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AYURVIDYA

Magazine

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This Issue is dedicated to "Kriya Sharir"

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संपादकीय

सतर्क राहा, काळजी घ्या !

डॉ. दि. प्र. पुराणिक

नुकतेच वृत्तपत्रात एकाच दिवशी वैद्यकीय क्षेत्राशी संबंधित परंतु सर्व जनसामान्यांच्या दृष्टीने संबंधित दोन बातम्या झळकल्या. दोन्ही बातम्या एकमेकांच्या अगदी विरूद्ध. एक बातमी धक्कादायक, भिती, चिंता निर्माण करणारी तर दुसरी बातमी सुखद, दिलासादायक, आश्वासक!

सन २०१९ ते २०२१ अशी दोन वर्षे जगभर 'कोव्हिड–१९' ने एकच धुमाकुळ घातला. ह्या कालादरम्यान सर्व जग भितीछत्राच्या खाली, मृत्युच्या सावटाखाली होते. कालांतराने म्हणजे सन २०२२ पासून 'कोव्हिड १९' चा अंमल कमी होत गेला. जनजीवन सामान्य होत गेले आणि जवळजवळ पूर्ववत सुरु झाले. भितीचे सावट दूर झाले. सर्वसामान्य जन निर्धास्त झाले. असे असतांनाच ''जेएन. १ ''उपप्रकार चिंतेची बाब'' ह्या वृत्तपत्रातील बातमीने सर्वसामान्यांना एक धक्का बसला. कोरोना ह्या विषाणूचा उपप्रकार (variant) म्हणून उदयास आलेल्या ''जेएन. १' ह्या विषाणूचा वेगाने प्रसार होत आहे आणि त्यामुळे वैद्यकीय जगतात चिंतेचे सावट पसरले आहे. 'कोरोना जेएन. १' ची लागण झालेले चार हजारावर रुग्ण भारतात आढळले असून त्यामध्ये सर्वात अधिक रुग्ण गोव्यात आढळले आहेत. त्यापैकी एका रुग्णाचा मृत्यु झाला आहे. ह्या 'JN.1' विषाणूचा संसर्ग झाल्यास 'कोव्हिड १९' प्रमाणेच लक्षणे आढळत असून सर्दी, खोकला, ताप, अंगदुखी, थकवा अशी लक्षणे आढळतात. अजून तरी ह्या विषाणूच्या संसर्गाने उग्र रुप धारण केले नसल्याने सर्वसाधारणपणे आठवड्याभरात रुग्ण बरा होतो. परंतु 'कोव्हिड १९' प्रमाणेच मधुमेह, उच्च रक्तदाब, हृद्रोग ह्यासारखे सहव्याधी असलेल्या व्यक्तिंना 'JN.1' विषाणूची बाधा होण्याची शक्यता अधिक असते हे लक्षात ठेवणे अत्यंत आवश्यक आहे.

अजून तरी विषाणूच्या ह्या उपप्रकाराने उग्र रुप धारण केले नसले तरी त्याची वाट न पाहता ''कोव्हिड १९' प्रमाणेच प्रतिबंधात्मक उपाय करणे आवश्यक आहे. बव्हंशी व्यक्तिंनी कोव्हिड प्रतिबंधक लस घेतली असल्याने संसर्ग होण्याची शक्यता कमी असली तरी गर्दीच्या ठिकाणी मास्क लावणे, हात स्वच्छ धुणे ह्या प्राथमिक गोष्टी अमलात आणणे नक्कीच महत्वाचे आहे. ह्याचबरोबर ''आयुष क्वाथ'' घेणेही हितकारक आहे.

दुसरी महत्वाची पण जनसामांन्यांच्या दृष्टीने आनंदाची आणि दिलासादायक बातमी म्हणजे, ''गोगलगाईच्या श्लेष्मात कर्करोगाचे औषध'' जुन्नरच्या श्री शिवछत्रपती महाविद्यालयाचे संशोधन, ''एन. सी. एल.''चाही ''सहभाग'' ही होय. अजूनही कर्करोग (Cancer) म्हटले की साक्षात मृत्यु डोळ्यापुढे उभा राहतो. कर्करोगाने ग्रस्त रुग्ण मोठ्या संख्येने जगभरात असून भारतही त्याला अपवाद नाही. मुख, फुफ्फुसे, आतडे, प्रोस्टेट, रक्त आदींच्या कर्करोगाचे प्रमाण पुरुषांमध्ये अधिक असून स्त्रियांमध्ये गर्भाशय, गर्भाशयमुख, स्तन आदींचे कर्करोग होण्याचे प्रमाण अधिक असून कर्करोगाने मृत्यु पावणाऱ्यांचे प्रमाणही खूपच आहे. भारतात स्त्रियांमध्ये कर्करोग होण्याचे प्रमाण २५.८%. असून स्तनांच्या कर्करोगामुळे मृत्यु पावणाऱ्या स्त्रियांचे प्रमाण १२.७%. इतके आहे. तर गर्भाशय मुखाच्या कर्करोगामुळे मृत्यु पावणाऱ्या स्त्रियांचे प्रमाण १४.७% इतके आहे.

वर उल्लेख केलेल्या बातमीनुसार गोगलगाईच्या (Snail) श्लेष्मात (स्त्राव) प्रतिजैविकासह कर्कविरोधी गुणधर्म असल्याचे निष्पन्न झाले आहे. केलेल्या संशोधनानुसार स्त्रीयांच्या गर्भाशय मुख कर्करोग, स्तन तसेच आतड्यांच्या कर्करोगाच्या पेशींचा नायनाट करण्याचे गुणधर्म ह्या गोगलगाईच्या श्लेष्मात असल्याचे निष्पन्न झाले आहे. सदर संशोधनाची माहिती ''बायोमेड सेंट्रल' आणि 'स्प्रींजर नेचर' ह्या आंतराष्ट्रीय प्रकाशनांच्या ''कॅन्सर नॅनोटेकनोलॉजी'' शोधपत्रिकेत प्रसिद्ध झाली आहे. ह्यामध्ये राष्ट्रीय रासायनिक प्रयोगशाळेचाही (National Chemical Laboratory) सहभाग आहे.

एकूण हे संशोधन सर्वमान्य झाल्यास तमाम कॅन्सरग्रस्तांसाठी आशेचा किरण ठरणार असून वरदानच ठरणार आहे.

Review Of 'Medoroga' - A Concept Of Metabolic Disorder According To Ayurveda And Modern Approach

Dr. Minakshi Ashok Randive,
Professor and H.O.D. Kriyasharir T.A.M.V. Pune.

Introduction - Metabolic disorder is considered as 'any of the diseases that disrupt normal metabolism, the process of converting food to energy on a cellular level.' In Ayurvedic compendia there is description of such conditions under different headings .

This major health problem gives rise to several other health problems.

Type II diabetes, obesity are major health problems globally. Obesity is called as pandemic with potentailly disastrous consequences for health. [1]

Obesity may be defined as an abnormal growth of adipose tissue due to an enlargement of fat cell size (hypertrophic obesity) or an increase in fat cell number (hyperplastic obesity) or a combination of both. [2]

Obesity is usually due to abnormal adipose tissue deposition but can arise from other causes such as - abnormal muscle development or fluid retention. [3]

Overweight and obesity are linked to more deaths worldwide than underweight and at least 3.4 million adults die each year due to obesity.

The "Non-Communicable Risk Factor Suvery" in India shows (a) high prevalence of overweigh in all age groups, except in 15-24 years groups, (b) overweight prevalence was higher among females than males and in urban areas than in rural areas, (c) low prevalence was recorded among lower level of education and in people whose occupation was connected with agriculture or manual work.

So it is a burning problem of this Era and it is essential to educate all the community to reduce it with simply changing the lifestyle practices.

Objectives : 1) To discuss the Ayurvedic concept of Medoroga.

2) To discuss the modern aspect of Obesity.

Methodology : 1) Review the ayurveda literature regarding medoroga Hetu, Samprapti, Poorvaroopa, Roopa.

2) Review the modern literature regarding obesity, causes, pathogenesis, hazards, prevention, assessment methods.

Review of Literature : Medodhatu is 4th dhatu amongt seven. It gets generated in intra uterine life. Growth and nourishment is by food just like any other dhatu.

Panchbhoutic Sangathana - Prithvi and Jala
Upadhatu - Snayu
Mala - Sweda
Pramana -Two Anjali
Function - provides unctuousness to the body.

As per Ayurveda, disturbance in Meda Dhatu metabolism, Medo Roga, or Athisthoulya is seen and as per Charak acharaya, 'Athisthoulya' is one of the Ashtounindita.

A person having excessive accumulation of meda and mamsa leading to flabbiness of hips, abdomen and breast -

Hetu - of Medovriddhi

- Medovaha srotus is affected by various reasons as follows.

As per Charak Sutra 21/4 [5]

- Atisampuran - excessive eating
- Guru, Madhura, sheeta, snigdha food.
- Avyayama - Sedentary lifestyle
- Avyayaya
- Diwaswapna - Daytime sleeping
- Harshanityatwat - cheerfulness
- Achintana - Happy
- Beejaswabhava - Congenital, innate

Samprapti - Pathogenesis [2]

Medodhatwagni Mandya
|
Srotorodh
|
Vayu-vimargagamana
|
Koshthasancharan
|
Jatharogni Sandhukshana
|
Kshudhavriddhi
|
Fast Pachana, absorption
|
Medorog
|
Vikrit Medovriddhi

Poorvaroop - As per Madhav-nidana-medoroga - 4
- Udar-meda sanchaya - Alasya, etc.
Roopa - As per Charak - Sutra 21/4 [7]
8 doshas (Lakshane)
- Ayushorhasa - decreased life expectancy
- Jahoparodh - lack of enthusiasm
- Dourbalya - Debility
- Daurgandhya - Foul smell
- Swesabadh - exhaustive sweating
- Kshudhatimatra - excessive hunger

Pathya Ahar - Vihar
- Kaphahara, Medoghna, Vataghna Ahara like Yava, Mudga, Kulath, Patrashaka, Jamun, Takra, Madhu, Tilataila, Arishta, Asava, etc.
- Vyayama, shrama, Jagarana, Chintana, etc.

Obesity - It is prevalent form of malnutrition in developing and developed countries affecting all age groups.

This condition is supporter of ill-health. Increased weight is primarily seen due to sedentary life style than any other reason. The primary adverse effects are hyperlipidemia, hypertension and glucose intolerance, and chronic effects are coronary heart disease, complication of diabetes, etc.

Epidemiological determinants :

- Genetic factors - plays an important role.
- Gender - women have higher rate of obesity and they mainly gain weight at menopausal age.
- Age - it can occur at any age.
- Socio-economic status - There is a direct relationship between socio-economic status and obesity. Within some affluent countries, it is more prevalent in lower socio-economic groups.
- Physical inactivity - regular exercise protects against unhealthy weight gain.
- Food habits - More frequency of sweets, refined food, eating in between meals, high energy food.
- Emotions factors - Emotional disturbances, stress, anxiety, may lead to over eating.
- Endocrine factors - eg. Cushings syndrome
- Education - In affluent community, the rate is reduced.
- Drugs - Corticosteroids, contraceptives can accelerate weight gain.

Types of obesity - fat distribution.
1) Abdominal fat distribution (android obesity)
2) Gyenoid obesity - Fat more evenly and peripherally distributed around the body.

Abdominal fat distribution - Increases the risk of many conditions. Intra-abdominal adipose tissue has more cells per unit mass, higher blood flow, more glucocorticoid receptors, more androgen receptors. These conditions make intra abdominal adipose tissue more susceptible to both normal stimulation and changes in lipid accumulation and metabolism. Abdominal obesity leads to development of insulin resistance, metabolic syndrome.

The energy homeostasis is regulated by hypothalamus (intake and expenditure of energy). This neurohormonal homeostasis has three elements

A - The main afferent generated signals are from Gherlin, Leptin (generated by LEP gene - this unique member of cytokine family is secreted by adipocytes), Insulin, Peptide, YY, GLP.

B - Hypothalamus has central processing system, it generates efferent signal.
C - These generated efferent signals control food intake and energy expenditure.

When there is consistent and long term imbalance between calorie intake and expenditure, it may lead to obesity.

Assessment Parameters :

- Body Weight - Though not a perfect measurement for fat, it is widely used.

- Body Mass Index (Quelet's index) - Weight (kg) /height square (m)

- Broca's index : height (cm) - hundred. Eg. If persons height is 150 cm, his ideal weight is (150 -100) = 50kg.

- Ponderal index - height (cm)/cube root of body weight (kg)

- Corpulence index - Actual weight/desirable weight. This should not exceed 1.2.

- Lorentz's formula -

- Height (cm) - 100 - ht (cm) - 150

$$\text{-} \qquad \frac{}{2 \text{ (women) or } 4 \text{ (men)}}$$

- Skinfold thickness - It is fast, non invasive method for assessing body fat. Many varieties of callipers are available for measurement, example, Herpenden skin callipers. As major proportion of body fat is located under skin and skinfold can be measured easily. The measurements may be done at all four regions - biceps, mid-triceps, sub-scapular and supra-iliac regions. The sum of measurements should be less than 40 mm in men and 50 mm in women.

- Waist circumference and waist hip ratio (WHR) - A high WHR > 1.0 in men and >85 cm in women indicates abdominal fat accumulation.

Hazards of obesity :

A) Increased morbidity - Obesity is a risk factor in occurrence of diabetes, hypertension, coronary heart disease, varicose veins, osteoarthritis, abdominal hernia, etc.

B) Increased mortality.

Prevention :

1) Dietary Changes - Energy - dense foods should be consumed in less amount, high fibre diet should be taken.

2) Physical activity - should be increased.

3) Drugs - may be prescribed in severe conditions.

Discussion :

Atisthoulya is considered as one of the Ashtounindita condition. Vikrit medovriddhi is seen due to Dhatwagni mandy srotoroth, vayuvimargagamana Koshthasancharana, Jathrangi Sandhukshana. It is also considered as Dushchikistya.

As per modern science, obesity is a metabolic disorder and it is termed as 'pandemic', it leads to many health hazards and may predispose to a number of clinical disorders and pathological changes such as atherosclerosis, hypertension, diabetes, cholelithiasis.

Conclusion :

Improper lifestyle along with other causative factors vitiates Jathragni, Bhutangi and Dhatwagri especially medodhatwagni is impaired and develops medoroga.

Agni plays a prominent role in formation, development and maintenance of homeostasis, so it should be maintained at equilibrium.

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अग्निं जरणशक्त्यां परीक्षेत्...। - एक अभ्यास

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प्रस्तावना – 'अग्निं जरणशक्त्या परीक्षेत्....।'

हे सूत्र चरकाचार्यांनी अनुमानप्रमाणाचे उदाहरण म्हणून उधृत केले आहे.

(i) **''इमे तु खलु अन्ये अपि एवं एवं भूयो अनुमान ज्ञेया भवन्ति भावाः। तद्यथा अग्निं जरणशक्त्या परीक्षेत्, बलं व्यायामशक्त्या,...।'' च.वि. ४/८**

(ii) **अथ अनुमानम् – अनुमानं नाम तर्को युक्त्यापेक्षा, यथा – अग्निं जरणशक्त्या, बलं व्यायामशक्त्या, श्रोत्रदीनि शद्बादिग्रहणेन इति एवं आदि। च. वि.८/४०**

बाह्याग्नि हा प्रत्यक्ष असल्याने त्याचे परीक्षण प्रत्यक्ष प्रमाणाने (वर्ण, स्पर्शावरून) व अनुमान प्रमाणाने (कर्मावरून) करणे शक्य आहे. मात्र देहाग्नि अक्ष्णोः अपर–अप्रत्यक्ष असल्याने त्याचे व परीक्षण केवळ अनुमान प्रमाणानेच करणे शक्य आहे. येथे असा प्रश्न उपस्थित होतो, की देहाग्नि परीक्षणाची आवश्यकता काय? व **'परीक्षाप्रयोजनं प्रतिपत्तिज्ञानम्।' च. वि. ८/१३२**

गंगाधर टीका – प्रतिपद्यते अनेन इति प्रतिपत्तिः शास्त्रं शास्त्रतो वा प्रत्यक्षानुमानाभ्या विज्ञातव्यः तस्य विकारस्य तथा अनुष्ठानं तद्व उपयोगिभिः उपाचरणं ज्ञायते अनेन इति तथा अनुष्ठानज्ञानं शास्त्रं...।''

उपरोक्त सूत्र विकाराभिनिर्वृत्तिबाबत सांगितले असले, तरी अग्निसंदर्भातही हेत्वर्थ तंत्रयुक्तीने अग्निचे द्रव्यतः गुणतः कर्मतः प्राकृत स्वरुप, अग्निविकृति व विकृत अग्निचे रोगकर्तृत्व यांचे ज्ञान झाल्यावरच त्याच्या उपचारांबाबत (क्रियाक्रमाबाबत) विचार करणे शक्य होते. म्हणून अग्निची परीक्षा करणे आवश्यक आहे.

उद्देश– १) बृहत् त्रयीतील अग्नि परिक्षण संदर्भांचा अभ्यास करून विवेचन करणे. २) अग्नि परिक्षणचा अनुमान प्रमाणाने अभ्यवरण शक्ति व जरण शक्ति द्वारे अभ्यास करून विवेचन करणे.

आयुर्वेदीय संकलन – रोग व रूग्ण परीक्षण त्रिविध पद्धतीने करता येते– आप्तोपदेश, प्रत्यक्ष, अनुमान. त्रिविधं खलु रोगविशेषविज्ञानं भवति; तद्यथा आप्तोपदेशः, प्रत्यक्षम्, अनुमानं चेति।।३।। इमे तु खल्वन्येऽप्येवमेव भूयोऽनुमान ज्ञेया भवन्ति भावाः। तद्यथा–अग्निं जरणशक्त्या परीक्षेत,... च.वि.४/८

'अग्निं जरणशक्त्या परीक्षेत्।' या सूत्रातील जरणशक्ति या पदाची अर्थनिश्चिती होणे आवश्यक आहे. जरण – पु. जरयति

इति । जीर्णे। (जृध्+णिच्+ल्युः)– वाचस्पत्यम। पाचनः। (सु.सू. ४५/१८५)

जाठराग्निः, जीर्यते अशितखादितादिकं अन्न अनेन इति जरणो स जाठराग्निः। (च.वि. ६/२१) जरणशक्तिः अन्नपाचनसामर्थ्यम्। (च. वि. ८/१०)

अग्निचे अन्नपाचनसामर्थ्य हे स्थूलमानाने अन्नवह, मूत्रवह व पुरीषवह स्रोतसांच्या परीक्षणाद्वारा करणे शक्य असले, तरी च सूक्ष्यमानाने अन्नपचनानंतर निर्माण होणाऱ्या देहधातू, बल, वर्णादि भावांच्या परीक्षणावरूनच पाञ्चभौतिक आहाराचे सदर शारीरभावांत परिवर्तन करण्याच्या जाठराग्निच्या सामर्थ्याचे अनुमान करता येते. कारण–

'यदन्नं देहधात्वोजोबलवर्णोदिपोषकम्।'तथाग्निः हेतुः आहारात् न हि अपक्वात् रसादयः।।' च.चि. १५/५

म्हणजेच देहधातू–बल–वर्णादिंचे पोषण हेच जाठराग्निचे श्रेष्ठ कार्य आहे. सदर विवेचनाद्वारा अनुमानप्रमाणाद्वारा अग्निच्या परीक्षण भावांत देहधातु, बल, वर्णादि शारीर भावांची व्याप्ति लक्षात येते.

जरणशक्तिद्वारा अग्निचे अनुमान कसे करावे ?

१) 'कर्मभिः तु अनुमीयन्ते नानाद्रव्याश्रिताः गुणाः।' सु. सू. ४६/५१४ या सूत्रानुसार देहाग्निच्या कर्मावरुन तर्काने त्याच्या गुणांचे ज्ञान करून घ्यावे.

२) त्रिविध त्रिकाल अनुमान – चरकाचार्यांनी भूतकाळ, वर्तमानकाळ व भविष्यकाळ अशा तीनही काळांतील अनुमान प्रमाणासाठी तीन दृष्टान्त दिले आहेत–

'प्रत्यक्षपूर्व त्रिविधं त्रिकालं च अनुमीयते। वह्निः निगूढो घूमेन मैथुनं गर्भदर्शनात्।। एवं व्यवस्यन्ति अतीतं बीजात् फलं अनागतम्। दृष्ट्वा बीजात् फलं जातं इह एव सद्दशं बुधाः।।' च. सू. ११/२१–२२

याचप्रकारे पचनसामथ्यावरुन अग्निचे त्रिविध परीक्षण करता येते –

१) कार्यावरून कारणाचे (भूतकालीन अनुमान)

२) कार्यावरून कारणाचे (वर्तमानकालीन अनुमान)

३) कारणावरून कार्याचे (भविष्यकालीन अनुमान)
४) कार्यावरून भूतकालीन कारणाचे अनुमान –
अग्निसंदर्भात हे पुढील चार प्रकारे करता येते –

जाठराग्निचे कार्य– चतुर्विध, पांचभौतिक आहाराचे सारभूत – आहाररस व किट्टभूत मूत्र व पुरीष यांत विभजन करणे हे होय.

''विविधं अशितं पीतं लीढं खादितं जन्तोः हितं अन्तरनि–संधुक्षितबलेन यथास्वेन उष्मणा सम्यक् विपच्यामानं...केवलं शरीरं उपचयबलवर्णसुखायुषा योजयति शरीरधातूत् उर्जयति च ।।' च.सू.२८/४

'तत्र आहारप्रसादाख्यो रसः किटं च मलाख्यं अभिर्वर्तते । किट्टात स्वेदमूत्रपुरीषवातपित्त श्लेष्माणः...पुष्यन्ति । पुष्यन्ति तु आहार – रसात् रसरुधिरमांस...।' च.सू. २८/४

'किट्टं अन्नस्य विण्मूत्रम्...।' च.चि. १५/१८

जाठराग्नि या कारणाचे परीक्षण पुढील चार कार्यपरीक्षणांवरून चे करता येते– १) आहाररस परीक्षण २) किट्टभूत मूत्रपरीक्षण ३) किट्टभूत विड्परीक्षण ४) अन्नपचन काळी निर्माण होणाऱ्या विशुद्ध उद्गारादि प्राकृत लक्षणांच्या व हृदयाशुद्धिअम्लोद्गारादि विकृ लक्षणांच्या परीक्षणावरून.

१) आहाररस परीक्षण आहाराच्या कर्माचे परीक्षण आहाररसाच्या स्थानाचे परीक्षण.

'तत्र पाञ्चभौतिकस्य चतुर्विधस्य षड्सस्य द्विविधवीर्यस्य अष्टविध वीर्यस्य या अनेकगुणस्य उपयुक्तस्य आहारस्य सम्यक्परिणतस्य य : तेजोभूतः सारः परमसूक्ष्मः स 'रस' इति उच्यते तस्य हृदयं स्थानम्, स...कृत्स्नं शरीरं अहरहः तर्पयति वर्धयति धारयति यापयति च अद्दष्टहेतुकेन कर्मणा।...स खलु द्रवानुसारी स्नेहनजीवनतर्पण–धारणादिभिः विशेषैः सौम्य इति अवगम्यते।' सु.सू. १४/३

या सूत्रानुसार पाञ्चभौतिक, चतुर्विध, षड्रस, द्विविधवीर्य अष्टविध वीर्य अनेकगुणयुक्त आहाराच्या सम्यक परिणमनातून आहाररस तयार होतो. या आहाररसाच्या तर्पण – वर्धन – धारण – यापन – स्नेहन – जीवनादि कर्माच्या सौष्ठवावरुन सारभूत अविकृत आहाररसाचे अनुमान करता येते.

आहाररसाचे स्थान हृदय–चतुर्विंशति धमन्या होय. आहारजीर्ण काली हृदय शुद्धि (हृदि सुविमले) हे अविकृत आहाररसाचे द्योतक, तर हृदय अशुद्धि गौरव, उपलेप, दाह, कंप, शून्यता, पीडा, स्पन्दन, शुष्कता, स्तंभ, भेद आदि लक्षणे ही विकृत आहाररसाचे अनुमान करवितात.रसशेषाजीर्ण – 'रसशेषे अन्नविद्वेषो हृदयाशुद्धिगौरवे।' मा.नि.

२) किट्टभूत मूत्रपरीक्षण – हे मूत्रमात्रा, मूत्रवर्ण (स्वरूप), मूत्रगंध, मूत्र रस व मूत्र प्रवृत्तिसमयी रुग्णसंवेद्य लक्षणे या ५ मुद्द्यांद्वारा करता येते.

मूत्र विकृर्तीचा ग्रंथोक्त अभ्यास करताना मूत्र विकृती दोनच प्रकारे संभवतात.

१) मूत्रवह स्रोतस दुष्टीजन्य व्याधी – मूत्रकृच्छ्र, मूत्राघात, प्रमेह आदि.

२) जाठराग्निदुष्टीजन्य व्याधी जसे अर्श, अजीर्ण, उदर, गुल्म, ज्वर, येथे जाठराग्निदुष्टीजन्य मूत्रविकृतीचा विचार करणे आवश्यक.

मूत्रमात्रा – प्रायः कफप्रधान जाठराग्निदुष्टी झाल्यास बहुमूत्रता आढळते. उदा.– आमवात, आमज्वर, कफार्श यांत बहुमूत्रता हे लक्षण आहे. क्वचित पित्तप्रधान जाठराग्निदुष्टीतही बहुमूत्रता – पित्तार्शात प्रचूर मूत्रता हे लक्षण आहे. वातप्रधान जाठराग्निदुष्टी झाल्यास मूत्राघात/बद्धमूत्र/मूत्रमात्राल्पता आढळते. उदा. वातज ज्वर, वातज उदर, वातज अर्श, वातज अतिसार, महाश्वास या व्याधींत मूत्राघात आढळतो.

मूत्रवर्णविकृति – अग्निदुष्टीजन्य

वातप्रधान अग्निदुष्टी

अरुण वर्णी मूत्र–वातज गुल्म, वातज उदर, वातज अर्श, वातज पाण्डु श्याम वर्णी मूत्र–वातज उदर, वातज अर्श.

पित्तप्रधान अग्निदुष्टी

हरित वर्णी मूत्र – रक्तपित्त पूर्वरुप, पित्तज ज्वर, पित्तज गुल्म, पित्तज उदर, पित्तज अर्श हरिद्र वर्णी मूत्र – रक्तपित्त पूर्वरुप, पित्तप्रधान ज्वर, गुल्म, उदर, अर्श, सान्निपातिक ज्वर (हीनवात मध्यकफ – पित्ताधिक),

पित्तावृत्त अपान (अपान वायू अग्निचे पालन करतो. पाल्यते प्राणापानाभ्याम्। – डल्हण) कुंभकामला, शाखाश्रित कामला.

रक्तवर्णी मूत्र रक्तपित्त, सान्निपातिक ज्वर (पित्ततर–वातकफवृद्ध) ; पीतवर्णी मूत्र – पाण्डु पूर्वरूप, पित्तज अर्श.

कफप्रधान अग्निदुष्टी

श्वेत, शुक्ल वर्णी मूत्र कफप्रधान ज्वर गुल्म–उदर–अर्श–पाण्डु

त्रिदोषात्मक अग्निदुष्टी

सर्ववर्णी मूत्र – सान्निपातिक उदर मूत्रस्वरुपविकृति – अग्निदुष्टीजन्य व्याधीत वातप्रधान अग्निदुष्टी – रुक्ष मूत्र–वातज ज्वर, वातज गुल्म, वातज पाण्डु; ग्रथित मूत्र–उदर अरिष्ट कफप्रधान अग्निदुष्टी – गुरु मूत्र – कफार्श; पिच्छिल मूत्र – कफार्श; सकफ मूत्र – कफावृत् अपान; मूत्रगंध विकृति – अग्निदुष्टीजन्य व्याधींत

पित्तप्रधान अग्निदुष्टी–विसगंधी मूत्र – पित्तार्श; कुणपगंधी मूत्र – असाध्य रक्तपित्त (त्रिदोषात्मक दुष्टी) मूत्रस्थ अजीर्णामुळे मूत्ररोग निर्माण होतात असे सूत्र चरकाचार्यांनी ग्रहणी अध्यायात विविध अजीर्णांचे वर्णन करताना दिले आहे.

'मूत्ररोगात् च मूत्रस्यं...।'च.चि. १५/४९

अशाप्रकारे किट्टभूत मूत्रपरीक्षणाने त् कारणुरूप अग्निच्या जरणशक्तिचे अनुमान करता येते.

३) किट्टभूत विड्परीक्षण – उपरोक्त मूत्रपरीक्षण ज्या मुद्यांच्या आधारे केले, त्याच मुद्यांवरून विड्परीक्षण करून जाठराग्निच्या प्राकृत–विकृत अवस्थांचे अनुमान करता येते.

तस्मिन् काले पचत्यग्निर्यदन्नं कोष्ठसंश्रितम्।मलीभवति तत् प्रायः कल्पते किञ्चिदोजसे ।।४१।। तस्मिन् पुरीषं संरक्ष्य विशेषाद्राजयक्ष्मिणः।सर्वधातुक्षयार्तस्य बलं तस्य हि विड्बलम्।। च.चि. ८/४२

ग्रंथात साम व पक्व वर्चासाठी 'जलनिमज्जन' ही विशेष परीक्षा दिली आहे, जी अग्निपरीक्षणासाठी आवश्यक आहे. सामनिरामग्रहणगदज्ञानार्थं सामनिरामविड्लक्षण – परीक्षा केली जाते. साम मल पाण्यात बुडतो व निराम मल पाण्यावर तरंगतो.

मज्जत्यामा गुरुत्वाद्विट् पक्वा तूत्प्लवते जले। विनाऽतिद्रवसङ्घातशैत्यश्लेष्मप्रदूषणात्।। परीक्ष्यैवं पुरा सामं निरामं चामदोषिणम्। विधिनोपाचरेत् सम्यक् पाचनेनेतरेण वा ।। च.चि. १५/९४–९५

४) अन्न जीर्ण झाल्यावर –

'उद्गारशुद्धिः उत्साहो वेगोत्सर्गौ यथोचितः।

लघुता क्षुत्पिपासा च जीर्णाहारस्य लक्षणम्।।' अ.सं.सू. ११/५८

ही सर्व लक्षणे दिसल्यास त्यास कारणभूत अशा प्राकृत अग्निचे अनुमान होते व याविरुद्ध हृदयगौरव उद्गार अशुद्धि – वेग अवरोध – क्षुधामांद्यादि लक्षणे पूर्वान्न सेवनानंतर सहा तासांपर्यंत राहिली तर अग्निदुष्टीचे अनुमान होते. वरील चार मुद्यांच्या परीक्षणावरून जाठराग्निच्या अन्नपचन सामर्थ्याचे अनुमान होते.

धात्वाग्निंच्या परीक्षणावरून जाठराग्निचे अनुमान करणे – कारण –

'स्वस्थानस्थस्य कायानेः अंशाः धातुषु संस्थिताः। अ.हृ.सू. ११

धात्वाग्निचे कार्य – स्वसमान प्रसादभूत धातू व मल निर्माण करणे हे होय.

'ते सर्व एव धातवः मलाख्या : प्रसादाख्याः च रसमलाभ्यां पुष्यन्तः स्वं मानं अनुवर्तन्ते यथावयः शरीरम्।' च.सू. २८/४

धात्वाग्नि परीक्षण –

प्रसादभूत धातूचे परीक्षण – द्रव्यतः (मानतः) गुणतः कर्मतः मल परीक्षण – द्रव्यतः(मानतः) गुणतः कर्मतः 'सप्तभिः देहधातारो धातवो द्विविधं पुनः। यथास्वं अग्निभिः पाकं यान्ति किट्टप्रसादवत् ।।' च.चि. १५/१५

उदाहरणादाखल मांसधात्वानिचे परीक्षण पुढील प्रकारे करता येते.

१) मांसधातूचे द्रव्यतः परीक्षण –' तेषां सादातिदीप्तिभ्यां धातुवृद्धिश्क्षयोद्भवाः।' द्रव्यतः मांसधातुक्षय यावरून मांसधात्वग्निच्या अतिदीप्तिचे अनुमान होते व द्रव्यतः मांसधातुवृद्धी यावरून मांस – धात्वग्निमांद्याचे अनुमान होते.

२) मांसधातूचे गुणतः कर्मतः परीक्षण – यावरून मांसधात्वग्निच्या गुण–कर्माचे ज्ञान होते. धातूंचे गुणतः कर्मतः परीक्षण हे धातूसार परीक्षणावरून करता येते. कारण धातुसार परीक्षेचे प्रयोजन धातूचा द्रव्यतः उपचय नसून गुण–कर्मतः सौष्ठव हेच आहे. संदर्भ – 'कथं नु शरीरमात्रदर्शनात् एव भिषक् मुह्येत् अयं उपचितत्वात् बलवान, अयं अल्पबलः कृशत्वात्, महाबलः अयं महाशरीरत्वात्, अयं अल्पशरीरत्वात् अल्पबल इति; द्दश्यन्ते हि अल्पशरीराः कृशाः च एके बलवन्तः; तत्र पिपीलिकाभारहरणवत् सिद्धिः। अतः च सारतः परीक्षेत इति उक्तम्।' च.वि. ८/११५

'शङ्खललाटकृकाटिका...मांससाराणाम्। सा सारता...बलं आयुः दीर्घ आचष्टे।' च.वि. ८ या मांससाराच्या लक्षणांच्या परीक्षणावरून मांसध्वात्वाग्निच्या गुणतः कर्मतः सौष्ठत्वाचे अनुमान करता येते.

३) धातूंच्या मलांचे द्रव्यतः परीक्षण– यावरूनही धात्वाग्निच्या क्षीण मंद अवस्थांचे ज्ञान होते. जसे प्रमेहात पूर्वरूपात 'देहे चिक्कणता' हे स्वेदवृद्धीजन्य लक्षण आहे, यावरून प्रमेह संप्राप्तितील मेदधात्वाग्निमांद्याचे अनुमान करता येते.

४) धातूंच्या मलांचे गुणतः– कर्मतः परीक्षण – यावरून धात्वाग्निच्या प्राकृत विकृत अवस्थांचे ज्ञान होते. जसे स्वेददौर्गन्ध्य, कण्डू, त्वक रौक्ष्य, रोमच्युती, स्तब्धरोमता या स्वेदविकृतींवरून मेदधात्वाग्निदुष्टीचे अनुमान करता येते. मेदोगत ज्वरात–

'स्वेदः तीव्रा पिपासा च प्रलापो वमि अभीक्ष्णशः।

स्वगन्धस्य असहत्वं च मेदःस्थे ग्लानिअरोचकी।।' च.चि.३

पाञ्चभौतिकाग्निच्या परीक्षणावरून जाठराग्निचे अनुमान –

पित्तं पञ्चात्मकम्–तत्र पक्वामाशयमध्यगम्।

पञ्चाभूतात्मकत्वेऽपि यत्तैजसगुणोदयात्।। १०

त्यक्तद्रवत्वं पाकादिकर्मणाऽनलशब्दितम्।

पचत्यन्नं विभजते सारकिट्टौ पृथक् तथा।।११

तत्रस्थमेव पित्तानां शेषाणामप्यनुग्रहम्।

करोति बलदानेन पाचकं नाम तत्स्मृतम्।। अ.हृ.सू.१२/१०–१२

वाग्भटाचार्यांनी पाचकापित्ताचे तेजमहाभूतप्रधान पाञ्चभौतिक स्वरूप सांगितले आहे. त्यामुळे पाञ्चभौतिकाग्निचे परीक्षणावरुन जाठराग्निचे परीक्षणः करता येते.

पाञ्चभौतिकाग्निचे परीक्षण पुढील प्रकारे करता येते–

१) प्रत्येक महाभूताचे आधिक्य असलेले शारीरभाव व त्या महाभूताचे शारीर गुण व कर्म यांच्या अन्योन्य परीक्षणावरून महाभूताच्या प्राकृत–विकृत कर्माचे ज्ञान होते.

'तत्र यद् विशेषतः स्थूलं स्थिरं मूर्तिमत् गुरु खर कठिनं अङ्गं नखास्थिदन्तमांसचर्मवर्चः केशश्मश्रुलोमकण्डरादि तत् पार्थिवं

गन्धो धाणं घः....। इति शरीरावयवसंख्या यथास्थूलभेदैन अवयवानां निर्दिष्टा।'' च.शा. ७/१६

'तत्र द्रव्याणि गुरुखरकठिनमन्दस्थिरविशदसान्द्रस्थूलगन्धगुण बहुलानि पार्थिवानि, तानि उपचयसङ्घात-गौरवस्थैर्यकराणि।' च.सू. २६

नख, अस्थि, दंत, मांस, आदि शरीरातील पार्थिव भाव आहेत. व हे पृथ्वी महाभूताचे गुण-कर्म आहेत. नख, अस्थि आदि पार्थिव भावांच्या गुरु-खर-कठिणादि गुणांच्या परीक्षणावरून पृथ्वीमहाभूताग्निचे अनुमान करता येते.

२) पाञ्चभौतिक इन्द्रियांच्या (श्रोत्र, त्वक्, चक्षु, रसना, घ्राण) परीक्षणावरून त्यांच्या स्वविषयग्रहणक्षमतेवरून पाञ्चभौतिकाग्निचे अनुमान करता येते. कारण-

'अन्नं इष्टं हि उपहितं इष्टैः गन्धादिभिः छृथक्।
देहे प्रीणति गन्धादीन् घाणादीन् इन्द्रियाणि च ।।
भौम्याप्यग्नेयवायव्याः पञ्चोष्माणः सनाभसः।
पञ्चाहारगुणान् स्वान् स्वान् पार्थिवादीन् पचन्तिहि।' च.चि. १५/१३

आयुर्वर्णादि कार्याच्या परिक्षणावरून त्यास कारणभूत अशा देहाग्निचे अनुमान करणे 'आयुर्वर्णोबलं स्वास्थ्यं उत्साहोपचयी प्रभा। ओजस्तेजोमयः प्राणाः चोक्ता देहाग्निहेतुकाः।। शान्तेऽग्नौ म्रियते युक्ते चिरं जीवति अनामयः। रोगी स्यात् विकृते मूलं अग्नि तस्मात् निरुच्यते ।। च.चि. १५/३-४

चक्रपाणि - देहाग्निहेतुकाः इति देहपोषक प्रधानजाठराग्नि-कारणकाः । मूलं अग्निः तस्मात् इति तस्मात् प्राशस्त्यात् अन्वयव्यतिरेकाविधानात् आयुर्वर्णादीनां अग्निः मूलं प्रधानं कारणं इति अर्थः। चरकाचार्यानी ग्रहणी चिकित्सा अध्यायातील या श्लोकात अग्निचे अनन्यसाधारण महत्त्व यथार्थपणे वर्णन केले आहे.

आयुर्वर्णादि हे देहाग्निचे परीक्ष्य भाव कसे यासंबंधी विवेचन -

१)आयुपरीक्षा व देहाग्नि - 'आयुः चेतनानुवृत्तिः।'(चक्रपाणि)

१) 'इह अग्निवेश। भूतानां आयुः युक्तिं अपेक्षते । दैवे पुरुषकारे च स्थितं हि अस्य बलाबलम् ।। च.वि. ३/२८

चक्रपाणि - युक्तिं अपेक्षत इति दैवपुरुषकारयोः योगं अपेक्षत-नियतत्वे अनियतत्वे च इति अर्थः।'दैवं पुरुषकारेण दुर्बलं हि उपहन्यते।' च.वि. ३/३३' तस्मात् उमयद्दष्टत्वात् एकान्तग्रहणं असाधु। उपरोक्त सूत्रांवरून आयुचे हिताहितत्व व मान हे दैव व पुरुषकार या उभय गोष्टींवर अवलंबून असते.

पुरुषकार भावांत अग्निपालनकर कर्मे प्रमुख आहेत - 'अपि च देशकालात्मगुणविपरीतानां कर्माणां आहारविकाराणां च क्रमोपयोगः सम्यक्, त्यागः सर्वस्य च अतियोग अयोग मिथ्यायोगानां,सर्वातियोगसंधारणं, असंधारणं उदीर्णानां च गतिमतां, साहसानां च वर्जनम्, आरोग्यानुवृत्तौ हेतुं उपलभा - महे सम्यक् उपदिशामः सम्यक् पश्यामः च इति।' च.वि. ३/२६

'तथा आयुः अपि अयथाबलं आरम्भात् अयथाग्नि अभ्यवहरणात् विषमाभ्यवहरणात् विषमशरीरन्यासात् आहारप्रतिकार विवर्जनात् च अन्तरा अवसानं आपद्यते, स मृत्युः अकाले।' च.वि. ३/३८

अयथाग्नि अभ्यवहारामुळे (अग्विरुद्ध) अग्निदुष्टी अग्निविनाश व पर्यायाने मृत्यु संभवतो.

ii) आयुची व्याख्या -

'शरीरेन्द्रियसत्वात्मसंयोगः धारि जीवितम्। नित्यगः च अनुबन्धः च पर्यायः उच्यते।।' (च.सू. १) धारि-धारयति शरीरं पूतितां गन्तुं न ददाति इति धारि।

अग्निनाशामुळे शरीरास कोथप्रक्रिया सुरू होते व पूतिगंध येऊ लागतो. म्हणून जेथे अग्नि सम्यक् कार्यरत आहे अशा आयुला धारि ही संज्ञाआहे.

जीवित - जीवयति प्राणवायू अथवा सुश्रुतोक्त द्वादश प्राण असाही होतो.

'अग्निः सोमो वायुः सत्वं रजः तमः पञ्चेन्द्रियाणि भूतात्मा इति प्राणाः।' सु.शा. ४/३

यांत अग्निचे प्रथम अभिधान केले आहे, म्हणजे शरीर धारणास जीवित रक्षणास आवश्यक द्वादश भावांत अग्नि प्रधान आहे.

डल्हण-'तत्र प्राणः त्वक्कलादयःच विवरणीयाः, तेषु प्राणानां अतीव देहास्थितिहेतुत्वात् प्राक् उपादानं आह इत्यादि। अग्निः अत्र पाचकभ्राजकालोचकरञ्जकसाधकानां पाञ्चभौतिकानां सर्वधातु अनुगतानां च उष्मणां शक्तिरुपतया अवस्थितः वाचो अधिदैवत्वं आपन्नः बोदधव्यः।'

iii) 'आयुषः प्रमाणज्ञानहेतोः पुनः इन्द्रियेषु जातिसूत्रिये च लक्षणानि उपदेक्ष्यन्ते ।' च. वि. ८/१२४

'अणुज्योतिः अनेकाग्रो दुश्छायो दुर्मनाः सदा।रतिं न लभते याति परलोकं समान्तरम्।।' च. इं. १२/३

शारीरस्थानात जातिसूत्रीय अध्यायात दीर्घायु बालकाच्या जाठराग्निसंबंधीत लक्षणांचा उल्लेख आहे. प्रकृतियुक्तानि वातमूत्रपुरीषगुह्यानि तथा स्वप्नजागरणा- यासस्मित रुदितस्तनग्रहणानि, यत् च किञ्चित् अन्यत् उक्तं अस्ति तद् अपि सर्व प्रकृतिसंपन्नं इष्टं, विपरीतं पुनः अनिष्टम् । इति दीर्घायुलक्षणानि ।' च. शा. ८/५१

बालकाची उत्तम स्तनग्रहणक्षमता हे अग्निसौष्ठवाचे व पर्यायाने दीर्घायुचे द्योतक आहे वरील विवेचनावरून आयुचे मान व हिताहितत्व या दोनही भावांच्या परिक्षणावरून अग्निच्या प्राकृत विकृत अवस्थांचे ज्ञान होते.

२) वर्णपरीक्षा व अग्निः

वर्ण : गौरादि वर्णनिर्मिती व स्थितीस अग्नि हाच हेतू असल्याने रुग्णाच्या त्वक्वर्णावरून भ्राजकाग्नि व पर्यायाने जाठराग्निचे

अनुमान करता येते. अग्नि व वर्ण यांचा संबंध पुढील संदर्भावरून स्पष्ट होतो.

i) गर्भाच्या वर्णनिर्मितीत तेजोधातू प्रधान आहे.

'न खलु केवलं एतद् एवं कर्म वर्णवैशेष्यकरं भवति। अपि तु तेजोधातुः अपि उदकान्तरिक्षधातुप्रायः अवदातवर्णकरः भवति, पृथिवीवायुचातुप्रायः कृष्णवर्णकरः, समसर्वधातुप्रायः श्याम – वर्णकरः।' च.शा. ८/१५

ii) सप्तत्वचांपैकी प्रथम त्वचा अवभासिनी ही वर्णदर्शक आहे. ती भ्राजकात्रिच्या 'स्वकृत्थं भाजक भाजनात्त्वचः।' अ.ह्.सू. १२/१४ या कर्मानुसार गौरादि वर्णांचे अवभासन करते.

'तासां प्रथमा अवभासिनी नाम, सा सर्वान् वर्णान् अवभासयति पञ्चविधां च छायां प्रकाशयति।' सु.शा. ४/४

उल्हाण – सर्ववर्णान् गौरादिकान्। अवभासयति इति 'भ्राजकेन अधिना इति शेषः।

iii) चरकाचार्यानी इंद्रियस्थानात वर्णस्वरीयमिन्द्रिय अध्यायात अरिष्टसूचक वर्णविकृतिंचे वर्णन केले आहे.

'कृष्णः, श्यामः, श्यामावदातः, अवदातः च इति प्रकृतिवर्णाः शरीरस्य भवन्ति। नीलश्यावताम्रहरितशुक्लाः च वर्णाःशरीरस्य वैकारिका भवन्ति।' च.ई. १/८–९ या अरिष्टसूचक वर्ण विकृती अग्निबल–हासाच्या द्योतक आहेत.

'वर्णस्वरी अग्निवलं वागिन्द्रियमनोबलम्। हीयतेऽत्सुक्षये निद्रा नित्या भवति वा न वा।।' च.ई. ११/२३

iv) अग्निमांद्यजनित (जाठराग्नि) व्याधींत वर्णविकृती आढळतात. वर्णपरीक्षेत केवळ त्वक्वर्णपरीक्षण अपेक्षित नसून नख–नयनादि वर्ण परीक्षणही अपेक्षित आहे.

''नखनयनवदनमूत्रपुरीषहस्तपादौष्ठादिषु अपि च वैकारिकोक्तानां वर्णानां अन्यतमस्य प्रादुर्भावो हीनबलवर्णेन्द्रियेषु लक्षणं आयुषः क्षयस्य भवति।।'' च. इं. १

वातज अर्श –वर्णविकृती–' श्यावारुणपरुषनख नयनवदनत्वक्मूत्र पुरीषस्य वातोल्बणानि अर्शसि इति विद्यात्।' च. चि. १४/११; पित्तज अर्श – पीतवर्णी नखनयनादि; कफज अर्श शुक्लवर्णी नखनयनादि वातज उदर – श्यावारुणत्वं नखनयनवदनत्वक्मूत्रवर्चसाम् । च. चि. १३/२५, पित्तज उदर हरितहारिद्र नखनयनादि, कफज उदर – शुक्ल नखनयनादि.

३) बलपरीक्षा व जाठराग्नि

–बलं शक्तिः व्यायामादि अनुमेया। (चक्रपाणि) –बलं सामर्थ्य क्रियानिर्वर्तनक्षमता। च. सू. १३/१७ – बलं व्यायामशक्त्या परीक्षेत् । च. वि. ४/८ बलाची परीक्षा व्यायामशक्तिवरून केली जाते.

व्यायाम लाभ – 'लाघवं कर्मसामर्थ्य दीप्तोऽग्निः मेदसः क्षयः। विभक्तघनगात्रत्वं व्यायामात् उपजायते ।।'' अ.ह्.सू. २/१०

व्यायामामुळे कर्मसामर्थ्य बल प्राप्ति व अग्निदीपन या उभय गोष्टी साध्य होतात. येथे सहजकालज–युक्तिकृत् अशा त्रिविध बलांचा विचार आवश्यक.

अग्निबल उत्म असले म्हणजे अभ्यवहरणशक्ति उत्तम असते. अशा व्यक्तीने पांचभौतिक षड्रसयुक्त आहाराचे आहारविधि विशेषायतनांचे पालन करून सेवन केले, तर त्याचे सम्यक् जरण झाल्याने कर्मसामर्थ्य बलप्राप्ति होते. म्हणून कारणावरून कार्याचे अनुभव या न्यायाने शारीरबलावरून जाठराग्निचे अनुमान शक्य होते.

४) स्वास्थ्य परीक्षण व जाठराग्नि.

'समदोषः समाग्नि च समधातुमलक्रियः। प्रसन्नात्मेन्द्रियमनाः स्वस्थ इति अभिधीयते।' सु. सू. १५ स्वास्थ्यबोधक समाग्निचे परीक्षण पुढील प्रकारे करता येते.

१) 'समा समाग्नेः अशिता मात्रा सम्यक् विपच्यते।' (मा.नि.) सुखं यस्य विपच्यते (पा.) हे समाग्निचे लक्षण आहे.

२) याशिवाय पाञ्चभौतिक आहाराचे पाञ्चभौतिक शारीरभावांत सम्यक् परिवर्तन करण्याची क्षमता असलेला अग्नि सम होय.

३) सुश्रुतोक्त स्वस्थ व्याख्येतील दोषांची साम्यावस्था, धातु–मलांची समक्रिया, आत्मा–इन्द्रिय मनाची प्रसन्नता हे भावही समाग्निचे द्योतक आहेत.

५) उत्साहपरीक्षण व जाठराग्नि

'उत्साहः दुष्करेषु अपि कार्येषु अध्यवसायः। चक्रपाणि 'उत्साहोच्छ्वासनिश्वासचेष्टावेगप्रवर्तनैः।' अ.ह्.सू. ११/१

उत्साह हे अविकृत वायूचे कर्म आहे. 'हर्षोत्साहयोः योनिः। 'हे वातकलाकलीय अध्यायात वायूचे कर्म सांगितले आहे. 'योनिः अभिव्यक्तिकारणम्' (चक्रपाणि)

अविकृत वातदोष हे उत्साहाचे अभिव्यक्तिकरण आहे. तर अविकृत अग्नि हे उत्साहाचे निर्मितीकरण आहे. चरकाचार्यानी वातकलाकलीय अध्यायात वायूच्या 'हर्षोत्साहयोः योनिः। 'या कार्यानंतर लगेचच 'समीरणोऽग्नेः ।' या वातकर्माचा उल्लेख केला आहे. वातकर्माचा असा विशिष्ट क्रम, हर्ष–उत्साह यांच्या निर्मितीत वातसंधुक्षित अग्निच्या सहभागाचा सूचक आहे. – जीर्णाहार लक्षणात 'उत्साह' या लक्षणाचा समावेश आहे.

पूर्वाहार जीर्ण झाल्यावर जाठराग्निसंधुक्षण होऊ लागते. याचे अनुमान उत्साह या लक्षणावरूनही होऊ शकते.

६) उपचय परीक्षण व जाठराग्नि :'उपचयः देहपुष्टिः।' चक्रपाणि जाठराग्नि–धात्वाग्नि–पाञ्चभौतिकाग्नि दीप्त असतील तरच बाह्यान्न शरीरधातूंचे शरीरभावांचे उत्तम प्रकारे पोषण करू शकतात. शरीरघातूंच्या–रसक्तादि सप्त धातूंच्या संहननतः परीक्षे – वरून (संहतिः निबिडसन्धानता इति अर्थः– चक्रपाणि) धातूंची द्रव्यतः पुष्टी व सारतः परीक्षेवरून गुणतः व कर्मतः पुष्टी यांचे अनुमान करता येते.

७) प्रभा परीक्षा – जाठराग्नि :

'प्रभा वर्णदीप्तिः शरीरकान्तिः तेजः।' च. इं. ७११४–१५

'प्रभा तु वर्ण प्रकाशयति परं विप्रकर्षात् दूरत्वात् तेज प्रभा एव इति लक्ष्यते। अ.सं.शा. ९/८ वर्णाप्रमाणेच प्रभा परीक्षाने जाठराग्निचे अनुमान शक्य होते.

८) ओज परीक्षण जाठराग्नि :

ओजः हृदयस्थं सर्वधातु–साररूपम्– चक्रपाणि 'ओजः सोमात्मकं स्निग्धं शुक्लं शीतं स्थिरं सरम्। विविक्तं मृदु मृत्स्नं च प्राणायतनं उत्तमम्।।' सु.सू. १५/२१ डल्हण – प्राणानाम् अग्नीषोमादीनाम्, आयतनं स्थानम्, । ओज हे अग्नि–सोमादि द्वादश प्राणांचे स्थान आहे. ओज देहाग्निचे स्थान असल्याने ओजाची प्राकृत कर्मे, ओजोव्यापद्, विसंस व क्षय लक्षणे यांच्या परीक्षणावरून अग्निचे अनुमान–आश्रयाश्रयी भावानुसार करता येते.

'रागपक्ति ओजः तेजोमेधोष्मकृत् पित्तं पञ्चधा प्रविभक्तं अग्निकर्मणा अनुग्रहं करोति।' सु. सू. १५/२ डल्हण – ओजःकृत् साधकाग्निसंज्ञं पित्तम्, ओजो हृदिस्थं सोमात्मकम्।' विशेष सिद्धान्तानुसार ओज परीक्षणाने साधकाग्निचे परीक्षण करता येते.

९) तेज परीक्षण – जाठराग्नि : 'तेजः देहोष्मा शुक्रं वा।' (चक्रपाणि) तेज म्हणजे देहोष्मा असा अर्थ अभिप्रेत असल्यास,'रागपक्तिओजः तेजोमेधोष्मकृत् पित्तं पञ्चधा प्रविभक्तं अग्निकर्मणा अनुग्रहं करोति।' या सूत्रानुसार 'उष्माकृत' हे अग्निचे प्रधान कर्म आहे. त्यामुळे देहोष्मा परीक्षणाने जाठराग्निचे अनुमान करता येते.

तेज म्हणजे शुक्र अपेक्षित असल्यास– 'द्दष्टिः तेजोमयी प्रोक्ता शुक्रं तेजश्न केवलम् । तस्मात् द्दष्टिवलापेक्षी तेजोवृद्धिं समाचरेत्।।' (शालाक्य) आलोचकाग्निसंज्ञं पित्तं, तेजो द्दष्टिः। (डल्हण)

तेजःकृत् द्दष्टिपरीक्षणाने आलोचकाग्निचे, पर्यायाने जाठराग्निचे अनुमान शक्य होते. शुक्रसार लक्षणे –'सौम्याःसौम्यप्रेक्षिणः क्षीरपूर्णलोचना इव...शुक्रसाराः।' च. वि. ८/१०९

१०) अग्नय : 'अग्नयः इति भूताग्नयः पञ्च, धात्वग्नयः सप्त इति 'द्वादश अग्नयः।' चक्रपाणि सदर बारा अग्निंच्या परीक्षणावरून जाठराग्नि प्राशस्त्याचे अनुमान कसे करावे याचे वर्णन मागे केलेआहे.

११) प्राणा : – प्राणाः इति प्राणापान उपलक्षिताः पञ्चामि वायवः किंवा प्राण–वायुः एव 'प्राणाः' इति शब्देन नित्यं बहुवचनान्तेन उच्यते। (चक्रपाणि)

पंचवायु व जाठराग्नि संबंध –

सामान्यतः वायूचे कर्म – 'समीरणो अग्नेः।' वायूच्या ईरणक्षमतेवर अग्निचे प्राशस्त्य अवलंबून आहे. ईरण सामर्थ्य वायूच्या लघु, सूक्ष्म (विवरणे) व चल गुणांवर अवलंबून आहे. या गुणांचे परीक्षण वायूच्या प्राकृत कर्मांपैकी चेष्टा, वेगप्रवर्तन, उच्छवास – निश्वास या कर्मावरून करता येते. त्यामुळे सम्यक् चेष्टा, सम्यक् वेगप्रवर्तन, सम्यक् उच्छवास–निश्वास यांवरून अविकृत अग्निचे अनुमान करता येते. विशेष सिद्धांतानुसार वायूच्या पंचप्रकारांपैकी प्राण, समान व अपान वायु जाठराग्निचे संधुक्षण व पालन विशेषत्वाने करतात.

'प्राणापानसमानैः सर्वतः पवनैः त्रीभिः।
ध्यायते पाल्यते चापि स्वां स्वां स्थितिं अवस्थितौः।। सु.सू. १५

प्राणवायु व जाठराग्नि परीक्षण : प्राणवायु जाठराग्निचे आध्मापन करतो. 'नाभिस्थः प्राणपवनः स्पृष्ट्वा हृत्कमलान्तरम् । कण्ठात् बहिः विनिर्याति पातुं विष्णुपदामृतम् ।। पीत्वा च अम्बरपीयूषं पुनरायाति वेगतः। प्रीणयन् देहं अखिलं जीवं च जठरानलः ।।' शा.स.म.ख. ५

अन्नप्रेशकृत् व इन्द्रियधृक् ही प्राणवायूची कर्मे आहेत. अन्नग्रहणाची इच्छा निर्माण होणे, ग्रहण केलेल्या अन्नाचा आस्वाद घेण्यास रसनेन्द्रिय समर्थ असणे या प्राणवायूच्या कर्मावरून जाठराग्निच्या प्राशस्त्याचे अनुमान करता येते.

'बलं आरोग्यं आयुः च प्राणाः च अग्नौ प्रतिष्ठिताः। अन्नपानेन्धनैः च अग्निः ज्वलति व्येति च अन्यथा।।' च.सू. २७

या सूत्रावरून प्राणाची (किंवा पंचवायूंची) अग्न्यधीनता स्पष्ट वर्णन केली आहे.

वर्तमानकालीन कार्यावरून कारणाचे अनुमान करणे जसे धूमावरून अग्निचे अनुमान करणे.

अ) जरणशक्तिवरून जाठराग्निची परीक्षा करावी.

उदगारशुद्धरुत्साहो वेगोत्सर्गो यथोचितः। लघुता क्षुत्पिपासा च जीर्णाहारस्य लक्षणम्।।

प्रसृष्टे विण्मूत्रे हृदि सुविभक्ते दोषे स्वपथके, विशुद्धे चोद्गारे क्षुदुपगमने वाते अनुसरति।

तथाग्नावुद्रिक्ते विशदकरणे देहे च सुलघौ, प्रयुजीताहारं विधिनियमितं, कालः स हि मतः। अ.सं.सू. ११/५८

ही जीर्णाहार लक्षणे पूर्वाहार सेवनानंतर प्रायः तीन तासाने दिसू लागणे हे स्थूलमानाने उत्तम पचनसामर्थ्याचे (जरणशक्तीचे) द्योतक आहे.

अग्नि परीक्षण = अभ्यवहरण (आहारशक्ति) + जरणशक्ति. (अपचारसहत्वाने) अभ्यवहरण (आहारशक्ति) – आहारशक्तितश्चेति आहारशक्तिरभ्यवहरणशक्त्या जरणशक्तया च परीक्ष्या; बलायुषी ह्याहारायत्ते।। च. वि. ८/१२० चक्रपाणि – जरणशक्त्या चेतिवचनाद्यो बहु भुङ्क्ते परिणमयति च, असावाहारशक्तिमानिहोच्यते,न तुवस्तुगपरिणतिगृहीतः।। च.वि. ८/१२०

आहार हा मात्रापूर्वक अग्निबलाच्या अपेक्षेने घ्यावा. जो आहार सेवनानंतर प्रकृतिअनुरुप योग्य कालात जीर्ण होतो ती आहारमात्रा होय.

मात्राशी स्यात्। आहारमात्रा पुनरग्निबलापेक्षिणी।। यावद्ध्यस्याशनमशितमनुपहत्य प्रकृतिं यथाकालं जरां गच्छति तावदस्य मात्राप्रमाणं वेदितव्यं भवति।। च.सू. ५/३-४

जाठरग्नि-परिक्षण(अनुमान गम्य) - जीर्णाहार लक्षणे
जाठराग्निपरीक्षण-पाचकाग्नि-(अपचारसहत्वावरून) करता यईल.

अग्निषु तु शारीरेषु चतुर्विधो विशेषो बलभेदेन भवति। तद्यथा - तीक्ष्णो, मन्दः, समा, विषम, च इति।। तत्र तीक्ष्णो अग्नि सर्व अपचारसहः। तद्विपरीतलक्षणस्तु मन्दः। समस्तु खलु अपचारतो विकृतिम् आपद्यन्ते, अनपचारस्तु प्रकृतावतिष्ठते, समलक्षण विपरीतलक्षणस्तु विषम इति।। च.वि. ६/१२

पाचकाग्निचे परीक्षणावरून बलभेदाने ४ प्रकार होतात. तीक्ष्ण, मन्द, सम, विषम.

जाठराग्नि - दोष-पाञ्चभौतिकाग्नि-संबंध

अग्नि	दोष	महाभूत संघटन	
सम अग्नि	समदोष	पृथ्वी जल तेज वायु आकाश	
विषम अग्नि	वात	वायु आकाश	
तीक्ष्ण अग्नि	पित्त	तेज	
मंद अग्नि	कफ	पृथ्वी जल	

ब) सूक्ष्यमानाने जाठराग्निपरीक्षण करताना वर्तमान लक्षणां-वरून आहारपरीणामकर भावांच्या सौष्ठत्वाचे परीक्षण करून अग्निच्या जरणशक्तिचे अनुमान करणे आवश्यक आहे.

निष्कर्ष - १) जाठराग्नि या कारणाचे परीक्षण - १) आहाररस परीक्षण २) किट्टभूत मूत्रपरीक्षण ३) किट्टभूत विड्परीक्षण ४) अन्नपचन काळी निर्माण होणाऱ्या विशुद्ध उद्गारादि प्राकृत लक्षणांच्या (जीर्णाहार लक्षणे) व हृदयाशुद्धि-अम्लोद्गारादि विकृत लक्षणांच्या परीक्षणावरून करता येते.

२) अग्नि परिक्षण हे अनुमान प्रमाणाने अभ्यवरण शक्ति व जरण शक्ति द्वारे करता येते.

संदर्भ ग्रंथ - १)चरकसंहिता- श्रीचक्रपण्णिदत्तविरचितया आयुर्वेददीपिकाव्याख्यया संवलिता आचार्योपाद्धेन त्रिविक्रमात्मजेन यादवशर्मणा संशोधिता, चौघम्भा ओरियन्टालिया-प्रकाशक एवं वितरक, वाराणसी २२१००१ ISBN : 978-81-7637-133-9

२) सुश्रुतसंहिता-श्रीडल्हणाचार्यविरचिता निबन्धसंग्रहाख्यव्याख्याया निदानस्थानस्य श्रीगयदासाचार्यविरचितय न्यायचन्द्रिकाख्यपञ्जिका व्याख्यया च समुल्लसिता आरम्भतश्चिकित्सा स्थानस्य नवमाध्यायपर्यन्ता आचार्योपाहवेन त्रिविक्रमात्मजेन यादवशर्मणा शेषा च नारायण राम आचार्य 'काव्यतीर्थ' इत्यनेन संशोधिता,चौखम्बा सुरभारती प्रकाशन वाराणसी २२१००१ ISBN : 978-93-81484-01-2

३) अष्टांग ह्रदय, डॉ. ब्रम्हानंद त्रिपाठी, चौखम्बा संस्कृत प्रतिष्ठान

४) मधुजीवन-अग्नि विशेषांक, संपादक- वै.र.म. नानल

५) https://niimh.nic.in/ebooks/ecaraka/

६) https://niimh.nic.in/ebooks/esushruta/

७)https://vedotpatti.in /samhita/ Vag/ehrudayam/?mod=read

श्रद्धांजली

श्रीमती मंजिरी मधुकर सातपुते ह्यांचे दुःखद निधन.

श्रीमती मंजिरी मधुकर सातपुते ह्यांचे दि. १८/१२/२०२३ रोजी दीर्घ आजाराने दुःखद निधन झाले. श्रीमती मंजिरी ह्या राष्ट्रीय शिक्षण मंडळाच्या क्रियाशील सदस्य होत्या. अनेक समाजोपयोगी सामाजिक कार्यात त्या नेहमीच अग्रभागी होत्या.

श्रीमती मंजिरी सातपुते ह्यांना राष्ट्रीय शिक्षण मंडळातर्फे श्रद्धांजली.

डॉ. मो. गो. ओक ह्यांचे दुःखद निधन

टिळक आयुर्वेद महाविद्यालयाचे माजी प्राचार्य व प्राध्यापक डॉ. मो. गो. ओक ह्यांचे दि. १६/१२/२०२३ रोजी दुःखद निधन झाले. डॉ. ओक हे सिद्ध हस्त मिश्रवैद्यकीय चिकित्सक होते तसेच आयुर्वेदाचे गाढे अभ्यासक होते. अनेक पदवी, पदव्युत्तर व पीएच.डी. आयुर्वेद स्नातकांचे ते मार्गदर्शक होते.

टिळक आयुर्वेद महाविद्यालय, शेठ ताराचंद हॉस्पिटल, आयुर्विद्या मासिक व राष्ट्रीय शिक्षण मंडळाच्या वतीने गुरुवर्य डॉ. ओक ह्यांना सश्रद्ध श्रद्धांजली.

Understanding The Role Of Agni In Samprapti And Management Of Breast Cancer

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Introduction : In India one of nine people are likely to develop cancer in their lifetime. Breast Cancer is the most common type of cancer seen in Indian females. It accounts for 14% of total cancer in women and has age adjusted rate as high as 25.8 per 1 lakh women and mortality 12.7 per 1 lakh women.[1] To be more precise, it is been reported that with every 4 minutes, an Indian woman is diagnosed with Breast Cancer.

Though more commonly seen in Western countries and usually after middle age, now-a-days Breast Cancer has created a worrisome situation in India. The survival rate of patients with Breast Cancer is poor in India as compared to western countries due to earlier age of onset, late stage of disease at presentation, and delayed initiation of treatment.[2]

Attaining early menarche, late menopause, nulliparity, late marriages, improper breast feeding, family history, genetic mutation are some of the aetiological factors here.[3] Early aged occurrence of Breast Cancer directly and indirectly renders great discomfort to the patient, immensely compromising their family life. The existing modern conventional treatments though appropriate and necessary are invasive and difficult to undergo. This creates a sincere need to establish more easier and less invasive Ayurvedic line of Treatment.

Aim : To study and understand the role of Agni in Samprapti and Management of Breast Cancer.

Objectives : 1) To emphasize the role of Agni in Breast Cancer. 2) To design Ayurvedic Management Principle in relation with Agni for treatment of Breast Cancer.

Materials And Methods : Ayurvedic and Modern classics, online published research articles-each related to Agni and Breast Cancer are reviewed and compiled in this article.

Agni : The word Agni derived from 'Anga dhatu' denotes an entity that spreads widely and has an upward direction. According to Acharyas'; sthana of Agni is mentioned as Jathara and Grahani. Complete absence of Agni in Sharira renders one dead, however a perfectly balanced state of Agni provides longevity and a healthy life.[4] Ayu, Varna, Bala, Swasthya, Utasaha, Upchaya, Prabha, Oja, Teja are some distinctive functions fulfilled by Prakruta Agni. Therefore, Agni is said to be the Moola of Life.

Further Acharya Charaka has divided agni into Jatharagni, Panchbhautikagni, and Dhatwagni.[5] Here, Panchbhautikagni viz. Parthivagni, Apyagni, Tejasagni, Vayaviyagni, Akashiyaagni and Dhatwagni viz. Rasaagni, Raktaagni, Mansaagni, Medoaagni, Asthiaagni, Majjaagni, Shukraagni. The Loka- Purusha Samya Siddhanta explained in Ayurvedic compendia confirms the Panchbhautikatva of Manushya Sharira, just like the mother nature.[6] The Ahara incorporated in Sharira is processed by Jatharagni to form Ahara Rasa. Jatharagni then stimulates Panchbhautikagni to act upon the parts of Ahar rasa with similar gunas as them. The further processing of Ahara rasa is achieved by the Sapta Dhatwagni, thus forming Sara and Kitta bhaga. Here, Sara bhaga is converted into Prakrut Dhatus and Kitta bhaga is further processed and expelled out of the Sharira. Ayurveda has clearly enlightened the immense importance of Agni through a single sutra that explains Agnimandya to be sole cause for evolution of Rogas. [12]

Breast Cancer :

Hetu : a) Aharaj Atisevan of guru, sheet, atisnigdha, vidahi, drava, ushna, abhishyandi gunatmak (Rasa, Rakta and Mansa dushtikar hetus}ahara dravyas).

b) Viharaj Atichintan, divaswap, excessive exposure to aatapa and agni, avyayam. [7]

Aetiology : Late marriage and late conception, nulliparity, obesity, early menarche and late

menopause, hormone replacement therapy, improper breast feeding, alcohol abuse, etc. [3]

Poorvaroop : Alpa udbhav of Roopadi Lakshanas.

Roop : Vrutta, unnata, grathit Shotha or utsedha in Stana. [8]

Clinical Features : Hard, mostly painless lump in Breast, Nipple discharge, Axillary and supraclavicular lymph node enlargement, Ulceration and Fungation, Chest pain and Haemoptysis, Metastasis of tumour and presentation of secondary features viz. bone pain, tenderness, ascites, secondary ovarian CA, etc. [3]

Samprapti : a) Sthanik : Rasa, Rakta, Mansa dushtijanya Hetu sevan → Rasa, Rakta, Mansa Dhatwagni Mandya + Vaat prakop (due to reasons like delayed marriage and delayed conception) →Utpatti of Apachit Rasa, Rakta, Mansa Dhatu→ Aprakrut Utpatti of Upadhatus i.e Stanya, Raja etc→ Kha vaigunya at Breast created due to some chronic irritation (for eg. Breast Heaviness during PMS)→ Embarkment of Sthansamshray awastha at Breast Region through Dosha- Dushya Sammurchana→ Panchbhautikagani Mandya→ Vikruta vibhajan of apachit Rasa, Rakta, Mansa Dhatu by Vayu Mahabhut→ Decrease in Avakasha and increase in Parthiva guna at Breast region→ Vikrut Vibhajan of this Parthiva Bhaga by Vayu→ Development of Vrutta, Unnata, Grathit Utsedha at Breast→ Further increase in Stroto avarodha→ Vardhan of sthanik Abhyantaragni→ Vikruta pachan of Pachit and Apachit dhatus by vardhit Abhyantargni → Evolution of Sthanik and Sarvadehik Dhatupaak Lakshanas→ Sthanik Dhatupaak- Strava and paak of tissue which can be correlated with Ulcerative changes and Sarvadehika Dhatupaak- Nidranash, Angagaurav, Viastambhadi lakshanas which are seen a bit late in such patients.

b) Sarvdehik : Hetusevan→ Rasa Dhatwagni mandya→ Apachit Rasa dhatu vruddhi→ Vikruta poshana of Uttarottar Dhatus→ Apachit Oja→ Oja karma Vikruti→ Dourbalyadi sarvadehik lakshanas → Vikruta Rakta dhatu Utpatti due to apachit Rasa dhatu→ Hinderance in Prakruta Karmas of Rakta dhatu→ Impedence in Avyahat Paktru Vega karma of Rakta dhatu→ Jatharagni Mandya.

Pathogenesis→ Breast Cancer arising from Lactiferous Ducts is called Ductal Cancer and that arising from Lobules is called Lobular Cancer.

Chikista : The World Cancer Report 2020 stated that Early Detection and Rapid Treatment is the most efficient intervention for Breast Cancer Control.[2] Thus, generalized Public Awareness and establishment of Preventive Measures are two important aspects in management of Breast Cancer.

The treatment in Ayurvedic classics usually comprises of Shaman and Shodhan upachara. A wholesome Ayurvedic line of Treatment for Breast Cancer can be elaborated as follows-

Shaman Chikista : This entity usually incorporates the Preventive aspect of the disease. In Breast Cancer, the prevention has to be achieved at 3 different levels namely-

1) Prevention of Rasa, Rakta, Mansa dhatu Dushti :- Avoiding sevan of tat-tat Dhatu dushtijanya hetus.

2) Prevention of Vaat Prakopa :- • Ensuring timely marriages and timely conception.

• Undergoing required changes in Vihara- i.e establishing and nourishing Mental and Spiritual well being in accordance with the hetu 'Chintyanam ch atichintanat.'

3) Prevention of Agni vaishamya :-

• Switching to a Healthy Diet regime.

•Monitoring the strength of Agni and accordingly designing the Ahara of an individual.

Apart from Preventive aspect, the Shaman Chikista comprises of the Chikista that is to be done in Poorvaroop and Roop awastha of Vyadhi.

• This includes administration of Ahara dravyas and Aushadhi dravyas that will carry out Rasa dhatu and Mansa dhatu Poshan, Pachan and will also protect their respective Dhatwagnis'.

• Some measures of Aampachan if required should also be taken which should later be followed by Jatharagni Rakshan Chikista.

• Lekhaniya dravyas should also be incorporated to scrape off the excessive Pruthvi mahabhut.

• The Aushadhi dravya and Ahara dravya mentioned above (Rasapachak, Mansapachak,

Review Of Regulation Of Blood Pressure By Prana And Vyana Vayu And Management Of Hypertension

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Introduction : According to Ayurveda all physiological activities are regulated by Vata , Pitta , Kapha which are the fundamental body constituents. Out of these three Doshas. Vata is the most important among all Doshas. Prana , Udana , Samana, Vyana and Apana are the five types of Vata Dosha[9]. Out of which Prana and Vyana Vayu play key role in regulation of blood pressure.

One of the main locations of Prana Vayu is 'Murdha' which is nothing but 'Brain'. To regulate heart functioning is the important function of Prana Vayu which is described under the term 'Hridaydhruk'[7].

The main location of Vyana vyayu is Heart[7] and it regulates circulation of rasa rakta and other fluids all over the body[2] under the term "rasa rakata samvahana" ie. Blood circulation[1].

Arterial blood pressure is defined as the lateral pressure exerted by the column of blood on wall of arteries when flowing through it. Prana and Vyan vayu regulates blood pressure by altering heart rate, contractility of heart muscles and lumen of blood vessel.

Excitability, Auto rhythmicity, Conductivity and Contractility are the properties of cardiac muscles which are under the control of Prana and Vyana Vayu. The SA node is the pacemaker of Heart that generates electrical impulses on its own, which makes the heart contract during the systole. This self-excitatory function of the heart can be attributed to the "Prana Vayu" as "Praspanda" is the function of Prana Vayu which means to generate impulse6. Vyana Vayu constantly forces the blood from the left ventricle of the heart into aorta and its branches and circulate it to all over the body to provide Oxygen and nutrients.

Circulation of Rasa Rakta from heart to periphery and from periphery to heart is explained under the term "Udvahan". Location of Prana vayu located in Murdha (Head) is a broad term and with respect to blood pressure regulation, it should be comprehend as vasomotor centres in the medulla oblongata. Therefore, it is the Prana vayu in the head which modulates heart rate though the SA node just as heart rate is modulated by the autonomic nervous system.

Blood Pressure Regulation: It is very important to maintain blood pressure in the range of 110-120 mm of Hg (systolic pressure) and 70 80 mm of Hg (diastolic pressure) so that every cell can receive Oxygen and nutrients to carry out physiological functions. The normal blood pressure is directly proportional to cardiac output and Venous return. Factors which maintains Venous return are Muscle pump, Respiratory Pump, Gravity, Venous Pressure and Sympathetic tone[11].

Medullary Vasomotor Centers, Renin - Angiotensin Aldosterone system regulates blood pressure which is termed as short term and long term regulation of the blood pressure. Respectively. Medullary Vasomotor centers continuously receives sensory signals from baroreceptors and chemoreceptors, eventually motor signals are send to SA node either to increase or reduce the heart rate and to periphery for vasodilatation or vasoconstriction.

Management of Hypertension: The management of blood pressure aims at balancing the Prana vayu and Vyana vayu along with Ayurvedic antihypertensive medications like Bramhi (Bacopa monnieri), Jatamansi (Nordostachys jatamansi), Sarpgandha (Rauvlfia serpentina) etc.

Regular practice of Yoga and Pranayam (breathing exercises) is essential to balance autonomic nervous system which will reset harmony between Prana and Vyana vayu and thus help to normalise the raised blood pressure. Panchkarma therapy is helpful to reset the balance between Prana and Vyana Vayu. Nasya chikitsa will definitely help to balance the Prana Vayu and to improve Prana -Vyana Heart -Body axis.

Regular practice of Aerobic exercises is required to improve status of Vyana Vayu as aerobic exercises stimulates muscle contraction, improves

tissue oxygenation, boosts venous return & cardiac output, relieves mental stress and helps to normalise the blood pressure.

To incorporate Yoga ans Pranayama as a lifestyle is important to get control over Dharaniya Vega and to improve psychosomatic balance.

Discussion: Prana Vayu regulates blood pressure by modulating SA node firing in response to tachycardia or bradycardia while Vyana Vayu regulates Peripheral Vasoconstriction and Venous return and regulates blood pressure within physiological limits. Reference of mode of circulation of Rasa, Rakta and other fluids is available in Charaka Samhita. According to Charaka Samhita, Vyan vayu circulates Rasa and Rakta dhatu from heart to every cell in downward direction like Jala (water), in upward direction like Archi (fire) and in lateral directions like Shabda (sound)[7]. In shushrut Samhita, references of microcirculation and capillary network are available which enable to understand how Vyan Vayu regulates microcirculation which is described under the term Asruk sravana3,8 and Dhatu purana[4].

Blood pressure is highest in the arteries closer to heart and lowest in the capillaries, which is maintained by Vyan Vayu. Vyana Vayu regulates peripheral blood flow from arterioles to capillaries, to increase blood flow for diffusion of oxygen and nutrients in the cell and to remove cellular waste products too.

Vyan Vayu alters lumen of the arterioles as per tissue demand and regulates microcirculation through vasoconstriction and vasodilation of arterioles and capillaries.

Hypertension is the persistently elevated high blood pressure in response to mental stress or other factors which may result in increased peripheral resistance, raised blood viscosity, reduced elasticity of the blood vessels which eventually increases heart rate and cardiac output to overcome the resistance to blood flow[10].

Harmony between Prana and Vyana Vayu is essential so that blood pressure can be maintained within its physiological limit. But Hypertension is a product of wrong diet and life style, Mental stress, not holding back Dharaniya Vega which eventually imbalances Prana and Vyana Vayu leading to hypertension.

Just as activation of sympathetic system leads to increased peripheral vasoconstriction, in the same way dis-harmony between Prana Vayu and Vyana Vayu will result in increased peripheral vasoconstriction and hypertension.

Food, Medication, Aerobics, Yoga and Pranayama should be incorporate in the lifestyle to balance the Prana -Vyana - Heart -Body Axis.

Along with Prana and Vyana Vayu status of Apana Vayu, Agni, Rasa, Rakta and Medo dhatu are equally important to understand physiology of blood pressure regulation from the Ayurvedic perspective.

Conclusion: Blood pressure regulating factors such as Cardiac Output, Peripheral Resistance, Heart Rate are controlled by Prana and Vyana Vayu through Prana-Vyana- Heart-Body axis.

To understand the Ayurvedic fundamentals from the lens of modern sciences is not a comparison of Ayurveda with modern sciences but it helps to strengthen the Ayurvedic fundamentals to implement in the clinical practice.

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Aampachak and Lekhaniya dravyas) should indirectly nourish and protect the Panchbhautikagni simultaneously.

• Rasayan Chikista also plays a significant role as it ensures Prakruta poshana of Saptadhatus from Rasa to Shukra and therefore protects the Oja.

Shodhan Chikista : Generation of Kha Vaigunya is the key factor responsible for the Utpatti of a Vyadhi. Hence, avoiding this can help us control incidence and oocurence of the Vyadhi.

Sthana of vyadhi → Urasthana (as breast is an organ of Urasthana).

Vikurta Dosha → Kapha, Vaat Dosha.(Pitta Dosha is involved in later stage).

Vikruta Dhatu → Rasa, Rakta, Mansa Dhatu.

Vikruta Mala → Rasamala Kapha.

a) Vaman : Practicing Vasantik Vaman in Patients of CA Breast can be beneficial. Vaman will directly avoid the excessive accumulation of Kapha in the Urasthana, thus preventing the formation of Vikruta Kapha and sthanik Kha Vaigunya.[9] Vaman will also have a pronounced effect on Rasa, Mansa and Stanya as they are interrelated.

b) Virechan : Prakrut Agni is an important entity to establish Swasthya. Agnimandya is usually encountered late in Breast Cancer. Also, Dhatwagni mandya is the core factor responsible in evolution of this vyadhi. Administrating Virechan in such patients will protect and re-ignite the Jatharagni, therefore indirectly normalizing the Dhatwagnis'.[10]

c) Basti : Atirikta Vaatprakop seen in the Samprapti of Breast Cancer can be neutralized with Basti Chikista. Basti will bring out the Anuloman of Vaat Dosha, thus avoiding its prakop. [11]

Discussion: Ayurveda explains each 'Vyadhi' thoroughly via 'Nidanpanchak' and further helps us to tackle the same with the Granthokta 'Chikitsa Krama'. Breast Cancer being an Anukta Vyadhi can be elaborated with the Samprapti as mentioned above. Here, the derangement of Agni from its Prakrut awastha, disturbs the homeostatic state of Dosha, Dhatu and Mala further leading the body towards Vyadhita awastha. The Chikista of any Vyadhi is nothing but creating an interruption in the Samprapti. As 'Agnivikruti' is the core stimulating factor in the Samprapti of Breast Cancer, re-establishing the Samya-awastha of Agni and maintaining this Samya-awastha; can be considered as the chief line of Treatment. This re-establishment of Samya-awastha of Agni, will thereby bring the vitiated Dosha, Dhatu and Mala back to their normal state.

Conclusion : Here, the Anukta Vyadhi like Breast Cancer is visualized with 'Agnidushti' along with vitiation of Dosha, Dhatu, Mala, and the above Samprapti is put forth.

The Chikista siddhanta for Anukta vyadhis' is designed by balancing Agni and Dosha, Dhatu, Mala through a three fold management viz; Shaman, Shodhan and Rasayan Chikista.

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Insulin Resistance W.S.R. To Srotorodha

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Insulin resistance is a key component of type 2 diabetes. Evidence for this comes from (a) the presence of insulin resistance 10-20 years before the onset of the disease[1,2]; (b) cross-sectional studies demonstrating that insulin resistance is a consistent finding in patients with type 2 diabetes[3]; and (c) prospective studies demonstrating that insulin resistance is the best predictor of whether or not an individual will later become diabetic[4]. Though the pathological mechanisms behind insulin resistance are still not fully understood despite intensive research[5], it can be considered as a strong predictive value for the future development of type 2 diabetes. Insulin resistance is a reduced sensitivity in body tissues to the action of insulin secreted by a cells in the pancreas. The insulin makes insulin-sensitive tissues in the body (primarily skeletal muscle cells, adipose tissue, and liver) absorb glucose from blood which provides energy as well as lowers blood glucose. Initially, insulin resistance presents no symptoms. The symptoms only start to appear once it leads to secondary effects such as higher blood sugar levels. When this happens, the symptoms may include Lethargy (tiredness), Hunger, Difficulty concentrating (brain fog) etc. Other signs that often appear in people with insulin resistance include Weight gain around the middle (belly fat), High blood pressure, High cholesterol levels. Diminished sensitivity of body tissues to take up insulin can be due to obstruction in micro circulatory channels.

In Ayurveda, this obstruction in the micro channels is called as srotorodha which is the important sign of presence of Ama in body channels. Ama is a generic term for food that is absorbed into the system without having first been properly digested. Such material cannot be used by the system and acts to clog it.When this entity is retained in the body, it gradually produces impairment in the micro and macro channels of the body. It creates the condition of Srotovaigunya that can lay the foundation of disease processes or can be converted into any form of disease[6]. Along with Srotorodha (obstruction in micro circulatory channels), Ama in the body presents many other symptoms[7] like Bala Bhransha (loss of body strength), Gaurava (heaviness), Anil Mudhata (abnormal movement of Vata Dosha), Aalasya (laziness), Apakti (indigestion), Nisthiva (excessive dribbling of saliva), Mala Sanga (obstruction to Mala eg.Purisha, etc.), Aruchi (anorexia), Klama (lethargy) etc.

Thus, Srotorodha which is an important feature of presence of Ama in body can be considered as one of the factors responsible for developing insulin resistance. Treatment module for correcting srotorodha can be useful for the physician, who could then catch the culprit (Ama) and save their patients from this detrimental disease conduit.

Aim and Objectives - The present review aims to study srotorodha and its association with insulin resistance.

Methodology - For the understanding of Srotorodha in the human body, ayurvedic classical literature like Charak Samhita with Chakrapani commentary, Sushruta Samhita Nibandhasamgraha commentary by Dalhana, Ashtanga Hridaya with Arunadatta commentary were reviewed along with other ayurvedic text books. A literature search of scientific publications has been done for this narrative to study the nature of insulin resistance. A thorough search of databases and websites such as Pub Med, Med know publications, Directory of Open Access Journals, the Cochrane Library, BioMed Central, IndMED, Free Medical Journals, and Google Scholar has been done to find out relevant studies related to contemporary medical and Ayurvedic prognostic literature. Many articles were screened for this comprehensive. Data obtained from studies were compiled, interpreted, and presented as a narrative review.

Literature Review -

Definition Of "Ama" - According to different Acharyas various definition of Ama available in different Samhitas. Some of them are :

1) Due to improper functioning of Agni the first Dhatu - "Rasa" or chyle is not properly digested

and Anna rasa undergoes putrefiction being retained in the Amashaya (stomach). This Rasa is called as Ama[8].

2) Due to Nidana sevana when Agni is vitiated which cannot properly digest the food and this undigested food after getting fermented converted into toxic substance[9].

3) The undigested foods that has not undergone Vipaka (complete transformation of Ahar into Ahararasa), gets Durgandha (bad smelling) and it becomes picchil (sticky) which leads to Gatrasadana is called Ama[10].

Effects Of Ama - Acharya Vagbhtta has explained that Sama is the term rendered to afflicted Tridosha, Sapta Dhatus and Mala by Ama. Diseases that arise in consequence are also termed as Sama type of disease. Ama is capable to vitiate Dosha, Dhatu Mala and producing diseases. Sama Dosha can spread to all Rogamarga and can move from Shakha to Koshthaand vice versa. Ama circulates in the body along with Rasa Dhatu and accumulates in a place where Kha Vaigunya is present and produces the disease[11].

Laxanas Produced Due To Ama[7] :

1) Srotorodha (obstruction in the channels)
2) Balabramsha (feeling of weakness)
3) Gaurava (feeling of heaviness)
4) Alasya (laziness)
5) Anila Mudhata (impaired activity of Vata dosha)
6) Apaki (indigestion)
7) Nisthivana (excessive salivation)
8) Mala sanga (constipation)
9) Aruchi (lack of taste) 10) Klama (lethargy)

Insulin Resistance -

Physiological Role Of Insulin - Insulin is the pivotal hormone regulating cellular energy supply and macronutrient balance, directing anabolic processes of the fed state[12]. Insulin is essential for the intra-cellular transport of glucose into insulin-dependent tissues such as muscle and adipose tissue. Signalling abundance of exogenous energy, adipose tissue fat breakdown is suppressed and its synthesis promoted. In muscle cells, glucose entry enables glycogen to be synthesised and stored, and for carbohydrates, rather than fatty acids (or amino acids) to be utilised as the immediately available energy source for muscle contraction. Insulin therefore promotes glycogen and lipid synthesis in muscle cells, while suppressing lipolysis and gluconeogenesis from muscle amino acids. In the presence of an adequate supply of amino acids, insulin is anabolic in muscle[13].

Mechanism Of Insulin Resistance - Physiologically, at the whole-body level, the actions of insulin are influenced by the interplay of other hormones. Insulin, though the dominant hormone driving metabolic processes in the fed state, acts in concert with growth hormone and IGF1; growth hormone is secreted in response to insulin, among other stimuli, preventing insulin-induced hypoglycaemia. Other counter-regulatory hormones include glucagon, glucocorticoids and catecholamines. These hormones drive metabolic processes in the fasting state. Glucagon promotes glycogenolysis, gluconeogenesis and ketogenesis[14]. Increased levels of glucose induce the "first phase" of glucose-mediated insulin secretion by release of insulin from secretory granules in the a cell. Glucose entry into the a cell is sensed by glucokinase, which phosphorylates glucose to glucose-6-phosphate (G6P), generating ATP[15].

Mechanism Underlying Insulin Resistance - Defective insulin-mediated glucose uptake and utilisation leads to a reduction in insulin-stimulated storage of glucose as glycogen in muscle and liver. In time, however, as insulin resistance gradually increases, the pancreas is less able to compensate by increasing insulin secretion[16]. As the b-cells are gradually less able to secrete enough insulin to overcome resistance, chronic hyperglycaemia or 'glucotoxicity' develops, which further impairs insulin action. In addition, further impairment of glycaemic control occurs as a result of glucotoxic effects on skeletal muscle, together with advancing dysregulation of lipid metabolism, in particular FFA metabolism. Individuals become hyperinsulinemic when their pancreas attempts to overcome the underlying defect of insulin resistance by increasing insulin secretion[17]. Hyperinsulinemia causes exaggerated responses in tissues that remain sensitive to insulin. However, just as muscle and liver cells are resistant to insulin, there are various cellular functions that exhibit resistance to insulin. In particular, insulin

resistance in fat cells leads to increased lipolysis with release of fatty acids and a variety of sequelae, including dyslipidemia and vascular abnormalities caused by excessive amounts of circulating free fatty acids[18]. High free fatty acid concentrations also contribute to resistance to the action of insulin by enhancing glucose output from the liver and reducing glucose disposal in skeletal muscle[19].

Results- Contribution Of Blood Flow To Glucose Metabolism - If glucose metabolism is coupled with blood flow, changes in metabolism will induce alterations in blood flow, whereas increasing flow will drive changes in metabolism. It is well established that increased metabolic activity recruits additional blood flow to supply necessary substrates[20]. Indeed, changes in insulin-mediated capillary recruitment are positively correlated with changes in insulin-stimulated glucose disposal[21]. Taken together, animal and human studies suggest that skeletal muscle capillary recruitment and blood flow play an important physiological role in augmenting the delivery of insulin and glucose to metabolic insulin target tissues. Insulin has direct effects (increasing glucose uptake in skeletal muscle) and substantial indirect effects (promoting glucose disposal by increasing blood flow).

Discussion - Inner transport system in our body provide platform for activities of bio factors. Srotorodha brings about an interaction between different body tissues at the site of defect or arrest. Blockage of the minute channels of the body, can be termed as Srotorodha which results in manifestation of diseases like as obesity, diabeties, heart diseases and numerous others. Ama causes srotorodha which in turn causes sroto dushti and leads subsequently to irregular tissue metamorphosis. Manifestation of disease occurs in the body as a result of manifestation of this obstructions.

As per the contemporary physiology, a variety of transforming substances are present in the body like various enzymes, hormones, catalysts etc. When these are unable to function properly then different metabolites are formed which are not acquired by the body, further these go on accumulating in different systems affecting their normal functions. As per Ayurveda these can be considered as Ama. Ama is not a single entity but is a generalized term which can be applicable for many malformed substances in the body and responsible for the production of various diseases. Further accumulation of byproduct of metabolism as well as metabolic waste that are not properly eliminated or utilized in the body can be considered as Ama. Srotorodha is an important sign of presence of Ama in body channel.

Pathologically Srotorodha is responsible for blocking minute channels which disturbs the nutrition of body tissues. This also interferes with the reception, absorption and assimilation of the respective receptors of the channels. There can also be accumulation of impurities and toxins from inside the body produced during metabolism and cause degenerative changes. The inability of the insulin sensitive cells of the body to respond to the insulin can be due to srotorodha which does not allow the intake of insulin in its channels. Further this also interferes with the uptake of glucose from the blood. Increased amount of glucose in the blood signals pancreas to make more insulin to overcome blood glucose levels which leads to hyperinsulinemia. High amount of glucose and in turn insulin in blood circulation again causes accumulation of internal metabolic and cellular waste products increasing srotorodha to a higher grade. Targeting this srotorodha from the beginning with the help of specific treatment module may be helpful to individuals break this vicious cycle and to restrict the further prognosis.

Conclusion - It is essential to understand every aspect of ama for preventive and curative purpose. Though the formation of ama in body in a small extent is a continuous process, utmost care should be taken to prevent it from getting accumulated. This accumulation and stagnation of amaleads to srotorodha which disturbs homeostasis and make individual prone to disease. Identification and understanding of relationship of different factors modulating insulin sensitivity and insulin resistance from ayurvedic perspective is an important pre-requisite for development of novel and more specific treatment for the same.

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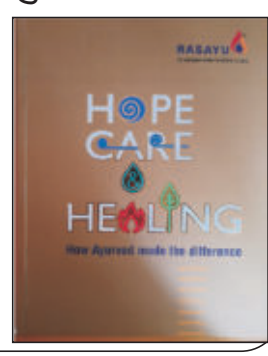
पुस्तक परिचय

डॉ. योगेश बेंडाळे लिखीत "Hope, Care and Healing" या पुस्तकाचे प्रकाशन



सुप्रसिध्द आयुर्वेदीक कर्करोग चिकित्सक डॉ. योगेश बेंडाळे लिखीत **"Hope, Care and Healing"** या पुस्तकाचे प्रकाशन काऊंसिल ऑफ सायंटिफिक इंडस्ट्रिअल रिसर्च चे माजी संचालक डॉ. शेखर मांडे व भारतीय जनता पक्षाचे माजी राष्ट्रीय सचिव श्री. सुनील देवधर यांच्या शुभहस्ते दि. १० डिसेंबर २०२३ रोजी अनेक वैद्यकीय तथा सामाजिक, शैक्षणिक क्षेत्रातील मान्यवरांच्या उपस्थितीत पार पडले.

याच प्रसंगी कर्करोगासंबंधात आयुर्वेद चिकित्सेचे महत्त्व व योगदान दर्शवणारा हृदयस्पर्शी लघुपट उपस्थितांपुढे सादर करण्यात आला. लघुपटाला उपस्थित मान्यवरांनी टाळ्यांचा प्रतिसाद देत पसंती दिली.

डॉ. योगेश बेंडाळे यांच्या रसायु संस्थेस व नवीन ग्रंथास सर्वांनीच शुभेच्छा दिल्या.

Ayurvedic Approach Towards Gut Microbiota With Special Reference To Ama

Dr. Shyamabala Bali-Girhe, Assi. Prof., Kriya Sharir Dept., T.A.M.V., Pune.

Introduction - Ayurveda, emphasize how the digestive fire, or Jatharagni, plays a crucial role in keeping the body healthy. Ama is like a situation that happens when the digestive fire isn't working well. In simple terms, Ama means things in the body are kind of unripe, uncooked, immature, and not properly digested. According to Vagbhata, when the digestive fire (Jatharagni) isn't doing its job well, the first building block of our body, called rasa or chyle, can't form properly. This unfinished rasa undergoes fermentation or putrefaction (Dushta), staying stuck in the stomach and intestines, and this messed-up state of rasa is what they call "Ama."

Now, when we talk about gut microbiota, it's like a community of tiny living things that have made a home in our intestines. Some of these are good guys, and some can be troublemakers. Usually, they all get along well in a healthy body. But if there's a problem and the balance gets messed up, it's called dysbiosis, and the body might become more likely to get sick. It's a bit like how problems with the digestive fire (Jatharagni) can lead to the formation of Ama, causing a bunch of diseases. Acharya Charaka even mentioned this community of microorganisms as "krimi" (which means bugs) in Vimansthan in the Ninth Adhyaya.

Aims and Objective - 1) To study the Concept of Ama and Gut Microbiome. 2) To study the ayurvedic approch towards gut microbiome.

Materials and Methods - Gathered information about these topics from old Ayurvedic texts. Also collected books, research papers, and articles from places like PubMed, ResearchGate, and Google Scholar.

Concept of Ama : From the Ayurvedic perspective, Ama happens when our body doesn't properly digest things due to an imbalance in Agni, which is like our metabolic fire. Agni manages processes like digestion, metabolism, and hormonal changes and is influenced by the doshas Vata, Pitta, and Kapha. Any imbalance in these doshas can mess up Agni. Diseases usually show up when there's a problem with Agni. Different types of Ama are linked to specific doshas and Agni imbalances, like Ama due to increased Vata or heaviness due to increased Kapha. The digestive system is the primary source of Ama, but it can also form in the liver or other tissues. If Agni is disturbed in the digestive system, it leads to Ama, which is at the root of many diseases.

Definition of "AMA": 1) Ama is like when food isn't digested properly and forms a substance known as "ama." 2) Some say Ama happens when the digestive fire (kayagni) is impaired, and annarsa is not formed properly in the stomach, leading to "ama." 3) Another view is that undigested annarsa, with a bad smell and excessive stickiness, causes malnutrition and is called "ama." 4) A residue of undigested ahara-rasa due to poor jatharagni strength is also called "ama," and it's seen as the root cause of diseases. 5) Some see any improperly digested food as "ama," while others describe the accumulation of waste in the body as "ama." 6) Ama is considered the first stage of dosha imbalance, and when it permeates the tridoshas, saptadhatus, and malas, diseases arising from it are called "sama" diseases.

Gut Microbiota : The gut microbiota is a vast community of microorganisms living in our intestines. It helps with various body functions:

- like getting energy from food
- protecting against harmful microorganisms
- regulating the immune system
- strengthening the gut's barriers.

Changes or imbalances in the gut microbiota can affect these functions and lead to diseases. It was previously referred to as the microflora of the gut.

Ayurvedic View on Gut Microbiome : When considering the community of microorganisms in our intestines, it's important to note that Charaka, an influential figure in Ayurveda, mentioned the presence of microbial populations in our body that typically coexist harmlessly. Aacharya Charaka specifically

identified twenty types of Krimies or disease-causing organisms, alongside the regular ones that naturally reside in the body. Chakrapani Datta, while discussing the 'normal ones' acknowledged by Charaka, clarified that these particular microorganisms do not contribute to causing diseases. These microorganisms, acknowledged as the regular inhabitants of the human intestinal canal, collectively make up what we refer to as the intestinal flora.

Factors responsible for Ama formation and also which affect gut microbiota composition -

Sr. No.	Factors responsible for Ama formation	Factors which affect gut microbiome
1.	Abstinence of food	Diet
2.	Indigestion	Genetics
3.	Overeting	Mode of delivery at Birth
4.	Irregular eating Habits	
5.	Contaminated food	Method of infant feeding
6.	The consumption of freeze substances	Use of medications, EspeciallyAntibiotics
7.	Mal-effects of Shodhan karma	Endogenous factors: immune system, bile acids, Hormones
8.	Allergic states engenderd by changes in place, climate, season and suppression of natural urges	Exogenous factors: physical activity, stress, sleep,smoking, pollution, gastric bypass surgery

Condition or symptoms which arises due to Ama and due to imbalance in gut microbiota Composition.

Sr. No.	Conditions arises due to Ama	Conditions due to imbalance in gut microbiota Composition
1)	Jwar	
2)	Atisara and Pravahika	Diarrhea and Bloating.
3)	Chardi	Acid reflux or heartburn.
4)	Grahani	Constipation.
5)	Udarroga	Liver diseases, Inflammatory bowel disease (IBD).
6)		
7)	Shotha	Irritable bowel syndrome (IBS).
8)	Pandu	Fatigue.
9)	Prameha	Diabetes.

Discussion - When looking at how Ayurveda views the tiny creatures living inside our bodies, especially focusing on Ama, we find that our stomach and intestines, both big and small, are usually home to lots of helpful microorganisms called Sahaj Krumies. These tiny beings play a big role in keeping us healthy by helping with digestion and making important vitamins. They also help to maintain a balanced internal environment, similar to what modern science calls "milieu interieur."

One key reason why Ama forms is because of Dosha Vaishamya, which is like a disturbance in our body's internal balance. Another reason, according to Ayurveda, is Mandagni, which is a cause of Ama and can be compared to modern science's idea of not having enough digestive juices and a lower level of gut microorganisms. Looking at it this way helps us connect Ayurvedic ideas with what we understand in modern science about how our bodies work and how Ama is formed.

This process results in the fermentation and putrefaction of food, causing undigested or partially digested food to pass through. This can lead to unpleasant odors (daurgandhya) and increased stickiness (bahupicchilattava). The imbalance in gut flora composition can be attributed to either an increase in harmful microorganisms or a decrease in the normal ones (excluding the harmful ones), resulting in various health issues.

Numerous diseases are reported to progress from the Ama state to the Sama state due to factors such as delayed or incorrect diagnosis, inadequate treatment, stress, pradnyaparadh (intellectual mistakes) and asatmyaindriyarth samyoga (improper use of senses). All these factors can disrupt the composition of intestinal flora, ultimately leading to disease. This aligns with the ancient wisdom of Hippocrates of Kos, who stated, "All diseases begin from the gut." Ayurveda also underscores the significance of Agni, as noted by Aacharaya Charaka, who emphasized that the root cause of all diseases is Mandagni, a weakened digestive fire. This weakened Agni is one of the factors contributing to Ama formation. While Ama is a broad concept in Ayurveda, in modern medicine, we can relate it to an imbalance in gut microflora, with factors disrupting this balance also contributing to Ama production.

Conclusion - Ayurveda says that when we don't

digest our food properly, it can lead to many diseases because of something called "Ama" or undigested food. In modern terms, good digestion depends on the healthy bacteria in our gut, known as gut microbiome. For example, taking antibiotics can cause issues like diarrhea because they disturb the balance in our gut. In today's language, this disturbance is called Dysbiosis, where the good bacteria in our gut are out of balance, causing stomach problems. According to Ayurveda, a wise person named Acharaya Chakrapani explained that there are good tiny creatures (krimies) in our body that help keep us healthy, similar to what we now call gut microbiome.

But, just like a seesaw, our body needs everything in the right balance. If things are too much or too little, it can make us sick. So, keeping the right balance in our gut microbiome is really important for staying healthy. The ideas about these helpful creatures mentioned by Charaka in Ayurveda help us understand the concept of "Ama" and staying balanced in a simple way. Without considering these tiny creatures, we might not fully understand these concepts in Ayurveda and modern science. So, making sure our gut is in balance is key to staying healthy, according to both Ayurveda and modern science.

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Concept Of Agni And Its Applied Aspect - A Literature Review

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Introduction : Agni in Sanskrit means fire and according to Ayurveda, Agni happens to be the entity that is responsible for all digestive and Metabolic process in human being. Ingested Food is to be digested, absorbed and assimilated which is unavoidable for the maintenance of life, and it is performed by Agni.[3,6] According to Aacharya Charaka That after Stoppage of function of Agni, Individual dies, and when the Agni of individual is sama, then that person would be healthy and long life, happy life. But the Agni of a person is disturbed, then the whole digestion process in his body would be disturbed. leading to the diseased State of body. Thus, the Agni is said to be mool' of Life.[2]

Synonyms of Agni - According to the shobdkalpadruma : there are 61 Synonyms of Agni such as - vaishwanara, sarvapaka. Tanoonpata, Damunasa, Anala, Rudra, Tejasa, shikhi, vanhi ere.

Types of Agni -

Sr. No	Aacharya	No of Agni	Names
1	Charaka	13	Dhatvagni-7 Bhutagni -5 Jatharagni-1
2	Sushruta	5	Pachakagni, Ranjakagni, Sadhakagni, Bhrajakagni, Aalochakagni.
3	Vagbhata	18	Dhatvagni -7 Doshagni -3 Bhutagni -5 Malagni -3

4	Sharang-dhara	5 (Pitta)	Pachaka, Ranjaka, Sadhaka, Bhrajaka, Aalochaka
5	Garbho-Pnishada	3	Koshthagni, Dnyanagni, Darshanagni.

Jatharagni (Macrofire) - Jatharagni is the main principal substance responsible for disease and health. During Normalcy it is responsible for longevity, complexion. Strength, health, enthusiasm, well built immunity.(ojas) .temperature other Agnies ie. Bhutagni and Dhatvagni and other vital function all are Dependant on Jatharagni.

Jatharagni also influences the life span and health of the individual, and it is the central digestive power that represents the metabolic functions of the body. Jatharagni is the most important because every ingested food first comes to jathara and is subjected to the action of Jatharagni. Jatharagni digests the food nutrients that consist of pancha-Mahabhuras transforms It for utilization by the respective dhatus parmanus. It also separate the food material in to prasada (essence portion), kitta(waste products) in our body.[4] Jatharagni is also classified in to 4 Types. according to predominance of dosha. [2,5]

Sr. No	Dosha	Agni Dushti	Associated pathology
1	Vata	Vishamagni	Disturbed digestive and metabolic activities; Irregular appetite, eg. Udargat Roga.
2	Pitta	Tikshnagni	Sharp apetite, acidic digestive system. Hypermetabolism eg. Bhasmak roga.
3	Kapha	Mandagni	Low Appetite, slow and weak digestion. Hypometabolism
4	Sama Dosha	Samagni	Healthy state of Body.

Relation between Ritu and Jatharagni -

Jatharagni	Prabala	Manda
Ritu	Hemanta	Vasant
Ritu	Shishira	Varsha
Ritu		Pravritt

Bhutagni (Micro fire) - The physical matter in the universe is formed by the combination of five Mahabhutes. five Bhutagni's are located in the five Mahabhutas.[1] Each and every cell in our body is composed of the five Mahabhuta's or five basic elements: After the digestion of food by Bhutagni, digested material containing the element and qualities similar to each bhutas nourishes their own Specific bhoutika elements of the body.[2]

Sr.No	Panchamahabhuta	Types of Agni
1	Space (Aakash)	Nabhasa Agni
2	Air (Vayu)	Vayveeya Agni
3	Fire (Teja)	Tejasa Agni
4	Water (Aap)	Aapya Agni
5	Earth (Prithvi)	Parthiv Agni

Dhatvagni - All the seven dhatus contain their own Agni to metabolise the nutrient material to them through their own strotasas. [2,7]

Sr.no	Dhatus	Types of agni
1	Rasa Dhatu (Nutrient Fluid)	Rasagni
2	Rakta Dhatu (Blood Tissue)	Raktagni
3	Mamsa Dhatu (Muscle Tissue)	Mansagni
4	Meda Dhatu (Adipose Tissue)	Medagni
5	Asthi Dhatu (Bony Tissue)	Ashthyagni
6	Majja Dhatu (Bone marrow)	Majjagni
7	Shukra Dhatu	Shukragni

Causes of vitiation of Agni -

1) Dietary factors - Excessive fasting, overeating, irregular eating, and inappropriate food material

2) Psychological factors - Emotional instabilities such as - anger, anxiety, fear, lust, greed. Jealousy mental tension. etc.. **Discussion -** 1) Agni and pitta - pitta is considered as same as that of Agni. since it perform the digestion. and similar action performed by the Agni According to Aacharya Sushruta we can't find any other Agni or fire in the body other than pitta, because when there is increased digestion and combustion is due to the ushna Guna of pitta, and it treatment like Agni.[1] Aacharya chakrapani has mentioned that the function of pitta inside the body is not a

combustion, but it works is to heat of Agni. Aacharya Sushruta had described the five types of Agni as a variety of Pitta.

Agni and Prakriti -

Sr.No	Agni	Prakriti
1	Vishamagni	Vata Prakriti
2	Tikshnagni	Pitta Prakriti
3	Mandagni	Kapha Prakriti

Agni and Aama - The unhealthy, indigested food is considered as a 'Aama: Hypo functioning of Agni leads indigestion is formation of Aama which is basic cause of diseases.[2] This Aama is caused by the mandagni. Due to mandagni the undigested food accumulated in the body due to agnimandya and particles start get accumulated in the body. Thus Ama is formed due to Agnimandya and Aama production causes Agnimandya and vice versa.

Significance of Agni 1) Physiological and pathological aspect of agni. [8,9] **a) Samagni:-** This a physiological state of agni, not associated with dosha so called as samagni The samagni digest food properly in proper time. This increase health of individuals, quality of - Dhatus. **b) Vishamagni :-** is the state in which improper digestion of food takes place. Sometime it performs normal metabolism. sometime abnormal metabolism. It shows following symptoms such as-Flatulence, abdominal pain, upward movement of vata in koshta atisar, intestinal gurgling. Straining during defecation. when Agni is affected by vatadosha created vatavyadhi such as paralysis and udargatrogas. **c) Tikshangni -** pitta dosha dominance present in Tikshnagni When power of digestion increased normal to above normal food digest very quickly and produce hunger This condition known as Bhasmak Roga' in Ayurved. pitta dominance prakriti have lakshnas of Tikshnagni. **d) Mandagni:-** Mand means slow. the digestive power of mandagni is very low. Kapha dosha dominance is present. It causes pathological conditions like, cough dyspnoea, vomiting, excessive Salivation Mandagni gives rise to kaphaj vikara.

Conclusion:- As it described in many samhita's that Agni is vital component in the process of digestion and transformation. It plays an important role in maintaining health. Agni also contribute to Strength, lustre, ojasa, tejasa and prana. samagni resembles the healthy physical and mental status. While vitiated Agni results into diseased condition. In short, Agni has very significant role to maintain body functioning, homeostasis, metabolism of body and proper functioning of body. Thus, Agni is the invariable agent in the process of paka.

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श्रद्धांजली

डॉ. मेधा अरविंद लिमये ह्यांचे दुःखद निधन

टिळक आयुर्वेद महाविद्यालयाच्या माजी विद्यार्थीनी डॉ. मेधा अरविंद लिमये ह्यांचे दि. २१/१२/२०२३ रोजी वयाच्या ८३ व्या वर्षी दुःखद निधन झाले. बी.ए.एम. ॲड एस पदवी प्राप्त केल्यानंतर त्यांनी पनवेल येथे आपले पती डॉ. अरविंद लिमये ह्यांच्यासह अनेक वर्षे रुग्णालय उभारून पनवेलसह आजुबाजूच्या अनेक गावातील रुग्णांची मनोभावे सेवा व सुश्रुषा करून मोठा नावलौकीक प्राप्त केला.

टिळक आयुर्वेद महाविद्यालय व आयुर्विद्या मासिक समितीच्या वतीने डॉ. श्रीमती लिमये ह्यांना श्रद्धांजली.

Prana-SetO_2
National Workshop on Pediatric Respiratory Disorder

Dr. Vikas Jaybhay

Department of Kaumarbhritya of R.S.M.'s Centre for Post Graduate Studies and Research in Ayurved of Tilak Ayurved Mahavidyalaya, Pune has organized a "National Workshop on Pediatric Respriratory Disorders" on Sunday, 29 th October 2023. Paper and Poster presentation competition was held on Saturday, 28th October 2023 prior to the main day of workshop.

The Workshop programme began with Session 1st "What is Normal about Normal Breathing" by Hon. Dr. Satish Deopujari - Director Nelson Hospital, Nagpur. Session 2nd was given by Dr. Nilesh Darvekar - Consultant Pediatrician and Neonatologist from Nagpur on "Approach to newborn with Respiratory Distress". After 2 nd session Hon Dr. Satish Deopujari and Hon. Dr. D. P. Puranik, President of R.S.M. inaugurated the workshop. Hon. Dr. Bhagwat, Vice-President. R.S.M.'s Pune, Hon. Dr. Saroj Patil, Principal T.A.M.V, Hon. Dr. Vikas Jaybhay - HOD Kaumarbhritya Department and Organizing Chairman of Prana-SetO_2. and Hon. Dr. Gajanan Cheke, Organizig Secretary were the dignitaries on the dais. The Auditorium was full of enthusiastic and curious 123 delegates from all over lndia. Shripad Wadodkar chanted Shri Dhanwantari stavan. The Principal Prof. Dr. Saroj Patil delivered welcome address. Prof. Dr. Kalyani Aher And Dr. Pooja Chaubey introduced all the guests and they were felicitated. Holy lamp lightning was done by Hon. Chief Guest Hon. Dr. Satish Deopujari, President Dr. D.P. Puranik and all the dignitaries on the dais. Organizing Chairman Prof. Dr. Vikas Jaybhay expressed about the theme of the Workshop.

Prizes of paper presentation competition were announced by Dr. Kayani Aher.

Hon. Dr. D.P. Puranik mentioned various activities conducted throughout the centennial year of R.S.M. Pune in his Presidential speech. Lastly, Dr. Gajanan Cheke, Organizing Secretary delivered Vote of thanks.

After inaugural function Session 3rd started by Dr. Vivek Charde - Pediatric Consultant at Nagpur on "Approach to child with Respiratory distress". After delicious lunch, Session 4th given by Dr. Yash Banait - Consultant pediatrician at Nelson Hospital, Nagpur on "Management of child with Respiratory Distress". After that Ayurvedic approach was given in 5 th and 6th Session by Hon. Dr. T. Y. Swami Prof. and HOD at GAC Osmanabad and Hon. Dr. Yogesh Kale-Director of Punarvasu Ayurved Hospital, Pune on "Understanding of Respiratory Disoreders in Ayurved and Role of Panchakarma in

Holy Lamp lighting - from left - Dr. Cheke, Dr. Bhagwat, Dr. Puranik, Dr. Deopujari, Dr. Jaybhay, Prin. Dr. Patil.

Inaugural Function - from left - Dr. Cheke, Dr. Bhagwat, Dr. Deopujari, Dr. Puranik, Prin. Dr. Patil, Dr. Jaybhay.

Respiratory Disorders in Pediatrics" respectively, Followed by small milk break. Workstations were conducted by Dr. Satish Deopujari, Dr. Nilesh Darvekar, Dr. Yash Banait and Dr. Vivek Charde in three divided groups supported by special manmade teaching Gadgets.

Dignitaries had presided over the valedictory function. Few Delegates shared their views regarding overall workshop.

The workshop had attractive stalls at exhibition from different Pharma-Companies. This workshop was appreciated by all delegates. Team National Workshop Kaumarbhritya is grateful to sponsorers for their substantial supprt and active participation. President Prof. Dr. D. P. Puranik was the mentor for successful organization. Principal Prof. Dr. Saroj Patil supported the entire event. Governing council members of R. S. M. teaching and non-teaching staff of T.A.M.V. and all PG Volunteers of Kaumarbhritya Department contributed a lot for a success of this Workshop.

Demonstration of respiratory Resuscitation.

Report

National Seminar - ESG : 2023 (Environment, Social and Governance)

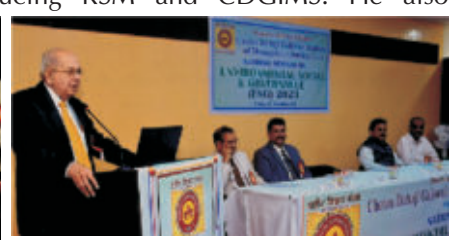
Dr. Kanchan Jatkar

A National Seminar on "ESG : 2023 "Environment, Social and Governance" was organized by RSM's Chetan Dattaji Gaikwad Institute of Management Studies, Pune on 3rd November 2023. The seminar was presided by Hon. Dr. Dilip Puranik, President, Rashtriya Shikshan Mandal (RSM) Pune. The Chief Guest for this seminar was Hon. Shri Ganesh Jadhav, Co-Founder of Gangotree homes and holidays Pune. All the Governing Council members of CDGIMS, Industry and Academica delegates students of CDGIMS as well as various other management Institute were present for this seminar. Dr. Kanchan Jatkar hosted the program.

Dr. Kanchan Jatkar welcomed the dignitaries on the dais, participants and students.

The program started with lamp lighting ceremony and reciting saraswati stavan. Dr. Milind Kulkarni addressed the participants by introducing RSM and CDGIMS. He also

Inaugural Function - From Left - Dr. Dhadphale, Adv. Patil, Dr. Doiphode, Dr. Huparikar, Mr. Ganesh Jadhav, Dr. Puranik, Prof. Milind Kulkarni, Prof. Sharma, Dr. Kapdi.



President of function Dr. Puranik addresing the gathering. Sitting from left - Dr. Kapdi, Dr. Kulkarni, Mr. Jadhav, Dr. Huparikar.


Dr. Sharma


Dr. Kankonkar


Dr. Mal


Dr. Jatkar

highlighted the objective behind organizing this National Seminar on ESG. The chief guest addressed the audience. He precisely explained how ESG is relevant during this urbanized era. He congratulated all the staff members for organizing this National Seminar.

Session 1 : "ABC of ESG" by Dr. Jitender Kumar Sharma, Sustainability and ESG Trainer and Professor and Director of Lexicon Mile, Pune.

Session 2 : " Current Trends in ESG" by Dr. Shilpa Kankonkar, Mentor Startup India, ESG Consultant and Associate Professor NWIMSR, Pune.

Session 3 : "An Empirical study to prioritize the determinants of corporate sustainability performance using analytic hierarchy process" by Dr. Hoshiar Mal, FLAME University Pune.

The seminar concluded with the valedictory session which was held at 04.00 pm. The valedictory function was chaired by RSM's secretary and executive director of CDGIMS Dr. Rajendra Huparikar. A poster competition was conducted during the seminar. All the posters were displayed in the basement of CDGIMs Campus. A total of 23 posters were received. Dr. Rajendra Huparikar gave prizes to all the winners.

After the prize distribution Dr. Atul Kapdi, Academic Director, CDGIMS summarized the session of seminar. Dr. Rajendra Huparikar addressed the audience. He spoke about the importance and necessity of ESG analysis. He also congratulated the staff members for successfully conducting the seminar.

Vote of Thanks was given by Dr. Kanchan Jatkar. The Valedictory Function was concluded by National Anthem.

अहवाल

रा. शि. मं. सं. कै. कृ. ना. भिडे आयुर्वेद संस्था धन्वंतरी पूजन कार्यक्रम

डॉ. मधुकर सातपुते

रा. शि. मं. सं. कै. कृ. ना. भिडे आयुर्वेद संस्थेत, शुक्रवार दि १० नोव्हेंबर २०२३ रोजी सकाळी १० वाजता धन्वंतरी पूजन कार्यक्रम साजरा करण्यात आला. उपस्थितांनी धन्वंतरी स्तवनगान केले.

याप्रसंगी रा. शि. मंडळाचे अध्यक्ष डॉ. दि. प्र. पुराणिक, उपाध्यक्ष डॉ. भा. कृ. भागवत, सचिव डॉ. राजेंद्र हुपरीकर व रा. शि. मं. सं. कै. कृ. ना. भिडे आयुर्वेद संस्थेचे अध्यक्ष डॉ. म. रा. सातपुते यांचे शुभहस्ते दीप प्रज्वलन व धन्वंतरी पूजन केले. यावेळी रा. शि. मंडळाचे व घटक / संलग्न समिती सदस्य, पदाधिकारी, हितचिंतक व मानद चिकित्सक उपस्थित होते. धन्वंतरी पूजन कार्यक्रमांनंतर उपस्थितांनी अल्पोपहार व चहापानाचा आस्वाद घेतला.

डावीकडून–डॉ. सातपुते, डॉ. पुराणिक व इतर धन्वंतरी पूजन व स्तवन करताना.

कर के देखो....

डॉ. अपूर्वा संगोराम, कार्यकारी संपादक

बघता बघता २०२४ साल उजाडले आणि आपल्यापैकी प्रत्येकाच्या मनात मागील वर्षी काय काय ठरवले होते, कोणते संकल्प केले होते, त्यातले किती पूर्ण झाले, किती अपूर्ण अवस्थेत राहीले, किती करायला वेळच मिळाला नाही अशा अनेक आठवणींची जंत्री साठून आली असेल.

सर्व आयुर्वेदीयनांच्या दृष्टीने विचार करावयाचा झाल्यास आपल्या शास्त्रासाठी, शास्त्राच्या उन्नतीसाठी, आपल्या स्वतःच्या प्रगतीसाठी आपण काय काय करू शकतो, कोणते संकल्प करू शकतो याचा प्रत्येकाने जरुर विचार केला पाहीजे.

मागचे संपूर्ण वर्ष राष्ट्रीय शिक्षण मंडळाचे शताब्दी वर्ष म्हणून साजरे करण्यात आले त्यानिमित्ताने महाविद्यालयाच्या जवळपास प्रत्येक विभागाने नॅशनल सेमिनार, वर्कशॉप यांचे आयोजन केले होते. यानिमित्ताने अनेक तज्ञ व्यक्ती, विविध नामवंत विद्यापीठांचे कुलगुरु, नामवंत संस्थांचे संचालक यांनी महाविद्यालयाला भेट दिली. यानिमित्ताने महाविद्यालयाच्या संबंधित विभागांचे अध्यापक, पदव्युत्तर विद्यार्थी, कर्मचारी यांनी अतिशय मनापासून आपापल्या विभागाचा सेमिनार, वर्कशॉप चांगला व्हावा म्हणून कष्ट घेतले आणि टीम वर्क चे महत्व जाणवून दिले.

यानिमित्ताने बहुसंख्य विभागांनी पेपर प्रेझेंटेशन कॉम्पिटीशन्स, पोस्टर कॉम्पिटीशन्स, क्विझ यासारख्या स्पर्धा आयोजित केल्या होत्या. त्यानिमित्ताने विद्यार्थ्यांना स्वतःमधील संभाषण कौशल्य, वक्तृत्व, विषय मांडणी यासारख्या अनेक बाबी पडताळून पाहाता आल्या. आयुर्वेदशास्त्राच्या दृष्टीने विचार करावयाचा झाल्यास आयुर्वेदाचा पदवीपूर्व विद्यार्थी असो की पदव्युत्तर विद्यार्थी असो की अध्यापक असो, आपल्या शास्त्रासाठी, आपल्या स्वतःच्या प्रगतीसाठी या संपूर्ण वर्षभरात आपण काय काय करू शकतो याची जणु काही उजळणीच या निमित्ताने झाली. त्यामुळेच भविष्यात आपण काय काय करु शकतो याची जाणीव प्रत्येकालाच झाली.

मागिल वर्षापासून एन.सी.आय.एम. तर्फे पदवीपूर्व आणि पदव्युत्तर विद्यार्थ्यांसाठी 'ट्रांझिशनल करीक्युलम' हा १५ दिवसांचा प्रशिक्षण कोर्स, आयोजित करावा असे निर्देश देण्यात आले. यामध्ये प्रत्येक महाविद्यालयाने आयोजित केलेल्या व्याख्यानमालेमध्ये महाविद्यालयांमध्ये असलेल्या अध्ययनासाठीच्या सोयी सुविधा, संलग्न हॉस्पिटल्स, रीसर्चसाठी असलेल्या पायाभूत सुविधा, विविध लॅबोरेटरीज, परीसरातील नामवंत वैद्यकीय शैक्षणिक संस्थांच्या भेटी इ. पासून ते विद्यार्थ्यांचा सर्वांगिण विकास होण्याच्या दृष्टीने व्यक्तिमत्व विकास, कॉम्प्युटर अवेयरनेस, स्वसंरक्षणासाठी घ्यावयाची काळजी यासारख्या विषयांचाही अंतर्भाव करण्यास आला. होता. याचा विद्यार्थ्यांचा सर्वांगिण विकासासाठी अतिशय फायदा झाल्याचे दिसून आले. विद्यार्थ्यांना या सर्व वैद्यकीय प्रशिक्षणातून एक मार्गदर्शक दिशा मिळत असल्याचेही अनेक विद्यार्थ्यांच्या मनोगतातून व्यक्त झाले.

या २०२४ सालचा संकल्प करत असताना स्वतःच्या शारिरीक,मानसिक स्वास्थ्याबरोबर, शास्त्राच्या उन्नतीसाठी नियमित अध्ययन, तासांना उपस्थिती, महाविद्यालयात आयोजित व्याख्यानमाला, चर्चासत्रे, सेमिनार, शैक्षणिक भेटींना उपस्थिती, विविध परीसंवादांमध्ये सहभाग, विविध शास्त्रीय मासिकांमध्ये लेखन इ. याचा अंतर्भाव करणे अत्यंत जरुरीचे आहे. या सर्व माध्यमांच्या सहभागातून स्वतःचे व्यक्तिमत्व आपण फुलवू शकतो. सर्वात महत्वाचे म्हणजे आतापर्यंत या गोष्टी केल्या नसतील तर अजूनही वेळ गेलेली नाही तर 'कर के देखो!'.

नवीन वर्षाच्या सर्वांना शुभेच्छा!

तंत्रज्ञानाची उत्तुंग शिखरे!

डॉ. सौ. विनया दीक्षित, उपसंपादक

तंत्रज्ञानाची अफाट आणि अचंबित करणारी कामगिरी, मानवाच्या अस्तित्वालाच आव्हान देणारी कृत्रिम बुद्धिमत्ता व संगकणकीय सूक्ष्म तरल प्रणालींची रेलचेल यामुळे जगभरातील आरोग्यसेवा प्रभावित होत आहे. नव्या ए.आय संचलित युगाचीच सुरुवात या नववर्षाच्या प्रारंभी होत आहे. आरोग्यसेवेच्या ज्ञानार्जनाच्या पिढ्या पूर्वी पदवी व पदव्युत्तर शिक्षणक्रमानुसार साडेपाच किंवा आठ–नऊ वर्षांनी बदलताना पाहणारी ज्येष्ठ डॉक्टर मंडळी आज सेवेत आहेत.

परंतु ए.आय च्या आगमनानंतर ज्ञानार्जनाच्या कक्षाच बदलून गेल्या आहेत. वैद्यकीय शास्त्रातील नैदानिक चाचण्या, रुग्णांची लक्षणे व आजार, त्यावरील उपचार ह्यांचे सखोल ज्ञान – पाठांतर व अद्ययावत संशोधनांविषयी त्या त्या संदर्भातील माहिती ही सर्वसाधारण 'स्मार्ट' डॉक्टरची वैशिष्ट्ये आत्तापर्यंत समजली जायची. आता नव्यायुगात मानवी शरीर – मनाचे अंतरंग व जैवरासायनिक–घटकांचे ज्ञान याबरोबरच ए.आय. ॲप्लीकेशनस् ची सुरळीत हाताळणी करणे, संगणकीय सूक्ष्म प्रणालींचा अद्ययावत वापर करता येणे हे आवश्यक आहे. रुग्णांच्या संदर्भातील सर्व कर्तव्ये नैतिकता व पारदर्शकता याबरोबरच व्यवहारातील निःसंदिग्ध दृक्श्राव्य नोंदी जपून करावी लागणार आहेत.

ए. आय ची मदत जशी होईल तसेच त्यावर किती अवलंबून राहयचे व स्वतःची अंतःप्रेरणा–बुद्धीप्रामाण्य केव्हा कसे वापरायचे, ज्ञानी मित्राप्रमाणे सतत २४ तास सोबत राहणारे हे संगणकीय तंत्रज्ञान साधक की बाधक हे प्रत्येक परिस्थितीनुसार ठरेल. रुग्णाचे प्राणवाचवणे हे आद्य कर्तव्य आहेच परंतु त्याबाबतची जबाबदारी मात्र एकट्या 'डॉक्टरचीच' सर्वथा असते हे नैतिकतेस धरून आहे. परंतु ए. आय नियंत्रित उपचारांत हे जर काही कमीजास्त घडले तर जबाबदारी कोणाची असेल? यातील न्यायवैद्यकीय बारकावे परिभाषित करण्यासाठी विद्वान मंडळींना नियम बनवावे लागतील.

नव्या पदवीधारकांना वैद्यकीय व्यवसाय सुरु करताना ए.आय व संगणकीय तरल प्रणालींचा कसा, किती वापर करायचा ह्याचा सखोल निश्चित आराखडाच बनवावा लागेल. यासंदर्भातील कायदेशीर नोंदी व परवानग्यांची पूर्तता ही ओघाने आलीच. हे सर्व करताना पारंपारिक निदान, रुग्णपरीक्षा व चिकित्सा व नवीन तंत्रज्ञानाचा शास्त्रीय वापर यांचा 'तोल' सांभाळावा लागणार आहे.

या संदर्भात मार्गदर्शक सेमिनार व कॉन्फरन्सेस जास्त प्रमाणात आयोजित करून शास्त्रीय आधारांवर प्रमाणित ए.आय चा वापर वैद्यकीय क्षेत्रात कसा उपकारक होईल यासाठी शासकीय, विद्यापीठीय व संस्था स्तरांवर प्रयत्न होणे गरजेचे आहे.

अज्ञानवशात ए.आय रुपी यक्षाच्या स्वाधिन झाल्यास पुढचे परिणाम डॉक्टरांच्या हातात राहणार नाहीत हे नक्कीच आहे. यामुळे समाजाचे, रुग्णांचे व एकूणच मानवजातीच्या हिताचा विचार करून नव्या युगात सजग प्रवेश व्हावा यासाठी सुसज्ज होऊ यात.

सर्वांना नूतनवर्षाच्या मनापासून आरोग्यपूर्ण शुभेच्छा!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