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AYURVIDYA

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संपादकीय

नि-क्षय भारत

डॉ. दिलीप पुराणिक

जागतिक स्तरावर अनेक संसर्गजन्य रोगांचा उद्भव व फैलाव झालेला असतो. ह्यातील अनेक रोग हे जीवांणुंमुळे (bacteria) उद्भवणारे असतात. तर काही रोग विषाणूजन्य (Viruses) असतात. ह्याखेरीज अनेक व्याधी अन्य कारणांमुळे उद्भवणारे असतात. अनेक रोग असे आहेत की त्यांनी जागतिक स्तरावर संकट उभे केले आहे. अनेक रोग असे आहेत की अनेक स्तरांवर प्रयत्न करूनही त्या रोगग्रस्तांची संख्या दिवसेंदिवस वाढतेच आहे. दरवर्षी अनेक मृत्यु ह्या रोगांमुळे होत आहेत.

जागतिक स्तरावर ज्या व्याधींनी उग्र स्वरुप धारण केले आहे त्यामध्ये कर्करोग (Cancer), मधुमेह (Diabetes), हृदयरोग (heart diseases), स्थौल्य (Obesity) ह्या असंसर्गजन्य व्याधींचा समावेश होतो. तर क्षय (Tuberculosis), श्वासविकार (Respiratory diseases), एडस् (AIDS), मलेरिया वगैरे संसर्गजन्य व्याधींचा समावेश होतो. ह्या व्याधींचा संचार आणि रुग्णांची संख्या अनेक देशात मोठ्या प्रमाणाावर आढळत असली तरी अनेक रोगांच्या बाबतीत भारत देश जगात अग्रेसर आहे. आणि त्यामुळेच मधुमेह, कॅन्सर, हृदयरोग, श्वसनरोग ह्यांचे बाबतीत भारत हे प्रमुख केंद्र (hub) समजले जाते.

संसर्गजन्य श्वसनरोगांचा विचार केला असता अग्रभागी क्षय (T.B.) ह्या व्याधीचे नाव घ्यावे लागेल. भारतात टी.बी. ह्या रोगाचा प्रादुर्भाव मोठ्या प्रमाणावर झालेला आढळून येतो. **दर हजार लोकसंख्येमध्ये ५.०५ लोकांना टी.बी. झालेला आढळून येतो.** सन २०२०मध्ये झालेल्या सर्वेक्षणानुसार टी.बी. बाधित रुग्णांचे प्रमाण एक लाख लोकसंख्येमध्ये १८८ असे आढळून आले आहे. आणि आता ही संख्या १९२ वर पोहोचली आहे. जागतिक स्तरावर विचार करावयाचा झाल्यास जगातील एकूण टी.बी. रुग्णसंख्येमध्ये भारतात त्याच्या २६% टी.बी. बाधित आढळून आले आहेत. त्यामुळेच भारतात टी.बी. रोगाची साथ आल्याचे म्हटले जात आहे.

टी.बी. हा जगात संसर्गजन्य व्याधींचा विचार करता जीव घेणारा प्रमुख व्याधी आहे. सन २०१९मध्ये ह्या जीवघेण्या व्याधीने १.४ दशलक्ष बळी घेतल्याची नोंद आहे. एकूण जागतिक लोकसंख्येच्या एक चतुर्थांश लोकसंख्या टी.बी.ने पीडित आहे. सुमारे दहा दशलक्ष नवीन टी.बी. पीडितांची भर दरवर्षी त्यात पडतेच आहे. जागतिक आरोग्य संघटनेच्या (WHO) अंदाजानुसार सन २०२१मध्ये टी.बी. ग्रासित भारतातील व्यक्तींची संख्या २५९०००० एवढी प्रचंड होती. जगात दरवर्षी दीड दशलक्ष टी.बी. पीडितांचा मृत्यू होतो. जगात सर्वात जास्त टी.बी. पीडीत भारतात असून त्या खालोखाल चीन, इंडोनेशिया, फिलिपिन्स, पाकिस्तान ह्यांचा क्रमांक लागतो. भारतात सर्वात जास्त टी.बी. बाधित दिल्लीमध्ये आहेत आणि भारतात दरवर्षी १९% पीडितांची वाढ होते आहे.

भारतात टी.बी. ह्या व्याधीचा प्रचंड फैलाव होण्याचे मुख्य कारण म्हणजे टी.बी.चा संसर्ग होण्यास असलेले अतिशय पोषक अनारोग्यकारक वातावरण. कमालीची दूषित हवा व वातावरण, दाट लोकवस्ती, दुर्बल आर्थिक परिस्थिती, किमान आरोग्याबद्दल अज्ञान ह्यासारख्या कारणांनी Mycobacterium Tuberculosis ह्या जीवाणुंमुळे टीबीची लागण होते. सर्वसाधारणपणे पुरुषांना महिलांपेक्षा जास्त प्रमाणात टी.बी.चा संसर्ग होतो. संसर्गबाधित रुग्णाच्या खोकल्याबरोबर तसेच शिंकण्यासोबत बाहेर पडलेले जीवाणूमिश्रित कण इतरांच्या श्वासाबरोबर छातीत जावून टी.बी.चा फैलाव होतो. ह्या व्याधीबाबत सर्वसामान्यांमध्ये अज्ञान असल्याने व्याधीचे निदान (Diagnosis) होत नसल्याने व्याधीचा फैलाव होतो. तसेच व्याधीचे निदान झाल्यानंतरही चिकित्सा पूर्ण केली जात नसल्याने व्याधी पूर्ण बरा होत नाही. तसेच नेहमीची औषधे परिणामकारक होत नाहीत किंबहुना ती निष्प्रभ होतात. (Drug resistence). रोगी पूर्णपणे व्याधीमुक्त न झाल्याने टी.बी.चा फैलाव चालूच राहतो.

वरील सर्व कारणांमुळे भारतात क्षयग्रस्तांची संख्या प्रचंड वाढली आहे. प्रामुख्याने फुप्फुसांना बाधा झालेले (Lung tuberculosis) रुग्ण संख्येने जास्त असले तरी काही रुग्णांमध्ये मस्तिष्क (Brain), अस्थि व संधी (Bones and Joints), वृक्क (Kidneys), आंत्र (Intestines) ह्या अवयवांनाही टी.बी. जीवाणूंचा संसर्ग होतो. हे इतर प्रकार लक्षात येण्यास काही वेळा विलंब होतो.

क्षय निर्मुलनासाठी शासकीय, निमशासकीय स्तरावर अनेक वर्षांपासून विविध पातळ्यांवर प्रयत्न केले जात आहेत. परंतु अगोदर विषद केलेल्या कारणांमुळे अपेक्षित यश प्राप्त झालेले नाही. आणि त्यामुळेच आज क्षय (टी.बी) ह्या व्याधीचे देशापुढे संकट म्हणून पुढे ठाकले आहे. त्याची गंभीर दखल घेत माननीय प्रधानमंत्र्यांनी टीबीमुक्त भारत अभियानाची घोषणा केली आहे आणि **देश 'नि क्षय'** करण्याचा संकल्प केलेला आहे. ह्या अभियानात नि-क्षय मित्र म्हणून सामील होणे आणि क्षयग्रस्त व्यक्तींना मदत करणे ह्यासाठी आवाहन केले आहे.

सर्व सामान्यांमध्ये टी.बी. व्याधीबाबत जागृकता निर्माण

करणे, अज्ञान दूर करणे, संशयित क्षयग्रस्तांचे Sputum smear, Chest x-ray, CB-NAAT test करून निदान करणे, बाधित रुग्णांना वैद्यकीय सल्ल्यानुसार Isonizid, Rifampicin, Pyrazinamide, Ethambutol, Streptomycin औषधांची आवश्यकतेनुसार नियमित व पूर्ण चिकित्सा करणे, लहान मुलांना B.C.G. लसीकरण करणे इत्यादी गोष्टी सर्व प्रकारच्या वैद्यकीय प्रणालीच्या वैद्यकीय पदवीधरांनी अभियानात सामील होवून करणे अपेक्षित आहे. सर्व स्तरावर निकराचे व जाणीवपूर्वक प्रयत्न केल्यास **T.B. free India by 2025** घोषणा साध्य करणे शक्य होणार आहे. त्याचबरोबर **'देश जीतेगा टी.बी. हारेगा'** ही घोषणाही प्रत्यक्षात आणणे शक्य होणार आहे.

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

Urachal Sinus In A Young Adult Male Complicated By An Umbilical Abscess - A Case Report

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Introduction : Urachal anomalies results from the persistence of urachus , a ductal remnant of the regressed allantois, extending from the umbilicus to the apex of the bladder. Other than a patent urachus, urachal abnormalities tend to be asymptomatic. Five varieties of urachal abnormalities exist : Patent urachus, umbilical cyst, urachal sinus, vesico-urachal diverticulum and alternating sinus. Umbilical discharge or mass, abdominal pain and haematuria are possible clinical presentations.

The first description was given in 1550 by Cabriolus and later a few cases of infected urachal remnants in adulthood were reported in the literature. This entity is usually discovered in childhood, but a late onset in adulthood is always possible. In these cases, the clinical presentation is highly variable and makes diagnosis difficult. Therefore, this article describes this rare disease and its possible presentation. It is important to remember the possibility of infected urachal remnants in a patient presenting with an acute surgical abdomen in the surgical department.

Aim : To highlight diagnostic and therapeutic feature of urachal anomalies through the case report of an infected urachal sinus in a male adult.

Objective : To study anatomy, embryology, clinical manifestions, diagnosis and management of pathological abnormalities arising from urachal remnants to improve patients outcomes.

Conceptual Study :

Classification - There are five types of urachal remnant anomalies. They are -

1) Patent Urachus - Communication between the bladder and umbilicus through a urachus that has not involuted. Commonest - 50%.

2) Urachal Cyst - A fluid filled dilatation of the mid urachus. Next commonest -30%.

3) Urachal sinus - Blind focal dilatation of the umbilical end of the urachus. 15%.

4) Vesico-Urachal Diverticulum - Blind focal dilatation of the bladder end of the urachus. 5%.

5) Alternating sinus - It can drain either to bladder or umbilicus.

Case Report : A 21 years old male presented with moderate, progressive pain in mid abdomen around umbilicus since two weeks, which was followed by foul smelling discharge from the umbilicus with periumbilical erythema since 8 days. There was no alteration in bladder or bowel habits. On examination, fever was present. Tenderness was present over lower abdomen in umbilical and infra-umbilical regions with a palpable lump. There was a history of a similar milder episode 6 months ago, which resolved

spontaneously. Laboratory tests showed marked polymorphonuclear neutrophilia.

Abdominal USG showed a well defined, thick walled, complex cystic structure of 7.1 x 4.1 x 3.9 cm in size in lower abdomen. It extends from fundus of bladder to posterior surface of rectus muscle of umbilical region. Subsequent CECT of the abdomen with intra-umbilical instillation of Iodinated contrast showed hypodense peripherally enhancing thick walled abnormality or collection in the abdominal wall in umbilical region and in the abdominal cavity extending from the umbilical region till the dome of urinary bladder. Umbilical component measures 4.0 x 3.8 x 3.4 cm, intra-abdominal component measures 7.3 x 6.8 x 4.3 cm, adjacent anterior abdominal component measures 1.9 x 1.7 x 1.4 cm in size as well as involvement of adjacent posterior rectus sheath. The intra-abdominal component indent the superior wall or dome of the urinary bladder with mild bladder wall thickening In this region. Based on the radiologic findings, diagnosis of urachal sinus with abscess formation was made.

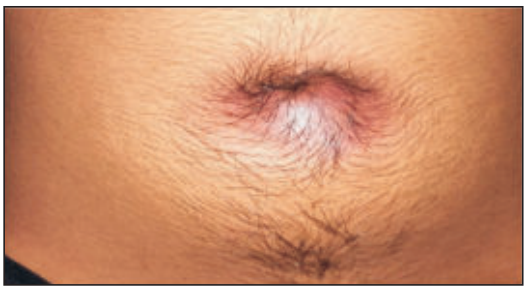

Fig (1)- Infra-umbilical swelling noted with peri-umbilical erythema

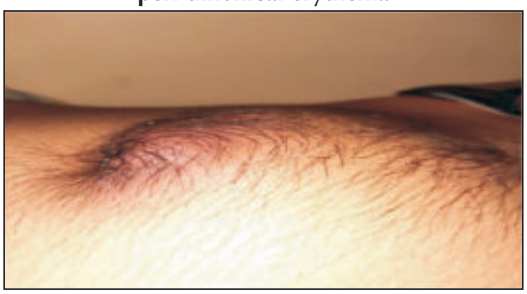

Fig (2)

Surgical Management : The patient was treated with antibiotics and surgical excision of the urachus was done.

A) Pre-operative - Patient was kept NBM for 8 hours, informed written consent was taken. Antibiotics and IV fluids were administered.

IV antibiotics -

Inj. Amoxycillin and Potassium Clavulanate 1.2gm IV B.D.

Inj. Metronidazole 500mg IV T.D.S.

Inj. Pantaprazole 40mg IV O.D.

B) Anaesthesia - General anaesthesia.

1) Sedation - Inj. Midazolam 0.5mg IV.

Inj. Pentazocine 10mg IV.

Inj. Promethazine Hydrocloride10mg IV.

2) Induction - Inj. Propofol 60mg IV.

Inj. Succinylcholine Chloride 120mg IV. (Muscle relaxant)

Inj. Ketamine Hydrochloride 40mg IV.

3) Other drug - Inj. Dexamethasone 8mg IV.

C) Operative Procedure :

- Under all aseptic precautions, prepping and draping of the surgical site is done. Foley's catheterization is done and then clamped.
- Injection of methylene blue dye through

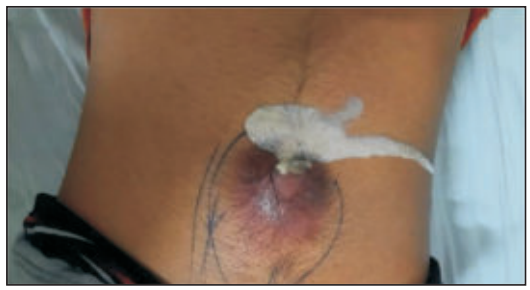

Fig (3) - Urachal sinus complicated by abscess

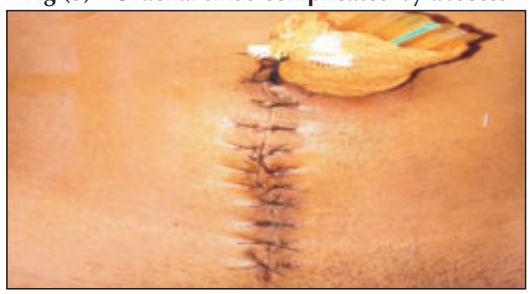

Fig (3)- Patient underwent excision of urachal sinus tract. (Post-operative)

umbilical opening, its efflux ensures no involvement of intra-vesical component.

• Vertical midline incision is made with the help of scalpel, layerwise dissection is done.

• Underneath posterior rectus sheath, pus collection is noted (in between fibres of rectus abdominis muscles are noted), suctioning of purulent discharge is done.

• Intra-abdominal cavity is exposed. Infected urachal remnant is visible. To its anterior aspect, transversalis fascia is apposed and to its posterior aspect, peritoneum is apposed.

• Urachal remnant is separated from the surrounding tissue using diathermy. A vitello-intestinal band is noted which is divided in between ligatures.

• Inferior part of the urachal remnant, which is attached to the dome of the bladder is divided in between the clamps, after ensuring no involvement of the intra-vesical component.

• Dome of the bladder serosal layer is sutured in figure of eight fashion.

• Peritoneal toileting is done using lukewarm normal saline, followed by suctioning.

• Layerwise closure is done after placing corrugated drain.

• Sterile gauze dressing is done. Specimen is sent for histo-pathological examination.

• Procedure was uneventful.

D) Post-operative care and follow-ups : IV antibiotics, analgesic and IV fluids were administered. Soakage is changed often to ensure wound doesn't get infected. Dressing is done on post-op day 5. Patient is kept NBM, till peristalsis is evident.

E) Histo-pathogical examination reveals acute on chronic inflammatory granulation tissue (likely organizing sinus tract, complicated by an abscess). No evidence of Kochs or malignancy.

Discussion : Proper and early diagnosis of urachal pathologies is must. Due to rarity, urachal anomalies present a diagnostic challenge in adult population. With proper clinical and imaging work-up, they can be managed effectively. Ultrasound and CT scan are the imaging modalities to characterize the disease and in classifying the type of urachal anomaly.

Urachal malignancies are extremely rare. Features suggesting malignancy are a midline mass in typical extra- vesicular, infra-umbilical location in pre-peritoneal space, solid cystic appearance, peripheral calcification (characteristic finding), invasion of surrounding strutures and metastasis.

Treatment includes complete excision of the urachal remnant. Incase of infection or abscess, initial control of infection should be followed by surgery. A complete excision of the sinus wall is important as there is high probability of re-infection and chances of development of malignancy in residual remnants.

Conclusion : Urachal anomalies are rare clinical entities and asymptomatic urachal sinuses persisting into late adulthood are even more rare, so infected urachal remnant should be kept in differential diagnosis in patients with umbilical discharge and inflammation. Correct diagnosis with multi- modalities imaging and complete surgical resection is recommended to prevent subsequent re-infection or malignant transformation.

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अष्टाङ्गहृदय के वातकफज ज्वराधिकारोक्त पथ्याकुस्तुम्बर्यादि कषाय का अध्ययन

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अध्ययन का उद्देश – अष्टाङ्गहृदय के ज्वरचिकित्सा अध्याय मे वातकफज ज्वर के अधिकरण मे वर्णित पथ्याकुस्तुम्बर्यादि कषाय के रसादिपंचक एवं फलश्रुती का अध्ययन करना।

संकलन – पथ्याकुस्तुम्बर्यादि कषाय या उसमे निर्दिष्ट द्रव्यसंयोग का बृहत्त्रयी से संकलन किया गया है।

विमर्श / चर्चा –

सूत्र – पथ्याकुस्तुम्बरीमुस्ताशुण्ठीकट्तृणपर्पटम् ।
सकट्फलवचाभार्ङ्गीदेवाह्वं मधुहिङ्गुमत् ।।६२।।
कफवातज्वरष्ठीवकुक्षिहृत्पार्श्ववेदनाः ।
कण्ठामयास्यश्वयथुकासश्वासान्नियच्छति ।।६२।।
–अष्टाङ्गहृदय चिकित्सा १ (वातकफज ज्वर)

अर्थ – हरीतकी, धान्यक, मुस्ता, शुण्ठी, कत्तृण, पर्पट, कट्फल, वचा, भार्ङ्गी, देवदार इनका क्वाथ मधु और हिंगु के साथ सेवन करने से कफवातज ज्वर, ष्ठीवन, कुक्षि–हृदय–पार्श्व यहाँ का शूल कंठस्थ व्याधि, मुखशोथ, कास एवं श्वास का नाश होता है।

निर्माण विधि – पथ्याकुस्तुम्बर्यादि द्रव्यों के १ भाग यवकूट मे १६ भाग जल डाल के मंदाग्नि पर पाक करने के बाद जब चतुर्थांश याने (1/4th) जल शेष रह जायेजा तब छान ले। क्वाथ शीत होने पर यदि वातप्रधान लक्षणयुक्त रुग्ण मे प्रयुक्त करना हो तो उसमे 1/16th भाग और कफप्रधान लक्षणयुक्त रुग्णों मे 1/4 th भाग मधु एवं १ शाण मात्रा मे हिंगु प्रक्षेप रुप मे मिलाकर सेवन करे। (तक्ता १ देखिए)

रसादि – इस योग के सभी द्रव्य रसतः तिक्त, कटु एवं कषाय प्रधान, विपाकतः कटु, वीर्यतः उष्ण, और लघु, रुक्ष गुणप्राय है। प्रायः सभी द्रव्य कफवातघ्न, दीपन,पाचन, ज्वर–श्वास–कासघ्न, विबंधनाशन एवं शोफघ्न है। वचा, कत्तृण, कट्फल ये द्रव्य कंठ या मुख पर आधिक्य से काम करनेवाले है। जिसके कारण इसके फलश्रुती मे कंठरोग यह विशेष लक्षण दिखता है।

कषायपान अवस्था– नवज्वर की चिकित्सा करते वक्त जब लंघन उपक्रम से बहुसंख्य दोष पक्व हो गये है लेकिन सभी का पाक नही हुआ है, आम उल्बण (प्राधान्य) नही है जिसके लक्षणस्वरुप मे ज्वर मंद हो गया है, शरीर मे लघुत्व उत्पन्न हो गया है और मल प्रचलित हो चुके है, ऐसी अवस्था प्रायः छह दिन मे आती है, तो उसके पश्चात् शेषदोषपाचन एवं शमन के लिए कषाय प्रयुक्त करने चाहिए।

फलश्रुती–प्रस्तुत योग वातकफज ज्वर के शमन के लिए आया है। इस योग में प्रयुक्त द्रव्य ये आधिक्य से तिक्त–कटु–कषाय रस के, उष्ण वीर्य और लघु, रुक्ष गुण के है। इससे यह योग वातकफज ज्वर की कफाधिक अवस्था में उपयोग करना यौगिक होगा।

वातकफज ज्वर में अगर पीनस, श्वास, कास यह लक्षण अगर प्राधान्यतः उपस्थित हो, कफ या आम के कारण वायु की गति अवरुद्ध होकर वह प्रतिलोम हो जाने पर कोष्ठ में विशेषतः कुक्षि, हृदय और पार्श्व इन स्थानविशेषों में प्रायः शूल की अभिव्यक्ति हो, तो यह योग कफघ्न/छेदन करके/आम का पाचन करके, अवरोध के कारण को नष्ट कर देता है। जिससे वायु की गति अनुलोमित हो जाती है और कुक्षि–हृदय–पार्श्व यहाँ उत्पन्न वेदनाओं का उपरम हो जाता है।

यद्यपि वातकफज ज्वर के लक्षणों मे साक्षात कंठ संबद्ध लक्षणों का उल्लेख नही है, फिर भी इस ज्वर प्रकार में अगर कफाधिक स्थिती हो तो कंठ यह कफस्थान होने की वजह से और यदि कंठ की तरफ गामित्व होने वाले कफप्रकोपक एवं रक्तदुष्टिकर हेतुंओ का साहचर्य रहेगा तो कंठसंबद्ध लक्षण अभिव्यक्त हो सकते है। तब संचित कफ के छेदन और कंठस्थ दोषशमन के लिए पथ्याकुस्तुम्बर्यादि कषाय का उपयोग कर सकते है। ध्यान देने वाली बात यह भी है की इसमें प्रयुक्त वचा कत्तृण द्रव्य कंठ्य है तो मधु स्वर्य है।

यदि वातकफज ज्वर में दोषाधिक्य हो और दोषों का संचय कुक्षि, हृदय, पार्श्व, कंठ, मुख इन स्थानविशेषों मे अगर हो तो पथ्याकुस्तुम्बर्यादि कषाय का प्रयोग अधिक यौगिक होगा। संक्षेपतः देखें तो वातकफज ज्वर में निर्दिष्ट वचा–तिक्ता–पाठा–आरग्वध–कुटज–पिप्पली क्वाथ / गुडूची क्वाय / व्याघ्र्यादि क्वाथ इन सभी कल्पों से भी यह कल्प अधिक वीर्यवान् और अधिक व्यापक फलश्रुति होने वाला है।

निरीक्षण – बृहत्त्रयी का अवलोकन करने के पश्चात् इस योग का अष्टाङ्गहृदय के कफज कास की चिकित्सा अधिकरण में जब वातानुग अवस्था उत्पन्न हो तो प्रयोग करने का निर्देश किया हुआ है, लेकिन वहाँ पर इस योग का कर्कटश्रृंगी द्रव्य के साथ प्रयोग करने का विधान है। (पिबेत् ज्रोक्तं पथ्यादि सश्रृंगीकं च पाचनम् ।– अ.हृ.चि. ३/५३) जो कफघ्न और प्राणवह स्रोतस पे आधिक्य से काम करनेवाली एवं प्रतिलोम

(तक्ता १) द्रव्यमुणधर्म –								
अ क्र	द्रव्यनाम	**Botanical Name**	**Family**	रस	विपाक	वीर्य	गुण	कर्म
1	पथ्या	Terminalia chebula Retz.	Combra--taceae	कषायप्रधान लवणवर्ज्य पंचरस	मधुर	उष्ण	लघु, रुक्ष	त्रिदोषघ्न (कफवातप्र.). रसायन, अनुलोमन, श्वास–तृष्णा–हिक्का–कास–छर्दि; अश्मरी–मूत्राघात–मूत्रकृच्छ्र–प्रमेह; गुल्महृद्रोग–; उदर–शोथ–कुष्ठ–कृमि
2	कुस्तुम्बरु (धान्यक)	Coriandrum sativum Linn.	Apiaceae	कषाय,कटु,	मधुर	उष्ण	लघु.	त्रिदोषघ्न, अवृष्य, मूत्रल, तिक्त स्निग्ध बद्धविट्क, हृद्य, रुच्य, दीपन, पाचन तृष्णा–दाह–छर्दि–श्वास–कास–आम–अर्श–कृमि
3	मुस्ता	Cyperus rotundus Linn.	Cyperaceae	तिक्त, कषाय	कटु	शीत	लघु, रुक्ष	वातल, ग्राही, पित्तकफघ्न दीपन, – ज्वर–तृट्, पाचन, घ्न–अरुचि लेखनीय, स्तन्यशोधन, तृष्णानिग्रहण
4	शुण्ठी	Zingiber officinale Roscoe	Zingiberaceae	कटु	मधुर	उष्ण	लघु, स्निग्ध	वातकफघ्न, अपित्तल, वृष्य, स्वर्य दीपन,पाचन–श्वास–कास– विबंध, तृष्णानिग्रहण, दीपनीय, तृप्तिघ्न, शूलप्रशमन
5	कत्तृण	Cymbopogon martini (Roxb.) Wats.	Poaceae	कषाय, तिक्त	कटु	उष्ण		कफपित्तघ्न, कस–ज्वर–श्वास–शूल–अर्जीर्ण–अरुचिघ्न, द्रद्–कण्ठव्याधिघ्न
6	पर्पट	Fumaria indica Pugsley	Fumariaceae	तिक्त	कटु	शीत	लघु, रुक्ष	वातल, पित्तकफघ्न, संग्राही, मद–रक्त पित्त–दाह–अरोचक–पिपासा–छर्दिघ्न
7	कट्फल	Myrica esculenta Buch- Ham.	Myricaceae	कटु, तिक्त, कषाय	कटु	उष्ण	लघु	कफवातघ्न, श्वास–कास–अरुचि–ज्वरघ्न, द्रल्लास–मथखरोगघ्न मजह–गुल्मघ्न–अर्श–ग्रहणीघ्न
8	वचा	Acorus calamus Linn.	Araceae	तिक्त, कटु	कटु	उष्ण	लघु, रूक्ष	वातकफघ्न, आमपाचन,मेध्या शकृन्मूत्रविशोधनी,शूल–विबन्ध–आध्मान,ज्वर–अतिसारघ्न, कंठास्यरोगजित्.
9	भार्ङ्गी	Clerodendrum serratum Sperng.	Verbenaceae	कटु, तिक्त, कषाय	कटु	उष्ण	लघु, रुक्ष	कफवातघ्न, दीपन, पाचन कास–श्वास–ज्वर–शोफ–पीनस–अरुचि–घ्न

10	देवदार	Cedrus deodara Roxb. Loud.	Pinaceae	तिक्त, कटु	कटु	उष्ण	लघु, स्निग्ध	कफवातघ्न, स्तन्यशोधन, अनुवासनोपग कास–श्वास–क्ष्मा–पीनस–आम–ज्वर–शोफ–घ्न

अ क्र	द्रव्यनाम	Botanical Name	Family	रस	विपाक	वीर्य	गुण	कर्म
1	मधु	Apies sp	Apidae	कषाय, मधुर	कटु	शीत	रूक्ष, सूक्ष्म, गुरु/ लघु,	पित्तकफघ्न, वातल छेदन, स्वर्थ, स्रोतोविशोधक मजह–हिक्का–श्वास–कास–अतिसार–च्छर्दि– तृष्णा–घ्न
2	हिङ्गु	Ferula foetida Regel	Apiaceae	कटु	कटु	उष्ण	तीक्ष्ण, लघु रूक्ष	कफवातघ्न, पित्तकोपन रक्तकोपन, छेदन, अनुलोमक, रुच्य, दीपन, पाचन, आनह–शूल–घ्न

वात पर काम करने वाली है। चरकसंहिता में भी यह योग सामान्य कासचिकित्सा के अधिकरण में कफवातज कास अवस्था के लिए आया हुआ है (च.चि. १८/११२, ११३) न की ज्वरचिकित्सा में यह ध्यान देने वाली विशेष बात है।

सुश्रुतसंहिता में भी यह योग सामान्य कासचिकित्सा (सु.उ. ५२/१४) के लिए प्रयुक्त किया गया है । परंतु चरकसंहिता के योग के साथ तुलना करें तो इस में पर्पट और मधु वर्ज्य है, और मधु–हिंगु की जगह उष्णोदक–हिंगु के साथ सेवन का विधान है।

निष्कर्ष– पथ्याकुस्तुम्बर्यादि योग का इस अध्ययन के पश्चात् निम्नलिखित रुप से चिकित्सकीय उपयोग कर सकते है–

रस– तिक्त–कटु, विपाक–कटु, वीर्य–उष्ण गुण–लघु, रूक्ष

दोषकर्म – कफवाघ्न

कफ (अंशांशविकल्पना – स्निग्ध, शीत, गुरु, श्लक्ष्ण गुण से प्रकुपित),

वात (अंशांशविकल्पना–शीतगुण से प्रकोप) स्थानविशेष – कुक्षि, हृदय, पार्श्व, कंठ, आस्य/मुख

अवस्था – आवरुद्ध वात, प्रतिलोम वात, दोषाधिक्य, संप्राप्ती बल अधिक

संदर्भ – १) वै. आचार्य यादवजी. चरकसंहिता चक्रपाणीविरचित आयुर्वेददीपिकाव्याख्यासहित. पुनर्मुद्रण २००९ वाराणसी. चौखम्भा संस्कृत संस्थान. २) वै. आचार्य यादवजी सुश्रुतसंहिता.पुनर्मुद्रण२०१. वाराणसी. चौखम्भा संस्कृत संस्थान. ३) पं. पराडकर हरिशास्त्री, डॉ. कुंटे अण्णा मोरेश्वर,नवरे कृष्णरामचंद्रशास्त्री. श्रीमद्वाग्भटविरचित अष्टाङ्गहृदय अरुणदत्तविरचित सर्वाङ्गसुन्दरव्याख्या हेमाद्रिप्रणीत आयुर्वेदरसायनव्याख्यासहित. पुनर्मुद्रण २००९ (वि.सं.२०६६). वाराणसी. चौखम्भा संस्कृत संस्थान.

Congratulations!

Publication of Book on Management of Prof . Milind Kulkarni.

A book,"OPERATIONS AND SUPPLY CHAIN MANAGEMENT" written by Prof. Dr. Milind Kulkarni was published at the hands of Prof. Dr. Karbhari Kale, I/C vice chancellor of Savitribai Phule Pune University. This is 7th book of Prof. Dr. Milind Kulkarni to be published.

Rashtriya Shikshan Mandal, C.D.G. Institute of Management Studies and Ayurvidya Masik Samiti congratulate Prof. Dr. Kulkarni for this achievement.

Mr. More. Dr. Kulkarni, Dr. Kale

Role Of Trayopastambha In Promotion Of Sukhakar Ayu

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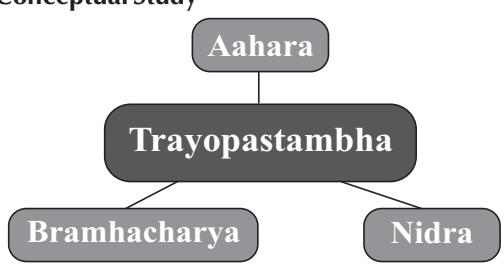
Introduction : Immortality of Ayurveda is because of it is self-evident and it has no beginning. Ayurveda is the word made up from two; 'Ayu' is the first word, indicates life and Veda is second word indicates science of life. Ayu itself is combination of body, its organs, mind and soul. Intelligence about Ayu is perpetual. Hence Ayu and its science have been eternal. The knower becomes eternal after knowing Ayurveda. The aim of Ayurveda is to promote the health and to cure the diseased one. The first aim can be achieved with the help of three pillars i.e., Ahara, Nidra and Bramhachrya. The whole system of body from birth to till death run by these three. In present situation of pandemic, the health became the burning question to everyone. In such condition promotion and maintenance of health is essential. Trayopastambha [(1)] is the basic tool that every human being have, in order to protect the life destined. It has an intimate relation with the three Stambhas of life through which it maintains the Swasthya and protects the Ayu[(3)]. Among the three, Ahara[(2)] is 1/3rd part. It has given prime importance about Ahara to maintain health, it is considered as a best sustainer of life. Ahara plays an important role in maintaining the equilibrium of Dhatus, promoting of the health and prevention of the body from diseases. Along with Ahara, Nidra is an important and essential phenomenon of life, which affects the body and mind equally in a favorable way when it is enjoyed in a right manner. Nidra has the power to affect both physical and mental factors equally. Bramhacharya is the third most important factor responsible for conservation of Shukra Dhatu which is essence of Ahara. This Shukra Dhatu is responsible for Bala, Virya, Yash, Dhairya, Preeti.[(4)] and ultimately Oja main constituent of immunity formed from the Shukra. In this way, the whole immune system is depending on these three only. The balance in between three Upastambhas results in the long-lasting healthy life.

Objective - To explore role of trayopstambha in promotion of Sukhakar Ayu conceptually.

Materials and Methods -The research material may include Charaka Samhita, Sushruta Samhita, Ashtang Hridayum thoroughly read. The data essential for the health promotion collected and established relation between Ahara, Nidra, Bramhacharya with the Swasthya. Detail study regarding this is as below.

Conceptual Study -



Health is the state of body and mind where complete absence of a diseased condition. For maintaining this health, one should follow the appropriate path of health. Such health can be obtained through the regular consumption of healthy food.

I) Ahara - In this, Ayurveda guides us briefly about the Ahara. In Chandogya Upanishada, during the process of evolution of Asata to Sat, from Sat to Teja, Teja to Aap and from Aap to Anna was formed. This Anna, Aap and Teja are

conjointly responsible for further genesis of life. In Taitariryopanishad it is stated that all human beings are formed from the Anna, all that lives on earth is made up of Anna and lives by Anna and finally they get submerged in the Anna. In Manupuranai, one should respect the food every day and one should not criticized it. The Bruhadadnyavalkiya Smruti stared the food which we consume should be consider as Amrita. If we are taking the food through "Pranagnihotra Vidhana" then it destroys all the diseases. Holy Bhagavat Geeta states that all living bodies subsist on food items which are produced from rains. The purpose of food is to increase the duration of life, purify the mind and aid bodily strength. In Ayurveda, Ahara is considered as the main factor responsible for the genesis of life. Ahara is consider as "Prana" [5]. Food is vital breadth of living beings and that is why people rush to have food. Also, it gives complexion of Skin, Grace, Good voice, Satisfaction, Nutrition, Energy, Grasping and Life, Ingenuity. According to Ayurveda Ahara must contain all rasas; Madhur, Amla, Lavana, Katu, Tikata and Kashaya. These Rasas play a very important role in our body therapeutically and Rasa balances vata, pitta and kapha doshas.

II) Nidra - Second upastambha of Ayu is Nidra. As per overall observation, a person spends one third of his life in sleep. This is the time when our body and mind go through repair and rebuilding. Quality sleep acts as a rejuvenator of mind and body. Nidra is the result of relaxed physical and mental state, when Mana along with indriyas is exhausted and they dissociate themselves from their objects then sleep that induces. Sushruta described the sleep occurs when the Hridaya the seat of Chetana is covered by Tamas. In Ayurveda, the Nidra has been said to be due to Ratriswabhava prabhava [6]. Acharya Charaka has rightly said that the Nidra caused by nature at the night is the sleep par excellence and is called as Bhutadhatri and it nurses all the living beings. Importance of Nidra-Ayurveda mentioned that, creates happiness in life, maintains consistency of the body, increases the strength, increases the power of brain and mind and prevents the life.

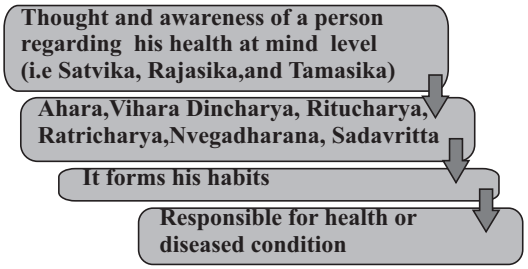
III) Bramhacharya - Third upastambha of Ayu is Bramhacharya. The word Bramhacharya made up of two 'Bramha' and 'Charya'. Bramha means something which helps in growth or development of the individual. Charya means to move or to flow. As per Ayurveda out of four Ashramas up to the 25 years can considered for Bramhacharya. Essence made from Ahara is nothing but Shukra [7] and which is further responsible for the Oja. Bramhacharya is the concept not only applicable to Shukra but also for the EkadashaIndriyas[8]. Abramhacharya is the concept has been told by Acharya Vagbhta. Abramhacharya is the word made from'A' as upasarga and Bramhacharya. 'A' denotes the absence or the negation of something or the likeliness or resemblance of something. The activity which followed for the complete protection and growth of individual like Bramhacharya. It has also got the same importance in maintaining the health. Santanotpatti is the only way to get rid of from the Pitru Runa. Hence Abramhacharya has been given an importance. Health can be hampered with the Atiyoga, Ayoga or Mithyayoga of it.

Sukhakar Ayu is another term for Swasthya. Ayurveda has defined the best definition of Swasthya. As it is only the thing which can help to attain the Dharma Artha Kama and Moksha. There fore why to know about Swasthya is very much needed to make Ayu sukhakar.

To judge a person with health awareness status we must see; the parameters as :- ahara, nidra and bramhachar. The health of person is completely depending on his routine life and

at mind level also. So ultimately on the Ahara, Nidra and Bramhacharya.

Observation -



Disscussion - Ayurveda has the aim of achieving Moksha, through healthy Ayu. After studying all the factors responsible for generation of Ayu helps in establishment of health. Health defined in this science is completely based of factors from which it made, like Ahara. A wise person should perform such actions which are good for his body as the office in charge of the city and the chariot in charge of the chariot protects city and chariot respectively. As we better know that, no human can be alive always on this earth but diseases can be prevented to make life healthy and easy. Only health is the key for achieving all the three desires i.e. Dhanaishana, Pranaishana, Paralokaishana [9]. Also, the four Paadas according to Ayurveda i.e., Dharma, Artha, Kama and Moksha can be earned with the help of good health (Ayu) and ultimately from the good sources the three Upastambhas. Without these three the Swasthya is not possible. It is evident that Trayopastambha are the supporting pillars or the nearby factors through which life is supported. Every upasthambha is connected to internal factor of life. Term stambhas is through which whole life is sustained. Imbalance in any of them will have effect on life. Through proper Ahara, Nidra and Bramhacharya, one can improve the Purusha bala by strengthening the stambhas. According to Acharya Charaka, one should leave all the work and first care for the health. This statement of Acharya teaches the depth of being healthy. In present era, physical and mental lifestyle disorders are very common, but the when our literature was made, where such condition not occurred. Then also long-lasting thinking of Acharyas has great impact on it. According to modern science health has four dimensions; physical, mental, social and spiritual and these all are dynamic process which changes daily. But Acharya Sushruta says Kala is Swayambhu[10], means Kala is everything and all the things in this universe depend on it. After the fourdimensions of modern science, the three dimension of life according to Ayurveda are Ahara, Nidra, Bramhacharya. They also vary according to Kala. But if we care them, they care for us.

Conclusion - Being Swastha, is not ideal state but process of continuous change and the adjustment. Only the absence of disease is the narrow point of view. For understanding this vast concept, first we go through its composition. Then maintenance of such established health gets easier. This module is prepared with an intention to create awareness about holistic aspects of health through Ayurveda and full world need to understand this concept and follow it.Due to this concept of Sukhakar Ayu, everyone gets aware of their health. In day today life we forgot the exact purpose of our life. Such concept is again highlighted through this. Rules regarding the consumption of proper healthy diet, appropriate sleep may enhance the health. Being Swastha is need of time. This may be easily achieved through the above support system of life.

References - 1) Dr. Lakshmidhar Dwivedi, Charaka Samhita, Sutrasthan 11/35, vol. 1, 1st edition Chowkhamba publication, Varanasi 2013 pg.261, pg.443, pg.23, pg.584, pg.412, pg.412, pg.263, pg.239

2) Kaviraja Ambikadutta Shastri,Sushruta samhita, Sutrasthana 1/41,vol.1, 1st edition, Chowkhamba publication ,Varanasi,2000 pg.13

Scientific Publication

डॉ. अरविंद मुजुमदार, एम.एससी. (फार्माकोलॉजी), पीएच. डी.

In general, in research two terms are used. The discovery is recognized as something that process of finding information, or an object, especially for the first time, or the thing that has not found before. (Vaccines which is important to protect against diseases. DNA which has importance in biological and human research and its applications. Electricity which is boon to the society). The action of inventing something, typically a process and is creating something totally new with one's own ideas or development of device. (Printing can bring the overall look of your business to life. Vehicles transportation plans changed our lives drastically. Artificial intelligence is that it can significantly reduce errors and increase accuracy and precision than human beings).

Aim of Research :

• Development of new knowledge /concept/ Methodology/ technique /technology for production.

• Generates novel ideas and then it's applications feasibility.

• Builds credibility by research achievement to get higher degree.

• Develops understanding for cause for activity to understand its insights.

• Development of Analytical skills to increase precision.

• Credit for doing research work for publication.

• Award of Intellectual Property Right (IPR).

In this article it is propose to write a various aspect based on my experience and some literature reference on the topic of Scientific Publication. This will be useful to research student, researchers, teachers, and others who are associated with research and desire to published their research findings.

As new researchers generate their first results, they face the challenge of mastering the art of scientific publication in order to present their results and to draw attention to their new scientific findings. Whether or not we want to describe science in such terms, scientific publishing is competitive in nature, and thus younger scientists must view with their more experienced peers for recognition. While the electronic age has made the publication process easier and quicker, optimizing the structure of a scientific paper requires a certain degree of skill and proficiency. (1)

The Choice of a Journal

The destination journal must be carefully considered either during the writing of the manuscript or upon its completion. This decision should be based on the scope of the journal and not simply metrics such as impact factor or Google Scholar ranking.(2) By identifying the appropriate journal, authors can maximize the impact of their published paper as it is more likely to be read by researchers working in the field. It is important to get the submission process right by providing all of the necessary information including, for example, author addresses, affiliations, preferred reviewers, funding agency(ies), and prior publication history.(3) In addition to this see that you adhere to the principles of research integrity and publication ethics. Make sure the journal scope and policies match your needs. Identify journals that follow best practices promoted by professional scholarly publishing organization.

Collect information about the journal's Peer Review process. Avoid publishing in journals that do not have a clearly stated and rigorous peer review process. Check the journal requirements and distribution. Finally Check the "Instructions for Authors" thoroughly to submit your research article accordingly.In addition to this one has to consider the Impact factor (IF) of the journal which is supposed to be important for publication. The impact factor is frequently used as an indicator of the importance of a journal to its field. It was first introduced by Eugene Garfield, the founder of the Institute for Scientific Information.(4) Impact factor is commonly used to evaluate the relative

importance of a journal within its field and to measure the frequency with which the "average article" in a journal has been cited in a particular time period. Journal which publishes more review articles will get highest IFs. Journals with higher IFs believed to be more important than those with lower ones. [5].

Tips for writing a scientific paper It is very important to select research problem and if you get novel and important lead out of it, it is important to get new publication out of that research for scientific community. Kamat et al (2014) has given tips for writing a well-composed scientific paper. Assemble all the data of research and create any outline for publication, and identify important scientific findings.

Select data/figures/schemes/tables/that support the scientific story. Select a journal based on the scope of your work and not based on the Journal's impact factor. Write a creative and attractive title that accurately represent scientific contents. Write an abstract that clearly identifies the key scientific findings (s) and appeals to broad relationship. Keep the abstract brief with minimal experimental details. Provide a good background and motivation that led to the research activity in introduction. Raise some degree of curiosity in the last paragraph of the introduction. Discuss the results with a sequence that makes a nice story. Include a healthy scientific discussion quantitative analysis a model or a mechanistic scheme to explain the results. Draw figures with readable fonts make sure axis titles and units are correct and all data plots are clearly marked and explained in the caption. Provide experimental conditions and computational parameters in the figure caption. Check the figure numbers and citations in the text citations in the text to ensure correct referencing. Include complete experimental details so that the experiments can be reproduced elsewhere. Include name of the funding agency and others whose assistance made this work possible. Include additional details, as needed in the supporting information. Make sure the references, formatted according to journal requirements and accurate and present a balance between seminal work and recent advances. Explain briefly the significance and scope of the work in the cover letter. Submit the manuscript and follow through the review process, provide all the requested information during submission. (6)

Type of articles : There are various types of articles for publication. They are given below :

Scholarly articles : These are written by researchers or experts in a field in order to share the results of their original research or analysis with other researchers.

Review articles : They are often written by leaders in a particular discipline after invitation from the editors of a journal. It is compilation of the results of many different articles on a particular topic into a coherent narrative about the state of the art in that field. They may provide information about the topic and also provide journal references to the original research.

Reviews may be entirely narrative, or may provide quantitative summary estimates resulting from the application of meta-analytical methods.

Research article : They are usually between 2 to 6 pages with complete description of current original research findings, but there are considerable variations between scientific fields and journals. It includes full Introduction, Methods, Results, and Discussion sections.

Short Communications : They also known as short papers that present original and significant material for rapid dissemination. It may focus on a particular aspect of a problem or a new finding that is expected to have a significant impact. This format often has strict length limits, so some experimental details may not be published until the authors write a full original research manuscript.

Letters / Communications / Editorials : They are short descriptions of important current research findings or led that are usually fast-tracked for immediate publication as they are considered urgent.

Research notes : They are short descriptions of current research findings that are considered less urgent / important than Letters.

Supplemental articles : They contain a large volume of tabular data that is the result of

current research and may be dozens or hundreds of pages with mostly numerical data.

Special Publications :

Clinical trials : The design and results of all clinical trials should be reported in a complete, accurate, balanced, transparent, and timely manner.(7)

Case studies : The goal of case studies is to make other researchers aware of the possibility that a specific phenomenon might occur in case, **News:** which are published as novelty for science, Practiced guideline : **Ethical guidelines** for laboratory animal, human clinical trials for new drug, Who is entitled to be an author for publication. **Author:** The International Committee of Medical Journal Editors (ICMJE) (www.icmje.org) recommends that authorship be based on the following four major criteria. 1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; 2) Drafting the work or revising it critically for important intellectual content; 3) Final approval of the version to be published; 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.(8) **Co-author :** Made a significant contribution to the work reported. That could be in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas. Have drafted or written, substantially revised or critically reviewed the article.

Have agreed on the journal to which the article will be submitted. Reviewed and agreed on all versions of the article before submission, during revision, the final version accepted for publication. Share responsibility to resolve any questions raised about the accuracy or integrity of the published work.

Preparation of manuscript for publication : The ICMJE has produced multiple editions of this document, previously known as the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMs) since 1978.(8)

However, it is important to go through latest version of Instructions to author from latest publication of journal before start writing the manuscript for publication. The manuscript should be logical with clarity of thoughts, presentation should be step by step, avoid duplication, grammatically correct, avoid telegraphic language and needless words. Earlier English was considered as main language for Scientific publication. However, many publications are also appearing in German, Japanese, Russian, French, Chinese or other languages of various countries as per instructions to author from latest publication of journal.

Title should convey the main topics of the study, self-explanatory, it should be precise, concise/short, should, highlight the importance of the research, which attract readers. An abstract summarizes, usually in one paragraph the major aspects of the entire paper in a prescribed sequence that includes, the overall purpose of the research problem(s) basic design you investigated and major findings or trends found as a result of your research.

Key words should be 5 -6 words which will a tool to help indexers and search engines find relevant papers, they are also important words/concepts found in your research question of the manuscript. Introduction should include up to date review and status of problem during this research work. Stating the intent of your study, outlining the key characteristics of your study, describing important results, and giving a brief overview of the structure of the paper. At the end statement of problem undertaken for study. Materials and Methods should be with source/ authenticity of material. Ethical considerations, Study period, location and type. Describe the subjects in detail, in clinical study voluntary consent of subjects which is ethical requirement. Describe the study design and protocols used. Model and experimental method/condition. Explain how measurements were made and how calculations were performed. Describe statistical tests in sufficient detail.

The results have obtained using gathered or collected data. Presented in the form of table, graphs, or any other standard method. Research papers present the process of testing hypotheses or models and how their findings help shape or

advance a particular research topic. Thus, the 'Results' section is essential in expressing as the significance of an article after statistical analysis.

Discussion summarizes the key findings in clear and concise language.Place the study within the context of previous studies. Discuss potential future research. Provide the reader with a "take-away" statement to end the manuscript. The conclusion(s) is intended to help the reader understand why the research should matter to them after they have finished reading the paper. A conclusion is not merely a summary of your points or a re-statement of your research problem but a synthesis of key points. Acknowledgements one should first thank those who helped you academically or professionally, such as your supervisor, funders, and other academics. Then you can include personal thanks to friends, family members, or anyone else who supported you during the process.

Reference of the research papers can be cited as follows as per instructions to authors by journal either by Vancouver System- (Number serially), Name of author, title of article, Name of Journal, Year, Volume, Page. or Harvard system - (Name of author and year), Name of author, Year, Title of article, Name of Journal, Volume, Page. Serially as per alphabets.

Checklist for Research paper : After preparation of manuscript the following checklist is use for finalization of manuscript. **1) Title :** Appropriate, running title if needed as per instruction to author by journal. **2) Summary :** Adequate and Appropriate. **3) Keywords :** Adequate and appropriate, usually 5-6 words. **4) Introduction :** Background, Objective, Justification, Aim. **5) Methods :** Study design, sample size, 'n' in each group, Inclusion / Exclusion criteria, Data collection, Parameters, Source of subjects / drug / equipment / animals, Ethical clearance / Consent, Statistical tests used and level of Significance. **6) Results :** Results of experiment, Absolute numbers with Units Mean / Mode / Median, SD / SE,'P'values. **7) Discussion :** Appropriate and Adequate Important earlier work, interpretation of results and supporting evidence, Lacunae in the study, Conclusions and it's limitations. **8) References :** Style, Correct, Number should match with text. **9) General :** New finding, No duplication, Ethical, Source of funding, Style of presentation appropriate, Standard of language, last but not the least is no plagiarism. For that author should pass the manuscript to check for plagiarism in the manuscript.

Peer review process : There are three reviewers to review the publication out of that one will be from editorial office rest two will be decided by editorial office to review from the area of publication. Peer review process is the system used to assess the quality of a manuscript before it is published. Independent researchers in the relevant research area assess submitted manuscripts for

originality, validity and significance to help editors to determine whether a manuscript should be published in their journal. If needed they will give suggestion for suitability for publication.

Responsibility of reviewers : The unbiased selection of reviewers is the assurance to the author that the peer review process will be done in a fair and timely fashion, and that the final decision regarding acceptance or publication will be based on the scientific validity of the information in the manuscript. Brazeau et al (2008) The strength and vitality of publications in our profession and pharmaceutical science disciplines are entered on the premise of a high-quality manuscript peer review process. Peer review is the essential element in promoting quality and excellence in the papers published in our scientific, educational, and professional journals. Peer review provides authors with the opportunity to improve the quality and clarity of their manuscripts. It also guides the journal's editorial staff in making publication decisions and identifying substandard manuscripts that should not be published. Individuals who participate in the peer review process provide a valuable service to their colleagues and the journal's editorial staff members by improving the literature in their discipline. Serving as a manuscript peer reviewer is an important, critical professional activity and responsibility.(9)

Thus, reviewer recommendations should be accepting the paper, recommend minor revisions, recommend major revision and encourage submission in another suitable journal, or reject the article.

Misconduct in Publication : In recent years, misconduct in research, such as plagiarism, fabrication, guest author, ghost author, self-citation, etc. have been increasing significantly in scientific papers, proving a lack of commitment to publication ethics among some authors.(10) The World Association of Medical Editors (WAME), thus defining plagiarism as, the use of another person's unpublished or published ideas, words, results, processes or any other intellectual property (including those obtained through confidential review of research proposals and manuscripts) without attribution or permission, and presenting them as your own, new or original. (11) (12) Fabrication is defined as the 'making up' or fabrication of data or results and recording or reporting these with the deliberate intention of deceiving the scientific community. (11) Fabricated data may be: used in the publishing of papers in scientific journals; presented at local and international scientific gatherings or conferences; used to fraudulently obtain research grants or patents.(13)

Falsification includes fabrication, and refers to the intentional suppression, distortion or manipulation of true scientific findings obtained from experimental or observational research, without any sound scientific or statistical justification. (11) (12) (13) As one of the citation kinds, "self-citation" means that an author cites his/her previous paper(s) in the paper at hand. This is accurately is the "author self-citation". There are some kinds of self-citations including among others institutional, language, country and discipline self-citations, as well. (1)

The ghost-writer is a professional writer, whose contribution to produce a paper should be excluded in the final publication. Check plagiarism in your manuscript To check plagiarism in your manuscript free online plagiarism checker that detects plagiarism in your text and tells you exactly what percentage of plagiarism content in your manuscript.

You can paste the text of manuscript itself or upload a PDF, MS Word, or other convenient file to detect the Plagiarism, and how original it is. It does not store your information anywhere and keeps things confidential. It identifies information that you may have borrowed by accident, showing text similarities. Result will be in the form of index percentage plagiarism. For this you may have to use one of the software which are used for plagiarism check, Plagiarism check, Plagium, PlagScan, Quetext, Plagiarism hunt. URKUND, Turnitin, Crossref etc.

Retraction of article : Articles may be retracted when their findings are no longer considered trustworthy due to scientific misconduct or error, they plagiarize previously published work, or they are found to violate ethical guidelines. Using a novel measure that we call the "retraction index," we found that the frequency of retraction varies among journals and shows a strong correlation with the journal impact factor. Although retractions are relatively rare, the retraction process is essential for correcting the literature and maintaining trust in the scientific process. (15) According to Coudert (2019) Reason for retraction are as follows: **1)Authorship issues -** Lack of approval to publish from some of the co-authors, Author missing from the author list, Error in the affiliations listed. Authorship disputes or unclear authorship. **2) Errors in the science reported :** Experimental error, Error in the analysis, interpretation, or mathematical derivations, Work that was not reproducible by the authors or other researchers, Issues with the data, Data falsification or mishandling, clearly identified as such "Problems" or "issues" with the data, for unclear reasons, Issues with data ownership, or authorization to publish (confidentiality, etc.).Plagiarism: Duplicate publication, identical or near-identical papers, Self-plagiarism (unacceptable reuse of material previously published by some of the authors),Plagiarism of other sources (not by the authors),Publisher error. Issues of copyright, Problems with the integrity of the review process.(16)

Retraction index : The retraction index is a

measure of how likely an article published in a given academic journal will be retracted. It is calculated by multiplying the number of retracted articles in a journal during a given time period by 1,000, and then dividing the result by the total number of articles published in that journal during the same period. (17)

Citations of article : Generally, the combination of both in-body citation and the bibliographic entry constitutes what is commonly known as a citation. Citations are important for the following reasons : **1)** Citations are how authors give proper credit to the work and ideas of others. **2)** People also count citations of a paper as an indication of how important or influential the paper has been. **3)** To avoid plagiarism, it is compulsory to give credit to the original author by citing his/her sources in references. Apart from plagiarism, citations are extremely useful to anyone who wants to find out more about the ideas and where they came from. **4)** Citing sources shows the amount of research you have done and it strengthens your work by lending outside support to your ideas. (18)

i10-index, i10-index is used and it is introduced by Google in 2011, and used to help as a gauge for the productivity of a scholar. It indicates the number of papers an author has written that have been cited at least ten times by other scholars h-Index. The h-index is an index to quantify an individual's scientific research output. (19) The h -index to determine the impact of a researcher's publications. The higher the h index is, the higher the impact is that a researcher has had on the literature. For example, an h index of 50 indicates that the researcher has 50 papers that have been cited at least 50 times. It is available on Google scholar.

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Conceptual Study Of Khalitya And Its Ayurvedic Treatment

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Introduction - 'Khalitya' is a disease in which there is loss of hair and obstruction in the formation of new hair. Acharya Sushrut has quoted that 'Khalitya', 'Indralupta' and 'Rujya' are the synonyms of each other.

रोमकुपानुगं पित्तम् वातेन सह मूर्छितम् ।
प्रच्यावयति रोमाणि ततः श्लेष्मा सशोणितः।।
रुणद्धि रोमकूपांस्तु ततोन्येषामसम्भवः।
तद इन्द्रलुप्तं खालित्यं रुज्येति च विभव्यते।। सु.नि.३३-३४

Loss of hair from the scalp eventually leads to the baldness. There is a social stigma for a healthy person suffering from 'Khalitya'. Baldness may affect the self-confidence of a person and gives rise to issues like psychological depression. Prevalence of hairfall is found to be 60.3% and prevalence of baldness is 50.4%. It is a universal problem affecting both the genders of all races. It is a progressive disorder in people living a sedentary life, stress induced hectic schedules along with improper dietary habits which results in many deficiencies and imbalances in the body directly leading to hair loss.

In the text 'Madhav Nidan' and in its 'Madhukosh' commentary, the following note of 'Kartik' is explain the difference between 'indralupta', 'khalitya' and 'ruhya'.

कार्तिकस्त्वाह इन्द्रलुप्तमं श्मश्रुणि भवति, खालित्यं शिरस्येव रुह्या च सर्वदेहे ।। इति आगस्तवत्र नास्ति ।। मा.नि.मधुकोष २८-२९

Alopecia is defined as partial or total absence of hair from areas of the body where it normally grows. Androgenic alopecia or common male pattern baldness accounts for more than 95% of hair loss in men. 'Khalitya' leads to loss of self-esteem and confidence of a person.

Hair loss, baldness or Khalitya (medically known as alopecia) is a loss of hair from the head. Hair affects the confidence in human life as it may cause abnormalities like excess hair in hirsutism or hair loss in alopecia causing psychological distress. Khalitya or baldness according to Acharya Sushruta is a state of falling hair due to vitiated and increased state of Pitta assorted with Vayu, after that the Kapha gets mixed with Rakta also joins in this event. Dalhan as well as Videha also state in their commentary in above reference that Khalitya effects only in males not in females.

Aims and objectives - To study the information of khalitya and its ayurvedic treatment from the literature.

Materials and Method - Charak Samhita, Sushrut Samhita, Ashtanga Hriday and their commentaries. Literature regarding 'Khalitya' and its ayurvedic treatment was thoroughly reviewed.

Nidan Panchak-

a) Hetu - Excessive salt intake, use of cosmetics with harmful chemicals, staying awake until late night, consumption of ushna, tikshna, katu ahar, dhoor-dhoop sevan, vayu sevan, consumption of processed food with preservative, stress and sedentary lifestyle, lack of exercise, lack of proper sleep.

b) Purvaroop - Weakening of hair strands, more hair fall than normal.

c) Roop - Loss of hair, thinning of hair, hair fall, baldness.

d) Samprapti - 1) After the sevan of the above hetus there is prakop of pitta dosha along with vata dosha and these vitiated doshas get accumulated in the scalp of human, these pitta and vata doshas lead to weaken ing of hair strands and breakage of those as well.

2) After the hair strands weaken, hair fall occurs, rakta and kapha dosha also gets vitiated at the root of the hair and hence leads to the obstruction in the formation of new hair.

Ayurvedic treatment of Khalitya - After thorough review of literature, the following inferences were drawn out -

Abhyantar Upchar -

1) Aushadhi Dravya (Consumption of medicines) - After study of specific hetus and according to those hetus, medicines must be administered. The internal medicines mainly consist of pitta-vata shamak chikitsa. Madhur

rasatmak, Madhur vipaki and sheeta dravya must be used for vata pitta shaman like as bala, gokshur, yashtimadhu, aragvadh, sariva, shatavari etc. Keshya dravyas like as bhrungaraj, yashtimadhu, bibhitaki, jyotishmati, brahmi, shankapushpi must also be used.

2) Panchakarma - Panchakarma consists of

a) Vaman - If the patient of khalitya has an underlying disease like as kaphaj jwara, prameha, kushta etc then vaman must be administered to get rid of the vitiated kapha dosha.

b) Virechan - It is the best karma for the elimination of the vitiated pitta dosha, if the vitiated pitta dosha cannot be pacified by shaman chikitsa then it is always better to consider virechan as the part of treatment protocol of khalitya.

c) Basti - Vitiated vata along with vitiated pitta dosha accumulates in the roma of the scalp which leads to the breakage of the hair. Hence basti is the best treatment to pacify the vitiated vata. Taila used for basti must always be vata pitta shamak, ex- yashtimadhu oil.

d) Nasya - Nasya is administration of drug with siddha taila, siddha ghruta, and decoction through nasal route.

e) Raktamokshan - Raktamoshan can be done by leech or siravedh or pracchan.

These karmas must be done wisely by a qualified Vaidya as per dosha-dushya sammurchana. As khalitya is a disease of pitta dominance, virechan and raktamokshan are the main line of treatments in the disease. Nasya is an important treatment as nasal route of drug administration facilitates the entry of the drug directly in the 'shira' (head).

Bahya Upchar - 1) Lepa - Lepa of roma sanjanan and keshya dravya can be done on alopecic areas. Example of such lepas are roma sanjanan lepa, hasti danta mashi, also lepa made from powders of keshya dravya like as yashtimadhu, bhrungaraj, neeli, amlaki, bibhitak, brahmi, shankhapushpi etc. can be done.

2) Abhyanga - Local application of oil is called abhyanga.Abhyanga by oil as it is vata shamak should be done at the alopecic areas. Mainly shiro abhyanga by neeli bhrungyadi taila, bhrungaraj tail, yashtimadhu tel might be done.

3) Pracchan - Pracchan karma should be done at alopeic area to get rid of the sthanik vata dosha and rakta dushti.

4) Raktamokshan - Rakta Mokshana is the process of removal of dushit rakta dhatu from the body. Rakta mokshan by leech (sthanik) or sira vedhan (sarvadehik) should be done to get rid of the rakta dushti especially from the scalp area and especially if rakta dushti is a the main factor in the samprapti.

5) Swedan - Swedan is the process of administering steam. In case of khalitya, the swedan chikitsa to be done must always be mrudu swedan. Ushna- tikshna swedan must always be avoided.

6) Kavala Graha - Kavala graha of decoctions or oils made from pitta and vata shamaka dravyas must always be done. It is the process of holding liquid in mouth without restriction of any movement inside.

7) Dhoompana - After kavala graha, varti made by raal, haridra, shuddha guggulu, shigru and aguru should be used, panchatikta ghrut should be applied to this varti and it must be used for dhooma pan.

Discussion - The literature review of Khalitya was done from bruhatrayee and laghutrayee, and all the available treatment options were studied and effort was made to compile those in this article.

Conclusion - The literature review of khalitya was done and treatment options were explored. The above information gives the knowledge about the ayurvedic treatment done in khalitya. It also gives us information about the dominance of doshas and dushyas in khalitya.

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एक व्याधी – एक ग्रंथ

कुष्ठावरील शारंगधरोक्त औषधीकल्प अध्ययन

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प्रस्तावना – आयुर्वेदातील विविध संहितामध्ये वर्णन केलेल्या व्याधीपैकी चिकित्सेला अतिशय कठीण असणाऱ्या काही व्याधींमध्ये कुष्ठाचा समावेश होतो. म्हणूनच आचार्य चरकांनी यांस 'अष्टौ महागद' अर्थात आठ महाव्याधी ज्या 'अचिकित्स्य' तर सुश्रुतायार्यांनुसार ज्या दुश्चिकित्स्य आहेत अशा समुहात स्थान दिले आहे.

'कुष्ठ' हा व्याधी चिकित्सेला जितका कठींण तितकाच तो समजून घेणेही कठीण आहे.

कुष्ठाचे व्यक्तीस्थान त्वचा असल्यामुळे सामान्य भाषेत किंवा आधुनिक शास्त्रातील व्याधींशी तुलना करताना सर्व त्वचारोगांशी याचा संबंध जोडला जातो. परंतु आयुर्वेदानुसार हा व्याधी त्वचेपुरता मर्यादित न राहता त्याचा संबंध विविध शरीर घटकांशी आहे. या व्याधीच्या हेतुंचा अभ्यास करताना आपल्या हे लक्षात येते.

प्रत्यक्ष व्यवहारात पाहता, ग्रंथात दिलेले कुष्ठाचे विविध प्रकार आपल्याला रुग्णांत आढळून येतात. या प्रकारांत अतिशय सामान्य त्वचाविकारांपासून महाभयंकर असे गलतकुष्ठ किंवा ज्याला आधुनिक शास्त्रानुसार 'लेप्रसी' (Leprocy) या व्याधीशी तुलना करता येईल असे प्रकारही आढळतात. एकूणच 'कुष्ठ' या व्याधीची व्याप्ती ही खूप जास्त आहे.

कुष्ठाची चिकीत्सा करणे हे त्याहूनही कठीण. अशावेळी चिकित्सा करत असताना शारंगधर संहितेत आलेल्या विविध कल्पांचा वापर करणे हे सोईचे होते. या संहितेत विविध कल्पांचे वर्णन करत त्यांचा थेट कुष्ठावर उपयोग सांगितला आहे. आजकालच्या काळात आपल्यासारख्या वैद्यांना जेव्हा नक्की कशी चिकित्सा करावी, कोणती द्रव्य वापरावी किंवा कोणता प्रकार आहे याचे ज्ञान जेव्हा पटकन होत नाही, अशा वेळी या ग्रंथोक्त कल्पांचा वापर श्रेष्ठ ठरतो.

संकल्पना – 'कुष्ठ' हा किंवा 'कुष्ठरोग' हा शब्द जनसामान्य 'Leprocy' साठी वापरत असले तरी आयुर्वेदाच्या दृष्टीने याची व्याप्ती त्याहून खूप जास्त आहे. यात सर्वच प्रकारचे त्वचा विकार समाविष्ट होतात. कुष्ठाच्या हेतु, संप्राप्ती आदिंचे वर्णन माधव निदान कारांनी उत्तम केली आहे.

<u>व्याधीहेतु–</u> विरोधीन्यन्नपानानि इवस्निग्धगुरुणि च।
भजतामागतां छर्दि वेगांश्चान्यान् प्रतिघ्नताम्।।
व्यायाममतिसन्तापमतिभुक्त्वा निषेविणाम्।
धर्मश्रमभयार्तानां द्रुतं शीताम्बुसे विनाम्।।
अजीर्णाध्यशिनां चैव पञ्चकर्मापचारिणाम्।
नवान्नदधिमत्स्यातिललवणाम्लनिषेविणाम्।।
माषमूलकपिष्टान्न तिलक्षीरगुडाशिनाम्।
व्यवायं चाप्यजीर्णेन्ने निशं च भजतां दिवा।।
विप्रान् गुरुण धर्षयतां पापं कर्म च कुवेताम्। (मा.नि.४९ १-५)

- आहारीय हेतु. विरोधी,स्निग्ध (अधिक मात्रेत) अन्नपान अजीर्णाशन, अध्यशन तसेच नवीन अन्नद्रव्य, दही, मासे, तीळ, मीठ, अम्लपदार्थ, मूळा, उडीद, पिष्टमय पदार्थ, गुळाचे पदार्थ इत्यादींचे आधिक्याने सेवन
- विहारीय हेतू . अतिव्यायाम, अतिचिडचिड, उन्हात फिरून आल्यावर किंवा श्रम झाल्यावर, घाबरल्यावर, गटागट थंड पाणी पिणे पंचकर्मामध्ये उपद्रव झाले असता किंवा नंतरचे नियम पाळले नाहीत तर अजीर्ण असता व्यवाय केला असता, दिवास्वाप ; इतर गुरुंचा अपंमान करणे तसेच पापकर्म (या किंवा आधीच्या जन्मातील)

संप्राप्ती–वातादयस्त्रयो दुष्टास्त्वग्रक्तं मासमम्बु च ।।
दूषयन्ति स कुष्ठानां सप्तको द्रव्यसङ्ग्रहः।
अतः कुष्ठाणि जायन्ते सप्त चैकादशैंव च ।।

(तक्ता १) कुष्ठ संप्राप्ती (सामान्य)

वात, पित्त, कफ, यांची विविध हेतूंनी दुष्टी
↓
त्वचा, रक्त, मांस, लसिका यांची दुष्टी
↓
कुष्ठ (सप्त व एकादश)

- अर्थात कुष्ठाची संप्राप्ती सांगताना सर्वच कुष्ठांची एकच सामान्य संप्राप्ती सांगितलेली आहे.
- कुष्ठाच्या निर्मितीत जे घटक भाग घेतात त्यांना कुष्ठ द्रव्य संग्रह म्हटले आहे. ज्यात त्रिदोष व त्वचा, रक्त, मांस व लसिका अशा सात घटकांचा समावेश होतो.

प्रकार – सर्वच कुष्ठांची निर्मिती ही त्रिदोषजन्य असते पण दोषांच्या तरतमत्वाने, कुष्ठाचे एकूण अठरा प्रकार सांगितले आहेत. या प्रकारांचे सात महाकुष्ठ व उर्वरित अकरा क्षुद्रकुष्ठ असे वर्णन चरकाचार्यांनी केले आहे. परंतु माधवनिदान कारांनी असे नामकरण केलेले नाही. (तक्ता क्र. २ मध्ये प्रकारांचे सविस्तर वर्णन केले आहे) **(तक्ता क्र. २ पहा)**

शारंगधर संहिता महत्त्व – शारंगधर संहिता हि साधारण १४ व्या शतकात निर्माण करण्यात आधी 'शारंगधर' हे याचे होण्या

आहेत. आजच्या काळात शिकवले जाणारे रसशास्त्र व भैषज्यकल्पना या विषयांचा हा ग्रंथ आधार आहे. औषध सोईस्कर रित्या रुग्णास देता यावे तसेच रुग्णाच्या, व्याधीच्या अवस्था अग्नी इ. विविध घटकांचा विचार करून औषधांची योग्य योंजना करता यावी यासाठी विविध 'कल्पनांची' आयुर्वेदात निर्मिती झाली. पंचविध कषाय कल्पना. स्नेहकल्पना, गुटी, वटी, अवलेह, आसव–अरिष्ट, रस अशा विविध कल्पनांच्या निर्मितीची योग्य क्रिया, तसेच विविध रोगांवर यातील कोणकोणत्या कल्पना वापरता येतील याचे थेट उत्तर शारंगधरात आहे. व म्हणूनच व्यवहारात वापरताना हा ग्रंथ अधिक सोईचा ठरतो सर्वच वैद्य यातील कल्पनांची निर्मिती व वापर करतात.

विविध औषधी कल्पनांचे वर्णन करताना प्रत्येक कल्पनेत काही कल्प कुष्ठावर सांगितले आहेत. **(तक्ता क्र. ३ पहा)**

विर्मश– ● शारंगधर संहितेचे कुष्ठव्याधी लक्षात ठेवून अध्ययन करत असताना असे लक्षात येते की संहितेच्या तीनही खंडांत कुष्ठाचे वर्णन आढळते.

● पहिल्या खंडात परीभाषादिकांचे वर्णन करत असताना कुष्ठव्याधी त्याचे प्रकार, लक्षणे आदिंचे वर्णन आहे.

● मध्यामखंडाचा चिकित्स्येच्या दृष्टीने अधिक उपयोग होईल. यात तक्ता क्र. ३ मध्ये दिल्याप्रमाणे विविध कल्पनांचे वर्णन करत त्या कल्पनेतील विविध कल्पांचे कुष्ठचिकित्सेसाठी वर्णन केलेले आहे. हे करताना कल्पनेतील द्रव्य, त्यांचे प्रमाण, अनुपान, उपयुक्तता, निर्माणविधी याचे सविस्तर वर्णन आले आहे.

● तृतीयखंडात विविध पंचकर्मविधींचे वर्णन आले आहे. त्यानुसार कुष्ठव्याधीग्रस्त रुग्ण, प्रामुख्याने वमन, विरेचन, रक्तमोक्षण लेप या कर्मांना अर्ह असतात. यात हे मक्षीर्यादि सारख्या काही लेपांचे कुष्ठात वर्णन आले आहे.

कुष्ठचिकित्सेसाठीच्या मंध्यमखंडातील औषधींचे वैशिष्ट्य –

● मध्यमखंडात कुष्ठचिकित्सेकरिता एकूण तेहतीस कल्पांचा उल्लेख आहे.

● या कल्पांत क्वाथ, चूर्ण, गुटी–वटी, घृत, तैल, आसव–अरिष्ट व काही रसकल्पांचा समावेश होतो.

तक्ता क्र.२

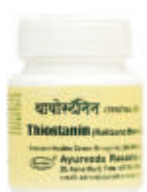
प्रकार	दोषाधिक्य	लक्षण
महाकुष्ठ		
१) कापाल	वात	काळपट लांब वर्ण,खापराप्रमाणे, रूक्ष, वेदना अधिक, विषम (आकार वेदना इ. बाबतीत).
२) उदुम्बर	पित्त	वेदना, कंडू व दाहयुक्त, ज्याच्या भोवतालचे केस पिंगट दिसतात, उंबराच्या फळाप्रमाणे दिसतो.
३) मण्डल	कफ	पांढरट लाल वर्ण, स्थिर, चिकट, स्निग्ध व उंचवटे असणारे, गोलाकार, एकमेकांत मिसळलेले
४) ऋण जिह्व	वात – पित्त	अतिशय रूक्ष, वेदनायुक्त कडा लाल व आतुन काळपट, अस्वंलाच्या जिभेप्रमाणे दिसणारे.
५) पुण्डरीक	कफ – पित्त	लांब कडा व आतुन पांढरे, उंचवटा व आरक्तता असणारे, कमळाच्या पाकळ्यांसारखे दिसणारे
६) सिध्म	वात–कफ	पांढरट, लालसर, पातळ, घासल्यावर ज्यातून कोंडा निघतो, प्रामुख्याने उरभागी येणारे, भोपळ्याच्या फुलाप्रमाणे दिसणारे
७) काकणक	त्रिदोष	काकान्तिका म्हणजे गुंजेच्या वर्णाचे, पाक झालेले. तीव्र वेदनायुक्त, तिन्ही दोषांची लक्षणे दिसतात.
क्षुद्रकुष्ठ		
१) एककुष्ठ	वात–कफ	मोठ्या प्रमाणात पसरलेले, घाम न येणारे, माशांच्या खवल्याप्रमाणे दिसणारे.
२) चर्मकुष्ठ	वात–कफ	मोठ्या प्रमाणात पसरलेल, हत्तीच्या कातड्यासारखे
३) किटिभ	वात–कफ	काळपट, स्पर्शाला रूक्ष, खरखरीत असे
४) विपादीका	वात–कफ	हातापायांना भेगा पडणे, तीव्र वेदना
५) अलसक	वात–कफ	गण्डप्रदेशात कंडुंयुक्त, लालवर्णाच्या होणाऱ्या गाठी.
६) दद्रु	कफ–पित्त	कंडुयुक्त, आरक्तवर्णी, गोलाकार, पिडकायुक्त
७) चर्मदल	कफ–पित्त	आरक्तवर्णी, वेदना, कंडुयुक्त, लहान पिटीकायुक्त, ज्याला स्पर्श सहन होत नाही असे कुष्ठ.
८) पामा	कफ–पित्त	सूक्ष्म अशा अनेक पिटीका युक्त, स्त्रावी. कंडू, दाह युक्त पाणी, उर, स्फीक प्रदेशात येणारे
९) विस्फोट	कफ–पित्त	काळपट, लालसर वर्णाचे बारीक फोड
१०) शतारू	कफ–पित्त	आरक्त, काळपट वर्णाचे अधिक व्रण असणारे कुष्ठ
११) विचर्चिका	वात–पित्त	कंडूयुक्त, काळपट, बारीक पुळ्या असणारे व ज्यातून खूप स्त्राव होतो असे कुष्ठ.

तक्ता क्र. ३			
कल्पना/कल्प	**मुख्य घटक इव्ये**	**काल/मात्रा/अनुपान**	**गुणधर्म**
कवाथ			
१) लघुमंजिष्ठादी कवाथ	मंजिष्ठा, त्रिफळा, तिक्ता, वचा, दारूहरिद्रा, गुडूची, निम्ब		पामा, कपातिक, मण्डल कुष्ठघ्न
२) बृहन्मंजिष्ठादी कवाथ	मंजिष्ठा, मुस्ता, कुटज, गुडूची, शुंठी, निम्ब, पटोल, दोन्ही हरिद्रा, विडंग, चित्रक, त्रायमाण इ.	अनुपान. पिंपळी किंवा गुग्गुळासोबत सेवन	अठरा कुष्ठांचा नाश करते
कल्क			
१) निम्ब कल्क	निम्बपत्र अर्थात कडुनिंब		कुष्ठघ्न, व्रणशोधन व्रणरोपण
चूर्ण			
१) नारायण चूर्ण	चित्रक, त्रिफळा, व्योष, जीरक, वचा, यमानी, पिप्पलीमूल, अजमोदा, शठी, त्रिवृत, दन्ती, सातला		विरेचन करून कुष्ठसह सर्व रोगहर
२) हपुषादि चूर्ण	हपुषा, त्रिफळा, त्रायमाण, पिप्पली, हेमक्षीरी, त्रिवृत, सातला, कुटकी, वचा, निलीनी, सैंधव,। कृष्णलवण	उष्णोदक / मांस रस/ दाडिमरस/ त्रिफलारस	कुष्ठघ्न
३) लवणभास्कर चूर्ण	सामुद्रलवण, सौवर्चल, बिड, सैधव, पिप्पली, पिप्पलीमूल, कृष्णजीरक, नागकेशर, तालीसपत्र, अम्लवेतस मरीच, जीरक, शुंठी, दाडीम, त्वग,	शाणमात्रेत दधिमस्तु,/तक्र/ सुरा / आसवासोबत	दीपन, पाचन, शूलघ्न, कुष्ठघ्न
४) पंचनिंब चूर्ण	निम्बवृक्षाचे गूळ, पत्र, त्वचा पुष्प, फल लोहभस्म, हरीतकी, चक्रमर्द, चित्रक, भल्लातक, विंडग, आमलकी, हरीद्रा खदीर	१ कर्ष मात्रा खदीर+असाना सिद्ध जल/घृत/दुग्ध	एका महिन्यात सर्व कुष्ठांचा नाश करते इ.
५) नवायस चूर्ण	चित्रक, मुस्ता, विंडग, त्रिफला, त्र्यूषण, लोहभस्म	मधु/सर्पि/गोमूत्र/तक्र	कुष्ठघ्न, पांडुरोगहर
वटी			
१) मण्डूरवटक	त्रिफला, त्र्यूषण, चव्य, पिप्पलीमूल, चित्रक, मुस्ता, दार्वी, माक्षिक (सुवर्णमाक्षिक),विडंग, देवदारू, मंडूरभस्म	तक्र	कामला, पांडुहर शोथहर कुष्ठहर
२)चंद्रप्रभा गुग्गुळ	चंद्रप्रभा वचा मुस्ता, भुनिम्ब,अमृता, हरिद्रा अतिविषा, इ. दारू, सुवर्णमाक्षिक, लोहभस्म, शिलाजित, गुग्गुळ इ.		प्रमेह, मूत्रकृच्छ्रहर कुष्ठहर, रसायन
३) योगराज गुग्गुळ	शुंठी, पिप्पली, चव्य, चित्रक, पिप्पलीमूळ, हिंगु, अजमोदा, जीरकद्वय इ. त्रिफळा, वंगभस्म, नागभस्म, रौप्यभस्म, लोहभस्म, अभ्रकभस्म,रससिंदूर इ. निम्बक्वाथासोबत	विविध अनुपाने. कुष्ठासाठी	सर्ववातरोगहर आमवातहर कुष्ठहर
४) कैशोर गुग्गुळ	त्रिफळा, गुडूची, त्रिकटू, विडंग, दन्ती, त्रिवृत्त	उष्णजल, दुग्ध,मंजिष्ठाक्वाथ खदिरकवाथ	सर्वकुष्ठहर, कुष्ठव्रणहर
५) त्रिफला मोदक	त्रिफला, भल्लातक, बाकुची, विंडग, लोहभस्म, त्रिवृत्त, गुग्गुल शिलाजित, पुष्करमूळ, चित्रक, मरिच, शुंठी, इ.		सर्वकुष्ठ, त्रिदोषजकुष्ठ
६) कांचनार गुग्गुळ	कांचनार त्वक, त्रिफळा, त्रिकटू, एला, त्वकपत्र, गुग्गुळ	खदिरक्वाथ पथ्याक्वाथ	कुष्ठघ्न, भगंदरहर, गंडमाळा, अपचीहर
८) वज्रीवैद्य	वज्री अर्कक्षीर, धतुर, चित्रक, माहिषं विट् स्वरस दुग्ध, गोमुत्र, गंधक, मनः शीलं, इ. विंडग, अतिविषा, देवदारू इ.	अभ्यंग	सर्वकुष्ठहर
स्नेहकल्पना			
१) अमृताघृत	गुडूची कवाथ व कल्क	पान व अभ्यंग	दुस्तर कुष्ठहर
२) महातिकतकघृत	सप्तपणी, प्रतिविषा, कुटकी, पाठा, मुस्ता, उशीर, निम्ब त्रिफळा पटोल, मंजिष्ठा, चंदन, गुडूची, सारीवा, आमलकी	पान व अभ्यंग	सर्वप्रकारची कुष्ठ
३) कासीसादी घृत	कासीस हरि इय मुस्ता, मनःशील कम्पिल्लक, गन्धक, विंडग, गुग्गुळ, मरिच, तुत्थ, रसांजन, इरिमेद, निम्बपत्र, करंज इ.	अभ्यंग	सर्वकुष्ठ प्रामुख्याने इदद्रु,पामा, विचर्चिका रोपण, सवर्णकर

४) बिन्दुघृत	चित्रक, शंखिनी, पथ्या, कम्पिल्लक, त्रिवृत, दन्ती, दन्तीफल, कोशातकी, हेमक्षीरी अर्कक्षीर इ.	उष्णोदक/गोदुग्ध/ उष्णदुग्ध नाभीलेपनाने विरेचन	मुख्यतः विरेचनकर व दोष निर्हरणाने कुष्ठघ्न
५) पंचतिक्तकघृत	वासा, निम्ब, गुडूची, कंटकारी, पटोल	पान व अभ्यंग	कुष्ठघ्न, ज्वरहर, कृमीघ्न
६) अर्कतैल	अर्कपत्र, हरिद्रा		पामा कच्छू, विचर्चिका हर
७) मरिचादीतैल	मरिच, हरताल, त्रिवृत, रक्तचंदन मुस्ता, मनःशिला मांसी हरिद्रा द्वय, अर्कक्षीर इ. गीमूत्र, कटूतैल, अतिविषा इ.		कुष्ठव्रणघ्न, सर्व कुष्ठहर, पुण्डरीक, पामा, श्वित्र हर कण्डुघ्न
आसव अरिष्ट			
१) लोहासव	लोहचूर्ण, त्रिकटू त्रिफळा, यव, विडंग, मुस्ता, चित्रक, धातकीपुष्प	जल.	कुष्ठहर, पांडू, कास, श्वास, अरोचक हर
२) देवदार्व्यादिरिष्ट	देवदारू, वासा, मंजिष्ठा, इंद्रयव, दन्ती, कृंती, मुस्ता, तगर, हरिद्रा द्वय रास्ना, शिरीष, खदिर, अर्जुन इ.		वातरोगघ्न, ग्रहणी कुष्ठघ्न, कण्डूघ्न
३) खदिरारिष्ट	खदीर, देवदारू, बाकुची, दार्वी,		महाकुष्ठहर कृमीघ्न, त्रिफळा, पांडुहर
४) रोहितकारिष्ट	रोहितक, पंचकोल, त्रिजात, त्रिफळा		ग्रहणीहर, कुष्ठघ्न शोथघ्न,
५) दशमूलारिष्ट	दशमूळ, चित्रक, पुष्करमुळ, लोध्र, गुडूची, खदिर, बीजसार, पथ्या मंजिष्ठा, देवदारू, विंडग, मधुक, पुनर्नवा, हरिद्रा इ.		वातहर, अरूचीघ्न कुष्ठघ्न
रसकल्प			
१) महातालेश्वर रस	रौप्य, स्वर्णमाक्षिक, मनःशील पारद, सैंधव, टंकण, गंधक, ताम्र, लोह	माहीषघृत, बाकूची, सोमराजी फल	सर्वकुष्ठहर
२) कुष्ठकुठार रस	पारद, गंधक, लोह, ताम्र , इ, भस्म, त्रिफळा, गुग्गुळ, महानिम्ब, चित्रक, शिलाजित इ. द्रव्य, करंजबीजचूर्ण		सर्वकुष्ठहर, गलत्कुष्ठ हर
३) सर्वेश्वर रस	पारद, गंधक, ताम्र , लोह, दरद, सुवर्ण, रजत, वज्रभस्म, हरताल, इ भावनार्थ जम्बीर इ.	२ गुंजा मात्रा, मधु/बाकुची/ देवदारूचूर्ण/ एरण्डतैल	सुप्तकुष्ठहर मंडलकुष्ठहर, सर्वकुष्ठहर
४) स्वर्णक्षीरीरस	स्वर्णक्षीरीरस, तक्र, क्षीर, मरिच, पारदभस्म		कुष्ठहर, कुष्ठवेदनाहर
५) कनकसुन्दर रस	धत्तुरबीज, पारद, गंधक, ताम्र, अभ्रक, सुवर्णमाक्षिक वंग, लोह, इ. अतिविषा, लांगली	आर्द्रक/रसोन स्वरस	सान्निपातीक अवस्था, ज्वरघ्न किलासहर, कुष्ठहर

कुष्ठव्याधीवरील आयुर्वेद रसशाळेचे उपयुक्त कल्प...



● कल्पांच्या संख्येचा विचार करता सर्वाधीक कल्पना स्नेहकल्पना आहेत.

● कल्पांचे वर्णन करताना त्यांच्या फलश्रृतीत काही कल्पांच्या बाबतीत केवळ कुष्ठासाठी किंवा प्रामुख्याने कुष्ठासाठी असा उल्लेख आहे. उदा.मंजिष्ठादी कवाथ, पंचनिंब चूर्ण तर काही कल्पांच्या फलश्रृतीत कुष्ठाचा इतर व्याधींसोबत उल्लेख आहे.

● काही कल्प हे सर्व कुष्ठांवर लागू होणारे आहेत तर काही विशिष्ट कुष्ठांवर/कुष्ठप्रकारावर सांगितले आहेत.

● कल्पांचे कार्यकारीत्व समजून घेत असताना काही कल्प अग्नीदीपनाने, काही धातूंचे पोषण करून किंवा रसायन कर्म करून काही क्लेदनाशन करून तर काही कुष्ठ व्याधीलाच विरोधी म्हणून काम करणारे आहेत. काही कल्प विरेचन करून दोषहरणाने कुष्ठघ्न म्हणून काम करतात उदा. बिन्दुघृत

● प्रमुख घटक द्रव्य यांत त्रिफळा, बाकुची, खदीर, निम्ब, मंजिष्ठा, देवदारू, सारीवा, गुडूची, त्रिकटू, मुस्ता इ. वनस्पतीज द्रव्यांच्यात समावेश केलेला दिसतो.

● खदीर, बाकुची, सारखी द्रव्ये तर स्वभावतःच कुष्ठघ्न आहेत.

● प्रमुख खनिज द्रव्य लोहभस्म, गंधक, पारद, कासीस, हरताळ इ.

● प्रामुख्याने कषाय, तिक्त रस, कटू विपाक, शीत वीर्य, रुक्ष गुणात्मक द्रव्यांचा समावेश या कल्पांत केलेला दिसतो जी व्याधी निर्मिती च्या घटकांना विरोधी गुणात्मक आहे.

निष्कर्ष– ● शारंगधर संहितेत कुष्ठावर उत्तम काम करणाऱ्या जवळजवळ तेहेतीस कल्पांचे वर्णन आले आहे. यातील जवळपास सर्वच कल्पांचा व्यवहारात कुष्ठ चिकित्सेसाठी वापर केला जातो. व म्हणूनच विविध रसशाळांकडून त्यांची मोठ्या प्रमाणात निर्मितीही होते. या कल्पांचा प्रत्यक्ष रूग्णांवर उपशयही मिळाल्याचे दिसते.

● कुष्ठाच्या प्रकारांचे जरी ज्ञान पटकन झाले नाही तरी प्राथमिक पातळीवर यातील जवळजवळ सर्वच कल्प सर्वकुष्ठहर असल्याने रूग्णात वापरता येऊ शकतात.

● अर्थात हा वापर करताना प्राथमिक दोषाधिक्य, रूग्णबल, अवस्था इ. घटकांचा विचार करावाच लागेल.

● या कल्पांपैकी कोणते कल्प आधिक्याने, कमी काळात कुष्ठघ्न काम करतात हे ठरवण्यासाठी मात्र क्लिनिकल ट्रायल ची गरज लागेल.

संदर्भ –● शारंगधर संहिता, आढमल्लटीका, चौखंम्भा सुरभारती. प्रकाशन, वाराणसी संस्करण २०२१.

● माधवनिदान मधुकोष टीका, श्रीसुदर्शनशास्त्री विरचित विद्योतिनी हिंदी टीका, चौखंबा प्रकाशन, वाराणसी, संस्करण २०१६.

Paanchamulikiyavagu In Clinical Practice

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Yavagus prepared with Laghu Panchamula were discussed in the last article. As stated in the same article Yavagus prepared with Bruhat Panchamula will be discussed in this article.

Bruhat Panchamula siddha Yavagus are prescribed for various ailments viz.

Jwara (in a specific condition)

Garbhapatottara (After miscarriage)

VamanaVyapad and VirechanaVyapad

Revising the attributes of Bruhat Panchamula would be necessary before proceeding for the discussion on the Yavagus.

Bruhat Panchamula - Bilva, Agnimatha, Shyonak, Kashmari and Patala together are called Bruhat Panchamula.

Rasa - Tikata, Kashaya. Vipak - Laghu (Katu). Veerya - Ushna. Guna - Laghu.

Effects on Doshas - Pacifies Vata and Kapha.

Karma - Agni deepan.

Remedy for Diseases - Shwas, Kasa etc.

Jwara - A Yavagu prepared with Bruhat Panchamula with Yava is a remedy for a patient of Jwara afflicted by Kapha. Here Shali (type of rice) is replaced by Yava.

पञ्चमूलेन महता कफार्तो यवसाधिताम्।। अ.सं.चि.१/२०

पञ्चमूलेन महता कफार्तो यवसाधिताम्।। अ. हृ. चि. १/३०

In fact, Yavagus are contraindicated when Kapha is dominant. Yavagu consumed in such conditions increases the Abhisyanda in the body. Yavagu adds to the Kapha accumulation like rain in the slush adds to it.

However this indication is mainly for

Yavagus prepared with types of rice viz. Shali and Shashtika. The abovementioned Yavagu is to be prepared with Yava instead of Shali or Shashtika.

Attributes of Yava are -

Rasa - Madhura, Kashay Veerya - Sheeta

Guna - Guru (or Aguru i.e. not heavy), Rukhsa, Sara

Actions on Doshasa - Pacifies Kapha and Pitta, Aggravates Vata excessively

Karma - Shtairyakara,Balya , increase the quantity of faeces, decrease urine and Medas.

Beneficial in diseases - Peenas, Shwas, Kasa, Kantharoga, Urustambha, Kushtha etc.

रूक्षः शीतो गुरु : सरो विड्वातकृद्यवः।।

वृष्यः स्थैर्यकरो मूत्रमेदः पित्तकफान् जयेत्।

पीनसश्वासकासोरुस्तम्भकण्ठत्वगामयान्।। अ.ह्र.सू. ६/१३-१४

रूक्षः शीतोऽगुरुः स्वादुर्बहुवातशकृद्यवः।

स्थैर्यकृत् सकषायश्च बल्यः श्लेष्मविकारनुत्।। च.सू.२७/१९

Yava pacifies Kapha. Thus this Yavagu unlike Yavagus prepared with Shali or Shashtika pacifies Kapha. Bruhat Panchamula pacifies Vata and Kapha.

Bruhat Panchamula pacifies vitiated Vata very much effectively. Hence the possibility of Vata getting aggravated on account of Yava is nullified by the use of Bruhat Panchamula in this Yavagu.

Hence it proves beneficial for a patient of Jwara having Kapha causing various symptoms may be like Peenas, Shwas, Kasa etc.

Thus this Yavagu is a very much apt combination for the abovementioned condition of the patient of Jwara.

Garbhapatottara (After miscarriage) : The woman needs proper treatment after miscarriage to re-establish the Dhatusamya in her body. Some specific Yavagus are prescribed for her. Immediately after the miscarriage she should be made to drink liquor as much as possible for her. It serves three purposes Cleanses the Uterus (Garbha-koshtha-vishuddhi), making her forget the pain (Artivismaran) and cheering her up from the grief of the miscarriage or losing the infant (Praharhsana).

However this treatment cannot be employed for a woman who does not consume liquor. A particular Yavagu has been prescribed for such a woman.

This Yavagu is to be prepared in a kvath of Bruhatpanchamula with paste of Panchakola. A specific type of rice called Uddalakavrihi should be used instead of Shali or Shashtika as the basic ingredient. Sesame seeds should be added while preparing it. Unctuous substances like oil or ghee and salt are contraindicated in this condition. Hence they should not be added to the Yavagu.

Bruhat Panchamula pacifies Vata without letting the Kleda increase.

Panchakol is Deepan, It pacifies Kapha and Vata. It is Ruksha. It helps in drying the Kleda. It cleanses the Uterus.

Attributes of Uddalaka Vrihi

Rasa - Madhura, Kashaya

Guna - Ushna, Ruksha, Laghu

Actions on Doshas - Pacifies Kapha, Vitiates Vata

Karma - Lekhana, Obstructs expulsion of faeces and urine

Beneficial in diseases - Prameha, Sthaulya, Kushtha

The abovementioned attributes of Uddalaka Vrihi are of Purana one i.e. the one year old grain.

The Uddalaka Vrihi being Ruksha dries the Dosha-Dhatu Parikleda in the woman's body after miscarriage. As it is a food item it maintains strength. There is a possibility of vitiation of Vata on account of use of Uddalaka Vrihi. No unctuous substances like oil or ghee can be added to compensate it. However this possibilityis nullified by the use of Bruhat Panchamula and sesame seeds in this combination. Thus this Yavagu serves multiple purposes viz. Cleanses the Uterus (Garbha-koshtha-vishuddhi),

Dries the Kleda in Doshas and Dhatus (Dosha-Dhatu parikleda Shoshan) without letting Vatavitiate, rather pacify Vata Maintain

the strength of the woman (Balarakshana)

व्यपगता गर्भशल्यां तु स्त्रियमामगर्भां
सुरासीध्वरिष्टमधुमदिरासवानामन्यतममग्रे सामर्थ्यतः
पाययेद्गर्भकोष्ठसुद्ध्यर्थमर्तिविस्मरणार्थं प्रहर्षणार्थं च, अतः परं
संप्रीणनैर्बलानुरक्षिभिरस्नेहसंप्रयुक्तैर्यवाग्वादिभिर्वा
तत्कालयोगिभिराहारैरुपाचरेद्दोषधातुक्लेदविशोषणमात्रं
कालम्।अतः परं.....।। च.शा. ८/३१

गर्भे निपतिते तीक्ष्णं मद्यं सामर्थ्यतः पिबेत्।।
गर्भकोष्ठविशुद्ध्यर्थमर्तिविस्मरणाय च। लघुना पञ्चमूलेन रूक्षां
पेयां ततः पिबेत्।। पेयाममद्यपा कल्के साधितां पाञ्चकौलिके।
बिल्वादिपञ्चकक्वाथे तिलोद्दालकतण्डुलैः।। मासतुल्यदिनान्येवं
पेयादिः पतिते क्रमः। लघुरस्नेहलवणो दीपनीययुतो हितः।।
दोषधातुपरिक्लेदशोषार्थं विधिरित्ययम्। अ.ह्.शा. २/९-१३

Vamana Vyapad and Virechana Vyapad - When a medicine is administered for Vaman or Virechan in a lesser quantity than required in a patient having Doshas in abundance, diminished Agni, dryness in the body and who is suffering from Udavarta defiles the body. It gives rise to Vyapad.

This medicine dislocates the Doshas from their sites and makes them ready to get expelled (Dosha-Utklesha), obstructs the channels in the body, inflates the navel by the Utklishta Doshas (Nabhi Adhmana) and gives rise to pain at back, Parshwa and head, gives rise to shwas, creates severe obstruction to the expulsion of faeces, urine and Adhovata (farting) .

बहुदोषस्य रूक्षस्य मन्दाग्नेरल्पमौषधम्।
सोदावर्तस्य चोत्क्लेश्य दोषान् मार्गान् निरुध्य तैः।
भृशमाध्यापयेन्नाभिं पृष्ठपार्श्वशिरोरुजम्।
श्वासं विण्मूत्रवातानां सङ्गं कुर्याच्च दारुणम्।। अ.ह्.क.३/११-१२

The therapeutic course prescribed for this condition is Abhyanga, Svedana, Varti, Niruha Basti, Anuvasan Basti and all the treatment prescribed for Udavarta.

अभ्यङ्गस्वेदवर्त्यादि सनिरूहानुवासनम्।
उदावर्तहरं सर्वं कर्माध्मातस्य शस्यते।। अ.ह्.क. ३/१३

A Yavagu prepared with Bruhat Panchamula, Yavakshara, Vacha, Bhutika and rock salt is recommended for this condition. It alleviates the pain, destroys the obstruction and Anaha.

It is not clear from the verse which Panchamula should be selected for preparing the Yavagu. But the Ayurveda Rasayan commentary clarifies that Bruhat Panchamula is the right choice.

पञ्चमूलयवक्षारवचाभूतिकसैन्धवैः।
यवागूः सुकृता शूलविबन्धानाहनाशिनी।। अ.ह्.क. ३/१४

पञ्चमूलं महत्। आयुर्वेद रसायन

Bruhat Panchamula pacifies excessively vitiated Vata along with Kapha. It is an apt choice for pacifying Vata vitiated due to obstruction in its path. It is Agni deepan.

The other ingredients are Ushna, Teekshna. They break the bonds, clear the obstructions and facilitate Doshaanuloman and Mala anuloman.

Thus this Yavagu is a perfect combination for this particular Vyapad.

Congratulations!

Prof. Dr. Atul Kapadi gets Certificate of Recognition.

Prof. Atul Kapadi , of RSM's C.D.G. Institute of Management Studies received Certificate of Recognition Smt. Kamal Sharma Award of Academic Excellence 2022 Sponsored by the Lexicon Group of Institutes.

Rashtirya Shikshan Mandal, C.D.G. Institute of Management Studies and Ayurvidya Masik Samiti congratulate Prof. Kapadi for the same.

शेठ ताराचंद रामनाथ आयुर्वेदिक रूग्णालय, पुणे–११
वर्धापनदिन समारंभ अहवाल – दि. १० ऑगस्ट २०२२

डॉ. सौ. कल्याणी भट, उपअधिक्षक, शेठ ताराचंद रामनाथ धर्मार्थ आयुर्वेदीय रुग्णालय, पुणे.

शेठ ताराचंद रामनाथ आयुर्वेदिक रूग्णालयाचा ९६ वा वर्धापनदिन बुधवार दि. १० ऑगस्ट २०२२ रोजी संपन्न झाला. कार्यक्रमाची सुरूवात श्री धन्वतरी पूजनाने करण्यात आली. धन्वतरी पूजन रूग्णालयाच्या नियामक मंडळाचे सचिव मा. डॉ. राजेंद्र हुपरीकर व त्यांच्या पत्नी मा. डॉ. सौ. वैशाली हुपरीकर यांच्या शुभहस्ते सकाळी १०.३० वाजता झाले.

वर्धापनदिनाचा मुख्य कार्यक्रम सकाळी १०.३० वा. रूग्णालयाच्या आवारात आयोजित केला होता. सदर कार्यक्रमास प्रमुख पाहुणे प्रसिद्ध मंत्राग्रुपचे संचालक मा. श्री. सतिश गुप्ता व कार्यकारी संचालक मा. श्री. नंदलालजी गुप्ता हे उपस्थित होते. रूग्णालयाचे कार्यकारी विश्वस्त श्री. गोपाळ राठी, मा. डॉ. र.ना. गांगल, मा. वै. गिरीश टिल्लू, नियामक मंडळाचे कोषपाल मा. डॉ. नंदकिशोर बोरसे, रूग्णालयाचे अधिक्षक मा. डॉ.सदानंद वि.देशपांडे, उप अधिक्षक मा. डॉ. सौ. कल्याणी भट, रूग्णालयाचे प्रशासकीय अधिकारी मा. डॉ. विजयकुमार देवकर हे मान्यवर उपस्थित होते. सदर प्रसंगी कौन्सिल ऑफ रिसर्च इन आयुर्वेद ताराचंद रूग्णालयाचे. अध्यक्ष मा. डॉ. भा. कृ. भागवत, टिळक आयुर्वेद महाविद्यालयातील शिक्षक व शिक्षकेतर कर्मचारी, रूग्णालयाचे मानद चिकित्सक, अन्य घटक संस्थांच्या समितीचे पदाधिकारी उपस्थित होते.

डॉ. ऋचा गानू ह्यांच्या धन्वतरी स्तवनाने मुख्य कार्यक्रमास प्रारंभ झाला. सर्व सन्माननीय पाहुण्यांची ओळख डॉ.कल्याणी भट यांनी करून दिली. मा. अधिक्षक डॉ.सदानंद वि.देशपांडे यांच्या हस्ते मान्यवरांचा सत्कार करण्यात आला. तसेच त्यांनी सर्व उपस्थितांचे स्वागत केले.

कै. चेतन दत्ताजी गायकवाड यांच्या स्मरणार्थ Best Outgoing Student पुरस्कार पदव्युत्तर विद्यार्थी वै. प्रथमेश पई. पंचकर्म विभाग यांना देण्यात आला. तसेच पदवीपूर्व विद्यार्थी वै. सचिन असोले यांना देण्यात आला. मा. डॉ. सतिश गुप्ता यांच्या हस्ते रोख रक्कम, प्रशस्तिपत्रक व पुष्प देऊन त्यांचा गौरव करण्यात आला. इतर पुरस्कारही त्यांचे हस्ते विद्यार्थ्यांना देण्यात आले.

यावर्षी वॉर्ड सजावटीचे प्रथम पारितोषिक शल्य विभाग, द्वितीय क्रमांक शालाक्य, तृतीय क्रमांक रोगनिदान विभाग यांना मा. श्री. नंदलालजी गुप्ता यांच्या हस्ते देण्यात आले.

रांगोळी स्पर्धेचे पारितोषिक प्रथम क्रमांक कायचिकित्सा, द्वितीय क्रमांक विभागून पंचकर्म विभाग व स्त्रीरोग विभाग यांना मा. श्री. नंदलालजी गुप्ता यांच्या हस्ते देण्यात आले. स्पर्धांसाठी परीक्षक म्हणून मा. डॉ.मंजिरी देशपांडे, मा. डॉ.सरोज पाटील व मा. डॉ. अपूर्वा संगोराम यांनी काम पाहिले. कै. सौ. जमुनाबाई बोरसे स्मृती पुरस्कार, कै. वैद्य ना. शं. परचुरे ह्यांच्या स्मृतीप्रित्यर्थ पुरस्कार मान्यवरांच्या हस्ते वितरीत करण्यात आले.

५० वर्षे पूर्ण झालेल्या मानद चिकित्सक सत्कार मा. डॉ. विलास डोळे ह्यांचा सत्कार मा. श्री. गोपाल राठी यांच्या हस्ते करण्यात आला. तसेच २५ वर्षे पूर्ण झालेल्या मानद चिकित्सक १) मा. डॉ.आनंद बर्वे (कायचिकित्सा विभाग) २) मा. डॉ. प्रकाश गुड्डीमठ (शालाक्य विभाग) यांचा सत्कार मा. श्री. गोपाल राठी यांच्या हस्ते करण्यात आला.

मा. डॉ. बी. के . भागवत व मा. डॉ. सुहास परचुरे यांचा तसेच मा. श्री. रतन राठी यांचा मा. श्री. गोपाल राठी यांच्या हस्ते रूग्णालयीन योगदानाबद्दल सत्कार करण्यात आला.

कार्यक्रमाचे शेवटी मा. डॉ. विजयकुमार देवकर, प्रशासकीय अधिकारी यांनी आभार प्रदर्शन केले. कार्यक्रमाचे सूत्र संचलन डॉ. सरोज पाटील व डॉ. मंजिरी देशपांडे यांनी केले. कार्यक्रमाची सांगता राष्ट्रगीताने झाली.

वर्धापनदिन समारंभ प्रसंगी डावीकडून – डॉ. मंजिरी देशपांडे, डॉ. भट, डॉ. देशपांडे, डॉ. गांगल, श्री. गुप्ता, श्री. गोपाल राठी, श्री. गुप्ता, डॉ. बोरसे, डॉ. देवकर

Chetan Dattaji Gaikwad Institute of Management Studies 13th Foundation Day Celebration - 3rd Sept.2022

Dr. Milind Kulkarni, Director C.D.G.I.M.S.

Chetan Dattaji Gaikwad Institute of Management Studies, Pune, celebrated its 13th Foundation Day on September 3, 2022. The Chief guest for this function was **Dr. Shivajirao Gawade,** Director, Sinhgad Technical Education Society, Pune. At first, the Dhanavantari pujan was done by all the dignitaries at CDGIMS Campus.

Dr. Kanchan Jatkar welcomed all the dignitaries and guests at the Ayurved Rasashala Auditorium. **Dr. Dilip Puranik** presided over the function. Lamp lightning for Goddess Saraswati was done by Dr. Dilip Puranik (Hon. President of RSM), Dr. Shivajirao Gawade(chief guest), Dr. Rajendra Huparikar (Hon. Secretary of RSM & Executive Director of CDGIMS).

Dr. Milind Kulkarni rendered the introductory speech and welcomed all members. Dr. Atul Kapdi gave information about the background of CDGIMS. He informed the audience that in this academic year CDGIMS has received Research Centre approval from Savitribai Phule Pune University.

Dr. Rashmi Mate receiving Best Teacher Award at the hands of Dr. Puranik.

On this occasion, students were honored for their achievements in Academic and in careers. The Chief Guest of the function, Dr. Shivajirao Gawade and Dr. Dilip Puranik distributed awards in the different categories. Following are the achievers of CDGIMS.

Appreciation of the CDGIMS Employees for Exceptional Achievements - On the occasion of Foundation Day, Hon President of RSM Dr. Dilip Puranik felicitated Best Faculty of the year Award from teaching staff **Dr. Rashmi Mate**, Best Staff of the year Award from Non-teaching staff **Mrs. Archana Dave** and Seva Vrati Award to **Mrs. Vanita Sable.**

Appreciation Awards to the Teaching members for Exceptional Achievements in Research & Publication - Prof. Dr. Milind Kulkarni : Published 3 books in the year 2022.

Dr. Sanjeev Kulkarni : (पीएच.डी. – जी. ए. कुलकर्णी यांचे साहित्य : कन्नड मराठी सांस्कृतिक अनुबंध) **and Dr. Kanchan Jatkar :** (Analytical study of impact of gold deposit as an investment Avenue in India.) were felicitated for their success in Ph. D.

Appreciation Awards to Alumni of first four batches for Exceptional Achievements in Career were also given at the hands of dignitaries.

Appreciation Awards for winners from Extra Curricular Activity and Cultural week were also distributed on the occasion.

On the occasion, Prof. Dr. Shivajirao Gawade congratulated CDGIMS Staff &

Release of "Reflections - Minds In Marketing" - from Rt to Lt - Dr. Huparikar, Dr. Bhagwat, Dr. Puranik, Dr. Gawade, Dr. Kulkarni, Dr. Kapadi, Dr. Sathye, Dr. Chivate.

Meritorious Students with Prof. Kulkarni & Dr. Kapadi

students for their exceptional Achievements. He congratulated the Institute for getting recognition as Savitribai Phule Pune University Research Centre. Dr. Gawade highlighted the importance of good team at any workplace to achieve the success and encouraged the audience by sharing motivational real-life stories.

It was followed by Newsletter release for the CDGIMS Newsletter **"REFLECTION- Minds in making"** Vol. 2; Issue No 1; Sept 2022. Prof. Sushama Sathe enlightened the audience with the purpose and importance of a Reflection Newsletter. The program was further continued by releasing of the Newsletter by traditional ribbon opening ceremony.

On the occasion, Dr. Dilip Puranik spoke about the achievements of the Institution. He congratulated all the award winner faculty members, Non-teaching members and students. In his address, he recognized the team efforts and motivated the team for future endeavors.

All guests were extremely delighted to be part of this eventful occasion. Mrs.Devayani Kulkarni proposed vote of thanks. She expressed her gratitude towards collaborative efforts of all participants of Rashtriya Shikshan Mandal and Chetan Dattaji Gaikwad Institute of Management Studies.

वृत्तांत

राष्ट्रीय ग्रंथपाल दिन अहवाल – १२ ऑगस्ट २०२२

डॉ. मंजिरी देशपांडे, डॉ. इंदिरा उजागरे

पद्मश्री डॉ. एस. आर. रंगनाथन यांच्या १३०व्या जयंतीनिमित्त राष्ट्रीय ग्रंथपाल दिन टिळक आयुर्वेद महाविद्यालयाच्या पदव्युत्तर विभागाच्या सभागृहात शुक्रवार दि. १२ ऑगस्ट २०२२ रोजी संपन्न झाला. याप्रसंगी सावित्रीबाई फुले पुणे विद्यापीठ, जयकर ग्रंथालयाच्या ग्रंथालय प्रमुख डॉ. सौ. शुभदा नगरकर ह्या प्रमुख अतिथी म्हणून उपस्थित होत्या. कार्यक्रमाचे अध्यक्षपद राष्ट्रीय शिक्षण मंडळाचे उपाध्यक्ष मा. डॉ. भा.कृ. भागवत यांनी स्वीकारले.

कार्यक्रमाची सुरुवात श्री धन्वंतरी आणि डॉ. एस.आर. रंगनाथन यांच्या प्रतिमेचे पूजन करून झाली. कार्यक्रमाचे प्रास्तविक टिळक आयुर्वेद महाविद्यालयाचे प्राचार्य डॉ. स.वि. देशपांडे यांनी व्यक्त करताना ग्रंथालयाचा यशस्वी आढावा घेतला. पदव्युत्तर ग्रंथालयाच्या ग्रंथपाल सौ. प्रिया पवार यांनी पद्मश्री डॉ. एस. आर. रंगनाथन यांची जयंती राष्ट्रीय ग्रंथपाल दिन म्हणून साजरी करण्यामागे डॉ. एस. आर. रंगनाथन यांच्या कार्याचे योगदान आणि ग्रंथालयाची उपयुक्तता उपस्थितांना सांगितली.

पदव्युत्तर विभागातून डॉ. सौ. माधुरी कुचेकर (Final MS शालाक्यतंत्र) व पदवीपूर्व विभागातून कु. उत्कर्ष मोरे (तृतीय वर्ष BAMS) यांना 'उत्कृष्ट ग्रंथालय उपयोगिता पुरस्कार' मिळाला.

या प्रसंगी कार्यक्रमाच्या प्रमुख अतिथी डॉ. सौ. शुभदा नगरकर यांनी "Information Diet and Role of Librarian ह्या विषयावर Power Point Presentation ने विद्यार्थ्यांना मार्गदर्शन केले. इंटरनेटच्या ह्या जगात माहितीचा स्फोट आणि

डॉ. एस. आर. रंगनाथन यांच्या प्रतिमेचे पूजन करताना डावीकडून– डॉ. उजागरे, डॉ. नगरकर, डॉ. भागवत, डॉ. देशपांडे.

त्यातून योग्य ती अचूक माहिती ही डॉ. एस. आर. रंगनाथन यांनी सांगितलेली ग्रंथालय शास्त्राच्या तत्वाचा वापर करून कशी मिळवावी तसेच ग्रंथपालाची त्यादृष्टीने स्वतःला व ग्रंथालयाला कसे अद्ययावत करावे याचे उत्कृष्ट मार्गदर्शन डॉ. सौ. शुभदा नगरकर यांनी केले. कार्यक्रमाचे अध्यक्ष डॉ. भागवत यांनीही आपल्या अध्यक्षीय भाषणात ग्रंथ, ग्रंथपाल आणि वाचनातून होणारे संस्कार यांचे महत्व विशद केले. सौ. प्रिया पवार यांनी आभार व्यक्त केले. सौ. प्रिया पवार व सौ. कविता टेमघरे यांनी पूर्ण कार्यक्रमाचे सूत्रसंचालन व समन्वय केले. टिळक आयुर्वेद महाविद्यालयातील अध्यापक, अध्यापकेतर वर्ग, पदव्युत्तर व पदवीपूर्व विद्यार्थी यांचा चांगला प्रतिसाद या कार्यक्रमाला लाभला.

हर दिन हर घर आयुर्वेद!

डॉ. अपूर्वा संगोराम, कार्यकारी संपादक

भारतीय चिकित्सा प्रणाली असलेल्या आयुर्वेद शास्त्राचा प्रचार व प्रसार संपूर्ण जगभरात व्हावा यासाठी २०१६ सालापासून धन्वतरी जयंती दिवशी 'राष्ट्रीय आयुर्वेद दिन' साजरा करण्यात येऊ लागला.

या वर्षीच्या म्हणजे २०२२ च्या 'राष्ट्रीय आयुर्वेद दिनाचे ब्रीदवाक्य आहे.' हर दिन हर घर आयुर्वेद' व हा दिवस २३ ऑक्टोबर २०२२ रोजी साजरा करण्यात येणार आहे. या अभियानाची विभागणी लोकसंदेश, लोकभागीदारी आणि लोकआंदोलन या तीन उपक्रमांतर्गत होणार आहे. लोकसंदेशाद्वारे संपूर्ण देशभरामध्ये एसएमएस, रेडीओ, टीव्ही, फिल्म आणि मुद्रीत माध्यमांद्वारे लोंकांमध्ये आयुर्वेदाचा प्रचार, प्रसार करण्यात येईल.

लोकभागीदारीमध्ये देशातील ७५ विशिष्ट ठिकाणी प्रकृति परीक्षणांचे कँप आयोजित करण्यात येतील. याशिवाय अंगणवाडी, फूड फेस्टिव्हल, म्युझिक कॉन्सर्ट. एनएसएस युनिट द्वारे महाविद्यालये, शाळा, विद्यापीठे या ठिकाणी आयुर्वेदाविषयी जागरुकता निर्माण करणारे कार्यक्रम आखण्यात येतील.

लोकआंदोलनामध्ये सर्व राज्याच्या ग्रामपंचायतीमध्ये आयुर्वेदाचे महत्व पटवून देणारे पोस्टर्स लावण्यात येतील, याशिवाय सेल्फी पॉईंटसुद्धा उभे केले जातील.

अशा प्रकारे योगाप्रमाणे आयुर्वेदाचे महत्व तळागाळातील लोकांपर्यंत पोहोचविण्याचे याद्वारे प्रयत्न केले जाणार आहेत. यासाठी केंद्रामधील १९ मंत्रालयाचे सहाय्य घेतले जाणार आहे. याशिवाय नॉर्थ इस्ट रीजन, पंचायती राज, राज्य सरकारे, केंद्रशासित प्रदेशांनाही यात सहभागी करून घेतले जाणार आहे.

यामध्ये रेल्वे स्टेशन, विमानतळ, विमान यामध्ये प्रदर्शन, तिकीटावर, क्यूआर कोड प्रकाशित करण्यात येणार आहे. याशिवाय परदेशी स्थित भारतीय दूतावासांच्या माध्यमांद्वारे आयुर्वेदावर कार्यक्रम आयोजित करण्यात येणार आहे. सुरक्षा मंत्रालय, गृह, वाणिज्य, संस्कृति या मंत्रालयासहीत १९ विविध मंत्रालये यात भाग घेणार आहेत.

देशाच्या काना कोपऱ्यातील नागरिकांपर्यंत देशाची प्राचीन चिकित्सा पद्धती पोहोचविण्यासाठी हा ६ आठवड्यांचा कार्यक्रम आखण्यात आला आहे. अखिल भारतीय आयुर्वेद संस्था ही संस्था यासाठी नोडल संस्था म्हणून काम करणार आहे. या १२ सप्टेंबर ते २३ऑक्टोबर या ४२ दिवसांच्या महत्वाकांक्षी कार्यक्रमामुळे प्रत्येक व्यक्तीची आयुर्वेदाप्रती जागरूकता वाढेल.

'सर्वांगीण स्वास्थ्यासाठी आयुर्वेद' याबाबत जाणीव निर्माण या उपक्रमाद्वारे देश निरोगी आणि सशक्त बनविण्यास सहाय्य होऊ शकेल. या उपक्रमाद्वारा सर्व देशांशी समन्वय साधून आयुर्वेदाला प्रत्येक घराघरात पोहोचविण्याचे आणि 'स्वस्थ भारताकडून निरोगी जगाकडे' ही संकल्पना प्रत्यक्षात आणण्याचे आयुष मंत्रालयाचे ध्येय आहे.

आपल्या सुदैवाने आपण सर्व या स्वास्थ्यरक्षण आणि आरोग्यसंवर्धन करणाऱ्या आयुर्वेद चिकित्सा प्रणालीचे घटक आहोत. 'हर दिन हर घर' या उपक्रमाअंतर्गत आपणही या औषधी वृक्ष लागवड, आयुर्वेद प्रचार-प्रसार, आहार मार्गदर्शन, आपल्याला जे जे शक्य आहे त्याद्वारे आपला खारीचा वाटा उचलू या! आणि संपूर्ण जगभरात आयुर्वेद मान्यता पावण्यासाठीच्या या प्रयत्नांना आपलाही हातभार लावूया. जय आयुर्वेद!

हरदिन आयुर्वेद!

डॉ. सौ. विनया दीक्षित, उपसंपादक

आयुषो वेद: आयुर्वेद:

संपूर्ण आयुष्याविषयी विशेषत: सुदृढ निरोगी आयुष्याबद्दल ज्या शास्त्रात स्वास्थ्यरक्षण व व्याधी प्रशमन या दोन्हींचा सखोल अभ्यास आहे असे ते आयुर्वेद शास्त्र. भारतीय संस्कृतीचा अविभाज्य घटक!

आयुर्वेदोक्त दिनचर्या व आता संशोधनात सिद्ध झाल्यावर पाश्चात्य देशातही आचरणात येत आहे. आपण मात्र अजूनही आपल्या शरीराचे व वातावरणाचे गुणदोष न बघता..आधुनिक जीवनशैलीचे घातक परिणाम सहन करत त्याचेच गोडवे गात आहोत. प्रमेह, निद्रानाश, तीव्र मलावष्टंभ व तद्जन्य असंख्य विविध आजार सांभाळत आहोत. खरं तर महामारीच्या विळख्यातून सुटल्यावर प्रत्येकाला स्वत:च्या व कुटुंबियांच्या आरोग्याचे मोल निश्चितच उमगले आहे.

आयुर्वेदोक्त जीवनशैली व उपचारपद्धती, पंचकर्मोपचारांनी ऋतूसंधीकाळातील रोगांना रोखणारी योजना, पथ्याचे रूचकर खाद्यपेय पदार्थ हे रसायनवाजीकरण उपायांनी नव्या पिढीतही येणारे सुदृढ आरोग्याचे 'जेनेटिक प्रींटींग' हे सर्व आता सर्वश्रुत आहे तरीही पण व परंतु मध्ये कुठेतरी अडचण आहे.

मनाला पटणारा आयुष्याचे आरोग्यपूर्ण रक्षण करणारा हा शास्त्रीय ठेवा जवळ असून केवळ रोजीरोटी कमावण्याच्या नादात मी स्वत: बरोबर कुटुंबियांचे स्वास्थ्य हरवून टाकत नाही ना! हे आत्मपरीक्षण करा. सर्व समावशेक नवी आरोग्यशैली निर्माण करण्यासाठी या राष्ट्रीय आयुर्वेद दिनाच्या निमित्ताने एकत्र येऊ या. कटीबद्ध होऊन आयुर्वेद हर दिन व हर घर कसा एकरूप होईल याचा विचार करून त्वरीत अवलंबात आणू यात.

हीच भारताला आत्मनिर्भर बनविण्याची मुख्य दिशा ठरू शकेल असा विश्वास वाटतो!

सर्व वाचकांना दिवाळी व दसऱ्याच्या निमित्ताने आरोग्यपूर्ण शुभेच्छा!

Congratulations!

Prof. Pradnya Prakash Sabade passes Ph.D. (Ayu.)

A Thesis title, "**Efficacy of Sansarjan Karma for Ropan in Shastrakarmakrut Vrana (Post operative wound)".** Submitted to MUHS for the Award of Ph.D. Deegree in shalyatantra was accepted by University and has declared Prof. Pradnya Prakash Sabade eligible for the award of Ph.D. (Ayu). Prof. Sabade completed her thesis work under the Guidance of prof. R.N. Gangal at Centre for Post Graduate Studies and Research In Ayurved of Tilak Ayurved Mahavidyalay, Pune.

Tilak Ayurved Mahavidyalaya and Ayurvidya Masik Samiti congratulate Prof. Pradnya Sabade for her success.

Vd. Dinesh Vasishtha Gets Ph. D (Ayu) in Kayachikita

A thesis title, **"Evaluation of Medohar Guti on obesity"** submitted by Vd. Dinesh Vasishtha in the subject Kayachikitsa to MUHS for the degree of Ph.D (Ayu) is accepted by University and has declared Vd. Vasishtha eligible for the degree of Ph.D (Ayu). Dr. Dinesh Vasishtha completed his thesis work under the guidance of Prof. B.K. Bhagwat at CPGS & RA of Tilak Ayurved Mahavidyalaya .

CPGS & RA of Tilak Ayurved Mahavidyalaya and Ayurvidya Samiti congratulate Dr. Dinesh Vasishtha for the success.