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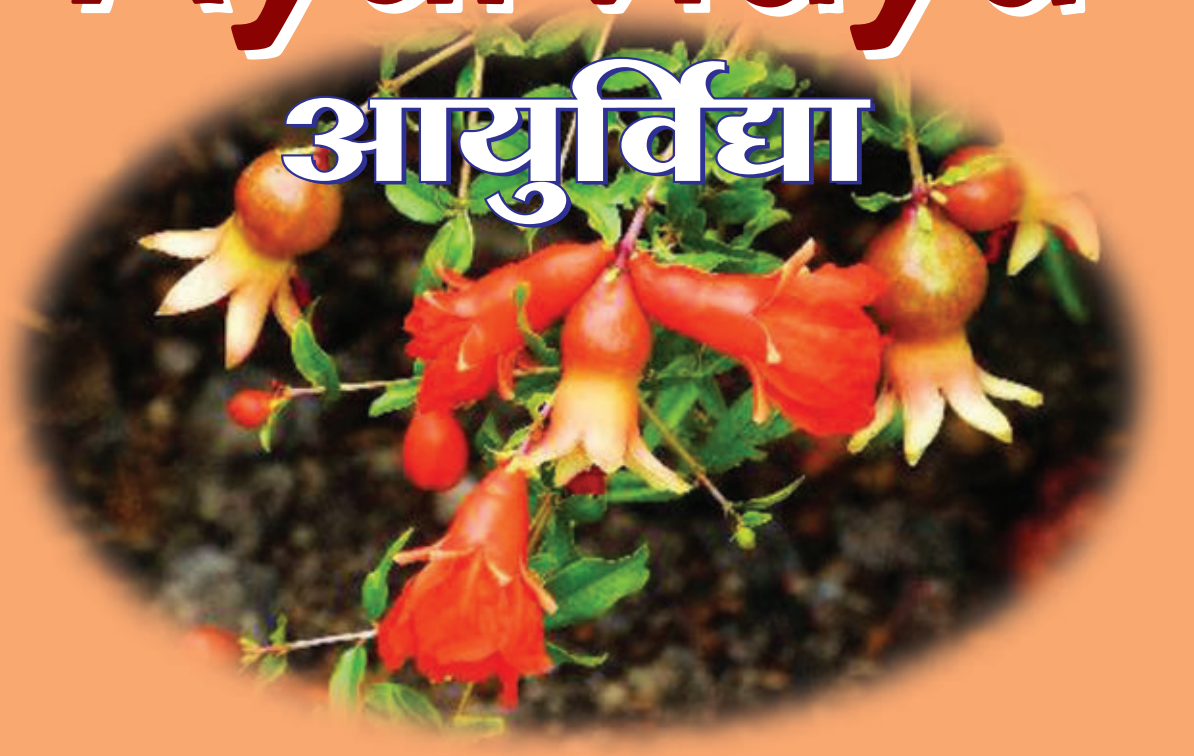

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परी दृष्टीरुपे उरावे

डॉ. दि. प्र. पुराणिक

जागतिक स्तरावर आरोग्याशी निगडीत अथवा आरोग्य प्रश्नांशी संबंधित ''विशेष दिन'' म्हणून ओळखले जातात. त्यांना "World Day" अथवा "International Day" म्हणून संबोधले जाते. जगात विविध देशात, प्रांतात ह्या विशेष दिवसांच्या निमित्ताने लोकोपयोगी अथवा समाजोपयोगी कार्यक्रमांचे आयोजन केले जाते. आरोग्याशी संबंधित त्या प्रश्नाबाबत जनजागृती व्हावी, जनतेस त्याविषयी विशेष माहिती व्हावी, त्या प्रश्नाचे महत्व समजून त्याचे निराकरण अथवा सरसकट उच्चाटन व्हावे असा त्यामागील हेतू असतो. अनेक कार्यक्रम हे शासकीय स्तरावर अथवा त्यांच्या अनुदानाने आयोजित केले जातात. ह्याच बरोबर कांही निमशासकीय, सामाजिक संस्थांच्या पुढाकारातून विविध कार्यक्रम आयोजित केले जातात.

जागतिक स्तरावर जे ''विशेष दिवस'' म्हणून ज्ञात आहेत त्यामध्ये World Health Day, World Cancer Day, World AIDS Day, World Heart Day अशासारख्या जागतिक स्तरावरील आरोग्य प्रश्नांशी निगडीत समस्यांचा समावेश होतो. वर्षभराच्या कॅलेंडरवर नजर टाकल्यास लक्षात येते की जवळजवळ प्रत्येक महीन्यांत अशाप्रकारच्या ''विशेष दिवसांचा'' समावेश होतो. अधिक अवलोकन केल्यास लक्षात येते की ''जून'' महिन्यात सर्वात अधिक विशेष दिवसांचा समावेश होतो.

जून महिन्यात ज्या विशेष दिवसांचा समावेश होतो त्यामध्ये प्रामुख्याने "World Environment Day" - 5 June, "World Brain tumour Day" - 8 June, "International Albinism Awareness Day" - 13 June, "World blood Donor Day " - 14 June, " World Kidney Cancer Day" - 15 June, " Autistic Pride Day" - 18 June, " World sickle cell Day"- 19 June, "Interanational Yoga Day" - 21 June, "World Eye Donation Day" - 10 June, "International Day Against Drug Abuse and Illicit Trafficking" - 26 June, "International Scoliosis Day" - 27 June ह्यांचा समावेश होतो.

वरील फक्त जून महिन्यातील विशेष दिवसांचा विचार केला तरी प्रामुख्याने विविध व्याधींनी अथवा आरोग्य प्रश्नांनी पीडित रुग्णांची संख्या जगभरात किती प्रचंड असेल हे लक्षात येते. ह्या सर्व विशेष दिवसांच्या यादीवर विशेष लक्ष दिले तर लक्षात येतो तो १० जून रोजी संपन्न होणारा International Eye Donation Day. आज जागतिक स्तरावरील अंधजनांची संख्या पंधरा लाखांपेक्षा अधिक आहे आणि ते Corneal transplant च्या प्रतिक्षेत आहेत. भारतातील अंधांची संख्या (Corneal Blinds) 420000 एवढी आहे. परंतु भारतात नेत्रदानातून उपलब्ध होणाऱ्या Cornea ची संख्या जेमतेम 57000 इतकीच असल्याने दृष्टीलाभ न होण्याऱ्या अंधांची संख्या वाढतेच आहे.

आजमितीस भारतात अधिकृत नोंदणी असलेल्या Eye Banks ची संख्या सुमारे 500 आहे. त्यांच्यामार्फत व इतर संस्थांच्यावतीने सर्वसाधारणपणे दरवर्षी 40000 पर्यंत Corneal Transplant Surgeries केल्याने त्या संख्येने अंधांना दृष्टीलाभ होतो. जागतिक स्तरावर सुमारे 185000 Corneal Surgeries दरवर्षी केल्या जातात व त्या प्रमाणात अंधांना दृष्टीलाभ होतो. परंतु एकूण आकडेवारी पाहाता दृष्टीलाभ होणाऱ्या रुग्णांची संख्या खूपच कमी आहे. त्यामुळेच नेत्रदानाची चळवळ (Movement) अधिक व्यापक करण्याची आवश्यकता आहे. त्यासाठी International Eye Donation Day, अर्थात १० जूनची वाट बघण्याची आवश्यकता नाही.

भारतात सर्वात प्रथम Dr. RES Muthiah ह्यांनी पहीली ''नेत्र पेढी'' (Eye Bank) सुरू केली. आज भारतात Eye Bank Association of India ची (EBAI) स्थापना झाली आहे. ह्या संघटनेमार्फत जास्तीत जास्त लोकांपर्यंत नेत्रदानाची माहिती देण्यात येते आणि त्यांना नेत्रदानासाठी प्रवृत्त केले जाते. जागतिक स्तरावरही सुमारे ११६ देशात Corneal Transplant Surgery केली जाते.

U.S., U.K. Singapore, Israel, India, Shrilanka ह्या देशात नेत्र दानाचे कार्य जोरात चालू आहे. परंतु मागणीच्या मानाने Cornea ची उपलब्धता खूपच कमी आहे. त्यासाठी ''दृष्टीदाना''ची चळवळ अधिक जोमाने चालविण्याची आवश्यकता आहे. ह्या चळवळीत सर्व वैद्यकीय प्रणालीच्या वैद्यकीय व्यावसायिक, सामाजिक कार्यकर्ते ह्यांनी व्रत (mission) समजून काम केल्यास अधिक अंधजनांना दृष्टीलाभ होणार आहे. ''मरावे परी दृष्टीरुपी उरावे'' ही उक्ती प्रत्येकाने प्रत्यक्षात आणावी हीच अपेक्षा.

A Study On Nabhinal Paricharya In Neonate - A Conceptual Review

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Introduction: In intrauterine period umbilical cord is the lifeline between the fetus and placenta. After the umbilical cord is cut at birth, a stump of tissue remains attached to baby's belly button (navel). The stump gradually dries and shrivels until it falls off, usually 1 to 2 weeks after birth. It is important to keep the umbilical cord stump and surrounding skin clean and dry. Umbilical cord is the common site for portal of the infection in neonates. Aseptic precautions during birth in the labor room and routine umbilical cord care reduce the risk of umbilical infections. In Ayurveda, nabhi is mentioned as sadyapranaharmarma[1], Therefore, Nabhi upakrama is very essential and vital for newborn. The umbilical cord cutting and care (nabhinal chedan and nabhinal paricharya) is described in Ayurveda classics under Jaatmatra paricharya. If the cutting of umbilical cord is not done in prescribed manner, it will definitely vitiate the vata dosha, resulted in different kind of Nabhiroga[2]. They are nabhipaka, tundi, nabhyayam and pralambika, etc. Though modern system of medicine is very progressive, but drugs used in umbilical sepsis in neonates has too much side effects so, to establish the importance of ayurvedic concepts and remedies related to Nabhinal Paricharya, this study is selected. This study is also important in view of enhancing the scope of ayurvedic treatment, since large number of babies are suffering from these diseases unsatisfactory with existing management. This disease pathogenesis is presented with oozing of pussy fetid discharge from umbilicus. Rarely this disease is presented with pain and oedematous swelling of umbilical region. If the lesion is devoid of swelling and pain, the drugs kushtha and amalaka are heated together in a mud vessel is powdered and smeared over the diseased part cures the affliction.

Aim: 1) To study nabhinal paricharya according to diffirent texts of Ayurveda literature like Charak, Vaghbhata, Rasa ratna samucchya and Yoga ratnakar.

Objectives: 1) To understand the significance of Nabhinal Paricharya in neonatal health. 2) To study the scope of ayurevedic treatment in different kind of Nabhiroga.

Material:

Literature Review: In Ayurveda, umbilical cord care is considered crucial for the health and well-being of the newborn. Ayurveda defines a standard protocol for neonatal care and umbilical cord care. This procedure of nabhinal paricharya comes under jatamatra paricharya and is described in detail by acharyas. The importance and necessity of nabhinal paricharya was clearly understood by them and is vividly stated in samhitas.

Method: Insights from ancient ayurvedic text of scholars like Charaka, Vagbhata, Sushruta, Rasa Ratna Samuchaya, Yoga Ratnakar etc. has been meticulously studied, compiled, analysed and presented in scientific format.

Nabhi Mahattva:

यावत्यस्तु सिरा : काये सम्भवन्ति शरीरिणाम्। नाभ्यां सर्वा निबद्धास्ताः प्रतन्वन्ति समन्ततः ।।४।। – सु. शा. ७/४

Whatever siras are in the body, they are all attached to umbilicus where from they spread all around in body[7].

Garbha Poshana: Umbilical cord of the fetus is attached to the rasa carrying channel of the mother which carries the essence of nutrition from mother to the fetus. The life of fetus is maintained by nutrition supplied by rasa carrying vessels/channels spread with ramification in all organs of the body by process of diffusion. Charaka says that with the normalcy of all six factors of conception and use of appropriate diet along with mode of life by pregnant woman, the fetus obtaining its nourishment from rasa (supplied by mother) by

the process of upasneha (attracting moisture) and upasweda (osmosis) and influenced by time factor along with its own nature or desires grows normally[10]. The fetus does not feel hunger and thirst and is totally dependent upon the mother. Is initial stage when its specific body parts though present are not explicit, it obtains its subsistence by attracting moisture and osmosis. Afterwards when body parts are conspicuous, a part of nourishment is obtained by upasneha (moisture) permeating through pores of skin situated in hair roots of the body and a part through the passage of umbilical cord. The foetal umbilicus is attached to the umbilical cord, umbilical cord to the placenta and placenta to the mother's heart. The mother's heart immerses the placenta (with blood through running and oozing vessels. Mother's diet contains all the rasas, thus the rasa derived from this diet gives strength and complexion to the fetus, and the fetus deriving its sustenance from this rasa remains alive and develops in the uterus. Charaka further explains the point that what-so-ever diet the pregnant woman consumes, the rasa formed from this performs three functions (1) nourishment of the woman's body, (2) formation of milk (3) nourishment to the fetus[9]. Sushruta explains that inspiration, expiration, activity and sleep of fetus are dependent upon the mother i.e. inspiration of mother gives inspiration to the fetus etc. The fetal umbilical cord is attached to the maternal rasavaha nadi carrying the essence of mother's diet, and the fetus grows (by obtaining nourishment) through upasneha[12]. From the time of conception up to the period untiled the body parts of fetus are not fully conspicuous; it gets its sustenance by upasneha through the vessels running obliquely into all body parts. Dalhana has given the simile that as a tree situated on the bank of a full pond derives its nourishment, similarly fetus also receives its nourishment. According to Bhoja fetal nourishment takes place by Kedarikulya nyaya.

Nabhi Utpatti - The nave of a wheel like a cavity. Pranas of the living beings stay in umbilicus and umbilicus is dependent on pranas. Nabhi is surrounded by siras in the same way as the nave of the wheel is surrounded by spokes[15].

Sharir sthana of Asthanga hridaya and Charak samhita describes Dashpra-nayatana. Though there are few differences in enumerating them but both has included nabhi as one of the Dashpranayatana. Dasha pranayatanas are vital parts of the human body, even minor injury or irregularity of these may result in morbidity and mortality. Shringatak (four), Adhipati (one), Shankha (two), Kanthasira (8), Guda (one), Hridaya (one), Basti (one) and Nabhi (one) these are immediately fatal marmas[14].

Various disorders which take place in the body at marmas are most difficult to cure even if treated carefully. Hence, we have to take extra care of umbilical cord to prevent such nabhi marmagat disorders. Nabhi is related with twenty-four dhamnis and is surrounded by these dhamanis like spokes of a wheel

Nabhinal Paricharya : After delivery if the baby is stable and the transition from intra uterine to extra uterine life is smooth the umbilical cord is ligated and cut four angul as a part and the remaining long portion of cord is made to hang around the neck of the baby and Kushta taila is applied over umbilicus.[8] After the expulsion of newborn and ensuring the neonate is clinically stable the umbilical cord is ligated at four angula away from the umbilicus by silk thread and cut by the sharp knife blade and tied around the neck of newborn and Kushta taila is applied locally as mentioned above by charakacharya two ligatures of silk thread has to be tied at Nabhinadi, first at the eight angula away from the umbilicus of newborn and other is at the side of placenta, then cut the umbilical cord obliquely at just outside the first ligature by the sharp metallic blade and hang it around the neck of newborn. Apply siddha Taila prepared by Haridra, Deodara, Yasthimadhu, Priyangu and Lodhra or churna of above mentioned dravyas.

Complications of Improper Nabhi naalichedana: The term kalpana in Naadee kalpanavidhi indicates the procedures of ligature, severing and after care of the umbilical

cord with its medical management. Improper execution of this procedure leads to the following complications:

1) Aayaamam:

आयामो दैर्घ्यम् ।। – चक्रपाणि

Elongation of the umbilicus by improper cutting of umbilical cord. Chikitsa • Internal administration of drugs like Balaagodhumadi kashaayam and Balaadhaatryaadi kashaayam. • If the complaints persist inspite of drug use, daahakarma is to be done around the umbilicus. • There after postoperative treatment of agnikarma should be adopted.

2) Vyaayaamam:

व्यायामो विस्तारः। - Chakrapani

Vyaayaama simply indicates a large umbilicus. But signs of herniation are not seen in vyaayaama. However, as it is described as an abnormal condition, vyaayaama may be considered as one of the stages of umbilical hernia.

3) Uttundita : Uttundita shows the features of both Aayaama and Vyaayaama i.e. elongation and enlargement.

4) Pindalika:

पिण्डलिका परिमण्डलयुता ।। Chakrapani

In this condition, the herniation is circular.

5) Vinaamika:

विनामिका अन्तोच्छूना मध्यनिम्ना।– Chakrapani

Here the umbilicus is inflammed and centrally depressed.

6) Vijrimbhika: A fluctuating/pulsatile swelling is present at umbilical region.

Naabhipaaka[3,4]: This disease is explained in Aarogya kalpadrumam as a complication of improper cutting of umbilical cord but this disease is not mentioned by Charakacharya. Clinical features • Foul smelling discharge • Pain • Inflammation • Swelling

Chikitsa : The clinical presentations can be broadly grouped into shopha avastha and vrana avastha. Treatment of shopha avastha 1 Pooranam 2 Avachoornanam 3 Abhyangam with taila prepared from the above mentioned drugs. 4 Lepanam. Doorva and Yashti mixed with Balaa kwaatha can be used for lepana. Unique swedana karma is mentioned in Bhaishajyaratnavali for the naabhishopha as well as uttundita naabhi. Unique swedana karma is mentioned in Bhaishajyaratnavali for the naabhishopha as well as uttundita naabhi. Treatment of vidradhyaavastha: General treatment of vidradhi has to be adopted. It is very difficult to treat by ayurvedic medicaments. Though the condition gets cured, it causes permanent scarring. This is inflammation of umbilicus usually occuring secondary to infections. Poor sanitary conditions, injudicious administration and applications of drugs are the predisposing factors. Usual presentations of omphalitis are • Slight purulent discharge • Umbilical abscess • Cellulitis of periumbilical area • Umbilical gangrene Chances of systemic manifestations like septicaemia, tetanus and jaundice cannot be ruled out.

Naabhittundi Features of tundi go hand in hand with features of vinaamika in Charaka. Vitiated vaata causes enlargement of umbilicus associated with pain and is termed naabhittundi. Chikitsa1. Snehanam 2. Swedanam 3. Upanaaham Sataahwaadi upanaaham.

Pralambika Pralambika shows the features of aayaama as well as vijrimbhika. In pralambika, the umbilicus becomes enlarged and elongated in the shape of a moosha clinically, pralambika manifests in 2 way- 1) With inflammation 2) Without inflammation. The neeruja type is self-limiting and requires no particular treatment. Saruja type calls in for urgent treatment which is inevitable. In spite of the treatment, if it goes to pakwaavastha, the prognosis is grave. Chikitsa-Treatment is same as that of naabhitundi.

Discussion: 1) The umbilical cord that is Nabhinal is a connecting link between Foetus and Placenta during intra-uterine development. 2) Nabhinalchhedan and Nabhinal Paricharya, described in Ayurveda under Jatamatra Paricharya, if not done in prescribed manner will definitely vitiated the vata dosha, resulting in different kind of

(Table) Effect of improper cord care according to various acharya:

Effect of improper cord care	Charaka	Vaghbata	Rasaratna samuchchaya	Yogratnakara
	Uttundika	Unnatnabhi	Nabhipaka	Nabhishotha
	Vinamika	Anunnatnabhi	Nabhikundala	
	Vijrumbhika	Nabhitundi		
	Pindalika			

Nabhiroga. (See Table)

3. The chikitsa protocols such as Pooranam, Avachurnanam , Abhyagam, Lepanam, Snehanam, Swedanam, Upanahanam etc. are used according to type of complication.

Conclusion: In intrauterine period umbilical cord/ Nabhinal is the lifeline between foetus and Placenta. After birth of baby the Nabhinal chhedan done and stump of tissue remained attached to babies Nabhi (Navel). Umbilical cord is the common site for portel of infection in neonates. In Ayurveda it is mention as Sadyaprahara Marma therefore Nabhinal Chhedan and Nabhinal Paricharya should be done as descried in classical text if not done properly can result into different kind of Nabhiroga. Althought Modern system of Medicine is very progressive but drug used in Umbilical sepsis in neonate have much side effect so Ayurvedic concept and remedies related to Nabhinal Paricharya and its complication hold utmost importance in current era.

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मा, ना. श्री. प्रतापराव जाधव ह्यांची ''आयुष'' विभागाच्या राज्यमंत्रीपदावर नियुक्ती

अभिनंदन!!

लोकसभेच्या नुकत्याच झालेल्या निवडणूकीनंतर केंद्रीय मंत्रिमंडळाचा शपथविधी पार पडला. ''आयुष'' मंत्रालयाचे राज्यमंत्री (स्वतंत्र कारभार) म्हणून शिवसेनेचे खासदार ना. श्री. प्रतापराव गणपतराव जाधव ह्यांनी शपथ घेतली.

ना. श्री. जाधव हे महाराष्ट्रातून निवडून आलेले खासदार असल्याने महाराष्ट्रातील आयुर्वेदाच्या शिक्षण क्षेत्रात समाधान असून आयुर्वेदाला अधिक चांगले दिवस येण्याची शक्यता नाकारता येत नाही.

राष्ट्रीय शिक्षण मंडळ आणि सर्व घटक संस्थांच्या वतीने ना. श्री. प्रतापराव जाधव ह्यांचे हार्दिक अभिनंदन आणि कार्यकालासाठी अनेक शुभेच्छा!

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

A Case Report Of Inversion Of Uterus During Third Stage Of Labour In A Primipara Patient

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Introduction- Uterine inversion usually occurs as a complication of third stage of labour. It is extremely rare but life-threatening complication in third stage of labour in which the uterus is turned inside out partially or completely. Normally the placenta detaches from the uterus and exits the vagina around 15 mins after the baby is delivered. In this condition the placenta fails to detach from the uterine wall and pulls the uterus inside out as it exits. Obstetric inversion of uterus is almost always an acute one and usually complete. The relaxed area is at first slightly inverted and the process then proceeds by the active part of the uterus contracting upon the inverted part and driving it onwards towards the cervix. Uterine inversion rarely occurs in nongravid patients. Treatment depends upon the severity - 1) Reinserting uterus by hand. 2) Abdominal surgery. 3) Emergency hysterectomy.

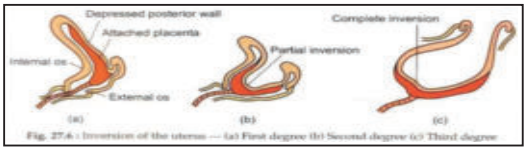


Fig. 27.6 : Inversion of the uterus — (a) First degree (b) Second degree (c) Third degree

Aim And Objectives - 1) To describe a case on Inversion of uterus during third stage of labour in a primipara patient. 2) Review aetiology of Uterine Inversion according to modern as well as ayurvedic context. 3) Describe presentation of a patient with uterine inversion. 4) Explain the treatment and management options.

Case Presentation - Name- XYZ
No any medical or surgical illness
No any Allergy
Primipara patient with full term of pregnancy with GA 37.5 weeks.

19 years old female patient primipara delivered at PHC 1 hour ago after prolonged labour. Wherein during third stage of labour while placental traction was performed to remove the placenta a large mass emerged through the vaginal passage with the placenta. The patient was reported to be bleeding profusely and soon lose consciousness. Patient was referred to the hospital for hypovolemic shock. Patient came was in unconscious state, active pv bleeding, hypotension Blood pressure was 80/50mmhg, tachycardia heart rate was 136/min, tachypnoea 26/min temperature-38.6°C, anaemic, cold and mottled extremities, inspection of Genitalia revealed total uterine inversion with perineal laceration with episiotomy wound. Lab investigations were performed immediately which revealed severe anaemia (Haemoglobin 5.0g/dl) blood were reserved catheterization was done, patient was shifted to operation theatre, patient was pulseless one cannot give anaesthesia, therefore blood transfusion was started and crystalloids were given to combat hypovolemia. Then manual reposition of uterus was performed followed by steady pressure with the fist was applied to the inverted fundus in an attempt to push it up into the dilated cervix. Alternatively, 2 fingers were extended rigidly to push the centre of the fundus upward. Undue force was not applied to avoid perforation of the uterus with finger tips. Perineal tear and episiotomy were sutured. Per vaginal bleeding was decreased after repositioning, fundal height felt in per abdomen examination. 20 units Pitocin in 500ml RL solution was given 8 drops/min was infused that helped for uterus to contract and prevent recurrence. 3 Blood transfusion was carried out and 4 FFP were given, later on the BP was maintained to 90/60mmhg and with pulse of 106/min. Patient was shifted to ICU for further monitoring. Patient's hemodynamic also become stable and regained consciousness after 3 hours of procedure. Patient was

monitored thorough for vitals, consciousness and for postpartum haemorrhage.

Day 2-patient was shifted to liquid diet, was conscious, vitals were Bp- 90/60mmhg, pulse was becoming normal 98/min, afebrile, uterus was well contracted, no active bleeding, higher antibiotics were given, NSAIDs, to maintain tone of uterus some ayurvedic drugs were also given (tb latakaranj and Tb Pimpalmula) and sahacharadi anuvasana basti was given daily for 3 days for yonishoola. As per ayurveda the cause for this situation was vata dosha prakopa. Snehana swedana and pathyapathya related to vata dosha were worked out in this patient.

Day 3-patient was shifted to general ward, all medicines were continued, patient was shifted to regular diet. Patient started breastfeeding, ambulation was advised, catheter was removed. BP was now stable 100/70mmhg, pulse 88/min. patient was stable.

Patient recovered without any complications. She was discharged with oral antibiotics and pain medications on 5th day.

Probable Thought of samprapti- During third stage of labour while placental traction was performed to remove the placenta

Discussion And Result - Uterine inversion is defined as the passage of the uterine fundus inferiorly into the uterine cavity and cervix, turning the uterus inside out. Uterine inversion can occur in situations - 1) Postpartum and spontaneously (Acute), this is brought about by localised atony on the placental site over the fundus associated with sharp rise of intraabdominal pressure as in coughing, sneezing or bearing down effort. 2) 95% occur in puerperal state (subacute) 3) Non puerperal uterine inversion is generally associated with exteriorization of uterine cavity tumours.

According to Ayurveda - Inverted uterus reference is given or explained as dusthitha yoni (displaced yoni). The displaced yoni (prolapsed yoni) should be replaced after giving snehana.

स्थान – विच्युत– Dusthitha yoni should be put to its right place with help of snehana. Pidan karma should be performed when the yoni is put into its swasthana. Afterwards give 2-3 asthapana Basti and then give Sanskrit Uttar Basti which will be very fruitful.

१) स्निग्धस्विन्नां तथा योनि दुः स्थितां स्थापयेत्पुनः।।४३।। (च.सं.चि. ३०)

२) स्निग्ध स्थापयेत् समाम्। पाणिना नमयेत् प्रथयेत् पुनः। प्रवेशयेन्निस्सृतां परिवर्तयेत् ।। स्थानापवृत्ता योनिर्हि शल्यभूता स्त्रिया मता। (च.सं.सदृश) (अ.सं. उ. ३९/४५)

३) समां यथास्थानं स्थापयेत् । पाणिना–योन्यन्तर्गततुल्याग्रेण हस्तेन, नमयेत्। अत्र नमनकथनेनोत्रमन–

स्याशक्यत्वादुन्नतप्रदेशस्य नमनैव निम्नस्यौन्नत्यजननं द्योत्यते। (अ.ह.उ.३४/२४ से २६ ; चौखम्भा ओरियन्टालिया प्रकाशित पुस्तक की नीचे लिखी टीका से उद्धृत)

प्रसूता की योनिभ्रंश–चिकित्सा (Treatment of yonibhramsa i. e. uterovaginal prolapse or inverson of uterus of puerperal woman)

१) तस्याश्चेत्स्वस्थानतो योनिर्भ्रश्यत्। ततो यस्य कस्यचि–च्छोणितेनाभ्यज्य योनिं यथास्थानं कुशला स्त्री निवेशयेत्। निविष्टां चाशोकरोहिणीबर्हिषोशीरप्रियङ्गुदेवदारुकल्कविपक्वेन तैलेन बहुशः स्वेदयेत्पूरयेत्।। ब्रूयाच्च गच्छ सुभगे स्वस्थानमिति।। (अ.सं.शा.३/३२)

२) सूतानां दुष्प्रजातानां योनिभ्रंशे..।।९।। –– मद्यमाहुर्यथाऽमृतम् ।।११।। (का. सं. चि. १६)

In case of uterovaginal prolapse or inversion of uterus the yoni (uterus and vaginal canal) should be anointed with the blood of either the woman herself or any other available animal and then the yoni (uterus) should be replaced in its proper place by an expert woman After this replacement repeated fomentation and filling or tampon of oil prepared with the paste of, rohini, barhisa, usira, priyangu and devadaru asoka should be given.

३) सूतिकाख्येषु रोगेषु वातश्लेष्मोद्भवेषु च ।
तत्ररोगानुकल्पेन पथ्यापथ्यान्तिनिर्दिशेत्।।(यो. र. क्षीरदो. चि.)

In sutikaroga and other diseases due to vitiation of vata and shleshma appropriate pathyapathya according to dosha should be given.

४) प्रजाताम् ....आमकृतो दोषः स्यात् ।। (च. सं. सि.२/१५) प्रजाता स्त्री (सूतिका) को आस्थापन बस्थि देने से आमदोष की वृद्धि हो जाती है. Use of asthapana basti (evacuative enema) increases ama do.a of a puerperal woman.

५) बस्तिकर्म एवं स्वेदन का बार बार प्रयोग करें, विशेषकर वातहरतैल, सुकुमारतैल, बलातैल एवं शिरीष–तैल का शतपाक या सहस्रपाक करके अनुवासन एवं उत्तरबस्ति में प्रयोग करें। यह क्रम विशेषकर योनि की वेदना, कर्कशता, स्तम्भ, स्रंस एवं स्पर्शहानि का नाश करता है।

6) Therefore, sahachardi tail contents are Kapha-vatashamaka and yonishoola hara so in this case anuvasan basti was given to the patient.

7) Sahacharadi taila reference -

सहचरकुलत्थपुष्करदारुनिशादारुवेतसवक्वाथः।

पीतः सहिङ्गुलवणः शमयति शूलज्वरौ सत्याः।।(यो.र.स्त्रीरो.नच.)

Rasa- Tikta, Madhur, Virya- Ushna, Vipaka- Katu, Gunakarma- Shoolhara, Vajikara, Anulomak, Kaphavatahara, Kesharanjak, Shothhara. Upayukta Anga- Panchanga.

Grades of Uterine Inversion - 1) Incomplete inversion- In this the fundus of the uterus has collapsed but uterus hasn't come through the cervix. 2) Complete inversion- Uterus is inside out and coming out of the cervix. 3) Prolapsed Inversion- Fundus of the uterus is coming out of the vagina. 4) Total inversion- Both the uterus and the vagina protrude inside out.

Risk Factors for inversion - 1) Prior deliveries. 2) Prolonged labour or Rapid labour. 3) Use of muscle relaxant like $MgSO_4$ during labour. 4) Short umbilical cord. 5) Pulling too hard on the umbilical cord to hasten delivery of placenta, when the placenta is attached to fundus. 6) Placenta Accreta (placenta invaded too deeply into the uterine wall), morbid adherent placenta. 7) Congenital abnormalities of the uterus. Eg Ehler-Danlos syndrome (tissue fragility of skin ligaments, blood vessels and organs.) 8) Foetal macrosomia. 9) Retained placenta for >30 min. 10) Pre-eclampsia (severe cases) 11) Women who has experienced uterine inversion is at risk of it happening again in subsequent pregnancies. 12) Iatrogenic (mismanagement of third stage of labour.)

Aetiology - Excessive umbilical cord traction with a fundal attachment of the placenta, fundal pressure in the setting of a relaxed uterus are the common causes for uterine inversion. Incidence is 3 times higher in India as compared to US. Incidence of inversion has decreased 4 fold after the introduction of active management during third stage.

Dangers - Shock due to - • Neurogenic-tension on the nerves due to stretching of the infundibulo-pelvic ligament.

• Pressure on the ovaries as they are dragged with the fundus through the cervical ring.

• Peritoneal irritation.

• Haemorrhage after the detachment of placenta and due to atony of the uterus.

• Infection

• Pulmonary embolism.

Diagnosis - 1) Uterus protrudes through the vagina is seen a smooth round (pear shaped in complete variety) mass like structure on local examination. 2) In per abdomen examination fundus does not seem to be in its proper position. Cupping or dimpling of the fundal pressure. 3) Increased blood loss than normal. 4) Hypotension. 5) Rapid heartbeat (tachycardia). 6) Shallow breathing. 7) In mother- signs of haemorrhagic shock, cold calmy skin (varying degree of shock is a constant feature). 8) USG, MRI may be used for diagnosis. 9) Bimanual examination not only helps to confirm diagnosis but also the degree of inversion.

Pathophysiology-

Portion of uterine wall prolapses through the dilated cervix

↓

relaxation of part of uterine wall

↓

simultaneous downward traction of the fundus

↓

in per abdomen examination fundus not palpable

↓

Diagnosis often made clinically with bimanual examination (uterine fundus palpated in the lower uterine segment or in the vagina)

Prevention - Do not employ any method to expel the placenta out when the uterus is relaxed. Pulling the cord simultaneously with the fundal pressure should be avoided. Manual removal should be done in a manner as it should be.

Differential diagnosis- 1) Acute uterine inversion. 2) Morbidly adherent placenta / retained placental bites. 3) Uterovaginal prolapse. 4) Fibroid polyp. 5) Retained placenta.

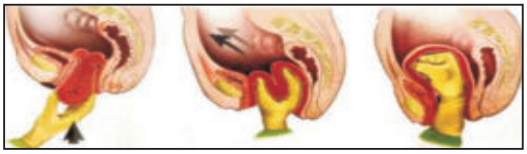
points revealed in history- 1) Delivery conducted by an untrained professional. 2) She had been labouring at for a day. 3) There is H/O severe abdominal pain and excessive vaginal bleeding before the woman collapsed.

Points to note in Examination of the patient- 1) General examination. 2) Vitals changes as described above. 3) Pallor and hydration. 4) Urine output. 5) Per abdomen findings. 6) Local

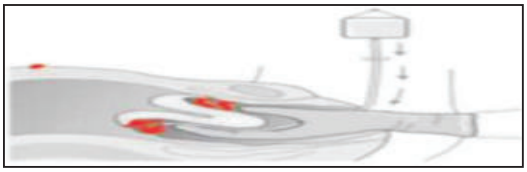
examination. 7) P/V examination -cervical ring felt with inverted uterus.

Management- Once the diagnosis of uterine inversion is made, immediate intervention to control haemorrhage and restore haemodynamic stability in the mother is required. Because a delay will lead to an increase in the mortality rate appreciably.

Principal steps- 1) Call for help. 2) Call anaestheologist immediately. 3) Haemodynamic stability- large bore cannula, crystalloid, and blood, FFP are given to combat hypovolemia. 4) Resuscitation. 5) Blood investigations. 6) Cross match blood. 7) Catheterize the bladder. 8) Higher antibiotics. 9) The recent uterine inversion with placenta already separated from it may often be replaced by manually pushing up on the fundus with the palm and fingers in the direction of long axis of vagina and pack the vagina with antiseptic roller gauze. A delay will render replacement more difficult with increase in bleeding. Foot end of the bed is raised.



10) If placenta is still attached- it is usually not removed until fluids are given, uterine relaxing anaesthetics like halogen inhalation, tocolytic agents (MgSO4, betamimetics, nitroglycerine) are used. After the uterus is relaxed it is repositioned. After the placenta is removed, steady pressure with the fist is applied to the inverted fundus in an attempt to push it up into the dilated cervix. Alternatively 2 fingers can be extended rigidly to push the centre of the fundus upward. Undue force is not applied to avoid perforation of the uterus with fingertips. 11) Followed by uterotonic agents are used. It not only trigger contractions the uterus but also prevent recurrence. 12) If manual fails it is done by hydrostatic reduction method (Sullivans hydrostatic replacement)- Warmed sterile saline is infused into the vagina, the clinicians hand or a silicon ventouse cup is used as a fluid retainer to generate intravaginal hydrostatic pressure. bag should be elevated 100-150cm above the vagina to guarantee sufficient pressure. Also effective in preventing blood loss.



13) Manual reinsertion under general anaesthesia. 14) Abdominal surgery to reposition the uterus if all above attempts fail. (Huntington's replacement, Haultan's replacement). 15) Emergency hysterectomy in extreme cases. 16) Close monitoring for vals, bleeding, recurrence.

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Exploring The Significance Of Ginger In Ayurveda

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Zingiber officinale, also known as ginger, is a well-known and highly prized medicinal herb that plays a significant role in Ayurveda, the traditional Indian medical system. Ginger has been valued for generations as a useful herb that contributes to both culinary and medicinal practises because of its distinctive perfume, sour flavour and medicinal qualities. This article will examine ginger's extensive history, wide range of uses, and major place in Ayurveda, illuminating its value as a potent herbal remedy.

Ginger has been used for thousands of years, with roots in ancient India and China. The Charaka Samhita and the Sushruta Samhita, two Ayurvedic literature, identify ginger as a significant herb utilised in a variety of formulations. It is regarded as one of the most ancient and well-researched medicinal plants in Ayurveda. The excellent therapeutic benefits of ginger were known to the ancient physicians, who used it in a variety of medicinal formulations.

Ginger possesses a remarkable range of therapeutic properties that make it a valuable herb in Ayurvedic medicine. It is known for its carminative, digestive, anti-inflammatory, analgesic, expectorant and immune-boosting properties. These properties are attributed to the presence of bioactive compounds such as gingerols, shogaols and zingerone. Ginger acts as a powerful digestive stimulant, promoting healthy digestion and alleviating various digestive disorders like indigestion, flatulence, and nausea. Additionally, it exhibits anti-inflammatory effects, making it useful in managing inflammatory conditions like arthritis and joint pain.

Latin Name: Zinziber officinale
Family: Zinziberaceae
Sanskrit Synonyms:
Mahoushadhi - It means the herb that enhances vitality.
Shunthi - It deals with common doshas.
Vishwabhesaj - It means the universal medicine for almost all diseases.
Properties: It is triptighna (relieves satisfaction), as arshoghna (relieves pain), deepaniya (enhances digestion), shula prashamana (relieves colic), trishna nigrahana (relieves thirst), pippalyadi, trikatu (good).
Appearance: It is a perennial plant with a pungent aroma, yellowish color, and a combination of smooth and rough textures. It is found mainly in hot regions, especially in Kerala, Andhra Pradesh, Gujarat, Himachal Pradesh and Maharashtra.
Various Methods to make Shunthi from Ardarak (ginger):
1) Simple Method: Dry the tender skin of ginger in the sun and remove it.
2) Moderate Method: Cook the ginger and add lime water during the cooking process.
3) Good Method: Remove the tender skin of ginger and soak it in lime water, then dry it in the sun.
4) Best Method: Give sulfur smoke to the ginger obtained from the good method.
5) Milk Saunth: Remove the tender skin of ginger, cook it in milk and then dry it in the sun.
Types: 1) Jamaican, 2) Indian-Kochi, Kaligat, Kolkata, 3) African, 4) Japanese, 5) Chinese
Chemical Composition:
Ardarak: Protein 2.3, Fat 0.9, Fiber 2.4, Carbohydrates 12.3, Minerals 1.2, Iron 2.6
Shunthi: Protein 15.4, Fiber 7.2, Starch 5.3, Volatile oil 1.2
Rasa : Pungent, Vipaka: Sweet, Potency: Hot, Qualities: Light, Unctuous (Shunthi), Dry, Sharp, Heavy (Ardarak)
Actions of Shunthi : Dosha Karma(Effect on Doshas): It balances Kapha with its pungent

taste and hot potency; it balances Vata with its hot potency and sweet post-digestive taste.

Dhatu Karma (Effect on Tissues) : It acts as a digestive stimulant. It improves the function of the digestive fire, benefiting the entire body's metabolism. It improves tissue nourishment by reducing excessive moisture and neutralizing toxins. It especially has a digestive effect on the plasma, flesh, and fat tissues.

Mala Karma (Effect on Waste Products) : Shunthi reduces the liquid component of stool and helps in the absorption of the feces in cases of diarrhea.

External and Internal Uses of Shunthi:

External: Lepa for Vata-Kapha type of headache, rheumatism, arthritis, joint swelling, abdominal distension.

Internal : Shunthi should be used with caution in patients with Pitta constitution, during the summer and autumn seasons, in infants, elderly individuals, pregnant women, patients with urinary disorders and patients with bleeding disorders such as Rakta Pitta.

1) Agnimandya (Indigestion) - Saindhava + Ardraka Swarasa. 2) Aamavata (Rheumatoid arthritis) - Eranda Sneha; Shunthi, Guduchi Kwatha along with it. 3) Aruchi (Anorexia) - Shunthi Churna + warm water. 4) Trishna (Thirst) - Shunthi Siddha Jal. 5) Vata-Kapha Jwara (Fever with Vataand Kapha imbalance) - Shunthi + Mustak + Parpat + Kutki. 6) Chardi (Vomiting) - Trikatu + Saindhava. 7) Krimi (Intestinal worms) - Shunthi + Vidanga. 8) Shwasa, Kas (Asthma, Cough) - Shunthi + Pippali + Gud. 9) Pratishyaya (Common cold) - Shunthi + Tulsi + Maricha. 10) Atisara (Diarrhea) - Shunthi + Jirak + Balbilva. 11) Udashoola (Colicky pain) - Shunthi + Ajmoda. 12) Prasavottar Durbalata (Postpartum weakness) - Saubhagyashunthi Pak. 13) Sandhishool (joint pain) - Shunthi + Gokshura decoction. 14) Shotha (edema) - Shunthi + Puranagud. 15) Vrishanavat (erectile dysfunction) - Shunthi + Ghrita with warm water. 16) Vrushya (aphrodisiac) - Shunthichurna + Dugdha. 17) Hridashool (heartache) - Shunthi decoction + Hingu . 18) Sheetapitta (urticaria) - Ardrakswaras + Puranagud. 19) Kamala (jaundice) - Trikatu churna + Saindhava + Nimbuswaras. 20) Ajeerna (indigestion) - Trikatu + Ghrita. 21) Sthaulya (obesity) - Trikatu churna with honey.

Dosage : Swarasa - 3 to 5 ml, Churna - 0.5 to 1 gram, Kwatha - 20 to 40 ml.

Recent advances on ginger based on Active constituents and their pharmacological actions : Zingiber officinale contains active compounds in volatile oil, accounting for 1-3% of the total weight. Ginger oil primarily contains sesquiterpenes, including bisapolene, zingiberene and zingiberol. Ginger's pungent compounds have analgesic effects. Zingiber officinale has been found to actively affect digestive enzymes. It improves maltase activity, disaccharidase, sucrase, and intestinal lipase. Ginger reduces the synthesis of immune-system components known as cytokines. Hence long term inflammatory changes that are present in chronic arthritic conditions, tend to subside when ginger is used. A study observed that consuming fresh and heat-treated ginger on a daily basis decreased muscle soreness significantly. Ginger and its separated components have pharmacological activities such as immuno-modulation, anticancer, anti-inflammatory, anti-apoptotic, antihyperglycemic, anti-hyperlipidemic and anti-emetic. Ginger has significant antioxidant properties that can reduce or prevent the formation of free radicals.

In recent years, scientific studies have increasingly focused on investigating the medicinal properties of ginger and validating its traditional uses. Research has confirmed the anti-inflammatory, antioxidant, anti microbial and anti-cancer activities of ginger. These scientific findings not only support the traditional knowledge of Ayurveda but also open new avenues for further exploration of ginger's therapeutic potential. Ginger is next to Guduchi in its extensive use in COVID 19.

Ginger occupies a prominent place in Ayurveda due to its versatile applications and

numerous health benefits. As a key component of various Ayurvedic formulations, ginger has proven its efficacy in managing numerous ailments and promoting overall well-being. The ancient wisdom of Ayurveda recognizes the unique healing potential of ginger and modern scientific research continues to unravel its therapeutic properties. As we embrace the holistic approach to healthcare, ginger's significance in Ayurveda remains undeniable, serving as a testament to the profound wisdom and timeless relevance of this ancient.

Network pharmacology and Shunthi : Network pharmacology creates a map of active ingredients and their biological targets in the body. This mapping helps researchers understand how these multiple compounds interact with each other and influence various disease pathways. By shedding light on the scientific mechanism behind Ayurvedic formulations, network pharmacology bridges gap between traditional knowledge and modern medicine. Maximum analysis is based on in-silico methods. Molecular docking is almost always a first step of study. Docking is study of how two or more molecular structures (e.g. drug and enzyme or protein) fit together. In other words its molecular modelling technique that is used to predict how a protein (enzyme) interacts with small molecules (ligands). Next steps are called network building, network analysis and last may be experimental validation. In network building various soft wares are used to detect Nodes and Links. Nodes represent the herb's active compounds and disease targets.Links connect these nodes based on known interactions. Network analysis help to detect key compounds in the herb that might interact with multiple disease targets and potential mechanisms by which the herb might influence the disease.

Here are some examples of network pharmacology studies on ginger with scientific research article references: 1) Identification of the active substances and mechanisms of ginger for the treatment of colon cancer based on network pharmacology and molecular docking :

This study used network pharmacology to identify potential mechanisms by which ginger might work against colon cancer. Researchers found that multiple active components from ginger, particularly 6-gingerol, interacted with various genes involved in colon cancer development

Conclusion - Here are some additional points to consider about network pharmacology :

- The network can be constantly updated as new scientific data becomes available.
- The complexity of the network can vary depending on the number of components and the level of detail included.
- While the network offers valuable insights, it's not a definitive answer. Further research, like clinical trials, is needed to confirm the effectiveness of herbs or formulations.

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Nag, A., Banerjee, R. Network pharmacological evaluation for identifying novel drug-like molecules from ginger (ZingiberofficinaleRosc.) against multiple disease targets, a computational biotechnology approach. Netw Model Anal Health Inform Bioinforma 10, 55 (2021). https://doi.org/10.1007/s13721-021-00330-6

3) Exploring the mechanism of an active ingredient of ginger, dihydrocapsaicin, on triple negative breast cancer based on network pharmacology and in vitro experiments:

This study focused on dihydrocapsaicin, a specific component of ginger, and its potential role in treating triple-negative breast cancer. Network pharmacology analysis predicted interactions between dihydrocapsaicin and genes involved in cancer cell growth and survival.

Luo L, Chen Y, Ma Q, Huang Y, Hong T, Shu K and Liu Z: Exploring the mechanism of an active ingredient of ginger, dihydrocapsaicin, on triple negative breast cancer based on network pharmacology and experiments. OncolLett 25: 195, 202.

The Effect Of Mashasaptak Taila Nasya In Pakshaghata - A Review

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Introduction - Vatavyadhi is considered to be one among the Ashtamahagadas[1]. Mahavatavyadhi can manifest either due to Dhatukshaya, Margavarodha or Avarana. Pakshaghata is a samanyaja as well as one among the 80 Vataja nanatmaja Vikaras. It is a Roga of Madhyama marga[2]. The disease Pakshaghata is explained and well explored by Charakadi maharshi in Bruhatrayee.

The term Pakshaghta means, paralysis of one half of the body. Where 'Paksha' denotes right or left half of the body and 'Aghata' denotes impairment of Karmendriya, Gyanendriya and Manas.

हत्वैकं मारुतः पक्षं दक्षिणं वाममेव वा ।
कुर्याच्चेष्टानिवृत्तिं हि रुजं वाक्स्तम्भमेव च।। च.चि. २८/५३[3]

The disease is due to vitiation of Vata Dosha and Sthana-Samshraya leading to the formation of the Lakshana like cheshtahani, Ruja, Vaksthambha, Hasta-pada sankocha, Vaktravakrata etc. According to etiological factors there are two types of pakshaghata i.e. Margavarodha janya and Dhatukshaya janya mainly. Margavarodha janya can be of two type - Pittanubandhi and Kaphanubandhi and Dhatukshaya janya is of type Kevala Vataj which is said as Nirupasthambhit. Pakshaghata can be correlated with the disease Stroke i.e CVA (Cerebrovascular accidents). Stroke is the sudden death of some brain cells due to lack of oxygen when the blood flow to the brain is lost by blockage or rupture of an artery to the brain[4]. The most common symptom of a stroke is sudden weakness or numbness of the face, arm or leg, most often on one side of the body. The burden of lifestyle disorders are increasing day-by-day and stroke is the one among them. It is the 3rd largest cause of death and disability world-wide. In developing country like India ratio is increasing, due to increase in the ratio of lifestyle disorders. Community surveys in India have shown a crude prevalence rate for CVA in the range of 200 in 10,000 persons[5].

Objectives - To assess the effectiveness of Mashasaptak Taila Nasya in the management of Pakshaghata.

To observe symptom changes during treatment.

To improve quality life of patient.

Material and Methods - Pakshaghata is a Vatavyadhi and large number of population affected by disease globally and elderly aged peoples are more susceptible than younger one.

धातूनां सङ्क्षयाच्चिन्ताशोकरोगातिकर्षणात्।
दुःखशय्यासनात् क्रोधाद्दिवास्वप्नाद्भयादपि।।
वेगसन्धारणादामादभिघाताद्भोजनात्।
मर्माघाताद्गजोष्ट्राश्वशीघ्रयानापतंसनात्।।च.चि.२८/१६-१७[6]

Various etiological factors such as Virudha Aahara, Atijagarana, Ati Vyavaya, Asruk srava, Vicheshta, Dhatu kshya, Shoka, Chinta, Diwaswapna, Marmabhighata and Vegasandharana initiates pathogenesis of Pakshaghata. Vitiated Vata symptoms like Paksha hanana, Sharirardha Achetana, Anyatra paksha vimoksha, Sandhi bandhana vimoksha, Ruja, Vaksthambha, Hasta pada sankocha, Toda, Shoola, Kampa are present, but due to association of Pitta dosha Daha, Santapa, Murcha can also be found and due to involvement of Kapha dosha Shaithilya, Shotha, Guruta may also be there

गृहीत्वाऽर्धं शरीरस्य सिराः स्नायूर्विशोष्य च।
पादं सङ्कोचयत्येकं हस्तं वा तोदशूलकृत।। च.चि.२८/५४[7]

Samprapti Ghataka In Pakshaghata -

• Dosha - 1) Kevala Vataj - Vata Pradhanatha (Prana, Vyana, Udana) 2) Pittanubandhi – Pitta (Pachak and Ranjak Pitta etc) and Vata Dosha 3) Kaphanubandhi - Kapha (Shleshak and

Avalambaka Kapha etc) and Vata Dosha
• Dushya - Dhatu - Rakta, Mamsa, Majja. Upadhatu - Sira, Snayu, Kandara
• Agni - Jatharagni and Dhatwagni
• Ama -Jatharagni mandya janya and Dhatwagni mandya janya
• Srotas - Raktavaha, Majjavaha, Purishvaha, Manovaha
• Sroto dushti - 1) Kevala Vataj - Atipravrutti, Vimarga gaman 2) Pitta and Kaphanubandhi - Sanga, Vimarga gamana
• Udbhava sthana - Pakwashaya
• Adhishtana - Shira (Mastishka)
• Vyakta sthana - Head, Extremities(left, right, both sides)
• Sanchara sthana - Rasayani, vatavaha nadi, Kandara, Sira
• Rogamarga - Madhyama
• Vyadhi swabhava - Ashukari (Asrk srava), Chirakari (Margavarana)
• Sadhya - Asadhyata - Yapya / Kruchrasadhya

Pakshaghata Chikitsa - Treatment of both the underlying causes and symptoms of diseases is the goal of Ayurvedic medicine. The method is known as samprapti vighatana. The importance of Hetu and Sthana for the correct diagnosis and accordingly planning the treatment is mentioned in Vatavyadhi.

स्वेदनं स्नेहसंयुक्तं पक्षाघाते विरेचनम्।। च. चि. २८/१००[7]

Pakshaghata is a type of Vatavyadhi, so that Samanya Chikitsa of Vatavyadhi can be applied to Pakshaghata. Chikitsa explained by the classics mainly include Snehana, Swedana, Virechana. Nasya and Basti can be used with the help of Yukti Praman. Nasya is used by experts like Charakadi Maharshi to treat the diseases in which Shira, Marma is mainly affected. Administration of drugs through nasal route is called as Nasya, which are in the form of Sneha, Kwatha, Swarasa, Kalka etc.

Nasya Karma - Pakshaghata is a disease in which Indriya dushti is there and Urdhvajatru is a site of Dnyanendriya, Karmendriya, Marma etc. Nasya is considered as the best procedure for 'Urdhvajatrugata Vyadhi' because Nasa is considered as a direct gateway of Shira and is nearest route to remove morbid Doshas from Urdhvajatru (नासा हि शिरसो द्वारं तेन तद्व्याप्य हन्ति तान्।अ.ह.सू २०/१)[8]. Such medicines strengthen the Dnyanendriya, Karmendriya and Marma etc. In this Article an attempt has been made to study Nasya karma in the management of Pakshaghata.

Mode of action of Nasya - Nasa being gateway to Shira, the drug administrated through nostrils reaches to shringata marma (नासां ग्रहयं यदौषधं नस्यं। भा.प्र.पू.५)[9], a Siramarma by Nasa Srota and spreads in the Shira, taking routes of Indriyas and stretches the morbid Doshas from Urdhwajatru and expels them from Uttamanga. The nasal route of drug administration helps by passing the hepatic first pass mechanism and drug degradation, leads to rapid drug absorption and quick onset of action. The blood brain barrier is highly permeable for lipid and lipid soluble substances. Therefore, these substances can pass easily through the blood brain barrier and can exert their actions. Certain lipids are used for providing energy to nervous tissues. Nasya acts at the level of blood circulation, lymphatic channel including CSF, causes neuroendocrinal and neurovascular stimulation and also acts at neuro psychological levels.

In this study Mashasaptak Taila Nasya in the management of Pakshaghata mentioned by Yogaratnakar in Vatavyadhi chikitsa has been discussed as follow-

Mashasaptaka Taila -

माषबलाशुकशिम्बीकत्तृणरास्नाश्वगन्धारुबूकाणाम्।
क्वाथो नस्यनिपीतो रामठलवणान्वितः कोष्णः।।
अपनयति पक्षघातं मन्यास्तंभ सकर्णनादरुजम्।
दुर्जयमर्दितवातं सप्ताहाज्जयति चावश्यम्।।
यो. र. वातव्याधी चि. १२३–१२४[10]

Mashasaptaka Taila is combination of Masha, Bala, Kapikacchu, Eranda, Rasna, Ashwagandha and Kattruna taken along with Hingu and Saindhava. (See Table)

Majority of drugs in this formulation possess Madhur Rasa and Ushna Veerya which are Vatashamaka. Masha, Bala and Hingu has Vedanashamaka property. Hingu

(Table)

Dravya	Rasa	Veerya	Vipaka	Guna
Masha	Madhur	Ushna	Madhur	Guru,Snigdha,Balya
Bala	Madhur	Sheet	Madhur	Snigdha,Balya
Kapikacchu	Madhur,Tikta	Ushna	Madhur	Guru,Snigdha,Bruhan
Eranda	Madhur,Tikta	Ushna	Madhur	Snigdha,Sukshma,Tikshna
Rasna	Tikta	Ushna	Katu	Guru,Vatahar
Ashwagandha	Madhur,Tikta,	Ushna	Madhur	Snigdha,Balya
Kattruna	Tikta	Ushna	Katu	Hrudya
Hingu	Katu	Ushna	Katu	Snigdha,Teekshna,Laghu
Saindhava	Madhur,Lavana	Sheet	Madhur	Snigdha,Dipana
Tila Taila	Madhur,Tikta	Ushna	Madhur	Guru,Sukshma,Sara

Discussion - (Chart)

Pakshaghata

Samprapti

Margavarodha janya
avarodh of Vata gati due to Pitta & Kapha

Dhatukshaya janya
Kevala Vataj (Vitiation of Vata due to Ruksha, Sheet, Khara Guna)

Samprapti Bhang

> Eranda, Rasna, Hingu and Saindhava used in Taila are helpful to remove Margavarodh janya samprapti due to its Ushna, Snigdha Guna.
> Masha, Bala, Kapikacchu, Ashwagandha nourishes dushya like Rakta, Mamsa, Majja, Sira, Kandara and Improves movement.
> Total drug impact is seen on both Upasthambhit and Nirupasthambhit Avastha especially in chronic Condition.

and Saindhava being Teekshna and Sukshma would have aided in removing the Margavarodha present in the Srotas while the drugs like Masha, Eranda, Kapikachu and Bala, being Bruhana and Dhatuvardhaka in Rakta, Mansa, Majja Dhatu.

Mode of action of Mashasaptak Taila - Most of the drugs in Mashasaptak Taila are having Snigdha, Guru Guna, Ushna Veerya, and Vata Shamaka properties. All the above properties are very useful to eliminate the Vata which is aggravated by Dhatukshaya, Vata Prakopaka Ahara and Vihar, Abhighata etc. Tikshna, Sukshma, Vyavayi Guna and Ushna Veerya remove the Avarodha to Vayu and retain its normal Gati. Balya, Bruhaniya properties of drugs can nourish and increase the tone of Dhatus. (See Chart)

Conclusion - Pakshaghata is an alarming disease in the modern era. Karma kshaya of one half of the body, Balakshaya, Vaksanga, chesta hani, Santapa, Tandra is the cardinal feature of Pakshaghta. Nasya with Mashasaptaka Taila can be beneficial in Patients of Pakshaghata.

Nasya Karma is the treatment modality that not only acts as a therapeutic measure for all the Urdhwajatrugata Roga but also acts as a preventive tool for the same. Nasya will helpful for samprapti bhang as it acts on nearest route of Indriya i.e Uttamanga. 6-10 drops of nasya (Marsha Nasya) can be administered upto 7 days. Along with Panchakarma procedures like Abhyanga, Swedan, Basti etc. Nasya will be helpful for patients improvement. A wise person should always be attentive towards one's own health. He should take each and every possible step in order to prevent diseases. So everyone should know about it.

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डॉ. मिरा परांजपे ह्यांचे निधन

श्रद्धांजली

पुण्यातील सुप्रसिद्ध स्त्रीरोग–प्रसूती तज्ञ व अष्टांग आयुर्वेद महाविद्यालयाच्या माजी प्राचार्य डॉ. मिरा मधुकर परांजपे ह्यांचे नुकतेच दुःखद निधन झाले.

डॉ. मिरा परांजपे (लिमये) ह्या टिळक आयुर्वेद महाविद्यालयाच्या माजी विद्यार्थीनी होत्या.

राष्ट्रीय शिक्षण मंडळ व आयुर्विद्या मासिक समितीतर्फे डॉ. मिरा ह्यांना सश्रद्ध श्रद्धांजली !

Informed Consent Of Patient In Clinical Trial

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Introduction - The history of Indian conceptions of ethics and medicine, is emphasising on the Hindu tradition. Medical ethics in the Indian context is closely related to indigenous classical and folk traditions. Classical Ayurvedic texts including Carakasamhita and Susrutasamhita provide foundational assumptions about the body, the self, and gunas, which provide the underpinnings for the ethical system. Karma, the notion that every action has consequences, provides a foundation for medical morality. (1) In this communication it is proposed to highlight the importance of Informed consent of patient which is one of important ethical component in clinical trial or research.

History - Prussian Minister of Interior, in 1891 has proposed that tuberculin for the treatment of tuberculosis must not be used against a person's will. (2) Sir William Osler1907 endorsed the necessity of informed consent in medical research. As per Nurnberg Code (1949) the voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice. It is a personal duty and responsibility which may not be delegated to another with impunity. (3) Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary. Although it may be appropriate to consult family members or community leaders, no individual capable of giving informed consent may be enrolled in a research study unless he or she freely agrees. (4) For medical research
using identifiable human material or data, such as research on material or data contained in biobanks or similar repositories, physicians must seek informed consent for its collection, storage and/or reuse. There may be exceptional situations where consent would be impossible or impracticable to obtain for such research. In such situations the research may be done only after consideration and approval of a research ethics committee. (4) According to Belmont Report three basic principles, among those generally accepted in our cultural tradition, are particularly relevant to the ethics of research involving human subjects: the principles of respect of persons, beneficence and justice. Informed Consent of patients should be analysed on the following three elements information, comprehension and voluntariness in addition Assessment of Risks and Benefits due to treatment. The details for selection of subjects for the trial is given. (5) Soon after the release of the Belmont Report, in 1980, the Indian Council of Medical Research (ICMR) also released its first ethical guidelines as "Policy Statement on Ethical Considerations Involved in Research on Human Participants".[6] Under the topic of informed consent it states "the best way of obtaining informed consent is one that is difficult and one in which the norms and forms used in other countries are really not fully relevant to the conditions prevailing in this country." Further it states that the council can only lay down broad guiding principles to obtain informed consent and leave it to the ethics committees to develop its own procedures to review that. This ethical relativism was recognized even at that time. However, in the first revised versions of ICMR's ethical guidelines released in year 2000 [7] According to the International Council for Harmonization (ICH) - Good Clinical Practice (GCP) guidelines all clinical trials should be conducted in compliance with
ethical standards, clear scientific proof, and benefit overweigh risk; and a clear welldocumented protocol is required. Obtaining an informed consent and affirming confidentiality. The trial staff should receive adequate training along with their appropriate qualifications. Data should be documented accurately and easily accessible and available. Manufacturing the investigational products should be in accordance with Good Manufacturing Practice (GMP) guidelines. (8)

Definition of Inform Consent - According to US FDA inform consent guidance sheet 2014 "Informed consent involves providing a potential subject with adequate information to allow for an informed decision about participation in the

clinical investigation. This will facilitating the potential subject's comprehension of the information, providing adequate opportunity for the potential subject to ask questions and to consider whether to participate, obtaining the potential subject's voluntary agreement to participate and continuing to provide information as the clinical investigation progresses or as the subject or situation requires." (9) As per Glossary of ICH terms and definitions Version 4 published on 20 July 2023 a process by which subject voluntarily confirms his or her willingness to participate trial, after having been informed of all aspects of the trial that are relevant to the subject's decision to participate informed consent is documented by means of a written, signed and dated informed consent form. (10)

Purpose of Inform Consent - Informed consent has become the primary paradigm for protecting the legal rights of patients and guiding the ethical practice of medicine. It may be used for different purposes in different contexts: legal, ethical or administrative. Informed consent pertains primarily to those decisions that involve choices about the goals of medical treatment. 1)Legal-a) Protection from assault. b) Preventing unwanted Procedure. 2) Ethical-a) Protect autonomous decision making. b) Support patient - defined goals.3) Administrative-a) Document that the parties were involved in the informed consent process b) Provide efficient safeguards of ethical and legal requirement. (11)

What is the goal of inform consent? - The goal of the informed consent process is to understand that, subject has sufficiently understood the information about clinical trial. So that they can make informed choice about whether to begin or continue participation in clinical research or during trial if he has discomfort then subject has right to get appropriate treatment for discomfort or he has right to leave the trial.

Why inform consent is essential? - Following points are essential for the inform consent:1) It is ethical practice before stating clinical trial or research.2) It is related to the safety, satisfaction and quality care of subject under trial. 3). It is law and regulatory requirement before starting clinical research and it will reduce risk of litigation. 4)Increased levels of hospital or institutional quality for compliance with accreditation standard. 5). It is also a critical procedure for the fulfilment of the ethical dimension in scientific research in social sciences. 6). Informed consent creates trust between doctor and patient by ensuring good understanding. It also reduces the risk for both patient and doctor.7). Failure to obtained informed consent renders any physician liable for negligence and constitute medical mal practice.

Respect for subject's rights - The first principle of medical ethics is autonomy require to respect the people who are participating in clinical trial and their rights. Informed consent ensures that individuals can decide to participate only when the research is consistent with their values, interests and preferences. Informed consent respects individual's autonomy to participate or not in research. Adequate information about the research is given in a simple and easily understandable vernacular language in a document known as the 'Participant/Patient Information Sheet (PIS)' attached along with the 'Informed Consent Form (ICF)'. The PIS should include: A statement that the study involves research only; an explanation of the purpose of the research and the expected duration of the subject's participation. A description of the procedures to be followed and identification of any procedures which are experimental; foreseeable risks or discomforts to the subjects. A description of any benefits to the subjects or to others which may reasonably be expected from the research; trial treatment schedule(s) and the probability for random assignment to each treatment (especially in randomized placebo-controlled trials). A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subjects. A statement describing the extent, if any, to which confidentiality of records identifying the subjects will be maintained. For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, and where further information may be obtained. An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subjects. A statement that participation is voluntary and refusal to participate will involve no penalty or loss of benefits to which the subjects are otherwise entitled. Also, the subjects may discontinue participation at any time without penalty or loss of benefits. The ICF should specify that the participant

has read and understood the patient information sheet; no further permission is required to look into his health records for study purpose until his identity is not revealed; the results arising from the study can be used only for scientific purposes and he voluntarily agrees to take part in the study. The ICF should have space for signature/thumb print of the participant, the principal investigator, a witness and a legally acceptable representative when required. (12)

Difference between Assent and Consent - Assent is defined as an agreement from someone who is yet of legal age to give consent to participate in a particular activity. Usually, this is applied when, the subjects are underage or children. These are people who are not capable of giving informed consent, but they can give their assent while their parents or legal guardians give the consent on their behalf. While permission qualifies to be consent when an individual voluntarily agrees to a proposal, desire, or request by another person. Even though it is a term of common speech, it may express more specific definitions, for example, in the medicine, sexual relationships, law, and research fields. (13)

The assent and consent are different terms with respective meanings despite having the same sounding at the end? These are words that may also be used in similar contexts to signal agreement, but each delivers a more specific meaning based on the people involved as follows:1) While used as verbs, to assent means to give approval while to consent is to express willingness. 2) As nouns, assent means an agreement or act of agreeing while consent means a voluntary agreement or permission given by an individual. 3) Assent means agreeing with something, a request, or to participate in an activity, while consent giving is permission to be involved in an activity.4) Assent is to obtained from people who are not of legal age to give a consent, while consent is obtained from adults (people above the legal age).5) Assent in research is willingness to participate in a study, and consent in research is legally entered agreement for a subject to participate in a study. 6)Assent in law not a legally binding permission and consent in law legally binding permission. (14)

Obtaining the informed consent in India - In India the clinical trials are conducted as per Central Drugs Standard Control Organization (CDSCO) Clinical Trials Rules 2019 (2019-CTRules) (15), National Ethical Guidelines for Biomedical and Health Research Involving Human Participants 2017, Indian Council of Medical Research (ICMR) (G-ICMR) (16) and National Ethical Guidelines for Biomedical Research Involving Children 2017 ICMR (G-Children).(17). It is to mandatory obtained the informed consent form (ICF) and the patient information sheet approved by ethics committee (EC) before prior to beginning clinical trial. Further this document must be submitted by the investigator to the Drugs Controller General of India (DCGI), prior to the trial's initiation, which is the Central Licensing Authority in the Indian regulations. The investigator must provide detailed information to research participant and/or the legal representative(s) or guardian(s)about proposed clinical trial. The ICF content should be briefly and clearly presented orally, and in writing, and in a manner that is easy to understand, commensurate with the comprehension level of the participants, and without coercion or unduly influencing a potential participant to enrol in the clinical trial. The ICF should be written in English, and/or in a vernacular language that the participant is able to understand language should not only be scientifically accurate and simple, but should also be sensitive to the participant's social and cultural background. In addition, the participant and/or the legal representative(s) or guardian(s), should be given adequate time to consider whether to participate or not. The consent should also be given voluntarily and not be obtained under duress or coercion of any sort or by offering any inducements. Further, in the case of differently abled participants, such as those with physical, neurological, or mental disabilities, appropriate methods should be used to enhance the participants' understanding (e g Braille for the visually impaired).As delineated in the 2019-CTRules, investigator(s) must obtain an audio-video (AV) recording of the informed consent process for vulnerable participants in clinical trials for a new chemical or molecular entity, including the procedure of providing information to the participant and his/her understanding of the consent. This AV recording should be retained in the investigator's files. In cases where clinical trials are conducted on anti-human immunodeficiency virus (HIV) and anti-leprosy drugs, the investigator(s) must only obtain an audio recording of the informed consent process. The investigator(s) is also required to retain the audio recording for his/her records.

Documenting Consent - The G-ICMR and the G-Children specify that the participant and/or the participant's legal representative(s) or guardian(s) must sign with date the ICF. If the participant is incapable of giving an informed consent, the legal representative(s) or guardian(s) should sign and date the ICF. Where the participant and/or the legal representative(s) or guardian(s) is illiterate, verbal consent should be obtained in the presence of and countersigned by an impartial witness. If the participant and/or the legal representative(s) or guardian(s) cannot sign, a thumb impression must be obtained. In addition, the investigator(s) who administers the consent should also sign and date the ICF. When written consent as a signature or thumb impression is not possible, verbal consent may be taken with the EC's approval, in the presence of an impartial witness who should sign and date the consent document, or through an AV recording. According to the G-ICMR, the ICF may also be administered and documented electronically, as long as the EC approves the process first. As per the G-ICMR, the following special situations may also arise in administering consent:1)The gatekeeper's (a group's head/leader or the culturally appropriate authorities), may provide permission on the group's behalf in writing oraudio/video recording and be witnessed.2) Community consent is required for certain populations in order for participants to be permitted to participate in the research. A copy of the signed ICF and the PIS should be given to the participant or the legal representative(s) or guardian(s). As per the G-Children, the investigator should also keep a signed copy of the ICF.

Waiver of Consent - As specified in the G-ICMR and the G-Children, the investigator(s) can apply to the EC for a waiver of consent if the research involves less than minimal risk to participants and the waiver will not adversely affect the rights and welfare of the participants. In addition, as per the G-ICMR, the EC may grant a waiver of consent in the following situations:1)Research cannot practically be carried out without the waiver and the waiver is scientifically justified.2)Retrospective studies, where the participants are de-identified or cannot be contacted 3)Research on anonymized biological samples/data. 4) Certain types of public health studies / surveillance programs/program evaluation studies 5) Research on data available in the public domain. 6)Research during humanitarian emergencies and disasters, when the participant may not be in a position to give consent. An attempt should be made to obtain the participant's consent as soon as possible.

Re-Consent of ICF - According to the G-ICMR and the G-Children, investigator(s) are required to renew the informed consent of each participant if there are any changes in the ICF related to the study conditions or research procedures, or if new information becomes available during the trial. Further it is applicable in cases in which a participant regains consciousness from an unconscious state and/or recovers mental capacity to understand the research study. If such an event is expected, then procedures to address this circumstance should be explained clearly in the ICF. The re-consent is required in the following situations: 1)New information pertaining to the study becomes available that has implications for the participant(s) or that changes the benefit and risk ratio. 2) A research participant who is unconscious regains consciousness or suffered loss of mental competence and regains the ability to understand the research implications. 3) A child becomes an adult during the course of the study, or the legal representative(s) or guardian(s) have changed. 4)Research requires a long-term follow up or an extension. 5)There is a change in treatment modality, procedures, site visits, data collection methods, or tenure of participation which may impact a participant's decision to continue in the research..6)There is possibility of identity disclosure through data presentation or photographs (this should be camouflaged adequately) in an upcoming publication. 7) Future research may be carried out on stored biological samples if not anonymized. The partner/ spouse may also be required to give additional re-consent in some of the above cases.

Participants Rights - As per the 2019-CTRules and the G-ICMR, India's ethical standards promote respect for all human beings and safeguard the rights of research participants. The GICMR upholds the Declaration of Helsinki (IND-63). The 2019-CTRules, the G-ICMR and the G-Children state that a participant's rights must also be clearly addressed in the informed consent form (ICF) and during the informed consent process as follows:

The Right to Participate, Abstain, or Withdraw - The participant and/or the legal representative(s) or guardian(s) should be informed that participation is

voluntary, the participant may withdraw from the research study at any time, and refusal to participate will not involve any penalty or loss of benefits to which the participant is otherwise entitled.

The Right to Information - A potential research participant and/or the legal representative(s) or guardian(s) has the right to be informed about the nature and purpose of the research study, its anticipated duration, study procedures, any potential benefits or risks, any compensation or treatment in the case of injury and any significant new information regarding the research study.

The Right to Privacy and Confidentiality - All participants must be afforded the right to privacy and confidentiality, and the ICF must provide a statement that recognizes this right. The 2019-CTRules also states that it is the responsibility of the investigator(s) to safeguard the confidentiality of research data to protect the identity and records of research participants.

The Right of Inquiry/Appeal - The research participant and/or the legal representative(s) or guardian(s) should be provided with contact information for the investigator(s) and the ethics committee (EC) to address trial-related inquiries and/or to appeal against a violation of the participant's rights.

The Right to Safety and Welfare - The G-ICMR clearly states that a research participant's right to safety and protection of health and welfare must take precedence over the interests of science and society.

Emergencies

Humanitarian Emergencies - As explained in the G-ICMR, during a humanitarian emergency or disaster, close attention should be paid to the effect of the emergency on perceptions of ethical questions, altered or increased vulnerabilities, provider-patient and researcher participant relationships, and issues related to integrity of studies and ethical review processes. Obtaining valid informed consent in humanitarian emergencies is a challenge as the decisional capacity of the participants would be so low that they may not be able to differentiate between reliefs offered and research components. This should be very clearly distinguished during the informed consent process. Additional safeguards are required for participants due to their vulnerability, for example, counselling, psychological help, medical advice, and process of stakeholder consultation.

Further, it also indicates that the potential research participants might be under duress and traumatized. Researchers should be sensitive to this situation and are obligated to ensure that the informed consent process is conducted in a respectful manner. Researchers should strive to identify and address barriers to voluntary informed consent and not resort to inducements for research participation. The different roles of researchers, caregivers and volunteer workers must always be clarified and potential conflict of interest declared. If research involves vulnerable individuals (such as minors), then the legal representative(s) or guardian(s) should give consent. Additional protections might be required in special cases, for example, children with untraceable or deceased relatives. In these situations, consent should be obtained from an individual who is not part of the research team who should be designated by the institution/agency conducting research. For seeking a waiver of consent, the researchers should give the rationale justifying the waiver. The EC should approve such a waiver after careful discussion on the issue. Refer to the Documentation Requirements section for additional information on waivers of consent. When consent of the participant or the legal representative(s) or guardian(s) is not possible due to the situation, informed consent must be
administered to the participant or the legal representative(s) or guardian(s) at a later stage, when the situation allows. However, this should be done only with the prior approval of the EC.

Children in Emergency Situations - As per the G-Children, research involving children in emergency situations should only be carried out when it is scientifically justified and cannot be conducted outside this setting. The EC should review and approve these studies as well as the proposed timeframe in which formal consent will be obtained. If consent cannot be obtained in an emergency situation, deferred consent is suggested. Deferred consent involves giving minimum information verbally, followed by full details and formal consent later. If the legal representative(s) or guardian(s) are unavailable or unable to give consent, another individual, such as the participant's doctor or a person nominated by the healthcare provider, can give consent. However, the doctor or a person nominated by the healthcare provider may not be involved in the research. It is

recommended that a Data Safety Monitoring Board (DSMB) be strongly considered for these types of studies. that must be upheld during these trials and upholds the Declaration of Helsinki(IND-63).

Vulnerable population

Overview - According to the G-Children, if a child's legal representative(s) or guardian(s) refuses to give consent once their child is stabilized, he/she should not be included in the research, and no further research related procedures/data collection should be done. Additionally, the previously collected data obtained prior to the consent process should not be used without the legal representative(s)'s or guardian(s)'s permission.

As set forth in the 2019-CTRules and the G-ICMR, in all clinical trials, research participants selected from vulnerable populations must be provided additional protections to safeguard their health and welfare during the informed consent process. The G-ICMR further describes vulnerable groups and individuals as those who may have an increased likelihood of incurring additional harm, as they may be relatively/absolutely incapable of protecting their own interests. The vulnerable populations are characterized as individuals / communities with hierarchical relationships (e.g., prisoners, armed forces personnel, or staff and students at medical, nursing, or pharmacy academic institutions); economically and socially disadvantaged individuals (e.g. persons who are unemployed, abandoned, orphans, have language barriers, or cultural differences); persons below the poverty line; ethnic, religious, or sexual minority groups; tribal and marginalized communities; terminally ill patients or those suffering from stigmatizing /rare diseases; patients in emergency situations; institutionalized persons; homeless persons, nomads, or refugees; minors; women in special situations like pregnant or lactating women, those with poor decision-making powers, or poor access to healthcare); those with mental illness and cognitively impaired, differently abled, or mentally or physically disabled; or others incapable of personally giving consent.

Terminally Ill Patients - According to the G-ICMR, terminally ill patients or patients seeking new treatments are considered as vulnerable as they are ready to give consent for any intervention that could help them. The EC should carefully review protocols and recruitment procedures for these studies and comply with the following requirements: 1) Additional monitoring should be done to detect any adverse event as soon as possible.2) A benefit-risk assessment should be performed that considers the potential participant's perception of benefits and risks.3) Post trial access to the medication.

Indigenous Peoples - The G-ICMR states that research on tribal populations should only be conducted if it is of a specific therapeutic, diagnostic and preventative nature with appropriate benefits to the tribal population. A competent administrative authority's approval, such as the tribal welfare commissioner or the district collector, should be obtained prior to an investigator entering the area. Whenever possible, it is desirable to seek the help of government functionaries / local bodies or registered, non-governmental organizations who work closely with the tribal groups and have their confidence. The tribal leader, or other culturally appropriate authority may serve as the gatekeeper from whom permission to enter and interact should be obtained. A participant's consent should be taken along as well as consulting with community elders and individuals who know the local language/ dialect of the tribal population, and in the presence of appropriate witnesses. Additional precautions should be taken to avoid including children, pregnant women and elderly people belonging to particularly vulnerable tribal groups. Benefit sharing with the tribal group should also be ensured for any research done using tribal knowledge that may have the potential for commercialization.

Elderly Persons - Permission to conduct clinical trials in geriatric patients must comply with the requirements listed in the required elements section. According to 2019-CTRules, geriatric patients should be included in Phase II and Phase III clinical trials at the sponsor's (also known as the applicant's) recommendation, in the following circumstances: 1)The disease intended to be treated is typically a disease of aging. 2)The population to be treated is known to include substantial numbers of geriatric patients. 3) There is specific reason to expect that conditions common in the elderly are likely to be encountered. 4) The new drug is likely to alter the geriatric patient's response (with regard to safety or efficacy) compared with that of the nongeriatric patient

Persons in Dependent Groups - As indicated in the G-ICMR, while reviewing protocols involving

participants who are engaged in subordinate or dependent relationships, the EC must ensure the following: 1) Participant enrolment is specifically relevant to the research questions and is not merely a matter of convenience. 2) Extra efforts are required to ensure the autonomy of these individuals is respected, and that they are able to freely decide to participate or deny consent and/or later withdraw from the study without fear of any negative repercussions on their care. 3) Mechanisms to avoid coercion due to being part of an institution or hierarchy should be described in the protocol.

Sexual Minorities and Sex Workers - As mentioned in the G-ICMR, sexual minorities and sex workers require additional protections as they are more vulnerable to privacy, confidentiality, stigma, discrimination, and exploitation issues during a research study. Research proposals should ensure the dignity of these participants is protected and that they have access to quality healthcare. Investigators should consult the community, if possible, prior to the proposal being finalized. It is also advised that a representative of the sexual minority group/lesbian/gay/bisexual and transgender (LGBT) community attend the EC meeting as a special invitee/member.

Children / Minor - As stated in the G-ICMR, children are individuals who have not obtained the legal age of consent, which is 18 years. As per the G-ICMR, the 2019-CTRules and the G-Children, in the case of paediatric clinical trials, the participants are legally unable to provide written informed consent, and are dependent on their legal representative(s) or guardian(s) to assume responsibility for their participation in a research study. As specified in the 2019-CTRules,all paediatric participants should be informed to the extent compatible with the child's understanding, and if capable, the paediatric participant should sign and personally date the ICF. In these studies, the following requirements should be complied with:1)Written informed consent should be obtained from the legal representative(s) or guardian(s); however, all paediatric participants should be informed to the fullest extent possible about the study in a language and in terms that they are able to understand.2)Where appropriate, paediatric participants should additionally provide their assent to enrol in the study and mature minors and adolescents should personally sign and date a separately designed written assent form.3)Although a participant's wish to withdraw from a study must be respected, there may be circumstances in therapeutic studies for serious or life-threatening diseases in which, in the investigators and legal representative(s)'s or guardian(s)'s opinion, a paediatric patient's welfare would be jeopardized by failing to participate in the study. In this situation, continued legal representative(s) or guardian(s) consent should be sufficient to allow participation in the study.

Further for paediatric studies involving new drugs investigator must take into account the following issues:1)The timing of new drug paediatric studies will depend on the medicinal product, the type of disease being treated, safety considerations and the efficacy and safety of available treatments. 2)If the new drug is for diseases predominantly or exclusively affecting paediatric patients, clinical trial data should be generated in the paediatric population except for initial safety and tolerability data, which will usually be obtained in adults, unless such initial safety studies in adults would yield little useful information or expose them to inappropriate risk. 3) If the new drug is intended to treat serious or life-threatening diseases, occurring in both adults and paediatric patients, for which there are currently no or limited therapeutic options, the paediatric population should be included in the clinical trials early, following assessment of initial safety data and reasonable evidence of potential benefit; in circumstances where this is not possible, lack of data should be justified in detail. 4) If the new drug has a potential for use in paediatric patients, paediatric studies should be conducted. 5) Paediatric studies should include clinical trials, relative bioequivalence comparisons between paediatric and adult formulations, and pharmacokinetic studies for dose selection across the age ranges of paediatric patients in whom the drug is likely to be used.6)If the new drug is a major therapeutic advance for the paediatric population, studies should begin early in the drug development, and this data should be submitted with the new drug application. The reviewing EC should also include members having knowledge about paediatric, ethical, clinical, and psychosocial issues. As per the 2019-CTRules and the G-ICMR for detailed paediatric study requirements. The EC should also perform a benefit-risk assessment to determine whether there is a need to implement additional

safeguards/protections to conduct a study involving children. The EC should consider the circumstances of the children to be enrolled in the study including their age, health status and other factors and potential benefits to other children with the same disease or condition or to society as a whole. In addition, the G-Children should be consulted for detailed EC assessment criteria to be used to evaluate research studies involving children.

As per the G-Children, following EC approval of the protocol, the informed consent requirement for children may be waived in the following circumstances: 1) When it is impractical to conduct research since confidentiality of personally identifiable information has to be maintained throughout the study (e.g., a study on the disease/burden of HIV/AIDS) 2) Research is carried out on publicly available information, documents, records, works, performances, reviews, quality assurance studies, archival materials or third-party interviews, etc. 3) Research on anonymized biological samples, leftover samples after clinical investigation/research, cell lines, or cell free derivatives (e.g., viral isolates, DNA or RNA from recognized institutions or qualified investigators, samples or data from repositories or registries, etc.) provided permission for future research on these samples has been taken in the previous ICF. 4) In emergency situations when no surrogate consent can be taken. 5) Retrospective studies, where the participants are de-identified or cannot be contacted.

Assent Requirements - According to the G-ICMR, the 2019-CTRules, and the G-Children, if the paediatric participant has the capacity for assent, the participant's affirmative assent is
required to participate in a study according to their developmental level and decision-making capacity. According to the G-ICMR, mature minors are those from age 7 to 18.years. As per the 2019-CTRules, mature minors and adolescents should personally sign and date a separately designed written assent form. The G-Children also explains that in addition to the children's developmental level and capability of understanding, the assent process and form should also take into account their age, maturity, reading level, independence, autonomy as well as cultural and social factors. For children between ages 7 and 11 years, oral assent must be obtained in the presence of their legal representative(s) or guardian(s). For children between ages 12 and 18 years, written assent must be obtained. A child's dissent or refusal to participate must always be respected and he/she must be informed in an understandable manner that the child may withdraw assent at any time during the study. The EC may also issue a waiver of assent in the following circumstances: 1) If the research has the potential to directly benefit the child, and this benefit is only available through this study. 2) If the research involves children with intellectual and other developmental disabilities, they may not have the developmental level and intellectual capability to give assent.

Pregnant women - According to the 2019-CTRules and the G-ICMR, clinical studies involving pregnant or nursing women and foetuses require additional safeguards to ensure that the research assesses the risks to the women and the foetuses. The following conditions are required for research to be conducted involving pregnant or nursing women or foetuses.

As per the 2019-CTRules:Pregnant or nursing women should be included in clinical trials only when the drug is intended for use by pregnant or nursing women, foetuses, or nursing infants and where the data generated from women who are not pregnant or nursing is unsuitable.

According to the G-ICMR: 1) For studies related to pregnancy termination, only pregnant women who undergo Medical Termination of Pregnancy as per the Medical Termination of Pregnancy Act, 1971 can be included. 2) The research should carry no more than minimal risk to the foetus or nursing infant and the research objective is to obtain new knowledge about the foetus, pregnancy, and lactation 3) Clinical trials involving pregnant or nursing women would be justified to ensure that these women are not deprived arbitrarily of the opportunity to benefit from investigations, drugs, vaccines, or other agents that promise therapeutic or preventive benefits. 4) Research related to prenatal diagnostic techniques in pregnant women should be limited to detecting foetal abnormalities or genetic disorders as per the Pre-Conception and Pre- Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, amended in 2003, and not used to determine the sex of the foetus 5) Researchers must provide the EC with proper justification for including pregnant and nursing women in trials designed to address the health needs of such women or their foetuses or nursing infants. 6) If women of reproductive age are to be recruited, they

should be informed of the potential risk to the foetus if they become pregnant, be asked to use an effective contraceptive method, and be told about the options available in case of failure of contraception. 7) A woman who becomes pregnant must not automatically be removed from the study when there is no evidence showing potential harm to the foetus. The matter should be carefully reviewed, and she must be offered the option to withdraw or continue. 8) If the female sexual partner of a male participant gets pregnant during his research participation, the EC should review the protocol and the ICF to determine if a plan exists to document this event, and both the pregnant partner and foetus must also be followed for the outcome and reported in the study results, 9) Pregnant women have the right to participate in clinical research relevant to their healthcare needs (e.g. gestational diabetes, pregnancy-induced hypertension and HIV) 10) Benefitrisk assessment must be done at all stages for both the mother and the foetus, 11) Research involving pregnant women and foetuses must only take place when the objective is to obtain new knowledge directly relevant to the foetus, the pregnancy or lactation. 12) Women should not be encouraged to discontinue nursing for the sake of participation in research except in those studies where breastfeeding is harmful to the infant. 13) Appropriate studies on animals and non-pregnant individuals should have been completed, if applicable. 14) Researchers should not participate in decision-making regarding any termination of a pregnancy 15) No procedural changes, which will cause greater than minimal risk to the woman or foetus, will be introduced into the procedure for terminating the pregnancy solely in the interest of the trial. 16) When research is planned on sensitive topics (e.g., domestic violence, genetic disorders and/or rape) confidentiality should be strictly maintained and privacy protected.

Foetuses and Neonates - As described in the G-Children, study protocols involving neonates should take into consideration that this group is the most vulnerable within the paediatric population in terms of the risk of long-term effects of interventions, including developmental effects. ECs reviewing such proposed protocols should have an advisory member with expertise in neonatal research/care. ECs should scrutinize all proposed research for potential risks and weigh them against the possible benefits and ensure a competent person(s) conducts a proper scientific review of the protocol. In addition, when possible, older children should be studied before conducting studies in younger children and infants.

The consent of one parent is also required for neonate studies where research exposes them to no or minimal risk, or in studies that offer the prospect of direct benefit to the participant. However, for studies that do not offer the prospect of direct benefit or are high-risk, consent from both parents is required. Exceptions to this requirement include the following: 1) Only one parent has legal responsibility for the care and custody of the child. 2) One parent is deceased, unknown, incompetent, or not available. In such cases, it is the duty of the investigators to provide adequate justification. If one of the parents is a minor, then he/she should not provide consent. If both parents are minors, then enrolment of such a baby should be avoided as much as possible. Investigator(s) should provide adequate justification to the EC to enrol such neonates for research. A legally acceptable representative should provide an
informed consent in such situations.

Prisoners - As noted in the G-ICMR, prisoners are included in the description of vulnerable populations due to their diminished autonomy caused by dependency or being under a hierarchical system. During the review process, the ethics committee (EC) must ensure compliance with the following: 1) Enrolling participants is specifically pertinent to the research questions and is not merely a matter of convenience. 2) Extra efforts are made to respect the autonomy of these individuals because they are in a hierarchical position and may not be in a position to disagree to participate for fear of authority3)It is possible for the participant to deny consent and/or later withdraw from the study without any negative repercussions on her/his care.4)Mechanisms to avoid coercion due to being part of an institution or hierarchy should be described in the protocol.

Mentally Impaired - This is one of the important groups to handle in clinical trial. The G-ICMR states that, in the case of differently abled participants, such as those with physical, neurological, or mental disabilities, appropriate methods should be used to enhance the participants' understanding. The presence of a mental disorder is not synonymous with incapacity of understanding or inability to provide informed consent. However, Ecs have

special responsibilities when research is conducted on participants who are suffering from mental illness and/or cognitive impairment. They should exercise caution and require researchers to justify exceptions and their need to depart from the guidelines governing research. ECs should ensure that these exceptions are as minimal as possible and are clearly spelled out in the informed consent form.

As set forth in the Mental Healthcare Act, 2017(MHA2017), every person, including a person with mental illness, must be deemed to have the capacity to make decisions regarding mental healthcare or treatment providing the person has the ability to engage in the following: 1) Understand the information that is relevant to make a decision on treatment, admission, or personal assistance. 2) Appreciate any reasonably foreseeable consequence of a decision or lack of decision on the treatment, admission, or personal assistance. 3) Communicate the decision by means of speech, expression, gesture, or any other means.

The information must be provided to a person with mental illness using simple and understandable language, sign language, visual aids, or any other means to enable the person to understand the information. In the case in which a person makes a decision regarding one's mental healthcare or treatment that is perceived by others as inappropriate or wrong, that by itself, must not be interpreted as the person not having the capacity to make such a decision, as long as the person has the capacity to meet the above stated requirements.

Every person with mental illness who is not a minor must have the right to appoint a nominated representative, be competent to discharge the duties or perform the assigned functions under the MHA2017 and give consent in writing to the mental health professional to discharge the person's duties and perform the assigned functions. The nomination must be made in writing on plain paper with the person's signature/ thumb impression. A person who has appointed an individual as the nominated representative may revoke or alter the appointment at any time. The appointment of a nominated representative or the inability of a person with mental illness to appoint a nominated representative, must not be to construed as the lack of capacity of the person to make decisions about mental healthcare or treatment. All persons with mental illness must have the capacity to make mental healthcare or treatment decisions but may require varying levels of support from their nominated representative to make decisions. When fulfilling responsibilities, the nominated representative must have the right to give or withhold consent for research under circumstances.

Pursuant to MHA2017, professionals conducting research must obtain free and informed consent from all persons with mental illness for participation in any research that involves interviewing the person or any research that involves psychological, physical, chemical, or medicinal interventions. In the case of research involving
psychological, physical, chemical or medicinal interventions to be conducted on a person who is unable to give free and informed consent, but does not resist participation in such research, permission to conduct such research must be obtained from the concerned State Authority. The State Authority may allow the research to proceed based on informed consent being obtained from the person's nominated representative if the State Authority is satisfied that the following criteria are met: 1) The proposed research cannot be performed on persons who are capable of giving free and informed consent. 2) The proposed research is necessary to promote the mental health of the population represented by the person. 3) The purpose of the proposed research is to obtain knowledge relevant to the particular mental health needs of persons with mental illness. 4) A full disclosure of the interests of the persons and organisations conducting the proposed research is made and there is no conflict of interest involved. 5) The proposed research follows all the national and international guidelines and regulations concerning the conduct of such research, and ethical approval has been obtained from the institutional EC where such research is to be conducted. A research-based study of the case notes of a person who is unable to give informed consent will be permitted so long as the anonymity of the person is secured. In addition, the person with mental illness or the nominated representative who gives informed consent for participation in any research under may withdraw consent at any time during the research period.

Summary - For any clinical trial or research, the inform consent which is important ethical issue. Participating patients are a key stakeholder in clinical research. It is difficult task in country like India due to diversity of local languages and diverse socio-economical
population. Hence, to prepare simple, brief and

meaningful ICF is important for investigator of any clinical trial.

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हार्दिक अभिनंदन!

डावीकडून- डॉ. पुराणिक, वैद्य भोसले, प्रा. डॉ. पाटील.

टिळक आयुर्वेद महाविद्यालय व सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडीज अँड रिसर्च इन आयुर्वेदच्या स्त्रीरोग व प्रसूतितंत्र विभागातील पदव्युत्तर द्वितीय वर्षातील विद्यार्थिनी डॉ. तृप्ती भोसले हीस ११ जून २०२४ रोजी नॉर्थ गोवा येथे आयोजित National Beauty Pageant for all Fraternity female doctors स्पर्धेमध्ये राज्यस्तरावर 'DSV Miss Medico Diva Maharashtra 2024' व राष्ट्रीय स्तरावर 'DSV Miss India Medico Diva National Runner up 2024' अशी दोन पारितोषिके मिळाली त्याबद्दल तीचे अभिनंदन!

आयुर्विद्या मासिक – ८७ वा वर्धापन दिन समारंभ – १ जून २०२४

डॉ. विनया दीक्षित

राष्ट्रीय शिक्षण मंडळ संचलित आयुर्विद्या मासिकाच्या ८७ व्या वर्धापन दिनानिमित्त १ जून २०२४ रोजी टिळक आयुर्वेद महाविद्यालयाच्या एन.आय.एम.ए. सभागृहात भव्य, शानदार समारंभाचे आयोजन करण्यात आले होते.

'दैनिक सकाळ' वृत्तपत्र माध्यमाचे प्रमुख संपादक मा. श्री. श्रीराम पवार हे प्रमुख अतिथी म्हणून निमंत्रित होते. राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष डॉ. दिलीप पुराणिक हे अध्यक्षस्थानी विराजमान होते. राष्ट्रीय शिक्षण मंडळाचे उपाध्यक्ष डॉ. भालचंद्र भागवत व सचिव डॉ. राजेंद्र हुपरीकर ह्यांचेबरोबरच टिळक आयुर्वेद महाविद्यालयाच्या प्राचार्य डॉ. सरोज पाटील, आयुर्विद्या मासिक समितीच्या सचिव डॉ. विनया दीक्षित, कार्यकारी संपादक डॉ. अपूर्वा संगोराम, आयुर्विद्या इंटरनॅशनलचे कार्यकारी संपादक डॉ. मिहीर हजरनवीस ह्यांनी व्यासपीठावर आपले आसन ग्रहण केले होते.

सर्व मान्यवरांच्या हस्ते श्री धन्वंतरींची पूजा केल्यानंतर डॉ. गौरी गांगल ह्यांनी सुरेल आवाजात श्री धन्वंतरी स्तवन सादर केले. मंगलमय वातावरणात व रा. शि. मंडळाचे नियामक मंडळ सदस्य, अध्यापक वर्ग, वाचक, जाहिरातदार, हितचिंतक ह्यांनी उपस्थित राहून गर्दी केलेल्या सभागृहात डॉ. अपूर्वा संगोराम ह्यांनी सर्वांचेच हार्दिक स्वागत केले आणि आयुर्विद्याचा दैदिप्यमान इतिहास वर्णन केला.

डॉ. हजरनवीस ह्यांनी व्यासपीठावरील मान्यवरांचा परीचय करून दिल्यानंतर त्यांचा यथायोग्य सन्मान करण्यात आला. त्यानंतर सर्व मान्यवरांच्या हस्ते मंगलदीप प्रज्वलन करण्यात आले.

आयुर्विद्या मासिक समितीच्या सचिव डॉ. विनया दीक्षित ह्यांनी आयुर्विद्याच्या गेल्या वर्षाच्या प्रगतीपथावरील वाटचालीचा परामर्श घेतला, टिळक आयुर्वेद महाविद्यालयाच्या नव्वद वर्ष पूर्तीनिमित्त प्रकाशित ''नवोन्मेष'' स्मरणिका आणि राष्ट्रीय शिक्षण मंडळाच्या शतक महोत्सवानिमित्त प्रकाशित केलेल्या ''शतकोन्मेष'' ह्या स्मरणिकेचा आणि आरोग्यदीप दिवाळी अंक २०२३ ने मिळविलेल्या पारितोषिकांचा त्यांनी अभिमानपूर्वक उल्लेख केला. उपस्थितांनी टाळ्यांच्या गजरात त्यास उत्फुर्त दाद दिली.

आयुर्विद्याच्या जून २०२४ ह्या वर्षारंभ अंकाचे प्रकाशन श्री. श्रीराम पवार ह्यांच्या शुभहस्ते करण्यात आले. तसेच आयुर्विद्या मासिक व आयुर्विद्या मासिकात प्रकाशित झालेल्या परितोषिक प्राप्त लेखकांना डॉ. सुनंदा व डॉ. सुभाष रानडे फाऊंडेशन प्रायोजित बक्षिसांचे वितरण करण्यात आले.

आयुर्वेदात आधुनिक संशोधनाबरोबरच त्याचे प्रमाणीकरण होणे आवश्यक आहे, तसेच ज्ञानाधिष्ठित अर्थव्यवस्थेसाठी आयुर्वेदात पेटंटची संख्या वाढणे आवश्यक असल्याचे मत श्री. पवार ह्यांनी व्यक्त केले.

आयुर्विद्या मासिक समितीच्या सर्व सदस्यांचा गौरव त्यांनी गेली अनेक वर्षे बजाविलेल्या सेवेबद्दल करण्यात आला.

डॉ. पुराणिक ह्यांनी आयुर्विद्या मासिकाला शुभेच्छा दिल्या आणि भविष्यात आयुर्विद्या मासिक नवनवीन उपक्रम राबवेल अशी ग्वाही दिली. डॉ. अपूर्वा संगोराम व डॉ. मिहीर हजरनवीस ह्यांनी आभार प्रदर्शन व सूत्रसंचलनाची जबाबदारी कुशलतेने पार पाडली. राष्ट्रगीतानंतर समारंभाची समप्ती झाली.

आयुर्विद्या वर्षारंभ विशेषांकाचे प्रकाशन – डावीकडून – डॉ. पाटील, डॉ. भागवत, डॉ. हुपरीकर, श्री. पवार, डॉ. पुराणिक, डॉ. दीक्षित, डॉ. संगोराम, डॉ. हजरनवीस.

प्रमुख अतिथी श्री. श्रीराम पवार आपले विचार व्यक्त करताना.

'महिला सक्षमीकरणासाठी योग'

डॉ. अपूर्वा संगोराम, कार्यकारी संपादक

भारताने जगाला दिलेली देणगी म्हणजे 'आयुर्वेद' आणि 'योग' दरवर्षी २१ जून हा संपूर्ण जगभरात 'आंतरराष्ट्रीय योग दिन' म्हणून साजरा करण्यात येतो. जगभरातील १७५ पेक्षा जास्त देश हा आंतरराष्ट्रीय योग दिन साजरा करतात.

संपूर्ण जगभरातील जनमानसांमध्ये योगाबद्धल जागृती निर्माण करणे, या दिवसाच्या निमित्ताने संपूर्ण जगभरातील लोकांना योगाचा सराव करण्यासाठी प्रेरणा देणे आणि योगाचा सराव करून निरोगी जीवनशैली स्विकारण्यासाठी प्रेरीत करणे हे आंतरराष्ट्रीय योग दिन साजरा करण्यामागचे उद्देश आहेत.

दरवर्षी एक मध्यवर्ती संकल्पना घेऊन हा योग दिन साजरा करण्यात येतो. या वर्षी म्हणजे २१ जून २०२४ च्या आंतरराष्ट्रीय योग दिनाची मध्यवर्ती संकल्पना आहे, 'महिला सक्षमीकरणासाठी योग.' महिलांना त्यांच्या आरोग्याची आणि जीवनाची जबाबदारी स्वतः हाती घेऊन सक्षम बनण्यासाठी प्रेरणा देणे. स्त्रियांच्या विविध व्याधींवर PCOS/PCOD, तणाव व्यवस्थापन यांवर आधारीत संशोधनांद्वारे त्यांच्या सर्वांगिण आरोग्यावर लक्ष केंद्रीत करणे व महिलांना शारिरीक, मानसिक, भावनिकरित्या सक्षम बनविणे हा मुख्य उद्देश या वर्षीच्या आंतरराष्ट्रीय योग दिनाचा आहे. संपूर्ण जगभरामध्ये स्त्रियांचा समावेश राजकारण, अर्थकारण, खेळ, अध्यापन, विज्ञान, तंत्रज्ञान अशा सर्वच क्षेत्रांमध्ये आहे. अनेक स्त्रिया या महत्वाची स्थाने भूषविताना दिसत आहेत. स्त्रियांचे शारिर-मानस स्वास्थ्य टिकवून ठेवण्यासाठी व त्यांना होणाऱ्या व्याधींचा विचार केल्यास योगचिकित्सेचा व खालील आसनांचा त्यांनी सराव केल्यास त्यांना त्याचा अतिशय फायदा होऊ शकतो.

अर्धचक्रासन,वज्रासन, सुप्त वज्रासन, मत्स्यासन, पद्मासन, बद्धकोनासन अशा आसनांचा नियमित सराव केल्यास स्त्रियांना त्यांचे स्वास्थ टिकविण्यासाठी फायदा होऊ शकतो. याशिवाय नियमित प्राणायाम, ध्यान, धारणा यांनी मनाची शांती व एकाग्रता टिकवून ठेवण्यास मदत होते.

आंतरराष्ट्रीय योग दिन हा फक्त एक दिवस साजरा करावयाचा दिवस नसून ती एक जीवनशैली आहे. या जीवनशैलीचा आपण स्वतः अंगिकार करून आपल्या आजुबाजूच्या व्यक्तींना, आपल्या कुटुंबालाही प्रेरीत करून जागृती निर्माण करणे हे कार्य आपल्यापैकी प्रत्येकाने करणे आवश्यक आहे.

चला तर मग या योगचळवळीत सहभागी होऊ या !

आंतरराष्ट्रीय योग दिनाच्या सर्वांना शुभेच्छा!!

हार्दिक अभिनंदन!

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिकच्या २६ व्या वर्धापनादिनी टिळक आयुर्वेद महाविद्यालयाच्या विद्यार्थ्यांचा विविध विषयांतील यशानिमित्त सत्कार करण्यात आला. यामध्ये कु. रेणुका जोशी, द्वितीय वर्ष बी. ए. एम्. एस्. वर्गातील विद्यार्थिनीस संस्कृत व आयुर्वेद इतिहास या विषयामध्ये विद्यापीठात सर्वप्रथम क्रमांकाने उत्तीर्ण झाल्याबद्दल सुवर्णपदक व प्रमाणपत्र देण्यात आले. तर कु. भाग्यश्री घोरमाडे हि द्वितीय वर्ष बी. ए. एम्. एस्. वर्गातील विद्यार्थिनी पदार्थ विज्ञान विषयामध्ये विद्यापीठात सर्वप्रथम क्रमांकाने उत्तीर्ण झाली.

राष्ट्रीय सेवा योजनेचे स्वयंसेवक व चतुर्थ वर्ष बी. ए. एम्. एस्. वर्गातील विद्यार्थी श्री. हर्ष जैन व कु. रसिका लवटे यांस सर्वोत्कृष्ट राष्ट्रीय सेवा योजना स्वयंसेवक म्हणून पुरस्कार प्राप्त झाला. सन्मानचिन्ह, प्रमाणपत्र व प्रत्येकी रू. २००० रोख रक्कम असे पुरस्काराचे स्वरुप होते.

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिकच्या २६ व्या वर्धापनादिनी मा. प्राचार्य डॉ. सरोज पाटील यांच्यासमवेत पुरस्कारार्थी विद्यार्थी डावीकडून – कु. रसिका लवटे, डॉ. सरोज पाटील श्री. हर्ष जैन, कु. रेणुका जोशी.

मी निरोगी आहे, आनंदी आहे.

डॉ. सौ. विनया दीक्षित, उपसंपादक

पर्यावरण दिन वर्धापनदिन, योग दिवस... रोज अनेकविध दिवस साजरे करताना नवे नवे संकल्प, प्रतिज्ञा आणि त्या दिवसाच्या औचित्याने सर्व कार्यशाळा करताना... खूप छान वाटते. परंतु दुसऱ्याच दिवसापासून नेहमीच्या कामाच्या व्यापात आपण अक्षरशः बुडून जातो. पुन्हा पुढच्या वर्षीच या सर्व संकल्पांची पुन्हा जाणीव होते. वर्षानुवर्षे आपण मनातल्या नव्या संकल्पांना प्रत्यक्षात न आणताच पुढे जात राहतो. अचानक वेळ हातची निघून जाई पर्यंत !

सामाजिक आरोग्यासाठी 'पर्यावरण' हा परवलीचा शब्द आहे. पाणी, हवा, झाडे–प्राणी हे बाह्य पर्यावरण; घराच्या आतील कौटुंबिक रचना, नातेसंबंध, आपापसातील संवाद हे सर्व पर्यावरणातील मानसिक घटक येतात; तसेच कामाचे स्वरुप व जीवन प्रवासातील सामाजिक निर्बंध हे ही आरोग्यावर परिणाम करणारेच आहेत. भारतातील राजस्थान हे एकमेव राज्य असे आहे जिथे 'आरोग्य अधिकार' प्रत्यक्षात लागू केला आहे. भारतीय राज्यघटनेनुसार आर्टीकल २१ मधे अनेक मुद्यांद्वारा प्रत्येक नागरिकाच्या आरोग्यविषयक अधिकारांना स्पर्श केला आहे. अनेक गोष्टींचे विवेचन आहे परंतु Right to Health पूर्णतः असा सर्व देशभरात लागू झालेला नाही.

प्रगतीशील राष्ट्र म्हणून ही एक महत्त्वाची बाब आहे. आज जगभरात तसेच सर्व भारतात जीवनशैलीजन्य आजार – मधुमेह, स्थौल्यजनित विकार, रक्तदाब–हृदयरोग इ. अत्यधिक प्रमाणात आरोग्यव्यवस्थेवर हल्लाबोल करीत आहेत. सध्या ''मधुमेह, रक्तदाब सगळ्यांनाच असतोच'' असे सामान्य वचन समाजात रूढ होताना दिसत आहे. ही खूप मोठी धोक्याची घंटा आहे. यावर वेळीच उपाय योजना व्हावी यासाठीच पर्यावरणदिन व योगदिन आपण साजरे करतो.

योगदिनाच्या निमित्ताने शारीरीक व मानसिक संतुलनाची सवय राखण्याचा नित्याभ्यास व्हावा हीच जागरूकता सर्वांमध्ये निर्माण करण्याचा प्रयत्न असतो.

योगाचरण ही स्वास्थ्यरक्षक व आरोग्य संवर्धक जीवनशैली आहे. त्यामुळे तन व मन निरोगी राहण्यास मदत होते. निरोगी व्यक्तीच जीवनाचा आनंद घेऊ शकते. मी निरोगी व आनंदी राहण्यासाठी नित्यदररोज 'योग' करणे – योगासने, प्राणायाम व ध्यान याद्वारा जीवनाच्या गतीवर व मतीवर नियंत्रण मिळविणे हे आजच्या घडीला अत्यावश्यक आहे.

या संकल्पास प्रत्यक्षात आणण्यासाठी प्रेरणादायी व सहाय्यक असे पर्यावरण – आजूबाजूचे वातावरण हवेच. याकरिता वृक्षवल्ली जोपासणे, जलसंवर्धन करणे व कचरा व्यवस्थापनाने प्रदूषणाचे मार्ग रोखणे हे सहजच करता येते. कौटुंबिक वातावरणात मोबाईल, सामाजिक माध्यमे व दूरदर्शन यांचे फाजील महत्त्व कमी करून सकाळी/संध्याकाळी सर्वांनीच योगासने, प्राणायाम अभ्यास घरोघरी प्रत्यक्षात आचरणात आणल्यास ती कुटुंबाचीच एक चांगली सवय होईल. एकदा का योगाभ्यासाची 'सवय' जडली की आपोआपच निद्रानाश, अपचन इ. नेहमीच्या आरोग्यविषयक तक्रारी दूर पळतील. निरोगी जीवनशैलीची हीच खरी सुरुवात आहे. उद्या पासून नको.... आजच या बदलांना आपलसं करुयात... भारतीय संस्कृतीची ही परंपरा पुन्हा आचरणात आणून जीवनशैलीतून आरोग्य संवर्धन हा मंत्र नव्या जगाला देण्यासाठी प्रयत्न करू यात...

''योगाची सवय आरोग्यदायी त्यानेच जीवन आनंददायी'' हाच जीवन मंत्र सर्वत्र व्हावा हीच श्री धन्वंतरी चरणी प्रार्थना!

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