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Research Journal of 21st Century
Dedicated to Ayurved...

।। श्री धन्वंतरये नम: ।।

राष्ट्रीय शिक्षण मंडळ, संचालित

आयुर्विद्या

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CONTENTS

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संपादकीय

Ayurved - A boon to Shalakya Disorders Treatment

डॉ. दिलीप पुराणिक

Development of 'New Life style' has now proved a 'Curse' to human life. The routine life schedule has become not only fast but it has become hazardous to all age groups. It has caused so many physical and mental as well as psychological problems. 'Fast and Junk Food' consumption is causing dreaded diseases like Diabetes, Hypertension, Heart problems at even younger age. IT occupation, working conditions and air pollution hazards are affecting health of all causing sleeplessness, digestion problems. Unrest and disturbed peaseful mind ultimately causes Frustration, Anxiety, Depression.

Constantly working with computers, uneven working timings, watching Television are affecting vital organs like Eyes. These affected eyes land into conditions like "Dry Eye Syndrome" or "Computer Eye Syndrome", Refractive errors, diminished vision. All these ophthalmic conditions are now a days seen at young age and at even childhood also. Strain on eyes has become very common. Increased number of Diabetes, Hypertension patients ultimately develop cataract, glaucoma. Small children with spectacles is very very common now a days.

Noise pollution has also become very common in urban popullation. D.J., Stereo-Dolby systems are causing hearing problems in all age groups resulting into increased number of deafs. Along with deafness many individual develop ' Tinnitus' also and this condition leads to sleeplessness and mental disturbance. Air pollution due to Industrial smokes, Exhaust carbon from autovehicles, dust particles are causing so many problems of upper respiratory tract of Nose, pharyngo larynx causing inflammatory conditions of Sinuses, Nasal septum, Turbinate, pharyax and laryax. Lower respiratory tract affection causes conditions like Asthma, Tuberculosis.

Since very long modern medicine has made great progress to combat these affections of Ear, Nose and Throat along with Eyes. Due to availability of modern tools like x-ray, MRI, CT scan, Laboratory Pathological Tests it has become very easy to diagnose and treat the patients. Lots of treatment modalities are available. Surgery for ophthalmological, Ear, Nose and Laryngo-pharynx is very advanced leaving behind any morbidity. Ophthalmic surgeries with phaco-emulsification technique, Laser technique and endoscopic surgeries for Ear and Nose are absolutely very safe and without any complications.

Inspite of all advances in medicine, surgical techniques avaible in modern medicine, still the incidences of side effects, complications and recurrences are found and so it has become necessary to search for alternate option which can be non invasive, without side effects and recurrences. Considering this view, it is seen that the different treatment modalities for affections of Eye, Ear and Nose are available in Ayurved (Shalakyatantra). Treatment modalities like, 'Aschyotan', 'Anjan', Bidalak', Netrabasti', 'Nasya', 'Kshar application', Leech application' have been proved very effective. With constant and continuous research, so many workers in Shalakyatantra have achieved promising results. It is very appreciable that the Association of Shalaki (T.A.S. India) has provided a platform to present the research work of shalakya specialist by organizing an International and National Conference on 28th and 29th December 2019 at Pune. We wish a great success to this unique event.

Concept And Practices Of Swasthavritta In Shalakyatantra

Prof. Dr. Hajarnavis Mihir S., M.D. Ayurved (Kayachikitsa and Swasthavritta), PhD (Scholar). Head of the Department of Swasthavritta and Yoga
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Swasthavritta is a journey towards health for leading a happy and disease free life. Conceptually swasthavritta deals with parameters of healthand all health promotive measures and levels of prevention. The practice of Swasthavritta includes methods of prevention, modes of intervention and proactive approach to health. Shalakyatantra is the branch which deals with the health and disease of head and neck portions of the body. This tantra deals with mainly Netraroga, Karnaroga, Nasaroga, Mukharogaincluding Dantaroga and Shiroroga. The primordial and primary disease preventive measures include Ahara and Vihara. Daily and seasonal observances of dietary rules are included under ahara. Vihara includes life style modifications for maintenance of health viz. following a daily and seasonal regime, observing the rules for suppression/holding of or forceful exertion of natural urges termed as vegas, practice of seasonal pancha karma followed by rasayana chikitsa. Daily regime includes care of the health of the head and neck region which is the practice of swasthavritta in shalakyatantra. Just like a charioteer (driver) takes care of his chariot; the chief of a village/town/country takes care of the village/town/country; every individual human being must take care of his/her body by following the correct regime to maintain health.

Dinacharya refers to one's daily conduct for maintenance of health. A day is a representative of the eternal Time which is represented in Ayurveda as Infinity, having neither end nor beginning. To human beings it is divided in days, months, seasons, years etc. according to the period. A man to be healthy throughout his life time has to be healthy every day as well. This depends on the faultless daily personal conduct based on the personal requirements of the human body and duties in a cultured society.

Early dinner and early to bed will help in getting up early which is beneficial for ayurakshan (longevity). In modern era its implementation depends upon the nature of occupation, but it is most healthy part of one's daily routine.) Evacuation of the bowels and bladder early morning is health promotive practice. Early morning is the natural time of aggravation of vata in the body, hence this is to be practiced and followed early morning. This habit must be inculcated from childhood in a person. This habit must be inculcated from childhood in a person. Modern life style leads to the suppression of these urges and in turn to many diseases and Vegadharana (Supression/ holding of Natural urges) leads to a lot many diseases. It is the foremost cause of akshivikara (reference- Ashtang Hridaya Uttartantra 16/ 64), Shiroroga (reference Ashtang Hridaya Uttartantra 23/1-2).

Now, we will consider the daily measures to be adopted for the health of all sense organs situated in the head and neck region.

1) Measures for Rasanendriya (Tongue):

i) Cleaning the Teeth : Nowadays dental problems are on the rise. Cleaning the teeth with tooth paste along with astringent and bitter powders of herbs like khadira, nimbaor triphala prevents tooth decay, bleeding gums, tartar on the teeth, foul smell and mouth ulcers. This enhances the taste (develops ruchi). **Time :** early morning, after meals and before going to bed.

ii) Kavala : Gargling with warm water or

medicated water (triphala decoction) helps in enhancing taste, removing the excess kapha and prevents tooth decay.

iii) Gandusha : Gargling with mouthful of the sesame oil. **Effects:** Strengthens the chewing muscles, voice, muscles of the face, proper functioning of the taste buds, prevents-dryness of the throat, cracked lips, tooth - decay, ache; hard substance can be broken with the teeth viz. apricot, almond. The gums become strong, teeth does not shiver due to sour substances.

Kavala and Gandusha are useful for the prevention of dental and throat disorders, and diseases of tongue and mouth. Diseases due to tobacco chewing can be prevented by daily practice of taila gandusha

iv)Tambula : Chewing of betel nut leaf after meals prevents accumulation of excess kapha, bad odour, and enhances the taste buds. Betel leaf with clove, cinnamon, quick lime, betel nut powder is recommended. Tambula chewing after bathing, after getting up from the sleep is useful.

Measures for Ghranendriya: (Nose and sense of smell): i) Nasya : Daily nasya (nasal application) is advised as a daily practice. It includes oil nasya. Administration of 2 drops of Sesame oil or medicated oil Anutaila in the nostrils is recommended for daily nasya.

Effects of Oil Nasya : Prevents hair fall, early graying, diseases of the eyes and ears, gives relief from neck pain, headache, ardita (bells palsy), lock jaw, sinusitis, migraine, tremors in the head, gives strength to sira (veins), snayu (Muscles), sandhi (joints) of the head and neck and strength to the voice, prevents diseases above the suprasternal notch and diseases of the sense organs. Diseases of the respiratory tract- especially related to pollution, dust and inhalation of gases can be prevented by daily practice of oil nasya. **ii) Dhumapana (medicated smoking):** Medicated smoking with adhumavarti (medicated cigar) can used. It prevents kapha vata diseases of the head and neck region. Practice of dhumapana instead of cigarette smoking certainly enhances health.

Effects of Dhumapana : It prevents and gives relief from-Heaviness in the head, headache, sinusitis, migraine, ear and eye pain, cough, hiccoughs, asthma, throat irritation, dental caries, excess salivation, neck and jaw stiffness, elongated uvula, itching and maggots, baldness, early graying, hair fall, sneezing, drowsiness, over sleepiness, and a dull intellect.

In modern era many of such complaints and air pollution related disorders can be prevented and treated by dhumapana.

Measures for Chakshurendriya (sense of vision-eyes) : i) Anjana : tupaanjana daily in the morning **ii) Rasanjana :** every 7th night.

iii) Padabhyanga : (feet massage) with pure ghee(butter), washing the feet regularly, wearing footwear. **iv) Umbrella** or hat during summers to prevent heat stroke. **v) Padabhyanga** gives relief from computer / occupational related eye stress and strain.

Measures for Sparshanendriya - (sense of touch): i) Abhyanga or oil massage should be practiced daily to prevent diseases arising from climatic change, constant exposure to polluted air, dust. Effects of global warming are on the rise. Abhyanga with sesame oil/ olive oil/mustard oil/coconut oil/any medicated oil on daily/ alternate day/weekly basis is a must in today's era. Exposure to pollution, dust, leads to rukshata (dryness) in the respiratory system.

Necessity of Abhyanga in Today's Life : People engaged in occupations where late night working is a part of life style suffer from ruksha vata prakopa (aggravation of vatadue to ruksha guna). Because of the fast pace of life there is too much stress in all walks of life. School and college students have peer pressures, service and business classes have work stress, due to nuclear family concept house wives have household stress. All these lead to a number of psychological complaints viz. depressions, insomnia, fear, anxiety which in turn give rise to hypertension, diabetes, cardiac diseases,

hormonal disturbances etc. Abhyangais the remedy for all such vata aggravated disorders. If the daily practice of whole body oil massage is not possible then at least head, foot massage and oiling in the ears must be done.

Effects of oil massage : It prevents and cures- Headache, baldness, hair fall, early graying, insomnia, disturbed sleep, skin disorders, gives strength to the bones, muscles, nerves, enhances proper circulation. Daily practice helps an individual to sustain injuries and fall. Abhyanga is a very good rejuvenator for the body, gives a glow to the complexion, and keeps the mind cool and relaxed.

Types of Abhyanga Practices : Whole body massage, Head massage, Foot massage, Chavetti massage- massage with the feet, Thalodil massage massage with the use of palms, Shirodhara- oil pouring on the fore head, Shiropichu - gauze or cotton ball soaked in oil to kept on the head.

ii)Vyayama- Exercise: Lack of exercise is the cause of many diseases. Proper systematic exercise viz. aerobics- walking, jogging, cycling, hill climbing is beneficial for prevention of all diseases especially the respiratory and digestive. Exercise as a daily practice gives a light feeling in the body , increases the working stamina, enhances the digestive fire, prevents obesity, diabetes etc., builds the muscle power. Weight training helps to build muscle power. Aerobics- walking, jogging, cycling, hill climbing, swimming, outdoor games (cricket, football, hockey, tennis, basketball, volleyball etc.), indoor games viz. badminton are beneficial for prevention of all diseases especially the diseases of respiratory, circulatory, digestive and nervous system.

Yogasana and Pranayama helps in preventing diseases but also helps for mind control, anxiety, relieving stress.

Why Pranayam in Shalakya: Pranayam is a regulated form of breathing of a otherwise hurried and irregular flow of air. The health of the nasal tract, sinuses, throat, respiratory system ,lungs and heart is well maintained by regular practice of Pranayam. It is for the stability of the mind. Once there is control over vata, mana can be well controlled. Endocrinal system is well maintained and disorders can be prevented. Esp. thyroid functioning, pituitary functioning is regulated.

Types of Pranayam to be practiced: Suryabhedana, Ujjayi, Shitali, Sitkari, Bhramri and Bhasrika. Anuloma Viloma Pranayama.

iii)Udvartana-(medicated bathing powder) : It is practiced only during festivals and in in beauty parlours, saloons for facial massage. Proper medicated udvartana prevents and cures skin disorders, fat accumulation and itching. Helps for the stability of the muscles, body tissues, gives a glow to the complexion hence useful in acne as a mukhalepa (facial application).It is a substitute to soap. Black heads on the nose are cured by application of udvartana.

iv) Snana bath : Daily bath with hot/ cold water helps in enhancing the digestive fire, it protects life, gives energy and stamina, prevents skin disorders viz. itching, relieves sweat, drowsiness. It gives a feeling of freshness in the body and the mind. Hot water bath should be practiced below the neck to prevent hair and eye disorders. If practiced above the head it leads to hair and eye disorders.

Measures for Shravanendriya: (sense of hearing ears) : Karnapurana(oiling the ear) with sesame oil is useful for hearing loss. Fill the ear cavity with sesame oil. Keep a cotton ball.. Nowadays people are exposed to noise pollution and suffer from early hearing loss. Karnapurana is the preventive remedy for the same.

Thus, taking care of the sense organs by the above measures on daily basis is prevention of diseases in shalakyatantra.

As we have seen earlier that ahara and vihara are essential for the maintenance of health. Ahara is the best substance for developing an attitude viz. Satvik, Rajas and Tamas attitudes. Ahara, nidra and

brahmacharya are the three pillars of human life.

Nidra - The best sleep is Night's sleep. For treatment of anidra (insomnia) or disturbed sleep- navana (oil nasya) and netratarpana (external treatment of eyes with cows ghee) and shiroabhyanga are indicated along with food and medicine.

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

Clinical Evaluation Of Effect Of Kapikacchu Ghanavati On Karnanad (Tinnitus) Assosieted With Senile Deafness

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Introduction :- Karannaad has become commonest disease, affecting all age groups but it is commonly found in senile age group. As per Vachaspatyam the word Karnam means the sound which can be perceived by an organ, are called as Karna. The word Nadam means Shabdam (Sound)

कर्ण स्रोत: स्थिते वाते सृनोति विविधान स्वरान्।
भेरी मृदंग शंखानां कर्णनाद: सोच्यते ।। मधु मा. नि. ५७ पृ ६५

The Term Karan naad is basically derived from two root words **Karna Nada.**

Karna: The organ of hearing.

Nada: Sound or ringing in the ear.

According to Acharya Charaka, and Madhavkar, Karannaad is a Vataja Nanaatmaja Vyadhiand Karna is one of the Adhisthana of Vata- Dosha. Acharya says vitiated Vata Dosha either entering into other channels (Vimarga Gamana) encircled by Kaphadi Doshas in Shabdavaha Srotas produces different types of sounds in the ear like Bheri, Mrudanga, Shankha etc, is known as Karna Nada. This disease can be correlated to tinnitus on the basis of sign and symptoms. a common problem due to sound pollution, uses of ear phones (prolonged hearing of songs), excessive talking on mobile phones (working at cell centers), modern pub cultures and trauma to head.

Tinnitus is commonly described as a perception of sound that is not related to an external acoustic source or electrical stimulation. It is an extremely common condition but only a fraction of those who experience tinnitus are significantly disturbed.

विरिक्तशीर्षस्य च शीतसेविन: करोति हि क्ष्वेडमतिव कणयो:। (सु.उ. २०९)

वायु: पित्तादिभि: युक्तो वेणु घोशोपममं स्वनम्।
करोति कर्णयो: क्ष्वेडम् कर्णक्ष्वेद: स उच्यते।।(मधु.मा.नि.५७४पृ ६५५)

Due to etiological factors vitiated Vata associated with Pitta or Kapha reached the Urdhvanga and Settled in Karnendriya causes Karna naada.

Karanada which happens when Vata gets localized in the siras or channels which convey sounds. The sounds may vary and may be constant or intermittent. If left untreated, it may gradually give rise to hearing difficulties even for loud sounds and ultimately leads to deafness. The general etiology of Karanaroga are Vata provoking factors grouped as those creating atiyoga or mithyayoga of the sound

like exposure to loud noise etc. injury to auditory pathway by endogenous or exogenous factors and those obstructing auditory pathway like recurrent otorrhino laryngological infections, impacted wax etc. Dhatukshaya or cell degeneration in the level of end organs of hearing is the main pathological process involved.

No effective drug treatments are available although it is being managed with Pharmacotherapy, electrical suppression, cognitive and behavioral therapy, sound therapy, habituation therapy, massage, stretching and hearing aids etc. The management of this condition in modern is so costly and time taking.

But in Ayurveda The treatment and management of Karna naada is cost effective and easily performed. Acharya Bhavprakash has mentioned that Kapikachhu have Vatghna, Balya and Vajikar properties. In the disease development process of Badhirya and Karnanada mainly vitiated vata dosha alone or along with Kapha goes in Shabdavahasira / strotas beacuse of that margavrodh occurs and leads to Badhirya and tinnitus. So with help of Vataghnata the balya property of Kapikachhu it is useful in treatment of Badhirya and Karnanada (tinnitus).

According to modern science:- The Latin word Tinnitus meaning "ringing" is the perception of Sound within the human ear, when no actual sound is present. It is defined as a phantom auditory perception without corresponding acoustic or mechanical correlates in the Cochlea.

Tinnitus can be perceived in one or both ears or in the head. The diagnosis of tinnitus is usually based on the person's description. The sound may be soft or loud, low Pitched or high pitched and appear to be coming from one ear or both it is usually found in senile deafness.

One of the possible mechanism relies or otoacoustic emissions. The inner ear contains thousands of minute inner ear cells with steriocilia which vibrate in response to sound waves and outer hair cells which convert neural signals into tension on the vibrating basement membrane. The sensing cells are connected with the vibrating cells through a neural feedback loop, whose gain is regulated by the brain. This loop is normally adjusted just below on set of self oscillation, which gives the ear spectacular sensitivity and selectivity. If something changes, it is easy for the delicate adjustment to cross the barrier of oscillation, and tinnitus results. Exposure to excessive sound kills hair cells and studies have shown as hair cells are lost, different neurons are activated, activating auditory parts of the brain and giving the perception of sounds. Another possible mechanism in tinnitus is damage to the receptor cells.

70%- 80% of individuals with tinnitus have significant hearing difficulties. Tinnitus severely impairs quality of life of about 1-2% of all population. Tinnitus is regarded as a sub cortical perception resulting from the processing of weak neural activity in the periphery. In age related hearing loss there is degeneration of neurons so the weak neural activities leads to tinnitus.

Need For Study:- The prevalence of tinnitus in adults with hearing problems is very high (59 to 86%), and it is estimated that tinnitus is present in 50% of patients with sudden hearing loss, 70% with Presbycusis (senile deafness).

The prevalence of tinnitus related to senile deafness increases significantly with aging, but people of all ages experience tinnitus. Tinnitus is also experienced by those with normal hearing; 18% of tinnitus patients were reported to have normal hearing. Now a day, in the era of noise pollution and faulty lifestyle, number of the patients suffering from tinnitus is increasing. There is no permanent cure in modern science for tinnitus.

Aim : To Evaluate the effect of Kapikachhu Ghana Vati on Karnanada (tinnitus) associated with senile deafness.

Objectives: 1) To study in detail about Kapikachhu Ghana Vati. 2) To study in detail about tinnitus associated senile deafness.

3) Understanding the effect of Kapikachhu Ghana Vati in tinnitus associated senile deafness. 4) To establish the role of Ayurvedic line of treatment according to etiopathology of Karna nada.

Materials : A) Patient : Selected as per the eligibility criteria. **B) Drug / Medication :** Kapikachhu Ghan Vati. Raw drugs required for preparation was collected and authentication done from"Agharkar Research Institute" Pune. Kapikachhu Ghan Vati was prepared as per standard Ghana vati preparation method and the same was used for the clinical study.

Methodology : a) Type of study: Randomized Controlled Clinical Trial.

b) Place of study : Bharati Vidyapeeth Medical Foundation's Ayurved Hospital and Research centre, Pune - 411043. OPD and IPD of Shalakyatantra department.

c) Ethics Committee approval :

d) Study methodology : Randomization technique randomization done by container method selection of patients after inclusion criteria.

Grouping- 'A' group - Control group-No treatment. 'B' group - Trial group Kapikachhu Ghana Vati- .

100 patients were studied in each group.

Study Design - First screening done as per inclusion criteria. Counseling done and informed consent was taken. In this study two groups were made. Initial assessment done on 0 day with Audiometry follow ups on 15th , 30th , 45th , and 60th days Audiometry done on 0 , 30th , and 60th days only- total duration was 60 days. Collection of data and after that data analysis and reporting was done.

Inclusion criteria : • Individuals of 45 years and above age were included. • Individuals having complaints of tinnitus associated with senile Deafness • Individuals of both the gender were included.

Exclusion Criteria : • Individuals having conductive deafness. • Individuals of SN loss due to traumatic injury. • Mentally retarded patients. • Individuals of SN loss secondary to other diseases like Carcinoma, Tuberculosis etc. • Congenital deformity.

iii) Dropout patients : • Patients who were irregular in follow- ups, who failed to follow the instructions or those who exited the study for personal reasons were considered as dropouts.

1) Drug Administration :- Trial drug Kapikachhu Ghana Vati, was given to the patient with Godugdha (cow's milk), two times a day (morning and evening)

In the Control group, No treatment was given, only Audiometry done for study and questions were asked and observations done.

2) Duration of Study : A selected patient was observed for 60 days in both the groups, screened on day 0 for inclusion in study fulfilling inclusion criteria was randomized into either group and test Audiometry was performed on 0, 30th, 60th and follow up on 15th, 30th, 45th,60th day to assess the progress. From day 1 drug was started.

3) Parameters of Assessment :

Objective Criteria - Audiometry was done on Pure Tone Audiometer

0- Normal- up to 25db
1- Mild- 25db to 40db
2- Moderate-40db to 60db
3- Severe- above 60db

Subjective Criteria - The effect of treatment was assessed by asking following Questionnaire from the patients:-

Tinnitus Severity Index Questionnaire

Does your tinnitus -

1) Still make you feel irritable or nervous
2) Still make you feel tired or stressed
3) Still make it difficult for you to relax
4) Still make you uncomfortable to be in a quiet room or sitting
5) Still make it difficult to concentrate
6) Still make it harder to interact pleasantly with others
7) Interfere with your required activities (work, home, care or other responsibilities)
8) Interfere with your social activities/ other things you do in leisure time

9) Does your tinnitus still interfere with sleep?
Normal - No perceptible difficulty.
Mild 2640 dB - Difficulty hearing soft speech and conversations, but can understand in quiet environment.
Moderate - 4160 dB- Difficulty understanding speech, especially in the presence of background noise. Higher volume levels are needed for hearing TV or radio.
Severe -Above 60 dB -Normal speech is inaudible, only amplified speech may be audible. (Ref. Table 2)
(Table 1)

Tinnitus (Karnanada)	0-No symptoms
	1-Audible in silent environment only
	2-Audible in ordinary acoustic environment but masked by loud environmental sounds, can disturb falling asleep but not a sleep in general.
	3-Audible in all acoustic environment, disturbs falling asleep, can disturb a sleep in general and it is a dominating problem that affects the quality of life.

Primary endpoint - Use of Kapikachhu Ghana Vati is beneficial in tinnitus associated with age related sensory neural deafness. The progress of tinnitus can be effectively controlled with Kapikachhu Ghana Vati.

Secondary outcome - Kapikacchu Ghana Vati is beneficial tinnitus associated with senile deafness.

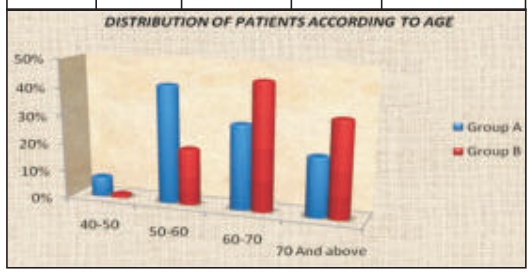
4) Sample Size - It was calculated considering 6.6% Prevalence rate of disease at BVMF's Ayurved hospital Department of Shalakya tantra. Total number of patients studied was 100 in each group, who completed treatment excluding the dropouts.

6) Method of data analysis - The data was analyzed using Wilcoxon Signed Rank test for the efficacy of Trial Drug and Control Drug and Mann Whitney U test for comparison.

Observations, Results and Analysis - The data was divided into three group's i.e. demographical, subjective and objective data.

a) Age -Total patients 100 in each group

Age	Group A		Group B	
	No. Of Patients	Percentage	No. Of Patients	Percentage
50-60	42	42%	20	20%
60-70	34	34%	45	45%
70 And above	24	24%	35	35%
Grand Total	100	100%	100	100%

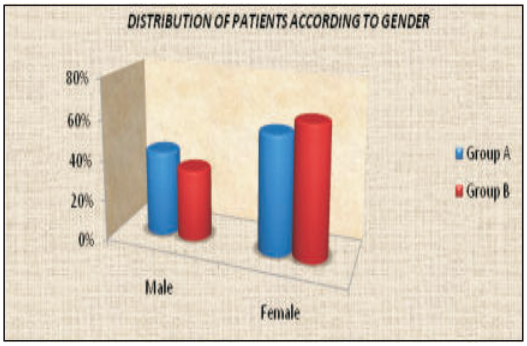


(Table 2) **WHO grades of hearing impairment**

Grade of Impairment	Audiometric ISO value (average of 500, 1000, 2000, 4000 Hz)	Impairment description
0 (no impairment)	25 dBHL or less (better ear)	No or very slight hearing problems. Able to hear whispers
1 (Slight impairment)	26-40 dBHL (better ear)	Able to hear and repeat words spoken in normal voice at 1 metre
2 (Moderate impairment)	41-60 dBHL (better ear)	Able to hear and repeat words using raised voice at 1 metre
3 (severe impairment)	61-80 dBHL (better ear)	Able to hear some words when shouted into better ear
4 (Profound impairment including deafness)	81 dBHL or greater (better ear)	Unable to hear and understand even a shouted voice

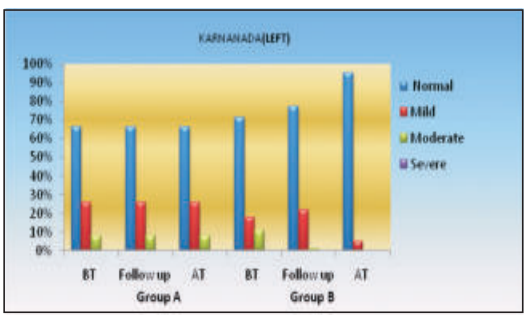
Gender wise distribution

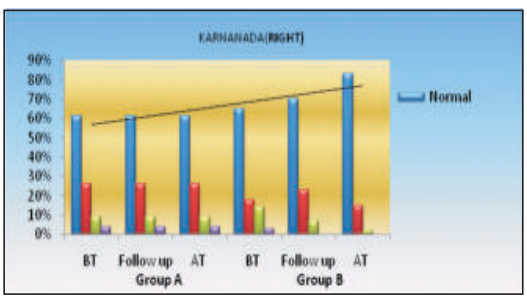
Gender	Group A		Group B	
	No. Of Patients	Percentage	No. Of Patients	Percentage
Male	42	42%	35	35%
Female	58	58%	65	65%
Grand Total	100	100%	100	100%



Effect of Group B on Audiometry

Audiometry		Mean Rank	Chi sq	Df	P value
Right	Pre	2.32	128	2	1.60 E-28
	2nd Follow up	2.32			
	Post	1.36			
Left	Pre	2.345	116.3474	2	5.44E-26
	2nd Follow up	2.26			
	Post	1.395			





Impovement of Tinnitus Associated With Senile Deafness As Per Gradation

Grade	Before treatment	After treatment
Normal hearing problem and tinnitus	34.10%	58.70%
Mild hearing problem and tinnitus	17.20%	22.30%
Moderate hearing problem and tinnitus	28.60%	15.20%
Severe hearing problem and tinnitus	20.10%	3.80%

Discussion - Kapikachhu Ghana Vati was authenticated and standardized prior to trials. Total 225 patients were assessed. From which 11 patients were excluded. Then 214 patients were allocated randomly in both groups. 8 patients in Group A and 6 patients in Group B were lost follow-ups. Finally 100 patients in each group were analyzed.

Effect of Group A and Group B on karnanada (tinnitus) Results of this analysis indicated that there, were highly significant improvement observed in Group B on karnanada in sensori-neural deafness, after treatment of Kapikachhu Ghana Vati. However there were no significant differences observed before and after follow up in Group A because no treatment was given to this group.

Before treatment of Kapikachhu Ghana Vati normal tinnitus associated with senile deafness patients were more than 34% and after trial it improved up to 58%, Similarly mild tinnitus associated with senile deafness patients improved from 17.20% to 22.30%., Moderate and severe tinnitus associated with senile deafness patients were decreased from 28.60% to 15.20% and 20.10% to 3.80% respectively. It indicates that there were significant improvements observed after the treatment of Kapikachhu Ghana Vati.

Discussion On Literature Review -

• According to Acharya Charaka, Karannaad is a Vataja Nanaatmaja Vyadhi and Karna is one of the Adhisthana of Vata- Dosha. Acharya says vitiated Vata Dosha either entering into

other channels (Vimarga Gamana) encircled by Kaphadi Doshas in Shabda Vaha Srotas produces different types of sounds in the ear like Bheri, Mrudanga, Shankhaetc, is known as Karna Nada.

• According to Bhavaprakash Nighantu Kapikachhu have Vatashamak, Vajikar and Balya properties .So, by considering these properties, Kapikacchu worked in the management of Karnanada (tinnitus) associated with Badhirya. (senile deafness).

• In this study badhiryaand karnanada are because of vitiated vata dosha and Kapha dosha. Which were reduced due to vatashamak and ushnavirya properties of Kapikacchh. The drug Kapikachhu is vajikar, madhurrasatmak and balya because of that it is saptadhatuposhak, so it gives nourishment to majjadhatu (neuro protective and neuro regenerating) and balya property gives bala (strength) to majjadhatu wihich reduses degenaration of neurons.

Exposure to excessive sound senile age kills hair cells, and studies have shown as hair cells are lost, different neurons are activated, activating auditory parts of the brain and giving the perception of sounds. Another possible mechanism in tinnitus is damage to the receptor cells.

• It is tested and proved that the drug Kapikachhu contains many phyto chemicals. e.g. Alinine, Glycine, Cystine, histidine, Dopa, these ingredients are very useful in regeneration of neurons and neuro protection, hence it works in age related S.N. Deafness. The concept of Karnanada (tinnitus associated with senile deafness) according to the modern science, there is degeneration of neurons of cochlear Nerve, loss of hair cells and loss of cochlear ganglionic cells.

• Properties of Godugdha also increase effect of kapikachhu which use as Anupana.

• It is tested and proved that the drug Kapikachhu contains many phyto chemicals. Among them Following are useful in treatment of hearing loss and their functions are as follows- • Dopamine helps in prevention of hearing loss in old age. • N-Acetyl L-cysteine is capable of preventing age related hearing loss • N- N-Acetyl L-cysteine can stop damage to the inner ear, which helps to reduce age related hearing loss. • Linoleic acid helps to improve brain steam function in old age in rats.

• When the arachidonic acid decreases in old age, it leads to neurodegenerative disorders.

• L- arginine successfully works in angina, strokes and is also studied on 12 patients with profound hearing loss.

• Calcium can prevent and even reverse age related hearing loss and tinnitus.

• Decreased calcium level leads to memory loss and age related hearing loss in older people. • Lopic acid has also been found to reduce age related hearing loss and tinnitus.

• Age related and noise induced hearing loss in mammalian cochlea shows that melanin and L DOPA can prevent these hearing loss.

• Omega-3 fatty acids leads to slow the gradual loss of hearing associated with age.

• Fatty acid intake was associated with lower risk of hearing loss in the old age. Amazing benefits of Gallic acid in age related vision and hearing loss was observed.

• Two months use of gallic acid leads to delay the progression of age related hearing loss.

• Several animal models have been used to study the presbyacusis, the glycine is neuroreactive and receptor binding in the cochlear nucleus which helps to reduce age related sensory neural deafness and tinnitus.

• Histadine is useful in sudden and age related hearing loss by preventing macular degeneration.

• Methocondria take centar stage in aging and neurodegeneration the methionine helps to reduce neurdegeneration in age related hearing loss

• Decrease in level of amino acid ie. Tyrosine leads to hearing loss in old age.

• Lecithin reduces age related hearing loss.
• Glycine is the essential inhibitory neurotransmitter in mammals , it helps in age related hearing loss.
• linolenic acid deficiency causes age related hearing loss. • lysine helps to reduce oxidative damage and prevention of age related hearing loss.
• Oleic acids regular use leads to preventon in age related hearing loss.
• Phenylalanine and thyrosine is useful in age related hearing loss in dogs.
• Magnesium is usefui in age related hearing loss. It is also involved in homocystine metabolism which is also helpful in noise induced hearing loss
• Proline has neuroprotective effects which help in preventing of age related hearing loss.
• Proteins help to improve the function of hair cells in inner ear and thus leads to prevent and reduce age related hearing loss.
• Valine is useful in age related sensory neural hearing loss. • These ingredients are very useful in regeneration of neurons and neuro protection; hence it works in tinnitus associated with senile deafness.

• **Mode of Action of Drug According to Ayurveda**

Madhur, Tikta Rasa	Vatashamak And Kaphaghna
Ushna Virya	Reduses Vatadosha And Kaphadosha
Madhur Vipak	Reduses Vishiated Vatadosh
Guru And Sigdha Guna	Vatashamak, And Promotes Hearing
Balya	Vatashamak, Nurisment To Cocliar Nerve And Promotes Hearing And Reduce The Tinnitus .

Discussion On Clinical Study -

• Age related hearing loss is commonly found after 50 years of age.
• Both male and female are sufferers, but females are more in number.
• There are significant changes in audiogram of trial group after treatment of Kapikachhu Ghana Vati. In control group, no treatment was given to the patients, only Audiometry was done but there were no significant changes noticed in sixty days.
• In present study Hearing loss is found in all patients but the severity associated symptoms karnanada was varies each and every patient, it indicates that age related deafness occurs only with, difficulty in hearing or associated with symptoms.
• After doing the comparison between trial and control group, no significant changes were found in control group because no treatment was given to this group.
• But in trial group, the results are encouraging after the treatment of Kapikacchu Ghan Vati.
• karnanada also improves significantly after treating with Kapikachhu Ghana vati.

Conclusion -

• Karnanada associated with senile deafness is unilateral or bilatral
• Oral administration of Kapikachhu Ghana vati reduces difficulty in hearing.
• Kapikachhu Ghana vati reduces karnanada associated with senile hearing loss
• Kapikachhu Ghana vati gives significant changes in audiogram.
• No other toxic effects of 'Kapikachhu Ghana vati' were noted in this present study.

So "Kapikachhu Ghana Vati" is effective in age related sensory neural deafness and tinnitus associated with senile deafness

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Conceptual study of life style disorders in Shalakyatantra

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Introduction:- In today's lifestyle Computer has become very essential, and is leading to some serious health hazards, among which Computer Vision Syndrome (CVS) is one. CVS can be defined as a group of ocular or visual problems which are started during and related to computer overuse. Signs and symptoms of Computer Vision Syndrome (CVS) are dry eye, eye strain, blurred vision, red eye, burning sensation, double vision and headache. The Computer Vision Syndrome can be correlated to symptoms of Shushkakshipaka of Sarvagataroga. An Ayurvedic approach can be given on the basis of fundamentals of Ayurveda. Nidana and Samprapti can be understood by Trividha Hetu's (Astamya Indriyartha Samyoga, Prajnapradha, Parinama) related to Chakshurendriya (eye). The symptoms of CVS are related to Vata-Pitta Pradhana Tridosa vitiation at Chakshurendriya leading to the Sthanasamshraya (lodged) in Netra (eyes). It is a response to prolonged effect of environmental factors such as exposure to sun, dry heat, wind and pollution. These symptoms are common in people doing jobs like salesmanship and working on computer for long time. Lack of blinking during computer

work results in dryness of cornea which lead to blurring of vision during continuous near and computer work. Nutritional deficiency and decreased water intake worsens the condition. Other proposed theories include an inflammatory disorder, immune system and tear film abnormalities.

Samprapti:- Vata Pitta Prakopak Hetu Sevan leads to Vatta Dosha Prakop. Agravation of Vatadidosha goes to Siranusaran which gets Sthansanshray at Netra Pradeshi. With symptoms of Shushkata, Daha and Paka, Shushkakshipaka established.

Pathophysiology:- In persons doing out door jobs and prolonged computer work eyes get dry due to exposure to wind, sunlight, dust and the most important cause is lack of blinking which hampers formation of uniform tear film. This results in dryness of cornea which lead to blurring of vision during continuous work. Long standing conditions results in itching, redness and foreign body sensation in eyes.

Discussion:- The symptoms of CVS are irritated eyes, eye strain, blurred vision, red eyes, burning eyes, double vision and headache. So these symptoms are related to Vatapitta Pradhana Vyadhi of Shushka kshipaka. Shushka kshipaka is one among "Sarvagata Netra Rogas" mentioned by Sushruta as well as Vagbhata under Sadhya Vyadhis, caused by Vata and Pitta. Shushka kshipaka is a disorder of the eye characterized by difficulty while closing the lids because of Daruna Rooksha Vartma Yat Kunitam (Hardness and Roughness of the Eye Lid), Avila Darshana (Patient cannot see the Objects Clearly), Sudarunam Yat Pratibhodanam (Difficulty in Opening / Closing the Eye). These symptoms can be correlated with the symptoms of CVS in modern system of medicine[7] . The vitiated Vata and Pitta Doshas passing through Sira's gets accumulated in the parts of the eye like Vartma, Sandhis, Shukla Mandala, Krishna Mandala, Drusti Mandala and manifests the disease Shushkakshipaka.

Causes Of Computer Vision Syndrome

1) Distance and angle from computer screen
2) Less lightning in room
3) Glare on the screen
4) Reduced blink rate
5) Increased tear evaporation

Symtoms Of Computer Vision Syndrome

- occur because the visual demands of the task exceed the visual ability of the individual to comfortably perform them. At greater risk for developing computer vision syndrome are those persons who spent eight or more hours at computer every day. Common symptoms are-

- Eye strain
- Headache
- Blurred vision
- Difficulty in changing focuses between far and near
- Dryness of eye
- Irritated eye
- Tired eye
- Redness
- Contact lens discomfort.

Dosha Vata and Pitta, Dushya Rasa, Rakta, Mamsa, Meda, Srotas Rasavaha Srotas, Srotodrusti Prakara Sanga, Rogamarga Madhyama, Adhisthana Shi-ras, Vyakta Stana Netra (all the Netra Mandalas). Hence as per the Ayurvedic treatment modalities, the drug should have vata-pitta shamak property.

Conclusion:- Computer has become an integral part of office instruments in occupations like accounting, IT workers , at all counters and having job at PC. High use of computer there has been a considerable increase in visual problems, leading to the risk of developing CVS. According to sign and symptoms of Shushkakshipaka like dryness of eye(Shushkta),burning sensation (Paha), redness(Paka), we can corelates CVS with shushkakshipaka So, it is need of time to treat it by the application of Seka and Akshitarpana, or Aschyotana with Vatapittahara Dravyas constitutes the basic therapeutic approach in the management of CVS.

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

The Role Of Karnadhupan In The Management Of Karnasrava W.S.R. To Chronic Suppurative Otitis Media.

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Inroduction -

Karna is considered as one of the nine Bahya Strotasa and is considered as one among the Panchendriyas. It is known as Shrotrendriya. Main function of ear is the perception of sound along with maintaining the equilibrium of body. Karnasrava is one among the 28 Karnarogas described by Acharya Sushruta. Acharya Vaghbhata has not mention Karnasrava as a separate disease but has explained about Karnasrava Chikitsa.

Today's every person's healthy lifestyle has been changed to unhealthy, due to Malnutrition, unhealthy diet, Smoking, alcohol consuming, drug abuse, stress and so on. These factors are responsible for upper respiratory tract infection which leads to chronic suppurative otitis media (Karnasrava)

According to modern science otorrhea, acute and chronic otitis media are the commonly occuring diseases in most of the people now days. A clinical feature of karnasrava resembles with otorrhoea, chronic otitis media. These diseases lead to reversible hearing loss, so it is necessary to treat it properly. In modern practice these diseases are treated with antimicrobial drugs especially, broad spectrum antibiotics systemically as well as locally. These antibiotics has confounded the problems of their efficacy as development of multiple drug resistence, adverse effects on the host including hypersensitivity, immune suppression, allergic reactions.

Sushruta has already mentioned treatment of karnasrava, krimikarna, putikarna and advised dhupan with Rajvrukshadi and surasadi gana aushadhi. Now there is need to overcome the above mentioned adverse effect of modern medicine for that we need to elaborate the properties of herbal medicines on the karnasrava with the help of karnadhupn.

The various dhupan dravyas are mentioned in granthas, here Guggulu and Vacha churna have been selected as dhupan

dravyas for their effects on pyogenic bacteria.

A single case is presented on Role of karna dhupan with Guggul and Vacha churna on karna srava w.r.t. CSOM.

Case Study : A 28 yr old female patient of Vata pitta prakruti attended in the OPD of Shalakyatantra department with the complaints of Right ear discharge, itching sensation, deafness and mild pain since 3 to 4 months. She had history of trauma to Right ear 7 to 8 years back and she had no any systemic disease and had good hygiene.

Local Examination : (Otoscopic And Endoscopic)

Left Ear : No any abnormality detected.
Right Ear : EAC : filled with discharge
Discharge : colour yellowish (Pita)
Type - purulent
Smell - foul smell (Putigandha)
Consistency - Thick (Gaadha)
After Aural suctioning, the findings are :
Right Ear : EAC : mild congestion
Tympanic membrane : inflamed and centrally perforated with clear margins.
On tuning fork tests (Rinnie's test):
conductive deafness of Right ear is noted.
(Weber's test) : lateralisation to Right ear.

AyurvedicMangement of Karnastrava -

Acharya Sushruta has explained the line of treatment of Karnasrava in the Adhyaya Karnagata Roga - PratishedhaAdhyaya with Dhupana, Sirovirechana, Purana, Pramarjan, Prakshalan, Karnadhavanetc While Dhupan's advised with Rajavriksha digana and Sursadigana Aushadhi (drugs)

In the present study Karna dhupana was selected as main line of treatment with Vacha Churna and Gugglu.

Procedure ofKarnadhupana-Poorvakarma : The patient was asked to sit comfortably on a chair, in a place having sufficient light and avoid of dust. The affected ear was cleaned thoroughly with Aural suctioning and then mobbed with jobson's horn probe coated with cotton prior to dhupan karma every time.

Pradhankarma : 1)The patient was asked to relax completely on the chair and fumes are passed to ear with dhupana yantra.
2) Karna dhupan yantra has two end which are funnel in shaped one end was kept covering the affected ear for the passage of dhuma into the ear canal and other end was in directly contact filled with smoked from Shudda Guggulu and Vacha churna. Dhupan was given for 5 minutes. For 7 days.

Paschatkarma : Patient was instructed to -
1) Avoid head bath, Swimming
2) Avoid oil instillation in ear
3) Avoid doing valsalva maneuver

(fig - Procedure of Karna dhupan)

Result-After 7 days.

Signs and Symptoms	Before Treatment	After Treatment
Karnasrava (Ear discharge)	Present	Absent
Karnakandu (Itching)	Present	Absent
Karnashula (Earache)	Present	Absent
Karnabadhirya (Hearing loss)	Present	After 15 days minimal improvement
Tympanic Membrane Perforation	Not seen clearly	Dry perforation seen clearly

Discussion -

According to Ayurveda Karnasrava is very common disease. It occurs at any age. Guggulu has Laghu, Ruksha, Tikshna, Vishadguna with UshnaVeeryaand it is Vata-Kaphashamaka this property of Guggulu reduces the discharge. As the Guggulu is ushna act's Vatashamaka Vranashodhaka,

Vranaropaka and Vednasthapka. It is used in Kaphvatroga. Guggulu has been used in number of Dhupan formulation.. The volatile oil of guggulu was found to be highly effective against Rhyzoprothomnica which suggested its role as a fumigant. An active compound 5(1-Methyl, 1-aminoethyl) 5-methyl-2-octanone of the methanolic extract of guggulu gum passed significant antibacterial activity againt gram positive bacteria and moderate activity against gram Negative bacteria. Vacha has also Laghu, Tikshna, Gun with Katu Veerya and it is Vataghna, Kaphahara, this property of Vacha reduced the discharge of ear. Vacha is also Krimighna, Jantughna it is used in Kaphavatroga. Vacha has been mentioned in 23 formulations. According to an anti-microbial study, the leaf and rhizome part of Acorus Calamus are found to possess the antibacterial activity. The methanolic extract of Acorus Calamus shower the inhibitory action against the bacterial strains of Salmonella pneumonia, Psedomonas aeruginosa, Klebsiella pneumoniae and Staphylococcus aures.

Conclusion : Karnasrava (CSOM) is a disease which may lead to sever complication. Ayurvedic line of treatment gives useful result in the management of karnasrava by improving status of ear. The mode of treatment was found to be cost effective safe and easy of implement.

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अभिनंदन!

राष्ट्रीय आयुर्वेद दिनानिमित्त वैद्य नीलिमा शिसोदे यांचा सत्कार!

वैद्य नीलिमा शिसोदे पारितोषिक स्विकारताना

धन्वंतरी जयंती म्हणजे राष्ट्रीय आयुर्वेद दिनानिमित्त, सांडूफार्मस्युटिकल्स यांच्यातर्फे २५ ऑक्टोबर २०१९ रोजी चेंबूर येथे आयुर्वेद क्षेत्रात उल्लेखनीय कार्याबद्दल महराष्ट्र राज्याच्या आयुष विभागाचे व राष्ट्रीय आरोग्य अभियानाचे सहाय्यक संचालक श्री. वैद्य सुभाष घोलप यांच्या हस्ते वैद्य नीलिमा शिसोदे यांचा शाल, श्रीफळ, श्री धन्वंतरी मूर्ती व सन्मानपत्र देऊन सत्कार करण्यात आला. वैद्य नीलिमा शिसोदे यांनी देश–विदेशातील वैद्यांना शिकविण्याबरोबरच विविध मासिकांमध्ये लिहिणे, शोधनिबंध वाचन केले असून सध्या त्या श्री पंचकर्म व ब्युटी क्लिनिक यशस्वीरीत्या चालवत आहेत. २०१० मध्ये पुणे महानगर पालिकेने शिसोदे यांना उत्तम पंचकर्म वैद्य म्हणून गौरविले आहे.

टि.आ.म.वि. मध्ये स्वस्थवृत्त विभागात सहयोगी प्राध्यापक म्हणून कार्यरत असणाऱ्या वैद्य नीलिमा शिसोदे यांचे टिळक आयुर्वेद महाविद्यालय व आयुर्विद्या मासिक समितीतर्फे हार्दिक अभिनंदन व शुभेच्छा!

Role Of Target IOP In Management Of Glaucoma

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Introduction : Glaucoma is a chronic , progressive optic neuropathy caused by a group of ocular conditions, which leads to damage of the optic nerve with loss of visual function. The most common risk factor known is a raised intraocular pressure. Glaucoma is a second leading cause of blindness. Worldwide, The Prevalence of Glaucoma is increasing and is expected to affect 111.8 Million people by 2040. The Prevalence of Open-Angle Glaucoma is reported to be highest in Africa and that of narrow-angle in Asia. In a systematic meta-analysis, The Global Prevalence of Glaucoma was found to be 3.54% Asians represent 47% of those with Glaucoma and 87% of those with Angle Closure Glaucoma (ACG). Prevalence of Primary ACG (PACG) in Southeast Asian Countries is more than the rest of the World.[3] India accounts for a minimum of 12.9% of Primary Open Angle Glaucoma(POAG) blindness and 12.7% of PACG blindness in the world.

Glaucoma suspects are those with eyes showing- 1) Glaucomatous type of optic disc changes. 2) Glaucomatous type of visual field defect with no other cause detected. 3) With positive family history of Glaucoma. 4) Ocular hypertensive with elevated ocular pressures.

Some include those Eyes with narrow angles less than trabecular meshwork visible on Gonioscopy with Ocular Pressures below 21mmHg.Chronic Simple Glaucoma or Primary Open Angle Glaucoma are Eyes with Ocular Pressures above 21mmHg with Glaucomatous Disc or visual field changes.

The only current treatment for Glaucoma is to lower Intraocular pressure which can be achieved with Eyedrops, Laser or Incisional Surgery. Eye drops are the most common treatment modality and over time patients may need to take multiple types of Eye drops in order to stop progression of a disease that typically has no syndromes.

Role of IOP in the definition, diagnosis and management of Glaucoma has been on a roller coaster. Till few years back Glaucoma was synonymous with Intraocular pressure (IOP). If the IOP was more than 22 mm Hg, IOP lowering agents were started; this is still practiced by quite a few ophthalmologists. IOP was one of the most important component in the definition of glaucoma. However, with the knowledge that was gathered from various population based studies we realized that very high number of patients with glaucoma (at least 50% in various population based studies) shows IOP < 21 mm Hg. Also, the information about the natural history of G glaucoma, helped to know that despite lowering IOP to early teens, Glaucomatous optic neuropathy continues to progress in few patients. The increasing knowledge about this led to realize the limitation of IOP as a main criterion for diagnosis of glaucoma. In 1996, American Academy of Ophthalmology preferred practice pattern for primary open angle glaucoma recognized that IOP is neither a component of definition of glaucoma nor a clinical characteristic of it. Presently, IOP is considered as one of the causal risk factor for glaucoma and its progression. However, the fact remains that at present in the armamentarium of glaucoma management, treatment of IOP is the only available treatable option that reduces Retinal ganglion cell (RGC) loss.

Aims and Objectives : To establish role of target IOP In management of glaucoma.

What is IOP ? It is the pressure inside the eye to maintain the integrity of the globe. Maintenance of IOP is a faculty of aqueous humor, which is continuously secreted from the ciliary epithelium of ciliary processes . IOP in an eye is dependent on two factors:(a) rate of

aqueous humor formation (b) facility of aqueous outflow. If the former is more (though in rare cases) or the latter is less, IOP may rise. In general population, like any biological variant, the distribution of the IOP approximates the Gaussian curve. However, above 21 mm Hg of IOP, the distribution of IOP has a skew deviation to the right. This has been interpreted to mean that the sampled population comprises of 2 groups i.e.,one normal with IOP distributed in a Gaussian fashion and the other glaucomatous with IOPs skewed to the right. By accepting this classification, it is expected that a large majority of subjects with IOP greater than 21mm, would show characteristics of glaucoma or will develop them if followed up over a period of time. This is however, not so complete population studies have shown that 5-10% of total population has IOP more than 21mm Hg where as only 1 in 20 individuals among this group has evidence of glaucoma. on the other hand, numerous longitudinal studies have indicated that from a large group of subjects over 40 yrs of age whose ocular pressure exceeded 20mm Hg. with no evidence of other features of glaucoma. several other studies have shown that glaucomatous changes may occur at normal IOP that is lower than 21mm hg. as in cases of low tension glaucoma . in an individual, like blood pressure, is a dynamic variable. The IOP however, definitely is a risk factor in etiopathogenesis of glaucoma and has distinct correlation with other attributes of glaucoma.[10]

What is Target IOP ? Target IOP can be defined as the highest IOP in a given eye at which no clinically apparent nerve damage occurs OR it can be also defined as the IOP at which the sum of the HRQOL (Health-related quality-of-life) from preserved vision and the HRQOL from not having side effects from treatment is maximized. Target IOP is not a fixed or a magical digit but it is a customized range based on patient's clinical profile and glaucomatologist's experienced guess. It's a range below that RGC loss can be maximally minimized or above which RGC loss or chances of patient going blind would be minimized. The following factors should be considered to individualize the target IOP:

a) The functional damage on White-on-white perimetry (WWP). b) Structural damage: optic disc and retinal nerve fiber layer (RNFL).

c)Baseline IOP at which the damage occurred.

d) Age of patient. e) Presence of additional risk factors There are various tables and formula to calculate target IOP. Target IOP calculation has to be individualized based on patient's clinical profile. While one can formally calculate this, the rule of thumb is: go on to reduce at least 20% in mild, 30% in moderate glaucoma and more than 40% in severe glaucoma. The higher the IOP, the more profound percentage reduction will be required. Below, as an example, a formula proposed by H. Jampel at 1995 AAO glaucoma update can be put forth.

Target IOP =IP(1-IP/100)

Aao Guidelines : Target IOP

Clinical conditions	Target IOP
1) Glaucoma patients with mild damage (optic disc cupping but no visual field loss	Reduction of 20-30% from baseline
2)Glaucoma patients with advance damage	Reduction of 40% or more from baseline
3)Normal pressure glaucoma or NTG	Reduction of 30% from baseline
4) Ocular hypertension	Reduction of 20% from baseline
5) Open angle glaucoma with IOP in the mild to high 20s	Target IOP range 14-18mmHg
6) Advanced Glaucoma	Target IOP < 15mmHg
7) OHT whose IOP >30mmHgwith no sign	Target IOP < 20mmHg

In an advanced glaucoma in a young or middle-aged patient, as evident by structural and functional damage, one may choose to reduce IOP by 50% from mild to moderate structural or functional loss, if the presenting IOP is in early twenties, you may aim for 20% to 25% IOP reduction from baseline. However, the presenting IOP of 50 mm Hg or more may call for greater

IOP reduction. However, there are limitations of target IOP approach. Optimal

target IOP may be different for different individuals depending on the severity of the disease and there is no sure shot method to know the true target IOP of an individual. It is an educated guess. The information gained from the tests performed on patient, the rate of visual field progression and other factors in the patient's history assist in estimating and modifying target IOP. This range of target IOP should be modified if necessary rather than adhered to strictly. the baseline. However, in a very old patient, if a same clinical set up demands more number of medications, one may set target IOP to a slightly higher level. This will improve his quality of life for the rest of his expected life.

In glaucoma, neuroprotection offers a method for preventing the irreversible loss of retinal ganglion cells. An important advantage of the neuroprotective strategy is that it allows treatment of a disease for which the specific etiology is either unknown or differs among patients. This is particularly relevant to glaucoma, a heterogeneous group of disorders that share common characteristic morphological features of the optic nerve head and patterns of visual ;loss Theoretically neuroprotection should be effective independently of whether a particular patients glaucoma is due to primary or secondary disease mechanisms.

Drugs to achieve target IOP and Its Role-

The parasympathomimetics are most preffered rather than miotics because, although miosis of the pupil is an effect of these drugs,it can be decreased by pharmacological means without adversely affecting the intraocular pressure lowering properties. The cholinergic agents (for instance, pilocarpine and carbachol) by direct stimulation of the muscarinic receptors of the smooth muscles contract the ciliary muscle and constrict the papillary sphincter. The drop of intraocular pressure (IOP) is most likely the result of the contraction of the longitudinal fibers of the ciliary muscle inserting at the sclera spur.

The intraocular pressure lowering effect of pilocarpine in dark coloured iris is less but lasts longer than in light iris patients because the melanocytes bind more pilocarpine. Yet, 4 times a day(every 6 hrs) application is required to achieve an adequate control of intraocular pressure. pilocarpine can produce additional IOP lowering effect when given with sympathomimetics ,beta blockers and carbonic anhydrous inhibitors but not when added to Acetylcholinesterase inhibitors (phospholine Iodide etc.) in which case it even may cause paradoxical elevation of the intraocular pressure.

Epinephrine is an adrenergic agonist (sympathomimetic) that occurs naturally in the adrenal medulla. It is both an alpha and beta agonist. It seems to bothincrease outflow facility and decrease aqueous humor formation, the later through the stimulation of alpha receptors resulting in decrease of blood flow to the ciliary body. Epinephrine is very useful in primary open angle glaucoma. A drop in intraocular pressure occurs within an hour following its application and may last for almost 12 hrs.

Timolol maleate is one of the sympatholytic adrenergic antagonist, its action is through reducing aqueous formation. significant drop of IOP occurs witin one hour with maximum effect, as 50%,in 2-3hrs. In some patients Timolol effect diminishes with time. Timolol in 0.25 or 0.50% concentration can be used in all types of glaucoma. if combined with CAI, its effectiveness in acute or chronic angle closure and in different secondary glaucomas is very good. It can also be combined with other anti-glaucomatous agents. Betaxolol is relatively selective beta 1 adrenergic blocking agent with a lot less side effects than Timolol. However in clinical use the 0.5% concentration available seems to be less effective intraocular pressure controlling agent than Timolol. When given with dipivefrin , its IOP lowering effect is better.

Levobunolol is a non selective beta antagonist and it has a longer duration than Timolol and Betaxolol. Diamox Acetazolamide is a carbonic anhydrase inhibitor (CAI). The sequel refers to a time release capsule containing 500mg

Acetazolamide, usually given once every 12 hrs. Blood level concentrations of Acetazolamide peak between 8 to 12 hrs after administration of the sequels compaired to 2 to 4 hrs with tablet. The sequels seem to inhibit aqueous humor secretion for 18 to 24 hrs after each dose where as the tablet acts only for 8 to 12 hrs.

Conclusion - Currently, in glaucoma definition, IOP is only causal risk factor and not important for the diagnosis. However, IOP is the only treatable risk factor in the armamentarium for glaucoma management. Nearly, 50% of the patients with glaucoma are normal tension glaucoma and on first evaluation would have IOP less than 22 mm Hg. IOP is a dynamic variable and has temporal and diurnal fluctuations.We need to assess at least diurnal fluctuation in glaucoma patients. IOP is an important clinical tool for glaucoma management, however screening for glaucoma with IOP measurement will lead to very high false positives.

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अभिनंदन!

डॉ. शर्वरी इनामदार यांना स्ट्राँग वुमन ऑफ महाराष्ट्र किताब!

महाराष्ट्र राज्य Unequipped Bench Press स्पर्धा २०१९ मध्ये महिलांच्या ५७ किलो खुल्या गटात डॉ. शर्वरी इनामदार यांनी गोल्ड मेडलसह स्ट्राँग वुमन ऑफ महाराष्ट्र हा किताब पटकाला.

तसेच महाराष्ट्र राज्य Unequipped Powerlifting स्पर्धा २०१९ मध्ये महिलांच्या ५७ किलो खुल्या गटात डॉ. इनामदार यांनी ३१५ किलो वजन उचलून गोल्ड मेडलसह स्ट्राँग वुमन ऑफ महाराष्ट्र हा किताब पटकाला.

टि.आ.म.वि. मधील स्वस्थवृत्त विभागातील अध्यापिका डॉ. शर्वरी इनामदार यांचे टिळक आयुर्वेद महाविद्यालय व आयुर्विद्या मासिक समितीतर्फे हार्दिक अभिनंदन व शुभेच्छा!

Review of Siddha Ghritas in the Management of Netra Rogas

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Introduction - Eye is the most important sense organ. Acharya Vagbhata has well said-
"All efforts should be made to protect eyes during whole life. The day and night are same for blind man. World is useless for him though he may have wealth."

In Ayurveda, there is comprehensive description of ocular diseases and their treatment. Vitiated doshas propagate through sira towards head, enter the parts of eye and produce diseases. Netra Rogas are classified into various categories based on dosha predominance / location / prognosis and surgical method for cure.

Systemic and topical measures are adopted for the management of Netra Rogas. Topical measures include operative procedures and Kriyakalpas. Siddha Ghritas (medicated ghee) are widely used systemically as well as topically in Netra Rogas.

Objectives - 1) To review Netra Rogas and their treatment from Ayurveda literature. 2) To explore the role of various Siddha Ghritas in the management of Netra Rogas.

Material and Method - Classical Ayurveda textswere thoroughly reviewed. Research papers available on internet were also referred.

Review of literature - Siddha Ghritas described in Netra Roga chikitsa chapters.

Essential components for the preparation of Ghrita kalpas - 1) Ghrita - Goghrita and Puran Goghrita are commonly used.
Aja Ghrita, Avika Ghrita (Su.Ut.17/33)
2) Kalka dravya herbal drugs like Aamalaki, Haritaki, Bibhitaka, Yashti, Lodhra etc.
Lavan- Saindhav
Mamsa - Shashaka (Bh.Ra. 64/ 245)
3) Drava dravya Godugdha,Ajadugdha, Stree stanya, Triphala Kwatha are commonly used.

General method of Ghritapaka - Kalka- 1 part, Ghrita- 4 parts and drava dravya- 16 parts are boiled together for certain duration till the evaporation of drava dravya and appearance of snehasiddhi lakshana. Though Ghrita Murcchana is not described in ancient samhitas, murcchita Ghrita should be used for the preparation of medicated ghee. Murcchana process removes aamadosha of Ghrita. It increases potency and stability of Ghrita kalpa.

Proportion of ingredients and duration of completion of Ghritapaka vary as per the nature of drava dravya.

In Ashtanga Hridaya, Timirapratishedha chapter, some Siddha Ghritas are described. Quantity of each ingredient is mentioned there.

1) Jeevantyadi Ghrita - Kalka dravya - Prapoundarika, Kakoli, Pippali etc.- each 1 karsha. Goghrita - 1 prastha
Kwatha - Jeevanti -1 tula, water- 1 drona boiled and reduced to 1/4 th part
Godugdha - 2 prastha

2) Patoladi Ghrita - Kalka dravya - Musta, Bhunimba, Yashti etc.- each 1/2 pala
Goghrita - 1 prastha
Kwatha - Patol, Nimba, Katuka etc. - each 1 pala, Aamalaki - 1 prastha,
water - 1 drona boiled and reduced to 1/4 th part

3) Triphala Ghrita - Kalka - Triphala - 1 pala , Goghrita 1/2 prastha
Kwatha - Triphala -8 pala, water- 1 aadhaka boiled and reduced to 1/4 th part
Godugdha - 1prastha

4) Mahatriphala Ghrita - Kalka dravya - Yashti, Kakoli, Ksheerakakoli etc.- each 1 pala

Goghrita - 1 prastha
Triphala Kwatha, Bhringaraj Swaras, Vasa Swaras, Ajadugdha each 1 prastha
5) Drakshadi Ghrita - Kalka dravya - Draksha, Chandan, Manjishtha etc.- each 1 karsha
Puran Ghrita - 1 prastha
Godugdha - 1 prastha

Types of Ghritapaka -
Mridu paka - It is useful for Nasya.
Madhyama paka - It is useful for oral administration, Tarpana, Seka
Khara paka - It is not useful in Netra Roga .

Routes of administration for Siddha Ghritas -
1) Oral administration - Siddha Ghritas are orally administered for a) Shaman chikitsa b) Snehan as a purvakarma of Shodhana chikitsa and before operative procedure like Siravedha

(Table no 1)

Timing of oral administration	Siddha Ghrita	Reference
In the morning (Prataha)	Tikta Ghrita	Su.Ut.11/4
Before the meal (purva bhakta)	Vruksha-danyadi Ghrita	Su.Ut. 9/18,19
After the meal (adho bhakta)	Triphala Ghrita	Su.Ut.9/9
Before- during- after the meal	Maha Triphaladya Ghrita	Bh.Ra. 64/249-256
In the evening (Nishamukhe)	Triphala Ghrita	Bh.Ra. 64/248
At night (ratri)	Jeevantyadi Ghrita	A.H.Ut. 13/2,3

2) Nasya - Liquefied Siddha Ghrita is administered into nasal cavity through nostrils. e.g.- Jeevaniya Ghrita (Su.Ut.9/22) , Nrupavallabha Ghrita (Bh.Ra.64/264-270)
3) Topical (Kriya kalpas) - a) Tarpana - Eyes are encircled with compact 2 anguli tall wall made up of paste of Maasha. Liquefied Ghrita is poured over closed eyes till Ghrita covers eyelashes. e.g.- Ksheerivrukshadi Ghrita (Su.Ut.17/42), Shatavhadi Ghrita (A.H.Ut.13/58) **b) Seka -** Liquefied Siddha Ghrita is poured continuously as a stream on closed eyes from the height of 4 anguli. Seka is useful in Netra Rogas as well as in the management of upadravas (complications) of Linganasha shastrakarma.

(Table no. 2)

Upadrava of Linganasha Shastrakarma	Siddha Ghrita	Reference
Blood filled eye	Yashti Ghrita	Su.Ut.17/72
Intense pain, loss of vision	Kakolyadi Ghrita	Su.Ut.17/79
Pain, Burning sensation	Shatavaryadi Ghrita	Su.Ut.17/93

Indication of Siddha Ghritas in Netra Rogas - Siddha Ghritas are indicated in diseases occupying different layers of eyeball. They are useful in outer layer diseases as well as in inner layer diseases. Some examples are given below.

(Table no. 3)

Netra roga	Location	Siddha Ghrita	Reference
Krucchron-milana	Vartmagata	Draksha Ghrita	A.H.Ut.9/1
Shuktika	Shuklagata	Tilwaka Ghrita	Su.Ut.10/14
Shukra	Krishnagata	Trivrutadi Ghrita	Yo.Ra.Netra Roga chikitsa
Timira	Drishtigata	Mesha-Shrungi Ghrita	Su.Ut.17/31
Abishya-Nda, Adhi-mantha	Sarvagata	Gundradi Ghrita	Su.Ut.10/3-5

Discusson - Goghrita increases digestive fire and ojasa. It possesses rasayana property and promotes longevity. It is said to be 'Visheshen Chakshushya'. Goghrita contains vitamins A,D,E,K and linoleic acid. So, it has properties like antioxidants. Goghrita has short chain fatty acids which can act like agent to kill large species of virus and bacteria. It provides protection against various infectious diseases.

When Goghrita is processed with herbs,

its potency increases. During Ghritapaka, lipid soluble and water soluble active principles of herbal drugs are extracted in Goghrita.Siddha Ghrita can carry therapeutic properties of herbal drugs to all body tissues. It has potential to penetrate deeper layer tissues also.

Nose is considered as gateway of head, hence Nasya karma has direct influence on brain. Nasya of Siddha Ghrita facilitates visual perception. Corneal epithelium and endothelium are highly permissible to lipids while stromal layer is allowing absorption of water soluble contents. Hence, cornea possesses both lipophilic and hydrophilic characteristics. Siddha Ghritas can reach target areas quickly through Tarpana and Seka. Clearance rate of Ghrita kalpa from eye is slow due to its viscosity. This ensures sustained action and greater bioavailability.

Conclusion - Siddha Ghritas play major role in the management of Netra Rogas. They are used internally and externally. They provide nourishment and nutrition to the eyes. They relieve eye strain, give strength to the eyes and improve vision. They have potential to prevent as well as to cure Netra Rogas.

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Clinical Study of Efficacy of Guduchi Ghrita Aaschotana in Kukunaka With Special Referrence to Ophthalmia Neonatorum in Newborns

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Introduction - Since the evolution of nature, every human being is struggling for his survival and hence for the better health he has discovered various systems medicines. Out of which Ayurveda is the most ancient and complete science. Ayu means life and veda' means knowledge, hence it is a science of life.

For the specialization in every field, Ayurveda is again divided into 8 parts in 'Ashtanga. Out of which Kaumarbhrityatantra deals with child health.

Neonatal period is initiation of life. To have healthy child, parents must look after the neonate, as it may get diseased soon due to immaturity (Apakvdhatu). A neonate is fully dependant on mother and is prone for many diseases due to negligence. As name suggests, Ophthalmia Neonatorum is one of the diseases of neonates. It is the conjunctivitis of newborns occurring during first month of life. It may be infectious or non infectious.

The bacterial conjunctivitis is contracted

by newborns during passage through infected birth canal. The risk of infections in neonates increases due to inadequate maternal care and lack of widespread use of prophylactic treatment to prevent infections owing birth. It causes pain and tenderness in eyeball, purulent, mucoid / mucopurulant discharge, hyperaemia, photo phobia and can cause blindness if left untreated. In Ayurveda, Acharya Sushruta, Vagbhata and Kashyapa have described similar features as that of Ophthalmia Neonatorum under the disease named Kukunaka Sushruta says that it is caused due to ingestion of breast milk vitiated by vata, pitta and kapha and rakta while Vagbhata says that the disease is due to eruption of teeth.

An eye can perceive forms, it adorns the face. It is a source of direct knowledge, it is a guide for right and wrong deeds, hence eye is most important of all sense organs. The eyes are one's most effective link with this world. Thus the importance of eye among all sensory organs has provoked me to select a subject related to eye.

Though it is a dushta stanya janit vyadhi i.e. caused due to vitiated breast milk, one can not stop breast feeding of the baby. Aacharyas also stated that mother is responsible for wellness of a child.

Aims And Objectives - 1) Detail study of Kukunaka vyadhi according to Ayurveda and Ophthalmia Neonatorum according to modern medical science. 2) Study of Guduchi ghrita Aaschotana as a treatment in Kukunaka. 3) Detail study of effects, side effects of Guduchi Ghrita. 4) Study of comparision of control group and trial group.

Materials And Methods - In this Study the trial drug used was studied phytochemically and standardization was done.

Drug - Guduchi ghrita

Guduchi Ghrita - Contents

1) Guduchi is taken as 1 part.

2) It is mixed with water and boiled to get decoction(kwath) until 1/8th part of it is left in the vessel.

3) Kwath is mixed with Goghrita, which is 4 times of dravya (Guduchi).

4) It is again heated till Ghrita Siddhi lakshanas are observed.

Dravya (1part)	+	Water (16 Parts)	Kwath (1/8th Part)
Kwath (16 Parts of Dravya)	+	Goghrita (4 Parts of Dravya)	Siddha Ghrita

Aaschotana - Mode of application of medicine is very specific in the case of eye diseases. These are specially modified procedures to suit the anatomical and physiological peculiarities of the eye. There are mainly 5 procedures for application of medicine inside the eye, described by Sushruta named as Kriyakalpa. Aaschotana is of the 5 kriyakalpas. It is a procedure in which the medicine is applied drop by drop in the eye.

Procedure - Patient is made to lie down in supine position. The room should be devoid of extreme wind and sun. The prepared medicine is applied in the kaneenak sandhi from a convenient height of 1-2 inches (two anguli). The dose is 8-10 drops.

Study Design - Prospective, single blind controlled, randomized parallel study isconducted in group and group B .

Sample Size - Each group consist of 30 patients.

Selection Criteria - All the patients of Kukunaka (Opthalmia Neonatorum) from OPD and IPD at Ayurvedic Rugnalaya of Mahavidyalaya were selected irrespective of sex, religion, economical status.

Inclusive criteria - 1) Infants suffering from kukunaka (Ophthalmia Neonatorum) 2) Infants age group 0 to 1 months, irrespective of sex. 3) Term Babies (more than 37 weeks gestation) 4) Babies weighing more than 2000 gm. 5) Babies who have not required any major steps of resuscitation (more than positive pressure ventilation). 6)Patient willing for trial.

Exclusive criteria - 1) Age above 1 month. 2) Preterm babies (< 37 weeks gestation) 3)

Babies with lacrimal duct atresia. 4) Babies who require NICU care. 5) Babies having any major congenital anomalies.

Material - Total No. Of Patients = 60

Drugs-1) **Guduchi Ghrita** 2) **Gentamicin**

Grouping : Group A : Trial Group - Total 30 patients were selected in this Group Treatment was given as follow

Drug	Dosage	Route of administration	Duration
Guduchi Ghrita Aaschotana	2 drops Three times a day	Aaschotana	Seven days

Group B : Trial Group - Total 30 patients were selected in this group and treatment was given as follows.

Drug	Dosage	Route of administration	Duration
Gentamicin eye drops	2 drops Three times a day	Eye drops	Seven days

Daily follow up was taken for seven days and clinical observations were recorded in tabular form. The subjective gradation of symptoms was done. Intensity of each sign was calculated and was compared with control groups. Every mother's stanya was examined as per ayurvedic tests, and if gynaecologist. any stanya dushti was found, the mother was referred to concerned

Investigations - a) Stanya Parikshan before and after therapy. b) Eye discharge culture before and after therapy (1 and 8 day). Whenever necessary investigations were performed for the purpose of assessing general condition of patient and excluded.

Clinical Assessment - The signs and symptoms were assessed by adopting suitable scoring method. The assessment was totally based on clinical observation and information given by patient's mother. The subjective gradation of Symptoms was done as follows.

1) Itching -

Grade	Assessment	Grade	Assessment
0	No Kandu	2	Kandu on exposure to light
1	Occasional Kandu	3	Continous kandu

2) Lacrimation (Strav) -

Grade	Assessment	Grade	Assessment
0	No strav	2	Strav on exposure to light
1	Occasional strav	3	Continous strav

3) Photophobia :

Grade	Assessment	Grade	Assessment
0	No photophobia	2	Intermittent photophobia
1	During exposure to light	3	Continous photophobia

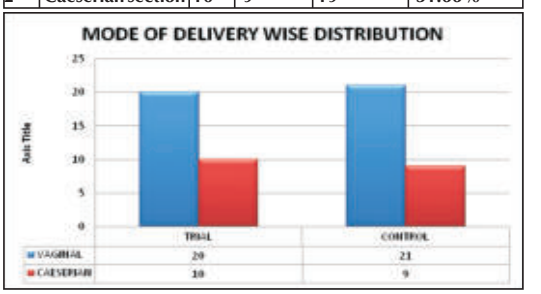
4) Congestion -

Grade	Assessment	Grade	Assessment
0	No congestion	2	Congestion with poorly visible pattern of blood vessels
1	Congestion with clear pattern of blood vessels	3	Velvety congestion or loss of blood vessels pattern

Observation And Statistical Analysis -

Incidence Of Mode Of Delivery - Frequency Distribution According to Mode of delivery -

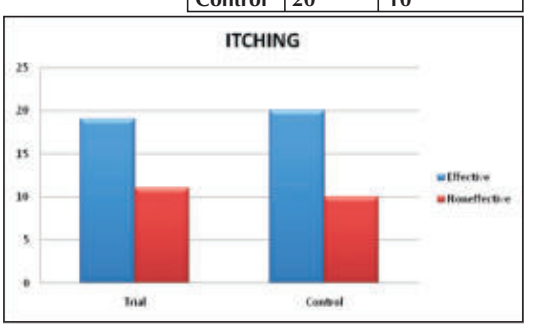
Sr. No.	Mode of delivery	Trial	Control	Number of neonates	Percentage
1	Vaginal	20	21	41	68.33%
2	Caeserian section	10	9	19	31.66%



Out of 60 children 68.00% children were delivered per vaginally and 32.00 % were by caesarean section. In the present study it was observed that Ophthalmia Neonatorum is commonly seen in babies born through vaginal deliveries.

1) Itching -

	Effective	Non-Effective
Trial	19	11
Control	20	10

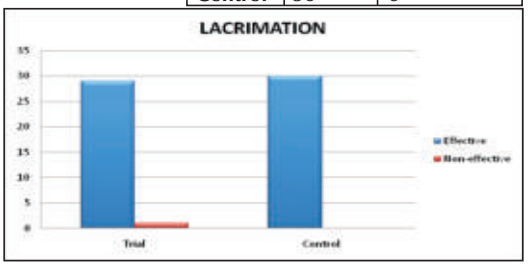


When data was analysed with Wilkoson's test, it shows statistically significance ($p<0.05$). hence by rejecting H_0 we can

conclude that Guduchi Ghrita is significantly effective in reducing itching in Kukunaka.

2) Lacrimation -

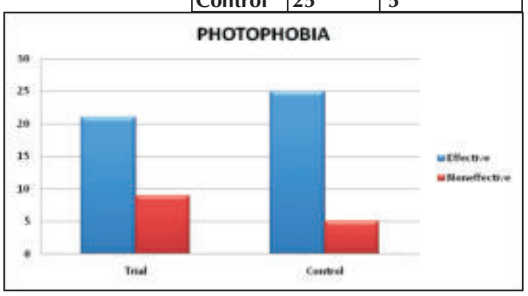
	Effective	Non-Effective
Trial	29	1
Control	30	0



When data was analysed with Wilkoson's test, it shows statistically significance ($p<0.05$). Hence by rejecting H_0 we can conclude that Guduchi Ghrita is significantly effective in reducing lacrimation in Kukunaka.

3) Photophobia -

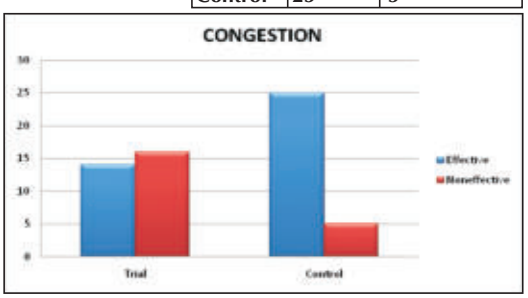
	Effective	Non-Effective
Trial	21	9
Control	25	5



When data was analysed with Wilkoson's test, it shows statistically significance ($p<0.05$). hence by rejecting H_0 we can conclude that Guduchi Ghrita is significantly effective in reducing photophobia in Kukunaka.

4) Congestion -

	Effective	Non-Effective
Trial	14	16
Control	25	5

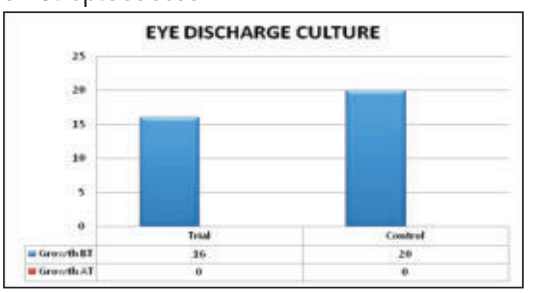


When data was analysed with Wilkoson's test, it shows statistically significance ($p<0.05$). Hence by rejecting H_0 we can conclude that Guduchi Ghrita is significantly effective in reducing congestion in Kukunaka.

Eye Discharge Culture -

Group		Before Treatment		
	No growth	Growth		
	0	1	2	3
Trial	14	11	2	3
Control	10	13	3	4
Group		Efter Treatment		
	No growth	Growth		
	0	1	2	3
Trial	30	0	0	0
Control	30	0	0	0

Where 0- No Growth
1- Staphylococcus 2- Chlamydia
3- Streptococcus



The culture of eye discharge was carried out before and after treatment (1st and 8th day). There was no growth in some samples, whereas some samples were positive for Staphylococci, Streptococci and Chlamydia.

When Fisher's exact test was used for growth and no growth, it was statistically significant i.e. $p<0.05$ in both trial and control group.

Stanya Parikshan - Stanya parikshan of every mother whose baby is suffering from Kukunaka was carried out. The results found are as follows

Group / Stanyadushti	0 (shuddha)	1 (vataj)	2 (pittaj)	3 (kaphaj)
Trial	7	8	5	10
Control	10	7	4	9
Total	17	15	9	19

Discussion - The objective of the project was to study efficacy of Guduchi Ghrita Aschotana in Kukunaka. 60 neonates were enrolled and clinical trial was follows carried out. All the

observations were recorded. The data discussed is as

1) Age - As the name suggests, Ophthalmia Neonatorum is a disease in neonatal age. In this clinical trial, out of 60 patients 80% were in early neonatal period i.e. during first seven days of life. This is due to infections transmitted to a baby during vaginal delivery.

2) Sex - This study shows equal incidence of disease in both sex. The disease is non-specific for sex. It affects both sex equally

3) Mode Of Delivery - Ophthalmia Neonatorum is found to be more in babies born per vaginally as compared with L.S.C.S. births. This is due to bacteria infections contracted to a baby during delivery.

4) Effect On Sign And Symptoms Of Kukunaka All the signs and symptoms of kukunaka are significantly relieved with the use of Guduchi Ghrita A Aaschotana. Guduchi Ghrita haven tridosha, chakshushya properties cures Kukunaka.

5) Statistical View - This study also convinces its efficacy in statistical view. The statistics test when applied to all criterias itching, lacrimation, photophobia and congestion was found to be significant (p value 0.05 for criterias). It can be concluded that this treatment is significantly used in Kukunaka (Ophthalmia Neonatorum

6) Guduchi Ghrita - Guduchi is tikta kashaya rasatmak, laghu and snigdha. It is tridoshghna, sangrahi. It is very useful in diseases like Dah, Vatarakta, Raktapitta, which shows its efficacy on rakt dhatu dushti Goghrita is said to be best in all sneha dravyas. It acquires the properties of dravya in which it is prepared without losing own properties. It is very useful in eye diseases. Hence Guduchi ghrita has tridoshghna, raktdushtihar and chakshushya properties.Tikta rasa of Guduchi does Pachan of vitiated doshas and also dah kandu prashamana and kled shodhana.The kashay rasa has sangrahi karma which decreases strav. Hence the combined action of Tikta kashay rasa of Guduchi with goghrita reduces Kandu (itching), strav (lacrimation), Araktata (congestion), and prakash asahtva (photophobia). Also both Guduchi and Goghrita are having 'Rasayana' property. After pachan and sangrahan of doshas the Guduchi ghrita acts as Rasayan and Netra prasadak.

7)aaschotana - Aaschotana, a topical treatment is also very useful in initial stage eye disorders. The medicine applied at medicine applied at Kaneenak sandhi is absorbed fast as it is a highly vascular area.

8) Complications - In the present study, with the use of Guduchi Ghrita Aaschotana no Complication/ side effect/ increase in sign and symptom was recorded

9) Eye Discharge Culture - Out of all cases of Ophthalmia Neonatorum 50-55% are culture positive in India. In the present study 36 (out of 60) Is 60% are having positive eye discharge culture before treatment. In the culture organisms found were Staphylococcus (40%) , Chlamydia (8%), Streptococcus (11%).The growth markedly subsided after treatment with Guduchi Ghrita Aaschotana. So, we can say that Guduchi is effective against above said organisms. This proves Krumighna Karma of Guduchi and also of tikta rasa.

Control Group - Gentamicin in control group also reduced signs and symptoms of Kukunaka (Ophthalmia Neonatorum) effectively.

Conclusion - As per the observations and discussion following conclusions can be put forward. 1) Guduchi Ghrita Aaschotana is significantly effective in Kukunaka (Ophthalmia Neonatorum) which resolved faster without any complication 2) Signs and symptoms of Kukunaka (Ophthalmia Neonatorum) i.e. Kandu (itching), strav (lacrimation), Araktata (congestion), and prakash satva (photophobia) in babies were also cured significantly in trial group. 3) Kukunakaa (Ophthalmia Neonatorum) is more common in O to 7 days of age .e. in early neonatal period 4) Both the sex are effected equally 5) Kukunaka (Ophthalmia Neonatorum) is more common in babies born

through vaginal deliveries than babies bom through caesarean section 6) Gentamicin in control group is significantly effective in reducing signs and symptoms of Ophthalmia Neonatorum. 7) Guduchi is found to be effective against Staphylococcus, Chlamydia, Streptococcus. 8) The results found with Guduchi Ghrita are encouraging and can be used routinely in everyday practice for faster and safe recovery 9) Further detail study is necessary regarding action of drug on cellular level, long term side effects if any, resistance of Guduchi Ghrita and other hidden fact.

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ANNOUNCEMENT

RSM's Centre For Post Graduate Studies And Research In Ayurved
And
A I M S of India
Welcome All the Teachers, PG Scholars and Practitioners
For

National Seminar

on

Ayurvedic Management of Skin Disorders (Tvakvikar)

वातादयस्त्रयो दुष्टास्त्वग्रक्तं मांसमम्बु च । दूषयन्ति स कुष्ठानां सप्तको द्रव्यसङ्ग्रहः ।।९।।
अतः कुष्ठानि जायन्ते सप्त चैकादशैव च । न चैकादोषजं किञ्चित् कुष्ठं समुपलभ्यते ।।१०।। (च. चि. ७) ।
स सप्तविधोऽष्टादशविधोऽपरिसङ्ख्येयविधो वा भवति । च.नि.

Vitiated tridoshas, twak, rakta,and mamsa are the seven dravyasamgraha in **kushtha.** Due to permutation and combination of these seven dushyas there are seven large and eleven small types or infinite number of skin ailments. Today psoriasis, eczema, fungal infections, and discolouration of skin has become very common. The hetus described by the samhitas especially viruddha anna is a major risk factor for many skin disorders. Due to its chronicity these skin ailments have become a challenge to get cured easily. Ayurveda offers shaman, shoshana type of treatment and external therapy viz. lepa chikitsa in skin ailments. Due to its cosmetic importance, skin diseases need to be cured with proper treatment without any side effects. The seminar on skin disorders focuses on the clinical diagnosis and treatment modalities through Ayurved. Eminent physicians in this field will share their experiences. We invite all PG scholars, teachers and clinicians to participate in this seminar to gain proper guidance while treating the skin disorders in day to day practice.

Date - Sun. 2nd and Mon. 3rd Feb. 2020.
On Sun. 2nd Feb. 2020 - Seminar and Poster Competition.
On Mon. 3rd Feb. 2020 - Paper presentation Competition.
Place - N.I.M.A. Auditorium of T. A.M.V., Pune.
Registration fee -Rs. 600/- upto 20th Jan. 2020.
(Includes Break fast, Registration kit, Lunch, High tea, Certificate of participation)
Poster / Paper presentation fee - Rs. 100/- each additional. Topics related to Skin Disorders theme.
Registration fees can be paid in cash / D.D. / Cheque in favour of C.P.G.S.&R.A.
For early bird registration, advertisement, stalls and sponsorships
Contact - The Programme Directors -
Prof. Saroj Patil, (9890611685), Prof. Mihir Hajarnavis, (9422331060), Prof. Vinaya Dixit (9422516845)

श्रध्दांजली

डॉ. भास्कर भगवंत दाते ह्यांचे दु:खद निधन.

राष्ट्रीय शिक्षण मंडळाचे माजी कोषपाल व क्रियाशील सदस्य डॉ. भास्कर भगवंत दाते ह्यांचे रविवार दि. ८/१२/२०१९ रोजी दु:खद निधन झाले.

डॉ. दाते ह्यांनी काही वर्षे टिळक आयुर्वेद महाविद्यालयात अध्यापनाचे काम केले. तसेच कै. पुरुषोत्तमशास्त्री नानल रुग्णालयाचे अधिक्षक म्हणून काम करतांना रुग्णालय नावारुपास आणले. डॉ. भास्कर दाते हे अनेक वर्षे राष्ट्रीय शिक्षण मंडळाच्या नियामक मंडळाचे सदस्य तसेच कोषपाल म्हणूनही कार्यरत होते. डॉ. भास्कर दाते हे नाट्यकर्मी, नाट्य लेखक, कवी असे बहुआयामी व्यक्तित्व होते.

राष्ट्रीय शिक्षण मंडळ, टिळक आयुर्वेद महाविद्यालय, नानल रुग्णालय, आयुर्वेद रसशाळा व आयुर्विद्या मासिक समितीच्या वतीने डॉ. भास्कर दाते ह्यांना शोकपूर्ण, भावपूर्ण श्रध्दांजली.

उपसंपादकीय

स्वागत ज्ञानसत्रांचे!

– डॉ. सौ. विनया दीक्षित

आयुर्विद्या मासिकातर्फे सर्वांना नवीन वर्षासाठी आरोग्यपूर्ण शुभेच्छा!

टिळक आयुर्वेद महाविद्यालयात द असोसिएशन ऑफ शलाकी व सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडीज अँड रीसर्च इन आयुर्वेद यांनी आयोजित केलेल्या आंतरराष्ट्रीय तीन दिवसीय परिसंवादाच्या निमित्ताने हा शालाक्यशास्त्राला समर्पित असा आयुर्विद्याचा अंक प्रकाशित होत आहे.

सूक्ष्म शलाकेच्या सहाय्याने निरीक्षण, परीक्षण व चिकित्सा उपचार करणारे नाक, कान, मुख व शिर या मानेच्या वरच्या सर्व अवयवांसंबंधीचे विज्ञान म्हणजेच शालाक्य तंत्र ! आधुनिक युगात तंत्रज्ञानाचे उपभोग घेताना दूरभाष, संगणक, दूरदर्शन इ. चलत् चित्रांची दृक्श्राव्य माध्यमे नेत्र–कर्ण या इंद्रियांना अतियोग किंवा विकृतयोग घडवत असतात. दंत व रसना यावर तर विविध पीडाकर अन्नपानाचा नित्य भडिमार होतो. सर्व इंद्रियांचे नियंत्रण करणारे शिर ही या शास्त्रात प्रामुख्याने लक्षात घेतले जाते. ताणतणावांचा प्रथम आघात यावरच होतो. प्रदूषणयुक्त हवा व वाहतुकीचा खोळंबा यामुळे नासोवाटेही विविध आजारांना खेचले जाते. या सर्व नाजूक व ग्रहणशील अवयवांचे संरक्षण व बाधितांचे उपचार ही या शालाक्य तज्ज्ञांसमोरची आजची आव्हानात्मक परिस्थिती आहे.

या उपचार शाखेत तंत्रज्ञानाच्या मदतीने सूक्ष्मदर्शकाखाली शस्त्रक्रिया किंवा निदानांची अर्वाचीन पद्धती यामुळे बरेच सौकर्य आले आहे. तरीही आधुनिक जीवनशैलीमुळे वाढणारी ही प्रचंड रुग्णसंख्या व त्यामानाने अपुरी कुशल व अनुभवी शलाकींची गणना यामुळे आरोग्य व्यवस्थेवर निश्चितच ताण पडतो आहे. या शालाक्य तज्ज्ञांना उपलब्ध होणारी सुसज्ज साधनसामग्रीयुक्त रुग्णालयेही त्यामानाने कमीच आहेत.

याकरीता नवनवीन वैद्यांना अनुभवामृत देणारे परिसंवाद, प्रत्यक्ष कर्म शिकवणाऱ्या कार्यशाळा, आंतरराष्ट्रीय स्तरावरील तज्ज्ञांची एकत्रित बैठक व त्यातून होणारी विचारांची–अनुभवांची देव–घेव अशी मोठी पर्वणीच यानिमित्ताने साधता येते. याप्रकारच्या तीन दिवसीय चालणाऱ्या ज्ञानमेळाव्यास भक्कम व दूरदर्शी आयोजन आवश्यक असते.

टिळक आयुर्वेद महाविद्यालयातील असे आयोजक नेहमीच अत्यंत सुसूत्र व शास्त्रनिष्ठ परिसंवादाचे आयोजन करुन नेटक्या यशस्वी ज्ञानयज्ञांचे सत्र चालवतात. या औचित्याने परिसंवादाच्या विषयाला समर्पित लेखमाला या अंकात विशेषत्वाने प्रकाशित करुन या आंतरराष्ट्रीय शालाक्य महोत्सवास शुभेच्छा व्यक्त करीत आहोत. बालकांपासून वृद्धांपर्यंत नेत्र–नासा–कर्ण व शिर यांचे बाबत उद्भवणाऱ्या आरोग्य विषयक तक्रारी व त्यांचे निराकरण यांचा साधक–बाधक समाचार घेणारे संशोधनपर लेख वाचकांना या शास्त्राच्या अभ्यासासाठी नक्कीच उपयुक्त ठरतील असे वाटते.

श्री धन्वंतरी कृपेने अशा अनेक ज्ञानसत्रांचे यशस्वी आयोजन होवो व तद्विद्यसंभाषेचा हा अतुल्य वारसा पुढे जात राहो हीच प्रार्थना!