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Ayurvedidya



Ayurvedidya Masik



॥ श्री धन्वंतरये नमः ॥

राष्ट्रीय शिक्षण मंडळ, संचालित

आयुर्विद्या
मासिक

शंखं चक्रं जलौकां दधतमृतघटं चारुदोर्भिश्चतुर्भिः ।
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उज्ज्वल यशासाठी शुभेच्छा!

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संपादकीय

संकटांची मालिका

डॉ. दिलीप पुराणिक

इंग्रजीमध्ये एक म्हण (Proverb) आहे.

"When calamities come, they come in Battalion". महाराष्ट्रात कोव्हिड पेशंटसच्या संदर्भात एकापाठापोठ जी संकटे येत आहेत त्यावरून वरील म्हणीची तंतोतंत प्रचिती अनुभववास येते आहे.

कोरोना विषाणू आणि त्याच्या संसर्गाची चाहूल जरी नोव्हेंबर-डिसेंबर २०१९ मध्ये चिनमधील "वुहान" शहरात लागली तरी ह्या विषाणूचे भारतात आगमन फेब्रुवारी-मार्च २०२० च्या सुमारास झाले. परंतु ह्या विषाणूचा संसर्गाचा वेग अतिशय तीव्र असल्याने मार्च २०२० मध्ये जवळ जवळ पूर्ण भारतात त्याचा फैलाव झाला आणि हा हा म्हणता "कोव्हिड १९" ह्या व्याधीने अक्राळ विक्राळ स्वरूप धारण केले. ह्या विषाणूच्या संसर्गाने अबाल वृद्धांना आपल्या मगरमिठीत घेतले आणि थेट मृत्युची वाट दारवविली. मृत्युचे प्रमाण एवढे प्रचंड की ह्या व्याधीला "महामारी" उपाधी प्राप्त झाली. भारतातील सर्व राज्यात, सर्व शहरे व खेडयात "कोव्हिड" रुग्णांना भरतीसाठी रुग्णालयीन सोईची वानवा भासू लागली. रुग्णालये अपुरी पडत असल्याने नवीन रुग्णालये, जम्बो रुग्णालये उभारावी लागली.

कोरोना विषाणूचे हे विनाशपूर्व मार्च २०२० मध्ये सुरु झाले आणि उत्तरोत्तर रुग्णांची संख्या वाढून कित्येक लक्ष रुग्ण बाधित झाले तर कांही हजारोनी बळी गेले. शासकीय, निमशासकीय व सामाजिक स्तरावर झालेल्या प्रतिबंधात्मक उपायांमुळे शेवटी नोव्हेंबर २०२० च्या सुमारास कोरोना संसर्ग बाधितांची संख्या हळु हळु कमी होवू लागली. जनमानसाची जी धास्तावलेली मानसिकता दूर झाली आणि नंतर सर्व निर्बंध, नियम झुगारून नेहमीच्या अनारोग्यकारक सवयींचा अवलंब करत, बेदरकार, बेबंद जीवनाची वाटचाल नेहमी प्रमाणे सुरु झाली.

अनेक तज्ज्ञ, वैद्यकीय शास्त्रज्ञांनी दिलेल्या कोरोना विषाणूच्या दुसऱ्या लाटेच्या धोक्याच्या इशऱ्याकडे पूर्ण दुर्लक्ष करण्यात आले. बघता बघता कोरोना विषाणूची दुसरी लाट फेब्रुवारी २०२१ मध्ये आली. अनपेक्षितपणे ही लाट पहिल्या लाटेपेक्षाही तीव्र व धोकेदायक असल्याने सोईस्करपणे गाफिल राहिलेल्या जनतेची पाचावर धारण बसली. रुग्णालये, विलगीकरण खाटा, ऑक्सिजन खाटा, व्हेंटीलेटर्स खाटा उपलब्ध होत नसल्याने अनेक रुग्णांना मृत्युला सामोरे जावे लागले. रुग्णसंख्या एवढी प्रचंड की जीवरक्षण करणारी Remdisivir सारखी औषधे, ऑक्सिजनचा पुरवठा अत्यंत अपूरा पडू लागला आणि एकूणच देशात आरोग्य

आणीबाणीसारखी परिस्थिती निर्माण झाली.

रुग्णालयांमध्ये खाटा उपलब्ध नसल्याने आणि जनक्षोभ टाळण्यासाठी जमेल त्या जागी, मॉल्स, हॉटेल्स, शासकीय महाविद्यालयांची वसतिगृहे येथे रुग्णालये तातडीने सुरु करण्यास परवानगी देण्यात आली. ह्या रुग्णालयांची उभारणी करतांना आवश्यक किमान सुविधा, तांत्रिक सुरक्षा, इलेक्ट्रीफिकेशन, प्रशिक्षित वैद्यकीय तज्ज्ञ व कर्मचारी ह्यांची नियुक्ती ह्याकडे साफ दुर्लक्ष झाले अथवा करण्यात आल्यानेच "संकटांची मालिका" सुरु झाली आणि मृत्युचे तांडव सुरु झाले. मार्च २०२१ मध्ये मुंबई मध्ये "Dream Mall" मध्ये उभारणी केलेल्या Sunrise Hospital मध्ये भिषण आग लागली. आणि ह्या आगीच्या तांडवात "कोव्हिड १९" च्या दहा रुग्णांचा अक्षरशः होरपळून मृत्यु झाला.

दुसरी घटना नाशिकमधील डॉ. झाकीर हुसेन हॉस्पिटल येथे नुकतीच म्हणजे दि. २१ एप्रिल २०२१ रोजी घडली. ऑक्सिजन टँकमधून ऑक्सिजनची प्रचंड गळती (Leakage) होवून "COVID 19" रुग्णांचा होणारा ऑक्सिजनचा पुरवठा खंडीत झाल्याने चोवीस रुग्णांचा "प्राण देणाऱ्या वायुअभावी" तडफडून मृत्यु झाला.

शुक्रवार दि. २३ एप्रिल २०२१ रोजी मुंबईच्या विरार येथील विजय वल्लभ रुग्णालयाच्या अतिदक्षता विभागातील (ICU.) वातानुकूलन यंत्रणेत स्फोट झाल्याने लागलेल्या भिषण आगीत पंधरा रुग्णांचा होरपळून मृत्यु झाला.

मार्च २०२१ पूर्वी नंदुरबार येथे झालेल्या दुर्घटनेत NICU मध्ये शॉर्टसर्किटमुळे झालेल्या आगीत कांही बालकांचा मृत्यु झाला होता. मुंब्रा कौसा येथे प्राइम रुग्णालयाला दि. २२/४/२१ रोजी लागलेल्या आगीत ४ रुग्णांचा मृत्यु झाला.

ह्या संकटग्रस्त रुग्णालयांमध्ये प्रवेशित अन्य रुग्ण केवळ दैव बलवत्तर असल्यानेच बचावले. अन्यथा मृतांची संख्या कैकपटीने वाढली असती.

"कोव्हिड १९" महामारीच्या दुसऱ्या लाटेचा सध्या "कळसाध्याय" चालू आहे. साथ कधी आटोक्यात येईल हे ठामपणे कोणीही सांगू शकणार नाही. ह्यासाठीच भविष्यकाळात संकटे टाळायची असतील तर सर्वानिच सामाजिक जबाबदारीचे अतिशय काटेकोरपणे पालन करणे अत्यंत, अत्यंत आवश्यक आहे. अन्यथा "जित्याची खोड मेल्याशिवाय जात नाही" ही उक्ती सार्थ ठरणार आहे.



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(आहारजिज्ञासा : आहार विषयाचा जागतिक व आयुर्वेदाच्या माध्यमातून वेध घेणारे सदर)

Animal Meat Global food : Part VIII

Dr. A. B. Limaye, B. A. M. And S., F. F. A. M. (Anaesthesia), L. C. P. & S.

"International Agency for Research on Cancer" (I.A.R.C.) is an intergovernmental agency established in 1965, which forms part of the World Health Organization (W.H.O.) of the united nations. Since 1971 it has published a series of Monographs on the evaluation of carcinogenic risk to humans that have been highly influential in the classification of possible carcinogens.

- 1) **GROUP 1** - The agent (Mixture) is definitely carcinogenic to humans.
- 2) **GROUP 2A** - The agent (Mixture) is probably (product more likely to be) carcinogenic to humans.
- 3) **GROUP 2B** - The agent (Mixture) is possibly (chance of product being) carcinogenic to humans.
- 4) **GROUP 3** - The agent (Mixture) is not classifiable as to its carcinogenicity to humans.
- 5) **GROUP 4** - The agent (Mixture) is probably not carcinogenic to humans.

A Team of 22 experts from 10 different countries around the world worked together analyzing more than 800 studies of meat consumption worldwide, as well as, past scientific research and concluded "processed meat" increase the risk of developing cancer, and excess consumption of "Red meat" may increase the risk as well.

Process meat is classified as class 1 carcinogen placing it in the same category as substances like Tobacco and diesel fumes

Unprocessed Red meat is included in Group 2A, Researchers from the National Cancer Institute in Maryland tracked the eating habits of 5,36,000 men and women, between the age of 50 to 71 for 16 years. This

is the largest study so far to link the consumption of both processed and unprocessed red meat to increase in death ratio from total of nine different diseases 1) Obesity 2) Cancer 3) Heart disease 4) Stroke 5) Diabetes 6) Infection 7) Kidney disease 8) Liver disease 9) Lung disease

Heme iron a type of iron only present in animal meat contribute to risk of dying from cancer or heart disease.

Nglycolylneuramic acid (NEUSGC) is a sialic acid molecule found in most nonhuman mammals. Human cannot synthesize this molecule because human gene "CAMH" is irreversibly mutated.

This molecule gets entry in human body, when we consume red meat and Pig organs like spleen, Liver and heart.

The presence of Neusgc in our body is immediately recognized as foreign body, prompting the body to produce antibodies to fight against the molecule.

The persistent in take of red meat, more Neu5GC is delivered into the human cells and the immune system. The immune system produces even more antibodies. The end result of this is chronic inflammation, which is often associated with tumor development and cancer progression.

Sodium and Potassium nitrate (No3) or nitrites (No2) are added to animal meat for processing it. These chemicals are converted to nitrosohemochrome. This nitrosohemo chrome pigment is responsible for the characteristic pink hue of the cured animal meat. It also produces important flavour.

Nitrites act as an antioxidant and prevent rancidity of the fat present in the animal meat.

This enhances the shelf life of the cured meat and help in preservation of meat.

When we consume Nitrate (No3) rich processed meat, in the mouth, oral nitrate reducing bacteria, convert nitrates (No3) to Nitrites (No2) These swolled nitrites (No2) and protein rich animal meat react, in the strong acidic environment of the stomach to form "Nitrosamines," some of which are carcinogenic. High production of nitrosamines is protein dependant.

When we consume nitrate rich vegetables like 1) Spinach 2) Kale 3) Celery 4) Cress 5) Lettuce 6) Arugula 7) Radishes 8) Beetroot 9) Carrot 10) Cucumber 11) Cauliflower, and fruits like Pomegranate, Orange, Banana, Watermelon, these are also reduced to nitrites in the mouth, by bacteria, and in the stomach they are digested.

These vegetables and fruits do not contain abundant proteins, the production of nitrosamine is negligible. The nitrites (No2) are converted to nitric oxide (No). Nitric oxide (No) is a gas which is unstable, but Vitamins like vitA vitE and Polyphenol group phytochemicals present in above vegetables and fruits help to increase the stability of nitric oxide gas and limit its breakdown.

Nitric oxide gas is one of the most important molecules produced in the human body. It regulates healthy blood flow and healthy blood pressure levels. It is a neuro transmitter communicating between cells in the brain It enhances the immune system.

Human body produces nitric oxide. "Nitric oxide synthase (Nos)" is an enzyme found in our endothelial cells, the cells that line all blood vessels. This enzyme convert "L-ARGININE" (Aminoacid) into nitric oxide. As we age this enzyme loses its function. Sedentry life style, smoking and poor diet hampers the activity of this enzyme.

Deficiency or inactivation of Nitric Oxide can lead to hypertension, atherosclerosis,

penile erection problems and diabetes. Free radicals and advanced glycosylation end products (AGE) inactivate nitric oxide, resulting into various pathologies. The function of Nitric oxide are similar to Vatadosha.

The discovery of No gas production in th paranasal sinuses occurred in 1995, and the impact that finding has had both in the basic science and clinical arenas. It was shown that healthy paranasal sinus epithelium expresses an inducible No synthase that continuously generate large amount of No, a pluripotent gaseous messenger with potent vasodilating and antimicrobial activity.

Breathing exercises or Pranayam helps to deliver nitricoxide rich fresh air to lungs which dilate the lung field and protect us from pathogens.

Global animal meat production has quadrupled since 1961, with over 340 million tonnes produced annually. Demand and supply feed each other. Over half of the world's land is used to rear animals. One third of Earth's arable land is used to grow feed to feed livestock.

Such industrially-produced food is damaging us causing non-communicable diseases or life style diseases, Alongside it is wrecking the Earth, Livestock based agriculture causes 14.5% of greenhouse gas emissions, driving climate change. Animal-based food production demands deforestation.

Clearly what harms nature harms us-It is important to see food through three lens 1) Moderation 2) livelihoods for food growers 3) and benefits for the environment.

A Greenhouse Gas (GHG)is a gas that absorbs and emits radiant energy within the thermal infrared range Green house gases cause the green house effect on planet. The primary greenhouse gases in Earth's atmosphere are water vapour (H2O), carbon

dioxide (CO₂), Methane (CH₄), nitrous oxide (N₂O) and Ozone (O₃). Although the greenhouse effect is a natural occurring phenomenon, it is possible that the effect could be intensified by human activity. Industrial Revolution Deforestation, Industrial Animal farming and processed red meat consumption do increase the Greenhouse effect. This results in global warming, which alter Earth's climates and thereby produce new patterns and extremes of drought and rainfall and possibly disrupt food production in certain regions.

Proteins are essential for us to sustain life scientists studied the greenhouse impact for the production of 50 grams of proteins from nonveg and vegetarian sources. The greenhouse impact is measured in Kilograms of CO₂ emission.

No.	Food Item	CO ₂ In Kg.	No.	Food Item	CO ₂ In Kg
1	Beef	17.7	7	Poultry	2.9
2	Lamb	9.9	8	Eggs	2.1
3	Farmed Crustaceans	9.1	9	Soya Tofu	1.00
4	Cheese	5.4	10	Beans	0.4
5	Pork	3.8	11	Nuts	0.1
6	Farmed Fish	3.00			

It is crystal clear that CO₂ emission is highest in Beef. Even CO₂ emission by Lamb is also considerable. The vegetarian sources like Tofu, Beans and Nuts emit lowest.

When CO₂ emission increases and Earth temperature rises, there is reduction of amount of Zn and iron minerals. Even protein and other nutrients are not upto the mark, in the crops like Rice and Wheat, and this exacerbate the problem of malnutrition. "Eat LANCET commission" on food, Planet health, brought together 37 world's leading scientist across the Globe, to study the situation, and after detail study, the opinion is, we have to transform the eating habits,

improving food production and minimise the food waste.

Walter C. Willett professor of epidemiology and nutrition at Harvard University's Th Chan School of Public Health and professor of medicine at Harvard Medical School. Co Chair of the well known Eat Lancet commission said "Life cycle analyses show a plant-based diet is most nutritious with least environmental impacts." He says direct consumption of whole grains, legumes, nuts, seeds, fruits and vegetables are nutritionally the most efficient. You can include one serving of dairy (milk and milk products) and other serving of Red meat one per week, poultry and fish twice per week and eggs. If you increase the servings of Red meat and dairy, per week. This would simply not be environmentally sustainable. You must curb the Red meat consumption,, otherwise the ecological degradation involved would then threaten global food production

Every individual must now make food choices that support their own health, their family health and that of our planet.

In all vrats and chaturmas we abstain from Red meat fish and eggs. Even everyday in a week we do not consume. Nonveg diet. I think following the cultural traditions we can contribute to "Planet Health."

(सदर मालिका या अंकापासून समाप्त होत आहे.)



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Pharmaceutico Therapeutics Of Guggul Kalpana

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Introduction : Ayurvedic formulations can be broadly classified in to two groups first Rasoushadhi (Drugs prepared by minerals, metals etc) and second group Kashthoushadhi (Drugs prepared by herbal and animal origin materials). Depending on the number of raw drugs these formulations are of two types, one single drug and multi drugs formulations. It is belief and practical experience that Rasoushadhi and multi drugs formulations are more potent as compared to Kashthoushadhi and single drug formulation. Guggul is a multi dimensional herbal drug which used in both types of formulations i.e. minerals and herbals. Chandraprabha Vati, Arogyavardhini Vati, Sinhanad Guggul are some of examples. In classics Guggul is explained in variety of formulations but mainly its predominance is in Tablet (Vati, Gutti, Vatak, Modak) form. For tablet formation suitable binding agent is necessary. Guggul, jaggery, sugar, honey, dates, dry grapes, Shilajitu, Babul gum, starch are some of examples of binding agents. Guggul serves as binding agent, catalyst (Yogavahi) in pharmacokinetics and pharmacodynamics along with major potent drug in the formulation. The prime role played by Mercury and Gold in Rasoushadhi is replaced by Guggul in pure polyherbal formulations. Guggul acts effectively on whole human body but it has remarkable affinity (Anugamitva / Gatatva) towards specific systems like Medovaha (Lipid metabolism) and Asthivaha (Bones and joints) strotasa. In this research paper Guggul is studied in details focusing its phytochemicals, their actions, Ayurvedic Rasa, Veerya , Vipaka theory and its therapeutic regimen.

Review of Literature : The earliest reference of Guggul is found in Atharvaveda which

mentions its use as a dhupa (fumigant). Historically the Guggul has been evolved as amruta (nectar) for replenishing the lost bala (strength) of devatas (gods) in deva asurasangrama (battle of gods and demons). In classical text, there is no separate chapter for Guggul Kalpana. It is widely used in Charak Samhita and Sushruta Samhita and its notable collection is described in Ashtanga Sangraha. Out of laghu trayi, Sharangadhara Samhita has described Guggul kalpas at length. Though its present form is closely related to Gutti Vati Kalpana, it has not been the case always.

Habitat : It is found in arid areas of India, Bangladesh, and Pakistan. In India, it is found in Rajasthan, Gujarat, Assam, Madhya Pradesh, and Karnataka. It produces a yellowish gum resin (Guggul) in small ducts located throughout its bark.

Botanical description : Guggul is small tree or shrub with spine scent branches. Leaves Unifoliate, alternate or crowed at the end of short branches, cuneate - obovate, rhomboidal or oval, acue, deeply serrate, smooth and shining. Flowers - small, sub sessile, 2 -3 together, unisexual. The trees are tapped by making an incision on the bark. The resin, which flows out, is allowed to harden before it is collected. The tree is tapped from November to January and the resin is collected through May to June. A Guggul tree yields between 250 to 500 gm of dry resin during each collection season.

Latin name: Commiphera mukul Engl.

Family: Burseraceae.

Synonyms : Devadhupa, Kaushika, Pura, Mahishakshka, Palankasha, Kumbha, Ulukhala

Classical Gana : Charaka Samhita :

Sandnyasthapana, Sushruta Samhita : Eladi, Vagbhata : Eladi

Upauktanga : Niryasa/gum

Types of Guggul : Bhavamishra and Kaiyadeva in their Nighantus, Guggul has described in five types depending on its colors.

Table no. 01 : Types of Guggul (According to Bhavaprakasha)

Type of Guggul	Colour of Guggul
• Mahishaksha	Krishna
• Mahaneela	Neela
• Kumuda	Kapisha
• Padma	Rakta
• Kanaka	Peeta

Prashasta Guggul Lakshanani : Snigdha, Komal, Picchila, Peetabha, easily soluble in water, Mdhura gandhi, without any foreign matter.

Ayurvedic properties :

गुग्गुलुर्विशदस्तिक्तो वीर्योष्णः पित्तलः सरः।

कषायः कटुकः पाके कटू रुक्षो लघुः परः॥

(भाव. नि. / कर्पूरदि वर्ग/३८)

Rasa : Tikta Katu, Vipaka : Katu, Veerya : Ushna, Guna : Laghu, ruksha, vishada, sukshma, sara. Doshaghnata : Tridoshaghnata Action : Rasayana, vrishya, lekhana, vranashodhana, vranaropana, shothahara, Dipana, anulomana, raktaprasadhana, ashmareebhedana

Rogaghnata : Stoulya, Amavata, Vata vyadhi, Prameha, Apachi, Gandamala, Shotha, Pitaka, Ashmari, Arsha, Kushta.

Pharmacological Actions : Demulcent, aperients, alterative, carminative, antispasmodic, emenagogue.

Preparations : In classic literature, we find the references regarding the use of Guggul in different dosage forms like kashaya, churna, asava etc with more than seventy preparations explained. Among them only few are available in the market and these products are mainly in form of vati (tablet). Shadadharana yoga, Yogaraja Guggul, Pancha tikta ghrita Guggul, Sinhanada Guggul, Chandraprabha vati, Arogyavardhini rasa are some of the examples.

Dosage : 2 - 4 Gms. It can be given along with

go- dugdha (cow's milk), jala (water) or liquid preparation. It can be used for 1 year from the date of manufacture.

Research on Guggul :

• **Anti-atherosclerotic activity** : Research had done on serum cholesterol, fibrinolytic activity and platelet adhesive index in healthy individuals (Group 1) and in patients of CAD (Group 2) for a period of 30 days. Serum fibrinolytic activity improved by 22% and 19% at the end of 24 hours. After 30 days it was 40% and 30% in group 1 and 2 respectively.

• **Anti-obesity activity** : Crude Guggul on animal study in hydrogenated ground nut oil treated rabbits- showed reduces body weight. (Satyavati et al; 1969 b).

• **Hypolipidemic / hypocholesterolaemic activity** : Crude Guggul as well as its two fractions (alcohol soluble and alcohol insoluble) caused significant fall in serum cholesterol and serum turbidity.

Guggul Purification (Shodhana) : Ayurveda advocates that Guggul must be administered only after purification i.e. Shodhana. Nevertheless the usage of this without subjecting to shodhana (detoxification process) may lead to certain side effects like gastric irritation and gastric distress, skin rashes, irregular menstruation, diarrhea, headache, mild nausea, and, with very high doses, liver toxicity. In order to overcome unwanted effects of raw Guggul, Ayurveda describes a number of purification processes (shodhan vidhi) using different fluids (dravyas), which not only take care of the adverse effects but also enhance the therapeutic activity.

गुडूची त्रिफलाकवाथे क्षीरे चैव विशेषतः।

पक्त्वा च खण्डशः शुद्धं गृहणीयान्मृदुगुगुलम्॥

(र.सा. सं./पू.खं., भा. भै.र. २/१३३१)

दशमूलकवाथे उष्णे पूते गुग्गुलं परिक्षिप्यालोड्य च।

वस्त्रपूतं विधाय चण्डातपे विशोष्य घृतं दत्त्वा पिण्डिम्॥

(र.र./उपशिष्ट. १०, भा.भै.र. २/१३३२)

The Guggul has many media for its purification and the specific dravya for its

purification enhances the particular property of Guggul and it increases its therapeutic utility. Some of the properties (chemical and biological) of shodhana materials are added to Guggul, some of the toxic or harmful constituents of raw Guggul are neutralized, detoxified, or removed during this process. During the process of purification, foreign matter is removed from raw Guggul manually and is then broken into small pieces. The broken mass is wrapped in a piece of cloth (called potli) and hanged into an inert container (called dola yantra) containing one of the recommended media which are gomutra (cow urine), triphala kashaya (decoction of triphala), vasapatra kasaya (decoction of Adhatoda vasica leaves), vasapatra savrasa (aqueous extract of Adhatoda vasica leaves), dugdha (milk), and water. The Guggul is kept immersed, while fluid is boiled till all the soluble matter of Guggul is dissolved in the purifying vehicle. The insoluble part of Guggul is taken out and discarded. Further boiling is continued till Guggul solution forms a soft mass. It is then poured out over a smooth wooden board smeared with cow ghee or castor oil and dried in the sun. The dried mass is called purified Guggul (shuddh Guggul).

Methods of preparation of Guggul Kalpana :

Generally, two methods of preparation are found for Guggul Kalpana. They are Sagni (Paka method) and Niragni (Kuttana) method. In addition, Adityapaka method and Bhavana were found for preparation.

Guggul Paka Lakshana : The paka lakshana of Guggul can be classified into 2 types

- **Pakakaleen (during the time of paka) :** The paka material sticks strongly to the spoon while stirring. It attains three to four thread consistencies. It settles down in the bowl of water without spreading. It remains very soft and sticky to touch.

- **Pakaanantara (after paka) :** Desired colour, odour, and taste of the ingredients are to be obtained. Finger prints are imparted over the paka.

Laboratory analysis of Guggul kalpana :

A) Organoleptic character : It is done by taking each sample and perceiving the colour, taste, odour and appearance by subjecting the samples with the sensory organs.

B) Physico-chemical tests : 1) Loss on drying at 105oC 2) Total Ash 3) Acid insoluble Ash 4) Alcohol soluble extractive 5) Water soluble extractive 6) Determination of pH Preparation of buffer solutions 7) HPTC .

It should produce not more than 5 percent of total ash and 1 percent of acid-insoluble ash. It yields not less than 27 percent of alcohol-soluble matter and not less than 53 percent of water-soluble matter. The genuine samples of Guggul contain 1 percent of volatile oil and between 1.0 and 1.5 percent of guggulsterones Z and E.

Phytochemicals of Guggul : The gum contains minerals, resin, volatile oils, sterols, ferulates, flavones, sterones, and other chemical constituents. Several pharmacologically active components have been identified in the plant, including guggulsterone (E- and Z-stereoisomers) and guggulipid, both found in the ethyl acetate extract of the plant. Studies have shown that the guggulsterones are antagonist ligands for the bile acid receptor farnesoid X receptor, which is activated by bile salts, thus reducing cholesterol. A triterpene, myrrhanol A, has been described to have potent anti-inflammatory effects.

Pharmacological Activity

- **Hyperlipidemia :** The hypolipidemic activity could be attributed to several mechanisms including inhibition of cholesterol biosynthesis and enhancement in cholesterol degradation and / or excretion. Guggul compounds are antagonist ligands for bile acid receptor called farnesoid X receptor (FXR), which is an important regulator of cholesterol homeostasis. It is likely that this effect accounts for the hypolipidemic activity of these phytosteroids. Guggulsterone have the capability of inhibiting oxidative modification of LDL. Guggul markedly inhibits liver

cholesterol biosynthesis. This causes interference in lipoprotein formation and lipid turnover. Guggul increases fecal excretion of bile acids (cholic and deoxycholic acids) and cholesterol and lowers intestinal absorption of fat and cholesterol. Guggul stimulates the LDL receptor binding activity in hepatocytes and enhances its catabolism. It also inhibits oxidative modification of LDL due to its constituent guggulsterone. Protective and antioxidant properties of Guggul also play a part in its lipid lowering activity and reduce lipid peroxides, xanthine oxidase, and increases superoxide dismutase.

• **Endocrine Glands :** Guggul has been found to have the capacity to enhance production of thyroxin (T₄), triiodothyronine (T₃) (thermogenic activity), which also account for its lipid lowering activity. Thyroid hormones increase metabolism of carbohydrates, enhance protein synthesis, and stimulate use and breakdown of lipids. A keto steroid, 2-guggulsterone was found to counteract the thyroid suppressant activity of carbimazole. Preclinical studies have reported Guggul's effect on biogenic amines, catecholamine and dopamine liable to attribute to its lipid lowering properties.

• **Atherosclerosis :** Guggulipids have been found having capacity to lower the VLDL, LDL and triglycerides with simultaneously raising the HDL revealing that Guggul is useful in providing protection against atherosclerosis. Guggul being antioxidant helps stop the oxidation of cholesterol and subsequent hardening of the arteries. Moreover, it has also been shown to reduce the stickiness of platelet, another effect that lowers the risk of coronary artery disease.

• **Obesity :** Guggul increases thyroid stimulation, improves digestion and accelerates metabolism to pass the food along the GIT tract quickly. It also prevents the transformation of undigested carbohydrates into triglycerides and reduces cholesterol in blood by metabolizing the existing fatty acid. Several studies have revealed cardioprotective

abilities of Guggul including increased fibrinolytic activity and decreased the platelet adhesive index. Guggulipid is effective against myocardial infarction and known to cause thyrogenic effect. Guggulsterone inhibits platelets aggregation and provide protection against myocardial ischemia induced by isoproterenol.

• **Inflammation and pain in bones, joints, muscles and related connective tissues:** The aqueous extract significantly inhibited both the maximal edema response and the total edema response during 6 hrs of carrageenan-induced rat paw edema. Fraction containing gum-Guggul (acidic fraction of ethyl acetate extract) in experimental arthritis decreased the thickness of the joint swelling during the course of drug treatment. The essential oil, chloroform extract and 7 sesquiterpenoids compounds isolated from the oleo-gum-resin of Guggul showed a wide range of inhibiting activity against both Gram (+) and Gram (-) bacteria.

• **Immunomodulatory :** It provides effective support to immune functions ensuring an optimal response. The best level of resistance is indicated by normalization of leukocyte function through improved phagocytosis. The defense mechanism of the body is enhanced through increased white blood cell production. Fraction containing guggulsterones have been found to be particularly useful in the treatment of allergic dermatitis. Guggulipid and alcoholic fractions there of possess a rare quality of providing a dual benefit for skin care, i.e. antisebum and antioxidant activity. The compositions provide control of sebum secretion from sebocytes, improved oil control and improved skin feel, prevent shine and stickiness, protect skin from damaging free radical activity, which results in reduced appearance of wrinkles and aged skin, improved skin colour, treatment of photo aged skin, improvement in skin's radiance, healthy and youthful appearance of the skin.

Guggul Kalpana having therapeutic effect in different diseases :

भग्नसंधानकृद् वृष्यः सूक्ष्मः स्वयं रसायनः।

दीपनःपिच्छिलो बल्यः कफवातघ्ननापचीः॥

मेदोमेहाश्मवातांश्च क्लेदकुष्ठाममारुतान्।

पिडकाग्रंथिशोफार्शीं गण्डमालाकृमीन् जयेत्॥

माधुर्याच्छमयेद्वातम् कषायत्वाच्च पित्तहा।

तिक्तत्वाद् कफजित्तेन गुग्गुलुः सर्वदोषहा ॥

(भाव. नि. / कर्पूरादि वर्ग / ३९-४९)

Conclusion : The Guggul kalpana should be

Name of the Guggul Kalpana	Therapeutic effect in Diseases	Classical Reference
1. Abhayadi Guggul	Stanyaroga, Shirotaroga	Bhai. Ratna.(Pari.)
2. Amrutadi Guggul	Stoulya, Bhagandar	Bhai.Ratna.(Shotha)
3. Aditya paka Guggul	Asthi-sandhi-majjagat vyadhi	Chakradatta
4. Abha Guggul	Sandhibhagna	Chakradatta (Bhagna)
5. Ekavinsati Guggul	Kushta, Krimi, Mukharoga, Grudhrasi, Galagraha, Bhagna, Gulma	Bruh. Nigha. Ratna.
6. kanchanar Guggul	Gandamala, Apachi, Arbuda, Granthi, Gulma, Kushta, Bhagandara	Bruh. Nigha. Ratna.
7. Kaishor Guggul	Vatarakta, Kasa, Gulma, Pandu, Udarroga, Shotha, Prameha, Agnimandya	Bhai.Ratna. (Vatarakta)
8. Guggul Rasayana	Rasayana	Vangasen
9. Gudughyadi Guggul	Bhagandara	Yoga. Ratna.
10. Gokshuradi Guggul	Mutrakruchhra, Mutraghata, Prameha, Pradara, Vatarakta, Ashmari	Bruh. Nigha. Ratna., Sharang., Gadani., Rasataran.
11. Trayodashanga Guggul	Grudhrasi, Katigraha, Kushta, Ashti-Sandhi- Snayu- Majja Gata vata	Bhavaprakash, Rasa.Ratna., Chakradatta, Gadani.
12. Trikantakari Guggul	Mutraghata, Ashmari, Prameha	Bruh. Nigha. Ratna.
13. Triphala Guggul	Vatarakta, Bhagandara, Amavata, Halimaka, Shotha	Bhavaprakash, Rasa. ratna., Sharan.
14. Tryushanadi Guggul	Stoulya, Medoroga	Bhavaprakash.
15. Danti Guggul	Gulma	Vangasen
16. Dashanga Guggul	Amavata, Medoroga	Bhavaprakash, Vangasen
17. Navaka Guggul	Medojaroga, Amavata	Briha.Nighan.Ratna., Yoga.Ratna.
18. Navakarshik Guggul	Bhagandara, Kushta, Nadivrana	Bhai.Ratna., Yoga.Ratna., Vangasen
19. Panchatikta grita Guggul	Bhagandara, Nadivrana, Kushta, Arsha, Prameha, Pandu, Vatarakta	Chakradatta,Bhai.Ratna.
20. Punarnava Guggul	Gridhrasi, Sthoulya, Vatarakta, Pandu, Amavata	Bhavaprakash, Bhai.Ratna., Vangasen
21. Mahayogaraj Guggul	Prameha, rsayana, Tridoshaghna	Rasa. Ratna., Sharang. Bhavaprakash
22. Yogaraj Guggul	Prameha, Pandu, Arsha, Gulma, Amavata, Bhagandara	Bhai.Ratna., Chakradatta, Vangasen
23. Laksha Guggul	Asthibhagna, Sandhipida	Chakradatta, Vangasen, Bhai.Ratna., Yoga. Ratna.
24. Vatari Guggul	Vatarakta, Gridhrasi, Amavata, Katishoola, Panguta	Rasa.Ratna., Bhai.Ratna.
25.Vyoshadi Guggul	Granthi, Gandamala, Amavata, Medoroga	Rasa.Ratna.
26. Shiva Guggul	Katishoola, Gridhrasi, Amavata, Kushta	Rasayanasara
27. Simhanad Guggul	Amavata, Vatarakta, Kushta, Swas, Kasa, Udara, Shotha, Nadivrana,	Bhai.Ratana., Rasa.Ratna.,Chakradatta
28. Swayambhuva Guggul	Kushta, Shweta kushta, Vtarakta, Amavata, Arsha, Bhagandara, Unmada, Apasmara	Bhavaprakash, Gadani., Bhavaprakash

understood and pronounced in detail with a physicians and point for better results in treatment of diseases. It can be finally said that prescribing any Guggul kalpana in one disease is common and easy but using the same kalpana in various disease is an art which demands comprehensive knowledge and appropriate planning. Preparation of Guggul kalpana is easy task as compared to Rasoushadhi preparation. A variety of diseases can be treated with Samprapti bhanga (Cure of disease with root cause and no recurrence) if Guggul kalpana is administered with proper Anupana, at proper time, in proper dosage and for proper duration.

Abbreviations :

- Bhai. Ratna. = Bhaishajya Ratnavali
- Bhavapra. = Bhavaprakash
- Bruh. Nigha. Ratna = Bruhat Nighantu Ratnakar
- Gadani. = Gada Nigraha
- Yoga. Ratna. = Yoga Ratnakar
- Rasa. Ratna. = Rasa Ratnakar
- Sharang. = Sharangadhara Samhita

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डॉ. रमेश गोडबोले

पुण्यातील सुप्रसिद्ध पॅथॉलॉजिस्ट डॉ. रमेश गोडबोले ह्यांचे दि. २३ एप्रिल २०२१ रोजी निधन झाले. गेली अनेक वर्षे अलका टॉकीजच्या शेजारी रवि बिल्डींगमध्ये डॉ. गोडबोले ह्यांची पॅथॉलॉजी लॅबोरेटरी कार्यरत आहे.

व्यक्तिशः अनेक रुग्णांना आरोग्य सल्ला व समुपदेशन हे डॉ. गोडबोले ह्यांचे वैशिष्ट्य होते.

डॉ. गोडबोले ह्यांनी टिळक आयुर्वेद महाविद्यालयातही अध्यापनाचे कार्य केले.

रा. शि. मंडळ, टिळक आयुर्वेद महाविद्यालय व आयुर्विद्या मासिक समितीच्या वतीने डॉ. गोडबोले ह्यांना अश्रुनयनाने श्रद्धांजली.

श्रद्धांजली



वैद्य विश्वास गं. घाटणेकर

पुण्यातील सुप्रसिद्ध आयुर्वेद चिकित्सक व तज्ज्ञ वैद्य विश्वास गंगाधर घाटणेकर ह्यांचे दि. १५ एप्रिल २०२१ रोजी दुःखद निधन झाले. ते ६९ वर्षांचे होते.

निष्णात कै. वैद्य श्री. पु. ग. नानल तसेच कै. वैद्य श्री. भा. पु. नानल ह्यांचा समृद्ध वैद्यकीय वारसा वैद्य श्री. विश्वास ह्यांना लाभला होता. टिळक आयुर्वेद महाविद्यालयाच्या सी.सी.आय.एम. च्या बी.ए.एम.एस. च्या पहिल्या बॅचचे ते पदवीधर होते.

रा.शि. मंडळ, टिळक आयुर्वेद महाविद्यालय व आयुर्विद्या मासिक समितीच्यावतीने वैद्य विश्वास घाटणेकर ह्यांना श्रद्धांजली.





चैतन्य - वैद्यकं - आयुर्वेदः

वैद्य. महेशकुमारः नीलकण्ठसूनुः चौधरीउपाह्वः

प्राध्यापकः एवं पदव्युत्तर विभागः प्रमुखः, शल्य-तंत्रं विषयः,
नितिश्चर आयुर्वेद मेडीकल कॉलेज एवं हॉस्पिटल, मुझफ्फरपूर (बिहार)

संप्रवेशः - (Introduction) -

“ आयुर्वेदं समं शास्त्रं नान्यदत्रास्ति भूतले ।

पुण्यं पुण्यप्रदं प्रोक्तं पंच-प्राण - प्रवर्धनम् ॥१॥

शाश्वतेषु च सर्वेषु सिद्धान्तेषु प्रतिष्ठितम् ।

चैतन्य - वैद्यकं चैतत् प्रणमामि पुनः पुनः ॥२॥

वैज्ञानिके तु कालेऽस्मिन् तन्त्रज्ञानं सु-विस्तृतम् ।

बृंहणं तेन कर्तव्यं आयुर्वेदप्रपूर्तये ॥३॥

वैशिष्ट्यशतमादिष्टं वैद्यकेष्वस्य निश्चितम् ।

पठणं चिन्तनं तेषां भूतले भूति-दायकम् ॥४॥

आयुर्वेदविदा ये हि तदभ्यासरताश्च ये ।

आयुर्वेदं दृढश्रद्धाः सर्वेषां भवतु मंगलम् ॥५॥

आयुर्वेदसमं नान्यत् शास्त्रं चैतन्य - वैद्यकम्। ब्रह्मणा संस्मृतं तद् हि सम्प्राप्तं भूतले खलु। पवित्रं मंगलं चैतत् वैद्यकं प्रथमं भुवि। आयुषो ज्ञान-विज्ञानं राशिस्तन्नात्र संशयः। चैतन्यं व्यापि नित्यं यत् तदा भूतेषु संश्रितम्। जंगमादिषु जीवत्वं तदा दृग्गोचरं भवेत्। वृक्ष-गुल्माः बहुविधाः तथैव तृणजातयः।

अन्तः संज्ञाः भवन्त्येते सुख - दुःख - समन्विताः। खनिजं स्थावरं यद् यद् चेतनारहितं च यत्। औषधीभावनां स्तेषु संस्काराश्च ग्रिना यदा। भस्मीभवन्ति दोषास्तु चैतन्यं चोपजायते। सजीवं भेषजं तेन, देहिनां सात्म्यतां व्रजेत्। एवं विनिर्मितं द्रव्यं भेषजत्वेन योजितम्। नोपद्रवकरं किञ्चित् विधिना सुप्रयोजितम् ॥

शीतोष्णौ द्वौ गुणौ चाद्र्यौ जगदेतच्च तद्गुणम्। तयोरेव प्रभावस्तु भुवि सर्वत्र दृश्यते। ग्रीष्मकाले यदा हयोष्ण्यं प्रकर्षणं प्रवर्धते। सर्वं चराचरं तेन परिदाहैः प्रतप्यते। शीतभावं तदा सर्वे प्राणिनः संश्रयन्ति हि। शीतकाले यथा शैत्यं प्रकृष्टं भुवि जायते। उष्णभावं तदा सर्वे प्राणिनः संश्रयन्ति हि। तत्त्वमेतत् पुरा काले सिद्धमद्यापि भूतले। समानगुणसंयोगात् समानगुणवर्धनम्। हानिर्वा विनाशो वा विरुद्ध गुणसंगमात्। जगत्येवं तु यद्दृष्टं शरीरेऽपि च तत्तथा। रक्तहानिः शरीरे तु न्यूनत्वं वा प्रजायते। क्रियते रक्तदानं तु तदाऽद्यापि च भूतले। तेषां मांसाहारपरा ये तु मांसं देहे प्रवर्धते। शीतकाले चोष्णवस्त्रं तथा चोष्णं तु भोजनम्। ग्रीष्मकाले शीतवस्त्रं शीतं सर्वं च सेव्यते। प्रवृत्तिः स्वाभाविकी चैषा भुवि सर्वत्र दृश्यते। चिकित्साऽपि च सर्वत्र तत्त्वेनानेन संगता। क्रियते, तेन सिद्धीः स्यात् सिद्धान्तोऽयत्। स्वास्था स्वास्थ्येषु सर्वत्र तत्त्वमेतत् शाश्वतः प्रत्युजते। गुणाः

स्वाभाविका ये हि पंचभूतेषु संस्थिताः। देहेऽपि सर्व एवैते तथा सन्तिप्रतिष्ठिताः। प्राणो ह्याभ्यन्तरो नृणां बाह्य-प्राणगुणान्वितः। धारयत्यविरोधेन शरीरं स तु देहिनाम्। आहार-पान-भेषज्यं शरीरं सेव्यते चयेत्। सर्वं तद् पच्यते देहे तदा तद् सात्म्यतां व्रजेत्। शरीरगुणभावत्वमापन्नं पचनं तु तद्। चैतन्यं प्रथमाशक्तिः द्वितीयं चाग्निरुच्यते। विष्णुमूत्रक्षुधादीनां वेगाः प्रोक्ताः त्रयोदश। प्रवृत्तिः स्वाभाविकीया च तृतीयं शक्तिरुच्यते। शरीरं रक्षयन्त्येताः शक्तयोनात्र संशयः। तासां संरक्षणार्थं तु दत्तचितः सदाभवेत्। वायुः पित्तं कफश्चोक्ता स्त्रयोदोषाः शरीरजाः। रजस्तमश्च मनसौ द्वौ च दोषावुदाहृतौ। शरीरमनसोरेवं विचारः नित्यमेव हि। शास्त्रेऽस्मिन् पृथक् तत् नैतदन्यत्र वैद्यके। प्रकृतिं च स्वभावं च निसर्गनियमांस्तथा। दृष्टा प्रदीर्घकालं तत् तपोबलगुणैस्तथा। यद्ज्ञातं च विज्ञातं शास्त्रेऽस्मिन् वर्तते च तत्।

विसर्गादानविक्षेपैः सोम-सूर्य-अनिला यथा। धारयन्ति जगत्, देहं कफ-पित्त-अनिलाः तथा। परस्परं विरुद्धेऽपि मिथ्यो यद्वत् गुणत्रयम्। प्रेरयन्ति जगत्, तद्वत् सत्त्वाद्या देहसंस्थिताः। व्याधीनां तु प्रकारौ यौ प्रोक्तोः शारीरमानसौ। मुख्यत्वेन स्थिता तत्र चिकित्सापि च तद्विधा। कर्मजोऽपि प्रकारस्तु तृतीयः शास्त्रसम्मतः। ऐहिको हेतुरेकोऽपि नास्त्यस्मिन् कर्मजे खलु। अतः शास्त्रे वर्णितोऽसौ-

“कर्मजोः हेतुभिर्विना।”

उच्यते दैव शङ्केन कर्म यत् पौर्व देहिकम्।

“कर्मजो कर्म हि मतो जन्तुः कर्मजास्तस्य चामयाः।”

अतश्च कर्मजे व्याधौ नालं भवति भेषजम्। जप-होम-व्रतादीनां चिकित्सा च प्रशस्यते। प्रत्यक्षं दृश्यते यद् हि विश्वं तत् स्वल्पमेव तु। अनल्पं चास्ति विश्वं तद् यदक्ष्णोः परतरं खलु। प्रत्यक्षतो हि यद् दृष्टं, विज्ञानं विषयं तु तत्।

ज्ञानं त्वज्ञातविश्वस्य तदन्यैर्ज्ञानसाधनैः। आसानुमान-युक्त्यादीश्च प्रयोजयेत्। जीवानां दुःख तप्तानां सर्वेषामत्र चिन्तनम्। सत्वमात्माशरीराणामेकत्रेवात्र चिन्तनम्। पठणं चावबोधश्च तथानुष्ठानमेव च। आयुर्वेदस्य कर्तव्यमायुरारोग्यं प्राप्स्ये। भद्रं भवतु भूतानामायुर्वेदं सुप्रार्थितम्। कल्याणं चिन्तितं नास्ति जीवानामन्यवैद्यके। ग्रन्थं न सम्यक् गुरुतोऽवगच्छेत्। निगूढमर्थं न च वेत्ति सम्यक्। दोषान् त्वदेत् शास्त्रगतांस्तथापि। स निन्दको नित्यमुपेक्षणीयः।

आयुर्वेदो हि नाम आयुषः, संपूर्णस्य ज्ञान-विज्ञान-राशिः। अत्र हि खलु रोगारोग्य विषयकानि मौक्तिकानि अगणित संख्याकानि सन्ति हितानि। आयुर्वेदमहर्षिभिः सर्वेषां एव आत्तानां चिरसुखायेति। तत्र हि सर्वेष्वपि विषयेषु चिकित्साविषयकं ज्ञान-विज्ञानं वरीवर्ति। शोधन-शमन-स्वरूपात्मके ज्ञाने कानिचित् सन्ति सूत्राणि संहितासु येषां हि व्याख्यानं परमावश्यकं अस्ति कालेऽस्मिन्। चिकित्सा-साफाल्यार्थं, सुयशः कीर्तिद्रव्येषु संपादनार्थं च चिकित्साद्रव्यस्य कुत्सनं ज्ञान-विज्ञानं परमावश्यकं भवति। अ-परिमितेषु चिकित्साद्रव्येषु 'हरीतकी' द्रव्यस्य स्थानं सर्वोपरि विराजते। यतो हि हरीतकीति कीर्तितं चिकित्सा द्रव्यं।

बहुकल्पं बहुगुणं सम्पन्नं सुयोग्यं च एवं विधं वर्तते। असन्दिग्धं, सर्वत्रैव सदा समुपलभ्यम्, सर्वेषां वैद्यावैद्यानां आबालवृद्धानां पारंपरिक पद्धत्या सुविदितं शोधन-शमनात्मकं उभयकर्मकृत् भवति। बहवः खलु सन्ति गुणाः वैशिष्ट्य पूर्णाः हरीतकीसंज्ञके चिकित्साद्रव्ये स्वाभाविकाः। संस्कार विशेषैः तु समपेक्षितं गुणपरिवर्तनं अपि कर्तुं युज्यते प्रयुज्यते च द्रव्ये अस्मिन्। उक्तं हिः-

“चर्विता वर्धयति अग्निं, पेशिता मलशोधिनी स्विन्ना संग्राहिणी प्रोक्ता, भृष्टापथ्यात्रिदोषानुत् इति।”

हरीतकी-द्रव्यस्य समुत्पत्ति स्त्रोतेस्तु - हरस्य (शंकरस्य) भवने जाता शं-कल्याणं, करोति इति शं-करस्यभवनम् नित्यं सर्वेषां कल्याणकरं, पवित्रं, विशुद्ध, स्वास्थ्यसंरक्षकं, सुदीर्घायुप्रदं चैतद् हरीतकी द्रव्यं इति अस्य तु पंचरसात्मकत्वात् कार्मुकत्वं अपि विपुलम्।

एवं महत्त्वम धिरुदे अस्मिन् विषये ततोऽप्यधिकं महत्त्वं मासाद्यमाने हरीतकी नामके चिकित्साद्रव्ये वैद्यवरेण महेश-ठाकूर (मुंबईनगरे निवासित) तरुण एव वयसि हरीतकी विवेचन पुरःसरं पुस्तकं विलिखितमस्ति। तत्रबृहत् त्रयीति संहितान्तर्गतोऽयं हरीतकीविषयः साधुतया पल्लवितोऽस्ति। जिज्ञासा तृप्तिकरं, आयुर्वेदछात्राणां कृते ज्ञान-विज्ञानवर्धनकरं द्रव्यगुणविषयस्य अभ्यासनार्थं सम्यक्-मार्गदर्शकं लेखनं इदं समिक्ष्यं प्रमुदितं मननम्।

बृहत् त्रयीवाङ्मये तथान्यायुर्वेद वाङ्मयग्रन्थेषु विकीर्णानां हरीतकी विषयानां समस्तानां अध्ययन पूर्वकं सुष्ठुतया संकलनमत्रैव हरीतकी-पुस्तके दृग्गोचरी भवति; नान्यत्र कुत्रचिदपि।

तथाप्यत्र केषांचनानां विषयांशानां विवेचनं संहितान्तर्गत विषयं विहाय कृतं स्यात् चेत् विषयविवेचनं प्रायेण परिपूर्ण ज्ञानायालं भवेदिति मे मतिः।

तद्यथा - हरीतकी विषयकं संस्कृत श्लोक निबद्धं वर्णनं पुस्तकेऽस्मिन्नावश्यकं मन्ये। सर्वेषां मूलभूतानां श्लोकानां

उद्धरणमत्रापि प्रकाशनीयं भवति, सर्वेषां सुखबोधार्थं, कठस्थीकरणार्थं च। विकीरिता इतस्ततः मूलभूलाः श्लोकाः। तेषां एकत्रीकरणं लाभाय स्यादिति मन्ये- शास्त्रग्रन्थेषु हरीतकी सप्तभेद भिन्नेति निगदितम्। पंचांगी तु अभया ज्ञेया, मतावुतातु रोहिणी एवं एव सप्तानामपि हरीतकी प्रकाराणां लाक्षणिकज्ञानं सस्पष्टतया विवेचितं भवति-

विन्ध्य पर्वतदेशे -	विजयाहरीतकी
सिन्धूनदी प्रदेशे -	रोहिणीहरीतकी
हिमालय पर्वत राजिषु -	पूतनाहरीतकी
चम्पारण्ये -	अमृताहरीतकी
सौराष्ट्र (राजस्थान) -	अभया हरीतकी
सौराष्ट्र एव -	जीवन्ती हरीतकी
पूर्वांचलेषु -	चेतकी हरीतकी

एवं सप्तप्रकाराणां हरीतकीनां उपलब्धिप्रदेशः अपिशास्त्रे निर्दिष्टः।

तेषु तेषु भूमिदेशेषु विद्यमानानां वैद्यवरणां सूचिः अखिल भारतीय आयुर्वेद - सम्मेलनं कार्यालये प्राप्तुं शक्यते। सूच्यनुसारं -

तत्रस्थांना वैद्यबन्धूनां संपर्क समासाद्य सर्वप्रकाराणां हरीतकीनां संकलन कार्यम्। भारतस्य मध्यवर्ति प्रदेशे महाराष्ट्रे सुयोग्ये वा स्थानं सप्तप्रकाराणां हरीतकीनां रोपणं संगोपनं संबोधनं च करणीयं भवति, आयुर्वेद विकासार्थं संशोधनार्थं चेति। यद्यपि तथापि परमावश्यकं कार्यमिदं मन्ये। भारतीयशासनमेवैतत् कर्तुं शक्नोति न पुनः वैद्य-महेश सदृशाः वैद्याः तथाप्यस्योल्लेखः मनोगते कृतश्चेत् प्रबोदनाय स्यादिति।

अन्यच्च वनौषधिविश्वं हि अखिल चेतनापरं विश्वम्। उक्तं हि -

“वृक्षगुल्मा बहुविधाः तथैव तृणजातयः।

अन्तः संज्ञाः भवन्ति एते, सुख-दुःख समन्विताः॥”

इति चक्रपाणिटीकायाम्

अत एव हरीतकी आदिषु चिकित्साद्रव्येषु - बुद्धिबलवर्धनं, शारीर-मनोबलवर्धनं - इन्द्रियबलवर्धनं, उत्साहः, कान्ति-प्रभा-ओजसां विवृद्धीः एवं विधाः अन्येऽपि गुणविशेषाः सन्ति, येषां हि मानवीय जीवने स्थानमस्ति अनन्यसाधारणं अनिवार्यं च। परं एतत्सदृशानां गुणानां परिगणनं आधुनिक विज्ञानस्य कार्यकक्षां समुल्लेखयति। आधुनिक वैज्ञानिकान्वेषणत्र वेष्णादिकृद्भिः संशोधकैः द्रव्यस्थानां गुणानां सदसंशोधनं कृतं, तत्र निर्णीतेषु Vitamins, Proteins, Iron, Calcium, Carbohydrates, इत्यादिषु अत्र निर्दिष्टानां बुद्धिबलवर्धनं, मनोबलवर्धनं, ओजोविवर्धनं, प्रभा-वर्ण-कान्तिवर्धनादि गुणानां द्रव्यन्तर्गतेषु गुणेषु आयुर्वेदाकार संहितासाहित्ये प्रतिपादितेषु कुत्र वा सन्निवेशनं कार्यं इत्यस्य सुस्पष्टतया वर्णनं

नोपलभ्यते। हरीतकी सदृशं आयुर्वेदोक्त - चिकित्साद्रव्येषु ओजोविवर्धनं रसायनगुणलाभकरत्वादयः गुणाः शास्त्रेषु संकलय्य निगदिताः। ते तु अद्यतनीय वैज्ञानिक संशोधनकक्षान्तर्गता न सन्तीति चिन्तनीयः अयं विषयः प्रबोधनायोति। हरीतकी-पर्यायवाचिनाः संज्ञाः अपि स्वकं स्वकं वैशिष्ट्यं प्रकाशयन्ति। नृणां अभयदा यस्मात् अभया साप्रकीर्तिता। पंचांगी अभयाज्ञेया। पंचधारायुता हरीतकी अभयेति संज्ञिता समुपलभ्यते हाटके अद्या। तस्या एव गुणधर्म विशेषः “अक्षिरोगे अभया शस्ता।” इति। सर्व प्रकाराः हरीतक्याः अक्षिरोगायपि प्रयुज्यन्ते। परं शास्त्रोक्तस्यास्य वचनस्य आशय मालक्ष्य अभया संज्ञका एव हरीतकी नेत्र व्याधिषु - हृद्दोष-परिहाराय चोपयोजनी येति अस्माभिः स्मर्तव्यं आचरणीयं च।

तथा हि पथ्या इत्यस्याः संज्ञा विषयेऽपि मननीयस्य श्लोकस्यैकस्य उपलब्धिः।

“ भुक्ते पथ्या, अभुक्ते पथ्या। भुक्ताभुक्ते पथ्यापथ्या।
जीर्णे पथ्यो, अजीर्णे पथ्या। जीर्णाजीर्वे पथ्यापथ्या।।”

- राजनिघंटु

भुक्ते इति भोजनोत्तरकाले सेविता हरीतकी पथ्यकारिणी भवति। अ- भुक्ते इति भोजनात् प्राक्सेविता अपि पथ्यकरा हितकारिणी एवं भुक्ते - अभुक्त - कालयोः सा हितकारिणी। जीर्णे - इति भोजनस्य पचनक्रियावसरे सेविता पथ्या पथ्यकारिणी, अजीर्णे सत्यपि सेविता सा पथ्यं हितं एव करोतीति हरीतक्याः पथ्या संज्ञा समीचीनैव। एवं विधानां केषांचनानां संस्कृत श्लोकाणां समुल्लेखः पुस्तकेऽस्मिन् प्रबोधनाय कंठस्थीकरणाय च अवश्य कार्यः इति मन्ये। इत्याख्येन एवमेव आयुर्वेदोद्बृंहणं परं लेखनं भविकालेऽपि कृत्वा आयुर्वेदीयं विश्वं इदं प्रकाशितव्यमिति श्रीधन्वन्तरी चरणोः प्रार्थना अस्ति।

सुविदितमे वैतत् सुविद्यानां यत् भारतवर्षे भारतीय शास्त्राणामेव दुर्गतिः। यथा हि अ-भारतीय शास्त्राणां कृते भारतप्रशासनं दक्षप्रायतां प्रदर्शयति, यथा हि तद्विकासार्थं सुप्रतिष्ठा प्राप्त्यर्थं प्रयतत् दृश्यते, न तथा अस्माकं भारतभूमिसंभूतानां शास्त्राणां कृते इति। अद्यदिनं यावत् वैद्यकविषयेऽपि एवमेवानुभवः सर्वेषाम्। यो हि खलुधनराशिः प्रतिपंचवार्षिक्यां योजनायां आधुनिक वैद्यकाय प्रदीयते, तस्य दशांश एव अल्पीयान धनराशिः आयुर्वेद - युनानी वैद्यकयोः कृते प्रदीयते। इति कर्णकर्कशं भवति कटुसत्यम्। भुक्तस्य भोजनं पुनः न प्रदातव्यम्; लघितस्य क्षुधितस्यैव भोजनदानं सत्पात्रं दानमिति नासौ विवाद विषयः। अतः आयुर्वेदार्थमेव कटिबद्ध भाव्यं विपुलः प्रयत्नः वा धनराशिः प्रदेयः।

जनाः सामान्येन, रुग्णजनाः पुनर्विशेषेणात्र उल्लेखनीयाः ये हि खलु स्वकीयं विकारविशेषानपहर्तुं स्वकीयं स्वराष्ट्रीयं

वैद्यकं न स्वीकुर्वन्ति प्राथम्येन इति।

आधुनिक विज्ञाने कृतधियः विज्ञान-विदः तदनुसन्धान निरताश्चैवं उद्घोषयन्ति, आर्यवैद्यकं आयुर्वेदवैद्यकं वा प्रगतिपथमारुढ - विज्ञानधारहीनमिति कथं तस्य स्वीकारः कार्यः अस्माभिरिति। एवं सर्वतोऽपि कुंठितप्रगति पथ संस्थितमेतत् आयुर्वेद शास्त्रम्। तथापि प्रगतिपथ सन्निरुद्धमप्येतदायुर्वेदशास्त्रं भूतले क्रमेणास्ति प्रसरणशीलं, पादाकान्तं कुर्वन्तिष्ठति देशदेशान्तरमिति सर्वेषां च तस्यास्थितानां सामान्यासामान्यानां जनानां समादरस्थानं च अधिरोहतीति, प्रत्यक्षस्य नास्ति प्रमाण मानवीयकम्।

अन्यच्च, अस्ति एकः प्रवादोऽपि अत्राविषये ये हि खलु सन्त्यत्र वैद्यकोविदः स्वव्यवसाय निपुणा भूरिभूरि यशः कीर्तिमन्तः ते तु न प्रकटयन्ति स्वकीयचिकित्सारहस्यम्। एवं सफल-सुफल-चिकित्सारहस्यस्यानुद्घाटनादपि वैद्यक शास्त्रस्यास्य प्रगतिपथोऽवरुद्ध इति साक्षेपवादिनः वदन्ति।

अत्र यदिचेत् समानपरिणामकराणां भेषजेषु एतेषु मध्ये प्रत्येकस्य भेषजकल्पस्य किमस्ति अन्यभेषजकल्पतः वैशिष्ट्य इत्यस्य शास्त्राधिष्ठितं विवेचनं कृतं, तर्हि व्याध्यवस्थां समवलोक्य समानपरीणामकरेषु भेषजेषु मध्ये कस्य एकस्य एव भेषज कल्पाविशेषस्योपयोगः कृतः साफल्यकरः स्यान्निश्चयेनेति ज्ञानलाभः अपि सौलभ्याय भवेत्।

अत्र विषये विनम्रभावेन मन्यऽहं यत्, यत्र कुत्राप्यायुर्वेद विषयस्य लेखनप्रति पादनं च करणीयं भवेत् तत्र तत्र आयुर्वेदस्यैव शास्त्रीय संज्ञानामुल्लेखः भवतु; न पुनः आधुनिकसंज्ञानाम्। आधुनिकसंज्ञानां प्रचारप्रसारौ सर्वस्मिन् जगति, सर्वे कुर्वन्त्येव; अतस्तदनावश्यकम्। इतः परं अस्मदीयवैद्यकसंज्ञादीनां ज्ञानं व्यवहारस्य कर्तुं परमावश्यकः। किंवा अस्ति ग्रंथस्यास्य विनिर्माण आवश्यकं इतिपृष्ठे सति, मन्मसि मननमनायासेनैव प्रवृत्तम्। सन्ति तत्र भैषज्यविषयं अधिकृत्य प्रकाशिताः बहवोग्रन्थाः। तथाप्यस्य ग्रन्थस्य लेखनं विनिर्माणं वा किमर्थं आवश्यकम्? विषयमेवं महत्त्वपूर्णं विज्ञाय हस्तलिखिताऽयं ग्रंथः पुनः पुनरवलोकितो मया। ग्रंथस्यास्य सन्ति कानिचित् वैशिष्ट्यानि। अन्यग्रन्थेषु तु भैषज्यपाठाः उपलभ्यन्ते। तेषु हि प्रतिपाठः तदन्तर्गतानां संयुज्यमानानां द्रव्याणां सनामग्राहं प्रक्षेपप्रमाणं, तथा च मिश्रणं क्वथनं भावनं इत्यादीनां संस्काराणां विधिविधानं तत् परिणामश्चैवविधा विषयः समवलोक्यते। परमावश्यकमे वैतत् ज्ञानमिति न क्वैमत्यम्।

एवं सर्वोऽप्ययं लेखन प्रपंचः सर्वेषामेव समुपयुक्तः सर्वेषामेव हिताय सुखाय च स्यात् आयुर्वेदभैषज्यनिर्माणवसरे त्वयं ग्रंथः महत्त्वपूर्ण योगदानं भवेदिति विश्वसिमि। संपादकाय मनः पूर्वकं भूरि-भूरिः धन्यवादान् वित्तीय एषा ग्रन्थार्थं सुयशः विरम्यतेऽत्र।

संकलन: - एतद सर्व विषयः आयुर्वेद शास्त्रेषु बृहद्त्रयी लघुत्रयी च संकलितः तथैवच अन्येऽपि ग्रंथेषु प्राप्तः।

निरीक्षणः - अद्यदिने आयुर्वेदः एकमेवं चैतन्यं वैद्यकं शास्त्रं अस्ति। न अन्ये शास्त्रेषु चैतन्यं विषयः वर्णितः। आत्मा तथा मन विचारः न सम्मिलितः तेन पूर्णं नैदयाकमशास्त्रं कदापि न भवति। अन्ये शास्त्रे केवलं भौतिक शरीरेषु सुक्ष्मातीसुक्ष्मं भेदः संशोधितः विस्तारतः वर्णितः। तेनऽपि आवश्यकं सन्ति। यद्यपि आत्मैव तत्त्व न जानीमः इत्थे असफलः भवति। आयुर्वेद शास्त्राणां खनिज द्रव्याणां औषधी प्रथमतः अशुद्ध स्वरूपेषु अस्ति। न सेवनीयः शक्तुं। न किंचित औषधगुणः भवन्ति। अपितु विविध द्रव्याणां कषायानां भावनानां प्रदत्तः विविध मंत्र उच्चारितः विधीपूर्वकं विशिष्ट नक्षत्रे संकलितः येन प्रकारेण खनिज द्रव्यौषधीऽपि चैतन्यं स्वरूपं प्राप्त भवति। एतद विचारः आधुनिक शास्त्रेषु न प्रकटीतः।

निष्पत्तिः - (Conclusion) - सर्वाणि वैद्यक-शास्त्राणि सम्मानितानि। प्रति वैद्यक शास्त्राणि उत्तमोत्तम भागः संग्रहीतव्यः तथा च एकं नूतन वैद्यकं शास्त्रं निर्मापितव्यः। येन दोषमुक्तं, शुद्ध चिकित्सायुक्तं तथा धन समय व्ययः च न्यूनं भविष्यति।

आत्मनः विचारस्तु-प्रधान विचारः केवलं भौतिक शरीराणां विचारस्तु अपूर्णः। तथापि आयुर्वेद-शास्त्रं एकमेवं चैतन्यं वैद्यकशास्त्रं अस्ति।

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- ३) सुश्रुत संहिता - आयुर्वेद तत्त्व (हिंदी व्याख्या) भाग-१, २. कविराज डॉ. अम्बिकादत्त शास्त्री चौखाम्भा संस्कृत संस्थान, वाराणसी, एकादश संस्करणम् - १९९७.
- ४) सार्थ वाग्भट - डॉ. गणेश कोट्रे, अनमोल प्रकाशन, पुणे, प्रथम संस्करणम् - २००३.



श्री. गणेश दीक्षित

राष्ट्रीय शिक्षण मंडळाचे सक्रीय व क्रियाशील सभासद श्री. गणेश दीक्षित ह्यांचे दि. १ एप्रिल २०२१ रोजी दुःखद निधन झाले.

राष्ट्रीय शिक्षण मंडळ व आयुर्विद्या मासिक समितीच्या वतीने श्री. गणेश दीक्षित ह्यांना श्रद्धा सुमनांजली.

श्रद्धांजली



वैद्य अनिल विनायक पानसे

श्रद्धांजली

टिळक आयुर्वेद महाविद्यालयाचे पदव्युत्तर विभागाचे माजी विद्यार्थी वैद्य अनिल विनायक पानसे यांचे रविवार दि. २५/४/२०२१ रोजी गोवा येथील राहत्या घरी हृदयविकाराच्या तीव्र झटक्याने दुःखद निधन झाले.



वैद्य पानसे यांनी अष्टांग आयुर्वेद महाविद्यालय, पुणे येथून बी.ए.एम.एस. ही पदवी १९९० साली संपादन केली. पुणे विद्यापीठात १९९० साली तृतीय बी.ए.एम.एस.च्या परीक्षेत कायचिकित्सा विषयात ते प्रथम क्रमांकाने उत्तीर्ण झाले. १९९२ ते १९९५ या काळात टिळक आयुर्वेद महाविद्यालयात वैद्य स.प्र. सरदेशमुख यांच्या मार्गदर्शनाखाली कायचिकित्सा विषयात एम.डी. चे शिक्षण पूर्ण केले. आयुर्वेदाचे व्यावसायिक प्रशिक्षण त्यांनी सुप्रसिद्ध वैद्य दिलीप गाडगीळ यांच्याकडे पाच वर्षे घेतले. कै. वैद्य चूडामणि मा. वा. कोल्हटकर यांच्या प्रेरणेने त्यांनी १९९० साली आयुर्वेदीय पुणे या संघटनेची स्थापना केली. या संघटनेतर्फे विद्यार्थ्यांसाठी संहिता वाचन, टीकावाचन, पाठांतर स्पर्धा हे उपक्रम त्यांनी स्वतः राबवले. आयुर्वेदासाठी गेली अनेक वर्षे विद्यार्थी घडविण्याचे कार्य केले. टिळक महाराष्ट्र विद्यापीठ, पुणे येथून संस्कृत विशारद व पारंगत या पदव्या संपादित केल्या.

१९९६ पासून शिरोडा, गोवा येथील गोमंतक आयुर्वेद महाविद्यालयात कायचिकित्सा विषयाच्या अध्यापनास सुरुवात केली. व्याख्याता, प्राध्यापक, विभाग प्रमुख, महाविद्यालयाच्या संलग्नित रुग्णालयात मानद चिकित्सक, गोवा विद्यापीठात आयुर्वेद फॅकल्टीमध्ये क्लीनिकल बोर्डाचे चेअरमन म्हणूनही त्यांनी काम केले. अनेक राष्ट्रीय व आंतरराष्ट्रीय परिसंवादांमध्ये विविध विषयांवर त्यांनी व्याख्याने दिली. अष्टांगहृदय या ग्रंथातून सूत्र, निदान व चिकित्सा स्थानाचे सर्व श्लोक त्यांनी मुखोद्गत केले. एकूण ३००० पेक्षा जास्त श्लोकांचे पाठांतर करण्याचा विक्रम करून ते वैद्यांसाठी एक प्रेरणास्त्रोत बनले.

वैद्य पानसे यांच्या अकाली निधनामुळे त्यांचे रुग्ण, विद्यार्थी, अनेक वैद्य मित्र व समस्त आयुर्वेद क्षेत्रासाठी कधीही भरून न येणारी पोकळी निर्माण झाली आहे.

वैद्य पानसे यांना आयुर्विद्या मासिक समिती व टिळक आयुर्वेद महाविद्यालयाच्यावतीने विनम्र श्रद्धांजली.



Rasa Dhatu Dushti - A Cause Of The Metabolic Disorder

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Introduction - Ayurveda mentions 3 doshas, 7 dhatus and 3 malas which form the building blocks of the body.

दोष धातूमलामुलंही शरीरं।।

The formation of all the dhatus depends upon the food that has been consumed. In the process of digestion, the ahara rasa gets converted into the first dhatu that is rasa dhatu.

तत्र पांचभौतिकस्य चतुर्विधस्य षड् रसस्य

द्विविधवीर्यास्याह्विविधवीर्यस्य वा अनेकगुणस्य उपयुक्तस्य
आहारस्या सम्यक् परिणतस्य यस्तेजोभूतः सारः

परमसूक्ष्मः स रसः इति उच्यते...।। सु. सू. १४/३

Further the successive dhatus are formed from the former one.

रसात् रक्तम् ततो मांसं मांसान्मेदः प्रजायते । मेदसो अस्थि
ततो मज्जा मज्जां शुक्रं तु जायते।। सु. सू. १४/१०.

The properly formed rasa dhatu performs the function of tarpana, vardhana, dharana, yapana as stated by the Sushruta Samhita Adhyaya 14.

कृत्स्नं शरीरमहरस्त् तर्पयति वर्धयति धारयति यापयति च
अदृष्टहेतुकेन कर्मणा।। सु. सू. १४/३

The diseases manifest when the rasa dhatu gets vitiated. The various causative factors for the same are -

गुरु शीतम् अति स्निग्धम् अति मात्रम् समश्नतम् रस वाहिनी
दुष्यन्ति चिन्तनं च अति चिंतनात्।। च. बि. ५/१३

Collection - Sushruta Samhita, Sutra Sthanam, Adhyaya 14.

Discussion - With the view of understanding the rasa dhatu dushti as the cause of metabolic disorders, following cases have been presented.

Case 1- Patient X, female, 15 years old

Chief complaints

- pain in hypogastric region (adho udara vedana)

- pain in calf region (pindikogata vedana)

- pain in the back (katigata vedana)

on the first day of menses since last 6 months.

On examination, hetus (cause) found were - the patient consumed excessive spicy food, uncooked food, fermented food items, dairy products. It was also found that she performed excessive, strenuous exercise.

Thus the diagnosis - Kashtartava was done.

Samprapti - Charak samhita states Raja as the upadhatu of rasa dhatu.

Improper ahara > vitiation ahara rasa formation > formation of vitiated rasa dhatu formation. Raja being the upadhatu of rasa got vitiated leading to kashtartava or dysmenorrhea.

Case 2 - Patient Y, a 50 years old, female

Chief complaints

- Swelling (shotha) on her legs since last 6 months

- Skin dryness since last 3 months

- Increased frequency of micturation since last 2 years.

K/C/O- Diabetes Mellitus

On detailed examination, it was found that she showed the symptoms like tiredness, lethargy.

Hetus- ahara- her diet consisted mainly of - fast food items

- Fermented foods

- Smoothies

- Consuming dry fruits

In excess, baked food items, etc. She had sedentary lifestyle but performed exercise regularly for half an hour.

Diagnosis - Pittaja Prameha

Samprapti - The root cause of Prameha can be traced back to the rasa dushti.

Guru, Paryushitanna, etc. consumption with sedentary lifestyle > increase in kleda>

rasa dhatu dushti with kleda seen> formation of further dhatus (vitiated)

According to the modern science, it can be compared to Diabetes Mellitus.

Case 3 - Patient Z, a 39 years old, female-

Chief Complaints

- Irregular menstrual cycle since 2 years following the delivery of the first child.
 - Dysmenorrhea since last 5 years
 - Weight gain since last 2 years.
- (The approximate increase in the weight was estimated to be 20 kg)
- Of heaviness in the body
 - Excessive sweating

On examination, hetus (causes) found were - she consumed heavy, unctuous, abhishyandi ahara

Samprapti - Improper ahara> Vitiated Ahara Rasa formation (with increased kleda)

Diagnosis - Sthoulya

According to modern science, it can be compared with the obesity.

Case 4 - Patient A, a 54 years old, male

Chief Complaints

- Palpitation
 - Sweating
 - Tremors.
- K/C/O- Hypertension

On examination, hetus (causes) found were - that the person worked in a very stressful atmosphere since last 20 years.

The excessive workload combined with the sedentary lifestyle had lead to the rasa dhatu dushti leading to the manifestation of the symptoms. The continuous chinta, leads to the disturbance in the manas gunas. Increase in the rajo guna leads to the vitiation of the vata dosha with respect to its ruksha guna in rasa dhatu.

Diagnosis - Vata vikara

It can be compared to the Hypertension, according to the modern science.

Observation - In the above mentioned cases, it is seen that the various causes like consuming improper ahara, at improper timings and continuous stress causes vitiation of doshas and rasa dhatu.

It is observed that the vitiation of rasa

dhatu forms the first step in the manifestation of the metabolic disorders.

Case 1 - The rasa dhatu formed was vitiated by the ruksha guna of vata dosha. Thus the basic function of the rasa dhatu to cause tarpana is seen to be hampered here.

Case 2 - Here, the rasa dhatu formed was vitiated by the kleda formed. Over the period of time, it leads to the dushti of further dhatus like rakta, mamsa, meda, etc. leading to Prameha vyadhi.

It was observed that the ahara jaetus and the sedentary lifestyle forms the initial cause of the prameha vyadhi.

Case 3 - Similarly, the kleda accumulation caused rasa dhatu dushti here. Further it caused meda dhatu vitiation causing Sthoulya. It is commonly seen that Sthoulya has become a cause of many psychosomatic disorders.

Case 4 - Here, the vitiation of vata caused the formation of vitiated rasa dhatu thus leading to manifestation of symptoms.

In all the above cases, it is observed that the rasa dhatu formed is unable to perform its functions of yapana, vardhana, dharana and yapana. As mentioned above the improper rasa dhatu causes the successive dhatus to be formed improperly.

Conclusion -

रसजं पुरुषं विद्यात् रस रक्षेत प्रयत्नतः।

अन्नत्पानाच्च मतिमान् आचारात् च अपि तन्द्रितः॥

सु. सू. १४/१२

The human body (sharira) is made of the sara of the ahara that we consume, the regimen that we follow daily. The swasthya of an individual depends upon the quality of the dhatus formed.

As explained above, it depends upon the quantity and quality of the rasa dhatu formed. Thus it is important to consume food in proper quantity with adequate nourishing properties and on time, to avoid the diseases.

Reference -

- 1) Sushruta Samhita, Sharira sthanam, Adhyaya 14.
- 2) Charak Samhita, Vimana Stahaman, Adhyaya 5.





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Role Of Swasthavritta In Preventing Lifestyle Disorders With Reference To Amlapitta

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Introduction : Ayurveda is the science of life which states us how to live healthy. The main objective of Ayurveda is to maintain the health of healthy person and to treat the disease and giving relief to sick person.

Amlapitta is Annavaha Srotas vyadhi as per Ayurveda and its incidence is increasing due to non observance of Dinacharya, Ritucharya, Sadvritta regimens, Viruddhahara sevan, Apathya sevan etc. The condition in which pitta becomes vidagdha and causes amlata is called as Amlapitta. In modern concept we can correlate Amlapitta with Hyperacidity or Acid peptic disorder. In 21st century era of modernization has changed lifestyle including dietary habits, sleeping habits, work timings, environmental and mental stress and these are believed to be the most important causative factors for Amlapitta Vyadhi. In Ayurvedic literatures all the Acharyas of Ayurveda focused on the Nidana of the disease first and gave the same importance as that of treatment of disease. Nidanparivarjan is to avoid the known disease causing factors in diet and lifestyle of patient. Nidanparivarjan is the most important principal as Ayurveda gives importance to Ahara, Vihara as treatment.

Aim : To study role of swasthavritta in preventing lifestyle disorders with reference to Amlapitta.

Objectives : • To study the Hetu of Amlapitta Vyadhi from Ayurvedic texts.

• To study the various swasthavritta regimen for prevention of lifestyle disorders.

Material and Methods : In this study all the

etiological factors of Amlapitta vyadhi have been studied from Ayurvedic texts. Various articles are referred from Ayurvedic Journals and internet surfing done.

Nidanparivarjan : It is essential and emphasized part of entire treatment. It is initiative factor in onset and development of disease hence, such type of diet and regimen which are causative factor to disease condition must be avoided. Through the treatment point of view it should be implemented at first as Acharya Sushrut states that, "Sankshepatah kriyayogo Nidan parivarjanam" i.e it is conclusive factor to an entire treatment.

Amlapitta Nidan : Amlapitta is multifactorial disease. The etiological factors of Amlapitta Vyadhi can be broadly classified into following types :

- 1) Aharaj (Dietary)
- 2) Viharaj (Life Style Related)
- 2) Manas (Psychological)
- 3) Kalaj (Seasonal)
- 4) Iatrogenic components.

Aharaj Nidan (Dietary) :

- Viruddhahara (Mutually incompatible foods)
- Dushta Ahara- Contaminated food.
- Amla- Sour foods.
- Vidahi- Foods which cause burning sensation.
- Pitta Prakopaka Pana Anna- Food and drinks which aggravate pitta.
- Svahetu Upachitam Pittam- Pitta which has already accumulated in the body due to various aggravating factors (consumption of pitta provoking foods, drinks, activities in

Varsha Ritu).

Other dietary habits which are responsible for Amlapitta Vyadhi are as follow :

- 1) Inappropriate timings of food.
- 2) Unhealthy food eating habits.
- 3) Eating in excess quantity.
- 4) Skipping Meals.
- 5) Lesser or over intake of water and improper timings of intake of water.
- 6) Repeated food intake (before the digestion of previously taken food).
- 7) Excessive intake of spicy,oily, contaminated food items.
- 8) Excessive intake of fermented food items like idli, dosa.
- 9) Excessive intake of very dry or very oily food items.
- 10) Excessive intake of food items which are hard to digest.
- 11) Fasting for long time.
- 12) Excessive intake of stale food items.

Viharaj Nidan (Related to Lifestyle) : Vihar denotes the routine activities of an individual. Viharaj Hetu for Amlapitta Vyadhi are as follows :

- 1) Lack of rest.
- 2) Fast moving lifestyle.
- 3) Insufficient sleep at night.
- 4) Sleeping immediately after taking meal.
- 5) Suppression of natural urges.
- 6) Excessive exposure to sun and fire.
- 7) Inadequate physical exercise.
- 8) Sedentary jobs (Computer operation).
- 9) Taking bath with hot water.

Manas Nidan (Psychological Factors) :

- 1) Stressful lifestyle.
- 2) Excessive anxiety, worry, anger, jealousy, fear.
- 3) Job dissatisfaction and over thinking while having food.
- 4) Psycho, Socio, Familial, Environmental Stress.

Kalaj Nidan (Seasonal) : Increased acidic content of water and consumption of newly harvested grains set a stage for pitta

accumulation in the body during rainy season. in fact subsequent stage of pitta vitiation (Prakopa) is prevented due to cold ambience. When the Sharad Ritu sets in ambience changes in favour of pittaprakopa.

Iatrogenic Components : Prolonged use of anti-inflammatory and antacid drugs, painkillers, and Antiplatelet drugs are found to be one of the main cause of Amlapitta and Subsequent development such as Udaravranam (Gastric or Peptic Ulcer), gastritis, GERD.

Nidanparivarjan in Amlapitta Vyadhi :

Aharaj Nidanparivarjan (Related to dietary habits) : Dietary interventions can be of much benefit in Amlapitta vyadhi as the majority of causes are dietary.

- 1) Avoid taking Mutually incompatible food combinations such as Milk+Fruits, Milk+ Salt, Milk+Meat etc.
 - 2) Avoid taking to dry and to oily food items.
 - 3) Non vegetarian food items especially red meat and fish should be avoided.
 - 4) Avoid tobacco, bidi, cigarette, pan, gutaka, mashiri.
 - 5) Avoid consuming fermented food items.
 - 6) Avoid consumption of strong tea, black coffee, junk food.
 - 7) Avoid eating quickly and eating in hurry.
 - 8) Do not skip hunger, avoid delaying eating hours.
 - 9) Follow rules of good eating habits.
 - 10) Masticate food well.
 - 11) Avoid consumption of sour fruits.
 - 12) Eat when you feel hungry and drink water when you feel thirsty
- Viharaj Nidanparivarjan (Related to Lifestyle):**
- 1) Wake up early in the morning quickly.
 - 2) Avoid day sleeping.
 - 3) Avoid sleeping immediately after taking food.
 - 4) Regular half strength exercise should be followed.
 - 5) Avoid excessive workload.

6) Take proper relaxed sleep during night.
7) Morning walk is good for health so practise it regularly as it keeps the Amlapitta Vyadhi under control.

8) Practise Yoga postures like Pranayam, Suryanamaskar, Paschimottnasan, Bhujangasan etc.

Manas Nidanparivarjan (Related to Psychological factors):

- 1) Refrain from anger and grief.
- 2) Keep the mind cool and happy.
- 3) Try to avoid high stress situations.
- 4) Practice Meditation like vipashana.
- 5) Try to live a stress free life for healthy and happy living.
- 6) listening of calm silent songs also relaxes brain to relive mental stress.

Kalaj Nidanparivarjan (Related to seasonal factors) : Avoid consumption of newly harvested grains and try to take little old grains in diet. for ex: diet should consist of little old rice.

Related to Iatrogenic components : Avoid taking medications such as painkillers without doctors' advice. Avoid frequently taking allopathic antacids for hyperacidity.

Pathya and Apathya in Amlapitta Vyadhi : Pathya is referred to the Ahara and Vihara which causes the pacification of disease. Apathya is referred to the Ahara and Vihara which causes complications and aggravate the disease.

It is very important to follow Pathya and Apathya to manage Amlapitta Vyadhi.

Pathya in Amlapitta Vyadhvi :

- Yava: Barley
- Godhum: Wheat
- Mudga: Green grams
- Purana Rakta Shali: Old red rice
- Jangala Mamsa: Forest meat
- Taptasheeta jala: Boiled and cooled water
- Sharakara: Sugar
- Madhu: Honey
- Sattu: Flour
- Karkotakam: Cucumber

- Karvellakam: Bitter gourd
- Patola: Pointed gourd
- Vriddha Kushmanda: Old ash gourd
- Rambhapushpam: Flower of plantain
- Kapithha: Wood apple
- Dadima: Pomegranate
- Amalaki: Gooseberry

Apathya in Amlapitta Vyadhi :

- 1) Viruddhahara : Mutually Incompatible food items.
- 2) Navanna : Newly harvested grains.
- 3) Pittaprakopaka Ahara.
- 4) Tila : Sesame.
- 5) Masha : Black gram or food items prepared from black gram.
- 6) Kulattha : Horse Gram.
- 7) Avidughda : Goat Milk.
- 8) Lavana Ahara : Salt rich food.
- 9) Amla Ahara : Sour foods.
- 10) Katu Ahara : Hot and Spicy food.
- 11) Guru Annam : Food items which are hard to digest.
- 12) Dadhi : Curd.
- 13) Nutana Madya : New wine.
- 14) Nava Guda : Jaggery.
- 15) Matsya : Fish.
- 16) Aluka : Potato.
- 17) Anupa Mamsa : Meat of Marshy land animals.

Yoga for prevention of lifestyle disorders :

Amlapitta - Yoga has important role in preventing lifestyle disorders. Yoga affects the internal organ, body, mind which secretes the proper kind hormones which are necessary for proper body building and mental health. Various yoga techniques can be practiced very effectively to maintain digestion and to avoid lifestyle disorders like Amlapitta.

The second main thing is that Asanas improves the functioning of internal organs like strengthening to lung, heart, kidneys excretory and reproductive organs. When they act on internal organs like intestine, the Agni get improves and helps to reduce or avoid amlapitta.

List of asana's and pranayama's for the disease Amlapitta :

Asanas and Pranayam	Benefits
Suryanamaskar	It harmonizes the prana throughout the body thus revitalizes the whole body and increases BMR.
Chakrasana	Strengthen abdominal muscles which improves Metabolism.
Dhanurasana	It helps to alleviate constipation dyspepsia, sluggishness of liver.
Vajrasana	It's the only asana that is allowed after meal. Its improves digestion of Food.
Bhujanagasana	It is very good for obesity. It reduces tummy fat, gives tones up abdomen, it vitalizes the endocrine in abdomen, strengthens the forearm, elbows and Wrist.
Anulomvilom pranayama	It improves oxygen carrying capacity of blood so that helps to rejuvenate body.
Kapalbhati	Improves and detox body, creates enthusiasm and freshness in body.

Discussion : In today's era there is increased prevalence of chronic diseases with causative factors mostly related to diet and lifestyle. Among this Amlapitta Vyadhi which is a gastrointestinal tract disorder, has acquired majority of share with causative factors like improper diet habits and faulty lifestyle. In present study Nidan of Amlapitta and importance of Nidan parivarjan along with Pathya and Apathya in Amlapitta Vyadhi is Studied. Various treatment principles are available in Ayurvedic texts which are comprehensive workable and cost effective but Ayurvedic literature mainly focused on prevention of the disease first it means

'prevention is better than cure and for this Nidanparivarjan concept is mentioned by Acharyas of Ayurveda which is helpful for prevention of Amlapitta Vyadhi in normal individual its management in person taking medications for Amlapitta and to prevent the further recurrence of the disease.

Conclusion : In Brihatrayi Amlapitta has not been considered as a separate disease entity. Acharya Kashyapa and Acharya Madhavakara have given a separate disease status to Amlapitta. it is disorder of annavaha strotasa and it can be easily prevented by proper following of swashavritta regimens and nidana parivarjana.

It can be concluded that Nidanparivarjan along with proper following of Pathya Apathya, vihar and nidra regimens is most important factor for prevention of Amlapitta Vyadhi and it will also helpful for management and preventing future recurrence of the lifestyle disease.

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Concept Of Jataharini In Comparison With Female Infertility And Perinatal Deaths

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Introduction - Acharya Kashyap has mentioned that Revati (Jataharini) by the permission of Skanda, afflicts the impious or immortals and kills villainous and unreligious persons. She is seen by divine vision and religious virtues are only remedies.

Jataharini Aakramanas been described as -

1) **पुष्पं हन्ति** - It causes disappearance of menstruation. In cases of primary amenorrhea, there are genetic, chromosomal or hormonal causes which ultimately cause female infertility.

2) **वपुश्च हन्ति** - Destroys body. There are cases of HIV, Koch's or chronic illnesses which causes Dhatushaya, ojekshaya and thereby causing aartava and shukrakshaya leading to infertility.

3) **जातांश्च हन्ति, जायमानांश्च हन्ति, जानिष्यमाणान्श्च हन्ति, यश्च दत्वा सुसुधार्मिकाणामपत्यमधर्मोपहतं विशेषेण।**

Fetus, unborn or born creatures especially asuras, non religious persons or their children are destroyed.

Asuras refers to invisible powers or infection also anomalous fetus.

रजस्वलां गर्भिणीं वा प्रसूतां वा कुटीगताम्।

स्त्रियमाविशते क्रुद्धा त्रिषुकालेषु रेवती॥ का.सं. ६/६५

Jataharini affects a female during her menstruation, Antenatal, postpartum and intrapartum period.

These are the most sensitive stages of female life where she is usually socially, physically, psychologically and morally weak. She is prone to infections.

It is said to invade those women who are non religious and do not follow norms of physical mental and social conduct.

Classifications Of Jataharini -

A) On The Basis Of Prognosis -

- 1) Sadhya (Curable)
- 2) Yasya (Easily relapsable)
- 3) Asadhya (Incurable)

B) On The Basis Of Mode Of Transmission -

1) Daivi (Divine)

2) Manushi (Human) - Varna, Varnantara, Lingini, Karuki.

3) Tiraschin (Animals)- Shakuni, Chatushpadi, Sarpa, Matsyi, Vanaspati.

Etiology - Jataharini has a big range of etiology. Some of them are -

1) Antisocial behavior - A woman who is antisocial, non religious, jealous of respected persons, egoist, does not have close relation in family and who causes injury to others.

If a woman has such type of antisocial behavior she often gets ignored by elders, she refuses advices by elders and ultimately suffers from anemia, GDM, PIH and preterm labor.

2) Dietary causes - Eating meat, unhealthy food or over eating. Unhealthy food causes anemia, PIH while overeating may cause Obesity thereby causing GDM which causes Big baby and making baby prone to birth trauma. Infected meat ingestion can cause toxoplasmosis infections which is one of the cause of spontaneous abortions.

3) Inadequate child care - Ignorance in child care may cause neonatal jaundice, sepsis, birth trauma etc. Inadequate child care may cause kwashiorkor, marasmus, LBW babies or failure to thrive.

4) Sedentary Lifestyle - A sedentary lifestyle causes maternal obesity and ultimately GDM or PIH.

5) Infections from another infected person - If a woman uses personal care things like towel etc of other persons, she may suffer from similar infections like Herpes, toxoplasma etc.

6) Sexual intercourse during pregnancy - Sexual intercourse during pregnancy can transmit STDs like HIV, Hepatitis B, Chlamydia, Syphilis, Herpes and Human Papilloma Virus Etc.

7) A husband walking infect his wife - Infections like toxoplasma and tetanus can transmit through soil. Similarly there are many

other reasons which are actually kind of infections, anomalies or hormonal imbalances which causes Jataharini aaveg.

Clinical Interpretation Of Jataharini.

Sadhya Jataharini

1) Shushka Revati - ⁶ In this type of jataharini, a girl does not get her menarche in spite of attaining the age of sixteen years, her arms and hips are withered or emaciated. Primary amenorrhea may be due to Deficiency of LH, FSH, Gonadal dysgenesis, Androgen insensitivity syndrome, Turners Syndrome, or mullerian agenesis. Acc to the explanation given in texts, this kind of primary amenorrhea could be due to severe nutritional deprivation.

2) Katambhara- The woman, who dies in her mature age without having menstruation, is emaciated, weak and irritable is called as suffering from Katambhara.

Primary amenorrhea due to nutritional deficiency without influencing longevity. There could be cases of Koch's, genital tuberculosis, HIV which causes severe emaciation of female with primary amenorrhea and ultimately death at younger age without having menstruation.

3) Pushpaghni - In this condition, though the woman has regular menstruation still it is useless that she do not conceive. Her cheeks are corpulent and covered with hairs.

This hairy face appearance resembles hirsutism and useless menstruation could represent anovulatory cycles. These kinds of symptoms are usually seen in cases of PCOS.

4) Vikuta - The woman suffering from Vikuta Jataharini has irregular menses with irregular duration, color and amount and feels exhausted without any cause.

There could be Kal Varna Praman Visham Pushpam- irregular menses due to PCOS or DUB. Animitta bala kalagni can be a depict of Hypothyroidism i.e. Reduced basal metabolic rate which could be a form of animitta kayagni. Similarly kalvishampushpan i.e. intermenstrual bleeding could be seen in cases of cervical polyps also.

5) Parisruta - Thin and emaciated woman having constant and excessive discharges per

vaginum is known as suffering from parisruta.

Cachexia with chronic leucorrhoea is a common symptom in PID, vaginitis, trichomoniasis and Chlamydia infections.

6) Andaghni - This fatal jataharini is that, in which adhered Anda (zygote) visible with naked eye is repeatedly expelled. Spontaneous abortions at early gestational age i.e. blastocyst stage can represent andaghni jataharini. Faulty placentation, progesterone Deficiency could be a reason.

7) Durdhara - In this condition embryo whose body parts are not differentiated are repeatedly destroyed. This denotes first trimester abortions. Chromosomal abnormalities, luteal phase defects, progesterone Deficiency these could be some causes of 1st trimester abortions.

8) Kalaratri - When jataharini destroys the fetus having complete body parts, then it is known as Kalaratri. In this condition that woman survives with great difficulty.

2nd trimester abortions with severe maternal systemic illness which may be fatal to mother are depicted in these cases. PIH, Eclampsia, Preterm labor and Septate or bicornuate uterus could be some causes of second trimester abortion.

9) Mohini - This is characterized by non attachment of embryo or its expulsion after attachment with death of woman due to unconsciousness. This represents toxemias of pregnancy.

10) Stambhani - Mother complains less foetal movements. Polyhydroamnios could be the most common cause of less foetal movement. Also sudden foetal distress, uteroplacental insufficiency and severe maternal anemia could be some more reasons causing less foetal movements.

11) Kroshana - The foetus in womb causes various kinds of complications. Eg. Eclampsia.

Yapya Jataharini -

1) Nakini - In this deadly Jataharini, a woman always delivers a dead baby. A woman has Recurrent pregnancy loss may be due to Rh incompatibilities, PIH or GDM.

2) Pishachi - In this carnivorous jataharini

there is death if neonate immediately after birth. Neonatal death could be due to neonatal sepsis, birth asphyxia, birth trauma etc.

Except these 2 there are 14 more jataharini -

- 3) **Yakshi** - Fatal on 2nd day.
- 4) **Asuri** - Fatal on 3rd day.
- 5) **Kali** - Fatal on 4th day.
- 6) **Varuni** - Fatal on 5th day.
- 7) **Shasthi** - Fatal on 6th day.
- 8) **Bhiruka** - Fatal on 7th day.
- 9) **Yamya** - Fatal on 8th day.
- 10) **Matangi** - Fatal on 9th day.
- 11) **Bhadrakali** - Fatal on 10th day.
- 12) **Raudri** - Fatal on 11th day.
- 13) **Vardhika** - Fatal on 12th day.
- 14) **Chandika** - Fatal on 13th day.
- 15) **Kapalmalini** - Fatal on 14th day.
- 16) **Pilipichchika** - Fatal on 15th day.

Asadhya Jataharini -

1) **Vashya**- There are repeated IUDs in 5th 6th or 7th month. This resembles second trimester abortions due to preterm onset of labor, cervical incompetence or uterine anomalies like septate uterus or bicornuate uterus.

2) **Kulakshayakari** - The woman whose male offspring dies and female baby survives even without proper care. In some conditions like recessive allele on X chromosome ex. Hemophilia, G6PD deficiency, Alport syndrome or X linked agammaglobinaemia, we can see Recurrent loss of male baby.

3) **Punyajani** - In this deadly Jataharini, offspring of the woman dies immediately after birth. Birth Asphyxia, birth trauma could be the reasons of immediate neonatal death.

4) **Paurushadini** - The offspring of woman affected with paurushadini dies before the age of 16 years. In Duchene's Muscular Atrophy there is degeneration of muscle tissue therefore causing death.

5) **Sadanshi** - The baby dies when mother conceives again. If a mother is lactating and she conceives again, this could act like parigarbhika vyadhi. The firstchild remains malnourished there by causing neonatal death.

6) **Karkotaki** - If a woman pregnant with twin pregnancy gets affected by this revati then one of the foetus dies and another has grahapida.

7) **Indravadava** - Either one or both twins of the affected female dies. Death of biovular twins due to twin twin transfer syndrome, twin anemia or Vanishing twins.

8) **Vadavamukhi** - When one child of one Nabhija (uniovular) twin dies first and subsequently second also dies, then it is known as vadavamukhi.

Discussion - As per the interpretation, all kind of sadhya jataharini are demonstrated as menstrual abnormalities or abortions. All kinds of yapy jataharini are mostly still births or neonatal deaths while all asadhya jataharini are deaths of twins or children at different ages. There could be autoimmune causes to this. Considering the causes and symptoms, it is not possible to find out a single etiology for Jataharini today. It can be observed that whenever scientists of the era where unable to find out role of dosh dushyas sammurchana in a particular condition, they considered some invisible power causing the effect. Microscopic infections, bacteria's, viruses where some of the examples of what people considered invisible powers in that era. Jataharini have been explained with a mythological story in texts so that a psychological fear of jataharini will diverge the woman from eating unhealthy food and balanced mode of life. Also her husband will also try to acquire a infection free and balanced life.

Conclusion - Jataharini is exclusive concept told by ayurveda which gives answer to many of unexplained female infertility, inevitable abortions and RPL. This gives us a line of treatment and prognosis of infertility or RPL in detail. And explain many such facts yet to be discovered by modern science.

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Interprofessional Education: A Need Of Time

Vd. Purushottam Shastri Nanal Essay Competition 2020 - Prize Winner Essay

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Introduction : Interprofessional education (also known as inter-professional education or "IPE") refers to occasions when students from two or more professions in health and social care learn together during all or part of their professional training with the object of cultivating collaborative practice, for providing client- or patient-centred health care.

Interprofessional education occurs when students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes. Once students understand how to work interprofessionally, they are ready to enter the workplace as a member of the collaborative practice team. This is a key step in moving health systems from fragmentation to a position of strength.

As far as the human history is concerned, Interprofessional education has been important, right from the barter system. A barter system is an old method of exchange. The system has been used for centuries and long before money was invented. People exchanged services and goods for other services and goods in return. It was then, very important to have, proper information about the professions, even the systems like Alutedar-Balutedar, which were anciently followed in many of the states, including Maharashtra were of immense importance, as far as, interprofessional education is concerned.

Interprofessional learning involves students learning from students from other professions, as well as learning with students from other professions, for example in the classroom, and learning about other professions. Interprofessional learning and teaching can take place at an academic institution, but also regularly occurs in workplace environments where students gain applicable and practical experience.

Interprofessional Education in Health Care : Interprofessional education is an important pedagogical approach for preparing health professions students to provide patient care in a collaborative team environment. The appealing premise of IPE is that once health care professionals begin to work together in a collaborative manner, patient care will improve. Interprofessional teams enhance the quality of patient care, lower costs, decrease patients' length of stay, and reduce medical errors.

- Interprofessional education involves educators and learners from 2 or more health professions and their foundational disciplines who jointly create and foster a collaborative learning environment. The goal of these efforts is to develop knowledge, skills and attitudes that result in interprofessional team behaviours and competence. Ideally, interprofessional education is incorporated throughout the entire curriculum in a vertically and horizontally integrated fashion.

It is important to also consider what not IPE is.

Examples of what IPE is not include :

- Students from different health professions in a classroom receiving the same learning experience without reflective interaction among students from the various professions³;
- A faculty member from a different profession leading a classroom learning experience without relating how the professions would interact in an interprofessional manner of care; and

Importance of Coordination of different Health Care Professionals :

Teamwork became an important health intervention for a number of reasons. First, clinical care is becoming more complex and specialized, forcing medical staffs to attempt complicated health services and quickly learn new methods. Aging populations, the increase of chronic diseases like diabetes, cancer, and heart disease have forced medical staffs to take a multidisciplinary approach to health care. In countries like the United States, medical teams must manage patients suffering from multiple health problems.

Other countries are also concerned with increasing access to health care for diverse populations. In Brazil, health teams train to intimately understand the needs of patients, but also of local communities and different cultures.

Secondly, researchers have found that working together reduces the number of medical errors and increases patient safety. Teamwork also reduces issues that lead to burnout. No longer is one person responsible for the patient's health; today, an entire team of health workers comes together to coordinate a patient's well-being. Health teams help break down hierarchy and centralized power of health organizations, giving more leverage to health workers.

Third, because teamwork is centred on solid

communication, patients and their families sometimes feel more at ease and report they accept treatments and feel more satisfied with their health care. Health workers are also found to be more satisfied with their work. A study found nurses who go through successful team building efforts are more satisfied with their work.

Goal of Interprofessional Education : The goal of IPE is for students to learn how to function in an interprofessional team and carry this knowledge, skill, and value into their future practice, ultimately providing inter professional patient care as part of a collaborative team and focused on improving patient outcomes. An interprofessional team is composed of members from different health professions who have specialized knowledge, skills, and abilities. The goal of an interprofessional team is to provide patient-centred care in a collaborative manner. The team establishes a common goal and using their individual expertise, works in concert to achieve that patient-centred goal. Team members synthesize their observations and profession-specific expertise to collaborate and communicate as a team for optimal patient care. In this model, joint decision making is valued and each team member is empowered to assume leadership on patient care issues appropriate to their expertise. Health care professionals from different disciplines who conduct individual assessments of a patient and independently develop a treatment plans are not considered an interprofessional team. In this traditional model, the physician typically orders the services and coordinates the care and the lack of collaboration may contribute to an overlap and conflict in care.

Evolution of Interprofessional Education : The need for IPE has been recognized internationally since the mid 1980s. Traditionally, individual health professions have been trained primarily in their own schools or colleges by members of the same profession.

Interprofessional education is, indeed, evolving slowly. Five years after the challenge from the IOM report, there has been minimal significant change in health professions education specifically designed to address the issue of IPE. However, there has been increased involvement from the health care community in this direction. The Institute for Healthcare Improvement Health Professions Education Collaborative was established to create exemplary learning and care models that promote the improvement of health care through both profession-specific and interprofessional learning experiences.

Internationally, the health care system is under increasing pressure due to rising global health issues and needs, increased health care costs, shortages in the health care-related workforce, and inadequate understanding and respect for the contributions of health professionals. Interprofessional education (IPE) and interprofessional collaborative practice (IPCP) can play a significant role in mitigating the challenges faced by global health systems. According to the WHO, "interprofessional education (IPE) mainly occurs when two or more professions learn from each other to improve health outcomes," and "IPCP occurs when a number of health workers from different professional backgrounds work with patients, their families, caregivers and communities to provide comprehensive service and deliver the highest practicable quality of care.

As challenges of improving health care quality in the 21st century continue to be identified, a collaborative team in health care is essential for the improvement of health outcomes. Studies of IPE have indicated that health professionals have worked together in teams to manage complex practice situations that require systematic and informed collaboration between different professions and professional specialties in recent years. Furthermore, research has also shown that collaborative practice can improve the access and the coordination of health services, resources, and outcomes for people with chronic diseases while also decreasing patients' complications, tension, and conflicts with caregivers, hospital readmission, clinical error rates, and staff turnover. The current health workforce is a critical element in strengthening health care systems and expanding universal health coverage: IPE has been initiated by the WHO. To improve the health care workers' ability to provide high-quality care.

Importance of Interprofessional Collaboration : To provide proper care and improve patient outcomes, today's nurses must collaborate effectively with members of the healthcare team from other disciplines. That means working together as team members and team leaders. To do that, they must understand each member's education, scope of practice, and areas of expertise. Learning the language, norms, and special foci of other disciplines fosters more effective use of resources and knowledge.

Benefits of interprofessional collaboration for nurses, other healthcare professionals, and patients include improved patient outcomes, fewer preventable errors, reduced healthcare costs, and

improved relationships with other disciplines. Enhanced communication among disciplines also leads to decreased workloads for all health professionals by minimizing duplicated effort and increasing knowledge. Building relationships with professionals in other disciplines leads to better understanding.

Benefits of Interprofessional Education : Qualified and competent healthcare professionals working in a collaborative team environment is a prerequisite for high quality patient care. In order to be successful in the healthcare working environment, medical students need to be exposed to interprofessional learning early in their education. A single stage online survey was administered to medical students to evaluate their attitudes and perceptions of interprofessional education (IPE) and whether prior exposure to IPE increased their appreciation for interprofessional collaboration.

The results suggest that irrespective of prior exposure to IPE, medical students appreciated the importance of interprofessional education and collaboration. Medical students showed a strong interest in attending interprofessional courses in other disciplines. Time constraints, scheduling conflicts, and communication emerged as barriers to IPE. Medical students embraced IPE and welcomed the opportunity to learn with other disciplines. Clinical case studies and simulations were identified as potential methods to integrate with other healthcare disciplines. The positive attitude and perceptions of the medical students toward interprofessional education and collaboration warrants the inclusion of related courses in medical curricula, as this may further increase students' potentials in becoming effective healthcare providers.



Report

Transitional Curriculum 2021

Dr. Mohan Joshi, Dr. Madhura Kulkarni

Tilak Ayurved Mahavidyalaya, Rasta Peth Pune organized 15 days online programme on "Transitional curriculum of Ayurveda" for 1st year B.A.M.S. students admitted in year 2020-21 as per the UG regulations laid down by Central Council of Indian Medicine. The programme was conducted online on zoom platform. It started with the inauguration at the hands of Prin. Dr. Sadanand Deshpande, followed by the introductory sessions of Dr. Saroj Patil and Dr. Mihir Hajrnavis. Dr. Apoorva Sangoram introduced students and parents with ethics and code of conduct.

Vadatu Sanskritam was a major component. This was taken Dr. Venkat Dharmadhikari, ADA, Pune Division and Dr. Shailaja Dharmadhikari in three sessions, ten sessions by Mrs. Varsha Sarada from Maitreyi Foundation and Sanskrit Bharati and one session by Dr. Madhura Kulkarni. Students were confident to communicate in 8-10 lines about self at the end of the program. Communicative English sessions were conducted by Mr. Vivek Khambete. They were useful for day to day conversations and correcting errors in English.

Lectures on Dedicated topics were conducted by experts in college and outside institute. "History, Philosophy and concepts of Ayurved" was introduced by Dr. Yoginee Patil in three sessions, Session on "Uniqueness of Ayurveda compared to other systems of Medicine" was conducted by Dr. Mihir Hajrnavis. He also conducted sessions on "Know Regulatory bodies and Statutory bodies and

major AYUSH institutions" and "Dinacharya and rutucharya". Dr. Saroj Patil conducted session on "Know Regulatory bodies and Statutory bodies and major AYUSH institutions". Sessions on "Basics of Prakriti Pareeksha" were conducted in two separate sessions by Dr. Meenakshi Randive and Dr. Taranoom Patel. Two separate sessions on "Biodiversity and ASU drugs" were conducted by Dr. Apoorva Sangoram and Dr. Mandar Akkalkotkar. Session on "Role of Diet in ASU" was conducted by Dr. Neelima Shisode. "Role of Physician in society" by Dr. Rahul Kathwate.

"Know your Institute and Department visit sessions" were conducted by Dr. Vinaya Dixit, Dr. Maithili Nesargi-Naik, Dr. Sangeeta Sawant for I, II, III and IV year respectively. It was virtual tour of the departments by specially prepared videos. "Know your syllabus session" for first year BAMS subjects Shareer Rachana, Shareer Kriya, Sanskrit Samhita Siddhant were respectively conducted by Dr. Saroj Patil, Dr. Meenakshi Randive, Dr. Mohan Joshi.

Special sessions on different topics were conducted. Dr. Vishnu Jogalekar conducted three interesting sessions on "Role and impact of physician s in the society", "Ayurveda the ultimate personalized lifestyle" and "Knowledge process in Ayurved". "Introduction about modern Medicine and other system of medicine" session was conducted by Dr. Abhay Inamdar. Two sessions on "Recent Advances in ASU" were conducted by Dr.

Girish Tillu. A session on "Making 30 hours about of 24 hours" by Dr. Kalindi Kale. Two sessions by Dr. Priyadarshan Jogalekar on "Stress management and capacity building for healthcare professionals". Dr. Dhanajay Mhasade conducted four sessions on essential medico legal topics "Role of ASU in Public Health", "Professional Medical Ethics", "National Health Status-Goals and Policies" and "Biomedical waste management". Mr Kiran Sutkar from Office conducted a session on "Scholarship application".

Motivational speech sessions on different aspects of Ayurved were conducted by eminent practitioners. Dr. Dilip Gadgil on "Clinical practice", Dr. Vishnu Jogalekar on "Importance of Samhita Studies in Ayurved", Dr. Upendra Dixit on "Emergency Clinical practice with Ayurved", Dr. Dhananajay Kulkarni on "Ayurved Balasthane". Dr. Anil Panse on "Samhita Studies". Dr. Amit Ghodke on "Importance of manufacturing medicines for the own usage". Sessions were conducted for giving early clinical exposure. These sessions sharing "Introduction of concepts of Panchakarma" were conducted by Dr. Anjali Damle and Dr. Monica Muley. Dr. Laxman Lavgankar conducted one session sharing success stories.

Many skill related sessions were conducted.

Computer skills sessions were conducted by Dr. Sarika Chopde and Dr. Taranoom Patel. "Basic Life Skills and First Aid" sessions with practical demonstrations" were conducted by Dr. Nandakishore Borse and Dr. Mandar Akkalkotkar in four sessions. Dr. Jyoti Rahalkar conducted two sessions on "Yoga and Meditation" and one practical session with "Yoga meditation and relaxation techniques".



Dr. Vyankat Dharmadhikari, (ADA) delivering his lecture.



Dr. Sadanand Deshpande, Principal, TAMV, Pune.

Sessions on learning skills were conducted by different faculties in college. "Understanding the role of mentoring" by Dr. Indira Ujagare, Dr. Manjiri Deshpande conducted a session on "Understanding interpersonal relationships in a health care team". Dr. Vinaya Dixit conducted session on the topic "Comprehend the learning pedagogy and role in learning skills". Dr. Mohan Joshi conducted three sessions on "Understanding the process of group learning and group dynamics" and "Understanding different methods of self learning and collaborative learning", "Debate, Discussions and tasks".

As on last day it was not possible to arrange Hospital and Pharmacy visit. Hence various sessions with theme "Health First" were conducted. "In role of A Doctor" session was conducted by Dr. Kalyani Bhat. A Session on "Personal health first" was conducted by Dr. Ashwini Karandikar. Session on "Role of family physician" was conducted by Dr. Sneha Kulkarni. Dr. Rashmi Bhise conducted a Session on "Finding roots of culinary sciences in Ayurvedic sciences". Dr. Sangeeta Salvi conducted session on "Can we correct this?" Dr. Sharvari Inamdar conducted a lecture on topic "Fit Me".



Women's Day Program News Organized By ADF India, Dehradun

Report

On An Occasion of International Women's Day, "Ayush Darpan Foundation" Dehradun in collaboration with Sai Ayurved College, Vairag, Sholapur Maharashtra had organized AYUSTREE fair 2021. It was total 3 days program including International E Conference, Stree स्वास्थ्यं, AYUSTREE international streevaidyia competition, and tagline competition based on women empowerment.

Streeswasthyam, one kind of different webinar was a great knowledge feast for all. Various experts from various fields were invited from allover India. In this every aspect of women's health from puberty to menopause, beauty, administration, research and publication, legal aspects, astrology and women's health, music were discussed. Ayustree streevaidyia purskar was organized for Ayurved fraternity and PG students. Ayush Darpan is an international platform which propagates Ayurveda allover globe. Around 50k subscribers of Ayush Darpan were benefited by the program. Prize distribution held in the presence of AIIA Director, Dr. Tanuja Nesari. The program was very well organized by committee members - Dr. Navin Joshi, Dr. Shilpa Yerme, Dr. Meera Suryawanshi, Dr. Vandana Pathak, Dr. Arvind Pathak, Dr. Sangeeta Deshmukh.



वृत्तांत

सेंटर फॉर पोस्ट गॅज्युएट स्टडीज अँड रिसर्च इन आयुर्वेद वर्धापन दिन समारंभ दि. १ एप्रिल २०२१

प्राचार्य, डॉ. स.वि. देशपांडे

सेंटर फॉर पोस्ट गॅज्युएट स्टडीज अँड रिसर्च इन आयुर्वेदच्या वर्धापन दिनानिमित्त दि. १ एप्रिल २०२१ रोजी दुपारी टिळक आयुर्वेद महाविद्यालयाच्या एन.आय.एम.ए. सभागृहात विशेष समारंभाचे आयोजन करण्यात आले होते.

समारंभाच्या अध्यक्षस्थानी राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष डॉ. दिलीप पुराणिक हे होते. व्यासपीठावर प्राचार्य डॉ. स. वि. देशपांडे, रा.शि.मंडळ उपाध्यक्ष डॉ. भा. कृ. भागवत, सचिव डॉ. रा. श. हुपरीकर, कोषपाल डॉ. र. ना. गांगल व उपप्राचार्य डॉ. मिहीर हजरनवीस हे उपस्थित होते.

डॉ. पुराणिक ह्यांच्या हस्ते धन्वंतरी पूजन झाल्यानंतर धन्वंतरी स्तवनाचे चरण आळविण्यात आले. प्राचार्य डॉ. स. वि. देशपांडे ह्यांनी उपस्थितांचे स्वागत केले व व्यासपीठावरील मान्यवरांचा यथोचित सन्मान करण्यात आला. अध्यक्ष डॉ. पुराणिक व व्यासपीठावरील मान्यवरांचे हस्ते मंगलदीप प्रज्वलन करून निमण झालेल्या मंगल वातावरणात समारंभास प्रारंभ झाला.

प्राचार्य डॉ. स. वि. देशपांडे ह्यांनी गेल्या दोन शैक्षणिक वर्षात सी.पी.जी.एस. अँड आर.ए. तर्फे आयोजित करण्यात आलेल्या विशेष कार्यक्रमांचा अहवाल सादर केला. International and National seminar on Shalakyatantra, C.P.R. Workshops, National seminar on Ayurvedic Management of skin Disorders, Ayurvedic Managent of Infertility ह्यांचा ह्यामध्ये उल्लेख केला तसेच एकूण सहा स्नातकांनी पी.एच.डी अभ्यासक्रम पूर्ण केल्याचे त्यांनी नमूद केले.

अध्यक्ष डॉ. पुराणिक ह्यांच्या हस्ते महाराष्ट्र आरोग्य विज्ञान विद्यापीठाची पीएच.डी. पदवी प्राप्त केल्याबद्दल प्रा. डॉ. संगीता साळवी, प्रा. डॉ. निलाक्षी वळवी-प्रधान व डॉ. संजय गव्हाणे ह्यांचा सत्कार करण्यात आला. तसेच पीएच.डी. मार्गदर्शक डॉ. भा. कृ. भागवत व डॉ. रा. श. हुपरीकर ह्यांचा सत्कार करण्यात आला. पीएच.डी. मार्गदर्शक प्रा. डॉ. दि. प्र. पुराणिक ह्यांचा सत्कार डॉ. भा. कृ. भागवत ह्यांच्या हस्ते करण्यात आला.

महाराष्ट्र आरोग्य विज्ञान विद्यापीठाच्या पदवीपूर्व अंतिम वर्ष परीक्षेत विद्यापीठात अव्वल क्रमांकाने उत्तीर्ण झालेल्या श्री. देवाशिष उंब्रजकर (प्रथम), कु. काजल चव्हाण (द्वितीय), कु. श्रेया कोठावदे (पाचवी), कु. प्राजक्ता वायकर (पाचवी) ह्यांचाही गौरव डॉ. पुराणिक ह्यांचे हस्ते करण्यात आला.

डॉ. पुराणिक ह्यांनी आपल्या अध्यक्षीय विचारात पीएच.डी. अभ्यासक्रम यशस्वीपणे पूर्ण केल्याबद्दल स्नातकांचे अभिनंदन केले तसेच त्यांच्या मार्गदर्शकांचेही अभिनंदन केले. तसेच सेंटर फॉर पोस्ट गॅज्युएट स्टडीज अँड रिसर्च इन आयुर्वेद मध्ये असलेल्या शैक्षणिक व संशोधनात्मक सुविधांचा विद्यार्थ्यांनी व अध्यापकांनी उपयोग करून संशोधनात कार्य करावे. असे सुचविले.

समारंभास रा.शि. मंडळाच्या नियामक मंडळाचे डॉ. धडफळे, डॉ. सातपुते, डॉ. सु. ना. परचुरे, डॉ. गव्हाणे, अँड. श्री. ना. पाटील तसेच टिळक आयुर्वेद महाविद्यालयातील प्राध्यापक, शेट ताराचंद रुग्णालयातील पदाधिकारी उपस्थित होते.



मंगलदीप
प्रज्वलन प्रसंगी,
डावीकडून -
डॉ. हुपरीकर,
डॉ. गांगल,
डॉ. भागवत,
डॉ. पुराणिक,
डॉ. हजरनवीस,
डॉ. देशपांडे



यशस्वी पीएच.डी. स्नातक, डॉ. संजय गव्हाणे
यांचा डॉ. पुराणिक यांच्या हस्ते सत्कार.



डॉ. संगिता साळवी



डॉ. निलाक्षी प्रधान

डॉ. अभय इनामदार ह्यांनी आभार प्रदर्शन केले. डॉ. मिहीर हजरनवीस ह्यांचे सूत्रबद्ध सूत्रसंचलन समारंभाचे वैशिष्ट्य ठरले.

शासकीय कोरोनाविषयक नियमांचे काटेकोरपणे पालन करून समारंभाचे आयोजन करण्यात आले होते.



कार्यकारी संपादकीय

माझे शिक्षण माझी जबाबदारी!

– डॉ. अपूर्वा संगोराम

कोरोनाचा कहर सुरू झाल्यापासून आजतागायत पारंपारीक प्रचलित शिक्षण पद्धतीमध्ये आमूलाग्र बदल व्हायला सुरुवात झाली. रोजच्या रोज वर्गात बेंचवर बसवून शिस्तबद्ध पद्धतीने विषय समजावून घेणे, प्रश्न विचारून अवघड मुद्द्यांचे निरसन करून घेणे, प्रात्यक्षिकांच्या तासांना प्रत्यक्ष प्रयोग करून मिळालेले ज्ञान अधिक दृढ करून घेणे या सगळ्या पद्धती अचानक बंद झाल्या आणि मोबाईलच्या पडदा किंवा जास्तीत जास्त कॉम्प्युटर (संगणक) किंवा लॅपटॉपच्या स्क्रीनवर दिसणारे चेहरे एवढीच काय ती शिक्षणाशी संबंधित पद्धतीची व्यवस्था समोर आल्याने विद्यार्थी आणि अध्यापक दोघांचीही दमछाक व्हायला सुरुवात झाली.

ऑनलाईन पद्धतीने अशा प्रकारे शिक्षण घेताना त्याचे फायदे आणि तोटे दोन्हींचाही विचार होणे आवश्यक आहे. फायदा असा आहे की सध्या लॉकडाऊनच्या काळात विद्यार्थी आपापल्या घरी बसून, अध्यापकांशी जोडले जाऊ शकतात, त्यांचे वेळापत्रकाप्रमाणे नियमित तास होऊ शकतात. एखादी संकल्पना समजावून घेऊ शकतात, प्रश्न विचारू शकतात. या पद्धतीने ते माहिती घेऊ शकतात.

यात सगळ्यात मोठा अभाव जाणवतो तो प्रात्यक्षिकांचा. एखादी संकल्पना पूर्ण समजावून घेण्यासाठी प्रत्यक्ष परीक्षण करणे अत्यंत महत्वाचे आहे. आयुर्वेदीय अभ्यासक्रमाच्या दृष्टीने मूत्रपरीक्षण, मलपरीक्षण, शवविच्छेदन करून बघणे, बी.पी. हिमोग्लीबीन इ. विविध परीक्षण करणे, प्रत्यक्ष द्रव्यांचा अभ्यास करून औषधी कल्पना करून बघणे, रुग्णालयांमध्ये जाऊन रुग्णांच्या शेजारी उभे राहून प्रत्यक्ष लक्षणे पाहून निदान आणि चिकित्सा करायला शिकणे यासारखी अनेक प्रत्यक्षदर्शी परीक्षणे

विद्यार्थ्याला चांगला चिकित्सक होण्यासाठी अतिशय उपयुक्त ठरू शकतात. यावरही उपाय म्हणून व्हीडीओसारख्या दृक्-श्राव्य माध्यमातून विद्यार्थ्यांना शिकविण्याचे सगळे मार्ग अध्यापकही अवलंबत आहेत तरीही कोठेतरी कमी जाणवतेच आहे. यातला सर्वात महत्वाचा तोटा म्हणजे, प्रत्यक्षदर्शी शिक्षणात अध्यापक व विद्यार्थी नेमून दिलेल्या वेळापत्रकाप्रमाणे एकमेकांसमोर प्रत्यक्ष दिसायचे. एखाद्या विद्यार्थ्याचे लक्ष नसेल तर अध्यापक हमखास त्याला हटकून प्रश्न विचारायचे, त्यामुळे विद्यार्थ्यांच्या चेहऱ्यावरून अध्यापकाना अंदाज यायचा की आपण शिकवतोय ते विद्यार्थ्यांना समजतयं की नाही ?

याऊलट ऑनलाईन पद्धतीमध्ये बऱ्याच वेळी असे लक्षात येते की विद्यार्थ्याने नुसतेच लॉग इन केलेले आहे. प्रत्यक्ष त्या ठिकाणी तो नाहीच आहे. अध्यापकांनी प्रश्न विचारले तरी विद्यार्थी समोरच नसेल तर तो उत्तर कोठून देणार ? याशिवाय 'इंटरनेट कनेक्टीव्हिटी' नावाची एक भव्य दिव्य व्यवस्था आहेच. त्यामुळे यापुढील शिक्षणासाठी "माझे शिक्षण माझी जबाबदारी" ही संकल्पना योग्य ठरते. सध्याच्या काळात गुगल सारख्या सर्च इंजिन मुळे छोटयासा मोबाईलमुळे प्रत्येक विद्यार्थ्याच्या हातात दुनिया मेरी मुझीमें अशी संधी आहे. त्याचाच वापर करून आपल्या शास्त्राशी संबंधित अनेक संकल्पना, प्रात्यक्षिके विद्यार्थी पाहू शकतात. आपल्या आजूबाजूला असलेल्या औषधी वनस्पती पाहणे, आपल्या घरात भैषज्य कल्पनेतील सहज जमू शकणारी प्रात्यक्षिके करून पाहणे, वेगवेगळ्या रुग्णांचे केस स्टडीज वाचणे, शक्य असेल तर आपण ज्या गावात/शहरात आहोत तेथील एखाद्या तज्ज्ञ चिकित्सकाकडे जाऊन रुग्ण परीक्षण करणे

यासारख्या गोष्टी करू शकतात. अशाप्रकारे माहितीचा प्रचंड साठा आंतरजालावर उपलब्ध असला तरी त्यातून योग्य माहिती मिळविणे, त्या माहितीचे विश्लेषण करित ज्ञानापर्यंत पोहोचण्यासाठी अध्यापकांची गरज असतेच परंतु स्वयंअध्ययनाचा सराव करित हे साध्य करणे हे यापुढील काळातील मोठे आव्हान असणार आहे.

सध्याच्या काळात कोरोनासारखी महामारी अचानक आपल्या समोर आल्यामुळे आपण शैक्षणिक ज्ञानदान व्यवस्थेबाबत काहीच तयारी केलेली तव्हती परंतु यापुढील काळात अशा प्रकारची विषाणू आक्रमणे किंवा अन्य काही विपरीत

आपत्ती समोर आल्याच तर एक पर्यायी व्यवस्था तयार ठेवणे आवश्यक आहे. सर्व क्षेत्रातील शिक्षणतज्ज्ञांनी याचा आतापासून विचार करणे आवश्यक आहे.

विद्यार्थ्यांनीही या प्रतिकूल परीस्थितीत आपल्याल्या मिळालेल्या माहितीचे रुपांतर ज्ञानात कसे होईल आणि त्या ज्ञानाचा उपयोग जास्तीत जास्त लोकांमध्ये करून समाजाचे स्वास्थ्य कसे सुधारेल याकडे करणे आवश्यक आहे. शेवटी आपल्या स्वतःला ज्ञानाने समृद्ध करणे ही आपली स्वतःचीच जबाबदारी आहे.



– डॉ. सौ. विनया दीक्षित

उपसंपादकीय

प्राणसखा...

कोविड-१९ ची दुसरी लाट पहिल्यापेक्षा अधिक विस्ताराची, त्रासाची आणि संकटांची मालिकाच समोर आणत आहे. खरतरं २०२० मध्ये पहिल्यांदा कोविड-१९ चा प्रादुर्भाव झाला तेव्हा आपण खूपच अज्ञानात होतो. शास्त्रीयदृष्ट्या व सामाजिकदृष्ट्या त्या महामारीच्या लढाईत नवखेच होतो. आता २०२१ मध्ये पूर्णतः ज्ञान घेऊन, लसी करण मोहिमांसह आपण आयुष्यांनी सिद्ध होऊन या युद्धात उभे आहोत तरीही आजाराचे बदलते स्वरूप, साधन सामग्री, औषधे व 'प्राणवायुचा' तुटवडा आपल्या माणसांना मरणाच्या घरात जाताना हतबलपणे पाहण्यास भाग पाडत आहे. सर्व आधुनिक ज्ञान-तंत्रज्ञान, संपर्क यंत्रणा पणाला लावूनही येणारी ही असमर्थता खरोखरच निराश करणारी व अत्यंत क्लेशकारक आहे. कुटुंबेच पूर्णतः उद्ध्वस्त करणारी ही लाट फारच भयकारक तांडव दाखवत आहे. या संपूर्ण चित्रात प्राणरक्षक ऑक्सिजन वायू आणि त्याचा शरीरात संचार-समन्वय घडवणारी फुफ्फुसे यांचा अविभाज्य महत्त्वपूर्ण सहभाग अधोरेखित होतो. यामुळेच Ventilators सारखी यंत्रे, Oxygen Plants, Jet Aeroplanes द्वारा मिनिटाला 1000 Lit. अशी विक्रमी प्राणवायू निर्मितीचे यशस्वी प्रयोग, विशाखापट्टणम् ते महाराष्ट्र धावणारी ऑक्सीजन एक्स्प्रेस ट्रेन, तेलंगणातील ऑक्सीजन टँकर ऐरलफ्ट करून भुवनेश्वरला जाणे या घटना क्रमाने 'आणिबाणी' ची परिस्थिती व त्यावरील उपाय या स्वरूपात क्रमाने घडत गेल्या.

कोरोना महामारी मुळे 'प्राणवायु'चा शरीरात संचार घडवणाऱ्या फुफ्फुस व हृदय या जोडीला इजा होते व पुढचे सगळे विनाशकारी नाट्यमय पद्धतीचे घडते. हे इतके दुःखद आहे की संपूर्ण मानवजगत एकत्रितपणे मार्ग शोधत आहे. चाचपडत, धडपडत यातून मोकळा श्वास घेण्याचा मार्ग शोधत आहेत.

आयुर्वेद विज्ञानाचे अभ्यासक या नात्याने हे सर्व मूळापासून

अभ्यासताना, पुन्हा पुन्हा विविध अंगांनी विचार करताना प्रकर्षाने सर्वांकडून एक महत्त्वाची गोष्ट दुर्लक्षित होत आहे हे जाणवते "प्राणसखा पावकः।" हे आयुर्वेदाचे जीवन सूत्राचे सार आहे. "शान्तेऽग्नौ प्रियते" व "रोगाः सर्वेऽपि मंदाग्नौ" हे मूलभूत तत्त्वच आयुर्वेदीय चिकित्सा शास्त्राचे पायाभूत आहे.

'प्राणवह स्रोतस व त्याचे मूलम्' हे महत्त्वाचे आहेच, परंतु कुठल्याही साध्या किंवा महारोगाला युद्धात जिंकू शकणार का नाही? हे त्या व्यक्तीच्या 'अग्नी' सामर्थ्यावरच सर्वथा अवलंबून असते. अग्नी उत्तम प्रज्वलित व ताकदवान - 'सम' स्थितीत असेल तर भूक-तहान योग्य असतात; निद्रा ही शांत व वेळेवर येणारी असते. बाहेरून हल्ला करणारे आजार परतवायचे तर व्याधीक्षमत्व असलेला शरीरस्थ धातुसमुच्चय हा जठराग्नी, धात्वाग्नी व पंचभौतिकाग्नि यांच्या कर्तृत्वाचाच भाग असतो. त्यामुळे त्यांना जपणे व 'आम' निर्मितीस रोखणे हे आरोग्यपूर्ण राहण्याचे, हा सर्वांना अपेक्षित असलेला सर्वोत्तम Immunity प्राप्त करण्याचा गूढमंत्र आयुर्वेदीय शास्त्रात अगोदरच वारंवार सांगितलेला आहे.

या करिता पचन सुरळित राहील याकडे पूर्ण लक्ष द्या. 'चिंता' अग्निसामर्थ्य दूषित करते त्यामुळे मन प्रसन्न ठेवणे क्रमप्राप्तच राहते. भूक लागल्यावर भूकेइतकेच द्रव-घन जेवण, योग्य पद्धतीने ताजे रुचकर व षड्रसात्मक चवीचे असे आवडीने ग्रहण करणे हा या अग्निदेवतेला खूप ठेवण्याचा राजमार्ग आहे. योग्य प्रमाणातील आहार, चिंतामुक्त विहार, नियमित व्यायाम व पूर्ण निद्रा याचबरोबर नित्य प्रार्थनेने मिळालेले प्रसन्न मनोबल - Positive Lifeline घडवण्यास नक्कीच मदत करते.

खरा प्राणसखा तोच 'पावक' आहे. त्याचे रक्षण केले तरच 'जीवन' आहे. श्री धन्वतरी कृपेने सर्वांना आरोग्यपूर्ण जीवन मिळो हीच प्रार्थना!

