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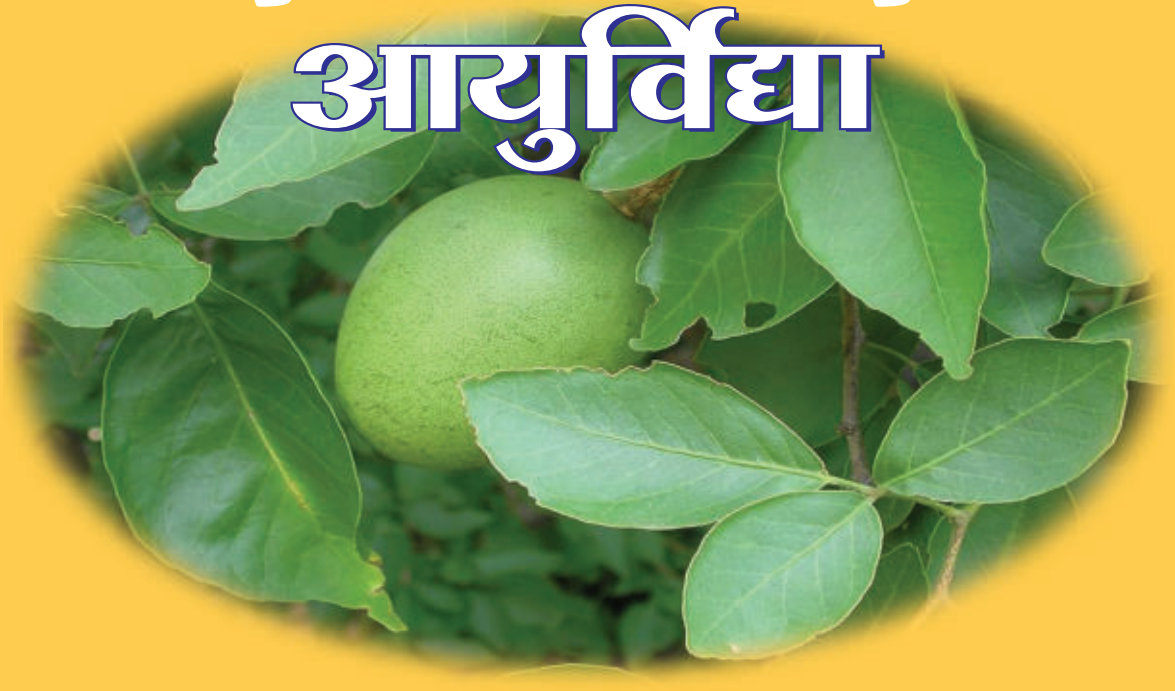
# Ayurvidya

# आयुर्विद्या



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# आयुर्विद्या

मासिक

शंखं चक्रं जलौकां दधतमृतघटं चारुदोर्भिश्चतुर्भि: ।
सूक्ष्मस्वच्छातिहृद्यांशुकपरिविलसन् मौलिमम्भोजनेत्रम् ।।
कालाम्भोदोज्वलाङ्गम् कटितटविलसद्यारुपीताम्बराढ्यम् ।
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नमामि धन्वंतरिमादिदेवं सुरासुरैवन्दितपादपङ्कजम् ।
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**Editor -** AYURVIDYA MASIK, 583 / 2, Rasta Peth, Pune - 411 011.
**E-mail :** ayurvidyamasik@gmail.com **Phone :** (020) 26336755, 26336429
**Fax :** (020) 26336428 Dr. D. P. Puranik
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# खतरनाक ''झिका'' आणि ''डेंग्यू''

डॉ. दि. प्र. पुराणिक

सर्वसाधारणपणे पावसाळा म्हटला की अनेक रोगांची लागण सुरु होते. त्यातही जुलै महिन्यात पावसाचा उच्चांक गाठला जात असल्याने अनेक रोगांचाही ह्या महिन्यात उच्चांक गाठला जातो. परंतु ह्या वर्षी वृत्तपत्रादी माहिती माध्यमांमध्ये ठळक मथळ्याने दोन विषाणूजन्य रोगांचा सातत्याने उल्लेख होतो आहे. एक म्हणजे सामान्यांना फारसा परीचित नसलेला ''झिका'' (Zika) आणि दुसरा त्यामानाने परीचित असलेला ''डेंग्यू'' (Dengue) हा रोग. डेंग्यूने तर थेट महापालिका आयुक्तांनाच पछाडले असल्याचे वृत्त आहे.

झिका हा व्याधी विषाणूजन्य असून तो जगात मेक्सिको, सेंट्रल आणि साऊथ अमेरिका आणि कॅरीबिअन क्षेत्रातील अनेक देशात बघावयास मिळतो. भारतात हा व्याधी दोन ते तीन राज्यात झालेला आढळतो. त्यातील महाराष्ट्र ह्यावर्षी अग्रेसर आहे. चेंबूर, इचलकरंजी, मिरज, कोल्हापूर, पंढरपूर, आणि पुण्यात त्याची लागण झालेली आढळते आहे. पुण्यातील 'झिका' पीडीत रुग्णांची संख्या दिवसेंदिवस वाढत असून आजमितीस म्हणजे दि. २२ जुलै २०२४ अखेर ती ३२ वर पोहोचली असून त्यात एकूण १८ रुग्ण ह्या गर्भवती महिला असून ती चिंतेची बाब आहे.

'झिका' व्याधी हा धोकादायक आहे कारण ह्या व्याधीमुळे जी उपद्रवात्मक लक्षणे (Complications) निर्माण होतात ती खूपच धोकादायक असू शकतात. सर्वात अधिक धोका पोहोचतो तो मज्जासंस्थेला (Nervous system). साधारणपणे झिका विषाणू बाधित प्रौढांमध्ये हा धोका होण्याची शक्यता अधिक असते. हा उपद्रव "Guillain- Borre Syndrome" (GSB) नावाने ओळखला जातो. हात व पायांमधील ताकत कमी होणे, श्वसनप्रक्रीया नियंत्रित करणाऱ्या स्नायूंमधील ताकद कमी होणे (Weakness) ही लक्षणे उपद्रव स्वरुप रुग्णात आढळतात. झिका विषाणूची लागण गर्भवती स्त्रियांमध्ये झाल्यास विषाणूची लागण गर्भाला (Fetus) होण्याची शक्यता असल्याने मुदत पूर्व प्रसव (Preterm Birth), मृतप्रसव (Still Birth) होण्याचा धोका असतो. ह्या कारणांमुळेच पुण्यातच अठरा गर्भवतींना 'झिका' विषाणूची झालेली लागण ही चिंतेची बाब ठरते आहे.

झिका विषाणूची लागण झाल्यानंतर जी लक्षणे त्वरीत रुग्णात दिसतात ती म्हणजे ज्वर, स्नायू व त्वचेवर पुरळ, सांधे व स्नायू ह्या ठिकाणी तीव्र वेदना आणि नेत्राभिष्यंद (Conjunctiviitis), होवून डोळे लाल होणे (Pink Eyes) ही होत. ह्या लक्षणांवरूनच रोगनिदान करावे लागते. पुढे उपद्रव (Complications) होवू नयेत म्हणून विशेष काळजी घ्यावी लागते. 'झिका' हा विषाणूजन्य रोग असल्याने व त्यावर अजून प्रतिबंधात्मक लस (Vaccine) नसल्याने लक्षणास अनूसरून चिकित्सा करावी लागते. झिका विषाणूचा प्रसार Aedes aegypti डासांच्या चावण्याद्वारे होत असल्याने चिकित्सा करतांना डासांपासून संरक्षण करणे, विश्रांती (Rest), ज्वरघ्न (Antipyretic) आणि वेदनाशामक (Analgesic) औषधे हे चिकित्सासूत्र लाभदायक असते.

डेंग्यू (Dengue) हा व्याधीही विषाणूजन्य असल्याने त्याची लागणही विशिष्ठ डासांच्या चावण्यातून (Mosquito Bites) होते. जगातील एकूण लोकसंख्येच्या पन्नास टक्के लोकांना डेंग्यू विषाणूची लागण होण्याचा धोका आहे. एवढा शीघ्र प्रसार ह्या व्याधीचा झाला आहे. भारतातच तीन लाखांपेक्षा अधिक रुग्ण डेंग्यू विषाणू बाधित आहेत. ह्या व्याधीत हाडांना बाधा होत असल्याने त्याला 'Break bone Fever' असेही म्हटले जाते.

'डेंग्यू' मुळे होणारे उपद्रवही ''झिका'' प्रमाणेच अत्यंत धोकादायक आहेत. तसेच गंभीर आहेत. तीव्र डेंग्यूमुळे रुग्ण शॉक (Shock), आंतर्गत रक्तस्त्राव इत्यादींमुळे मृत्युदेखील ओढवतो. झिकाप्रमाणेच अर्भके व गर्भवती स्त्रियांना हा धोका अधिक असतो.

डेंग्यू व्याधीची तीन स्थित्यंतरे म्हणजे ज्वर, अंगमर्द (Febrile), गंभीरावस्था (Critical) आणि रोगमुक्तता (convalescent). Dengue वरील Vaccine TDY नावाने उपलब्ध आहे. विषाणूजन्य आजार असल्याने कोणतेही खास औषध उपलब्ध नाही. लक्षणानुरुप औषधे, पूर्ण विश्रांती आणि डासांपासून बचाव करणे हे चिकित्सासूत्र अवलंबवावे लागते.

१६ मे हा दिवस National Dengue Day म्हणून पाळला जातो. ह्या दिवसाच्या निमित्ताने Dengue बद्दल जनजागृती करणे, त्याबद्दल माहिती, ज्ञान देणे असे उपक्रम राबविले जातात. शासन, निमशासकीय आरोग्यसंघटना ह्याद्वारे मलेरीया, डेंग्यू , झिका सारखे डासांमुळे प्रसार व फैलावणारे विषाणूजन्य रोग होवू नयेत म्हणून मोहीम राबविली जाते. असे असूनही रोगांची लागण झाली की माहिती माध्यमे शासन, महापालीका ह्या संस्थांविरूद्ध टीका मोहीम सुरु

करतात. परंतु रोगराई होवू नये म्हणून नागरीकांची जबाबदारी व कर्तव्ये ह्याबद्दल अवाक्षरही काढत नाहीत. डासांची उत्पत्ती होवू नये ह्यासाठी नागरीकांना जबाबदारीची जाणिव करून देणे ह्यासाठीही माध्यमांनी पुढाकार घेणे आवश्यक आहे. असे सूचवावेसे वाटते.

# Assessment Of Cranial Nerves At OPD Level

**Dr. Manjiri Pritam Keskar,**
Professor and HOD Department of Shalakya Tantra
Parul Institute of Ayurved, Parul University,
Limda, Vadodara, Gujrat.

**Introduction -** Nervous system is a complex phenomenon and very difficult to understand. Assessment of cranial nerves is one of the basic thing which every medical student should know. Most of the neurological pathologies are marked by Shalakies in the OPD while doing general Eye and ENT examination.

But before assessing their functions, one must know about cranial nerves, their nature(sensory,motor or mixed), their normal functions and ways and means to assess their abnormality at OPD level. This article aims to elaborate all these things in a simplified language.

**Clinical Significance -** The cranial nerve examination is a key component of any neurological evaluation, but it is particularly crucial in comatose patients and brain death evaluation.

**Important -** The cranial nerves that can be reliably tested in a comatose patient are the optic and oculomotor nerves via the pupillary light reflex, trigeminal nerve via the corneal reflex, vestibulocochlear nerve via the vestibulo-ocular or doll's eye reflex, and the glossopharyngeal and vagus nerves via the gag reflex.

A diminished or absent pupillary light reflex has significant prognostic value and is often an indicator of increased intracranial pressure, cerebral edema, secondary brain injury, hydrocephalus, or intracranial shift.

Signs discovered during cranial nerve testing can aid in narrowing the differential diagnosis of neurologic disease and differentiate among various pathologies. For example, multiple sclerosis and neurosarcoidosis can both present with diplopia. The latter frequently presents with other cranial nerves concomitantly involved, including the facial nerve and the oculomotor nerve, while the former presents with hyperreflexia, spasticity, and diminished sensation. (See Table )

**Indications of CN Testing -** There are many indications for CN testing in prehospital, outpatient, and inpatient settings. These indications include but are not limited to the following clinical conditions:

- Neurologic symptoms, including headaches, seizures and sensory or motor disturbances
- Traumatic brain injury
- Intracranial heamorrhage
- Cerebral aneurysm
- Intracranial masses
- Cerebrovascular accidents
- Evaluation for brain death
- Unconscious or comatose patient

**Contraindications of CN Testing -** Relative contraindications to CN testing include severe facial trauma or excessive swelling, which could preclude proper and complete testing. High cervical spine injury or significant concern for cervical spine injury is a particular contraindication to vestibulo-ocular reflex testing.

**Equipments for CN Testing -** Specialized equipment needed for performing CN testing is minimal. Many of the supplies are readily available in the hospital or clinic setting. A

There are twelve pairs of cranial nerves which are important part of central nervous system.

| Sr No | Name | Nature | Origin | Function |
|---|---|---|---|---|
| 1 | Olfactory | Sensory | Cerebrum | smell |
| 2 | Optic | Sensory | Cerebrum | vision |
| 3 | Occulomotor | Motor | Brainstem | Movement of eyeball |
| 4 | Trochlear | Motor | Brainstem | Pupil constriction |
| 5 | Trigeminal | Mixed | Brainstem | General sensation of face, scalp, corneas, nasal and oral cavities |
| 6 | Abducens | Motor | Brainstem | Abduction of eyeball |
| 7 | Facial | Mixed | Brainstem | Sensory-Taste<br>Motor-Facial Expression |
| 8 | Vestibulocochlear | Sensory | Brainstem | Hearing and balancing |
| 9 | Glossopharyngeal | Mixed | Brainstem | Taste and sensation from back of tongue |
| 10 | Vagus | Mixed | Brainstem | Sensory-Taste and sensation from epiglottis and pharynx<br>Motor-Swallowing and speech<br>Parasympathetic-Muscle contraction of thoracic and abdominal organs and secretion of digestive fluids |
| 11 | Accessory | Motor | Brainstem | Head and shoulder movement |
| 12 | Hypoglossal | Motor | Brainstem | Movement of tongue muscles |

256-hertz or 512-hertz tuning fork is required to perform the Rinne and Weber tests.

Ishihara or Hardy-Rand-Ritter plates are used to evaluate colour perception, and a fundoscope is required for optic nerve testing. The University of Pennsylvania Smell Identification Test or Sniffin' Sticks are helpful in testing the olfactory nerve. If these cannot be obtained, items commonly found in the office or hospital, such as coffee, soap, or peanut butter, can be used.

A pen light or flashlight, cotton wisps, safety pins or blunt tip needles, and a hand-held Snellen chart are portable testing instruments that can be carried in a white coat. Sweet, sour, salty, and bitter solutions assess taste on the anterior two-thirds of the tongue.

**Techniques of Testing Functioning of Cranial Nerves -**

**1) Olfactory Nerve-1ST Cranial Nerve -** This is the least tested cranial nerve before covid. But covid 19 positive patients were presenting with anosmia and then, everyone started testing olfaction. Functional assessment of smell is easily performed by having patients close their eyes and occlude one nostril. A familiar scent, such as coffee, soap, or cloves, is introduced to the open nostril, and the patient is instructed to sniff and identify the substance. This is repeated with the other nostril, and differences between nostrils are noted. The substance should be less than 30 cm from the nostril, and care should be taken to avoid touching the patient's face or giving auditory clues that indicate when the substance has been introduced. A different, second scent is attempted if the patient cannot identify the odour.

Other tests to measure olfaction include the odour discrimination test to distinguish between odorous and odourless substances and the odour identification test to identify the substance.

This method was developed based on the

T and T Olfactometer, a standardized olfactometer used in Japan. The odour detection threshold test, or alcohol sniff test, can also be used. This testing requires a standard 70% isopropyl alcohol pad and a 30-cm metric ruler. The patient is instructed to close their eyes and occlude one nostril with their finger. The alcohol pad is introduced starting at the 30-cm mark, moving closer to the nose in 1-cm increments. The patient is diagnosed with anosmia if he cannot smell at a distance of 0 cm to 7 cm, hyposmia if he can detect the smell between 7 cm and 12 cm, and normosmia if he can detect the smell at greater than 12 cm from the unobstructed naris.[14]

One can detect nomosmia(Normal sense of smell), anosmia(No sense of smell), parosmia (Altered sense of smell), hyperosmia (Hypersensitivity to sense of smell) .

**2) Optic Nerve-2nd Cranial Nerve -** This is the most tested nerve. In one's life, everyone goes through testing of optic nerve at least once. Functional testing of the optic nerve requires multiple operational assessments to assess the integrity of the nerve. Testing includes evaluation of visual acuity, the visual fields, pupillary light reflexes, the accommodation reflex, and fundoscopy (ophthalmoscopy).

**Visual acuity** is tested using a Snellen eye chart placed 20 feet away from the patient. Have the patient read the smallest line he can see and record the corresponding visual acuity fraction listed beside the row on the chart(Vn 6/6 or 20/20). Each eye is assessed individually, while the examiner covers the other eye or the patient covers the eye using an occluder. Test the weaker eye first, and ensure the patient is wearing any glasses or corrective lenses they have for distance vision.

If the patient cannot read the largest (top) line at 20 feet, have them move closer three feet at a time until they can read the top line. Adjust the top portion of the visual acuity fraction accordingly. If the patient cannot read the letters at three feet, have them count fingers at a distance of fewer than 3 feet. Testing light perception is the last resort if the patient cannot count fingers. Charts with pictures instead of letters can be used for patients who cannot read letters due to language or literacy.

The same process is undertaken to assess near vision using a handheld Snellen chart held 30-40 cm away from the patient's face. Any glasses the patient has for near vision should be worn. To test accommodation, have the patient focus on a pen or the examiner's finger. Slowly bring the object closer to the patient and stop within 3 cm of the patient's eyes. Look at both eyes to observe convergence and pupillary constriction. There is a physiological decline of accommodation associated with aging and presbyopia. Hardy-Reed-Ritter or Ishihara plates (cards with numbers in a field of specifically coloured dots) can be used to evaluate colour perception.

**Visual fields** are tested by direct confrontation. Each eye is tested individually, with the other eye covered. The examiner stands 3 feet away from the patient, and the patient focuses on the examiner's eyes or nose. A pen or a finger is moved toward the centre of the visual field in all 4 quadrants, and the patient will indicate when they can see the object. Alternatively, hold a select number of fingers up in a quadrant and have the patient identify how many fingers they see. Repeat this for all quadrants.

**In comatose patients,** blink to threat can be used to evaluate the visual fields. Quickly move a hand toward the patient's lateral eye and watch for blinking. Unilateral loss of the blink reflex is suggestive of hemianopia. Note any diminished vision and the location of the deficit (ie, inability to see the temporal fields bilaterally). Visual fields are described from the perspective of the patient. An ophthalmologist should further evaluate deficits in detail.

**The pupillary light reflex** is assessed using the swinging flashlight test. In a dimly lit room,

a flashlight or penlight is shone into the patient's pupil for 1 to 3 seconds. Quickly move the light to the other eye for 1 to 3 seconds, then move the light to the first eye. Observe the pupil for constriction throughout the test, noting any asymmetry between pupils. The direct response is the constriction of the pupil exposed to the light, and the consensual response is the simultaneous constriction of the opposite pupil. A normal result is an equal pupillary constriction in the direct and consensual responses. Damage to the pre-chiasmal portion of the optic nerve leads to greater constriction in the consensual response (in the damaged eye), so when the light is swung to the damaged eye, it appears to dilate. This is a relative afferent pupillary defect or Marcus Gunn pupil.

**The accommodation reflex** is assessed by asking the patient to keep looking at the tip of the examiner's index finger as it is slowly brought from a distance toward the tip of the patient's nose. Observe for the convergence of the eyes and pupillary constriction.

**The fundoscopic exam** requires significant practice. Typically, the examiner's eye will view the same eye as the patient (use the left eye to look into the patient's left eye with the ophthalmoscope). Dim the lights in the room. With the patient looking slightly upward and inward, slowly move closer from the temporal side with the ophthalmoscope and look through the pupil. View the ocular vessels and follow their course back to the papilla. Note any evidence of optic disc edema or optic atrophy. Alternatives to fundoscopy are being developed. Ocular fundus photography and smartphone fundoscopy have been demonstrated to provide relevant clinical information and be cost-effective. This technology also has a learning curve, and phone-holding attachments can become expensive.

**Cranial Nerves Oculomotor 3rd, Trochlear 4th and Abducens 6th -** These nerves are motor nerves and are related with movements of eyes. These nerves are tested by holding a pen or finger 30 to 40 cm in front of the patient and moving in an H-shaped pattern pausing during vertical and lateral gaze. The patient should follow the target with their eyes, carefully keeping their head still. Any eye deviation, abnormal head posture, or nystagmus should be noted. In oculomotor nerve palsy, the involved eye would deviate downward and laterally at rest with ptosis. When looking down, the eye would be mildly adducted and rotated. Oculomotor nerve control of pupillary constriction is tested during the evaluation of the pupillary light reflex. An efferent defect would present as a pupil that sluggishly reacts or is nonreactive to direct and consensual light stimulation.

**Patients with Trochlear nerve palsy often tilt their heads away from the affected eye** and may have strabismus. Midface hypoplasia may also be present in instances of congenital trochlear nerve palsy. Intorsion (Inward rotation), depression (Downward Rotation), and abduction (Outward rotation) of the eye will be impaired. The dysfunction is usually incomplete as the Oculomotor and Abducens nerves also depress and abduct the eye.

**A head tilt may also be associated with Abducens nerve palsy;** however, the head will be tilted toward the affected eye. Patients may also exhibit a constant head-turning motion to try and lessen the diplopia. Eye abduction will be impaired or absent on examination.

**Trigeminal Nerve -Cranial Nerve V**

The trigeminal nerve has sensory and motor functions.

The sensory portions of the trigeminal nerve are evaluated by lightly touching a blunt tip needle and a cotton swab or ball to the patient's face in each of the divisions while their eyes are closed. Have the patient indicate whether the sensation is soft or sharp. The sensation of the angle of the mandible should be tested if the facial sensation is diminished, as the C2 spinal root innervates this area. Sparing of the angle of the jaw is indicative of trigeminal pathology.

Evaluation of trigeminal nerve function

should also include testing the corneal reflex. With the patient looking away, gently touch a cotton swab to the middle or lateral portion of the cornea to test the corneal reflex. Approach the eye from the periphery and avoid placing the swab in the area of the pupil, as the patient may see the swab and blink. The direct response is the closure of the ipsilateral eye after stimulation, and the closure of the contralateral eye is the consensual response.

A patient with a lower motor neuron facial nerve palsy will have a stronger and more brisk consensual response when testing the eye on the affected side. The reflex afferents are A-delta fibers that pass through long ciliary nerves and the ophthalmic division of the trigeminal nerve to reach the pons. The efferents are the motor fibers of the bilateral facial motor nuclei in the facial nerve that terminate in the orbicularis oculi muscles. Another distinction between a weak blink in the corneal reflex due to facial nerve palsy versus a depressed corneal sensation is that a patient with facial nerve palsy will feel the cotton swab normally on both sides. The patient with dampened corneal sensation will not feel the cotton swab when it touches the cornea.

**Motor function of the trigeminal nerve is tested by** having the patient open their mouth against resistance. If weakness is present, the jaw will deviate to the side with the weakened pterygoid muscle. With the patient's teeth clenched, palpate the masseter muscles and note any asymmetry.

The masseter reflex, or jaw jerk, is tested by tapping the examiner's thumb kept over the patient's chin with a knee hammer with the patient's mouth partially opened. This causes reflex contraction of the masseter leading to the closure of the mouth. Afferent neurons located in the mesencephalic nucleus of the midbrain travel through the motor root of V3, and the efferent motor neurons are located in the pontine trigeminal motor nucleus and stimulate the ipsilateral masseter muscle. Weakness will occur with lower motor neuron lesions. Paralysis from upper motor neuron lesions is rare as there is bilateral innervation. In the event of bilateral upper motor neuron lesions leading to paralysis, there will also be a hyperactive jaw jerk and possibly clonus.

**Facial Nerve-Cranial Nerve VII**

Usually we don't need anything to assess the functioning of facial nerve. One can mark it while talking to the patient.

**Facial nerve function is tested by assessing for asymmetric facial movements.** This can be observed while obtaining the medical history, particularly during talking, blinking, and smiling. A widened palpebral fissure, a flattened nasolabial fold and delayed or incomplete blinking are signs of facial weakness. Have the patient smile, puff out their cheeks, raise eyebrows, and show their teeth. Try to open the patient's eyes while they hold them shut. Note any asymmetry in response between both sides of the face.

Upper motor neuron (UMN) lesions are classified as damage to the corticobulbar tract from the motor cortex to the facial nerve nucleus. Unilateral damage will result in drooping of the mouth, flattening of the nasolabial fold, and paralysis of the contralateral lower face. Eye closure and forehead movement will be spared as bilateral UMN innervation exists in that area. Lower motor neuron (LMN) lesions occur from within the facial nucleus along the path of the facial nerve. Injuries manifest partial or complete paralysis of the ipsilateral upper and lower face. Signs include incomplete eye closure due to orbicularis oculi dysfunction, hyperacusis, drooping of the corner of the mouth, flattened nasolabial fold, smoothing of the eyebrow, and diminished taste of the anterior tongue. Look for signs of incomplete eye closure, such as dry eye and corneal ulcers.

To evaluate taste, ask the patient to stick out her tongue and close her eyes. Apply a small amount of salt (for salty), quinine hydrochloride or caffeine strips (for bitter), tartaric acid (for sour), or sugar (for sweet) to

the lateral surface and side of the anterior tongue, then have the patient identify the substance. Rinse the mouth thoroughly with water and assess the opposite side with a different substance. Solution kits with varying concentrations are commercially available for quantitative testing, and premade taste strips have also been developed as an alternative to solutions.

**Vestibulocochlear Nerve-Cranial Nerve VIII**

Everyone does it every time unknowingly. It's testing of sense of hearing.

Initial hearing testing is conducted by rubbing the fingers by one ear while occluding the other, then repeating for the other ear. This can also be accomplished by whispering in one ear while occluding the other and repeating for the opposite side. Note any asymmetry in response or hearing. Further evaluation using the Rinne's and Weber's tests is warranted if hearing loss is suspected; the Rinne and Weber tests help to distinguish conductive from sensorineural hearing loss.

The Rinne test is performed by placing a vibrating 512-hertz tuning fork on the mastoid process, and once the sound is no longer heard, moving the fork to just outside the ear. In a normal (positive) Rinne test, air conduction is greater than bone conduction. In an abnormal (negative) Rinne test, bone conduction is greater than air conduction in the affected ear. A patient with profound sensorineural hearing loss may not hear anything from the tuning fork placed on the mastoid process or near the external auditory canal. Sound will transmit through the skull to the opposite ear, and the patient may be unable to identify which ear heard the sound. In this situation, it would appear that bone conduction is greater than air conduction when in fact, the ear is completely nonfunctional. This is called a false negative Rinne test. A Weber test can delineate between a negative and a false negative test.

The Weber test is performed by placing a vibrating 512-hertz tuning fork on the centre of the forehead. Sound is louder in, or "lateralizes to," the ear experiencing conductive hearing loss or opposite the ear with sensorineural hearing loss. Sensorineural hearing loss can be further divided into sensory or neural based on brainstem auditory evoked responses (BSAERs), and the patient should be referred for further testing.

To assess vestibular function, test for nystagmus and note the direction, duration, and trigger of the nystagmus. Further in-depth testing is used to distinguish central from peripheral sources, particularly if the patient is experiencing vertigo during the examination.

Frenzel lenses or +30 Diopter glasses can be used to prevent visual fixation, which can suppress nystagmus. Testing for acute vestibular syndrome involves the head thrust manoeuver; the Dix-Hallpike manoeuver tests for positional vertigo.

The head thrust manoeuver is performed by holding the head of the sitting patient while they focus on an object, such as the examiner's nose, and quickly turning the patient's head 20 degrees to the right or left. This is a normal result if the eyes remain focused on the examiner's nose. Temporary deviation away from the object with a corrective saccade that brings the eyes back to the object indicates a peripheral source of nystagmus, such as vestibular neuronitis.

For the Dix-Hallpike manoeuver, the patient is quickly lowered to the supine position with the head extended 45 degrees below the table and turned 45 degrees to one side. Note the direction and duration of nystagmus and assess for vertigo. Raise the patient back to the upright position and perform the manoeuver with the head turned to the other side. Nystagmus with a latency period of five to ten seconds that is vertical when the eyes are turned away from the affected ear and rotary when the eyes face the involved ear is pathognomonic for benign paroxysmal positional vertigo. This response also diminishes with repeated testing.

Positional nystagmus caused by central nervous system dysfunction will not have a

latency period and will not diminish with further testing.

**The Glossopharyngeal and Vagus Nerve-Cranial Nerves IX and X**

Testing of the Glossopharyngeal and Vagus nerves is performed simultaneously. Have the patient open their mouth and say, "Aah." Determine whether the palate elevates symmetrically and the uvula remains in the midline. If weakness is present, the uvula will lift away from the paretic side of the palate.

To assess the **pharyngeal gag reflex,** lightly touch one side of the posterior pharynx with a tongue blade and watch for gagging, then the opposite side. Contraction of the pharyngeal musculature ipsilateral to the side of the stimulus is known as the direct gag reflex, and contraction of the musculature on the contralateral side is known as the consensual gag reflex. Unilateral damage to the glossopharyngeal nerve will result in the absence of a gag response when that side of the pharynx is stimulated. When the Vagus nerve is damaged, the palate will elevate and deviate toward the affected side with stimulation of either side of the posterior pharynx. Unilateral injury to both the Glossopharyngeal and Vagus nerves leads to deviation of the palate to the intact side when the intact side is stimulated. When the damaged side is stimulated, there is no response. The bilateral absence of the gag reflex is common. Stimulating the soft palate with a tongue blade can also elicit the gag reflex; however, the trigeminal nerve provides the efferent portion of this reflex.

In an intubated patient, suction the endotracheal tube and note the presence or absence of coughing.

Note any hoarseness in the patient's voice, as the vocal cords will need inspection and visualization if hoarseness is present. Hoarseness with intact gag reflexes and symmetric palate elevation suggests compression of the recurrent laryngeal nerve and warrants further evaluation for mass lesions.

**The Accessory Nerve-Cranial Nerve XI**

Evaluation of the spinal **accessory nerve involves the sternocleidomastoid and trapezius muscles.** To assess the left sternocleidomastoid, place one hand on the patient's right cheek and have the patient turn their head to the right while providing resistance. Have the patient turn their head to the left against resistance to test the left side. Weakness with turning the head to the left indicates right-sided pathology, and weakness when turning the head to the right indicates left-sided pathology. Further testing involves having the patient flex their head against resistance.

For the trapezius, inspect the shoulder and upper back for any asymmetry, drooping of the shoulder, or winging of the scapula; winging is noted when the medial side of the scapular appears more prominently than the unaffected scapula. Note any atrophy of the trapezius or internal rotation of the humerus. There may also be hypertrophy or subluxation of the sternoclavicular joint due to increased strain on the joint from loss of trapezius muscle support. Have the patient shrug their shoulders while providing resistance by pressing down on the shoulders. The examiner can also have the patient press against a wall with his arms extended to evaluate for lateral winging of the scapula.

Ipsilateral upper motor neuron lesions present with ipsilateral sternocleidomastoid weakness and contralateral trapezius weakness. Pathology of the lower cervical cord, ventral brainstem, or lower spinal accessory nerve roots displays isolated trapezius muscle weakness.

**The Hypoglossal Nerve-Cranial Nerve XII**

To test the hypoglossal nerve, have the patient protrude her tongue. Assess for deviation of the tongue, atrophy and fasciculations (spontaneous muscle contractions).

Atrophy, fasciculations and deviation in the direction of the lesion are associated with lower motor neuron pathology. The tongue

will deviate away from the lesion with upper motor neuron pathology and there will not be atrophy or fasciculations. Have the patient press the tongue against each cheek while the examiner provides gentle resistance to the cheek. Also, note the patient's ability to pronounce T and D words, which will be impaired with hypoglossal nerve palsy.

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# Infertility Treated By Panchbhoutik Chikitsa - A Case Study

**Dr. Varsha Aniruddha Deshpande,** M.S. (Stree Rog - PrasutiTantra)
Principal, Jaywant Institute of Medical Sciences, Killemachindra Gad.

**Introduction -** A case of Secondary Infertility was extensively investigated but no cause for Infertility was found.

She underwent Intrauterine Insemination 3 times but there was no good result. Incidentally I had the golden opportunity of attending a Panchbhoutik Chikitsa Workshop conducted by Dr. Vivek Haldavnekar at Kolhapur. At this workshop he had presented cases of unexplained Infertility treated by him successfully with Panchbhoutik Chikitsa.

Gaining knowledge from this workshop I treated the patient with Panchbhoutik Chikitsa and within 2 months she conceived.

This motivated me to learn Panchbhoutik Chikitsa. I then learnt it visiting Dr Haldavnekar Sir at Kolhapur. It really changed my life-got a different perspective of Ayurved through the light of Panchbhoutik Chikitsa.

Patient Name - A B C 27/ F
Registration No - 19534 at Sanjivani Hospital, Karad.
Patient came with Secondary Infertility - 5 years.
LMP - 03/ 03/ 2018
MH - 4/32 -34 days Regular, painless, moderate bleeding ( Krishnavarni).
OH - 1 FTND - 5 years
Investigations - Blood Group - A Rh Positive
T F T - W N L B S L - W N L
Semen Analysis - Count - 211 million / ml
Motility - 90 % after 1 hour
H S G - Both Tubes patent. Free spill of dye on both the sides.
I U I done on 2 occasions after studying ovulation.
Progesterone support given following I U I . But conception did not occur.
Patient was given option of Ayurvedic treatment.
She was called early in the morning for Udar Parikshan - on empty stomach after clear bowels.

**14/08/2019**
L M P - 09/08/2019 Urine, Bowels - N
Appetite - N H / O Measles - 3 years ago.
Chicken Pox - 5 years ago.
D and C - 4 years ago.
O / E - Tenderness at epigastrium and both the kidneys.
On Percussion Liver-Dull notes
Spleen-Tympanic notes.
Adv - 1) Phaltrikadi 60 mg at 6 am and 6 pm.
2) Rajni Yog 60mg at 10am and 2 pm. 3) Gokshuradiguggul 60 mg before lunch and dinner.

**22/08/2019**
**LM P 16/08/2019**
P/A - No Tenderness as seen at the last visit
Tenderness at Garbhashay.
Adv - 1) Phaltrikadi 60 mg at 6 am and 6 pm
2) RajniYog 60 mg at 10 am to 2 pm
3) Chandraprabha 60mg + Girij 60mg with 2 tablespoons of milk before lunch and dinner
On Percussion liver - Dull notes.
Spleen- Tympanic notes.

**23/9/2019**
**L M P 18/09/2019.**
P / A - No Tenderness at all
Medicines same as above
Percussion - Liver - dull notes.
Spleen - Tympanic notes
**28/10/2019** 1 Month 10 days Amenorrhoea
Urine pregnancy test - Positive.
Shatavarikalp, Dadimavleh. Masanumasik kashay. given as required.
Full Term Normal Delivery on 20/06/2020
Baby Weight 3-.1 kg

**Discussion -** As we all know, Panchbhoutik Chikitsa is the research work of Vaidya Atmaramshastri V. Datar on the lines of Panch Mahabhoota Siddhant described by Ayurved. It is his effort to explain the samprapti and the Principles of Chikitsa to the basic roots of Ayurved - The Panchmahabhootas .

Late Vd. Datar Shastri observed that

measles, Chickenpox present with high grade fever which gets relieved in 5-7 days, but leaves behind residual ushnata in the body which serves as a cause of many diseases occurring later on. He has thus advised to administer Rajni Yog a compound of turmeric and Suvarna Gairik in equal proportion.

Vaidya Datar Shastri says that to curb or destroy the fire, water or sand are used in daily life - of which sand is the best.

As the sand which is Prithvi mahabhoot dominant in reality extinguishes the fire in the world around us, it will also decrease the ushnata or heat in the body (as per Loka-Purush samya siddhanta) when given judiciously in an edible form. This ushnata is mainly trapped in the organs like Yakrit and Pleeha which are the moolasthana of Raktavaha Srotas. Rakta and Pitta possess ashrayashrayee sambandha. The role and action of Panchamahabhootas in the Rakta dhatu is nicely elaborated by Acharya Sushrut 'visratadravataraag: spandanam laghutatathall Shuddha Suvarna Gairik which is Prithvimahabhoot dominant will balance out the excessive ushnata in the body.

Late Vaidya A. V. Shastri said that the procedure of Dilatation and Curettage affects the Garbhashay badly. D and C not only has adverse affects on garbhashaya but also causes disturbance in the Apana Vayukshetra. Thus, prakupit Apana Vayu becomes pratilom i.e. it acquires gati in opposite direction (upwards). This results in further derangement of Mamsadhatu (Prithvi mahabhoot) of the garbhashaya. It depletes the Prithvi mahabhoot of the Garbhashay. As the strong, ghan, guru, prithvimahabhoot gets depleted, the garbhashay which is mamsa dhatu pradhan organ weakens. This weak Garbhashay is incapable of garbhadharana or conception. If the Prithvi mahabhoot in the garbhashay is restored to its normal stature along with anuloman of the prakupit Apanavayu, garbhadharana will occur. Chandraprabha (CP) is one of the choice of drug commonly used in Apana Vayu kshetra pathologies, among which Shilajatu, Sharkara and Guggulu have a majority share. All these ingredients are Prithvi and Jalamahabhoot dominant. Girij (G) which is a single drug is also Prithvi mahabhoot dominant and to some extent Vayu mahabhoot as well. Thus, (CP) and (G) were the choice of drugs which were administered.

Girij or Suvarna Gairik is madhur, tikkta, shitaveerya, madhurvipaki with dominance of prithvi mahabhoot. It will enable garbhadharana by the virtue of its sthirguna facilitating sanghat of mamsadhatu of garbhashay. CP is a medicine which acts on the Apankshetra and is a Rasayan to the organs there. Milk is the anupaan of both of these medicines. Milk enriches the rasa dhatu and acts as a vehicle to take CP and G to its desired place of action the garbhashay the 8th ashay which is in the women for child bearing. Within 2 months of taking these 2 medicines garbhadharana occured.

Panchbhotik Chikitsa has a unique way of examining patients. Patient is examined in the morning on empty stomach and clear bowels. He can have water or little tea with minimal milk if desired but no solid food at all before Udar parikshan.

Patient's abdomen is observed carefully for any unusual contours suggestive of swelling or lump in the abdomen. The abdomen is then palpated. If any lump is observed visually it is palpated to know its size, consistency - hard, soft. Its assosciation with the skin or the abdominal organs is also determined. The entire abdomen is palpated for its temperature. The rise in temperature is indicative of the rise in heat or ushnata in the body.

If there is active inflammatory process in the abdomen, it is evident by light palpation or by superficial palpation itself. If there is any deep seated pathology deeper palpation is needed. Vaidya Datar Shastri said that accumulation of doshas occurs in the abdomen. It can be elicited by deep palpation of the abdomen.

"Liver, Spleen and both the kidneys are the agni of the body" or the organs which function

as agni said Late Vaidya Datar Shastri. Tenderness on deep palpation at their site is suggestive of the dosha accumulation at their sites. Percussion of the abdomen is also done in a certain manner as described by Late Vaidya Datar Shastri. Datar Shastri has his own formulations of medicines.

Phaltrikadi churn is used for the proper functioning of the liver. It is a combination of Triphalaalongwith Vasa, Guduchi, Kutaki, Bhunimba and Nimba. Above mentioned drugs are tikta rasa pradhan i.e. Akash and Vayumahabhoot dominant and hence are Pittashamak. This combination helps in the prakrut (normal) generation and regulation of Pitta from Yakrit. Bhedana property of Katuki resolves the srotorodh in the Yakrit thus enabling normal flow of pitta. Pitta is naturally ushna and regulation in the flow of pitta enables the easy elimination of ushnata trapped in the Raktavahasrotas (Yakrit).

Rajniyog was administered to reduce the residual heat caused by the Measles, Chickenpox. This is kshariyaushnata. Turmeric according to late Vaidya Datarshastri has amla properties which neutralise the kshariyaushnata following the fevers of Measles, Chickenpox.

Rajniyog is the combination of Turmeric and Girij in equal proportion.

Gokshuradi guggul is given to promote the proper function of the kidneys. As said earlier kidneys or Vrikka are one of the three Agnisthana, other two being Yakrit and Pleeha. Kledavahan is said to be karma of mutra. In normal state kleda is Prithvi and Jalamahabhoot dominant entity. As kidneys or Vrikka is one of the organs hampered due to trapping of ushnata, kleda also acquires ushnaguna. According to Tarkasangraha the ushnaguna acquired by Vayu, Jala and Prithvi mahabhoot is naimittik and not sansiddhik, i.e. these 3 are anushnasheet. Thus to enable the elimination of trapped ushnata from mutra/ kleda Gokshuradi Guggulu plays an important role. The above 3 medicines were given to ensure the proper function of the agni which is of foremost importance in the body. The proper function of the agni was evident after these medicines were consumed and at the follow up examination the tenderness was not evident. Chandraprabha + Girij were adminstered then- after the agni was normal. The Garbhadharana thus occured then.

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By Vaidyaraj Atmaram Vaman Datar Shastri.

श्रद्धांजली

## वैद्य श्री. दिलीप प्रभाकर गाडगीळ यांचे दुःखद निधन

पुण्यातील सुप्रसिद्ध वैद्य श्री. दिलीप प्रभाकर गाडगीळ यांचे दि. २४/७/२०२४ रोजी दुःखद निधन झाले. वैद्य गाडगीळ हे जागतिक कीर्तिचे आयुर्वेद तज्ज्ञ म्हणून ख्यातकीर्त होते. भारतात व परदेशातही त्यांचा मोठा शिष्यपरीवार आहे. अनेकांचे एम.डी, पीएच.डी. चे ते मार्गदर्शक होते. त्यांच्या गुरुकुल मध्ये अनेक होतकरु वैद्यांनी आयुर्वेदाचे ज्ञान समृद्ध केले. वैद्य गाडगीळ, टिळक आयुर्वेद महाविद्यालयाचे माजी विद्यार्थी असल्याचे अभिमानपूर्वक सांगत.

राष्ट्रीय शिक्षण मंडळ, टिळक आयुर्वेद महाविद्यालय, आयुर्विद्या मासिक समितीतर्फे वैद्य गाडगीळ यांना भावपूर्ण श्रद्धांजली!

## डॉ. भाग्यश्री देवदत्त नातू ह्यांचे दुःखद निधन

टिळक आयुर्वेद महाविद्यालयाच्या माजी विद्यार्थीनी डॉ. भाग्यश्री नातू ह्यांचे दि. २०/७/२०२४ रोजी दुःखद निधन झाले.

डॉ. नातू ह्यांनी चार दशकांपेक्षा अधिक काळ तळेगाव व पुण्यात वैद्यकीय सेवा दिली. सदाशिव पेठेत स्त्रीरोग व प्रसूतीगृह ३० वर्षे यशस्वीपणे चालविले. राष्ट्रीय शिक्षण मंडळाच्या त्या सक्रीय सभासद होत्या.

राष्ट्रीय शिक्षण मंडळ व आयुर्विद्यातर्फे डॉ. नातू ह्यांना भावपूर्ण श्रद्धांजली.

# Concept Of Pharmacovigillance In Ayurveda

**Dr. Apoorva M. Sangoram,**
Prof., HOD Dravyaguna Dept., Co-ordinator,
Peripheral Pharmacovigillance Centre, TAMV, Pune.

**Dr. Vaibhavi Sabane,**
JRF PPVC, TAMV, Pune.

**Introduction -** Traditional system of medicines are being used since centuries for Healthcare by people in our country. Ayurveda, the traditional medicine system of Indian sub-continent has been in vogue since time immemorial for maintaining equilibrium at physical, physiological, spiritual and social health of an individual. Ayurveda uses a holistic approach to Health and Diseases. As the aim of Ayurveda rightfully points out, to maintain the health of a healthy individual and treating the unwell. While doing so safety is always prioritized in Ayurveda. A medicine which develops adverse events while treating a disease is considered as Ashuddha (Improper) by Acharya Charak.

Then why there is need of Pharmaco-vigillance has arisen for Ayurveda system of medicine? Do Ayurveda have mentioned Pharmacovigillance in their ancient Texts? Was there any awareness regarding this matter? These are the questions we all are facing these days. In this article it is tried to shed some light on this.

Globalization, consumerism, the explosion in free trade and communication across borders and increasing use of the internet have resulted in a change in access to all medicinal products and information on them. These changes have given rise to new kinds of safety concerns such as: Illegal sale of medicines and drugs of abuse over the internet, Increasing self-medication practices, widespread manufacture and sale of substandard medicines, increasing use of traditional medicines and herbal medicines with other medicine with a potential for adverse interactions, Ayurvedic texts have many Reference of explaining drug-diet interactions. But latest founded such interactions are not incorporated in Texts, No record system was available to understand Herb- Drug Interactions.

**Aim and Objectives -** • To understand concept of Pharmacovigillance according to Ayurveda.
• To understand concept of prevention of ADR mentioned in Ayurvedic treatment Modalities.
• To understand the challenges and relevance of Pharmacovigillance in Ayurvedic Chikitsa

Let us first try to understand what Pharmacovigillance is.

• **Pharmacon** (Greek)= Drug
• **Vigilare** (Latin)= to keep awake or alert, to keep watch.

It's a science of collecting, monitoring, researching, assessing and evaluating information from health care providers and patients on the adverse effect of medicines, biological products, herbal and traditional medicines with a view to identifying information about potential new hazards and preventing harm to patients.

In Ayurveda, the term Pharmacovigillance has not been explained separately but it is mentioned indirectly at many levels i.e from case taking to procurement of drugs, preparation of medicine, till prescribing the drug.

**Materials and Methods -** For this topic Ayurveda classics such as Charak Samhita, Sushrut Samhita and Ashtang Hrudaya were referred. The data regarding Pharmaco-vigillance was reviewed from Ayurvedic Classics.

**Review of Literature -** According to Acharya Charak, A potent poison may become the best medicine if used judiciously. On the contrary even the best medicine becomes potent poison if used incorrectly.[1]

There are basic 4 components with which

Ayurveda Chikitsa begins. They are called the **4 pillars** of Ayurveda Healthcare System. **Bhishak (Physician), Dravya (Medicine), Upasthata (Nursing Staff) and Rogi (Patient)**. If there is any imbalance in any of them, then there may be incidences of ADR. So utmost care and efforts must be taken on all levels has been a moto to avoid any ADEs/ADRs.

**Bhishak (Physician)** is the 1st pillar. The qualities of a Physician is he / she should possess are proficiency in theoretical knowledge, extensive practical experience, dexterity and purity of body and mind. How a Physician should not be is also specifically mentioned by Acharya Charak.[2] It is better to self-immolate than be treated by a quack, as a blind man moves groping with the help of the movement of his hand with fear, as a boat without sailors comes under the storm. The physician who has no knowledge of his area of medicine or science proceeds in the realm of therapeutic management with too much fear and lack of confidence. Therefore never take treatment from an unknowledgeable physician.[3]

There are many contributing factors too which can result in ADEs. So while treating patients which a physician should see such as Illegible handwriting, Inaccurate medication history taking, Confusion with the drug name, Inappropriate use of decimal points, Use of abbreviations eg- su she, tri ki, Missed drug in the Prescription, Missed route /Dose in the prescription by the Vaidyas eg. Local Application/Niruh/ Anuvasan, Missed Anupan etc. **Chikitsa** is carried out according to the stages of the disease. Usage of Drugs according to avastha may change. Such as use of Shunthi in Saam atisaar, use of Kutaj in Nirama Atisaar

Similarly Navina and Jeerna avastha of any disease also leads to different Chikitsa prayog such as in Nava Jwara Langhana Chikitsa is given whereas Rasayan chikitsa is given in Jeerna Jwara.

In **Shalya Tantra** various stages and its signs have been explained such as Aam-Pachyaman-Pakva avastha of Vidradhi, various stages of Vrana etc.

It can be said that Vaidya has to consider various factors of a disease before giving any Chikitsa as to prevent any kinds of ADEs.

The 2nd pillar is **Dravya (Medicine)**. Before prescribing any medicine Acharya has specified certain criteria while procuring the Drugs. An ideal drug should be abundantly available, drug should be procured, many appropriate kalpanas could be made with it and the drug should possess all the qualities.[4] **Acharya Sushrut** has clearly mentioned about the **Desh**. The drug is affected by the soil, water, and air which are known as ecological effect. The efficacy of drug differs according to these ecological factors. So the drug should be grown in a **Prashasta Bhoomi**, it should be collected in correct time frame, it should be given in perfect amount, it should have ideal gandha, varna, rasa. It should be able to alleviate the Dushta Dosha in our body while not creating any harm.[5,6]

Charak Samhita in the 8th chapter of Viman-Sthana has mentioned a protocol for Drug standardization,

- इदमेव प्रकृति - name and natural order of the drug
- एवम् गुणम् - specific properties
- एवम् प्रभावम् - specific effect of the drug
- अस्मिन् गुणे जातम् - appropriate rasa, veerya, vipak and guna
- अस्मिन् ऋत्वेव संगृहीतम् - collected in the specific season
- एवम् निहितम् - stored under certain conditions
- एवम् ऊपस्कृतम् - processed or prepared in a particular manner
- अनया च मात्रया युक्तम् - to be used in a specific dose
- अस्मिन् व्याधौ - used in the specific disease-therapeutic indication
- एवम् विधस्य - to be used in the prescribed manner- mode of use
- पुरुषस्य - to be used in specific type of patient
- एतावन्तम् दोषम् अपकर्षयति उपशमयति वा - duration of use of the drug- either till the vitiated Doshas are removed from the body or they are settled to normalcy
- एवम् विहितम् - the condition of the drug on use
- निषिद्धमेव - not to be used in certain conditions-

therapeutic contraindication

- एवम संयुक्तम् - used along with certain drugs- adjuvant use

All these criteria are to be applied to each and every drug before procurement and prescription of the drug.[7]

Similarly, there are many other factors which can result in Adverse Drug Events such as Adulteration, Wrong species of medicinal plants, Incorrect dosing, Errors in use, Use of contaminated products, inherently toxic nature of some plants such as Vatsanabh, Dhattura etc.

Many **processes and precautions** to be taken before the drug is used are explained in Ayurvedic texts for preparation and usage of Drugs such as Shodhana, Marana, Amrutikarana etc. if these procedures are not followed exactly, they may lead to ADEs.

**Matra Vichar** i.e proper dosage of a drug is an important aspect of Chikitsa in Ayurveda e.g- Matra should be finalized according to following points -

**Avastha** of rugna such as Balyavastha, Madhya avastha and Vruddha avastha etc.

**Potency** of the drugs should be understood by the Vaidya before prescribing the medicine and its dosage eg- Tikshna dravya such as Lashuna, Maricha should be given in less doses.

**Kashay Kalpana** is specifically explained in Ayurveda where according to Agni bala they could be prescribed such as Phanta kalpana in Mandagni, Hima kalpana in Pitta prakriti etc.

**3rd Pillar is the Upasthata (Nursing Staff/ Attendant).** The attendant should possess qualities such as Knowledge of taking care of patient (nursing) as well as preparation, dispensing and administration of medicines and healthy recipes, affectionate towards patient and he should of purity of body and mind.[8]

While handling the patient many such events can take place which can result as hazard to the patient such as discrepancy between the drug therapy received by the patient and the drug therapy intended by the prescriber, Drug administration is associated with one of the highest risk areas in nursing practice/Paricharak. At every step all procedures associated with the patient are to be monitored and handled very carefully so as to avoid any ADEs. Many such examples can be explained such as Wrong equipment and wrong method e.g. Wrong direction of a lep, Wrong Duration /Time for e.g- Instead of Nishikal, drug is administrated in Pratakal, Wrong sequence of the Procedure for e.g- In Panchakarma ,Sequence of Poorva, Pashchat, Pradhan Karma should be followed properly.

**4th Pillar is the Rogi (Patient).** An ideal patient should be the one who has good memory to remember treatment guidelines, obedient to follow given instructions by the Physician, fearless to face adversities of disease and should be able to provide all information about the disease.[9]

One of the specialty of Ayurveda is the concept of **Viruddha Aahar.** Ayurveda has elaborately described and has underlined the importance of 'Viruddha Aahar'. Intake of such Viruddha Aahar or Incompatible food can lead to various diseases. These food incompatibilities lead in formation of Ama (Undigested material), they cause Srotodushti (vitiation of channels) due to their innate qualities, which can lead to various diseases or even lead to ADEs.[9]

In regards with Pharmacovigillance, **Viruddha Ahar** can be correlated on many levels such as during case taking of the patient regular dietary habits are taken into account, which can lead the Physician to diagnose and to decide about the treatment. Viruddha gunatmaka medicines can thus be avoided, similarly Anupana such as Madhu and Ghrita as they are said to be Vishavat if given in same amount, such basics should not be ignored by the Physicians and Patients should be made aware of that.

**Discussion -** Acharya Charak has explained the importance of using correct medicine in correct manner and in correct avastha and disease. Ayurveda treats the patient on an individualistic manner. Generalized treatment is not the way how Ayurveda works. So after

reviewing the Literature related to Pharmacovigillance it can be said that Ayurveda has considered all aspects of Patients safety in depth. There are many aspects where being vigilant about medicine comes into picture. So in chikitsa there are many challenges which should be overcome by finding out the solutions for the same.

Though on all levels efforts are being taken, there are some challenges which are yet to be overcome. Many times traditional formulations are complex mixtures of many components. So the exact profile of these constituents is likely to vary between different batches of manufacturing, also aspects like environment, time of harvesting, storage etc can affect their quality. Also systemic clinical trial data for various herbal and ASU&H products are still not available. So maintaining all records of any clinical trial should be followed thoroughly.

Priority should be given to conduct CMEs to educate the Doctors about Pharmaco-vigillance and Updates about Drug Interactions. Monitoring of Clinical Trials should be done. Like TKDL all information regarding probable ADEs/ADRs in Classics should be made available at single place. Regular Clinical audits should be conducted at the Hospitals to identify risks before it becomes a bigger issue. Drug interactions between commonly used allopathic drugs and Ayurvedic drugs are to be monitored vigilantly as such records are not widely available. Hence, it becomes essential to have a portal where the adverse events of all possible Ayurvedic drugs which are published so far are pooled in one place for easy access.

**Conclusion -** In conclusion, it can be said quite clearly that Ayurveda has elaborately described Pharmacovigillance in all of its branches. Only key is to understand and apply all the indications given by Acharya in our Classics. So in depth knowledge of the science and its wise application is the key to avoid any kinds of ADEs.

Considering the reality of increased demand and usage of ASU and H drugs, monitoring the safety of ASU and H drugs has become important and mandatory. In this direction Ministry of AYUSH has pioneered a Central Sector Scheme for promoting Pharmacovigillance for ASU and H Drugs. Since 2018 Ministry of AYUSH has panned across India with 1 National Centre, 5 Intermediate Centres and 74 Peripheral Centres for reporting of any ADRs/ADEs. The main aim is to collect, collate and analyse data to establish evidence for clinical safety of ASU and H drugs. Regarding reporting of ADRs, the system is very well designed but awareness of reporting has to be imbibed into the students of ASU and H system of medicine. Ministry of AYUSH is striving hard to accomplish the vision through National AYUSH Mission (NAM). It aims to promote adoption of Quality standards of AYUSH Drugs and making available the sustained supply of raw materials. Good Agricultural / Manufacturing / Collection / Storage Practices are being implemented on Industrial levels so as to maintain the highest quality of ASU and H Medicines.

All practitioners, ASU and H students and Physicians, Nursing Staff; all should be made aware of this system which has been established by the ministry of AYUSH.

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डॉ. सुनंदा रानडे व डॉ. सुभाष रानडे फौंडेशन तर्फे उत्तेजनार्थ पारितोषिक प्राप्त लेख...

# Ancient Literature On Suryanamskar : A Review

**Vd. Devashree H. Khare,**
(PG Scholar) Dept. of Swasthavritta
Tilak Ayurved Mahavidyalaya.

**Vd. Mihir S. Hajarnavis,**
Prof. and HOD Swasthavritta,
Tilak Ayurved Mahavidyalaya.

**Introduction :** Suryanamaskar is a widely practised exercise that can be easily done at home does not require any instrument and can improve physical as well as mental health. Literature about Suryanamaskar is available in two forms i.e ancient literature about the foundation of Suryanamaskar and recent data which explains effects of Suryanamaskar according to various experiments using various instruments and methods. Since ancient times in Bharat the Sun is considered as God of light and is worshiped in various ways. There is literature available which has expressed gratitude towards the Sun. The Sun is considered as a source of light and prosperity. It has been mentioned in Vedas and other ancient literature that one should worship the god Sun for healthy life. The literature regarding Suryanamaskar in Vedik Samhitas is in the form of Suryopasana (Worshiping the Sun). The Suryanamaskar that we perform today has its roots back in Vedic era. This article focuses on the ancient literature about Suryanamaskar.

**Aim :** To study ancient literature on Suryanamaskar for its origin.

**Materials and Methodology :**

**Materials :** Various ancient texts: Vedic Samhitas, Purana, Upanishad, Bhagvadgeeta, Dasabodha.

**Methodology :** Review of the concept of Suryopasana was taken from the literature available in ancient texts. Review of concept of Namaskara was taken from various ancient texts. Observations were noted. Results were discussed and conclusion was drawn.

**Observations :** The literature about Suryopasana

**Vedic Samhitas :**

**Rigveda :** It has given importance to the worship of the god Sun for healthy life. A verse of Rigveda has urged the God Sun to sterilise all the sin of the world. It has urged the Sun to energise all that is good for everyone.[1] The shloka from Rigveda i.e. Richa is followed while saying mantras of Suryanamaskar is divided into twelve parts. These are called as Truchakalpanamaskara.[2]

The Shlokas that are being emphasised about the benefits of Suryanamaskara are from Brahmakarma Samuchhaya text which is known as working manual of Vedas or Brahmana Granthas. This text has mentioned Suryopasana under the chapters Dvadashanamaskara or Truchakalpa namaskara. In this the twelve names of the Sun which we use today as twelve Mantras are given.[3]

The Falashruti of Suryanamaskaras given is, Suryanamaskar makes on free of poverty, diseases, makes one able to fight akala mrityu (untimely death).[4]

**Yajurveda :** Yajurveda has called the Sun as soul of the Universe.[5]

Yajurveda says about the Sun, "Savita, the sun, with his force of gravity and sphere of light revolves (in space), sustaining all its mortal and immortal family in place. By the golden chariot of splendour, the lord of light travels on, watching the various worlds of space."[6]

The shloka from Yajurveda that is used while

performing Suryanamaskara is divided into twelve parts as follows.[7] These are called as Hansakalpa Namaskara.

**Literature on Sun worship:**

| No. | Literature | Content |
|---|---|---|
| 1 | Adityahridayam[8] | Has given various names of the Sun and worshiping the Sun helps to remove sorrow. |
| 2 | Yudhishthirakrut Suryastrotram[9] | Worshiping the Sun removes all doshas. |
| 3 | Suryashatakam[10] | Poet Mayura has urged the Sun to make him free from his illness. |
| 4 | Suryakavacham[11] | Sun worship makes one disease free and gives nourishment. |
| 5 | Suryopanishad[12] | The sun is considered as Pancha Vayu, five senses and five motor organs. This describes relation of the Sun with human body. |

**Patanjala Yogadarshan:**[13] It has given the concept of Sanyama and Surya Sanyam is the way to know about the universe. One should worship the God Sun to get knowledge.

Purana Era:

**Matsya Purana:**[14] In Matsyapurana has said that one should expect health from the Sun. (Sun should be worshiped to get healthy life.)

**Literature about Concept of Namaskar:**

**Bhagvadgeeta:** In 6th chapter of Bhagvadgeeta the term Pranipat is given for Sashtanga Namaskar and the importance of surrender to get knowledge is emphasised.[15]

**Kalika Purana:** It has given detailed description about the concept of Namaskara and types of Namaksara:

Kalikapuran is a Upapuran (10th century), deals with worship of Parvati (Wife of Lord Shiva). In 71st chapter there are shlokas that deal with the way of worshiping any god i.e Concept of namaksara.[16]

There are three types of Namaskara and are ranked as follows:

| No. | Type of Namaskar | Rank |
|---|---|---|
| 1 | Kayika (Salutations by body) | Uttama (Best one) |
| 2 | Vachika (Salutations by words) | Adhama (Worst one) |
| 3 | Manasika (Salutations by thoughts) | Madhyama (Middle one) |

**Kayika Namaskara :**[17] Corporeal salutation.

**Kayika Namaskar is of three types:** (Images are given just for the purpose of understanding. Not from the original text)

1) The salutation that is offered by touching the ground with head, knees and prostrating on ground like a piece of wood (Dandavat) is the best Kayika Namaskara.

2) The salutation that is offered by touching the ground with both the knees and with the head that is middle most one.

3) The salutation which is offered simply by joining the two palms over the head without touching the ground either by the knees or by head is stated to be the worse one.

Kalika Purana also has given the words Danda and Pranam as synonyms of the word Namaskar.[18]

**Vachika Namaskar:**[19] Salutations done using speech. It is of three types: 1) The salutation that is offered with devotion by words composed by the person in poems is the best one. 2) The salutation that is offered by reciting some Vedic hymns or mantras from the puranas that verbal salutation is the middle most one. 3) The verbal salutation which is offered in local speech is the worse one.

**Manasa Namaskar:**[20] Salutation by thoughts is also of three types. It is according to the three stages of mind.

| No. | Stage of mind | Rank |
|---|---|---|
| 1 | Ishta (Desired) | Best one |
| 2 | Madhyama (Middle) | Middle one |
| 3 | Anishta (Hostile) | Worse one |

**Benefits of Namaskara according to Kalikapurana:**[21] A person who performs namaskara with devotion gets the result of four-fold aim of life (Chaturvarga), his lifespan increases and get progeny without cessation. Namaskar is the best means to achieve everything, according to Kalikapurana.

**Concept of Namaskara according to Ayurveda :** The concept of Anjali Namaksar is mentioned in Sushruta Samhita as one of the measures to be taken in disturbed climatic conditions, while explaining MarakaVyadhi. In the commentary it is stated that Namaskara is to be offered to Dev, Guru, Brahmana and three types of Namaskara are:[22] 1) Kaya (Sharira / Bodily) 2)Vak (Oral) 3)Manasa (Done using mind)

**Dasabodha :** Dasabodha is an old text in Maharashtra written by Maharshi Ramdas in 1581. In this text while giving description about Navavidha Bhakti the 6th way is mentioned is Vandana Bhakti. This section elaborates importance of Namaskara. One should offer Namaskara in the form of total submission by prostrating the body (Sashtanga Namaskara) in front of the Sun, to God and to Sadguru.[23]

Namaskara should be offered to Pashupati (God Shankara), Shreepati (God Vishnu) and Gabhasti (God Surya) to get rid of all sin. Same is applicable to God Hanumana and hence Namaskara should be offered always without failure.[24]

Namaskara makes one humble, ego is washed away, free from defects (Dosha-behavioural / manasa / sharira). Because of Namaskara one can experience satisfaction.[25]

Namaskar does not require any material, instruments it can be done free of cost.[26]

**Suryanamaskar as exercise:** The exercise form of Suryanamaskar was documented by Balasaheb Pantapratinidhi, Rajah of Aundh in his book The Ten Point Ways to health. Steps of Suryanamskar are given in the same book.[27]

**Results :** The literature about Suryanamaskar is found in the form of Suryopasana and the concept of Namaskar.

**Discussion:** The literature regarding Suryanamaskar is found since the ancient period i.e Vedas. It is found in the form of Suryopasana. The exercise form of Suryanamaskaris seen to be derived from the concept of Namaskara i.e Kayika Namaskara. Along with the concept of Suryanamaskara there is concept of Surrender which can be helpful in balancing various Manasa bhavas and to improve mental health. The literature helps us understand the original idea behind Suryopasana which is ultimately wellbeing of mankind. Also, the literature helps in understanding the concept of Surrender and its importance in stabilising the mindaccording to Yogic Concepts. It gives basis for the exercise form as well as spiritual basis of the exercise. This can further open the doors of the research in this field.

**Conclusion :** The Suryanamaskar is an ancient concept of worshiping the god Sun which is associated with prostrating the body on ground to worship the Sun it emphasises about the spiritual angle of Suryanamaskar. The exercise form of Suryanamaskar is derived over the period has its roots way back in Vedic literature.

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सूर्यपादोदकंतीर्थजठरेधारयाम्यहं।। (ऋग्वेदः द्वादशनमस्कराः)

Atha RigvediyaBrahmakarmaSamuchhay, Narendra Prakashan, Pune, Reprint February 2013 Chapter 1 Page 12-13

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## अभिनंदन!

### डॉ. मिनाक्षी अशोक रणदिवे उपप्राचार्यपदी

राष्ट्रीय शिक्षण मंडळ संचलीत टिळक आयुर्वेद महाविद्यालयाच्या उपप्राचार्य पदावर दि. १ जुलै २०२४ पासून शारीरक्रिया विषयाच्या प्राध्यापक व विभागप्रमुख डॉ. मिनाक्षी रणदिवे ह्यांची नियुक्ती करण्यात आली.

आयुर्विद्या मासिक समितीच्या वतीने डॉ. रणदिवे ह्यांचे हार्दिक अभिनंदन व शुभेच्छा!

# Ginger Power : Unveiling Aardrak's Healing Potential Against Inflammatory Diseases In Ayurveda

**Vd. Pranita A. Gatlewar,** PG Sch. Swasthavritta

**Vd. Nitesh R. Joshi,** Guide and Asso. Prof.
Dept. of Swasthavritta and Yoga, MAM's Sumatibhai Shah Ayurveda Mahavidyalaya, Hadapsar, Pune-28

**Introduction -** The use of everyday kitchen ingredients with medicinal values has been a longstanding practice in Indian traditional medicine. Ginger or Aardrak (Zingiber officinale, Roscoe) stands out as one such ingredient, recognized in Ayurveda for its medicinal properties, described both as fresh (Aardrak) and dried (Shunthi) ginger. For centuries, humans have been consuming ginger as an aromatic spice or flavouring agent and is claimed to have medicinal properties. It is a famous ingredient in Ayurvedic, Chinese and Tibb-Unani herbal medicines. In Ayurveda, ginger is proved to be useful in treating inflammation and rheumatism. Unlike other NSAIDs, ginger doesn't cause any irritation to the stomach. Moreover, studies proved that increased consumption of plant foods like ginger other than steroidal medications reduces the risk of obesity, diabetes and heart diseases. These diseases tend to have elevated proinflammatory markers and hence can be benefitted by ginger. The prevalence of inflammatory diseases like Ulcerative colitis, Asthma, Rheumatoid arthritis, Psoriatic arthritis, Crohn's disease, Lupus erythematosus etc is seen increasing due to defective dietary practices and poor lifestyle management. This review aims to project light on effective consumption of ginger as whole or in different recipes which could be easy to prepare even for common people. Ayurvedic research specifically examining ginger's potential benefits for inflammatory diseases has been scarce. The easy access to good quality, highly available ginger will be helpful in exploring the potentials of ginger for inflammatory diseases.

**Aim And Objectives -** 1) To explore the anti-inflammatory action of ginger. 2) To promote effective consumption of ginger through different recipes.

**Review Of Literature -** Ginger commonly known as Aardrak (fresh ginger) or Shunthi (dried ginger) having the Latin name Zingiber officinale, Roscoe is a member of the Zingiberaceae family and Haridra Kula. The name Zingiber is derived from the word Shrungaber which is a synonym for Aardrak in many Ayurveda texts.[1] And Officinale in Latin denotes use of plants as medicine or for cooking. The different synonyms used for ginger are Aushadha, Mahaushadha (great medicine), Nagara, Vishva, Vishvabheshaj (universal medicine), Sringavera, Katubhadram, Uthkatam, Vishvoushadha. The ginger plant is an erect perennial herb with aromatic rhizome.[2] Its rhizomes are 7-15 cm long and 1-1.5 cm broad and laterally compressed. It is cultivated commercially in India, China, South East Asia, West Indies, Mexico and other parts of the world. The commercial varieties of ginger include Cochin Ginger, African Ginger, Jamaican Ginger and Japanese Ginger (Z. miga). Of the 400 types of compounds present in ginger, four phenolic compounds are mainly responsible for its biological effects- gingerols, shogaols, paradols and zingerone.[3] Ginger is known to have many properties like anticancer effect, anti-oxidant effect, antipyretic, anticolic, anti-inflammatory, respiratory tonic, aphrodisiac, cardiac tonic etc. Ayurveda attributes properties of being Sattvic which are beneficial for various body constitutions (Vata,

Pitta, Kapha). Additionally, Aardrak and Shunthi are known to possess anti-inflammatory and pain-relieving effects, supported by the presence of bioactive compounds like 6-shoagol, zingerone and 8-shoagol, observed to alleviate symptoms in inflammatory diseases.

**Table No. 1 Taxonomical Classification[4]**

| | |
|---|---|
| KINGDOM | Plantae |
| CLASS | Monocotyledons |
| SERIES | Epigynae |
| FAMILY | Zingiberaceae |
| GENUS | Zingiber |
| SPECIES | officinale |

**Table No. 2 Food Value (Values per 100 gms edible portion)[5]**

| Sr.no. | Food Value | Amount In % |
|---|---|---|
| 1. | Moisture | 80.9% |
| 2. | Protein | 2.3% |
| 3. | Fat | 0.9% |
| 4. | Minerals | 1.2% |
| 5. | Fibre | 2.4% |
| 6. | Carbohydrates | 12.3% |

**Table No. 3 Minerals And Vitamins Content[6]**

| Sr.no. | Minerals And Vitamins | Amount |
|---|---|---|
| 1. | Calcium | 20 mg |
| 2. | Phosphorus | 60 mg |
| 3. | Iron | 2.6 mg |
| 4. | Vitamin C | 6 mg |
| 5. | Vitamin B Complex | Small amount |
| 6. | Calorific Value | 67 |

**Table No. 4 Rasa Panchaka[7]**

| Rasa Panchaka | Ardraka | Shunthi |
|---|---|---|
| Rasa | Katu, Tikta, Madhura, Napittakrut (Ashtanga Hrudaya) | Katu Pittalam (Kaiyadeva Nighantu) |
| Guna | Ruksha, Teekshna, Guru (Kaivyadeva Nighantu) | Laghu, Snigdha |
| Veerya | Ushna | Ushna |
| Vipaka | Madhura | Madhura |
| Karma | Bhedani, Deepani | Amavatagni, Ruchya, Pachani, Vibandhanuth, Vrushya, Swarya, Nihanti Shopha (Kaivaydeva Nighantu) |
| Dosha gnatha | Vata Kaphapaha | Kapha Vatanuth |

**Table No. 5 Ayurveda Classics And Varga[8]**

| Sr. No. | Ayurveda Classics | Varga |
|---|---|---|
| 1. | Charak Samhita | Triptighna Varga, Arsoghna Varga, Deepaniya Varga, Sula Prashamana, Sheeta Prashamana, Trishna Nigrahana, Stanya Shodhana |
| 2. | Sushruta Samhitha | Pippalyadi Gana, Trikatu |
| 3. | Vaghbatta Samhitha | Aardraka-Shaka Varga Shunti-Aoushadha Varga |
| 4. | Bhavaprakasa Nighantu | Harithakyadi Varga |
| 5. | Madanapala Nighantu | Shuntyadi Varga |
| 6. | Raja Nighantu | Pipplyadi, Mishrakadi Varga |
| 7. | Kaiyadeva Nighantu | Pipalyadi |

**References Of Aardrak And Shunthi In Ayurveda Classics**

**1) Acharya Charak** in Sutrasthana has mentioned ginger as Rochak (taste promoter), Deepaniya (appetiser), Vrushya (aphrodisiac). This drug alleviates Vata and Kapha Dosha and clears all (Vibandha) blockages.[9]

**2) Acharya Sushruta** in Sutrasthana has mentioned ginger as a drug which mitigates Kapha and Vata Dosha, improves voice, pungent in taste, heat generating, Rochak (taste promoter), cardiac tonic, aphrodisiac. The properties of Shunthi which are different from Aardrak are it is Madhur Vipaki i.e. sweet

in post-digestive effect and Sneha as it contains aromatic oils or promotes oily secretions in the body.[10]

**3) Bhavprakash Nighantu** in Haritkyadi Varga mentions synonyms of Aardraka- Srngavera, Katubhadra and Aardrika. This drug is Bhedini (breaks hard faeces), heavy to digest, penetrating, heat-generating, and an appetiser. It is pungent in taste but attains sweetness after digestion and is drying and reduces Vata and Kapha. Ginger is contraindicated in skin diseases, anaemia, difficult micturition, haemorrhage, ulcers, fever, burning sensation and during summer and post-monsoon period.[11]

**4) Bhavprakash Nighantu** in Haritkyadi Varga explains the synonyms, properties, and actions of the herb Shunthi. The synonyms of Shunthi are, Visva, Viswam, Nagaram, Viswa Bhesajam, Usanam, Katu Bhadram, Srngaveram and Mahausadham. Shunthi promotes taste and it cures Aamavata (Rheumatoid arthritis) and is digestive. Its taste is pungent, easy to digest, Snigdha (contains aromatic oils or promotes oily secretions in the body), heat generating, sweet in post-digestive effect, and relieves from Kapha, Vata, and blockages and reduces oedema.[12]

**5) In Dhanvantari Nighantu** - Shatpushpa Varga, Acharya describes ginger as Vibandhahar (blockages breaker) and Shoolaghna (pain reliever) and Shunthi as Shophahar (reduces oedema).[13]

**6) In Kaivaydeva Nighantu** - Aushadhi Varga, Acharya states about ginger as Tikshna, Bhedini (penetrating) and Guru (heavy to digest). Shunthi is said to be Shoolahara (pain reliever), Shophahara (reduces inflammation) and mitigates Aam (toxic substances). The sprouts over ginger when taken with Kanji and rock salt, is very helpful for Shotha (inflammation) and especially in Aamvata (Rheumatoid Arthritis).[14]

**Recipes Of Ginger -**

**1) Gudardrak Yoga**[15]

**Ingredients:** a) Guda (jaggery) b) Aardrak (Ginger) c) Trijata (Cinnamon) d) Patra (Cardamom) e) Vyosha (Pepper+ Long Pepper+ Shunthi- dried ginger) f) Musta (Cyperus rotundus) g) Jiraka (Cumin) h) Lavanga (Clove) I) Ajamoda (Carom) j) Dhyanaka (Coriander) k) Honey

**Procedure for Preparation :** Mix Guda and Aardrak Swarasa (fresh ginger extract) in equal quantity and heat it to semi solid consistency. Then add Trijata, Patra, Vyosha, Musta, Jiraka, Lavanga, Ajamoda and Dhyanaka. After cooling down, honey is added and the mixture is mixed well.

**2) Ardraka Khandavaleha**[16]

**Ingredients:** a) Ardraka - Ginger Rhizome - Zingiber officinalis - 768g b) Goghrita - Cow ghee - 384 g c) Goksheera - Cow milk - 1.536 litres d) Sharkara - Sugar - 768 g e) 48 g fine powder of each of the following - • Pippali - Long pepper fruit - Piper longum • Pippalimoola - Long pepper root - Piper longum • Maricha - Black pepper - Piper nigrum • Shunthi - Ginger Rhizome - Zingiber officinalis • Chitraka - Lead Wort (root) - Plumbago zeylanica • Vidanga - False black pepper - Embelia ribes • Musta - Nut grass (root) - Cyperus rotundus • Nagakeshara - Mesua ferrea • Twak - Cinnamon - Cinnamomum zeylanicum • Ela - Cardamom - Elettaria cardamomum • Patra - Cinnamomum tamala • Kachura - Curcuma zeodaria

**Procedure for Preparation:** First, fresh ginger is boiled with milk. Ghee and sugar are added to it and heating is continued. After reaching semi solid consistency, it is taken out of fire and the rest of the ingredients are added to it. **Dose:** 5-10 gms per day with warm water. **Indications:** bronchitis, swelling, skin diseases, urticaria, skin inflammatory diseases.

**3) Aardrak Swarasa**[17]

**Ingredients :** Aardrak, Purana Gud (old jaggery), goat's milk.

**Procedure for Preparation:** Mix extract of

Aardrak and jaggery together and drink with goat's milk.

**Indications:** All types of swellings and inflammation.

**4) Apple Ginger Smoothie-**

**Ingredients :** a) 1 cup water b) 1 cup spinach c) 1 cup apple d) 28 g fresh ginger root grated e) 1/2 banana

**Procedure for Preparation:** Add all ingredients to a blender and blend until smooth. Drink up and reap the anti-inflammatory benefits.

**5) Ginger Snap Cookies-**

**Ingredients :** a) 230 g Self-Raising Flour b) 28 g Shunthi (Ground Ginger) c) 130 g Light Brown Sugar d) 28 g Honey e) 100 g Butter f) 14 g Bicarbonate Of Soda

**Procedure for Preparation:** 1) Preheat your oven to 180°C (gas mark 4, 160°Fan) and line two baking trays with parchment paper. 2) Add butter, light brown sugar and honey to a large mixing bowl and melt in the microwave on a medium to high heat. Stop the microwave every 15 to 20 seconds and give the mixture a stir. 3) Once melted, add flour, bicarbonate of soda and ground ginger to the mixing bowl and mix together until a dough has formed. 4) Scoop a tablespoon of dough and roll it into a ball using the palm of your hands. Place the ball onto a lined baking tray. 5) Repeat this step for the remaining dough; leave a gap between each ball. 6) Gently press the dough with your fingers to flatten slightly. Bake in the oven for 10 to 12 minutes or until golden brown. 7) Once baked, leave the biscuits to cool down for at least 10 minutes then enjoy! 8) You can add cinnamon, saffron for flavours too.

**Methodology -** Compilation and analysis of Ayurveda literature, scientific journals, research articles were conducted to explore the properties, indications, therapeutic effects, and methods of consumption of ginger. A comprehensive search using several keywords was done from various research databases.

**Observations And Results -** 1) Based on the compilation above, it can be concluded that ginger, with its Katu, Tikta Rasa, aids in the digestion of Aam that is generated as a consequence of poor eating habits.

2) The Bhedaniya Karma and Tikshna Guna are beneficial in eliminating all forms of Srotorodha, which is observed in illnesses that cause inflammation.

3) The Deepaniya Karma helps to activate and normalise Agni in anti-inflammatory disorders.

4) The Ushna Guna found in ginger is balanced by the Madhura Vipaka and leaves no side-effects.

**Discussion -** Ginger is found to contain compounds like gingerol, shogaol and paradol, inhibiting the production of pro-inflammatory cytokines responsible for chronic inflammation. The concept of Aama, a toxic by-product of poor digestion, is linked to microchannel blockages and is considered the primary source of Srotodushti and pro-inflammatory waste. Ginger's identified properties as Aampachak (digestion aid for toxins) and Vibandhahara (blockage-alleviating) due to its Katurasa (pungent taste) and Ushna Guna (hot potency) align with its potential therapeutic role. The recipes described earlier are easy to prepare and can be consumed in different forms by all age groups. These recipes can also be consumed in healthy individuals as a preventive approach for Swasthya Rakshanam (securing good health). A dietary intervention at such times when diseased individuals are completely dependent on medication is the need of hour. This study emphasises ginger's potential as a therapeutic plant, extending beyond its culinary use and presenting opportunities for its incorporation into various recipes for its medicinal benefits in managing inflammatory diseases.

**Sampraptibhanga By Aardrak (Fresh Ginger) And Shunthi (Dried Ginger) In Inflammatory Diseases -** According to Ayurveda, Aam (toxins) build up in the microchannels as a

result of bad eating habits and faulty digestion, which further causes Srotodushti.[18] The consistent disturbance in the microchannel is responsible for the loss of homeostasis, inflammation and tissue injury that evolves into chronic inflammatory diseases. It is necessary to remove this obstruction (Sampraptibhanga) in conditions such as rheumatoid arthritis. Here, Aardrak with its properties like Katurasa, Ushna, Tikshna Guna, Vibandhahara can be appropriate for its additive effects with other drugs. Ex- Shunthi Siddha Eranda Taila or Sunthi with Gulvel. Aardrak pacifies Vata and Kapha Doshas without aggravating Pitta since it has Katu Rasa (Tikta, Madhura), Teekshna, Ruksha Guna, Ushna Veerya and Madhura Vipaka. Shunti calms the Kapha and Vata Doshas but aggravates the Pitta Dosha. It has Katu Rasa, Snigdha Guna, Ushna Veerya, and Madhura Vipaka. Shunti and Ardraka are similar in nature, yet because of Samskara (processing), they have different properties. Therefore, Ardraka can be utilised in Ushnakala and Pitta-udrikta settings where Daha and Chosha Lakshanas are observed, however Shunti cannot be used in these situations. Due to their Agni Deepana property and accessibility, these two medications are commonly utilised in numerous formulations, including Trikatu, Soubhagya Shunti, Ardraka Ghrutam, and Avipathikara Churna. Almost all ailments can be cured by it (Rogaha Sarvebhyo Mandagnou).

**Mode Of Action Of Ginger In Inflammatory Disease -** In ginger, the bioactive components gingerol, shogaol and paradols all have antioxidant qualities. Antioxidants aid in the body's elimination of free radicals, which can cause inflammation and damage to cells. When the immune system strives to shield the body from harm, inflammation results. It could result in discomfort and oedema. Rheumatoid arthritis, osteoarthritis and certain other forms of arthritis are characterised by pain and inflammation. Antioxidants can help stop the cell damage that occurs in these situations. It is currently seen that this is due to the bioactive compounds in ginger which are capable of inhibiting the COX-2 and LOX pathways. Both in vitro and in vivo models have proved ginger's anti-arthritic effect.[19] Nonsteroidal anti-inflammatory medicines or NSAIDs, are frequently prescribed by medical professionals to treat arthritis. Hence, ginger could be an easy alternative with less side effects. Ginger root is generally considered safe by the U.S. Food and Drug Administration (FDA), and daily approved intake of up to 4 grams is deemed safe.[20]

**Conclusion -** In-depth analyses of both classical and contemporary literature demonstrate that ginger (Zingiber officinalis), which has been used extensively in Ayurveda for a very long time, is unquestionably a highly important medication. However, nutritional and clinical use of ginger in nutraceuticals or enriched-food products is limited due to its poor bioavailability. More studies need to be done to study the pathophysiology of ginger exclusively in inflammatory diseases with Ayurvedic perspective. As its name implies, Vishvabheshaja, it can be promising to promote universal health.

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## राष्ट्रीय शिक्षण मंडळाचा ''महासन्मान''

''सकाळ माध्यम समुहाच्या'' वतीने **''ब्रँड्स ऑफ महाराष्ट्र''** च्या माध्यमातून महाराष्ट्रातील विविध क्षेत्रात उल्लेखनीय कामगिरी करणाऱ्या व्यक्तिंचा, संस्थांचा आणि ब्रँड्सचा दि. २०/७/२०२४ रोजी जे. डब्लयू. मॅरिएट हॉटेलमध्ये शानदार समारंभात गौरव करण्यात आला. ह्यामध्ये उद्योग, व्यवसाय, शिक्षण, आरोग्य, कृषी, अभियांत्रिकी आदि क्षेत्रातील ६८ ब्रँडसचा सन्मान मान्यवरांच्या हस्ते करण्यात आला. आरोग्य क्षेत्रात गेल्या शंभर वर्षात बजाविलेल्या विशेष कामगिरीबद्दल **''राष्ट्रीय शिक्षण मंडळास''** हा महाब्रँडचा सन्मान प्राप्त झाला.

राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष डॉ. दिलीप पुराणिक, सचिव डॉ. राजेंद्र हुपरीकर व डॉ. प्रमोद दिवाण ह्यांनी केंद्रीय नागरी हवाई वाहतूक आणि सहकार राज्यमंत्री ना. श्री. मुरलीधर मोहोळ आणि खासदार श्रीमती सुप्रिया सुळे ह्यांच्या शुभहस्ते टाळ्यांच्या गजरात स्विकारला.


**डावीकडून – सकाळ अधिकारी, डॉ. पुराणिक, सौ. सुळे, ना. श्री. मोहोळ, डॉ. हुपरीकर, डॉ. दिवाण व संयोजक.**


**सन्मानचिन्ह**

# टिळक आयुर्वेद महाविद्यालय, ९१ वा वर्धापनदिन समारंभ – २६ जून २०२४

राष्ट्रीय शिक्षण मंडळाच्या टिळक आयुर्वेद महाविद्यालयाच्या ९१ व्या वर्धापन दिनानिमित्त भव्य व शानदार समारंभाचे आयोजन दि. २६ जून २०२४ रोजी दुपारी ४ वाजता महाविद्यालयाच्या एन.आय.एम.ए. सभागृहात करण्यात आले होते.

समारंभास प्रमुख अतिथी म्हणून केंद्रीय ''आयुष'' मंत्रालयाचे सल्लागार डॉ. मनोज नेसरी लाभले होते. विशेष अतिथी म्हणून ''शाश्वत हॉस्पिटल्स समुहाचे'' प्रमुख डॉ. पुष्पराज करंदीकर निमंत्रित होते. राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष डॉ. दिलीप पुराणिक अध्यक्षस्थानी होते.

सनईच्या मंगल स्वरांनी सर्व निमंत्रितांचे अगत्यपूर्ण स्वागत केले. सर्व मान्यवरांच्या हस्ते श्री धन्वंतरींचे पूजन झाल्यानंतर आकर्षक सजावटीने नटलेल्या एन.आय.एम.ए. सभागृहाच्या भव्य व्यासपीठावर सन्माननीय अतिथी, राष्ट्रीय शिक्षण मंडळाचे उपाध्यक्ष डॉ. भालचंद्र भागवत, सचिव डॉ. राजेंद्र हुपरीकर, प्राचार्य डॉ. सरोज पाटील, उपप्राचार्य डॉ. हजरनवीस, डॉ. उजागरे, डॉ. संगिता साळवी स्थानापन्न झाल्यानंतर डॉ. गौरी गांगल ह्यांच्या मधुरमय स्वरांनी सादर केलेल्या श्री धन्वंतरी स्तवनाने सभागृहाचे वातावरण मंगलमय झाले. डॉ. मिहीर हजरनवीस ह्यांनी उपस्थितांचे स्वागत केले. डॉ. उजागरे ह्यांनी मान्यवरांचा परीचय करून दिल्यानंतर सर्व मान्यवरांचे यथोचित, स्वागत करून सन्मानित करण्यात आले. त्यांचे शुभहस्ते मंगलदीप प्रज्वलन करण्यात आले. **समारंभाचे खास आकर्षण म्हणजे राष्ट्रीय शिक्षण मंडळ पुरस्कृत विशेष पुरस्कार व पारितोषिकांचे वितरण होय.**

टिळक आयुर्वेद महाविद्यालयातून पंचवीस वर्षापूर्वी पदवीप्राप्त करुन पुढील पंचवीस वर्षांच्या कारकीर्दित विशेष कार्यकर्तृत्व गाजविलेल्या माजी विद्यार्थ्यांचा **''कार्यभूषण''** पुरस्कार देवून सन्मान करण्यात आला. **डॉ. राजेंद्र लाहोरे** ह्या नेत्र तज्ज्ञांच्या सन्मानपत्राचे वाचन डॉ. हजरनवीस ह्यांनी केल्यानंतर डॉ. नेसरी, डॉ. पुराणिक व इतर मान्यवरांच्या हस्ते पुणेरी पगडी, सन्मानपत्र, शाल, भेटवस्तू व पुष्पगुच्छ देवून सत्कार करण्यात आला. वैद्यकीय व सामाजिक क्षेत्रात विशेष कर्तबगारी बजाविलेल्या **डॉ. अमोल देवळेकर** ह्यांच्या **''कार्यभूषण''** पुरस्काराच्या सन्मानपत्राचे वाचन डॉ. विनया दीक्षित ह्यांनी केल्यानंतर डॉ. करंदीकर, डॉ. पुराणिक व इतर मान्यवरांच्या हस्ते डॉ. देवळेकर ह्यांना पुणेरी पगडी, शाल, सन्मान पत्र, भेटवस्तू व पुष्पगुच्छ देवून सपत्निक सन्मानित करण्यात आले. दोन्ही सन्मानितांनी भावपूर्ण शब्दात कृतज्ञता व्यक्त करत राष्ट्रीय शिक्षण मंडळाचे आभार मानले.

राष्ट्रीय शिक्षण मंडळ पुरस्कृत **"Best Teacher of The Year"** पुरस्काराने **डॉ. तरनूम पटेल** ह्यांना सन्मानित करण्यात आले. **"Best Department of Year"** पुरस्कार अगदतंत्र विभागाने पटकाविला, **''कार्यकुशल''** पुरस्काराने **श्रीमति स्मिता पोतदार** ह्यांना तर **''कार्यतत्पर''** पुरस्काराने

**मंगलदीप प्रज्वलन – डावीकडून – डॉ. साळवी, डॉ. हुपरीकर, डॉ. करंदीकर, डॉ. पुराणिक, डॉ. नेसरी, डॉ. पाटील, डॉ. हजरनवीस, डॉ. उजागरे.**


**आयुर्विद्या इंटरनॅशनल प्रकाशन – डावीकडून – डॉ. साळवी, डॉ. हुपरीकर, डॉ. भागवत, डॉ. करंदीकर, डॉ. पुराणिक, डॉ. नेसरी, डॉ. पाटील, डॉ. उजागरे. डॉ. दीक्षित, डॉ. हजरनवीस.**

डॉ. मनोज नेसरी यांचा ''जीवन गौरव'' सन्मान

डॉ. अमोल देवळेकर ''कार्यभूषण'' पुरस्काराने सन्मानित

डॉ. लाहोरे ''कार्यभूषण'' पुरस्काराने सन्मानित

डॉ. तरनूम पटेल "Best Teacher of The Year" पुरस्काराने सन्मानित

अगदतंत्र विभाग "Best Department of Year" पुरस्काराने सन्मानित

श्रीमती शितकाल ''कार्यतत्पर'' पुरस्काराने सन्मानित

श्रीमती स्मिता पोतदार ''कार्यकुशल'' पुरस्काराने सन्मानित

**श्रीमती शितकाल** ह्यांना सन्मानित करण्यात आले. ह्याचबरोबर कै. डॉ. किरुमक्की सुवर्णपदकांचे व पारितोषिकांचे वितरण गुणवंत विद्यार्थ्यांना करण्यात आले. कै. का. भ. गर्दे पारितोषिक, कै. वैद्य अ. दा. आठवले पुरस्कार, कै. डॉ. बा. चि. लागू पुरस्कार, कै. वैद्य शिराळकर पंचकर्म पुरस्कार, कै. रामचंद्र जोशी पुरस्कार, कै. श्रीमती डोईफोडे पुरस्कार गुणवंत विद्यार्थ्यांना देण्यात आले.

समारंभाचे औचित्य साधून Ayurvidya International Journal, vol.2,July 2024 चे प्रकाशन डॉ. नेसरी ह्यांच्या हस्ते तर आयुर्विद्या, जुलै २०२४ अंकाचे प्रकाशन डॉ. करंदीकर ह्यांच्या हस्ते करण्यात आले.

समारंभाच्या सुरुवातीस प्राचार्य डॉ. सरोज पाटील ह्यांनी गेल्या वर्षात महाविद्यालयाने केलेल्या सर्वांगिण प्रगतीचा, आयोजित केलेल्या विशेष कार्यक्रमांचा, उपक्रमांचा, मिळविलेल्या पारितोषिकांचा आढावा घेतला. उपस्थितांनी टाळ्यांच्या गजरात आपली प्रशंसा नोंदविली.

डॉ. मनोज नेसरी ह्यांनी ''आयुष'' मंत्रालयाअंतर्गत विविध उपक्रम, शैक्षणिक सुविधांची माहिती दिली. तसेच आता एकूणच मिश्रवैद्यकीय (Integrative) प्रणालीचा अंगिकार करण्यात येणार असल्याचेही सूचित केले. डॉ. पुष्पराज करंदीकर ह्यांनीही कोणतीही एक वैद्यकीय प्रणाली (Pathy) श्रेष्ठ न मानता इतर प्रणालींमधील चांगल्या घटकांचा स्विकार करणे अगत्याचे असल्याचे सांगितले.

अध्यक्ष डॉ. पुराणिक ह्यांनी टिळक आयुर्वेद महाविद्यालयाच्या सर्व विभागांनी आयोजित केलेल्या **'Know our Ayurved'** प्रदर्शनाची व राष्ट्रीय स्तरावर आयोजित केलेल्या परीषदा, कार्यशाळा ह्यांची मुक्त कंठाने प्रशंसा केली व अभिनंदन केले. तसेच सर्व पारितोषिक विजेत्यांचे अभिनंदन करत शुभेच्छा दिल्या.

डॉ. संगीता साळवी ह्यांनी आभार प्रदर्शन केले. समारंभाचे सूत्र संचलन डॉ. हजरनवीस, डॉ. उजागरे व डॉ. साळवी ह्यांनी सूत्रबद्धतेने केले. राष्ट्रगीतानंतर समारंभाची समाप्ती झाली.

# आयुर्वेद क्षेत्रातील उद्यमशीलतेच्या संधी

**डॉ. अपूर्वा संगोराम,** कार्यकारी संपादक

नॅशनल कमिशन ऑफ इंडीयन सिस्टीम ॲण्ड मेडीसिन तर्फे भारतीय सूक्ष्म, लघु आणि मध्यम उद्योग मंत्रालयाच्या सहकार्याने, आयुष क्षेत्रातील उद्यमशीलतेला चालना मिळण्यासाठी हैद्राबाद येथील नॅशनल इन्स्टिस्ट्यूट ऑफ मायक्रो स्मॉल मिडीयम एंटरप्रायझेस या संस्थेमध्ये आयुष क्षेत्रातील अध्यापकांसाठी ट्रेनिंग कार्यक्रम आयोजीत करण्यात येत आहेत. यामध्ये आयुष महाविद्यालयांतील अध्यापकांना विद्यार्थ्यांमधील उद्यमशीलता वाढविण्यासंबंधी काय करता येईल या संबंधी प्रशिक्षण दिले जाते. महाविद्यालय स्तरावर **EDC** ची स्थापना करुन विद्यार्थ्यांमध्ये उद्यमशीलतेविषयी जागरुकता निर्माण करणे व त्यांना सर्वप्रकारचे साहाय्य करणे यासाठी **EDC** ची स्थापना करण्यात यावी असा उद्देश आहे. त्या अनुषंगाने प्रत्येक महाविद्यालयामध्ये आंतरप्रिनरशीप डेव्हलपमेंट सेल **(EDC)** ची उभारणी करण्यात येत आहे.

आयुष क्षेत्रात जास्तीत जास्त उद्यमशीलतेला चालना मिळावी, आयुष क्षेत्रातून जास्तीत जास्त उद्योजक तयार व्हावेत. उद्योजक, व्यावसायिक, शैक्षणिक क्षेत्रात तसेच संशोधन क्षेत्रात काम करणाऱ्याचे काम एकमेकांना पूरक ठरेल असे असावे. यातून जास्तीत जास्त लोकांना व्यवसाय अथवा नोकरी मिळण्यास मदत व्हावी व या उद्यमशीलतेच्या सहाय्याने तळागाळातील व्यक्तीपर्यंत याचे लाभ मिळावेत अशा उद्देशाने सदर प्रशिक्षण कार्यक्रम आयोजीत करण्यात येत आहेत. या अनुषंगाने आयुर्वेद क्षेत्रामध्ये कोणकोणत्या प्रांतामध्ये उद्यमशिलतेच्या संधी उपलब्ध होऊ शकतील हे समजावून घेऊ.

आयुर्वेद शास्त्राचे वैशिष्ट्य म्हणजे ते स्वस्थ व्यक्तींचे स्वास्थ्य रक्षण करणारे व रोगी व्यक्तींचा आजार दूर करणारे शास्त्र आहे. त्यामुळे कोविड साथी नंतरच्या काळात संपूर्ण जगभरामध्ये आयुर्वेदीय जीवनशैली आणि नैसर्गिक औषधी उत्पादनांची मागणी वाढलेली आहे. तसेच आयुर्वेदीय औषधांचे दुष्परीणाम ही कमी प्रमाणात जाणवत असल्यामुळे ही औषधे घेण्याकडे लोकांचा कल वाढत आहे. या सर्वांचा विचार करून विविध उद्योग उभे करता येऊ शकतील.

**आयुर्वेद फार्मसी :** यामध्ये विविध प्रांतात उपलब्ध असलेल्या औषधी वनस्पती गोळा करून त्यावर संशोधन करून औषधी उत्पादने बनविणे. हा मोठा व्यवसाय आहे. सध्या भारतात आयुर्वेदीय सौंदर्यप्रसाधनांचे उत्पादन औषधीकरण बनवणाऱ्या अशा अनेक लहान मोठ्या फार्मसी उपलब्ध आहेत.

**पंचकर्म थेरपी क्लिनिक्स :** आयुर्वेदाची वैशिष्ट्यपूर्ण चिकित्सा पद्धती असलेल्या पंचकर्म थेरपीची लोकप्रियता दिवसेंदिवस वाढत आहे. यामध्ये शास्त्रशुद्ध पद्धतीने करण्यात येणाऱ्या स्वेदन, वमन, विरेचन, बस्ती यासारख्या उपक्रमांमुळे आरोग्य उत्तम राखण्यासाठी मदत मिळते आहे. स्पेशालिटी क्लिनिक्स, क्षारकर्म, सौंदर्य चिकित्सा, ब्युटीपार्लर्स. याच्या जोडीला रक्तमोक्षण (जळू लावणे), शिरोधारा, तक्रधारा, विद्धकर्म, अग्निकर्म, म्युझिक थेरपी इ. ची स्पेशालिटी क्लिनिक्स याचाही प्रसार दिवसेंदिवस वाढताना दिसत आहे.

**योग आणि मेडीटेशन सेंटर्स –** आयुर्वेदशास्त्राच भाग असलेले, शरीर स्वास्थ्यासाठी योग आणि मानस स्वास्थ्यासाठी प्राणायाम, मेडीटेशन अशा संयुक्त चिकित्सेद्वारा, स्वास्थ्यसंवर्धक सेंटर्स ची उभारणी ही काळाची गरज आहे.

**आयुर्वेद आहार चिकित्सा –** या द्वारा आयुर्वेद शास्त्रातील पथ्यापथ्य संकल्पना, आयुर्वेदीक पद्धतीने बनविण्यात येणाऱ्या पाककृती, वैयक्तिक आहार मार्गदर्शन, प्रकृतीनुरूप आहार अशा विविध संकल्पनांवर आधारीत क्लिनिक्स ची उभारणी करता येऊ शकेल. याशिवाय आयुर्वेदीक रेस्टॉरंटस्, मिलेट रेसिपीज, सेंद्रीय पद्धतीने पिकविण्यात येणाऱ्या औषधी वनस्पतीच्या रेसिपीज अशा नाविन्यपूर्ण संकल्पनांचा विचार करता येऊ शकेल.

**वेलनेस टुरीझम –** सध्या भारतामध्ये विशेषतः केरळसारख्या प्रदेशामध्ये वेलनेस टुरीझम चे प्रमाण वाढत चालले आहे. यामध्ये टुरीझम बरोबरच वेलनेससाठी विविध मसाज, स्पा, ॲरोमा थेरपी अशा वेलनेस मेंटेनन्स मेथड्सचा अवलंब करण्यात येतो. यालाही देश परदेशातून भरघोस प्रतिसाद मिळतो आहे. अशा अनेक नवीन उद्यमशीलतेच्या संधी आयुर्वेद क्षेत्रात उपलब्ध आहेत. सर्वात महत्वाचे म्हणजे यासाठी भारत सरकारने आर्थिक सहाय्य उपलब्ध करून दिलेले आहे. यासाठी सूक्ष्म, लघु, मध्यम उद्योजकता मंत्रालयाद्वारा विविध योजना प्रस्तावित केल्या आहेत.

चला तर मग या सर्व योजनांचा लाभ घेऊन आयुर्वेद क्षेत्रातील नामांकित उद्योजक बनू या आणि भारताला आत्मनिर्भरतेकडे बनविण्याच्या कार्यामध्ये सहभागी होऊ या !

# मानांकित की नामांकित !

**डॉ. सौ. विनया दीक्षित,** उपसंपादक

वैद्यकीय शिक्षण प्रणाली मध्ये आयुष विभागांतर्गत आयुर्वेद, युनानी, होमियो इ. विविध चिकित्सा शास्त्रांची महाविद्यालये समाविष्ट होतात. प्रत्येक चिकित्सा पद्धतीला स्वतःची काही स्वतंत्र मूल्ये, मूल्याधिष्ठित मूलभूत सिद्धान्त व अध्ययनाच्या विशिष्ट परंपरागत त्या त्या शास्त्रानुरुप अशा पद्धती निश्चित आहेत. २०२४ पूर्वीही या विभागांमध्ये पदवी शिक्षण प्रक्रिया चालू होती, यशस्वीपणे राबविली जात होती.

आयुर्वेदीय व इतर जुन्या महाविद्यालयांतून ५०, ८० वर्षापूर्वी पदवी प्राप्त केलेले अनेक निष्णात वैद्य, अध्यापक, कुशल शल्यादी चिकित्सक याबाबतीत आपली अनुभवजन्य निरीक्षणे नोंदवू शकतील. शिकण्याची तीव्र नाही परंतु किमान 'इच्छा' असणाऱ्या प्रत्येक विद्यार्थ्याला या महाविद्यालयांत अध्यापकांकडून यथायोग्य ज्ञान – मार्गदर्शन, ग्रंथालये व रुग्णालये किंवा प्रयोगशाळांतून उपयुक्त शैक्षणिक बाबी भरपूर प्रमाणात व वेळोवेळी निश्चितच उपलब्ध असतात. कुठल्याही सामान्य अध्यापकास 'शंका विचारणारा' 'अधिक माहिती घेणारा' 'आपणहून कौशल्ये विकसित करण्यासाठी पुढाकार घेऊन रुग्णालयीन वा प्रयोगशालेय कामात सक्रियतेने सहभाग घेणारा विद्यार्थी निश्चितच आवडतो. त्याला अध्ययनात मार्गदर्शन केल्याने एका अवर्णनीय पोषक अशा समाधानाची जाणीव होत असते. तो एक वेगळाच आनंद असतो. ज्याचा त्याने अनुभवायचा असतो.

या सर्व अध्यापनाच्या कार्यक्रमाला एका शिस्तीत व प्रमाणित आराखड्यात बांधताना NCISM किंवा राज्यस्तरीय विद्यापीठे यांनी नुकतेच विविध परिमाणे व एकके निश्चिती करून प्रचंड प्रमाणात महाविद्यालयांकडून माहिती मागविली, ती ही केवळ १०–१२ दिवसांच्या अल्प कालावधीत. या माहितीचा उद्देश कितीही आकर्षक व सात्त्विक तळमळीचा असलातरी खरच विविध चिकित्सा पद्धतींना एकाच ढाच्यात परखणे योग्य आहे का? अध्ययन अध्यापनाच्या वेगवेगळ्या स्तरांतील अवकाश हे असे कागदोपत्री पुराव्यांनी भरुन काढता येतात का? कागदी किंवा आधुनिक तंत्रज्ञानातील कॅमेराबंद पुरावा हा मूल्यमापनाचा आधारस्तंभ पूर्णतः राहू शकतो का?

असे अनेक प्रश्न शिक्षण प्रणालीत मुरलेल्या व प्रस्थापित प्राध्यापकांना व प्रशासकांना भेडसावत आहेत. 'आदेशावरुन कृती' या उक्तीला अनुसरून निवडक (?) वैद्यकीय महाविद्यालयांनी आपापल्या संदर्भातील ही सर्व माहिती जशी जशी उमगेल, समजेल त्या त्या पद्धतीने ऑनलाईन सॉफ्टवेअर प्रणालीत चढवली देखील. या सर्व खटाटोपानंतर चौकशी केल्यास प्रत्येक कप्तानाने वेगळाच अर्थबोध घेऊन कार्यवाही केलेली आहे हे स्पष्ट पणे प्रत्येकालाच जाणवत आहे.

विद्यार्थ्यांचे शैक्षणिक हित हे सर्व विद्यापीठांच्या कार्यकारिणीचा केंद्रबिंदू असतो हे मान्यच आहे. परंतु विद्यार्थ्यांचे हित हे प्रमाणित, कृत्रिम व साचेबंद अध्यापनात आहे की स्वयंबुद्धीच्या आकलन शक्तीनुसार उपलब्ध अनेक पर्यायांतून स्वतःला जोखून योग्य गुरुंच्या मार्गदर्शनाखाली स्वतःला अध्ययनास समर्पित करून ''काहीतरी उत्तम'' साधण्यात आहे या संबंधी कुठे संशोधन प्रसिद्ध आहे? विशेषतः आयुर्वेद, युनानी व योग शास्त्रे यांचे ग्रहण करताना एक विशिष्ट क्रम, वेळ व पद्धतींचा अवलंब केल्यास ते 'ज्ञान' कौशल्यात विकसित होते व वर्षानुवर्षे वैद्यांमधे राहते. नव्या शैक्षणिक पद्धतीत Short term Results व Long Term Products यांचा ताळमेळ अभ्यासला जाणे अत्यावश्यक वाटते.

महाविद्यालयांचे मूल्यांकन करताना या सर्वच बाबींकडे दुर्लक्ष करता येणार नाही. मानांकित आयुर्वेदीय महाविद्यालयातून उत्तीर्ण होणारी भविष्यातील नव्या वैद्यांची पिढी जेव्हा याबाबत विचारणा करेल तेव्हा जबाबदारी कोणाची? किती? हेही समजून घ्यायला हवे. मूल्यांकनाची उद्दीष्टे अतिशय उत्तम आहेत, गरजही आहे परंतु त्यांची पद्धती सुधारण्यास निश्चितच वाव आहे. अर्वाचीन वैद्यक व आयुष शास्त्रे यांतील मूलभूत फरक अध्ययन – अध्यापनातही आहेच हे विसरुन चालणार नाही हेच खरे.

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