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Rashtriya Shikshan Mandal's

AYURVIDYA

Magazine

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लठ्ठपणा – साथीचा बिमोड

डॉ. दि. प्र. पुराणिक

नुकताच म्हणजे दि. ४ मार्च २०२४ रोजी "**World Obesity Day**" अनेक देशात, अनेक शहरात संपन्न झाला. World Obesity Federation च्या मार्फत हा दिवस विविध आरोग्योपयोगी कार्यक्रम आयोजित करून संपन्न होतो. हा दिवस संपन्न अथवा पाळण्याचा प्रमुख उद्देश आहे, "To lead and drive global effects to reduce, prevent and treat obesity".

World Obesity Day च्या निमित्ताने जगविख्यात, मान्यता पावलेल्या ''लॅन्सेट'' ह्या शास्त्रीय नियतकालिकाने जो सर्वेक्षणात्मक अहवाल प्रसिद्ध केला आहे त्यानुसार जगातील लठ्ठ (obese) व्यक्तिंची संख्या एक अब्ज एवढी प्रचंड झाली आहे. ही संख्या खरोखरच धडकी भरविणारी आणि धास्ती निर्माण करणारी आहे. कारण अतिलठ्ठपणा हा एक प्रकारचा गंभीर आजार (Disease) आहे. आबाल–वृद्धांमध्ये ही विकृती आढळून येत आहे. जागतिक स्तरावर सुमारे १६ कोटी मुलांमध्ये व ८८ कोटी प्रौढांमध्ये अतिलठ्ठपणा (obesity) ही विकृती आढळून आली आहे. भारतात देखील लठ्ठ पुरुषांची संख्या २ कोटी ६० लाखापर्यंत गेली असून स्त्रियांमध्ये ह्याच्यापेक्षा दुप्पट म्हणजे चार कोटी चाळीस लाखापर्यंत पोहोचली आहे. भारतातील मुलांमध्ये ही लठ्ठपणाची विकृती वाढत असून त्यांची संख्या सव्वा कोटीपर्यंत वाढली आहे. ह्यामध्ये मुलांची संख्या अधिक आहे. कुपोषणामुळे देखील ही विकृती निर्माण होत असल्याने जगातील मागास देशातदेखील लठ्ठपणा मोठ्या प्रमाणात आढळून येत आहे.

जागतिक आरोग्य संघटनेने (World Health Organization) ह्या आजाराने पिडीत व्यक्तींच्या वाढत्या संख्येची गंभीर दखल घेतली आणि ''लठ्ठपणा (obesity) ही आरोग्याची गंभीर समस्या असून ती जागतिक साथ असल्याचे'' सन १९९७ मध्ये जाहीर केले आहे. ह्यावरुन ''लठ्ठपणा'' ह्या विकृतीचे गांभिर्य लक्षात यावे. अतिलठ्ठपणा ही काहीशी विचित्र प्रकारची विकृती असून त्यामुळे शारीरीक इतर आजारांचे तसेच आरोग्याशी संबंधित अन्य प्रश्नांचे गांभिर्य वाढते आणि धोका वाढतो. Obesity (अतिलठ्ठपणा) मुळे प्रामुख्याने हृद्रोगासारखे (Heart Disease and stroke) गंभीर आजार उद्भविण्याची शक्यता कैक पटीने वाढते. तसेच Type 2 Diabetes, Musculoskeletal Disorders (osteoarthritis), कर्करोग (cancer of endometrium, breast & colon) होण्याचा धोका असतो.

अतिस्थूल व्यक्तिला इतरही आरोग्य प्रश्नांना सामोरे जावे लागते. झोप न येणे, झोपेत अडथळा येणे (sleep apnoea), दिवसा उजेडी ग्लानि येणे, संधि व पृष्ठशूल, अतिघाम येणे, उष्णता असहय्यत्व, त्वचाविकार, अवाजवी थकवा (Fatigue), उदासिनता, श्वासावरोध अशी लक्षणे सदर व्यक्तिंमध्ये आढळून येतात.

लठ्ठपणाची चिकित्सा करतांना प्रथमतः लठ्ठपणा हा रोग होण्याची प्रमुख कारणे काय ह्याचा विचार करणे अगत्याचे ठरते. प्रमुख कारणांचा विचार करता खाण्याच्या सवयी व पदार्थ (Eating habits & food) ह्यांचा समावेश होतो. अतिप्रमाणात Fast and Junk Food सेवन, अतिमद्यपान, चरबीयुक्त व गोड पदार्थांचे सेवन, जरुरीपेक्षा अधिक अन्नाचे सेवन, ह्याचबरोबर व्यायाम व शारीरीक हालचाल न करणे, अतिनिद्रा, अनुवंशिकता, कांही विशेष अशी औषधे सेवन करणे, शारीरिक व मानसिक ताणतणाव, कुपोषण आदि कारणे लठ्ठपणा वाढविण्यास कारणीभूत ठरतात.

लठ्ठपणाची चिकित्सा करतांना ह्या विकृतीचे स्थूलमानाने चार प्रकार आहेत ते विचारात घेणे आवश्यक आहे.

1) Class 1 - overweight - BMI - 25 to 29.9 kg/m^2
2) obesity - BMI - 30 to 39. 9 kg/M^2
3) obesity BMI 40 kg/m^2.

लठ्ठपणाचे प्रमुख कारण अतिखाणे, चरबीयुक्त खाणे हे असल्याने १) खाद्यान्न हे लठ्ठपणा कमी करणारे असावेत – कमी चरबीयुक्त पदार्थ, कर्बोदके कमी असलेले पदार्थ, भरड धान्ये सेवन करणे. २) आरोग्यदायक जीवन प्रणाली – व्यायाम, खाद्यान्नावर नियंत्रण ठेवणे. ३) अर्वाचिन औषधे – 1) Orlistat (xerical, Alli), 2) Phentermine (Qsymia) 3) Nalfrexone - Bupropion 4) Liraglutide (saxenda), 5) Semaglutide (wegoxy). 4) Bariatric Surgery/Intragastric Baloon.

आयुर्वेदात देखील स्थौल्यचिकित्सा सविस्तर वर्णन केली आहे. तसेच अनेक कंपन्यांची औषधेही उपलब्ध आहेत. आयुर्वेद रसशाळेचे मेदोहरवटी (कुंभजतु) तर विख्यात आहे.

थोडक्यात, लठ्ठपणा (obesity) ही वेगाने वाढणारी विकृती असल्याने World Obesity Day ची वाट न पाहता "Obesity Epidemic" चे "Pandemic" मध्ये रुपांतर होण्यापूर्वीच ती आटोक्यात आणणे प्रत्येक वैद्यकीय व्यावसायिकाचे कर्तव्य आहे असे सूचवावेसे वाटते.

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

Comparative Clinical Assessment Of Efficacy Of Durva Malahara And Betadine Ointment In The Management Of Dushta Vrana

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Introduction - Dushta Vrana (chronic wounds), which are difficult to heal. Dushta is one in which there is localisation of Dosha i.e. Vata, Pitta and Kapha. Vrana, which had a bad smell has abnormal colour with discharge, pain and takes long period to heal.

Shalya Tantra brings out clearly that Vrana is most significant surgical entity whether it is, DUSHTA VRANA, SADYO VRANA and SHUDHA VRANA. In Sushrut Samhita Vrana is defined as -

वृणोति यस्मात् रुद्धेऽपि व्रणवस्तू न नश्यति।
आदेह धारणात्तस्माद् व्रण इत्युच्यते बुधैः।। (सु.सू २१/४०)

In spite of advance that has been made, the management of chronic wounds remains a challenge for the surgeon. Sushruta yuwas quite concious of the importance of wound management and has described Shashthi Upkrama for wound care and its management mentioned in sushrut chikitsa, each modality of it has its own prime importance. Application of tail, kalka etc. As one of the important karma practiced for shodhana and ropan karma of vrana which is of cost effective and easiest method. Here we get reference to use different types of tail, varti, kalka, ghrita which processed with different types of drugs to achieve more efficacies to heal the wound.

An infected wound (Dushta Vrana) is a localized defect or excavation of the skin or underlying soft tissue in which pathogenic organisms have invaded into viable tissue surrounding the wound. It is characterized by bad smell, abnormal color, profused discharge, severe pain and longer duration of healing In "Bhaishyajya Ratnavali" explanation about dushtavrana treatment.

दुर्वा स्वरससिद्धं वा तैल कम्पिल्लकेन च।
दार्वीत्वचश्च कल्केन प्रधानं व्रणरोपणम्।
येनैव विधिनां तैल घृतं तेनैव साधयेतः।। (भे. र. ४७/७९.८०)

Durvaswaras, Kampillak (kapila) Daruharidra, Tilataila - Yathavidhisidhha work as Vrana ropan.

शालः कषायो ग्राहयक्यसृग्दररूक्कफजिहिम्:।
कर्णरोगहरो रुक्षो विषहा व्रणशोधन: ।। (कै.नि.८०६)

Shal (rala) work as - vrana shodhana. Combination of Durva and shal (rala) work as Vrana shodhana and ropana.

Hence it was thought that Durva can be used for treatment of such wounds. Durva is known to produce the advantageous compound known for their healing effect. It is Madhur Kashaya in Rasa, Madhur in Vipaka and Sheet in Virya. Hence it can be used in the management of dusthavrana.

Its efficacy is weighed by Betadine (Povidone iodine). The most widely and routinely used external medication in vrana, and so it is included for comparative assessment.

Aim Of Study - To study the efficacy of Durva Malahara in the Management of Dushta Vrana

Objective Of Study -

Primary Objective - To analyse the effect of Durva Malahara in the Management of Dushta Vrana.

Secondary Objective - To compare the study of Durva Malahara and Betadine Ointment in the Management of Dushta Vrana.

HYPOTHESIS -

Hypothesis H_1- DURVA MALAHARA is effective than Betadine ointment in the Management of DushtaVrana.

Null Hypothesis H_0- DURVA MALAHARA is equally effective as betadine ointment in the

management of Dushta Vrana.

Alternative hypothesis - There is more difference in efficacy of Durva Malahara than Betadine ointment in the management of Dushta Vrana.

Previous Workdone - 1) Vd. Bhat Rajesh (BHU, 2000): Effect of Nimbadi Ghrita in Dusta Vrana.

2) Vd. A. Siddaiah (RGUHS, 2001) Effect of Doorvadi Ghrita on Madhumehaja Vrana.

3) Vd. S Vijaykumar (RGUHS, 2002): Management of DustaVrana.

Ayurvedic Review Of Wound - Vrana is an important chapter in shalyatantra. Sushrut acharya explained 60 upkrama (management) of vrana where Charakacharya explained 36 upkrama (management) of vrana.

Etymology-

The word 'Vrana' is derived from the root — Vriya having the meaning of — to recover, which is further suffxed by — ach in the sense of bhava. The — Ch sound is joined and the form remains — Vran + a, in the sense of — Gatra Vichuranane.

(ShabdakalpadrumaSu.Chi. 1/6)

Nirukti Of Vrana -

व्रण गात्रविचूर्नने, व्रणयतीति व्रणः। (सु.चि. १/६)

Vrana Gatravichurnane means tearing or splitting of body tissue.

Vranayititi Vrana means discolouration of that part due to Vrana. Discolouration after healing of wound at the site of Vrana remains for whole life. Vrana is derived from Sanskrit verb root — Vru - vrunoti meaning — to cover, to envelope or to protect.

Drug Review -

1) DURVA - Durva (Cynodon dactylon Linn.), Latin name : Cynodon = cynokyno = dog, dactylon = fingered, Kula: Yavakula,Gana: Prajasthapan and Varnya (C.)

2) TILA- Latin Name- Sesamum indicum Linn., Kingdom Plantae, Family-Pedaliaceae (Tila Kula)

3) SHAL- Latin name: Shorea robusta Gaerth. Shorea = name in honour of Sir Shore, robusta = strong (Latin Robustus (Robur= strength) Kula: Shalkula. Family - Dipterocarpeae

Drug Review Of Comparative Drug-

Betadine Ointment (povidone -Iodine)-

Betadine is Iodine complex with Povidone (polyvinyl-pyrrolidone). The Compound is soluble in water, forming a golden brown solution. Like iodine, the solution of iodine complex is Bactericidal, Fungicidal, Virucidal and Trichomonacidal. However unlike solutions of iodine it is non staining to natural fibrics. The antiseptic action of Povidone Iodine is due to the available iodine present in the complex.

Materials And Methodology - Tilataila was purchased from a reputed Ayurved Aushadhalaya then Fresh Durva are collected. Standardization of raw material was done in a certified Research Laboratory as per A.P.I Guidelines.

Method Of Preparation Of Drug -

Durvamalahara as below - First Durva sidhhataila is prepared by tailakalpana as per reference of Sharangdhar Samhita-

कल्कातर्गुणीकृत्य घृतम् वा तैलमेव वा ।

चतुर्गुणे द्रवे साध्यं तस्य मात्रा पलोन्मिता (शा. सं. ९/१)

Preparation Of Durva Malahara - First Durvasidhhataila was prepared by using standard ayurvedic method of Snehapak Kalpana as described in Sharangdhar Samhita.

Durva is converted into paste by rubbing it with in little quantity of water. As per-

द्रवमार्द्र शिलापिष्टं शुष्कं वा सजल भवेत्।। शा. सं. म ९/२

In this procedure this Dravyas are mixed with Sneha means Taila and boiled with water that means Kwatha in appropriate quantity. Thus active principle of Dravyas reflects in Taila, which is used for Preparation also show its own properties.

Durva sidhha taila was prepared as per the method mentioned in Sharangdhara Samhita-

कल्कात चतुर्गुणी कृत्य स्नेहम् घृतम् वा तैलम् एवं वा ।

द्रवे चतुर्गुण साध्यं तस्य मात्रा पलोन्मिता।।(शा.सं. मध्यखण्ड ९/१)

Thus medicated Durva sidhha taila was prepared by mixing one part of Kalka, four parts of taila and sixteen parts of Dravadravya So all contents were mixed together to form

kalka and this kalka, taila and water were taken in 1:4:16 constitution. Durva Sidhha taila was prepared.

Kalka dravya: Sneha: Dravadravya = 1:4:16

1) The fine paste of the drug and the liquid were mixed together and Taila is then added.

2) Boiled on mild fire and stirred well continuously so that the paste was not allowed to adhere to Vessel walls.

3) When all the liquid contents have evaporated, the moisture content in the fine paste of the drug was also begain to evaporate. At this stage it has stirred more often and carefully to ensure that the fine paste of the drug does not stick to the bottom of the vessel.

4) The fine paste ass taken out with the help of ladle and tested from time to time to know the condition and stage of the pakam.

5) When the varti dipped in oil when put in fire burns without any crackling noise indicates the optimal stage for use.

There are many tests explained in Sharangadhar Samhita to check purity and authenticity of Taila Siddhi in- (Sha. Sam. Ma. 9/13)

Agni pariksha, Phenapariksha, Gandha, Varna, Ras Utpatti, Varti Pariksha done.

Durva Malahara Prepared As Per The Method Mentioned in (रसतन्त्रसार व सिद्धप्रयोग संग्रह प्रथम पृ.सं. ८६१)[64] (Rala Malahara)

Drugs required:

Durva siddha taila - 16 parts,Sarjarasa (Rala)-4 parts

1) Durva siddha taila was heated in a lohapatra when phena was produced in Durva siddha taila, then lohapatra was taken out from fire.

2) Fine powder of sarjarasa (rala) were added little by little and mixed well, when all the drugs are get mixed properly in Durva siddha taila then this taila was filtered into another vessel with the help of cloth.

3) When contents becomes cold little water was added and contents were rubbed with hands, while doing so water was frequently changed.

4) 15 to 20 times water was changed and rubbed with hands for many times.

5) Mixture of taila and rala etc. Durva malaharakalpana was produced.

Method of Administration-

1) Route of Administration - Topical / Local Application

2) Dose As per wound size (1cm – 6cm)

3) Time of administration – once in a day

4) Duration – 15 days (follow up day 1st, 3rd, 5th, 7th, 10th, 15th)

Selection Criteria -

All the patients of dushta Vrana (wound) attending O.P.D. and I.P.D. were selected irrespective of sex, religion, education, economical status, occupation.

Durva Malahara

Inclusion Criteria - Patients having dushta Vrana (infected Wound), bruises, incised wounds, Lacerated, postoperative infected wounds over both limbs, having well controlled diabetes, having dimension from 1 cm to 6 cm, written consent was selected.

Exclusion Criteria - Patients with known history of : Osteomyelitis, Venous, Tubercular, Ischemic, Tropical, Neurogenic, malignant ulcers, Ulcers with gangrenous changes, Patient is suffering from HIV, HBsAg Possitive, Wound size more than 6 cm, Uncontrolled Diabetic wound.

Withdrawal Of Subjects -

1) Occurrence of any serious adverse effect during trial.

2) Patients willing to discontinue the treatment during trial.

3) Patients absent for follow-ups.

Investigations if necessary -

1) Haemogram 2) BSL (R), BSL (F and PP) 3) Elisa for HIV, HbsAg 4) X-ray of affected part if necessary.

Clinical Study- Randomized controlled clinical trial done on 70 patients.

Patient fulfilling the inclusion criteria selected for treatment in random fashion (lottery method).

The study completed in two groups, Group-A - 35 patients and Group-B -35 patients.
Total 70 patients were examined.

Sampling Technique : Patients coming to OPD and IPD of shalyadept. Grouped into Group-A and Group- B with 35 Patients in each Group randomly selected by lottery method.

Grouping Of Patients-

Group-A (Trial group)-

35 patients of trial group received Durva Malahara application.
Route of Administration: Topical / Local
Duration: 15 days
Dose: The dose of Durva Malahara was taken as per wound size and as required
Bandage: Applied
Follow up: Day -1st, 3rd, 5th, 7th, 10th,15th

Group-B (Controlled group)

Other 35 patients received Betadine ointment (Povidone-Iodine) application.
Route of Administration: Topical / Local
Duration: 15 days Dose: The dose of Betadine ointment was taken as per Wound size and as required. Bandage: Applied
Follow up: Day -1st, 3rd, 5th, 7th, 10th,15th

Standard operating Procedure of Dressing-

Selection of patient- by Lottery Method.
Preparation of patient- explain the procedure to gain co operation, Take written consent, Check patients comfort, Give analgesic if needed.

Procedure : The wound was imspected. A gauze swab was used after dipped in distilled water or normal saline solution to clean around the wound to remove blood, slough, etc. Wash wound with distilled water or normal saline solution-Apply Durva Malahara or Betadine ointment on wound-Keep gauze over the wound which covered it properly-Appled Sticking over the dressing-Follow up for dressing on Day 3rd, Day 5th, Day 7th, Day 10th and Day 15th was done.

Criteria Of Assessment

Criteria of assessment was according to the symptoms as described in Samhita as -

1)VEDANA (PAIN)	
(Visual analog scale)	
No pain	0
Not hampering activities	1-3/+
Hampering activities but can be tolerated	4-6/++
Not tolerated	7-10+++
2)PARIMAN (Size)	
Healed	0
1/4th of the previous area and depth of the wound	+
½ of previous area and depth of the wound.	++
> ½ of previous area of depth of the wound.	+++
3) SRAVA	
No discharge	0
If Vrana wets 1 guaze pad of 2x2 cm	+
Vrana Wets 2 guaze pads of 2x2cm	++
Moore than 2 gauze pads	+++
4) DAHA	
Nil	0
Daha felt at the time of movement	+
Persistant daha	++
Parsistant daha felt affect daily routine	+++
5) VRANA	
Twaksamvarna	0
Kapotvarna	+
Raktavarna	++
6) SPARSHASAHATVA	
No tenderness	0
Subjective experience of tenderness	+
Wincing of face on pressure	++
Withdrawal of affect part on pressure	+++
7) DURATION OF HEALING	
Healed within 0-5 days	0
Healed within 5-10 days	+
Healed within 10-15 days	++
Not Healed within 15 days	+++

कपोतवर्णप्रतिमा यस्यान्तः क्लेदवर्जीताः ।
स्थिर श्विपिटीका वन्तो रोहतीति तमादिशेत् ।। सु.सू. २३/१९)
रुढवर्त्मानमग्रंथिमशून्मरुजं वृणम्।
त्वकसवर्ण समतलं सम्यग्रूढं विनिर्दिशेत्।। (सु.सू. २३/२०)

Assessment was totally based on clinical observation and patient's narration.

All the patients were called for regular follow up and progress were studied according to signs and symptoms.

Subjective Criteria -

The subjective gradation of symptoms was done as follows and intensity of each symptom calculated.

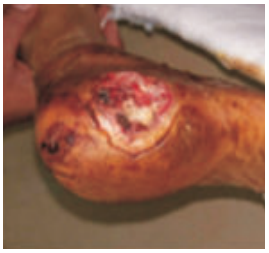
The Signs and Symptoms were assessed by Adopting Suitable Scoring Method the Details are as Follows -

Assessment Of Effect Of Therapy-

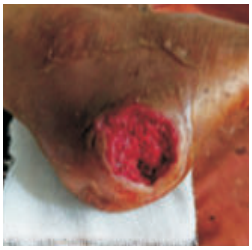
Assessment	Gradation
Cured	3+ to 0 , 2+ to 0 , 1+ to 0
Improved	3+ to1+ ,2+ to 1+
Relived	3+ to 2+
Not cure	No change in gradation or increasing score.

Upashaya	Grade	Percentage Relief
Cured	3+to 0, 2+to 0, 1+to 0 i.e. from initial Gradation to 0.	76% to 100% relief
Improved	3+to 1+	51% to 75% relief
Relived	3+to 2+,2+to 1+	26% to 50% relief
Not cure	No change in Gradation	0 to 25% relief

Wound Photographs before and after Treatment of Durva Malahara-



Before Treatment



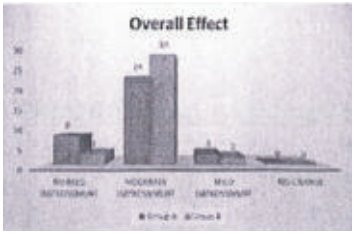
After Treatment

Observations And Results -

Total 35-35 patient were selected as random sampaling in both groups. The sample was assessed and associated and proportion of therapy and ailment with respect to age, sex, religion, education, marital status, diet, prakruti, occupation were assessed and represented in tabular and graphical form.

Overall Effect

Overall Effect	Group A		Group B	
	N	%	N	%
Marked Improvement	8	22.86%	3	8.57%
Moderate Improvement	24	68.57%	30	85.71%
Mild Improvement	3	8.57%	2	5.71%
No Change	0	0.00%	0	0.00%
TOTAL	35	100.00%	35	100.00%



In Over all study that effect of Group A showed Marked Improvement is 22.86%, Moderate Improvement is 68.57% and Mild Improvement is 8.57% in the management of dushtavrana.

Where in Group B Marked Improvement is 8.57%, Moderate Improvement is 85.71 % and Mild Improvement is 5.71% in the

management of dushtavrana.

Result -

Discussion On Effect Of Therapy –

Overall Effect	Group A		Group B	
	N	%	N	%
Marked Improvement	8	22.86%	3	8.57%
Moderate Improvement	24	68.57%	30	85.71%
Mild Improvement	3	8.57%	2	5.71%
No Change	0	0.00%	0	0.00%
TOTAL	35	100.00%	35	100.00%

In Over all study that effect of Group A showed Marked Improvement is 22.86%, Moderate Improvement is 68.57% and Mild Improvement is 8.57% in the management of dushtavrana.

Where in Group B Marked Improvement is 8.57%, Moderate Improvement is 85.71 % and Mild Improvement is 5.71% in the management of dushtavrana.

Discussion and Conclusion -

From entire research study has been conclude that-

1) Application of Durva Malahara and Betadine ointment in the management of Dusthavrana showed significantly equal and good results.

2) Durva Malahara has shown its properties of vranashodhaka and Vranaropaka as good as Betadine ointment.

3) It is found that Action of Durva Malahara seen more effective in various parameters like Daha, Varna and srava as compared to Betadine ointment.

4) Whereas Betadine ointment showed it was more effectiveness in parameters like sparshasahtva, parimana and vedna than DurvaMalahara.

5) In short we can conclude that Durva Malahara - local application found to be good in the management of wounds due to its effectiveness and low cost.

6) According to statistical analysis we can conclude that Durva Malahara and betadine ointment both had shown equal and good effect in the management of dushtavrana.

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अभिनंदन!

डॉ. मनोहर डोळे ह्यांना पद्मश्री.

नारायणगाव, जि. पुणे येथील मोहन ठुसे–नेत्रालय या संस्थेचे जनक मा. डॉ. मनोहर डोळे ह्यांना दि. २३ एप्रिल २०२४ रोजी मा. राष्ट्रपती श्रीमती द्रौपदी मुर्मु ह्यांचे हस्ते पद्मश्री किताबाने सन्मानित करण्यात आले.

डॉ. डोळे हे टिळक आयुर्वेद महाविद्यालयाचे माजी विद्यार्थी असून त्यांना २०१८ साली राष्ट्रीय शिक्षण मंडळाच्या वतीने **जीवन गौरव पुरस्कार** देवून गौरविण्यात आले होते.

राष्ट्रीय शिक्षण मंडळ व आयुर्विद्या मासिक समितीतर्फे डॉ. डोळे ह्यांचे हार्दिक अभिनंदन व शुभेच्छा!

Establishing Co-relation Between Vrukka And Medovaha Srotas

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Introduction - As per modern science, kidney is considered as one of the vital organs of human body. Although, basti marma is mentioned as pranayatana[1] and sadyah pranahar marma[2], there is no such evidence that vrukka are considered as important as basti in Ayurvedic texts. Even if according to modern science, urinary system is composed of kidneys, ureters and urinary bladder; according to Ayurvedic texts, vrukka are sroto moolasthana of medovaha srotas[3,4]and not of mutravaha srotas. Hence, it is crucial to state the significance of vrukka and their function according to Ayurved. Also, there is a lack of interpretation of different references from various Ayurvedic texts as the information is scattered all over texts. Such references should be compiled and interpreted.

Objective - To explore the causes of relationship between vrukka and medadhatu by compiling and interpreting various textual references.

Materials and methods - For this conceptual study, detailed literary study was performed. The contents and references related to vrukka were analysed from Samhitas and interpretation was stated.

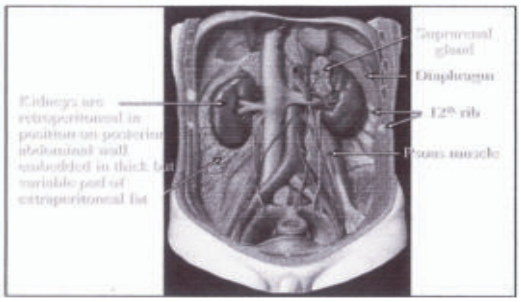
Review of literature - Nirukti- वृक् आदाने। वाचस्पत्यम् This is how the word vrukka has derived.

Utpatti of vrukka- Sushrutacharya has stated that vrukka are formed by prasadbhagas of 'raktadhatu' and 'medadhatu'[6].Prasadbhag is the saarbhag of respective dhatu. During avayava Utpatti, these prasadbhootabhagas combine and corresponding avayava are formed according to mahabhootasanghatan of those dhatu prasadabhagas. Sharangdhara has stated the same[7].

Sankhya- References in Sushrutsamhita, Charakasamhita, Ashtanghridaya, Ashtang sangraha and Sharangdhara Samhita show that whereever the mention of vrukka is there it is in dweevachanaas वृक्कौ. Hence vrukka can be enumerated as 'two'

Vrukka general information - The information about vrukka avayava is scattered all over the texts. Dalhanacharya has mentioned vrukka as kukshigolaka[8]. Charakacharya has included vrukka in koshthanga[9]. Vrukka are moola sthana of medovaha srotas[3,4].

Medovaha srotas - Medovaha srotas is the site where meda dhatu parinaman takes place. According to Sushrutacharya, medovaha srotas moolasthanas are kati and vrukka. These are the prime sites where medadhatu vruddhi, kshaya and dushti lakshanas can be seen.



Kidneys embedded in pad of fat

Discussion - The word 'vrukka' is derived from वृक् dhatu, वृक् आदाने। Adaan means to bring towards. So, vrukka literally means the place where dhatu or bhavapadartha are brought. Vrukka are said to be moolasthana of medovaha srotas. Utpatti of vrukka takes place by prasadbhagas of raktadhatu and medadhatu[6,7].

स्रोतांसि खलु परिणाम आपद्यमानानम् धातूनाम् अभिवाहिनि भवन्ति अयन अर्थेन। १० च वि ५/३

So, when parinam apadyaman medodhatu is brought towards vrukka it is the site where parinaman of medodhatu takes place. As the end product of dhatuparinaman, prasadbhag and malabhag are formed.

Malabhag is excreted. Sweda is mala of medodhatu.

मलः स्वेदस्तु मेदसः। ११ च चि १५/१८

Chakrapani has rightly stated that,

मलः स्वेदस्तु इति स्वेदो यदि अपि उदकविशेष एव उक्तः तथा अपि तस्य मेदो मलस्त्वेन उत्पत्तिः।१२ च चि १५/१८ चक्रपाणि टीका

So, it clearly indicates that उदकविशेष from asthayi medodhatu is transformed into sweda. But as medodhatu is composed of pruthvi and aapa mahabhoota, agni which is responsible for dhatuparinaman, that is medadhatvagni also, gives visrata i.e. gandhavishesha of pruthvimahabhoota, to sweda. This proves how excessive salts which have parthivata are thrown out of body via sweda. The other function which Sharangadhara has stated that vrukka perform the function of providing poshana to jatharastha meda[7]. In this way the functionality of vrukka as medovaha srotas can be explained.

Conclusion -

Even according to modern science, kidneys are embedded in pad of fat. It is structurally important since pad of fat surrounding kidneys help them in being protected and in maintaining their function of filteration by keeping optimum pressure on them. To conclude medodhatu parinaman takes place at vrukka as Acharyas have stated them as medovaha srotas moolasthana. Hence the relationship established in between meda and vrukka by Acharyas can be explained, in this manner. According to Ayurvedic texts, vrukka play the important role of providing site to medodhatu for parinaman.

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श्रद्धांजली!

डॉ. पांडुरंग हरी कुलकर्णी ह्यांचे दु:खद निधन

राष्ट्रीय शिक्षण मंडळाचे माजी अध्यक्ष डॉ. पांडुरंग हरी कुलकर्णी ह्यांचे दि. २८ एप्रिल २०२४ रोजी दु:खद निधन झाले.

राष्ट्रीय शिक्षण मंडळ व सर्व घटक संस्थांच्या वतीने डॉ. पांडुरंग हरी कुलकर्णी ह्यांना सश्रद्ध श्रद्धांजली!

Synergistic Effects On Immunomodulation In Systemic Lupus Erythematosus (SLE): Integrating Ayurvedic And Conventional Treatments - A Review

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Introduction - Systemic Lupus Erythematosus (SLE) presents a complex autoimmune landscape characterized by dysregulated immune responses, where the immune system attacks healthy tissues. Subsequent disease activity and tissue damage is mediated by autoantibodies, immune complexes and complement activation with numerous cytokine and interferon pathways implicated, leading to chronic inflammation and potential multi-organ involvement. The management of SLE encompasses a multifaceted approach aimed at controlling symptoms, preventing flares and minimizing organ damage. Immunomodulation therapy aims to regulate or modify the immune response. Common treatments include corticosteroids, immuno suppressive drugs like azathioprine or mycophenolate mofetil, and biologics such as belimumab. The therapies help manage symptoms and reduce the immune system's activity to prevent damage to organs. However, treatment plans may vary based on the severity of SLE and individual patient responses. Regular monitoring and collaboration with healthcare professionals are crucial for effective management.

Immunomodulating therapies that are not immunosuppressive, are a more attractive therapeutic option, offering the opportunity to modify the aberrant immune responses in SLE and thus prevent inflammation and subsequent damage without the risks of infection and malignancy. This review outlines the immunologic actions of these drugs by identifying the potential synergies between Ayurvedic and conventional treatments, assessing whether their combination enhances therapeutic outcomes beyond individual modalities.

Aim - To study the concept of Synergistic Effects on Immunomodulation in Systemic Lupus Erythematosus (SLE) by integrating Ayurvedic and conventional therapies.

Objectives -

1) Association between Systemic Lupus Erythematosus (SLE) and the etiology of Ayurvedic disease i.e Vatarakta.

2) To study the immunomodulatory drugs mentioned in modern and ayurvedic sciences w.r.t SLE.

Materials and Methods - The Bruhattrayi and Laghuttrayi, modern medical textbooks, journals and online databases like PubMed. Dhara, Google Scholar etc were reviewed for this purpose.

Discussion - Understanding Systemic lupus erythematosus in Ayurveda : Systemic lupus Erythematosus (SLE) is a systemic autoimmune disease in which organs and cells undergo damage mediated by tissue - binding autoantibodies and immune complexes. 90% of patients are women of child bearing age with a female to male ratio of 9:1. The condition has several phenotypes, with varying clinical presentations from mild mucocutaneous manifestations to multi organ and severe central nervous system involvement. SLE is a prototype example of type III hypersensitivity disease. Circulating

antibodies to anti- nuclear antibodies which are directed against a variety of nuclear constituents (such as nucleosomes, DNA, Sm, U1RNP etc.) get deposited at various sites giving rise to malar rash, Photosensitivity, arthritis, glomerulonephritis, serositis and central nervous system involvement in SLE. The main causative factors which can results into autoimmunity they are - genetic susceptibility, environment factors, sex and abnormal immune response due to infection. SLE can be considered under the purview of Vatarakta because of its similarity of symptoms with Raktadhika Vatarakta. And can be understood under the banner of Uttana and Gamhira Vatarakta.

In Uttana Vatarakta, mainly Twak and Mamsa will be affected which can be presented with symptoms of Kandu, Daha, Ruk, Toda, Spurana, Tamra Vivarnata due to vitiated Rakta at the level of Twak and Mamsa which leads to Shotha (inflammation). In Gambheera Vatarakta, Asthi, Sandhi and Majja will be affected which presents with symptoms of Sandhi Shoola, Sandhi Shotha and Tamra Vivarnata at the affected joints and later it leads to Vakrata of Sandhi. This can be understood as arthritis which is a common symptom seen in 90% of patients later it may present with deformity of the joints as a result of tendon damage.

Acharya Sushruta has explained that just like Kushta, Vatarakta initially affects the Twak, Mamsa and later it affects the Gambhira Dhatu. SLE is a condition where it affects all the system of the body. Hence, it is categorized under multi system autoimmune disease. In case of mild condition, it is only restricted to Skin and in severe cases the inflammation takes place in different systems like joints, kidney, Cardiovascular, lungs, neurological, Gastrointestinal systems. So, it can be staged into Uttana and Gambhira Vatarakta because of its multisystem involvement.

Chikitsa - Vatarakta being a systemic disease, the management is aimed at controlling vata, pitta while normalizing the Raktadushti. Generalized treatment guidelines include Basti, Raktamokshan, Alepana, Upanaha, Snehapana etc. as these practices help to break the obstruction and expulsion of vitiated doshas.

However, despite undergoing these particular treatments, the illness occasionally re-emerges, creating challenges in the daily lives of patients. This is where the significance of preventive therapy becomes evident. Rasayana drugs, as elucidated in Ayurvedic texts, play a crucial role in addressing these challenging situations by either minimizing inflammation or at least diminishing the severity of these flare-ups. This study explores the synergistic effects of integrating Ayurvedic immunomodulatory strategies with conventional treatments to achieve a more balanced and targeted approach to immune system regulation in SLE patients, by involving a comprehensive assessment of immuno-modulatory outcomes, comparing the effects of Ayurvedic interventions with conventional immunosuppressive medications.

Rasayana tantra is one of the 8 clinical specialties of Ayurveda. It can be a drug, diet or even a lifestyle and conduct i.e Achar, which can be helpful in strengthening Oja and Bala i.e vitality and biostrength with natural resistance against aging and disease. If Rasayana is adopted after samshodhana chikitsa produces healthier dhatus in the presence of Agni and thus improves the Vyadhikshamatva of an individual. Some of the Rasayans which have been subjected to scientific studies and found to possess immunomodulatory effect.

Single Drugs and their action:

- **Aswagandha** (Withania somnifera) - anticomplementary, anti-inflammatory, antioxidant

• **Shilajatu** (Asphaltum punjabianum) - anticomplementary, helps in complications like SLE nephritis

• **Amalaki** (Emblica officinalis) – anti complementary, immunostimulant, cytoprotective.

• **Tulasi** (Ocimun sanctum) -anti complementary, hepato-neuro-cardio protective, anti-allergic.

• **Guduchi** (Tinospora cordifolia) – anticomplementary, antidiabetic, anti-inflammatory and hepatoprotective activities.

• **Pippali** (Piper longum) -anticomplementary, antioxidant, free radical scavenging activity.

• **Punarnava** (Boerhavia diffusa) – nerve rejuvenator, excellent diuretic so helps in complications like SLE nephritis

• Yashtimadhu (Glycyrrhiza glabra) – immune-stimulative, antiallergic, anti-inflammatory and antioxidant activity

Ayurvedic Formulations and their action:

• Chyavanprash Avaleha - Potenciates both the cellular and humoral components of immunity.

• Amalaki Rasayana - helps to increase in immunoglobulin levels.

• Vardhaman Pippali Rasayana - antioxidant, free radical scavenging activity.

Immunomodulation as per modern science :

Current treatment strategies rely heavily on corticosteroids, which are in turn responsible for a significant burden of morbidity and immunosuppressives which are limited by suboptimal efficacy, increased infections and malignancies. There are significant deficiencies in the immunosuppressive therapies, making immunomodulatory therapies crucial, offering the opportunity to prevent disease flare and the subsequent accrual of damage. Currently available immunomodulators include prasterone (synthetic dehydroeipandrosterone), vitamin D, hydroxychloroquine and belimumab. These therapies, acting via numerous cellular and cytokine pathways, have been shown to modify the aberrant immune responses associated with SLE without overt immunosuppression.

Table no.1 Immunomodulatory drugs and their mode of action 6

Drug	Mode Of Action
Vitamin D	Can be used as supplementation, helps in reducing proteinuria, suppress immune response, has a good impact on cardiovascular outcomes.
Belimumab	Partial depletion of B-cells leading to reduced levels of antibodies.
Hydro-xychloroquine	Reduces flares, helps in treating cutaneous disease and inflammatory arthralgia, reduces thrombosis, better glycemic control and BP.
Dehydroepi-androsterone	Bone protective properties, anti-inflammatory.

The corticosteroids employed in treating systemic lupus erythematosus (SLE) exhibit predominantly immunosuppressive effects, resulting in side effects. Therefore, it is advisable to consider immunomodulatory drugs that pose fewer or no adverse effects. These medications not only assist in minimizing the occurrence of repeated flares but also contribute to addressing complications.

The study aimed to contribute valuable insights into the feasibility, effectiveness, and patient-centered outcomes of combining Ayurvedic and conventional treatments for immune system regulation in SLE.

Conclusion - This research signifies a step towards a more holistic and personalized approach to SLE management, embracing the potential synergies between traditional Ayurvedic wisdom and modern medical

interventions for the benefit of individuals living with this challenging autoimmune condition. Study explores how the integration of Ayurvedic immunomodulatory strategies complements conventional immunosuppressive treatments, aiming for a more balanced and targeted approach to immune system regulation.

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A Literature Study On "Rakta Dhatu" W.S.R. To "Raktavaha Srotas"

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Introduction - Sharir (human body) is the substratum of chetana (soul) and is emerged from the inseparable concomitance of panchmahabhuta vikara. It is the combination of three fundamental elements called Dosha, Dhatu and Mala.

Each element has its own characteristics. The entity that sustains, grows and nourishes the body is called as Dhatu. They are seven in number. Dhatu play important functions of Dharana and Poshana of sharir . Each dhatu plays specific function in our body and sustains our body as 'rakta' plays 'Jeevan' karma.

'Srotas' is unique concept in Ayurved. Everybody entity in living body is generated in 'Srotas' and nowhere else. Human Body is composed of numerous Srotas like Pranavaha Srotas, Raktavaha Srotas etc., which play important role in maintenance of the equilibrium of the body elements. Raktavaha Srotas is one of the most important systems regulating many of the vital activities of the body. As the Srotas is named according to the substance or the element they carry; the Raktavaha Srotas carry 'Rakta with Prana' in them.

Chief functions of Rakta dhatu is to keep individual alive. It is one of the dash pranayatan which circulates prana. So this study on 'Rakta' dhatu w.s.r. to 'Raktavaha Srotas' is designed.

Aim - To study of 'Rakta' dhatu w.s.r. to 'Raktavaha Srotas' from Literature.

Objective - 1) To review 'Rakta' dhatu in different Ayurvedic Compendia.

2) To review 'Raktavaha Srotas'in detail from different Ayurvedic Compendia
3) To study 'Rakta' dhatu w.s.r. to 'Raktavaha Srotas' in detail.

Type Of Study - Literature study

Materials And Method -

Materials - 1) To fulfil the motto of the conceptual study, materials have been collected from the Samhita's and all the available commentaries and other text of Ayurveda.
2) Various journals, research papers, articles and text books have been considered to collect the literary materials.
3) Subject related information available on internet has been utilized.

Method - All the compiled literary materials are critically analyzed and discussed in the light of aims and objectives of present study.

Literary Review -

धृ–धारयति। धारयति शरीरसंवर्धकान् इति धातुः।
रसादयस्तु शरीरधारकतया धात्वन्तरपोषकतया च धातुशब्देनोच्यन्ते...। च.चि. १५/१७ चक्रपाणी
दधाति धत्ते वा शरीर मन प्राणान इति धातुः।
रसासृकमांसमेदोअस्थिमज्जशुक्राणि धातवः। सप्त दूष्या...।। अ.ह.सू. १/१३

Dhatu is the entity which is responsible for Dharana and Poshana of Sharir. Dhatu are Functional apparatus of 'Dosha'. They are principally meant for 'durability' of living body. Seven dhatus are mentioned in brihattrayi as dushya. (Vitiated by doshavata, pitta, kapha). Aadyadhatu Rasa and rakta are in liquid form, whereas remaining five are semi liquid and solid form.

A) Rakta Dhatu -

निरुक्ति–रज् रंजने, तेन रंजनः रागवर्णयुक्तः रागकृत् च धातु रक्तम् इत्यर्थि भवतः।। सु.सू. १४/४

Nirukti - Root (raja ranjane) means to stain. Since this dhatu is red colored it is called Rakta. If white cloth is stained with this rakta (raktensanyutamshuklvastram), it becomes red colored. Word ragkrut indicates this.

व्याख्या – रञ्जितास्तेजसा त्वापः शरीरस्थेन देहिनाम् ।
अव्यापन्नाः प्रसन्नेन रक्तमित्यभिधीयते ।। सु. सू. १४/५

Rasa Dhatu is fluid called Rasa, when gets installed in liver and spleen; becomes red. In living body, Teja brings this red color to fluid and when produced in healthy fashion and in physiological quantity, it is fresh and is called 'Rakta'.

Synonyms - It always spell out the functions or physical properties of item.

पर्याय नामानि–रूधिरम्, असृक्, शोणितम्, अस्रम्, क्षतजम्, लोहितम्।

Synonyms of Rakta are Rudhir, Asruk, Shonitam, Astram, Kshatajam, and Lohitam.

Out of which lohitam and shonitam are indicating color like properties, whereas kshatajam indicates going outside the body or bleeding property.

Utpatti and Poshan of Raktadhatu -

Dhatu Take origin in intra-uterine life and after birth nourished by 'Sara portion of food'. Saptadhatu get nourished from Aahar rasa, which is formed by four types of food materials which have shadrasa or is of Dvividh veerya or ashtavidha veerya and of a variety of other functional qualities / properties. After proper digestion it becomes the extremely subtle luster quintessence material. This is said to be Aahar Rasa. From this Rakta dhatu get nourished in Raktavaha srotas by the action of Rakta Dhatwagni.

तेजो रसानां सर्वेषां मनुजानां यदुच्यते।
पित्तोष्मणः स रागेण रसो रक्तत्वमृच्छति।। च.चि. १५/२८
तत्र रसः स्वाग्निपच्यमानो रक्ततां याति, रक्तं मांसतामित्यादि पूर्वपूर्वधातुपरिणामादुत्तरोत्तरधातूत्पादः ;–च.चि. १५/२१ चक्रपाणी
धातवो हि धात्वाहाराः प्रकृतिमनुवर्तन्ते।। ३...
पुष्यन्ति त्वाहाररसाद्रसरुधिरमांसमेदोस्थिमज्जशुक्रौजांसि...। च.सू. २८/४
यथास्वेनोष्मणा पाकं शारीरा यान्ति धातवः।
स्रोतसा च यथास्वेन धातुः पुष्यति धातुतः।। च. चि. ८/३९–४०

From above references it is clear, Rasa Dhatu is Fluid, when gets installed in liver and spleen; becomes red. In living body, Teja brings this red color to fluid and when produced in healthy fashion and in physiological quantity, it is fresh and is called 'Rakta'.

तत्रोत्पन्नो रसो रक्तमेकेनाहोरात्रेण याति,...। च.चि. १५ चक्रपाणी

The time (Dhatuposhankala) required for it is minimum 2 days to form rakta from aahar. According to Sushrut it takes 5days (3015 Kala for each dhatu) for nourishment.

Trividha Parinaman -

रसादीनां मलस्थूलाणुभागविशेषेण त्रिविधः परिणामो भवति; तद्यथा–अन्नात् पच्यमानाद्विण्मूत्रं मलः, सारो रसः; रसादग्निपक्वान्मलः कफः, स्थूलो भागो रसः, अणुभागो रक्तं; रक्तादग्निपक्वान्मलः पित्तं, स्थूलभागः शोणितम्, अणुभागस्तु मांसमिति;...।

Dalhana states three-way- nourishment of every dhatu. Digestion of nutrient fluid results in three portions. First portion is called 'Sthula', second portion is called 'Mala' and third portion is called 'Anu'.

Hence after digestion of food, generation of 'mala' portion is in form of feces and urine. Generation of 'Sthula' portion is in form of Aahar Rasa. After digestion of Rasa, generation of 'mala' portion is in form of Kapha. Generation of 'Sthula' portion is in form of Rasa. Generation of 'Anu' portion is in form of 'Rakta'.

After digestion of Rakta, generation of 'mala' portion is in form of Pitta. Generation of 'Sthula' portion is in form of Rakta and it also nourishes Upadhatu. Upadhatu of Rakta dhatu are Sira and Kandara. Sira consider here to supply the Rakta dhatu all tissues of body. Generation of 'Anu' portion is in form of Mansa.

Ranjaka pittena Rasaranjakatvam: -

स खल्वाप्यो रसो यकृत्प्लीहानौ प्राप्य रागमुपैति।। सु.सू. १४/४

रसः सप्ताहादर्वाक परिवर्तमानः

श्वेतकपोतहरितहारिद्रपद्मकिंशुकालक्तकरप्रख्यश्चायं यथाक्रमं दिवसपरिवर्ताद्वर्णपरिवर्तमापद्यमानः

पित्तोष्मोपरागाच्छोणित्वमापद्यते। सु.सू. १४ शिवदास टीका

रागपक्त्योजस्तेजोमेधोष्मकृत् पित्तं पञ्चधा

प्रविभक्तमग्निकर्मणाऽनुग्रहं करोति;।सु.सू. १५/४

रागकृत् रसस्य रञ्जकाग्निसञ्ज्ञं पित्तं;...।

Rasa gets converted in Rakta in 7 days with the help of Ranjakagni due present in Yakrut and Pleeha. The color changes from shwet to rakta varna. Hence Rakta varni dhatu is known as Rakta Dhatu.

रक्तवर्ण अवस्था	उपमा
श्वेत	Neer/ Milk
कपोत	Pigeon
हरित	Rajma Bean
हारिद्र	Turmeric
पद्म	Lotus
किंशुक	Flame of Forrest /blossom of forest(Palash)
आलक्तकर	Laksha / Red juice

Pancabhautic predominance of Raktadhatu-

Rakta is Teja and Jalamahabhut Pradhan entity in body.

विस्रता द्रवता रागः स्पन्दनं लघुतातथा।

भूम्यादीनां गुणा ह्येते दृश्यन्ते चात्र शोणिते।। सु.सू. १४/९

विस्रता आमगन्धता, भूमिगुणः; द्रवता द्रवभावः; अयमम्बुगुणः; रागो रक्तता, तेजोगुणः; स्पन्दनं किञ्चिच्चलनं, वातगुणः; लघुता अगुरुत्वम्, आकाशगुणः।

All five properties of five mahabhuta are expressed in Rakta.

1) Typical odor - Pruthvimahabhuta
2) Fluid nature - Aapmahabhuta
3) Red color - Tejmahabhuta
4) Flow gets palpated - Vayumahabhuta
5) Light, not heavy - Aakashmahabhuta

Physical and chemical properties of Raktadhatu

तपनीयेन्द्रगोपाभं पद्मालक्तकसन्निभम्।

गुञ्जाफलसवर्णं च विशुद्धं विद्धि शोणितम्।। च. सू. २४.२२।।

इन्द्रगोपकप्रतीकाशमसंहतमविवर्णं च प्रकृतिस्थं जानीयात्। सु. सू. १४/२२

अनुष्णशीतं मधुरं स्निग्धं रक्तंच वर्णतः।

शोणितं गुरू विस्रं स्याद्विदाहश्चास्यपित्तवत्।। सु. सू. १४/१७

Rakta dhatu looks like insect (Indragopa), is of proper density (not too fluid not thick); and does not bear any other color than that meant for pure Rakta. Rakta dhatu is not very cool not very warm. It is sweet, unctuous, red in color, heavy, smells typically, reacts to items which affect Pitta. This means its properties are alike with Pitta dosha. Sushrut mention one verse which also expresses balance between cool and warm property of blood.

Physiological measure of Raktadhatu -

प्रमाणम् इत्याचक्षते । नव अंजलयः पूर्वस्य आहारपरिणामधातोः यं तं रस, अष्टौ शोणितस्य...। च. शा. ७.१५

Rakta dhatu is 8 anjali in measure

मज्जमेदोवसामूत्रपित्त श्लेष्मशकृत्यसृक् ।
रसोजलं च देहेऽस्मिन् एकैकांजलिवर्धितम्।।
पृथक् स्वप्रसृतं प्रोक्तमोजो मस्तिष्करेतसाम्।
द्वावंजली तु स्तन्यस्य चत्वारो रजस स्त्रियाः।। अ.ह्.शा. ३.८०,८१
वैलक्षण्याच्छरीराणामस्थायित्वात्तथैव च।
दोषधातुमलानां तु परिमाणं न विद्यते। सु.सू. १५.३७
परिमाणमिति स्वं सर्वतो मानं न विद्यते, तेन कस्यचिदेव क्वचिदेव मानं कर्तुं शक्यते, न सर्वतः इत्यर्थः।

Sushrut Samhita offers different opinion, which is very practical in Physiology as well as in clinics. He states that due to very different types of entities present in living body and due to homeostatic mechanism working in body, measurement of many entities differs every day. Hence it is not possible to quote exact measure of every body entity. Hence there is no fixed gauge of Dosha-Dhatu -Mala. This is perfect postulation of Sushruta - Samhita. His Commentator explains his statement by stating that to quantify each body entity in every aspect is not possible hence some of the body entities may be assessed but all are impossible to calculate 'Anjali'.

Physiological Functions of Raktadhatu -

रक्तं जीवयति...। अ.ह्.सू. ११/४

To keep individual alive is chief functions of Rakta.

रक्तं वर्णप्रसादं मांसपुष्टिं जीवयति च,..। सु. सू. १५/७
जीवनवर्णप्रसादनमांसपोषणैरसृक्। अष्टाङ्ग ग्रहः. सू. १९

Rakta brings luster to color of skin and it nourishes mansa; Circulating blood functions for nourishing next dhatu.

धातूनां पूरणं वर्ण स्पर्शज्ञानमसंशयम्।
स्वाः सिराः संचद्रक्तं कुर्याद्यान्यान्गुणानपि।। सु.शा. ७/१४

Sushrut added one property of Rakta-to be responsible for sensation of touch.

Hypothetically 'Vata', which is responsible for carriage of touch sensation in Ayurvedic philosophy, also circulates with blood (vatvahisira.) Touch is a special sensation and needs attention of Prana who looks after all sense organs. Following verse proves prana circulates with rakta. This could be the reason why sushrutsamhita proposed this function for rakta. (cha.su 24.4)

Another hypothesis is - Pitta circulates with Rakta. Function of 'Sadhak Pitta' is to analyze sensation (अभिप्रेतार्थ साधनम्). Unless circulation is continued, Rakta will not reach Hridaya and let Sadhak pitta act on conveyance of touch sensation.

Importance of Rakta Dhatu - रक्त महत्त्व

तद् विशुद्धं हि रुधिरं बलवर्णसुखायुषा।
युनक्ति प्राणिनं प्राण शोणितं ह्यनुवर्तते।। च.सू. २४/४

For transport of 'Prana'-medium is 'Shonit'

देहस्य रुधिरं मूलं रुधिरेणैव धार्यते।
तस्माद्यत्नेन संरक्ष्यं रक्तं जीव इति स्थितिः।। सु. सू. १४/४४

Rudhir is root of Sharir and out of 10 vital points, Rakta is one; hence at most care should be taken of Rakta.

Vishuddha Rakta Purusha laksanani -

प्रसन्नवर्णोन्द्रियमिन्द्रियार्थानिच्छन्तमव्याहतपक्तृवेगम्।
सुखान्वितं तु (पु) ष्टिबलोपपन्नं विशुद्धरक्तं पुरुष वदन्ति।।
च.सू. २४/२४

The individuals with pure Rakta is endowed with the sense of cheerful color, the desire for sense objects, the speed of unhindered digestion, happiness and strength.

Raktasara Purusha laksanani -

सारतश्चेति साराण्यष्टौ पुरुषाणां
बलमानविशेषज्ञानार्थमपदिश्यन्ते ;
तद्यथा–त्वग्रक्तमांसमेदोऽसिमज्जशुक्रसत्वानिति।। च.वि.८.१०२
कर्णाक्षिमुखजिह्वानासौष्ठपाणिपादतलनखललाटमेहनं
स्निग्धरक्तवर्ण श्रीमद्भ्राजिष्णु रक्तसाराणाम्।
सा सारता सुखमुद्धतां मेधां मनस्वित्वं
सौकुमार्यमनतिबलमक्लेशसहिष्णीत्वमुष्णासहिष्णुत्वं चाचष्टे।।
च.वि. ८.१०४

Individuals having the excellence of Rakta or blood are characterized by unctuousness, red color, beautiful dazzling appearance of the ears, Eyes, face, tongue, nose, and lips, sole of the hands and feet, nails, forehead and genital organs.

Such individuals are endowed with happiness, great genius, enthusiasm, tenderness, moderate strength and inability to face difficulties. Their body remains hot.

Rakta Vriddhi -

रक्तं रक्ताङ्गाक्षितां सिरापूर्णत्वं च ;...। सु.सू. १५/१४

रक्तं विसर्पप्लीहविद्रधीन्। कुष्ठवातासृपित्तासृगुल्मोपकुशकामलाः। व्यङ्गाग्निनाशसम्मोहरक्तत्वङ्नेत्रमूत्रताः।।अष्टाङ्गहृदयम्. सू. ११/९

A plethora of blood in the system gives a reddish glow to the complexion and the White of the eyes, and imparts fullness to the veins.

Rakta Kshaya -

परुषा स्फुटिता म्लाना त्वग्रूक्षा रक्तसङ्क्षये।...च.सू. १७/६४

शोणितक्षये त्वक्पारुष्यमम्लशीतप्रार्थना सिराशैथिल्यं च। सु.सू. १५.९

त्वग्रौक्ष्याम्लशीताभिलाषसिराशैथिल्यैरसृक्।अष्टाङ्गसङ्ग्रहः.सू. १९.९

The loss of blood is manifested with such symptoms as a roughness of the skin, and a craving for acid food or drink, the patient longs to be in a cool place and asks for cool things and the veins become loose and flabby.

Raktapradoshaj vikar-Charak anusar

....वक्ष्यन्ते रक्तदोषजाः। कुष्ठवीसर्पपिडका रक्तपित्तमसृग्दरः।।११।। गुदमेढ्रास्यपाकश्च प्लीहा गुल्मोऽथ विद्रधिः। नीलिका कामला व्यङ्गः पिप्लवस्तिलाकालकाः।। १२।। दद्रुश्वर्मदलं श्वित्रं पामा कोठाऽमण्डलम्। रक्तप्रदोषाज्जायन्ते,...। च.सू. २८/१४

स्नायौ सिराकण्डराभ्यो दुष्टाः क्लिश्नन्ति मानवम्। स्तम्भसङ्कोचखल्लीभिर्ग्रन्थिस्फुरणसुप्तिभिः।। च.सू. २८/२१

Raktavaha srotas vyadhi in Shalya Tantra- Vidradhi, Vranshoth, Granthi, Galgand, Arbud, Arsha, Parikartika, Visarpa, Gulma, Udar (Yakrut-udar, pleehodar), Vatkantaka, Kroshtukshirsha, Grudhrasi.

Para-Surgical Procedures in Sushrut - Ksharkarma, Agnikarma, Raktamokshan are described.

Out of which Sushrutacharya mentioned that Raktamokshan in twakdosh, granthi, shopharoga and raktpradoshaja vikar "Na bhavanti Kadachana". i.e. it is Apunarbhava chikitsa.

B) Raktavaha Srotas -

Nirukti and synonyms - Word 'srotas' etymologically arrived from 'root' स्रु–स्रवनात् स्रोतांसि. Meaning of this Sanskrit ' root word ' dé is ' to flow ' or ' to move '. Dictionary meanings of word srotas ' are read as - a current, a stream, a river.

स्रोतांसि, सिराः, धमन्यः, रसायन्यः, रसवाहिन्यः, नाड्यः, पन्थानः, मार्गाः, शरीरच्छिद्राणि, संवृतासंवृतानि, स्थानानि, आशयाः, निकेताश्चेति शरीरधात्ववकाशानां लक्ष्यालक्ष्याणां नामानि भवन्ति। च.वि. ५/९

Many spaces in living body are defined whereas many are not. A few of them are 'srotamsi', 'sira', 'dhamanyah' , 'rasayanyah', 'nadyah', 'panthanah', 'margah', 'Sariracchidrani', 'sthanani' , 'asayah' , 'niketah ' , etc.

Genesis of srotas - Utpatti of srotas takes place in intra - uterine life.

यथार्थमूष्मणा युक्तो वायुः स्रोतांसि दारयेत्। सु.शा. ४.२८

With appropriate Agni, when differentiation takes place, Vayu is responsible to generate srotas.

This is how in intra - uterine life, from differentiation of fertilized zygote, arise many srotas in which body entities take their origin.

यावन्तः पुरुषे मूर्तिमन्तो भावविशेषास्तावन्त एवास्मिन् स्रोतसां प्रकारविशेषाः। सर्वे हि भावा पुरुषे नान्तरेण स्रोतांस्यभिनिर्वर्तन्ते, क्षयं वाऽप्यभिगच्छन्ति। स्रोतांसि खलु परिणाममापद्यमानानां धातूनामभिवाहीनि भवन्त्ययनार्थेन।। च.वि. ५/३

All existing body entities in body possess ' srotas ' of their own. Hence for each variety of body entity, there exists one srotas in body. All body entities get replenished in own srotas. When well nourishment, they grow better, if ill nourished, they wane. In fact all srotas are conveyers of body entities, which are under process of bioconversion.

Panchabhautikatva of srotas (Constitution): Srotas are Panchabhautik with predominance of Akashmahabhoot.

Definition -

स्रोतांसि खलु परिणामं आपद्यमानानां धातूनां अभिवाहिनी भवन्ति अयन अर्थेन। च.वि. ५.३

Device called ' srotas ' is meant to carry Dhatu in stage of metabolism. It means that during process of metabolism, one Dhatu gets biotransformed into further Dhatu in 'srotas' (परिणाममापद्यमानानां इति पूर्वपूर्वरसदिरूपता परित्यागेनोत्तरोत्तर रक्तादिरूपतामापद्यमानानाम्) Word ' Ayana ' is not used to indicate transport of immobile Dhatu but is used to indicate transport of material; needed for that entity. (अयनर्थेनेतिवचनान्न स्थिराणां धातूनामभिवाहीनी भवन्ति स्रोतांसि, किंतु देशान्तर प्रापणेनाभिवाहीनि भवन्ति)

Susrta - Samhita reads following definition -

मूलात् खादन्तर देहे प्रसृतं त्वभिवाहि यत्।

स्रोतसस्तदिति विज्ञेयं सिराधमनीवर्जितम्।। सु.शा. ९.१३

From principle organs (like Liver and Spleen for Raktavaha srotas), to entire living body whe channels are present to covey (bio transforming Bhava); such organization is called ' Srotas ', which excludes ' sira ' and 'dhamani '.

Morphological aspect - Srotas takes any shape; it can be of any color depending upon which entity srotas will create.

स्वधातुसमवर्णानि वृत्तस्थूलान्यणूनि च।

स्रोतांसि दीर्घाण्याकृत्या प्रतानसदृशानि च ।। च.वि. ५/२५

Srotas acquires color and shape as per Bhava it produces and is named after that Bhava.

The particular srotas is meant for secretion of fluid which basically nourishes. e.g. Pranvaha srotas which nourishes 'Prana' and transports it to all over body tissues.

Functions of srotas - Sravan (Secretion)
Parinamana (Reproduction and Recycling)
Utsarjana (Excretion of Waste Products)

Number of srotas and their description-

Two types of them are known
1) Bahirmukha-opening outside-9
2) Antarmukha-opening inside

In spite of existence of numerous Srotas Acharya Charaka has categorized 13 Srotas and Acharya Sushruta has described 11 pair of Srotas on the basis of clinical utility.

These Srotas or channels are named according to the substance which they carry in them like Pranavaha Srotas, Rasavaha Srotas, Raktavaha Srotas etc.

Acharya Charak and Acharya Sushrut both give priority to Raktavaha srotas.

General Mechanism of Dhatu production in Srotas -

यस्य हि स्रोतांसि, यद्य वहन्ति, यद्यावहन्ति, यत्र चावस्थितानि, सर्वं तदन्यत्तेभ्यः।। च.वि. ५.४

यस्य हि स्रोतांसि यद्धटितानीत्यर्थः, यद्य वहन्तीति यद्रसादि वहन्तीत्यर्थः, यद्यावहन्तीति यद्य पुष्यन्तीत्यर्थः, यत्र चावस्थितानीति यत्र मांसादौ सम्बद्धानीत्यर्थः, तत् सर्वं धमनीभ्योऽन्यत्; तस्मान्न स्रोतोरूप एव पुरुष इत्यर्थः।। चक्रपाणी

In every kind of srotas; Rasa flows in to nourish Dhatu in srotas, even if it is not mobile. All these happenings occur only in 'srotas'. Besides principle function of replenishment of Dhatu; srotas has another very important function to keep dhatu in homeostatic condition.

Location of Raktadhatu (MoolaSthana)

As it is one of seven Dhatu, it should be present in entire body. It may be present in large quantity in some place and may be functioning specifically in context to some organs. Such places are the locations of this dhatu.

A) Raktavahasrotas -

शोणितवहानां स्रोतसां यकृन्मूलं प्लीहा च। च.वि. ५/८

रक्तवहे द्वे, तयोर्मूलं यकृत्प्लीहानौ रक्तवाहिन्यश्च धमन्यः, तत्र विद्धस्य श्यावाङ्गता ज्वरो दाहः पाण्डुता शोणितागमनं रक्तनेत्रता च;...।

There are two Raktavahastrotas; principal organs of this strotas are- liver, spleen and Raktavahi Dhamanyah. -Besides liver and spleen, Sushrut added Raktavahi Dhamani (Pulsating in nature) in moolasthana- vessels conveying rakta dhaatu.

Sushrut, which was mainly written for surgery branch, has offered some different opinions than ordinary physician. In surgery, nourishing vessel if is severed, the manifestations occurs such as shyavangata, fever, burning sensation, paleness (whitishness), excessive bleeding, redness of eyes etc seen and system goes at stake. This could be the reason this compendium offered conveying vessels in almost all Srotas.

According to Panchabhautik chikitsa, Liver is a secretory organ (स्रावी अवयव) while spleen is Receptor organ (ग्राही अवयव) and collecting extra blood. Spleen enlargement and inflammation occurs in chronic fever (जीर्णज्वर). Advanced stage of liver enlargement occurs after chronic fever.

In raktadushti, liver deformity occurs after spleen. Raktamoshan is carried out in liver and spleen wickedness from right and left elbow respectively.(दक्षिण व वाम कुर्पर रक्तमोक्ष).

Mulsthana of Rakta Dhatu is Yakrut and

Pleeha. So all disorders of liver and spleen are vitiated by Rakta Dhatu. E.g. yakrutvruddhi - pleehavruddhi, jaundice, cirrhosis.

B) Raktadhara Kala -

द्वितीया रक्तधरा मांसस्याभ्यन्तरतः, तस्यां शोणितं विशेषतश्च सिरासु यकृत्प्लीह्नोश्च भवति ।।१०।। वृक्षाद्यथाभिप्रहतात् क्षीरिणः क्षीरिमावहेत् । मांसादेवं क्षतात् क्षिप्रं शोणितं सम्प्रसिच्यते ।।११।।

Second among seven kala is rakta dharakala, which is present inside the mansadhatu and flowing through siras. This kala also present in Yakrut and pleeha too. Endothelial lining of the blood vessels and sinuses in the Liver and Spleen can be considered for Raktadharakala.

C) Raktavahi Sira-

रक्तवाहि सिरा–सप्त सिराशतानि भवन्ति; याभिरिदं शरीरमाराम इव जलहारिणीभिः केदार इव च कुल्याभिरुपस्निह्यतेऽनुगृह्यते चाकृश्चनप्रसारणादिभिर्विशेषै; द्रुमपत्रसेवनीनामिव तासां प्रतानाः; तासां नाभिर्मूलं, ततश्च प्रसरन्त्यूर्ध्वमधस्तिर्यक् च ।।३।।

तासां मूलसिराश्चत्वारिंशतु; तासां वातवाहिन्यो दश, पित्तवाहिन्यो दश, कफवाहिन्यो दश, दश रक्तवाहिन्यः।

तासां तु वातवाहिनीनां वातस्थानगतानां पञ्चसप्ततिशतं भवति, तावत्य एव पित्तवाहिन्यः पित्तस्थाने, कफवाहिन्यश्च कफस्थाने, रक्तवाहिन्यश्च यकृत्प्लीह्नोः; एवमेतानि सप्त सिराशतानि ।।सु.शा. ६/६

Liver and spleen are the moolasthana of 'Raktavahisira' provides nourishment to all over the body.

D) Raktasara organs - Rakta dhatu should also be considered to be located at different organs mentioned in Rakta dhatu Sara individuals are - ears, eyes, mouth, tongue, nose, lips, Palmer and plantar aspects, nail, forehead and penis.

E) Rakta mala - is also one of the locations for expression of that dhatu. Ushma or Teja of pitta; they are capable to reflect status of Raktadhatu.

Conclusion - The Raktavaha Srotas is of very vital importance in maintaining normal functioning of human body. It plays multidimensional role by virtue of very vital substance it carries through it that is 'Pranawith Rakta'. It's Liver and Spleen are the Mulasthana of Raktavaha Srotas and are mainly vitiated in the diseases of Raktavaha Srotas and the Raktavaha Dhamani are involved in transportation of Rakta along with Prana in the body.

Sushrut had devoted 'sutrasthana- 14-shonit varnaniya adhyaya' for the description of raktadhatu (origin, 7 stages of formation of raktadhatu from rasa, panchbhautikatva, functions and kshaya vriddhi lakshan)

Sushrut Samhita offers different opinion about praman of Rakta-dhatu, which is very practical in clinical practice. Each sharirbhava differs from each other and constant changes in it can't measure specific body entity such as rakta.

The parasurgical procedures like raktamokshan, jalaukavacharan are described while treating vatvyadhi, twakvikar etc. in sushrut jalaukavcharniya adhyaya.

Sushrut acharya mentioned that Raktamokshan in twakdosh, granthi, shopharoga and raktpradoshajavikar "Na bhavanti Kadachana". i.e. it is Apunarbhava chikitsa. So importance of Raktadhatu get highlighted and it became key factor in Clinical practice.

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Pratimarsha Nasya - A Review

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Introduction - Charaka and Ashtanga Hrudya opine that nasa is the door to shira i.e. gateway of brain and they add that the nasal route of administration of drugs proves to be effective in diseases of organs above the clavicle, such medicines strengthen the indriya and facilitate immunue System. Modern medical science is aware of advantage of this route. Many researches are undergoing regarding use of nose as a route of drug administration especially for hormones and in diabetes the route is preferred to injectable insulin Information about this Nasya is elaborated, in Charak Siddhi Sthan 9 and 40, Sushruta ChikitsaSthana 40, Ashtang Hrudya Sutra Sthana40, Ashtang Sangrah Chikitsa Sthana19 and Sharangdhar Samhita Khanda 8.

Definition of 'Nasya' and Synonyms -

नासायां प्रणीयमानमौषधं नस्यं।

नावनं नस्तः कर्मेति च संज्ञा लभते।। (अ.सं.सू. २९/३)

औषधमौषधसिद्धो वा स्नेहो नासिकाभ्यां दीयत इति नस्यम। (सु.चि. ४०/२१)

When the Powdered drugs or sneha Processed with different drug is administered through Nostrils, the procedure is called as nasya

Synonyms - Navana, Nastakarma, Shira vivechana, murdhavirechang etc.

Importance and Uses of Nasya -

उर्ध्वजत्रुविकरेषु विशेषान्नस्यमिष्यते।

नासा हि शिरसो द्वारं तेन तद व्याप्य हन्ति तान।। (वा. सु. २०/१)

नस्तः कर्म च कुर्वीत शिरोरोगेषु शास्त्रवित।

द्वार हि शिरसो नासा तेन तद व्याप्य हन्ति तान।। (च.सि. ९/९३)

नस्येन रोगाः शाम्यन्ति नराणमूर्ध्वजत्रुजाः।।

इन्द्रियाणां च वैमल्यं कुर्यादास्यंसुगन्धिच।।

हनुदन्तशिरोग्रीवात्रिकबाहुरसां बलम।

वलीपलितखलित्य व्यङ्गानां चाप्संभवम।। (सु.चि. ४०/५४-५५)

Daily executed nasya leads to pacify diseases in organs above the clavicle, Sense organ become, strong, pleasant and get cleansed, mouth emits good smell, skin, lower jaw, tooth shira, neck, upper back, arms, chest, mukha all these become Strong and pleasant, Prevent baladness, Premature wrinkles and discoloured patches on face etc.

Pharmaceutical action of Nasya - Nasa being gateway of shira, any drug administered through this route Strikes Shrungatakamarma, conveyed to vessels supplying netra, shrotra, kantha etc thereby eliminating vitiated dosha accumulated there the elimination of dosha is quick and efficient by this route.

Pratimarsha Nasya-

मर्शश्च प्रतिमर्शश्च द्विधा स्नेहोऽत्रमात्रया।।

कल्काद्यैरवपीडस्तु तिक्ष्णैर्मूर्धरिचनाः।।

ध्मानं विरेचनश्चूर्णो....।। (वा.सू. २०/७-८)

In accordance to the dosage of drugs Marsha andPratimarsha Nasya are two subtypes of snehananasya.

प्रतिमार्शो भवेत्स्नेहो निर्दोष उभयार्थकृत। (च.चि. ९/२७)

स्नेहनं शोधनं चैव द्विविधं नस्यमुच्यते।

प्रतिमर्शस्तु नस्यार्थं करोति न च दोषवान ।। (च.चि. ९/१२१)

Pratimarshanasya is a type of snehana nasya It Possess both lubricating and eliminating Properties moreover it does not precipitate dosha vitiation

Indications :

प्रतिमर्शस्तु क्षामक्षततृष्णामुखशोषवृद्ध

बालभीरुसुकुमारेष्वकालावर्ष्टुर्दिनेष्वपि च योज्यः।।

(अ.सं.सू. २९/१९) (शा.सं.उ. ८/५३)

- Old and young patients who are emaciated, injured, thirsty and suffering from dryness of mouth.
- Persons leading sedentary life, having tender constitution etc and scared Personality.
- On cloudy day even during raining, without rainy season.

(Table 1)

Time of performance	Advantages or Benefits
Morning, immediately after walking; and after mid-day meal	Cleanses channels of head and nose by eliminating Mala i.e. waste products; lightness in Shira and body; bestows clarity of mind.
After brushing the teeth	Teeth become firm; bestows good smell to mouth
Before going out (Sushruta)	Nose, being lubricated and moistened, is protected from dust and smoke (dust and smoke could not precipitate irritation)
Exhausted by physical exercises sex indulgence and long walk	Relieves fatigue, exertion, sweating and stiffness of body; thereby making body and mind fresh.
After urination, defection; Kavala and Anjana (Ashtang Hruday) Abhyanga.	Bestows clear vision; dispels heaviness of vision.
After vomiting	Increases apetite and cleanses Kapha adhere to channels.
After day dreaming or getting up from day sleep	t relieves drowsiness, dryness, heaviness, and Mala. Person become active with increased mind concentration.
Before sunset or in the evening	Sound sleep, pleasant or blissful awakening and cleansing of Srotas in Shira.
After over laughing (Ashtang Hruday.)	Vitiated Vata gets pacified.

(Table 2)

Marsha Nasya	Pratimarsha Nasya
Quick in action, gives immediate and prolonged relief	Acts slowly, features relieved after a long time.
Highly effective with greater benefits.	Less effective with lesser benefits.
Purvakarma necessary	Purvakarma not necessary
Procedure being difficult, complication are possible	Simple and easy procedure, no complications if given adequately.
Age limit from 7 to 80 years only Used in severe disease	No age limit, can be given from birth to death. Healthy person can perform Nasya at 15 different timings.
Matra - minimum 4 to 6 Bindu Maximum 64 Bindu or drops.	Matra - 1 to 2 Bindu i.e. drops
Restrictions or Pathya after Nasya is necessary	No restriction after Nasya

Pratimarshanasya is advised in all above conditions.

Contraindications -

न तु दुष्टप्रतिश्यायबहुदोषकृमिणशिरोमद्यपी तदुर्बलश्रोत्रेषु।
एषां ह्युदीर्णदोषत्वात्तावता दोषोत्क्लेशोभवति।। (अ. सं. सू. २९/९)

- Dushtapratishyaya, krimijashiroroga.
- After alcohol consumption.
- Deafness.

Vitiation of dosha is abundant in all these conditions. Due to low dose of Pratimarsha. Though the dosha get excited, they cann't be eliminated It is for this reason that pratimarshanasya is avoided in these conditions.

Duration of Pratimarsha Nasya -

आजन्ममरणं शस्तः प्रतिमर्शस्तु बस्तिवत।। (वा.सू. २०/३२)

Pratimarshanasya is good remedy through out the life. It has benefits like marsha at proper time, but devoid of any harmful effects. Ashtanghrudya opines, it has no restrictions regarding other activitiesand food.

Proper time of Performance of Pratimarsha. Nasya and advantages. (See Table 1)

Pratimarsha Nasya Matra – Matra or dose of Pratimarsha Nasya - 1 or 2 Bindu or drops.

- Ashtanga Samgraha - Ideal dose is that which will lubricate the nasal mucosa but will not excite the normal calm and quiet or unvitiated Dosha. In other words, when instilled in nostrils; the oil shall not appear in spittle.
- Sushruta - The quantity of oil instilled in nostrils, when enters mouth or throat simply by gentle inspiration, is called as appropriate dose.

Difference between Marsha and Pratimarsha Nasya -

आशुकृच्चिरकारित्वं गुणोत्कर्षापकृष्टतां।।
मर्शे च प्रतिमर्शेच न विशेषो भवेद्यदि।
को मर्श सपरीहारं सापदं च भजेत्ततः।। (अ.सं.सू. २९/२५-२६)
(वा.उ. २०/३४-३५)
आजन्ममरणं शस्तः प्रतिमर्शस्तु बस्तिवत।
मर्शवच्च गुणात कुर्यास्त हि नित्योपसेवनात।।
न चात्र यन्त्रणा नापि व्यापद्भयो मर्शवद्भयम।। (वा.उ. २०/३२-३३)
(See Table 2)

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श्रद्धांजली

श्री. रंगनाथ मांगडे ह्यांचे दुःखद निधन

टिळक आयुर्वेद महाविद्यालयातील तंत्रज्ञ श्री. रंगनाथ मांगडे ह्यांचे दि. १५/४/२०२४ रोजी अकस्मित निधन झाले. श्री. मांगडे ह्यांनी कार्यालय अधिक्षक पदाचा कार्यभारही कांही वर्षे सांभाळला.

टिळक आयुर्वेद महाविद्यालय व राष्ट्रीय शिक्षण मंडळ, व आयुर्विद्याच्या वतीने श्री. मांगडे ह्यांना श्रद्धांजली.

अहवाल

सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडिज अँड रिसर्च इन आयुर्वेद रौप्यमहोत्सवी वर्धापनदिन समारंभ – दि. १ एप्रिल २०२४

डॉ. मिहीर हजरनवीस

राष्ट्रीय शिक्षण मंडळ संचलित सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडिज अँड रिसर्च इन आयुर्वेदच्या रौप्यमहोत्सवी वर्धापन दिनानिमित्त भव्य व शानदार समारंभाचे आयोजन टिळक आयुर्वेद महाविद्यालयाच्या एन.आय.एम.ए. सभागृहात दि. १ एप्रिल २०२४ रोजी दुपारी ३.३० वाजता करण्यात आले होते.

समारंभाचे प्रमुख अतिथी म्हणून दिल्ली स्थित अखिल भारतीय आयुर्वेद संस्थानच्या (All India Institute of Ayurved) संचालक प्रा. डॉ. तनुजा मनोज नेसरी ह्या निमंत्रित होत्या, समारंभाचे अध्यक्षस्थान राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष डॉ. दिलीप पुराणिक ह्यांनी स्विकारले.

डॉ. तनुजा नेसरी, डॉ. पुराणिक, डॉ. अनिता कोल्हे, डॉ. भागवत, डॉ. राजेंद्र हुपरीकर व इतर मान्यवराच्या हस्ते श्री धन्वंतरीचे विधिवत पूजन करण्यात आले.

वर्धापनदिन समारंभाचे औचित्य साधून प्रमुख अतिथी डॉ. नेसरी, अध्यक्ष डॉ. पुराणिक, इतर मान्यवरांच्या उपस्थितीत रसशास्त्र विभागाचे **''मा. कै. वैद्य श्री. आ. मांडके रसशास्त्र विभाग''** असे नामकरण करण्यात आले. मा. वैद्य श्री. आ. मांडके ह्यांचे सुपुत्र डॉ. नरसिंह, स्नूषा डॉ. कल्याणी व मांडके परीवार ह्या प्रसंगी उपस्थित होता.

एन.आय.एम.ए. सभागृह अतिशय आकर्षक पद्धतीने सुशोभित करण्यात आले होते. मान्यवर व्यासपीठावर स्थानापन्न होताच डॉ. गौरी गांगल ह्यांनी मधुर आवाजात श्री धन्वंतरी स्तवनाचे मंगल चरण आळविले व उपस्थितांना मंत्रमुग्ध केले. भारावलेल्या वातावरणात डॉ. मिहीर हजरनवीस ह्यांनी उपस्थितांचे हार्दिक स्वागत केले. तसेच मान्यवरांचा परीचय करून दिला.

डॉ. पुराणिक ह्यांनी पुणेरी पगडी, शाल, सन्मानचिन्ह, सन्मानपत्र, भेटवस्तू व पुष्पगुच्छ देवून डॉ. सौ. नेसरी ह्यांचा सन्मान केला. प्राचार्य डॉ. सरोज पाटील ह्यांच्या हस्ते व्यासपीठावरील मान्यवरांचा सत्कार करण्यात आला.

दीप प्रज्वलन प्रसंगी डावीकडून – डॉ. हुपरीकर, डॉ. नेसरी, डॉ. भागवत, डॉ. पुराणिक, डॉ. कोल्हे, डॉ. सरोज पाटील, डॉ. साळवी, डॉ. उजागरे, डॉ. हजरनवीस.

डॉ. सौ. तनुजा नेसरी ह्यांचा सत्कार, डावीकडून – डॉ. भागवत, डॉ. हुपरीकर, डॉ. नेसरी, डॉ. पुराणिक, डॉ. सरोज पाटील, डॉ. कोल्हे, डॉ. साळवी.

सी.पी.जी.एस. ॲंड आर.ए. रौप्यमहोत्सव समारंभ प्रसंगी उपस्थित निमंत्रित

व्यासपीठावरील मान्यवरांच्या हस्ते मंगलदीप प्रज्वलीत करुन समारंभाचा आश्वासक आरंभ करण्यात आला. प्रा. डॉ. संगीता साळवी व प्रा. डॉ. विनया दीक्षित ह्यांनी तयार केलेल्या **"Researches In C.P.G.S. & R.A."** ह्या पुस्तिकेचे प्रकाशन मान्यवरांच्या हस्ते करण्यात आले. तसेच ''आयुर्विद्या'' मासिकाचे एप्रिल २०२४ चे प्रकाशनही मान्यवरांच्या हस्ते करण्यात आले.

गेल्या वर्षात पीएच.डी. (म.आ.वि.वि.) यशस्वीपणे पूर्ण केलेल्या डॉ. रुपल शहा व त्यांच्या मार्गदर्शक डॉ. मालती धोत्रे ह्यांचा सत्कार डॉ. नेसरी ह्यांच्या हस्ते करण्यात आला.

प्राचार्य डॉ. सरोज पाटील ह्यांनी सी.पी.जी.एस ॲंड.आर.ए. ने रौप्यमहोत्सवी वर्षात आयोजित केलेल्या विविध सेमिनार्स, वर्कशॉप्स, प्रदर्शन ह्यांचा आढावा घेतला व गेल्या पंचविस वर्षात साधलेल्या यशोगाथेचा लेखा – जोखा मांडला.

प्रमुख अतिथी डॉ. तनुजा नेसरी ह्यांनी उपस्थितांना संशोधन, रिसर्च पेपर्स, आर्टिफिशिअल इंटेलिजन्स ह्याबद्दल मार्गदर्शन केले व संस्थेला शुभेच्छा दिल्या.

ह्या प्रसंगी सी.पी.जी.एस. ॲंड आर.ए. समितीच्या अध्यक्ष पदावर अथवा सचिव पदावर काम केलेल्या डॉ. भा. ग. धडफळे, डॉ. वि. वि. डोईफोडे, डॉ. भा. कृ. भागवत, डॉ. दि. प्र. पुराणिक, डॉ. नेसरी, डॉ. स. वि. देशपांडे ह्यांचा गौरव

कै. वैद्य श्री. आ. मांडके रसशास्त्र विभाग नामकरण प्रसंगी – डॉ. तनुजा नेसरी, डॉ. पुराणिक, डॉ. कोल्हे, डॉ. सरोज पाटील, डॉ. नरसिंह मांडके व इतर

करण्यात आला. तसेच गेल्या पंचविस वर्षात सातत्याने राष्ट्रीय सेमिनार्सचे आयोजन केल्याबद्दल डॉ. सरोज पाटील, डॉ. मिहीर हजरनवीस, डॉ. विनया दीक्षित ह्यांचा सत्कार करण्यात आला. तसेच अत्यंत उपयुक्त Cerebro-Pulmonary Resuscitation (CPR) workshops चे विद्यार्थ्यांसाठी आयोजन केल्याबद्दल डॉ. अभय इनामदार ह्यांचा सत्कार मान्यवरांच्या हस्ते करण्यात आला. नियामक मंडळ सदस्य डॉ. धडफळे ह्यांचा ९० व्या वाढदिवसाबद्दल विशेष सत्कार करण्यात आला.

अध्यक्षीय मनोगत व्यक्त करतांना अध्यक्ष डॉ. दिलीप पुराणिक ह्यांनी ''सेंटरने' गेल्या पंचविस वर्षात साधलेल्या प्रगतीबद्दल व रौप्य महोत्सवी वर्षात आयोजित केलेल्या भरघोस कार्यक्रमांबद्दल सर्वांचे मनःपूर्वक अभिनंदन केले. तसेच रिसर्च लॅबोरेटरीचे आधुनिकीकरण करण्याची योजना असल्याचे सांगितले.

प्रा. डॉ. संगिता साळवी ह्यांनी आभार प्रदर्शन केले. समारंभाचे सूत्रसंचलन आकर्षक पद्धतीने डॉ. मिहीर हजरनवीस व डॉ. विनया दीक्षित ह्यांनी केले.

National Conference on "Rheumayurveda" - An Integrative Approach to Rheumatology on 20th and 21st January 2024

Dr. Anupama Shimpi, Organizing Secretary

We must be conscious of the weaknesses which we need to introspect. Certainly a focused approach and collective efforts were enthusiastic. When eminent personalities work together it will have synergetic effects and yield better results.

On the occasion of Centenary year of Rashtriya Shikshan Mandal, National Conference on "Rheumayurveda - An Integrative Approach to Rheumatology" was jointly organized by Rashtriya Shikshan Mandal's Center for Post Graduate Studies and Research in Ayurveda and Department of Kayachikitsa of Tilak Ayurved Mahavidyalya, Pune on Saturday and Sunday, 20th and 21st January 2024 at Tilak Ayurved Mahavidyalya, Pune. Integrative Approach toward the management of any disease is the need of time. Modern and Indian System of medicine with respect to diagnosis and Management of Rheumatology will definitely give positive outcome & help the community suffering from Rheumatological Disorders to live quality life.

Total 324 delegates participated in the conference. On 20th January 95 delegates presented their scientific papers and 61 delegates presented their posters. These sessions were hosted by Dr. Sangeeta Sawant, Dr. Siddharth Parchure and Dr. Sangeeta Ghodke.

On 21st January 2024, The National Conference was started with the Key Note Speech of Dr. Uma Kumar, Prof. and Head of the Department of Internal Medicine, AIIMS, New Delhi on "Role of Yoga on Rheumatoid Arthritis" followed by the Inaugural function.

The National Conference was inaugurated at the hands of Honorable Chief Guest Dr. Sanjeev Sharma, Vice Chancellor, National Institute of Ayurveda, Jaipur and Guest of Honour, Dr. Uma Kumar, Dr. Dilip Puranik, President, Rashtriya Shikshan Mandal, Dr. B.K. Bhagwat, Vice President and Dr. Rajendra Huparikar, Secretary of Rashtriya Shikshan Mandal, Dr. Sadanand Deshpande, Programme Director, Dr. Anupama Shimpi, Organizing Secretary. Dr. Abhay Inamdar & Dr. Anand Barve, Joint Organizing Secretary. Dr. Pradnya Akkalkotkar performed Dhanwantary stavan. Hon'ble Dr. Saroj Patil, Principal Tilak Ayurved Mahavidyalaya, Pune welcomed all the delegates & Guests.

Dr. Sadanand Deshpande introduced the concept behind the conference & congratulated all delegates for giving overwhelming response for the conference. Dr. Anupama Shimpi, Organizing Secretary introduced the dignitaries on the dais, Dr.

Inaugural Function - from left - Dr. Huparikar, Dr. Sanjeevkumar, Dr. Umakumar, Dr. Bhagwat, Dr. Puranik, Dr. Deshpande, Dr. Patil, Dr. Shimpi.

Release of Ayurvidya - Rheumatology issue - from left - Dr. Inamdar, Dr. Huparikar, Dr. Bhagwat, Dr. Umakumar, Dr. Sanjeevkumar, Dr. Puranik, Dr. Patil, Dr. Deshpande, Dr. Shimpi, Dr. Hajarnavis, Dr. Salvi.

Felicitation of Dr. S. V. Wagh - from left - Dr. Inamdar, Dr. Huparikar, Dr. Sanjeevkumar, Dr. Shrikant & Mrs. Wagh, Dr. Patil, Dr. Umakumar, Dr. Deshpande, Dr. Barve, Dr. Shimpi.

Shrikant Wagh an Integrated Rheumatologist was felicitated during the event. The dignitaries released a special issue of Rheumatic Diseases - Ayurvidya Magazine and the book Ghritasandarbha by Dr. Siddharth Parchure. Dr. Anand Barve and Dr. Sangeeta Sawant hosted the whole proceedings.

Chief Guest Dr. Sanjeev Sharma said that adopting a combine approach from various sciences for medical treatment is more beneficial for patient than relying on a single medical science and congratulated Organizers for organizing the National Conference.

In the Presidential address Dr. Dilip Puranik mentioned the importance of integrated approach for the management of Rheumatology. The inaugural function was concluded by formal vote of Thanks by Dr. Anupama Shimpi.

Following the inaugural function, scientific sessions on various topics of Rheumatology were conducted. Eminent speakers from both Ayurved and Modern faculty gave thoughtful insights on Rheumatology. Dr. Uma Kumar from Delhi spoke on Role of Yoga on Rheumatoid Arthritis Dr. Arvind Chopra from Pune discussed Integrative Approach to Managing Chronic Rheumatoid Arthritis with Research perspective. Dr. Sanjeev Rastogi from Lacknow spoke on Clinical Approaches in Rheumatology. Dr. Anaya Patharkar & Dr Mahesh Thakur from Mumbai focused on Comprehensive view in the management of Amavata and An Ayurvedic Perspective of Rheumatology respectively. Dr. Smriti Ramteke from Nagpur spoke on Systemic Lupus Erythematous and Dr. Gikku Benny from Kerala shared his views on Clinical and Radiological Diagnosis of Rheumatological Disease and Management Protocol.

The National Conference was concluded with Valedictory function. Dr. Saroj Patil and Dr. Gikku Benny were President and Chief Guest respectively. All the organizing Committee members, Post graduate students and all the sponsors who made the conference financially strong were felicitated at the hands of Dr. Saroj Patil and Dr. Mihir Hajarnavis, Dr. Indira Ujagare, Dr. Sangeeta Salvi Vice Principals of Tilak Ayurved Mahavidyalaya, Pune.

The National Conference was concluded with National Anthem.

Report

National Conclave On Applied Aspect Of Agadtantra - Agadayan Enlightenment - 2024 Organized by Department Of Agadtantra Tilak Ayurved Mahavidyalaya, Pune

Dr. Priyadarshan Joglekar - Programme director.

The National conclave on applied aspect of Agadtantra from treatise to practice – Agadayan Enlightenment - 2024 was organized by the Department of Agadtantra of Center for Postgraduate Studies and Research in Ayurved of Tilak Ayurved Mahavidyalaya, Pune on 30th and 31st March 2024.

The Paper and Poster presentation of the conclave was held on 30th March 2024.Total 78papers and23 posters were presented in the conclave.

On 31st of March, the conclave began with the keynote session by renowned person in Agadtantra - Dr. Vishnu Joglekar. He delivered a lecture on 'Recent changes in legal landscapes w.s.r. medical practices. The session was chaired by Dr. Jayant Phadke and co- chaired by Dr. Sandeep Binorkar.

The inaugural function was held after the first session. Welcome address was delivered by Dr. Saroj Patil, Principal of Tilak Ayurved Mahavidyalaya. Introduction of the dignitaries was given by Dr. Neelam Valhekar, organizing secretary. Dr. S.K. Sighal, Dr. D.P. Puranik, Dr. Rajendra Huparikar, Principal and Vice-Principals were felicitated by organizing committee. Details of the seminar was given by Dr. Priyadarshan Joglekar - Programme director. Dr. S. K. Singhal was the chief guest for the inaugural function. He talked about the importance of doctors developing skills and also empathy towards patients. Dr. Vishnu Joglekar was felicitated for his significant contribution in Department of Agadtantra, Tilak Ayurved Mahavidyalaya, Pune. Dr. D. P. Puranik, President Rashtriya Shikshan Mandal, Pune Presided over the inaugural function. He spoke about various programmes and seminars organized on the occasion of the centenary year of Rashtriya Shikshan Mandal and 90 years completion of Tilak Ayurved Mahavidyalaya, Pune. The Inaugural function was compered by Dr. Sayali Kulkarni, programme coordinator of the Seminar. Vote of thanks was delivered by Dr. Neelam Valhekar.

'Agadyan' Seminar - Inauguration - from left - Dr. Sohel, Dr. Deshpande, Dr. Hajarnavis, Dr. Huparikar, Dr. S. K. Singhal, Dr. Puranik, Dr. Saroj Patil, Dr. Ujagare, Dr. Kulkarni, Prof. Priyadarshan Joglekar, Dr. Walhekar.

Felicitation of Dr. Vishnu Joglekar. Sitting - Dr. Mrs. & Dr. Joglekar

Guest & Delegates for Agadayan Seminar.

Inauguration of Poster Gallery. from right - Dr. Joglekar, Dr. Huparikar, Dr. Singhal, Dr. Phadke, Dr. Patil, Dr. Puranik.

Category wise prizes for the poster presentations were given in the inaugural function. Dr. Priyadarshan Joglekar and Dr. Asmita Jadhav worked as evaluators for the poster presentations.

After the inaugural function Dr. S. K. Singhal delivered a lecture on' Medicolegal issues'. The session was chaired by Dr. Sarita Kapgate and co-chaired by Dr. Rajesh Upadhyay.

In the next session Dr. Chaithra Hebbar guided the delegates about the 'Research opportunities in Agadtantra'. This session was chaired by Dr. Priyadarshan Joglekar and co-chaired by Dr. Apoorva Sangoram.

Post lunch, a lecture on 'Uses of Agadasin the side-effects of chemotherapy' was delivered by Dr. Ranjeet Nimbalkar. This session was chaired by Dr. Mamta Adhav and co-chaired by Dr. Sanjay Nandedkar.

Dr. Mahesh Savalgimath delivered a talk on 'Applications of Agad principles in clinical dermatology'. This session was chaired by Dr. Nilesh Nemade and co-chaired by Dr. Vidya Undale.

Felicitations of the organizing committee was done in the valedictory session which was presided over by Dr. Saroj Patil, Principal of the college. Vice Principals - Dr. Mihir Hajarnavis and Dr. Indira Ujagare were present for the valedictory function. Prizes of the Paper presentations were given. Dr. Vinaya Dixit, Dr. Vidya Undale, Dr. Sunila Deo, Dr. Minakshi Randive, Dr. Aishwarya Ranade And Dr. Prasad Namewar worked as evaluators for the paper presentations.

The conclave was supported by various pharmacies by their stalls. Total 211 delegates attended the conclave.

Dr. Priyadarshan Joglekar - Programme Director, Dr. Neelam Valhekar and Dr. Rohan Deshpande - Organizing Secretary and Dr. Sayali Kulkarni, Dr. Suhel Shaikh - Programme Co-ordinators along with all the postgraduate students in the department of Agadtantra and non-teaching staff worked for the organization of this conclave.

वैद्यकीय पर्यटन

डॉ. अपूर्वा संगोराम, कार्यकारी संपादक

नुकत्याच दहावी, बारावीच्या परीक्षा संपल्या आणि मुलांबरोबर त्यांच्या पालकांनीही सुटकेचा निःश्वास टाकला. त्याच बरोबर घरोघरी देश–परदेशातील पर्यटनाला जाण्यायोग्य ठिकाणांच्या चर्चाही रंगू लागल्या.

पर्यटन म्हणजे आपल्या नेहमीच्या ठिकाणाहून लांब अथवा जवळ प्रवास करून स्थानबदल करणे, त्या ठिकाणच्या वातावरणाचा फरक अनुभवणे, आपल्या आवडत्या चवीढवींच्या पदार्थांचा आस्वाद घेणे. थोडक्यात नेहमीच्या चाकोरीबद्ध आयुष्यापेक्षा वेगळ्या पद्धतीचे आयुष्य अनुभवायला मिळणे. या सगळ्याचा फरक नक्कीच आपल्या संपूर्ण व्यक्तीमत्वावर, जगण्यावर होतो. एक वेगळ्या प्रकारची उर्जा मिळते. पूर्वीच्याकाळी बोलीभाषेत एखादी व्यक्ती अनेक ठिकाणी फीरत असेल तर तिला 'बारा गावचं पाणी प्यालेली व्यक्ती' अशी संबोधने किंवा उपमा मिळत असे व अशा 'केल्याने देशाटन' केलेल्या व्यक्तीभोवती देशोदेशीच्या पर्यटनातून आलेले अनुभवाचे भांडारच साठत असे त्यामुळे त्या व्यक्तीला आपोआपच एक वलय प्राप्त होताना दिसत असे.

पर्यटन म्हटल की त्याचे अनेक प्रकार समोर येतात. गड पर्यटन, कृषी पर्यटन, सागरी पर्यटन, धार्मिक स्थळांना भेटी, ऐतिहासिक स्थळांना भेटी असे अनेक पैलू समोर येतात. या सर्वांमध्ये 'वैद्यकीय पर्यटन' हा एक पर्यटनाचा नविन पैलू समोर येताना दिसतो आहे.

वास्तविक 'वैद्यकीय पर्यटन' ही संकल्पना आपल्याकडे नविन नाही. पूर्वीच्या काळी राजेरजवाडे एका ठराविक कालावधीसाठी राहाण्याच्या जागा बदलत असत. जुन्या काळातील वैद्यराज त्यांच्या क्षयरुग्णांसाठी हवापालटाचा सल्ला देत असत. अशी अनेक उदाहरणे आपणही ऐकलेली आहेत. विशेषतः अस्थमासारख्या व्याधीसाठी कोरड्या हवामानातील प्रदेशामध्ये जाण्याचा सल्ला हमखास मिळत असे. सध्याच्या काळातील 'वैद्यकीय पर्यटन' हे फक्त 'हवापालट' या मुद्यावर आधारीत न राहाता त्या त्या रुग्णालयात मिळणाऱ्या वैद्यकीय सुविधांवर आधारीत आहे आणि आता हे वैद्यकीय पर्यटन फक्त स्थानिक पातळीवर न राहाता राष्ट्रीय आणि आंतरराष्ट्रीय पातळीवर ही पोहोचलेले आहे.

भारतासारख्या विकसनशिल देशात अनेक तज्ञ डॉक्टर्स, वैद्य उपलब्ध आहेत. सर्वात महत्वाचे म्हणजे इथे उपलब्ध असणाऱ्या वैद्यकीय सेवांचा खर्च इतर विकसित देशात उपलब्ध असणाऱ्या वैद्यकीय सेवांच्या खर्चाच्या तुलनेने कितीतरी पटीने कमी आहे. हृदय, मेंदू यासाख्या गुंतागुतीच्या शस्त्रक्रिया, दंतोपचार यासाठी परदेशातून भारतात येऊन चिकित्सा, शस्त्रक्रिया करुन घेण्याचे प्रमाण दिवसेंदिवस वाढताना दिसत आहे. यासाठी भारतातील रुग्णालयेही या कसोटीवर उतरण्यासाठी नॅशनल ॲक्रिडीटेशन फॉर हॉस्पिटल्स ॲड हेल्थकेअर प्रोव्हायडर्स (एन. ए. बी. एच.) या राष्ट्रीय पातळीवरील सर्वोत्तम रुग्णसेवा देणाऱ्या संस्थासाठीचे प्रमाणपत्र मिळविण्यासाठी प्रयत्न करत आहेत.

आयुर्वेदीय चिकित्सेसाठी सुद्धा आपल्याला भारतात अशा अनेक प्रकारची वैद्यकीय केंद्रे उभी करता येतील किंबहुना याची सुरुवात केरळसारख्या काही ठिकाणी झालेलीही आहे. पंचकर्म चिकित्सा, योग चिकित्सा, स्वास्थ्यरक्षणासाठीची रसायन चिकित्सा, वाजीकरण चिकित्सा यासारख्या विषयांमध्ये आपण आपली स्वतंत्र प्रणाली उभी करु शकतो. आयुर्वेदात उल्लेखित पथ्यापथ्य विचार, आहार, नियोजन, सद्वृत आचरण, वंध्यत्व, स्थूलता, आमवात, संधिवात, वातविकार यासारख्या जुनाट व्याधीवरची व्यवस्थापन चिकित्सा प्रमाणित करून त्याद्वारे आपल्या रुग्णालयांसाठी देशविदेशातून वैद्यकीय पर्यटकांना आमंत्रित करु शकतो. मात्र त्यासाठी रुग्णालयाची अत्यधिक स्वच्छता, तज्ञ वैद्यांची, परीचारीकांची नियमित उपलब्धता एन.ए.बी.एच.चे प्रमाणिकरण, अत्याधुनिक अपडेटेड वेबसाईट यासारख्या गोष्टी अनिवार्य आहेत.

चला तर मग, सुट्टीमध्ये अशा प्रकारच्या वैद्यकीय पर्यटनाचाही आनंद लुटुया आणि आपले स्वास्थ्य अधिक तंदुरुस्त करुया!

आरोग्य झळा !

डॉ. सौ. विनया दीक्षित, उपसंपादक

पृथ्वीवरील वाढती लोकसंख्या व शहरीकरणाचा हवामानावरील थेट परीणाम आता चटके देत जाणवू लागला आहे. सर्वसाधारण देशात ४०°C पेक्षा अधिक व डोंगराळ भागात ३०°C पेक्षा जास्त तापमान असेल तर जागतिक आरोग्य संघटनेच्या व्याख्येनुसार ''उष्णतेच्या लाटा'' असे म्हटले जाते. उष्णतेच्या लहरींची तीव्रता व वारंवारता सातत्याने वाढताना दिसत आहे.

हवामान खात्याने नुकत्याच जाहीर केलेल्या दक्षतेच्या संदेशानुसार एप्रिल, मे व जून या ३ महिन्यात भारतातील अनेक राज्यांमध्ये चिंताजनक उष्णतेच्या लाटा व उच्च कोरड्या तापमानाचा तडाखा बसणार आहे.

बाह्य वातावरणातील हे उच्च तापमान दिवसा व रात्रीही थंडावा न देणाऱ्या हवामानाचा एकाचवेळी अनेक राज्यांत, मोठ्या लोकसंख्येवर प्रत्यक्षतः परिणाम होऊन ''मानवी आरोग्य'' धोक्यात येत आहे. संपूर्ण २४ तास कोरडी व उष्ण हवा, उष्णवारे यांमुळे नाक, कान, डोळे यांवर स्पर्शगम्य रुजा व शरीरातील रसरक्तांच्या चलनवलनांवर व्याधीजनक परिणाम दिसून येतात. शरीरावर एक मोठा ताण जाणवतो. आरोग्यविषयक लहानसहान तक्रारी जशा – वारंवार तहान लागणे, अतिघामाने अस्वस्थ वाटणे, वारंवार व सदाह अल्प मूत्र प्रवृत्ती होणे, भूक मंदावणे, पचन शक्ती कमी होणे, झोप न लागणे, क्वचित डोके जड वाटणे इ. प्रकारच्या सर्वत्रच दिसतात. कामातील व अभ्यासातील एकाग्रताही भंग पावते.

परंतु याच बरोबर श्वास घेण्यास अडचण होणे, अतिरुक्षतेने कोरड पडून भोवळ येणे, मूर्च्छित होणे, हृदय व रक्तवाहिन्या संबधीचे रोग, मूत्रपिंडाचे आजार, त्वचेवरील ॲलर्जी किंवा पित्ताच्या गांधी सदृश विकार, मधुमेहीरुग्णांतील असहिष्णुजन्य आत्ययिक अवस्था, जीवाची काहिली होऊन अजिबातच शांत न वाटणे, सैरभैर मानसिकता; शरीरातील पाण्याचे व क्षारांचे प्रमाण असंतुलीत झाल्याने निर्माण होणाऱ्या विविध धोकादायक प्रकृती अस्वास्थ्याच्या दशा अशा विविध गोष्टी समाजात एकाच वेळी दिसू लागतात. तसेच उष्णतेच्या लाटेचा दूध–पाणी व दुग्धजन्यपदार्थ, इतर आहारीय पक्वान्ने यावर जो परिणाम होतो त्यामुळे विषवत् स्वरुपाचा आहार केला जातो व उलट्या–जुलाब यांच्या साथीच पसरतात.

या सर्व आरोग्यविषयक समस्यांमुळे या काळात अकस्मात मृत्यूंचे प्रमाणही वाढते. सार्वजनिक आणि–बाणी–सदृश काळजी करायला लावणारी परिस्थिती उद्‌भवू शकते. यातच अर्धशिक्षित किंवा अति उत्साही मंडळी लग्नसराई किंवा खेळ समारंभामुळे जास्त प्रवास करतात व या हवामानाच्या तीव्र परिणामांना सहज बळी पडतात.

आयुर्वेदोक्त ग्रीष्म ऋतुचर्या वैशाख वणव्याचा कसा सामना करावयाचा हे अतिशय सविस्तरपणे शास्त्र शुद्ध पद्धतीने सांगते. स्वतःचे व कुटुंबियांचे आरोग्य या उष्णतेच्या महामारीत सांभाळायचे तर मानमरातब व चुकीच्या फसव्या फॅशनच्या गोष्टी बाजूला सारुन – सर्वांनी अंगभर आणि स्वच्छ सुतीच कपडे घालणे आवश्यक आहे. शिरोभाग, कपाळ व कान सदैव नीट झाकले जातील अशी व्यवस्था करणे गरजेचे आहे. समाज काय म्हणेल यापेक्षा शीतजलाने भिजवलेला सुतीवस्त्राच्छादीत शिर सलामत राखणे व शिरोस्थित नाक, कान नेत्रादी इंद्रियांचे उष्णतेच्या वाऱ्यांपासून संरक्षण करणे हाच मूलमंत्र आहे.

आहार हलका, ताजा व रसरशीत घ्यावा. त्यात तूप व पातळ पदार्थांची रेलचेल हवी. आंबटगोड फळांची सरबते, रस, कच्चा कांदा कोकम कढी, दूध – तूप ताजे यांवर यथेच्छ ताव मारावा. आवश्यक नसताना रस्त्यांवर फिरणे टाळावे. घरचे स्वच्छ पाणी, तेही धनेजीरे, चंदन, वाळा यांनी सुवासित असेल तर उत्तमच असे प्यावे. ओल्या जाड पडदयांचा खिडक्यांना आडोसा करुन उष्ण लाटांना घरात येण्यास मज्जाव करावा. हिरवाईचा आश्रय घेतला तर अधिकच छान. जलाशये व कारंजी सकाळ संध्याकाळ कार्यरत ठेवून हवेतील आर्द्रता टिकवण्याचा प्रयत्न करावा. प्रवास करावा लागलाच तर कांदा, साखरपाणी, लिंबूपाणी जवळ बाळगावे. विनासंकोच त्यांचा वारंवार उपयोग करावा.

मनाच्या विश्रांतीसाठी कपाळास चंदनाचा टिळा लावावा, सुगंधी फुलांच्या माळा/गजरे घालावेत. आवश्यकतेनुसार दुपारी वामकुक्षी घ्यावी.

आरोग्य संरक्षण सर्वप्रथम! उष्णतेचे आरोग्यावर होणारे नकारात्मक परिणाम विशिष्ट सार्वजनिक आरोग्य दक्षता कृती द्वारा नक्कीच टाळता येतात. उष्माघात टाळायचा तर पूर्व तयारीनिशी अटकाव करणे हाच मोठा मार्ग आहे. उष्णतेने अप्रत्यक्षतः मानवी मनाचे संतुलन व वर्तनही बाधित होते. कामकाजाची गुणवत्ता बदलते. त्यात आता हे 'क्रोधीसंवत्सर' गुढीपाडव्यापासून सुरु झाले आहे तरी सर्वांनी शांत बुद्धीने सारासार विवेक ठेवून या ग्रीष्माला सामोरे जाणे गरजेचे आहे.

दुर्वाकल्प, गुलकंद, दाडिमावलेह, मोरावळा, प्रवाळपंचामृत व चंदनादीलेप या पित्तशामक औषधी घरात ठेवून योग्यवेळी सेवन केल्याने ही लढाई यशस्वी रित्या लढणे शक्य होईल हे निश्चित !


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