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एक अंकित एवम्
२६ पाने आहत.



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आयुर्वेद रसशाळा, पुणे यांची गुणकारी व उपयुक्त उत्पादने...



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वर्धापन दिनानिमित्त अभिनंदन व शुभेच्छा - १ एप्रिल २०२४

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CERVAVAC VACCINE – स्त्रीयांसाठी वरदान

डॉ. दि. प्र. पुराणिक

दरवर्षी ४ फेब्रुवारी हा दिवस जागतिक पातळीवर "Anti Cancer Day" म्हणून अनेक साऱ्या देशांमध्ये निरनिराळे कार्यक्रम आयोजित करून साजरा केला जातो. कॅन्सर ह्या व्याधीबद्दल, त्याच्या गांभिर्याबद्दल असलेल्या समज व गैरसमजांबद्दल जनसामान्यांमध्ये अद्ययावत माहिती देणे, जनजागृती करणे आणि त्याचबरोबर कॅन्सर होवू नये, झालाच तर पुढे त्याचे कसे निदान करावे आणि अर्थातच त्याची चिकित्सा, ती देखील कशा प्रकारे करावी ह्याची समग्र माहिती उपलब्ध करून देणे असा हेतू हा दिवस साजरा करण्यामागे असतो.

दरवर्षी साजरा होणाऱ्या Anti Cancer Day च्या निमित्ताने एक घोषवाक्य (Theme) मुक्रर केले जाते. सन २०२४ साठीचे घोषवाक्य होते "Closing the Care Gap". कारण वैद्यकीय क्षेत्राने गेल्या कांही दशकात प्रगतीचा फार मोठा टप्पा गाठला असला तरी, आणि वैद्यकीय चिकित्सेत मोठी क्रांती झाली असली तरीही जगात निम्त्यापेक्षाही अधिक लोकांना ह्या सुविधा आवाक्यापलीकडच्या आहेत.

कर्करोग अथवा कॅन्सर ही स्वरोखरच जागतिक समस्या आहे. भारतात देखील कॅन्सरग्रस्तांची संख्या ही खूपच प्रचंड आहे. प्रामुख्याने ह्यामध्ये Breast Cancer, Oral Cancer, Cervical Cancer, Lung Cancer, Colorectal Cancer Stomach Cancer चे रुग्ण मोठ्या प्रमाणात आढळतात. पुरुषांमध्ये प्रामुख्याने मुरवाचा कर्करोग (Oral Cancer), Prostate Cancer, Intestinal Cancer चे रुग्ण अधिक प्रमाणात आढळतात. स्त्रीयांमध्ये प्रामुख्याने Breast Cancers, Ovarian Cancer, Cervical Cancer ह्यांचे प्रमाण अधिक प्रमाण आढळते.

भारतातील स्त्रियांमध्ये Cervical Cancer चे प्रमाण मोठ्या प्रमाणावर आढळते. स्त्रीयांमधील एकूण कॅन्सरच्या ६ ते २९% प्रमाणात Cervical Cancer चे रुग्ण आढळतात. सन २०२३ मध्ये झालेल्या सर्वेक्षणानुसार ३.४ लाख स्त्रीया Cervical Cancer ने पीडीत आढळल्या आणि अंदाजानुसार सन २०२५ पर्यंत हाच आकडा १५.७ लाखापर्यंत जाण्याची शक्यता आहे. Cervical Cancer झाल्यानंतर रुग्ण जीवित राहाण्याचे प्रमाण पाच ते दहा वर्षेपर्यंत असते परंतु आजमितीस सर्वात जास्त मृत्यु ह्या

प्रकारच्या कॅन्सरमुळे होतात. अमेरिकेसारख्या प्रगत देशात देखिल सुमारे ४००० स्त्रीयांचे मृत्यु दरवर्षी ह्या कॅन्सरमुळे होतात. भारतात ४५३ लाख स्त्रीयांना कॅन्सर होण्याचा धोका संभवतो.

एकूणच भारतात Cervical Cancer होण्याचे प्रमाण हे भयप्रद असल्यानेच त्याचे लवकरात लवकर निदान आणि पुढील उपचार अति वेगाने होणे आवश्यक ठरते. कारण ह्या पद्धतीचा कॅन्सर हा पूर्ण बरा होत नाही. ह्या प्रकारचा कॅन्सर होण्याचे प्रमाण मध्यमवयीन म्हणजे ३५ ते ४४ वर्षे असले तरी त्यापेक्षाही कमी वयात कॅन्सरची बाधा होवू शकते. ह्यामुळेच Early Detection and Early Treatment ही अगत्याची असते. ह्यासाठीच कॅन्सरविषयी जनजागृती करणे, त्याबद्दल माहिती विविध माध्यमातून लोकांपर्यंत पोहोचविणे महत्वाचे असते.

Cervical Cancer चे निदान झाल्यानंतर त्यावरील प्रचलित चिकित्सा म्हणजे Surgery किंवा Radiation आणि त्याचबरोबर Chemotherapy होय. परंतु ही चिकित्सा प्रभावी असली तरी त्याचे अनेक दुःष्परीणाम आढळतात आणि प्रत्यक्ष रोगापेक्षाही अधिक वेदना रुग्णास होतात. त्याबरोबरच त्वचा लाल, काळी होणे, केस गळणे अशा प्रकारे भोग रुग्णाच्या वाटयास येतात.

ह्यातूनच प्रतिबंधात्मक उपाय शोधण्याच्या प्रक्रीयेला चालना मिळाली. Cervical Cancer होवूच नयेत म्हणून प्रामुख्याने स्त्रीयांनी नियमित व्यायाम करणे, आठवड्यातून कमीत कमी ३० मिनिट्स तो करण्याची शिफारस केली जाते. तसेच जनजागृती व माहितीसाठी "Prevent. Screen" ची घोषणा करण्यात आली आहे. त्यानुसार ठराविक कालांतराने रुग्णेची "छाननी" (Screening) करावी असे सूचविण्यात आले आहे.

सर्वात जास्त दिलासादायक बाब आणि स्त्रीयांसाठी आश्वासक बाब म्हणजे, Cervical Cancer च्या प्रतिबंधासाठी उपलब्ध झालेली लस (Vaccine) होय. Serum Institute of India ह्या कंपनीने संशोधन करून प्रतिबंधात्मक लस उपलब्ध केली आहे ही अत्यंत स्वागताहर् बाब म्हटली पाहिजे आणि त्यापेक्षाही महत्वाची बाब म्हणजे केंद्र सरकारने ही लस शालेय तथा महाविद्यालयीन विद्यार्थीनींसाठी विनामूल्य उपलब्ध केलेली आहे.

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

"Cervavac" नावाने ही लस अपुलब्ध झाली असून ९ ते २६ वयोगटातील मुली व स्त्रियांसाठी ती उपयुक्त आहे. फक्त प्रतिबंधासाठीच नाही तर Cancer Treatment म्हणूनही (Therapeutic Vaccine) ती उपयुक्त आहे.

Serum Institute of India ने संशोधनाअंती विकसित केलेली 'CERVAVAC' लस म्हणजे स्त्रियांसाठी

वरदानच असल्याने त्याबद्दल ह्या संस्थेचे हार्दिक अभिनंदन ! सुशिक्षित स्त्रियांनीही पुढाकार घेवून स्वतः लस घेणे आणि इतर स्त्रियांना ती घेण्यास प्रवृत्त करणे आवश्यक कर्तव्य समजले पाहिजे. व्यापक प्रमाणावर लसीकरण झाल्यास स्त्रियांमधील कॅन्सरमुळे होण्याऱ्या मृत्युंमध्ये घट होण्यास मदत होणार आहे.



The Specific Role And Recent Advancements In Surgical Practices Of Arma And Other Netrarogas - An Ayurveda Review

Dr. Shivraj Shriram Vansure,
PG (Scholar) Shalakyatantra,
Dept. of Shalakyatantra, Sumatibhai
Shah Ayurved Mahavidyalaya, Hadapsar.

Dr. Nilakshi Pradhan,
Prof. and HOD, Dept. of
Shalakyatantra, Sumatibhai Shah
Ayurved Mahavidyalaya, Hadapsar.

Introduction : Sushruta has described various surgical procedures along with Aushadhi Chikitsa also described diseases, where surgical procedures are necessary like Linganasha (Cataract), disease of eyelid and eyelashes etc. Sushruta also divided surgical procedure into 3 parts i.e. Poorvakarma (pre-operative), Pradhanakarma (operative), Pachatkarma (Post-operative) and also mentioned post-operative complications and management.

Arma is one among 11 type of Shuklagata Roga. Arma showing signs and symptoms resembles to pterygium explained in very advance form with medical and surgical interventions to cure and check the recurrence of disease. Other procedures like incision and curettage of Chalazion, Lacrimal probing, Eyelid abscess drainage, various eye lid surgeries, DCT, DCR, Styte surgery are also explained in terms of Ayurvedic classics.

Aim and Objectives:

- 1) To review the literature on Arma and Pterygium to establish their relation with surgical approach.
- 2) To explore surgical method and procedure of various Netra Rogas adopted by ancient scholars.

Material and Methods : Classical literature on

the subject from Ayurvedic and Modern medicine were explored thoroughly. The collected classical material was compared and put forth in a systematic manner ahead

Clinical features of Arma : Mansa (extra membrane) appearing on Shuklamandala (Conjunctiva) which grows fast is known as Arma. Arma is disease of Shuklamandala⁽¹⁾. The causative factors of Arma includes exposure to Dhum Raja, Variation in seasons, Asatmya Vihar and Unhygienic condition. Samprapti of Arma is as same as Samanya Samprapti of Netra Rogas. There are 5 types of Arma are explained by Acharyas i.e. Prastari Arma, Shuklarma, Lohitarma, Adhimansarma, Snayuarma. Acharya Sushruta stated that Arma is a Sadhya Vyadhi. All type of Mansavidhi are Kaphatmaka so that Acharyas have indicated Lekhana⁽²⁾ and Chedana⁽³⁾ Karma as a treatment. When Arma is small, thin in consistency, bluish/red coloured and smoky is treated like Avranashukra⁽⁴⁾ and when Arma is broad, Dense, Thick due to abundant Snayu (tendon) and Mansa (muscle) and spreads over Krushnamandala is surgically treated with Chedan Karma⁽⁵⁾ (Excision).

Surgical Procedure

Purva Karma (pre-operative) ⁽⁶⁾: Ghrita pana (oleation therapy) is given to the patient to the

one day before surgery to reduce pain. On the day of surgery, patient is advised to take food to reduce pain and chances of vaso-vagal shock.

Pradhan Karma (operative)⁽⁶⁾: The patient is ask to look towards Apanga (Temporal side) if growth of Mansa is from Kananika (Nasal side). At first Arma is hold with Badish Yantra (hook) where wrinkle is formed and Arma is slowly raised but not be lifted suddenly with the help of Muchundi Yantra i.e. forceps and needle and thread. In this way Arma should be separated from Krushna and Shuklamandala (Cornea/sclera) with help of Tikshna Mandalagra Shastra (Sharp circular knife). If incision is taken very close to Kananika then there is, chances of bleeding or Nadivrana (sinus formation). When more than 1/4th portion is kept behind, the recurrence of Arma is quickly.

Features of Asadhya Arma :

According to Acharya Vagbhata, one should avoid treating Arma with following characteristics : If Krushnamanda and Drushtimandala i.e. cornea and pupil is covered by Arma. If it is covered by Mansa, Snayu and Sira. If it is bulging out like a leather bag.

Post-Operative measures⁽⁶⁾: The edges of Arma is smeared with powder of Yavakshara, Pippali, Maricha, Sunthi (Dry ginger), and Saindhava lavana then give Swedana (fomentation) and an Snehana (oleation) the eye with Sneha like Ghrita and Madhu (Honey) give Bandha (bandage) for how many days considering the strength of Dosha, Rutu and Kala and further treated as Vrana. After three days remove the Bandha and compression given with palm and by this process it reduces pain, improves healing and also reduces congestion.

Drugs uses for relieving pain and congestion - Boiled milk with Karanja, Amalaki and Madhuka added with honey used as Ashchyotana (drop). Madhuka, Utpalnalna, Durva are made in paste with milk

added with Ghrita and applied as cold poultice on the head, it gives best relieve.

The features of Samyaka Cheda are also described by Acharya like clear colour of eye, no any difficulty during eye movements, relieved eye fatigue. Acharya also said that if any remnant of Arma is left behind, it should be removed by using Lekhana Anjana.

Features to assess the adequate surgical treatment - Clean colour of eye (no redness), No any discomfort in eye function, Relieved eye fatigue and no any further complications.

Any remnant of Arma if remaining, should be removed by using Lekhana Anjana.

Modern Aspect : Pterygium is a wing-shaped fold of conjunctiva encroaching upon the cornea from either side within the interpalpebral fissure⁽⁷⁾. It is degenerative and hyperplastic condition of conjunctiva. The subconjunctival tissue undergoes elastotic degeneration and proliferates as vascularised granulation tissue under the epithelium, which ultimately encroaches the cornea. The corneal epithelium, Bowman's layer and Stroma are destroyed.

It is more commonly seen in advancing age and in people living in tropical and subtropical areas, which are exposed to dry dusty, sunny and windy climates and in people who are more exposed to UV rays.

Pterygium is to be divided into progressive and regressive⁽⁸⁾.

1) Progressive is thick, fleshy and vascular with a few infiltrates at the cornea in front of the head of the Pterygium called cap. Stocker's line seen in progressive type of pterygium.

2) Regressive is thin, atrophic, attenuated with very little vascularity with no infiltrate in cornea or cap. Cap is infiltration of leucocytes and an indication of progression.

Length of encroachment onto the cornea is the most important indicator of severity. More is the encroachment, and more will be the visual disturbances like induced astigmatism, corneal irregularities, light scatter, or pupil obscuration.

Treatment : Surgical excision is the only satisfactory treatment for cosmetic purpose, astigmatism due to visual impairment, threatening to occupy pupillary area due to continuous progression and diplopia due to interference in ocular movement.

The surgical procedures are ⁽⁹⁾:

- 1) McReynold's operation – Transplantation of Pterygium in lower fornix is not performed now.
- 2) Surgical excision with amniotic membrane graft and mitomycin-c (MMC) (0.02%) application may be required in recurrent Pterygium or when dealing with a very large Pterygium.
- 3) Surgical excision with free conjunctival auto graft is preferred technique now.
- 4) In recurrent recalcitrant Pterygium, surgical excision is coupled with lamellar keratotomy and lamellar keratoplasty.

Surgery for pterygium is done in an outpatient setting under topical or local anaesthesia, if required under sedation. The surgery aims are to restore the standard, topographically smooth ocular surface. Multiple techniques have been developed for pterygium surgery across the years e.g. Bare sclera technique, Simple or direct closure, Sliding flap technique, Rotational flap technique, Free conjunctival autograft.

Clinical features, correlation and management of various Netra Rogas :

Lagana⁽¹⁰⁾: (Chalazion)

Ayurvedic aspect : Lagana is hard, white and unctuous swelling present externally on eyelid, it is Apaki in nature and size like Kola. It is accompanied by itching. Acharya Sushruta said that Lagana is Bhedya Vyadhi⁽¹¹⁾. Agnikarma and Ksharkarma are also preferred in Lagana. Systemically it is opened with Vrihimukha Shastra followed by Pratisarana with Gorochana, Yavakshara, Tutha, Pipali and Madhu. if swelling is large Bhedana followed by Agnikarma and Ksharkarma and it is then managed like burn wounds.

Modern aspect : A Chalazion⁽¹²⁾ is a sterile

chronic granulomatous inflammatory lesion of meibomian glands caused by retained sebaceous secretions which resembles Lagana Vyadhi stated by Acharya Sushruta. At present intervention includes intralesional triamcinolone acetomide (TA) injections (0.2 mL of 10 mg/mL), I and C, use of hot compression and combinational therapy. Chalazion scoop, chalazion clamp, blades used in incision and curettage of chalazion.

Anjananamika⁽¹³⁾: (stye)

Ayurvedic aspect : It is a small, Mudga like, soft, reddish, stable Pitika with burning sensation, dull pricking pain and itching and lies middle or at the edge of eye lid. Acharya Sushruta stated that Anjananamika is Bhedya Vyadhi and according to Acharya incision should be taken by a skilled surgeon on fully formed abscess followed by Pratisarana with Rasanjana and Madhu.

Modern aspect : A Stye⁽¹⁴⁾ or External Hordeolum is a suppurative inflammation of gland of Zeis or Moll and it resembles to Anjanamika. According to modern aspect stye is usually self-limiting condition with resolution occurring spontaneously within a week, for a very large hordeolum in which incision and drainage are considered.

Arbuda (Vartmaarbuda): (Tumours of eyelid)

Ayurvedic aspect : It is a moving, reddish, painless growth resembling a ball of Mansa seen on inner aspect of eye lid clinically it resembles to tumours of lids i.e. wart and papilloma. According to Acharya Arbuda is Chedya Vyadhi and Chedan Karma should be done with help of Mandalagra Shastra (Circular Knife).

Pakshmakopa⁽¹⁵⁾: (Entropion⁽¹⁶⁾ or Trichiasis)

Ayurvedic aspect : Eye lashes become rough and sharp as a thorn and also become introverted due to vitiation of Vata dominant Tridosha located in the roots of eye lashes and due to this eyes get irritated very quickly and patient experiences contraction of lid during each lid movement. This creates pain, oedema, redness and burning sensation along

with photophobia. According to Acharya Pakshmakopa is Chedya Vyadhi. Chedan Karma i.e. excision of horizontal strip of skin is explained in the treatment of Pakshmakopa. While doing surgery distance between eyelash and eyebrow should be divided into 3 equal parts and oblique incision taken on skin at the junction of second and third part on equal distance from Kananika and Apang Sandhi. Incision should not be very deep, skin of the size of Yava should be excised. After the bleeding stops completely the suturing if incision should be done with help of silk thread and long hair of horse tail.

Modern aspect : Pakshmakopa resembles to Entropion(14) or Trichiasis. at present resection of skin and muscles and mucous graft operation are performed to treat entropion. Epilation of eyelashes with the help of epilation forceps done when misdirected eyelashes are few in numbers (trichiasis).

Vatahata Vartma : (Lagophthalmous)

Ayurvedic aspect : According to Acharya's Vatahata Vartma is Asadhya Vyadhi where eyelids remain open and motionless with or without pain (pain due to exposure of cornea to dust, air. Etc.). it resembles to lagophthalmos. Lateral tarsorrhaphy done in paralytic lagophthalmos.

Ajakajata : Ayurvedic aspect : A fatty mass/lump, resembling a pebble of Goat's excreta, come out tearing Krushnamandala (cornea). It is blackish / reddish in colour and very painful condition accompanied by lacrimation. As per modern aspect it is clinically correlates with iris prolapse.

Modern aspect : Iris prolapse occurs due to perforation of cornea by traumatic injury or corneal ulcer and also as complication in intra ocular surgery. According to Acharyas Ajakajata is Asadhya Vyadhi. At present if iris prolapse is small it can be replaced by iris repositor and peripheral buttonhole iridectomy, sector iridectomy should be performed.

Discussion : In present era modern surgical procedures in ocular surgeries many new

techniques, instruments and equipment's are evolved accordingly. But after thorough review of Ayurvedic Samhitas like Sushruta Samhita we came to know about many advanced surgical procedures are already described in detailed. Procedures like Cataract surgery, Pterygium excision, Incision and curettage of Chalazion, Lacrimal probing, Eyelid abscess drainage, various eye lid surgeries, Dacrocystectomy, Styte surgery are also explained in terms of Ayurvedic classics and hence eye diseases are classified according to these surgical procedures to Ashtavidha Shastrakarma.

Arma is described as Chedya Vyadhi followed by Lekhana Karma by Sushruta which also resembles with modern surgical technique of removing pterygium flap followed by scrapping of remnants. Nowadays Anesthesia is given prior in every surgical procedure to reduce pain and other complications. Sushruta also mentioned Poorvakarma in Shastra karma of Arma in which he advised patient to take Ghritapana and also ask patient to take food prior to surgery which indirectly helps to reduce the Vata Dosha hence to reduce pain and chances of other complications like vaso-vagal shock. Also actual instruments used during surgical procedures now days resembles with their structure and function with Yantra-Shastra mentioned by Sushruta like Badishyantra, Muchundiyanttra can be correlates with various type of forceps, Tikshna Mandalagra Shastra used to cut flap of Arma can be correlate with blade. Acharya also mentioned contra indications of surgery which we consider nowadays like to avoid chances of corneal opacity in grade 4 pterygium.

In other eye surgeries like incision and curratage of chalazion can be correlated with Bhedanakarma of Lagana. Acharyas have described to use sharp blade (Vrihimukha Shastra) to avoid surrounding tissue e.g. vertical incision to avoid damage to meibomian glands. Sushruta also stated that Bhedanakarma of Anjanamika is to be done in

only Pakva Avastha as we do it in abscess formation of sty. Lid surgeries like entropion surgery which considered to be very skillful and precise at present are already explained by Acharya in ancient time. In Pakshmakopa Sushruta mentioned exact site of incision with perfect anatomical markings and he used silk thread and hair of horse tail to suture delicate tissue of lid.

For every surgical procedure Sushruta has mentioned in detail about Paschatkarma i.e. Ahara, Vihara and Pathyapathya which placed significant role in wound care and maintaining local hygiene which reduces post-operative infection of wound and insures healthy wound healing.

Conclusion : Ayurveda had given equal valuation to surgical as well as medicinal treatment.

After review of Shastrakarma from Samhitas we can conclude that most of essential ophthalmic procedure are incorporated by our Acharyas in very advance and more refined form.

Hence there is need to explore valuable information not only as per medicinal aspect but also in surgical aspect which encourage the development in the science of Ayurveda, which would be definitely better serve the society for better and healthy lifestyle.

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Congratulations!

Dr. Rupal Viraj Shah Passes Ph.D. (Ayu.)

Thesis Title - "Study of Kloma with special reference to Mulasthana of Udakvaha Srotas"
Presented by Dr. Rupal V. Shah to Maharashtra University of Health Sciences in the Subject



Sharir Rachana for the Award of Ph.D. Degree has been accepted by university and has declared Dr. Rupal Shah eligible for the award of Ph.D. (Ayu.) on 17th Jan. 2024.

Dr. Rupal Shah has completed her research work under the guidance of Prof. Malti S. Dhotre at Research Institute of Health Sciences and Management.

Dr. Rupal Shah is working as Associate Professor at Tilak Ayurved Mahavidyalaya in the Dept. of Sharir Rachana.

Tilak Ayurved Mahavidyalaya and Ayurved Masik Samiti Congratulate Dr. Rupal Shah for Ph.D. Success.



Role Of Lifestyle Changes In Increasing Stress And Anxiety

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Introduction : World mental health (WMH) survey is an initiative version of World Health Organization. Mental health is an important at every stage of life. It includes our emotional, psychological and social wellbeing.

Earlier our lifestyle was built in certain rules but now a day changes in nature of job, lack of time, various attractions around us, influence of western culture, change in dietary habits, negligence towards health causes hazardous effect on our mental health.

We have more attention towards measures / treatment than the reason that causes stress and anxiety. It does not take big reasons to built Stress and Anxiety disorders. Small things in our daily lifestyle may cause Stress and Anxiety but we ignore it. This article tried to focus on such things.

Aim and Objectives :

Aim : Study literary review of Role of lifestyle changes in increasing Stress and Anxiety.

Objectives : 1) To describe role of lifestyle changes of 'Ahar' in increasing stress and Anxiety. 2) To describe role of lifestyle changes of 'Vihar' in increasing stress and Anxiety.

Review :

Lifestyle : Lifestyle is usual way of life of person, group or society include day today behavior and function of individual in job, activities, fun and diet. In Ayurveda lifestyle contributes 'Ahar' and 'Vihar'.

Ahar : Change in food habit - In recent era change in food habit such as consumption of fast food eg. Chips, Kurkure, Samosa , Pizza, Panipuri all types of Chat are belongs to 'Rajas' and 'Tamas' type of Ahar.

Characteristics of Rajas Ahar -

कट्वम्ल लवण अत्युष्ण तीक्ष्ण रुक्ष विदाहिनः।

आहारा राजसस्येष्टा दुःशोककामयप्रदा॥ (भ.गीता.१७/०९)

Katu – Pungent and spicy food, Amla – Sour food, Lavan – Salted food. These three taste increases Pitta dosha leads to Rajas mental quality such as anger, hatred, short temperedness, jealousy ect.

Tikshna – Excessive hot spicy, Ruksha i.e. dry food causes dryness in mouth and gut system. Most of the junk food, Soda causes dryness. Vidahi –this food causes burning sensation. Dukh Shok Amayaprad – Whatever the foods that leads to misery, grief and disease.

Characteristics of Tamas Ahar -

यातयामं गतं रसं पूति पर्युषितं च यत।

उच्छिष्टमपि चामेध्य भोजनम् तामसप्रियम्। (भ.गीता.१७/१०)

Because of workload and unstable duty hours, **Yatayaam** - consumed food after 3 hours after cooking. That means food not freshly made. **Gatarasa** - food that lost their original natural taste due to time, because of over cooking, half baking, with improper ingredients (Virudhanna), under cooking etc. Tamas ahar responsible Manas Dosha, Darkness, inaction, lethargy, sleep lust, delusion and ignorance these all causative and aggravating factors for Stress and Anxiety disorders.

Impact of person who cooked food - If food is not possible to cook by self and chef / server having anger, hatred and other mental situations produces impact on food and these qualities are imparted upon the food that we eat. Those mental qualities will get injected in our mind when we eat that food. Modern science yet to wake up to this fact.

Improper food consumption time - It is one of

the contributory factor of disturbance of digestive fire (Agni). It leads to physical and mental illness.

Vihar - Potential stressors do not always involve major lifestyle events.

Night wakefulness (Ratrau jagaranam) - Sleep has critical role in biological and psychological functioning of the body. Adequate sleep essential for maintain normal physical and mental health.

Daily hassels - The minor irritation and annoyances that are part of our everyday lives. Eg. Traffic rush, late to office, coworkers inclement weather, arguments with friends or family may induces stress and anxiety.

Competition with other - For achievement of more and more targets and to earn more money, little positive feedback from jobs or from public induces stress.

Parent expectations and academic pressure - the idea of excellence and success often generalized parent based on how other are performing, sometimes parents not consider children's own interest. Without giving care to the wholesome development of student parent keep on pushing the boundaries that ultimately leads to stress and Anxiety disorders.

Lack of sharing emotions - It is due to heavy work schedule, Nuclear families, lack of friends sharing of emotions, caring of one another seems to be deficit among us. Sharing or emptying emotions which can decrease stress and Anxiety.

Excessive and compulsive use of Mobile phone - Research has found that some individuals experience intense Anxiety when separate from their phones, and some even exhibit withdrawal like symptoms if they can't check their device. Smartphone consider as an addiction. It can aggravate psychological disorders such as Anxiety, Stress and Depression. Prolong exposure to social media content increases depression in people, especially those prone to negative thinking. In

additional withdrawal symptoms from smart phone addiction can also be associated with Anxiety and depression.

Work from home - Challenges facing professionals working from home include reliance on technologies, like teleconferencing and zoom. In addition to the stress some experience from having to learn new skills, the virtual communication reduces much needed personal contact and can contribute to anxiety and depression.

Lack of exercise - There is very strong correlation between lack of physical activities and development of Stress and Anxiety disorders. This relationship isn't entirely clear but many of proposed causes of this include: Unused energy one of the most frequently cited reason for anxiety is unused energy.

Lack of spirituality - The role of spirituality has been explained in context various diseases and treatment in Ayurveda. Stress and Anxiety are manas vyadhi. Basic reasons behind Manodosh is Pradnyapradh and it happens due to lack of spirituality. Daiva vyapashray chikitsa includes logical use of Mantra, Mani, Homa, Upahar, Niyama, Prayashchitta, Upawas etc. Satvavajay chikitsa control our senses from Disease causing reasons (Asatmya indriyarth sanyog) eg. Addictions excessive use of social media ect.

Stress - Stress is feeling of being overwhelmed, unable to cope with mental and emotional pressure.

Anxiety - It is normal human condition characterized by a state of apprehension that has Psychological and behavioral components. Lifestyle changes play most important role in producing Stress and Anxiety disorders.

There is a fine line between Stress and Anxiety. Both are emotional responses but stress is an external trigger. It can be short term (e.g. work deadline, fight with love) or long term (e.g. financial struggling, severe illness). People under stress experiences mental and

physical symptoms such as irritability, anger, fatigue, muscle pain, digestive trouble and sleeping difficulty. Anxiety on the other hand defined by persistent, excessive worries, that don't go away even in absence of Stressors, showing symptoms restlessness, tenseness, sweating nervousness, a feeling of unease. Faster heartbeat, faster breathing diarrhea or constipation is common symptoms in stress and anxiety.

Aharatmak changes already hampered our Manobala and immunity producing 'Kha Vaigunya' in Manovaha Strotas. All other changes produce day to day stressors and play important role in increasing Stress and Anxiety.

Discussion -

1) Aharatmak changes - Rajas and Tamas Ahar, Lack of sharing emotions, Lack of exercise, Lack of spirituality responsible for decreasing Manobala and immunity ultimately induce mental and physical unhealthy environment of our body.

2) Viharatmak Changes - Night wakefulness (Ratrau jagaranam), Daily hassles, Competition with other, Parent expectations and academic pressure, Excessive and compulsive use of Mobile phone, Work from home these all act as Stressors.

Stressors Stimulates two systems - the sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis. Sympathetic nervous system triggers arousal via the release of adrenaline from the adrenal glands. Release of these hormones activates the fight-or-flight responses to stress, such as accelerated heart rate and respiration. At the same time, the HPA axis, which is primarily endocrine in nature, becomes especially active, although it works much more slowly than the sympathetic nervous system. In response to stress, the hypothalamus (one of the limbic structures in the brain) releases corticotrophin-releasing factor, a hormone that causes the pituitary gland to release

adrenocorticotrophic hormone (ACTH). The ACTH then activates the adrenal glands to secrete a number of hormones into the bloodstream; an important one is cortisol, which can affect virtually every organ within the body. **Cortisol** is commonly known as a stress hormone and helps provide that boost of energy when we first encounter a stressor, preparing us to run away or fight. However, sustained elevated levels of cortisol weaken the immune system. When stress is extreme or chronic, it can have profoundly negative consequences and are responsible for Stress and Anxiety disorders.

Conclusion -

1) Daily Aharatmak changes reduce Manobala, affect immunity and play important role causing Stress and Anxiety.

2) Viharatmak changes act as stressors, some factors reduce manobala (Lack of exercise, spirituality and sharing emotions) and causes Stress and Anxiety.

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Role Of Ksharsutra Application In Multiple Fistula In Ano - A Case Study

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Introduction - Fistula in Ano is an abnormal track lined by unhealthy granulation tissue which connects perianal skin superficially to anal canal; anorectum or rectum deeply.

Anorectal fistulae presents with purulent discharge around the anus and from within the anal canal. Inspection in most cases reveals an external opening around the anal canal but, particularly in patients with intersphincteric fistulae, there may be no apparent external opening.

Most anorectal fistulae are secondary to cryptoglandular infection caused by enteric bacteria. The anal glands lie in the intersphincteric space, and their ducts enter the anal canal to discharge at the dentate line. The acini ramify in the intersphincteric space and some penetrate the internal sphincter and the external sphincter muscle. Pus spreads in the intersphincteric space upward, downward, or laterally and results in an abscess, commonly in the perianal region or in the ischioanal fossa. These abscesses are treated by drainage or by spontaneous discharge.

This disease is four times common in males as compared to females. The disease is not life threatening, but it produces severe inconvenience in routine life due to discomfort and pain.

In Ayurvedic texts, 'Bhagandara' is linked to fistula in ano. Initially appearing as a pustule around the Guda, it is termed "Bhagandara" when it bursts. Presently, Ksharasutra therapy is recognized as an effective treatment for fistula in ano. This therapy utilizes a specialized thread made of Barber's linen coated with various herbal drugs and caustic material derived from herbal plants.

Aim - To showcase a case study of role of ksharsutra application in multiple fistula in ano.

Objective - Primary - To showcase efficacy of

ksharsutra ligation in a treatment of multiple fistula in ano

Secondary - To observe any adverse effect of ksharsutra ligation if any?

Methodology - Review of literature - 'Ksharasutra' is mentioned in Charaka Samhita alongside other treatments for Bhagandara in the Shotha Chikitsa chapter (Cha.Chi. 12th/97). Sushruta referred to it in Nadivrana chikitsa. Ashtanga Samgraha (5th century A.D) and Ashtanga Hridaya (6th century A.D) detailed Shastrakarma, Agnikarma, and Ksharakarma in relation to Ksharasutra. Chakradatta in his Arshadhikara elaborated on the preparation method of Ksharasutra without specifying the usage of Kshara in its preparation. The effectiveness of Ksharas lies in their capacity to perform incision, puncture, and scarification to alleviate imbalances in the tridoshas. This action uniformly impacts the affected area where they are applied, making Ksharas more effective compared to other surgical and para-surgical methods.

Method for preparation of Ksharsutra :

Bhavita Rajanichurna Snuhi kshire Punah Punah

Bandhanat Sudrudha Sutram Bhinyatarsho Bhagandaram (Chakradatta -Arsha Chikitsa 5/148)

The process begins by elongating the thread lengthwise on specific hangers designed for this task. Subsequently, the entire length of the thread is coated with snuhi latex using a gauze piece while wearing gloves. The wet thread on the hanger is then placed inside a Ksharasutra cabinet for drying, which takes a day. The dried threads are again coated with snuhi latex the following day, repeating this procedure for 11 days. On the 12th day, while the thread is still damp, it is coated with Apamarga Kshara powder and dried in the cabinet. This process is repeated seven times. On the 19th day, the dried thread is once more coated with snuhi latex and, while wet,

Haridra powder is applied. This three-day procedure is repeated. Following 21 coatings of snuhi latex, 7 coatings of Apamarga Kshara, and 3 coatings of Haridra powder, each thread, approximately 10-11 inches in length, is removed from the hangers and sealed in glass tubes or polythene packs.

Conceptual Study of Fistula in Ano (bhanandara)

Ayurvedic review- Painful blisters (boils, eruptions) occurring all around the guda (anal region) encroaching an area of 2 angula is a pidika, when it breaks open, it is called as Bhagandara.

Bhagandara is of 5 types :

- 1) Shataponaka Bhagandhara
- 2) Ushtragreeva Bhagandhara
- 3) Prisaravi Bhagandara
- 4) Shambukavarta Bhagandara
- 5) Agantuja Bhagandara

Modern Review- An anal fistula is usually a side effect of an anal abscess, an infected wound that drains pus from your Anus. The draining abscess can create a tunnel through your Anus to the skin outside. Anal pain, swelling and redness are the primary symptom.

Modern Classifications -

Park's classification (1976)

Intersphincteric commonest 70%
Transsphincteric 25%
Supralevator/suprasphincteric 4%
Extrasphincteric 1%

It can be -

- 1) Low level fistulas-these open into the anal canal below the internal ring.
- 2) High level fistulas-these open into the anal canal at or above the internal ring

Samprapti'

Hetu Sevan →

Improper (mithya) Ahar and Vihara →

Foreign body infection in guda pradesh →

Straining during defecation →

Constipation →

Vatadi dosas prakop →

Mamsa Rakta dushti →

Bhagandara pidaka gets deep seated and leads to suppuration →

Pus does not get away it is bursts open in establishing →

Fistula in ano (Bhagandara)

Presenting complaints and medical history -

A 54-Year-old male patient non-diabetic with no any known medical illness came to Shalyatantra OPD in Seth Tarachand Ramnath Dharmarth Ayurved Rugnalaya, Pune .

With complaints such as pain at anal region, multiple swelling at anal region and pus discharge through external opening since 6 months. He has also discomfort in sitting position. Patient consulted various doctors, but did not get satisfactory result,

Clinical finding - On examination, perianal skin had multiple external sinus opening present at 2 o'clock position 4 cm away from anal verge and at 11 o'clock position 6 cm away from anal verge. Also there is communicating tract between both external openings. On digital rectal examination sphincter tone was normal, tenderness was present over dimpling site noted at 11 O'clock position and 2 O' clock position below the dentate line. Rest of the digital rectal examination was within the normal limits.

All the laboratory general investigations were found within normal limit.

Treatment and management - Pre operative medical management started with Inj. Taxim I gm IV- B.D, Inj.Metro 500mg IV TDS Inj. Pan 40mg IV -OD, IV fluid has given and posted for anal dilatation with ksharsutra application.

Surgical procedure - Anaesthesia - Spinal anaesthesia- After obtaining informed consent, patient was placed in lithotomy position. Under all aseptic precautions painting and draping done. Anal dilatation done by Lords procedure of four fingers dilation, tract are traced by hydrogen peroxide infiltration with syringe to identified fistulous tract. After that copper probe was gently introduced from external sinus opening at 11 O' clock and 2 O' clock by avoiding false opening. Then Ksharsutra was applied and tied on the skin. Also a intercommunicating tract too identified between both fistula there also kshar sutra is tied. Diclofenac 100mg

Observation in patient -

Assessment Criteria	Weeks							
	1	2	3	4	5	6	7	8
PAIN	+++	++	++	+	+	-	-	-
Duration of pain after ksharasutra change	20 min	15 min	15 min	5 min	5 min	-	-	-
Discharge of Pus	+++	++	++	+	+	-	-	-
Burning Sensation	++	++	+	-	-	-	-	-
Itching	++	++	++	+	-	-	-	-



2nd Week



4th Week



6th Week

suppository kept. Sterile dressing done, Patient was then advised to take regular sitz bath in lukewarm water twice daily from next day. Patient was prescribed with Triphala guggulu 2 Tablets three times a day after food. Gandharva haritaki 2 Teaspoon at bedtime with lukewarm water. Lignocaine 2%. jelly for local application.

Assessment of the efficiency of the treatment- The efficiency of the treatment was defined as Unit cutting time (UCT)-Total number of days/initial length of track i.e., the average number of days required to cut or to reduce a unit length in cm of the initial fistula track.

Follow up - Changing of the thread was done on every 7th day measuring UCT. Ksharsutra was changed using the rail and track' technique. Post-treatment follow-up was done up to 6 months at intervals of 1 month to ascertain the nature of healing, recurrence and incontinence. Weekly follow up was advised for ksharasutra change . Watery discharge, mild pain is gradually reduced in 4 weeks .The fistulous tract was cut through and healed simultaneously by 6 weeks with minimal scarring.

Result - There were no complications seen during and after treatment and patient got free from all the symptoms. After 6 months of follow up no recurrence was noted. Patient was cured completely.
(See Observation Table)

Discussion - Ksharasutra therapy is considered the most successful method for treating fistula in ano due to its high success rate and minimal recurrence. It's a convenient day-care treatment that's cost-effective and has few complications. Also Triphala guggulu was employed to reduce inflammation, relieve pain, and prevent infections. With its antibacterial qualities, Triphala is known in Ayurveda for its role in regulating Apana vata, aiding smooth bowel movements.

Conclusion - Therefore, the research concluded that employing the ksharasutra method to manage fistula in ano is a safe and effective strategy, reducing the likelihood of fistula recurrence and post-operative issues like abscess formation around the anal area. Furthermore, it helps ease post-operative discomfort and minimizes scarring.

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Ayurvedic Management Of Fracture Of Neck Of Humerus - A Case Report

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Introduction : Acharya Sushruta has explained Bhagna nidana, it's chikitsa very descriptively. They have mentioned 2 types of Bhagna :

- 1) Sandhimukta (Dislocation)
- 2) Kandabhagna (Fracture)

Lakshanas of Kandabhagna :

“श्वयथुबाहुल्यं स्पंदनवर्त्तनस्पर्शासहिष्णुत्वमवपीड्यमाने शङ्खः स्त्रस्तांगता विविधवेदनाप्रादुर्भावः सर्वास्ववस्थासु न शर्मलाभ इति समासेन कांडभग्नलक्षणमुक्तम्।”^१

Nalakasthi which are shakhashthita mainly involved in Kandabhagna category.

Bhagna Chikitsa : The main principle in the treatment of bhagna has been quoted by Acharya Sushruta which includes :

१. आञ्छन २. पीडन (नमनोन्नमन परिवर्तनानि) ३. संक्षेप (सम्यक् प्रेरणमित्यर्थः) ४. बंधन^२

Objectives :

- 1) To study the efficacy of Snehana, Swedan & lepa chikitsa in the management of bhagna.
- 2) To study the management of bhagna with only pure ayurvedic treatment.

Material and Methods : A 72 years old male patient approached at Ayurveda OPD with chief complaints:

- 1) Dakshin Amsa sandhi shoola, shotha, graha, sparshasahatva, kriyakashtata since 4 days.
- 2) Bhrama prachiti, hrillhas, vidaha, shaitya since 15 days.
- 3) Malavashtambha since 7-8 days.

Vartamana vyadhi vrutta : Patient had history of fall from standing position on an outstretched arm before 4 days. He had teevra dakshin Amsa sandhi shoola, shotha, kriya kashtata. He had consultation with orthopedic surgeon. They performed Xray Right shoulder joint (AP, lateral view) and diagnosed as fracture of right neck of humerus. Doctor

advised surgical management but patient was not willing for surgery as he was undergone surgery for left humerus fracture a year before also due to age factor. They approached at Ayurveda OPD for ayurvedic treatment.

Poorva vyadhi vrutta : Known case of amlapitta, Pandu since 7-8 years., Pneumonia 2 years ago, History of fracture of Lt. Wrist joint 2 years ago. Known case of D. M 20-22 since years, HTN since 18-20 years.

Surgical history: ORIF with LCP left U/E Humerus 2 years ago. Blood transfusion done 2 times during surgery.

Medicinal history: Patient was under treatment - Tb. Ecosprin 75mg 1H.S, Tb. Zoryl 1 ABF.

Kulaj history : No any specific family history.

Examination: General examination revealed:

Pulse - 76/min	R.R - 18/min
B.P - 110/70mm of Hg	Height - 162cm
Temperature - 98.4°F	Weight - 54 kg.

Ashtavidha Pariksha :

Nadi - Pittapradhana (alpa sama, Bala-uttama),
Mala - 2 vega/day, sapravahana, peetabha, avashtambha,
Mutra - 7-8 vega/day,
Nakte 3-4 vega, samyak,
Jivha - Ishat Sama, Panduta,
Shabda - Prakruta,
Druka - Ishat peetabh, raukshya
Sparsha - Ruksha, Aakruti - Krusha
Prakruti - Vatapradhana Pitta
Sarata - Hina sara - Rasa, Rakta, Mamsa, Meda, Asthi

Srotasa Parikshana : Annavaha srotasa includes dushti Lakshana as Anannabhilasha, Aruchi. Rasavaha includes Ashraddha, Aruchi, Jwarita iva prachiti, Panduta,

Krushata, Hrud-drava vata prachiti, Atinidra, alpa shaitya prachiti, Rasa kshaya lakshan such as Raukshya +, Glani, Shabda - asahishnuta, Daurbalya .

Mamsavaha includes Mamsa kshaya lakshan as Raukshya, Sandhishool, Bharakshaya, Samhanana/Bala – alpa .

Medovaha includes kshaya lakshan as Samhanana - alpa Krushangata

Asthivaha includes Dakshin Amsa Sandhi shool, shotha, ishat aushnya, graha, Nakha-Panduta, Raukshya, Keshha - Khalitya

Manovaha srotasa includes Satva - Avara, Swabhava - Shanta, Bhiru, Shighrakopi.

Sthanik Parikshana :

1) Darshana : Dakshin Amsa sandhi shotha, Sandhi shaithilya, Vaivarnya (Arunabh, karshnya)

2) Sparshana pariksha : Dakshin Amsa sandhi Isht aushnya, Sparshasahatva, Range of movement - Flexion and extension of shoulder joint not possible, Abduction and adduction very painful.

Investigations:

1) Xray right shoulder joint AP lateral view : Fracture of right neck of humerus with minimal displacement. No dislocation of shoulder joint.

2) Hb - 10.1 g/dl

3) BSL : F - 166.6 , PP - 294.9

4) HbA1C : 8.3

Samprapti : Hetu of bhagna was patana (aaghat). Nidana was confirmed with X ray right shoulder joint AP lateral view and lakshanas of Kandabhagna explained in Sushruta Samhita. Sushrutaacharya quoted that due to aaghat भज्यन्ते नलकानि।. Acharya Dalhana wrote commentry on it as नलकानि शाखास्थिनी, भज्यन्ते त्रुटन्ति।. Gayadasa explained it as नलकेषु पुनर्द्वदशविधमपि भम्।. These dwadasha bhagnas are the types of Kandabhagna.

Samprapti ghataka : Vata - Vyana, Udana, Samana Pitta - Pachaka Dhatu - Rasa, Rakta, Mamsa, Meda, Asthi .

Chikitsa: Langhana, Pachana, Deepana, Snehana, (Abhyantara), Bruhana, Rasayana

chikitsa was given. Along with aabhyantara chikitsa bahya chikitsa upakrama such as Lepa, Pichu, Parisheka, Bandhana were used. (See Table 1)

Discussion : Acharya Sushruta has illustrated bahya chikitsa upakrama such as Lepa, Parisheka, Bandhana .

Lep Karmukatva : In this patient lepa of Panchavalkala, Yashtimadhu, Arjuna, Ananta choorna was done at dakshin Amsa sandhi and at bhagna site.

“आलेपः : आद्य उपक्रमः, एव सर्वशोफानां सामान्यः प्रधानतमश्च ।”३

“तत्र प्रतिलोममालिम्पेन्नानुलोमम्। प्रतिलोमे हि सम्यगौषधमवतिष्ठतेऽनुप्रविशति रोमकूपान् स्वेदवाहिभिश्च सिरामुखैर्वीर्यं प्राप्नोति।।”३

“ तत्र रक्तपित प्रसाद कृपा लेपः।”३

Sushrutacharya has explained the lepa chikitsa as pradhana chikitsa of vranashopha, also they have quoted the rules of its application that it should be applied in pratiloma direction. In this direction it gets enters in to romakupa and absorbed through swedavaha strotasa and siramukha. After absorption lepa aushadhi acts with its veerya. Aalepa has action as Rakta and Pitta prasadana.

Pichu Karmukatva : In this patient kosha Murivenna tail and Yashtimadhu ghrita (both in equal parts) pichu was applied on fracture site and at dakshin Amsa sandhi. Reference of Pichu chikitsa is mentioned in ‘ Murdhni Sneha’ by Ashtang Hridaya. Acharya Vagbhata quoted that pichu chikitsa is more veeryavana or bahuguni than Parisheka. Pichu have sthira guna so that sneha gets absorbed for longer duration and acts with its veerya.

Parisheka Karmukatva : In this patient sneha Parisheka with kosha Murivenna tail and Yashtimadhu ghrita (both in equal parts) was performed. Karmukatva of Parisheka is explained by Acharya Sushruta as :

“सेकः श्रमघ्नोऽनिलहृत् भग्नसंधिप्रसादकः। क्षताग्निदग्धाभिहतः विघृष्टानां रुजापहः।।”४

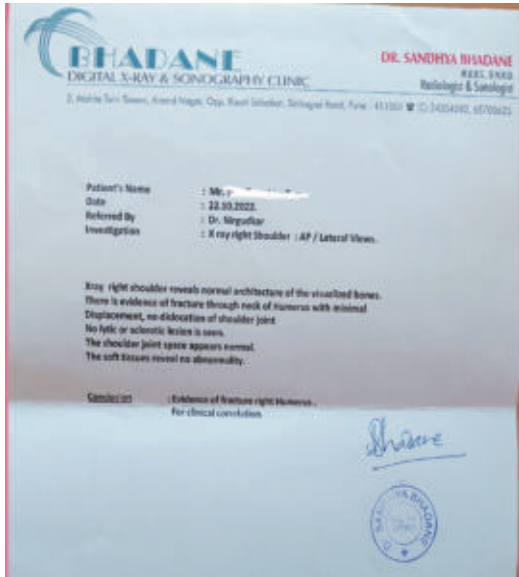
This Seka have capacity of Vata shamana, it

Table1 5,6,7:

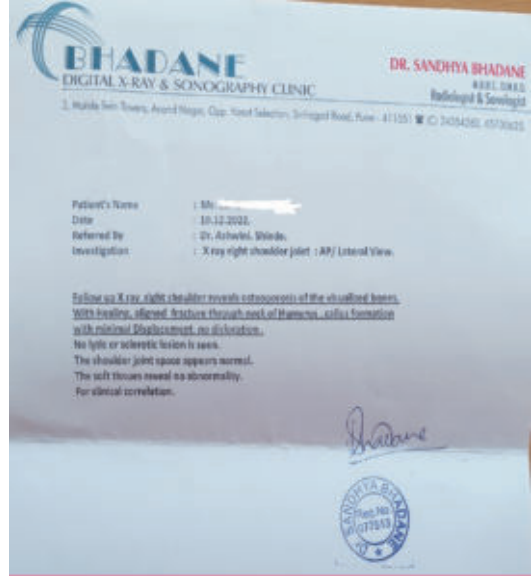
Day(D)	Chikitsa Upakrama	Medicines used for the chikitsa	KarmukatvaOf chikitsa
D1-D15	Aabhyantar Chikitsa	Vyanodana kale : Kaishora Guggulu 250mg	Parisheka with koszna Murivenna taila and Yashtimadhu ghrita (both in equal parts) Pachana, Deepana, Vibandhaghna, Anulomana, Raktagata kleda, kapha shoshana, Avarodhajanya vataprakopa nashana-shola, shotha nashana Vata - Rakta dushti pradhana vyadhi.
		Laxmivilasa 250mg	Vata , Vata- Kapha pradhana avastha. Pachana + Bruhana + Kledavahana Dhatupariposhana karma Marma ,Asthi , Kshata , Ksheena avastha. Bruhana, Pachana.
		Tapyadi lauha 125mg	Rukshana, Pachana, Deepana, Yogavahi, Rasa Rakta gamitva , Vyadhikarshita balahani, ksheenata nashana, Rasayana
		Sootashekhara Rasa 500mg	Pachana , Deepana ,Yogavahi, Vata Pitta pradhana samprapti
From Day 15 Day 50		Rasayane - Vardhamana Pippali siddha ksheera (1to7 and 7to1)	Dhatvagni Deepana, Sookshma, Yogavahi, Rasayana
		Vyanodana kale - Yashtimadhu ghrita 10ml	Snehana, Bhagna sandhana, Agni deepana, Rakta prasadana
Day 1 Day 50 (For first 2 weeks every day, there after every two days)	Bahya Chikitsa Upakramas	Lepa with Panchavalkala, Yashtimadhu, Arjuna, Ananta choorna	Kashaya, Madhura, Sheeta, Bhagna sandhanakar, Raktapittahara, Raktaprasadana
		Pichu with koszna Murivenna taila and Yashtimadhu ghrita (both in equal parts)	Ushna and Sheeta, Snigdha, Guru, Shoola, Shotha nashana, Bhagna sandhana, Raktaprasadana
Day 1 Day 50 Day 1 Day 21 (Every alternate day for 2 weeks, then after every 3 days)		Parisheka with koszna Murivenna taila and Yashtimadhu ghrita (both in equal parts)	Sadya shoola nivarana, Ushna and Sheeta, Snigdha , Guru, Shotha nashana, Bhagna sandhana, Raktaprasadana

Investigations before and after treatment :

Before Treatment



After Treatment



helps to maintain sthairyas at bhagna site, also pacifies the ruja due to kshata. It acts as snehana and swedana.

Bandhana Karmukatva : In this patient Swastika bandha was applied. Bandha vidhi, its types are described in detail by Acharya Sushruta.

“ ततो बन्धः प्रधानं, येन शुद्धिर्द्रव्यरोपणमस्थिसन्धिस्थैर्ये च।”३

Due to Bandhana chikitsa asthi and sandhi sthairyas (immobilisation) is achieved.

Conclusion: In this present case, rugna was in vrudha avastha, sukumara, ksheena Bala. Due to bhagna there was atyanta teevra ruja. Chikitsa upakramas such as pichu and Parisheka showed sadya shoolahara property. Lepa Chikitsa showed its efficacy in bhagna sandhana and ruja shamana. Bandhana chikitsa was useful in achieving sthairyas or immobilisation.

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Case Study Of Sialolithiasis And Its Management

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Introduction : Submandibular Sialadenitis is inflammation of the submandibular gland which is caused by salivary stasis that leads to retrograde seeding of bacteria from the oral cavity.¹ Sialolithiasis is a pathology manifested by impediment of ductal system by sialoliths (calculi).² Carbonate and phosphate forms of calcium, remains of desquamated epithelia of salivary gland, mucopolysaccharides and glycoprotein like organic components constitute a sialolith³⁻⁵. 92% of the sialoliths occur in the submandibular gland, 6% in parotid gland and 2% in both sublingual and minor salivary gland.⁶

It is estimated that out of 1000 adults, 12 are afflicted with sialolithiasis annually and majority of them constitute male population.⁷ It's more common in males with a male to female ratio of 2:1 and the incidence is high in the third to sixth decade of life.⁸⁻⁹ The secretions of submandibular gland leads to increased levels of hydroxyapatite as well as phosphates enhanced viscosity, more mucous and escalated basicity.¹⁰

Factors led to formation of sialolithiasis

- 1) Stagnant saliva,
- 2) Dehydration
- 3) PH changes
- 4) Trauma are contributing factors to sialolith formation.

• Two key stages:

- Core formation involving salivary mucin, bacteria, or cellular debris.
- Layered periphery formation around the core.

Unusual Nidus Sources:

- Stones can form around inflammatory cells, foreign bodies, or even facial hair

Conceptual Study :

Case Study : 42 yr old male patient , having
C/O: Swelling at below left mandibular region

since 3 years, swelling gradually increasing in size since 1 year, mild pain at swelling site since 2 months. His condition gradually worsen day by day and there was no known family history of Sialolithiasis.

Aim: To show case of management of sialolith.

Objectives : To observe conservative and surgical management of sialolith.

Materials And Methods : Name XYZ Person, 42 yr old male patient, Muslim by religion, occupation as worker.

Complaints Of : Swelling at below left mandibular region since 3 years, swelling gradually increasing in size since 1 year, mild pain at swelling site since 2 months.

Past History :

S/H/O : Open Appendectomy 20 years ago.

M/H/O : No any medical history.

K/C/O : No DM/ No HTN /No Ashtma /No kochs/No Thyroid Disorder /
No IHD.

Physical Examination:

GC – Fair afebrile

Pulse Rate – 84/min

BP- 120/70 mmhg.

CVS- S1S2 Normal

CNS – Conscious and Oriented

RS – AEBE Clear

PA – Soft and Non Tender

B- Passed

M -Passed.

GENERAL EXAMINATION:

PALLOR- Not Seen

ICTERUS- Not seen

LYMPHADENOPATHY- No regional Lymphadenopathy.

Local Examination:

Inspection:

Location of Swelling:

Submandibular region

Size of Swelling:



Approximately 4×3 cm

Palpation:

Local Temperature: Not raised

Deglutination Test: Negative

Tenderness: Tenderness noted upon palpation

Adherence to Underlying Structure: Swelling adherent to underlying structures

Consistency: Hard

Margins: Irregular

Mobility: Immovable in nature

Blood investigations

HB – 16.9 gm/dl RBC- 5.72 mill/cmm WBC- 10330/cmm Platelets -1.

93 lakh/cmm

BSL @ - 79 mg/dl

BUL – 23 mg/dl Sr. Creatinine-2.0 mg/dl

Serology -negative

PT- 17.2 sec INR- 1.19

Chest X-ray (CXR): •Within Normal Limits (WNL)

Imaging Reports :

USG of Left Submandibular Swelling:

Enlarged Gland Measurements:

Left submandibular salivary gland measures 7.4×3.6 cms.

Gland Characteristics:

Increased echogenicity and coarse texture.

Duct Condition:

Dilated duct measuring 7 mm, with turbid contents indicating recent infection.

Calculi in Terminal Segment:

Two large impacted calculi seen, measuring 1.5 and 1.3 cms.

Impression:

Left Submandibular Sialadenitis

Calculi in the terminal segment of the left submandibular duct

Management: Conservative and Surgical Management in Sialoliths.

1) Conservative Management:

- Size and Location: Small, movable stones in the duct may be candidates for conservative management.

- Early Presentation.

- No Signs of Infection.

- Patient Preference.

2) Surgical Management:

- Large Stones: Stones too large for spontaneous passage may require surgical intervention.

- Recurrent Infections: Persistent infections despite conservative measures may necessitate surgical removal.

- Obstructive Symptoms: Severe pain, difficulty in eating or speaking and recurrent swelling indicating significant obstruction.

- Impacted Stones: Impacted stones causing structural damage to the duct or gland.

- Complications: Presence of complications such as abscess formation, gland damage, or persistent symptoms.

Excision of Left Submandibular Sialadenitis under General Anesthesia (G.A.)

Preoperative - NBM Bath Consent

Inj. Xylocaine 2% sensitivity test

Prepare

Inj. Ceftriaxone 1 gm iv BD

Inj. Pan 40 mg iv OD

Inj. Atropine 0.64 mg IM ½ hr prior to surgery

IVF DNS 1 pint IV slowly

B) Anesthesia

Anesthesia- General Anesthesia

Sedation-Inj. Midazolam 1 gm Iv

Induction- Inj. Propofol 100 mg Iv

Inj. Scolin 100 mg Iv

Other drug – Inj. Dexamethasone 8 mg IV

Procedure : Under all aseptic precaution, Painting and draping done.

Transverse Incision : A transverse incision is made over the swelling site to access the left submandibular gland.

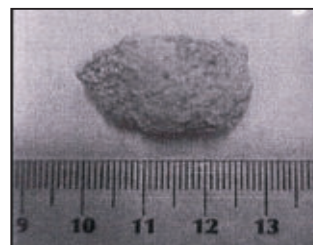
Layerwise Dissection : Sequential layerwise dissection is performed :

⇒ Skin ⇒ Subcutaneous fat ⇒ Platysma layer

⇒ Identification of Swollen Gland: The swollen left submandibular gland is identified during dissection. ⇒ Dissection Around the Gland: ⇒ Precise dissection is carried out around the gland for its excision. ⇒ Facial Artery and Vein Ligation: ⇒ The facial artery and vein are doubly ligated to ensure hemostasis. ⇒ Stone Removal from the Duct: ⇒ Stones from the duct are carefully removed during the procedure. ⇒ Gland Excision: ⇒

Post Operative

Antibiotics	Inj. Ceftriaxone 1gm IV BD (5 days) Tab ceftum 500 mg 1 BD (5 days)
Analgesics	Tab EnzoFlam 1 BD
Nutritional support	Oral Intake gradual resumption Tab celin 500 mg OD Syp Multivitamin 2 TSF BD
Post OP Course	Daily drainage evaluation and removal of drain after minimal drain output (on day 4). Dressing inspection on day 5 healthy healing wound, no any discharge and dressing with betadine done. Patient discharged after dressing and follow up after 7 days. Suture check , no any discharge, healthy healing wound and suture removal on POD 12th.



The left submandibular gland is excised. ⇨ Hemostasis Achievement: ⇨ Ensure hemostasis is achieved to prevent postoperative bleeding. ⇨ Romovac No.12 Placement: ⇨ A Romovac No. 12 is placed in the cavity for drainage. ⇨ Layerwise Closure: ⇨ The layers are meticulously closed, ensuring a secure and neat closure. ⇨ Dressing: Done with betadine (See Table and Photos)

Histopathological report :

Impression- Lt Submandibular gland excision. Chronic sclerosing sialadenitis with Sialoliths. No evidence of malignancy

Discussion - In sialolith we do conservative management for small movable stones (less than 10 mm) in the duct, moist warm heat application, Sialendoscopy .

Upon failure of non- invasive techniques due to size of the stone and their location, Sialolith are treated by open surgical approaches.

Conclusion - Patient's recovery from Sialolithiasis after surgical approach (excision of salivary gland with sialolith) within 12 days is very promising one.

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Udvartana: A Novel Beauty Ritual Rooted In Ayurveda - A Conceptual Study.

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Introduction : Skin is a mirror to an individual's health. Skin being the outermost and the largest organ of the body acts as a biological barrier against lot of harmful chemicals and hazards. But due to this exposure, skin possesses a threat of getting damaged easily leading to lot of skin problems. The procedure of Udvartana mentioned under Dincharya in Ayurvedic classics could be a ray of hope in Ayurcosmetology. Process in which the powder of (Kasayadi Churna) medicinal drugs are used for rubbing over the body, is called as Udvartana.³ Sharira Parimarjana is another term mentioned by Charaka.⁴ Chakrapani defined it as a procedure done after Abhyanga in relation to the daily regimen (Dincharya).⁵ In the context of Vyayama, Gatramardanam is term used by Dalhana.⁶ Udvartana differs from Abhyanga is the direction of movement and the force applied during the procedure.

Aim : To evaluate the efficacy and holistic benefits of Udvartana as an Ayurvedic beauty practice in contemporary wellness routines.

Objectives: 1) To investigate the historical context and traditional significance of Udvartana in Ayurveda.

2) To analyze the physiological and psychological effects of Udvartana on skin health and overall well-being.

Material and Methods : Compilation of methodology pertaining to the topic from Ayurvedic literature from Brihatrayeeviz. Charaka Samhita, Sushruta Samhita, Ashtang Hrudaya Samhita. Introduction, types of Udvartana, indications, procedure for application, different directions according to body parts, duration, post procedural activities, care and precautions, therapeutic and cosmetic effects was evaluated.

Udvartana types :

A) As stated by Charaka : There are two different forms of it, depending on how the therapeutic effect varies.

1) Snigdha Udvartana⁷ is described for the treatment of Krishna (lean and thin) people by using medicated oils.

2) Ruksha Udvartana⁸, which is described for the

treatment of Sthula (obese) people by using the dry herb powder rather than oil throughout the operation.

B) As stated by Susruta⁹: Sushruta mentions three distinct terms depending on the type of medications utilised:

1) Udvartana : Udvartana pacifies Vata dissolves Kapha and fat, stabilises body parts and provides brilliance to skin. It causes widening of the opening of blood vessels and stimulation of heat of skin.

2) Udgarshana : Rubbing with dry (non-oily) drug powder etc.; some take it as rubbing with soap, brick piece, etc. Dry anointment alleviates itching, allergic patches and Vata. The use of soap brings forth shortly firmness and lightness in thighs. Besides being destroyer of itching allergic rashes, Vata, stiffness, dirt and diseases. Rubbing with a brick piece stimulates tactile heat, cleanses opening of blood vessels and removes itching and allergic rashes.

3) Utsadana : Rubbing with oily paste. Oily anointment, particularly in woman, promotes lustre of body along with cheerfulness, fortune, cleanliness, lightness, etc.

Essential Materials:

Massage Table

Herbal powder or oil as recommended
by the physician
Container (for powder/oil)

Choice Of Medicine With Udvartana Indications:

A) Indications for Snigdha Udvartana:

- 1) In lean and thin individuals
- 2) Prakriti-based oil selection (constituent)¹⁰:

Vata Prakriti	Himsagara Taila
Pitta Prakriti	Chandanbalalakshadi Taila, Chandanadi Taila, Ksheerbala Taila
Kapha Prakriti	Triphaladya Taila
Sama Prakriti	Asanabilvadi Taila

When a person has a combination of Doshas in their Prakriti, a blend of oils in an equal proportion may work as each Dosha's recommended dosage. When the particular oil is unavailable, Murchhita Taila may be utilized.

A) Indications for Ruksha Udvartana:

1) Obese persons

2) Herb selection according to indications¹⁰:

Kulattha Churna	Useful in reducing the accumulation of subcutaneous fat and also decrease excessive sweating
Kolakulathadi Churna	Indicated in obese persons
Mrittika Churna	Reduces excess of oiliness in the skin

Procedure¹¹: Application of the medicated oil, or else dusting of the herbal powder on the body followed by massage in a direction opposite to that of the hair is the procedure of Udvartana.

I) Preparation of the subject : Morning time after getting up from the bed and after evacuating the bowel and bladder is the ideal time for Udvartana.

II) Position : Subject is made to lie on the Abhyanga table with minimal clothes on.

III) Direction of massaging:

- 1) Linear massage on arms
- 2) Circular massage on hands
- 3) Circular massage on shoulders
- 4) Circular massage on chest and abdomen
- 5) Linear massage on back
- 6) Linear massage on legs
- 7) Rubbing massage on soles
- 8) Linear massage on the laterals of the trunk

Duration of Udvartana¹¹: Each part of body is subjected to massage for about 5 minutes so that the whole procedure takes half to one hour.

Post procedural activities¹¹: Rest for about 15 mins followed by bath with warm water.

Time of Udvartana¹²: Rubbing the body with powder of some drugs takes out hydration from skin and renders skin dry. So, in healthy individuals it should be used soon after the Abhyanga (oil massage). It is indicated in Kapha Prakriti and in VasantaRitu when there will be aggravation of KaphaDosh.

Care and Precautions¹³: 1) Avoid any tender points if present. 2) Care of face, eyes and nose is must while dusting the herbal powders. 3) Proper aseptic precautions especially in any contagious disease. (See Table Therapeutic actions of Udvartana)

Discussions : In Ayurveda, various Dincharya Upkramas are explained for rationale approach towards healthy life. Udvartana, being one of it, is done by the application of specific herbal powders or pastes in a particular direction and pressure to elevate and promote the health of skin. It acts by removing excess oil, dirt and dead skin making it lustrous, illuminous and supple.

Probable Mode of Action : 1) Powder massage enhances the hepatic circulation which may release the enzymes that induces gluconeogenesis and lipolysis, hence helps to overcome the cholesterol level. Rubbing the body with Kalka Dravya (Utsadana) imparts the effect similar to that of Abhyanga.¹⁴ 2) Udvartana opens the circulatory channels, facilitates the metabolic activity and improves the complexion of the skin¹⁵.

Various studies revealed the efficacy of Udvartana in many diseases. A study conducted with Navaka Guggulu, Lekhana Basti and Udvartana by Shailayadi Churna shows its benefits in obesity where Udvartana provided good result in almost all parameters because they eliminates Dosh from the body and simultaneously perform the action of Samprapti Vighatan (breaking of pathogenesis) at cellular level¹⁶. The effect of Udvartana in reducing psychophysical parameters such as weight, BMI, WHR and serum lipid values and other scales like stress inventory, quality of life and sleep are also seen¹⁷. Ruksha Udvartana with Kolkulathadi Churna plays an important role in the reduction of weight¹⁸. A study has been conducted to explore the role of Udvartana with Shunthi Churna as Upashaya (specific diagnosis) in Katishula (backache)¹⁹. Administration of Guduchyadi Yoga and HaritakiChurna Udvartana²⁰ and a study with Triphladi Taila Abhyanga and Triphla Churna Udvartana²¹ have proven its efficacy on obesity. Rukshana Upakrama in the form of Takra Siddha Yavagu and Udvartana can help in normalizing lipid profile (dyslipidaemia), also in reduction of weight; BMI, body circumference and skin fold thickness as it possesses Shoshana (absorption) and Kapha-Medohara (alleviation of vitiated Kapha and Meda) properties²².

It is the need of an hour to use and promote the Ayurveda's principle of Udvartana as a part of Dincharya (daily regimen) in the field of Ayurcosmetology.

Conclusion : The benefits of Udvartana are its simplicity to perform, low cost, lack of side effects and more effectiveness. It can be used as a rationale choice over the highly charged fat-reducing and skin care packages. The vast array of knowledge of Dincharya procedures mentioned in Ayurvedic texts can be very helpful in the development of the new cosmetic products and future cosmeceutical industry. Udvartana can be seen through the lens of a new beauty experience as Ayurcosmetology.

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Therapeutic actions of Udvartana:

Sr. No.	Actions	Charaka ⁴	Sushruta ⁹	Vagbhata ¹
1.	Dourgandhyahara	+	-	-
2.	Gouravahara	+	-	-
3.	Tandrahara	+	-	-
4.	Kanduhara	+	-	-
5.	Malahara	+	-	-
6.	Aruchihara	+	-	-
7.	Vatahara	-	+	-
8.	KaphaVilapana	-	+	-
9.	MedaVilapana	-	+	+
10.	AngaSthrikarana	-	+	+
11.	TvakPrasadakara	-	+	+
12.	Kaphahara	-	-	+
13.	Medahara	-	-	-
14.	TvakMardava	-	-	-

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Ayurvedic Management Of Pakshaghata - A Case Study

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Introduction : Hemiplegia is the commonest manifestation of Cerebrovascular accident with neurological deficit and having sudden weakness or numbness of face, arms or legs most often on one side of the body[1].

An ischemic stroke occurs when the blood supply to part of the brain is interrupted or reduced, preventing brain tissue from getting oxygen and nutrients. Brain cells begin to die in minutes. The term Pakshaghata means paralysis of one half of the body where paksha means either half of the body and aaghata means impairment of Karmendriya, Gyanendriya and manas. Charaka included it in the classification of Nanatmaja Vyadhi due to predominance of Vata Dosha[2]. The disease affects the Madhyama Roga Marga[3] (Marma and Asthi Sandhi) and disrupts the functions of Sira (blood vessels), Snayu (ligaments) Kandara (tendon) etc. The modern life style, dietary habits, lack of proper exercise, injudicious way of physical activities and mental stress and strain are said to have definite role in the occurrence of Paksaghata.

Objectives - 1) To study the Cerebrovascular accident from Ayurvedic perspective. 2) To observe symptom changes during treatment. 3) To improve the quality of life of patients.

Material And Method - Centre Of Study : Seth Tarachand Ramnath Charitable Hospital, Pune
Simple Random Singe Case Study Conceptual study.

1) Pakshaghata- Pakshaghata has been described as one of the vataj vyadhi in many Ayurvedic texts. Pakshavadha, Pakshaghat, Ekangwata Ardhangvata, Ekangroga are all synonyms of Pakshaghat. The disease in which right or left side of the body becomes paralysed is called Pakshaghat. Charaka has explained three tyes of Pakshagata Shudha vataj ,Pittanubandhi and Kaphanubandhi. Shudha vataj Pakshaghata is easy to cure then other dosha anubandhi Pakshaghata.

Pathogenesis : Vayu is vitiated by its own causes Pran Vayu is particularly vitiated. Pran Vayu controls dnyanedriya and Karmendriya. Vitiated pran vayu leads to loss of functions of Karmendriya in right or left side of the body . Vyan Vayu is also vitiated and this leads to drying up of Sira and Snayu of affected part. Sandhibandha (ligaments) become

loose and the person is unable to move arm or leg. His or her speech is inaudible or slurred and he/she loses control over urine and stools.

In Kaphanubandhi Pakshavadha there is Edema, heaviness and coldness in the limbs. In Pittanubandhi Pakshavadha there is irritation, burning and syncope.

Prognosis : Kaphanubandhi and Pittanubandhi types are difficult to treat. Keval Vataj is untreatable.

2) Cerebrovascular Accident (CVA) - A stroke is a medical condition in which poor blood flow to the brain causes cell death. There are two main types of stroke: ischemic, due to lack of blood flow, and hemorrhagic, due to bleeding. Both cause parts of the brain to stop functioning properly.

Signs and symptoms of a stroke may include an inability to move or feel on one side of the body, problems understanding or speaking, dizziness, or loss of vision to one side. Signs and symptoms often appear soon after the stroke has occurred. If symptoms last less than one or two hours, the stroke is a transient ischemic attack (TIA), also called a mini-stroke. A hemorrhagic stroke may also be associated with a severe headache. The symptoms of a stroke can be permanent. Long-term complications may include pneumonia and loss of bladder control.

Pathophysiology Of Ischemic Stroke - Acute occlusion of an intracranial vessel causes reduction in blood flow to the brain region it supplies. The magnitude of flow reduction is a function of collateral blood flow and this depends on individual vascular anatomy, the site of occlusion, and likely systemic blood pressure.

Case Description : A 63 years old Male with known case of Hypertension and Diabetics from 4 months came to our hospital with complaints of weakness of left side of his body along with ataxia representing left sided hemiplegia. The subject was having above complaints since last 15 days. The subject was previously diagnosed with Cerebrovascular Accident involving acute infarct of right basal ganglia and right corona radiata.

History : On 05/11/22 the subject observed a sudden weakness of the left upper and lower limb with inability to stand and walk. He was then admitted in the Allopathic hospital for the same and was diagnosed as a case of Cerebrovascular

accident for which he was treated accordingly and was started with Stroke Protocol medicines along with his anti- hypertensive and oral hypoglycemic drugs.

The subject from 23/11/22 to 14/12/22 underwent Ayurvedic treatment for the same along with his previous medications continued and was discharged after remarkable improvement.

Past Illness History : K/C/O: DIABETICS from 4months HYPERTENSION from 4 months S/H/O: Amputation of left-hand Index finger 12 years ago.

Allergy: No any

Under Previous Medications:

Tab. Ecosprin 75mg HS Tab. Clopitab 75mg HS

Tab. Atorva 40mg HS Tab. Amla 10mg HS

Tab. Telma 40mg BD

Tab. Metformin 500mg SR before Breakfast and Dinner.

Physical Examination:

P-78/minBP-160/80 mm Hg.

SPo2- 98% on RA Temperature-98.4 of

Systemic Examination:

CNS: Conscious and Oriented

CVS: S1S2 heard. RS: Left middle and lower lobe crept present. Bowel: Passed. Micturition: Passed.

Initial Cns Examination:

Higher Functions: Conscious Oriented Memory intact. **Motor Functions:** GAIT: Unable to walk

Reflexes:

Reflex Corneal	Right Normal	Left Normal
Biceps	+2	+3
Triceps	+2	+3
Plantar	+2	+3

Power:

Score	Description	
0	No contraction	
1	Flicker or trace of contraction	
2	Active movement, with gravity eliminated	
3	Active movement against gravity	
4	Active movement against gravity and resistance	
5	Normal Power	
Mpg Score:	Right	Left
Upper Limb	5/5	0/5
Lower Limb	5/5	0/5

Laboratory Investigations:

Haemogram: 23/11/22 Hb-14.3

WBC-15,103 Platelets: 3.58

BUL:76 Sr. CREATININE:1.8 LIPID PROFILE:

Total Cholesterol: 117 Triglycerides: 108

HDL: 40.8 LDL: 54.5 VLDL:21.7

BSL Fasting: 122.3 POST PRANDIAL: 173.1

24/11/22

Specific Investigations : Ct Brain (plain) Dated 05/11/22. Acute Infarct Involving Right Corona Radiata And Right Basal Ganglia. Chronic Infarcts In Frontal Lobe. Mrl Brain Angio (plain) Dated 11/11/22. Acute Infarct Involving Left Frontal Lobe And Left Centrum Semiovale. Unmarkable Mr Angiogram.

Treatment : Internal Medications

Drug	Dose	Time	Anupana
Ashtavarga Kashayam	20 Ml	Rasayana Kala	Luke Warm Water
Rasonadi Vati	250 Mg	Vyana Udana	Luke Warm Water
Pancharatnadi Gutika	250mg	Vyan Udana	Luke Warm Water
Sukumara Ghruta	5ml	Nisha Kala	Luke Warm Water
Procedure	Drug And Dose		No. Of Days
Anuvasana Basti	Prabhanjanvimardana Tailam 30 Ml + Tila Tailam 30 Ml		12
Niruha Basti	Dashmula Bala Aatmagupta Arandamula Shatavha Kwath 850 Ml		11

Along With Modern Medicines As Follow:

Tab. Ecosprin 75mg Hs Tab. Clopitab 75mg Hs

Tab. Atorva 40mg Hs Tab. Amla 10mg Hs

Tab.telma 40mg Bd Tab. Metformin 500mg Sr

Before Breakfast And Dinner.

Observations - Assessment Criteria:

Mpg	Day 0	Day 9	Day 12
Right Ul	5/5	5/5	5/5
Right Ll	5/5	5/5	5/5
Left Ul	0/5	0/5	1/5
Left Ll	0/5	1/5	3/5

*ul- Upper Limb Ll- Lower Limb

Reflex: Improved

Result : The condition of the patient improved gradually along with the course of the treatment. The Strength and Power of both Left lower limb was increased to 3/5, also Tone of the muscle improved, Deep tendon reflex was normal after the course of treatment.

Discussion: The Subject was taking anti hypertensive and anti-diabetic medications prior to stroke. He was prescribed Stroke Protocol medications before he was started with Ayurvedic treatment. The subject is a medium built having madhvam bala and saam vata symptoms so treatment protocol included improvement of digestion followed by shodhana procedure.

Basti : Basti karma is the procedure by which the

medicines in suspension form area administered through rectum or genitourinary tract using Bastiyantra. It is the most important procedure among Panchakarma procedures and the most appropriate remedial measure for Vata dosha[4]. Basti karma's place of action is Pakwashaya which is Vata Dosha's main site [5]. Hence it is the major treatment modality for Vata Dosha. According to the nature of medicine used, two types of enemas are: • Asthapana/Kashaya/ Niruha Vasti- Decoction based enema[6]. • Anuvasana/ Sneha Vasti[7]- Oil based.

Mode Of Action : When Basti is introduced into the Pakwashaya, the veerya of Basti reaches all over the body, collects the accumulated Doshas and Shakrut from Nabhi, Kati, Parshwa and Kukshi pradesha, causes Snehana to the body and expels out the Dosha along with Pureesha. Charakacharya have explained that It is "amrutopamam" for the patients having Kshina Majja, Shukra and Oja and has properties like Balya, Brimhana and Pushtikara.

Effect from Niruha basti : Madhu having Yogavahi and Sukshma marga anusarita property acts as catalyst and penetrates into the Sukshma Srotas. Saindhava lavana having Laghu and Tridosha Shamaka guna was added to it. Sneha dravya having Snigdha guna combats Ruksha and Laghu guna of Vata, which in turn causes Vata Shamana. Kwatha does Anulomana and Nirharana of Doshas. Dashamula is useful in all Vataja vikaras[8] and has action on neuromuscular disorders. Bala have Anti-inflammatory property it reduces Inflammation in body. It is enriched with Antioxidants which aids in neutralizing effect of free radical in body. It helps to relieve Spasm of involuntary muscles. In Ayurveda, Bala choorna[9] have Balya, Bhruhan Ojavardanam, Krantikruta, Vataharanam properties which help in to eliminates vitiated Vata dosha. Aatmagupta has effect on CNS disorders. Eranda[10] being main ingredient, has Snigdha, Sukhsmaand Teekshna properties does Srotoshodhana and thus acts as Vatahara, Balya and Vedhanasthapana.

Effect from Anuvasana basti : Anuvasana basti will retain the oil for a specific period without causing any adverse effect. It protects Pureeshadhara kala by giving Snehana effect. Acharya Charaka while assessing the Anuvasana Basti records the digestion of Sneha by the words "Sneham Pachati Pavakah" and after digestion Dravyas can be absorbed to cause the effect on the body[11].

Ashtawarga[12] Kashya : Possess powerful Analgesic and anti-inflammatory properties which

is pivotal in reducing joint pain and muscle pain which occurs due to vitiation of vata dosha. It is of Katu rasa having Katu vipaka Ushna virya so is Kaphavataghna action.

Rasonadi Vati[13] : Rasonadi Vati is a tablet, commonly used in disorders of Gastrointestinal tract especially in Indigestion. It is used in Diarrhoea, Dyspepsia and such other Stomach and Intestine related diseases. Garlic is the main ingredient of this medicine. It mainly comprises of Lasuna (Allium sativum), Jiraka (Cuminum cyminum), Saindhava Lavana (Rock salt), Shuddha Gandhaka (Purified Sulphur), Shunti (Zingiber officinale), Pippali (Piper longum), Maricha (Piper nigrum), Hingu (Ferula asafoetida) and Nimbu swarasa (Azadirachta indica) (46).

Lasuna is Kaphaghna by pungent and ushna, vatashamaka by Snigdha, Pichchila, Guru and ushna, Raktapitta vardhaka by Ushna and Tikshna. Hence it enhances Agni (Digestive fire) and prevents from formation of amavastha, Agni Sandushanam (improves the digestivepower). It is an anti-inflammatory, pain killer and removes toxicity. Garlic is used for swelling in rheumatoid arthritis, paralysis, sciatica. It has antihypertensive, antithrombotic, anti- atherosclerotic, cholesterol lowering properties.

Pancharatnadi Gulika : Mainly used in treatment of Hypertension. It has effect on manavaha strotasa and majja dhatu.

Sukumara Ghrutam [14] : By its purgative action it removes the vitiated doshas from the body thereby relieving the symptoms as virechana is described as one of the main treatment protocols by Charaka . It reduces pain and inflammation.

Conclusion : The case study demonstrates the successful management of a case of Pakshaghata using Ayurvedic treatment while the scope for further research and clinical trial is enormous, it remains substantial that with proper diagnosis and selection of treatment protocol, Ayurveda can be enormously beneficial in the treatment of stroke or Pakshaghata. Basti chikitsa was found to be extremely useful in the subject. This along with the internal medications helped in increasing the strength and restoration of motor as well as sensory functions of the subject.

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अहवाल

टिळक आयुर्वेद महाविद्यालयास

पुणे. म.न.पा. आयोजित स्पर्धामध्ये पारितोषिके प्राप्त.

डॉ. अपूर्वा संगोराम

पुणे महानगरपालिका वृक्ष प्राधिकरणातर्फे आयोजित ४२ व्या फळे, फुले, भाजीपाला प्रदर्शनानिमित्त विविध स्पर्धांचे आयोजन करण्यात आले होते. या प्रदर्शनाचे उद्घाटन महानगरपालिका आयुक्त, मा. श्री. विक्रमकुमार यांच्या हस्ते झाले. या प्रदर्शनमध्ये टिळक आयुर्वेद महाविद्यालयाच्या द्रव्यगुण व वनस्पती उद्यान विभागाने वनौषधी उद्यान स्पर्धा, औषधी व सुगंधी कुड्या संग्रह, वृक्ष संवर्धन व संरक्षण इ. स्पर्धामध्ये सहभाग नोंदवला.

या स्पर्धामध्ये टिळक आयुर्वेद महाविद्यालयाच्या द्रव्यगुण व वनस्पती उद्यान विभागास खालीलप्रमाणे पारितोषिके मिळाली. १) औषधी वनस्पती संग्रह प्रथम व द्वितीय क्रमांक २) औषधी वनस्पती उद्यानाला द्वितीय क्रमांक ३) सुगंधी औषधी वनस्पती संग्रह यास प्रथम क्रमांक, ४) औषधी वनस्पती संवर्धन व संरक्षण यास प्रथम क्रमांक तसेच 'आयुर्वेदोत्सव' या संकल्पनेलगत वनस्पति स्टॉलला विशेष सहभाग सन्मानचिन्ह इ. पारितोषिके मिळाली.

या प्रदर्शनानिमित्त टिळक आयुर्वेद महाविद्यालयाच्या द्रव्यगुण विभागाने 'आयुर्वेदोत्सव' असा विषय घेत भारतीय सणामध्ये वापरण्यात येणाऱ्या आयुर्वेदीय वनस्पतींची माहिती व महत्व चार्टस व फलेक्स या माध्यामातून प्रदर्शित केली होती. या निमित्ताने 'घरोघरी वनौषधी' ही पुस्तिका, 'आरोग्यदीप दिवाळी अंक २०२३', सवलतीच्या दरात उपलब्ध करण्यात आले होते. या प्रदर्शनाला नागरिकांचा उत्कृष्ट प्रतिसाद

लाभला.

दिनांक ११ फेब्रुवारी २०२४ रोजी संभाजी उद्यानात आयोजित बक्षिस वितरण समारंभात हे पुरस्कार प्रदान करण्यात आले. प्रदर्शनानिमित्त आयोजित बक्षिस वितरण समारंभास वृक्षसंवर्धन समिती चे सदस्य, टिळक महाराष्ट्र विद्यापीठाचे कुलपती श्री दिपक टिळक, माजी महानगरपालिका आयुक्त श्री. मुळक, मा. माजी प्राध्यापक डॉ. धेंडे व उद्यान अधीक्षक श्री. अशोक घोरपडे यांच्यासह इतर मान्यवर उपस्थित होते.

महाविद्यालयातर्फे उपप्राचार्य मा. डॉ. मिहीर हजरनवीस, द्रव्यगुण व वनस्पती उद्यान प्रमुख डॉ. अपूर्वा संगोराम, द्रव्यगुण विभागाच्या सर्व अध्यापक, पदव्युत्तर विद्यार्थ्यांनी हे पुरस्कार स्वीकारले.

या प्रदर्शनात व स्पर्धांच्या आयोजनात द्रव्यगुण व वनस्पती उद्यान प्रमुख डॉ. अपूर्वा संगोराम, द्रव्यगुण विभाग अध्यापिका, डॉ. अस्मिता जाधव, डॉ. प्रज्ञा गाटे, डॉ. स्नेहा कुलकर्णी, डॉ. गौरी गांगल तसेच द्रव्यगुण विभागाचे वै. स्नेहा पाटील, वै. प्रियांका थुले, वै. महेश तांबे, वै. सुजाता खडसे, वै. देवाशीष उब्रंजकर, वै. वैष्णवी तलोकार, वै. पल्लवी, वै. सीमा, वै. माधुरी वै. आदित्य, वै. शिवांगी, वै. मेघा तसेच उद्यानातील माळी श्री. बागुल व श्री. मोरे व द्रव्यगुण विभागाचे कर्मचारी श्री. कुंभार यांचा सक्रीय सहभाग होता.



बक्षिस वितरण समारंभ प्रसंगी - डॉ. हजरनवीस, डॉ. संगोराम, अध्यापक व पदव्युत्तर स्नातक.



टि.आ.म.वि. औषधी वनस्पतींची पहाणी करताना मान्यवर.

“Srujana” National Seminar On Prevention And Management of Disorders In Pregnancy

Dr. Rucha Ganu

On the occasion of Centenary year of Rashtriya Shikshan Mandal and completion of 90 years of Tilak Ayurved Mahavidyalaya, Pune, C.P.G.S. & R. A. and Prasuti Tantra and Streerog Department jointly organized a National Seminar on "**Prevention & Management of Disorders in Pregnancy**" "**Srujana**" A Journey To Safe Motherhood. on 9th and 10th December 2023 at Tilak Ayurved Mahavidyalaya, Pune. Total 223 Registrations were received. Participants attended : 185 Students: 169 and others Teachers : 25

Day 1: 9th December - Paper Presentation Competition was organized on the first day of the seminar. Total 53 abstracts of papers from different post graduate institutes within and out of state were received. Out of which a total 48 papers were presented.

Day 2: 10th December : First session started at 9 am with the blessings of Lord Dhanwantari which was enchanted by Dr. Mansi Sarvade.

First Session : Speaker: Dr. Jasmine Gujarathi. Topic: Preconceptional Care - An important step to prevent disorders in pregnancy. **Chair person :** Dr. Jayashree Patil. **Co-Chair person :** Dr. Mrudula Khairnar

Inaugural Function : The inauguration started

at 10:00 am with **Dr. Dilip Puranik**, President of Inaugural function, **Dr. Hemant Deshpande** as Chief Guest and **Dr. Veena Patil** as Guest of Honour. Inauguration commenced with Dhanwantari Stavan.

All the dignitaries lighted the lamp and opened the seminar.

Dr. Saroj Patil, Principal of Tilak Ayurved Mahavidyalaya spoke about motto of the seminar and gave wishes for the success of the seminar.

Dr. Hemant Deshpande, Chief Guest of the seminar extended his regards through his speech. Guest of Honour, Dr. Veena Patil gave regards for the success of the seminar and congratulated the organisers.

Dr. Rucha Ganu, Associate Professor, Prasuti Tantra and Streerog Department welcomed and introduced all the dignitaries on the dais and spoke about the seminar.

This was followed by a special felicitation of the 3 Mahagurus of Streerog Prasuitantra who rendered their services to the department and hospital for many years.

Dr. Pushpa Tulpule, Dr. Sudha Mahadeokar and Dr. Dilip Ghaisas were felicitated with memento and gifts.



Inaugural Function L to R - Dr. Ujagare, Dr. Salvi, Dr. Huparikar, Dr. Deshpande, Dr. Veena Patil, Dr. Puranik, Dr. Saroj Patil, Dr. Ganu, Dr. Gavane, Dr. Hajarnavis.



Felicitation of Dr. Pushpa Tulpule.
L to R - Dr. Salvi, Dr. Ujagare, Dr. Huparikar, Dr. Veena Patil, Dr. Deshpande, Dr. Puranik, Dr. Tulpule, Dr. Saroj Patil, Dr. Gavane, Dr. Ganu, Dr. Hajarnavis.

Felicitation of Dr. Sudha Mahadeokar,
L to R - Dr. Ujagare, Dr. Salvi, Dr. Huparikar, Dr. Veena Patil, Dr. Deshpande, Dr. Puranik, Dr. Mahadeokar, Dr. Saroj Patil, Dr. Gavane, Dr. Ganu, Dr. Hajarnavis, Dr. Musale



Inauguration of Exhibition,
L to R - Dr. Hemant Deshpande, Dr. Saroj Patil, Dr. Puranik, Dr. Veena Patil.

Inauguration concluded with the Best wishes from Honorary President of Rashtriya Shikshan Mandal, Dr. Dilip Puranik. Vote of thanks was given by Dr. Rahul Garudkar.

Second Session : Speaker : Dr. Hemant Deshpande. **Topic :** Pregnancy induced Hypertension. **Chair :** Dr. Suhas Herlekar. **Co-Chair:** Dr. Prakash Daithankar.

Third Session : Speaker : Dr. Vishala Turlapati. **Topic:** Garbhini Paricharya. **Chair:** Dr. Bhagyashree Khot. **Co-Chair:** Dr. Milind Hirve.

Fourth Session: Speaker: Dr. Purushottam Neurgoankar. **Topic:** No Dillema in GDM. **Chair :** Dr. Suhas Herlekar. **Co-Chair:** Dr.

Pradnya Aptikar & Dr. Rupesh Kamathe.

Fifth Session: Speaker: Dr. Shweta Gugale. **Topic:** Optimizing Fetal Outcomes **Chair:** Dr. Swati Mohite. **Co-Chair:** Dr. Sujeet Shinde.

Valedictory Function - After this wonderful array of sessions began the Valedictory function. Dr. Purushottam Neurgaonkar, chaired as Chief Guest for this session and was welcomed by memento and gift by the dignitaries.

Valedictory function was coordinated by Dr. Rucha Ganu. Dr. Saroj Patil, Principal Tilak Ayurved Mahavidyalaya congratulated all the organizing committee members for a successful seminar.

Dr. Mrunali Phapale, coordinated the prize distribution. 3 Prizes were given for best paper presentation at the hands of our chief guest Dr. Purushottam Neurgaonkar. He also congratulated the organizing committee member for the success. Dr. Rahul Garudkar, Proposed Vote of thanks. The day ended with National Anthem.





‘शतकपूर्ती’ नंतरची जबाबदारी आणि आव्हाने!

डॉ. अपूर्वा संगोराम, कार्यकारी संपादक

नुकताच राष्ट्रीय शिक्षण मंडळाला शंभर वर्षे पूर्ण झाल्यानिमित्त शतकपूर्ती चा कार्यक्रम संपन्न झाला. या निमित्ताने उपस्थित सिम्बायोसिस आंतरराष्ट्रीय अभिमत विद्यापीठाचे कुलपती पद्मभूषण डॉ. शां. ब. मुजुमदार यांनी, आयुर्वेदाचे विद्यापीठ होण्यासाठी राष्ट्रीय शिक्षण मंडळाने पुढाकार घ्यावा अशी अपेक्षा व्यक्त केली.

राष्ट्रीय शिक्षण मंडळ आणि त्याच्या घटकसंस्था यांचा कार्यविस्तार दिवसेंदिवस वाढत आहे. स्वातंत्र्यपूर्व काळात देशभक्तीने भारलेल्या वातावरणात, भारतीय पारंपरिक वैद्यक व संस्कृतीच्या प्रेमातून निर्माण झालेल्या राष्ट्रीय शिक्षण, मंडळ या संस्थेने, आयुर्वेदाला पोषक व पूरक शिक्षण देणाऱ्या टिळक आयुर्वेद महाविद्यालय, आयुर्वेद रसशाळा, वैद्य पुरुषोत्तम शास्त्री नानल रुग्णालय, चेतन दत्ताजी गायकवाड इन्स्टीट्यूट ऑफ मॅनेजमेंट स्टडीज, आयुर्विद्या मासिक, मेहेंदळे दवाखाना, रिसर्च इन्स्टीट्यूट ऑफ हेल्थ सायन्सेस अँड मॅनेजमेंट, सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडीज अँड रिसर्च इन आयुर्वेद आणि के. कृ. ना. भिडे आयुर्वेद संस्था या संस्थांची स्थापना केली. आज या ९ ही संस्था आयुर्वेदाच्या क्षेत्रात अतिशय समर्थपणे कार्यरत आहेत. प्रत्येक संस्थेने स्वतःची वेगळी ओळख निर्माण केलेली आहे.

राष्ट्रीय शिक्षण मंडळ ही जनक संस्था ज्या उद्देशाने स्थापन झाली, त्या उद्दीष्टांना धक्का न लावता, संस्थेच्या नावलौकिकात भर घालत सर्व संस्थांचे कार्य चालू आहे. हे कार्य करणारे सुरुवातीपासूनचे विश्वस्त ते शताब्दी वर्षात कार्यभार सांभाळणारे विश्वस्त यांनी ज्या ध्येयाने संस्थेची वाटचाल चालू ठेवली ते खरेच कौतुकास्पद. फक्त शतकपूर्ती झाली आता पुढे काय हा प्रश्न या सर्व संस्थामध्ये काम करणाऱ्या सर्वच पदाधिकाऱ्यांच्या मनात सुरु झाला असेल. कारण कुठल्याही एका विशिष्ट उंचीपर्यंत संस्थेला नेऊन ठेवल्यानंतर त्याची पुढची वाट ही अजून कठीण असते. शतकमहोत्सवी वर्षात टिळक आयुर्वेद महाविद्यालयाच्या जवळजवळ सर्व विभागानी नॅशनल लेव्हलच्या सेमिनार्स,

कॉन्फरन्सेस, वर्कशॉप घेतल्या, आयुर्वेद रसशाळेने नविन ६ प्रॉडक्ट्सचे विमोचन केले. याचप्रमाणे प्रत्येक संस्थेने शैक्षणिक व्याख्याने, रुग्णशिविरे यासारख्या काहीना काही महत्वाच्या आणि उपयुक्त समारंभांचे आयोजन केले होते.

अशा प्रकारचे महत्वाकांक्षी आणि समाजोपयोगी कार्यक्रम यापुढील काळातही प्रत्येक संस्थेला सातत्याने करावे लागणार आहेत. ज्यायोगे राष्ट्रीय शिक्षण मंडळाची मान सातत्याने उंचावत राहील आणि पर्यायाने आयुर्वेदाचा प्रचार आणि प्रसार जनसामान्यांमध्ये वाढत राहील.

या संस्थेत कार्यरत असणाऱ्या माझ्यासारख्या प्रत्येक व्यक्तिला येथील निरपेक्ष आणि उत्तुंग कार्याचा सतत अभिमान वाटत आला आहे. राष्ट्रीय शिक्षण मंडळाच्या घटकसंस्था असलेल्या काही संस्थाही आता शंभरीच्या जवळपास पोहोचत आहेत. त्यामुळेच यातली प्रत्येक संस्था जेव्हा शंभरी पार करेल आणि आयुर्वेदाची पताका संपूर्ण जगभर फडकवेल तेव्हाच खऱ्या अर्थाने राष्ट्रीय शिक्षण मंडळाची उद्दीष्टपूर्ती खऱ्या अर्थाने साजरी झाली असे मानायला हरकत नाही!



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आरोग्यपूर्णजीवन “तिचा” हक्क

डॉ. सौ. विनया दीक्षित, उपसंपादक

८ मार्च वर्षाच्या दैनंदिनीत महिलांच्या आरोग्याला, त्याविषयीच्या जागरूकता उपक्रमांना दिलेला एकमेव दिवस! भारतीय जीवनशैलीत सध्याच्या युगात गरीब, मध्यमवर्ग वा श्रीमंत कुठलाही सामाजिक आयाम विचारात घेतला तरी ७०% पेक्षा अधिक स्त्रिया कुटुंबाचा भार सांभाळण्यात पुरुषांच्या बरोबरीने कार्यरत आहेत स्त्रियांच्या स्वतंत्रता विचारात शिक्षण, प्रवास व नोकरी या बाबी आता खूपच खोलवर रुजलेल्या आहेत. तरीही अजूनही स्वतः विषयीचे निर्णय घेण्याचे अधिकार व स्वतःच्या आरोग्यविषयक गोष्टींना अग्रेसर ठेवून दैनंदिन व्यवहारात आणण्याचे धाडस अगदी ५-१०% स्त्रियांमध्येच आढळते.

स्त्रीयांचे आरोग्य केवळ पाळीचे आजार, गरोदरपणा व बाळंतपणे या विषयीच फक्त विचारात घेतले जाते. याशिवाय एक व्यक्ती म्हणून सशक्तता, धातुसारता, बलसामर्थ्य, व मानसिक निकोपता या बाबी स्त्रियां स्वतः सुद्धा लक्षात घेत नाहीत ही दुर्दैवी गोष्ट आहे. तसेच पालकांकडून ही तिकेसे महत्व आरोग्य रक्षणास दिले जात नाही.

आजही भारतात १ ते १४ वयोगटातील ६५% मुली अंनीमियाने ग्रस्त आहेत अर्थात यातून पुढे येणारे पांडुरोग, शोथ इ. आजार ही आलेच. १५ ते ४४ वयातील अनेक तरुणी असुरक्षित कामजीवन व त्यातून उद्भवणारे एच. आय. व्ही. व इतर भयावह रोग यांनी पीडित आहेत. शहरातील सुमारे ३०% महिलांना स्तनांच्या कर्करोगाचा धोका असल्याचे विविध सर्वेक्षणांतून समजले आहे. गर्भाशयाचा कर्करोग, संधिवात, उच्चरक्तदाब व प्रमेहाचे प्रमाण ही वाढतच आहे. अनेक स्त्रिया वयाच्या चाळीशीच्या आतच या रोगांनी कष्टप्रद आयुष्य जगत आहेत. व्याधीचे निदान व चिकित्सा लवकर न झाल्याने अनेकींना प्राण ही लवकर गमवावे लागतात हे आता संशोधनातून पुढे आले आहे. रक्तदाब, रक्तक्षय, संधिवात, पाळीसंबंधीच्या तक्रारी हे सांभाळून असंख्य स्त्रिया कुटुंबासाठी दिवसरात्र राबताना दिसतात. भारतीय मानसिकतेत मुलाबाळांची व नातेवाईकांची एकूणच घरादाराची जबाबदारी संपूर्णतः स्त्रियांचीच असल्याने मग ती कितीही कर्तबगार असो, कमवणारी असो किंवा व्याधी

विकारांनी पीडित! तरीही स्त्रियांच्या जीनात प्राधान्यक्रमात ‘स्वतः’चे आरोग्य कधीच प्रथम अग्र्य नसते. हीच खेदाची गोष्ट आहे. तसेच ती ज्या कुटुंबियांसाठी हे सर्व करते त्या प्रियजनांनाही तिच्या आरोग्यासाठी ‘आपण’ काही करावे हे सुचणे व हातून तसे नियमितपणे घडणे हे अवघडच दिसते.

अशाप्रसंगी ८ मार्च –जागतिक महिलादिन हा यासंदर्भातील जागरूकता घडविण्यास निश्चितपणे उपयोगी ठरतो. भारतातील स्त्रियांचे मनोबल खरतर खूपच श्रेष्ठतम पातळीवर कार्यरत असते. शारीरिक हिंसाचार, निंदा-मानहानी इ. विविध बाबींना सामोरे जाऊनही त्या पुन्हा उभ्या राहतात. जिद्दीने जगतात. परंतु यातून उद्भवणारे तणाव त्यांच्या नैसर्गिक हार्मोनल संतुलनास मात्र बिघडवत आहेत. त्यामुळे नव्या नव्या आरोग्य विषयक समस्या निर्माण होताना दिसतात.

मानसिक आघात, दुय्यम वागणूक व आत्मसन्मानांवर वारंवार होणारे हल्ले यातून स्त्रियांमध्ये व्यसनाधिनताही मोठ्याप्रमाणावर वाढत आहे. याचे विविध दुष्परिणाम पुढील पिढीवर होतात. हे सर्व गांभीर्याने लक्षात घेऊन “महिलांचे आरोग्य” हा एक दिवसीय विषय न ठेवता; घरी व कामकाजाच्या ठिकाणी, बस-शाळा-बँका यासारख्या सामाजिक स्थळांमध्ये आपण एक वैद्य, अधिकारी म्हणून काय बदल घडवून आणू शकतो? स्त्रियांना आरोग्य विषयक काळजी घेण्यास कसे प्रवृत्त करू शकतो? कशी मदत होईल? पूरक वातावरण किंवा तणावरहित नियम कसे राबवता येतील याचा विचार विविध स्तरांमध्ये होणे गरजेचे आहे. याची उत्तरे सापडतीलच. आधार कार्डाप्रमाणेच स्त्रियांचे आरोग्यकार्ड पाहून मगच सरकारी सवलती, पगार पेन्शन द्यावेत तर आरोग्य रोज आचरणात येईल.

आरोग्यपूर्ण जीवन हा प्रत्येक स्त्रीचा हक्क आहे. तो तिला उपलब्ध करून देण्याचे इतर संबंधित प्रत्येकाचे कर्तव्य आहे हे सामाजिक भान निर्माण करण्याची जबाबदारी प्रत्येकाचीच आहे. वैद्यकीय व्यावसायिक व प्राध्यापक, यांची या संदर्भातील भूमिका नक्कीच पिढ्या घडवणारी व निर्णायक आहे.



रोटरी पुरस्काराने सन्मानित
आरोग्यदीप २०१७ व २०१८



आरोग्यदीप २०१९
छंदश्री आंतरराष्ट्रीय दिवाळी अंक स्पर्धा
द्वितीय पारितोषिक विजेता.

स्वागत!

सुखी दीर्घायुष्याचा कानमंत्र देणारा...

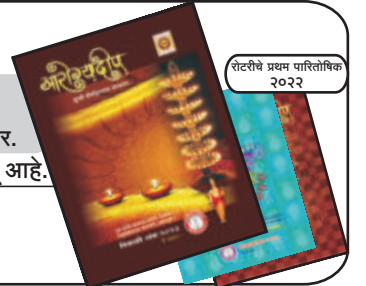
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अधिक माहितीसाठी त्वरीत संपर्क साधा...

प्रा. डॉ. अपूर्वा संगोराम (९८२२०९०३०५)

प्रा. डॉ. विनया दीक्षित (९४२२५९६८४५)



आयुर्वेद रसशाळा, पुणे यांची गुणकारी व उपयुक्त उत्पादने...



सेप्टिडर्म

रक्त शुद्धी, रक्ताचा विकसन,
छात्र सुटणे
बालकांचे उपयुक्त,
रक्तशुद्धी करणारे.



हॅसोसीन

शिरप

कास, फाक बालकांचे
उपयुक्त,
कफ क्लियरिंगकामका



वरुणादि वत्ताथ

शुद्धीकरण, शुद्धीकरण,
पुनरुत्थान, बलतीक्ष्ण,
पोषक पंथी तीक्ष्ण
बालकांचे उपयुक्त.



मेदोहर गुग्गुळु

मेदोहरण उपयुक्त,
अतिसारावर उपयुक्त,
वेदामुळे वाढलेले वजन
वनी करण्यासाठी
इतर औषधांसोबत उपयुक्त.



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वाळंत काढा नं.१



प्रसूतीनंतर वर्षांशय मूळ स्थितीत येण्यासाठी,
 पोट दुखणे, अंग गरम होणे, प्रसूतीनंतराची
 झालेल्या जखमांमध्ये जंतु प्राचुर्य न होऊन
 पु न होण्यासाठी, प्रसूतीनंतर पहिल्या १०
 दिवसांपर्यंत, सर्वांशय सुट्टीसाठी,
 घामुळे प्रसूतीनंतराचे विविध वाय ठळतात.

वाळंत काढा नं.२



प्रसूतीनंतर (वाळंतप्रागनंतर)
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 प्रसूत, प्रसूत स्त्रीची भूक वाढवते,
 पचन सुधारते, सांगसांगक,
 सांगसांगकामुळे वाढवते पोषण होते.



वाळंत काढा नं.३



प्रसूतीनंतर (वाळंतप्रागनंतर)
 १ महिन्यानंतर पुढील २ महिने,
 शरीरात मूळ स्थितीत आणते,
 जलवायवेला बळकटी देते,
 ताजद वाढविते.

वाळगुटी वटी

बहुत गुलाबी नकाराकारात,
 दात वेळाने होवारा जाल
 कधी कायद्यासाठी
 उपयोगी.



रसशाळा

राज्यीय व पेटेड आयुर्वेदिक औषधे तयार करणारी संस्था.

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