नोवेम्बर २०२३

Ayurvidya

आयुर्विद्या

ISSN - 0378 - 6463

Peer Reviewed Indexed Research Journal
of 21st Century Dedicated to Ayurved...

॥ श्री धन्वंतरये नम: ॥

ISSN - 0378 - 6463

राष्ट्रीय शिक्षण मंडळ, संचालित

आयुर्विद्या

मासिक

Rashtriya Shikshan Mandal's

AYURVIDYA

Magazine

शंखं चक्रं जलौकां दधतमृतघटं चारुदोर्भिश्चतुर्भि: ।
सूक्ष्मस्वच्छातिहृद्यांशुकपरिविलसन् मौलिमम्भोजनेत्रम् ॥
कालाम्भोदोज्ज्वलाङ्गम् कटितटविलसच्चारुपीताम्बराढ्यम् ।
वन्दे धन्वन्तरितं निखिलगदवन प्रौढदावाग्निलीलम् ॥
नमामि धन्वंतरिमादिदेवं सुरासुरैवन्दितपादपङ्कजम् ।
लोके जरारुग्भयमृत्युनाशनं धातारमीशं विविधौषधीनाम् ॥

To know latest in "**AYURVED**" Read "**AYURVIDYA**"
A reflection of Ayurvedic Researches.

ISSUE NO. - 6 **NOVEMBER - 2023**

PRICE Rs. 25/- Only.

आयुर्विद्याच्या सर्व वाचक, जाहिरातदार, हितचिंतकांना
दीपावलीच्या व नववर्षाच्या हार्दिक शुभेच्छा!

CONTENTS

This Issue is dedicated to "Shalakya Tantra"

"**AYURVIDYA**" Magazine is printed at 50/7/A, Dhayari - Narhe Road, Narhe Gaon, Tal. - Haveli, Pune -41 and Published at 583/2, Rasta Peth, Pune 11.
By Dr. D. P. Puranik on behalf of Rashtriya Shikshan Mandal, 25, Karve Road, Pune 4.

IMP ● Views & opinions expressed in the articles are entirely of Authors. ●

About the Submission of Article and Research Paper

Rashtriya Shikshan Mandal's **AYURVIDYA** Magazine

- The article / paper should be original and submitted **ONLY** to "**AYURVIDYA**"
- The **national norms** like Introduction, Objectives, Conceptual Study / Review of Literature, Methodology, Observations / Results, Conclusion, References, Bibliography etc. should strictly be followed. Marathi Articles / Research Paper are accepted at all levels. These norms are applicable to Review Articles also.
- **One side Printed copy** along with PP size own photo and fees should be submitted at office by courrier / post / in person between **1 to 4 pm on week days and 10 am to 1 pm on Saturday.**
- "**AYURVIDYA**" is a peer reviewed research journal, so after submission the article is examined by two experts and then if accepted, allotted for printing. So it takes atleast one month time for execution.
- Processing fees Rs. 1000/- should be paid by cheque / D.D. Drawn in favour of "**AYURVIDYA MASIK**"
- **Review Articles may be written in "Marathi" if suitable as they carry same standard with more acceptance.**
- **Marathi Articles should also be written in the given protocol as - प्रस्तावना, संकलन, विमर्श / चर्चा, निरीक्षण, निष्कर्ष, संदर्भ इ.**

For Any Queries Contact -
Prof. Dr. Apoorva Sangoram (09822090305)

Write Your Views / send your subscriptions / Advertisements

To

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
Dr. Vinaya Dixit - 09422516845 Dr. Apoorva Sangoram 09822090305
Visit us at - www.eayurvidya.org

Subscription, Article Fees and Advertisement Payments by Cash / Cheuqes / D. D. :- in favour of

Payable at Pune Date : .....
Pay to **"AYURVIDYA MASIK"**
Rupees .....
..... Rs. .....
(Outstation Payment by D. D. Only)

- **For Online payment - Canara Bank, Rasta Peth Branch, Savings A/c. No. 53312010001396, IFSC - CNRB0015331, A/c. name - 'Ayurvidya Masik'.** Kindly email the payment challan along with name, address and purpose details to **ayurvidyamasik@gmail.com**

"AYURVIDYA" MAGAZINE Subscription Rates : (Revised Rates Applicable from 1st Jan. 2014)

For Institutes -Each Issue Rs. 40/- Annual :- Rs. 400/- For 6 Years :- Rs. 2,000/-
For Individual Persons - For Each Issue :- Rs. 25/- Annual :- Rs. 250/- For 6 Years :- Rs. 1,000/-
For Ayurvidya International - Annual :- Rs. 550/- (For Individual) & Rs. 1000/- (For Institute)

ADVERTISEMENT RATES

Full Page - Inside Black & White - Rs. 1,600/- (Each Issue)
Half Page - Inside Black & White - Rs. 900/- (Each Issue)
Quarter Page - Inside Black & White - Rs. 500/- (Each Issue)

Attractive Packages for yearly contracts

संपादकीय

माध्यमांची जबाबदारी

डॉ. दि. प्र. पुराणिक

मध्यंतरी शासकीय हॉस्पिटल्समध्ये मोठ्या संख्येने अल्पावधीत झालेल्या अनेक मृत्युंच्या घटनांमुळे एकच खळबळ उडाली. महाराष्ट्रातील नांदेड येथील शासकीय शंकरराव चव्हाण रुग्णालय येथे चोविस तासात चोविस मृत्यु झाल्याने तसेच छत्रपती संभाजीनगर येथील शासकीय रुग्णालयात एका रात्रीत बाराहून अधिक मृत्यु झाल्याने बऱ्याच महत्वाच्या वृत्तपत्रांनी ठळकपणे ''मृत्युचे तांडव'' तसेच अशाच प्रकारच्या शिर्षकाने मोठ्या ठळक मथळ्याने बातमी दिली. झालेल्या मृत्युंमध्ये शिशु तथा बालकांच्या मृत्युंची संख्याही मोठी असल्याने घटनांचे गांभिर्य अधिकच गडद झाले. वृत्तपत्र माध्यमांबरोबरच आकाशवाणीच्या खाजगी वहिन्यांनी (एफ्एम) ह्या घटनेच्या बातम्यांचा भडीमार केला. ह्याचबरोबर दूरदर्शनच्या खाजगी वाहिन्यांनी (News Channels) तर अक्षरशः ''विनाथांबा'' ह्या बातम्यांशी संबंधित वृत्तांचे, अनेकांच्या मुलाखती तसेच चर्चासत्र प्रक्षेप्रित करून आपली ''जबाबदारी'' पार पाडली.

मृत्यु तांडवाच्या माध्यमांवरील प्रक्षेपण व बातम्यांमुळे एकच हलकल्लोळ उडाला. नागरिकांच्या, राजकीय विश्लेषक, कार्यकर्ते ह्यांच्या प्रतिक्रिया माध्यमांवर उमटू लागल्या. ह्यामध्ये एकूणच शासकीय रुण्यालयातील वैद्यकीय अधिकाऱ्यांचा निष्काळजीपणा, आरोग्यविषयक सोयी–सुविधांचा अभाव, औषधांची कमतरता ह्यावरुन संबंधितांना लक्ष करण्यात आले. संबंधित आरोग्य रक्षकांना अर्थात निवासी वैद्यकिय अधिकारी, तज्ज्ञ डॉक्टर्स ह्यांना निलंबित करावे, तसेच दुर्देवी घटनेच्या काळात कामावर असलेल्यांना त्वरीत कामावरुन काढून टाकावे, रुग्णालयांच्या कारभाराची न्यायालयीन चौकशी करावी अशा प्रकारच्या प्रतिक्रिया जाहीर झाल्या.

दोन्ही हास्पिटल्समध्ये झालेल्या मृत्युंच्या घटना ह्या निःसंशय हद्रयद्रावक आणि अत्यंत गंभीर होत्या. विशेषतः नातेवाईक, आप्तेष्टांच्या दृष्टीने त्यांचे गांभिर्य अधिकच म्हटले पाहिजे. परंतु ह्या घटना घडल्यानंतर ह्या मृत्युंच्या कारणांची संबंधित वैद्यकीय अधिकाऱ्यांनी जी माहिती आणि स्पष्टीकरण दिले तेही लक्षात घेणे अत्यंत आवश्यक होते. मृत्यु झालेली बव्हंशी लहान बालके ही अत्यंत गंभीर अवस्थेत होती, बरीच बालके अतिदक्षता विभागात (NICU) मृत्युशी झुंज देत होती. तसेच कांही ज्येष्ठ रुग्ण हे देखील अतिदक्षता विभागातील अतिगंभीर अवस्थेतील होते. कांही अपघातग्रस्त रुग्णांना अतिगंभीर अवस्थेत रुग्णालयात आणण्यात आले होते. त्यावरून एकूण असे स्पष्ट झाले की बव्हंशी रुग्ण मृत्युशी झुंज देत होते तर त्यांच्यावर उपचार करणारे वैद्यकीय अधिकारी ह्या रुग्णांना वाचविण्यासाठी प्रयत्नांची शिकस्त करीत होते.

ह्या प्रकारच्या घटना घडल्यानंतर माजलेला हलकल्लोळ, भडका कालांतराने शांत होतो. त्या निमित्ताने हॉस्पिटलच्या आरोग्य सेवासुविधांमध्ये असलेल्या त्रुटी दूर करण्यासाठी शासकीय स्तरावर प्रयत्नही केले जातात. परंतु अशा प्रकारच्या घटना घडल्यानंतर चिंतेची बाब म्हणजे कोणत्याही प्रकारची माहिती न घेता वैद्यकीय अधिकाऱ्यांना दोषी ठरवून आरोपीच्या पिंजऱ्यात उभे केले जाते. माध्यमे न्यायालयांच्या भूमिकेत वावरु लागतात आणि न्यायनिवाडा करु लागतात. त्या पलीकडे जावून वृत्तपत्र माध्यमांनी दिलेल्या 'भडकावू' बातम्यांमुळे अनेकवेळा जनसामान्य हिंसेला प्रवृत्त होतात, हॉस्पिटल्समध्ये मोडतोड, वैद्यकीय अधिकाऱ्यांना, कर्मचाऱ्यांना हिंसक मारहाण केली जाते.

पूर्वी वैद्यकीय व्यवसाय हा पवित्र (Noble) आणि वैद्यकीय व्यावसायिक हा देवासमान मानला जायचा. अलीकडे येवून गेलेल्या "COVID 19" महामारीच्या काळात अनेक डॉक्टर्सने आपला जीव धोक्यात घालून भूक, तहान, कुटुंबिय ह्यांची पर्वा न करता अहोरात्र हॉस्पिटलमध्ये काम करून असंख्य मृत्युपंथाला लागलेल्या रुग्णांना वाचविले. अशा वेळेला समाजानेही कृतज्ञतेने सर्व वैद्यकीय सेवेकऱ्यांना ''सलाम'' केला. एकूण बव्हंशी डॉक्टर्स हे ''रुग्णसेवा'' हे ''व्रत'' मानून काम करत असतात हे निर्विवाद! परंतु दुर्देवाने सध्याची सामाजिक मानसिकता ''गरज सरो वैद्य मरो'' ह्या प्रकारची झाली आहे.

वास्तविक समाजाची ही मानसिकता होण्यास सर्व प्रकारची माध्यमे हातभार लावत असतात. त्यामुळेच माध्यमांनी स्वतःची जबाबदारी ओळखून बातम्या देताना **''सनसनाटी''** च्या मागे न लागता सारासार विचार करून संतुलीत, वस्तुनिष्ठ, सामाजिक क्षोभ होणार नाही ह्याची काळजी घेवून तोलून मापून बातम्या द्याव्यात, तसेच प्रक्षेपण करतांना विशेष काळजी घ्यावी असे सूचवावेसे वाटते. डॉक्टर हा शेवटी ''परमेश्वर'' नाही आणि ''जादूगार'' किंवा ''दैत्य''ही नाही ह्याची जाणिव ठेवावी ही अपेक्षा.

दंत चिकित्सेमध्ये शालाक्य विज्ञानाचे महत्व

वैद्य वासुदेव नारायण शेंड्ये,
बी.ए.एम.एस., पी.जी. डिप्लोमा इन शालाक्य,
गणेश दवाखाना, ४३३, नारायण पेठ, पुणे.

शालाक्य तंत्रामध्ये मुखरोगांतर्गत दंतरोगांचा विचार केला आहे. यातही दंतरोग आणि दंतवेष्टगतरोग असे वर्गीकरण केले आहे.

सामान्यत : रुग्ण दांत दुखतो तेव्हाच दंतवैद्याकडे जातो. पण जेव्हा रुग्ण दात दुखतो अशी तक्रार करतो तेव्हा दंतवैद्याने दाताबरोबरच अन्य अवयवही तपासणे गरजेचे असते. जे प्रत्येकवेळी केले जातेच असे नाही. याचे कारण असे की दंतवैद्यांना कान, नाक, घसा, मुखरोगांचे सम्यक ज्ञान असेलच असे सांगता येत नाही. आयुर्वेदामध्ये दंत विज्ञान हा विषय शालाक्य तंत्रामध्ये समाविष्ट असल्याने वैद्य हा दंतरोगांबरोबरच इतर कर्ण, नासा, मुख, इ. रोग, त्यांच्या अवस्था, चिकित्सा, त्यांचे संबंधी आधुनिक औषधोपचार व शस्त्रकर्म यांचा ही अभ्यास करतो.

मी जेव्हा दंतचिकित्सा करतो तेव्हा मला ही गोष्ट प्रकर्षाने जाणवली. आणि शालाक्य तंत्राचा अभ्यास असल्याने दंतचिकित्सेत निदान आणि त्याचा उपयोग उपचारासाठी करीत असतो. या संबंधातील काही उदाहरणे मी देतो.

१) दात दुखतो म्हणून जेव्हा रुग्ण येतो तेव्हा बरेचदा असे होते की त्याला नेमका कोणता दात दुखतो ते सांगता येत नाही. वरची बाजू दुखते की खालची हे सुद्धा नेमकेपणाने सांगता येत नाही. पूर्ण बाजू दुखते अशी तक्रार असते. तेव्हा नेमक्या कोणत्या दाताला सूज आहे किंवा नेमका कोणता दात दुखतो हे समजून घेण्यासाठी प्रत्येक दातावर हलकासा आघात करुन पाहिले जाते. याने नेमका कोणता दात दुखतो ते समजते. काही वेळा असे होते की कोणताही दात दुखत नाही असे लक्षात येते. पण रुग्ण मात्र तक्रार करतो की त्याचा दात दुखतो आहे. जेव्हा अजून प्रश्न विचारतो की 'दात कधी दुखतो? दिवसभर दुखतो का? चूळ भरताना, पाणी पिताना, चहा पिताना, खाताना दुखतो का?' तेव्हा तो सांगतो की फक्त खाताना दुखतो. जेवताना, चावताना दुखत असेल तर तो अन्नाचा दातावर दाब पडल्याने दुखतो. पण हलक्या आघाताने तो लक्षात येतो. दात किडलेला नाही, सूज नाही, आघातानेही दुखत नाही तरी रुग्णाची तक्रार असते की चावताना दात दुखतो.

अशावेळी या दातदुखीचा प्रत्यक्ष दंत किंवा दंतवेष्टाशी काही संबंध नसतो. तर असे लक्षात येते की दात आणि गाल यांच्यामध्ये दंतवेष्टाच्या खालच्या बाजूला एक पांढरा, पिवळट, लालसर व्रण झालेला आहे. जेवताना, चावताना अन्नाचा त्या व्रणाला स्पर्श झाला की रुग्णाला वेदना जाणवते. पदार्थ तिखट नसला तरी दुखते. ती जागा दाताला लागूनच असल्याने रुग्ण दात दुखतो अशी तक्रार करतो. ही गोष्ट वैद्याच्या नजरेतून सुटली आणि दंतशूल, शोथावरची नियमित चिकित्सा दिली तरी कोणत्याही पॅथीची कितीही भारी भारी औषधे दिली तरी त्याचा काहीही उपयोग होत नाही. कारण रोग वेगळा आणि औषध वेगळे अशी अवस्था होते. हा मुखपाकाचाच एक प्रकार आहे. त्यासाठी मुखपाकाची चिकित्सा केली तरच उपयोग होतो.

२) साधारण १६ वर्षांच्या मुलाला घेऊन त्याचे पालक सेकंड ओपिनियन घेण्यासाठी आले होते. खरतर त्यांनी पूर्वी इतरही दंतवैद्यांना भेट दिली होती. माझ्याकडे special ओपिनियन साठी आले होते. मुलाचे दहावीचे वर्ष होते. त्याची उजवीकडच्या वरच्या 2nd premolar ची समस्या होती. तो काळ कोविड-१९ चा असल्यामुळे दंतचिकित्सेला मर्यादा येत होत्या. विलंब होत होता. त्याचा तेथील दुधाचा दात पडला नव्हता. तो दुखू लागल्याने त्याला दंतवैद्याकडे नेले. त्याने तो दुधाचा दात काढला. पण त्याला काय जाणवले माहित नाही पण तेथे कर्करोग असण्याची शक्यता त्याने बोलून दाखवली. पालकांचे धाबे दणाणले. त्यांनी super consultant ना दाखविले. त्याचे scan केले. सुदैवाने कोणतीही गंभीर समस्या नाही असे लक्षात आले. पण एक दुसरीच समस्या समोर आली. दुधाचा दात वेळेवर न पडल्याने अथवा न काढल्याने नवीन येणारा 2nd premolar-permanent tooth हा मूळ अवस्थेत -उभ्या अवस्थेत न राहता तो आडवा तिरका झाला होता आणि maxillary sinus ला अगदी खेटून होता. ५-६ तज्ञ दंतवैद्य आणि पालक यांच्यात video conferencing द्वारे चर्चा झाली. तो दात sinus च्या जवळ असल्याने काढता येणार नाही. काही विशेष तंत्र वापरून आपण तो खाली खेचून घेऊ, इ. सल्ले त्यांना देण्यात आले आणि त्यासाठी खर्चही बराच सांगितला. हे सर्व ऐकून मुलाच्या आईची झोप उडाली. विचार करून सर्व थकले,घराचे स्वास्थ्य बिघडले. सर्व उपचार करण्यापूर्वी माझा सल्ला घ्यावा असे कोणी त्यांना सुचविले.

मी रुग्ण तपासला. त्याला कोणताही त्रास नव्हता, वेदना नव्हती. त्याचा scan पाहिला. वास्तविक पाहता दुधाचा दात न पडल्यामुळे कायमच्या दाताला बाहेर यायला जागा मिळत नव्हती. त्यामुळे थोडा Maxillary sinus च्या दिशेला सरकला होता. आता दुधाचा दात काढल्यानंतर तो नैसर्गिकतः बाहेर येणे सहज शक्य होते. Maxillary sinus फोडून आत घुसण्याची कोणतीही शक्यता नव्हती, तेव्हा 'थांबा आणि वाट पहा'हे धोरण अवलंबण्याचा सल्ला दिला. दात दुखण्याची शक्यता नव्हतीच पण काही त्रास झालाच तर भेटा असे सांगितले. १–२ महिन्यात दात आपणहून आपल्या जागी आला. 'सब्र का फल मीठा होता है।' तसेच झाले. कोणताही त्रास न होता, पैसा खर्च न करता, शस्त्रकर्म वा इतर उपचार न करता रुग्णाला आराम मिळाला.

समजा दात maxillary sinus मध्ये गेलाच असता आणि oroantral fistula वा तत्सम समस्या निर्माण झाली असती तरी Caldwell-Luc operation करून ते दुरुस्त करता येण्यासारखे होते. शालाक्य तंत्राचा अभ्यास असल्याने मला ती खात्री होती आणि म्हणूनच एवढ्या super specialists च्या विरोधी मत मी देऊ शकलो. तरी एका विख्यात ENT surgeon चा सल्ला घेण्यास रुग्णाला सांगितले. ENT surgeon चे मतही माझ्यासारखेच होते. त्यामुळे रुग्णाला हायसे वाटले. त्याने वाट पहायचे ठरविले. माझा सल्ला मानला. अणि दोन महिन्यात दात योग्य जागी आला.

३) साधारण २५ वर्षांची महिला तीन महिन्यांपूर्वी दंतवैद्याने दांत काढला पण अजून वेदना थांबत नाही अशी तक्रार घेऊन आली. वेदना अतितीव्र होते. होत्या. दांत काढला तेव्हा नंतर अँटिबायोटिक्स आणि केटेरॉल हे वेदनाशामक घेतले होते. नंतर अँटिबायोटिक्स बंद केले. दांत काढूनही असह्य वेदना होतच होत्या. Scan केले. त्यात दाताचा एक तुकडा आहे अशी शंका वाटल्याने तो काढण्याचा प्रयत्न केला गेला. तरी वेदना थांबत नव्हती. जवळ जवळ ३ ते ३.५ महिने ती दररोज २ ते ३ वेळा केटेरॉल घेत होती. त्याशिवाय ती वेदना थांबतच नसे. हे असे किती दिवस चालणार? बाळासाठी प्रयत्न करायचे होते पण या त्रासामुळे, औषधांमुळे त्याचा निर्णय करता येत नव्हता. अशा अडचणी, तक्रारी घेऊन ती माझ्याकडे आली. दुखणे सुरु झाले की कान, नाक, डोके दात सर्व बाजू दुखत असे.

मी काढलेल्या दाताची जागा पाहिली. जखम पूर्ण भरली होती. पण थोडा स्थानिक शोथ होता. एकूण तक्रारी ऐकून असे वाटले की तिला Trigeminal Neuralgia चा त्रास सुरु झाला असावा.

दंतोपचारानंतर ही समस्या फार क्वचित, कधी कधी निर्माण होऊ शकते. उर्ध्व जत्रुगत परिक्षणात असे लक्षात आले की नाकाच्या शेजारी डोळ्याखाली सुद्धा शोथ आहे. तसेच भुवईच्या वर आणि भुवईच्याखाली परिक्षण केले असता तेथे वेदना होत असल्याचे लक्षात आले. म्हणून मी कृकाटिका मर्माचे ठिकाणी थोडा दाब दिला. तेव्हा तिची वेदना तत्काळ कमी झाली. खूप हलके वाटू लागले. ज्या अर्थी कृकाटिका मर्माचे ठिकाणी दाब दिल्यावर वेदना थांबली त्या अर्थी Trigeminal Neuralgia नाही याची खात्री झाली. वेदनेचे मुख्य कारण Sinusitis आहे. आणि दाताचे कारण हे त्यामानाने गौण आहे असे नक्की झाले.

दंतवेष्टाचे ठिकाणी शस्त्रजन्य आघातज शोथ आणि जोडीला असणारा चेताशोथ (Neuralgia) तसेच प्रतिश्याय यावर लक्ष केंद्रित करून चिकित्सा दिली. सर्व आयुर्वेदिक औषधे दिली. कितीही दुखले तरी Keterol गोळी खायची नाही, तर कृकाटिका मर्माचे ठिकाणी हलकेच दाब द्यायचा असे सांगितले. तसे तिला कुठे आणि दाब द्यायचा हे दाखवले. तिच्याकडून करून घेतले. तरीही वेदना असह्य असली तरच एक सामान्य वेदनाशामक गोळी घेण्यास सुचविले. शक्य तेवढे कोणतेही वेदनाशामक घ्यायचे नाही अशी सख्त सूचना दिली. तैल कवल; प्रतिमर्श नस्य, वाफ घेणे, कान कपाळ झाकणे (शिरोवेष्टन) इ. बाह्योपचार सांगितले. पंखा, एअर कंडीशन टाळण्याचा सल्ला दिला. रुग्णा पुन्हा दाखविण्यास आली. तिला सांगितल्याप्रमाणे तिने सर्व गोष्टी केल्या. तिला कोणतेही वेदनाशामक घेण्याची गरज भासली नाही.

शोथ कमी झाला होता. वेदना कमी झाली होती. जी महिलारुग्ण जवळ जवळ तीन महिने दररोज दोन ते तीन वेळेला keterol खाऊनही वेदना सहन करत होती, ती कोणत्याही वेदनाशामक औषधांशिवाय वेदनामुक्त झाली.

जर केवळ दंत परीक्षण केले असते आणि चिकित्सा केली असती तर फसगत झाली असती. शालाक्य तंत्राचे ज्ञान असल्यामुळेच प्रतिश्याय आणि तत् जन्य शूल आहे हे लक्षात आले आणि योग्य उपचार करून रुग्णाला उपशम मिळाला.

वरील सर्व उदाहरणे प्रातिनिधिक आहेत. असे प्रसंग वरचेवर येत असतात. आयुर्वेदात दंतरोगांचे वर्णन आधुनिक शास्त्रासारखे स्वतंत्र न करता शालाक्य तंत्रात केले आहे. त्यामुळे सर्वच ऊर्ध्व जत्रुगत विकारांचा एकाच वेळी सम्यक अभ्यास होतो आणि त्यांच्यातील परस्पर संबंधांमुळे रुग्ण परीक्षण आणि उपचार हे योग्य पद्धतीने करता येतात. दंतोपचारांमध्ये शालाक्य तंत्राचे ज्ञान किती महत्वाचे आहे हे या अशा अनुभवांतून अधोरेखित होते.

A Conceptual Study Of Patalagata Doshdushti And Refractive Errors

Dr. Shamli S. Pawase, M.S. Ph.D. Scholar, Shalakya Tantra,
Assistant Professor, Department of Shalakyatantra,
Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.

Introduction - Ayurveda is the science of human life which deals with physical, mental and social wellbeing of human. For a blind, all these three health gets unbalanced. Worldwide, Uncorrected refractive error is the leading cause of vision impairment and the second leading cause of blindness in developing countries, including India.[1] Estimated disability-adjusted life years and productivity loss indicate that uncorrected refractive error has a potentially greater impact on the global economy than all other preventable causes of moderate to severe vision impairment and blindness.[2]

In day to day clinical practice presenting with defective vision for distant objects is cardinal feature of refractive errors. These are myopia, hypermetropia and astigmatism. Along with diminished vision it may represent asthenopic symptoms like headache and eye strain. Use of spectacles is commonest method to correct refractive error. Along with that contact lens and refractive surgeries are increasing popularity. Use of spectacles posses some significant challenges like lack of readily availability, being a source of discomfort, refraction given by inexperienced eye care centres. Incorrect and long term use of contact lenses may cause serious complications like corneal ulcers, red eye, dry eye etc. These conditions can develop very quickly and can be very serious. On the other hand, refractive surgery is neither free from adverse effects nor cost effective and hence not suitable for people at large.

In this way, there is an earnest need for a cost effective remedy of the disorder under discussion, which should be free from any untoward effect. Ayurveda, an ancient healing science may do this job, since this describes a group of remedial procedures and regimen fulfilling these criteria. In Ayurveda, clinical features related to visual disturbances are seen only in 'Drishtigat Rogas'. Hence all cases of visual disturbances can be correlated under the broad heading of Timira-Kacha-Linganasha complex. The part of clinical feature of Timira, especially first and second patala, can be correlated with refractive errors. As far as the management of Timira is concerned, Sushruta have recommended the use of Kriyakalpa, which can be applied in almost all types of eye diseases but gives very good results in Refractive errors. Among the many contributions of Ayurveda in drug delivery system 'Kriyakalpa' has a very superior position as it is tissue targeted, fast acting, simple but innovative method of drug administration to various parts of eyes including the posterior segment, the optic centre and visual pathway too.

Aim - To Study the correlation of Refractive error with Patalagata Doshsuhti described in Ayurved texts.

Objectives - i) To review the correlation of Refractive error with Patalagata Doshsuhti described in Ayurved texts. ii) To elucidate the role of Ayurveda in combating the Refractive error.

Materials and methods - Ayurvedic and modern classics related to refractive errors are reviewed and compiled in this article.

Timira - The word timira is derived from timi kledane aadri bhava which means increased moisture in visual pathway[3]. Timira is one of the important diseases explained in Drishtigata Rogas. A complex structure named patala has been explained by Sushruta. Timira-Kacha-Linganasha complex is found when vitiation of Doshas is bound to patala.

Acharyas have also explained symptoms regarding involvement of patala in vitiation of Doshas.

In Eye diseases explained in Samhitas, Timira has very much importance due to its severity and complications. Kacha and Lingnash are nothing but late stages of Timira when Timira is not treated and vitiation of Doshas is increased. When Timira is not treated it lands up into Kacha and Kacha ends up in lingnash later which means complete loss of vision[4].

Causes - Acharya Charaka has extensively classified the causes as misuse, overuse and disuse of the sense organs in respect of function and duration. Other causes explained by Sushruta for generalized eye diseases can be taken into mind such as excessive use of eyes to see distant objects or near objects, excessive crying, excessive anger, lack of proper sleep, pittaprakopak food etc[5].

Pratham Patalagata dosh dushti[6] - All external objects appear dim and hazy when the deranged Doshas passing through vessels get incarcerated within the first patala. Person with pratham patal gat timira cannot see the object distinctly.

Dvitiya patala gata dosht dushti[7]-

1) Confused visual perception. 2) Appearance of bees, flies, hairs etc. 3) Appearance of distinct objects as near. 4) Appearance of near object as distinct.5) Inability to thread a needle

Trutiya patala gata dosh dushti[8] -

1) Unable to see objects in lower field.

2) Absence of parts of objects.

Chaturth Patalagata dosh dushti[9] -

Complete loss of vision is seen in this condition. This condition is termed as linganash. This type of condition occurs in mature and hyper mature cataract and certain retinal degenerative conditions.

According to Dosha involvement[10] -

Predominance of particular Dosha governs the clinical features of Timira to a great extent. The signs and symptoms of timira according to Doshas are as follows:-

Vataja Timira : Objects appear as if they were moving, hazy, reddish in colour and tortuous in shape

Pittaja Timira : Visualization of false flashes of the sun, glow worm, rainbow and the lightening. Bluish and blackish shades appear as variegated like the feathers of a peacock.

Kaphaja Timira : All objects are seen as glossy and white like the clouds. Moving clouds are seen in a cloudless sky and stationary objects appear as if inundated in water.

Raktaja Timira : Objects appear to be in various colours such as dark greenish, greyish, or blackish and smoky all around.

Sannipataja Timira : In Timira due to vitiation of all Doshas together, objects appear to be in various colours, scattered and as having double or manifold images all around. Images appear to be luminous and are seen to possess more or less than normal parts.

Parimlayi Timira : Pitta when associated with tejas of shonita produces the timira called Parimlayi. In this variety of timira, the patient sees all sides as yellow and visualizes as if the sun is rising. All trees appeared to be interspersed with glow worms and flashes of the light.

Prognosis[11] - Timira which is situated in the prathama patala and has not produced discoloration is curable (Sadhya). Situated in the dwiteeya patala and which has become coloured is curable with difficulty (Krichhsadhya). Timira of the third patala is said to be relievable only (Yapya). Kaphaja linganasha is shasthra sadhya.

Refractive errors[12] - Myopia - Myopia is a type of refractive error in which parallel rays of light coming from infinity are focused in front of sensitive layer of retina when accommodation is at rest.

Symptoms : • Poor vision for distance

• Asthenopic symptoms • Half shutting of the eyes

Signs: • Prominent eye balls • Deep anterior chamber • Large pupils

Types of myopia - 1) Curvature myopia.
2) Axial myopia. 3) Positional myopia
4) Index myopia. 5) Myopia due to excessive accommodation.
Hypermetropia - Refractive state of eye wherein parallel rays of light coming from infinity are focussed behind the retina with accommodation being at rest and hence the posterior focal point is behind the retina, which therefore receives a blurred image.
Symptoms : • Poor vision. • Asthenopic symptoms
Signs : • Small eye balls (especially in high Hypermetropia) • Cornea is slightly small
• Shallow anterior chamber • Retinoscopy and autorefractometry-hypermetropic refractive error. • Fundoscopy-small optic disc
• More vascular with ill defined margin
• Shiny retina (due to greater brilliance of light reflection - "shot silk appearance")
• A scan - short anterioposterior length of eyeball in axial hypermetropia
Types -1) Axial (commonest form) 2) Curvature 3) Index 4) Positional 5) Absence of Crystalline lens
Astigmatism - • Refraction varies in different meridian of the eye. • Rays of light entering the eye cannot converge to a point focus but form focal lines.
Types : 1) Regular 2) Irregular
Signs: • Half closure of lids (to achieve better clarity of stenopaeic vision) • Head tilt (very exceptionally) •Oval and tilted optic disc in ophthalmoscopy examination (In high degree astigmatism) •Different power in 2 meridians in retinoscopy and autorefractometry.

Ayurvedic management of refractive errors -
The general line of management of Timira consists of avoidance of etiological factors[13]. The treatment of timira depends upon the stage of the disease and dominance of the Dosha. The body should be cleansed with langhana and virechana in the early stages of the disease[14]. Management can be broadly divided into.
• Prophylactic measures • Curative measures - Local - Systemic

Prophylactic Measures[15] :

According to Sushruta, the person who is regularly in habit of taking old preserved ghrita, triphala, shatavari, patola, mudga, amalaki and yava has no reason to fear from even the severest form of timira. Payasa prepared from shatavari or that prepared similarly from amalaki or else, barely meal cooked with sufficient quantity of ghrita and the decoction of triphala are the prophylactic measures to prevent timira. The cooked vegetables of jivanti, sunishannaka, tanduliya, good quantity of vastuka, chilli and moolkapotika and the flesh of birds and wild animals are beneficial for eyesight. Patola, karkotaka, karavellaka, vartaraka, tarkari, karira fruits, shigru and aartagala all these vegetables cooked with ghrita also promote eyesight.

Acharya Bhavaprakasha has told that use of certain procedures like lepa, abhyanjana, sechana, dhavana, etc. in the sole of foot are beneficial for the improvement of eyesight[16].

2) Curative Measures : It consists of two divisions.

A) Local[17]: Local measures include tarpana, putapaka, seka, aschyotana and anjana. These all together are known as "Kriyakalpas". Great emphasis has been given to anjana in the management of drishtigata rogas, as anjana expels the localized Doshas from the eye. Later scholars have advocated the use of swarasa and arkas for local use in timira.

B) Systemic : The systemic treatment of timira begins with siramokshana to relieve raktadushti[18].

Virechana is said to be ideal for anulomana of Doshas specially vitiated Pitta, as eye is the sight of Pitta predominance for which eranda taila (vataja timira), triphala ghrita (pittaja timira) and trivrita ghrita (kaphaja timira) are indicated. Triphala is said to be drug of choice in case of timira with various anupanas according to the involvement of Doshas.

A number of nasya prayogas are also described for timira, as nose is a gateway of

drug administration in case of urdhvajatrugata rogas[19]. Old ghee kept in iron container is beneficial in timira in all ways similar to triphala ghrita and ghrita processed with fruits of meshashringa.

Discussion -

Representation of timira as refractive error - The progress of disease timira through successive patalas and their correlation with the refractive errors may be done for the clinical condition.

Pratham patala gata dushti - this can be correlated with lower degree of myopia, hypermetropia and astigmatism.

Dvitiya patala gata dushti - The confused visual perception and appearance of bees, flies, hair etc symptoms are seen in higher degree of myopia where degenerative changes occur. Appearance of distinct objects near and near objects distinct is seen in accommodative failures. The inability to thread a needle is cardinal feature of presbyopia. So considering these views it can be concluded that timira at second patala involvement can be correlated with refractive error along with myopia.

Vitreous opacities result from inflammatory process in the posterior uveal tract or retina, which results into floaters in front of the eye. The retina overlying the healed patch of inflamed choroid suffers because of disappearance of chorio-capillaries resulting into relative or absolute scotoma depending on the severity of pathological change in the choroid.

Central Serous Retinopathy (CSR) usually occurs in young adults who present symptoms of blurred vision, metamorphopsia, micropsia, a central dark spot in the visual field and increasing hypermetropia. In epi-retinal membrane patient presents with blurred vision, diplopia, metamorphopsia or positive scotoma.

Accommodation means capacity to focus objects at different distance in quick succession. This is brought about by physiological component of ciliary body and physical component of lens. Thus morphological, physiological and pathological characters of second patala are alike that of uveal tract and retina.

Trutiya patal gata dushti - The Doshas affecting drushti if highly enraged impair their specific colours of objects and even large objects seem to be covered with a piece of cloth.

The clinical features of third patala timira are very much similar to the cortical opacity of the lens or vitreous opacities. The visual symptoms of cataract or vitreous opacity depend on the site of the opacity and degree of opacification. Some patients also complain of polyopia observed while sleeping under the sky and seeing one moon.

This is due to clear segment in a cataractous lens acting like separate pupil in cuneiform cataract. Change in color of pupil from black in young age to gray is a physiological change after the age of 45 50 years and this is due to the increased density of the nucleus with age, which causes some light being reflected back giving the pupil gray coloration.

When the disorder advances to the fourth patala, vision is obstructed completely, it is known as Linganasha

The clinical picture of vitiated Doshas in first and second patalas, which are analysed here, simulates very much with refractive errors including myopia.

To conclude, timira is a disease when the vitiated Doshas are situated in the first and second patala. The disease progresses to kacha and lingnasha when the Doshas involve third and fourth patala respectively.

Conclusion - To conclude, explanation of timira and patala gata dushti can be correlated with various eye diseases like refractive errors. Modern line of treatment for refractive errors has many limitations as discussed above. Ayurvedic management of refractive errors not only cures the disease but also enhance the eye sight.

References -

1) Dandona R, Dandona L. Refractive error blindness Bull

World Health Organisation, 2001; 79: 23743
2) Frick KD, Foster A. The magnitude and cost of global blindness: An increasing problem that can be alleviated Am J Ophthalmol, 2003; 135: 4716
3) Raja Radhakanta Dev Bahadur Shabdakalpadruma, 1/10/20, Chaukhambha Sanskrita Series Office, Varanasi 1. Page no.618
4) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 7/16, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 42
5) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 1/26-27, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 14
6) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 7/6-7, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 41
7) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 7/8-10, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 41
8) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 7/11-15, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 41-42
9) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 7/16-18, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 42
10) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 7/19-25, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 43-44
11) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 17/53, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 82
12) Comprehensive Ophthalmology, A.K.Khurana, chapter 3, new age international pvt. Ltd. publications, 4th edition 2007, Page no.29-39
13) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 1/25, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 14
14) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 17/47, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 81
15) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 17/48-50, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 82
16) Dr. Chunekar K. C. ,2006, Bhavaprakasha Nighantu, Varanasi, Chaukhamba Bharati Academy, madhyam khand 63, Page no. 134-135
17) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 18/4, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 82
18) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 17/28, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 78
19) Kaviraj Ambika Datta Shastri, Shushruta samhita Uttaratantra 17/47, Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2013, Page no 81

अभिनंदन!

डॉ. सौ. सुनंदा व डॉ. श्री. सुभाष रानडे ह्यांचा सन्मान.

पुणे येथे नुकत्याच पार पडलेल्या नॅशनल आयुर्वेद सेमिनार मध्ये डॉ. सौ. सुनंदा रानडे आणि डॉ. सुभाष रानडे ह्यांनी आयुर्वेद क्षेत्रात देश व परदेशात केलेल्या विशेष कार्याबद्दल श्री. आनंदनाथ महाराज ह्यांच्या हस्ते त्यांना सन्मानित करण्यात आले.

राष्ट्रीय शिक्षण मंडळ व आयुर्विद्या मासिक समितीतर्फे डॉ. सुनंदा व डॉ. सुभाष रानडे ह्यांचे हार्दिक अभिनंदन व शुभेच्छा.

अभिनंदन!

डॉ. वैशाली विनोद शेट ह्यांना ''जीवन गौरव पारितोषिक''

कोंढवा परीसरातील सुप्रसिद्ध वैद्यकीय व्यवसायिक डॉ. वैशाली शेट ह्यांना नुकताच नागरीक अधिकार मंच ह्या सामाजिक संस्थेच्या वतीने डॉ. शेट ह्यांनी वैद्यकीय क्षेत्रात बजाविलेल्या विशेष आरोग्य सेवा कार्याबद्दल ''जीवन गौरव पुरस्कार'' (Life Time Achievement Award) देवून गौरविण्यात आले. डॉ. वैशाली ह्या राष्ट्रीय शिक्षण मंडळाच्या सक्रीय सभासद असून अनेक वर्षापासून कोंढवा परीसरात रुग्णालयाच्या माध्यमातून स्त्रीयांच्या आरोग्याबाबतीत कार्य करीत आहेत. राष्ट्रीय शिक्षण मंडळ व आयुर्विद्या मासिक समितीतर्फे डॉ. सौ. शेट ह्यांचे हार्दिक अभिनंदन व शुभेच्छा.

उजवीकडून दुसऱ्या डॉ. शेट

Large Vesical Calculus - A Case Study

Dr. Shivganesh Kalsait,
M.S. Shalyatantra, Tilak Ayurved Mahavidyalaya, Rasta peth, Pune.

Dr. Dhanraj B. Gaikwad, Asso. Professor (Shalyatantra), Tilak Ayurved Mahavidyalaya Rasta Peth, Pune.

Introduction : Vesical calculus means Stones may come to the bladder through the ureter and enlarge there. Otherwise stones may form in the bladder secondary to stasis and infection. No age is exempt from this disease. Males are more affected than females. Commonest symptom is increased frequency of micturition. The cause is that in standing posture the stone comes in contact with the trigone and initiates desire to micturate. During night the stone falls off the trigon and frequent desire to micturate goes off. Presence of stone in the bladder give rise to pain in the suprapubic region after micturition. This pain is often referred to the tip of the penis or labia majora and becomes aggravated by running and jolting. Haematuria at the end of micturition is also common symptom caused by abrasion of the vascular trigone and gets worse on exercise. Sudden interruption of the flow due to blockage of the urethral meatus with the stone and subsequent continuation by change of posture is also not uncommon.

Aetiology - Primary : Stone which develops in sterile urine. They develop in the absence of bladder pathology. These also include renal stones which have migrated to the bladder.

Secondary : Stone develops in the presence of infection and stasis due to obstruction to the urinary flow. They develop secondary to bladder pathology.

Four types of calculus : a) Oxalate stone: size Moderate, surface uneven, mulberry stone is dark brown or black because of incorporation of blood pigmented. b) Uric acid stone: Round to oval, smooth, pale yellow, not opaque to X-rays. They are primary stones. c) Cystine : Radio - opaque due to high sulphur content. d) Triple phosphate : These stones consist of ammonium, magnesium and calcium phosphates. They occur in urine infected with urea-splitting organisms. Sometimes, they grow rapidly. The nucleus of the stone can be made up of bacteria, desquamated epithelium or a foreign body. Dirty white in colour. Acute retention of urine due to the calculus obstructing the internal meatus. Suprapubic cystolithotomy can be done when the stone is too big, too hard to crush or too soft. Transitional cell Ca-90%, Squamous cell Ca-5-10%,Adenocarcinoma - 2%.In this case study- Diagnosis of Large Vesical calculus of 8. 1 cm x 6 cm impacted in urinary bladder.

Aims : Study of the Surgical Management in Large Vesical Calculus.

Objectives : To Study of the Surgical Management in Large Vesical Calculus.

Material And Method :

Name- xyz Age- 65yr Sex- Male Weight- 52 kg Religion- Muslim Occupation- Worker

Main Complaints and Duration : Frequent micturition since 6 months. Pain at supra pubic region during micturition since 6 months on and off, Burning micturition from 10 days, Nausea from 10 days.

Past History - No any Surgical History ,Medical History, known case of HTN since 10 years. On Treatment Tab. Amlodipine 5mg 1 OD for last 10 years.

Family History - No any Family History

Physical Examination - GC- fare and afebrile Pulse- 72 / min BP- 130 / 80 mm of Hg. CVS - S1 -S2 Normal CNS- concious Oriented RS AEBE clear and Normal. P/A soft Bowel - Passed .Micturition-Clear.

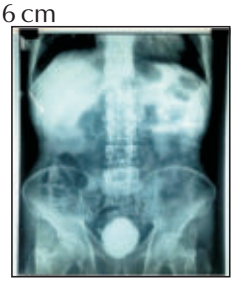
General Examination - No pallor, No Icterus, No regional Lymphadenopathy

Local Examination - On examination - suprapubic tenderness seen.

Investigation - Hb 11.9gm/dl, WBC

13000/mm, D/C N 70%, L 26%, E 2 %, M 2%, B 0% ,Urine Pus cell 4 to 6 sugar, BUL 27 mg/dl, sr. creatinine 1.0mg/dl., ECG, chest x-ray - normal HIV Negative HbsAg -Negative USG- USG reveals- Impacted Large Vesical Calculus of size 8.1cm to 6 cm

X- Ray KUB-



Treatment and Management - Conservative - Conservative treatment started with Inj. Magnex forte 1.5gm iv BD , Inj. Amikacin 500 mg iv BD, inj . Pan 40 mg iv OD and analgesic started and posted for Open Cystolithotomy.

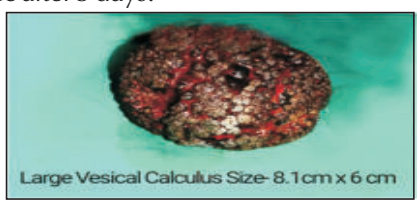
Surgical procedure - The term 'cystotomy' means opening the bladder and to close subsequently, whereas the term 'cystostomy' is applied when the bladder opening is not closed, but used for drainage.

Indications - A) Suprapubic cystotomy is mainly indicated to remove vesical calculi. B) Suprapubic cystostomy is indicated to relieve the bladder of acute retention due to enlarged prostate, impassable stricture or extravasation of urine.

Suprapubic cystolithotomy -

Anaesthesia - Spinal Anaesthesia, Position- Supine Position under all aseptic precautions, Painting drapingdone. Patient posted for Open suprapubic cystolithotomy.

Operative Procedure - Urinary bladder filled with Normal saline 300ml through Foley's Catheter for distend-the bladder. Distension of the bladder ware simply lift the peritoneum from the lower part of the anterior abdominal wall and hence an extra- peritoneal approach to the bladder facilitated. After distending the bladder, the catheter clipped. Transverse Incision taken about 7-8 cm in length at suprapubic region. Dissection should be Skin Superficial fascia Deep fascia- Anterior rectus sheath- Rectus abdominis muscle split Peritoneum lifted upward, Anterior bladder wall seen stay suture taken on anterior bladder wall at both side from midline then 8.1 cm x 6 cm large vesical calculus removed with the help of index finger. Haemostasis Achieved. Bladder wall repair in 2 layar. Corrogated drain kept in retropubic space of Retzius. Drain fixed with marsilk 1-0.Layerwise closure done. Skin closure donewith ethilon 2-0.Postoperatively, the catheter is joined with a bag for close drainage of urine to prevent infection of the urinary tract. The drain is removed from the retropubic space after 3 days.



Large Vesical Calculus Size- 8.1cm x 6 cm

Follow Up - Post operative day 1st serosenguinus soakage about 3-4ml. Reduction of corrugated drain seen and drain removed on 3rd day. intravenous antibiotics given inj. Magnex forte 1.5 gm iv BD in 100 ml NS gradually WBC in normal range, fever decreased.

Discussion - In the bladder calculus, Ultrasound lithotripsy-very safe, but only for small stones. Laser lithotripsy (Holmium laser) can break most large stones. Percutaneous suprapubic litholapaxy-using needle, guidance and metal dilators.

1) Litholapaxy : By introducing a cystoscopic lithotrite, stone is grasped firmly and broken. Small fragments of stone are evacuated by using evacuator.

Contraindications for litholapaxy- a) Urethra: Obstruction such as stricture, enlarged prostate. b) Bladder : Cystitis, contracted bladder, carcinoma. Calculus size is too big so require Surgical intervention i.e. 2) Open Suprapubic cystolithotomy

Conclusion - In this study concludes that largest Vesical calculus of size 8.1 cm x 6 cm seen USG as well as in X- ray KUB.in post operative period as we observed that significantly amount of urine in drain so we

came to conclusion that the kidney function found normal.

References - 1) Somen Das , A Concise Textbook Of Surgery , 8th Edition , January 2014
2) K Rajgopal Shenoy, Anitha Shenoy (Nileshwar) , Manipal Manual Of Surgery, 4th Edition 2014
3) Sriram Bhat M , Manual Of Surgery 5th Edition 2016; Reprint 2017
4) Professor Sir Norman Villiams, Professor P.Ronan O'Connell, Professor Andrew W McCaskie, Bailey and Love's, Short practice of Surgery vol- 1&2 , 27 Edition, 2018
5) Whittington JR, Simmons PM, Eltahawy EA, Magann EF. Bladder Stone in Pregnancy: A Case Report and Review of the Literature. Am J Case Rep. 2018 Dec 30;19:1546-1549. [PMC free article] [PubMed]
6)Jia Q, Jin T, Wang K, Zheng Z, Deng J, Wang H. Comparison of 2 Kinds of Methods for the Treatment of Bladder Calculi. Urology. 2018 Apr;114:233-235. [PubMed]

Dental Caries: A Challenge In Oral Hygiene

Miss. Manasi Manoj Gaikwad ,
4th Year BAMS, College Of Ayurveda,
Bharati Vidyapeeth Deemed University.

• Dental caries is a progressive destruction and decalcification of enamel and dentine which results in formation of cavity. On the basis of clinical features it can be compared with Krimidanta in Ayurveda.

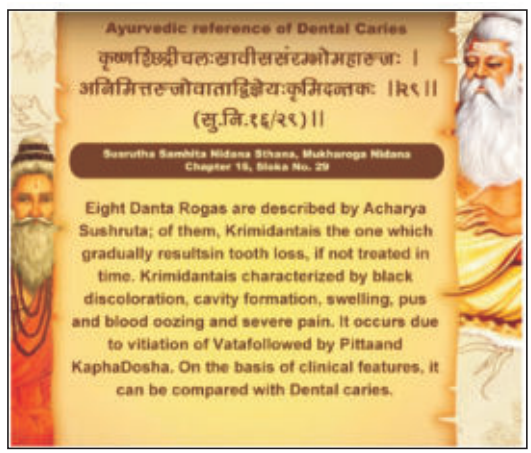
• [1] The clinical features of Krimidanta are- black discoloration, loosening of the tooth, pus and blood oozing, inflammation and severe pain.

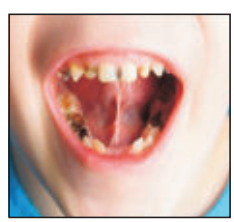
• [2]A number of causes have been explained which lead to tooth decay which are:

1) Poor oral hygiene
2) Vitamin D deficiency.
3) Lack of nutrition in mothers during prenatal period.
4) Early childhood caries- caused due to excessive bottle feeding.
5) Xerostomia - lack of salivation

The above-mentioned causes lead to aggravation of vatadi doshas. The shoshan process occurs due to vata dosha. So, asthi-majja kshaya occurs and sushirata (cavity) is formed within the teeth. If oral hygiene is not maintained the annamala (food particles) accumulated in the cavity leads to kledata of the danta. The krimis develop due to kleda. The krimis again develop sushirata and lead to dantakshaya.

• [3]Treatment





• Swedan
• Raktamokshan
• Avapeedan nasya
• Triphala kwatha gandusha.
• Lepan with the help of drugs like punarnava, devdaru which are anti-inflammatory in nature.
• Snigdha bhojan.
• [4] Hingu should be used in krimidanta.
• For pain relief
• Churna of Hingu, vidanga, etc should be kept in a gauze under the affectedtooth.
• Dhoopan with the seeds of kantakaribeeja.

• Application of clove oil at the affected site.
• Sarshap taila nasya.
• Irimedadi taila for kawala dharana or gandusha.
• Bakula churna for brushing.

[5]As the above mentioned drugs are mostly katu - tikta rasatmak, have katu vipak,ushna veerya, vidanga is kriminashak, hence they cause shoshan of kapha dosha which decreases the kleda nirmiti and ultimately helps in krimi nashan.

• If pain is not relieved by these treatment modalities, the tooth should be extracted.

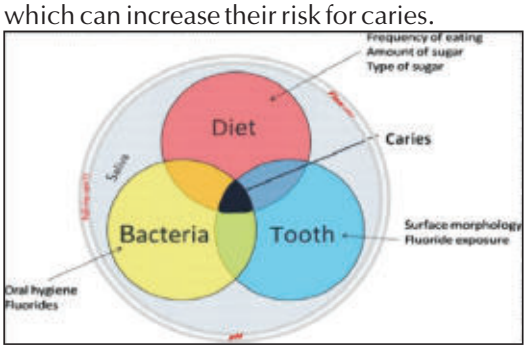
• [6]**Prevalence and Incidence of Dental Caries:** The prevalence of dental caries among Indian school-going children in primary dentition ranges from 64 to 78% and in permanent dentition, the value ranges from 18 to 67%. Female had higher caries incidence than male.

• Modern Science has described Dental Caries as multifactorial microbial infectious disease characterized by demineralization of the inorganic and destruction of the organic substance of the tooth.

• [7]**Predisposing factors:**

1) Emotional disturbances - Emotional disturbances may create an unusual craving for sweets or the habit of snacking which may influence Incidence of dental caries.

2) A noticeable decrease in salivary flow is observed in emotionally disturbed individuals which can increase their risk for caries.



• **Etiology: 1) Specific microorganisms -** Streptococcus mutans is an important pathogen in development of dental caries.

2) Diet - The carbohydrate component of diet is associated with the formation of dental caries. It favours the establishment of S. mutans on the teeth.

• **Diagnosis :** 1) Patient history. 2) Visual examination. 3) Intra oral periapical radiograph. 4) Dental floss tape. 5) Caries detecting solutions/dyes. 6) Digital fibre optic transillumination. 7) Quantitative laser fluoresence.

Treatment of cavities depends on how severe they are. Treatment options include:

• **Fillings -** also called restorations, are the main treatment option when decay has progressed beyond the earliest stage. Fillings are made of various materials, such as tooth-colored composite resins, porcelain or dental amalgam that is a combination of several materials.

• **Crowns -** For extensive decay or weakened teeth. Crown is placed after root canal treatment. Stainless steel crown is commonly used .

• **Root canal -** The diseased tooth pulp is removed and replaced with a filling.

• **Tooth extraction -** For severely decayed tooth.

• **Prevention -** 1) Routine oral check up every 6 months
2) Oral hygiene instructions
3) Balanced diet
4) Avoidance of sucrose containing snacks and drinks between the meals.
5) Pacifier sucking should be discouraged.
6) Fluoride treatment - Professional fluoride treatment contain more fluoride than the amount found in tap water, toothpaste and mouth rinses. Fluoride treatments may be gel, liquid, foam or varnish that's brushed onto the teeth or places in a small tray that fits over the

teeth.
7) Fluoride incorporated in water supply. 1 part per million where fluorination or orally administered fluoride tablet should be used. Bimanual topical application of fluoride to the teeth is also helpful.
8) Ensuring proper calcification of teeth by providing sufficient Calcium and Vitamin D.
• High risk children should be targeted with a professional preventive programme that includes fluoride varnish application, fluoridated dentifrices, fluoride supplements, sealants, diet counselling and chlorhexidine.

References - 1) Sushrut Samhita, Nidanasthana chapter 16. 2) Ashtang Hrudaya Uttartantra 21/18-19. 3) Bhaishajya Ratnawali ,mukharoga 39.
4) Bhaishajya Ratnawali ,mukharoga
5) Dravyaguna Vigyan- Dr. Subhash Ranade , Dr. Deshpande. 6) Oral health- WHO
7) Nikhil Marwah Textbook of paedodontics.

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

Dr. Shivraj Shriram Vansure,
PG (Scholar) Shalakyatantra,
Dept. of Shalakyatantra,
S.S.A.M., Hadapsar.

Dr. Nilakshi Pradhan,
Professor and HOD,
Dept. of Shalakyatantra,
S.S.A.M., Hadapsar.

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

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

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

Material and Methods : Classical literature on the subject from Ayurvedic and Modern medicine were explored thoroughly. The collected classical material was compared and put forth in a systematic manner in the coming pages.

Conceptual Study :

Clinical features of Arma : Mansa (extra membrane) appearing onShuklamandala (Conjunctiva) which grows fast is known as Arma. Arma is disease of Shuklamandala. The causative factors of Arma includes exposure to DhumRaja, Variation in seasons, Asatmya Vihar and Unhygenic condition. Samprapti of Arma is as same as SamanyaSamprapti of Netra Rogas. There are 5 types of Arma are explained by Acharyas i.e. Prastari Arma, Shuklarma, Lohitarma, Adhimansarma, Snayuarma. Acharya Sushruta stated that Arma is a Sadhya Vyadhi. All type of Mansavridhi are Kaphatmaka so that Acharyas have indicated Lekhana and Chedana Karma as a treatment. When Arma is small, thin in

consistency, bluish/red coloured and smoky is treated like Avranashukra and when Arma is broad, Dense, Thick due to abundant Snayu (tendon) and Mansa(muscle) and spreads over Krushnamandala is surgically treated with Chedan Karma (Excision).

Surgical Procedure :

Purva Karma (pre-operative) : Ghritapana (oleation therapy) is given to the patient to the one day before surgery to reduce pain. On the day of surgery, patient is advised to take food to reduce pain and chances of vaso-vagal shock.

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

Features of Asadhya Arma : According to Acharya Vagbhata, one should avoid treating Arma with following characteristics:

If Krushnamanda and Drushtimandala i.e. cornea and pupil is covered by Arma.

If it is covered by Mansa, Snayu and Sira.

If it is bulging out like a leather bag.

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

Drugs uses for relieving pain and congestion Boiled milk with Karanja, Amalaki and Madhuka added with honey used as Ashchyotana (drop). Madhuka, Utapalnala, Durva are made in paste with milk added with Ghrita and applied as cold poultice on the head, it gives best relieve.

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

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

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

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

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

Pterygium is to be divided into progressive and regressive.

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

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

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

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

The surgical procedures are :

1) McReynold's operation - Transplantation of Pterygium in lower fornix is not performed now.

2) Surgical excision with amniotic membrane graft and mitomycin-c (MMC) (0.02%) application may be required in recurrent Pterygium or when dealing with a very large Pterygium.

3) Surgical excision with free conjunctival auto graft is preferred technique now.

4) In recurrent recalcitrant Pterygium, surgical excision is coupled with lamellar keratotomy and lamellar keratoplasty.

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

Clinical features, correlation and management of various Netra Rogas :

Lagana : (Chalazion)

Ayurvedic aspect : Laganais hard, white and unctuous swelling present externally on eyelid, it is Apaki in nature and size like Kola. It is accompanied by itching.

Acharya Sushruta said that Lagana is Bhedya Vyadhi. Agnikarma and Ksharkarma are also preferred in Lagana. Systemically it is opened with Vrihimukha Shastra followed by Pratisarana with Gorochana, Yavakshara, Tutha, Pipali and Madhu. if swelling is large Bhedana followed by Agnikarma and Ksharkarma and it is then managed like burn wounds.

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

Anjananamika : (stye)

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

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

Arbuda(Vartmaarbuda): (Tumours of eyelid)

Ayurvedic aspect : It is a moving, reddish, painless growth resembling a ball of Mansa seen on inner aspect of eye lid clinically it resembles to tumours of lids i.e. wart and

papilloma. According to Acharya Arbuda is Chedya Vyadhi and Chedan Karma should be done with help of Mandalagra Shastra (Circular Knife).

Pakshmakopa: (Entropian or Trichiasis)

Ayurvedic aspect : Eye lashes become rough and sharp as a thorn and also become introverted due to vitiation of Vata dominant Tiridosha located in the roots of eye lashes and due to this eyes get irritated very quickly and patient experiences contraction of lid during each lid movement. This creates pain, oedema, redness and burning sensation along with photophobia. According to Acharya Pakshmakopa is Chedya Vyadhi. Chedan Karma i.e. excision of horizontal strip of skin is explained in the treatment of Pakshmakopa. While doing surgery distance between eyelash and eyebrow should be divided into 3 equal parts and oblique incision taken on skin at the junction of second and third part on equal distance from Kananika and Apang Sandhi. Incision should not be very deep, skin of the size of Yava should be excised. After the bleeding stops completely the suturing if incision should be done with help of silk thread and long hair of horse tail.

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

VatahataVartma: (Lagophthalmous)

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

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

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

Results : Among the Ashtanga of Chikitsa described in the Ayurveda Urdhwaga Chikitsa is the fourth Anga (limb) of the Ayurveda Shastra which describes about medical and surgical treatments of Ophthalmology, Otorhinolaryngology, Orodental surgery and Head; was contributed and developed by Rajrishi Nimi, the King of Videha. The available literature related to this speciality is reproduced from original text of Nimitantra in Uttartantra of Sushruta Samhita. The detailed description of Arma (Pterygium) differential diagnosis, indications, contra- indications, pre/intra/post-operative procedures and complication in ancient texts of Ayurveda. Not only this, vivid description of treatment of various complications of Pterygium surgery are also given. Needless to say, no other surgically treatable diseases abd its complications except Arma after the Kaphaja Linganasha are given this much attention. There are many surgical procedures described by Acharya which are less explored and studied with a comparative aspect.

Discussion : In present era modern surgical procedures in ocular surgeries many new techniques, instruments and equipment's are evolved accordingly. But after thorough review of Ayurvedic Samhitas like Sushruta Samhita we came to know about many advanced surgical procedures are already described in detailed. Procedures like Cataract

surgery, Pterygium excision, Incision and curettage of Chalazion, Lacrimal probing, Eyelid abscess drainage, various eye lid surgeries, Dacrocystectomy, Stye surgery are also explained in terms of Ayurevdic classics and hence eye diseases are classified according to these surgical procedures to Ashtavidha Shastrakarma.

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

In other eye surgeries like incision and curratage of chalazion can be correlated with Bhedanakarma of Lagana. Acharyas have described to use sharp blade (Vrihimukha Shastra) to avoid surrounding tissue e.g. vertical incision to avoid damage to mebomian glands. Sushruta also stated that Bhedanakarma of Anjanamika is to be done in only PakvaAvastha as we do it in abscess formation of stye. Lid surgeries like entropian surgery which considered to be very skillful and precise at present are already explained by Acharya in ancient time. In Pakshmakopa Sushruta mentioned exact site of incision with perfect anatomical markings and he used silk thread and hair of horse tail to suture delicate tissue of lid.

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

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

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

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

References :

1) Kaviraj Ambika Dutta Shastri, Sushrutasamhita, with Dalhan commentary, Ayurveda Tattva Sandipika, vol-II (Uttar Tantra) 4/4, Varanasi Chaukhamba Sanskrit Sansthan; 2010; Page no-26, 68, 69.

2) Ibid KavirajAmbika Dutta Shastri Sushruta Samhita, Shuklagata Chhedaroga Pratishedha Chapter 15, verse No. 17, page no.69, Verse 18 on pg 70, Verse 27 pg 88, Verse 5 pg 67.

3) A.K. Khurana, Comprehensive Ophthalmology: Diseases of Conjunctiva; Chapter-5, Jaypee health Sciences Publisher, New Delhi Sixth Edition, 2015 page no.87, 88 chapter 15 pg 369, 371.

4) John F. Salmon, Kanski's Clinical Ophthalmology: Chapter- 2, Elsevier Publication, Ninth Edition-2020, Page no.39

5) Ibid KavirajAmbika Dutta ShastriSushruta Samhita, verse No. 15 Vartmarogvigyaniya Adhyaya Chapter No 3.

Conceptual Review Of Kaphaj Abhishyanda And Bacterial Conjunctivitis

Dr. Katwate Dipali Dipak,
P. G. Scholar, Shalakyatantra Dept. M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.

Dr. Kotangale Sumedha Yogesh,
Ass. Professor, Ph.D. Sch. Shalakyatantra Dept., M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Hadapsar, Pune.

Introduction -

The word Abhishyanda is derived from Sanskrit words containing `Syanda', which indicates tremor action (Syandan-Kriya) and term `Abhi' which means excessive production. Hence the Syandan Kriya in Dosha-Dhatu-Malas results into Kleda formation which further results into excessive secretions which may be mucopurulent along with other associated symptoms from eyes. These particular groups of symptoms are categorized as Netra-Abhishyanada.

This Abhishyanda disease is very important clinically. It is supposed to be the root cause of all eye diseases. In view point of Sushruta, out of 52 curable eye diseases, 27 diseases respond to medical line of treatment. Out of these 27 diseases 25 are managed on similar lines as Abhishyanda depending upon Dosha. This indicates importance of Abhishyanda which must be controlled in its prodromal stage otherwise grave eye diseases will develop. Netra Abhishyanda is classified into 4 types according to predominance of Dosha as Vataj, Pittaj, Kaphaj and Raktaj. The symptoms of Kaphaj Abhishyanda like Netra Shopha, (swelling of eyes) Netra Guruta (heaviness), Netra Kandu (itching), Pichchil Strav (sticky discharge) can be correlated with the symptoms of bacterial type of conjunctivitis.

Inflammation or infection of conjunctiva is known as conjunctivitis. Conjunctivitis manifests itself in many grades and many types but is usually of an infective or allergic origin. Hyperaemia and increased secretion always accompany it. Hyperaemia varies in degree and in distribution, and the secretion varies in nature and amount. The nature of the secretion is of diagnostic importance. It may be watery or serous, largely due to an increased secretion of tears; or mucoid, mucopurulent or purulent, in which case the disease is usually due to a bacterial agents.

Mucopurulent and purulent conjunctivitis may be caused by a number of bacteria and is contagious, being transmitted directly by the discharge. Mucopurulent conjunctivitis also accompanies some viral infections in exanthemata such as measles and pharyngoconjunctival fever. The clinical presentation depends on the virulence and pathogenicity of the organism and the host's immune response. Among the most common aetiological organisms is Staphylococcus aureus.

Globally with 100,000 cases of acute conjunctivitis, the incidence of viral conjunctivitis is approximately 80,000. And the incidences of bacterial conjunctivitis were estimated to be 1350 cases per 100,000 cases with acute conjunctivitis.

Aim and Objective -

To review and co-relate the disease Kaphaj Abhishyanda with symptoms of bacterial conjunctivitis.

Material and Methods -

Text from Ayurvedic Samhitas and literature and from modern ophthalmic books was studied. All useful information was considered regarding this study.

Nidana / Hetu -

Specific Hetu for Kaphaj Abhishyanda are not mentioned by Aacharyas, so Samanya Hetu of Netraroga can be taken in consideration.

To swim immediately after roaming in sun, to observe far objects or very minute objects, to sleep in day time and to stay up at night; to cry, get angry, or mourn often; frequent physical stress, over indulgence in sex, head injury; to ingest Shukta, Kanji, sour food items, Kulith, Udid, fluids, stale food left over from night meals; over alcoholism, to get the eyes exposed to fumes, smokes, dust; to foment the eyes; to ignore the reflexes of tears, defecation, micturition, passing the flatus; over performance of procedure 'Vamana'; not following the seasonal regime i.e. Rutucharya, etc are etiological factors of ophthalmic diseases. These factors are responsible for elevating physiological level of Dosha and vitiate them.

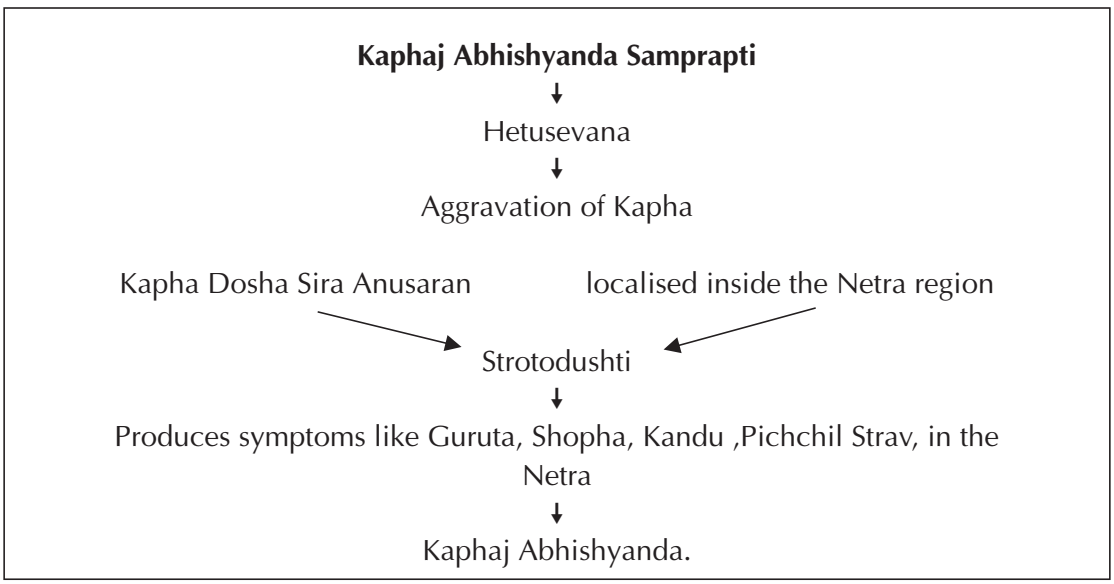
Samprapti -

Any of aforementioned etiological factors, especially the ones specifically acting on eyes; cause vitiated Dosha to traverse to eye via Sira. These vitiated Dosha are capable of generating diseases of various anatomical structures of eye, namely Vartma, Sandhi, Shweta, Krusha etc.

In case of Kaphaj type of Abhishyanda when Kapha gets aggravated and is localised inside the eyes it produces Pichchil Strav (mucoid discharge), Upadeha (stickiness over inner canthus), Shopha (mild oedema) known as Kaphaj Abhishyanda. (See Chart)

Poorvarupa -

Avila i.e. turbid/cloudy/smoky



appearance of eyes, oedematous look of eyes (Sasamrambha), frequent tears in eyes, itching, profuse secretions through eyes (Upadeha); heaviness, due to vitiated Kapha, burning sensations due to vitiated Pitta, pricking pain due to vitiated Vata; and redness of eyes due to Raktadushti are chief Purvarupa. Besides some patients complain about palpebral pain and foreign body sensations in eyes; difficulties in Rupadarshana / Avalokana, and in Nimeshonmesha i.e. closing and opening the eyes.

Rupa / Lakshana -

- Ushna-abhinandan (Patients feels better with hot treatment).
-Guruta (Heaviness)
-Akshi Shopha (Swelling)
-Kandu (Itching sensation)
-Upadeha (Collection of excessive discharge in eye lids or inner canthus)
-Atishaityam (Feeling of severe coldness)
-Stravo Muhur Pichchil (Sticky Discharge)
According to Acharya Vagbhata patient also shows symptoms like Annan-abhinanndanam (reduced appetite) Nidra.

Bacterial conjunctivitis -

Aetiology -

• The most common pathogen for bacterial conjunctivitis in adults are Staphylococcal species.

• Gonococcal conjunctivitis occurs in two forms, as ophthalmia neonatorum in newborn babies and as severe purulent conjunctivitis in adults.

• Apart from Neisseria gonorrhoeae, infection with Neisseria meningitides, Staphylococcus aureus, Streptococcus species, especially beta-haemolytic streptococci, Haemophilus aegyptius and enteric Gram-negative bacilli can also present in this manner.

Clinical features -

• In its milder forms an infection of the conjunctiva assumes the characteristics of a typical catarrhal inflammation of a mucous membrane.

• The picture of hyperaemia is associated with a mucus discharge, which gums the lids together, particularly in the mornings because of the accumulation during the night. In the more severe cases, the whole conjunctiva is a fiery red ('pink eye'). All the conjunctival vessels are congested, a phenomenon less marked in the circum-corneal zone.

• Flakes of mucopus and eventually pus are seen in the fornices and often on the margins of the lids, matting the lashes together with dirty yellow crusts. The presence of purulent or mucopurulent discharge is suggestive of bacterial infection.

• However, certain clinical features do indicate an increased likelihood of certain specific infections; for example, there is usually more oedema (chemosis), small ecchymoses and a membranous film or 'pseudomembrane' in pneumococcal conjunctivitis. Iritis is a rare sequel of conjunctivitis, except in pneumococcal conjunctivitis and, if the cornea is involved, a hypopyon ulcer may develop.

• It is associated with moderate to severe pain and lid swelling with copious purulent discharge and tender, sometimes suppurative, preauricular lymphadeno pathy. In typical cases, the discharge re-accumulates within seconds of cleaning. This form of conjunctivitis is also termed 'hyperacute' conjunctivitis or acute

blennorrhoea by some.

Prognosis / Complications -

Kaphaj Abhishyanda :

Achyarya Sushruta say if Abhishyanda is not treated on time, it may land up in severe form of disease such as Adhimantha, which has envolvement of same Dosha and Dushya. Also if Adhimantha is not treated it may develop Hatadhimantha.

It basically is Aupasargika disease and may transmit due to various reasons such as walking eating together, touch to each other, sleeping on same bed, using clothes, ornaments of each other so it must be treated as early as possible to avoid further spread of the disease.

Bacterial Conjunctivitis :

Bacterial conjunctivitis reaches its height in 3 or 4 days. If mild and untreated or partially treated, it is liable to pass into a less intense, chronic condition. Complications are rare, but abrasions of the cornea are liable to become infected and to give rise to ulcers. Occasionally, marginal ulcers form or a superficial keratitis may develop

Management -

Treatment for bacterial conjunctivitis includes :

1) Topical drugs:

Control of infection is most effectively achieved by the use of antibiotic drops. Ideally the appropriate drug should be chosen after tests of bacterial sensitivity have been made. Clinically, one or other of the 'broad-spectrum' antibiotics such as chloram-phenicol, ofloxacin and ciprofloxacin in a frequency of four to six times a day are prescribed empirically.

An antibiotic ointment is applied by expressing a small quantity directly into the lower fornix and is smeared along the lids at bedtime or, in the case of children, as often as they are put to sleep. It prevents the lids from sticking together a twofold benefit of preventing discharge from being retained and obviating pain on opening them. With control of the infection by antibiotics the pain, redness, discharge and other signs of inflammation start resolving. Topical steroid medication to hasten resolution should not be used in infectious conjunctivitis.

2) Systemic medications are rarely required

Oral analgesic anti-inflammatory medication and/or antibiotics are only indicated for systemic features such as pyrexia and sore throat in case of pharyngo-conjunctival fever or if there is severe accompanying pre-septal cellulitis.

3) Supportive management -

The eyes should not be bandaged, as this prevents drainage of the secretion, but if there is any discomfort in bright light a sun-shade or dark goggles should be worn. Since the disease is contagious care must be taken to prevent its spread. The patient must keep his hands clean and no one else should be allowed to use his towel, handkerchief, pillow or other fomites.

Treatment for Kaphaj Abhishyanda -

Acharya Sushruta has adviced to perform Snehana and Swedana followed by Raktamokshana before any other procedure in Kaphaj Abhishyanda because Kapha is greatly vitiated.

He prefers to extract vitiated by means of Siravedha and then go for Avapidan Nasya, Anjana, Dhumapana, Seka,

Pralepa, Kaval, Ruksha Aschyotana.

Diet facilitating Kapha Dosha should be avoided.

Observation -

Out of four types of Abhishyanda, Kaphaj Abhishyanda is presented with the symptoms like Muhurmuhur and Picchil Strava, Netra Kandu, Akshi Shopha[1]. Also according to modern ophthalmology the bacterial type of conjunctivitis includes symptoms like mucopurulent discharge, lid swelling, conjuctival hyperemia, and discomfort with pain which can be correlated with symptoms of Kaphaj Abhishyanda.

Discussion -

Netraabhishyanda is described as a Aoupasargik Vyadhi (contagious disease) by Acharya Sushruta. Because it can get transmitted through contact with the infected person in any and every possible way. This explains the urgency to treat the disease to avoid further spread and complications. Many ophthalmic diseases are caused due to Abhishyanda which itself is precipitated due to severely aggravated and may precipitate other eye diseases. This indicates importance of Abhishyanda which must be controlled in its prodromal stage otherwise grave eye diseases will develop.

Conjunctivitis is a common condition of eye that occurs worldwide and affects all ages and social strata. The prevalence of conjunctivitis varies according to the underlying cause, which may be influenced by the patient's age, as well as season of the year. In developing countries, bacterial type of conjunctivitis still continues to be the commonest type of conjunctivitis. It can occur as sporadic and epidemics cases. Outbreaks of bacterial conjunctivitis, epidemics are quite frequent during monsoon season.

Conclusion -

From above study we can conclude that the Kaphaj type of Netrabhishyanda can be correlated with bacterial type of conjunctivitis according to their characteristic symptopms and signs. Bacterial conjunctivitis is typically characterized as an acute purulent or mucopurulent conjunctivitis which needs urgency to treat. Some varieties of bacterial conjunctivitis may get worsen into complications like iritis, iridocyclitis, corneal ulcers, may arise independently of perforation of cornea, and lead to serious diminision of vision. Hence by correlating the condition with Kaphaj Abhishyanda ,the ayurvedic perspective about the pathogenesis and treatment of a disease can be taken into consideration to avoid further complications.

Referances -

1) Sushrut Samhita part 2. Chaukhamba Sanskrit Sansthan Varanasi:2022, pp.6/35, 6/34.

2) Parson's Diseases of the eye,22/e.2015 Reed Elseivier India Private Limited, ch 14,pp167, 68.

3) https://www.wikidoc.org /index.php/ Conjunctivitis_epidemiology_and_demographics

4) Sushrut Samhita part 2. Varanasi: Chukhamba Sanskrit Sansthan, pp.1/14, pp i/13, pp ii/56.

5) Parson's Diseases of the eye,22/e.2015 Reed Elseivier India Private Limited, ch 14,pp170.

6) Sushrut Samhita Volume 1. Chaukhamba Subharti Publication, Varanasi: 2017. Pp.5/500.

वृत्तांत

राष्ट्रीय शिक्षण मंडळ
वार्षिक सर्वसाधारण सभा दि. २४/९/२०२३

डॉ. राजेंद्र हुपरीकर

राष्ट्रीय शिक्षण मंडळाची वार्षिक सर्वसाधारण सभा रविवार दि. २४ सप्टेंबर २०२३ रोजी आयुर्वेद रसशाळा सभागृह, कर्वे रोड, पुणे येथे पूर्व सूचनेने आयोजित करण्यात आली होती.

गणपूर्ती अभावी तहकुब झालेली सभा ठीक १०.३० वाजता सुरु झाली. डॉ. दिलीप पुराणिक सभेच्या अध्यक्षस्थानी होते.

सचिव डॉ. राजेंद्र हुपरीकर ह्यांनी सभेस उपस्थित सर्व सभासदांचे हार्दिक स्वागत केले. प्रथेनुसार अध्यक्ष व नियामक मंडळाचे सदस्य ह्यांचे हस्ते धन्वंतरी पूजन करण्यात आले तसेच धन्वंतरी स्तवनाचे चरण आळविण्यात आले.

तयार झालेल्या मंगलमय वातावरणात डॉ. राजेंद्र हुपरीकर ह्यांनी सभेच्या सूचनेचे वाचन केले आणि सभाध्यक्ष डॉ. पुराणिक ह्यांच्या अनुकुल सूचनेनुसार विषयाप्रमाणे सभेच्या कामास सुरुवात केली.

प्रारंभी गतवर्षात दिवंगत झालेल्या सभासद, सभासदांचे आप्तेष्ट, दहशतवाद्यांच्या हल्ल्यात बळी पडलेले नागरीक, सैनिक ह्यांना सभेने दोन मिनिटे स्तब्ध उभे राहून श्रद्धांजली अर्पण केली.

त्यानंतर राष्ट्रीय शिक्षण मंडळ, मुख्य कार्यालय तसेच टिळक आयुर्वेद महाविद्यालय, आयुर्वेद रसशाळा, सेंटर फॉर पोस्ट ग्रॅज्युएट स्टडिज अँड रिसर्च इन आयुर्वेद, आयुर्वेदाचार्य पुरुषोत्तमशास्त्री नानल हॉस्पिटल, मेहेंदळे दवाखाना, आयुर्विद्या मासिक, रिसर्च इन्स्टिटयूट ऑफ हेल्थ सायन्सेस अॅड मॅनेजमेंट, चेतन दत्ताजी गायकवाड इन्स्टिटयूट ऑफ मॅनेजमेंट स्टडिज, कै. कृ. ना. भिडे आयुर्वेद संस्था ह्या घटक संस्थाचे वार्षिक अहवाल सभेपुढे सादर करण्यात आले. कांही निवडक सभासदांनी प्रातिनिधिक स्वरुपात वार्षिक अहवालावर आपल्या प्रतिक्रिया व्यक्त केल्या. बव्हंशी सभासदांनी अहवाल उत्तम असल्याचे सांगत घटक संस्थांनी केलेल्या प्रगतीबद्दल समाधान व्यक्त करत पदाधिकाऱ्यांबद्दल गौरवोद्गार काढले.

सचिव डॉ. रा. श. हुपरीकर ह्यांनी सन २०२२ – २०२३ वर्षाचा आर्थिक अहवाल सादर केला. तसेच लेखा परीक्षित सर्व घटक संस्था व रा. शि. मंडळाचे एकत्रित आयव्यय पत्रक व ताळेबंद (Consolidated Audited Statements of Accounts and Balance sheet) ह्यांचे वाचन केले. त्यास सर्वानुमते मान्यता देण्यात आली.

सभेसाठी सज्ज पदाधिकारी. डावीकडून – डॉ. भागवत, डॉ. पुराणिक, डॉ. हुपरीकर.

नियामक मंडळ. डावीकडून – अॅड. पाटील, डॉ. धडफळे, डॉ. गव्हाणे, डॉ. पुराणिक, डॉ. भागवत, डॉ. हुपरीकर, डॉ. डोईफोडे, डॉ. सरोज पाटील.


कामकाजात मग्न सभासद

सन २०२२–२०२३ ह्या वर्षात राष्ट्रीय शिक्षण मंडळाच्या पुढील सभासदांनी केलेल्या विशेष कार्यकर्तबगारीबद्दल अथवा त्यांच्या विशेष नियुक्त्यांबद्दल मा. अध्यक्ष डॉ. दिलीप पुराणिक ह्यांच्या हस्ते गौरव करण्यात आला. त्यामध्ये डॉ. विनोद शेट, डॉ. सुभाष रानडे, डॉ. सौ. सुनंदा रानडे, डॉ. निलाक्षी प्रधान, डॉ. मिहीर हजरनवीस, डॉ. स. वि. देशपांडे, डॉ. ऐश्वर्या रानडे, डॉ. संजय गव्हाणे, डॉ. विवेक कानडे, डॉ. विजय डोईफोडे, डॉ. न. वि. बोरसे, डॉ. गिरीष धडफळे, डॉ. मिनाक्षी रणदिवे ह्यांचा समावेश होता. अध्यक्ष डॉ. पुराणिक ह्यांचा गौरव ज्येष्ठ सदस्य डॉ. भा. ग. धडफळे ह्यांच्या हस्ते करण्यात आला.

सभा समाप्तीच्या वेळेस डॉ. दिलीप पुराणिक यांनी राष्ट्रीय शिक्षण मंडळ व घटक संस्थांच्या प्रगतीबद्दल समाधान व्यक्त केले. तसेच राष्ट्रीय शिक्षण मंडळाच्या शताब्दी वर्षानिमित्त संपन्न होत असलेल्या विविध कार्यक्रमांची माहिती दिली. सदर कार्यक्रमांमध्ये सहभागी होण्याचे सभासदांना आवाहन व विनंती केली.

उपाध्यक्ष डॉ. भा. कृ. भागवत ह्यांनी आभार प्रदर्शन केल्यानंतर स्नेहभोजनाने सभेची सांगता झाली.

Dr. Vivek Kanade Receives "LEGEND SHALAKI" Award.

Congratulations !

8th International and 18th National Conference "SYNERGY 2023" of The Association of Shalaki T.A.S. (India) was organized at Bagmellow Beach Resort, Goa on 6 th to 8th October 2023 .

Inaugural Ceremony took place at 6 pm. onwards. Prof. Dr. Vivek Kanade was felicitated by Conferring **"Legend Shalaki Award"** at the hands of Chief Minister of Goa state, H'ble Dr. Pramod Sawant for his significant contribution in the Field of Netra (ophthalmology).

On the occasion Patron of T.A.S. (India) Dr. Dilip Puranik, President of T.A.S. Dr. Suvarna Golecha, Orgahizing committee chairman Dr. Navin Ghotane, Guest of honour Dr. Yogesh Bendale and other office Bearers of T.A.S. (India) were present on the dais

Dr. Vivek Kanade is an active member of Rashtriya Shikshan Mandal and a consultant ophthalmologist of R.S.M.'S P. S. Nanal Hospital.

Rashtriya Shikshan Mandal, Nanal Hospital committee and Ayurvidya Masik Samiti congratulate Dr. Vivek Kanade for receiving great honour.

Dr. Kanade receiving Legend Shalaki Award at the hands of Dr. Pramod Sawant.

Patron Dr. Puranik Felicitating Hon. Dr. Pramod Sawant.

Patron Dr. Puranik blessed the Association.

अहवाल

पुरुषोत्तम करंडक – आंतर महाविद्यालयीन एकांकिका स्पर्धा – २०२३ बक्षिस समारंभ दि. १४.०९.२०२३

डॉ. सौ. ऐश्वर्या रानडे

महाराष्ट्रीय कलोपासक, पुणे आयोजित पुरुषोत्तम करंडक आंतर महाविद्यालयीन एकांकिका स्पर्धा २०२३ मध्ये टिळक आयुर्वेद महाविद्यालयाने परंपरा राखून स्पर्धेत भाग घेतला. महाविद्यालयाच्या संघाने कौटुंबिक नात्यांमधील जिव्हाळा प्रदर्शित करणारी **'पिक्सल्स्'** ही एकांकिका सादर केली. दि. २०.०८.२०२३ रोजी प्राथमिक फेरीमधून अंतिम फेरीसाठी निवड झाल्यानंतर दि. १०.०९.२०२३ रोजी स. ९.०० वाजता भरत नाटय् मंदीर, सदाशिव पेठ, पुणे येथे अंतिम फेरीसाठी संघाने प्रयोग सादरीकरण केले व त्याच दिवशी रात्री १०.०० वाजता निकाल जाहीर करण्यात आले. टिळक आयुर्वेद महाविद्यालयाला महाविद्यालयीन स्तरावर मानाचा समजला जाणारा पुरुषोत्तम करंडक जाहीर झाला.

दि. १४. ०९. २०२३ रोजी संध्याकाळी ६.३० वा. महाराष्ट्रीय कलोपासक, पुणे यांचे द्वारे पुरुषोत्तम करंडक एकांकिका स्पर्धेचा पारितोषिक वितरण समारंभ आयोजित करण्यात आला. या कार्यक्रमामध्ये प्रमुख पाहुणे मा. श्री. विद्यानिधी वनारसे (प्रसिद्ध रंगकर्मी व उपाध्यक्ष Asia Pacific of the International Theater Institute ITI UNWSCO), महाराष्ट्रीय कलोपासक पुणे संस्थेचे अध्यक्ष मा. श्री. निघोजकर व इतर संस्था सदस्य, प्राथमिक फेरी व अंतिम फेरीचे परीक्षक श्री. दिपक रेगे, श्री. चंद्रशेखर कुलकर्णी, श्री. शेखर नाईक, सौ. सुषमा जोग उपस्थित होते. महाराष्ट्रीय कलोपासक, पुणे यांच्या प्रथेप्रमाणे पुरुषोत्तम करंडक विजेत्या संघाची एकांकिका पारितोषिक वितरण समारंभास उपस्थित मान्यवर व इतर प्रेक्षकांसाठी पुन्हा एकदा सादर केली जाते. त्याप्रमाणे पारितोषिक वितरण समारंभाच्या आधी **'पिक्सल्स्'**चा प्रयोग करण्यात आला. समारंभास उपस्थित मान्यवरांच्या हस्ते टिळक आयुर्वेद महाविद्यालयास पुरुषोत्तम करंडक व वैयक्तिक पाच पारितोषिके प्रदान करण्यात आली.

१) सांघिक प्रथम पारितोषिक : पुरुषोत्तम करंडक

२) अभिनय नैपुण्य – अभिनेत्री गिरीजा जाधव पारितोषिक : कु. वैशाली चामले – आई

३) सर्वोत्कृष्ट दिग्दर्शक – नटश्रेष्ठ गणपतराव बोडस स्मृतिचिन्हः श्री. अक्षय जाजु व श्री. सौरभ विजय

४) अभिनय उत्तेजनार्थ – काकाजी जोगळेकर पारितोषिक : श्री. रिद्धेश पाटील – रहिमचाचा

५) अभिनय उत्तेजनार्थ – बापूसाहेब ओक पारितोषिक : श्री. विजय पाटील – तात्या

६) अभिनय उत्तेजनार्थ – बापूसाहेब ओक पारितोषिक : कु. वैष्णवी जाधव – सुमन

या वर्षीच्या पुरुषोत्तम करंडक एकांकिका स्पर्धेसाठी सहभागी विद्यार्थ्यांमध्ये विजय पाटील, राजेश नागरगोजे, सौरभ विजय, महेश गायकवाड, ऋतुजा चव्हाण, अक्षय जाजु, प्रतिक्षा गुडे, वैष्णवी चामले, वैष्णवी जाधव, रिद्धेश पाटील,

पुरुषोत्तम करंडक स्विकारताना
टिळक आयुर्वेद महाविद्यालयाचा जल्लोष.

अभिनयाचे गिरीजा जाधव पारितोषिक स्विकारताना
कु. वैशाली चामले

स्वरदा भंडगर, अभिषेक गायकवाड, संपदा भालेराव, विशाल पिंपळे, मयुर मते हे विद्यार्थी प्रत्यक्ष संघामध्ये ऑन स्टेज व बॅक स्टेज सहभागी होते. तसेच कु. श्रेया पाटे, ऋषिकेश राऊत, मेघा खिलारे, वैदेही डोंगरे, प्रांजली रामपुरे, प्रज्ञा कांबळे, दिव्या गोसावी, शिवकन्या घायवट या विद्यार्थ्यांनी एकांकिका स्पर्धेत विविध स्तरांवर मोलाची मदत केली.

पारितोषिक वितरण समारंभ प्रसंगी आपल्या सर्व संघाचा कौतुक सोहळा बघण्यासाठी राष्ट्रीय शिक्षण मंडळाचे अध्यक्ष मा. डॉ. दिलीप पुराणिक, सचिव मा. डॉ. राजेंद्र हुपरीकर, सदस्य मा. ॲड. श्रीकांत पाटील, मा. डॉ. भालचंद्र धडफळे, आयुर्वेद रसशाळेचे अध्यक्ष मा. डॉ. विजय डोईफोडे आवर्जून उपस्थित होते. तसेच महाविद्यालयाच्या प्राचार्य डॉ. सौ. सरोज पाटील, उपप्राचार्य डॉ. सौ. इंदिरा उजागरे, पदव्युत्तर विभागाच्या उपप्राचार्य डॉ. संगीता साळवी तसेच महाविद्यालयातील प्राध्यापक डॉ. सदानंद देशपांडे, डॉ. सौ. मंजिरी देशपांडे, डा. नंदकिशोर बोरसे, विद्यार्थी शासित संघाच्या कार्याध्यक्ष डॉ. सौ. ऐश्वर्या रानडे, सदस्य डॉ. सौ. विनया दीक्षित, डॉ. सौ. संगीता सावंत, डॉ. सायली कुलकर्णी तसेच इतर अध्यापक, कार्यालयीन कर्मचारी, विद्यार्थी, हितचिंतक व माजी विद्यार्थी उपस्थित होते.

पारितोषिक वितरण समारंभ झाल्यानंतर पुरुषोत्तम करंडक पारंपारिक पद्धतीने पालखीमध्ये ठेवून महाविद्यालयामध्ये आणण्यात आला. टिळक आयुर्वेद महाविद्यालयास पुरुषोत्तम करंडक ही एक स्वप्नपूर्ती आहे. या संपूर्ण तीन महिन्यांच्या कालावधीमध्ये महाविद्यालयाचे माजी प्राचार्य डॉ. सदानंद देशपांडे यांनी विद्यार्थ्यांना स्पर्धेमध्ये सहभागी होण्यासाठी प्रोत्साहीत केले. तसेच जास्तीत जास्त सुविधा पुरविणे, महाविद्यालयात तालमीसाठी जागा उपलब्ध करुन देणे, एकांकिका स्पर्धेसाठी सर्व सोयीसुविधा उपलब्ध करुन देण्यामध्ये महत्त्वाचे योगदान दिलेले आहे. महाविद्यालयाचे उपप्राचार्य डॉ. मिहीर हजरनवीस, डॉ. सौ. इंदिरा उजागरे यांनीही वेळोवेळी विद्यार्थ्यांना मार्गदर्शन केले. तसेच महाविद्यालयाच्या प्र. प्राचार्य डॉ. सौ. सरोज पाटील यांनी एकांकिका स्पर्धेच्या सर्व तयारीसाठी वेळोवेळी आर्थिक बाबींपासून ते विद्यार्थ्यांना प्रोत्साहन देण्यापर्यंत सर्व स्तरावर मोलाचे सहकार्य केले आहे.

विद्यार्थी शासित संघाच्या कार्याध्यक्ष डॉ. सौ. ऐश्वर्या रानडे यांनी विद्यार्थ्यांना वेळोवेळी उत्कृष्ट कामगिरी करण्यासाठी सहकार्य केले. विद्यार्थी शासित संघाचे उपाध्यक्ष डॉ. विकास जायभाय व सदस्य डॉ. सौ. संगिता सावंत, डॉ. सौ. विनया दीक्षित, डॉ. सौ. गौरी गांगल यांनीही वेळोवेळी मुलांना मार्गदर्शन केले.

Report

24th Foundation Day Celebration of Research Institute of Health Sciences & Management, Pune.

Dr. Atul Kapdi, Secretary, RIHSM

Research Institute of Health Sciences and Management, Pune, celebrated its 24th Foundation Day on October 6, 2023. The chief guest for this function was Prof. Sanjeev Sonawane, Hon. Vice- Chancellor, Yashwantrao Chavan Maharashtra Open University, Nashik. Dr. Bhalachandra Bhagwat (Hon. Vice-President of RSM), presided over the function. Dhanwantari pujan was done by Hon. Dr. Bhalachandra Bhagwat, Hon. Prof. Sanjeev Sonawane, Dr. Rajendra Huparikar (Hon. Secretary of RSM and Hon. President of RIHSM), Dr. Atul Kapdi (Hon. Secretary of RIHSM) and Dr. Vijay Doiphode (Hon. President Ayurveda Rasashala Foundation).

Mrs. Devyani Kulkarni invited all the dignitaries on the dais and welcomed them. Dr. Rajendra Huparikar offered floral welcome to Dr. Sonawane and Dr. Bhalachandra Bhagwat.

Dr. Rajendra Huparikar rendered the introductory speech. He gave information about the background of RIHSM. He spoke at length about the achievements of the Institute including collaboration with industry and

From Left -
Dr. Kapadi, Dr. Bhagwat, Dr. Sonawane, Dr. Huparikar and PGPP Candidate.

Prof. Sanjeev Sonawane addressing the gathering.

International Institute for Academic and Research activities. He also explained the enthralling 23-year journey by describing all the challenges and opportunities faced by RIHSM.

It was followed by felicitation of students who had successfully completed the Post Graduate Proficiency Course in Panchkarma. The students were felicitated at the hands of Hon. Prof. Sanjeev Sonawane and Hon. Dr. Bhalachandra Bhagwat.
Following PGPP students were felicitated :
1) Dr. Prathamesh Jadhav, 2) Dr. Suyog Yewale, 3) Dr. Unnati Tadas, 4) Dr. Gauri Sant, 5) Dr. Namita Vasane

Dr. Supriya Phadke anchored and coordinated this felicitation session.

On the occasion, Hon. Prof. Sanjeev Sonawane congratulated RISHM on its successful completion of 24 years. He also praised the teamwork efforts taken by parent body Rashtriya Shikshan Mandal and RIHSM to deliver knowledge to the society. Further, he discussed the new challenges in education sector and how, one can utilize the knowledge for student's benefit. In his informative speech, he discussed about research and how YCMOU will be promoting research work in collaboration with institutes promoting research projects.He suggested that RIHSM should propose new courses and initiate research projects with YCMOU and YCMOU will support in the new endeavours. He gave his best wishes for future journey of RIHSM. He also underlined to undertake Govt. Research Projects and encourage research activities for sustainability.

On the occasion, Dr. Bhalachandra Bhagwat 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. He pointed out the potential and strong teamwork of RIHSM. In his address, he outlined the laudable aims and objectives of the Institute via its various activities. He informed the audience about efforts being made for recognition of the Institute.

All guests were extremely delighted to be part of this eventful occasion. The event culminated with the hope that coming years will see more and more such events. Dr. Atul Kapdi 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 delicious lunch.

RSM's Chetan Dattaji Gaikwad Institute of Management Studies Induction Program : 15th September 2023 MBA Batch 2023-2025

Prof. Milind Kulkarni

The Induction Programme for MBA students batch 2023-25 was organized by RSM's Chetan Dattaji Gaikwad Institute of Management Studies, Pune on 15th September 2023 in Ayurved Rasashala Auditorium.

Induction program coordinator Dr. Sushma Sathe welcomed all students and speaker of first session Mr. Devendra Tare. Dr. Rashmi Mate introduced Mr. Devendra Tare, "He is senior management professional with 26+ year of experience in corporate. He is cloud architect freelancer. He ranked 1 in India in 'Advanced Management Program' conducted by IIM Ahmedabad. He enlightened on characteristics / Nature of Business Environment during his session." Mr. Tare explained about how external factors such as government policy affects import-export of business. He discussed with students about various business concepts and strategies. It was interactive session. The session was ended by presenting token of appreciation to Mr. Devendra Tare at the hands of Dr. Milind Kulkarni.

Dr. Milind Kulkarni, Director CDGIMS; started the formal inaugural function with welcoming to Chief guest of induction program Mr. Presenjit Phadanvis, Senate Member of Savitribai Phule Pune University ; Hon. President of RSM Dr. Dilip Puranik and all the dignitaries present for the program. Dr. Sushma Sathe introduced chief guest and dignitaries. Formal inauguration of the program was done by lightening of lamp and Sarswati pujan at the hand of dignitaries. On this occasion, recently passed out students were honoured for their placements. Also, best students award presented from the batch 2021-23. **Best Student Female:** Ms. Monali Mahadik. **Best Student Male:** Mr. Shubham Walke.

CDGIMS Newsletter "**Reflection- Minds In Making**" was published during this function. New issue was released at the hand of all the dignitaries on the dais. It was volume 3, issue 1 for September 2023. Chief guest Mr. Presenjit Phadanvis interacted with students. He praised the Institution and congratulated R.S.M for commemorating glorious 100 years.

In the presendential speech, Dr. Puranik welcomed all the students of MBA first year and congratulated achievers. He also praised the efforts taken by the staff members of the Institute. He gave his best wishes and blessings to CDGIMS for future endeavors. The formal inaugural function was concluded by vote of thanks by Dr. Supriya Phadke.

Mr. Presenjit Phadanvis performing puja.

Mr. Devendra Tare delivering speech.

Release of Reflections. From Left- Dr. Sathe, Dr. Kapdi, Dr. Kulkarni, Dr. Puranik, Mr. Phadanvis, Dr. Huparikar, Dr. Bhagwat.

आठव्या आयुर्वेद दिनाच्या निमित्ताने...

डॉ. अपूर्वा संगोराम, कार्यकारी संपादक

दि. १० नोव्हेंबर २०२३ रोजी ८ वा आयुर्वेद दिन संपूर्ण देशभरात साजरा करण्यात येणार आहे. यावेळच्या आयुर्वेद दिनाचे घोषवाक्य **'प्रत्येक दिवशी प्रत्येकासाठी आयुर्वेद'** असे निश्चित करण्यात आले आहे. ही संकल्पना भारताच्या जी–२० अध्यक्षपदाच्या **'वसुधैव कुटुंबकम्'** या संकल्पनेशी सुसंगत आहे.

फक्त मनुष्यजातीलाच नाही तर जनकल्याणा बरोबरच पर्यावरण, वनस्पती, प्राणी यांच्याही सहअस्तित्वाला चालना देण्यासाठी आयुर्वेदाची क्षमता शोधण्याचा आयुष मंत्रालयाचा मानस आहे.

ही संकल्पना दरवर्षी जनसंदेश, जनभागीदारी आणि जनचळवळ या तीन माध्यमांद्वारा राबविली जाते. यामध्ये जनसंदेशाद्वारा विद्यार्थी, शेतकरी आणि जनतेमध्ये आयुर्वेदाविषयी जनजागृती निर्माण करणे हा मुख्य उद्देश आहे.

जनमानसात असणाऱ्या आरोग्य समस्या, त्यांचा प्रतिबंध व त्यावरील उपचार यासाठी लोकांमध्ये आयुर्वेदाप्रती जागरुकता निर्माण करणे, जास्तीत जास्त लोकांना आयुर्वेदाविषयी माहिती करुन देणे या उद्देशाने संपूर्ण भारतभरात ही एक प्रकारची चळवळच राबविली जाते.

यासाठी संपूर्ण भारतभरामध्ये कार्यरत असणाऱ्या आयुर्वेदीय संस्थांमध्ये आयुर्वेद प्रदर्शन, संशोधन, विविध वैद्यकीय शिबिरांचे आयोजन, शाळा व महाविद्यालय स्तरावर विद्यार्थी कर्मचार्यांसाठी व्याख्याने, शेतकऱ्यांमध्ये औषधी वनस्पती लागवडी संदर्भात जागरुकता निर्माण करणे, शेतकऱ्यांना औषधी वनस्पतींच्या रोपांचे वाटप करणे. सामान्य लोकांमध्ये आयुर्वेद लोकप्रिय करण्यासाठी विविध स्पर्धांचे, उदा. रन फॉर आयुर्वेद, द रायडर्स रॅली यासह अनेक कार्यक्रमांचे आयोजन करण्यात येणार आहे.

भारतीय परंपरेचे प्राचीन वैद्यकशास्त्र असलेल्या आयुर्वेदाचा प्रचार प्रसार संपूर्ण जगभरात होण्यासाठी आपल्यापैकी प्रत्येकाने आपल्याला शक्य असेल त्या माध्यमातून आयुर्वेदाचा प्रचार करणे, आयुर्वेद अंगिकारणे गरजेचे आहे.

या वेळच्या आयुर्वेद दिनाचे वैशिष्ट्य म्हणजे भारतासह अजून १०० देश हा आयुर्वेद दिन साजरा करणार आहेत. त्यामुळे हळूहळू जागतिक योग दिनाप्रमाणे जागतिक आयुर्वेद दिन साजरा करण्याचा दिवस फार दूर नाही.

या वाटचालींसाठी आपण प्रत्येकजण कटीबद्ध होऊ या आणि आयुर्वेद सर्व जनमानसात पसरवू या!

अतुलनीय भारतीय रुग्णालये

डॉ. सौ. विनया दीक्षित, उपसंपादक

गुजरातमधील सुरतभागात १३ ऑक्टोबरला एका कुटुंबात मुलाचा जन्म झाला. वैद्यकीय भाषेत 'स्टील बर्थ' म्हणता येईल अशा प्रकारे हे नवजात बालक होते. जन्मतः व नंतरही डॉक्टरांनी नेहमीचे सर्व प्रयत्न करूनही या बाळाची कोणतीही हालचाल नव्हती किंवा ते रडलेही नाही. त्यामुळे त्यास 'प्राणरक्षक प्रणाली द्वारा (व्हेंटीलेटर) सुरक्षित निरीक्षणखाली सुमारे ७२ तास ठेवण्यात आले.

बालरोगतज्ज्ञांनी सर्वोतोपरी प्रयत्न केले पण यश आले नाही. 'मेंदूमृत' अवस्था असल्याचे डॉक्टरांनी जाहीर केले. या कठीण स्थितीत बालकाच्या पालकांना डॉक्टरांनी सर्व परिस्थिती नीट समजावून सांगितली. अवघ्या चार दिवसांचे हे बालक इतर ५–६ लहान जीवांचे प्राण वाचवू शकते. अवयवदानाचे महत्त्व, प्रक्रिया व त्यामागची न्यायवैद्यकीयता, सामाजिक गरज इ. गोष्टी शास्त्रीय पद्धतीने हाताळल्या गेल्या.

सर्वात महत्त्वाचे म्हणजे जन्मत: या बालकाच्या हालचाली होत नसल्या तरी सर्व डॉक्टरांनी ३ दिवस जीवरक्षणासाठी सर्वोतोपरी कसोशीने प्रयत्न केले. त्यानंतर अशाच लहान बालकांचे जीव वाचवण्यासाठी न्याय्यबुद्धीने व सामाजिक जबाबदारीने सर्व परिस्थितीचे गांभिर्य व तातडी लक्षात घेऊन; मेंदूमृत' अशा या बालकांच्या पालकांशी संवाद साधला. व्यक्तीशः जन्मतःच बालकाची ही अवस्था असलेल्या पालकांचे दुःख डोंगराऐवढे होते. पण डॉक्टरांनी दिलेल्या माहितीवर नीट विचार विनिमय करून त्यातून पुढे होणाऱ्या इतर जीवांचे कल्याण लक्षात घेऊन; अत्यंत धैर्याने स्वतःचे अश्रू आवरुन त्यांनी हा अवयवदानाचा निर्णय घेतला हे खूपच विलक्षण व एकमेवाद्वितीय असे कार्य वाटते. वैद्यकीय प्रगतीबरोबरच आधुनिक मानवाची समजूतीची विचारशक्ती व प्रगल्भता ही अशा प्रसंगातून अचंबित करणारीच वाटते. त्यांनी कृतज्ञेसाठी, गौरवास्पद त्यागासाठी एक वेगळेच स्थान भारतीय मनामनात निश्चितच प्राप्त केले आहे. त्यांना त्रिवार प्रणाम!

मेंदूमृत या बालकाचे वयाच्या अवघ्या चौथ्याच दिवशी डोळे, मूत्रपिंड, यकृत व प्लीहा हे महत्त्वाचे अवयव जीवन अवयवदान संस्थेच्या देखरेखी खाली रुग्णालयात शस्त्रक्रियेद्वारा काढून शास्त्रीय पद्धतीने जपून ठेवले व लगेचच इतर सहा नवजात बालकांच्या मध्ये प्रत्यारोपित करुन त्यांना नवे जीवन दिले गेले. नुसते अवयव दानच नाही तर एका लहान जीवाने सहा नव्या जीवांना 'प्राण' च दिलेत असे म्हटले तर वावगे ठरणार नाही. या सर्व कार्यात समाविष्ट वैद्यकीय तज्ज्ञ, शल्यतज्ज्ञ व न्यायवैद्यकीय, सामाजिक स्वयंसेवकांचेही धैर्य व कौशल्य वाखाणण्याजोगेच आहे. प्रसंगावधान व शल्यकर्मातील तज्ज्ञता गौरवास्पदच आहे. भारतीय संस्कृती व परंपरेत तंत्रज्ञानाच्या मदतीने एक नवा आयाम या घटनेने निर्माण झाला आहे सर्व भारतीयांना याचा सार्थ अभिमान वाटावा असेच आहे.

श्री धन्वंतरी कृपेने त्या पालकांना पुनश्च पुत्रलाभ होवो व त्या तत्पर शल्यतज्ज्ञांनी अवयव प्रत्यारोपित केलेल्या बालकांना दीर्घायुष्य प्राप्त होवो हीच प्रार्थना!


आयुर्वेद रसशाळा, पुणे यांची गुणकारी व उपयुक्त उत्पादने...
सेप्टिडर्म
व्हॅसोरीन
सिरप
वरुणादि
क्वाथ
मेदोहर
गुग्गुळ
रसशाळा
आयुर्वेद रसशाळा, पुणे
GMP Certified Company
आणि
आयुर्वेद रसशाळा फाउंडेशन, पुणे
रसशाळा

Registered
Postal Registration No. : PCW/033/2021-2023
License to Post Without Prepayment of Postage. (WPP 101)
Posting at PSO, Pune GPO - 411001
Posted & Published on 10 / 11 / 2023
RNI Registration No. MAH MAR - 18 / 1968 / 14823