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Ayurvedidya



Ayurvedidya Masik



॥ श्री धन्वंतरये नमः ॥

राष्ट्रीय शिक्षण मंडळ, संचालित

आयुर्विद्या

मासिक

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दिपावली व नूतन वर्षाच्या शुभेच्छा!



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Editor - **AYURVIDYA MASIK**, 583 / 2, Rasta Peth, Pune - 411 011.
E-mail : ayurvidyamasik@gmail.com Phone : (020) 26336755, 26336429
Fax : (020) 26336428 Dr. D. P. Puranik - 09422506207
Dr. Vinaya Dixit - 09422516845 Dr. Apoorva Sangoram 09822090305
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संपादकीय

हृदयविकारावर मंथन...

डॉ. दिलीप पुराणिक

अगदी अलिकडे म्हणजे गेल्या काही महिन्यांत अनेक तरुणांचा हृदयविकाराने अथवा हृदयक्रिया बंद पडून (Cardiac Arrest) अचानक मृत्यू झाल्याच्या बातम्या वृत्तपत्रादी माध्यमातून वाचावयास मिळाल्या. अगदी तरुण वयात पूर्वीचा हृदयविकाराचा इतिहास नसताना अशा प्रकारच्या मृत्यूच्या घटना घडल्याने आधीच जिवाळ्याचा असा हृदयविकार हा विषय ऐरणीवर आला. वैद्यकीय जगतात होत असलेल्या चर्चेनुसार अतिव्यायामामुळे हृदयावर अतिरेकी ताण पडल्याने सदर मृत्यू घडले असण्याचा अनौपचारिक निष्कर्ष काढण्यात आला.

एकूण विचार करता असे लक्षात येते की हृदयविकाराची समस्या ही पूर्वीपासून जागतिक पातळीवरची असून ती दिवसेंदिवस अधिक गंभीर होत चालली आहे. अगदी अमेरिकेसारख्या पाश्चात्य देशांपासून तर चीन, भारत ह्यासारख्या पौरात्य देशांमध्ये हृदयविकाराची समस्या उग्र होत आहे. अमेरिकेतील दर चार मृत्युपैकी एक मृत्यू हृदयविकाराने होत आहे. सर्वसाधारणपणे पावणेसहा लाख मृत्यू दरवर्षी हृदयविकारामुळे अमेरिकेत ओढवतात. भारतातही हृदयविकाराने मृत्यू पावणाऱ्यांची संख्या खूप मोठी आहे. दरवर्षी सर्वसाधारणपणे तीनदशलक्षांपेक्षा अधिक मृत्यू दरवर्षी फक्त भारतात हृदयविकारामुळे घडतात. भारतात दरवर्षी ओढवणाऱ्या एकूण मृत्युपैकी १८% मृत्यू हृदयविकारामुळे (Coronary Arterial Disease) होतात. भारतात जडणाऱ्या हृदयविकारात (Heart Diseases) सर्वात जास्त प्रमाण Ischaemic Heart Disease (IHD), Hypertension आणि Cardio Vascular Disease ह्यांचे असते. सन २०२० मध्ये फक्त भारतात पावणेपाच दशलक्ष मृत्यू हृदयविकाराने ओढविल्याचे नोंदविण्यात आले आहे.

जागतिक स्तरावर विचार केला असता हृदयविकारामध्ये सर्वात जास्त प्रमाण हे Coronary Artery Disease चे आढळते. ह्या प्रकारच्या विकारात हृदयाकडे जाणाऱ्या रक्ताच्या प्रवाहात अडथळा निर्माण होतो. Coronary Vascular Disease (CVD) हे जागतिक स्तरावर होणाऱ्या मृत्यूंमध्ये सर्वात मोठे कारण आहे. सुमारे अठरा दशलक्ष मृत्यू हे हृदयविकाराने होतात. जागतिक स्तरावर विविध कारणांनी होणाऱ्या एकूण मृत्यूंच्या संख्येपैकी सुमारे ३२% मृत्यू हृदयविकाराने (CVD) होतात. सुमारे २४०० मृत्यू दररोज हृदयविकाराने होतात.

हृदयविकाराने (CVD) मृत्यू पावणाऱ्यांची संख्या सर्वात जास्त चीन देशात आहे. त्या खालोखाल भारत, रशिया, अमेरीका, इंडोनेशिया ह्यांचा नंबर लागतो. भारतात एवढ्या

मोठ्या संख्येने हृदयविकार जडण्याची कारणे म्हणजे मधुमेह, (Diabetes), उच्चरक्तदाब (Hypertension), तंबाखूज्वन्य पदार्थाचे सेवन व धूम्रपान (smoking-active and passive). सर्वसाधारणपणे हीच कारणे तरुण वयात हृदयविकार जडण्याची सांगितली जातात. ह्यामध्ये अलीकडे भर पडली आहे ती सुरुवातीस नमूद केलेल्या कारणाची-म्हणजेच अतिरेकी व्यायामाची.

हृदयविकार हा कोणत्याही प्रकारचा असो, तो पूर्ण बरा होणारा नाही. अर्थात तो आटोक्यात राहू शकतो. योग्य ते औषधोपचार व पोषक जीवनशैलीचा अंगिकार (Life style Intervention) केल्याने हृदयविकार असलेली व्यक्ती दीर्घकाळ आनंदी राहून जीवनाचा आनंद घेऊ शकते. ह्यामध्ये आहार, विहार, योग व आयुर्वेदीय स्वस्थवृत्तात सांगितलेली दिनचर्या ह्यांचा अंतर्भाव होतो. आरोग्यकारक आहार घेणे, सक्रीय व सतत कार्यरत राहाणे, वजन नियंत्रणात ठेवणे, धूम्रपान व मद्यपान वर्ज्य करणे, रक्तदाब व कोलेस्टेरॉल नियंत्रणात ठेवणे व सर्वात महत्वाचे म्हणजे ताणतणाव ह्यावर काबू राखणे इत्यादी मार्गांनी हृदयविकारापासून लांब राहाणे शक्य असते. ह्या गोष्टींचा अवलंब केल्याने जपान, दक्षिण कोरिया, फ्रान्स, हाँगकाँग ह्या देशातील लोकांना हृदयविकार होण्याचे प्रमाण अल्प आहे.

हृदयविकारावर अनेक चिकित्सा पद्धती (Treatment Modalities) आता उपलब्ध आहेत. Angioplasty, Bypass ह्या पद्धतींच्या शस्त्रक्रिया पूर्णतः सुरक्षित आहेत. रोगनिदानार्थ अनेक पद्धती (Angiography) उपलब्ध आहेत. अँजिओप्लास्टी, बायपास सर्जरी टाळून हृदयविकारावर इझिपीपी, चिलेशन, जर्मन इसएसएमआर थेरपी सारखे आधुनिक उपचार केंद्र सुरु झाली आहेत. असे सर्व असूनही दिवसेंदिवस हृदयविकार होणाऱ्यांची आणि त्यामुळे मृत्यू पावणाऱ्यांची संख्या वाढतेच आहे. आणि म्हणूनच जागतिक पातळीवर 'हृदयाचे महत्त्व आणि हृदयविकार' ह्याबाबत जनजागृती करणे, त्यास प्रतिबंध करणे ह्यासाठी सप्टेंबर महिन्याच्या शेवटच्या रविवारी 'जागतिक हृदय दिवस' (World Heart Day) पाळण्यात येतो. ह्या वर्षी २९ सप्टेंबर २०२१ रोजी 'हृदय' ह्या जिवाळ्याच्या निमित्ताने जगभर विशेष कार्यक्रमांचे आयोजन करण्यात आले. तसेच विविध माध्यमांद्वारे जनजागृतीपर कार्यक्रम करण्यात आले. सन २०२० साली झालेल्या "जागतिक हृदय दिवसाचे घोष वाक्य होते - हृदयाचा वापर-समाजासाठी, तुमच्या प्रियजनांसाठी व तुमच्यासाठी" होते. (Use Heart-For Society, Your loved Ones And You).

ह्या घोषवाक्याचा प्रत्येक सृजनाने अंगिकार केल्यास 'हृदयविकारापासून' लांब राहणे सहज शक्य आहे.



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5

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Twenty Eight Yavagus - In Clinical Practice

Vaidya Chitra Bedekar, M.D. (Ayurveda), M.A. (Sanskrit)
Director -AYUSKAMIYA Clinic.

Yavagu and Peya, are the two words which we come across many times while reading Samhita's. In the last article the two words were used repeatedly, but were not discussed about. Here formulation expected in Samhita's and latter texts by the two words, their recipes, differences in them will be discussed.

Yavagu and Peya - Different recipes are described separately for these two formulations in Sharngadhara Samhita, Yogaratnakara and Nighantu's. But both the words denote a formulation like gruel prepared from Shukadhanya i.e. awned grains or monocotyledonous grains or group of cereals.

Peya - Any of the Shukadhanya's is cooked in fourteen times of water or other liquids till the grain is cooked well and becomes soft. The liquid part along with cooked grains is served.

द्रवाधिका स्वल्पसिक्ता चतुर्दशगुणे जले॥ सिद्धा पेया बुधैर्ज्ञेया
यूषः किंचिद्धनस्ततः। पेया लघुतरा ज्ञेया ग्राहिणी धातुपुष्टिदा॥

शारंगधर संहिता, मध्यमखण्ड, द्वितीय अध्याय

Yavagu - Any of the Shukadhanya's is cooked in six times of water or other liquids, till the grain is cooked well and becomes soft. The liquid part along with cooked grains is served.

यवागूः षड्गुणजले सिद्धा स्यात्.....।

शारंगधर संहिता, मध्यमखण्ड, द्वितीय अध्याय

It is clear from the above definitions that the latter texts consider Yavagu and Peya as two different formulations. According to these texts Peya is more dilute or thin with less cooked grains in it while Yavagu is thicker with less liquid part and more cooked grains.

But from the references of the two words in Charaka Samhita, Sushruta Samhita, Ashtanga Sangraha and Ashtanga Hrudaya it is observed that these two words are used as a synonym. Separate mentions of Yavagu and Peya are

neither in Annapanvidhi Adhyaya of Charak Samhita and Sushruta Samhita nor Annaswarupa vidnyaniya Adhyaya of Ashtanga Sangraha and Ashtanga Hrudaya. In the commentaries, Nibandhasangraha and Aurvedadipika, the two words are stated to be the synonyms of each other.

It is said in Nibandhasangraha commentary that some scholars consider the two as different formulations.

This series of articles is mainly based on the reference of 28 Yavagu's from Apamarga tanduliya Adhyaya from Charaka Samhita. Hence the word Yavagu is accepted and will be used to denote, both, Yavagu and Peya in this article and all subsequent articles in the series. After taking in to consideration the attributes and functions of Yavagu the proportion 1:14 approximately of Shukadhanya and liquid medium in which it is to be cooked is accepted here.

Ingredients for Yavagu -

1) Any kind of Shukadhanya is the main ingredient of Yavagu. In most of the Yavagu's, a type of Sali, mostly Raktasali, Sastikasali are used. Other grains like Yava, Shyamak, Gavedhuka and seeds of some plants like Apamarga etc. are also used. Many Yavagu's prepared from Laja i.e. puffed rice are also recommended in various diseases.

2) Liquid Water, Paniya, Mamsarasa (meat soups of various creatures), Buttermilk, Milks of various animals and some fermented liquors are the liquids used for preparing Yavagu's.

3) Medicines Sometimes powders or Pulp / paste of some medicines.

4) Sneha Oil or ghee or other Sneha.

Quantity and proportions of the ingredients -

The guidance about quantity of ingredients is there in the Samhitas and in the commentaries. Most of the Yavagu's illustrated in the classical

texts are to be prepared with Paniya. Paniya is prepared by boiling medicines in water to reduce it to one half. The process is similar to Kvatha formulation. But unlike Kvatha the amount of medicines used for boiling is less and amount of water is more. Paniya is more dilute than Kvatha.

The medicines used for preparing the Paniya or Yavagu are of three types according to their Virya (potency) viz. Mrdu Virya, Madhya Virya and Tikсна Virya. The approximate expected quantity of medicines having Mrdu Virya is one Pala, Madhya Virya is half Pala and Tikсна Virya is one Karsha.

While preparing Paniya, one Karsha of medicine is to be boiled in one prastha of water to reduce to one half.

The proportions of medicine's having varied potencies and water required accordingly should be calculated and decided based on the ratio given above. These quantities can vary with respect to the condition of the patient and the disease.

When Yavagu is prepared from Kalka (pulp of medicines) the quantity of water should be understood from the texts on Sudasastra (Cooking Science).

The quantities can also be understood from the day to day practice of people and elderly physicians.

Attributes of Yavagu - Attributes of Yavagu's need to be understood in two steps. Primarily the attributes and function of Yavagu itself, as a formulation should be understood. Then one can better understand attributes and functions which are achieved by specific processing method (Samskara) with specific medicines (Sanyoga).

Attributes and functions of Yavagu's as a formulation as stated in the classical texts are as follows - Laghu, Dipana, Pachana, Ruchikara, Vatanulomana, Doshanuloman, Purisha nulomana, Malashodhana, Basti shodhana, pacify hunger and thirst, give strength, alleviate fatigue, make a person

sweat, destroy stiffness (Stambhanasana).

In Jvara chikitsa of Charaka Samhita the functions of Yavagu' showing to their attributes are described. Yavagu is a fuel for Jatharagni. Yavagu's kindles the digestive fire owing to their Laghu attribute and medicines used for the processing. They give rise to sweating as they are drava (liquid) and Uana. They pacify Trshna as they are drava (liquid). They strengthen as they are food and give lightness to the body as they are Sara. They are Jvara satmya i.e. Vyadhi viparita Aushadha of Jvara.

Yavagu's are Hetu-vyadhi viparita Aushadha of Jvara caused by Sheet (Cold) and Vata according to Madhukosha commentary on Madhava Nidana. They can be called Hetu-vyadhi viparita Aushadha of Atisara as well.

Yavagu's prepared with various medicines pacify Dosha's. Dosha's are an antaranga hetu (internal cause) of the diseases. Hence Yavagu's can be Hetu viparita Aushadha in various conditions of many diseases.

Yavagu's can have innumerable attributes and functions with regards to the ingredients used. Those can be understood with the discussion of respective Yavagu's.

Yavagu's are lighter than Vilepi and Odana and heavier than Manda.

मण्डपेयाविलेपीनामोदनस्य च लाघवम्॥

यथापूर्व.....। अ.ह.सू. ६.२६-२७

Besides being an effective medicine for various diseases Yavagu's have multi-fold other uses in various conditions as well. Yavagu's are prescribed to be intaken before Vamana or consuming particular medicines. They are also used as Pratibhojana i.e. specific food to be consumed after digesting a particular medicine. They are used in Samsarjanakrama after Shodhana i.e. Vamana and Virechana. Yavagu's are prescribed as Anupana for particular medicines, medicated ghees etc.

Indications and Contra-indications of

Yavagu's - Yavagu's are indicated in some diseases and conditions and contraindicated in some diseases and conditions. These diseases and conditions will be explained in subsequent articles with the discussion of selected Yavagu's one by one. Here some of them are discussed.

Jvara - Yavagu's are prescribed in the therapeutic course of Jvara. Taking in to consideration the condition of the patient and the disease, Langhana and if required Vamana should be implemented in the beginning of the treatment. Afterwards Yavagu's processed with appropriate medicines should be used for Dosapachana. They should be used till Jvara alleviates or for 6 days. The six days are to be counted from the first day of onset of Jvara.

Contraindication of Yavagu's in Jvara cikitsa - Jvara caused by alcohol, Jvara in alcoholic person, Jvara in a person suffering from Madatyaya, Jvara in a person having Pitta-Kapha dominance, Jvara afflicting in summer (Grishma), Jvara in a patient of Urdhvaga Raktapitta, Jvara in a patient having Kapha resorted at the site of Pitta, Jvara in a patient suffering from severe Trshna, severe vomiting, intense burning sensation.

Raktapitta - Yavagu's are recommended in Adhoga Raktapitta and when Vata is dominant. They are contraindicated in a condition where Vata is excessively vitiated.

Samsarjanakrama - Jatharagni is diminished for some while after Vamana or Virechana as a result of Shodhana, bleeding, implementation of Sneha, Langhana etc. Hence Samsarjanakrama is to be employed. Agni becomes strong, stable and capable of digesting every food item on account of implementation of Samsarjanakrama. Yavagu comes in the first place in this order as they are more Laghu than Vilepi, Yusa etc. which are to be consumed subsequently.

But Yavagu's are contraindicated if Kapha and Pitta are eliminated less, in an alcoholic person, in a person with Vata-pitta

dominance.

Yavagu's are contraindicated immediately after Anuvasana Basti.

Yavagu's are contraindicated in Prameha.

In a nutshell -

a) Yavagu's are contraindicated in conditions where there is dominance of Kapha or Kapha-pitta, there is excess unctuousness or Abhisyanda existing already in the body. Yavagu consumed in such conditions increases the Abhisyanda in the body. Yavagu adds to the Kapha accumulation like rain on the earth or soil gives rise to mud formation.

b) Yavagu's are served hot and cause svedana when used for treatment of Jvara. Yavagu's are contraindicated in diseases and conditions where Svedana is contraindicated e.g. alcoholic person, Madatyaya, dominance of Pitta, patient suffering from severe Trshna, intense burning sensation, Prameha, summer (Grishma).

c) Treatment for the host Dosha (Sthani) is required in the beginning when one Dosha is resorted at the site of other Dosha. Treatment for Pitta is to be implemented when Kapha is resorted at the site of Pitta. In Jvara, Yavagu's are served hot and cause svedana. Hence they can't be used in such a condition.

d) Yavagu's are contraindicated when Ama is abundant e.g. in the beginning of treatment of Jvara, Raktapitta, Atisara, severe Chardi etc. Langhana is required for Amapachana as the first step in the therapeutic course of these diseases.

Pot for Serving Yavagu - In Sushruta Samhita silver pot is recommended for serving Yavagu's.

Thickness of Yavagu's - Yavagu should be thinner / more liquid / more dilute with less cooked grains in it when they are to be used for a patient with very low Agni.

Temperature of Yavagu's while serving - Yavagu's should be served hot in diseases like Jvara where Swedan is expected. They should be cold (normal temperature) while serving to a patient of Raktapitta.





Plastic Surgery: A Remold Of Sushrutokta Sandhanakarma

Dr. Rashmi Bhise, Assistant Professor,
Department of Shalyatantra, Tilak Ayurveda Mahavidyalaya, Pune 411011.

Introduction - Aayurveda is an ancient science of life, which is divided into 8 branches. Therefore, it is popularly known as "Ashtaang Ayurveda". Shalya (Surgery) is one of the most important branch among these and Aachaarya Sushruta has placed it foremost than the other branches to emphasize its importance.¹

According to the great surgeon Aachaarya Sushruta, the definition of an ideal surgeon is "A person who possesses courage and presence of mind, a hand free from perspiration, tremor less grip of sharp and good instruments and who carries his operations to the success and advantage of his patient who has entrusted his life to the surgeon. The surgeon should respect this absolute surrender and treat his patient as his own son."

In ancient times, Ayurveda was proficiently evolved to its peak level of advancement; but later on, there was a long period of slavery and India became dependent on the British government. This was a period of decline for Ayurveda and the surgical branch of Ayurveda i.e. Shalya went on a regression miserably. It has resulted into development of a perception among common people that there is no provision of surgical treatment in Ayurveda. However, when we go through the texts of Sushruta Samhitaa, it becomes quite clear that Aachaarya Sushruta was the first to lay down the basic concepts of present-day General Surgery as well as the Plastic Surgery. Being a pioneer in the field of surgery, Acharya Sushruta is considered as "Father of Modern Surgery"; as his logical approach, prudent and clear view and marvelous presentation has

stood the test of time prodigiously.

From ancient Aayurveda literature, it has been observed that different operative procedures were performed successfully in those days as well². If the history of medical science is traced back to its origin, it probably starts from an unmarked era of ancient time, even surpassing the time period of Ayurveda. Although the science of surgery has advanced by leaps and bounds in today's era, many techniques practiced today have still been derived from the practices of the ancient Indian scholars like Aacharya Sushruta.

All the basic principles of Surgery such as planning precision, hemostasis and perfection find important places in Aacharya Sushruta's writings on the subject. He describes 60 types of Upakrama for treatment of wound, 120 surgical instruments and 300 surgical procedures and classification of human surgeries in eight categories.

Aacharya Sushruta has described the Surgery under eight heads-Chhedya (Incision), Bhedya (Excision), Lekhya (Scarification), Vedhya (Puncturing), Eshya (Exploration), Aaharya (Extraction), Vistravya (Evacuation) and Sevyā (Suturing).

According to Aacharya Sushruta, health was not only a state of physical well-being but also mental, brought about and preserved by the maintenance of balanced humors, good nutrition, proper elimination of wastes, and a pleasant contented state of body and mind. For successful Surgery, Aacharya Sushruta induced Anesthesia using intoxicants such as Wine and Henbane (Cannabis indica). He treated numerous cases of Naasaa - Sandhana (Rhinoplasty), Oshtha-Sandhana

(Lobuloplasty), Karna - Sandhana (Otoplasty). Even today, Rhinoplasty described by Aacharya Sushruta in 600 BC is referred to as the Indian flap and he is known as the originator of Plastic Surgery.

He described six varieties of accidental injuries encompassing all parts of the body. They are described below:

- **Chhinna** - Complete severance of a part or whole of a limb.
- **Bhinna** - Deep injury to some hollow region by a long piercing object.
- **Viddha** - Puncturing a structure without a hollow.
- **Kshata** - Uneven injuries with signs of both Chhinna and Bhinna, i.e. Laceration.
- **Pichchita** - Crushed injury due to a fall or blow.
- **Ghrishta** - Superficial abrasion of the skin.

Besides trauma involving general surgery, Aacharya Sushruta gives an in-depth account and a description of the treatment of 12 varieties of fractures and 6 types of dislocation. This continues to spellbind orthopedic surgeons even today. He mentions the principles of traction, manipulation, apposition, stabilization, and post operative physiotherapy.

Chhedanakarma was performed in those disease where suppuration is absent, swelling is hard and immovable or in those diseases where gangrene develops. The same procedure is still being adopted in modern science.³

He also prescribed measures to induce growth of lost hairs and removal of unwanted hairs. He implored surgeons to achieve perfect healing which is characterized by the absence of any elevation, induration, swelling mass, and the return of normal coloring.

Plastic Surgery and Dental Surgery were practiced in India even in ancient times, as it's evident from the description of various reconstructive procedures for different types of

defects given in Sushruta Samhitaa. The students were properly trained on models and this practice has been described well in the 'Yogyasutriya' chapter of Sushruta Samhitaa. He taught his surgical skills to his disciples on various experimental models. Incision on vegetables such as watermelon and cucumber, probing on worm-eaten woods, etc. are some instances of his experimental teaching preceding the present-day 'Hands on training workshops' by more than 2000 years. He was the first person in human history to suggest that a student of surgery should learn about human body and its organs by dissecting a dead body.

Materials And Methods : For the present review, a detailed literary study has been performed. The details of all the contents and references have been analyzed from available texts. The principal texts referred are Sushruta Samhitaa and some Veda. Also, relevant references have been taken from other research articles available from internet.

Meaning Of Plastic Surgery : Plastic Surgery takes its name from Greek term "Plastikos" which means to mold and reshape.⁴ It is a surgical specialty involving the restoration, reconstruction, or alternation of human body. It includes cosmetic or aesthetical surgery, hand surgery, microsurgery and treatment of burns.⁵

The modern-day techniques of Plastic Surgery emerged out of First World War, especially with the New Zealander Sir Harold Gillie's work on reconstructing facial injuries, which was enabled by new safe anesthetic incubation.

Later in Twentieth century, renewed understanding of detailed soft tissue anatomy led to an explosion of new flaps, which with micro-surgical methods, craniofacial surgery and tissue expansion, resulted in an entirely new set of techniques and became available for reconstructing the parts.⁶ The first textbook

to include comprehensive account of plastic and reconstructive surgical operations was written by French surgeon Velpeau in 1839.⁷

History Of Plastic Surgery : The oldest surgical references about Plastic Surgery are found in ancient Egyptian medical texts. The Roman Scholar Aulus Cornelius Celsus has also recorded the surgical techniques, including Plastic Surgery, in first century AD. The Romans also performed Plastic Cosmetic Surgery. They were able to perform simple techniques, such as repairing damaged ears, even around the 1st century BC.⁸

Even in old Indian Mahakavya like Ramayana and Mahabharata, we get a hint that Plastic Surgery was well known in that era also. There are some examples like reconstruction of nose of Ravana's Sister Shurpanakha, implantation of head of horse to a man (whole body transplantation is the new avenue for researches) by Ashwinikumar etc. These examples explain us about the extent of knowledge of Plastic Surgery in that period of time.

Sushruta Samhita is also written in the era, when occurrence of wars was very common. So, Aacharya Sushruta, being "Shalya Pradhana" i.e. Surgery oriented, has described some of the surgeries, which resemble the Plastic Surgery being done in present days. He has mentioned Plastic Surgery as "Sandhana Karma" like Nasa Sandhana (Nasal Reconstruction), Karna Sandhana (Ear Reconstruction) and Oshthha Sandhana (Lip Reconstruction). These kinds of Reconstructive Surgery techniques were being carried out in India in 6th century BC, when Aacharya Sushruta made important contributions to the field of Plastic and Cataract Surgery.

However, the description of Sandhana Karma can be found even before the age of Aacharya Sushruta. Even during the Vedika period, the science of Sandhana Karma was

well-developed. The references of magical operative surgeries performed by Ashwini Kumara (Physicians of God) are twin brothers have been abundantly mentioned in the Veda. When Dakshya cut the head of Chyavana away from his trunk, Ashwini Kumara performed the first plastic operation to join them.⁹ When Lord Shiva cut the head of Ganesha in a bout of anger, it was replaced with the head of an elephant and therefore, Shree Ganesha is popularly known as Lord "Gajaanana". This is the best example of transplantation, which we commonly listen since childhood from our mothers and grandmothers in stories.

Another instance of transplantation of Iron leg by Ashwini Kumara to Vishpala, the wife of king Khela, when she lost her leg in a war, has been quoted in Veda.¹⁰ The lost body part of Rishi Atri was also re-joined by Ashwini Kumara. The body of Aacharya Shyaba, which was cut into three parts, was immediately re-joined by Ashwini Kumara, giving him a life.¹¹

Dadhyancha, who was the master of Madhu Vidya, when denied to teach the Vidya to Ashwini Kumara, got his head severed by them. They transplanted the head of a horse to his body and learnt the Madhu Vidya. After attaining the knowledge, they transplanted back his original head.¹²

Besides the Rigveda, Padmapurana has also described the examples of Reconstructive Plastic Surgery.¹³ When Bhairava cut the head of Lord Brahma and Maharshi Dadhichi, Ashwini Kumarare - joined their heads. According to Upanishada, Ashwini Kumara also operated and repaired the head of Yagya excised by Rudra. From all these references, it seems that Ashwini Kumara were doing both homo and hetero transplantations at that time.¹⁴

The medical works of Aacharya Sushruta, which were originally in Sanskrit language, were translated into Arabic language during

the rule of Abbasid Caliphate in 750 AD.¹⁵ The Arabic translations made their way into Europe via intermediaries. After that, the Italian physicians started to follow the surgical techniques of Acharya Sushruta.

Later, the British physicians travelled to India, to see the Rhinoplasties being performed by native methods. They reported the Indian Rhinoplasty performed by a Kumhara Vaidya, which was published in the Gentleman's Magazine in 1794.¹⁶ Joseph Constantine Carpue spent 20 years in India studying the local Plastic Surgery methods. Carpue performed the first major Surgery in the western world by 1815. Even the instruments described in Sushruta Samhita were further modified in the western world.¹⁷

Plastic Surgery In Ayurved : Acharya Sushruta has described "Sandhanakarma" under the Shashti-Upakrama (Sixty types of treatment modalities for wounds), which is nothing but the ancient classical description of modern advancement of "Plastic Surgery". Among the various types of Plastic Surgeries, Nasa-Sandhana (Rhinoplasty), Karna-Sandhana (Auroplasty) and Oshtha-Sandhana (Lipoplasty) have been particularly mentioned in Ayurveda. This is a great contribution of ancient Indian surgery in the field of Plastic Surgery, which can never be underestimated.¹⁸

It's an appalling fact that cutting away the nose or ear-lobe was one of the Royal punishments in older days. Therefore, the Indian surgeons had plenty of opportunities to perform the Reconstructive Surgery like Rhinoplasty, which was first done in this country only and thereby proves the uniqueness of Indian surgery. The surgeons used to correct such deformities by shifting the skin flap to reform the nose and ear. They also appreciated the importance of proper wound healing for successful operation of Plastic Surgery.

General Principles Of Plastic Surgery : Considering general principles of Plastic Surgery, one should consider the following points.

- a) Skin Incision and Excision
- b) Role of detritment and Irrigation
- c) Role of suturing techniques
- d) Management of large wounds

Even Acharya Sushruta has clearly mentioned different types of incisions to be taken on different body parts under the heading "Chhedana Karma" (Incision). He has mentioned mainly three types of incisions according to different sites. On head, eyelid, cheek, frontal region, lips, gums, axilla, hip joint-Sushruta has advised to take "Tiryaka Chhedana" that means oblique incision. Over the extremities i.e. Upper and Lower limbs, one should take "Chandramandala" type of incision (Circular) and over the anal region and penis, incision should be "Ardhachandrakruti" (Semicircular). Acharya Sushruta has clearly mentioned that, if these rules of incision are not followed, there are chances of intersecting the vital structures and also wound healing may be delayed (Chirad Vranasanroho) and formation of keloid (Mamsakandi) may occur.¹⁹

Karna-sandhana Vidhi (techniques Of Auroplasty) : Acharya Sushruta has described total 15 methods of Karna-Sandhana (Auroplasty) repairs of the severed ear-lobes.²⁰

- | | |
|---|-------------------|
| 1) Nemisandhanaka | 2) Nirvedham |
| 3) Henakarna | 4) Utpalabheda |
| 5) Vyayojinam | 6) Vallikarna |
| 7) Valluraka | 8) Kapatasandinam |
| 9) Yashtikarna | 10) Asangima |
| 11) Ardhakapatasandinam | 12) Kakoshtaka |
| 13) Aaharya | 14) Sankhipta |
| 15) Gandakarna Sandhanaarthajivitamansa (Pedicled skin flap). | ²¹ |

If skin flap from ear is unavailable during Auroplasty, then for Sandhanaprakriya (Plastic

Surgery), a flap from Gandapradesha (Living flap connected to the base of cheek) can be taken for Karna-Sandhana (Auroplasty). Acharya Sushruta has described the detailed procedure of Auroplasty (Karna-Sandhana Vidhi) in his manuscript Sushruta Samhita.²²

Nasa-sandhana Vidhi (techniques Of Rhinoplasty) : Achaarya Sushruta has described Nasa-Sandhana Vidhi (Procedure of Rhinoplasty) for the nose either lost by disease or by trauma/accident. The original method of Nasa-Sandhana (Rhinoplasty) mentions that a leaf of any creeper should be collected first. It should be adequate in length and breadth, to cover the entire severed portion. Then a patch of living flesh of the size of previously trimmed leaf should be excised with an attached pedicle, so that the excised skin flap is maintained by its vascularity. Thus, skin flap is then overlapped to severed portion and stitched. The insertion of Kamalanala into the nostril has been advised to facilitate the respiration and to maintain the sutures.²³



fig.3 Nasa sandhan

[Picture courtesy by-

<http://ispub.com/IJPS/3/2/7839>]

The operation was described as follows :
<http://ispub.com/IJPS/3/2/7839>

“A thin plate of wax is fitted to the stump of the nose so as to make a nose of good appearance; it is then flattened and laid on the forehead. A line is drawn around the wax, which is then of no further use, and the operator then dissects off as much skin as it had covered, living

undivided a small slip between the eyes. This slip preserves the blood circulation till a union has taken place between the new and the old parts. The cicatrix of the stump of the nose is next paired off, and immediately behind the new part, an incision is made through the skin which passes around both alae, and goes along the upper lip. The skin, now brought down from the forehead and being twisted half around, is inserted into this incision, so that a nose is formed with a double hold above and with its alae and septum below fixed in the incision. A little Terra Japonica (pale-catechu) is softened with water and being spread on slips of cloth, five or six of these are placed over each other to secure the joining. No other dressing but this cement is used for four days. It is then removed, and cloths dipped in ghee are applied. The connecting slip of skin is divided about the twentieth day, when a little more dissection is necessary to improve the appearance of the new nose. For five or six days after the operation, the patient is made to lie on his back, and on the tenth day, bits of soft cloth are put into the nostrils to keep them sufficiently open. This operation is always successful. The artificial nose is secured and looks nearly as well as the natural nose, nor is the scar on the forehead very observable after a length of time.”

This story encouraged Carpue, an English surgeon, to study the details and soon he recognized the immense potential of the operation. Carpue successfully performed the first Rhinoplasty operation (37 minutes) on October 23, 1814 followed by a second successful operation⁷. Subsequently, through the publication of these successful operations by Carpue in 1816, the use of Indian technique gained popularity amongst British and European surgeons. By 1897, at least 152 rhinoplasties had been performed in Europe.

One of the earliest European descriptions of Indian rhinoplasty is as follows :

1.8. Manucci Niccolo' (1907-1908) Storia do Mogor or, Mogul India 1653-1708 by Niccolo Manucci Venetian; Translated with Introduction and Notes, by William Irvine. The Indian Text series, ed. under supervision of the Royal Asiatic Society, London: J Murray 4 v.

"The surgeons belonging to the country cut the skin of the forehead above the eyebrows, and made it fall down over the wounds on the nose. Then, giving a twist so that a live flesh might meet the other live surface, by healing applications, they fashioned for them other imperfect noses. There is left above, between the eyebrows, a small hole, caused by the twist given to the skin to bring the two live surfaces together. In a short time the wounds heal up, some obstacle being placed beneath to allow of respiration. I saw many persons with such noses, and they were not so disfigured as they would have been without any nose at all." (Storia do Mogor 1653-1708 AD).

These Rhinoplasties were widely appreciated as the 'Indian Nose' and generated tremendous interest in the medical fraternity paving way for corrective Rhinoplasty in Europe, United states and other part of the world. Later, with the dissemination and refinement of the technique it became an established procedure worldwide.

Though today the technique has received few modifications but the basic principles laid down by Sushruta still remains true. Today, the world acknowledges India as the cradle of Rhinoplasty and the contemporary use of the "Indian flap" for nasal reconstruction testifies to its practicality and success for more than 2500 years.

The resurgence of Indian method began in the 1700s when British surgeons working for the East India Company saw the work done by Indian surgeons. During Mysore War of 1792 between Tipu Sultan and the British. Cowasjee, a cart-driver with the British and

four other native sepoys were captured by the Sultan's soldiers. Their noses and a hand each were cut off by the Mysore army. After a year without a nose, he and four of his colleagues submitted themselves to treatment by a man who had a reputation for nose repairs. The operations were witnessed by Thomas Cruso and James Findlay, surgeons at the British Residency in Poona. They appear to have prepared a description of what they saw and diagrams of the procedure. The technique used for Rhinoplasty was a modification of the ancient Rhinoplasty described by Sushruta. Sushruta's version has the skin flap being taken from the cheek; Cowasjee's was taken from the forehead. A photo feature on the sensational surgery was published in the Madras Gazette. Subsequently, the details and an engraving from the painting were reproduced in the October 1794 issue of the Gentleman's Magazine of London 6. (Figure-3, 4) Figure 4 -

<http://ispub.com/IJPS/3/2/7839>



Figure 4: The famous Indian Rhinoplasty (reproduced in the October 1794 issue of the Gentleman's Magazine of London) -picture courtesy by- <http://ispub.com/IJPS/3/2/7839>.

Oshtha - sandhana Vidhi (techniques Of Lipoplasty) : Aacharya Sushruta has also mentioned the Sandhana - Vidhi of Chinna Oshtha (Procedure of Lipoplasty) for Khandoshtha (Harelips).²⁴ The procedure is same as Nasa - Sandhana Vidhi (Rhinoplasty). However, the only difference is that in lip surgery, there is no use of stem of Kamalanala.

In Sushruta Samhita, it has also been mentioned that, a Vaidya who gets skilled in these Reconstructive surgeries, can become a Raajavaidya i.e. personal physician of the king and get the remunerations and funding for the development of his science. Therefore, from all the above description, it can be said that, Acharya Sushruta was the first and foremost Plastic Surgeon, not only in India but also in the world.

Discussion : An important observation about Sandhana Karma Vidhi is that, all these procedures were practiced without the use of Antibiotics. Only pure Honey and Ghee were used for healing of the wound. Even Black Soil was utilized as a part of treatment of wound. This concept supports the principle of Panchamahabhuta Chikitsa, as Soil is Prithvi Mahabhuta Pradhana, so, construction of solid parts is possible with the use of this Mahabhuta only.

Plastic Surgery is one of the supremely important branches in the field of Surgery. It is considered to be a super-specialty branch in Surgery now-a-days. Though it is a well-established branch in modern science, continuous evolution and addition of newer techniques is a continuous process for the field of Plastic Surgery, in order to achieve more precision and perfection in this division of science.

When we go through the modern literature available on Plastic Surgery, we find the oldest references for Plastic Surgery attributed to the Sushruta Samhita, which have been acknowledged by the modern medical science also. Even when we look at the modern procedures in Plastic Surgery, it can be observed that many of these procedures are followed just like Sandhana Karma Vidhi described in Sushruta Samhita. The review study explains that some of the basic principles described in Sushruta Samhita are also described in modern sciences as basic

principles for Plastic Surgery. The principles explained by Acharya Sushruta like Skin Incisions, Excision, Debridement, Suturing Techniques, and Closure of large wounds with Grafts are being followed in the modern procedure of Plastic Surgery as well.

Considering Skin Incisions and Excision, Acharya Sushruta has clearly mentioned the different types of incisions to be taken on various body parts. If these rules are not followed, there are chances of either non-healing of wound or formation of hard tissue (Mamsakandi) which can be correlated with a Keloid. The modern medical science has also described that, incision should be taken considering direction of skin creases and avoiding the tension on incision line, in order to avoid a wide and unsightly scar. For this purpose, Carl Langer has described various lines on body, called as “Langer’s Lines”, which are to be used to design the skin incisions. When we compare these lines with Acharya Sushruta’s description of various incisions, we come to know that these incisions also follow the exact principles laid down by modern medical science.

Also, considering the role of Debridement and Irrigation, Acharya Sushruta has mentioned the importance of wound cleaning and removal of hard margins and scrapping of wound while describing Ashtavidha Shastrakarma and Shashti-Upakrama (Sixty methods for treatment of wounds). The modern medical science has also described the importance of Debridement and Irrigation, in order to achieve a good capillary bed for acceptance of graft; otherwise there are chances of rejection of the graft.

When we see the suturing techniques described by Acharya Sushruta, we find a detailed description about the types of Suturing, body parts where specific type is to be used and different types of Suture materials. Even techniques of Suturing are also described

in Sushruta Samhita, just like the modern medical science practicing now-days; like proper approximation of margins, proper strength to knotting, period of removal of sutures on different parts of body etc. The only difference that we can observe is that, Acharya Sushruta has described different Suture materials, which are either of plant origin or of animal origin; whereas modern medical science uses the artificially-prepared Suture materials mainly. However, the Suture materials described by Acharya Sushruta might possess some medicinal properties which may help in wound healing also, like Guduchi (*Tinospora cordifolia*) having anti-inflammatory and antibiotic properties.

Considering some of the references for management of large wounds, like Reconstruction of Nose, Reconstruction of Ear, Reconstruction of Lips; we can observe that the methods described in Sushruta Samhita are the pioneering stride seven in the modern medical sciences, as these procedures are being followed just according to the description given by Acharya Sushruta. For reconstruction of nose, Sushruta Samhita has advised to take graft from frontal area, keeping its blood supply patent. This procedure is followed as it is now-days. Acharya Sushruta has also described fourteen methods for reconstruction of ear, out of which, only few are followed by the modern medical science.

Conclusion : This review study reveals that, the knowledge of Plastic Surgery was well-established in Acharya Sushruta's era and many of the procedures, being performed by the modern medical science now-a-days, are followed as per the description in Sushruta Samhita. There's still a lot of scope for more exploration of Acharya Sushruta's techniques and if used with the modern developments of medical science, there is much to add in the field of Plastic Surgery.

In Ayurveda, Acharya Sushruta has

described the Plastic Surgery in the form of Sandhana Karma. Nasa-Sandhana (Rhinoplasty), Karna-Sandhana (Auroplasty) and many more Sandhana Karma Vidhi are already mentioned in Ayurveda. This great contribution of ancient Indian surgery in the field of Plastic Surgery can never be underestimated, which proves the uniqueness of Indian surgery.

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Haridra : As A Best Vishaghna (Antitoxic) Dravya

Dr. Priya Shinde,

B.A.M.S., M.D. (Agadtantra), Lecturer, Jupiter Ayurved College, Nagpur.

Introduction - Visha cause concern to all living beings (jagad vishannnam tam drshatva). By making organism grievously ill in functioning and lead to death in certain cases. It creates depression and sorrow in body and mind.ⁱ

तीक्ष्णोष्णोरुक्षविशदं व्यवाय्याशुकरं लघु॥

विकाषि सूक्ष्मव्यक्तरसं विषमपाकि च॥ अ.ह.उ.३५/७

These are the properties of poison. These properties of visha are vatapitta pradhan and totally opposite to the properties of oja. As aacharya vagbhat quotes,
विषं हि देहं सम्प्राप्य प्राग दूषयति शोणितम्॥
कफपित्तानिलांश्चानु समं दोषान् सहाशयान्॥

ततो हृद्यमास्थाय देहोच्छेदय कल्पते॥ अ.ह.उ.३५/९,१०

When poison introduce inside the body first vitiate rakta dhatu (blood), this vitiated rakta dhatu circulate all over the body. While circulating this rakta dhatu affect all organs which are contact in it. Heart, kidney and lung are originated from rakta dhatu as per ayurvedic phenomenon. Because of this anatomical relation visha first affect these organs. Heart is ashrayasthan of oja and mind as per Ayurveda.ⁱⁱ As Aacharya vagbhat mention that visha (poison) is accumulated in heartⁱⁱⁱ thus visha vitiate both oja and mind. As per above description visha affect both body and mind. Visha having similar properties as pitta, thus visha rapidly vitiate pittadhara kala. Pittadhara kala is the ashrayasthan of majjdharma kala (CNS), because of this relation poison directly affect CNS. Excretion of poison occur through liver and kidney, so it can get damage both liver and kidney. As per above description visha-chikitsa is broad concept in Ayurveda.

Vishghna dravya - Those which act against toxin substance are called as vishaghna.

Vishghna dravya have properties exactly opposite to the properties of visha.^{iv} Pharmacodynamics of vishghna dravyas get varies as per drayprabhav, gunprabhav and dravygunprabhav.^v Mode of action of vishghna dravya is describe on the basis of guna, rasa, veerya, vipaka and prabhva. On the basis of rasa, veery, vipaka and guna vishghna dravya increases oja, strengthens heart, protect the dhaatus, alleviate vaata pitta, arrest the vishavegas, detoxify blood.

Antitoxic Drug - As we see mechanism of toxicity according to modern science^{vi} toxins inhibit of oxygen and electron transport chain. Toxins are irritating, corrosive also inhibition enzymes secretion. Toxins are penetrating lipid structures, predominantly in the CNS. It show carcinogenic and teratogenic activity. Toxin can block of neurotransmission and damage radical. Antitoxic drug should act as antioxidant, anti- mutagenic and anti carcinogenic action, brain tonic and immune modulator to detoxify the toxins. Turmeric is one of the drug which alone have all these property.

Haridra (turmeric) -Turmeric (Curcuma longa) is a rhizomatous herbaceous perennial plant of Zingiberaceae.^{vii}

• **Common Name** : Curcuma, Terre-mite, Terra Merita, Turmeric.

• **Vernacular name** : “Haridra” (“The Yellow One”), “Gauri” (“The One Whose Face is Light and Shining”), “Kanchani” (“GoldenGoddess”), Aushadhi (“Herb”). It is called “Jiang Huang” in Chinese and “Haldi” (“Yellow”) in Hindi, Turmeric is commonly called Pasupu in Telugu.

• **Part Used** : Leaves, Flowers, Roots.

● **Habitat** : Cultivated extensively in India within tropical climate.

● **Product offered** : Roots, Leaves, Extract.

● **Availability of plant** : Nizamabad, a city in the south Indian state of Andhra Pradesh, is the world's largest producer and most important trading center of turmeric in Asia. For these reasons, Nizamabad in history is also known as "Turmeric City". Sangli, a town in the southern part of the Indian western state of Maharashtra, is the second largest and most important trading center for turmeric in Asia. Kasur district of Pakistan is the largest producer of turmeric in Pakistan.⁵ Mayo cultivators introduced different varieties of turmeric in Kasur.

● **Product offered** : Roots, Leaves, Extract.

Types of haridra as per samhita.^{viii}

1) Karpur haridra 2) Ambahalad 3) Vanharidra 4) Daru haridra

Properties of haridra

हरिद्रा स्वरसे तिक्ता रुक्षोष्णा विषकुष्ठनुत्।

कण्डु मेह व्रणान् हन्ति देहवर्णविधायिनी।

विशोधिनी कृमीहरा पीनसारुचिनाशिनी॥ ध.नि.

According to the above reference haridra is Katu (pungent) and Tikta (bitter) Rasa, Ushna Virya, Vipaka: Katu (pungent), Dosha: Tridoshic at normal dosages, Laghu (light) and Ruksha (rough) guna. Haridra is antitoxic, kushtghn, krumighn (antibacterial) and detoxify whole body.

Propable mode of action of Haridra

Vishghna haridra : Katu tikta rasa, it act as raktapitta shodhak and raktapitta prasadak. Katu vipak of haridra, it act as ampachak agnideepak.^{ix} Tikta rasa, haridra act as best antitoxic.^x Due to Ushan guna of haridra it absorb poison from blood.^{xi} Satva guna of haridra detoxify mind and protect our body. Though haridra have katu-tikta rasa, katu vipak and ushan veery without elevating any dosha it act as deep purifier.^{xii} Thus haridra protect the dhaatus, increase oja and detoxify our body and mind.

Biochemistry of haridra : Turmeric has

hundreds of molecular constituents, each with a variety of biological activities. For instance, there are at least 20 molecules are anti-biotic, 14 are known cancer preventatives, 12 are anti-tumor, 12 are anti-inflammatory and there are at least 10 different anti-oxidants. The active ingredient in turmeric is called "curcumin", although in its raw state turmeric only contains 2-5% curcumin. Three major curcuminoids (Curcumin, Demethoxy curcumin, Bis-demethoxy curcumin) are present in root extract of haridra.^{xiii}

Curcumin as antitoxic agent : Toxin means the toxic material or product of plant, animal, microorganisms (including, but not limited to bacteria, viruses, fungi) or infectious substances or a recombinant or synthesized molecule, whatever their origin and method of production...^{xiv} Curcumin can detoxify all these toxic material due to its best antioxidant property. Antioxidants scavenge molecules in the body known as free radicals, which damage cell membranes, tamper with DNA, and even cause cell death. Curcumin as antioxidants can fight free radicals and may reduce or even help to prevent some of the damage they cause.^{xv} Clinical and laboratory research indicates that inclusion of turmeric or curcumin stabilize and protect biomolecules in the body at the molecular level.

Curcumin is strong antioxidant as capare to vit. C and E. As an strong anti-oxidant it protects the lungs from pollution and toxins. It also helps the oxygen transfer from the lungs to the blood.^{xvi}

Turmeric also protects liver from toxins and pathogens. It is known to both destroy major hepato-toxins, like afla-toxin, and to rebuild the liver after being attacked by hepato-toxins. Turmeric increases the secretion of bile, promotes bilification, and may prevent cholelithiasis.^{xvii}

One of the keys to this activity is the ability of the Curcumins to inhibit the Topoisomerase enzyme, which is required for the replication of cancer and parasite cells. Topoisomerase

site of action is within the nucleus of the cell, where it first binds to supercoiled DNA and then catalyzes the passage of one DNA helix through another via a transient double-stranded break. This splits the DNA and thus allows cell replication to occur. Stopping Topoisomerase stops replication which stops the spread of the problem.^{xviii}

Current statistics show that 98% of all diseases are controlled by a molecule called NF-Kappa B, a powerful protein that promotes abnormal inflammatory response in the body. Excess of NF-Kappa B can lead to Cancer, Arthritis, and a wide range of other diseases. Studies show that curcumin subdues NF-Kappa B, meaning that it may work to prevent nearly all diseases afflicting our world today.^{xix} Taken internally or used externally Turmeric is anti-viral, anti-bacterial, anti-fungal, anti-parasitic and antihelmintic (antiworm). The essential oil, the water extract, and the extracted curcumins all show this activity. It interferes with the ability of microbes and viruses to replicate themselves and it increases your Immune system's ability to fight the infection. Thus curcumin act as antioxidant, anti mutagenic agent, anti carcinogen, brain tonic, antibiotic and immune modulator.

Haridra and Agadtantra

Sthavar Visha : Metal poisoning

● **Mercury poison** - Curcumin treatment (80 mg kg⁻¹ b.w. daily for 3 days, orally) was found to have a protective effect on mercury-induced oxidative stress parameters, namely, lipid peroxidation and glutathione levels and superoxide dismutase, glutathione peroxidase and catalase activities in the liver, kidney and brain. Curcumin treatment was also effective for reversing mercury-induced serum biochemical changes, which are the markers of liver and kidney injury. Mercury concentration in the tissues was also decreased by the pre/post-treatment with curcumin. However, histopathological alterations in the liver and kidney were not reversed by curcumin treatment. Mercury

exposure resulted in the induction of metallothionein (MT) mRNA expressions in the liver and kidney. Metallothionein mRNA expression levels were found to decrease after the pre-treatment with curcumin, whereas post-treatment with curcumin further increased MT mRNA expression levels. Our findings suggest that curcumin pretreatment has a protective effect and that curcumin can be used as a therapeutic agent in mercury intoxication. The study indicates that curcumin, an effective antioxidant, may have a protective effect through its routine dietary intake against mercury exposure.^{xx}

● **Lead poison** - Lead interferes with the development of the nervous system and is therefore particularly toxic to children, causing potentially permanent learning and behavior disorders. Symptoms include abdominal pain, confusion, headache, anemia, irritability, and in severe cases seizures, coma, and death.^{xxi} Recent animal study show that curcumin could be used therapeutically to chelate lead toxicity. As curcumin is best antioxidant and can cross blood-brain barrier, thus potentially reducing their neurotoxicity and tissue damage.

● **Cadmium poison** - Cadmium (Cd) is a well-known human carcinogen and a potent nephrotoxin. Curcumin, the yellow bioactive component of turmeric has established its antioxidant activities. Clinical study demonstrates that oral pretreatment with curcumin at dose of 250 mg/kg BW might partially protect against Cd induced oxidative damages in renal tissue.^{xxii}

Jangam Visha : Animated poisoning

Snake bite :

हरिद्रे तु हिते ख्याते ताभ्यां नास्ति समः क्वचित्।

अगदस्तु विषार्तानां प्रलेपादिप्रयोजितः॥ ग.नि.६.३.११

Venomous snakebite has been a major cause of mortality and morbidity across the Asian, African and Latin American countries. Lack of medical infrastructure, ineffectiveness of conventional antivenin and malpractice by the local quacks worsen the scenario. The

present review deals with a list of certain traditionally used medicinal plants with potential anti snake venom efficacy. Curcuma species was found to inhibit Naja naja siamensis neurotoxin. Anti venom potential of ar-turmerone from C. longa has been reported,^{xxiii} Curcuma longa has shown anti cytotoxic, anti edema and antimyotoxicity against multitoxic PLA2 of Naja naja.^{xxiv} Thus turmeric is useful remedy in case of snake bite.

Scorpion bite : Paste of haridra act as antidote in scorpion bite. It relives pain cause due to scorpion bite.

हरिद्रां नाकुलीं जातीं पुथक् पिष्ट्वा विपाचेत्।

घृतत्रयं विषार्तानामेतदारोग्यदं परम्॥ अ.सं.उ. ४०/१२७

Ghee should be cooked separately with the paste of Haridra , nakulee, and Jaatee. It is efficacious in poisoning.

रजनीसैन्धव क्षौद्रसंयुक्तं घृतमुत्तमम्।

पानं मूलविषार्तस्य दिग्धविद्धस्य चेष्यते॥ वृ.मा. ६८/१८

Intake of ghee mixed haridra, rock salt and honey it is useful in poisoning of root and arrow. These two unparalleled remedy of haridra which are use in poisoning as a paste.

Dooshivisha and Garvisha - A part of sthaawara, jangama or kritrim visha, which can not remove from body but instead become less potent after digestion or counter action of antidote stays in a body for a long period and vitiates it slowly is called dooshivisha.^{xxv} Dooshivish vitiates the rakta dhatu and cause number of disease.^{xxvi} Haridra due to its katu-tikta rasa detoxify rakta dhatu and diminished the effect of dooshivisha. Daily intake of haridra can eliminate dooshivisha and garvisha from our body.

Food poisoning - Food poisoning is when someone gets sick from eating food or drink that has gone bad or is contaminated.^{xxvii} There are two kinds of food poisoning: poisoning by toxic agent or by infectious agent. Food infection is when the food contains bacteria or other microbes which infect the body after it is eaten. Food intoxication is when the food contains toxins, including bacterially produced exotoxins, which can happen even

when the microbe that produced the toxin is no longer present or able to cause infection. Even though it is commonly called "food poisoning" Most cases are caused by a variety of pathogenic bacteria, viruses, pathogenic fungi and parasites that contaminate food^{xxviii} rather than chemical or natural toxins which are what we usually call poison. Curcumin interferes with the ability of microbes and viruses to replicate themselves and it increases your Immune system's ability to fight the infection. It kills many bacteria in vivo and in vitro including staph and salmonella so it is great against staph infections and food poisoning.

(Table 1)		
Haridra kalpa use in agadtantra		
Kalp	Rogaadhikar	Reference
Gopittadyaagada	vishaadhikar	अ. सं. उ. 40/76
Haridradyoga	vishaadhikar	अ. सं. उ. 40/90
Haridradyoga	Lootavisha adhikar	अ. सं. उ. 44/81-82
Vishvabheshadi kwath adhikya	vishaupadrava	अ. सं. उ. 47/17-19
Sursadi kalpa	Lootavisha adhikar	अ. सं. उ. 44/69
Priyanguvadi agada	vishaadhikar	अ. सं. उ. 40/78-79
Haridradya tailam	vishaadhikar	अ. सं. उ. 2/39
Chandrody agada	vishaadhikar	अ. ह. उ. 35/24-32
Vruschik damshhar lepa	Vruschik damsha	अ. ह. उ. 3/37
Chpankadi agada	vishaadhikar	अ. ह. उ. 37/70
Padam agada	vishaadhikar	अ. ह. उ. 37/71
Lootavishahar agada	vishaadhikar	अ. ह. उ. 37/82-84
Rajanyadi kalka	mooshkvisha adhikar	सु. क. 7/39
Mahaagada	sarpadrasht adhikar	सु. क. 5/61-63
Mahasugandhi agada	vishaadhikar	अ. सं. उ. 47/63-75
Dashang agad	keetchikitsa	अ. सं. उ. 43/54
Darvyadi kalka	vishaadhikar	च. चि. 23/ 231-232

Rasashatra and Haridra - In rasashatra various metals are used for bhasmeekaran. Before making bhasma of a metal, it should undergo process of shodhana (detoxification). Haridra is use in shodhan of various metal to remove its toxicity. Haridra is used in mercury shodhan^{xxx}, vanga (lead) shodhan^{xxx}, naaga shodhan^{xxx}. Thus haridra not only detoxify the body of human being but also detoxify the metals.

Conclusion - On the basis of excellent properties of haridra, it increases oja, strengthens heart, protect the dhaatus, alleviate vaata pitta, arrest the vishavegas, detoxify blood. Due to these properties haridra plays important in all types of poisons as antitoxic. **Haridra kalpa use in agadtantra (See table 1)**

Thus haridra acts as excellent antitoxic drug, which is easily an available, cheap and household remedy.

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



A Clinical Case Study Of Jatyadi Ghrita In The Management Of Parikartika In To Anal Fissure

Dr. Sneha S Soni,
(M.S.) PG Scholar

Dr. N. V. Borse, PG guide and HOD
Dept of Shalyatantra, T. A. M. V. , Pune -11.

Introduction - An anal fissure or rectal fissure, is known as Parikartika in Ayurveda. It is a split in the skin of the distal anal canal due to stretching of the anal mucosa beyond its capability. Parikartika is described in various places in the Ayurvedic Samhita. The word Parikartika is referred in almost all the samhitas of Ayurveda. It is described as a complication of Virechana in Virechana Vyapad (therapeutic purgation) in the Charak Samhita ¹. It is referred to as Bastivyapad, ² in

the Susruta Samhita. Kashyapa refers to it as Garbhini Vyapad (Pregnancy Disease)³.

"Parisarvato bhavena krintateeva chhinatteeva bastyadeeni iti Parikartika"

Acharya Dalhana has described the term Parikartika as a condition of Guda in which there is cutting pain and tearing pain. Fissure is caused as an effect of an injury to the somatic nerve supply to the anal region, it is extremely painful. Analgesics, antibiotics, laxatives, ointment, and anal dilatation, sphincterotomy,

and fissurectomy are some of the current lines of treatments in treating Fissure in Ano. Fissure-in-ano surgeries are costly and involve a lengthy stay in the hospital. All of these operations come with their own set of complications.

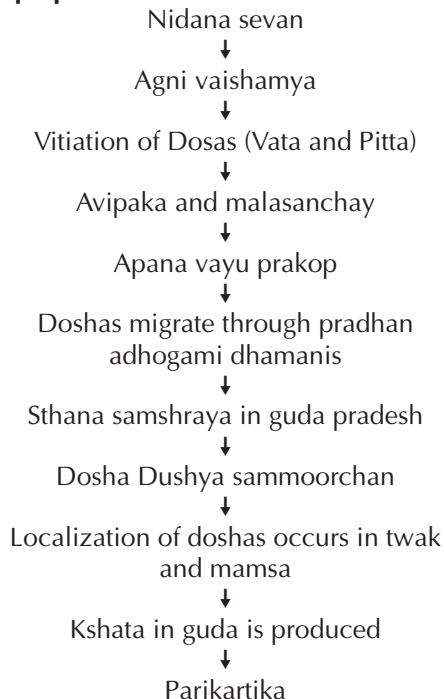
In anorectal diseases, fissure-in-ano has become the most common and painful ailment. Young people and pregnant women are the most typically affected. There are numerous Ayurvedic preparations as well as the best surgical procedure. The ailment fissure-in-ano, which is widely seen in anorectal practise, is comparable to parikartika in terms of location, pathology, and clinical symptoms, such as anal pain, burning feeling at anal, constipation, blood-streaked faeces, and so on⁴.

Synonyms : • Parikartika, • Guda vidara, • Kshata Guda, • Kshata Payu

Types⁵ : Kashyapa has described three types of Parikartika,

- 1) Vatika Parikartika
- 2) Paittika Parikartika
- 3) Shleishmik Parikartika

Samprapti



Case Report : A case of Parikartika from the OPD of Tarachand Ayurved Hospital, Pune is presented below-

A 39 year female patient residing in Pune, came to Shalyatantra OPD with the following chief complains. 1) Guda Pradesh parikartanavat vedana (Excruciating pain), 2) Guda Pradesh shoth (swelling at anal region), 3) Guda Pradesh daha (burning sensation at anal region) 4) Malavashtmbha (constipation), 5) Sarakta-malapravrutti (stools streaked with blood), since last 15 days.

History of Personal Illness - The patient has no history of fissure or any other surgery. She delivered a female child 25 days ago. The patient was normal before 20 days ago. The complaints started with Malavashtmbha (Constipation) 20 days ago, From last 15 days, then patient had been suffering from Gudapradeshi kartanvatvedana (Excruciating pain), Gudapradeshi alpa shoth (swelling at anal region), Gudapradeshi daha (burning sensation at anal region), Saraktamala-pravrutti (Stools streaked with blood). With post-delivery weakness, all symptoms became unbearable. For Ayurvedic Treatment she came to our Ayurved hospital.

On examination : General condition was afebrile and moderate. Pulse-82/min. Blood pressure -120/86mmhg No pallor, No icterus. Systemic examination- RS-AEBE clear. CVS-S1S2 normal, CNS-well oriented. P/A-soft non tenderness bowel sound + no Organomegaly.

Ashtavidh Parikshan : Nadi (pulse)-80/min. Mala (stool) - once in a day with pain and burning sensation during defecation. Mutra (urine) - Samyak. Jivha (tongue) - Sama. Shabda (speech) -samyak. Sparsha (skin) - Samyak. Druk (eye)- Samyak. Akriti-Madhyam.

Past history : No h/o - DM/HTN or any medical condition. No h/o - any surgery illness, or no any drug allergy. Obs. History 2 FTND, 1) Male child 4 years ago 2) Female child 25 days ago

Laboratory investigation : • Hb : 11.0 gm% •

Total WBC : 4.900/cumm

- R.B.C. : 4.00 Mn/cumm
- Platelet s : 2,18,000/microlitre
- HIV : Non-reactive
- Hbs Ag : Non-reactive
- Random Blood Sugar : 118mg/dl

Materials and Methods :

Case Selection : Patient was selected from OPD from Tarachand Ayurvedic Hospital, Pune, as a single random case study.

Treatment protocol : Complete assessment and examination of patients was subjected for external medication for local application Jatyadi Ghrita pichu over the site for 15 days. Assessment was done on the subjective and objective parameters before and after treatment. On the day of commencement, treatment was started after taking written informed consent.

Materials : 1) Jatyadi Ghrita. 2) Luke warm water. 3) Sterile glove. 4) Sterile cotton swab. 5) Sterile gauze.

Jatyadi Ghrita : Ghrita was procured of Nagarjuna Herbal concentrates, Kerala.

Ingredients of Jatyadi Ghrita: ⁶ (See Table 1)

Procedure : 1) Under aseptic condition the area was cleaned with luke warm water. 2) The topical application of Jatyadi ghrita was done. 3) Cotton swab dipped in 20 ml Jatyadi ghrita is applied locally in guda as pichu.

Assessment criteria Subjective parameters :

1) Shoola (Pain) :

Grade-0	No pain
Grade-1	Mild pain
Grade-2	Moderate pain
Grade-3	Severe pain

2) Daha (burning sensation) :

Grade-0	Absent
Grade-1	Present

3) Streak of fresh blood :

Grade-0	Absent
Grade-1	Present

4) Itching (Kandu) :

Grade-0	Absent
Grade-1	Present

5) Constipation:

Grade-0	Absent
Grade-1	Present

(Table 1) Jatyadi Ghrita

Common Name	Latin Name	Sanskrit Name	Part Used	Ratio ⁷
Jasmine	Jasminum grandiflorum	Jati Patra	Leaf	1
Neem	Azadirachta indica	Nimb Patra	Leaf	1
Pointed Gourd	Trichosanthes dioica	Patola Patra	Leaf	1
Kutki	Picrorhiza kurroa	Katuka	Rhizome	1
Indian barberry	Berberis aristata	Daruharidra	Stem	1
Turmeric	Curcuma longa	Haridra	Rhizome	1
Saarsaparila	Hemidesmus indicus	Saariva	Root	1
Maddar	Rubia cordifolia	Manjishtha	Root	1
Khus	Vetiveria zizanioides	Usheer	Root	1
Jyeshthmadh	Glycerhizza glabra	Madhuka	Root	1
Pongame oiltree	Pongamia pinnata	Karanja	Seed	1
Beewax		Siktha		1
Blue Vitriol		Tuttha		1
Ghee		Sarpi		52
Water		Jal		208

Assessment criteria Objective parameters:**1) Ulcer :**

Grade-0	Absent
Grade-1	Present

2) Length of ulcer :

Grade-0	Complete healed
Grade-1	Upto1-5mm
Grade-2	5-10mm
Grade-3	>10mm

3) Sphincter spasm :

Grade-0	Normal	No tightness of anal spasm
Grade-1	Mild	Tight anal sphincter present
Grade-2	Moderate	Due tightness of anal sphincter
Grade-3	Severe	Per rectal finger exam, not possible due to tightness of anal sphincter.

Pathya - Patient was advised to -

- Increased warm liquid intake.
- Increase Fibrous food in diet.
- Buttermilk
- One TSF of Goghrita before meals
- Avoid staying up late
- Seat for 5 min after every 1 hour standing.

(See Table 2)

Discussion : The case was clinically diagnosed as Parikartika (Fissur-in-ano), where local application of Jatyadi Ghrita Pichu was chosen as drug for the management of fissure in ano. Pain and burning sensation were relieved also reduction in the size of

ulcer was noted. Pain reduced its gradation from 3rd grade reduced to 0 (no pain). Daha reduced its gradation from present to no daha, also Kandu reduced its gradation from present to no Kandu, also constipation was relieved bleeding was found absent in the above patient, size of ulcer reduced significantly and reduced from grade 2 to grade 0

Mode of action of Jatyadi ghrita : Jatyadi Ghrita consists of Jati Patra, Nimb Patra, Patola Patra, Katuka, Daruharidra, Haridra, Sariva, Manjishtha, Usheer, Madhuka, Karanja, Sikhtha, Tuttha and Sarpi. Most herbs included in the ingredients are tikta or madhur ras Pradhan, Tikta rasa is Vran shodhak and Madhur rasa is vran ropaka. Beewax, Ghrita base make is excellent ropak. Tikta rasa has shoshaka property which helps absorbition of excessive moisture from the fissure bed. Ghrita forms an oily layer making it favourable for healing. Tuttha is vranshodhak.

Jatiyadi ghrita has very good shodhana, ropana and property so by removing the accumulated secretions in the fissure bed; it promotes healing and reduces the chances of secondary infections

Jatyadi Ghrita pichu has a very good Vrana shodhana, Ropana property and thus has proved to be a very good combination for local application. It is very easy to prepare and apply and is also indicated in many skin wounds or ulcer, so it is easily accessible and result oriented drug which can be used as a household remedy. This therapy is more applicable and effective upon chronic fissures

(Table 2) Assessment of Total Effect of Therapy :

Lakshana	Day 0	3	6	9	12	15
Shoola (Pain)	3	2	2	1	1	0
Burning sensation	1	1	1	0	0	0
Raktasrava (bleeding)	1	1	1	0	0	0
Itching (kandu)	1	1	1	0	0	0
Constipation	1	1	1	0	0	0
Ulcer	1	1	1	1	1	0
Length of Ulcer size	15mm	12mm	9mm	5mm	2mm	0
Sphincter spasm	3	2	1	1	1	0

and acute ones where severe pain is already present. It can be used as an O.P.D. procedure and no hospital stay is required unlike that required after any of the surgery for fissure-in-ano untoward complication like incontinence and structure of surgery are also avoided.

Conclusion : From the Samhita Kala, great acharyas have used pichu application for therapeutic and cosmetics purposes gives much better results in management of wound, pain, . From above study it can be concluded that Jatyadi Ghrita Peechu is an effective line of treatment in Parikartika. Jatyadi Ghrita is completely curative and effective in relieving all symptoms of Fissure. And can be considered very useful in patients, unwilling for surgery. No hospital stay is needed and procedure can be carried out on out patient basis or one day surgery. No untoward complications like, other surgical procedures are evident here. The spasm of anal sphincters which is the main contributor for pain and non-healing of ulcer is relieved effectively within few days with application of Jatyadi ghrita. Rakta srava if present can be effectively controlled within 3-4 application of Jatyadi ghrita.

However, a long-term follow-up study in a large population is required to confirm these findings.

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मन आणि शरीराच्या पोषणासाठी योग

श्री. वैभव रविंद्र माळी,

प्रथम वर्ष बी.ए.एम.एस., टिळक आयुर्वेद महाविद्यालय, पुणे.

‘योग’ हे प्राचीन भारतात उगम पावलेले आध्यात्मिक आणि शारीरिक शास्त्र आहे. योग हा शब्द संस्कृत ‘युज्’ या धातुपासून तयार झाला आहे. याचा अर्थ ‘जोडणे’ असा होतो. मनाला एकाग्र करून परमात्म्याबरोबर जोडणे म्हणजेच ‘योग’ होय.

“योगः कर्मसु कौशलम्।” श्रीमद्भगवद्गीता २/५०.

श्रीमद्भगवद्गीतेनुसार सत्कर्म करण्यात कार्यक्षमता म्हणजे योग होय. योग म्हणजे युक्ति. युक्ति किंवा साधन ज्यामुळे चित्त वृत्ती स्थिरावून अंतिम सत्याचा साक्षात्कार करून घेण्यास चित्त समर्थ होणे. योग म्हणजे निव्वळ व्यायाम

किंवा आसन नव्हे, हा भावनात्मक समतोल आणि त्या अनादी अनंत तत्वाला स्पर्श करून आध्यात्मिक प्रगतीतील सर्व शक्यतांची ओळख करून देणारे शास्त्र आहे.

श्रीमद्भगवद्गीतेत म्हटलेच आहे,

“युक्त आहार विहारस्य, युक्त चेष्टस्य कर्मसु।

युक्त स्वप्नावबोधस्य योगो भवति दुःखहा।।”

श्री मद्भगवद्गीता ६/१७.

जो यथायोग्य आहाराचे सेवन, योग्य ठिकाणी विहार, चांगली कर्मे प्रभावीपणे करतो व योग्य वेळी झोपणे, उठणे इत्यादि सर्व क्रिया यथायोग्य करतो, त्या पुरुषास योग हा

दुःखाचा नाश करणारा असतो. जोपर्यंत मनुष्याच्या मनात विकार आहे व बुद्धी दुषित आहे, तोपर्यंत तो तत्वज्ञानाला प्राप्त करू शकत नाही. शुद्ध हृदय व निर्मळ बुद्धीनेच आत्मज्ञान होते. चित्ताचा लय साधून समाधीत राहणे हे योगाचे ध्येय आहे.

योगाची प्राचीन पद्धत शांत व उत्साही अशा दोन्ही स्वरूपाची आहे. योग शरीर, मन व आत्म्याला पोषण प्रदान करते. पोषण ही एक सर्वसमावेशक अशी संकल्पना आहे. पोषण म्हटले की 'शरीराचे पोषण' असे चटकन आपल्या डोक्यात येते, पण फक्त, शरीराचे पोषण पुरेसे नाही. शरीराबरोबर मनाचे पोषणसुद्धा तितकेच महत्वाचे आहे. पुरुषाचे शारीरिक व मानसिक सामर्थ्य वाढवणे आणि सकारात्मक वृत्तीला प्रोत्साहन मिळवणे योगाभ्यासामुळे शक्य होते.

योगामुळे मनुष्याची हाडे, मांसपेशी, स्नायु, सांधे यांचे योग्य पद्धतीने पोषण होते. त्यामुळे ते मजबूत, दणकट राहतात. शरीराची लवचिकता आणि ठेवण सुधारते. शरीर सशक्त, चपळ, सुदृढ बनते. चेहऱ्यावर तेज, चमक येते. दैनंदिन जीवनातील बैठी जीवनशैली, हालचालींचा अभाव, खाण्या-पिण्याच्या चुकीच्या सवयी यामुळे लठ्ठपणा वाढला की, रक्तदाब, हृदयरोग, मधुमेह असे आजार होतात. नियमित योगासनामुळे वजन नियंत्रणात राहते, ताजेपणा व भरपूर ऊर्जा मिळते.

आध्यात्मिक आणि वैज्ञानिक दृष्टिकोनातून आपले शरीर निरोगी बनविण्यासाठी योग व ध्यान आवश्यक मानले आहे. योगामुळे शरीराची रोगांशी लढण्याची क्षमता वाढते. श्वासोच्छवासाच्या गतीवर नियंत्रण वाढते. ज्यामुळे दमा, सर्दी इत्यादी श्वसन रोगांमध्ये फायदे मिळतात. प्राणायाम हृदय, फुफ्फुसे, धमन्यांना निरोगी ठेवण्यास मदत करते. त्यामुळे फुफ्फुसांची प्राणवायु आत घेण्याची क्षमता वाढते.

परिणामतः शरीरातील पेशींना अधिक प्रमाणात प्राणवायुचा पुरवठा झाल्याने शारीरिक पोषण उत्तम होते. शरीरावर सकारात्मक परिणाम होऊन निरोगी आयुष्य प्रदान होते.

सध्याच्या धावपळीच्या जगात मानव इतरांबरोबर स्पर्धा करत असतो. दैनंदिन प्रवास, मंद हालचाली, कौटुंबिक कलह यामुळे सतत ताणतणावात असतो. मन हे कोणत्या ना कोणत्या क्रियेत सतत गुंतलेले असते. हे मन, भूतकाळ व भविष्यकाळ यामध्ये भरकटलेले, हरवलेले असते, परंतु

वर्तमानाचा विचार मात्र करत नाही. योग वर्तमानावर लक्ष केंद्रित करून सजगता वाढवते. हि मनाची जागृत अवस्था ताणतणावातून मुक्त करते. प्राणायाम आणि ध्यान केल्याने चिंता दूर होऊन मनुष्यास आनंदी व एकाग्र बनवते.

आयुर्वेदात सर्व रोगांचे मूळ कारण आसक्ति, मोह सांगितली आहे. 'यम' या योगाद्वारा मनाचे पोषण होऊन मनाला नियंत्रित केले जाते. शरीराची व मनाची आभ्यंतर व बाह्य शुद्धि होऊन मन हे शुद्ध व पवित्र होते. या पवित्र मनात, १) काम-मनात नित्य निर्माण होणाऱ्या इच्छा, २) क्रोध-राग, ३) लोभ-एखाद्या गोष्टीचा हव्यास, ४) मोह - क्षणभंगुर गोष्टीचे आकर्षण, ५) मद - अति अभिमान, अहंकार, ६) मत्सर - द्वेष हे षड्रूप उत्पन्न होत नाही.

रज व तम या मनाच्या दोषामुळे मानसशक्ति भ्रष्ट झाल्यास मानसिक कर्म बिघडते. धी म्हणजे बुद्धि, धृती म्हणजे संयमशक्ती व स्मृती म्हणजे योग्य तत्वाची आठवण देऊनही, जी चुकीची कर्मे मनुष्याकडून होतात त्यालाच 'प्रज्ञापराध' असे म्हणतात. प्रज्ञापराध सर्व रोगांचे मूळ कारण आहे. यम, नियम योगाद्वारा संयमी, विवेकी व जिज्ञासू असा 'सत्त्व' गुण प्रबल झाल्यामुळे प्रज्ञापराध घडून येत नाही. म्हणूनच, योगाला मोक्षाचे प्रवर्तक किंवा साधन म्हटले आहे. सत्त्व गुणाच्या पोषणामुळे रागावर नियंत्रण राहते. पाण्यावर बोटाने मारलेली रेघ जितक्या वेळात निघुन जाते तितक्या वेळात राग/क्रोध देखील निघुन जातो. मन सतत आनंदी, प्रसन्न व समाधानी राहते. म्हणून म्हणतात, "मनःप्रशमनोपायो योग इत्यभिधीयते।" महोपनिषद.

मन शांत करण्याच्या पद्धतीलाच योग म्हटले जाते. प्रसन्न, शांत मनामुळे आई-वडील, मित्र, पती-पत्नी यांच्यासोबत नातेसंबंध सुधारण्यास मदत होते. अंतर्ज्ञानात वाढ करण्याची क्षमता योग आणि ध्यानधारणेमध्ये आहे. यामुळे कोणती गोष्ट कधी, कुठे आणि कशी करायला हवी याचे अचूक निर्णय घेण्याचे सामर्थ्य निर्माण होते. योग केल्याने हे बदल आपोआप होत असतात. आपल्याला त्याची अनुभूती होता येते.

थोडक्यात नियमित योग, प्राणायाम, ध्यानधारणा, यामुळे शारीरिक व मानसिक पोषण होऊन संपूर्ण निरोगी आरोग्य प्रदान होते. शारीरिक व मानसिक स्वास्थ्यामुळे सकारात्मक वृत्ती वाढून दीर्घायुष्याची प्राप्ती होते.



राष्ट्रीय शिक्षण मंडळ वार्षिक सर्वसाधारण सभा - दि. २६ सप्टेंबर २०२१

डॉ. राजेंद्र हुपरीकर

राष्ट्रीय शिक्षण मंडळाची वार्षिक सर्वसाधारण सभा रविवार, दिनांक २६ सप्टेंबर २०२१ रोजी सकाळी १० वाजता आयुर्वेद रसशाळा सभागृह, कर्वे रोड येथे आयोजित करण्यात आली होती. सकाळी १० वाजता गणपूर्तीअभावी मा. अध्यक्ष डॉ. दि. प्र. पुराणिक ह्यांनी सभा तहकूब केली. ठीक १०.३० वाजता सभेच्या कामकाजास प्रारंभ झाला.

अध्यक्ष व नियामक मंडळाच्या सदस्यांच्या शुभहस्ते श्री धन्वंतरीचे पूजन झाल्यानंतर श्री धन्वंतरी स्तवनाचे मंगल चरण आळविण्यात आले.

गतवर्षात राष्ट्रीय शिक्षण मंडळाचे जे सभासद दिवंगत झाले, तसेच सभासदांचे दिवंगत आसेष्ट, निसर्गापत्तीत बळी पडलेल्यांना सभेने दोन मिनिटे स्तब्ध उभे राहून श्रद्धांजली अर्पण केली.

मा. अध्यक्ष डॉ. दि. प्र. पुराणिक ह्यांनी उपस्थित सभासदांचे स्वागत केले. सचिव डॉ. राजेंद्र हुपरीकर ह्यांनी विषयाप्रमाणे सभेच्या कामकाजास सुरुवात केली. दि. २९ नोव्हेंबर २०२० रोजी झालेल्या वार्षिक सर्वसाधारण सभेच्या वृत्तांना मंजूरी देणे, राष्ट्रीय शिक्षण मंडळ व मंडळाच्या टिळक आयुर्वेद महाविद्यालय, आयुर्वेद रसशाळा, आयुर्विद्या मासिक, नानल रुग्णालय, सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडीज अँड रिसर्च इन आयुर्वेद, मेहेंदळे दवाखाना, रिसर्च

इन्स्टिट्यूट ऑफ हेल्थ सायन्सेस अँड मॅनेजमेंट, चेतन दत्ताजी गायकवाड इन्स्टिट्यूट ऑफ मॅनेजमेंट स्टडीज, आणि कृ. ना. भिडे आयुर्वेद संस्था ह्या घटक संस्थांच्या वार्षिक अहवालांना मान्यता देणे, राष्ट्रीय शिक्षण मंडळ व मंडळाच्या घटक संस्था ह्यांच्या एकत्रित आयव्यय पत्रक व ताळेबंद यांना मंजूरी इत्यादी कामे सभेत यशस्वीपणे पार पाडण्यात आली. ह्या प्रसंगी काही सभासदांनी आपले मौलिक विचार मांडले व केलेल्या प्रगतीची प्रशंसा केली व त्याचबरोबर भविष्यासाठी शुभेच्छा दिल्या.

मा. अध्यक्ष डॉ. दिलीप पुराणिक ह्यांच्या हस्ते डॉ. विजय डोईफोडे, डॉ. सुभाष रानडे, डॉ. सौ. सुनंदा रानडे, डॉ. र. ना. गांगल, डॉ. विजय डोईफोडे, डॉ. योगेश बेंडाळे, डॉ. न. वि. बोरसे, डॉ. विनया दीक्षित, डॉ. सरोज पाटील, डॉ. मिहीर हजरनवीस, डॉ. वाघ, डॉ. महेश चौधरी, डॉ. रा. श. हुपरीकर, डॉ. प्रमोद कुलकर्णी, डॉ. भा. ग. धडफळे, डॉ. गि. भा. धडफळे, प्रा. अमिता कोळपकर इत्यादींचा त्यांच्या गतवर्षातील कार्यकर्तृत्वाबद्दल हार्दिक सत्कार करण्यात आला. डॉ. दिलीप पुराणिक ह्यांचा सत्कार ज्येष्ठ सदस्य डॉ. भा. ग. धडफळे ह्यांच्या हस्ते करण्यात आला.

सत्काराला उत्तर देताना डॉ. सुभाष रानडे यांनी आभार



वार्षिक सर्वसाधारण सभेनिमित्त व्यासपीठावर उपस्थित डावीकडून -
डॉ. रमेश गांगल, डॉ. भालचंद्र भागवत, डॉ. दिलीप पुराणिक, डॉ. राजेंद्र हुपरीकर.



सर्वसाधारण सभेस उपस्थित सभासद.

व्यक्त केले. तसेच सन २०२३-२०२४ शताब्दी वर्ष महोत्सवासाठी रुपये एक लाखाची देणगी जाहीर केली.

सभेच्या समारोपादाखल अध्यक्ष डॉ. पुराणिक ह्यांनी पुढील मुद्यांना स्पर्श करत मनोगत व्यक्त केले. सन २०२० हे संपूर्ण वर्ष 'कोविड १९' च्या साथीने संकटग्रस्त असूनही आयुर्वेद रसशाळा कर्मचारी वगनि जिद्दीने काम सुरु ठेवले.

टिळक आयुर्वेद महाविद्यालयाच्या अध्यापक, अध्यापकेतर वगनि व विद्यार्थी वगनि रुग्णालयाचे काम चालू

ठेवून कोव्हिडग्रस्तांची व इतर नियमित रुग्णांना आरोग्य सेवा पुरविली.

आयुर्विद्या मासिकाने दर महिन्याच्या प्रकाशनात खंड पडू न देता आरोग्यदीपचा सुरेख अंक प्रकाशित करून वाचकांची प्रशंसा प्राप्त केली.

पुरुषोत्तमशास्त्री नानल हॉस्पिटलचा कायापालट करण्यात आला असून नूतनीकरण केलेल्या बाह्य रुग्ण विभाग व पंचकर्म विभागाचे मान्यवरांचे हस्ते उद्घाटन करण्यात येणार असून पूर्वीप्रमाणेच दर्जेदार आरोग्यसेवा उपलब्ध करण्यात येणार आहेत.

सन २०२३-२०२४ हे राष्ट्रीय शिक्षण मंडळाचे शताब्दी वर्ष असल्याने अनेक कार्यक्रमांचे नियोजन करण्यात येणार असून जास्तीत जास्त सभासदांना सदर कार्यक्रमात सहभागी करून घेण्यात येणार आहे. मा. अध्यक्षांनी सर्व सभासदांना भविष्यासाठी आरोग्यपूर्ण शुभेच्छा दिल्या.

उपाध्यक्ष डॉ. भा. कृ. भागवत ह्यांनी यथोचित आभार मानले. स्नेहभोजनाने कार्यक्रमाची सांगता झाली.



अभिनंदन !

डॉ. अभय इनामदार ह्यांना 'Shields of Humanity' अवॉर्ड !

प्रा. डॉ. अभय इनामदार ह्यांना नुकताच The Times of India Group चा "Shields of Humanity' Award", for shielding Humanity in the battle against "COVID-19" साठी प्राप्त झाले.

त्याचबरोबर Boston University School for Medicine प्रायोजित Wound Management Medical Education Programme मध्ये सक्रीय सहभागाबद्दल Certificate of Participation प्राप्त झाले.



प्रा. डॉ. इनामदार हे टिळक आयुर्वेद महाविद्यालयात कायचिकित्सा विषयाचे प्राध्यापक व एम.डी., पीएच.डी. साठी मार्गदर्शक म्हणून कार्यरत आहेत. तसेच शेठ ताराचंद रुग्णालयात मेडिसिन विभागात मानद चिकित्सक म्हणून कार्यरत आहेत.

राष्ट्रीय शिक्षण मंडळ, टिळक आयुर्वेद महाविद्यालय व आयुर्विद्या मासिक समितीच्या वतीने डॉ. इनामदार ह्यांचे हार्दिक अभिनंदन !



'रक्तामृत' या आयुर्वेदीय औषधाचे अनावरण

श्री सद्गुरूंच्या कृपाशीर्वादातून व आयुर्वेदाच्या अथांग शक्तीतून तयार झालेल्या "हिमोफिलीया" या रक्ताच्या आजारासाठी सहाय्यकारी असलेले 'रक्तामृत' या संशोधित आयुर्वेदीय औषधाचे अनावरण महाराष्ट्र राज्याचे महामहिम राज्यपाल आदरणीय श्री. भगतसिंह कोश्यारी साहेबांच्या हस्ते झाले.

चित्रात संशोधक वैद्य शुभम धूत 'रक्तामृत' मा. श्री. कोश्यारी ह्यांना भेटी दाखल देताना.



आरोग्यदीप-२०२१ दिवाळी अंक प्रकाशन!

डॉ. अपूर्वा संगोराम

राष्ट्रीय शिक्षण मंडळ संचलित आयुर्विद्या मासिकाच्या 'आरोग्यदीप २०२१' या दिवाळी अंकाचे प्रकाशन बुधवार दि. २० ऑक्टोबर २०२१ रोजी सुप्रसिद्ध अभिनेते व साहित्यिक मा. श्री. दिलीप प्रभावळकर यांच्या हस्ते टिळक आयुर्वेद महाविद्यालयाच्या एन.आय.एम.ए. सभागृहात झाले. कार्यक्रमाच्या अध्यक्षस्थानी राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष व आरोग्यदीपचे प्रधान संपादक मा. डॉ. दि. प्र. पुराणिक हे होते. व्यासपीठावर राष्ट्रीय शिक्षण मंडळाचे उपाध्यक्ष डॉ. भा.कृ. भागवत, सचिव डॉ. राजेंद्र हुपरीकर, कोषपाल डॉ. र.ना. गांगल, प्राचार्य डॉ. सदानंद देशपांडे उपस्थित होते.

आयुर्विद्या मासिकाच्या सचिव डॉ. विनया दीक्षित यांनी प्रास्ताविक व उपस्थितांचे स्वागत केले. व्यासपीठावरील मान्यवरांची ओळख डॉ. मिहीर हजरनवीस यांनी केली. आयुर्विद्या समितीचे सदस्य डॉ. नंदकिशोर बोरसे, डॉ. संगीता साळवी, डॉ. अभय इनामदार व डॉ. अपूर्वा संगोराम यांच्या हस्ते व्यासपीठावरील मान्यवरांचा सत्कार करण्यात आला.

दिवाळी अंकाच्या कार्यकारी संपादक डॉ. अपूर्वा संगोराम यांनी या अंकातील लेख व इतर सदरांविषयी माहिती दिली.

प्रमुख अतिथी मा. श्री. दिलीप प्रभावळकर यांनी 'आरोग्यदीप' अंकाचे कौतुक केले व स्वास्थ्यरक्षणासाठी नियमित व्यायाम, योग व आहाराबाबत काही नियम याविषयी मार्गदर्शन केले. अध्यक्षीय मनोगत व्यक्त करताना डॉ. दि. प्र. पुराणिक यांनी आयुर्विद्या मासिकाच्या आतापर्यंतच्या कार्याचा आढावा घेतला तसेच आयुर्विद्या, आयुर्विद्या इंटरनॅशनल,

इ-आयुर्विद्या, इत्यादी आयुर्विद्याच्या सर्व प्रकाशनासंबंधी सविस्तर माहिती दिली.

आयुर्विद्या समिती सदस्य डॉ. अभय

इनामदार यांनी आभार प्रदर्शन केले. याप्रसंगी आरोग्यदीप दिवाळी अंकाच्या कार्यकारी संपादक डॉ. अपूर्वा संगोराम, डॉ. अभय इनामदार, आरोग्यदीपचे प्रिंटर व मुद्रक श्री. दिनेश धडफळे व काही लेखकांचे प्रातिनिधिक सत्कार मा. श्री. दिलीप प्रभावळकर यांच्या हस्ते करण्यात आले.

कार्यक्रमाचे नेटके सूत्रसंचालन डॉ. मिहीर हजरनवीस यांनी केले. उपरोक्त कार्यक्रम शासनाचे कोविड-१९ च्या परिस्थितीतील सध्याच्या सर्व नियमांचे काटेकोर पालन करून संपन्न झाला. कार्यक्रमासाठी राष्ट्रीय शिक्षण मंडळाचे सर्व ज्येष्ठ पदाधिकारी, समाजातील प्रतिष्ठीत मान्यवर, टिळक आयुर्वेद महाविद्यालयातील अध्यापक, अध्यापकेतर कर्मचारी उपस्थित होते.

दिवाळी अंकातील ज्येष्ठ व तज्ञ मान्यवरांचे लेख पाहून उपस्थित मान्यवरांनी अंकाची प्रशंसा केली. उपरोक्त दिवाळी अंक रसिक साहित्य, अक्षरधारा, ग्राहकपेठ इ. ठिकाणी व www.eayurvedi.org या वेबसाईटवर डिजिटल स्वरूपात विक्रीसाठी उपलब्ध आहे.



'आरोग्यदीप २०२१' या दिवाळी अंकाचे प्रकाशन प्रसंगी डावीकडून - डॉ. र.ना. गांगल, डॉ. राजेंद्र हुपरीकर, डॉ. भा.कृ. भागवत, डॉ. दि. प्र. पुराणिक, मा. दिलीप प्रभावळकर, डॉ. विनया दीक्षित, डॉ. अपूर्वा संगोराम, डॉ. सदानंद देशपांडे, डॉ. मिहीर हजरनवीस.

22nd Foundation Day Celebration of Research Institute of Health Sciences and Management, Pune

Dr. Atul Kapdi, Secretary, RIHSM

Research Institute of Health Sciences and Management, Pune, celebrated its 22nd Foundation Day on October 1, 2021.

Grand and Glamorous function was organized at Ayurved Rasashala Auditorium.

The chief guest for this function was **Prof. Dr. Manikrao Salunkhe**, Vice Chancellor, Bharati Vidyapeeth (Deemed to be University). Dr. Supriya Phadke welcomed all the dignitaries and guests. **Dr. Dilip Puranik** Presided over the function. Lamp lightning and Dhanwantari puja was done by Dr. Dilip Puranik, Dr. Manikrao Salunkhe, Dr. Rajendra Huparikar (Hon. Secretary of RSM and Executive Director of CDGIMS), Dr. Atul Kapdi (Hon. Secretary of RIHSM).

Dr. Atul Kapdi rendered the introductory speech. He gave information about the background of RIHSM.

It was followed by felicitation of Ph. D scholars who were awarded Ph.D. degree from Maharashtra University of Health Sciences, Nashik. Motive behind organizing felicitation program was to appreciate and magnify the research instincts of Ph.D. research scholars of the Institute. The scholars were felicitated at the hands of Dr. Manikrao Salunkhe.

Following Ph.D. Scholars were felicitated :

- 1) **Dr. Tabassum Pansare** 2) **Dr. Monica Mule**
- 3) **Dr. Vandana Avhad** 4) **Dr. Sangeeta Sawant**
- 5) **Dr. Taranum Patel** 6) **Dr. Mohan Joshi**



H'ble Dr. Manikrao Salunkhe speaking. From right - Dr. Gangal, Dr. Bhagwat, Dr. Puranik, Dr. Huparikar, Dr. Kapdi.



Ph.D. Holder Dr. Mule expressing her gratitude. From right - Dr. Bhagwat, Dr. Puranik, Dr. Salunkhe, Dr. Huparikar, Dr. Kapdi.

7) **Dr. Asmita Jadhav.**

Ph.D. guides were also felicitated for successful Ph.D. completion of their students. The guides were felicitated at the hands of Dr. Manikrao Salunkhe and Dr. Dilip Puranik. The guides were as follows: 1) **Dr. Dilip Puranik** 2) **Dr. Rajendra Huparikar** 3) **Dr. Ramesh Gangal** 4) **Dr. Sadanand Deshpande** 5) **Dr. Pramod Kulkarni** 6) **Dr. Apoorva Sangoram.**

Dr. Monica Mule and Dr. Mohan Joshi expressed their gratitude towards RIHSM on behalf of Ph.D. holders. Dr. Supriya Phadke anchored and coordinated this felicitation session.

Dr. Rajendra Huparikar expressed his views regarding new challenges and development in education sector.

On the occasion, Dr. Manikrao Salunkhe congratulated RIHSM on its successful completion of 22 years. He also, congratulated the Ph.D. scholars on successful completion of their degree. He also praised the teamwork efforts taken by parent body Rashtriya Shikshan Mandal and RIHSM to deliver knowledge to the society.

On the occasion, Dr. Dilip Puranik spoke about the achievements of the Institution. He elucidated importance of skill based education need and how, RIHSM is working since years to achieve this.

Dr. Milind Sathye delivered the vote of thanks. He expressed his gratitude towards collaborative efforts of all participants of Rashtriya Shikshan Mandal and Research Institute of Health Sciences and Management. On behalf of the RIHSM, he expressed his appreciation for the support and encouragement provided by all members. The program marked its conclusion by 1:30 pm followed by lunch.



Ph.D. Holder Dr. Taranum Patel being felicitated at the hands of Dr. Manikrao Salunkhe.

कै. पुरुषोत्तमशास्त्री नानल हॉस्पिटल नूतनीकृत बाह्यरुग्ण विभाग व सिटी पंचकर्म केंद्राचा उद्घाटन समारंभ

डॉ. प्रमोद दिवाण

राष्ट्रीय शिक्षण मंडळ संचलित कै. पुरुषोत्तमशास्त्री नानल हॉस्पिटलच्या नूतनीकृत बाह्यरुग्ण विभाग व नूतनीकृत सिटी पंचकर्म केंद्राच्या उद्घाटनानिमित्त दि. ७ ऑक्टोबर २०२१ रोजी विशेष समारंभाचे आयोजन करण्यात आले होते.

सर्व आरोग्य सुविधा, उपकरणे ह्यांनी सुसज्ज 'सिटी पंचकर्म केंद्राचे' उद्घाटन आमदार मा. सौ. मुक्ता टिळक ह्यांच्या हस्ते करण्यात आले. तसेच नूतनीकरण केलेल्या बाह्य रुग्ण विभागाचे उद्घाटन लोकमत दैनिकाचे संपादक मा. श्री. विजय बाविस्कर ह्यांच्या हस्ते करण्यात आले.

मान्यवरांच्या हस्ते उद्घाटन झाल्यानंतर आयोजित केलेल्या समारंभाचे अध्यक्षस्थानी डॉ. दिलीप पुराणिक हे होते. व्यासपीठावर मा. सौ. मुक्ता टिळक, मा. श्री. विजय बाविस्कर, नानल रुग्णालय समितीचे अध्यक्ष डॉ. वि.वि. डोईफोडे, अधीक्षक डॉ. र.ना. गांगल, उपअधीक्षक डॉ. प्रमोद दिवाण होते.

डॉ. र.ना. गांगल ह्यांनी प्रास्ताविक केले व उपस्थितांचे स्वागत केले. डॉ. डोईफोडे ह्यांनी नानल हॉस्पिटलच्या स्थापनेपासून केलेल्या प्रगतीचा आलेख वाचला. मा. सौ. मुक्ता टिळक ह्यांनी आधुनिक जीवनशैलीत आयुर्वेदाचे महत्त्व आणि उपयुक्तता टिकली असून आधुनिक वैद्यकशास्त्राला आयुर्वेदाची जोड दिल्यास गंभीर आजारांवरही मात करता येते व पंचकर्मचे योगदान त्या दृष्टीने महत्त्वाचे आहे असे प्रतिपादन केले.

लोकमत वृत्तपत्र समुहाचे संपादक मा. श्री. विजय बाविस्कर ह्यांनी योग, आयुर्वेद व पंचकर्म ह्यांचे महत्त्व परदेशातील लोकांनी जाणले असून आयुर्वेदोक्त स्वस्थवृत्तातील जीवन शैलीचा अंगिकार केल्याचे सांगितले.

डॉ. पुराणिक ह्यांनी राष्ट्रीय शिक्षण मंडळ संचलित नानल हॉस्पिटल, मेहेंदळे दवाखाना व कै. कृ.ना. भिडे आयुर्वेद संस्था ह्यांच्याद्वारे पंचकर्म, क्षारसूत्र, अग्निर्कर्म, विद्ध कर्म हे आयुर्वेदातील विशेष उपचार उपलब्ध असल्याचे सांगितले.

डॉ. दिवाण ह्यांनी नानल रुग्णालयात पंचकर्म, दंतरोग चिकित्सा, कर्ण-नासा-मुख रोग (E.N.T.), नेत्र रोग, स्त्रीरोग प्रसूती, बालरोग इत्यादी सर्व प्रकारची चिकित्सा उपलब्ध असल्याचे सांगितले.

कार्यक्रमास पंचकर्म तज्ज्ञ वैद्य गिरीष सरडे, वैद्य प्रमोद कुलकर्णी, वैद्य अंजली दामले, वैद्य मुळे, राष्ट्रीय शिक्षण



'सिटी पंचकर्म सेंटरचे' सौ. मुक्ताई टिळक ह्यांचे हस्ते उद्घाटन, चित्रात - उजवीकडून - डॉ. पुराणिक, डॉ. डोईफोडे, वैद्य कुलकर्णी, डॉ. गांगल व डॉ. दिवाण.



नानल हॉस्पिटल- बाह्यरुग्ण विभागाचे उद्घाटन प्रसंगी उजवीकडून डॉ. पुराणिक, डॉ. डोईफोडे, डॉ. दिवाण, मा. श्री. बाविस्कर व डॉ. गांगल.



पंचकर्म केंद्राचे निरीक्षण करताना मा. श्री. बाविस्कर, डावीकडून डॉ. दिवाण, वैद्य दामले, श्री. बाविस्कर, वैद्य सरडे, डॉ. गांगल व डॉ. घनवट.

मंडळाचे सदस्य, श्री. दत्ताजी गायकवाड वगैरे उपस्थित होते. आभार प्रदर्शनानंतर कार्यक्रमाची सांगता झाली.



THIOSTANIN (रक्तशोधक वटी)

घटक द्रव्य वंगभस्म व गंधक ही थायोस्टॅनिन औषधीतील मुख्य रक्तशोधक द्रव्ये आहेत.



वंगभस्म (Tin Stannum)

वंग-जन्तुघ्न कार्य क्लेदनाशक,
ओजवर्धक, रक्त संक्रमक व त्वकविकार,
व्रणरोपणार्थ उपयोगी.



लोहभस्म (Iron Ferrum)

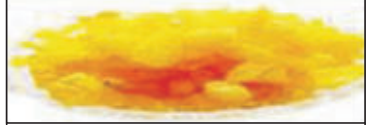
तिक्तरस, शीतवीर्य
कान्तीवर्धक, रसायन
पित्तप्रधान कुष्ठ रोगात उपयोगी.



अभ्रक भस्म (Mica)

त्रिदोषनाशक, शीत, वर्ण्य, रसायन,
योगवाही, धातुवर्धक, कुष्ठनाशक
कटुकी क्लेदनाशक.

संदर्भ -
थायोस्टॅनिन आयुर्वेद रसशाला
फाऊंडेशनद्वारा निर्मित
एक उत्तम रक्तशोधक औषधी आहे.



गंधक (Sulphur)

मधुर-कटुपाक-उष्णवीर्य कुष्ठनाशक,
रसायन, कृमिघ्न, विषहर, कण्डू
व स्नावयुक्त त्वकविकारांवर उपयोगी.



शिलाजीत (Black Bitumen)

L-Asphaltum Punjabinam
योगवाही, देहदाढ्यकर



कटुकी

(Picromiza Kurrooa)
कटुकी क्लेदनाशक.



तामभस्म

(Tin Copper Cuparum-L)

मधुरविपाक, उष्णवीर्य,
कुष्ठ, यकृतप्लिहारोग, नेत्र्य, लेखन.

कजली उत्तम जन्तुघ्न व व्रणरोपक कार्य करते. कजली, गुडुची, शिलाजीत, गुग्गुळ, त्रिफला हे योगवाही
व सप्तधातुवर्धक आहेत. त्रिफला आणि कटुकी हे क्लेदनाशक कार्य करतात. यामुळे थायोस्टॅनिन
हे उत्तम व्रणरोपक आहे. या रक्तशोधक वटीच्या सर्व द्रव्यास निंब, गुडुची, त्रिफला, भृंगराज यांची भावना देतात.

कार्यस्थान - रक्तधातू व त्वचा

उपयोग-

१) त्वक विकार - स्केबीज (पामा), एकजीमा, दंद्द, कुष्ठ, कण्डू, स्नावयुक्त पिडिका

२) नेत्ररोग - विलनी

३) पूतियुक्त टॉन्सिलाइटिस

मात्रा - २ गोळी, दिवसातून २ किंवा ३ वेळा (एक गोळी २५० ग्राम).

अनुपान - पाणी, दूध.

वैद्य पूजा चराटे

पदव्युत्तर विद्यार्थिनी, रसशास्त्र,
टि.आ.म.वि., पुणे.

वैद्य योगिनी पाटील

सहयोगी प्राध्यापक, रसशास्त्र,
टि.आ.म.वि., पुणे.



– डॉ. अपूर्वा संगोराम

आरोग्यमय दिवाळी!

बघता बघता २०२१ मधील सर्वात मोठ्या सणाचे आगमन होत आहे तो सण म्हणजे दिपावली!

‘दिवाळी सण मोठा नाही आनंदा तोटा’ अशीच या सणाबद्दल सर्वसाधारणांची धारणा असते. नुकताच पाऊस पडून गेलेला असतो, पिकांची लावणी पूर्ण झालेली असते. त्यामुळे बळीराजा सुखावलेला असतो. सर्वसामान्य माणूस ही वर्षभरातली राहिलेली मोठी खरेदी दिवाळीच्याच निमित्ताने करत असतो. त्यामुळे बाजारपेठेतही एक प्रकारचं चैतन्य फुलून आलेलं दिसून येतं.

आरोग्याच्या दृष्टीनेही शरद ऋतु संपून शिशिराची सुरुवात झालेली असते. हवेत एक प्रकारचा सुखद गारवा असतो. त्यामुळेच या ऋतुत अभ्यंग उद्वर्तन सुगंधी स्नान अशा प्रकारचे आरोग्याला हितकर विधी याच कालवधीत केले जातात. लहान मुलांना दिवाळीच्या सुट्ट्या लागलेल्या असतात त्यामुळे त्यांचे पालकही नेहमीच्या रूटीन मधून थोडेसे मोकळे झालेले असतात.

वर्षभराच्या रहाटगाड्यातून स्वतःच्या प्रकृतीकडेही लक्ष द्यायला वेळ झालेला नसतो, प्रकृतीच्या छोट्या मोठ्या कुरबुरी चालू असतात, डॉक्टर, वैद्यांकडे जाण्याची गरज भासत असते अशा वेळी नेमके कोणाकडे जाऊ? कोणाचा सल्ला घेऊ अशा विचारात असतानाच आरोग्य संबंधीत माहिती देण्याच्या दिवाळी अंकाची अतिशय मोलाची मदत होते. यामधील आरोग्य चांगले कसे ठेवावे, खाण्या पिण्याच्या सवयी कशा असाव्यात इ. गोष्टीपासून ते काही विशिष्ट आजारांच्या उपचारांबाबत सर्वकष माहिती या दिवाळी अंकातून मिळते आणि स्वतःचे व कुटुंबाचे आरोग्य उत्तम ठेवण्यासाठी अतिशय चांगला उपयोग होतो.

आरोग्याशी संबंधीत २०१५ पासून ‘आरोग्यदीप’ दिवाळी अंकाची निर्मिती सुरू केल्यापासून या व अशा अनेक प्रकारच्या प्रतिक्रिया, अभिप्राय सातत्याने आम्हाला मिळत आहेत. त्यामुळेच आरोग्यदीप ची निर्मिती करताना या सगळ्या महत्वाच्या बाबींचा आम्ही

सातत्याने विचार केला व त्या अनुषंगाने स्वास्थरक्षण आणि आरोग्य संवर्धन ही मूळ संकल्पना लक्षात घेऊन सर्वांगीण स्वास्थ्य चिकित्सा उपयोगी अंक होण्याच्या दृष्टीने आयुर्वेद, अॅलोपॅथी, होमिओपॅथी तसेच इतर पूरक पॅथी अशा सर्वच क्षेत्रात कार्यरत असणाऱ्या तज्ज्ञांचे लेख प्रतिवर्षी या दिवाळी अंकात समाविष्ट केले जातात आणि त्याचा जनसामान्यांना अतिशय चांगला उपयोग होताना दिसतो आहे हे त्यांच्या अभिप्रायावरून आम्हाला सातत्याने समजते आहे.

‘आरोग्यदीप’ २०२१ दिवाळी अंकामध्येही बाल, तरुण, मध्यमवयीन व ज्येष्ठ अशा सर्वच वयोगटातील व्यक्तींच्या स्वास्थ्याचा विचार करून त्यासंबंधीत लेखांचा समावेश करण्यात आला आहे.

स्त्रियांचे आरोग्य, जीवनशैलीजन्य विकार, निद्राविकृती वरील उपाय, मानसिक आरोग्य, बालकांचे आरोग्य, घरच्या घरी बनविता येतील अशा औषधींच्या कृती, हटके व पोषक पाककृती या व अशा अनेक उपयुक्त लेखांचा व सदरांचा समावेश या दिवाळी अंकात करण्यात आलेला आहे.

असा हा ‘आरोग्यदीप’ जनसामान्यांच्या आयुष्यातील आरोग्याचा दुवा ठरो हीच या दिवाळी निमित्त शुभकामना! सर्वाना दिवाळीच्या मंगलमय शुभेच्छा!



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उपसंपादकीय

दीपस्तंभ आरोग्याचा!

– डॉ. सौ. विनया दीक्षित

सध्याच्या धावपळीच्या युगात कोणतेही काम हे रोजीरोटीसाठीच असते. प्रत्येकाला मिळालेले आहे त्यापेक्षा अधिक वरच्या स्तराचे हवेच असते. सध्याच्या प्राप्त परिस्थितीत किती जण सुखी, समाधानी व आश्वस्त आहेत? इतरांबरोबर स्वतःकडेही पहा.

ज्या पोटासाठी ही दमछाक-वणवण चालू आहे त्याची खरोखरच योग्य पद्धतीने देखभाल होतील का? शाळकरी मुलामुलींपासून ते निवृत्त आजीआजोबांपर्यंत इथे प्रत्येकाला रोजच नवनवीन संघर्ष, जीवनाशी निगडीत आव्हाने व छोटीमोठी संकटे यांना सामोरे जावे लागत आहे. त्यात कोरोना महामारीसारखी दुर्दैवी घटना! यात 'माझं आरोग्य माझी जबाबदारी' आहे ही जाणीव तर झाली आहे. स्वास्थ्यपूर्ण, आरोग्यसंपन्न व्यक्तींचा हेवा वाटावा अशीच स्थिती आहे. फारच दुर्मिळ! पूर्वी शंभरात एखादा कमकुवत, आजारी किंवा काही स्वास्थ्यविषयक समस्यांनी पीडित असे; आता शंभरात एखादीच व्यक्ती निरोगी, तंदुरुस्त व आनंदी असते.

हे चित्र बदलण्यासाठी, सगळ्या अंधःकारमय चिंता, विवंचना व अडचणींचा सामना करून स्वतःची व कुटुंबियांची तेजस्वी 'आरोग्याची ज्योत' प्रकाशमान व्हायला हवी. यासाठी दीपस्तंभासारखा भक्कम मार्गदर्शक आरोग्य सखा सतत सोबतीला हवा.

मनाची मशागत आणि शरीराची सुदृढ ताकद या एकाच आरोग्यपूर्ण जीवनाच्या दोन बाजू आहेत.

शरीराची शुद्धी व स्वास्थ्यपूर्ण दिनचर्या आतून बलवान होण्यास आवश्यक असते. संतुलित आहार मनाला समाधान व शरीराला पोषण देतो. नियमितपणे केलेला व्यायाम, योग व प्राणायाम जीवनाला स्थैर्य व शरीराबरोबर मनालाही लवचिकता देतात. यामुळे छोट्या मोठ्या गोष्टींनी ना आजारपण येते ना मन खडू होते. 'दुखलं-खुपलं' हे रोजच न घडता क्वचित घडणारी गोष्ट बनायला सुरुवात होते. शरीराचे स्वास्थ्य व सक्षम मनाचे समाधान अनुभवायला आनंद वाटू लागतो. हा आनंद मला व माझ्या कुटुंबियांना पुरेपूर नक्कीच मिळावा. हे ध्येय तर निश्चित झालेच. त्यासाठी रोज अंगिकारता येईल, सहजपणे पाळली जाईल अशी आरोग्यरक्षक योजना हवी. प्रत्येक वयोगटानुसार आयुष्याच्या वाटेवर येणाऱ्या स्वास्थ्यविषयक प्रश्नांची उत्तरे व त्यातून आरोग्य जपण्याचा मूलमंत्र माहिती पाहिजे.

यासाठी सुखी दीर्घायुष्याचा कानमंत्र देणारा आरोग्यदीप दिवाळी अंक २०२१ आरोग्यपूर्ण शुभेच्छांसह प्रकाशित झाला.

सातत्याने जनमानसांत एक आश्वासक आरोग्याचा मार्गदर्शक म्हणून आरोग्यदीपचा एक ठसा आहे. याच विश्वासाने आयुर्विद्याच्या वाचकांनीही आरोग्यदीप खरेदी करून आपल्या स्नेहीजनांना दिवाळीची स्नेहभेट म्हणून द्यावा व आनंद द्विगुणित करावा!!



रोटरी पुरस्काराने सन्मानित
आरोग्यदीप २०१७ व २०१८



आरोग्यदीप २०१९
छंदश्री आंतरराष्ट्रीय दिवाळी अंक स्पर्धा
द्वितीय पारितोषिक विजेता.

स्वागत!

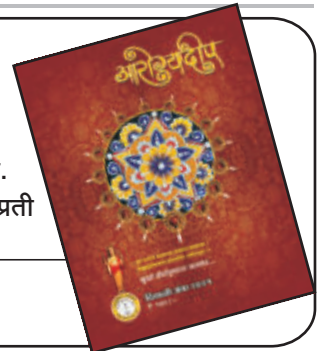
* आरोग्यदीप दिवाळी अंक २०२१ *

"प्रकाशित झाला आहे"

प्रियजनांना आरोग्यपूर्ण दिवाळी भेट देण्यास उपयुक्त.
आपला अंक आजच मिळवा. सवलतीच्या दरात जास्त प्रती
मिळविण्यासाठी त्वरीत संपर्क साधावा.

प्रा. डॉ. अपूर्वा संगोराम (९८२२०९०३०५)

प्रा. डॉ. विनया दीक्षित (९४२२५९६८४५)



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