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आयुर्विद्या

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Ayurvidya

आयुर्वेद रसशाळा, पुणे यांची गुणकारी व उपयुक्त उत्पादने...

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व्रणशोधक तेल

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माधवी तेल

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विषगर्भ तेल

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मासिक

Rashtriya Shikshan Mandal's

AYURVIDYA

Magazine

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CONTENTS

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संपादकीय

आणि आता "H3N2"

डॉ. दि. प्र. पुराणिक

सुमारे तीन वर्षापूर्वी 'कोरोना' नावाच्या विषाणूने चीन देशात प्रवेश केला. बघता बघता ह्या किरकोळ वाटणाऱ्या विषाणूने उग्र स्वरुप धारण केले आणि आपल्या स्वरुपात सतत बदल (variant) करत अधिकाधिक भयंकर आघात मानवावर करत सर्व जगभर एकच उच्छाद मांडला आणि "COVID 19" नावाने पृथ्वीला ग्रासून टाकले आणि अभूतपूर्व मृत्यु तांडव घडविले. सन २०२० व २०२१ अशी पूर्ण दोन वर्षे Corona Virus ने सर्व जगाला आणि सर्व मानवी व्यवहारांना जखडून ठेवले. जनमानसात प्रचंड भिती आणि सातत्याचे धास्तीने "COVID 19" आजाराबरोबरच असंख्यांना मानसिक आजारांनी उर्वरीत आयुष्यात कायमचे 'पंगू व 'अधू' करून टाकले. परंतु "COVID 19" आजाराच्या भितीने का होईना पण पूर्वी कधी नव्हे एवढी ''आरोग्याविषयी'' जनजागृती निर्माण झाली. एकूणच आरोग्यविषयाची सामाजिक 'क्रांती' झाली असे म्हटल्यास वावगे ठरू नये.

आरोग्याविषयक निर्माण झालेली सामाजिक जाण आणि व्यापक स्वरुपात आलेले निर्बंध, स्वच्छता व त्याबाबतीत आलेली एकप्रकारची शिस्त ह्यांचा परीणाम आणि त्याचबरोबर "COVID 19" च्या प्रतिबंधासाठी उपलब्ध झालेल्या परीणामकारक लशी (Vaccines) ह्यांच्या एकत्रित परीणामामुळे "COVID 19" महामारीची साथ (Pandemic) हळूहळु दोन वर्षानंतर आटोक्यात येत गेली. हळूहळू जनजीवन सुधारत गेले, जागतिक पातळीवरील व्यवहारात सुधारणा होत गेली आणि कालांतराने म्हणजे गेले जवळजवळ वर्ष कोरोनापूर्व स्थिती निर्माण झाल्याने पुन्हा 'अनिर्बंध' अनारोग्यकारक सवयींनी परीपूर्ण ''मुक्त'' समाजजीवन सुरू झाले.

व्हॅक्सिन घेतले असल्याने आता कोव्हिडच काय इतर कोणताही आजार आपणास होणारच नाही असा जबरदस्त फाजिल आत्मविश्वास जनमानसात दृढ झाला. ह्या 'मुक्त' वातावरणाला छेद देत आता H3N2 विषाणू 'नवीनच' संकट' म्हणून पुढे उभा राहिला आहे. एरवी "Influenza A म्हणजेच 'फ्लू' हा विषाणूजन्य आजार फारसा गंभीर रुप धारण करणारा नाही. पण आता H3N2 विषाणू हा ह्याच Influensa A विषाणूचा उपप्रकार म्हणून पुढे आल्याने भारतातील कांही भागात त्याने गंभीर स्वरुप धारण केले आहे.

H3N2 हा विषाणू सन २०१० मध्ये अमेरीकेत प्रत्ययास आला आणि सन २०१२ पासून निरनिराळ्या स्वरुपात पसरण्यास सुरुवात झाली. H3N2 विषाणूमुळे उद्भवणारा 'फ्लू' रोग खूप संसर्गजन्य असतो. हा विषाणू नियमित A H1N1 विषाणूपेक्षा भयंकर असल्यानेच आजाराचे गंभीर स्वरुप धारण करतो. श्वासाबरोबर बाहेर पडणाऱ्या हवेतून व हवेतील कणांमुळे, तसेच आजारी व्यक्तिबरोबर संपर्क व सान्निध्य आल्यास या विषाणूचा प्रसार होतो. सुमारे आठवडाभर ज्वर, प्रदीर्घ काल कास, (Cough), प्रतिश्याय (Colds), गलग्रह (Sore throat), शिरः शूल व अंगमर्द (Head ache, Body ache), कमालीचा थकवा (Fatigue) ही लक्षणे सामान्यतः आढळतात. ह्याचबरोबर क्वचित छर्दी (Vomitting), मूर्च्छा, अपस्मार, द्रवमल प्रवृत्ति ही लक्षणेही तीव्रतेने आढळतात.

एन्फ्लूएन्झा ह्या नियमित आजारातील चिकित्सेप्रमाणेच H3N2 विषाणूमुळे होणाऱ्या 'Flu' मध्ये चिकित्सा करण्यात येते. Rest, Plenty of Fluids, Antiviral Medication ह्यांनी सर्वसाधारण आजार आटोक्यात राहतो.

परंतु आता भारतात व महाराष्ट्रात H3N2 मुळे उदभवणाऱ्या फ्लू आजाराचा संसर्ग वेगाने फैलावतो आहे. आतापर्यंत सात रुग्णांचा ह्या आजाराने मृत्यु झालेला असून महाराष्ट्रात तीन रुग्णांचा मृत्यु झाला असून त्यातील एक रुग्ण वैद्यकीय स्नातक असल्यानेच एकूण आजाराचे गांभिर्य लक्षात येते.

केंद्र शासन तसेच राज्य शासन पातळीवर अनेक प्रतिबंधात्मक उपाय योजिले जात असून नागरिकांतही मास्क बांधणे, स्वच्छता पाळणे, थुंकण्यास प्रतिबंध करणे अशा प्रकारे जनजागृती केली जात आहे. परंतु सर्व प्रकारच्या वैद्यकीय प्रणालींच्या व्यावसायिकांनीही प्रतिबंधात्मक मोहीमेत सामिल होणे आवश्यक आहे. वेळीच सामुहीकपणे प्रयत्न न केल्यास पुन्हा "COVID 19" सारखी भयंकर परिस्थिती उद्भवू शकते ह्याची जाणीव सर्वांनीच ठेवणे आवश्यक आहे हे निश्चित.

Advances In Fetal Assessment During Antenatal Examination

Prof. Vd. Manoj Gaikwad, Prof. and H.O.D. of Streerog and Prasutitantra.

Introduction : The obstetrical science is dedicated in making pregnancy and birth of healthy baby as uneventful as possible, but majority of the fetal deaths occur in utero. The top causes of fetal death are chronic hypoxia leading to intrauterine growth retardation, congenital fetal malformations, maternal complications, and chromosomal abnormalities. While maternal factors can be easily detected and managed, fetal complications require a higher level of diagnostic and management capabilities.

Fetal assessment is broadly divided into early pregnancy, late pregnancy and during labour assessment. The early assessment involves genetic check-ups and malformations, the late pregnancy check-ups aim at delivering a healthy fetus at term by normal vaginal delivery. The early tests can be invasive or non-invasive. Non-invasive include cell-free fetal DNA assessment and fetal cell based assessment. Invasive tests include amniocentesis and chorionic villous sampling. These are followed by chromosomal microarray and next-generation sequencing. A recent advancement is pre-implantation genetic testing, mainly useful in identifying monogenic disorders. In late pregnancy, the most commonly used test is biophysical. It works on the principle that an increase in the fetal heart rate occurs in conjugation with fetal movements. Doppler, which is used to know fetal heart rates, valve timing intervals, and umbilical artery waveforms. Cardiotocography is also used, both during pregnancy and during labour. It measures the fetal heart rate while correlating it with uterine contraction.

Fetal well-being assessment test is important, if the fetus is found compromised, the measures can be taken to combat the issues. It includebed rest for the mother, drug therapy, follow-up fetal surveillance, urgent delivery, neonatal intensive care, etc.

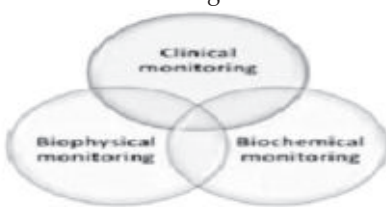
Aims And Objectives :

Aims :- 1) To ensure satisfactory growth and well being of fetus throughout pregnancy. 2) To screen out the high risk factors that affect the growth of fetus.

Objectives :- 1) The primary objective of antenatal fetal assessment is to avoid fetal death.

Materials and methods : modern available texts, journals and research papers. Type of study conceptual type.

Components Of Fetal Assessment : 1) Clinical Monitoring. 2) Biophysical Monitoring. 3) Biochemical Monitoring.



1) Clinical Monitoring :- [2] A) Maternal weight gain :- • In second half of pregnancy: average weight gain is 1 kg/fortnight.

• Excess weight gain: Could be 1st sign of pre-eclampsia.

• If weight gain less than normal, stationary or falling: Look for IUGR

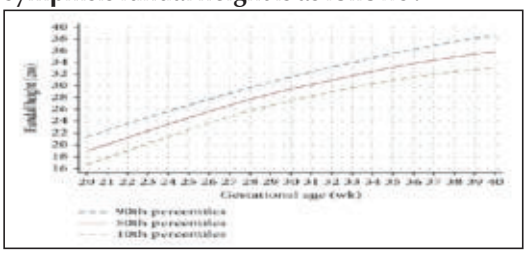
B) Blood pressure : • Initial recording of BP prior to 12 weeks helps to differentiate pre-existing chronic hypertension from pregnancy induced hypertension. • Hypertension, pre-existing or pregnancy induced may impair fetal growth.

C) Assessment of size of uterus and height of fundus : • In early weeks,the size of the uterus is of great value in confirming the calculated duration of gestation. • Top of fundus is measured from superior border of symphysis pubis (bladder should be empty) using a tape.

• After 24 weeks of pregnancy, distance

measured in cm normally corresponds to period of gestation in weeks.

Gestational Age Chart estimated from symphisis fundal height is as follows :



D) Clinical assessment of liquor : • Clinical assessment of excess liquor should be recorded, as well as any scanty liquor in the last trimester. • Evidence of scanty liquor may indicate placental insufficiency and the need for undertaking other placental function tests.

E) Edema of feet : • Both the legs are to be examined. The sites for evidence of edema are over the medial mallientus and anterior surface of the lower 1/3rd of the tibia. The area is to be pressed with the thumb for at least 5 seconds Varicosity in the legs, if any, is to be noted. • Causes of edema in pregnancy: (1) Physiological (2) Pre-eclampsia (3) Anemia and hypoproteinemia (4) Cardiac failure (5) Nephrotic syndrome

F) Abdominal girth in last trimester :

• Documentation of the girth of the abdomen in the last trimester of pregnancy should form a routine part of abdominal examination. • This is measured at the lower border of the umbilicus. Normally, the girth increases steadily up to term. • If the girth gradually diminishes beyond term or earlier, it arouses suspicion of placental insufficiency. This is of particular value in suspecting placental insufficiency in the high risk cases such as pre-eclampsia, chronic hypertension and IUGR

Apart from clinical evaluation, biochemical and biophysical methods have also been used for the diagnosis.

It can be divided into : - Early pregnancy fetal assessment. - Late pregnancy fetal assessment.

2)Biophysical Monitoring :

In early pregnancy :

A) Ultrasonography :-

Gestational Age Dating - • During first trimester : Fetal crown rump length Npredictor of gestational age. One can determine the gestational age (in days) by adding 42 days to the crown nump length (CRL). CRL (in mm) + 42 = Gestational Age (approx). • During 2nd and 3rd trimesters : Biparietal diameter (BPD) and fetal femur length.

Ultrasound markers for fetal anomalies :

• Nuchal translucency NT scan should be done within 10-14 weeks of gestation. Increased nuchal translucency (NT)>3mm at 10-14 weeks is strong markerfor many chromosomal abnormalities (trisomy, monosomy, triploidy). • CRL smaller than the gestational age is associated with the risk of chromosomal anomalies (trisomy or triploidy). • Absence of nasal bone (NB) on USG at 10-12 weeks is associated with fetal Down's syndrome. • When NB and NT were combined detection rate of trisomy 21 was 92% with a false positive rate of 3.5%.

In late pregnancy :-

A) Fetal moment count : The most popularly used two methods are Cardiff count ten formula anddaily fetal movement count.

• Cardif 'Count 10' formula: The patient counts fetal movements starting at 9 am. The counting comes to an end as soon as 10 movements are perceived. She is instructed to report the physician if - (i) lessthan 10 movements occur during 12 hours on 2 successive days or. (ii) no movement is perceived even after 12 hours in a single day.

• Daily fetal movement count (DFMC): Three counts each of one hour duration (morning, noon and evening) are recommended. The total counts multiplied by four gives daily (12 hour) fetal movement count (DFMC). If there is diminution of the number of kicks to less than 10 in 12 hours (or less than 3 in each hour),it indicates fetal compromise.

B) Cardiotocography : It is an electronic method of assessing fetal heart rate using ultrasound transducers. It is usually done in the third trimester after 28 weeks of gestation

[24].Shows base line heart rate of 110-150 BPM with an amplitude of base line variability 5-25 bpm. • The aspects of the fetal heart rate which are measured are its baseline rate, baseline variability, accelerations, and decelerations. • It can be used in isolation as in a non-stress test or in conjunction with a contraction stress test in which the response of fetal heart rate to stimulated uterine contraction is seen.

C) Non-stress test : In non-stress test, a continuous electronic monitoring of the fetal heart rate along h recording of fetal movements (cardiotocography) is undertaken. There is an observed association of FHR acceleration with fetal movements, which when present, indicates a healthy fetus. It can reliably be used as a screening test.

Interpretation : • Reactive (Reassuring)-When two or more accelerations of more than 15 beats per minute above the baseline and longer than 15 seconds in duration are present in a 20 minute observation. • Non-reactive (Non- reassuring) Absence of any fetal reactivity.

Testing should be started after 30 weeks and frequency should be twice weekly.

D) Contraction stress test (CST) : is based to observe the response of the fetus at risk for utero placentalinsufficiency in relation to uterine contractions.

Interpretation : • Positive - Persistent late deceleration of FHR with 50% or more of uterine contractions. • **Negative -** No late deceleration or significant variable deceleration. • **Suspicious -** Inconsistent but definite decelerations do not persist with most uterine contractions. • **Unsatisfactory -** Poor quality of recording or adequate uterine contraction not achieved. • **Hyperstimulation -** Decelerations of FHR with uterine contractions lasting 90 seconds or occurring more frequently than every two minutes or 5 contractions in 10 minutes.

E) Doppler ultrasound velocimetry : • Doppler flow velocity wave forms are obtained from arterial and venous beds in the fetus. Arterial Dopplerwaveforms are helpful to assess the downstream vascular resistance. • The artrial Dopplerymeasure the peak systolic(s), peak diastolic (D) and mean (M) volumes. From these valors S/D natio, pulsy index (PI) [PI-(S-D)/M) or Resistance Index (RI) [RI - (S-D)S) are calculated. • In a normal pregnancy the S/D ratio, Pl and RI decreases as the gestational age advances. • Higher values greater than 2 SDs above the gestational age mean indicates reduced diastolic velocities and increased placental vascular resistance. These features are at increased risk for adverse pregnancy outcome. • Venous Doppler parameter provide information about cardiac forward function. Fetuses with abnormal cardiac function show pulsatile flow in the umbilical vein.

F) Amniotic Fluid volume : • Amniotic fluid volume is primarily dependent upon the fetal urine, output pulmonary fluid production and fetal swallowing. • Decreasing AFV may be the result of fetal hypoxia and placental insufficiency. • A vertical pocket of amniotic fluid = 2 cm is considered normal. Amniotic fluid indes (AFI) is the sum of vertical pockets from four quadrant of uterine cavity. AFI = 5 is associated withincreased risk of perinatal mortality and morbidity.

G)Umbelical artery Doppler : • Pulsed Doppler (two MHz) ultrasound from the umbilical artery and real-time B mode are combined toobtain blood velocity waveforms[7]

3) Biochemical Monitoring :

1) Maternal serum alpha fetoprotein (MSAFP) : Test is done between 15-20 weeks.

• **MSAFP elevatedin -** (a) wrong gestational age. (b) Open neural tube defects (NTDs). (c)multiple pregnancy. (d) Rh isoimmunization (e) IUFD. (f) Anterior abdominal wall defects. (g) renal anomalies.

• **Low levels of MSAFP in -** (a) Trisomies (Down syndrome), (b) Gestational trophoblastic disease.

2)Triple test : Includes biochemical Test which MSAFP, hCG and UE3 unconjugated estriol.

• It is used for detection of Down's syndrome.

• It is performed at 15-18 weeks. • It gives a risk ratio and for confirmation aminiocentesis has to be done. • The result is considered to be screen positive if the risk ratio is 1:250 or greater.

3)Actylcholine esterase (AChE) : • Amniotic fluid AChE level is elevated in most cases of Open neural tube defect. • It has got better diagnostic value than AFP.

4) Inhibin A : • It is dimeric glycoprotein. • It is produced by the corpus luteum and placenta. • Serum levels of Inhibin A is raised in women carrying a fetus with Down's syndrom.

First Trimester Screening : • Raised hCG, decreased MSAFP, decreased PAPP can detect trisomy 21in 85% of cases. • When nasal bone detection is combined together, the detection rates rises to 97%.

Second Trimester Screening : • It is used to done in 15-18 weeks of gestation. • Triple test Decreased MSAFP, decreased UE3, raised total hCG. • Quadraple test- Decreased MSAFP, decreased UE3, raised total hCG, raised Inhibin A can detect trisomy 21 in 70% of affected pregnancy. **(See Table 1 and 2)**

Results And Discussion : Pregnancy and the birth of a healthy infant are among the most critical events in the life cycle. While assessing maternal health is relatively easy, assessing fetal well-being has always been tricky. This has led to tremendous technological development in fetal well-being assessment, thus bridging the gap between biotechnology and antenatal medicine.

(Table 1) Prenatal Diagnosis :-

	MSAFP	**MSAFP, hCG, Ue3 Triple test and NT**	**BhCG, PAPP-A marker**	**Soft tissue**
Weeks	14-20	14-18	11-14	11-14
Observation	Raised MSAFP	Decreased MSAFP, decreased Ue3, raised hCG	Raised total hCG, decreased PAPP-A	Nuchal thickness more than 3 mm
Anomaly	Open neural tube defect	Down's syndrome	Down's syndrome	Down's syndrome, Turner's syndrome
Detection rates	65%	73%	85-90%	70-80%
False positives rates	3-5%	5%	5%	5-6%

(Table2) Invasive techniques for fetal assessment :-

Prenatal genetic diagnosis :-can be made directly from fetal tissue obtained by amniocentesis, chorion villus sampling (CVS) or by cordocentesis.

	Chorion villus sampling	**Amniocentesis**	**Cordocentesis**
Time	Transcervical 10-12 weeks , Transabdominal 10- weeks to term	14-16 weeks (early 12-14 weeks)	18-20 weeks
Materials for study	Trophoblast cells	1) Fetal fibroblast 2)Fluid for biochemical study	1) Fetal white blood cells (other -infections and biochemical study)
Karyotype	1) Direct preparation - 24-48 hrs. 2) Culture -10-14 days	Culture 3-4 weeks	Culture 24-48 hrs
Fetal loss	0.5 1%	0.5%	1-2%
Accuracy	Accurate;may need amniocentesis for confirmation	Highly accurate	Highly accurate
Termination of Pregnancy when indicated	1st trimester - Safe	2nd trimester -Safe	2nd trimester - Safe
Maternal effects Following termination of pregnancy	Very little	More traumatic; physically and psychologically	Same as amniocentesis

The tests used to monitor fetal health include fetal movement counts, the nonstress test, biophysical profile, modified biophysical profile, contraction stress test, and Doppler ultrasound exam of the umbilical artery.Negligence during monitoring can have severe consequences for both mother and child. Fetal monitoring also is recommended during both labor and pregnancy for mothers who have oligohydramnios, diabetes, hyperthyroidism, anemia or heart disease.

While technological advancements are being made exponentially, the rationality of these advancements must be checked. The checkpoints for antenatal fetal tests are, firstly, that the test must provide information superior to clinical examination. The most significant benefit of an fetal well-being assessment test is that if the fetus is found compromised, the measures that can be taken to combat the issues are more than often basic. They include bed rest for the mother, follow-up fetal surveillance, drug therapy, urgent delivery, neonatal intensive care, and, in unfortunate cases, abortion. The bridging of perinatal medicine and biotechnological sciences is thus the need of the hour.

Conclusion : Assessing fetal and maternal well-being using existing clinically relevant techniques is feasible, but novel technologies allow us to monitor placental function and fetal oxygenation more closely. All of the testing methods described above are very good at predicting continued fetal health when test results are reassuring. Each test also suffers from a very poor ability to predict compromise when results are abnormal. Thus, the primary value of antepartum fetalmonitoring is in identifying those pregnancies that do not require immediate intervention and may be allowed to continue.

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Clinical Study Of The Efficacy Of Panchkoladi Ghrita In Stanpanottar Chardi In Kshirap Awastha

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Introduction - Chardi i.e. vomiting is a disease described in details in ayurvedic texts. Vomiting after feeding is a widely seen sign in infants, such a complaint typically occurs in breast fed infants. Kshirap awastha is described by Sushruta which means the age from birth up to 1 year of life. The infant's diet is predominately mother's milk i.e. breast feeding. According to modern science as well the infant is exclusively breast fed during the first six months of life. After the first six months also diet mainly comprises of milk and milk based preparations. Hence we come across many children with vomiting after feeding or stanpanottar chardi in this age group. Chardi results in disturbance in growth of a child as it

can cause poor weight gain. Aspiration of vomitus may lead torespiratory tract infections and also severe complications such asaspiration pneumonia and even death. For the treatment of stanpanottar Chardi the formulation that has been used is Panchkoladi Ghrita. This treatment is mentioned by Vaghbata, it has also been mentioned in Balrogadhikar of Bhaishjyaratnavali. The drug being in ghrita form seems to be well tolerated by the infants and Panchkol has digestive properties as well as some of its contents have antiemetic properties. It helps regulating gastric motility. Taking all these factors in account this study topic was selected and the study was conducted.

Materials and methods : 60 patients were included in the study. 30 patients in Group A were given Panchkoladi ghrita and Group B comprising of 30 patients were given Domperidone. The drug was prepared as by collecting raw materials from standardized and autentified sources. Standardization of the final product was done.

35 gm churna of each of the seven dravyas -Panchakoladi -Pippali, Pippalimool, Cavya, Chitrak, Shunthi,Bruhati and Kantakari churna was taken. Kalka was prepared by mixing water in the above churnas. Panchkoladi kalka is taken as 1 part with equal quantities of each dravya. The panchkoladi kalka was mixed with Goghrita, which is 4 times of dravya. Thus 980ml ghrita was taken. To the above mixture water was added which was 16 times of dravya. It was heated till Ghrita siddhi lakshanas were observed.

Inclusion Criteria : • Patients suffering from vomiting after feeding. • Infants in the age group birth to 1 year, irrespective of sex.• Term babies (37 weeks of gestation or more)
• Babies weighing 2000 grams or more at birth. • AGA (Appropriate gestational age).
• Parents willing for trial.

Exclusion Criteria : • Cases of chardi due to organic causes such as intestinal obstruction, pyloric stenosis, congenitalmalformations / anomalies or neurological disorders and others. • Babies who require NICU care.
• Preterm babies. • Babies who required advanced resuscitation at birth. • Babies weighing < 2000 grams at birth. • Parents not willing to undergo trial were excluded from the trial.

Drug Description -

Group A : Trial group

Total 30 patients were selected in this Group. Treatment was given as follows.
Drug Panchkoladi ghrita administration with honey.
Dosage -240 mg in three divided doses/day. (0.3ml thrice a day.)
Route of administration - Oral
Duration - Seven days
Follow up -Follow up was taken on fourth day of treatment and on completion of treatment on eighth day and fifteenth day.

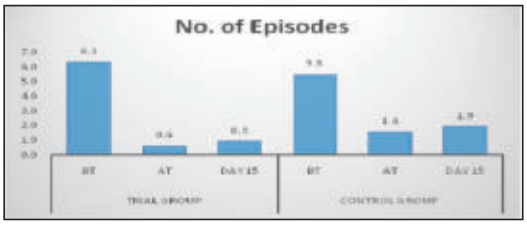
Group B: Control Group

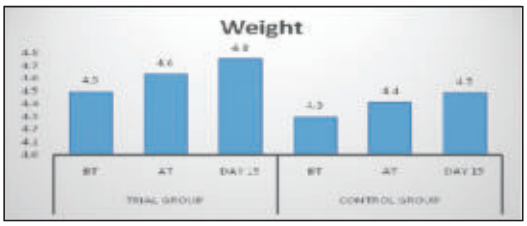
Total 30 patients were selected in this Group and treatment was given as follows -
Drug - Domperidone
Dosage -0.25mg/kg/dose thrice a day
Route of administration - Oral
Duration - Seven days.
Follow up - Follow up was taken on fourth day of treatment and on completion of treatment on eighth day and fifteenth day
As per discussion with Ethical Committee, the dose of ghrita was decided after a pilot study.

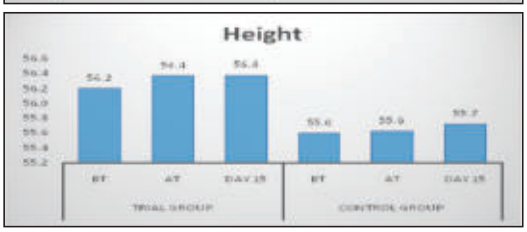
Investigations : a) Stanya Parikshan before therapy. Other instructions given to the patient's relative : Dietary instruction and nidaan parivarjan were advised to the infant?s mother. Advice about feeding technique, burping after feeding and routine care was given to every infants mother and relative.

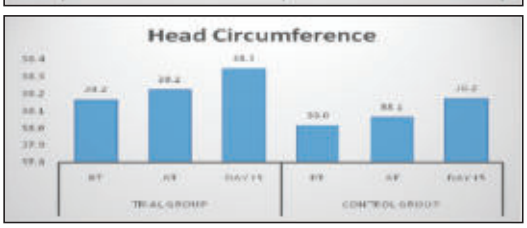
Clinical Assessment : Assesment was done on the basis of decrease in the number of episodes of vomiting after feed and appropriate gain in weight, height and head circumference before and after treatment. Recurrence was also studied by assessing the patients after completion of treatment on 15th day.

Observations and data -









(See Table 1)

Discussion : Stanpanottar chardi is a very common complaint seen in infants; many patients with this complaint are seen attending the OPD. Vomiting is a cause of panic to parents; also it can lead to various other complications like aspiration puemonia, respiratory tract infections etc. Panckoladi ghirta is mentioned in various texts of ayurveda and it seems to be easily digestable, cost effective and palatable when mixed with honey as an anupan hence this formulation was selected.

Total 60 patients of stanpanottar chardi were selected irrespective of their sex, religion and socio economic status belonging to the age group of 0 to 12 months from IPD and OPD department of Kaumarbhritya. Written informed consent was taken before starting clinical trial. Panchkoladi ghrita was used in the trial group and domperidone was used in control group. Drug was given for 7 days in both the groups and follow up was taken on 4th day and after completion of treatment on 8th and 15th day.

All the observations were recorded. The data discussed is as follows

1) Age - The infants enrolled in the study were that of kshirap awastha i.e from birth upto 1 year of age. Number of patients in control group were in 28 (93.3%) below 6 months and 2 (6.6%) from 6 months 1 year respectively. Number of patients in trial group were 29 (96.6%) below 6 months of age and 1(3.3%) in 6 months 1 year age group. Thus it can be said that stanpanottar chardi is predominatly seen in infants of 0 to 6 months of age, the reason may be that infants are exclusively breast fed in the 1st 6 months. In the age group below 6 months of age maximum numbers of patients were seen upto 2 months of age. A total of 16

(Table 1)

Comparison between Trial Group and Control Group

	Group	N	Mean Diff	SD	SE	t	P-Value
No of Episodes	Trial	30	5.4	2.58	0.47	3.144	0.003
	Control	30	3.5	1.98	0.36		
Weight	Trial	30	0.3	0.13	0.02	2.568	0.013
	Control	30	0.2	0.06	0.01		
Height	Trial	30	0.2	0.18	0.03	1.199	0.235
	Control	30	0.1	0.14	0.03		
Head Circumference	Trial	30	0.2	0.17	0.03	0.534	0.595
	Control	30	0.2	0.16	0.03		

patients in trial group and 33 in control group were observed out of 30 patients for each group respectively.

2) Gender - Gender wise distribution of 60 patients with stanpanottar chardi, in the clinical study, was as follows : The number of male patients in trial group, control group were 17(56.6%), 16(53.3%) respectively. The number of female patients in trial group, control group were 13 (43.3%), 14 (46.6%) respectively. No significant effect with regards to the gender for Chardi occurrence was seen. Hence it can be said that occurrence of Chardi is independent of gender.

3) Religion - Religion wise distribution of 60 patients showed that there were equal number of Hindus in trial and control groups i.e (76.6%) and Muslims were also equally observed in both groups (23.3%). It cannot be concluded that majorities are Hindu because of small sample size; hence incidence of Chardi is independent of religion.

4) Effect On Sign And Symptoms Of Chardi - It is seen that in trial group relief is more as compared to control group where number of episodes of vomiting is concerened. Weight gain is also more in trial group. Weight gain is significant in both groups. Both the drugs help in physiological weight gain. No adverse effect of trial drug was seen on weight. Height and head circumference gain is physiological and no undue effect of drug was seen on these criterias. Both drugs of trial and control group help in normal gain of these criterias.

6) Probable Mode Of Action - Propreties of panchkol are mentioned in Bhavprakash as Deepan, pachan. The udbhavstana of chardi vyadhi is in the amashya. These drugs act on the amashya. Katu, ushna guna of pippali, pippalimool, cavya, chitrak, shunti results in agnideepan. In the samprapti of Chardi vyadhi there is vitiation of both udaan and vyan vayu and the acquire pratiloma gati, udiran of vitiated kapha of amashya along with its contents takes place. All dravyas in panchkoladi ghrita are kaphavatashamak and goghrita and madhu are tridosha shamak hence samprapti bhanga of chardi vyadi takes place with the help of this formulation. Vatanuloman occurs due to these dravyas and the pratiloma gati of udaan and vyan vayu is regulated.

Mechanism of action as an antiemetic : Cisplatin causes nausea, vomiting and inhibition of gastric emptying. In a study, acetone and ethanolic extracts of ginger demonstrated anti- emetic effect against cisplatin induced emesis. Several components of ginger such as 6-gingerol, 6-shogaol and galanolactone have been shown to have anti-5HT activity. Galanolactone is a competitive antagonist predominantly at ileal 5- HT3 receptors with less effect on other 5-HT receptor subtypes. It appears to inhibit serotonin receptors and to exert antiemeticeffects at the level of the gastrointestinal system and in the central nervous system. Recent animal models and in vitro studies have demonstrated that ginger extract possesses antiserotoninergic and 5-HT3 receptor antagonism effects, which play an important role in the etiology of nausea and vomiting. Glucocorticoids act as antiemetic. They may act via the following mechanisms 1) Anti inflammatory effect, 2) Direct central action at the solitary nucleus, 3) Interaction with neurotransmitter serotonin and receptor protein tachykinin NK1 and NK2, etc. 4) Maintaining normal physiologic functions of organs and systems, 5) Regulation of hypothalamic-pitutary-adrenal axis. Anti inflammatory activity of piperine is proved, also pippali is antidepressant. Antiemetic activity of piperine can be correlated to that of glucocorticoids and the mechanism might be the reason of anti emetic activity shown by the drug Panchkoladi ghrita. Bruhati and Kantakari have steroidal alkaloid solasodine, tomatidineb and solanidine. The alkaloid solasodine has been shown to have antiemetic action. Goghrita is said to be best in all sneha dravyas. It acquires the properties of dravya in

which it is prepared without losing own properties. Lipophilic action of ghrita facilitates transportation of drug to target organ. It is tridoshaghana. Also the preparation Panchkoladi ghrita has ushna, tikshna dravyas, ghrita helps balancing out the formulation for use in children.Madhu is used as anupan since it is sukhsma srotogami and vyavayi. It helps the drug to reach to minute levels. Also it is sweet in taste hence palatable in children as madhur rasa is said to be aajanmya satmya and makes Panchkoladi ghrita palatable when given with it in vishama matra.

Conclusion : Stanpanottar chardi is more common upto 2 months of age. Stanya dushti is a cause of chardi, amongst its types kaphaj stanya dushti is the predominant one. Number of episodes of vomiting in infants was cured significantly in both trial and control groups. When compared decrease in number of episodes in trial group was more significant than in control group. Hence Panchkoladi ghrita is more effective than domperidone in stanpanottar chardi.

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Physiological Study Of "Vandhyatva (Infertility)"

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Introduction - God is a magnificent creator, he created universe, five elements forces of nature which govern the entire universe and many more things beyond our imagination. Admits these various individuals is the prodigy of 'Procreation'. Procreation in another word is the desire to reproduce own species through sexual act.

The news of conception and feeling of becoming 'A Mother' gives an unexplained contentment to every woman's heart. It is an innate desire of every woman to hold her baby in arms and her affectionate love for that.

Inability of a woman to concieve or a man to induce conception after one year of regular sexual intercourse without any contraceptive measures or retaining the foetus till the birth is termed as Infertility. The problem may be with the male or female partner or both. Although many a times only female is held responsible, it is important to know that man and woman are equally responsible for conception, as conception occurs only after the union of a healthy male sperm and equally efficient female ovum.

Essential Factors For Conception - For conception of a healthy foetus, Ayurveda i.e. Acharya Sushruta has explained four necessary elements :

1) Rutu - (appropriate period for conception) Here period indicate two things - a) Age of both male and female partner i.e. at the age of 16yrs in female and 25yrs in that of male. b) Days eligible for conception depending upon ovulation.

2) Kshetra - (seat for conception) - The word kshetra refers to uterus, should be in healthy state so that it can hold the foetus for upcoming nine months and provide nourishment and safety.

3) Ambu - (nourishment for concieved foetus) Ambu means water, here it specifies the nourishment of the foetus growing in the womb, this depends upon generalised nutrition of the mother.

4) Beej - Beej explains the need of competent male sperm and equally healthy female ovum. Both the sperm and ovum is termed as shukradhatu in Ayurveda, meaning the reproductive tissue.

Ayurveda explains body is composed of seven dhatus of which shukradhatu or reproductive tissue is the seventh dhatu hence it has the presence of fractions all the previous dhatus so it has the capability of generating a new tissue (foetus). Healthy shukradhatu shows the presence of beauty, bravery in an individual. Conception of healthy child completely depends on the health of parental shukradhatu and it must be taken care of.

Generalised causes of infertility -

1) Generalised weakness, lack of nutrition due to unhealthy food habits, changes in life style.
2) Handling too much physical and mental stress.
3) Alcohol intake or smoking affects to a great extend.
4) An obstruction in any anatomical structure.
5) Defect in sperm and semen or abnormality of artavdhatu, irregular menses, PCOD etc.
6) Repeated miss-carriages.
7) Over indulgence in sex leads to decreased shukradhatu.
8) Fear or unawareness about sexual intercourse.
9) Trauma to the vital organs.

Infertility in general can be classified as :

1) Male Infertility 2) Female Infertility

A) Male Infertility - The following points need to consider while studying male infertility :

a) Volume of semen.
b) Sperm count- oligospermia, azoospermia, necrospermia.
c) Motility of sperm.
d) Structural defects of sperm-due to vitiated Vatadosha.
e) Any obstruction in genital tract.
f) Erecile Dysfuction.

Causes of Male Infertility - Ayurveda explains following causes for MaleInfertility -

a) Ativyavayat - over indulgence in sexual activity.
b) Vyayamat - over rexertion it may include any kind of physical exertion or strenuous mental efforts.
c) Avyayamat - over relaxation, laziness or spending very leisure life.
d) Asaatmyanam cha Sewanat - Eating over spicy, salty, sour, frozen foods, foods with low nutrition, lack of hygiene, also behavioural habits like sleeping very late night, hectic lifestyle leads to disparity of Rakta and Pitta Dosha, ultimately causing shukrakshya i.e. deficit in shukra dhatu qualitatively and quantitatively.
e) Akale - it means at inappropriate time i.e. before desirable age specifically before age of 18 in females and 21 in thatof males or beyond the age of 65-70.
f) Other causes -

Pretesticularcauses - Thyroid dysfunction, obesity, erectile dysfunction, anti-hypertensive drugs.

Testicular causes-Infections like mumps, orchidis.

Toxins - Drugs, smoking, Radiations.

Post testicular causes - Acquired infections like T.B., Gonorrhoea.

2) Female Infertility -

Causes - Root cause of female infertility can be either structural or functional anomaly or

both.
a) Vaginal infections-sometimes excessive pitta and increased heat in body causes burning sensation, swelling, ulcersand pain in vagina.
b) Uterine fibroids,malformations.
c) PCOD, irregular menses, unovulation.
d) Tubal impotency.
e) Endometroisis, adhesions, septum.
f) Repeated abortions.
g) Urinary tract infections.
h) Hypothyroidism.
i) Excessive use of hormonal pills.
j) Anaemia, tuberculosis, physical and mental stress etc.

"Na hi Vatatrute yoni narinam sampradushyati!...."

This explains that uterus and its tissue has the predominance of Apaana Vayu and its functions are regulated by the same. Hence any imbalance in Apaan Vayu results in uterine disorders and ultimately is the cause for infertility.

Generalised treatment of infertility -

1) Counselling is an essential part.
2) Shodhanchikitsa - a) Vaman in Kaphadushti. b)Virechan in Pitta Dushti. c)Basti in Vatadushti.

Panchkarma therapy like Abhyanga, Shirodhara, Nasya endows great deal of physical and mental relaxation.

3)Vajikaranchikitsa - to build healthy reproductive tissues i.e. it acts as a tonic and increases strength also develops healthy sperm essential for conceiving a healthy child.
4) Following rules of sexual intercourse.
5) Regular exercise and Yoga-should practice pelvic floor exercise,padmasan, moolbandh to strengthen and functionality of desired organs.
6)Medicines like Chyawanprash, Musali Paak, Ashwagandhakashaya, Shatawarighuta, Gokshur, Kapikacchu, Vrushyavati, Shilajatu, Vanarikalpa cure problems related to infertility.
7) Pleasant relaxed state of mind is the key ingredient to treat infertility.
8) Nourishment of general health and regulating diet by using fresh organic fruits and vegetables also by using milk products in our diet.
9) Ensure Digestive fire(Agni) is strong enough.
10) A big "NO" to smoking and alcohol consumption is must.
11) Last but not least Love and Affection between the couple and pleasant state of mind plays an important role.

Getting pregnant is a nature's course, instead of any compulsive or manipulative effects let nature play its role.

Conclusion -

In today's life, the infertility is major occurring problem and this is primarily due to amalgamation of environmental, social, psychological and nutritional factors. Primarily this problem is treated with counselling. Shodhanchikitsa of both male and female partner. In contemporary medicine, treatment of concentrating on correction of dysfunction diagnosed with the numerous diagnostic tests. Today, hormonal therapy, ovulation induction and invasive diagnostic techniques are used in the infertility management. But Ayurveda on the other hand, looks profoundly into the distinct contribution and goals up to improve the functioning of body systems that contribute in the process of fertilization in totally.

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Role Of Panchakarma In The Management Of Global Developmental Delay

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Introduction - The prevalence rate of global developmental delay in India is 6.6 %. Global developmental delay is a term that indicates slower development of a child in four main domains that is motor, mental, social and communication skills when compared to the children of the same age. When more than one domain is affected, it is termed as GDD. Milestones are the important turning points during the growth journey of child where the developmental changes like crawling, talking, standing, etc. are expected to happen. In a normally developing child 4 types of skills are expected to be achieved motor, mental, social, and communication skills. The possible causes of this condition are genetic predisposition, premature birth, complications during pregnancy or childbirth, infections during infancy or early childhood malnutrition etc. The GDD signs and symptoms show delayed onset of age specific skills, social skills, language and speech etc. The common signs are delayed crawling, rolling over and sitting up, delayed talking difficulty to speak, memory related problems, learning, problem solving, social communication, performing everyday tasks etc. Possible complications of GDD are cerebral palsy, Down syndrome, mental retardation, fragile **x** syndrome etc.

Causative factors for GDD as per Ayurveda are birth injuries, beejdosha (genetic factor), krimi (infections), garbhapatkar bhava, vatala aahar sevan by garbhini. The basic theory of Ayurveda is based on the state of equilibrium of tridosha, Saptadhatu and Trimala. Ayurvedic analysis of GDD sarvang vata is the condition in which all the organs are affected with vata and is characterized by disabilities, difficulty to move the body, problems with speech, memory, etc . In GDD, Vata dosha is mostly hampered. There are five types of vata doshas, but mainly affected doshas are Pranvayu, Udanavayu, Vyanvayu as well as Dnyanendriya and Karmendriya are also vitiated.According to Ayurveda, Dhatus acts as structural components and give strength to the body. There are 7 dhatus in the body. In GDD mostly affected are Rasa dhatu, Mamsa dhatu, Majja dhatu.

Objectives - 1) To find out the probable diagnosis of GDD according to Ayurved. 2) To find out the probable line of treatment of GDD according to Ayurved.

Material And Method - In GDD Probable ayurvedic causative factors, diagnosis, treatment related references and Panchakarma in children were collected from various classical Ayurveda textbook, published research papers from internet sources, previous work done and compilation was done.

कायबालग्रहोर्ध्वाङ्गशल्यदंष्ट्राजरावृषान्
अष्टावङ्गानितस्याहुश्चिकित्सायेषुसंश्रिता। अष्टांगहृदय सु. १/५

Description of Panchakarma in kaumarbhritya : Panchakarma includes five major therapeutic procedure of detoxification and body purification, along with many other supportive procedures. In fact Panchakarma can be used successfully in all the branches of Ashtang Ayurveda and it can also be beneficial in kaumarbhritya as a comprehensive cure for many child disorders. Panchakarma includes purvakarma, pradhanakarma and paschatkarma. Purvakarma involves deepana,pachana vata shaman. In GDD patients, snehana procedure is mainly used. Shodana is not indicated in children. So snehana and Swedana are suitable and beneficial in children. Paschatkarma includes precautions and diet regimen which are advised to prevent any further complications.

बाल: संवत्सरापादाभ्यांयोनगच्छतिसफक्कइतिविन्जेय:।(का.सं.चि.१३/३)

In above shloka Ayurveda explains about developmental anomaly in children. It describes the condition called phakka, where a child is unable to walk even after one year of age. This may be related to the disability in motor skills.
Importance of vata dosha-

वायुस्तन्त्रयन्त्रधरः, प्राणोदानसमान व्यानापानात्मा,
प्रवर्तकश्चेष्टानामुच्चावचानां, नियन्ताप्रणेताचमनसः,
सर्वेन्द्रियाणामुद्योजकः, सर्वेन्द्रियार्थानामभिवोढा,
सर्वशरीरधातुव्यूहकरः, सन्धान–करःशरीरस्य,
प्रवर्तकोवाचः, प्रकृतिःस्पर्शशब्दयोः, श्रोत्रस्पर्शनयोर्मूलं,
हर्षोत्साहयोर्योनिः, समीरणोऽग्नेः, दोषसंशोषणः, क्षेप्ताबहिर्मलानां
स्थूलाणुस्त्रोतसांभेत्ता, कर्तागर्भाकृतीनाम्,
आयुषोऽनुवृत्तिप्रत्ययभूतोभवत्यकुपितः। च.सं.१२/७(२)

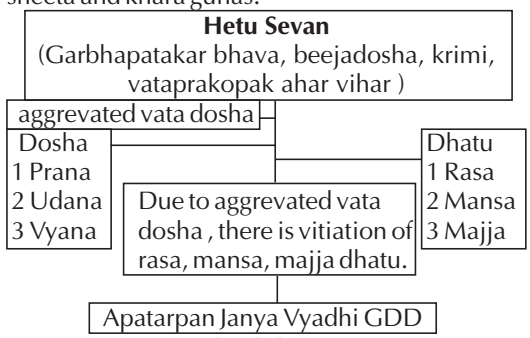
Vata in its normalcy maintains the whole body and its systems, working as prâna, udâna, samâna, and apâna. It is the initiator of all kinds of activities within the body, the controller and impellor of all mental functions, and the employer of all sensory faculties (helping in the enjoyment of their subjects). It joins the body tissues and brings compactness to the body, prompts speech, is the origin of touch and sound, is the root cause of auditory and tactile sense faculties, is the causative factor of joy and courage, stimulates the digestive fire, and helps in the absorption of the dosha and ejection of the excretory products. Vata traverses through all gross and subtle channels, moulds the structure of the foetus and is the indicator of continuity of life.

The bodily vata, when aggravated, afflicts the body with various kinds of diseases and deteriorates or diminishes the strength, complexion, happiness, and the life span of an individual. It perturbs the mind, disturbs the sense faculties, destroys, deforms or retains the embryo for longer periods, gives rise to fear, grief, attachment, humility, excessive delirium, and takes away life. It is quick in action and quite strong. Mainly three types of vata dosha are affected in GDD Pranavayu, Udanvayu, Vyanvayu.

Samprapti Of GDD according to ayurveda - In ayurveda vyadhi are of 2types as per origin :- appatarpan and santarpan. GDD is apatarpanjanya vyadhi. In the Samprapti of GDD, the ruksha, sheeta and khara gunas of vata dosha increased. This affects the mrudu and snigdha gunas of kapha dosha and dhatus that are mentioned below and leads to apatarpanjanit vyadhi Samprapti.

Dosha - Vata - Prana, Vyana, Udana
Kapha - Avalambak. **Dhatu -** Rasa, Mansa, Majja
Agni - Mandya **(See Table 1 and 2)**

Ayurvedic samprapti of GDD - GDD is apatarpanjanya vyadhi in which vata prakopak ahar vihar and other vataj hetu leads to viatiation of prana, udana, vyana, avalambak kapha, rasa, mansa and majja. This viatiation is by ruksha, sheeta and khara gunas.



Treatment protocol (Chikitsasutra) - To reverse the samprapti of GDD now is applied follwing line of treatment which includes both shaman and panchakarma procedure that mainly acts on vitiated vata dosha and pacifies it.

Shaman-•Deepana And Pachana •Vata Shamak
Snehan - •Abhyang • Shiropichu • Basti
Swedan - • Pinda sweda

Deepana And Pachana - It is prescribed to obtain niramavastha of doshas and improve agni before main Panchakarma procedure, deepana pachana medicine varies with patient to patient.

Vata Shamak - Along with the deepana and paachana chikitsa it is important to administer vaat shamak and dhatu balya dravyas like abhrak basma, ashwagandha choorna, saarasvat choorna, brahmi choorna, etc to get better results

Snehana - In GDD, ruksha, sheeta, and khara gunas of vata dosha are increased so to bring them under normal limits snehana karma is done.

Abhyanga -
स्नेहोऽनिलंहन्तिमृदूकरोतिदेहंमलानांविनिहन्तिसङ्गम्।।७।।

Abhyanga is the process of oleation of the body by using medicated oils externally for proper growth and development, it is most common practice in children, majority of acharyas have described the use of Abhyanga in children. The importance of Abhyanga is mentioned in kashyapa samhita balopcharniya adhaya. Abhyanga is indicated in vatarogas, rukshta and krisha balaka. Abhyanga can be done with naryana taila, mahanarayana taila,

(Table 1) Normal functioning of the doshas that are involved in GDD are explained in table below.

Dosha	Sthana	Karya
Pranavayu	Murdha or shira The areas of circulation of Pranavayu are Uraha, kantha, karna, jivha, vaktra, nasika.	• Purana • Accountable for sensory perception, inhalation, heartbeat, coughing, spitting etc • Commands Buddhi, Hridya, chitta, drik. This shows that the higher function including perception of sense Objects, the motor signals in response to sensory signals, the thought processes, the intelligence so as to lead the day to day activities and all mind functions are manipulated, controlled and governed by prana vayu.
Udana vayu	Ura pradesh circulation of udan vayu are Nasa, Nabhi, Gala.	• Stimulates the mind and stimulates energy • The respiratory system and speech • Commands atma, buddhi, manas
Vyan vata	Hriday Sarvang Sharir	• Controls circulation and Hrudya • Measure the sentiments, nerve impulses ,sensory motors and muscular contraction and relaxation.
Pitta Dosha	Nabhi	• agni like dhatvagni, jatharagni are associated with pitta dosha.
Avalaambak Kapha	Shira	• Nourishment, growth, lubrication, stamina and ability contentment

(Table 2) Normal functioning of the dhatu that are involved in GDD are explained in table below.

Dhatu	Karya
Rasa	**Tarpana:** nourishment of body at any age. **Vardhana:** growth and development (especially in kids) **Dharana/jeevana :** stabilizing and maintaining the dhatu (during middle age) **Yapana :** preventing the total deterioration of dhatu (during old age) Other functions like stabilizing the body components(avashtambhana), unction(snehana) are also carried by rasa dhatu.It is responsible for satiety(tushti), nurturing body(preenana), nourishing rakta dhatu(raktapushti).
Mansa	Covering and protection (Lepana) is the main function of mamsa dhatu. Providing strength to the body and nourishment to its successor adipose tissue (meda dhatu) are additional functions.It provides support for various movements and protection to the inner organs too. Mamsa dhatu is also inevitably involved in sustaining the strength of the body (bala) due to which there is inculcation of potential to perform physical activities
Majja	The functions of majja dhatu are providing unctuousness(snehana), strength(bala), filling of Bone cavity (asthi poorana) and nourishment of its successor shukra dhatu (shukra pushti)

mahamasha taila, bala tail, mashadi taila, lakshadi taila, ksheerbala taila, Acharya Vaghbhat has described Abhyanga with bala taila in navjaat paricharya during prana pratyagaman (resuscitation)

जातमात्रंविशोध्योल्बाद्गलंसैन्धवसर्पिषा।

प्रसूतिक्लेशितंचानुबलातैलेनसेचयेत।।१।। अष्टांग उ.१/१

Swedana - The procedure that induces sweating (sudation) is called as Swedana, it relieves heaviness, stiffness and coldness of the body. Aacharya Kashyapa has given extensive description of Swedana karma. It is used in children suffering from staimitya, kathorta, malabandha, anaha, vani nigraha, kampa. Conditional Swedana is recommended for krusha and medium strength children. Pinda sweda is method of Swedana commonly used in neuromuscular disorder in pediatric patients. Pinda Swedana is mrudu, snighdha, balya, bruhniya that is why pinda sweda is frequently

used in pediatric GDD patients, Swedana is indicated in vatarogas, ruksha sharir, shwasa, kasa and degenerative conditions.

स्नेहपूर्वप्रयुक्तेनस्वेदेनावजितेऽनिले।
पुरीषमूत्ररेतांसिनसज्जान्तिकथञ्चन।।
शुष्काण्यपिहिकाष्ठानिस्नेहस्वेदोपपादनैः।
नमयन्तियथान्यायंकिंपुनर्जीवतोनरान्।। च.सू. १४/४-५

Basti - It is the procedure where the medicines are administered through anus. Basti karma is used in vata dosha. Basti is effective and safe in chidren and can also be given where virechana is contraindicated.

बस्तिर्वयःस्थापयितासुखायुर्बलाग्निमेधास्वरवर्णकृच्च।
सर्वार्थकारीशिशुवृद्धयूनांनिरत्ययःसर्वगदापहश्च।।२७।। च.सि.१/२७

In children, basti acts just like the amrita. It can be administered to one year old baby, as per Charakacharya. Acharya Kashyapa has mentioned anuvaasan basti matra depends upon balaka bala, vaya, vyadhibala, agni. But in day to day practice, anuvaasan basti can be given in 10-15ml in children between 1-3 years of age. Aacharya Kashyapa has stated that basti should be given at annada avastha (about 1 year of age). Basti is indicated in mainly vata rogas. Anuvasan basti can be given with majja sneha, Narayan taila, Bala Tail, Ksheer bala Tail etc., Basti is regarded as ardhachikitsa in Ayurveda. It pacifies vata dosha in its moola sthan that is pakvashay. Pacification of vata ensures normal function of all over body. Basti has 2 actions snehan and shodhan. Where niruha basti is for shodhana and anuvasan basti is for snehana. "Basti vataharanam shreshta". Anuvasan basti has vata shaman, balya and dhatu poshan properties. Anuvaasan basti has capacity to pacify and regulate vata dosha.

Shiropichu - Shiropichu (application of cotton soaked in medicated oils over the mruddhni Pradesh) is a type of shira sneha and does snehana of shira pradesh. It pacifies the increased prana vaayu which governs the sensory and motor organs. So by the application of shiropichu there is pacification of prana vaayu which helps in normal functioning of Dynanendriyas and karmendriyas.In children, as shirobasti and shirodhara cannot be administered, shiropichu is best method.

शिरसिस्नेहपिचुना, प्राश्यंचास्यप्रयोजयेत्।
हूरेणुमात्रंमेधायुर्बलार्थमभिमन्त्रितम्।।८।। अष्टांगहृदय उ. १/८

All above procedure Abhyanga, Swedana, basti, Shiropichu are administered for atleast 6 months then results can be evaluated in global developmental delayed patients. As there is balvaan samprapti, duration of treatment can take more than 6 months and helps in samprapti bhang and will give better results with physiotherapy and occupational therapy. Physiotherapy treatment will improve motor development milestones such as rolling, sitting, crawling and walking and physical development.

Result - This Ayurvedic management ensures appropriate results in GDD patients. Especially by improving growth and development, motor, social reflexes. The patient will show considerable improvement in the domains of gross motor and fine motor reflexes.

Discussion - Panchakarma along with internal medication should be given to improve all the facets of GDD. Here panchakarma plays an important role as snehan swedan, basti, shiropichu pacify the viatiated doshas and nourish dhatus mentioned above. Snehan pacifies the increased ruksha and khar gunas of vata and swedana pacifies sheeta guna of vata. This panchakarma gives nourishment to rasa, mansa and majja dhatu. This treatment should be given for atleast 6months or more to get effective result as this disease is kriccha saddhya. Early diagnosis and early onset of treatment is essential to get better result. Panchakarma is comparatively helpful in GDD and in modern medicine there are limitations to it. Physiotherapy acts by their own mode of action and can be used freely for such disease. Physiotherapy will also promote correct positioning and provide fun and stimulating exercises to gain postural stability and coordination. Physiotherapy will also aim to increase physical development by helping children achieve their milestones as soon as possible.

Conclusion - Ayurvedic panchakarma procedures can be used in the management of developmental delay. Multisystem approach is needed to improve the condition of the patient.

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एक व्याधी – एक ग्रंथ

कश्यपसंहितेनुसार फक्क व्याधीची चिकित्सा

वैद्य प्रतिक्षा चंद्रकांत वाघमारे, आंतरवासीय, शेठ ताराचंद रामनार्थ धर्माथ रुग्णालय, पुणे ४११०११

प्रस्तावना : बाल : संवत्सरा पादाभ्यां यो न गच्छति।
स फक्क इति विज्ञेयस्तस्य वदयामि लक्षणम्।। का. चि १७/३

विशेष करून बालकांमध्ये होणारा 'फक्क' व्याधी याचे वर्णन कश्यप संहितेमध्ये आलेले आहे. एक वर्ष वयापर्यंत जर बालक स्वतः आपल्या पायांनी चालू शकला नाही तर या अवस्थेला 'फक्क' म्हणावे असे काश्यपाने. वर्णन केले आहे.

धात्रीच्या दूधामध्ये असणाऱ्या श्लैष्मिक गुणांमुळे किंवा वातज–पित्त गुणांमुळे बालकामध्ये अनेक व्याधी निर्माण होतात. अशा धात्रीचे वर्णन काश्यपाने 'फक्क दुग्धा' म्हणून केले आहे. यामध्ये बालकात फक्क व्याधी, पंगुता, जडता इ. व्याधींचा समावेश केला आहे.

हृदयापासून मनाबरोबरच ही लक्षणे बालकाच्या इंद्रियांपर्यंत जाऊन पोहचतात. या इंद्रियांमध्ये वाक् इंद्रियाचाही समावेश होतो. यामुळे या व्याधीत बालकामध्ये मुकता, बाधिर्य ही लक्षणे देखील विसतात.

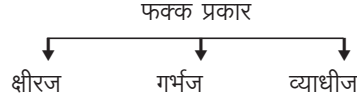
ग्रंथ परिचय – काश्यपसंहिता वैशिष्टय – * मूलनाम – वृद्धजीवकीय तंत्र, उपदेष्टा आचार्य मरिच–कश्यप. ६ वे शतक. ग्रंथकार वृद्धजीवक. आधुनिक संपादक हेमराज शर्मा (नेपाल के राजगुरू). काश्यपसंहिता स्थान नाम व अध्याय संख्या चरक संहिता सदृश आहे. फक्त ९ वे खिलस्थान जास्त ८० अध्यायाचे आहे. यातील २५ उपलब्ध. खिलस्थान हे वात्स्य ऋचिक पुत्र जीवक याचे स्थान. कौमारभृत्याचा आद्यतंत्र म्हणून प्रसिद्ध आहे. **संकल्पना –** आधुनिक मतानुसार 'फक्क' व्याधीची तुलना बालकात होणाऱ्या Rickets या व्याधी सोबत केली आहे. यामध्ये उत्पन्न होणाऱ्या बाधीर्य व मुकता यांमुळे Deafness व Dumb इ. व्याधीसोबत तुलना केली आहे.

हेतू – धात्री श्लैष्मिकदुग्धा तु फक्कदुग्धेतिसंज्ञिता।
तत्क्षीरपो बहुव्याधि : कार्श्यात् फक्कत्वाप्नुयात् ।।४।।
पित्तानिल प्रकृतिकी पटुक्षीरा पटुप्रजा।
कुतः पंगुजडा मूका त्रिदोषक्षीभोजिनः।।५।। का. चि. १७/४५

ज्या धात्रीचे दूध हे श्लैष्मिक असते तिला फक्कदुग्धा असे म्हणतात अशा कफदुषित दूध असणाऱ्या धात्रीच्या दूधाने बालकाला अनेक व्याधी होतात. व बालक कृश होतो पित्त किंवा वात प्रकृतिच्या धात्रीचे दुध लवण युक्त असल्याने अशा दुधाचे सेवन केल्यामुळे त्रिदोष प्रदुपित होऊन पंगुता, जडता तथा मुकता बालकामध्ये निर्माण होते.

प्रकार व प्रकारानुसार संप्राप्ती– क्षीरजं गर्भजं चैव तृतीयं व्याधिसंभवम् फक्कत्वं त्रिविधं प्रोक्तं क्षीरजं तत्र वर्णितम्।। का. चि. १७/१०

फक्क प्रकार



१. क्षीरज – या प्रकारामध्ये कारणीभूत असणारे हेतू व लक्षणे यांचे वर्णन या आधी सांगितलेल्या हेतूंमध्ये मांडले आहेत.

२. गर्भज फक्क व्याधी –

गर्भिणी मातक : क्षिप्रं स्तन्यसय विनिवर्तनात्।
क्षियते म्रियते वाऽपि स फक्को गर्भपीडितः।। का. चि. १७/११

ज्या बालकाची माता गर्भिणी आहे. अशा मातेचे दूध लगेच समाप्त होऊन जाते म्हणजेच गर्भधारणेमुळे दूध बंद होते त्यामुळे बालकाचे पोषण होत नाही व बालक क्षीण होतो.

मातेच्या आहाराचा अधिकांश भाग
गर्भपोषणासाठी वापरला जातो
↓
बालकाचे योग्य पोषण होत नाही
↓
बालकाचे शरीर दिवसेंदिवस कृश होते
↓
गर्भद्वारा पिडीतज फक्क व्याधी

३) व्याधी संभ व फक्क व्याधी – निज किंवा आगंतुज ज्वरादी रोगाने अनाथ बालकास क्लेश होऊन मांस, रक्त क्षीण होते. त्याचे नितंब, बाहु व जांघा ह्या शुष्क झालेल्या असतात उदर, नेत्र व चेहरा हे मोठे दिसतात. **लक्षणे –** १) नेत्रपीतता २) रोमहर्ष ३) शरीर अस्थिपिंजर दिसते ४) दौर्बल्य, मंदहालचाली आणि सुस्ती यामुळे कृमि किटक अंगावर बसतात व गंभीर व्याधी निर्माण करतात ५) अति विष्मूत्र, शिंघाणक इ मुळे बालकात व्याधीजन्य फक्क निर्माण होतो.

चिकित्सा – कल्याणकं पिबेत् फक्क : षट्पलं वा यथाडमृतम् ।
सप्तसत्रान्परं चैनं त्रिवृतक्षीरेण शोधयेत्।।
शुद्ध कोष्ट तमः फक्क पि....। पुनर्न वैफपर्णीभ्यामेरण्डशतपुष्पयोः।
दृाक्षा पीलुत्रिवृद्धिर्वा श्रृतं क्षीरं प्रथोनयेत।। का. चि. फक्क

औषधी प्रयोग –१. घृत प्रयोग – कश्यप संहितेत निर्देशित–

घृत कल्प	घटकद्रव्ये	प्रमाण	मात्रा
कल्याणक घृत च.चि. ९/४१	इंद्रवारूणी, त्रिफळा, देवदार शालिपर्णी, तगर, हळद, दारूहळद, प्रियंगु नागकेशर, मंजिष्ठा, सारिवा, लहान वेलची, पद्मकाष्ठ, तूप जल	१–१ कर्ष १ प्रस्थ ४ प्रस्थ	अन्नाद बालक अल्प क्षीरान्नाद अल्प तर क्षीराद – अल्प तत
षट्पल घृत च.चि. ५	पिपळी, पिंपळीमूल, चव्य चित्रक, सुंठी आणि यवक्षार घृत	१–१ पल १ प्रस्थ	अल्प/ अल्पतर /अल्पतम
ब्राम्ही घृत च.चि. १०	वेखंड, कोष्ठ, शंखपुष्षी यांचा कल्क ब्राम्ही स्वरस	घृताच्या १/४ घृताच्या ४ पट	अल्प/ अल्पतर /अल्पतम

यासोबतच षट्पल. घृत, अमृतादी, घृत, ब्राम्ही घृत या सर्व घृतांचे पान बालकास करण्यास सांगावे.

● शोधन घृत पानानंतर ७ दिवसांनी 'त्रिवृत्त क्षीर' द्वारे कोष्ठाचे मृदू शोधन करावे.

२. तैल प्रयोग–

राजतैल का.चि. फक्क	एरंड, अंशुमति, शालिपर्णी बिल्व इ. यव, कोल, कुलत्थ यांचा क्वाथ १/४ शेष करुन यामध्ये तैल दही	प्रत्येकी १० पल १–१ प्रस्थ १ प्रस्थ १ प्रस्थ	सम्यक प्रयोग करावा

या तैलाच्या प्रयोगाने इक्ष्वाकु, सुबाहु, सागर, नहुष, दिलीप भरत, गय आदि राजांच्या पुत्रांनी गति, आयु, बल, तथा सुख प्राप्त केले आहे या तैलाचा सर्वप्रथम उपदेश राजपुत्रांना केल्याने याला राजतैल म्हटले आहे.

आहार –अतिरिक्त मांस, यूष तथा संस्कार केलेले दूध, शालि अन्न यांचे नित्य सेवन करावे यामुळे प्राणांचे रक्षण होऊन रोग नष्ट होतो.

कफाधिकं चेन्मन्येत मूत्रमिश्रं पयः पिबेत्।। का.चि. फक्क

कफाची प्रधानता असेल तर दूधामध्ये गोमूत्र एकत्र करून प्रयोग केल्याने फक्क रोग दूर होतो. वातदोषाधिवय असेल तर स्नेहपान देखील उपयुक्त ठरते.

फक्क व्याधीवरील आयुर्वेद रसशाळा औषधे

बाळगुटी वटी	कॅल्सिप्राल के टॅब	शतावरी कल्प
		

विहार –त्रिचक्रं फक्करथकं प्राज्ञः शिल्पिकनिर्मितम्। का. चि. फक्क

तीन चाकांचा फक्क रथ बालकास देऊन त्याच्या सहाय्याने बालकाला चालण्यास सांगावे. यास पांगुळगाड अशीही संज्ञा व्यवहारात आहे. फक्क व्याधीसोबतच जर वातज रोगांचा संसर्ग झाला तर बालकांमध्ये बस्ति, स्नेहपान, उद्वर्तन, स्वेदन इ. क्रिया कराव्या.

निष्कर्ष – काश्यप संहितेमध्ये बालकांमध्ये होणाऱ्या फक्क या व्याधीचे विस्तृत वर्णन करताना हेतु, प्रकार, लक्षणे या सर्वांचे योग्य शब्दांत सहन समजेल अशी मांडणी केली आहे. या सोबतच फक्क व्याधी मध्ये उपयुक्त असणाऱ्या, कल्पांची देखील प्रभावी पद्धतीने मांडणी केली आहे. या कल्पांचा वापर करताना बालकाची क्षीराद, क्षीरान्नाद, अन्नाद यांपैकी अवस्था विचारात घेऊन मात्रा ठरवली जाते. या कल्पांचा प्रत्यक्ष रूग्णांवर उपशय मिळालेले दिसून येते. या सर्वांचे उत्तमरीत्या संकलन आलेले असल्याने त्याचा अभ्यास करून बालकाची यथायोग्य चिकित्सा करणे सुखकर होते.

संदर्भ – १) काश्यप संहिता हेमराज शर्मा लिखित, चौखम्बा प्रकाशन ७ स १९५३. २) चरक संहिता, विजय शंकर काळे लिखित, चौखम्या प्रतिष्ठा संस्था २०२०.

Shadangapaniya - An Adjuvant To Conventional Antipyretics In Children

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Fever is not a disease. It is a symptom, or sign, representing that the individual's body is fighting an illness or infection. Fever stimulates the body's defenses. A child is considered febrile when the core temperature crosses 100.4°F (38°C). A child with fever may become more uncomfortable as the temperature rises. It is a common concern for parents and one of the most frequent presenting complaints in emergency department visits at any pediatric clinic or a hospital. It is one of the most common causes for medical consultation in children, being responsible for 1525% of consultations in primary care and emergency departments. [1, 2, 3]Although fever can be concerning to parents and caregivers, the prevalence of serious infections in children is low, estimated at <1% in primary-care settings in industrialized countries. However, this figure can increase up to 25% in emergency departments. [4, 5]

The most common causes of fever in children are infections. The non-infectious causes include immune-mediated, inflammatory and neoplastic conditions. When a cause for fever cannot be identified by history and physical examination, it is called "fever without source" (FWS) or "pyrexia of unknown origin" (PUO). Although the incidence of serious infections has decreased after the introduction of conjugate vaccines, fever remains a major cause of laboratory investigation and hospital admissions. The majority of febrile children have mild, self-resolving viral illness, a minority may be at risk of life-threatening infections.

It is one of the most worrisome symptoms for parents and caregivers, who are frequently concerned that untreated fever may lead to brain damage, seizures and death, despite evidence to the contrary. [6, 7] While the central nervous system is sensitive to extreme temperatures (over 41.5°C) fever represents a controlled physiologic phenomenon, and temperatures over 41°C are remarkably rare, possibly owing to protective mechanisms in the thermoregulatory centers. [8, 9].

Fever can cause fluid loss and dehydration. The body sweats and loses fluids and minerals. In general, the higher the fever, the more dehydrated the child may become. In general, the higher the fever, the more dehydrated the child may become. Pyrexia depletes vital intracellular fluid and thus it is important to keep the body fluids flowing i.e. keeping the body hydrated. Maintaining hydration or one can say, making adequate provisions of fluid to be consumed orally, can control the rise in temperature and also prevent dehydration, which again can further worsen fever. One can try a number of things to make the child more comfortable during a fever. Drinking plenty of

fluids like water, coconut water, fluid diet, oral rehydration solution, broth, soups, juices, etc. are advocated by the conventional system of medicine. These just prevent dehydration but do not treat fever. A glass of water an hour, equivalent to about 1-2 liters a day, will help to reduce the fever by hydrating the patient correctly and reducing side effects such as headache, fatigue and muscle pain.

According to modern medicine, antipyretics are the most common medications administered to children. The most effective way to treat fever is to use a medication such as acetaminophen or ibuprofen. These treatments can reduce the child's discomfort and lower the child's temperature by 2 to 3°F. This is a symptomatic treatment, though fever can be cured only by treating the underlying cause. The drugs maintain a specific concentration in the plasma, exhibiting their action, but depending on their half-life, as the plasma concentration falls, the drug dose initially becomes invalid resulting in necessity to re administer the drug to maintain the plasma concentration. Also the drugs are responsible for specific antipyretic activity and are not responsible for maintaining the hydration of the child. Paradoxically, the most serious and common adverse events associated with fever are related to antipyretic drugs. [10]

In Ayurveda, similar treatment principles have been advised. Though, treating the root cause is the ultimate goal of treatment, providing temporary or symptomatic relief to the patient is also equally important. In Ayurveda, there are multiple drugs to treat and reduce fever like the Sudarshan Churna, Lakshmivilasa Rasa, Tribhuvankirti Rasa, Godanti Bhasma etc., but specially, if one studies in detail the classics of Ayurveda, especially the Sharangadhara Samhita, multiple decoctions have been advocated to be used in the different types of fevers.[11] The intention appears to be providing antipyretic medicines along in a water base solution so as to control dehydration and aid hydration.

क्षुण्णं द्रव्यं पलं साध्यं चतुःषष्टि पले जले।
अर्धशिष्टं च तद्देयं पानेभक्तादिसंविधौ।।

Sharangadhara Samhita Madhyam Khanda Chapter 2

अत्र शृतशीतं जलं दद्यादिति जलसंस्कारश्रृत्या न क्वाथपरिभाषाय क्वाथकरणं किन्तु जलसन्स्कार परिभाषाया। Chakrapani on Charaka Samhita Chikitsasthana Chapter 3

Generally, the most commonly used Panaka / Paniya for the suppression of fever is Shadangapaniya prepared by the boiling six medicines in about 640 ml of water and reducing it to half by the action of heat and cooling it down. Later this Paniya is said to be sipped continuously throughout the day. It can thus be inferred that this specific preparation holds importance in fever management as it can suppress fever by virtue of its medicinal properties and also maintaining hydration of the body. This shows that even in ancient period the sages knew the importance of maintaining hydration of body to bring down fever and provide relief. The second usage of administering decoctions was they by virtue of their properties are easily digested and assimilated and also are responsible for Pachana of Doshas responsible for aetiopathogenesis of the disease. Other fluids have also been mentioned as per the need and the type of Jwara, to be taken as not only as medicine, but also as a hydrating substance, for keeping the body hydrated.

SiddhaJala (Medicateddrinks) to be administered in Jwara

Ushna Jala	VataKaphaJwara
Tiktaka Shruta SheetaJala	Madyaja and Paittika Jwara
Shadangapaniya	Allkinds of fever

Not only in Sharangadhara samhita, but also In Charaka Samhita,[12] AshtangaSangraha[13] and Ashtanga Hridaya, [14] SiddhaJala (medicated drinks) have been described as above. Ushna Jala and Tiktaka Shruta shita Jala is advisable among specific Jwara, butthe Shadangapaniya is useful in all kinds of Jwara. One should keenly observe that Ayurveda has advocated the use of Shrutashita Jala either as by Ushnodaka Vidhi [11] or as a Panaka / Paniya Vidhi and not advocated the use of direct fresh water, which is being used in conventional medicine in the present era. The reason behind this is fluid consumed after heating and cooling, termed as Shrutashita Jala, is considered to be easily digestible as compared to normal water and also being eliminated of Jala Dosha that are mentioned in Sushruta Samhita Sutrasthana [15].

Shadangapaniya - Shadangapaniya is a unique

combination of different herbs, which by virtue of its combination of different Rasa, Guna, Veerya, Vipaka useful in all kinds of Jwara. The combination possesses the antipyretic effect in all kinds of fever which are originating from viral, bacterial and parasitic origin. Therefore this is to conclude that Shadangapaniya, as adjuvant medicated liquid, is useful in all kinds of Jwara.

उशीरपर्पटोदीच्यमुस्तनागरचन्दनैः।
जलं शृतं हिमं पेयं पिपासाज्वरनाशनम्।।

Sharangadhara Samhita Madhyam Khanda Chapter 2

मुस्तपर्पटकोशीरचन्दनोदीच्यनागरैः।
शृतशीतं जलं दद्यात् पिपासाज्वरशान्तये।।

Charaka Samhita Chikitsastana Chapter 3

घनचंन्दनशुण्ठयम्बुपर्पटोशीरसाधिताम्।
शीतं तेभ्यो हितं तोयं पाचनं तृडज्वरापहम्।। Ashtanga Sangraha and Ashtanga Hridaya Chikitsastana Chapter 1

The medicated water, boiled and prepared, with six medicines of plant originviz., Musta, Parpatak, Ushira, Chandana, Uddichya, Nagar, is known as Shadangapaniya or locally as Shadangodaka. The properties of these, as explained, in Ayurveda are tabulated below. (See Table 1)

Among the six drugs the predominant rasa is Tikta (bitter), then Madhura (sweet) and followed by Kashay (astringent) and Katu (pungent). Tikta Rasa is the superior to mitigate the fever as it does the Aamapachana, Aamashaya kledanashana, Agnideepana. Shadangapaniya has dominance of Tikta rasa, and is therefore, useful to counteract the Samprapti of Jwara.

As per Dosha predominance, Tikta mitigates Pitta, Kashaya mitigates Kapha and Madhura mitigates Vata Dosha. Among the six drugs the predominant Guna are Laghu, Ruksha, followed by Guru and Teekshna. Laghu and Ruksha Guna have predominance of Vayu, Akasha and Agni Mahabhutas. These properties are useful in depletion of Aama. The predominance of Shita Virya is present among the drugs of Shadangapaniya along with lesser proportion of Ushna Virya. Jwara is disease of Pitta (Ushna) innature, therefore, Shita Virya drugs are useful in it. The drugs of Shadangapaniya have a combination of Katu and Madhura Vipaka with dominancy of Katu Vipaka. As Katu Vipaka is also responsible for Amapachana, Amashaya kledanashana, it is useful in all kinds of Jwara. The pharmacological action of each drug is useful in breaking the aetiopathogenesis of Jwara. Almost all the drugs are Dipan Pachanby which they deplete Ama. Parpataka is Trishna Nigrahana (pacifies the thirst), Chandana is known for its Dah Prashaman property (mitigates burning sensation), Musta is Amapachana, Ushirais Pachana with Pittashaman. Uddichya like Ushira, is Dah Prashaman (mitigates burning sensation), Shunthi is responsible for Amapachana and Agnideepana [16].

The tubers of Cyperus rotundus contain patchoulenone, caryophyllene or-oxide, 10,12-peroxycalamenene and 4, 7-dimethyl-l-tetralone and they have been isolated, and have

(Table 1)

	Musta	**Parpataka**	**Ushira**	**Chandan**	**Udichya**	**Nagar**
Botanical	Cyperus rotundus	Fumaria parviflora	Vetiveria zizanoides	Abatulum indicum	Pavonia odorata	Zingiber officinale
Family	Cyperaceae	Fumariaceae	Graminae	Leguminacoe	Malvaceae	Scitaminae
Rasa	Tikta, Katu Kashaya	Tikta	Tikta Madhura	Tikta Madhura	Tikta	Katu
Veerya	Shita	Shita	Shita	Shita	Shita	Ushna
Vipaka	Katu	Katu	Katu	Katu	Katu	Madhura
Guna	Ruksha Laghu	Laghu	Ruksha Laghu	Ruksha Laghu	Ruksha Laghu	Guru, Ruksha, Tikshna
Dosha	Kapha Pittahara,	Kapha Pittahara,	Kapha Pittahara,	Kapha Pittahara	Kapha Pittahara	Vata Kaphahara
Karma	Grahi, Dipana, Pachana, Lekhana	Trishna Nigrahana, Grahi	Pachana, Stambhana	Varnya, Dahaprashama	Deepan, Pachan,	Dipana, Bhedan

shown to possess antimalarial activities. The Cyperus oil has antibacterial activity over various microorganisms of which efficacy is more over the Gram-positive bacteria, as compared to Gram-negative bacteria. Fumaria indica (parviflora) possesses two major phytochemicals; Narlumicine and Oxysanguinarine both which are efficacious in the inhibition of dengue virus. Extract of Vetiveria zizanoides at 75 mg, 150 mg and 300 mg / kg dose has shown significant reduction in the elevated temperature which was induced in animal models. The oil of the Santalum album has shown an effective antibacterial effect and antimycotic resistance against Candida species. An ethanolic extract of Zingiber officinale has anti-inflammatory, analgesic, antipyretic and antimicrobial activities. In rats, the extract of Zingiber officinale had shown reduction in the carrageenan-induced paw swelling and yeast induced fever. Zingiber officinale had also shown the efficacy in the inhibition of the growth of both Gram-positiveand Gram negative bacteria. [17]

Applicability in Children - The qualities of medicines, to be administered in children are very clearly mentioned Charak Samhita. [12]Charak says,

मधुराणि कषायाणि क्षीरवन्ति मृदुनि च। प्रयोजयेद्भिषग्बालमिति मान प्रसादत:।। Charaka Samhita Chikitsastana Chapter 30

It is made clear that the medicines to be administered in children should be Madhura (sweet) or Kashay (astringent), containing or processed with milk and should be Mrudu. The predominant rasa of the ingredients of Shadanga paniya is Tikta (bitter), Madhura (sweet) and followed by Kashay (astringent). When prepared as a decoction / Paniya the taste perception is mostly watery with a faint perception of Kashay followed by very faint Tikta Rasa. The method of preparation of the medicine makes it over diluted and thus it becomes Mrudu. Having a faint taste and odour of medicine, being a free liquid without any additives, it is easily accepted by the children, without any fuss. Being a type of dilute decoction with high content of water, it is readily absorbed from the gut and thus the child stays hydrated and thus aids lowering the core body temperature and also prevents the cellular dehydration.

Synergistic Antipyretic Action - It has been observed that antipyretics like acetaminophen, administered alone have an effect lasting for about 4 to 6 hours and the drug needs to be repeated after every 4 to 6 hours. Though not known to be severely toxic in therapeutic doses, it does exert its effect on the liver as it is metabolized and has a hepatic clearance. If these antipyretics are co-administered with Shadangapaniya, it has been observed that the antipyretic activity is augmented and the fever free period lasts upto 10 to 12 hours. Thus the frequency of administration of antipyretic drug is reduced to maximum 2 or 3 times a day, which otherwise would be around at least 4 times a day. Secondly, as it is a free fluid, it maintains hydration, frequent intake reduces intracellular and extracellular dehydration thus reducing fever which is observed as a sequel of dehydration, commonly referred to as dehydration fever. As hydration is maintained, electrolyte imbalance is also prevented as there is minimal loss of fluid and no much trans-membranal, active or passive, frequent and massive exchange of ions.

Thus, freshly prepared Shadangapaniya, can be considered as an Ayurvedic antipyretic of herbal origin, indicated in all type of Jwara, irrespective of their origin, cause and type. It can be safely administered in children due to its multiple pharmacological effects, as an antipyretic and a hydrating agent. It can be administered as a sole antipyretic in mild grade and mild to moderate grade fever and as an adjuvant to conventional antipyretics in moderate to severe grade and severe grade fever.

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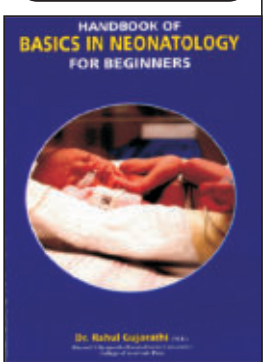
Book Review

Hand Book Of Basics In Neonatology For Beginners.

Author - Prof. Rahul Gujarathi



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Neonatology is one of the important branches of medicine and a subspecialty of pediatrics concerned with newborns' development, care and disorders. Care of newborns with optimum growth and development needs a super-specialized, well-skilled neonatologist with crystal explicit knowledge and experience to differentiate healthy and sick newborns from each other that require adequate diagnosis and management.

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The presentation of essential points such as clinical features, investigation and management of common pathological conditions make this 'Handbook of Basics in Neonatology for Beginners' a unique and wonderful handbook for graduate and postgraduate students.

बाळगुटीचे द्व्यगुण विज्ञानाच्या आधारे सखोल अध्ययन

प्रा. डॉ. अपूर्वा संगोराम, विभाग प्रमुख, द्व्यगुण विज्ञान, टि.आ.म.वि.

प्रस्तावना : कौमारभृत्यं नाम कुमारभरणधात्रीक्षीरदोषसंशोधनार्थं दुष्टस्तन्यग्रहसमुत्थानां च व्याधीनामुपशमनार्थम्।। (सु.सू. १/१६)

ज्या तंत्रामध्ये बालकाचे पोषण, धात्री च्या क्षीर दोषांचे संशोधन कर्म, दूषित स्तन्य ने उत्पन्न व्याधी, ग्रहांनी उत्पन्न व्याधी व इतर व्याधींच्या शमनार्थबद्दल ची माहिती दिलेली आहे, त्याला 'कौमारभृत्य तंत्र' असे म्हणतात.

आचार्य काश्यप यांनी अष्टांग आयुर्वेदामध्ये कौमारभृत्य तंत्र ला प्रथम स्थान दिलेले आहे. सामान्य व्यक्तिंच्या अपेक्षेत बालकांचे औषध हे अधिक रुचकर असायला हवे. तसेच ते औषध देण्याची मात्रा, औषध देण्याची विधी व उपक्रम हे सुद्धा सामान्य व्यक्तिंच्या औषधी पेक्षा वेगळे असते. बालक हा १६ वर्ष होईपर्यंत त्याला 'कुमार' असे म्हणतात.

काश्यप संहितेमध्ये 'वेदना अध्याय' म्हणून खास अध्याय सांगितलेला आहे ज्या मध्ये बालकांच्या ३४ अश्या विविध व्याधींचा त्याच्या रुप व पूर्वरुप प्रमाणे माहिती दिलेली आहे. विविध आचार्यांनी बालरोगाच्या समस्यांसाठी अनेक कल्पांचा उल्लेख केलेला आहे.

बाळगुटी म्हणजे बाळाच्या प्रकृतीला उपयुक्त अशा औषधांचा संग्रह. बाळगुटी मध्ये अनेक औषधी वनस्पतींचा समावेश आहे. या गुटीमुळे बालकाची रोग प्रतिकार शक्ति वाढण्यास सुद्धा मदत होते. त्यामुळे या बाळगुटीचे सखोल अध्ययन करणे गरजेचे आहे.

उद्देश : बाळगुटीतील औषधी वनस्पतीं बद्दल माहिती जाणून घेणे. त्या औषधी वनस्पतींच्या रस, वीर्य, विपाक, गुण द्वारा त्यांचा अभ्यास करणे.

पद्धती : बाळगुटीच्या विषयी माहिती मिळवण्यासाठी अनेक आयुर्वेदीय ग्रंथ जसे काश्यप संहिता, भावप्रकाश निघण्टु, इंटरनेट अश्या विविध माध्यमांचा वापर केलेला आहे.

बाळगुटीतील काही महत्वाच्या औषधी वनस्पतींची माहिती पुढीलप्रमाणे –

१)हरिद्रा – (Curama longa Linn. Zingiberaceae.) रस–तिक्त, मधुर. विपाक – कटु. वीर्य – उष्ण. गुण – लघु, रुक्ष. **रासायनिक संघटन –** Curcumin, vitamin A curcuminoids, volatile oil. **उपयुक्त अंग** – कंद. **बालरोगातील कर्म –** हळद उष्ण असल्यामुळे कफघ्न आहे. ती दूधामुळे कफ वाढू देत नाही. – रुक्ष असल्याने नाकातले पाणी शोषून घेते व घशातला कफ कमी करते. – रक्तातील दुष्ट कफाचे व पित्ताचे शमन होऊन रक्त प्रसादन होते. त्यामुळे वर्ण्य कार्य घडते व कांती सुधारते. **आमायिक प्रयोग –** कास व स्वरभेदात दुधात हळद घालून द्यावी.–पाण्डुरोगावर हळद दह्यातून द्यावी.–आघातज शोथावर हळकुंड पाण्यात उगाळून गरम करून त्याचा लेप करावा. **कल्प –** रजन्यादि चूर्ण हरिद्राखण्ड.

२) यष्टिमधु (Glycyrrhiza glabra Linn. Fabaceae.) रस–मधुर. विपाक–मधुर. वीर्य–शीत. गुण–गुरु, स्निग्ध. **रासायनिक संघटन –** Glyayrrhizin, isoliquiritin, glucose, sucrose, starch. **उपयुक्त अंग –** मूळ. **बालरोगातील कर्म –** यष्टिमधु चक्षुष्य असल्याने नेत्रगत मांसपोषणार्थ याचा वापर होतो.–मधुर, स्निग्ध व गुरु गुणांनी धातुपुष्टी होते व रोगोत्पादक दोषांचा नाश होतो.–यष्टिमधुने रक्तप्रसादन होते व शरीराचा वर्ण सुधारतो.–यष्टिमधु स्निग्ध व मधुर असल्याने कफनिःसारक आणि कण्ठय आहे.–या विकारात त्याचा तुकडा चघळावा. **आमायिक प्रयोग –** स्वरभंगावर यष्टिमधु चूर्ण तूप साखरे बरोबर द्यावे.–कास, श्वासात कफ सुटण्यासाठी यष्टिमधु क्वाथ मध व खडीसाखर घालून द्यावा.–मूत्रकृच्छ्रामध्ये यष्टिमधु चूर्ण दुधात शिजवून ते दूध पिण्यास द्यावे. **कल्प –** यष्ट्यादि चूर्ण, यष्ट्यादिक्वाथ, लवंगादिचूर्ण यष्टिमधु घनवटी.

३) कुटज (Holarrhen anti-dysentrica wall. Apocynaceae) रस – तिक्त, कटु, कषाय. विपाक–कटु, वीर्य–शीत. गुण–लघु, रुक्ष. **रासायनिक संघटन –** Conessine, Holarrhimine, isoconnessine, conimine, alkaloids, saponin, tannin. **उपयुक्त अंग –** त्वक, बीज (इंद्रयव) **बालरोगातील कर्म–** तिक्तकटुरस, कटुविपाकामुळे अग्निदीपन व पाचन. दीपन व स्तंभन असल्याने कुटज ग्रहणीत व पक्वअतिसारात उपयुक्त.–तिक्तरसामुळे ज्वरातील रसगत दोषांचे पाचन.–दंतशूलात याच्या क्वाथाने गुळण्या कराव्या. **आमायिक प्रयोग –** संग्रहणी व अतिसारावर कुटजावलेह द्यावा.–कृमींवर कुटज साल उगाळून विडंगाच्या चूर्णा सोबत द्यावे.–मूत्रकृच्छ्रावर कुटज साल गाईच्या दुधात उगाळून द्यावी. **कल्प –**कुटज

घनवटी, कुटजावलेह, कुटज क्षीरपाक.

४) मुस्ता (Cyperus rotundus Linn. Cyperaceae.) रस–तिक्त, कटु, कषाय. विपाक–कटु. वीर्य–शीत. गुण–लघु. **रासायनिक संघटन –** Cyperene, Copaene, B-sitosterol. **उपयुक्त अंग –** कन्द. **बालरोगातील कर्म –** तिक्त रसाने दीपन, पाचन, कृमिघ्न कार्य होत असल्याने दीपन, पाचन, संग्राही द्रव्यांमध्ये श्रेष्ठ द्रव्य आहे.–कफघ्न असल्याने कास, श्वासात उपयोगी.–तिक्त रसामुळे आमाशयातील दोषांचे व रसगत दोषांचे पाचन होऊन ज्वर कमी होतो.–मुस्ता मेध्य व बल्य आहे. **आमायिक प्रयोग –** मुस्ताचूर्ण व मध याचा वापर अरुची मध्ये करावा.–कण्डु व त्वग्रोगात लेप करावा.–नेत्ररोगात अंजनासाठी वापर करावा. **कल्प–** मुस्तादि क्वाथ, मुस्तादिलेह षडंगपानीय.

५) वचा (Acorus calamus Linn. Araceae.) रस–तिक्त, कटु. विपाक – कटु. वीर्य – उष्ण. गुण–लघु, तीक्ष्ण, रुक्ष. प्रभाव–मेध्य. **रासायनिक संघटन –** a-asarone, B-asarone, Flavonoids, Sesquiterpenes. **उपयुक्त अंग –** भौमिककांड. **बालरोगातील कर्म –** वचेच्या उग्रवासामुळे जंतूपासून बाळाचे रक्षण होते. –उष्ण, तीक्ष्ण असल्यामुळे कफज श्वासात उपयोगी. –बुद्धि व वाणी सुधारण्यासाठी रसायन म्हणून वापर करावा. वचा मेध्य आहे. **आमायिक प्रयोग –** मेधावृद्धीसाठी सारस्वत चूर्ण किंवा वचा चूर्ण द्यावे. –कृमींवर वेखंडाचा तुकडा दुधात उगाळून द्यावा.–व्रणधावनासाठी वेखंडाचा काढा वापरावा. **कल्प –** सारस्वत चूर्ण, मेध्य रसायन, वचा चूर्ण.

६) कायफळ (Myrica esculanta. Buch-Ham, Myricaceae) रस–कषाय, तिक्त, कटु. विपाक–कटु. वीर्य–उष्ण. गुण–लघु,तीक्ष्ण. **रासायनिक संघटन –** Myricetin, myricitrin, B-sitosterol, glycosides, Fiavonoids. **उपयुक्त अंग –** त्वक्. **बालरोगातील कर्म –** दीपन, ग्राही व शूलप्रशमन असल्याने अग्निमान्द्य, अतिसार, शूलात वापर.–कफनिःसारक व श्वासहर असल्याने कास, श्वास, प्रतिश्याय मध्ये उपयोगी. **आमायिक प्रयोग –** कट्फल चूर्ण चा उपयोग व्रणात करावा.–दंतशूल कमी करण्यासाठी हिरड्यांवर घासले जाते. **कल्प –** कट्फलादि चूर्ण कट्फलादि क्वाथ.

७) वाताद (बदाम) (Prunus amygdalus Batsch. Rosaceae. रस–मधुर. वीर्य–उष्ण. गुण–स्निग्ध, गुरु. **रासायनिक संघटन –** Tanins, punicalin, triterpinoids, corilagin. **उपयुक्त अंग–**फळ, तैल. **बालरोगातील कर्म –** मेंदू व बुद्धिला हितकर आहे.–त्वचेची कांती सुधारते. **आमायिक प्रयोग –** त्वक संग्राही आहे.–चर्मरोगात बदाम तैल चा वापर होतो.–बुद्धि वाढवण्यासाठी ८–१० तास भिजवून सोललेला बदाम खावा. **कल्प –** बदाम तैल, बदाम पाक.

८) अतिविषा (Aconitum heter ophyllum wall F-Renunculaceae) रस–कटु, तिक्त. विपाक–कटु. वीर्य–उष्ण. गुण–लघु. कर्म–ग्राही. **रासायनिक संघटन –**Atisin Heleroatisin. **उपयुक्त अंग –** कंदाकार मूळ. **बालरोगातील कर्म –**कफपित्तघ्न.–लहान मुलांचे विषमज्वर, अतिसार यांत उपयुक्त.–शिवाय छर्दी, कास, शूल यांत उपयुक्त.–लहान मुलांच्या चिकीत्सेत वापर होत असल्याने शिशुभैषज्या नावाने प्रधिद्ध. **आमायिक प्रयोग –**अतिसारात अतिविष, कुडयाची साल व इंद्रजव यांचे चूर्ण तांदूळाच्या धुवण + मधासह द्यावे. –कृमींवर अतिविष व विडंग यांचे चूर्ण एकत्र करून द्यावे. **कल्प –** बालचतुर्भद्र.

९) डिकेमाली (Gardenia gummifera Linn F Rubiaceae. रस–कटु. विपाक–कटु. वीर्य–उष्ण. **रासायनिक संघटन –** Gardenin Dikenali. **उपयुक्त अंग –**निर्यास. **बालरोगातील कर्म –** कफवातघ्न.–वेदनाशामक व बिबंधहर कृमीघ्न आहे त्यामुळे लहान मुलांच्या कृमीरोगांत, उदरशूलात वापर करतात. –दंतोद्भवाच्या वेळी स्थानिक वापराने वेदना कमी होतात. –वर्तुळाकार कृमींचा नाश करतो. **आमायिक प्रयोग –** डिकेमाली फांट नियत कालीक ज्वरात दिला असता कृमींचा नाश करतो.– दंतशूलात याचे चूर्ण दातावर व हिरडयांवर लावावे.

१०) जायफळ (Myristica fragrans Hautt Myristicaceae) रस–कटु, तिक्त. विपाक–कटु. वीर्य–उष्ण. गुण–लघु, तीक्ष्ण, स्निग्ध. **रासायनिक संघटन –**Myristin. Fugenol, Myristic acid.

उपयुक्त अंग–बीज. **बालरोगातील कर्म –** कफवातघ्न. – सुगंधी वातानुलोमक, वेदनाशामक, स्तंभक आहे. –म्हणुनच लहान मुलांच्या अतिसारात, उदरशूलात उपयुक्त. – निद्राजनन असल्याने अल्प प्रमाणात दिल्यास बालकांना शामक व निद्राजनन काम करते. **आमायिक प्रयोग** –झोप लागत नसल्यास जायफळ तूपात उगाळून डोळ्याला लेप लावावा अतिसारात जायफळ चूर्ण द्यावे. **कल्प –** जातीफलादी चूर्ण.

Discussion - (चर्चा) – या लेखात बाळगुटीमध्ये प्रामुख्याने वापरण्यात येणाऱ्या महत्वाच्या द्रव्यांचा अभ्यास करण्यात आलेला आहे. वृद्ध वैद्य परंपरेनुसार वापरल्या जाणाऱ्या बाळगुटीत यातील प्रत्येक द्रव्य मूळ स्वरुपात घेऊन विशिष्ट वेळा उगाळले जायचे व्याधीनुसार विशिष्ट द्वारा विशिष्ट वेळा उगाळले जायचे उदा. बालकास अतिसार असल्यास कुडा हे द्रव्य नेहमीच्यापेक्षा अधिक वेढे घेऊन उगाळावे. परंतु सध्याच्या काळात अशा पद्धतीने द्रव्य उपलब्धी सहज होत नसल्याने व या पद्धतीच्या अवघड पद्धतीमुळे बालकांना सोप्या पद्धतीने देता यावे यासाठी सर्व द्रव्य एकत्र करून ही बाळगुटी उगाळली जाते. यातील प्रत्येक द्रव्य अभ्यास केल्यानंतर असे लक्षात येते की सर्वच द्रव्य ही कटु, तिक्त रसाची व मुख्यतः उष्ण वीर्याची आहेत, सर्वच द्रव्य ही कफघ्न व वातघ्न आहेत बालकांना कफाच्या व्याधी होण्याचा संभव अधिक असतो व प्रामुख्याने प्राणवह स्त्रोतसाचे व्याधी झालेले दिसतात. म्हणूनच त्यांना शृंगी, बेहडा, शुठी, अतिविषा, पिंपळी, यष्टीमधु अशी प्राणवहस्त्रोतसावर काम करणारी द्रव्ये यात वापरली आहेत. बालकांना स्तन्यपानातून अथवा आहारातून आम तयार होऊन आमजन्य व्याधी, अन्नवह स्त्रोतसाची व्याधी होण्याची शक्यता अधिक असते. अशा वेळी पाचन करणारी द्रव्य पिंपळी, सुठी, मुस्ता, चांगले काम करतात. अन्नवह स्त्रोतसाचे आमातिसार छर्दी या व्याधींत कुटज, कायफळ, हरितकी जायफळ, मायफळ ही द्रव्य उपयोगी पडतात. बालकांची शारीरीक वाढ चांगली व्हावी बृहण व्हावे यासाठी खारीक व बदाम ही औषधे चांगली काम करतात. अशाप्रकारे द्रव्यांचा अभ्यास केला असता असे लक्षात येते कि संपूर्ण शरीराच्या आरोग्याचे रक्षण करण्यासाठीच्या सर्वच द्रव्यांचा या गुटीत समावेश करणे योग्य ठरेल.

निष्कर्ष – बाळगुटीतील सर्व द्रव्य ही लहानमुलांचे आरोग्य जपण्यासाठी व्याधीक्षमत्व वाढवण्यासाठी व सर्वांगीण विकासासाठी चांगली कार्य करतात व म्हणूनच याचा पूर्वापार वापर केला जातो.

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वृत्तांत

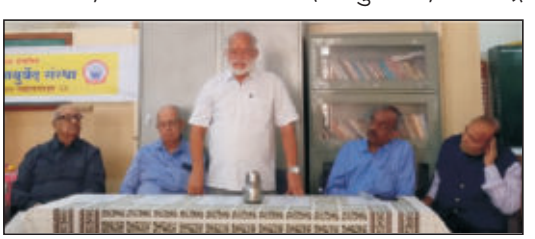
रा.शि.मं.संचलित कै.कृ.ना.भिडे आयुर्वेद संस्थेचा अकरावा वर्धापनदिन समारंभ

बुधवार दिनांक १ मार्च २०२३ — **डॉ. मधुकर सातपुते**

रा.शि.मं.सं.कै.कृ.ना.भिडे आयुर्वेद संस्थेचा अकरावा वर्धापनदिन बुधवार दिनांक १ मार्च २०२३ रोजी समारंभाचे आयोजन करून संस्थेच्या वास्तुत संपन्न झाला.

डॉ. मनोज फडणीस यांनी प्रमुख अतिथी मा.श्री.विजय फळणीकर, अध्यक्ष डॉ. दि. प्र. पुराणिक, सचिव डॉ. राजेंद्र हुपरीकर, कृ. ना. भिडे संस्थेचे अध्यक्ष डॉ. मधुकर सातपुते, संस्थेचे सचिव डॉ. भा. कृ. भागवत यांना व्यासपीठावर आमंत्रित केले. यानंतर मान्यवरांनी धन्वंतरी पूजन केले. मान्यवर व उपस्थितांनी समूह धन्वंतरी स्तवन केले. संस्थेचे अध्यक्ष डॉ. मधुकर सातपुते यांनी प्रमुख अतिथी मा.श्री.विजय फळणीकर, समारंभाचे अध्यक्ष डॉ. दि. प्र. पुराणिक, डॉ. राजेंद्र

डॉ. मधुकर सातपुते यांचे हस्ते श्री धन्वंतरी पूजन.



प्रकाश चित्रात – डावीकडून – डॉ. सातपुते, डॉ. पुराणिक, श्री. फळणीकर, डॉ. हुपरीकर, डॉ. भागवत.

हुपरीकर यांचा शाल, श्रीफळ, गुच्छ देऊन सत्कार केला.

डॉ. मधुकर सातपुते यांनी प्रास्ताविकात, बुधवार दिनांक १ मार्च २०२३ रोजी संस्थेने ११ वर्ष पूर्ण करून १२ व्या वर्षात पदार्पण केल्याचे सांगितले. संस्थेचा मागील कालावधीचा आढावा घेताना संस्थेचे उपक्रम व प्रगती या बद्दल माहिती दिली. तसेच संस्थेच्या दवाखान्यात नव्याने दंत चिकित्सा सुरु करणे व रा.शि.मंडळाच्या शताब्दी वर्षानिमित्त सामान्य नागरिकांसाठी एका वेगळ्या विषयावर व्याख्यान आयोजित करणे या पुढील उपक्रमांबद्दल घोषणा केली.

मा.श्री. फळणीकर यांनी आपल्या मनोगतात, त्यांनी प्रतिकूल परिस्थितीवर जिद्दीने कशी मात करत अर्थार्जन केले. सदर अर्थार्जनामधून त्यांनी शहराजवळील दुर्गम भागामध्ये अद्ययावत रुग्णालय व सुसज्ज शाळा तसेच वृद्धाश्रमाची निर्मिती केली, ह्याबद्दल माहिती दिली.

डॉ. दि. प्र. पुराणिक यांनी आपल्या अध्यक्षीय भाषणात रा.शि.मंडळाच्या सर्व संलग्न व घटक संस्थामध्ये असेच समन्वयाचे वातावरण असावे असे सुचविले. सर्व संस्थामध्ये निरनिराळ्या उपक्रमांचे आयोजन करावे व संस्था अधिक विकसीत करून सर्वत्र मान्यता मिळवावी असे सांगितले.

समारंभास संस्थेचे तज्ज्ञ चिकित्सक डॉ. मयुरेश आगटे, डॉ. सौ. आगटे, डॉ. वृषाली कुलकर्णी, प्रसिद्ध सिने अभिनेते श्री. गिरीष कुलकर्णी, डॉ. डोळे, आयुर्वेद रसशाळा फाऊंडेशनचे चेअरमन डॉ. विजय डोईफोडे, डॉ. सदानंद देशपांडे, डॉ. सौ. मंजिरी देशपांडे, ॲड. श्रीकांत पाटील व अनेक सन्माननीय व्यक्ती उपस्थित होत्या.

डॉ. भा. कृ. भागवत यांनी मान्यवरांचे व उपस्थितांचे आभार मानले. सदर कार्यक्रमाचे सूत्र संचालन घटक संस्थेचे सदस्य डॉ. मनोज फडणीस यांनी केले.

पुरुषोत्तम शास्त्री नानल हॉस्पिटल – वर्धापन दिन १५ फेब्रुवारी २०२३

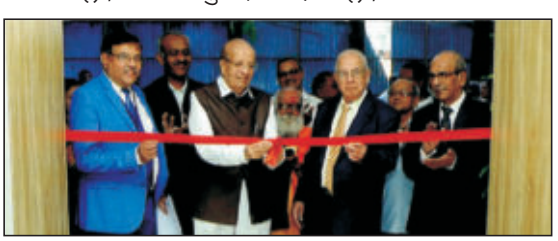
वृत्तांत

डॉ. प्रमोद दिवाण

राष्ट्रीय शिक्षण मंडळाची घटक संस्था असलेल्या पुरुषोत्तम शास्त्री नानल रुग्णालयाचा ५८ वा वर्धापन दिन दि. १५.२.२३ रोजी मोठ्या उत्साहात पार पडला. या वेळी प्रमुख अतिथी म्हणून पद्मविभूषण डॉ. के. एच. संचेती उपस्थित होते. आयुर्वेद रसशाळा सभागृहामध्ये पार पडलेल्या कार्यक्रमाचे अध्यक्ष म्हणून RSM चे अध्यक्ष डॉ. दि. प्र. पुराणिक, राष्ट्रीय शिक्षण मंडळाचे उपाध्यक्ष डॉ. भा. कृ. भागवत, आयुर्वेद रसशाळा फाऊंडेशनचे चेअरमन डॉ. वि. वि. डोईफोडे, राष्ट्रीय शिक्षण मंडाळाचे सचिव डॉ. राजेंद्र हुपरीकर व नानल रुग्णालयाचे उपाधिक्षक डॉ. प्रमोद दिवाण उपस्थित होते. तसेच नानल रुग्णालयातील सर्व मानद चिकित्सक व रुग्णालयाचा स्टाफ उपस्थित होते.

अस्थिरोगतज्ञ डॉ. संचेती यांच्या हस्ते स्पेशालिटी ओ. पी. डी. विभागात आयुर्वेदिक कॉस्मेटोलॉजी व ट्रायकोलॉजी, या विषयी सल्ला, तसेच आयुर्वेदिक डाएट सल्ला, वंध्यत्व निवारण चिकित्सा, योग विभाग, ध्यान, गर्भ संस्कार या विषयीच्या बाह्य रुग्ण विभागांचे उद्घाटन करण्यात आले. तसेच विस्तारीकृत अद्ययावत ऑपरेशन थिएटर्सचे उद्घाटन डॉ. संचेती ह्यांच्या हस्ते करण्यात आले.

त्यानंतर आयुर्वेद रसशाळा सभागृहात पार पडलेल्या कार्यक्रमाची सुरुवात धन्वंतरी पूजन व स्तवनाने करण्यात आली. डॉ. प्रमोद दिवाण यांनी उपस्थितांचे स्वागत केले व मान्यवरांचा परिचय करून दिला. नानल रुग्णालय समितीचे अध्यक्ष डॉ. वि. वि. डोईफोडे यांनी नानल रुग्णालयाच्या प्रगतीची वाटचाल कथन केली तसेच त्यांनी नानल रुग्णालयात सद्यः परिस्थितीत होणाऱ्या शास्त्रोक्त पंचकर्म, सुवर्ण बिंदु प्राशन संस्कार, नेत्र, कान–नाक–घसा व शल्य चिकित्सा, तसेच दंतरोग चिकित्सा याची माहिती दिली. डॉ. संचेती ह्यांनी ॲलोपॅथी, आयुर्वेद, होमिओपॅथी या तिन्ही वैद्यक शास्त्रांची काही खास बलस्थाने आहेत. त्यांचा योग्य उपयोग केल्यास



नानल रुग्णालयाच्या नूतनीकृत ऑपरेशन थिएटर्स व अन्य विभागाचे उद्घाटन. डावीकडून – डॉ. दिवाण, डॉ. हुपरीकर, डॉ. संचेती, पं. गाडगीळ, डॉ. कापडी, डॉ. पुराणिक, डॉ. धडफळे, डॉ. डोईफोडे.

उद्घाटनपर भाषण करतांना डॉ. संचेती. बसलेले डावीकडून – डॉ. दिवाण, डॉ. डोईफोडे, डॉ. पुराणिक, डॉ. भागवत, डॉ. हुपरीकर.

रुग्णास अधिक फायदा होऊ शकेल असे मनोगत व्यक्त केले.

अध्यक्षिय भाषणात राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष डॉ. दि. प्र. पुराणिक यांनी राष्ट्रीय शिक्षण मंडाळाच्या शताब्दी महोत्सवाबाबत माहिती देताना सांगितले की यावर्षी विविध शिबिरे, शैक्षणिक सेमिनार, विविध विषयावरिल व्याख्याने, वैद्यकीय विषयावरिल विविध स्पर्धा इत्यादी भरगच्च कार्यक्रम वर्षभर घेण्यात येतील. सूत्रसंचलन डॉ. प्रमोद दिवाण यांनी केले. डॉ. गिरीष सरडे यांनी सर्वांचे आभार मानले.

पुरुषोत्तम शास्त्री नानल हॉस्पिटल आयोजित

वृत्तांत

"Integruted Approach to Joint Pain" Seminar

डॉ. प्रमोद दिवाण

राष्ट्रीय शिक्षण मंडळाची घटक संस्था असलेल्या पुरुषोत्तम शास्त्री नानल रुग्णालयाच्या ५८ व्या वर्धापन दिना निमित्त "Integrated Approach to Joint Pain" हे चर्चासत्र दिनांक २६.०२.२३ रोजी आयुर्वेद रसशाळा ऑडिटोरियम येथे आयोजित करण्यात आले होते. या वेळी डॉ. ऋषिकेश सराफ (M.S., DNB Ortho) (Robotic Joint Replacement Surgeon) यांनी आधुनिक वैद्यक शास्त्रा–संबंधित "Joint Pain" विषयी विचार मांडले. त्यानंतर वैद्य. गिरीश सरडे, (BAMS, M.D., Ph. D.) व वैद्य मोनिका मुळे (BAMS, M.D., Ph. D.) यांनी ''जानु संधिनिदान व चिकित्सा'' या विषयी सविस्तर संमिश्र सत्र सादर केले.

या कार्यक्रमाचे अध्यक्षपद डॉ. दि. प्र. पुराणिक यांनी भूषविले तर नानल रुग्णालय समितीचे अध्यक्ष – डॉ. वि. वि. डोईफोडे यांनी उपस्थितांचे स्वागत व नानल रुग्णालयाची वाटचाल याबद्दल माहिती दिली. उपाधिक्षक डॉ. प्रमोद दिवाण यांनी नानल रुग्णालयातील भावी योजना याबद्दल माहिती दिली. राष्ट्रीय शिक्षण मंडळाचे सचिव डॉ. राजेंद्र हुपरीकर या कार्यक्रमास उपस्थित होते. पाहुण्यांची ओळख डॉ. स्वप्नाली पुराणिक यांनी करून दिली. कार्यक्रमाचे सूत्रसंचलन डॉ. भाग्यश्री कश्यप यांनी केले व आभार प्रदर्शन डॉ. प्रिती अभ्यंकर यांनी केले. या चर्चासत्रास आयुर्वेद रसशाळेचे प्रायोजकत्व लाभले.

डॉ. दिवाण सेमिनारची माहिती देताना. बसलेले डावीकडून– डॉ. हुपरीकर, डॉ. डोईफोडे, डॉ. पुराणिक, डॉ. सराफ, वैद्य सरडे.

डॉ. सराफ

वैद्य मुळे

डॉ. सरडे

Congratulations!

Prof. Dr. Subhash Ranade receives Maharishi Dhanvantari Award

On the occasion of 7th International Ayurved Congress at Kathmandu, Nepal, President of European Ayurved Academy Prof. Dr. Subhash Ranade was felicitated with Maharishi Dhanvantari Award at the hands of Prime Minister of Nepal, Honorable Shri Pushpa Kamal Dahal Prachand.

Rashtriya Shikshan Mandal and Ayurvidya Masik Samiti Congratulate Dr. Ranade for this prestigious Award.

L to R - Deepak Baskota, PM Pushpa Kamal Dahal Prachand, Prof. Ranade, Vd. Triguna

'बालस्वास्थ्य'

डॉ. अपूर्वा संगोराम, कार्यकारी संपादक

जागतिक आरोग्य संघटनेनुसार अठरा वर्षाखालील व्यक्तींचा समावेश 'बाल' किंवा 'मूल' या अवस्थेमध्ये होऊ शकतो. वयाच्या टप्यानुसार विचार केला असात बाल्यावस्था, तारुण्यावस्था किंवा ज्याला पौंगडावस्था, मध्यमवय आणि ज्येष्ठ अशा चार प्रकारात करता येतो. पण या सर्व अवस्थांमध्ये आरोग्याचा विचार करता, 'बाल्यावस्था' ही सर्वात महत्वाची ठरू शकते.

ही अवस्था मूल मातेच्या गर्भात असल्यापासून सुरू होते. मुलाच्या गर्भारपणात मातेने योग्य आहार, पुरेशी विश्रांती, व्यसनांपासून दूर राहाणे, मानसिक आरोग्याच्या चांगल्या सवयी इ. काळजी घेतल्यास मूल सशक्त जन्माला येते.

जन्माला आल्यानंतर बालकाच्या वाढीच्या सर्व टप्यांवर त्याला पुरेसे पोषण मिळते आहे की नाही त्याचबरोबर वाढीचे शारिरीक व मानसिक टप्पे तो योग्य पद्धतीने पार पाडतो आहे की नाही याकडे लक्ष देणे आवश्यक आहे. यामध्ये पहीले सहा महीने मातेचे दूध व त्यानंतर टप्याटप्याने पुरेसा पौष्टीक आहार बाळाला देणे अत्यंत गरजेचे आहे. याच टप्यावर बाळाच्या आहाराकडे लक्ष न दिल्यास सर्वात धोक्याची असणारी जी समस्या आहे, 'कुपोषण' त्या समस्येनी ग्रस्त होऊ शकते बाळाची प्रतिकार क्षमता कमी होतो आणि त्यामुळे कोणत्याही जंतुसंसर्गाला, संक्रमणाला बाळ बळी पडू शकते आणि पर्यायाने काही वेळा त्याचे पर्यवसन मृत्यू मध्ये होऊ शकते. आपल्याकडे सरकारी पातळीवरही 'कुपोषण' या समस्येचा सामना करण्यासाठी अनेक योजना राबविण्यात येत आहेत. याच टप्यावर 'लसीकरण' हा सर्वात महत्वाचा उपक्रम बालकांपर्यंत पोहोचविणे आवश्यक आहे. यामध्ये 'दो बूंद जिंदगी' असे असणारे पोलिओच डोस असोत अथवा सध्याच्या काळातील विविध व्याधींपासून संरक्षण करणाऱ्या अद्ययावत लसी बालकांना मिळणे हे अत्यंत जरुरीचे आहे. बाळाचा आहार, त्याची शारिरीक, मानसिक वाढ, लसीकरण हे सर्व टप्पे पार पाडल्यानंतर त्याला आरोग्याच्या उत्तम सवयी लावणे, मानसिक दृष्ट्या सक्षम बनविणे ही पालकांची तसेच शालेय जीवनातील टप्यांवर शिक्षकांची जबाबदारी आहे. बालकांच्या स्वास्थाच्या दृष्टीने हे सगळे आदर्श असले तरीही भारतासारख्या प्रचंड लोकसंख्या असलेल्या देशात हे स्वास्थ्यपालन करणे अतिशय जिकीरीचे आहे.

स्वास्थ्याच्या दृष्टीने शहरी आणि ग्रामीण अशा दोन भागात जर विभागणी केली तर आरोग्यसेवा ग्रामीण भागाच्या तुलनेने शहरी भागात लवकर उपलब्ध होऊ शकतात. ग्रामीण भागापेक्षा कुपोषणाच्या समस्या शहरी भागात कमी दिसतात. कीटक संक्रमणजन्य विकार जसे हिवताप, मलेरीया, डेंग्यु यासारख्या विकारांचा प्रार्दुभाव शहरी भागात कमी दिसतो. याउलट लसीकरणाच्या बाबतीत मात्र शहरी भागापेक्षा ग्रामिण भागात हे प्रमाण जास्त आढळते. ग्रामीण भागात 'आशा कार्यकर्त्या' असल्यामुळे घरोघरी जाऊन प्रत्येक बालकाच्या लसिकरणाची नोंद ठेवली जाते. यामुळेच नुकतेच मुंबईमध्ये झालेल्या लहान बालकांच्या गोवरामुळे झालेल्या मृत्यूची कारणमिमांसा पाहिली असता ही बालके लसीकरणा अभावी दगावल्याचे लक्षात येते.

थोडक्यात 'बाल्यावस्था' हा आयुष्याच्या चार टप्प्यातील सर्वात महत्वाचा टप्पा आहे. याच टप्प्यावर आरोग्याकडे पूर्ण लक्ष दिल्यास पुढील आयुष्यातील स्वास्थ्याचा पाया अधिकाधिक मजबूत होतो. सध्याच्या काळात आढळणारे ADHD अटेंशन डेफीसिएट हायपरॲक्टीव डिसिज असो किंवा स्क्रीन टाईम वाढल्यामुळे आढळणारे चांचल्य, एकाग्रतेचा नाश, अस्थिरता यासारखे मानसरोग असो, ग्रामीण व शहरी दोन्ही भागातील बालकांकडे, त्यांच्या आरोग्याकडे अतिशय गांभिर्याने लक्ष देणे आवश्यक आहे कारण हीच पिढी पुढचा सक्षम, सशक्त भारत बनविणारी पिढी आहे! आयुर्वेदाच्या माध्यमातून आपल्याला जिथे जिथे या समस्या दिसतात त्यावर सर्व तो परी मात करूया, एकमेकांना सहाय्य करून, एक आश्वासक पिढी घडवूया!

जाहीर प्रगटन/आवाहन

९ फेब्रुवारी २०२३ ते ९ फेब्रुवारी २०२४ हे 'राष्ट्रीय शिक्षण मंडळ' पुणे चे शतक महोत्सवी वर्ष!

या निमित्त रा. शि. मंडळ संचलित **'आयुर्विद्या मासिक'** या वर्षी काही विशिष्ट संकल्पनांवर आधारित अंक प्रकाशित करणार आहे. तज्ज्ञांनी या विषयासंदर्भातील शास्त्रीय लेख, रुग्णानुभव (Case Study) व संशोधन पर लिखाण त्वरीत पाठवावेत. योग्य वेळेत प्राप्त झालेले व Peer Reviewed Evaluation पूर्ण केलेले लेख निश्चितच प्रकाशित केले जातील. ● **आयुर्विद्या – जून २०२३ –** जागतिक योग दिनाच्या औचित्याने या महिन्याची संकल्पना स्वस्थवृत्त व अष्टांगयोग आहे. यावर संशोधन व शास्त्रीय लेख प्रकाशित केले जातील. ● **आयुर्विद्या – जुलै २०२३ –** ''वनौषधी व त्यांची विविध प्रयोज्य अंगे त्यावरील संशोधन व आधुनिक मानकीकरण'' यांवरील शास्त्रीय लेख व Research Articles प्रकाशित केले जातील. ● **आयुर्विद्या – ऑगस्ट २०२३ –** औषधी कल्प व रसौषधीं विषयक संशोधन प्रकल्प यावर आधारित लेख प्रकाशित केले जातील.

राष्ट्रीय शिक्षण मंडळ १९२४ • २०२४ RASHTRIYA SHIKSHAN MANDAL PUNE-4 २०२३ • २०२४ शतक महोत्सव

''कुपोषणाची बदलती व्याख्या''

डॉ. सौ. विनया दीक्षित, उपसंपादक

लहान बालकांच्या समस्या असा विषय म्हटला की 'कुपोषणाचा' मुद्दा अग्रक्रमानेच येतो. पूर्वी २० व्या शतकापर्यंत 'कुपोषणाचा' अर्थ गरीबी व अशिक्षित पालकत्वामुळे अथवा आदिवासी किंवा दूरचा अविकसित प्रांत या ठिकाणी बालकांना वेळेवर व पुरेसे दूध व अन्न पदार्थ उपलब्ध न झाल्याने वाढत्या शरीराचे पोषण नीट न होणे, धातुपुष्टी न होणे असा होता.

आता २१ व्या शतकात डिजीटल साक्षरतेपर्यंत शिक्षणाची व संपर्काची प्रगती आहे. इथे कुपोषणाची व्याख्याच बदलताना आढळते. उपासमारी व कमालीचे दारिद्र्य – अविकसित बकाल दुष्काळी भाग येथील लहान बालकांचे आहाराचे प्रश्न पूर्वीसारखे असल्याने त्यांना पोषण मिळत नाही हा टक्का काही प्रमाणात होता तसाच आहे. परंतु सुधारीत शहरी–नागरी वस्त्यांमध्ये, अती श्रीमंत, सुशिक्षित पालकत्वांतील आधुनिक जीवनशैलीमुळे जे आहार पदार्थ विशेषत: 'हेल्थ ड्रिंकस्, 'डाएट नाश्त्याचे कोरडे पदार्थ', 'जंक फूड' श्रेणीतील ग्लॅमरस 'बेबीफूड' 'टीनएज फूड' हे सर्व प्रकार त्यातील कॅलरीज, प्रोटीन, व्हिटॅमिन्स, खनिजे, इ. वर्णनांनुसार दररोज सेवन केल्यावर शरीरातील सर्व ७ धातूंचे पोषण करतात का? तर मुळीचच नाही. उपलब्ध संशोधनांनुसार बालकांतील वाढत्या वजनवाढीत काही अस्थी, मज्जा व शुक्रवहस्रोतसे यांचे पोषण होताना दिसत नाही. केवळ मेदोवृद्धी मात्र अप्राकृत पद्धतीने झालेली दिसते मांसपेशींची दृढता ही कमकुवतच असते. अशावेळी 'कुपोषण' या संकल्पनेची व्याप्ती किती सखोल आहे याची खात्री पटते. आयुर्वेदातील वर्णित क्षीरप, क्षीरान्नाद व अन्नाद या जन्मापासूनच्या अवस्था व षोडश वर्षापर्यंतची बालवयाची धातू पोषणाच्या दृष्टीने केलेली परिभाषा या संदर्भात अधिक मार्गदर्शक आहे.

आयुर्वेदातील 'त्रिदोष व सप्तधातू' सिद्धान्त, पांचभौतिक सिद्धान्त व 'यथा लोके तथा देहे' हा मूळ नियम एवढे जरी अभ्यासपूर्वक विचारात घेतले तरी सध्याच्या 'बालपिढीत' शारीरीक व मानसिक दृष्ट्या कुपोषित, अल्प–पोषित किंवा गैरपोषित अशा विविध प्रकारची बालके चटकन दिसतात. किंबहुना त्यांचीच टक्केवारी जास्त आहे हे ही समजते. यावर उपाय काय?

बालकांच्या कफप्रधान वयोअवस्थेची सखोल माहिती सर्व पालक व अंगणवाडी सेविका किंवा बालसंगोपनात समावेश असलेल्या सर्व कौटुंबिक व सामाजिक व्यक्तींना असणे गरजेचे आहे. डिजीटल युगातील विविध माध्यमांतून, जाहिरातींतून भुलवणाऱ्या व अशास्त्रीय पोषणाच्या बाता करणाऱ्या प्रकारांना मज्जाव करणे अवघड असले तरी त्यांविषयी समाजमानसात जागरुकता निर्माण करणे शक्य आहे. आयुर्वेदोक्त बालसंगोपन फलप्राशन, अन्नप्राशन इ. विविध संस्कार पुन्हा एकदा आधुनिक जीवनशैलीत कसे अमलात आणता येतील? याचे मार्गदर्शन तज्ज्ञांनी व्याख्याने, शास्त्रीय लेख व शिबीरांतून सर्व समाजघटकांपर्यंत पोचवणे गरजचे आहे.

बालसंगोपन व बालकांचे शारीर – मानस पोषण याचे एवढे महत्त्व का? कौटुंबिक व सामाजिक कार्यपद्धतीत या विषयाला प्राधान्यक्रम देणे का आवश्यक आहे? हेच अगोदर कार्यकर्त्यांना पटवून द्यावे लागेल. हीच बालके उद्याची तरुण पिढी बनतील व सुदृढ सशक्त समाजाची नवनिर्मिती करतील हे लक्षात घेऊन यांचे उत्तमोत्तम शारीरीक पोषण व संस्कारांनी निर्मित सक्षम सशक्त'मन' घडवणे हेच मुख्य धोरण हवे. यासाठी योग्य त्या आहार पदार्थांची निवड – यात प्रामुख्याने दूधाचे सर्व प्रकार, सुकामेवा, ताजी ऋतुनूसार येणारी फळे, शेंगदाणे गूळ लाह्या, गव्हाचे–तांदळाचे पीठ सातू – नाचणीचे सत्व, भाज्या व डाळींचे सार–सूप असे अनेक पदार्थ येतात. मनाच्या पोषणासाठी स्वावलंबी व धार्मिक आचरण करणारे आनंदी कुटुंब गरजेचे आहे. सर्व यंत्रे व डिजीटल माध्यमे बाजूला ठेवून कुटुंबियांनी सुखसंवादात घरातील काही गोष्टी एकत्र बनवणे, करणे यातून 'मूल' शिकते. पालकांच्या शिकवणीपेक्षा त्यांच्या वागणूकीतून बालके निश्चितच खूप काही जसेच्या तसेच कृतीत करण्याचा प्रयत्न करतात. हे सर्वमान्य आहेच. याच नियमाचा दैनंदिन बालसंगोपनात उपयोग अधिक सकारात्मक परिणामांसाठी करून बघायला हवा.

बालसंगोपन व कुपोषण या एकाच गोष्टीच्या दोन छटा आहेत. प्रौढ व तज्ज्ञ वैद्य म्हणून आता आपल्या हातात पुढील पिढीची जडण–घडण व भवितव्य आहे. हीच वेळ आहे केवळ विचार न मांडता – कृतीत आणण्याची. पाश्चिमात्य किंवा केवळ सुंदर दिखाऊ गोष्टींपासून स्वत:ला दूर ठेवून भारतीय वैद्यकातील शास्त्रीय मार्गदर्शनानुसार कुमारागार, बालकांची परिचर्या व 'व्याधिक्षमत्व' युक्त सुपोषित शरीर–मन यासाठी तत्त्वनिष्ठ परंतु व्यवहारार्य अशा सुसंगत योजना आखून त्यानुसार कामकाज घडावे. यासाठी 'आयुष' वैद्यकीय व्यावसायिकांनी पुढाकार घेऊन मूलभूत प्राधान्यक्रमासाठी आग्रही भूमिका घेणे गरजेचे आहे. आत्मनिर्भर भारताची आगामी पिढी या बदलांकरिता नेहमीच कृतज्ञ राहिल हे निश्चित! बालकांविषयी सर्व काही असा हा आयुर्विद्याचा अंक प्रकाशित करताना अतिशय आनंद होत आहे. वाचकांनी आपल्या प्रतिक्रिया अवश्य कळवाव्यात ही नम्र विनंती.

रोटरी पुरस्काराने सन्मानित
आरोग्यदीप २०१७ व २०१८

आरोग्यदीप २०१९
छंदश्री आंतरराष्ट्रीय दिवाळी अंक स्पर्धा
द्वितीय पारितोषिक विजेता.

सुखी दीर्घायुष्याचा कानमंत्र देणारा...

स्वागत!

* आरोग्यदीप दिवाळी अंक २०२३ *

दसऱ्याच्या शुभमुहूर्तावर दि. २४ ऑक्टोबर २०२३ रोजी
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प्रा. डॉ. अपूर्वा संगोराम (९८२२०९०३०५) प्रा. डॉ. विनया दीक्षित (९४२२५१६८४५)

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सेप्टिडर्म

रक्त दुष्टी, त्वचा विकार,
यौवनपिडीका (Acne Vulgaris)
खाज सुटणे यामधे उपयुक्त,
रक्तशुद्धी करणारे.

व्हॅसोसीन

कास कफ नाशक,
कफ विलयनकारक
यामधे उपयुक्त.

सिकोरा

लहान मुलांच्या सर्व प्रकारच्या
खोकल्यावर उपयुक्त,
ढास कमी करून
कफ पातळ करण्यासाठी
मदत करते.

सुखसारक चूर्ण

सुखविरेचनासाठी, मलबद्धतेमध्ये उपयुक्त,
गॅसेस आणि अम्लपित्त यामध्येही उपयुक्त.

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आयुर्वेद रसशाळा, पुणे यांची गुणकारी व उपयुक्त उत्पादने...

वासावलेह

पित्ता वसने (त्यरभेद), पारंपार होणारा खोकला, गिळण्यास त्रास होणे, कोरडा खोकला यासाठी उपयुक्त, चिकट कफ सोडविण्यास उपयुक्त.

अश्वगंधारिष्ट

दौर्बल्य, थकवा, मानसिक कमजोरीमध्ये उपयुक्त. बलवर्धनासाठी.

दशमूलारिष्ट

सर्वप्रकारच्या वातविकारांच्ये सहाय्यकारी औषध, हृदयविकार, अग्निमांद्य यावर उपयुक्त.

वर्माल

लहान मुलांमधील जंत, अजीर्ण, अन्नपचन व्यवस्थित न होणे अशा तक्रारींवर उपयुक्त, जंत होण्याची प्रवृत्ती नष्ट होते, मोठ्या मापसांमध्येही वरील कारणांसाठी उपयुक्त.

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२५, कर्वे रोड, पुणे - ४११ ००४. ☎ : (०२०) २५४४०७९६, २५४४०८९३

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