठी त्यांना अर्पण करून त्यांचा बहुमानच केला आहे. सर्वच आयुर्वेद जगतासाठी ही बहुमानाची बाब आहे.

वृत्तांत

कै. कृ. ना. भिडे आयुर्वेद संस्थेचा वर्धापन दिन समारंभ

डॉ. भा. कृ. भागवत, अधिक्षक.

राष्ट्रीय शिक्षण मंडळ संचलित कै. कृ. ना. भिडे आयुर्वेद संस्थेच्या ९ व्या वर्धापन दिनानिमित्त दि. १ मार्च २०२१ रोजी सकाळी १० वाजता विशेष समारंभाचे आयोजन करण्यात आले. समारंभास रा.शि.मंडळाचे अध्यक्ष **डॉ. दिलीप पुराणिक** हे विशेष अतिथी म्हणून उपस्थित होते.

समारंभाचा आरंभ श्री धन्वंतरीच्या पूजनाने व स्तवनाने झाला. कै. कृ. ना. भिडे आयुर्वेद संस्थेचे अध्यक्ष **डॉ. मधुकर सातपुते** ह्यांनी उपस्थितांचे स्वागत केले. तसेच संस्थेमध्ये चालणाऱ्या विविध आरोग्यविषयक कार्यक्रम व उपक्रमांची माहिती दिली. तसेच नजिकच्या भविष्यकालात ज्येष्ठ नेत्र तज्ज्ञ डॉ. विवेक कानडे ह्यांच्या सहकार्याने नेत्रविभाग सुरु करणार असल्याची माहिती दिली.

ह्या प्रसंगी कै. कृ. ना. भिडे आयुर्वेद संस्थेत व्यवस्थापनाचे काम करणारे श्री. सहस्त्रबुद्धे ह्यांचा रा.शि.मंडळाचे उपाध्यक्ष **डॉ. भा. कृ. भागवत** ह्यांच्या हस्ते उल्लेखनीय सेवा दिल्याबद्दल सत्कार करण्यात आला.

डॉ. पुराणिक ह्यांनी व्यक्त केलेल्या मनोगतामध्ये डॉ. सातपुते ह्यांच्या नेतृत्वाखाली संस्थेने केलेल्या प्रगतीची प्रशंसा केली. तसेच संस्थेत सेवा देणाऱ्या चिकित्सकांच्या योगदानाचा गौरव केला व भविष्यासाठी संस्थेला शुभेच्छा दिल्या.

श्री धन्वंतरी पूजन – उजवीकडून – डॉ. सातपुते, डॉ. पुराणिक, डॉ. भागवत, डॉ. हुपरीकर व इतर.

समारंभास रा.शि. मंडळाच्या नियामक मंडळाचे सदस्य डॉ. सुहास परचुरे, सचिव डॉ. राजेंद्र हुपरीकर, ॲड. श्रीकांत पाटील, डॉ. विजय डोईफोडे, नेत्रतज्ज्ञ डॉ. कानडे, चिकित्सक डॉ. विलास डोळे, डॉ. गिरीष धडफळे, शेठ ताराचंद रुग्णालयाच्या उपअधिक्षक डॉ. कल्याणी भट, टिळक आयुर्वेद महाविद्यालयाचे प्राचार्य डॉ. सदानंद देशपांडे, प्रा. मंजिरी देशपांडे, उपप्राचार्य डॉ. सौ. सरोज पाटील, डॉ. हजरनवीस आणि कै. कृ. ना. भिडे आयुर्वेद संस्थेचे अन्य चिकित्सक मोठ्या संख्येने उपस्थित होते.

समारंभाचे शेवटी संस्थेचे सचिव डॉ. भा. कृ. भागवत ह्यांनी उपस्थितांचे आभार मानले.

वृत्तांत

आयुर्वेदाचार्य नानल रुग्णालय वर्धापन दिन समारंभ – दि. १५/२/२०२१

डॉ. रमेश गांगल, अधिक्षक.

राष्ट्रीय शिक्षण मंडळ संचलित आयुर्वेदाचार्य पुरुषोत्तम शास्त्री नानल रुग्णालयाच्या ५६ व्या वर्धापन दिनानिमित्त श्री धन्वंतरी पूजनाचा कार्यक्रम आयोजित करण्यात आला होता.

राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष डॉ. दिलीप पुराणिक ह्यांचे हस्ते श्री धन्वंतरीची पूजा करण्यात आली. त्याप्रसंगी धन्वंतरी स्तवनाचे मंगल चरण आळविण्यात आले. डॉ. पुराणिक ह्यांनी ह्या प्रसंगी नानल रुग्णालयाचे पदाधिकारी, सेवक वर्ग व समिती सदस्यांना हार्दिक शुभेच्छा दिल्या.

समारंभास नानल रुग्णालय समितीचे अध्यक्ष डॉ. विजय डोईफोडे, अधिक्षक डॉ. रमेश गांगल, राष्ट्रीय शिक्षण मंडळाच्या नियामक मंडळाचे सदस्य डॉ. भा. ग. धडफळे, अुपाध्यक्ष डॉ. भा. कृ. भागवत, ॲड. श्री. ना. पाटील, आयुर्वेद रसशाळेचे

श्री धन्वंतरी पूजन – डावीकडून – डॉ. पुराणिक, डॉ. गांगल, डॉ. डोईफोडे, डॉ. धडफळे.

पदाधिकारी डॉ. सुहास कुलकर्णी, सी. डी. जी. आय. एम. एस. चे प्रा. चिवटे, नानल रुग्णालयाचा सेवक वर्ग मोठ्या संख्येने उपस्थित होता.

Report

National Seminar on Ayurvedic Management of Infertility (Vandhyatva)

-Dr. Mihir Hajarnavis

The National Seminar on Ayurvedic Management of Infertility (Vandhyatva) was jointly organized by Centre for Post Graduate Studies and Research in Ayurved of Tilak Ayurved Mahavidyalaya, Pune and Association of Integrated Medical Specialists of India on Sunday, 14th February 2021. The seminar was organized offline and online through zoom platform at N.I.M.A. Auditorium of Tilak Ayurved Mahavidyalaya.

125 delegates within Pune participated offline and 180 delegates out of Pune and Maharashtra participated online in the seminar.

The Seminar began with a Key note lecture by **Vaidya Abhay Kulkarni,** Nashik. The topic of the lecture was 'Concept of Vandhyatva in Ayurved with its clinical applications'. Dr Abhay Kulkarni explained in detail this topic with lot of references from the Ayurvedic compendia. **Prof. Dr. S.V. Deshpande** chaired the session.

This was followed by the Inaugural Function. **Dr. Sanjay Gupte,** Director of the Center for Reproduction and Research at Gupte Hospital, Pune was the Chief Guest of the inaugural function. In his inaugural speech Dr. Gupte emphasized on research in the field of reproduction through Modern Science and Ayurved. **The special issue of Ayurvidya Journal** on the theme "Infertility and Ayurvedic Management" was released at the hands of the Chief Guest Dr. Sanjay Gupte. **Dr. Dlip Puranik,** President of Rashtriya Shikshan Mandal was the President of the function. In his Presidential address, he gave an overview of such seminars being organized for last 12 years by C.P.G.S&R.A. He also threw a light on the problem of Infertility as burning issue in toadys married couples due to changes in life style. He also said, Ayurved can offer good solutions to this problem, hence the topic is chosen for the National Seminar. **Dr. Rajendra Huparikar,** Secretary, R. S. M. and **Dr. Sadanand V. Deshpande,** President, A.I. M.S. were present for the Inaugural function.

This was followed by the Charak Session. In this session, **Dr. Rajashree Kulkarni** shared her views, clinical experiences with case studies on 'Panchakarma Therapy in Vandhyatava'. The second lecture in this

At the Inauguration function of seminar. From left - Dr Huparikar, Dr. Gupte, Dr. Puranik, Dr. Deshpande, Dr. Hajarnavis, Dr. Patil, Dr. Dixit.

Release of Ayurvidya special issue on Infertility and Ayurvedic Management.
From left - Dr Huparikar, Dr. Gupte, Dr. Puranik, Dr. Deshpande, Dr. Patil, Dr. Hajarnavis, Dr. Dixit.

session was by **Dr. Renuka Kulkarni,** Pune on 'Anapatyata-Nidan Vaividhya' with clinical studies in female Infertility. Prof. Dr. Rajendra Huparikar, Prof. Dr. Manoj Gaikwad were the Chairman and Co Chairman respectively for the session.

The Post lunch session was the Vagbhata Session. In this session Dr. Laxmikant Kortikar shared his views on 'Ayurvedic Management of Male Infertility'. He shared his case studies with references from the samhitas. This lecture was followed by a presentation by **Dr. Manisha Goswami** on products of Charak Pharmaceuticals used in Infertility. Prof. **Dr. Sanjay Gavane** and Prof. **Dr. Hemlata Jalgaonkar** were the Chairman and Co Chairman respectively for the session.

The last session was the Sushruta Session. **Dr. Vinesh Nagare** shared his experiences in 'IVF Practices v/s Ayurvedic treatment'. He presented case studies through Ayurved where IVF treatment was not successful. This was followed by a briefing on products of Ayurved Rasashala indicated in Infertility by Vaidya **Mihir Hajarnavis**. Prof. **Dr. Nandkishor Borse** and Prof. **Dr. Abhijeet Chitnis** were the Chairman and Co Chairman respectively for the session.

There were essay competitions and poster paper presentations organized on the theme "Infertility and Ayurvedic Management" in the National Seminar. There were around 90 posters received and displayed in the Art Gallery of the college. Around 15 essays were also received.

Prof. **Dr. Manjiri Deshpande,** Prof. **Dr. Indira Ujagare,** Prof **Dr. Surekha S. Medikeri** worked as Evaluators for the essay competitions. Prof. Dr. Mohan Joshi, Prof. Dr. Maya Gokhale, Prof. Dr. Jayashree Deshmukh, Prof. Dr. Madhuri Dalvi and Prof. Dr. Seema B. worked as Evaluators for the Posters / Papers.

The seminar was concluded with the valedictory function. **Dr. Dlip Puranik,** President of R. S. M. was the Chief Guest and **Dr. S. V. Deshpande,** President of A.I.M.S of India was the President of the function. The prizes for best Essay and paper / poster were given in the valedictory function as follows -

Poster Competition - 1) Dr. Charu Sharma (All India Institute of Ayurveda, Delhi). 2) Dr. Vishnukant Rameshrao Jadhav (Government Ayurvedic College, Nanded). 3) Dr. Kirti Durgadas Gedam (Tilak Ayurvedic Mahavidyalaya Pune). 4) Vd. Sayali Waghulde (B. R. Harne Ayurvedic Medical College, Karav, Vangani).

Essay Competition - 1) Dr Aishwarya Ashish Joglekar (All India Institute of Ayurveda). 2) Dr.

Delegates attending Seminar "off line" in N.I.M.A. Auditorium.

Rutuja Nagawade (R.A.Podar Medical(Ayu.) College, Mumbai). 3) Dr. Shirinkausar, A. K. Sheikh (Bhausaheb Mulak Ayurved College & R. H, Butibori, Nagpur). 4) Dr. Mrs. Pradnya Aptikar (YMT Ayurvedic College, Kharghar, Navi Mumbai).

The organizing team was felicitated in this ceremony. PG scholars from the department of Swasthavritta, Rasashashtra, Sharir Rachana worked as volunteers in the Seminar. Dr. Ashwini Kamble, Dr. Ashvini Bodade, Dr. Maithili Naik assisted in the Seminar.

Ayurved Rasashala, Pune, Charak Pharmaceuticals, Mankarnika Publications, Baidyanath Pharmacy and Brahma Ayurved Pharmacy displayed their stalls in the seminar.

Prof. Dr. Saroj Patil, Prof. Dr. Mihir Hajarnavis and Prof .Dr .Vinaya Dixit worked as Programme Directors of the National Seminar.

कार्यकारी संपादकीय

करोना, आयुर्वेद : सद्यस्थिती

– डॉ. अपूर्वा संगोराम

बघता बघता २०२१ सालचा मार्च महिना उजाडला आणि मधल्या काळात थंडावलेली करोना पेशंटसची संख्या पुन्हा वाढू लागली. शासनाने आखून दिलेल्या न्यू नॉर्मल गाईडलाईनचा जणूकाही विसर पडल्यासारखी, सर्वसामान्य जनता नॉर्मल वागू लागली. त्यामुळे पुन्हा एकदा करोनाची दुसरी लाट येते की काय अशी परिस्थिती निर्माण झाली. एका बाजूला लसीकरण सुरु झाले आहे. फ्रंटलाईन वर्कर्स, डॉक्टर्स यांच्यानंतर साठ वर्षानंतरचे ज्येष्ठ नागरिक व ४५ ते ५० वर्षाचे, सहव्याधी असणारे नागरीक यांच्यासाठी लसीकरण शासकीय व खासगी रुग्णालयात सुरू झाले आहे. परंतु ही प्रक्रिया सुलभ होण्याऐवजी ती जास्तीत जास्त गुंतागुंतीची झाली आहे. आधी ॲपवर नोंदणी, त्यानंतर भेटीची वेळ नक्की करुनही ज्येष्ठ नागरीकांना त्या त्या नेमून दिलेल्या वेळेत लस मिळेलच असे नाही. अनेक ज्येष्ठ नागरीकांना लस मिळण्यासाठी वारंवार फेऱ्या माराव्या लागत आहेत. यासंबंधीच्या योग्य सूचना लक्षात न घेतल्यामुळे ज्येष्ठ नागरीकही सकाळी ७ वाजल्यापासून काही न खातापिता लसीकरण केंद्रावर गर्दी करायला लागले आहेत. त्यामुळे अनेक मधुमेह, रक्तदाब यासारख्या व्याधी असणाऱ्या पेशंटसना रक्तशर्करा कमी होणे, दौर्बल्य यासारखी लक्षणे जाणवायला लागली आहेत. त्यातून लसीची कमतरता ही नव्याने उद्भवणारी समस्या जाणवत आहे. कोव्हीशिल्ड की कोव्हॅक्सिन यातली कोणती लस मिळेल? एक डोस ज्या लसीचा मिळाला त्याच लसीचा दुसरा डोस मिळेल की नाही अशा अनेक शंका नागरीकांच्या मनात आहेत. त्यामुळे या सर्वांसाठीच पुन्हा नव्याने एक शिस्तबद्ध कार्यक्रम आखण्याची गरज निर्माण झाली आहे.

वाढत्या करोना रुग्णसंख्येमुळे मधल्या काळात चालू झालेली महाविद्यालये पुन्हा एकदा विद्यार्थ्यांसाठी बंद करावी लागली. पुन्हा एकदा ऑनलाईन माध्यमांच्या आधारे विद्यार्थ्यांचे शिक्षण सुरू झाले आहे. या माध्यमातून शिकण्याचे फायदे व तोटे याची आता विद्यार्थी व अध्यापक यांना सवय झाली आहे. पण सगळे जगच अशा परिस्थितीतून जात असताना काही न करण्यापेक्षा ज्या मिळेल त्या मार्गाने ज्ञान संपादन करणे हे महत्त्वाचे आहे. या सर्व कालावधीत आयुर्वेद महाविद्यालयातील पदव्युत्तर व पदवीपूर्व अभ्यासक्रमासाठी विद्यार्थ्यांच्या प्रवेश प्रक्रिया चालू आहेत. नुकत्याच पीएच.डी.च्याही विद्यार्थ्यांसाठी प्रवेश प्रक्रिया सुरू झालेल्या आहेत.

या वर्षी प्रथमच 'आयुष' विभागातर्फे, Transition Curriculum असा प्रथम वर्षी प्रवेशित विद्यार्थ्यांसाठी १५ दिवसांचा कार्यक्रम देण्यात आला आहे. या कार्यक्रमाअंतर्गत विद्यार्थ्यांना आयुर्वेद व आयुर्वेदाशी संबंधित सर्व विषयांशी संबंधित व्याख्यानांचे आयोजन करण्यात आले आहे. यामध्ये संस्कृत, इंग्रजी भाषा, आयुर्वेदाशी संबंधित सिद्धांत, वृक्षायुर्वेद मृगायुर्वेद, बायोडायव्हर्सिटी यासारख्या अनेक विषयांचा समावेश करण्यात आला आहे. आपण ज्या अभ्यासक्रमाचा पुढील चार वर्षे अभ्यास करणार आहोत तो विषय व त्याच्या अनुषंगाने असलेले इतर विषय याची संकल्पना आधीच आल्यामुळे विद्यार्थ्यांचा या अभ्यासक्रमाची गोडी वाढण्यात मदत होणार आहे.

एकंदर करोना महामारी सारख्या प्रतिकूल परिस्थितीतही शिक्षण व शिक्षणाशी संबंधित उपक्रम चालू आहेत. त्यात कुठेही खंड पडलेला नाही. याच पद्धतीने सर्वांनाच या प्रतिकूल परिस्थितीवर मात करण्याचे सामर्थ्य मिळो हीच ईश्वर चरणी प्रार्थना!

उपसंपादकीय

आरोग्यक्षेत्रात सायबर कावा!

– डॉ. सौ. विनया दीक्षित

Digital क्रांतीच्या सध्याच्या युगात प्रत्येकाच्या स्मार्ट फोनमुळे अक्षरशः मुठीतच जगातील सर्व प्रश्नांची उत्तरे, माहितीचा प्रचंड खजिनाच सामावला आहे. जगाच्या पाठीवर या टोकातील छोटीसी घटना, माहिती ही दुसऱ्या ध्रुवापर्यंत सहज क्षणार्धात जाते आणि वापरात आणली जाते. अतिशय प्रगत तंत्रज्ञानाचे हे अनुभव खरोखरच 'काम की चीज' वाटतात; परंतु यातील महत्त्वाचा धोका आता काही क्षेत्रात, विशेषतः आर्थिक लुटींच्या संदर्भात ठळकपणे समोर येत आहे. रात्री शांत झोपलेल्या व्यक्तीच्या बँक खात्यातून लाखो, करोडो रुपये काही मिनिटातच गायब होतात.

वेगवान जीवनशैलीचा हा फटका वैद्यकीय माहिती व संशोधन क्षेत्राभोवतीही आहेच ना! उच्चशैक्षणिक संस्था, संशोधन केंद्रे, प्रयोगशाळा व सहकारी–खाजगी सर्व स्तरावरची रुग्णालये इथे विविध प्रकारची रुग्णालयीन व वैद्यकीय – औषधे, शस्त्रकर्मे, पंचकर्मोपचार, मातृत्व, योग, निसर्गोपचार – यासारख्या अनेक आयामांमधील माहिती सतत क्षणोक्षणी शास्त्रीय पद्धतीने नोंदवली जात असते. निदान–तपासणी केंद्रे व रोगनिदान प्रयोगशाळा, संशोधन करणाऱ्या केंद्रांचीही हीच स्थिती असते. ही 'नोंद' अतिशय काटेकोरपणे सर्व तपशीलांसह संगणकावर नोंदवणे हे नित्याचेच असते. किंबहुना NABH, NAAC यासारख्या धोरणांच्या नियमांतर्गत किंवा Good Clinical practices, Good Laboratorical Practices इ. या पद्धतींच्या कार्यान्वित होण्यामुळे अशा प्रकारच्या नोंदी ठेवणे व वरील नियंत्रण स्तरावर पाठविणे हे बंधनकारकच असते.

संगणकाच्या या महाजालात आपल्याला वाटते की 'पासवर्ड ने सुरक्षित' केलेली माहिती आहे. परंतु जसे स्मार्टफोन वरील मेसेज, फोटो वेब इंजिन व पोर्टल कंपन्यांना समजतात तसेच संगणकीय नोंदी सहजपणे जगातील वेगवेगळ्या खंडप्राय प्रांतातून कुठेही पाहता येतात व त्यांचा 'वापर' होतो. हा 'वापर' कुठल्या कारणासाठीही व कोणाकडूनही होऊ शकतो. यासाठी 'नैतिक' व 'कायदेशीर' कुठल्याच दर्जाची रीतसर परवानगी घेतलेली नसते.

यावर लक्ष ठेवणे व कायदेशीर लढाई करणे हे रोजच्या सामान्य व्यवस्थापनास शक्य नसते अथवा लक्षात येते की हे संशोधन/हा रुग्णांचा माहितीचा तपशील आपला आहे तेव्हा फारच उशीर झालेला असतो.

यासाठी बौद्धिक संपदा संरक्षण कायद्याची विस्ताराने अंमलबजावणी करणे गरजेचे आहे. देशाच्या सीमा सुरक्षा करण्यासाठी आपण खूप मेहनत घेतोच. तीच भावना व योजना या बौद्धिक मालमत्तेच्या संरक्षणासाठी आवश्यक आहे अन्यथा या सायबर गनिमी काव्यांना परतून लावणे अवघडच होईल.

याकरिता वैद्यकीय क्षेत्रात जागरुकता अभियान राबविणे, महत्त्वाच्या दैनंदिन तपशीलवार नोंदीसाठी पुन्हा आवश्यक असल्यास कागदांवरील नोंदी करणे अथवा 'इंटरनेट' नसलेल्या संगणकावरच नोंदी साठवणे, काही माहिती पोहचविण्यासाठी memory cards सारखी साधने वापरणे ज्यायोगे गुगल ड्राईव्ह, क्लाऊड सारख्या साठवणींमध्ये आपली माहिती जाण्याची शक्यता कमीत कमी असेल–असे उपाय तंत्रज्ञांनी, तज्ज्ञांनी सुचवावेत व योग्यता पाहून ते आचरणात आणले जावेत. आपल्या देशातील वैद्यकीय बौद्धिक संपदा विशेषतः आयुर्वेद, योगासारख्या जास्त लोकप्रिय क्षेत्रातील –ज्याची गरज इतर जगाला जाणवते 'तिचे' संरक्षण करणे हेच आजच्या घडीचे मोठे आव्हान आहे. त्यासाठी वेळीच पाऊले उचलणे गरजेचे आहे!

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Report AGRIPRO 2021 - International AGRI Conference-

On dais - Sitting from Rt. - Smt. Pallavi, Dr. Puranik, Mr. Mittal, Mr. Thakur.

Pro Learn India and Chetan Dattaji Gaikwad Institute of Management Studies had jointly organized **"AGRI PRO 2021" conference** on 25 th & 26 th February 2021 at Hotel President at Prabhat Road, Pune.

Inaugural function was scheduled at 10.30 am. **Chief Guest of function was Mr. Naresh Mittal,** Founder and chairman, Mittal Group and **Guest of Honour was Dr. Dilip Puranik,** President, Rashtriya Shikshan Mandal, Director of Prolearn India, Mr. Nitin Thakur and smt. Pallavi were on the dais.

Prof. Iftekhar Khan, organizing secretary extended welcome to all and informed aboat schedule of conference. Mr. Thakur gave introduction of Pro Learn Institute and the activities conducted by the Institute.

Conference was inaugurated symbolically by Litting Holy Lamp. Chief Guest Mr. Mittal informed about his cow dairy farms and appealed to attending delegates to enter in the business. Dr. Puranik in his speech appealled the audience to have the speeches interactive and wished the conference a grand success.

Prof. Iffekhar, proposed vote of thanks. Prof. Dr. Atul Kapadi, Mr. Ghosh, Dr. Bhosale, Dr. S. B. Chavan and more than 100 delegates were present at the programme.

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