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## आयुर्विद्या



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आयुर्वेद रसशाळा, पुणे यांची गुणकारी व उपयुक्त उत्पादने...

## लेपगोळी



मार, आघात, अपघात अशा कारणांमुळे येणारी शरीरावरील सूज, सांधेदुखी यामध्ये उगाळून लेप लावण्यासाठी.

## त्यवनप्राशावलेह



उत्तम रसायन, संपूर्ण शरीराला बल देणारे, तारुण्य टिकवणारे, प्रतिकार शक्ती वाढविणारे, वारंवार होणारे श्वसनाचे आजार, सर्व वयातील व्यक्तींना उपयुक्त औषध.



गर्भिणी व सूतिकावस्थेमध्ये बल्य, पोषक, स्तन्यवर्धक, अम्लपित्त, दौर्बल्य यात उपयोगी. मासिक पाळी येणे बंद झाल्यावर बलकारक म्हणून उपयुक्त. वृद्ध स्त्री-पुरुषांमध्ये दौर्बल्य दूर करण्यासाठी.



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लहान मुलांमध्ये स्वास्थ्यरक्षक, गोवर व कांजिण्या यामध्ये उपयुक्त, तसेच त्यांच्यामुळे झालेली शरीरातील हानी भरून काढण्यासाठी उपयुक्त.



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शंखं चक्रं जलोकां दधतमृतघटं चारुदोर्भिश्चतुर्भिः ।  
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डॉ. दि. प्र. पुराणिक

गेल्या दहा वर्षांच्या कालातील आयुर्वेद क्षेत्राचे अवलोकन केल्यास चटकन लक्षात येते की आयुर्वेदाच्या शैक्षणिक, औषधी निर्मिती, राष्ट्रीय व आंतरराष्ट्रीय स्तरावरील प्रचार प्रसार, प्रगती ह्यामध्ये अमुलाग्र बदल झाले असून क्रांतीकारक वाटचाल सुरू झाली आहे. आयुर्वेदाबरोबरच "योग" ह्याचाही राष्ट्रीय व आंतरराष्ट्रीय स्तरावर प्रचार प्रसार झाला असून पौर्वात्य व पाश्चिमात्य देशातील अनेकांची "योग" ही जीवनशैली झालेली आहे. त्यातूनच दरवर्षी २१ जून हा दिवस "आंतरराष्ट्रीय योग दिवस" म्हणून World Health Organization (WHO) ने जाहीर केला आहे.

आयुर्वेद वैद्यकीय शास्त्र हे प्राचिन पारंपारीक वैद्यकीय प्रणाली म्हणून पूर्वीपासून प्रचलीत होती. परंतु पूर्वी बऱ्याच प्रमाणात "लोकाश्रय" मिळाला परंतु "राजाश्रय" कायम दूरच राहीला. म्हणूनच केंद्र सरकारने "आयुष" "AYUSH" मंत्रालयाची स्वतंत्रपणे स्थापना केली आणि त्याद्वारे आयुर्वेद व योग ह्यांच्यासाठी प्रगतीची कवाडे खुली केली. आयुर्वेदाच्या शिक्षण, औषध निर्मिती, प्रचार व प्रसार ह्यांचे नियंत्रण केंद्रीय "आयुष" मंत्रालयाकडून व राज्यस्तरावर "आयुष" विभागांकडून होवू लागले. पूर्वी ह्याचे नियंत्रण प्राधान्याने Central Council of Indian Medicine (C.C.I.M.) नवी दिल्ली ह्यांचेकडून होत असे. परंतु ह्या संस्थांमधील अनेक आर्थिक गैरव्यवहार व अंतर्गत राजकारण ह्यामुळे अपेक्षित प्रगती आयुर्वेद अथवा योग, युनानी ह्या वैद्यकीय क्षेत्रात होत नव्हती. त्यामुळेच सन २०२० मध्ये केंद्र सरकारने National Commission for Indian System of Medicine" ची स्थापना केली. आता ह्या संस्थेमार्फतच "आयुष" शी संबंधित सर्व बाबी नियंत्रित केल्या जातात.

"आयुष" मंत्रालयाच्या अखत्यारीत आयुर्वेद वैद्यकाच्या सर्व बाबी आल्यानंतर अनेक दृष्ट्य परीणाम दिसत आहेत. दिल्ली येथे उभारलेले "All India Institute of Ayurved" (AIIA) हे त्याचे ठळक उदाहरण होय. अतिशय उच्च अशा आयुर्वेदीक शिक्षणाच्या सोयी व सुविधा, संलग्न असे अद्ययावत, आयुर्वेदाच्या सर्व विशेष अशा पंचकर्मादी शस्त्रकर्म सुविधांनी युक्त रुग्णालय हे आता दिल्लीतील अर्वाचिन वैद्यकाच्या 'AIMS' तोडीस तोड असे रुग्णांनी गजबजलेले केंद्र म्हणून मान्यता पावलेले आहे. दिल्ली प्रमाणेच गोवा ह्या राज्यातही "All India Institute of Ayurved" च्या

केंद्राची उभारणी करण्यात आली आहे. भविष्यातही विविध राज्यात NCISM च्या वतीने वेगवेगळ्या नवीन केंद्रांची उभारणी करण्यात येणार आहे.

आयुर्वेदातील संशोधन अधिक प्रगल्भ व्हावे ह्या दृष्टीने Central Council For Research In Ayurvedic Sciences (CCRAS) ह्या संस्थेची स्थापना केली. ह्या संस्थेतर्फे अनेक दर्जेदार संशोधन प्रकल्पांवर (Research Project) काम केले जाते आणि त्याचे निष्कर्ष संपूर्ण तपशिलासह संस्थेच्या Research Journal मार्फत वेळोवेळी प्रसिद्ध केले जातात. ह्याबरोबरच अनेक आयुर्वेद विद्यापीठांची स्थापना "आयुष" मंत्रालयाच्या व NCISM च्या संयुक्त विद्यमाने केलेली आहे. Ayurved University, जामनगर, Ayurved University, सर्वपल्ली राधाकृष्णन आयुर्वेद विद्यापीठ, जोधपूर, National Institute of Ayurved, जयपूर ह्या संस्थेला विद्यापीठाचा दर्जा देण्यात आला आहे. ह्या सर्व आयुर्वेदीय संस्थांमार्फत आयुर्वेदाच्या दर्जेदार संस्था विविध राज्यात आकार घेत आहेत. ह्या सर्वांचे श्रेय निर्विवादपणे "आयुष" विभागास जाते.

भारतातील अनेक राज्यांनी केंद्रीय "आयुष" मंत्रालय व नॅशनल कमिशन फॉर इंडियन सिस्टिम ऑफ मेडिसिनच्या मार्गदर्शनाखाली शैक्षणिक महाविद्यालये, औषध निर्मिती केंद्रे (Pharmacies), रुग्णालये, दवाखाने सुरू केले आहेत. परंतु आयुर्वेदाच्या बाबतीत उत्तराखंड राज्याने (देवभूमी) सुरू केलेले उपक्रम आदर्शवत आहेत आणि म्हणूनच अनुकरणीय आहेत असे लक्षात येते. "आयुष" च्या माध्यमातून ह्या राज्याने आरोग्यसेवेत अमुलाग्र परिवर्तन घडविले आहे असे म्हटल्यास वागवे ठरू नये. उत्तराखंड आयुर्वेद विद्यापीठाच्या अंतर्गत पाच आयुर्वेद महाविद्यालये आहेत. तसेच ह्या राज्यात ५४१ आयुर्वेदीय रुग्णालये आणि पाच युनानी रुग्णालये आहेत. शिवाय दोनशे सहा अर्वाचिन वैद्यकाची रुग्णालये आहेत. ह्या रुग्णालयांमध्ये आयुर्वेदीय चिकित्सेचे विभाग आहेत. त्यामुळे रुग्णास आवश्यकतेनुसार अर्वाचिन अद्ययावत व आयुर्वेदीय चिकित्सेचा लाभ मिळतो हे विशेष. हरीद्वार येथे शासकीय औषधी प्रयोगशाला (Govt. Pharmaceutical Laboratory) असल्याने दर्जेदार, प्रमाणित अशाच औषधांची निर्मिती होत असल्याने त्याचा लाभ रुग्णांना मिळतो. दर्जेदार औषधी निर्मितीसाठी राज्यशासन शेतकऱ्यांना



प्रोत्साहन देत असून सुमारे पन्नास हजार शेतकऱ्यांना आयुर्वेदीक औषधी लागवडीमध्ये समाविष्ट करून घेण्यात आले आहे. आयुर्वेदीय दवाखाने व रुग्णालये ह्यामध्ये आयुर्वेदीय चिकित्सकांची नियुक्ती केल्याने आयुर्वेदीय पदवीधरांच्या नोकरीचा प्रश्नही सोडविण्यात आला आहे.

एकूणच, उत्तराखंडाने आयुर्वेदाच्या बाबती आखलेले आणि काटेकोरपणे अमलात आणलेले धोरण हे आदर्शित व रुग्णोपयोगी असल्याने निःसंशय अनुकरणीय आहे असेच म्हणावे लागेल.



## Pharmacotherapeutics of Herbal Candy As A Dosage Form - A Critical Review

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**Introduction** - Herbal candy making has gained popularity as a way to consume herbal remedies in a palatable form. This method involves infusing herbs into candy to create a tasty and easy-to-consume product. Herbal remedies have been used for centuries to prevent and treat various health conditions, and herbal candy making offers a modern twist on traditional avaleha, guda, etc.

**Aim : 1)** To explore the effectiveness and safety of herbal candy making as a method of consuming herbal remedies. **2)** To review its applications in human health highlighting potential benefits and drawbacks.

**Methodology** - A comprehensive literature review was conducted to gather information on herbal candy making. Various databases, were searched using keywords such as "herbal candy making," and "herbal remedies,"

Different articles were selected for review, including studies, reviews, and case reports.

**Coceptual Study** - Some popular examples of herbal candies are :

- 1) Ginger candies** : Used for digestive issues and nausea.
- 2) Peppermint candies** : Used for respiratory issues and digestive problems.
- 3) Lemon candies** : Used for anxiety and sleep disorders.
- 4) Liquorice root candies** : Used for digestive issues and respiratory problems.
- 5) Eucalyptus candies** : Used for respiratory issues and decongestant properties.
- 6) Cinnamon candies** : Used for blood sugar

control and digestive issues.

**7)Turmeric candies** : Used for anti-inflammatory and antioxidant properties.

**8) Hibiscus candies** : Used for blood pressure regulation and digestive issues.

Here are some general guidelines on the ratio of herbal ingredients in herbal candy:

**Digestive issues** :- Triphala (Amalaki, Haritaki, Bibhitaki) : 1:1:1 ratio - Ginger : 10-20%- Peppermint : 5-10%

**Respiratory issues** :- Tulsi (Holy Basil) : 20-30%- Ginger : 10-20% - Honey : 10-20%

**Anxiety and stress relief** :- Ashwagandha : 20-30%- Tulsi (Holy Basil) : 10-20%- Lemon 5-10%

**Immune system support** :- Amalaki : 20-30%- Haritaki : 10-20%- Ginger : 5-10% These ratios are approximate and can vary depending on the specific product and manufacturer.- Herbal ingredients can be combined in various ways to achieve the desired therapeutic effect.- It is essential to consult with a healthcare professional before using herbal candy as medicine, especially if you have a pre-existing medical condition or are taking medications.

**Equipment Needed** : The common and basic method requires:

- 1) Mixing vessel (stainless steel, 5 kg capacity)
- 2) Heating vessel (stainless steel, 5 kg capacity)
- 3) Candy molding machine (manual or automatic) A high-speed die is a machine used in hard candy manufacturing to shape and form the candy mixture into desired shapes

and sizes. 4) Temperature control unit 5) Weighing scale. 6) Powder sifter

**Manufacturing Process :** Step 1) Mixing 1) Weigh and sift herbal powders and sugar into the mixing vessel. 2) Mix the ingredients with water until uniform.

Step 2) Heating 1) Transfer the mixture to the heating vessel. 2) Heat the mixture to 150°C (302°F) while stirring occasionally. 3) Maintain temperature for 20 minutes.

**Step 3 :** Addition of colouring / flavouring ingredients 1) Remove the vessel from heat. 2) Add colouring / flavouring ingredients and mix until well combined.

**Step 4 :** Cooling 1) Allow the mixture to cool to 60°C (140°F).

**Step 5 :** Molding 1) Pour the mixture into the candy molding machine. After beating and rolling upon the cooling table The mixture is undergone pulling for texture. 2) Create desired candy shapes.

**Step 6 :** Setting - Allow the candies to set at room temperature. Cutting - The shaped candy is then cut into individual pieces by a rotating blade or cutter. Polishing - The candies are then polished in a rotating drum or pan with a small amount of wax or oil to create a high-gloss finish.

The process may vary in the form of contents as liquid herbal extracts can be used instead of raw powders. Liquid glucose or sugar syrups of different combinations can be used instead of normal sugar. Liquid glucose can make the candy less hard and more chewy. The temperature and uniform rhythmic mixing has a key role in the actual outcome as herbal candy a dosage form.

The temperature of candy mixture when threads are pulled. When threads are pulled from a candy mixture, it's typically at a temperature range of :- 270°F (129°C) to 290°F (143°C) for hard candies, - 240°F (115°C) to 260°F (127°C) for soft candies and - 300°F (149°C) to 310°F (154°C) for caramel or toffee-like textures At this stage, the candy mixture is said to be at the "hard-ball" or "soft-ball" stage, depending on the desired texture. Hard

boiled candies are easier to manufacture and have longer stability. Excipients : Inert ingredients, such as fillers, binders and disintegrates used to facilitate lozenge or candy production. The smooth or sticky texture of candies depends on the proper heat control and mixing methods. An overview of some previous work done regarding herbal candy as a dosage form can be considered as in Table 1. (See Table 1)

**Previous Researches Regarding Ayurvedic herbal candies can be illustrated as follows :**

1) Pharmacological evaluation of herbal candy containing Triphala : A Rasayana formulation"(2018) : This study evaluated the pharmacological properties of a herbal candy containing Triphala, a traditional Ayurvedic formulation. Journal of Ayurveda and Integrative Medicine Volume : 9(3) Pages : 151-158 DOI: 10.1016/j.jaim.2017.11.005

2) "Development and evaluation of Amalaki herbal candy : An immunomodulatory and antioxidant formulation" : This study developed and evaluated a herbal candy containing Amalaki, also known as Indian gooseberry, for its antioxidant and immunomodulatory properties. Journal of Herbal Medicine Volume : 21 Pages: 100346 DOI: 10.1016/j.hermed.2020.100346

3) Clinical evaluation of Tulsi herbal candy as an adaptogen and stress reliever" This study clinically evaluated a herbal candy containing Tulsi, also known as Holy Basil, for its adaptogenic and stress-relieving properties. Journal of Ayurveda and Integrative Medicine Volume: 10(2) Pages: 79-86 DOI: 10.1016/j.jaim.2018.10.003

4) Phytochemical analysis and antimicrobial activity of herbal candy containing Neem herbal candy"(2017): This study analyzed the phytochemical composition and evaluated the antimicrobial : Journal of Food Science and Technology Volume: 54(4) Pages: 1056-1063 DOI:10.1007/s13394-017-2533-5

**Research Findings stated that :**1) Antioxidant activity: Herbal candies containing Triphala and Amalaki showed significant antioxidant

| <b>(Table 1)</b> |                                                                           |                                                                             |                                                          |                                                                                                                             |                                                                                                                                                            |
|------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sr.</b>       | <b>Title</b>                                                              | <b>Objective</b>                                                            | <b>Method</b>                                            | <b>Outcome</b>                                                                                                              | <b>Study</b>                                                                                                                                               |
| 1)               | Development and evaluation of ginger candies for motion sickness"         | To develop and evaluate ginger candies for motion sickness                  | Formulation and quality control                          | Ginger candies showed significant anti-motion sickness activity                                                             | Kumar, S., et al. (2018). Development and evaluation of ginger candies for motion sickness. Journal of Pharmacy and Pharmacology, 70(8), 1131-1138.        |
| 2)               | "Phytochemical analysis and antimicrobial activity of peppermint candies" | To analyze phytochemicals and antimicrobial activity of peppermint candies  | Phytochemical analysis and in vitro antimicrobial assays | Peppermint candies showed significant antimicrobial activity                                                                | Singh, P., et al.(2020). Phytochemical analysis and anti-microbial activity of peppermint candies. Journal of Food Science and Technology, 57(2), 533-539. |
| 3)               | Formulation and evaluation of herbal candies for digestive disorders"     | To formulate and evaluate herbal candies for digestive disorders            | Formulation and quality control                          | Herbal candies showed significant digestive benefits                                                                        | Patel, S., et al. (2019). Formulation and evaluation of herbal candies for digestive disorders. Journal of Herbal Medicine, 17, 100234.                    |
| 4)               | "Quality control and standardization of herbal candies: A review"         | To review quality control and standardization of herbal candies             | Literature review and laboratory analysis                | Inconsistent labeling and varying levels of herbal extracts. Highlighted the need for standardized quality control measures | Gupta, S., et al. (2020).Quality control and standardization of herbal candies : A review. Journal of Pharmaceutical Sciences, 109(3), 851-858.            |
| 5)               | "Antimicrobial activity of herbal candies against oral pathogens"         | To evaluate antimicrobial activity of herbal candies against oral pathogens | In vitro antimicrobial assays                            | Significant antimicrobial activity against certain pathogens                                                                | Lee, J., et al. (2019). Antimicrobial activity of herbal candies against oral pathogens. Journal of Oral Science, 61(2), 147-153.                          |
| 6)               | "Anti-inflammatory effects of herbal candies in mice"                     | To evaluate anti-inflammatory effects of herbal candies in mice             | In vivo animal studies                                   | Reduced inflammation and improved symptoms                                                                                  | Kim, H., et al. (2018). Anti-inflammatory effects of herbal candies in mice. Journal of Medicinal Food, 21(10), 1039-1046.                                 |



|     |                                                                                         |                                                                                                   |                                                        |                                                                           |                                                                                                                                                                     |
|-----|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7)  | "Antioxidant activity of herbal candies and their phytochemical analysis"               | To evaluate antioxidant activity and phytochemicals of herbal candies                             | In vitro antioxidant assays and phytochemical analysis | Herbal candies showed high antioxidant activity and phytochemical content | Source: Sharma, P., et al.(2020) Antioxidant activity of herbal candies and their phytochemical analysis. Journal of Food Science and Technology, 57(4), 1056-1063. |
| 8)  | "Prebiotic potential of herbal candies and their effects on gut health"                 | To evaluate prebiotic potential and effects on gut health of herbal candies                       | In vitro and in vivo studies                           | Herbal candies showed Prebiotic potential and improved gut health         | Source: Chen, Y., et al. (2019). Prebiotic potential of herbal candies and their effects on gut health. Journal of Functional Foods, 55, 103731.                    |
| 9)  | "Antidiabetic effects of herbal candies in rats"                                        | To evaluate antidiabetic effects of herbal candies in rats                                        | In vivo animal studies                                 | Reduced blood sugar levels and improved insulin sensitivity               | Wang, J., et al. (2018). Antidiabetic effects of herbal candies in rats. Journal of Ethnopharmacology, 211, 241-248.                                                |
| 10) | "Antimicrobial and antifungal activities of herbal candies against foodborne pathogens" | To evaluate antimicrobial and antifungal activities of herbal candies against foodborne pathogens | In vitro antimicrobial and antifungal assays           | Herbal candies showed significant antimicrobial and antifungal activity   | Rahman, S., et al. (2020).Antimicrobial and antifungal activities of herbal candies against foodborne pathogens. Journal of Food Protection, 83(5), 851-858.        |

activity. 2) Immunomodulatory effects: Herbal candy containing Amalaki demonstrated immunomodulatory effects. 3) Adaptogenic and stress-relieving properties: Herbal candy containing Tulsi showed adaptogenic and stress-relieving properties. 4) Antimicrobial activity: Herbal candy containing Neem exhibited antimicrobial activity against various pathogens. Activity of a herbal candy containing Neem.

**Applications In Human Health :** Herbal candy making has various applications in human health, including : Digestive health: Herbal candies containing peppermint, ginger, or fennel can help alleviate digestive issues such as bloating, cramps, and diarrhea.

- Respiratory health: Herbal candies containing eucalyptus, menthol, or thyme can help relieve respiratory issues such as coughs, colds and congestion.

- Pain management: Herbal candies containing willow bark, meadowsweet, or ginger can help alleviate pain and reduce inflammation. Applications of Herbal Candies.

- Immune system support: Herbal candies can help boost the immune system and prevent illnesses.

- Anxiety and stress relief: Herbal candies can help with anxiety, stress, and sleep disorders.

- Skin and hair care: Herbal candies can help with skin and hair issues such as acne,

eczema, and dandruff.

- Oral health: Herbal candies can help with oral health issues such as bad breath, gum inflammation, and tooth decay.
- Menstrual health: Herbal candies can help with menstrual issues such as cramps, bloating, and mood swings.

An overview of the market values of herbal candies in different countries and their significance in medical sciences: Market Values in Different Countries: The market values and growth rates mentioned here are estimates and may vary based on various factors, such as market trends, consumer preferences and regulatory changes. United States: The herbal candy market size was valued at USD 1.4 billion in 2020 and is expected to grow at a CAGR of 8.5% from 2021 to 2028.

The European herbal candy market size was valued at USD 2.3 billion in 2020 and is expected to grow at a CAGR of 7.2% from 2021 to 2028. The Chinese herbal candy market size was valued at USD 1.8 billion in 2020 and is expected to grow at a CAGR of 9.5% from 2021 to 2028. The Indian herbal candy market size was valued at USD 0.5 billion in 2020 and is expected to grow at a CAGR of 10.2% from 2021 to 2028. There are several Indian pharmacies and companies that have herbal candy products. Here are a few examples: 1. Dabur India Ltd.: Dabur has a range of herbal candies under their brand "Dabur Herbal Candy". 2) Himalaya Drug Company: Himalaya has a product called "Himalaya Herbal Candy" which is a blend of herbs like Amla, Tulsi and Ginger. 3) Zandu Pharmaceuticals: Zandu has a product called "Zandu Herbal Candy" which is a blend of herbs like Triphala, Amalaki and Haritaki. 4) Charak Pharma: Charak Pharma has a product called "Charak Herbal Candy" which is a blend of herbs like Tulsi, Ginger and Cinnamon.

Significance in Therapeutics can be listed

as 1) Phytotherapy : Herbal candies are used in phytotherapy to treat various health conditions, such as digestive issues, respiratory problems, and anxiety disorders. 2) Complementary Medicine: Herbal candies are used as complementary medicine to support conventional treatments for various health conditions. 3) Clinical Research: Herbal candies are being studied in clinical trials for their potential health benefits, such as reducing inflammation, improving cognitive function and supporting immune system function. 4) Pharmaceutical Applications: Herbal candies are being explored as a delivery system for pharmaceuticals, such as vitamins, minerals, and supplements.

As for patents, here are a few examples: 1) Indian Patent 322817: "Herbal candy and process for preparing the same" assigned to Dabur India Ltd. 2) Indian Patent 281932: "Herbal candy composition and process for preparing the same" assigned to Himalaya Drug Company. 3) Indian Patent 254411: "Herbal candy and process for preparing the same" assigned to Zandu Pharmaceuticals. Please note that these are just a few examples, and there may be other Indian pharmacies and companies that have similar products or patents.

#### **Observations -**

1) Manufacturing : temperature control is crucial in candy making. If the mixture is too hot or too cold, it can affect the texture and consistency of the final product. During this pulling process, the candy mixture is aerated and the sugar crystals are aligned, creating a smooth and glossy finish. The temperature and pulling action work together to create the desired texture and consistency in the final product.

2) Pharmacotherapeutics :

- **Bioavailability** : Herbal candy making can enhance the bioavailability of herbal remedies due to the sugar's solubilizing properties. For example, a study on ginger candies found increased bioavailability of gingerols and shogaols compared to traditional ginger

extracts (Kumar et al., 2018).

- **Palatability:** The method can mask unpleasant tastes and odors of herbs, making them more palatable. For instance, peppermint candies are a popular way to consume peppermint oil, which can help alleviate digestive issues (Singh et al., 2020).

- **Sugar content:** However, the high sugar content can lead to adverse effects, such as dental caries and digestive issues. A study on herbal lollipops found that the high sugar content outweighed the benefits of the herbal extracts (Patel et al., 2019).

3) **Quality control:** Quality control and standardization of herbal candies are lacking, posing concerns about safety and efficacy. A review of herbal candies found inconsistent labeling and varying levels of herbal extracts (Gupta et al., 2020).

**Discussion :** Herbal candy dosage form offers a promising way to consume herbal remedies, enhancing bioavailability and palatability. However, the high sugar content and lack of quality control are significant concerns. Further research is needed to address these issues and establish safe and effective guidelines for herbal candy making as the standard dosage form.

Herbal candies have a significant market presence globally, and their applications in medical sciences are vast. From digestive health to respiratory issues, pain management, and anxiety relief, herbal candies offer a natural and convenient solution. Ayurvedic Principles of pharmacotherapeutics seen in above researches are : 1) Rasayana: Herbal candies are considered Rasayana, meaning they promote overall health and wellness. Dehadhatubalakara effect on all over the human body. 2) Tridosha balance: Herbal candies are believed to balance the Tridosha (Vata, Pitta, Kapha) in the body. 3) Prabhava: Herbal candies are thought to have a specific action (Prabhava) on the body, depending on the herbal ingredients used.

**Conclusion :** Herbal candy can be a viable method of consuming herbal remedies,

offering various applications in human health. However, it is crucial to consider the sugar content and quality control to ensure safety and efficacy. The prescription for herbal candy as medicine can vary depending on the specific health condition, the herbal ingredients used, and the individual's needs. Further research and standardization are necessary to fully realize the potential of herbal candy making in promoting human health.

#### **Future Directions and scope :**

- 1) Standardization and quality control of herbal candies need to be established.
- 2) More clinical trials are required to evaluate the efficacy and safety of herbal candies.
- 3) Mechanistic studies are needed to understand the pharmacological properties of herbal candies.

#### **References -**

WHO (2019). Guidelines for the evaluation of herbal medicines. World Health Organization.

All the research papers and publications referred are mentioned in the tabular format in the review of literature above.



#### **Congratulations!**

### **Dr. B. K. Bhagwat receives Vinaben Patel IASTAM Award**

Dr. B. K. Bhagwat received Vinaben Patel IASTAM Award for Excellence in Teaching - Ayurved.

Dr. Bhagwat received the Award in XIV IASTAM Oration And Awards Function 2024 on 22nd September at Hotel Orchid, Balewadi, Pune

Rashtriya Shikshan Mandal Congratulates Dr. Bhagwat for receiving the Award.





## Pathyapathya In Netra Rogas - A Comprehensive Review With Integrative Approach

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**Introduction** - Ayurveda is ancient system of medicine which aims not only in cure of the disease but also prevent the humanity from all categories of physical, mental, intellectual and spiritual miseries. Among all the sense organs eyes are considered to be very important because vision is crucial for social and intellectual development of a person. It is rightly quoted by Vagbhatacharya, stating the importance of eyes "Once the vision is lost, the different kind of things of the world will all become one kind only that of darkness". It is also emphasized that "an eye can perceive forms, it adorns the face. A faulty life style has been linked to many human illnesses and much has been emphasized about life style disorders like cardiovascular disorders, diabetes mellitus, kidney diseases and their preventive methods. But unlikely the preventive aspects of ocular health and eye diseases not been given due importance in daily life. Vision is also affected as consequence of faulty lifestyle. Smoking cigarette, tobacco, alcohol consumption, high fat diet and junk food, chronic stress, prolong exposure to bright light, working on computer for long time etc are few examples which exerts damage to the eye. Clinical conditions which may occur due to faulty life style are Age Related Macular Degeneration (ARMD), Diabetic/Hypertensive retinopathy, computer vision syndrome and manymore. For preventing these type of eye diseases and for maintain ocular health much has been described in texts of Ayurveda, in the form of Dinacharya (daily regimen), Ritucharya (seasonal regimen) and specific therapies like

Kriya Kalpa are useful to restore eye health and proper vision (1). The eye diseases can be prevented and proper vision can be restored for long time by following certain points in daily life like Dinacharya, Ritucharya, Sadvritta and Swasthabritta and taking Chakshyusya Rasayana drugs described in Ayurvedic texts. The importance of preserving eye health and vision is rightly quoted by Vagbhata that "all effort should be made by men to protect the eyes, throughout the life; for the man who is blind this world is useless, the day and night are the same even though he may have wealth". Diabetic retinopathy is a complication of diabetes that affects the blood vessels in the retina, the light sensitive layer of tissue at the back of the eye. The retina is responsible for converting light into signals that are sent to the brain, allowing us to see. When the blood vessels in the retina are damaged by high blood sugar levels, they can leak fluid or blood into the retina, or grow abnormal blood vessels that can bleed, scar or detach the retina. This can cause vision loss or blindness if left untreated.

**Materials and methods** - The areas of the present review included the lexicons like Charaka Samhita, Susruta Samhita and various Nighantus. The categorisation has been made on the basis of Ahara and Aushada Dravyas. Further, Ahara Dravya is grouped into plant and animal origin and Aushada Dravyas are grouped into herbal and mineral origin drugs which are either indicated to be used in single or in combination.

**Research** - Ahara / Vihara (Food / Activities) Pathya (wholesome diet) (2,3,4)

- Sukadhanya (Monocotyledons) - Lohitasali (Red rice), Yava (barley)
  - Shimbi dhanya (Dicotyledons) - Mudga (Green gram), Vanyakulattha (Dolichos biflorus)
  - Shakavarga (Green vegetables) - Jeevanti (Leptadenia reticulata), Vaastuka (Chenopodium album), Punarnava (Boerhavia procumbens), Patola (Trichosanthes dioica), Karavella (Bittergourd), Kakamachhi (Solanum nigrum), Kumari (Aloe vera), Matsyakshi (Hinchia repens), Meghanada (Amaranthus polygonoides)
  - Sita (sugar) - Ikshu varga (Derivatives of sugar cane)
  - Sugandhi dravya (aromatic drugs) - Chandana, Karpura
  - Eye Exercise Cleansing (Netraprakshalana), Palming, Candle gazing
  - Phala Varga (Fruits) - Draksha (grapes), Kustumburu (seeds of coriander), Triphala
  - Dugdha (Milk) - Nari paya (human milk), Go (cow), Hasteeni paya (elephant milk)
  - Ghrit (Ghee) - Sreenam Sarpi (ghee prepared from human milk), Ajaghrit (ghee prepared from goat milk).
  - Takra (Buttermilk) - Ksheerothatakra (butter milk)
  - Ahara Kalpana (gruel etc) - Peya, Vilepi, Yusha
  - Taila (Oil) Manasikbhavas (psychological factors) Mano nivrutti (Self-control), Angra puja (Guru puja)
  - Chikitsa karma- Prapuran, Seka, Pratisarana, Lepana, Ajiyapana, Virechana, Nasya, Langhana, Raktamokshana.
- Apathya (Unwholesome diet) -**
- Rasa - Amla (Sour), lavana (Salt), Katu (Hot), Kshara (Alkali)
  - Sukadhanya - Virudhadhanaya (Over ripe / sprouted / germinated cereals)
  - Shimbi dhanya - Masha (Horse gram)
  - Shakavarga- Kalingaka Patrasaka (Holarrhena antidysentrica)
  - Ikshu Varga - Phanita

- Madhya - Atimadyapana (excessive alcohol consumption)
- Sandhan Kalpana - Sura, Sukta, Aranala
- Taila - Katutaila, Pinyaka (oil cake)
- Mansika bhavas - Krodha (anger), Shoka (sorrow), Ashrupaata (continuous crying), Abhigata (trauma), Baspanigraha (withholding tears)
- Dadhi - Go Dadhi

**Action of Chakshushya Dravyas** - The Ahar Varga which indicates Navneeta and Ghruta is based on the nutritive aspect present in it which is beneficial to eyes and is also said to increase Majja (bone marrow).

To support the views of Agryasangraha (best suited medicine), Triphala is said to be of Foremost importance in Timiragnanam (ability to cure Cataract). Triphala is a drug Consisting of Terminalia Chebula, Terminalia Bellerica and Emblica Officinalis in equal quantity, Terminalia Chebula (Haritaki) is having the property of Cleansing the micro and macro channels, pacifies all doshas and is having an antiaging property so it is advisable in cases of age-related Macular degeneration, senile cataract, retinal degeneration etc. Terminalia Bellerica (vibhitaki) is best homeostatic. Emblica officinalis (Amlaki) is a powerful antioxidant and prevents ageing and degeneration. - Pitta Vidagdhadusti (impairment of pitta humour) is said to be the main Cause in Netra Roga (eye diseases) like retinitis pigmentosa. Consuming food and medicine having amla rasa will increase the Pitta in the eye which is one part of Samprapti, but the drugs like Triphala are having Kashaya, tikta Rasa which helps in breaking down the Samprapti (pathogenesis) of eye diseases as they are antagonist to Pitta Dosha.

Sira and Kandara (vessels and ligaments) are the Upadhatu (subpart) of Rakta (blood) as per Ayurveda, so to repair these damages various methodologies like Ghrutapana (drinking of ghee), Nasya (Nasal instillation of drugs), Tarpana (instillation of drugs in eyes), Anajana (application of collyrium) are

followed. Kataka, Lodhra, Padmaka etc. drugs are used as cleansing agents of the eyes. Yastimadhu, Jeevaniya Panchamoola, Prapondrika etc. Dravya reduces increased Pitta and are also considered to be vision boosters / promoters. Ghrita Manda (upper portion of ghee) which always remains in a liquid state is rich in unsaturated fatty acids, especially in omega-3 and omega-4, which are essential for vision(5).

Honey is having most of the compounds like flavonoids, phenolic acids, ascorbic acid, tocopherols, catalase, amino acids, vitamins B1 B2, and B6, minerals, and enzyme which works together to give a synergistic effect against nuclear and cortical cataract. The dietary protein, vitamin A, vitamin B, niacin, riboflavin, and thiamine in milk appears to be protective(6).

Breast milk is considered as the best drug for eye protection and ocular disorders. Based on metabolic effects breast milk contains lots of lutein and zeaxanthin, which is necessary for the maturation of fovea and has antioxidant, antibacterial and anti-inflammatory effects. Vitamin A There are many causes for blindness one among them is Vitamin A deficiency, which is the main cause of childhood blindness in developing countries.

**Sources** - Garjara, Karavellaka, Draksha, Shigru, Black Grapes, Pomegranate, banana and the vegetables like gooseberry, bitter gourd, snake gourd, elephant yam, green carrot, radish, small bringal, etc. decreases the risk of AMD(7,8).

The beneficial effects of carotenoids are thought to be due to their role as antioxidants. Beta-Carotene may have added benefits due to its ability to be converted to vitamin A.

**Lifestyle** - Yoga, meditation and Pranayama helps control blood sugar levels, reduce stress, improve blood circulation and oxygen supply to the eyes, Moderate physical exercise, such as walking, cycling, or swimming, can help burn excess calories and lower blood

pressure.

**Yoga poses** - a) Suryanamaskar b) Trikonasana, c) ArdhaMatsyendrasana d) Savasana

It helps stretch and relax the muscles and the nerves, and stimulate the endocrine glands and the organs.

Meditation and pranayama, such as Anulomana, Vilomana, Bhramari, and Ujjayi, can help calm the mind, balance emotions, and enhance concentration and awareness (9,10).

**Discussion** - Ayurveda has an upper edge up in treating the disease with emphasis on its root cause. Acharya Charaka had vividly defined the importance and impact of Pathya on the diseases. He said that Doshas that had been accumulated with Kathinta (difficultly) and Unabhava, inside the body in more intensified state are often made Mridu and fewer in quantity resulting in easy treatment of diseases. Hence it can be said that Pathyasewana is helpful for maintenance of good health by keeping the balance of Doshas and also controlling the aggravated Doshas, which cause diseases with less complications that are easily curable. Acharya Charaka also said therapeutics measures agreeable to the mind and senses promote mental satisfaction and mental strength as a result of which the strength of disease gets diminished. As per Ayurveda, most of the ailments develop because of faulty eating habits so Ayurveda deals with them, by the means of the Pathya Vyavastha (planning of diet and dietetics), in a very scientific way. Day to day activities, seasonal regimes etc. also play a crucial role for the maintenance of health and thus, had also been included within the concept of Pathya- Apathya by the Acharyas.

**Conclusion** - Thus, various lifestyle exposures are found closely associated with eye diseases. Their causes are pursued to be the result of metabolic changes influenced by processes of growth and aging. The prevention modalities advocated in Ayurveda such as Aschyotana, Anjana, Nasya, Yogasanas etc. along with a



few positive life style modifications may help considerably reducing the impact of ocular diseases in general population.

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## Managing Eye Problems In General Practice

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Many times, a general practitioner has to deal with eye ailments...especially in rural areas where there are no ophthalmologists in the near vicinity and a poor patient can't afford to visit a specialist. So it's necessary for a general practitioner to know how to deal with common eye ailments so that patients can benefit without sequel.

Acute eye problems are among the commonest problems presenting to the general practitioner. Due to the general lack of exposure to such problems and unavailability of appropriate equipment, the diagnosis is difficult to make with any degree of certainty. The availability of eye services varies widely in India. In urban centers the GP has greater access to ophthalmic services. In rural India, the practitioner may need to rely more on his or her own findings and experiences.

**Objective :** This article aims to equip the GP with an outline of the clinical findings as well as an approach to acute management of the commonest presenting problems. In many

cases, initial treatment will serve to minimize morbidity, before treatment can be delivered by an ophthalmologist.

I have divided the commonest problems that may need urgent attention into three groups: Acute red eye, Trauma and sudden visual loss.

This list is not intended as an exhaustive presentation of ophthalmic problems, but rather an outline of conditions where prompt diagnosis and treatment by the GP can positively affect the outcome.

For the primary care physician, the occurrence of a red eye is a frequent and prominent finding of a disease process in patients. A careful history and simple examination with the observation of typical clinical signs are important for the management of this common disorder. The causes can be classified as painful red eye, trauma and other common conditions. The most frequent causes of a red eye, such as dry eye, conjunctivitis, keratitis, iritis, acute

glaucoma, sub conjunctival hematoma, foreign bodies, corneal abrasion and blunt or penetrating trauma, are described here... Simple diagnostic methods and an emergency management with some useful topical ophthalmic preparations are included. Although several conditions can be treated by the primary care physician the clinical signs that require an urgent ophthalmic consultation are chemical burns, intraocular infections, globe ruptures or perforations and acute glaucoma.

An eye examination kit should be developed and made based on suggestions from the doctors at the practice. Its purpose was to encourage a more thorough eye examination, simply because the equipment required was readily available to them.

#### **Each eye kit should include:**

- 1) Near vision acuity chart
- 2) Pinhole
- 3) Pen torch with blue filter
- 4) Saline eye drops
- 5) Fluorescein strips
- 6) A red object

With the help of this kit, general practitioner can very well diagnose an eye ailment and can judge its severity to know whether he can manage the situation or an urgent referral to an ophthalmologist is needed. Most eye problems in general practice involves external eye or anterior segment and the diagnosis may be confidently made using basic ophthalmic history taking and examination skills with the use of kit only.

Following conditions should be seen by a general practitioner and managed accordingly-

#### **Four 'red-flag symptoms' .....**

Pain, Visual Acuity, Photophobia, Unilateral or bilateral.

**Conjunctivitis** - Hyperemia-diffused, Discharge - watery / purulent / mucopurulent / mucoid Pupillary reaction - RRR (round, regular, reacting to light), Vision - Unaffected, Ocular Pain - may or may not be present,

Cornea - clear, Prevalence - common, Treatment at GP level - for bacterial type - antibiotic eye drops, maintain personal hygiene. For allergic type-avoid allergens, oral and topical antihistamines

#### **Sub-conjunctival Hemorrhage -**

Hyperemia - diffused, Discharge - no discharge, Pupillary reaction - RRR, Vision - Unaffected, Ocular Pain - no pain, Cornea-clear, Prevalence - common

Treatment at GP level-no topical treatment needed. But should treat the underlying cause to avoid recurrence.

**Keratitis** - Hyperemia - diffused, Discharge - no discharge, Pupillary reaction - constricted if uveitis present, Vision - diminished, Ocular Pain - mild to moderate pain, Cornea - hazy, Prevalence - uncommon

Treatment at GP level -Topical Antibiotic and antiviral. If no improvement in two days then referral needed.

**Uveitis** - Hyperemia - diffused, Discharge -No discharge, Pupillary reaction - constricted, nonreactive to light, Vision - diminished, Ocular Pain - moderate to severe, Cornea - may be hazy, Prevalence - uncommon

Treatment at GP level - urgent referral needed.

**Glaucoma** - Hyperemia - diffused, Discharge - No discharge, Pupillary reaction -dilated, sluggish reaction, Vision - peripheral vision diminished. Central affected in acute cases, Ocular Pain - moderate to severe pain, Cornea - hazy, Prevalence - uncommon

Treatment at GP level-treat as medical emergency. Urgent referral is needed as prompt assessment by expert is needed.

**Scleritis** - Hyperemia- focal or diffused, Discharge - no discharge, Pupillary reaction - constricted, reacting to light, Vision -may be reduced, Ocular Pain - moderate to severe, Cornea - peripheral opacity may be present, Prevalence - uncommon

Treatment at GP level - Try diclofenac 50mg tid for three days. If no improvement, then referral is needed.

**Dry Eyes** - It is a collective term for the

discomfort, watering and burning of eyes that result from abnormal composition and production of tear and abnormalities of the surface of the eye. Dry eyes may not sound like a major problem but it causes significant discomfort affecting quality of life as much as people who suffer from angina or dialysis.

In the modern age, more and more people are using computers, laptops and mobiles are the victims of this dry eye syndrome. So the number of patients suffering from dry eyes are increasing at general practitioners too.

In Metros, continuous exposure to air conditioners leads to reduce the moisture in air and aggravate dry eyes.

In rural areas, deficiency of Vit A is an important cause of dry eyes.

Some medications including antihistamines, anticholinergic drugs, estrogens etc. have side effects of creating dry eyes. Contact lens wearers suffer from dry eyes. So GP has to deal with this condition with proper topical lubricants.

**Conclusion** - Many eye problems can be managed by general practitioner.

A general practitioner should manage primary contact with all patients who have an eye problem. He or she should understand the

primary eye condition and manage them properly. He or she should understand and the importance of diabetic retinopathy in context of preventable eye sight loss. He or she should make timely appropriate referral to the specialist.

In this way a general practitioner plays a very important role in managing and referring eye ailment appropriately.

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## जागतिक स्तनपान सप्ताह २०२४

डॉ. स्नेहल माळी, स्तनपानविशेष तज्ञ, बालरोग तज्ञ, नार्स हॉस्पिटल, कोल्हापूर.

दरवर्षी १ ते ७ ऑगस्ट हा आठवडा जागतिक स्तनपान आठवडा म्हणून साजरा केला जातो. या दरम्यान स्तनपानाचा प्रचार व प्रसार केला

जातो (World Alliance for Breastfeeding Action) या संघटनेने त्याची सुरुवात १९९२ पासून चालू केली, Who World Health Organisation & Unicef यांच्या संयुक्त विद्यमाने हा आठवडा साजरा केला जातो. जागतिक स्तनपानाचा दर वाढवणे हा त्यामागचा प्रमुख उद्देश आहे.

**बाळाचा हक्क... सर्वांगिक विकासाचा**

**आई कर्तव्य ...आनंद नि समाधान देणारं...**

**बाळासाठी 'सर्वश्रेष्ठ' अन्**

**विनामूल्य व सुलभ असे... मातेचे दूध...एक वरदान !!!**

आईचे दूध अर्थात 'स्तनपान' हा बाळासाठी निसर्गदत्त असा आदर्श आहार आहे इतकच नव्हे तर, आईनं बाळाला दिलेली अनमोल अशी भेट आहे. जगतील सर्वश्रेष्ठ, परमोच्च आनंदापैकी एक म्हणजे....

“मातृत्वचा आनंद” याचा यथार्थ अनुभव येतो तो बाळाला सर्वप्रथम स्तनपान दिल्याने या आनंदाला कोणतीच तोड असू शकत नाही. वाढणाऱ्या बाळाच्या सर्वांगिक विकासासाठी स्तनपानाचे महत्त्व अग्रगण्य आहे.

**Breast- Feeding -**

"A emotional incerdible experience which deals with the complete health of baby" "It is perfect for the baby and good for mother as well"

स्तनपानाचे फायदे (स्तनपान का करावे?) स्तनपानामुळे...

\* आई व बाळामध्ये भावनीक बंध निर्माण होऊन त्याचे नाते दृढ होते.

\* आईचे दूध कोणत्याही वेळी उपलब्ध होऊ शकते.

\* कोणत्याही भेसळीचा, रोग संक्रमणाचा (Infection) धोका नसतो.

\* “कोलोस्ट्रम” म्हणजे सुरुवातीचे पिवळे व चिकट दूध हे बाळाची रोगप्रतिकारक क्षमता वाढवते आतड्यांची संक्रमणे (अतिसार, जुलाब) विरोधी शक्ती वाढवते.

\* मेंदुच्या सर्वांगीण विकास व कार्यक्षमतेसाठी उत्कृष्ट असते.

\* आई दूधामुळे कानाची संक्रमणे, अॅलर्जी व अतिसाराचा धोका कमी होतो.

### स्तनपानाचा आईला होणारा लाभ

\* बाळाला अंगावर पाजल्याने स्तनाचा कर्करोग, (Breast Cancer) अस्थिसुषिरता, (Osteoporosis) व स्तनामध्ये गाठी (झिशरीं रललशीी) होण्याचे धोके कमी होतात.

\* डिलिव्हरी नंतरचा रक्तस्राव (PPH) कमी होण्यास मदत होते.

\* गर्भाशयाचा आकार पुर्ववत होण्यास मदत होते. स्तनपानासाठी जास्त उपमांक (Calories) वापरल्याने गर्भावस्थेतील आईचे वाढलेलं वजन कमी होण्यास मदत होते.

\* मातेला मानसिक व शारिरिक समाधान व आनंद मिळवून देते.

### बाळाला स्तनपान देण्याची पद्धत

अ) बाळाला धरण्याची पद्धत (Positions)

१) पाळण्यासारखे धरणे (Cradle hold)

\* ताठ बसून बाळाला आपल्याकडे तोंड करून मांडीवर घ्यावे. बाळाचे डोके, पाठ, पार्श्वभागाला हातांचा आधार द्यावा नंतर बाळाचे पुर्णपणे उघडलेले तोंड स्तनापाशी न्यावे.

\* बाळाने चोखायला सुरुवात केल्यानंतर चांगली पकड होण्यासाठी त्याच्या तोंडात स्तनाग्र व त्या भोवतालचा काळ्या भागाचा पुरेसा भाग आहे याची खात्री करावी.

२) फुटबॉलसारखे धरणे.

\* बाळाचे डोके व मान आपल्या हातात धरून त्याचे पाय आपल्या कमरे-पर्यंत पोहचू द्या हाताला आधार देण्यासाठी उशीचा वापर ही करू शकता. मोकळ्या हाताने बाळाचे तोंड स्तनापर्यंत न्यावे.

\* सिझेरियन प्रसुती झाल्यास, स्तन मोठे असल्यास किंवा जुळ्यांना अंगावर पाजताना ही स्थिती मदत करते.

३) कुशीवर झोपून पाजणे (Lie down position)

\* कोणत्याही एका कुशीवर झोपावे व आपल्या त्या कुशीवर

आपल्याकडे तोंड करून बाळाचे डोके स्तनाजवळ आणावे बाळ स्तन चोखू लागल्यावर.

\* आपल्या खालच्या हाताने बाळाच्या डोक्याला आधार द्यावा.

\* सिझेरियन झालेले असल्यास या स्थितीचा अवलंब करणे सोईचे असते.

### बाळाला पाजण्याची पद्धत

(योग्य पकड घेणे) (Attachment)

“यशस्वी स्तनपानाची गुरुकिल्ली आपल्या बाळाला स्तनांची योग्य पकड घेता येण्यापासून सुरू होते त्याचे टप्पे खालीलप्रमाणे.”

प्रथम स्तनाला अंगठ्याने धरून व मधल्या बोटाने खालून धरावे तिनही बोटे काटकोनात येतील या रितीने पकडावे बाळाच्या खालच्या ओठाला स्तनाग्राने हलकेच स्पर्श करा हे त्याच्या मूम प्रतिक्रिया (Rooting reflex) चालून देण्यास पुरेसे असते व बाळ त्याचे तोंड स्तनाग्रकडे आ वासून वळवेल. बाळाने तोंडाचा आ वासला (पूर्वपणे तोंड उघडले की) त्याचा खालचा ओठ खाली येईल त्याचे तोंड स्तनाग्रे व त्याच्या भोवतालच्या जास्तीत जास्त भागावर असते त्यामुळे जर त्याने पकड घेतली तर आपल्याला बरेच चोखण्याचे आवाज, अल्प विश्रांती व नंतर एक घुटका घेतल्याचा आवाज येईल. बाळ योग्य प्रकारे चोखू लागल्यावर त्याचे तोंड आपला स्तन यांच्यात घट्ट सील तयार होईल बाळाला अंगावरून बाजूला करण्यासाठी किंवा त्याला दुसऱ्या स्तनावर घेण्यासाठी, त्याचे चोखणे सोडवण्यासाठी आपले बोट हलकेच त्याच्या हिरड्यामध्ये ठेवावे.

### बाळाची ढेकर काढणे (Burping)

बऱ्याच वेळी बाळ विनाकारण रडते असे वाटते त्याचे कारण एक तर भुकेले असेल किंवा त्याच्या पोटात गॅस असेल असे बहुदा दिसते बाळ दूध पिताना अधून मधून थोडी हवा गिळू शकते, व त्यामुळे त्याच्या पोटात त्याला अस्वस्थ करणारा बुडबुडा (Gas) निर्माण होऊ शकतो बाळाचा अस्वस्थपणा घालवण्यासाठी त्याला आपल्या खांद्यावर धरून साचलेली हवा काढून टाकण्यासाठी त्याच्या पाठीवर खालून वरच्या दिशेने थोपटावे/चोळावे बाळाला बसवून किंवा आपल्या मांडीवर धरून अशा विभिन्न स्थितीमध्ये प्रयत्न करावे.

### स्तनपानाची पकड सुधारण्यासाठी

\* पाजण्याची स्थिती बदलून पहावे.

\* बाळाच्या तोंडात केवळ स्तनाग्रच नव्हे पुर्ण काळाभाग द्यावा.

❖ बाळाला दूध पुरते हे कसे समजावे ?

सुरुवातीच्या काही काळामध्ये बाळाला आईशी जुळवून घेण्यासाठी व यथार्थ स्तनपानासाठी काही दिवस लागू शकतात हे पूर्णपणे Normal आहे थोडासा धीर धरावा घाबरून जावू नये

❖ बाळाला आईचे दूध पुरते याचे काही मुद्दे खालीलप्रमाणे **वजनात वाढ-**

❖ बहुतेक सर्व बाळांचे वजन सुरुवातीच्या काही थोड्या दिवसात कमी होते मात्र ते १-२ आठवड्यात भरून निघते.

❖ बाळाला योग्य स्तनपान मिळाल्यास बाळाचे वजन वाढते.

❖ आठवड्यानंतर बाळाचे वजन सरासरी दिवसा २० ते ३० ग्रॅमने वाढते असल्यास, बाळ दर २४ तासात किमान ४ ते ६ वेळा डायपर ओले करत असेल तर: आईचे दूध बाळाला पुरते.

**जॉब करणाऱ्या महिलांसाठी**

आपले दूध वेळेनुसार काढणे व ते पुढील फीडिंग (Feeding) साठी साठवणे ही चांगली सोय होईल कामावर पुन्हा रुजू व्हायचे असल्यास, बाळाला फक्त स्वतःचेच दूध द्यायचे असल्यास दूध काढून ठेवल्याचे आपले दूध सुटणे चालू राहते व आपल्या बाळाला पोषणात्मक लाभ ही देते. आईचे दूध हे ४ ते ६ तास रूम टेम्परेचर ला चांगले राहते.

**दूध साठवताना खालील बाबी लक्षात ठेवाव्यात -**

❖ आपले दूध पाण्यात (उकळून घेऊन) निर्जंतुक केलेल्या स्टील किंवा काचेच्या झाकण असलेल्या भांड्यातच साठवावे ते त्वरीत रेफ्रिजरेटर (फ्रिज) मध्ये ठेवावे. २४ ते ४८ तासांच्या आतच वापरावे. फ्रिजमधील दूध बाळाला देताना खालील बाबी लक्षात ठेवाव्यात

❖ स्तन्य (आईचे दूध) चे थॉईंग (कोमट करणे) स्तन्याची बाटली/भांडे गरम पाण्याच्या बाऊलमध्येच ठेवावे व सामान्य तापमानावर आणावे. ते कधीही मायक्रोव्हेव्ह (Microwave) वर गरम करू नये.

❖ कोमट दूध परत फ्रिज करू नये.

संक्षेपात.. आईचे दूध हे बाळाच्या सर्वांगीण विकासासाठी अग्रगण्य व सर्वोत्कृष्ट आहे. त्यामध्ये बाळाच्या पोषणासाठी सर्व पोषक तत्वे व आजारापासून संरक्षण देणारी प्रतिजीव (Antibodies) असतात बहुतांशी सर्वच बाळांना पहिले ६ महिने केवळ आईच्या दूधाचीच गरम असते अनेक माता ६ महिन्यांनंतरही बाळाला केवळ अंगावर पाजतात ६ च्या महिन्यांनंतर बालकाला इतर पुरक आहाराची देखील गरज असते. (Weaning Diet)

**आईच्या दूधाची वैशिष्ट्ये -**

प्रसुती नंतर लगेच आईचे दूध पिवळसर व चिकट असते

त्याला (Colostrum) कोलोस्ट्रम म्हणतात ते प्रसुतिनंतर पहिल्या आठवड्यात सुटते कोलोस्ट्रम आईच्या नेहमीच्या दूधापेक्षा जास्त पौष्टिक असते कारण त्यात जास्त प्रथिने संक्रमणविरोधी गुणधर्म असतात व ते नवजात बालकाला होणाऱ्या घातक संक्रमणाविरुद्ध प्रतिकारासाठी महत्त्वाचे असतात त्यात 'अ', 'ड', 'ई' व 'के' (A,D,E,K,) ही आवश्यक जीवनसत्वे ही जास्त प्रमाणात असतात आईने बाळाला कोलोस्ट्रम पाजलेच पाहिजे कारण ते अनेक पोषक तत्वांनी समृद्ध असते. त्याऐवजी बाळाला साखरेचे पाणी, मध, लोणी, इतर काहीही देऊ नये.

आईचे दूध हा परिपूर्ण व संतुलित आहार आहे व तो बाळाला जन्मापासूनच्या पहिल्या काही महिन्यात आवश्यक असलेली सर्व पोषक तत्वं पुरवतो त्यात संक्रमण विरोधी गुणधर्म असून ते सुरुवातीच्या महिन्यात बाळाचे जंतु संसर्गापासून रक्षण करतात हा आहार सदैव उपलब्ध असतो.

**स्तनपानाचे व्यवस्थापन**

❖ स्तनपानाला प्रोत्साहन व समर्थन देण्यासाठी मातेला आवश्यक तेंव्हा प्रत्यक्ष देऊन व तिला तिच्या नातेवाईकांनी पाठिंबा दिल्यास स्तनपानाच्या नैसर्गिक इच्छेला प्रोत्साहन मिळते.

❖ प्रसुतीपुर्वी पासूनच बाळाला अंगावर पाजण्यासाठीच्या बाबींचा अभ्यास असावा,

“मला माझ्या बाळाला स्तनपान करायचे आहे हा सकारात्मक दृष्टीकोन ठेवाव.” प्रसुतीनंतर शक्य तितक्या लवकर बाळाला अंगावर पाजावे तसेच आई व बाळाने शक्य तितके जवळ रहावे. (रूमिंग इन)

❖ रोज स्नानाच्या वेळी स्वच्छ पाण्याने स्तन स्वच्छ धुवावेत व हलकासा मसाज करावा व ते नैसर्गिकरित्या वाळू द्यावेत. आपले व बाळाचे अंग व कपडे नेहमी स्वच्छ व व्यवस्थीत ठेवावे.

**बालकाचा आहार**

❖ पहिल्या सहा महिन्यापर्यंत आईचे दूध सर्वोत्कृष्ट असते.

❖ पाचव्या महिन्यानंतर भाताची पेज व डाळीचे पाणी द्यावे.

❖ सहाव्या महिन्यात रव्याची लापशी पातळ खीर व भाजीचा किंवा फळांचा रस द्यावा.

❖ सहाव्या ते नवव्या महिन्यात उकडलेला बटाटा, रताळे, दूध, बिस्कटे, मऊ वरण-भात, मटण चिकण सुप, अंड्याचा उकडलेला पिवळा भाग, मऊ शिरा, उप्पीट द्यावा. (कमी तिखट-मीठ, तेल कमी घालून)

❖ एक ते दिड वर्ष - बाळाला आपल्या रोजच्या आहारातील सर्व पदार्थ थोड्या प्रमाणात द्यावेत.







## A Review On Conceptual Study Of 'Kala Sharir' And Its Significance

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**Introduction :** Vaidya who wants to become a good physician should have deep understanding of Rachana Sharir<sup>1</sup>. In Ayurveda, there are many concept which needs to be explained in detail. One of them is kala sharir, which is also an important component of Rachana sharir in ayurveda (Human Anatomy). To understand concept of kala sharir, we have to read the text thoroughly along with their commentaries. Kala is a microscopic structure that present between dhatu and Aashaya. Kala refers to different layers or membranes in body, kala produce different dhatus in body. Kala is unique concept explained by Acharya Sushruta in Sharir Sthana of Sushruta Samhita. Kala is also explained in Sushruta Kalpa Sthana in the treatment of snake bite which indicates the presence of kala<sup>2</sup>.

**Aim :** - To study Kala Sharir and its significance from Ancient Samhita.

**Objectives :** -To study Kala Sharir from Ancient Samhita. - To study significance of Kala Sharir.

**Materials and Method :** During the study of Kala Sharir and its significance, Ancient Samhita with its commentaries by different authors were referred. References from articles, and web pages also used to study the concept of Kala Sharir.

**Review of literature : Definition of Kala<sup>3</sup>:**

कलाः खल्वपि सप्त सम्भवन्ति धात्वाशयान्तरमर्यादाः। सु.शा.४/५

Nirmit Dhatu and Aashay are limited by kala. So we can say that the kala separate dhatu and aashay. Kala is the covering present between dhatu and aashay. Acharya Sushruta has described the body's sapta kala in Sushruta Sharir Shtana.

**Swarup (Structure) of Kala<sup>4</sup>:**

यथा हि सार काष्ठेषु छिद्यमानेषु दृश्यते ।

तथा धातुर्हि मांसेषु छिद्यमानेषु दृश्यते ॥ सु.शा.४/६

If we cut the tree, some liquid flows out of it. This is the essence of tree. Similarly, when a muscle is cut, the fluid is flowing through it in form of rasa (plasma) and rakta (blood).

**Utpatti (Formation) of Kala<sup>5,6</sup>:** Utpatti of kala is explained only in Ashtang Hrudaya and Ashtang Sanghaha.

यस्तु धात्वाशयान्तरेषु क्लोदोऽवतिष्ठते, स यथास्वं उष्माभिः विपक्वः काष्ठ इव सारः धातुसारः धातुरसविशेषो वा अल्पत्वात् कलासंज्ञः । अ.सं.शा.५

Formation of kala is explained in Ashtang Sanghaha as kleda present between dhatu and aashay, by its own heat gets converted into kala. Same explanation is given in Ashtang Hrudaya in Sharir Sthana 3rd Chapter Shloka no. 9.

**Types of Kala<sup>7,8</sup> :** Kala are seven in number according to all the Acharyas. Acharya Sushruta named the kala as follows:

1st kala as Mamsadhara Kala, 2nd kala as Raktadhara Kala, 3rd kala as Medodhara Kala, 4th kala as Shleshmadhara Kala, 5th kala as Purishdhara Kala, 6th kala as Pittadhara Kala and 7th kala as Shukradhara Kala.

In Sharangdhara Samhita, 2nd kala is named as Asrugadhara kala, 4th kala is named as Yakruta Pleehodhara kala and 7th kala is named as Retodhara Kala. All the seven types of kala given in Ayurvedic text are as follows mentioned in tabulated chart with its significance<sup>9,12</sup>. (See Table 1)

**Discussion :** Kala is a term used by Acharya Sushruta to refer to the covering or protective layer of internal organs, which is functional by nature. It also provides support for the organs and structure present inside organ in the body. It is the anatomical locations described in Ayurvedic texts and their unique functions help us understand how organs (Strotas) work. This knowledge can help us to choose the right treatment for affected organs (Strotas). Mostly Acharya Sushruta and Acharya Vagbhata have explained the topic of kala sharir in detail.

In Sushruta Kalpa Sthana, seven different stages of poison (by snake bite) transformation is given as there is a previous reference of 7 kala in Sharir Shtana of Sushruta Samhita.



| (Table no. 1) |                    |                                                       |                                                                                                                                                   |
|---------------|--------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Sr No.        | Kala               | Site                                                  | Significance                                                                                                                                      |
| 1)            | Mamsadhara Kala    | Covers muscles, vein, arteries.                       | It is outermost kala, it is physical holding membrane.                                                                                            |
| 2)            | Raktadhara Kala    | Inside muscle, especially in veins, liver and spleen. | As it is present inside mamsadhara kala, in liver and in blood vessels, it optimum function may responsible for normal blood circulation.         |
| 3)            | Medodhara Kala     | In abdomen, small bones                               | It is present in abdomen and small bones, so we can correlate with omentum.                                                                       |
| 4)            | Shleshmadhara Kala | Present in synovial joint.                            | This kala can be correlated with all joints having synovial fluid for its proper functioning.                                                     |
| 5)            | Purishdhara Kala   | At lining of large intestine and rectum.              | This kala is origin of asthi dhatu, hence the disorder of asthi dhatu will need medicine acting on this kala.                                     |
| 6)            | Pittadhara Kala    | In small intestine – duodenum.                        | Dalhanacharya has stated that pittadhara kala is the majja dhara kala. hence disorder of majja dhatu will need medication which act on this kala. |
| 7)            | Shukradhara Kala   | All over the body.                                    | It can be correlated to the nutrient supply to all body parts at cellular level, hence to increase the vitality and endurance                     |

When poison enters kala, it shows different signs at different kalas. When poison enters in 1st kala, body turns black and creeping sensation is felt on body because the mamsa and rakta dhatu dushti is occurs. When we find out these signs in patient of snake bite, we can consider chikitsa of mamsa and rakta dhatu for its treatment. Similarly, we can do for other kalas. Thus, it is very important to have knowledge about kala sharir in the treatment of poisoning and in various diseases<sup>13</sup>.

**Kala and its Dhatu dushti in poisoning is as given below :** When poison enters in 1st kala, it can be treated by considering Mamsa, Rakta dhatu. In 2nd kala, can be treated by considering Rakta, Mamsa dhatu. In 3rd kala, can be treated by considering Meda dhatu. In 4th kala, can be treated by considering to Shleshma. In 5th kala, can be treated by considering to Ashti dhatu. In 6th kala, can be treated by considering to Majja dhatu. In 7th

kala, can be treated by considering to Shukra dhatu. This will help to clarify the topic and make it easier to understand its usefulness.

**Conclusion :** Kala sharir gives us useful information about the body's membranes and layers that play a key role in many important functions of the body. In Ayurveda, the diseases occur when body tissues are affected or harmed by doshas. So, it's important for vaidyas to have a clear understanding of kala to diagnose it correctly and determine, if the illness is at the level of kala. Based on special Ayurvedic concept about how it connects with different dhatu (body tissues) and where it comes from, we can get its significance in management of disease.

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## Study Of Dragon Fruit As 'Anukta Fal' - An Observational Study

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**Introduction :** Ayurvedic samhitas have incorporated the 'Fal varga' (fruits) as one of the 'Varga's (class) of the 'Akruttannavarga' (unprocessed / raw food which come under 'Ahar varga'.

The list includes the contemporary available, used over a wider geographical area as consumed by a considerable population. This is known as 'prayikatva'.

However, Ayurved believes that such prayikatva is going to change over a time-space frame and has advised to take cognizance of the contemporary changes according to the Ayurvedic basic principles. This is known as 'Anukta vichar'.

This paper aims at study of recently available and consumed by a considerable population fruit that is 'Dragon fruit'.

**Methodology : Step 1 - Compilation of available information about dragon fruit.**

**1.1 General information :** Dragon fruit (Hylocereus spp.) is a herbaceous perennial climbing cactus. It is originated in central America. It has gained attention in India due to

its attractive pink colour and lotus flower like appearance. It is affordable and has high antioxidant potential, vitamins, and minerals content. Its taste is described as sweet, mild citrus, refreshing and like a combination of tastes of pear and kiwi. It's texture is like a ripe kiwi.

**1.2 Types :** Sweet Dragon fruits comes in three types : 1) Hylocereus undatus (Selenicereus undatus) - has pink-skinned fruit with white flesh. This is the most commonly seen "dragon fruit".

2) Hylocereus costaricensis (Selenicereus costaricensis) - has pink-skinned fruit with pink flesh.

3) Hylocereus megalanthus (Selenicereus megalanthus) - has yellow-skinned fruit with white flesh. In India, most common species available are Hylocereus undatus and Hylocereus costaricensis.

**1.3 Cultivation :** It was introduced in India in the late 1990s. Currently, Dragon fruit is being cultivated in the Indian states of Karnataka, Kerala, Tamil Nadu, Maharashtra, Gujarat,

Orissa, West Bengal, Andhra Pradesh and Andaman and Nicobar Islands. The cultivation is growing rapidly as the demand is increasing, with an estimated total area under cultivation in these regions being less than 400 ha. The majority of dragon fruits in Indian markets are imported from Vietnam, Thailand, Malaysia and Sri Lanka.

#### 1.4 Nutrition characterization:

Nutritional values for 100 mg of Dragon fruit:  
1) pH - 4.8-5.4 2) TSS - 8-12% 3) Total sugar - 5.13-7.06% 4) Moisture - 82-85% 5) Ash - 0.7-0.85 6) Protein - 0.9-1.1 7) Dietary Fiber - 0.8-1% 8) Total phenolics - 25 and 55 mg GAE 9) Total flavonoids - 15-35 mg CE 10) Potassium - 120-200 mg 11) Magnesium - 30-45 mg 12) Calcium - 20-45 mg 13) Phosphorus - 20-35 mg 14) Ferrous - 0.75-1.5 mg 15) Zinc - 0.2-0.4 mg 16) Vitamin C - 6 mg 17) Vitamin E - 150 µg 18) Pantothenic acid - 50 µg 19) Vitamin K1 - 25 µg 20) Calories - 60

A study done on 128 young Malaysian adults showed a 'laxative effect' of red dragon fruit. Many studies have been done that showed that dragon fruit has many medicinal properties and it can work as an analgesic, antioxidant, anti-diabetic, anti-cancer, cardio-protective, liver protective and neuro-protective.

#### Step 2 - Analysis of the dragon fruit according to Ayurvedic principles.

##### 2.1 Granthokta guidelines about the study:

अन्नपानैकदेशोऽयमुक्तः प्रायोपयोगिकः।

द्रव्याणि न हि निर्देष्टुं शक्यं कात्स्न्येन नामभिः॥३२९॥

यथा नानौषधं किञ्चिद्देशजानां वचो यथा।

द्रव्यं तत्तत्तथा वाच्यं मनुक्तमिह यद्भवेत्॥३३०॥

च.सं.सू. २७/३२९,३३०

In Charak Samhita those foods are described which were grossly available and widely used over a considerable geographical area as well by a wide population.

This is because It is not possible to explain every drug or every food material because there are obvious limitations of the form of 'Samhita'. At the same time, Acharya Charak gives us guidelines about the study of the drugs or foods which are not elaborated in samhitas. This is known as the 'Anukta Vichar'

**2.2 Design** - This topic includes the elaboration of the study design.

##### 2.2.1 Basic considerations:

अथ सिद्धान्तः- सिद्धान्तो नाम स यः परीक्षकैर्बहुविधं परीक्ष्य हेतुभिश्च साधयित्वा स्थाप्यते निर्णयः। च.सं. वि. ८/३७

Acharya Charak defines a principle as a statement which has been examined by adequate number of capable examiners and which has many evidences to prove it's correctness. These are the basic considerations for the study.

##### 2.2.1.1. Rasapariksha -

रसे निपाते द्रवाणाम्। च.सं. सू. २६/२६

प्रत्यक्षानुमान आत्मोपदेशतश्च रसानुमुपलब्धिः। रस वैशेषिक सूत्र ३/१०८ तत्र व्यक्तो रस स्मृतः।

अव्यक्तो किञ्चिदन्ते व्यक्तोऽपि चेष्ट्यते। अ.सं.सू. ९/४७

'Rasa' can be described as 'taste' of the substance in common language. There are 6 Rasa's elaborated in Ayurveda as 'Madhur (Sweet), Amla (Sour), Lavana (Salty), Katu (Spicy), Tikta (Bitter), Kashaya (Astringent)'. 'Rasa' is the main taste of the Dravya which is perceived first when that substance is tasted. The other tastes that can be perceived at the end are called as 'Anurasa'.

##### 2.2.1.2. Veeryapariksha -

उष्णं शीतं द्विधैवान्ये वीर्यमाचक्षते। अ.सू. ९/१७

तत्रोष्णं भ्रमतृडलानिस्वेददाहाशुपाकिताः॥

शमं च वातकफयोः करोति, शिशिरं पुनः।

ह्लादनं जीवनं स्तम्भं प्रसादं रक्तपित्तयोः॥ अ.सू. ९/१८,१९

'Veerya' can be described as potency of the substance. There are two Veeryas, 1) Ushna (hot) and 2) sheet (cold). To assess Veerya of a dravya, effects of that Veerya on our body has been elaborated. Ushna veerya causes vertigo, excess thirst, excess sweating etc. while Sheetaveerya causes refreshing feeling, energizes the body etc.

##### 2.2.1.3 Vipakapariksha -

जाठरेणाग्निना योगाद्यदुदेति रसान्तरम्।

रसानां परिणामान्ते स विपाक इति स्मृतः॥

स्वादुः पटुश्च मधुरमम्लोऽम्लं पच्यते रसः।

तिक्तोष्णकषायाणां विपाकः प्रायशः कटुः॥ अ.सू. ९/२०,२१

शुक्रहा बद्धविण्मूत्रो विपाको वातलः कटुः।

मधुरः सुष्ठविण्मूत्रो विपाकः कफशुक्रलः॥

पित्तकृत् सुष्ठविण्मूत्रः पाकोऽम्लः शुक्रनाशनः।

तेषां गुरुः स्यान्मधुरः कटुकाम्लावतोऽन्यथा॥ च.सं. सू. २६/६१,६२

'Vipaka' is the state of the Dravya which is obtained after digestion of that Dravya is completed. There are 3 types of vipakas -1) Madhura 2) amla 3) katu. Generally, Vipaka of Madhur or Lavana dravyas is Madhur, that of Amla Dravya is Amla and Katu or Tikta or Kashaya Dravyas is Katu. Katuvipaka causes obstruction of defecation and urination. It vitiates Vata Dosha and causes destruction of Shukra Dhatu. Madhura Vipaka helps in smooth defecation and urination. It increases Kapha Dosha and Shukra Dhatu. Amla Vipaka also helps in smooth defecation and micturition but it vitiates Pitta Dosha and destructs Shukra Dhatu.

#### 2.2.1.4. Guna Pariksha -

गुरुमन्दहिमस्निग्धश्लक्ष्णसान्द्रमुदुस्थिराः।

गुणाः ससूक्ष्मविशदा विंशतिः सविपर्ययाः॥ अ.सू. १/१८

'Guna's are the properties of the Dravya. There are 20 Gunas which are in the pairs of opposite properties. For example, mrudu (soft) and kathin (hard) etc.

**2.2.2 The Actual Design** -15 volunteers were requested to taste the dragon fruit and to give the feedback through the interview based on the questionnaire.

#### 2.2.3 The Questionnaire -

##### 2.2.3.1. For Information of Participant -

1) Name - 2) Age - 3) Gender -

##### 2.2.3.2. For Rasapariksha -

|                      |                 |                |
|----------------------|-----------------|----------------|
| Taste perceived      | Madhura (sweet) | Amla (Sour)    |
| At first             |                 |                |
| After                |                 |                |
| Lavana (salty)       | Katu (spicy)    | Tikta (bitter) |
| At first             |                 |                |
| After                |                 |                |
| Kashaya (astringent) |                 |                |
| At first             |                 |                |
| After                |                 |                |

Also, the 'Bala Pariksha' of 'Rasa' was done by giving options from known fruits to select from. For example, Madhura rasa - like mango (uttambala) / like watermelon (madhyambala) / like papaya(hinabala).Amla rasa - like lemon (uttambala) / like orange

(madhyambala) / like grapes (hinabala) etc.

#### 2.2.3.3. For Veerya Pariksha-

Did you feel any of the below symptoms within 1 day after eating the dragon fruit?

|             |           |           |
|-------------|-----------|-----------|
| symptoms    | vertigo   | dizziness |
|             |           |           |
| sweating    | freshness | Energized |
|             |           |           |
| Fulfillment |           |           |
|             |           |           |

#### 2.2.3.4. For Vipaka Pariksha -

There are many opinions about the number of vipakas. For this study, 2 vipakas (Madhura and katu) are considered.

What was the effect on quantity or quality of defecation, urination and sweating within 24 hours after eating dragon fruit?

|              |               |  |
|--------------|---------------|--|
| Effect       | On defecation |  |
|              |               |  |
| On urination | On sweating   |  |
|              |               |  |

#### 2.2.3.5. Guna Pariksha -

The Guna pariksha is not particularly carried out though intended. The gunas therefore are derived based on the findings of the rasa, veerya and vipakapariksha.

**Results :** Total 15 healthy participants were included in the study. They were given dragon fruit at the time of breakfast and then they were interviewed with the help of questionnaire mentioned before.

**1.Data obtained : 1.1 Rasa Pariksha** - The taste which was perceived first is taken as 'Rasa' and other tastes perceived afterwards are taken as 'Anurasa'.

| Volunteer | Rasa                  | Anurasa            |
|-----------|-----------------------|--------------------|
| 1         | Madhura (like papaya) | Amla (like grape)  |
| 2         | Madhura (like papaya) | Amla (like grape)  |
| 3         | Madhura (like papaya) |                    |
| 4         | Madhura (like papaya) | Amla (like orange) |
| 5         | Madhura (like papaya) | Amla (like orange) |
| 6         | Madhura (like papaya) | Amla (like grape)  |

|    |                           |                   |
|----|---------------------------|-------------------|
| 7  | Madhura (like watermelon) |                   |
| 8  | Madhura (like papaya)     | Amla (like grape) |
| 9  | Madhura (like papaya)     |                   |
| 10 | Madhura (like papaya)     | Amla (like grape) |
| 11 | Madhura (like papaya)     | Amla (like grape) |
| 12 | Madhura (like papaya)     | Amla (like grape) |
| 13 | Madhura (like papaya)     |                   |
| 14 | Madhura (like papaya)     | Amla (like grape) |
| 15 | Madhura (like papaya)     | Amla (like grape) |

**1.2 Veerya Pariksha** - Each symptom is given 1 point. First 3 symptoms indicate 'Ushna Veerya' while last 3 symptoms indicate 'Sheeta Veerya'.

| Volunteer     | Ushna Veerya points | Sheeta Veerya Points |
|---------------|---------------------|----------------------|
| 1             | 0                   | 2                    |
| 2             | 0                   | 1                    |
| 3             | 0                   | 2                    |
| 4             | 0                   | 3                    |
| 5             | 0                   | 2                    |
| 6             | 0                   | 1                    |
| 7             | 0                   | 3                    |
| 8             | 0                   | 3                    |
| 9             | 0                   | 2                    |
| 10            | 0                   | 2                    |
| 11            | 0                   | 2                    |
| 12            | 0                   | 2                    |
| 13            | 0                   | 3                    |
| 14            | 0                   | 2                    |
| 15            | 0                   | 3                    |
| Total points- | 0                   | 33                   |

### 1.3 Vipaka Pariksha -

| Effect after eating dragon fruit | Number of volunteers |
|----------------------------------|----------------------|
| No difficulty in defecation      | 14                   |
| Difficulty in defecation         | 1                    |
| No difficulty in urination       | 15                   |
| Difficulty in urination          | 0                    |
| Normal sweating                  | 15                   |
| Less sweating                    | 0                    |

## 2. Final results -

From the review of previous work done on dragon fruit, it is known that dragon fruit is eaten worldwide as a part of diet. So, it concludes that it is not a poisonous fruit. It contains many nutrients and medicinal properties.

Following results are derived by the data obtained.

Rasa - Madhura (Hina bala), Anurasa - Amla (Hina bala), Veerya - Sheetata, Vipaka - Madhura, Gunas - As dragon fruit is Madhura amla and sheetata the gunas can be derived as guru, sheetata, manda, snigdha etc.

Effect on Doshas - Vatashaman, pittashaman, kaphavardhan.

Effect on Dhatus - Rasa, Rakta poshan

Effect on Malas - Srushta vit mutra (helps in easy defecation and urination)

Use in Diseases as Pathya - Raktapitta, Karshya, Trushna etc.

**Discussions** - From the above results, the 'Ashtauharvidhivisheshayatana' is derived as follows:

**1) Swabhava:** As Dragon fruit is a 'fal' and it's Ras is Madhura, it is 'Guru' (hard to digest).

**2) Sanyog:** As it is a fruit and it has Amla ras as Anurasa, it cannot be eaten with Milk as it will be Sanyoga Viruddha.

**3) Sanskara:** following Sanskaras (procedures) should be done before eating it:

- it should be ripe.
- it should be cleaned.
- it should be peeled.

**4) Matra:** As dragon fruit takes longer time to digest (guru), it should be eaten in smaller quantity. It can be eaten as a substitute of breakfast. But it should not be eaten as a substitute for full meal as it does not contain shadarasas (6 rasas).

**5) Desh:** it can be eaten at any location, but it is suggested to eat at 'Jangala' and 'sadharan' Pradesh and not in 'Anupa' Pradesh as it can vitiate 'Kapha' dosha due to its rasa, veerya and vipaka.

**6) Kal:** It will be better to eat dragon fruit at 'Grishma ritu' (summer) as it is 'sheeta' and 'madhura'.

It should be eaten at the day time rather

than at night because digestive power will be more at day time. As it has Madhura rasa, it should be eaten at starting of the meal.

**7) Upayogasantha and 8) upayokta :** It should be eaten by the people with good digestive power (agnibala). People having Kapha prakruti or kaphajvyadhis should avoid eating dragon fruit.

**Limitations:** This study included 15 volunteers. It can be carried out on more number of participants to find more efficient results. Also, study of 'Guna's was not carried out due to some practical limitations. It will be carried out in Phase II of the study.

**Forward linkage:** More studies related to this work can be carried out to find out 'Ahar Matra' (quantity for eating), 'Gunas' (properties), 'Viruddha', study related to 'Hetu' (causative factor) for different diseases and 'Pathya' (Diet consultation) for diseases etc.

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## Palliative Care: a need of time

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**"It's not about how you die; it's about how you live in the face of terminal illness." - Unknown**

Where the hum of life intertwines with the whispers of farewell, there exists a profound need - a need for palliative care. It's not merely a medical service, it's the beacon of light, offering the hope and support to those navigating the storms of serious illness. Palliative care, born from the tender comfort given to cancer patients, grew into a symphony of compassion. It's not just laws that changed; it's a love story to every soul battling life's storms. In shared tears and whispered fears, palliative care became a sanctuary, affirming that, beyond illnesses, every heart deserves the warmth of understanding and the gentle touch of empathy.

Palliative care is the gentle embrace offered to those walking the final steps of their life's path. It's a compassionate journey filled with tenderness and understanding, aimed at easing their pain and fears. It's the hand that holds theirs, whispering words of comfort and love as they navigate this sacred transition. In the midst of uncertainty, it's the beacon of light, guiding them towards peace and acceptance, surrounded by the warmth of cherished memories and the embrace of those who care deeply.

Though palliative care is must and much needed, there are only few people ready to treat and look after them. Healthcare providers may feel unprepared to treat palliative care patients due to limited training, emotional challenges, communication barriers, resource constraints and societal stigma surrounding death. Breaking the hearts of everyone who works in the palliative care center, when a person fails to return home alive. Many of the patients and people on the center are abandoned by their families, due to overwhelming responsibilities and duty. Palliative care can sometimes be emotionally challenging for those working in the centers due to several reasons:

Emotional toll, witnessing patients' suffering and end-of-life experiences can take a significant emotional toll on healthcare providers, leading

to feelings of helplessness, sadness or grief. Burnout, the demanding nature of palliative care, coupled with high patient volumes and limited resources, can contribute to burnout among healthcare providers, affecting their job satisfaction and well-being. Limited resources, Shortages of staff, funding, and resources in palliative care centers may hinder healthcare providers' ability to deliver optimal care, leading to frustration and dissatisfaction. Interpersonal dynamics, dealing with complex family dynamics, communication challenges, and ethical dilemmas in palliative care settings can be stressful for healthcare providers, resulting their satisfaction with their work. Lack of recognition, Palliative care is often undervalued and under recognized within the healthcare team and system, which mostly leads to feelings of frustration and disillusionment among those working in the field. Addressing these challenges requires support systems, resources, and recognition for healthcare providers in palliative care settings to help mitigate burnout and improve job satisfaction.

Palliative care came to India through the efforts of pioneers like Dr. M.R. Rajagopal, who initiated palliative care units in the 1980s. The establishment of organizations like Pallium India, government recognition in 2004, and subsequent policy initiatives have played a crucial role. Palliative care has since expanded across the country, with institutions providing education, training and services to improve and value the quality of life for individuals who are suffering with serious illnesses. Challenges persist, but ongoing efforts aim to integrate palliative care into the broader healthcare system.

In the heart of bustling Mumbai, amidst the cacophony of life's daily struggles, there exists a sanctuary of profound solace and unyielding compassion: Shanti Avedna Sadan. Founded in 1986 by the visionary Dr. M. B. Marfatia, this haven emerged from the depths of human empathy, forged in the crucible of understanding that accompanies life's most delicate transitions.

Shanti Avedna is not merely a hospice; it is also a refuge for the weary, a bastion of light in the darkest of nights. Also, a place where the weight and burden of suffering is lifted by tender hands and where the veil between pain and peace is gently drawn aside. Here, within its hallowed walls, patients and families alike find solace in the embrace of kind red spirits and the warmth of unwavering support. Within the comforting walls of Shanti Avedna Sadan, Mr. Patel, a gentle soul grappling with the burden of terminal cancer, found solace in the tender presence of his granddaughter, Riya. Despite his pain, Riya's visits became a ray of joy, her youthful exuberance casting a radiant light upon his weary heart.

One of the stories that touched many lives is of Mr. Patel. One poignant afternoon, as Mr. Patel lay weakened by illness, Riya, with the innocent enthusiasm of childhood, insisted on performing a spontaneous dance she had learned at school. With unabashed delight, she twirled and skipped around his bedside, her laughter echoing throughout the room like music. In that mesmerizing moment, time seemed to stand still. For Mr. Patel, watching Riya's carefree dance, the burden of his suffering momentarily lifted, replaced by an overwhelming sense of gratitude and love. Tears of joy welled in his eyes as he embraced the beauty of life's simplest pleasures, encapsulated in the pure innocence of his granddaughter's laughter.

In the presence of Riya's radiant spirit, Shanti Avedna bore witness to the transformative power of familial love and connection. Amidst the shadows of illness, Riya's dance illuminated the darkness, reminding all present of the enduring resilience of the human spirit and the boundless capacity for love to bring comfort and healing, even in life's most challenging moments. With each passing day, Shanti Avedna bears witness to the profound beauty inherent in life's final chapters. It is a testament to the strength of the human spirit, a testament to the enduring power of love and compassion in the face of adversity. In every whispered prayer, every shared tear and every tender touch, Shanti Avedna stands as a beacon of hope – a beacon that illuminates the path to dignity, comfort and above all, peace, for those embarking on life's most sacred journey.

Palliative care is urgently needed to alleviate

suffering, improve quality of life and provide comprehensive support to patients facing serious illnesses, especially those in advanced stages. It helps manage symptoms, addresses emotional and spiritual needs, and promotes comfort and dignity, ensuring that patients receive compassionate care tailored to their individual preferences and values, even during the most challenging times of their lives.

In India, laws and initiatives, such as amendments to the Narcotic Drugs and Psychotropic Substances Act, the Clinical Establishments Act, the Mental Healthcare Act and the National Program for Palliative Care, aim to improve access to and quality of palliative care services and treatment for patients facing serious illnesses. Also, many certified and approved programs for palliative care training include courses offered by organizations like the Indian association of palliative care (IAPC), Tata Memorial Centre (TMC), and Institute of Palliative Medicine (IPM). These programs equip healthcare professionals with essential skills to provide quality care to patients with serious illnesses.

Palliative care is often undervalued and under recognized within the healthcare and medical system, which can lead to feelings of frustration and disillusionment among those working in the field. Shortages of staff, funding and resources in palliative care centers may hinder healthcare providers' ability to deliver optimal care, leading to frustration and dissatisfaction.

In conclusion, palliative care embodies compassionate support, enhancing quality and way of life for individuals who are facing serious illness. It emphasizes holistic care, addressing physical, emotional and spiritual needs, ensuring dignity and comfort until the end of life. Through collaboration among healthcare professionals and patients, palliative care offers invaluable support, guidance, and relief, affirming the importance of empathy and humanity in healthcare. In the end, palliative care is not just about saying goodbye; it's about celebrating life's journey, cherishing every moment, and finding solace in the beauty of human connection. It's a time of need, yes, but also a time of love, of healing, and of profound gratitude.



## राष्ट्रीय ग्रंथपाल दिन - १२ ऑगस्ट २०२४

सौ. कविता टेमघरे, पदवीपूर्व ग्रंथपाल, टि.आ.म.वि., पुणे.

पद्मश्री डॉ. एस.आर. रंगनाथन यांच्या १३२ व्या जयंती निमित्त राष्ट्रीय ग्रंथपाल दिन टिळक आयुर्वेद महाविद्यालयाच्या पदव्युत्तर विभागाच्या सभागृहात सोमवार दि. १२ ऑगस्ट २०२४ रोजी संपन्न झाला. याप्रसंगी सौ. देवयानी कुलकर्णी ग्रंथपाल, चेतन दत्ताजी गायकवाड इंस्टिट्यूट ऑफ मॅनेजमेंट स्टडीज, कर्वे रोड पुणे ह्या प्रमुख अतिथी म्हणून उपस्थित होत्या. कार्यक्रमाचे अध्यक्षपद टिळक आयुर्वेद महाविद्यालयाच्या प्राचार्य मा. डॉ. सरोज पाटील यांनी स्वीकारले.

कार्यक्रमाची सुरुवात धन्वंतरी स्तवन आणि डॉ. एस. आर. रंगनाथन यांच्या प्रतिमेचे पूजन करून झाली. वैद्य गौरी गांगल यांनी सुमधुर धन्वंतरी स्तवन सादर केले. कार्यक्रमाचे प्रास्तविक पदव्युत्तर विभागाच्या उपप्राचार्य डॉ. संगीता साळवी यांनी व्यक्त करताना ग्रंथालयाचा यशस्वी आढावा घेतला. व्यासपीठावरील मान्यवरांचा परिचय पदवीपूर्व ग्रंथालयाच्या सहग्रंथपाल सौ. कविता टेमघरे यांनी करून दिला व मान्यवरांचे स्वागत करण्यात आले. पदव्युत्तर ग्रंथालयाच्या ग्रंथपाल सौ. प्रिया पवार यांनी पद्मश्री डॉ. एस. आर. रंगनाथन यांची जयंती आपण राष्ट्रीय ग्रंथपाल दिन म्हणून साजरी करण्यामागे डॉ. एस. आर. रंगनाथन यांच्या कार्याचे योगदान

सौ. प्रिया पवार, पदव्युत्तर ग्रंथपाल, टि.आ.म.वि., पुणे.

आणि ग्रंथालयाची उपयुक्तता उपस्थितांना सांगितली.

विद्यार्थ्यांमध्ये जास्ती जास्त वाचनाची आवड निर्माण व्हावी ह्यासाठी महाविद्यालय 'उत्कृष्ट ग्रंथालय उपयोगिता पुरस्कार' जाहीर करते. हे पुरस्कार जाहीर करण्यासाठी पदवीपूर्व ग्रंथालयाच्या विभागप्रमुख डॉ. सौ. इंदिरा उजागरे यांनी ह्या पारितोषिकांची माहिती दिली व विजेत्यांची नावे घोषित केली. पदव्युत्तर विभागातून डॉ. ईश्वर नांदे (प्रथम वर्ष MD अगदतंत्र) व पदवीपूर्व विभागातून कु. राधिका मोदाणी (द्वितीय वर्ष BAMS) यांना 'उत्कृष्ट ग्रंथालय उपयोगिता पुरस्कार' मिळाला.

या प्रसंगी कार्यक्रमाच्या प्रमुख अतिथी सौ. देवयानी कुलकर्णी यांनी "Self improvement through reading" ह्या विषयावर Power Point presentation ने विद्यार्थ्यांना मार्गदर्शन केले. इंटरनेट च्या ह्या युगात विद्यार्थ्यांनी वाचन करायला हवं. काय वाचायचं आणि काय नाही ते ठरवायला हवं. मार्गदर्शनात्मक पुस्तके वाचायला हवीत, वाचनामुळे चांगल्या गुणांचा आपल्या मनात जागर होतो. मोबाईलवर वाचन करण्यापेक्षा कागदावरच वाचन व्हायला हवं. कथा कादंबऱ्या वाचायला हव्या. वाचनानं नवनिर्मिती करता येते. वाचनानं ऐतिहासिक घटनांची माहिती



पद्मश्री डॉ. एस.आर. रंगनाथन यांच्या १३२ व्या जयंतीनिमित्त ग्रंथपाल दिन २०२४ कार्यक्रमास उपस्थित, उजवीकडून - उपप्राचार्य डॉ. मिहीर हजरनवीस, उपप्राचार्य (पी.जी.) डॉ. संगीता साळवी, उपप्राचार्य डॉ. मीनाक्षी रणदिवे, पदवीपूर्व ग्रंथालय विभागप्रमुख डॉ. इंदिरा उजागरे, कार्यक्रमाच्या अध्यक्ष प्राचार्य डॉ. सरोज पाटील, प्रमुख अतिथी सौ. देवयानी कुलकर्णी, सौ. कविता टेमघरे (UG ग्रंथपाल), सौ. प्रिया पवार (PG ग्रंथपाल), आणि Library Best user Award पुरस्कार विजेते कु. राधिका मोदाणी (BAMS) व डॉ. ईश्वर नांदे (MD. Ayu. Agadtantra).



Dr. Ishwar Nande receives Best Library User Prize.



Kumari Radhika Modani receives Best Library User Prize.

होते. वर्तमान समस्यांवर गंभीर विचार करता येतो. तसेच भविष्याचा वेधही घेता येतो. वाचनामुळे आपल्या व्यक्तिमत्वामध्ये कसे चांगले बदल होतात याचे नाविन्यपूर्ण माहितीपर व्याख्यान सौ. देवयानी कुलकर्णी यांनी विद्यार्थ्यांना दिले.

कार्यक्रमाचे अध्यक्ष प्राचार्य मा. डॉ. सरोज पाटील यांनीही आपल्या अध्यक्षीय भाषणात सोशल मीडियाचा वापर करताना माहितीचा होणारा चांगला आणि वाईट परिणाम आणि

वाचनातून होणारे संस्कार यांचे महत्व विशद केले आणि ग्रंथपाल दिनाच्या शुभेच्छा दिल्या. सौ. प्रिया पवार यांनी मान्यवरांचे आणि उपस्थितांचे आभार व्यक्त केले. सौ. प्रिया पवार आणि सौ. कविता टेमघरे यांनी पूर्ण कार्यक्रमाचे सूत्रसंचालन व समन्वय केले. टिळक आयुर्वेद महाविद्यालयातील अध्यापक, अध्यापकेतर वर्ग, पदव्युत्तर व पदवीपूर्व विद्यार्थी यांचा चांगला प्रतिसाद या कार्यक्रमास लाभला.



## 15th Foundation Day Celebration of Chetan Dattaji Gaikwad Institute of Management Studies (CDGIMS) Report

Dr. Rashmi Mate

Chetan Dattaji Gaikwad Institute of Management Studies (CDGIMS), Pune, celebrated its 15 th Foundation Day on September 3, 2024. Established in 2009 under the visionary leadership of Rashtriya Shikshan Mandal (RSM), CDGIMS has emerged as a leading management institute in the country.

The celebration was graced by the Chief Guest, Prof. Dr. Meghana Bhilare, Director of Dr. D. Y. Patil Institute of Management Studies and Research. Dr. Rashmi Mate welcomed the dignitaries, and the event was presided over by Dr. Dilip Puranik, Hon. President of RSM. The lamp lighting ceremony in honor of Goddess Saraswati was conducted by Dr. Puranik, Dr. Bhilare and other distinguished guests.

Dr. Milind Kulkarni, Director of CDGIMS, delivered the introductory speech, highlighting the Institute's journey, achievements and collaborations in the past 15 years. Dr. Bhilare, as the Chief Guest, inspired the audience with her words and congratulated the Institute for its achievements, particularly for receiving

NAAC accreditation with a B+ grade.

### Awards and Recognitions:

Several faculty members and students were honoured for their achievements:

#### Faculty Awards:

**Dr. Supriya Phadake** - Completion of Ph. D. in Production Management.

**Dr. Milind Kulkarni** - For publishing two books and obtaining patents in Operations Management.

**Dr. Shailesh Siddhatekar** - For publishing a book and securing a patent in Human Resource Management.

**Dr. Kanchan Jatkari** - Obtained Ph.D. guideship in Financial Management.

#### Best Faculty of the Year (2023-24):

**Shailesh Siddhatekar** - Recognized for his 16 years of academic excellence and 14 years of industry experience.

#### Exceptional Placement Award:

**Mr. Sameer Paygude** - Selected as US Equity Analyst at Wall Street Trading Academy.

**Mr. Laxman Bansode** - Selected as Advertisement Manager at Wall Street Trading



Dr. Meghana Bhilare addressing the Gathering. Sitting from left - Dr. Kulkarni, Dr. Puranik, Dr. Bhagwat, Dr. Huparikar.



Dr. Shekhar Siddhatekar receives Best Teacher of the year Award at the hands of Dr. D. P. Puranik. Dr. Bhilare is also seen on right hand.



Academy.

**Mr. Raj Rajgire** - Selected as Sales Executive at Electronica Finance.

**Best Library User Awards:**

**Mr. Hrutik Sandbhor** - Most library visits.

**Mr. Swapnali Gaikwad** - Most book issued and returned.

**Academic Achievements:**

MBA (2021-23):

**Ms. Tejaswini Rokade, Mr. Monali Mahadik.**

MBA (2022-24):

**Mr. Swapnil Padwal, Mr. Hrutik Sandbhor, Mr. Arjun Karanjkar.**

Student of the Year : **Ms. Nikita Bhagwat.**

Best Allrounder Student: **Mr. Sameer Paygude.**

The event also saw the release of the CDGIMS newsletter, "REFLECTION". Dr. Puranik praised the Institute's achievements and emphasized the importance of continuous learning and evolution. The event concluded with a vote of thanks by Dr. Kanchan Jatkar, followed by lunch.

The celebration was a great success, leaving everyone hopeful for continued growth and accomplishments in the future.



## Report

## Release of Book

A book, "Basic Concepts of Operations, Supply Chain And Inventory Management", written by C.D.G.I.M.S. Director Dr. Milind Kulkarni was released at the hands of Dr. D. P. Puranik, President, R.S.M. in Small function on 19th Sept. 2024.

Rashtriya Shikshan Mandal Congratulates Dr. Kulkarni for the Same.



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## ANNOUNCEMENT

### All India Conference & International Conference on Shalyatantra and Sangyahan (Anaesthesiology)

### UPDATE SHALYA SANGYAHARAN 2024

on 7<sup>th</sup> & 8<sup>th</sup> December 2024 at N.I.M.A. Auditorium  
of Tilak Ayurved Mahavidyalaya,  
583/2, Rasta Peth, Pune 411011.

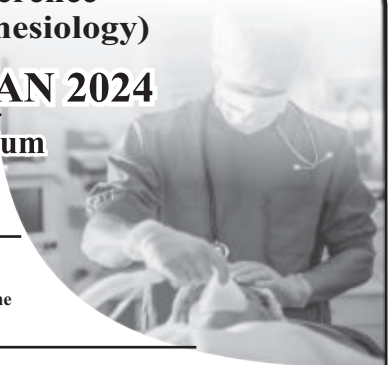
#### Organizers



R.S.M.'s  
C.P.G.S. & R.A.  
of Tilak Ayurved  
Mahavidyalaya



Association of  
Anaesthesiology  
Of Indian Medicine  
(M.S.B.)



Dear Colleagues,

"Members of Organizing Committee have a great pleasure to invite you for National & International Conference on **UPDATE SHALYA SANGYAHARAN 2024**

on 7<sup>th</sup> & 8<sup>th</sup> December, 2024 at renowned Educational & Historical place of Pune city, Maharashtra State, India. The Theme of conference will be "Innovate, Integrate, Illuminate: Shaping the future of Shalyatantra & Sangyahan."

As all of us know, modern surgery and anaesthesia have made tremendous progress in last few decades. Advances made in recent years are really astonishing & so, present surgical and anaesthesia practice has become very safe. But still, side effects occurring due to change in body chemistry cannot be ignored.

Ayurved, the ancient medical science of India can certainly be helpful in allaying such undesired & unwanted side effects. And so, the purpose of organizing this conference is to provide a common platform to the experts, researchers, scholars, professionals & teachers to have exchange of thoughts, to Interact with each others & to present their work on this theme.

We assure you that this Unique National event will provide you an opportunity to attend Glamorous Inaugural function, to listen to renowned authorities, to attend Brain Storming Scientific sessions, panel discussions, live demonstrations & much more.

An attractive colourful "SOUVENIR" will be released on the occasion of conference. You are requested to send articles & advertisements to make the "SOUVENIR" an important memorable document.

We expect your active participation with Friends & spouse to make this National event a great success.

Truly your's

**Dr. D. P. Puranik,**

Patron, A.A.I.M. (CC),  
President, R.S.M.

**Dr. D. N. Pande,**

President A.A.I.M. (CC)

**Dr. N. V. Borse,**

Chairman,  
Organizing Committee

**Dr. A. B. Limaye,**

Patron, A.A.I.M. (MSB)

**Dr. Saroj Patil,**

Principal, TAMV, Pune

**Dr. Vinod Shet,**

Secretary,  
Organizing Committee

#### Conference Office

**Dr. Vinod Shet (7875660140)**

Organizing Secretary

Dept. Of Shalyatantra/ Sangyahan, Centre for Post Graduate  
Studies and Research in Ayurved, Tilak Ayurved Mahavidyalaya,  
583/2, Rasta peth, Pune- 411011.

**Phone-020-26336429, 26336755**

**Email- tamvshalyatantra2024@gmail.com**

#### Details for Registration

**Registration up to 07th November 2024 Rs.**

Reception Committee membership 4000/-

Life Member 1500/-

Delegate Member PG Scholar 1800/-

Delegate Student UG 1200/-

Spouse 1400/-

**After 07th November 2024 200/- extra**

**For paper & poster presentation 300/- extra**

**Note :** The Travelling & Lodging expenses are not included in the registration fees.

**For Payments :** Cheque should be drawn in favour of "C.P.G.S. & R.A. PhD & others" and posted to CPGS & RA, Tilak Ayurved Mahavidyalaya, 583/2, Rasta Peth, Pune, 411011.

**NEFT and RTGS Transfer details:**

**A/c Name: "Centre For Post Graduate Studies and Research in Ayurveda-Ph.D. and Others".**

**Bank Name:** Canara Bank, Rasta Peth, Pune -11.

**A/c no.:** 53312010099902

**IFSC:** CNRB0015331 **MICR Code:** 411015059

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## कामकाजाच्या ठिकाणचे 'मानसिक स्वास्थ्य'

डॉ. अपूर्वा संगोराम, कार्यकारी संपादक

प्रति वर्षीचा विश्व मानसिक स्वास्थ्य दिवस हा १० ऑक्टोबर रोजी साजरा केला जातो. याचा उद्देश मानसिक आरोग्याबद्दल जागरूकता वाढविणे, प्रत्येकाला मानसिक आरोग्याचे महत्व पटवून देणे, मानसिक आरोग्याविषयी मोकळेपणाने बोलायला प्रोत्साहन देणे, मानसिक आजारांविषयी गैरसमजुती दूर करणे आणि लोकांना ते त्यांच्या संघर्षात एकटे नाहीत याची जाणीव करून देणे हा आहे. हा दिवस साजरा करण्यासाठी एक संकल्पना निवडली जाते. ही संकल्पना निवडण्यासाठी जगभरातील व्यक्तींकडून मते मागविली जातात व ही संकल्पना निश्चित केली जाते. या वर्षी बहुमतातून 'कामकाजाच्या ठिकाणी मानसिक स्वास्थ्य' ही संकल्पना निवडण्यात आली आहे.

शारीरिक स्वास्थ्याबरोबर मानसिक स्वास्थ्य ही तितकेच महत्वाचे आहे. आयुर्वेदानेही स्वस्थ व्यक्तीची व्याख्या सांगताना 'प्रसन्न आत्मैन्द्रिय मनः स्वस्थ इत्यभिधीयते' असाच उल्लेख केलेला आहे.

सध्याच्या ताणतणावाच्या काळात मानसिक अस्वास्थ्य वाढण्याचे प्रमाण दिवसेंदिवस अधिकाधिक होत आहे. आयुर्वेदाने इष्ट गोष्टींची प्राप्ती न होणे आणि अनिष्ट गोष्टी सातत्याने प्राप्त होत राहणे ही मानससुरोगाची कारणे सांगितलेली आहेत. यामुळे मनोमध्ये रज, तम गुणांची वृद्धी, विषाद, उदासिनता या मानस भावांची वृद्धी होऊ लागते आणि मनुष्य नकळत मानससुरोगाला बळी पडू लागतो.

यावेळची संकल्पना 'कार्यालयीन कामाच्या ठिकाणी मानसिक स्वास्थ्य' ही आहे. आपण आपल्या कामाच्या ठिकाणी, कार्यालयात आपल्या जीवनातील बहुतांशी क्रियाशील वेळ घालवतो. सध्याच्या काळात बऱ्याच प्रोफेशनल् मध्ये कामकाजाची वेळ ही अनिश्चित असते. आयटी सारख्या सेक्टरमध्ये टारगेट ओरीएण्टेड वर्क असल्यामुळे त्या ठिकाणी कामाच्या वेळा अनिश्चित असतात. मेडीकल प्रोफेशनमध्ये ही काही वेळा ईमर्जेन्सी ड्युटीज मुळे सलग १२ ते २४ तास असे काम करावे लागते. या मुळे जेवणाच्या अनिश्चित वेळा, जंक फूडचे सेवन, अपुरी झोप, या सर्व गोष्टी सातत्याने होऊ लागल्या की शारीरिक आरोग्याबरोबरच कामाचा ताण, व्यायामाचा अभाव या गोष्टींमुळे मानसिक स्वास्थ्य ही कमी होऊ लागते. सतत दडपणाखाली वावरल्यामुळे कामाच्या दर्जावरही परीणाम होऊ लागतो त्यामुळे कामाच्या बाबतीत वारंवार चुका होऊ लागतात. त्यामुळे वरीष्ठांची नाराजी ओढवून घ्यावी लागते. या सर्वांचाच परीणाम नकळत मानसिक स्वास्थ्यावर होऊ लागतो. आणि स्वास्थ्य बिघडू लागते.

या सर्वांवर वेळीच उपाययोजना करणे जरीचे आहे. मानसिक आरोग्याशी संबंधित सर्वात मोठा अडथळा म्हणजे याबाबत लोकांच्या मनात असलेले गैरसमज. अनेकदा लोक आपण स्वतः मानसिक आजाराने ग्रस्त आहोत हे कबूल करायचेच नाकारतात. त्यामुळे तो प्राब्लेम तसाच राहातो त्यावर उपाययोजना होत नाही. यावर सर्वात महत्वाचा उपाय म्हणजे 'संवाद' आपण अमुक अमुक प्रकारच्या मानसिक व्याधी किंवा लक्षणांचा सामना करतो आहोत याविषयी आपल्या जवळच्या व्यक्तीशी, वरीष्ठांशी, सहकार्यांशी संवाद साधणे गरजेचे आहे. अगदीच वेळ पडली तर कौन्सिलरची मदत, सायकीअॅट्रिस्टची मदत घेणे जरीचे आहे. यात कोणताही कमीपणा बाळगण्याची जरी नाही. वरीष्ठांनी सुद्धा आपल्या सहकार्यांशी मोकळेपणाने बोलून, त्यांच्या कामाचा ताण समजावून घेऊन, कार्यालयातील वातावरण हसत खेळत ठेवणे जरीचे आहे. हाताखाली काम करण्याच्या व्यक्तीच्या वारंवार चुका न दाखवता काही वेळा त्यांनी केलेल्या चांगल्या कामाची प्रशंसा करणे, कौतुक करणे हे ही कार्यालयीन वातावरण चांगले राखण्यास मदत करते. याशिवाय योग्य सात्विक आहार, योगासने, ध्यानधारणा, सद्बिचार हे ही मानसिक आरोग्य चांगले ठेवायला मदत करतात.

थोडक्यात १० ऑक्टोबर या केवळ एकाचदिवशी मानसिक स्वास्थ्यासंबंधी जागरूक न राहाता कायमच शारीरिक आरोग्याबरोबरच मानसिक आरोग्याची ही तितकीच काळजी घेणे गरजेचे आहे. यामध्ये आपण स्वतः, आपले कुटुंब, आपले विद्यार्थी, आपले कार्यालयीन सहकारी यांनाही बरोबर घेऊन सर्व विश्वामध्येच मानसिक शांतीसाठी प्रयत्न करणे गरजेचे आहे.



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## तोचि दिवाळी दसरा!

डॉ. सौ. विनया दीक्षित, उपसंपादक

साधुसंत येती घरा - तोचि दिवाळी दसरा! आता कुठे 'साधुसंत' सापडणार? छे! हे बाहेरून येणारे नाहीत, तर आपल्यालाच स्वतःच्या घरात, कुटुंबात, सत्त्वगुण प्रधान, सज्जन वर्तनाने, प्रभावशील व्यक्तिमत्त्वे शोधायची आहेत. त्यांना आपलेसे करून एक 'संत' सहवासाचा सात्त्विक आनंद मिळवायचा हेच या दसरा दिवाळीच्या सणाचे खरे आयाम आहेत.

सामाजिक आरोग्याला घातक अशी सध्याची स्थिती म्हणजे मोडकळीस आलेली कुटुंब व्यवस्था एकत्र, विभक्त, हम दो हमार दो वरून आता 'एकटाच मी' असे अभिमानाने राहणारे शूर वीर दिसतात. तरुणाईची नशा व उत्साह असताना काही काळ मजा वाटते परंतु अनेक एकाकी कावरीबावरी मने नैराश्य किंवा हिंसक आचरणास बळी पडत आहेत. विविध टोकाचे गुन्हे, समाजाने कधी ही विचार ही केला नसेल असे माणूसकीला काळिमा फासणारे अत्याचाराचे गुन्हे याचेच परिपाक नाहीत का? यांना मुळापासूनच अटकाव करू यात.

येणाऱ्या दसरा व दिवाळीच्या सणांच्या निमित्ताने आपल्या आयुष्याला स्वास्थ्य प्रदान करण्याचा मनाचे आरोग्य कसे सांभाळता येईल? मनाला आनंदी व सुरक्षित वातावरण कसे देता येईल? यावर थोडा प्रयत्न करू यात. मनाची नव्याने मशागत करू यात हेवेदावे, द्वेष, ईर्ष्या यांचे तण उपटून फेकू. नव्या सकारात्मक विचारांना रुजवूयात आपल्या कुटुंबाला थोडा वेळ तरी एकत्र आणू

यात. वृद्ध अनुभवी सज्जनांशी संवाद साधून मार्गदर्शन नाहीतरी किमान चार सुखाच्या गोष्टी बोलू यात. कुटुंबासाठी काही ना काही त्यागून आयुष्य वेचणाऱ्या मातापित्यांना, मदतीला रात्री-बेरात्री धावणाऱ्या बहिणभावंडांना आपल्या आनंदात सहभागी करू यात. गोडधोड जेवणा बरोबर चार चांगल्या गप्पा गोष्टी, जुन्या प्रेमळ आठवणींचा उजाळा मानसिक स्वास्थ्यासाठी आवश्यक ती बेगमी करतात.

खदखदणाऱ्या असुरक्षित किंवा निराश मनांमध्ये आशेचे नवे किरण उजळतात. सामाजिक आधार व सुरक्षा प्रत्येक मनाचे आरोग्य घडविण्यास महत्वाचे ठरते.

यातूनच पुढचे आयुष्य विधायक कार्यात लागते, हितकारक सुखी आयुष्य जगण्याची दिशा सापडते. समाधानी आयुष्याची गुरुकिल्ली या सणांच्या एकत्रित साजरे करण्यातच दडलेली आहे हे निश्चित.

मनाला आधार देणे सुरक्षित समाजाची मोट घट्ट ठेवणे हे आजच्या घडीचे मानसिक स्वास्थ्यासाठीचे प्रमुख कर्तव्य आहे. चला आपल्यापासूनच सुरुवात करूयात. स्नेहीजनांना आनंदात सहभागी करूयात मनामनांत आनंद द्विगुणित करूयात. नेहमीच्या तणावपूर्ण जीवनशैलीतून दोन घटका विश्राम घेऊ यात. हसरा दसरा आणि आरोग्यसंपन्न दिवाळीचा मनसोक्त आनंद लुटूयात!



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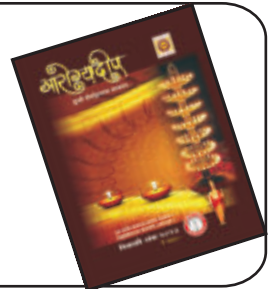
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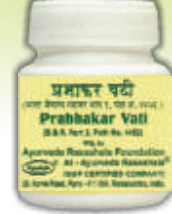
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