



आयुर्विद्या

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of 21st Century Dedicated to Ayurved...



॥ श्री धन्वंतरये नमः ॥

राष्ट्रीय शिक्षण मंडळ, संचालित

आयुर्विद्या

मासिक

शंखं चक्रं जलौकां दधतमृतघटं चारुदोर्भिश्चतुर्भिः ।
सूक्ष्मस्वच्छातिहृद्यांशुकपरिविलसन् मौलिमम्भोजनेत्रम् ॥
कालाम्भोदोज्ज्वलाङ्गम् कटितटविलसद्धारुपीताम्बराढ्यम् ।
वन्दे धन्वन्तरितं निखिलगदवन प्रौढदावाग्निलीलम् ॥
नमामि धन्वन्तरिमादिदेवं सुरासुरैवन्दितपादपङ्कजम् ।
लोके जरारुग्भयमृत्युनाशनं धातारमीशं विविधौषधीनाम् ॥

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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 - 09422506207
Dr. Vinaya Dixit - 09422516845 Dr. Apoorva Sangoram 09822090305
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संपादकीय

अढळ आणि चिरंतन!

डॉ. दिलीप पुराणिक

मंगळवार दि. १५/११/२०२२ रोजी एक बहुआयामी, बहुश्रुत व्यक्ती कायमची काळाच्या पडद्याआड गेली. डॉ. सुहास नारायण परचुरे ह्या वलयांकीत व्यक्तीची ह्या दिवशी अखेर झाली आणि अनेकांना दुःखाच्या सागरात लोटून आयुष्याच्या अखेरीनंतरच्या न परतीच्या प्रवासाला निघून गेली. त्यांच्या जाण्याने अनेकांना आपला जीवलग मित्र गमाविल्याची तर काहींना आपले गुरु, मार्गदर्शक, वडीलधारी छत्र गमाविल्याची भावना झाली. आपल्या प्रेमपूर्वक वागण्याने, चटकन कोणाशीही जवळीक साधण्याचे कसब असलेल्या डॉ. सुहास ह्यांनी अनेकांच्या हृदयावर अधिराज्य गाजविले. कोणत्याही व्यक्तीच्या सान्निध्यात आलेल्या व्यक्तीच्या हृदयात शिरून हृदयाचा "एक कप्पा" डॉ. सुहास ह्यांचा कायमचा होवून जात असे.

शिक्षण, कला, क्रिडा, राजकारण ह्या क्षेत्रात डॉ. सुहास ह्यांनी मुक्त संचार केला. चतुरस्त्र व्यक्तित्व लाभलेल्या सुहास ह्यांना कोणतेच क्षेत्र वर्ज्य नव्हते. कॉलेज जीवनात नाटक, वक्तृत्व, क्रिकेट वगैरेमध्ये आंतरमहाविद्यालयीन स्पर्धांमध्ये भाग घेवून कलामंच, क्रिडांगण गाजविले. महाविद्यालयीन जीवनात विविध निवडणूकांमधील सहभागाने त्यांच्या पुढील राजकारणाची त्यांच्या ठायी असलेली बीजे प्रत्ययास आली. हे सर्व करत असतांना त्यांनी आपल्या "स्वभावाने" पुढील आयुष्यासाठी कायमचे मित्र जोडले आणि अखेरपर्यंत "मैत्र्य" कायम राखले.

महाविद्यालयीन शिक्षण पूर्ण करत ज्या पुणे विद्यापीठाची बी. ए. एम. अँड एस. पदवी त्यांनी प्राप्त केली ते पुणे विद्यापीठ त्यांच्या आयुष्याच्या कारकिर्दीचा परमोच्च बिंदू ठरले असे म्हटल्यास वागणे ठरणार नाही. पुणे विद्यापीठात त्यांनी असे कोणतेही क्षेत्र बाकी ठेवले नाही की जे त्यांनी आपल्या कार्यकर्तृत्वाने गाजवले नाही. पुणे विद्यापीठाच्या अनेक अधिसभा त्यांनी आपल्या अमोघ वक्तृत्वाने गाजवून सोडल्या. आयुर्वेद विद्याशाखेचे अधिष्ठाता (Dean) असतांना त्यांनी केलेले विधायक कार्य उल्लेखनीय ठरले. पुणे विद्यापीठामध्ये आयुर्वेद विभाग (Department) निर्माण करण्यात त्यांनी बजाविलेली कामगिरी "मैलाचा दगड" (Mile stone) ठरली. पुणे विद्यापीठाचे प्रतिनिधी म्हणून त्यांनी Central Council of Indian Medicine ह्या संस्थेत आयुर्वेद शिक्षणाचे व्यवस्थापन आणि आयुर्वेदाच्या पदवीधर व पदव्युत्तर शिक्षणासाठी केलेले कार्य विशेष उल्लेखनीय ठरले. पुणे विद्यापीठातील आयुर्वेद विद्याशाखा बंद झाली आणि नव्याने स्थापन झालेल्या महाराष्ट्र आरोग्य विज्ञान विद्यापीठाच्या अखत्यारीत ती गेल्यानंतरही डॉ. सुहास परचुरे ह्यांनी नवीन विद्यापीठाशी मिळते जुळते घेवून ह्या विद्यापीठाचे प्रतिनिधित्व सेंट्रल काउंसिल ऑफ इंडियन

मेडिसिनमध्ये केले.

डॉ. सुहास ह्यांनी ज्या ज्या क्षेत्रात प्रवेश केला ते प्रत्येक क्षेत्र, संस्था आपल्या कार्यकर्तृत्वाने गाजविल्या आणि संस्थेच्या सर्वोच्च स्थानावर वा पदावर आपले नाव कोरले. बी. ए. एम. अँड एस. ही मूलतःच मिश्र वैद्यकीय पदवी असल्याने मिश्रवैद्यकाचा पुरस्कार डॉ. सुहास ह्यांनी आयुष्यभर केला. मिश्रवैद्यकीय व्यावसायिकांची संघटना असलेल्या नॅशनल इंटीग्रेटेड मेडीकल असोसिएशनचे सदस्य (Member), पुणे जिल्हा शाखेचे संघटक, अध्यक्ष, तसेच एन. आय. एम. ए. राज्य शाखेचे अध्यक्ष आणि शेवटी ऑल इंडिया एन. आय. एम. ए. चे राष्ट्रीय अध्यक्ष हा त्यांचा प्रवास स्तिमित करणारा असाच म्हटला पाहिजे. ह्या दीर्घ प्रवासाच्या प्रत्येक टप्प्यावरील दगडावर त्यांनी आपले नाव कायमचे कोरले.

ज्या टिळक आयुर्वेद महाविद्यालयात पदवीपर्यंतचे शिक्षण घेतले त्याच घटक संस्थेच्या जनक संस्थेत म्हणजे राष्ट्रीय शिक्षण मंडळात डॉ. परचुरे ह्यांनी वेगवेगळ्या पदांवर केलेले कार्य आणि संस्थेसाठी दिलेले योगदान म्हणजे त्यांच्या आयुष्याच्या कारकिर्दीचा 'सुवर्णकाळ' आणि अध्यक्षपद म्हणजे 'सुवर्णबिंदू' म्हटले पाहिजे. राष्ट्रीय शिक्षण मंडळाच्या नियामक मंडळाचे 'सदस्य', 'सचिव', 'उपाध्यक्ष' आणि 'अध्यक्ष' म्हणून केलेले त्यांचे कार्य चिरस्मरणीय असेच म्हणावे लागेल. राष्ट्रीय शिक्षण मंडळ म्हणजे त्यांचा 'श्वास' होता आणि संस्थेची प्रगती म्हणजे त्यांचा 'ध्यास' होता. दुर्दैव म्हणजे संस्थेच्या दि. ९ फेब्रुवारी २०२४ रोजी व्हावयाच्या शतक महोत्सवी सांगता समारंभापूर्वीच त्यांनी आपला 'अखेरचा श्वास' घेतला.

सामाजिक कार्य आणि राजकारण ह्यांची डॉ. सुहास ह्यांना मूलतःच आवड आणि आकर्षण. त्यापोटीच त्यांनी पुणे महानगरपालीकेची नगरसेवक पदाची निवडणूक लढविली. तसेच महाराष्ट्र विधान परिषदेसाठी पदवीधर मतदार संघाची निवडणूक लढविली. दोन्ही निवडणूकांमध्ये त्यांना पराजय स्विकारावा लागला. परंतु त्यामुळे ते नाउमेद झाले नाहीत अथवा वैफल्यग्रस्त झाले नाहीत. कारण त्यांच्या यशोगाथेचा करीष्मा एवढा की किरकोळ पराभवांमुळे यशोगाथा झाकोळली गेली नाही.

कांही वर्षांपूर्वी त्यांना दुर्धर आजाराने ग्रासले. परंतु त्यास शेवटपर्यंत त्यांनी धैर्याने तोंड दिले. शेवटी नियतीने आपले काम केले आणि दि. १५/११/२०२२ रोजी असंख्य चाहते, मित्र व हितचिंतकांपासून काळाने त्यांना हिरावून नेले. परंतु काळास काय माहित की डॉ. सुहास ह्यांच्या आयुष्याची लौकिक अर्थाने अखेर झाली असली तरी त्यांचे असंख्यांच्या हृदयावर कोरलेले स्थान अढळ आणि चिरंतन आहे.



A Magazine dedicated to "AYURVED" - "AYURVIDYA" To Update "AYURVED" - Read "AYURVIDYA"



Dr. Sanjay Gupte
MD, DGO, FICOG,
LLB, FRCOG

Polycystic Ovary Syndrome (PCOS) - Multifactorial Disorder

Deepti Salunke
Clinical Nutritionist,
Msc CDE

Dr. Manasi Kunte
(PT) MPT,
MIAPD.Ac

Polycystic ovaries represent a state of woman whose health is likely to be affected in more ways than one, during her reproductive and also the most productive years of her life. The problem is seen in about 10-20% of women in the age group of 15-45 years and 30% of women facing the problem of infertility have "polycystic ovaries". Both urban and women in rural areas suffer from the problems associated with PCOS. One can therefore imagine the magnitude and the social relevance of this problem in today's Indian context which has such a large percentage of young women in a population of 1.2 billion.

PCOS arises from interactions between genetic, environmental and intra-uterine factors.

Polycystic ovary syndrome (PCOS) is a condition in which the ovaries produce an abnormal amount of androgens, male sex hormones that are usually present in women in small amounts. The name polycystic ovary syndrome describes the numerous small cysts (fluid-filled sacs) that form in the ovaries. However, some women with this disorder do not have cysts, while some women without the disorder do develop cysts.

In some cases, a woman doesn't make enough of the hormones needed to ovulate. When ovulation doesn't happen, the ovaries can develop many small cysts. These cysts make hormones called androgens. Women with PCOS often have high levels of androgens. This can cause more problems with a woman's menstrual cycle. And it can cause many of the symptoms of PCOS.

What causes PCOS ? The exact cause of PCOS is not clear. Many women with PCOS have insulin resistance. This means the body can't use insulin well. Insulin levels build up in the body and may cause higher androgen levels. Obesity can also increase insulin levels and make PCOS symptoms worse. PCOS may also run in families. It's common for sisters or a mother and daughter to have PCOS.

The symptoms of PCOS : The symptoms of PCOS

may include :

- Missed periods, irregular periods, or very light periods.
- Ovaries that are large or have many cysts.
- Excess body hair, including the chest, stomach, and back (hirsutism).
- Weight gain, especially around the belly (abdomen).
- Acne or oily skin.
- Male-pattern baldness or thinning hair.
- Infertility.
- Small pieces of excess skin on the neck or armpits (skin tags).
- Dark or thick skin patches on the back of the neck, in the armpits, and under the breasts.

"Polycystic ovaries" represent a syndrome i.e. a cluster of various symptoms and problems, which a woman faces during the different phases of her life. As an adolescent girl, she faces a problem of menstrual irregularity (85%), unwanted hair growth (70%), acne (35%) and obesity (65%), all these which dent her self-esteem and confidence. After marriage, 40% of these women encounter difficulty in becoming pregnant and are faced with the problem of infertility, a problem which has important social bearing, especially in our Indian society. In case she becomes pregnant, she has a higher chance of miscarriage and diabetes complicating her pregnancy. As she moves on in her life, she has an increased chance of failing prey to developing various other complications. 3 out of 7 women with PCOS develop what is called as metabolic syndrome that is derangements in the metabolic functions of the body. These women have 5-10 times increased risk of developing diabetes, 4 times increased risk of hypertension and have higher risk of developing cancer of the uterine lining (endometrial cancer).

How is PCOS diagnosed ? Health care provider will ask about patient's medical history and symptoms. They will also do a physical exam. This will likely include a pelvic exam. This exam checks the health of patient's reproductive organs, both inside and outside body.

● **The Rotterdam criteria** : Polycystic ovarian syndrome (PCOS) is defined by the presence of two of three of the following criteria :

- 1) Oligo-anovulation, 2) Hyperandrogenism
- 3) Polycystic ovaries (= 12 follicles measuring 2-9 mm in diameter and/or an ovarian volume > 10 mL in at least one ovary).

Some of the symptoms of PCOS are like those caused by other health problems. Because of this, you may also have tests such as:

● **Ultrasound.** This test uses sound waves and a computer to create images of blood vessels, tissues, and organs. This test is used to look at the size of the ovaries and see if they have cysts. The test can also look at the thickness of the lining of the uterus (endometrium).

● **Blood tests.** These look for high levels of androgens and other hormones. Health care provider may also check patient's blood glucose levels and may ask to get cholesterol and triglyceride levels checked.

● **PCOS Genetic testing/panel** : PCOS often runs in families. Up to 70 percent of daughters of women with PCOS also develop it, as we discussed PCOS is multifactorial disease and is caused by number of abnormalities. All genes/mutations that affect ovaries directly or indirectly are associated with PCOS. There are 50 genes/mutations that have been reported to be associated with PCOS are screened in this panel. The genes screened in this panel are involved in Ovarian and Adrenal Steroidogenesis, Steroid hormone effects, Gonadotropin action and regulation, insulin action and secretion etc.

How is PCOS treated ? Treatment for PCOS depends on a number of factors. These may include patient's age, severity of symptoms, and overall health. The type of treatment may also depend on whether patient wants to become pregnant in the future.

If patient plans to become pregnant, treatment may include :

● **A healthy diet-** A healthy low-fat, low carbohydrate diet improves body's insulin sensitivity. A qualified dietician will guide you to choose right carbohydrates, which raise blood sugar levels more slowly. Inclusion of some PCOS superfoods will help to reduce the symptoms. Diet and more physical activity can

help to lose weight. They can also help body to use insulin more efficiently, lower blood glucose levels, and may help in ovulation.

● **Guided exercise routine** : Exercises help to manage hormones with helping in weight management. Walking / swimming / jogging / any form sport is suggested to control weight and improve one's body composition.

● **HIIT (high intensity interval training)** Exercises are suggested.

● **Medications to cause ovulation.** Medications can help the ovaries to release eggs normally.

If patient do not plans to become pregnant, treatment may include :

● **Birth control pills.** These help to control menstrual cycles, lower androgen levels, and reduce acne.

● **Diabetes medication.** This is often used to lower insulin resistance in PCOS. It may also help reduce androgen levels, slow hair growth, and help you ovulate more regularly.

● **A change in diet and activity.** A healthy diet and more physical activity can help to lose weight and reduce symptoms. They can also help body to use insulin more efficiently, lower blood glucose levels, and may help in ovulation.

● **Medications to treat other symptoms.** Some medications can help reduce hair growth or acne.

Long term complications of PCOS ? Women with PCOS are more likely to develop certain serious health problems. All these patients require long term follow up. These include

● Type 2 diabetes.

● High blood pressure, problems with the heart and blood vessels.

● Uterine cancer.

● Women with PCOS often have problems with their ability to get pregnant (fertility).

Take away points -

● PCOS is a very common hormone problem for women of child bearing age.

● Women with PCOS may not ovulate, have high levels of androgens, and have many small cysts on the ovaries.

● PCOS can cause missed or irregular menstrual periods, excess hair growth, acne, infertility, and weight gain.

● Women with PCOS may be at higher risk for

type 2 diabetes, high blood pressure, heart problems, and endometrial cancer.

- The types of treatment for PCOS may depend on whether or not a woman plans to become pregnant. Women who plan to become pregnant in the future may take different kinds of medications.

- PCOS symptoms or severity can be reduced by following healthy diet and being more active this can help you to improve your insulin sensitivity

thus lower blood glucose levels, and may help you ovulate.

- **Remember early and accurate diagnosis is the first step towards wellness.**

Dr. Sanjay Gupte,
Founder and Director of Infertility
Treatment Centre at Gupte Hospital, Pune
has shared his expert views regarding
the PCOS and Infertility.



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



Standardization Of Ushira (Chrysopogon zizanioides L. Roberty) Lepa

Dr. Shriya Deo, M.D. Scholar
Dravyaguna Vigyana,
Tilak Ayurved Mahavidyalaya, Pune.

Dr. Apoorva M. Sangoram, M.D, Ph.D.
(Dravyaguna) H.O.D. Department of
Dravyaguna Vigyana, Tilak Ayurved
Mahavidyalaya, Pune.

Introduction : Quality, Safety and Efficacy are the important parameters for the drug during utilization. Ushira is used in India since ancient times in Medicines. No side effect of the drug is noted till date. The drug is now included in Ayurvedic pharmacopoeia of India (Volume 3). To ensure quality and efficacy, the study is divided in two stages

Quality assurance (Standardization)

Revalidation of efficacy (Clinical trials)

Aim And Objective: 1) To collect, authenticate and standardize powder of Ushira root. 2) To standardize Ushira Lepa. 3) To standardize Godugdha and Goghrita.

Material And Methods : To confirm the identity, purity and quality of sample, it is important to authenticate and standardize the drug before clinical study.

Collection and authentication of Ushira root:

Collection : Ushira sample was collected from market source.

Authentication : Ushira root were authenticated at the Botany department of a well-known Research institute. The sample was authenticated as Chrysopogon zizanioides L. Roberty (Family- Poaceae)

Standardization according to Ayurvedic guidelines :¹ Guidelines for standardization of

drug given by Acharya Charak in Vimanasthan Adhyaya 8 are relevant with the monogram given by W.H.O.

Study drug was compared with the standards mentioned in the Ayurvedic texts.

इदं एवं प्रकृति। (Nature and external features of drug) : The botanical standards that were observed in the collected sample (Ushira root) were as follows : **a) Scientific name :** Chrysopogon zizanioides L. Roberty **b) Family:** Poaceae **c) Macroscopic** examination of Ushira root =

- Appearance - Roots are wiry; Longitudinally grooved

- Colour - Yellowish brown in colour

- Fracture - Short and Splintery

- Odour - Aromatic

- Taste - Bitter

एवं गुणम्। (Properties of the drug):

उशीरं पाचनं शीतं स्तम्भनं लघु तिक्तकम्।

मधुरं ज्वरहृद्वाग्निमदनुत्कफपित्तहृत्।

तृष्णास्रविषवीसर्पदाहकृच्छ्रग्रणापहम्॥ (भा.प्र.कर्पूरादि वर्ग.७४)

- Rasa- Tikta, Madhura • Veerya- Sheeta

- Vipaka- Katu • Guna- Laghu, Ruksha

The above properties of the study drug are like the properties of Standard drug mentioned in API.

एवं प्रभावम्। (Specific action of drug) :

Pharmacodynamic actions- Pachan, stambhana
Pharmacotherapeutic action- Jwara, Visarpa
Specific action - Varnya

Action on Doshas - Kaphapittaghna, Vaatkara

In the present study, Ushira was screened for Varnya action.

अस्मिन् देशे जातम्। (Habitat) : It is found throughout the plains and lower hills of India, particularly on the riverbanks and in rich marshy soil, ascending to an altitude of 1200 m, grows wild in Haryana, Uttar Pradesh, Rajasthan, Gujarat, Bihar, Orissa, Assam, Madhya Pradesh and South India.

For the present study, Ushira root was collected from market source.

एवं गृहीतम्। (season in which it should be collected) : Charakaacharya have mentioned that, roots of the plant should be collected in Grishma and Shishira ritu. (Ch. K.1)

For the present study, Ushira root was collected from market source.

एवं निहितम्। (Preservation) : The collected plant product should be kept in appropriate containers well covered with lid.

The Ushira root collected for the study was kept in well covered plastic containers in dry place, free from hazards of water, dust or mice. The powdered Ushira Churna was also stored in clean and dry container.

एवं उपस्कृतम्। (Pharmaceutical Process) : Formulations like Asava, Kwatha, Ghruta etc. can be prepared from Ushira root.

For present study, the Ushira root was powdered according to the procedure mentioned in Sharangadhara Samhita and sieved through mesh of size 100.

अनया च मात्रया। (Dosage) : Sushrutacharya explains that Lepa applied for Varnya action should be of thickness of Buffalo's skin. Vagbhataacharya explains 3 types of lepa as Doshaghna, Vishaghna and Varnyakara. According to him, Varnya lepa should be of 1/2 Angula thickness of that individual.

In the present study, dose of Ushira Lepa was kept as 6-8 mm (close to 1/2 Angula) for uniform application externally once in the night.

अस्मिन् व्याधौ। (Therapeutic usage) : Ushira is indicated as Panchan, Stambhan and

Dahashamak and is useful in diseases like Jwara, Raktapitta, Trushna, Visarpa.

In the present study, Ushira was selected to screen for its Varnya action.

एवं विधेयस्य पुरुषस्य। (Person to whom it is to be administered) : For the present study, Ushira lepa was screened in the subjects of the age group 18-60 years.

एतावन्तं दोशमपकर्षयत्युपशमयति वा। (Action on Dosha) : मधुरं ज्वरहृद्वाग्निमदनुत्कफपित्तहृत्।

Ushira has Tikta, Madhura rasa; Katu vipaka; Sheeta veerya; Laghu and Ruksha Guna due to which it acts on =

- Tikta, Madhur Rasa; Sheeta veerya= Pittaghna
- Laghu and Ruksha Guna= Kaphaghna

Standardization according to API Guidelines:²

Standardization was carried out in following stages - A) Raw material standardization
B) Process standardization C) Finished product standardization

In the Ayurvedic Pharmacopeia of India Monograph of Ushira is explained in Volume 3, Part I.

A) Raw material standardization :

a) Botanical standardization:

Botanical name : Chrysopogon zizanioides L. Roberty. **Family** : Poaceae. **Parts used** : Root

b) Macroscopic evaluation :

Colour : Yellow-Brown. **Odour** : Strong aromatic. **Taste** : Slightly bitter. **Size** : 2mm in diameter. **Shape** : longitudinally grooved.

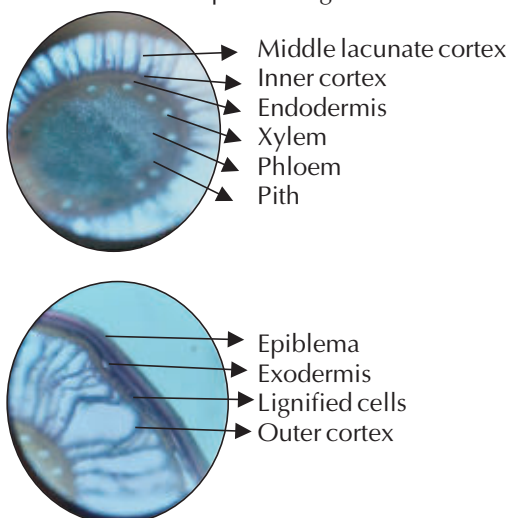


C) Organoleptic evaluation:

Organoleptic Evaluation of Ushira -

Sr. No.	Test	Observation
1	Colour	Yellowish Brown
2	Odour	Strong aromatic
3	Taste	Bitter
4	Touch	Smooth

d) Microscopic characters of Ushira : T.S. of root shows outermost tangentially elongated cells of epiblema bearing occasional long unicellular hairs; exodermis is wide, composed of lignified cells of various sizes and shapes. Cortex very wide, distinguished by three zones, the outermost zone is composed of one to two rows of spherical, compactly arranged cells of parenchyma, underneath of this lies second zone of oval, radially elongated wide lacunar cells. Layer of endodermis and pericycle is distinct, a ring of sclereids encircles the polyarchy vascular bundles, pith is wide, composed of lignified and non-parenchymatous cells filled with simple starch grains.



T.S. of Root of Chrysopogon zizanioides L. Roberty

e) Physicochemical Standardization of Ushira:

e) Thin layer chromatography:

Preparation of extract : Coarsely powdered drug with methanol concentrated on water bath.

TLC plate : Silica gel 60 F254 TLC plate (E. Merck) of uniform thickness (0.2 mm)

Solvent system : Toluene: Ethyl acetate: Formic acid (7.5: 2: 0.5)

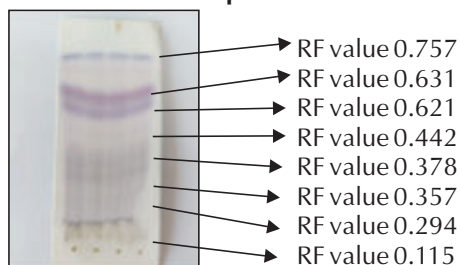
Activation of plates : At 110°C for 10 min in an electric oven.

Procedure : Spots were loaded with the help of glass capillary on Silica gel plate. It was allowed to run in solvent system. Coloured spots on plate were observed and noted.

Visualization : The plate was seen under UV light short wave and RF of the separated bands were noted.

Observations

Observation of TLC plate of Ushira:



In Process standardization :³

A) Preparation and Standardization of Ushira

Lepa - Scientific method given in Sharangadhara Samhita for preparation of Lepa was followed.

आलेपस्य च नामानि लिप्तो लेपश्च लेपनम्।

दोषघ्नो विषहा वर्ण्यो मुखलेपस्त्रिधा मतः॥

लेपस्य मात्रा- त्रिप्रमाणश्चतुर्भागस्त्रिभागोऽधाङ्गलोन्नतः।

आद्रोर् व्याधिहरः स स्याच्छुष्को दूषयतिच्छविम्॥ (शा.सं.उ.११/१-२)

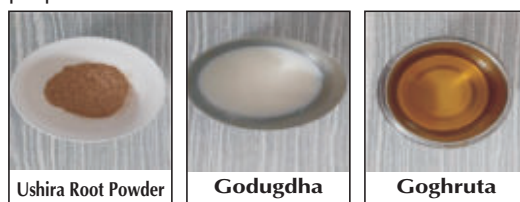
Requirements for processing -

Ingredients - Ushira Root powder, Godugdha, Goghrua.

Apparatus - A small bowl for proper mixing of ingredients.

Procedure -

- One tablespoon of Ushira powder was mixed with two tablespoons of Cow's milk.
- 1/4th tablespoon of Cow's ghee was added in it.
- Ingredients were mixed well and paste was prepared.



B) Finished product standardization

1) Organoleptic evaluation

Organoleptic evaluation of Ushira Lepa

Sr. No.	Test	Observation
1	Colour	Brown
2	Odour	Faint
3	Taste	Bitter
4	Touch	Smooth

2) Physiochemical analysis

Observation of Physicochemical analysis

Sr. No.	Parameter	Observation
1	Particle Size	10-60 micrometer
2	Ph	6.30
3	Total Solid Content	24 %
4	Acid Value	3.877
5	Spreadability	23.07 gm-cm/sec.
6	Specific gravity	0.7538
7	Ester value	107.330
8	Free fatty acid	56.6
9	Viscosity	69245

All values are within normal limits.

Prepared Lepa:



Standardization of Vehicle i.e. Godugdha and Goghruta - In the present study, Ushir Churna is mixed with Godugdha (Cow's milk) and Goghruta (Cow's ghee) for preparing the Lepa. So, Godugdha and Goghruta are the vehicles in the Lepa.

Standardization of Godugdha (Cow's milk) - The subjects included in the present study were advised to take milk of same source. The milk used, was from a genuine dairy source and was quality assured. The analysis report of standardization of Cow's milk is attached as Annexure. Cow's milk was standardized at well-known institute.

Analysis of Cow's Milk:

Sr. No.	Parameter	Result
1	Flavour	Pleasant
2	Colour	Creamy white
3	Texture	Pourable liquid form
4	Acidity %	0.21%
5	68% Alcohol	0.21%
6	Phosphate test	0.01
7	MBRT	5.4 hrs (very good)
8	Fat %	3.8
9	Snf %	8.54
10	Protein %	3.48
11	All Adulteration Test	Negative

Standardization of Goghruta (Cow's ghee) :

Cow's ghee was standardized at well-known institute. The standardization certificate of Cow's ghee is attached as Annexure.

Standardization of Goghruta (Cow's ghee):

S.No.	Parameter	AGMARK Standards	Cow Ghee
1	Flavour	Pleasant	Pleasant
2	Colour	Yellowish	Creamish Yellow
3	Texture	Granular	Smooth
4	Moisture %	Max. 0.3%	0.19%
5	Free Fatty Acids %	Max. 1.4%	0.80%
6	B.R. 40 to 43 Reading	40.9	
7	Refractive Index	-	0.98
8	R.M. Value	Min. 28	29.50
9	Polenske Value	1 to 2.5	1.7
10	Baudouin Test	Negative	Negative

SOP for application of Ushira Lepa:

- 1) Take 10 gm of Ushira powder in a bowl.
- 2) Add 1 tablespoon (10 ml) cow milk in the above bowl.
- 3) Add 1/4th tablespoon (2.5 ml) cow ghee in the above bowl.
- 4) Mix the mixture well.
- 5) Apply this Lepa after dinner at night over affected suntan area (face, hands and feet) of 6-8 mm thickness i.e. ½ Angula.
- 6) Keep this Lepa until it gets dry approximately 15-20 mins.
- 7) Remove the Lepa after drying by normal water.

This SOP was provided to the patients enrolled in the study.

Discussion -

1) Raw material standardization - Ushira root was collected from market source. It is authenticated and standardized at Botany department of well-known institute.

Standardization was done according to Ayurvedic guidelines mentioned by Acharya Charak in Charak Viman 8. As per the guidelines of API, standardization of Ushira for pharmacognosy, organoleptic evaluation,

morphological studies were done. TLC, physicochemical evaluation like ash %, moisture % etc. of Ushira were also carried out.

2) In process standardization - Ushira Choorna was prepared as per the guidelines. Ushira Lepa was prepared with cow's milk and cow's ghee. In process standardization during Lepa preparation was done as per ayurvedic guidelines mentioned in Sharangadhar Samhita.

3) Finished product standardization - Lepa prepared according to guidelines was standardized. Organoleptic evaluation of prepared Lepa and its physicochemical analysis including pH, solid content, spreadability etc. was done.

Observation : Standardization of Ushira Lepa

was done as per Ayurvedic as well as modern approach.

Conclusion - It can be concluded that physicochemical parameters, qualitative and quantitative analysis, TLC profile together may be used for quality evaluation and standardization of crude drug to achieve genuine and standard drug for therapeutic purpose.

References -

- 1) Acharya Yadavaji Trikamaji; Charak Samhita; 5th Edition; Chaukhamba Sanskrit Sansthan; Varanasi; 2001; PP 275
- 2) Ayurvedic Pharmacopoeia of India; Part I, Vol. III; Government of India; Page no. 319
- 3) Pandit Parashuram Shastri; Sharangadhar Samhita; 7th Edition; Chaukhamba Orientalia; Charu printers; Varanasi; 2008; PP 63.



Dr. Rohan Mukund Deshpande,
M D. Agadtantra / Asso. Professor
Tilak Ayurved Mahavidyalaya, Pune.

Dr. Sarika Rohan Deshpande,
M D Rognidan / Assi. Professor
Yashwantrao Chavan Ayurved College
And Hospital Aurangabad.

The Conceptual Study Of Dushi Visha

Introduction - Ayurveda is a branch of science which deals with maintaining health and preventing disease in the body.¹ Ayurveda can be divided mainly into eight branches called as Ashtang Ayurveda. It is comprised of Kaya, Bala, Graha, Urdhwanga, Shalya, Drashta, Jara and Vrushan.² In this, the knowledge related to poison or toxic is included in Drashta and it is called as Agadtantra. It is one of the important faculty of Ashtang Ayurveda. It has detailed knowledge of poison, its sources, its types, prodromal symptoms, symptoms, its preventive measures and treatment.

The main origin of Agadtantra is also from veda. There is detailed references about toxic material and poisons in classical Ayurvedic texts like Charak Samhita, Sushrut Samhita and Ashrang Hrudya.

To know the dushi visha, first of all, we have to see the meaning of visha. Visha means

poison. According to Ayurveda, it has ten properties which are exactly opposite to the attributes of oja.³ Namely visha has Laghu, Ruksha, Ushna, Tiksha, Sukshama, Ashukari, Vyavayi, Vikasi, Vishad and Anirdeshya properties. Alcohol also has these ten properties. There has been classification of visha according to origin into Original or natural and Chemical prepared or artificial. Also into Animate (sthavar), Animate (Jangam).⁴ Also into Garavisha (chemically prepared swallowing poison) and Dushi visha (deficient, mild or slow acting poison).

Dushi visha has been well explained in all Ayurvedic Samhitas. Dushi means denatured, attenuated, latent, vitiated, mild, slow acting poison. According to Acharya Sushruta, the part of sthavar, jangam or Kritrim poison, which is accumulated in the body for prolonged period and can not be completely excreted from the body due to its chronic and

persistent nature is called as Dushi visha.⁵ Its potency decreases the body after its digestion or due to the action of antidote but can not excreted completely and Vitiates the body slowly. Due to the low potency, it is not lethal or not causes death immediately. It is retained in the body due to enveloping action by humor Kapha. It is retained in the body without any grave or fatal symptoms. In the today's revolutionary era, many poisonous substances comes in contact with the body regularly. They are metals, metallic compounds, pesticides and some food additives. They are accumulated in the body when they are exposed for prolonged time.

Aim - To study in detail the concept of dushi visha.

Objective - 1) To note various references related to dushi visha in various Ayurvedic Samhitas. 2) To understand this information and correlate with modern concept of cumulative toxicity. 3) To understand the Ayurvedic treatment of dushi visha.

Material and Methods - Literature review is done through all available Ayurvedic Samhitas, texts, various research papers available in Journals and online data available.

Review of literature - Dushi visha is one of the type of visha. It can be called as cumulative toxicity, attenuated, denatured or slow acting poisons.

Etiological factors of Dushi visha - Inappropriate land, time, food, lifestyle, excessive physical work, indulgence in sex, excessive thinking, anger causes decrease in immunity of body. Some factors like dried wind, sunlight causes vitiation and accumulation of dushi visha in the body.

Prodromal symptoms of dushi visha poisoning - The prodromal symptoms of dushi visha poisoning are excessive sleep, a feeling of heaviness in the body, yawning, laxity of joints horripilation and excessive body ache.⁶

Symptoms of dushi visha poisoning - Dushi visha poisoning in the body causes

appearance of symptoms like loose motion, vomiting, altered complexion, foul smell through mouth, impairment of olfactory and gustatory senses, excessive unquenchable thirst, slurred speech, feeling sorrow, ascites (dooshyodara). It also causes sense of intoxication after consuming food, indigestion, anorexia, appearance of red patches all over the body, oedema of face and extremities, urticaria, fainting, epileptic attacks etc.^{7,8}

Symptoms according to location of lodged dushi visha - When dushi visha is lodged in the

amashaya (stomach), it shows symptoms like unconsciousness, diarrhoea, vomiting, tympanitis, burning sensation, tremors, altered sensation etc. It is caused due to derangement of Kapha and Vata dosha. When dushi visha is lodged in Pakvashaya (intestine), it produces symptoms due to derangement of Vata and Pitta dosha. It shows burning sensation in all over the body, fainting, diarrhoea, anemia.⁹

Lakshanas (symptoms) in accordance with predominance of dosha - There is detailed description of vitiation of each dosha caused by intake of dushi visha in Charak Samhita. They are as follows-

Predominance of Vata dosha - Hrutpeeda (chest pain), Urdhawanila (belching), stambha (stiffness of body), Asthiruk (pain in bones), Parvaruk (joint pain), Udveshtana (binding pain), Gatradada (lassitude).

Predominance of Pitta dosha - Sangyanasha (sensory loss), Ushnanishwasa (warm expiration), Hrutdaha (burning in chest region), Katukasyata (burning taste in mouth), Sopha (oedema).

Predominance of Kapha dosha - Chhardi (vomiting), Arochaka (anorexia), Hrilasa (Heart burn), Praseka (salivation), Gourava (heaviness in the body), Shaitya (coldness), Mukhamadhurya (sweet taste).

Upadrava (complications) of dushi visha poisoning - Fever, burning sensation, hiccups, abdominal dissension, impotence, oedema, diarrhoea, fainting, cardiac disorders,

abdominal enlargement, tremors, insanity. All these complications should be treated with anti poisonous drugs.

Sadhyaadhyata of dushi visha - Dushi visha poisoning is curable in early cases. Cases of one year's standing becomes relievable. But dushi visha poisoning in an enfeebled and imprudent patient, who is taking unwholesome food will be incurable.¹⁰

Different factors affecting dushi visha poisoning - 1) **Partial metabolism** - Any poison which is capable of causing illness in the body, if kept for long time, some of their hazardous properties may lose and it is converted into low Potential visha called as dushi visha.

Poison, whatever may be like Sthavara, Jangama or Kritrim, which is not completely eliminated from the body, or partial detoxification has been done or accumulated in the some parts of the body producing cumulative effect is called as Dushi visha. It can also be called as chronic poisoning. In this, there is gradual development of symptoms. There is exacerbation of symptoms after the suspected food, medicine and exposure to environment factors like cloudy weather, rain etc. Also there is complete disappearance of symptoms, if patient is removed from the usual surrounding.

2) **Incomplete detoxification by antidotes** - Detoxification means chemical process having conversion of toxic substances into complete nontoxic substances for its elimination through Excretory system. If there is partial or incomplete detoxification or incomplete metabolism, it retains some properties and becomes hazardous to body.

3) **Burnt by forest fire** - If there is exposure to heat flame or fire, it converts visha into dushi visha. It is occurred due to alteration of some properties of visha.

4) **Exposure to wind** - Exposure of cold wind reduces some properties of visha like Teekshna, Ushna etc. Thus it reduces the properties and converts it into dushi visha.

5) **Exposure to sun rays** - Sunrays contains various rays like ultraviolet rays, infrared rays, radiation rays. It reduces the properties of visha present on the earth like visha present in air, water and other substances. So there is happening of disinfection. Also it reduces the potency of poison and converts it into dushi visha.

Treatment of Dushi visha - A person affected with the dushi visha poisoning should be done Swedana firstly and then vaman and then virechana. Due to this, detoxification of body is done. It is done according to dosha predominance. After this, daily dose of anti toxic drugs should be given.

Observation and Results - Dushi visha is a concept described very well in all the classical Ayurvedic texts.

- In Charak Samhita, it is explained in 23rd Adhyaya of Chikitsasthana namely Visha chikitsa Adhyaya.

- In Sushrut Samhita, it is explained in 2nd Adhyaya of Kalpasthana namely Sthavaravisha vidnyaniya adhyaya.

- In Ashtang Hrudya, it is explained in 35th Adhyaya of Uttarthana namely Visha pratishedh Adhyaya.

- It is also described in Yogaratnakara.

Discussion and Conclusion - Acharya Charaka has mentioned that dushi visha mainly affects Rakta dhatu in the body and it causes many skin diseases. It Vitiates doshas and one by one, and lastly causes death. Visha, which gets lodged in the body for long time and it is denatured, attenuated is called as dushi visha. It shows symptoms according to predominance of dosha. In Vata dosha predominance, it causes increase in rukshata, chala guna, vedana in the body. Aggravation of Pitta dosha causes burning sensation in the body. Aggravation of Kapha dosha causes Alasya, gourav in the body.

Also it shows symptoms according to location of lodging of dushi visha. When it is lodged in amashaya, unconsciousness, vomiting, tympanitis, burning sensation.

When it is lodged in the Pakvashaya, it causes diarrhoea, fainting, anemia. In some cases, the external application of drugs may transform into dushi visha. Bacterial toxins, drugs like antibiotics, steroids, adhyashana, viruddh ahara, ajeernaavastha also comes under dushi visha. The classical Ayurvedic texts has described that any drugs which is accumulated in the body for long time is called as dushi visha. This description is in accordance with the situation situated in the past. But present lifestyle is full of fast food, cold beverages like cola, alcohol, tobacco, steroids, pesticides, minerals, pollutants, metals etc. All these can be considered as dushi visha.

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Review Article On Arsha W.S.R. Haemorrhoids

Dr Omkar Subhash Jyotik,
MS Shalyatantra, Assistant Professor
Shalyatantra, TAMV

Dr Nandkishor Borse,
M.S., Ph.D. Prof. And
HOD Shalyatantra TAMV

Introduction - The disease which troubles a person like enemy is termed as Arsha¹ in Ayurvedic classics. This simple term explains how painful the situation is. This is also true in term of difficulties in term of its management. The classification of the diseases explained in depth by Sushrut. The details of which makes us to understand that the term Arsha is not only the haemorrhoids but it includes few other ano rectal conditions too.

According to Ayurveda Arsha occurs mainly due to vitiation of Agni (Agnimandya), which leads to Malavasthambha (constipation) and Vimarga gamana of Apana

Vayu. So obviously the ayurvedic treatment which has the capacity to streamline the vitiated Agni and regulate the anulom gati of Apan Vayu, should be used for the treating the Arshas. Modern science recommends such patients primarily NSAID's, laxatives and Antibiotics. In later stages surgery has been advised. Modern Ano rectal surgeries have maximum rate of recurrence. While in Ayurveda such cases are treated as Arsha. Vitiated tridosha shamak Aushadhi and Panchakarma are advised along with some pathya-apathya and by dosh shaman, the disease gets treated without any surgical

interventions.

Aim and Objectives - To review the literature of Arsha in Ayurvedic texts.

To collect the information regarding the drugs mentioned as Arshoghna and to find out various methods for management of Arsha.

Materials and Method - A literature study for Arsha and Haemorrhoids is done referring to both Ayurvedic and Modern medicine books.

Ayurvedic Perspective: Vyutpatti (Etymological derivation of Arsha). The term Arsha can be derived by 'Hrugatau' Dhātu with the suffix of San gives the meaning of 'as violent as enemy'.

Etymology - Arsha pertains to a disease occurring in Guda and it is torturing to the patients. It may cause obstruction of the anorectal passage². The term Arsha can be derived by 'Hrugatau' Dhātu with the suffix of San gives the meaning of 'as violent as enemy'³.

Piles : The word Pile is derived from the latin word „pila. which means a „ ball.. Thus a growth in the anus which similar in ball like shape is designated as piles.⁴

Synonyms of Arsha - Vagbhata - Hatnama, Mansakilaha, Mansankura.

Sushruta - Arsha, Mansarsha

Charak - Mulvyadhi, Gudakeela, Durnama

Nidana of arsha (PILES)

Dietic factors⁵: Dietic indulgence like incompatible diet, excessive or less intake, irregular intake and lacks of fibre etc., which will interfere with digestive power leading to poor digestion and constipation.

Habits : Procedures that would vitiate Vata Dosha e.g. excessive sexual indulgence (Ativyavaya), suppression of natural urges (Vegavrodha) etc.

Anatomical factors⁶: Absence of valves in superior haemorrhoidal veins. The radicals of superior rectal vein lies unsupported in loose submucous connective tissue of the rectum.

Chronic constipation : The common reason for haemorrhoids to develop due to repeated pressure in the rectal or anal veins. It aggravates and precipitates piles.

Hereditary : It is often seen in members of the same family, mostly due to congenital weakness of the veins wall.

Purvarupa : Gudparikartanam, Tandra, Nidra, Indriyadaurbaly.

Rupa :

Vataj : Parisushka (Dry), hard, rough, Visham (irregular surface), Vivarna (of various colors of fleshy masses), various shapes, blackish in appearance, sashulam Samhatamupveshyate (frequently associated with constipation and painful defecation) which is radiating in nature.

Pittaj : Usually small in size, the passage of blood mixed with stool (Sarudhira Atisaryate), may cause severe burning sensation during defecation which may lead to thirst, faintness, and shock.

Kaphaj : Mahamoola (Wide based), smooth, oval, fixed, fleshy masses which generally do not bleed or suppurate and are accompanied by severe pruritus (Kandu) and mucous discharge.

Raktaja : Fleshy masses which give immense blood loss during defecation.

Sannipataj : Mixed Lakshana of all Doshas.

General features of arsha⁸

Bleeding per anum : It is the first and earliest symptom. Bright red blood may appear as streaks on toilet paper adhering to faecal residue, or it may be a slow trickle for a short while following bowel movements.

Prolapse : It is a later symptom. Patients may complain of protruding mass on straining during defecation in anal region.

Pain in anal region : It is not characteristic of haemorrhoids unless there is associated thrombosis or other complications. Pain occurs due to involvement of external haemorrhoidal plexus, over-stretching of skin, congestion or associated acute anal lesion such as fissure in ano or an anal abscess.

Mucus discharge per anum : It may be seen in permanently prolapsed haemorrhoids, which softens and excoriates the skin at the anus. This mucous discharge is due to engorged mucous membrane.

Pruritus ani : It is caused by mucous discharge in prolapsed haemorrhoids.

Anaemia : It is seen in long standing cases of haemorrhoids due to persistent and profuse bleeding. If anaemia is severe, patient may develop exertion, dizziness, pallor, lethargy etc.

Classification of arsha (PILES)

There are different opinions of Acharya regarding the classification of Arsha. According to origin two types of arsha⁷

1) Sahaja 2) Janmottarakalaja

On the basis of the predominance of Dosha Vataj, Pittaj, Kaphaj, Raktaj, Sannipataj, Sahaj Classification according to anatomical position.

1) Internal haemorrhoids - It originates above pectinate line and covered with mucous membrane. **2) External haemorrhoids** - It originates below pectinate line and covered with skin. **3) Interno-external haemorrhoids** - The above two variety may coexist simultaneously. The classification according to the Prolapse.

1st degree haemorrhoids are those which bleed but do not prolapse outside the anal canal.

2nd degree haemorrhoids are those which prolapse outside the anal canal during defecation and reduce spontaneously itself.

3rd degree haemorrhoids are those which prolapse outside the anal canal during defecation and goes back manually.

4th degree haemorrhoids are those which permanently prolapse outside the anal canal.

Nidana sevan



Vitiation of tridosha



Jatharagni mandya



Formation of ama



Comes downward in guda Pradesh through dhamani



Guda and gudavali are affected



Vruddhi in mamsa near guda Pradesh



Giving rise to Poorva rupa of Arsha

Treatment

Doshas	Treatment
Vataja Arshas	Snehana, svedana, vamanavirechana and vasti
Pittaja Arshas	Virechana
Raktaja Arshas	Samshamana karma
Kaphaja Arshas	The administration of Shunti and Kulattha
Sannipataja	Uses of Tridoshaghna
Arshas	dravyas

Treatment advised by Acharya Sushruta is as under. The indications of these treatment principles are -

1) Bhesajachikitsa : Arshaankura which are achirkalajata, alpadoshayukt, alpalakshana yukta and alpaupadravayukta

2) Ksharakarma : Arshaankura which are - mrudu, prasruta, avagadha and uchrita.

3) Agnikarma : Arshaankura which are - karkasha, sthira, pruthu and kathina.

4) Shastra karma : Arshaankura which are - tanumool, uchrita and kledayukta.

Management of Haemorrhoids -

Medical treatment -

- 1) Anti-inflammatory
- 2) Steroids
- 3) Bland, soothing preparations
- 4) Anaesthetic preparations
- 5) sitz bath.
- 6) Various laxatives.
- 7) Antibiotics.
- 8) Local antiseptis lotions and ointments.

Para surgical methods -

- 1) Injection Treatment (Sclerotherapy)
- 2) Barron Band Ligation
- 3) Infra-Red Coagulation
- 4) Anal Dilatation
- 5) Cryo Surgery
- 6) Laser therapy
- 7) Doppler guided haemorrhoidal artery ligation.

Surgical methods -

- 1) Open haemorrhoidectomy
- 2) Closed haemorrhoidectomy

3) Stapled haemorrhoidectomy

Discussion : Arsha is one of the Asthamahagadas and is difficult to cure. The fact that Arshas is difficult to cure is everywhere emphasized in Ayurveda. Enumeration of a vast number of etiological factors including dietic ingredients, habits, acts, indulgences and systematic description of its pathogenesis are itself indicative of our Acharyas' keen observation, deep insight, and scientific knowledge of the disease.

Conclusion : Arsha is one of the Ashtamahagadas. The location of Arsha is in the Guda region which is Sadyapranahara Marma. Arsha is very hard to treat and needs long-term treatment. Bleeding, Prolapse, Discharge, and Pruritis Ani, Pain, and Anaemia are the cardinal symptoms of Hemorrhoids.

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एक व्याधी – एक ग्रंथ

Formulations Mentioned In Yoga-Ratnakara For Arsha (Hemorrhoids) : A Review Article

Vd. Ganu Mrunmayee Sandip,
PG Scholar.

Department of Rasashastra, T.A.M.V.

Vd. Ujagare Indira Sunil,
Professor and HOD

Department of Rasashastra, T.A.M.V.

Introduction: अरिवत् प्राणिनो मांसकीलका विशसन्ति यत्।
अर्शान्सि तस्मात् उच्यन्ते गुदमार्ग निरोधतः॥

(योगरत्नाकर, अर्श रोगाधिकर, १)

Arsha is an Ayurvedic terminology for Piles or Hemorrhoids. It is said to be a condition which tortures patient's vital force (Prana) as enemy. In Arsha, fleshy mass of variable size, shape and color appears at the anal region due to varicosity of veins. According to Ayurveda, Mandagni is major factor contributing its pathology.

In India, due to rapidly changing sedentary lifestyle, prevalence of Arsha is growing. Research study shows that every year

almost 10 million people in India suffers from Pile pain. Percentage of youth facing piles is increasing.

For treatment purpose, modern medicine usually opts surgical procedure, but recurrence is again a problem. Ayurveda puts thorough thought regarding with the treatment of Arsha. Medicine, surgical procedure, kshara, and cauterization are four treatment pillars for Arsha.

Yoga-Ratnakara is a recent timed text in Ayurveda literature. Many practitioners refer this text in for practice purpose. Hence an attempt is made to compile and study different

Table 1. Causative factors and sign-symptoms of six Arsha.

Types	Causative factors.	Sign and symptoms.	Additional symptoms
Vataja	• Excessive consumption of pungent, astringent, bitter, dry, cold, light food • Consuming food in deficit quantities • Excessive consumption of alcohol, intercourse, fasting, physical exercise • Cold place and cold climate • Grief • Excessive exposure to breeze, heat or sun	• Dry in nature • Tingling sensation • Pale, blackish blue or yellowish red in color • Hard, rough to touch, haphazard or crooked, split and broken skin covering the mass. • Cracks • Resembling ivy gourd fruit, jujube fruit, dates, cotton seed or mustard seeds.	Headache, • Pain in flanks, scapular region, low back, thigh, groin. • Tinnitus • Loose stools with sound, blood, froth, mucus • splenomegaly
Pittaja	• Excessive consumption of pungent, sour, salty, hot foods, alcohol, corrosive foods • Excessive exposure to fire, sun • Anger, jealousy	• Blue tipped, red/ yellow/ black color • Soft, unctuous on touch • Dilute and foul smelling discharge • Shape resembling Parrot's tongue, piece of liver or mouth of leech.	• Burning sensation, suppuration • Fever with sweat • Loss of consciousness • Hot, watery yellow-red colored stools
Kaphaja	• Excessive consumption of sweet, unctuous, oily, cold, salty foods. • Lack of exercise and worries • Sleeping during Day time • Living in cold areas and in cold climate	• Deep rooted mass which is thick and heavy • Mild pain • White, swollen, unctuous, hard, rounded, heavy, stable, slimy mass • Feeling as if covered with wet cloth • Smooth in touch with itching • Feels comfortable on touching • Shape similar to Capparis decidua, jackfruit seed or Cow's udder.	• Heaviness in groin • Pulling pain in anus, urinary bladder and navel region • Nausea • Impotence • No discharge • Stools appearing like muscle fat mixed with phlegm.
Tridoshaja	All causes which aggravate the doshas individually taken together.	Mixture of symptoms	
Raktaj	Due to morbid dosha	• Appearance similar to Pittaja Arsha • Similar to shoots of Banyan tree, color of Abrus precatorius seed or coral.	• Bleeding • Person appears like frog in rainy season • Pain and discomfort • Loss of body color, strength, vigor, enthusiasm, luster • Disturbed sensorium

Types	Causative factors.	Sign and symptoms.	Additional symptoms
Sahaja	Hereditary, acquired from parents.	• Thin, discolored, weak, helpless right from birth • Severe constipation with obstructed stools, flatus and urine • Cutting pain • Suffers from different Diseases	

Importance of Yoga-ratnakara : Yoga-Ratnakara is comparatively recent timed Ayurveda Literature. It is said to be created in mid seventeenth century. The text is divided in two parts. Purvardha consists of basic Ayurveda concepts like Ashtavidha Parikshana, majorly emphasizing on Naadi and Mutra Parikshana. It touches on all aspects of Ayurveda treatment. Various formulations are mentioned in Yoga-ratnakara for different diseases.

As it is one of the widely used reference text for treatment, compilation and study of formulations on Arsha is presented in Table no. 2

Table no. 2 Formulations for Arsha treatment.

Formulation name Formulation type	contents	Time of consumption/ dosage/ anupana	Properties
A. Gutti/Vati/Modak			
1. Tiladi modak	Til, bhallataka, pathya, gud (equal proportion)	Internal consumption. 1 karsha vati	Dosha lekhana, snigdha, malahara
2. Marichadi modak	Marich (1) Mahaushadha (2), Chitrak (4) Surana (8) Gud (15)	1 karsha, Internal consumption	Lekhan, deepana, pachana, srotovishodhana
3. Pranada modaka	Talisa (1) Jwalana (1) Ushana (1) Chavak (1) Krushna (2) Shunthi (3) Chaturjaata (4) Gud (thrice the proportion of other Contents)	1 karsha Internally consumption	Deepana, pachana, lekhana,
4. Kankayana gutika	Pathya dala (5) Maricha (1) Jeeraka (1) Pippali (1) Pippali moola (1) Chavak (3) Chitrak (4) Shunthi (5) Bhallatak (8) Kanda (16) Yavakshara (2) Gud (twice the other contents)	1 karsha internally consumption.	Deepana, pachan, ruksha, teekshna, kshariya
5. Surana modaka	Chitraka (1) Surana (2) Shunthi (1/2) Marich (1 kola) Bhallataka (1/4) Kana moola (1/4) Vidanga (1/4) Triphala (1/4) Kana (1/4) Vriddha daru (2) Taal mool (1) Twak (1 kola) Ela (1 kola) Gud (twice the other Contents)	1 karsha internally	Deepana, pachana, agni bala vardhana,
Dwitiya surana modak	Surana (1) Trikatu (½) Chitrak (1) Jeeraka (1) Triphala (1) Deepya (1)	1 karsha internally	Deepana, pachana, teeksha. Contraindicated in

Formulation name Formulation type	contents	Time of consumption/ dosage/ anupana	Properties
	Ajamoda (1) Saindhava (1/4) Trituration with lemon juice for 1 day		pregnant women and patients with bleeding disorders.
Surana putapaka	Surana (1) Coated with mud and cooked with putapaka method. Mixed with saindhava and guda.	1 karsha. Taken with saindhav and oil	Deepana, pachana, arshoghna, lekhana
Bahushaala guda	Indravarunika (1/2) Musta (1/2) Shunthi (1/2) Danti (1/2) Haritaki (1/2) Trivrutta (1/2) Shati (1/2) Vidanga (1/2) Chitrak (1/2) Tejohva (1/2) Surana (8) Vridhdharu (4) Bhallatak (4) Jala (1 Drona = 13.2 lit.) Gud (Three times the contents) For Prakshepa: Chitrak (1/2) Hartaki (1/2) Gokshura (1/2) etc medicinal herbs added	1 karsha	Rasayana, deepana, pachana, agni vardhan
Agasti modak	Haritaki (3) Trikatu (3) Twak (1/2) Patrak (1/2) Gud (8)	1 karsha internally	Deepana, pachana, anulomana
Laghu surana modak	Kana (1) Marich (2) Shunthi (4) Agni (8) Surana (16) Gud (32)	1 karsha internally	Deepana, pachana
Brihat bhallataka leha	Bhallataka (1 adhak) Water (4 adhak) Milk and ghee, sugar	Consumed internally as per agni bala,	Rasayana, deepana, pachana,
B. Asaava, Arishta			
sharkarasava	Duralabha (1) Chitrak (2) Vrisha (2) Pathya (2) Amalaki (2) Patha (2) Nagar (2) Water (1 drona) Sugar (100)	Dose as per agni and rugna bala. Internally consumption	Deepana. Pachana, lekhana,
drakshasaav	Draksha (100) Water (4 drona) Sugar (100) Honey (100) Dhataki (7) Jati, lavanga, kankola, maricha, laveli, chandana, pippali, trigandha (each ½)	To be taken internally as per bala and agni bala of rugna	Vata-pitta shaman, Balavarna krut
C. Churna			
Samasharkara churna	Shunthi, kana, maricha, nagabala, twak, tejapatra, ela (proportion reduced by 1 with succeeding order) Sugar (equal to other contents)	1 karsha internally taken	Deepana, pachana, lekhana
Vyoshadi churna	Vyosha, arushkara, vidanga, tila (each in equal proportion) Gud (equal to other contents)	1 karsha internally consumed.	Deepana, pachana, krumighna. Lekhana

Formulation name Formulation type	contents	Time of consumption/ dosage/ anupana	Properties
D. Dwandwa yoga			
Gud	+ shunthi	1 karsha internally Consumed	Deepna
	+ pippali	1 karsha internally consumed	Deeepna, lekhana
	+ haritaki	1 karsha internally Consumed	Anulomana,
	+ dadima	1 karsha internally Consumed	Bala vardhana
Sugar	+ suran	1 karsha internally Consumed	Lekhan, arshoghna
	+ nagkeshar	1 karsha internally Consumed	Stambana
honey	butter	1 karsha internally Consumed	Bala vardhana
Patha	+ duspArsha	1 karsha internally Consumed	Shoolaghna
	+ bilwa	1 karsha internally Consumed	shoolaghna
	+ yawani	1 karsha internally Consumed	Shoolaghna
	+ nagara	1 karsha internally Consumed	Shoolagha, deepana
E. Miscellaneous	Kokum (2), bhallataka (1), maricha (1)	1 karsha internally consumed	Stambhaka, raktavahini Sankochaka
	Apamarga kalka	1 karsha internally consumed with Tandulodka.	Reduces raktArsha. Stambhak, rakta vahini sankochaka
F. Decoctions		(internal consumption)	
	Chandana, kirata, Dhanvayasa, Shunthi (in equal proportion)	1 pala twice a day.	Reduces raktArsha
	Darvi, Twak, Ushir, Nimba (in equal amount)	1 pala twice a day.	Dahashamak, sheetala, stambhak
G. Takra yoga		(internal consumption) for 7/10/15/30 days	
takra	+ yawani, vishwa	1 pala twice a day	Deepana, pachana, prevents re-growth of Arsha
	Takra prepared from chitraka Curd	1 pala twice a day	Deepana, pachana
	+ haritaki	1 pala twice a day	Anulomana
	+ triphala	1 pala twice a day	Anulomana
	+ chitrak, hapusha, hingu	1 pala twice a day	Deepana, pachana,
	+ panchakola	1 pala twice a day	Deepana, pachana
	+ musali, katuka, chitrak	1 pala twice a day	Deepana, Anulomana

Formulation name Formulation type	contents	Time of consumption/ dosage/ anupana	Properties
Hapushadi takrarishta	Hapusha, kunchika, dhanya, ajaji, karavi, shati, pippali, pippali moola, chitraka, gajapippali, yawani, ajamoda (in equal quantity) Takra	1 pala twice a day	Deepana, anulomana
H.	Ghruta	Internal consumption	
Chavyadi ghruta	Chavya, trikatu, patha, kshara, kustambaru, yawani, pippali moola, saindhava, vid lavana, chitrak, bilwa, abhaya (in equal amount)(1) Ghee (4) Curd (16) Water (16)	1 pala twice a day	Deepana, pachana, agni bala vardhaka
Shunthi ghruta	Shunthi (30) Water (1 drona) Ghee, shunthi kalka	1 pala twice a day	Deepana, pachana, grahi
Laghu chavyadi ghrutam	Chavya, tikta, kalinga, shatavha, lavana,	1 pala twice a day	deepana
Hriberadi ghrutam	Hribera, utpala, lodhra, samanga, chavya, chandana, patha, ativisha, bilwa, dhataki, devadaru, darvi, twak, nagar, musta, kshara, chitraka (in equal amount) (1) Changeri swrasa (16) Ghruta (4)	1 pala twice a day	Deepana, lekhana
I. Lepa		External application	
Arkadi lepa	Arka, sudha kanda, katu aalabu, karanja, basta mutra	External application On pile mass twice a day	Lekhana
Saindhavadi lepa	Saindhav, devalali, kanji	External application On pile mass twice a day	Lekhana
Krishnadi lepa	Krushna, sheerisha, arka, saindhava	External application On pile mass twice a day	Lekhana
Haridradi lepa	Haridra, ruksha vid, gunja, gomutra, pippali	External application On pile mass twice a day	Lekhana
Jyotishmati lepa	jyotishmati	External application On pile mass twice a day	Lekhana, teekshna
Dry lepa	koshataki	External application On pile mass twice a day	Lekhana, rukshana
Nishadi lepa	Nisha, koshtaki, snuhi, ksheera, saindava, gomutra	External application On pile mass twice a day	Ksharana, lekhana
J. Dhoopana			
	Nruksha, sarpa nirmoka, vrishadansha charma, arka moola, shami patra	External application Fumigation twice a day	Rukshana
	Raal, taila	Fumigation twice a day	rukshana
	Godhuma (1 pala), hingu (1/2 shaana), bhallataka (4 seeds)	Fumigation twice a day	rukshana

Formulation name Formulation type	contents	Time of consumption/ dosage/ anupana	Properties
K. Rsa kalpa Nityodita rasa	Visha, tamra, abhraka, aya bhasma, shuddha parad, shuddha gandhaka (each in equal proportion), chitrak (6) Triturated with ardrak sawarasa fir seven days.	1 mudga with ghee	Agnivardhan, arshoghna, vibandha nasahana
Arsha kuthara rasa	Shuddha parad (1), shuddha gandhak (2) Loha bhasma , abhrak bhasma (each 3 parts), chitrak, bilwa, hala, pippali, haritaki, danti, tankan, yawakshara, saindhava (each 5 parts), tritirated together, Gomutra (32) and cooked till gomutra reduces. Then snuhi ksheera (32) parts is added and recooked till mixture solidifies.	2 masha with milk	Cures Arsha like hammer cuts the wood. Lekhan, teekshna, deepana, pachana, kshara pradhana.

Also while stating treatments for different diseases, various formulations in Yoga-Ratnakara also have property to cure Arsha. Table no. 3 shows such formulations compiled from Yoga-Ratnakara.

Table no. 3. Formulations cited for different diseases which can also cure Arsha.

Roga adhaya	formulation	Related information. (matra/ anupana/ kala)
Vishama jwara	Vardhaman pippalyadi yoga	Consumption of pippali in raised number starting from 3/ 5/ 7. Should be consumed with Milk.
	Panchatikta ghrita	1 pala matra internally.
	Sevanti paaka	1 pala matra with milk
	Laghumalini vasanta	1 karsha matra. For daily internal consumption
Jwaratisara	Kutajashtaka avaleha	1 pala with goat/ cow milk
Grahani	Rasanjanadi churna	1 karsha with honey and rice water
	Nagaradi churna	1 karsha with honey and rice water
	Talisadya churna	1 karsha with sugar
	Drakshasava	1 pala with water. Cited in Gadanigraha.
	Agnisoonu rasa.	1 mudga with pippali churna and ghee
Ajeerna	Agnimukha churna	1 karsha with mastu, sura, sauvira
	Dashamoola ghruta	1 pala with milk
	Paashupata rasa	1 ratti with takra
Pandu roag	Mandoora vatak	4 ratti+ takra
	Mandoora Vajra vatak	1 tola+ takra
	manddoradyarishta	1 pala + ushnodaka
	Hansamandoora	1 ratti + takra
Raktapitta	Chandanadi churna	1 karsha + honey+ rice watera
	Khandakadya avaleha	1 karsha + milk+ guru anna
	Bola parpati	2 valla + sharkara + honey

Roga adhaya	formulation	Related information. (matra/ anupana/ kala)
Rajayakshma	Drakshadi churna	1 karsha in the morning
	Agasti avaleha	2 haritaki + 2 tola avaleha daily consumption. Cited in Sharangdhar Samhita
	Shivagutika	1 aksha vati + mudga yusha, mansarasa, early in the morning/ before, in between and after Meals.
	Laghu shiva gutika	1 aksha vati + dadim swaras/ paya/ ksheera/ mansarasa/ sura/ sauveera
	Suryaprabha gutika	1 karsha vati
	Lakshmivilas taila	1 tola + nagavalli patra.
		Can be used internally as well as externally.
	pippalyarishta	1 pala
	Kharjurasava	1 pala. Mentioned in Gadanigraha.
	Shwadanshradya ghruta	1 pala
	Chintamani rasa	1 ratti + honey+ pippali. Cited in Yogasara.
Kasa	Samasharkar churna	1 karsha
	Agasti haritaki	Daily 2 abhaya
	Tryushanadi ghruta	1 pala. Cited in vrinda
	Chitrak haritaki avaleha	1 pala cited in Vopadevashata.
Arochaka	Yavani khandava churna	1 karsha given from time to time daily.
Apasmara	Kalyanaka churna	1 karsha+ ushnambu
Vata vyadhi	Saindhavadya taila	1 pala internal consumption
	Yogaraj guggul	2 ratti vati. Cited in Sara sangraha.
Vatarakta	Amruta guggul	2 ratti vati. Cited in Vrinda.
Amavata	Panchasama churna	1 karsha. Cited in Sharangdhar Samhita
	Vaishavanara churna	1 karsha + curd mastu/ kanji/ gomutra
	Maha rasona pinda	1 masha + madira/ honey. Consumption of curd and carbohydrates is contraindicated
Shoola	Hingvadi churna	1 karsha + ghee
	Taar mandoor	1 karsha before and after meals.
Gulma	Adha-pushpadya ghruta	Cited in Vrind. 1 pala
	Bhaskar lavana churna	1 shaan + curd mastu/ takra/ sura
	Agnimukha rasa	1 ratti + curd/ prasanna/ sura
	Kankayana gutika	1 ratti + ushtra milk
	kumaryasava	1 pala. It reduces six Arsha.
Prameha	Chandraprabha guti	1 ratti + curdmastu/ goghruta/ honey/ mansaraa
	Lodhrasava	1 pala
Udara	Samudradya churna	1 karsha + ghruta
	Rohitakadi kalka	1 kola + gomutra
	Chitrakadya ghruta	1 pala
	Narayana churna	1 karsha + dadima ambu
	Guda-ardrakadi yoga	Starting from 1 karsha to 3 pala, consumed in ascending order for a month.
Shotha	Punarnavasava	1 pala + mansa rasa
Vardhma	Saindhavadi taila	1 pala for internal use.
Kushtha	Ekavinshati guggul	1 shaana gutika in the early morning.
	Bhallataka avaleha	1 pala + guduchi swarasa

formulations cited in Yoga-Ratnakara for Arsha.

Methodology : In order to study any disease, knowledge of diagnostic parameters is necessary. Though Arsha causes due to vitiation of all three doshas, due to predominance, it has been divided into six types. Three of them are due to dominance of single dosha, one due to three dosha dominance, one due to excessive adulteration of Rakta dhatu and one by birth.

Pathophysiology of disease as per Ayurveda is as follows : Three doshas vitiated due to causative and triggering factors adulterate twak, mansa, meda and other Dushyas and create the mass consist of fibers at ano-rectal region. This mass is called as Arsha.

For easy understanding, in Yoga-Ratnakara, causative factors and sign-symptoms of six types of Arsha are mentioned separately. Table no. 1 highlights these factors contributing Arsha. (See Table 1,2 and 3)

In Yog-Ratnakara, along with Arsha at anal region, other sites are also mentioned which includes ear, nose, vagina or mons pubis, penile region. Their treatment is similar to that of Guda- Arsha.

In first half of literature, different dietary components are said to have Arsha- pacifying properties. They are Vastuka shaaka, koshataki, Soorana, Grunjanaka, Shweta bakuchi, kshupa maricha, peelu phala, rasona, takra siddha tandula, and laja manda and kulattha yusha.

Drinking water early in the morning,

shruta- sheeta jala, aja milk, aja curd, takra, navaneeta are considered as remedy in treating Arsha. Also urine of animals like buffalo and camel has arshoghna properties.

Consumption of Abhrak bhasma with bhallataka, swarnamakshik bhasma, rasasindoor, ratna varga, shilajatu rasayana and visha dravya like vatsanabha and langali reduces Arsha. It is virechana arha vyadhi.

Result : Yoga-Ratnakar has mentioned 11 dosage forms (kalpana) and total 54 formulations (kalpa) under Arsha vyadhi prakarana. Apart from them, formulations which have come under different disease but are useful in treatment of Arsha are around 60. Both internal as well as external treatment is cite for Arsha. Rasa kalpas are mentioned for internal use. Takra kalpana is considered and used widely for treating Arsha.

Majority contents are of katu, tikshna, ushna properties which may improve jatharagni and thus may reduce Arsha. Use of Kshara is seen especially in rasa kalpa and for external use. For treating raktArsha, herbs with cool potency are used to reduce burning sensation. Different research articles on contents show their penetrative, anti-inflammatory, anti-oxidant property which may be useful in pacifying Arsha. Use of kshara scraps out dead tissue but also promotes regeneration of new healthy tissue at the anal region. Few formulations are used as Rasayana. For anupana, curd-mastu, takra, sura are used more repeatedly. Dhoopana chikitsa is specialty of Yoga-Ratnakara.

Products by Ayurveda Rasashala, Pune for treatment of ARSHA

 Bhallatakasava For painful non bleeding piles. 2-4 teaspoon + water After both meals, twice. Contraindicated in bhallataka hypersensitivity.	 Kutajarishta For bleeding piles with mucosal discharge. 2-4 teaspoon + water After both meals, twice.	 Abhayarishta 2-4 teaspoon + water After both meals, twice.
 Gandharva haritaki Laxative for patients with piles. 1-2 teaspoon + warm water at bed time.	 Arshakuthara rasa To cure associated symptoms of piles. 1-2 tablet (125mg each) + water / buttermilk.	 A.L. Tablets To cure associated symptoms of piles. 1-2 tablets + water After both meals, twice.

Discussion : Many practitioners refer Yoga-Ratnakara for practice. Though there is one entire chapter dedicated for Arsha, the references are scattered all over the text in different perspective. They are in terms of diet, lifestyle, and patient appearance, and ashtavidha pariskhana, different formulation beneficial for reducing Arsha, or different treatment perspectives for Arsha. As the prevalence is increasing, it is necessary to compile these scattered perspectives of Arsha from text and to critically study them. An attempt is made in this article so that Arsha can be studied in collective form with reference to Yoga-Ratnakara. This article will be helpful for understanding and treating Arsha and also as

baseline study for further para-clinical and clinical research studies.

Conclusion : As the text is more recent in time-frame of Ayurveda history, the formulations have included all the aspects of treatment and not just plant based medications. This is one of the cardinal feature of Yoga-Ratnakara.

Reference: 1) Shastri s. Yogaratnakara, vidyotini Hindi commentary, Varanasi, chaukhambha prakashana, edition 2013.
2) Sharma P. Dravyaguna vidnyana Part 2. Varanasi, Chaukhambha prakashan, edition 2014.
3) Mishra S. Rasaratnasamucchaya, Varanasi, Chaukhambha Surabharati Prakashan, edition 2014
4) Relevant research articles and modern literature.



Deepana Yavagus

Vaidya Chitra Bedekar,
M.D. (Ayurveda), M.A. (Sanskrit),
Director -AYUSKAMIYA Clinic.

Many Yavagus having Deepan effect have been prescribed in the treatment course of various diseases.

Deepana Karma - In fact Deepana Karma is topic of a separate article or rather a book. However some points regarding Deepana Karma are mentioned here for better understanding of the article. Deepana means kindling the diminished Agni i.e. the digestive fire. Deepana can be achieved by many means. These means are to be selected with respect to the cause of the Agni getting diminished and the exact condition of the body. These means vary widely. They can be Vamana, Virechana, Niruha Basti, Anuvasan Basti, Snehan (Vicharana Sneha or Acchapan), Churnas, Arishtas, Asavas, Sura, Taila, Ghruta, Yavagu, Mamsarasa etc. The mode of achieving Deepana varies accordingly.

Mode of Deepana Action of Yavagu - Food is the fuel of Agni. When used appropriately food kindles the digestive fire.

Yavagu is food. Hence Yavagus

implemented appropriately kindle the digestive fire.

In Jwara Chikitsa of Charaka Samhita an appropriate illustration has been quoted for understanding exactly the Deepana action of Yavagus. 'Samidh' i.e. sacrificial sticks are put in the sacred fire for igniting it Likewise, Agni i.e. the digestive fire gets kindled by Yavagus. Yavagus are Laghu. Hence they are the right choice for kindling a very low digestive fire.

वमितं लङ्घितं काले यवागूभिरुपाचरेत्॥

यथास्वौषधसिद्धाभिर्मण्डपूर्वाभिरादितः।

यावज्ज्वरमृदूभावात् षडहं वा विचक्षणः॥

तस्याग्निर्दीप्यते ताभिः समिद्धिरिव पावकः।

ताश्च भेषजसंयोगाल्लघुत्वाच्चाग्निदीपनाः। च.चि.३ १४९-१५१

The above mentioned example of Samidha and Agni is suggestive of scope and limitations of Deepana Karma of Yavagus.

Samidh are required to ignite fire in the beginning. Once the fire is ignited Samidh are not enough to kindle it further, to maintain it and to make it stronger. Now, logs of wood or

dried cakes of cow-dung are required for the further maintenance and taking it to the optimum level. If putting only the sticks in the well ignited fire is continued, the fire will not be maintained and will go on diminishing.

Similarly Yavagus are a mean to kindle a very low Agni. Yavagus are very much appropriate for kindling a very low digestive fire in the treatment of afore mentioned diseases and in the Samsarjanakrama to be followed after Shodhana (Vamana and Virechana) as well. However they should be implemented for a stipulated period of time i.e. until the digestive fire is kindled. Afterwards food recipes heavier than Yavagus viz. Vilepi, Odana, Mamsarasa etc. should be implemented sequentially.

Yavagus are Malashodhan, Dosha-anuloman and Vata-anuloman.

Role of Deepana Yavagus in the treatment of various diseases - Yavagu as a formulation itself is Deepana.

Moreover, Yavagus prepared with various medicines capable of kindling the digestive fire are prescribed in the treatment of various ailments such as Jwara, Atisara, Grahani, Ajeerna, Visuchika etc.

The Deepana medicines with which the Yavagu is prepared are synergistic for the Deepana action of the particular Yavagu.

Yavagus are to be implemented after proper implementation of Langhana in the therapeutic course of these diseases. Yavagus should be offered once the patient feels hungry after Langhana. This has been repeatedly explained in some of previous articles.

Some of these Yavagus are mentioned here as an example.

Atisar - Yavagus are recommended for Agni Deepana in Vataja Atisar, Vata-kaphaja Atisar and Pittaja Atisar.

Pippalyadi Yavagu -

पिप्पलीपिप्पलीमूलचव्यचित्रकनागरैः।

यवागूर्दीपनीया स्याच्छूलघ्नी चोपसाधिता ॥ च.सू. २/१८

Yavagus prepared with Deepana

medicines are recommended for Agni Deepana in Atisar. Pippalyadi Yavagu i.e. Panchakola Siddha Yavagu is a perfect choice for this purpose. This Yavagu with its potential uses in various ailments has been discussed in 2nd and 3rd articles.

Abheervadi Yavagu (Peya) -

उपोषितस्य

चात्रकालेऽभीरुह्रस्वपञ्चमूलबलाद्वयसूप्यपण्यादिमृदुमधुरतित्तिदीपनद्रव्य-निर्यहयुक्तान्

कालविन्मण्डपेयासक्तयूषरसादीनीषदम्लाननम्लान् वा कवोष्णान् सुशीतान् वा सक्षौद्रान् ॥ अ.सं.चि. ११/१३ (पित्तातिसार)

पेयादि क्षुधितस्यान्नमग्निसन्धुक्षणं हितम्।

बृहत्यादिगणाभीरुद्विबलाशूर्पपर्णिभिः ॥ अ.ह.चि. ९/५६ (पित्तातिसार)

Abheervadi Yavagu is recommended for Agni Deepana in Pittaja Atisar. A Yavagu prepared with Shatavari, Laghu Panchamula, Bala, Atibala, Shurpaparni etc. is recommended. Honey is to be added at the end. The Yavagu should be lukewarm or cold (normal temperature) while serving. These medicines are Madhura, Tikta, Mrudu and Agni Deepana.

Ajeerna -

चित्रकचविकानागरमागधिकाग्रयवागूः स्यात्।

गुल्मानिलशूलहरी चित्राद्या वहिनजननी च ॥ योगरत्नाकर

A Yavagu prepared with Chitrak, Chavika, Shunthi, Pippalimula kindles Agni. It pacifies Vata and Vataja Shula. It is one of the remedies for Gulma,.

Jwara -

ज्वरातिसारी पेयां वा पिबेत् साम्लां शृतां नरः।

पृश्निपर्णीबलाबिल्वनागरोत्पलधान्यकैः ॥ च.चि. ३/१८२-१८३

पृश्निपर्णीबलाबिल्वनागरोत्पलधान्यकैः।

सिद्धां ज्वरातिसार्यम्लां पेयां दीपनपाचनीम् ॥ अ.सं.चि. १/२०

पृश्निपर्णी बलाबिल्वनागरोत्पलधान्य कैः।

सिद्धां ज्वरातिसार्यम्लां पेयां दीपनपाचनीम् ॥ अ.ह.चि. १/२६-३४

A Yavagu prepared with Prushniparni, Bala, Bilva, Shunthi, Utpala and coriander and made sour is prescribed in Jwara accompanied by Atisar. This Yavagu is Deepana and Paachana. So it can be concluded that Agni gets kindled as a result of Malashodhan, Dosha-anuloman and Vata-anuloman action of Yavagus.



डॉ. सुभाष रानडे आणि डॉ. सुनंदा रानडे ह्यांचा दुहेरी सन्मान!

कवी कुलगुरु कालीदास संस्कृत युनिव्हर्सिटी, रामटेक व धन्वंतरी जयंती समारोह समिती, नागपूर ह्यांच्या संयुक्त विद्यमाने डॉ. सुभाष रानडे ह्यांना “आयुर्वेद ब्रह्मर्षि पुरस्कार” तर डॉ. सौ. सुनंदा रानडे ह्यांना “बेस्ट न्यूट्रीशनिस्ट पुरस्कार” सन्मानपूर्वक दि. २२ आक्टोबर २०२२ बहाल करण्यात आला.

तसेच दि. ६ नोव्हेंबर २०२२ रोजी Faculty of Health Sciences, Symbiosis International (Deemed University) तर्फे लवळे येथे आयोजित "SYMRESEARCH 2022" कार्यक्रमात डॉ. सुभाष रानडे आणि डॉ. सौ. सुनंदा रानडे ह्यांनी भारतात आणि परदेशात आयुर्वेदाच्या केलेल्या शिक्षण व प्रसाराबद्दल त्यांचा केंद्रीय “आयुष मंत्री ना. श्री. सर्वानंद सोनोवाल ह्यांच्या हस्ते आणि विद्यापीठाचे कुलपती डॉ. शां. ब. मुजुमदार ह्यांच्या उपस्थितीत भव्य सत्कार करण्यात आला. राष्ट्रीय शिक्षण मंडळ आणि आयुर्विद्या मासिक समितीच्या वतीने डॉ. सुभाष रानडे व डॉ. सौ. सुनंदा रानडे ह्यांचे दुहेरी सन्मानाबद्दल हार्दिक अभिनंदन आणि हार्दिक शुभेच्छा!



SYMRESEARCH 2022 मध्ये सन्मान स्विकारताना
डॉ. सुभाष रानडे व डॉ. सुनंदा रानडे.



आयुर्वेद ब्रह्मर्षि पुरस्काराने डॉ. सुभाष रानडे व
बेस्ट न्यूट्रीशनिस्ट पुरस्काराने डॉ. सुनंदा रानडे
यांना गौरवण्यात आले.

वृत्तान्त

टिळक आयुर्वेद महाविद्यालयात - धन्वंतरी जयंती संपन्न

धन्वंतरी जयंती दिवशी राष्ट्रीय आयुर्वेद दिनाच्या निमित्ताने दि. २२/१०/२०२२ रोजी विशेष समारंभाचे आयोजन करण्यात आले होते. ‘आयुष’ विभागातर्फे ह्या वर्षीचे घोषवाक्य होते “हर दिन आयुर्वेद, हर घर आयुर्वेद”.

समारंभाचे अध्यक्ष डॉ. दिलीप पुराणिक ह्यांच्या हस्ते श्री धन्वंतरीची पूजा करण्यात आली. तसेच धन्वंतरी स्तवनाचे मंगल चरण उपस्थितांनी आळविले. डॉ. पुराणिक ह्यांच्या हस्ते राष्ट्रीय आयुर्वेद दिनाच्या निमित्ताने तयार केलेल्या १) स्वतंत्रताकी पंचहत्तरवी वर्ष गाठ’ २) आयुर्वेदाची नवरत्ने ह्या विशेष भित्तीपत्रकांचे प्रकाशन करण्यात आले. डॉ. मिहीर



श्री धन्वंतरी पूजन प्रसंगी उपस्थितांना मार्गदर्शन करताना
अध्यक्ष, डॉ. पुराणिक.

हजरनवीस ह्यांनी राष्ट्रीय आयुर्वेद दिनाच्या निमित्ताने आयोजित करण्यात आलेल्या विविध कार्यक्रमांची माहिती दिली.

डॉ. पुराणिक ह्यांनी राष्ट्रीय आयुर्वेद दिनानिमित्त जाहीर करण्यात आलेल्या “हर दिन आयुर्वेद, हर घर आयुर्वेद” ह्या घोष वाक्यामागील संकल्पना, महाविद्यालयातील शिक्षक व शिक्षकेतर कर्मचाऱ्यांकडून त्यासंबंधातील अपेक्षा ह्या बाबत प्रबोधन केले. समारंभास शिक्षक व शिक्षकेतर प्रतिनिधी मोठ्या संख्येने उपस्थित होते.



श्री धन्वंतरी पूजन करताना डॉ. पुराणिक, डॉ. हुपरीकर,
डॉ. देशपांडे, डॉ. बोरसे, डॉ. हजरनवीस.

विशेष भित्तीपत्रकाच्या
प्रकाशन प्रसंगी
मान्यवर व टिळक
आयुर्वेद महाविद्यालयातील
अध्यापक वर्ग.



वृत्तांत

राष्ट्रीय शिक्षण मंडळात धन्वंतरी जयंती संपन्न

राष्ट्रीय शिक्षण मंडळाचे मुख्य कार्यालय, आयुर्वेद रसशाळा, कै. पुरुषोत्तम शास्त्री नानल रुग्णालय, चेतन दत्ताजी इन्स्टिट्यूट ऑफ मॅनेजमेंट स्टडीज येथे धन्वंतरी जयंती निमित्त दि. २२ ऑक्टोबर २०२२ रोजी धन्वंतरी पूजनाचा कार्यक्रम संपन्न झाला.

राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष डॉ. दिलीप पुराणिक,

सचिव डॉ. राजेंद्र हुपरीकर, आयुर्वेद रसशाळा फाऊंडेशनचे अध्यक्ष डॉ. विजय डोईफोडे ह्यांच्या हस्ते श्री धन्वंतरीचे पूजन करण्यात आले.

कार्यक्रमास नियामक मंडळाचे सदस्य, नानल हॉस्पिटल, आयुर्वेद रसशाळेचे पदाधिकारी आवर्जून उपस्थित होते.



Report

Seminar On Recent Advances In Medical Specialties

Dr. Manjiri Deshpande, Programme Director.

C.P.G.S.&R.A. (Centre for Post Graduate Studies & Research in Ayurved) of Tilak Ayurved Mahavidyalaya, Pune and The Association of Integrated Medical Specialists of India had jointly organized Seminar on Recent advances in medical specialties in Neurology and Cardiology on 14th of October 2022 at 2.30 pm at N. I. M. A. Auditorium of Tilak Ayurved Mahavidyalaya.

The seminar commenced with blessings of Lord Dhanwantari by Poojan and Recitation of Dhanwantari Stawan,

The inauguration of the seminar was done at the hands of Dr. D.P. Puranik, President of Rashtriya Shikshan Mandal, Patron of AIMS of India and Director, C.P.G.S. & R.A. of Tilak Ayurved Mahavidyalaya and in presence of Dr. Mihir Hajarnavis and Dr. Indira Ujagare, Vice Principal TAMV, Dr. N. V. Borse and Dr. Mrs. Kalyani Bhat, Vice Presidents of AIMS of India & Programme Director, Dr. Manjiri Deshpande, Neurologist Dr. Mrs. Priyanka Walzade Tonde, MBBS, MD (General Medicine), DM Neurology, Consultant Jupiter Hospital Pune.



**Inauguration of Seminar - from left to right -
Dr. Mrs. Deshpande, Dr. Joshi, Dr. Borse,
Dr. Hajatnavis, Dr. Puranik, Dr. Tonde.**

Program Director Dr. Manjiri Deshpande welcomed all the dignitaries and participants in the seminar. She briefly informed about Seminar on Recent advances in medical specialties in Neurology and Cardiology. She gave the information about AIMS of India to the participants.

Dr. Dilip P. Puranik in his Presidential speech briefed progress of AIMS over the past years and other active workshops, seminars & programs organized every year by AIMS and C.P.G.S. & R.A.

Lecture seminar began with felicitation of Dr. Priyanka Walzade Tonde.

In this seminar more than 235 Participants participated (All preventive measures of COVID-19 Pandemic were observed as per guidelines). UG students, PG students, Teachers, from Tilak Ayurved Mahavidyalaya and from different colleges viz. Ashtang Ayurved Mahavidyalaya, Ayurved college Akurdi, SS Ayurved College Hadapsar, etc.; and General Practitioners from parts of Pune participated in the programme.

Dr. Mrs. Priya Deshpande, Joint secretary was master of the ceremony. There were three sessions.

First Session : "Recent Advances in Neurology and role of General Practitioner" by Dr. Priyanka Walzade Tonde

Second Session : "Recent Advances in Cardiology and role of General Practitioner" by Dr. Ishwar Zanwar. MBBS, MD (General medicine), DNB Cardiology.

Certificates were distributed to all the participants at the end of the program.

Formal vote of thanks was proposed by Dr. Mihir Hajarnavis.



डॉ. सुहास, एक मित्र!



डॉ. वि. वि. डोईफोडे

आयुर्वेद क्षेत्रातील अग्रणी जगन्मित्र डॉ. सुहास परचुरे यांचे दि. १५ नोव्हेंबर २०२२ रोजी दीर्घ आजाराने दुःखद निधन झाले. आयुर्वेद व शिक्षण, संशोधन या क्षेत्राची फार मोठी हानी झाली. आयुर्वेद पदवीधरांना वैद्यकीय व्यवसाय करताना समान अधिकार मिळून सर्वप्रकारच्या औषधोपचारांचा वापर करण्याचा हक्क (मिश्र वैद्यकीय औषधोपचार) मिळाले पाहीजेत यासाठी त्यांनी अथक प्रयत्न केले.

टिळक आयुर्वेद महाविद्यालयात १९६५ मध्ये बी. ए. एम. अँड एस. या मिश्र वैद्यकाच्या अभ्यासक्रमास प्रवेश घेतल्यापासूनच त्यांच्यातील नेतृत्व गुणांचा परिचय येऊ लागला. तत्कालीन अध्यापकांच्या इच्छेनुसार विद्यार्थ्यांमधून ठराविक विद्यार्थी निवडून त्यांच्यामार्फत महाविद्यालयातील अभ्यासेतर कार्यक्रम (उदा. नाट्य, संगीत, क्रीडा, आंतरमहाविद्यालयीन विविध स्पर्धा) करवून घेतले जात. मात्र सुहासने ही पद्धत मोडून लोकशाही पद्धतीने निवड करविली. उत्तम प्रकारच्या संघटन कौशल्यामुळे त्यांचे सर्वसमावेशक नेतृत्व आपोआपच प्रस्थापित झाले.

महाविद्यालयीन जीवनात अभ्यासाबरोबर इतर अनेक बाबींमध्ये सुहासचा उत्साही सहभाग असे. काही एकांकिकांमध्येही त्याने काम केले होते. आंतरमहाविद्यालयीन खो-खो स्पर्धात त्याचा कायम सहभाग असे. महाविद्यालयात क्रिकेटसाठी फार अनुकूल वातावरण नसताना प्रसंगी खिशातील पैसे खर्च करून त्याने टीम उभी केली होती. सतत हसतमुख राहून सर्वांच्या मदतीस धावणारा सुहास सर्वांना प्रिय होता.

त्याचा पदवी अभ्यासक्रम पूर्ण झाल्यानंतर बी.ए.एम.एस.च्या विद्यार्थ्यांनी 'Equal Status' मिळावे म्हणून राज्यव्यापी संप केला होता. मिश्रवैद्यकाचा (Integrated) अभ्यासक्रम पूर्ण केला असल्याने शैक्षणिक व शासकीय स्तरावर मॉडर्न वैद्यकीय पदवीधरांप्रमाणे समान संधी मिळाली पाहीजे ही रास्त मागणी होती. १९७० च्या सुमारास हा संप झाला. सुहासने इतर विद्यार्थी नेत्यांबरोबर विद्यापीठ व शासन स्तरावर अनेक प्रयत्न केले त्याचा परिपाक म्हणून इंटरग्रेटेड अभ्यासक्रम पूर्ण केलेल्या विद्यार्थ्यांसाठी कन्डेन्स्ड L.C.P.S. and M.B.B.S. अभ्यासक्रम सुरू झाले. त्याचा फायदा घेऊन अनेक विद्यार्थी आधुनिक वैद्यक शास्त्रातील सुपरस्पेशॅलिटी प्राप्त करून वैद्यकीय व्यवसाय करीत आहेत.

डॉ. परचुरे यांचे सामाजिक कार्य अनेक क्षेत्रात जरी असले तरी मुख्यतः पुणे विद्यापीठ, सेंट्रल कौन्सिल ऑफ इंडियन मेडिसिन यामध्ये त्यांनी अनेक प्रकारे प्रयत्न केले. पुणे विद्यापीठाच्या सर्व प्रकारचे अभ्यास मंडळ असो, फॅकल्टी असो, मॅनेजमेंट कौन्सिल असो यामध्ये त्यांनी अतिशय मनापासून व पूर्ण शक्तीनिशी सहभाग घेतला. १९७४ साली पहिल्यांदा ते विद्यापीठाच्या अधिसभेवर निवडून आले. त्याच बरोबर १९८२ ते

८५ या कालावधीमध्ये मॅनेजमेंट कौन्सिलचे सदस्य झाले.

मॅनेजमेंट कौन्सिलमध्ये असताना वेगवेगळ्या संस्थांचे परीक्षण करत असताना, संस्थांना मदत होईल अशा पद्धतीने त्यांचा तपासण्याचा दृष्टीकोन असे आणि फक्त आयुर्वेदीकच किंवा मेडिकलच नव्हे तर इतरही, शास्त्र असो, कलाशाखा, सर्व शाखांच्या संस्थांना जास्तीत जास्त मदत होण्याच्यादृष्टीने त्यांनी प्रयत्न केले. विद्यापीठाच्या प्रत्येक सभेमध्ये त्यांची एक अभ्यासपूर्ण वक्ता म्हणून ख्याती होती. विशेषतः प्रत्येक विषयाच्या कायदेशीर बाबींचा चांगला अभ्यास करून ते मत मांडत असत. अनेक मंडळी त्यांना आदराने म्हणा विनोदाने म्हणा "बॅरिस्टर परचुरे" असे म्हणत.

विद्यापीठाच्या फॅकल्टीचे ते ८५ ते ८८ या कालावधीमध्ये अधिष्ठाता म्हणूनही निवडून आले होते. त्यांनी अत्यंत अविरत कष्ट करून विद्यापीठ कायद्यामध्ये बदल करून आयुर्वेद फॅकल्टीतील तीनच्या ऐवजी चार बोर्ड ऑफ स्टडीज निर्माण केले. त्यामुळे अॅडीशनल १५ एक्सपर्टची सोय झाली. त्यामुळे विद्यापीठामध्ये सर्व मंडळींच्या मदतीसाठी धडपडणारे एक मनमिळावू असे कार्यकर्ते म्हणून ते परिचित होते. एक अत्यंत महत्वाचा भाग म्हणजे पुणे विद्यापीठामध्ये १९८८ साली त्यांनी अतिशय धडपड करून राज्यस्तरावर अविरत प्रयत्न करून आयुर्वेद विभागाची स्थापना केली. आयुर्वेद विभागाची स्थापना झाल्यानंतर या विभागामार्फत अनेक शैक्षणिक व सामाजिक उपक्रम आयोजित करण्यात आले. विशेषतः छोटे-छोटे अभ्यासक्रम ज्याला विद्यापीठाची मान्यता असल्यामुळे उपयोगी होतील असे अनेक अभ्यासक्रम निर्मिती, परदेशी विद्यार्थ्यांसाठी वेगवेगळ्या आयुर्वेदाचे अभ्यासक्रम यांची निर्मिती झाली. सन २००६ साली आयोजित केलेल्या "सेकंड वर्ल्ड आयुर्वेद कॉंग्रेस" निमित्ताने त्याची आठवण लोक अजूनही काढतात.

विद्यापीठाच्या राजकारणाबरोबर त्यांनी आयुर्वेद क्षेत्रामध्ये १९७० साली निर्माण झालेल्या सेंट्रल कौन्सिल ऑफ इंडियन मेडीसीन आणि नॅशनल इंटरग्रेटेड मेडीकल असोसिएशन यामध्ये अतिशय मनापासून काम केले.

सी. सी. आय. एम. च्या विविध समित्यांवर त्यांनी उत्तम काम केले. नॅशनल इंटरग्रेटेड मेडिकल असोसिएशनचे ऑल इंडिया प्रेसिडेंट म्हणून त्यांनी तीन वर्षे काम केले.

हे सर्व करत असताना त्यांच्यातील लेखक, कवी जागृत असल्याने आयुर्वेद मराठी चरक संहिता व "सुबोली" हा कवितासंग्रह प्रसिद्ध केला.

सुहास्य वदनाने सर्वांवर प्रेम करणारा. "सुहास-एक मित्र" काळाने हिरावून घेतला. ह्या मित्रास साश्रुनयनांनी "श्रद्धांजली".



कै. डॉ. सुहास परचुरे - श्रद्धांजली सभा

राष्ट्रीय शिक्षण मंडळाच्या वतीने शनिवार दि. १९ नोव्हेंबर २०२२ रोजी दुपारी ४ वाजता कर्वे रोड येथील आयुर्वेद रसशाळा समागृहात कै. डॉ. सुहास परचुरे ह्यांच्या दि. १५ नोव्हेंबर २०२२ रोजी झालेल्या दुःखद निधनाप्रित्यर्थ श्रद्धांजली सभा आयोजित करण्यात आली.

सभेस राष्ट्रीय शिक्षण मंडळाच्या घटक संस्था असलेल्या टिळक आयुर्वेद महाविद्यालय, आयुर्वेद रसशाळा, आयुर्विद्या मासिक, नानल हॉस्पिटल, मेहेंदळे दवारवाना, कै. कृ. ना. भिडे आयुर्वेद संस्थामधील प्रतिनिधी मोठ्या संख्येने उपस्थित होते. तसेच नॅशनल इंटरिग्रेटेड मेडीकल असोसिएशनचे पदाधिकारी, शेट ताराचंद रामनाथ रुग्णालयाचे प्रतिनिधी, परचुरे कुटुंबियांचे प्रतिनिधी, नाशिक येथील आयुर्वेद सेवा

संघाचे अध्यक्ष, रा. शि. मंडळाच्या नियामक मंडळाचे पदाधिकारी व सभासद मोठ्या संख्येने श्रद्धांजली सभेस उपस्थित होते.

सभेसाठी उपस्थितांपैकी बहुतेकांनी कै. डॉ. सुहास परचुरे ह्यांच्याशी संबंधित हृद्य आठवणी जागविल्या व आपल्या लाडक्या दिवंगतास भावपूर्ण श्रद्धात साश्रुनयनांनी श्रद्धांजली वाहिली. कै. डॉ. परचुरे ह्यांच्या लाडक्या शिष्यगणांनी व एन. आय. एम. ए. मधील सहकाऱ्यांनी कै. डॉ. सुहास परचुरे ह्यांच्या स्मृतीप्रित्यर्थ कायम स्वरुपी "विशेष स्मारक" उभारण्याचा संकल्प सोडला.

सभेच्या शेवटी कै. डॉ. सुहास परचुरे ह्यांना सर्वांनी दोन मिनीटे स्तब्ध उभे राहून श्रद्धांजली अर्पण केली.



डॉ. पुराणिक श्रद्धांजली अर्पण करताना
उजवीकडे डॉ. भागवत व डॉ. हुपरीकर



शोकमग्न आप्तेष्ट व मित्र परीवार.



शेट ताराचंद रामनाथ धर्मार्थ आयुर्वेदीक रुग्णालयात तिरळेपणा शस्त्रकर्म शिबीर

राष्ट्रीय शिक्षण मंडळाची संलग्न संस्था असलेल्या शेट ताराचंद रामनाथ आयुर्वेद रुग्णालयाच्या शालाक्यतंत्र विभाग आणि महेश सहकारी बँक व पुणे नेत्रसेवा प्रतिष्ठान ह्यांच्या संयुक्त विद्यमाने दि. ५ व ६ नोव्हेंबर २०२२ रोजी "नेत्र तिरळेपणा (Squint) शस्त्रकर्म" शिबीर आयोजित करण्यात आले.

सदर शस्त्रकर्म शिबीरात एकूण १६ रुग्णांवर शस्त्रकर्म करण्यात आले. डॉ. राजेश पवार ह्या प्रसिद्ध नेत्र शल्य तज्ञा बरोबरच डॉ. भांगे, डॉ. शहा ललीत व डॉ. झंवर ह्यांनी शस्त्रकर्माची जबाबदारी पार पाडली. शालाक्यतंत्र विभागातील प्रबंधक व आवासी वैद्य ह्यांनी आयोजनात सक्रीय सहभाग घेतला. ज्येष्ठ अ‍ॅनेस्थेसिस्ट डॉ. शाम कुलकर्णी तसेच डॉ. दिपक पोमण, डॉ. रेणूका उदगे, डॉ. स्फूर्ती कारंडे ह्यांनी अ‍ॅनेस्थेशियाची जबाबदारी पार पाडली. शस्त्रकर्मपूर्व रुग्ण तपासणीचे व फिटनेसचे काम डॉ. अभय इनामदार ह्यांनी पार पाडले. शस्त्रकर्म शिबीरासाठी रुग्णालय उपअधिक्षक डॉ. कल्याणी भट व प्रशासन विभागातील डॉ. देवकर ह्यांचे मार्गदर्शन लाभले.

वृत्तांत

शस्त्रकर्म करत
असताना
डॉ. राजेश पवार.



तिरळेपणा शिबीराच्या उद्घाटन प्रसंगी माहिती देताना

डॉ. गांगल, व्यासपीठावर डॉ. देसाई, डॉ. पवार,
श्री राठी, डॉ. झंवर व इतर.





लिखते रहो.....

डॉ. अपूर्वा संगोराम, कार्यकारी संपादक

वैद्यकीय महाविद्यालयातील अध्यापक, संशोधक, पदव्युत्तर विद्यार्थी या सर्वांच्याच दृष्टीने त्यांच्या शैक्षणिक कारकीर्दीतील महत्वाची बाब म्हणजे त्यांच्या संशोधनावर आधारीत शास्त्रीय लेखन व प्रमाणित जर्नल्स मध्ये त्याची प्रसिद्धी.

बऱ्याचवेळा शास्त्रीय लेख हे सक्ती किंवा नियम केल्यामुळे प्रकाशित केले जातात. या पातळीवर बऱ्याचदा उदासिनता आढळते. काही वेळा वेळ नाही म्हणून, कंटाळा म्हणून, सवय नाही, अजून अशा प्रकारचे लेखन केले जात नाही. मात्र याचा तोटा असा होतो की एखादे चांगल्या पद्धतीने केलेले शास्त्रीय काम प्रसिद्ध न केल्यामुळे तेच काम पुनः पुनः केले जाते त्याच विषयावर काम करणाऱ्या पुढील संशोधकांना त्यातील महत्वाच्या बाबी न समजल्यामुळे रीपीटेशन किंवा पुनरावृत्तीचा धोका निर्माण होतो. एम.डी. व पीएच. डी. च्या महाराष्ट्र आरोग्य विज्ञान विद्यापीठाच्या सिनोप्सिसच्या चेक लिस्टमध्ये संबंधित या विषयावर पूर्वी केलेले काम. ह्या कामाचे कमीत कमी १५ संदर्भ द्यावेत व या कामापेक्षा संबंधित संशोधकांचे काम काय व कसे वेगळे आहे हे सांगणारा नॉलेज गॅपचा परीच्छेद समाविष्ट करण्यास सांगितला आहे. या पद्धतीमुळे, आधीचे काम कोणते व कसे केले आहे व संशोधक त्यात कोणती भर घालणार आहे हे अधोरेखित होते व पुनरावृत्तीचा धोका टळतो.

संबंधित विषयावर पूर्वी झालेले काम शोधण्यासाठी अनेक ई. स्रोत उपलब्ध आहेत. यामध्ये, धारा, ज्ञानगंगा, वेगवेगळ्या युनिव्हर्सिटीच्या वेबसाईट्स यामध्ये आतापर्यंत झालेले संशोधन उपलब्ध आहे. याशिवाय अनेक शास्त्रशुद्ध जर्नल्स प्रत्यक्षतः ही उपलब्ध आहेत. याचा संशोधकांनी, अध्यापकांनी, विद्यार्थ्यांनी फायदा करून घेतला पाहिजे. बऱ्याचवेळा पदव्युत्तर विद्यार्थी त्यांच्या शैक्षणिक कारकीर्दीतील महत्वाची ३ वर्षे खर्च करून प्रबंध सादर करतात. मात्र त्यावर आधारीत परीक्षा झाल्यानंतर त्या प्रबंधाकडे दुर्लक्ष होते व काही वेळा ते प्रबंध धूळ खात पडून राहातात. यासाठी संबंधित विद्यार्थी व त्यांच्या मार्गदर्शकांनी

त्यावर आधारीत शास्त्रीय लेख तयार करून ते प्रकाशित करणे गरजेचे आहे.

संपूर्ण जगभरात संशोधन व शास्त्रीय लेखनाला अतिशय महत्व आहे. नुकतेच भारत सरकारद्वारा 'वन नेशन वन सबस्क्रिप्शन' या योजनेची घोषणा करण्यात आली व त्याची १ एप्रिल २०२३ पासून अमलबजावणी करण्यात येणार आहे. या योजनेअंतर्गत जगभरातील विज्ञान, तंत्रज्ञान, अभियांत्रिकी, गणित या विषयावरील महत्वाच्या प्रकाशकांशी करार करण्यात येणार आहे व सरकारी, सरकारी अनुदानित शिक्षण, संशोधन-विकास संस्था, प्रयोगशाळांसाठी मोफत संशोधन पत्रिका उपलब्ध करून दिल्या जाणार आहेत. यामध्ये इंडियन कौन्सिल ऑफ ऑग्निकल्चर रीसर्च (आय. सी. ए. आर.), इंडियन कौन्सिल ऑफ मेडीकल रीसर्च (आय. सी. एम. आर.), डिपार्टमेंट ऑफ सायन्स अँड टेक्नॉलॉजी, (डी. एस. टी.), कौन्सिल ऑफ सायंटिफिक अँड इंडस्ट्रियल रीसर्च (सी. एस. आय. आर.), डिपार्टमेंट ऑफ बायोटेक्नॉलॉजी (डी. बी. टी.) यासारख्या आपल्या शास्त्राशी संबंधित अनुदान मिळणाऱ्या संस्थांचा समावेश आहे. थोडक्यात, ज्ञानाचा महासागर उपलब्ध आहे, त्यातले प्रत्येकाने किती घ्यायचे व आपण स्वतः त्यात किती भर टाकावयाची हे ठरविणे अत्यावश्यक आहे.

कोणतेही लेखन, अगदी शास्त्रीय लेखन असले तरी ते एखाद्या शास्त्रीय संगीतातील रागाच्या रीयाजासारखे आहे. तो रीयाज जितका चांगला तितकी त्या रागाची पेशकारी चांगली. लेखनाचेही तसेच आहे. जितका लेखनाचा सराव चांगला तितके ते अधिकधिक निर्दोष आणि सक्स होत जाते. २०२२ या सरत्या वर्षाला निरोप देताना आणि २०२३ या नवीन वर्षात प्रवेश करताना आपण समर्थ रामदासांचे हे वचन समजून निश्चय करू आणि अमलात आणू.

दिसामाजी काहीतरी लिहावे। अभ्यासे प्रकटे व्हावे।



कै. कृ. ना. भिडे आयुर्वेद संस्थेत धन्वंतरी दिन संपन्न

वृत्तांत

रा. शि. मंडळ संचलीत कै. कृ. ना. भिडे आयुर्वेद संस्थेत धन्वंतरी दिनानिमित्त दि. २२/१०/२२ रोजी धन्वंतरी पूजनाचा कार्यक्रम आयोजित करण्यात आला. डॉ. मधुकर सातपुते ह्यांच्या हस्ते धन्वंतरी पूजन झाल्यानंतर धन्वंतरी स्तवन म्हणण्यात आले. कार्यक्रमस डॉ. दिलीप पुराणिक, डॉ. राजेंद्र हुपरीकर, डॉ. भालचंद्र भागवत तसेच कै. कृ. ना. भिडे आयुर्वेद संस्था समितीचे सदस्य, दवारवान्यातील चिकित्सक मोठ्या संख्येने उपस्थित होते.



धन्वंतरी पूजन प्रसंगी डावीकडून डॉ. भागवत,

डॉ. सातपुते, डॉ. पुराणिक





योजक: तत्र दुर्लभः।

डॉ. सौ. विनया दीक्षित, उपसंपादक

आयुर्वेद संशोधन, शिक्षण व व्यवसाय या तिन्ही पंधांमध्ये अनेक उत्तमोत्तम तज्ज्ञ मंडळी आजवर होऊन गेली. वैद्यराज मंडळींनी त्याची वैशिष्ट्यपूर्ण 'गुरु' परंपरा विशिष्ट चिकित्सा पद्धतीवर आधारित अशी निर्माण केली. कित्येक महान वैद्यांनी साता समुद्रापार आयुर्वेद खंबीरपणे पोचवला व आयुर्वेदीय चिकित्सेची परदेशी भक्कम प्रणाली उभारली.

संशोधन क्षेत्रातही विविध राष्ट्रीय संस्था, काही अर्वाचीन वैद्यकीय संस्थांच्या सहयोगाने, तर काही खाजगी आयुर्वेदीय संशोधन संस्थांनी दखल घेण्याजोगी कामगिरी आजवर केलेली आहे. विशेषतः सामान्यांना उपयुक्त औषधीयोग, औषधी वनस्पतींचे अर्क व पंचकर्मादी उपचारांसाठी आवश्यक यंत्रोपकरणे यांवर उत्तम पद्धतीने केलेले नवनवीन संशोधन उपलब्ध होत असते.

शिक्षण क्षेत्राचा विचार केली तर वैद्यकीय शिक्षण पद्धतीचा अवलंब त्यासाठी प्राथमिक व उच्च स्तरीय प्रशिक्षण भारतातील सर्वच आयुर्वेदीय महाविद्यालयांत विद्यापीठांद्वारा सक्तीचेच करण्यात आले. त्यानिमित्ताने अनेक संशोधनांना ही चालना मिळाली. परंतु आयुर्वेदीय शिक्षणाचा गाभा हा 'अध्यापक व विद्यार्थी यांच्या संवादावर व स्वास्थ्यावर अवलंबून आहे. ही महत्त्वाची बाब अनेक ठिकाणी दुर्लक्षित राहिली.

अध्यापकांची नेमणूक, मान्यता, वेतननिश्चिती व इतर विभागीय सोयी सुविधा या शिक्षण पद्धतीवर प्रत्यक्षतः परिणाम करतच असतात. तसेच विद्यार्थ्यांच्या मूलभूत गरजा, त्यांची वसतीगृहे, मानसिकता व पदवी घेतल्यावर मिळणारी व्यवसाय-नोकरीतील संधी, शैक्षणिक फी व इतर कायदेशीर बाबींचे मार्गदर्शन हे जिवाळ्याचे प्रश्न बनतात.

महाराष्ट्रातच नव्हे तर संपूर्ण देशभरात या गुरु-शिष्यांच्या अधिकारांसाठी व स्वास्थ्यपूर्ण आयुर्वेदीय शिक्षण, संशोधन - व्यवसायासाठी खंबीरपणे, किचकट कायदेशीर बाबींचा संपूर्ण अभ्यास करून एक चळवळ उभारणारे, ती सर्वसमावेशक

करून पुढे नेऊन 'आयुर्वेदीय' शास्त्राच्या या मूलभूत गरजांना पोषक ठरणारे नियम व कायदे प्रत्यक्षात आणण्यासाठी अथक आयुष्य वेचणारे "नेतृत्व" दुर्लभच!

महाराष्ट्राच्या सौभाग्याने वैद्य सुहास नारायण परचुरे यांच्या रुपात असे धोरणी, दूरदृष्टीने काम करणारे, संघटन शक्तीचे मर्म ओळखून प्रचंड जनसमुदायाला एकत्रित बांधून ठेवणारे, तळागाळातील कर्मचारी ते प्राचार्य - संस्थेचे अध्यक्ष सर्वांशी सुहाय्य मुद्रेने वार्तालाप करणारे, आयुर्वेदीय व्यावसायिक, शिक्षणसंस्था, संशोधन केंद्रे व औषधी कारखानदार सगळ्यांना एकाच छत्राखाली जवळ ठेवणारे, प्रचंड उत्साहाने सतत सकारात्मक विचारांनी कार्यरत राहणारे नेतृत्व लाभले. नुकतेच त्यांचे दुःखद निधन झाले. एक मोठा मार्गदर्शक व संघटक, युक्तीपूर्वक योजना राबवीणारा अचानक या सर्वांना मागे ठेवून गेला. आयुर्विद्या मासिक समितीतर्फे वै. सुहास नारायण परचुरे यांच्या कार्याला मानाचा मुजरा.

त्यांचे संघटनाचे कार्य प्रत्येक आयुर्वेदीय माणसाने तसेच उत्साहाने चालू ठेवून न्याय्य अधिकारांसाठी नित्य जागरूक राहणे हीच खरी आदरांजली ठरेल हे निश्चित! भावपूर्ण श्रद्धांजली!



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आरोग्यदीप २०१९
छंदश्री आंतरराष्ट्रीय दिवाळी अंक स्पर्धा
द्वितीय पारितोषिक विजेता.

* आरोग्यदीप दिवाळी अंक २०२२ *

प्रकाशित झाला आहे.

सवलतीच्या किमतीत आपले अंक मिळवण्यासाठी

व अधिक माहितीसाठी त्वरीत संपर्क साधा...

प्रा. डॉ. अपूर्वा संगोराम (९८२२०९०३०५)

प्रा. डॉ. विनया दीक्षित (९४२२५९६८४५)

स्वागत!

